London Ambulance Service NHS Trust

MEETING OF THE LONDON AMBULANCE SERVICE NHS TRUST BOARD
TO BE HELD IN PUBLIC ON TUESDAY 25th NOVEMBER 2014 AT 09.30 – 12.30
CONFERENCE ROOM, 220 WATERLOO ROAD, LONDON SE1 8SD

AGENDA: PUBLIC SESSION

ITEM	SUBJECT	PURPOSE	LEAD	TAB
1.	**Welcome and apologies for absence** Apologies received from: Steve Lennox Nick Martin Briony Sloper			
2.	**Staff Story** To hear an account of a staff story		AR	
3.	**Declarations of Interest** To request and record any notifications of declarations of interest in relation to today's agenda		RH	
4.	**Minutes of previous meetings** To approve the minutes of the meeting held on 30th September 2014	Approval	RH	TAB 1
5.	**Matters arising** To review the action schedule arising from previous meetings	Information	RH	TAB 2
6.	**Report from the Trust Chairman** To receive a report from the Trust Chairman on key activities since the last meeting	Information	RH	Oral
PERFORMANCE REPORTING				
7.	**Integrated Performance Dashboard** To receive the integrated performance dashboard	Discussion and direction	PW	TAB 3
8.	**Performance Improvement Plan** To receive a progress report against the plan	Discussion and direction	AG	TAB 4
9.	**Workforce Update** To receive a report on the workforce plan for 2014/15 and 2015/16	Discussion and direction	KB	Presentation
GOVERNANCE				
10.	**Clinical Directors' Joint Report** To receive the report from the Joint Clinical Directors	Assurance	BS/FM/ MW	TAB 5
11.	**Quality Governance Committee Assurance Report** To receive the report from the Quality Governance Committee meeting on 29th October 2014	Assurance	BMc	TAB 6
12.	**Board Assurance Framework and Corporate Risk Register** To note the quarter 3 documents	Assurance	SA	TAB 7

13.	**Report from the Audit Committee** To receive the report from the meeting on 10th November 2014	Assurance	JJ	TAB 8
14.	**Standing Orders, the Scheme of Delegation, and Standing Financial Instructions** To receive and approve the updated documents	Approval	SA/AG	TAB 9
FINANCE				
15.	**Finance Report** 15.1 To note the finance report for month 7 15.2 To note the report from the Finance and Investment Committee meeting on 23rd October 2014	Discussion and direction	AG TdP	TAB 10 Oral
STRATEGIC AND BUSINESS PLANNING				
16.	**Capital Strategy** To approve the Capital Strategy	Approval	AG	TAB 11
BUSINESS ITEMS				
17.	**Report from Chief Executive** To receive a report from the Chief Executive	Information	AR	TAB 12
18.	**Board Declarations – self certification, compliance and board statements** To approve the submission of the Board declarations for October 2014	Approval	SA	TAB 13
19.	**Report from Trust Secretary** To receive a report on use of the Trust Seal and tenders received	Compliance with Standing Orders	SA	TAB 14
20.	**Forward Planner** To receive the Trust Board forward planner	Information	SA	TAB 15
21.	**Questions from members of the public**		RH	
22.	**Any other business**			
23.	**Date of next meeting** The date of the next Trust Board meeting is on Tuesday 27th January 2015			
The public meeting will close at 12.30				

LONDON AMBULANCE SERVICE NHS TRUST
TRUST BOARD MEETING
Part I

DRAFT Minutes of the meeting held on Tuesday 30th September 2014 at 09:30 a.m.
in the Conference Room, 220 Waterloo Road, London SE1 8SD

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Present:

Richard Hunt	Chairman
Ann Radmore	Chief Executive
Fergus Cass	Non-Executive Director
Jessica Cecil	Non-Executive Director
Theo de Pencier	Non-Executive Director
Andrew Grimshaw	Director of Finance and Performance
John Jones	Non-Executive Director
Jason Killens	Director of Operations
Steve Lennox	Director of Nursing and Quality
Nick Martin	Non-Executive Director
Bob McFarland	Non-Executive Director
Fionna Moore	Medical Director

In Attendance:

Sandra Adams	Director of Corporate Affairs/Trust Secretary
Karen Broughton	Director of Transformation and Strategy
Francesca Guy	Committee Secretary
Anna McArthur	Communications Manager
Mark Whitbread	Director of Paramedic Education and Development
Paul Woodrow	Director of Performance – for item 7

Members of the Public:

Malcolm Alexander	Patients' Forum
Mark Doherty	LAS lead commissioner

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107. Welcome and Apologies

107.1 Apologies had been received from David Prince, Director of Support Services.

108. Staff Story

108.1 The Trust Board was joined by two members of staff from NHS 111 in south east London. Both were nurses who supported call handlers by providing clinical advice. They explained that their job was different to that of nurses or paramedics as they required a good understanding of a wide range of different conditions.

108.2 The Chair asked whether there was a difference between LAS management of NHS 111 services in south east London and that of NHS Direct. The members of staff responded that LAS management had been very supportive and that the service felt like more of a local service than it had under NHS Direct. Jason Killens commented that performance levels in NHS 111 in south east London were very high and he was pleased therefore to hear that the transition to LAS had been smooth.

108.3 Ann Radmore added that very few complaints were received about NHS 111 in south east London which was indicative of the high level of service that was provided. The ability to handle a wide range of calls was very good.

108.4 The Chair asked whether there was anything that the LAS should consider to improve the service. The members of staff responded that the NHS 111 service should be advertised to raise awareness of the service provided. They also suggested that there needed to be a more joined up approach between different services within the NHS.

109. Declarations of Interest

109.1 None declared.

110. Minutes of the Part I meeting held on 29th July 2014

110.1 The minutes of the meeting on 29th July 2014 were approved.

111. Matters Arising

111.1 The following action was discussed:

111.2 **06.4:** Sandra Adams noted that the terms of reference for the Clinical Safety, Development and Effectiveness Committee were close to final approval and the updated Audit Committee terms of reference would be approved today. The governance brief could therefore now be updated.

112. Report from the Trust Chairman

112.1 The Chair noted that he had sat on the appointment panel for the Chair of East Midlands Ambulance Service.

113. Integrated Performance Dashboard

113.1 Paul Woodrow joined the meeting for this agenda item. Paul noted the following:

- Response times had been further challenged: Red 1, Red 2 and A19 had not been achieved in month;
- The high number of vacancies and the peak in annual leave uptake in August had further compounded the difficulties in matching capacity to demand;
- The 75th percentile for Red 1 patients had been reached in 8 minutes and 45 seconds and in 10 minutes and 5 seconds for Red 2 patients. The response times were constantly being monitored in terms of these measures;
- The number of serious incidents that had been declared in month remained static at 5, although this did not necessarily mean that the incidents had occurred in that month;
- The number of complaints received in month 5 had shown a decrease, however the majority of complaints still related to delays;
- The 999 call answering target had been achieved;
- The key performance indicators for NHS 111 in south east London had been achieved;
- Compliance against the mental health Clinical Performance Indicator (CPI) had improved;
- Category C waiting times continued to be a concern. The Trust continued to monitor these patients and upgrade where necessary;
- The recruitment drive in Australia and New Zealand had been successful, however this would take time to have an impact. Actions were also in place to reduce the attrition rate

and to encourage frontline staff to stay at the LAS;

- A number of action plans had been in place over the summer months. The Trust had been tasked with developing a performance improvement plan, with a view to achieving a daily run rate of 75% by the end of October. Weekly performance board meetings were being held to review progress against the plan and to identify any mitigating actions where actions were off track;
- The Trust was looking to increase capacity from third party providers however there would be a lead in time until they could be deployed;
- The predicted level of overtime hours had not been taken up which meant that actions would need to be identified to close this gap in capacity;
- There were three main strands of work in the performance improvement plan: increasing capacity, managing demand differently and efficiency measures such as reviewing the multiple attendance ratio and how the Trust responds to calls;
- Safety was maintained by reviewing response times daily and looking into every long delay and understanding if there were any other issues that could influence the call duration eg language or call from the Metropolitan Police Service (MPS);
- In terms of recruitment, graduates from Greenwich University, Hertfordshire and St Georges would start with the Trust from October 2013. Recruitment in Australia and New Zealand had been very successful with 183 offers made. The first of these new recruits would be operational from the end of December 2014;
- The Trust continued to train all new direct entry emergency ambulance crew;
- Additional training space was required to increase capacity to train emergency ambulance crew and have them operational at the earliest opportunity.

114. <u>Recruitment Update</u>

114.1 Jason Killens reported the following:

- The emergency ambulance crew advert had reopened in July. 120 out of 601 applicants had been invited to the assessment centre and out of these, 30 had been invited to interview in October. There were an additional 60 awaiting to be invited to interview. 52 conditional offers had been made and 130 had been allocated to courses;
- In terms of paramedic recruitment, 183 offers had been made in Australia and New Zealand and the first of these would be operational from December 2014. The quality of applicants was exceptionally high;
- 69 posts had been offered to university graduates and a further 55 had been given conditional offers of employment;
- 109 applications had been received for NHS 111 call handlers and 404 applications received for emergency medical dispatchers in the Control Room.

114.2 The Chair asked whether 300 posts would be offered by the end of the year. Jason responded that recruitment was only one element of improving the capacity position and that staff retention was the other dimension. It was therefore likely that, despite increased recruitment, the Trust was likely to be in the same position in 12 months' time. The introduction of the band 6 role was a key lever to slow the rate of attrition, however it was likely that the Trust would continue to hold significant numbers of vacancies even with the current level of recruitment.,

114.3 Ann Radmore added that a high level of utilisation was one of the key reasons why staff were leaving and this needed to be addressed with commissioners. Theo de Pencier commented that this also had a knock on effect on the take up of overtime.

115. Performance Recovery Plan

115.1 Andrew Grimshaw gave an overview on the current performance position and the actions to increase capacity and reduce demand:

- Increase Private Ambulance Service (PAS) support – this action was slightly ahead of plan, but it should be recognised that PAS resource was not as productive as other types of resource;
- Additional overtime – uptake of overtime hours had been lower than expected and had been constrained by the implementation of the new rotas;
- Recruitment of new staff – this action was currently rated amber as there was some uncertainty about the timing of when new recruits would become operational;
- Reduction of multiple attendance ratio – this action was on track and was halfway to delivering the target;
- Introduction of senior paramedic role – this action was amber as it was currently in the recruitment phase. It was too early to tell whether this action would have the intended impact;
- Extension of METDG – this action was on track;
- Increase in hear and treat – the Trust was currently exceeding the target of an additional 500 discharges through hear and treat;
- Alternative transport options for lower acuity patients – this action was on track.

115.2 Andrew Grimshaw reported that this week's performance showed an improvement on the monthly trend, however Category A demand continued to be unpredictable and therefore it was very difficult to ensure the right skill mix to meet the demand.

115.3 John Jones asked whether the Trust was still on track to achieve 75% by November. Andrew responded that this would be challenging and that the trajectory was currently being reviewed. Uptake of overtime hours and ensuring the optimum ratio between FRUs and double crewed ambulances remained the most significant risks. Ann Radmore noted that industrial action was planned for October and was likely to continue in November and December, which would further challenge the performance position.

115.4 The Chair noted that the Trust Board would need to continue to monitor this position.

116. Safety Review

116.1 Fionna Moore gave a presentation on safety monitoring and how this could be further enhanced, in light of the current performance position. In her presentation, Fionna noted the following:

- The Trust currently received feedback on the safety of its service from patients and their families, other healthcare professionals and from staff through enquiries, complaints, claims and incidents. Other safety metrics included response times, out of hospital cardiac arrest survival rates, serious incidents and learning from other organisations;
- Out of hospital cardiac arrest survival rates had increased and return of spontaneous circulation sustained to hospital had remained above 30%. This gave assurance that a safe service was being provided to this group of patients who were immediately life-threatened;
- Red 2 performance had deteriorated more than Red 1 performance, however a safe service was still being provided to both groups of patients;
- The number of C1 patients who received a response in 20 minutes in 2014/15 was similar to that in 2013/14;
- The number of complaints received had doubled over the last two years and the percentage of complaints relating to delays had increased significantly. However the number of

complaints received in comparison to the number of patients attended was still relatively small;

- The number of serious incidents, both declared and undeclared, had increased. A proportion of incidents involving a delay had increased, however this was often one of a number of root causes;
- The risks to safety were mitigated by use of the surge plan (which reduced incoming demand), monitoring of held calls by the clinical hub and EMD ringbacks.

116.2 Fionna outlined the recommendations for further enhancing safety monitoring, including dip samples of Patient Report Forms (PRFs) and feedback from patient representative groups. The outcome of this review would be reported to the Executive Management Team (EMT) on 24th November 2014.

116.3 Jessica Cecil asked whether any trends had been identified from serious incidents which had implications for quality. Fionna responded that no trends had been identified so far this year. Last year a trend had been identified relating to C2 patients who had taken an intentional overdose. As a result, this group of patients had been upgraded to C1 and since then no further serious incidents of this nature had been declared.

116.4 Bob McFarland commented that the LAS had been operating at surge red for extended periods of time and was now operating at surge red 24/7. Bob asked whether surge red compromised quality in order to protect safety. Fionna responded that surge red maintained safety and mitigated the greater risk of escalating to surge purple. No serious incidents or complaints had been received which related to the use of surge red. Mark Whitbread added that at each stage of the surge plan the clinical hub reviewed and monitored any high risk or vulnerable patients.

116.5 Andrew Grimshaw suggested that EMD ringbacks needed to be monitored as part of the safety review.

117. <u>Clinical Directors' Joint Report</u>

117.1 Fionna Moore noted that the Trust had received a Preventing Future Death report relating to a patient who had taken an overdose of methadone. A recommendation had been made requesting a change to be made to MPDS.

117.2 Mark Whitbread reported that 110 paramedics had attended an event last night in their own time to discuss arrhythmia patients. This demonstrated that, despite performance issues, the Trust was still making significant clinical developments.

117.3 The Trust Board considered the following question from the Patients' Forum:

117.4 *Does the Board have plans to improve the effectiveness of diagnosis of posterior circulation ischaemic strokes by front line staff? These strokes account for 25% of ischaemic strokes - delayed or incorrect diagnosis can have devastating consequences including preventable death and severe disability.*

117.5 Mark Whitbread responded that the Face Arms Speech Time (FAST) test identified approximately 80% of all strokes. A trial of an alternative diagnostic test had been undertaken, however it had not been found to be any more accurate than the FAST test. Fionna added that a significant proportion of these patients would have abnormal neurological signs and would therefore be identified as having had a stroke.

118. Quality Governance Committee Assurance Report

118.1 Bob McFarland reported that the Quality Governance Committee had undertaken an in depth review of maternity care and of the serious incident process. The committee noted that significant progress had been made in the management of serious incidents, however the process would be reviewed again after a larger number of serious incidents had gone through the process.

118.2 The Trust Board considered the following question from the Patients' Forum:

118.3 *Will the Board ensure that where a serious incident has been declared that the patient concerned, or where appropriate their family, is given a copy of the SI report and briefed on the findings and steps taken to prevent reoccurrence? This is in line with the Trust's duties in relation to its Duty of Candour.*

118.4 Sandra responded that this was the intention, and that the Trust was developing the role of Family Liaison Officer and developing a programme of training. The Duty of Candour was currently out to consultation and would become a legal duty from November 2014.

118.5 Fionna Moore added that Amanda Mansfield had been appointed as the Trust's Consultant Midwife. She had worked at 3 other ambulance services and would work for the LAS for 3 days a week.

119. Equality and Inclusion Strategy

119.1 Steve Lennox noted that, moving forward, the equality and inclusion strategy would focus on clinical issues and equality of access.

119.2 Fergus Cass asked whether there was anything further the Trust needed to do with regards to increasing the representation of BME groups in the workforce. Steve Lennox responded that given the limited equality and inclusion resource the priority would be patients. The Stonewall assessment provided assurance that the Trust's recruitment processes were not discriminatory.

119.3 Ann Radmore commented that there did not seem to be any correlation between the workforce profile and equality of access for patients. The Trust had used voluntary organisations to support applicants from BME backgrounds, however the emphasis for the strategy going forward would be on equality of access for patients. The Chair stated that this might be an area of discussion at a future Strategy Review and Planning Committee meeting; as a board we recognised the need to make more progress on our overall diversity strategy.

ACTION: SA to schedule a discussion on equality and inclusion at a future SRP meeting

DATE OF COMPLETION: 25th November 2014

119.4 The Trust Board considered the following question from the Patients' Forum:

119.5 *Can the Board provide details of the percentage of paramedics employed by the Trust who are from a BME heritage, for 2009-10 and 2013-14?*

119.6 Steve Lennox responded that in 2009, 3.7% of paramedics were from a BME background (19 members of staff) and in 2014 5.9% of paramedics were from a BME background (95 members of staff). Ann Radmore added that the percentage would be higher if all frontline staff were included.

119.7 The Trust Board approved the Equality Annual Report for 2013/14 and the Strategy for 2014/19.

120. Report from the Audit Committee

120.1 John Jones gave an update on the key items of discussion at the Audit Committee meeting on 8th September 2014. John noted that the committee had received two internal audit reports, both of which had been assessed as requiring improvement. The Audit Committee would continue to focus on management responses to internal audit reports.

120.2 John noted that the Audit Committee Annual Report had been attached to the paper, which outlined the areas of focus for the committee in 2014/15.

120.3 The Trust Board noted the Annual Audit Letter for 2013/14.

120.4 The Trust Board approved the updated terms of reference for the Audit Committee.

121. Finance Report

Month 5 Finance Report

121.1 Andrew Grimshaw reported that no significant changes had been made since the previous month, however additional expenditure would be committed at risk to support performance in line with the actions in the action plan. NHS England, the NHS Trust Development Authority and commissioners were supportive of this. It was not yet clear what the Trust's outturn position would be and additional funds were being sought in line with current expenditure.

121.2 The Chair noted that the vacancy factor had an impact on the financial plan and asked when this would be corrected. Karen Broughton responded that it would be at least another year until the Trust could expect to see a reduction in the number of vacancies. The negotiations with the commissioners for 2015/16 would be key.

121.3 The Chair asked what progress had been made with the capital plan and fleet replacement. Andrew responded that there were currently 104 ambulances in procurement. Plans were underway to procure additional first response vehicles.

121.4 Fergus Cass asked whether it was likely that the financial penalties would be applied. Andrew Grimshaw responded that an agreement would need to be reached with the commissioners.

Report from the Finance and Investment Committee

121.5 It was noted that the Finance and Investment Committee on 29th September 2014 had not taken place and had been rescheduled.

122. Report from Chief Executive

122.1 The Trust Board noted the report from the Chief Executive.

123. Efficiency and Effectiveness Closedown Report

123.1 Andrew Grimshaw noted that the majority of the actions from the efficiency and effectiveness programme had been incorporated into the performance improvement plan. The Trust Board noted the closedown report on monitoring of the performance improvement plan was being scheduled on a weekly basis.

124. Board declarations – self certification, compliance and board statements

124.1 Sandra Adams reported that the Trust was unable to declare compliance with statement 10. Karen Broughton suggested that the statement should reflect the fact that the Trust had already produced an action plan and that the Trust was in discussions with NHS England, the NHS Trust Development Authority and commissioners to take appropriate action to improve performance. The Chair agreed that it was important to recognise this joint approach.

124.2 Subject to these comments, the Trust Board approved the board statements.

125. Report from Trust Secretary

125.1 The Trust Board noted the report from the Trust Secretary.

126. Forward Planner

126.1 The Trust Board noted that the Infection Prevention and Control Annual Report would be presented to the next Trust Board meeting.

127. Questions from members of the Public

127.1 There were no further questions from members of the public.

128. Any other business

128.1 There were no items of other business.

129. Date of next meeting

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Signed by the Chair

DRAFT

ACTIONS

from the Meeting of the Trust Board held on 30th September 2014

Meeting Date	Minute Date	Action Details	Responsibility	Progress and outcome
28/01/14	**06.4**	SA to arrange for the Trust Board to have a briefing on the governance structure and the role of the committees.	**SA**	Document updated to reflect revised quality governance structure.
30/09/2014	**119.3**	SA to schedule a discussion on equality and inclusion at a future SRP meeting	**SA**	To be added to the forward planner for 2015 – February provisionally

London Ambulance Service NHS Trust

Report to:	**London Ambulance Service Trust Board**
Date of meeting:	**25 November 2014**
Document Title:	**Integrated performance report**
Report Author(s):	**Paul Woodrow**
Presented by:	**Paul Woodrow**
Contact Details:	
History:	**Executive Management Team meeting**
Status:	**Information**

Background/Purpose

The integrated performance report provides an overview of organisational performance for month 7 of this financial year. The dashboard reports on the following domains:

1. Quality
2. Performance and activity
3. Workforce
4. Value for money

The current report provides the board with a visual dashboard covering the domains above supported by additional tabs providing additional commentary on each and actions currently being taken to address identified issues. The report also provides a series of graphs for each measure to provide the board with trend information on a rolling monthly basis since the beginning of this financial year. This format of this report is subject to further development.

Key points to note from the report are:

Response time performance continues to provide the Trust with significant challenges. The Trust failed to achieve against the national standards in month 7 on RED 1 and RED2 (8minute standard) we also failed to achieve the A19 transportation target in month (19 minute)
Despite not achieving the 8 minute response time standards for Red 1 and Red 2 the 75th percentile for Red 1 patients was met in 9 minutes 20 seconds. The 75th percentile for Red 2 patients was met at 10 minutes and 50 seconds.

FRU performance remains significantly below 75% and this in part is contributing to the overall outturn position. We are working to try to get the optimum balance in the ratio of FRUs to ambulances to support a further improvement this includes incentivising overtime to increase FRU production.

The overall issue remains the ability to match capacity and demand due to the continuing challenges relating to the number of operational vacancies now being carried in the frontline

establishment.

Activity levels both in terms of Category A and total activity in Month 7 were above forecast but broadly remain within contracted levels. The clinical hub resolved over 15,000 calls in month 7 without the need to send an ambulance.

There were 8 serious incidents declared in month 7 although these incidents don't necessarily relate to calls attended in month this is a rise of 5 on the previous month. Complaints also rose in month 7 with the Trust recording 144 complaints for the month.

The surge plan metric is now recorded in hours of escalation above Red which is the current default. Month 7 saw 88 hours where escalation above the Red level was required to manage demand.

Key metrics in the workforce quadrant remained fairly static in month 7. A further 26 Paramedics left the Trust in month 7 which is a reduction by 2 on the previous month but is still a significant concern. Paramedic vacancies still remain just over 400 WTE. 177 international paramedic recruits have accepted offers of employment with the Trust and work is ongoing to seek visas and HCPC registration to move them to the next stage of the transition process.

EAC recruitment continues and current projections indicate that we would have recruited and posted to operations 223 staff from September 14 to end of March 15. These include UK graduate paramedics, EACs and 4 Australian Paramedics with dual nationality.

In month the Trust is reporting in line with plan. YTD the Trust is on plan. The Trust forecast is expected to move to a reduced surplus position (circa £1.0m) following the identification of the need for additional spend in support of performance improvement.

Action required

To note the contents of this report.

Assurance

This report provides the Board with an overview of the current organisational challenges facing the Trust and the actions being taken to address these.

Key implications and risks arising from this paper	
Clinical and Quality	**Yes**
Performance	**Yes**
Financial	**Yes**
Legal	**No**
Equality and Diversity	**No**
Reputation	**Yes**
Other	**Yes**
This paper supports the achievement of the following 2014/15 objectives	
Improve patient care	**Yes**
Improve recruitment and retention	**Yes**
Implement the modernisation programme	**No**
Achieve sustainable performance	**Yes**
Develop our 111 service	**No**
Simplify our business processes	**No**
Increase organisational effectiveness and development	**No**

London Ambulance Service NHS Trust

Trust Board Integrated Performance report

October Data

14-Nov-14

LONDON AMBULANCE SERVICE NHS TRUST

INTEGRATED PERFORMANCE REPORT 2014/15: October 2014 (MONTH 7)

Quality Exceptions		**The number of complaints rose again in October mainly attributable to delays. Sis declared also increased on the previous month**
Performance Exceptions		**Performance remains below the national standards but saw a slight improvement on the previous month. Activity was up against forecast**
Workforce Exceptions		**The workforce metrics have stayed fairly static in month 7 and is the primary focus of the Trust as part of the improvement programme**
Value for Money Exceptions		**In month and year to date the Trust remains on plan. The Trust forcast is expected to move to a reduced surplus position (£1m)**

QUALITY

	Quality measures	Target	Current month	Previous month	Year end forecast
1	Serious Incidents declared	1	8	3	RED
2	Complaints received	69	144	111	RED
3	999 Call Answering - 5 secs	95.0%	93.6%	91.6%	GREEN
4	NHS111 Call Answering- 60secs	95.0%	96.9%	97.4%	GREEN
5	NHS 111 Transfer rate to 999	10.0%	8.8%	9.0%	GREEN
6	Aspects of care compliance (MH)	95.0%	92.0%	92.0%	GREEN
7	Deep Clean of vehicles % completed	90.0%	87.0%	86.4%	GREEN
8	Category C1 (20 mins)	75.0%	44.2%	42.4%	RED
9	Category C2 (30 mins)	75.0%	49.8%	47.9%	RED
10	CSR 2014 Delivery - % of Frontline	60.0%	51.0%	51.0%	GREEN
11	Red 1 - 75% reached in mins/secs	8 minutes	09:20	09:35	GREEN
12	Red 1 number of responses >10 mins		250	249	
13	Red 1 95th Percentile Time to respond		16.00	16.40	
14	Red 2 -75% reached in mins/secs	8 minutes	10:50	11:00	RED
15	Red 2 number of responses >10 mins		11292	11442	
16	Red 2 95th Percentile Time to respond		20.05	21.23	
17	Surge plan escalation > Red (Hours)		88	N/A	

** Please note that surge escalation is measured from Red now and not Amber**

** Please note Percentile time shown as a decimal **

PERFORMANCE / ACTIVITY

	Performance / activity measures	Target	Current month	Previous month	Year end forecast
1	Red 1 Performance	75.0%	64.0%	61.9%	AMBER
2	Red 2 Performance	75.0%	57.4%	54.0%	RED
3	Trust A19 Performance	95.0%	91.5%	90.5%	AMBER
4	FRU A8 Performance	80.0%	59.0%	54.9%	RED
5	Cat A Red 1 Incidents	1,250	1,285	1,185	GREEN
6	Cat A Red 2 Incidents	40,524	41,062	37,788	GREEN
7	Cat A Total Incidents	41,773	42,347	38,973	GREEN
8	Total incidents	93,315	86,519	81,398	AMBER
9	Total Activity against Plan	97,888	101,860	94,999	GREEN
10	Clinical Hub Discharges	4,418	15,313	13,697	GREEN

VALUE FOR MONEY

		Target	Current month	Previous month	Year end forecast
1	EBITDA (£000)	-1762.0	1,918	-205.0	RED
2	Net surplus (£000) (negative - deficit)	344	504	1,098	RED
3	Cost Improvement Programme (£000)	1,326	1,326	1,276	GREEN
4	Capital expenditure (£000)	5,936	1,675	1,488	AMBER
5	Monitor FRR	4	3.5	3.5	GREEN
6	Cash balance (£000)	10,951	34,793	33,163	GREEN

WORKFORCE

	Workforce measures	Target	Current month	Previous month	Year end forecast
1	Staff Turnover % All Trust	8.5%	13.3%	12.3%	RED
2	Vacancies (%) All Trust	5.0%	-19.5%	-21.2%	RED
3	Paramedic Vacancies against EST		403	424	RED
4	Vacancies as number for All Trust		1,034	1,121	RED
5	Paramedic Leavers	6	26	28	RED
6	Sickness (%) All Trust	5.0%	6.3%	6.2%	RED
7	Sickness (%) Frontline	5.0%	6.9%	6.9%	RED

Supporting Commentary for exceptions against specific quadrants

QUALITY

Commentary: The were 8 serious incidents declared in month 7 although these incidents don't neccesarily relate to calls attended in month this is a rise of 5 on the previous month. Complaints also rose in month 7 with the Trust recording 144 complaints for the month. The primary cause for complaints were associated with delayed responses. 999 call answering within 5 seconds remains below target in month 7 but demonstrated a 2% improvement on the previous month. NHS 111 call handling in South East London (LAS) continues to meet their national call answering standards in month 7 as well as meeting the transfer rate to 999 performance indicator in month. Quality of service to Category C patients remains significantly below expectations due to the pressures the Trust face in meeting the response time targets for Category A patients, however, there was a modest improvement in response performance for C1 and C2 on the previous month. Despite not achieving the 8 minute response time standards for Red 1 and Red 2 the 75th percentile for Red 1 patients was met in 9 minutes 20 seconds. The 75th percentile for Red 2 patients was met at 10 minutes and 50 seconds. Contained within the summary pages are the times the Trust met the 95th percentile for these two groups of patients. The surge plan metric is now recorded in hours of escalation above stage Red which is the current default position in the demand management plan. Month 7 saw 88 hours where escalation above the Red level was required . The current surge level is reviewed weekly at EMT. Compliance to the "aspects of care" clinical performance indicator for mental health has dropped and has remained static at 92% compliance.The Trust has recently employed 3 out of 6mental health nurses to work on the Clinical hub

WORKFORCE

Commentary: Recruitment and retention remain the two biggest issues of focus in the improvement programme for the Trust. Key metrics in the workforce quadrant remained fairly static in month 7. A further 26 Paramedics left the Trust in month 7 which is a reduction by 2 on the previous month but is still a significant concern.
Paramedic vacancies still remain just over 400 WTE. 177 international paramedic recruits have accepted offers of employment with the Trust and work is ongoing to seek visas and HCPC registration to move them to the next stage of the transition process. EAC recruitment continues and current projections indicate that we would have recruited and posted to operations 223 staff from September 14 to end of March 15. This includes UK graduate paramedics, EACs and 4 Australian Paramedics with dual nationality.

PERFORMANCE / ACTIVITY

Commentary: : Response time performance continues to provide the Trust with significant challenges. The Trust failed to achieve against the national standards in month 7 on RED 1 and RED2 (8minute standard) we also failed to achieve the A19 transportation target in month (19 minute) Despite an improvement in performance in month 7 FRU performance remains significantly below 75% and this in part is contributing to the overall outturn position. We are working to try to rebalance the ratio of FRUs to ambulances to support a further improvement. The overall issue remains the ability to match capacity and demand due to the continuing challenges relating to the number of operational vacancies now being carried in the frontline establishment. Activity levels both in terms of Category A and total activity in Month 7 were above forecast but broadly remain within contracted levels. The clinical hub resolved over 15,000 calls in month 7 without the need to send an ambulance.

VALUE FOR MONEY

Commentary: In month the Trust is reporting in line with plan. YTD the Trust is on plan. The Trust forecast is expected to move to a reduced surplus position (circa £1.0m) following the identification of the need for additional spend in support of performance improvement. This has yet to be formally agreed by the TDA. Negotiations are ongoing. The Trust remains on track to deliver its £13.8m CIP. The Trusts cash position remains robust and is significantly ahead of plan, this is mainly due to underspend on capital. Capital Expenditure is expected to be £16.9m by the end of the year. Against the Continuity of Service Risk Rating used by Monitor to assess aspirant Foundation Trusts , LAS has scored a 4.0 which is a good score and in excess of the Trust's plans (3.5)

Supporting Action for exceptions against specific quadrants

QUALITY

Actions: Although the revised recovery plan sets out to address the challenges in terms of Category A performance the actions set out in the plan will also attempt to address some of the quality issues we currently face with patients in the Category C groups. There is increased scrutiny around the numbers ofCategory C calls that are experiencing delays in response times at present. We have increased the number of staff on the clinical hub through the latest intake of new Clinical Team Leaders. We have a dedicated peformance cell in operation at Bow who monitor service delivery in real time. We are incentivising overtime shifts at the time of greatest need to try to reduce the number of calls holding at peak times. We are now deploying more PTS sweeper vehicles and will use other types of transport resource where it is assessed to be clinicsally approrpriate for the patient.

PERFORMANCE / ACTIVITY

Actions: The Trust continues to deliver the actions contained within the performance improvement programme. This programme has been approved by the TDA, NHSE and Commissioners. Each of the workstreams contained within the programme has an executive lead and is subject to weekly monitoring against the progress and delivery of benefits of all actions contained within the plan. A revised trajectory for the remainder of the financial year has been submitted to the tripartite group (TDA,NHSE & Commissioners) we are waiting for final approval and sign off which is expected week commencing 17 November. Confirmation is also being sought in relation to additional funding bids that will support the delivery of some of the actions contained within the plan.

WORKFORCE

Actions: Two key areas covered within the improvement programme are recruitment and retention. Additional director level support has been identified and put in place by the CEO to support the development of an integrated recruitment and training plan for operational staff for the remainder of this financial year and FY 15/16. A retention strategy to reduce the attrition rate is also in the last stages of development and is subject to some of the additional funding bids submitted on behalf of the Trust.

We have also recruited a dedicated workforce planner to assist with the development of a comprehensive workforce plan to support the devlopment of the integrated recruitment and training plan.

A review of the operational HR function within the Trust is also underway. A particular area of focus will be the management of absence within frontline operations.

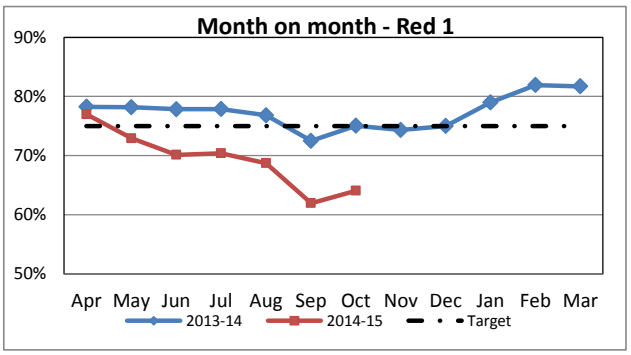
The Trust continues to manage the current IR issues in relation to the national pay claim. The Trust managed well throughout the period of strike action on the 10 October. The next period of strike action is due to take place on the 24 November.

VALUE FOR MONEY

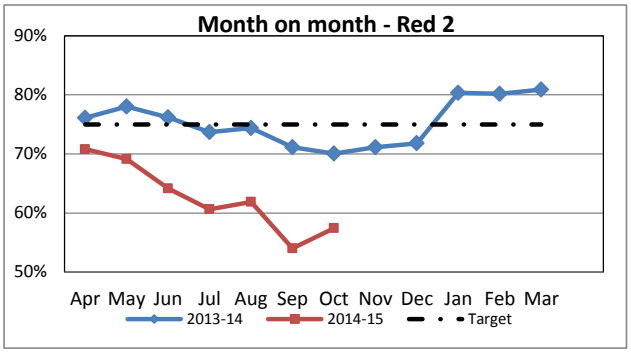
Actions: Financial plans have been drawn up to support improved performance delivery and plans have been submitted to the TDA. Close monitoring and engagement with organisation on CIP delivery and achievement of the Capital plan to ensure full year targets are met. Focus will remain on minimising debtor and stock balances to maximise cash available to the Trust.

PERFORMANCE / ACTIVITY

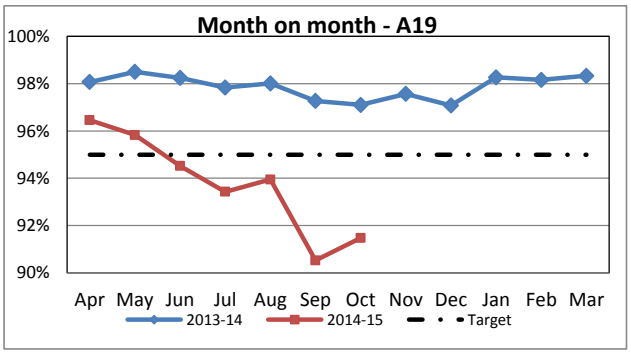
1. Cat A - Red 1 Performance



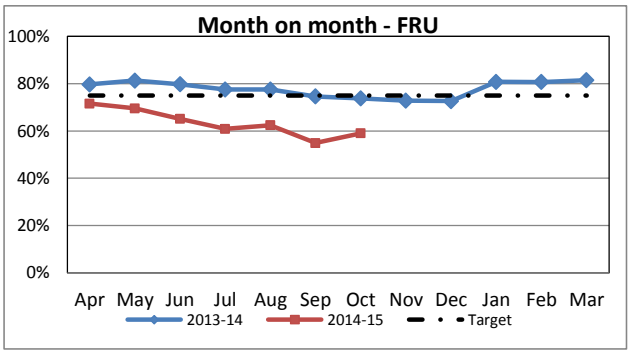
2. Cat A - Red 2 Performance



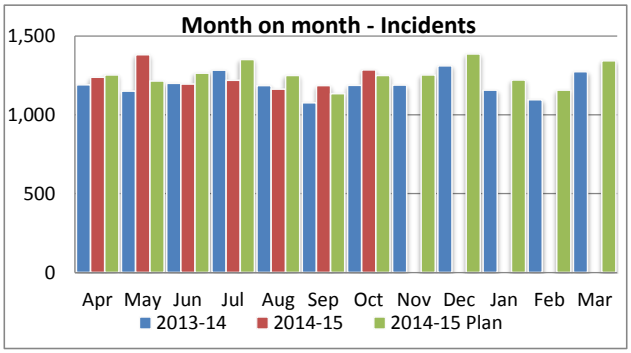
3. Trust A19- Performance



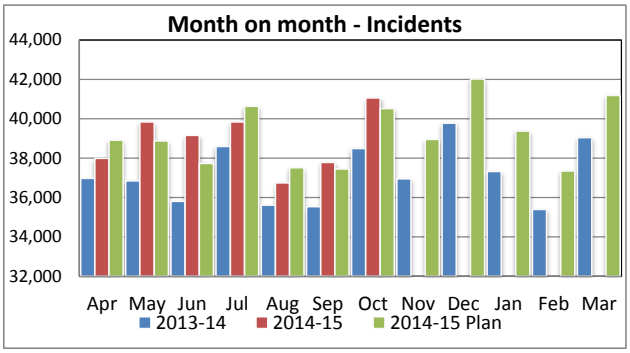
4. FRU A8 - Performance



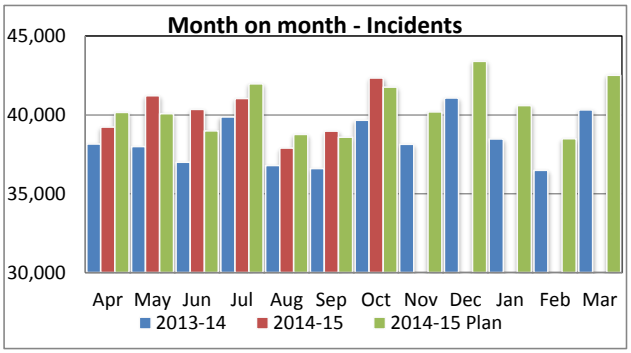
5. Cat A - (Red 1) Incidents



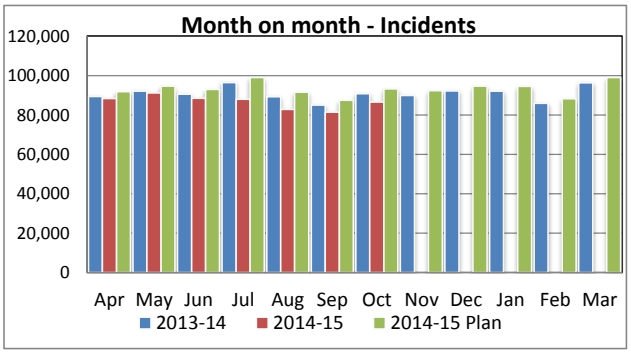
6. Cat A (Red 2) Incidents



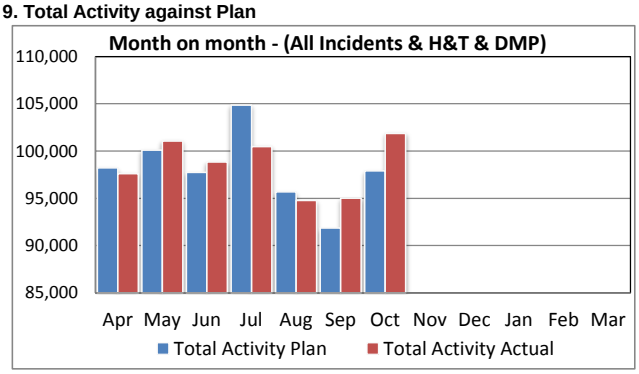
7. Cat A - Total Incidents



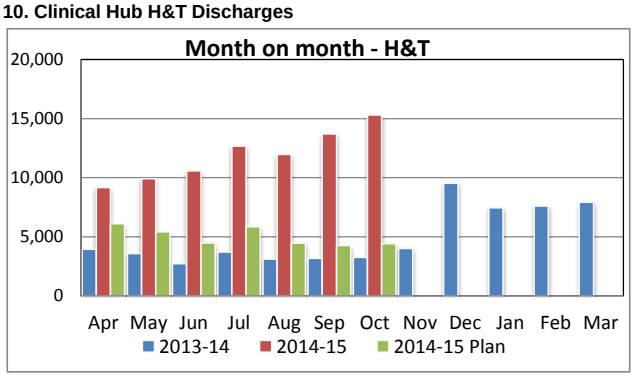
8. Total Incidents



9. Total Activity against Plan

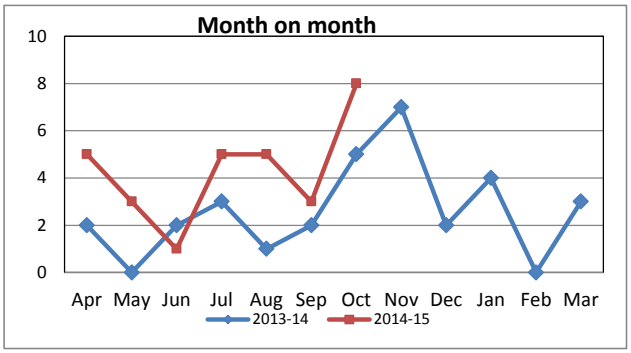


10. Clinical Hub H&T Discharges

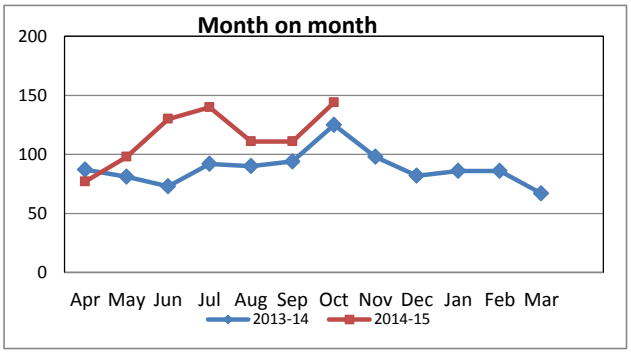


QUALITY

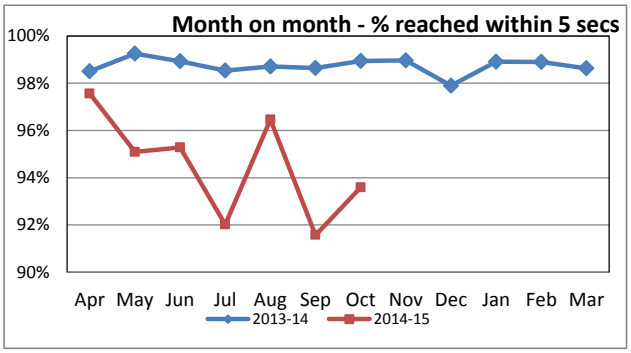
1. Serious Incidents declared



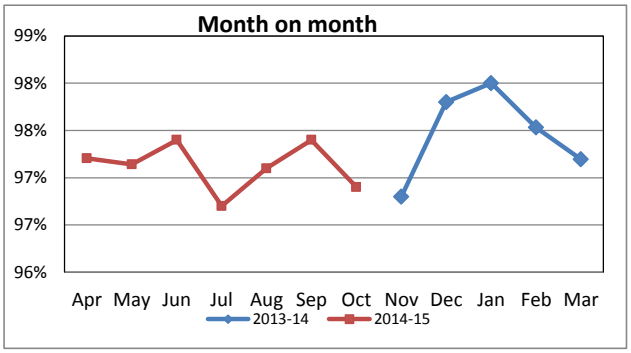
2. Complaints received



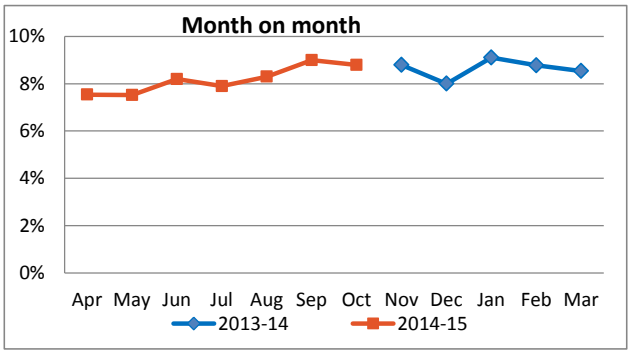
3. 999 Call Answering - 5 secs



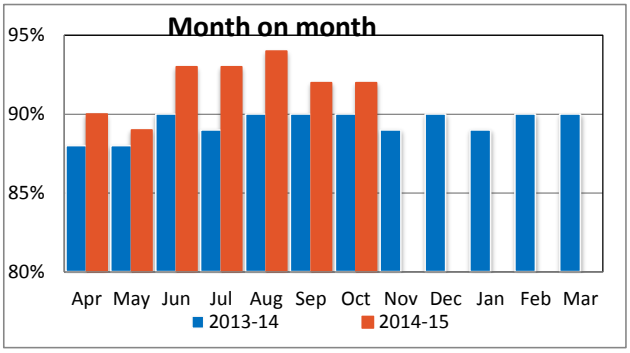
4. NHS111 Call Answering- 60secs



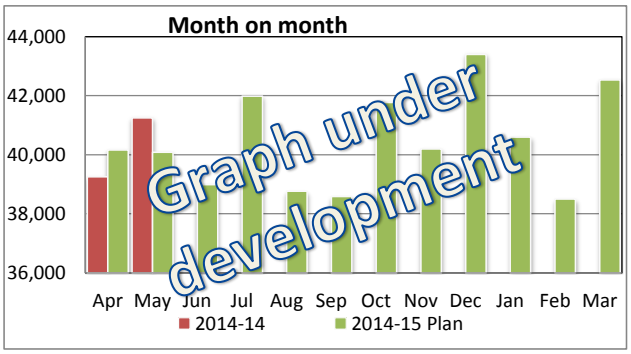
5. NHS 111 Transfer rate to 999



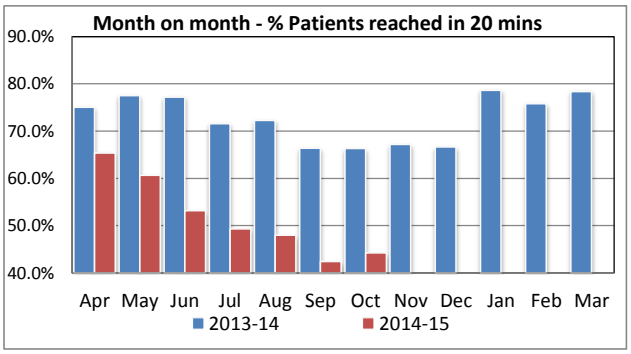
6. Aspects of care compliance (MH)



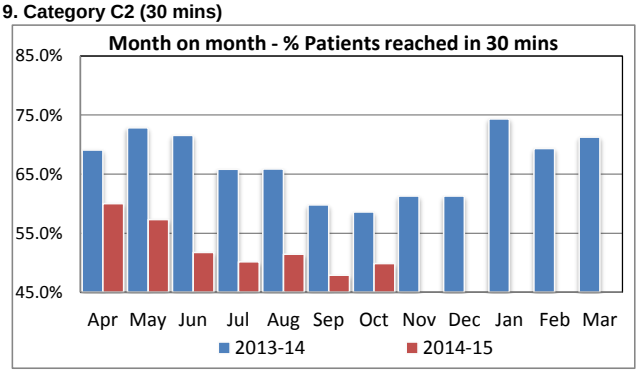
7. Deep Clean of vehicles % completed



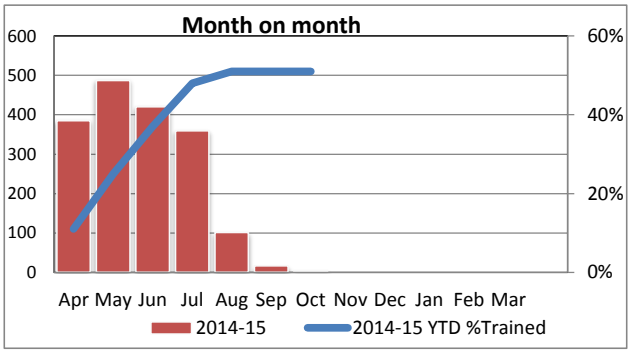
8. Category C1 (20 mins)



9. Category C2 (30 mins)

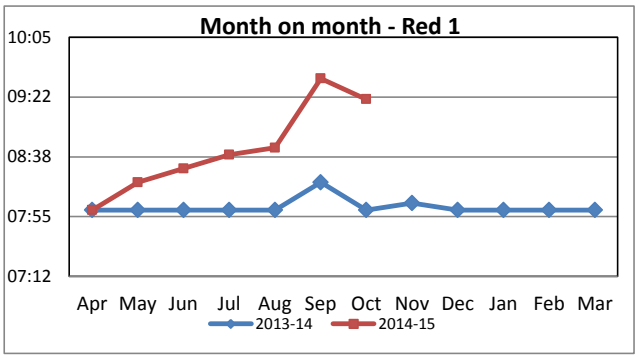


10. CSR 2014 Delivery - % of Frontline

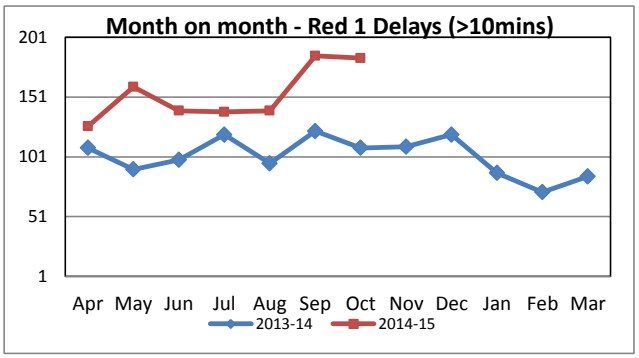


SAFETY

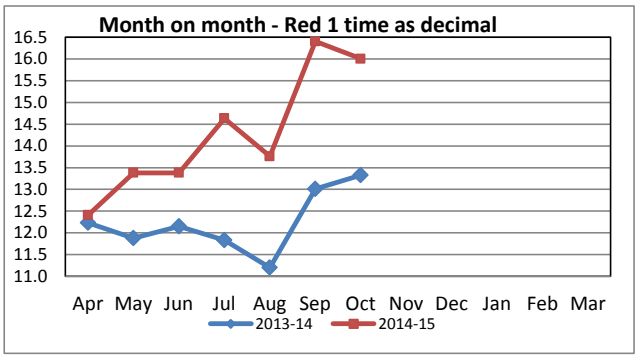
1. Red 1 - 75% reached in Mins/secs



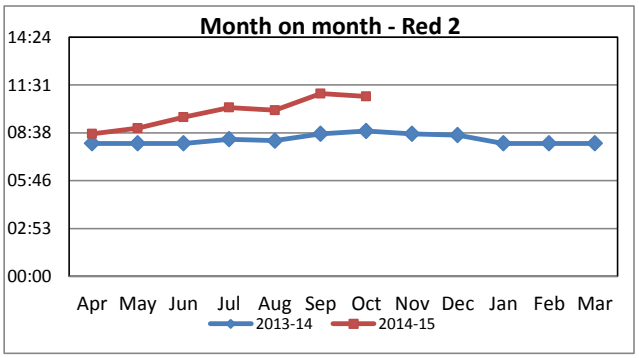
2. Red 1 - number of responses>10mins



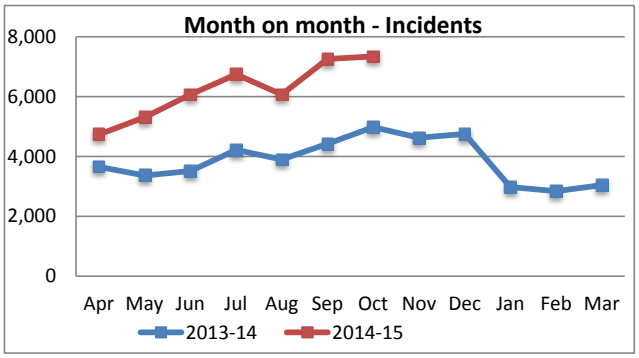
3. Red 1 - Time to get to 95th Percentile



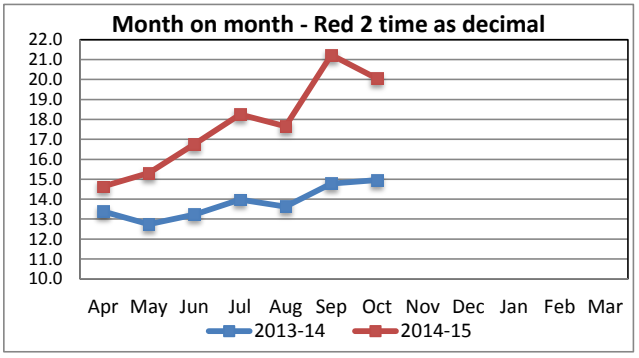
4. Red 2 - 75% reached in Mins/secs



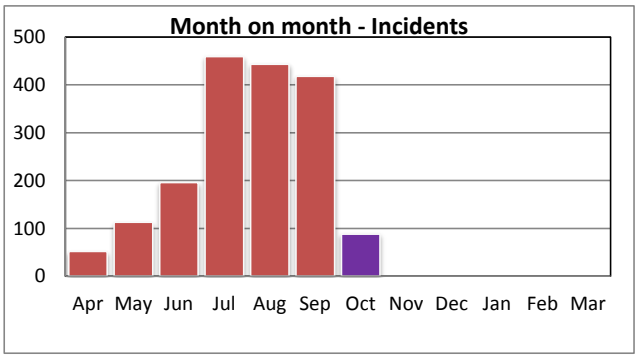
5. Red 2 - number of responses>10mins



6. Red 2 - Time to get to 95th Percentile

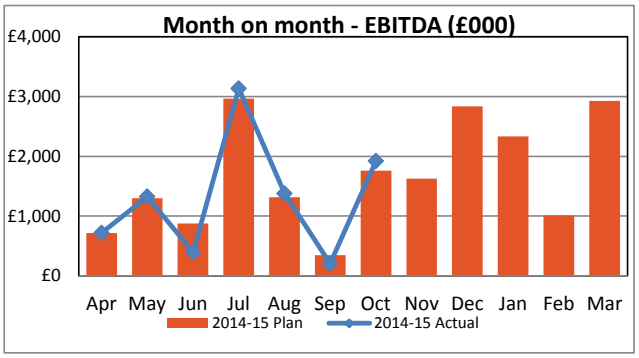


7. Surge plan escalation > Amber (Hours)

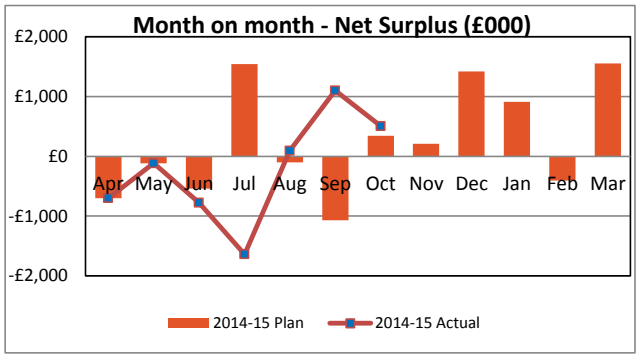


VALUE FOR MONEY

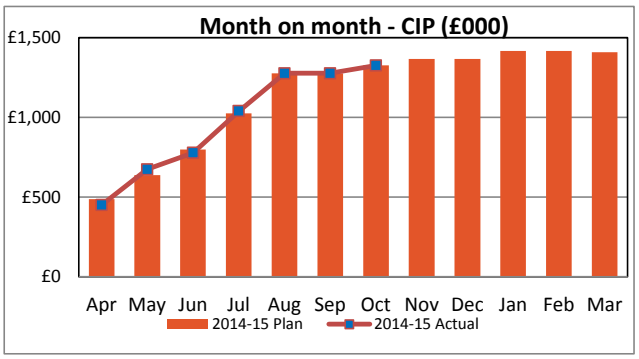
1. EBITDA (£000)



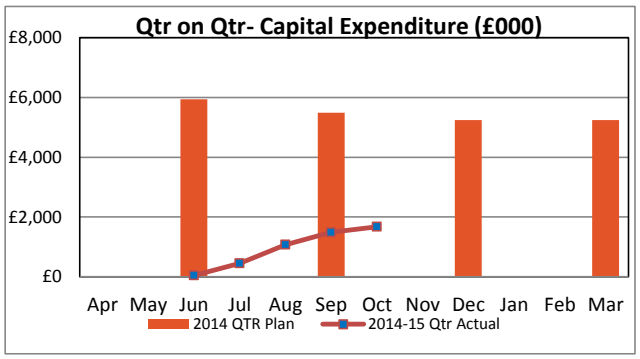
2. Net Surplus (£000)



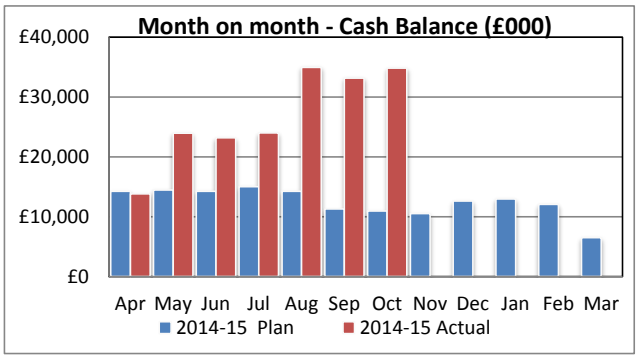
3. Cost Improvement Programme (£000)



4. Capital Expenditure (£000)

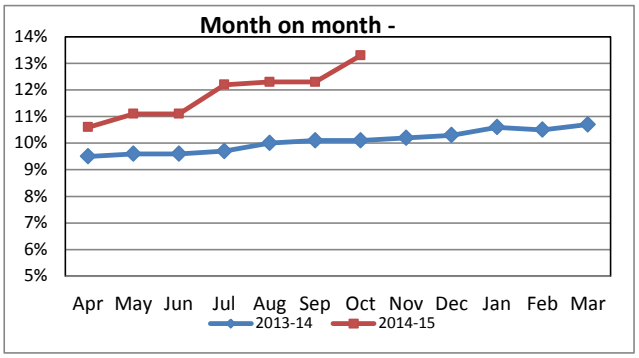


5. Cash Balance

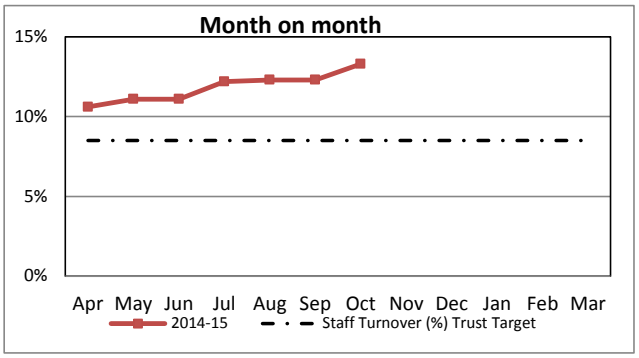


WORKFORCE

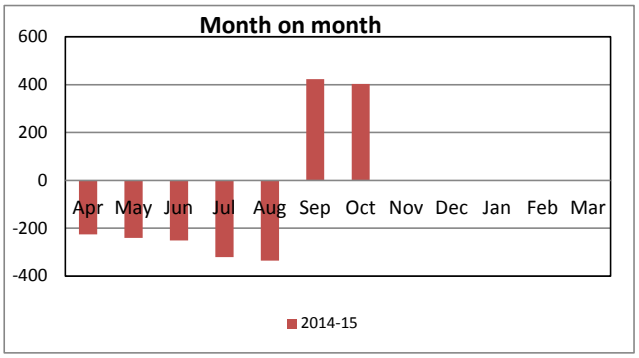
1. Staff Turnover



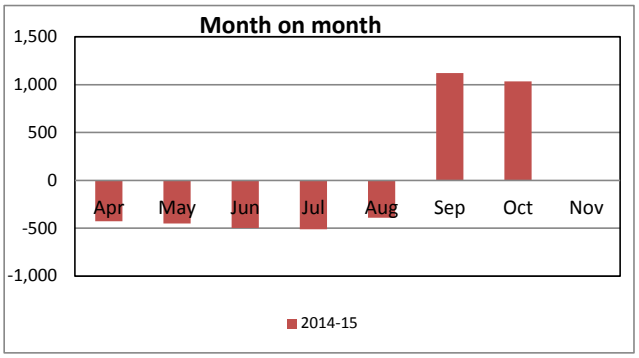
2. Vacancies (%)



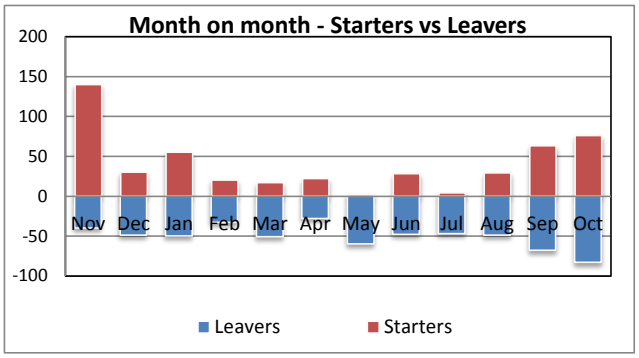
3. Vacancies (WTE) - Paramedic



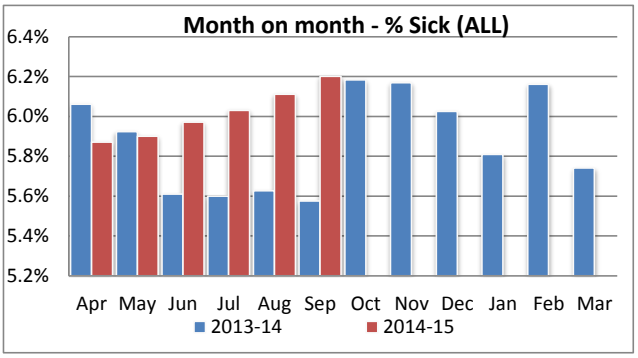
4. Vacancies (WTE) - All Trust



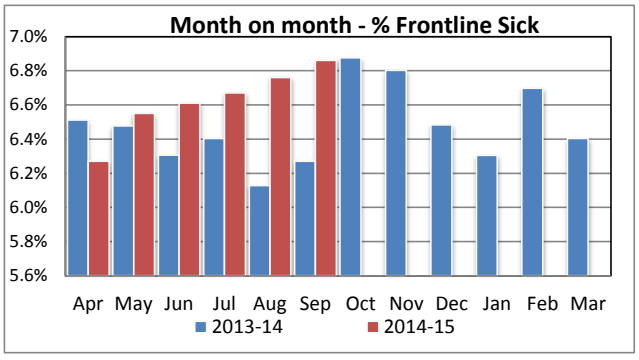
5. Starters vs Leavers



6. Sickness - All Staff (%)



7. Frontline Sickness (%)



Definitions relating to Summary Page

Quadrant	Name	Description / Measure Used
Quality measures	Serious Incidents declared	
	Complaints received	
	999 Call Answering - 5 secs	The % of 999 calls answered within 5 seconds of the call connect time. This measure is only available for the LAS as a whole.
	NHS111 Call Answering- 60secs	
	NHS 111 Transfer rate to 999	
	Aspects of care compliance (MH)	
	Deep Clean of vehicles % completed	
	Category C1 (20 mins)	The % of Category C C1 incidents where any responder arrived on scene within 20 minutes, measured from the call connect time. If no call connect time is available, the time the call was answered is used.
	Category C2 (30 mins)	The % of Category C C2 incidents where any responder arrived on scene within 30 minutes, measured from the call connect time. If no call connect time is available, the time the call was answered is used.
	CSR 2014 Delivery - % of Frontline	
Performance	Red 1 Performance	The % of Category A Red 1 incidents where any responder arrived on scene within 8 minutes, measured from the call connect time. If no
	Red 2 Performance	The % of Category A Red 2 incidents where any responder arrived on scene within 8 minutes, measured from either first dispatch, chief
	Trust A19 Performance	The percentage of Category A incidents where a vehicle capable of conveying a patient arrived on scene within 19 minutes, measured from the call connect time. If a motorcycle or cycle is the only responder (and arrives within 19 mins) this will be counted
	FRU A8 Performance	The % of Category A Incidents where an FRU (Single responder) arrived on scene within 8 minutes. The time to start the clock will depend on if it is a Red 1 or Red 2 incident.
	Cat A Red1 Incidents	Incidents are all calls where at least one responder/resource capable of stopping the clock arrived on scene on a Red1 incident. It does not matter how many vehicles arrive on scene, it is still only counted as one incident.
	Cat A Red2 Incidents	Incidents are all calls where at least one responder/resource capable of stopping the clock arrived on scene on a Red2 incident. It does not matter how many vehicles arrive on scene, it is still only counted as one incident.
	Cat A Total Incidents	Incidents are all calls where at least one responder/resource capable of stopping the clock arrived on scene on Cat A incident. It does not matter how many vehicles arrive on scene, it is still only counted as one incident.
	Total incidents	Incidents are all calls where at least one responder/resource capable of stopping the clock arrived on scene. These include both Category
	Total Activity against Plan	This is the result of combining Cat A, C, Other, H&T (Hear and Treat) and DMP related incidents together and comparing this against the agreed plan with commisioners for that period.
	Clinical Hub Discharges	These are calls which have been triagged without the need for transports by EOC clinicians within the HUB.
Workforce Measures	Staff Turnover % All Trust	
	Vacancies (%) All Trust	
	Paramedic Vacancies against EST	
	Vacancies as number for All Trust	
	Paramedic Leavers	No of Paramedic leaving frontline operations.
	Sickness (%) All Trust	
	Sickness (%) Frontline	
Value for Money	EBITDA (£000)	
	Net surplus (£000)	
	Cost Improvement Programme (£000)	
	Capital expenditure (£000)	
	Monitor FRR	
	Cash balance (£000)	
SAFETY	Red 1 - 75% reached in mins/secs	This is a measure which shows the exact time taken to reach 75% of Red 1 patients (shown in minutes & seconds)
	Red 1 number of responses >10 mins	How many of the total number of Red 1 incidents we attended, did we take more then 10 minutes to get to scene from call connect
	Red 1 number of responses>15 min	How many of the total number of Red 1 incidents we attended, did we take more then 15 minutes to get to scene from call connect
	Red 2 -75% reached in mins/secs	This is a measure which shows the exact time taken to reach 75% of Red 2 patients (shown in minutes & seconds)
	Red 2 number of responses >10 mins	How many of the total number of Red 2 incidents we attended, did we take more then 10 minutes to get to scene from call connect
	Red 2 number of responses>15 min	How many of the total number of Red 2 incidents we attended, did we take more then 15 minutes to get to scene from call connect
	Surge plan escalation > Amber (Hours)	Measure used to record how long over the month, we have had to bring in surge plan because one or a number of the triggers have been hit.

London Ambulance Service NHS Trust

Report to:	**London Ambulance Service Trust Board**
Date of meeting:	**25 November 2014**
Document Title:	**Performance Improvement Plan**
Report Author(s):	**Director of Finance** **Director of Performance**
Presented by:	**Director of Finance**
Contact Details:	**020 7783 2041**
History:	**This paper is based on papers previously presented to EMT**
Status:	**For discussion and direction**

Background/Purpose

- The Trust continues to make good progress against the Performance Improvement Plan, and remains on trajectory against the weekly performance target as at the end of the week ending 16th November.
- All projects which act to improve 2014/15 performance have project plans in place and are delivering. The delivery is largely in line with expectation at 18th November.
- The Executive Management Team review progress against plans every two weeks, with meetings held on the 5th and 17th November.

Action required

The Director of Performance continues to hold weekly progress meetings in order to maintain momentum in the development and delivery of the performance improvement plan.

Assurance

- The Trust has engaged external support for the programme management of the performance recovery plan.
- The Trust Board review performance on a weekly basis.

Key implications and risks arising from this paper	
Clinical and Quality	✓
Performance	✓
Financial	✓
Legal	
Equality and Diversity	
Reputation	✓
Other	
This paper supports the achievement of the following 2014/15 objectives	
Improve patient care	✓
Improve recruitment and retention	✓
Implement the modernisation programme	
Achieve sustainable performance	✓
Develop our 111 service	
Simplify our business processes	
Increase organisational effectiveness and development	✓

Private and Confidential

London Ambulance Service NHS
NHS Trust

Trust Board
Performance Review

25th November 2014

Overview

- The Trust continues to make good progress against the Performance Improvement Plan, and remains on trajectory against the weekly performance target as at the end of the week ending 16th November.
- All projects which act to improve 2014/15 performance have project plans in place and are delivering. The delivery is largely in line with expectation at 18th November. The following slide summarises progress against each project.
- For projects which are expected to impact on 2015/16 work continues to ensure all plans are robust and will deliver in line with expectations.
- The Executive Management Team review progress against plans every two weeks, with meetings held on the 5th and 17th November.
- Weekly updates on performance are also provided to the Trust Board.
- The Trust also continues to meet with the Trust Development Authority, NHS England and its commissioners on a weekly basis to review performance and progress against the plan.

Stage of development for each project

Data for week ending: 16 Nov 14
Actions updated: 16 Nov 14

Programme level

Key
- Project Delivering
- Project ongoing
- Project partially defined
- Project undefined

EMT Performance Review
Chair: Chief Executive

Weekly Project Reporting
Chair: Dir. Of Performance

PMO support

Workstream level

Clinical Systems Management
Fionna Moore

Productivity and predictive model
Andrew Grimshaw

Recruitment and training
Karen Broughton (supported by Mark Whitbread)

Capacity Management
Jason Killens

Optimise Workforce
Mark Gammage

Project level

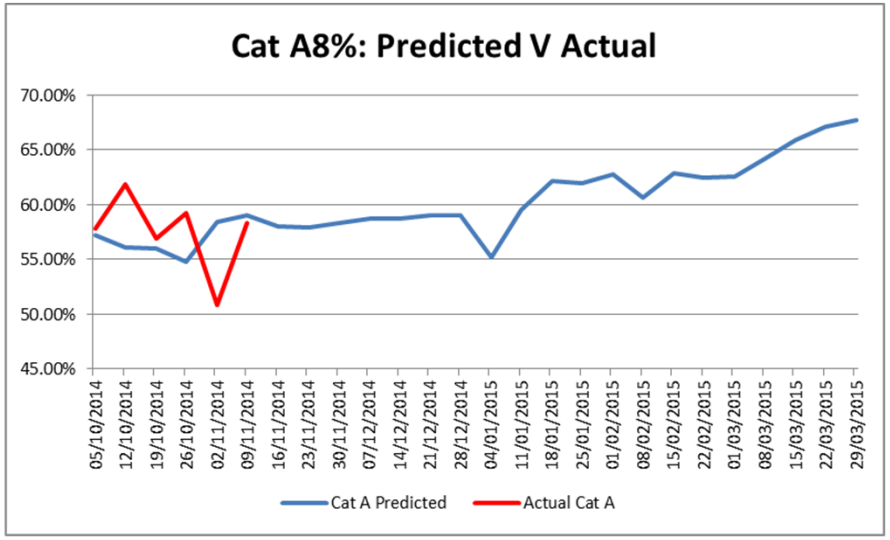
14/15 Trajectory

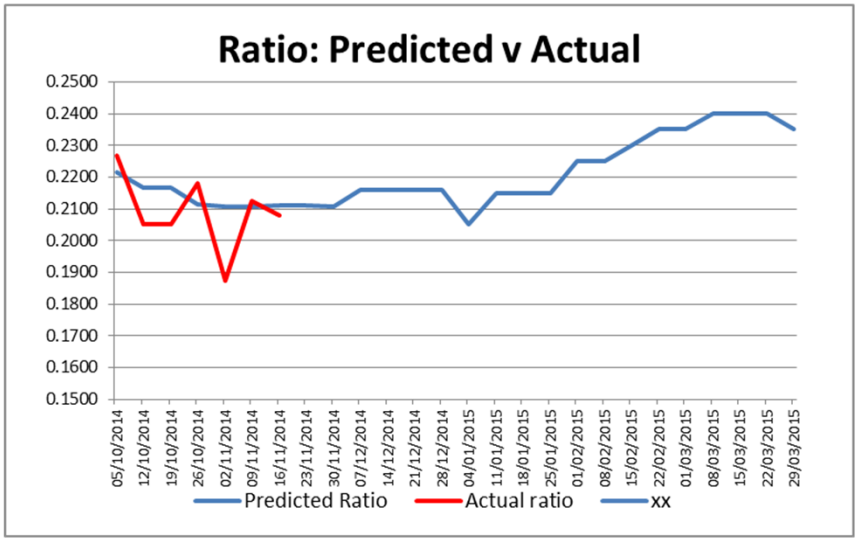
- Recruit new 14/15 EAC staff
- Recruit new 14/15 national paramedics
- Recruit new 14/15 International Paramedics
- Bank
- Overtime
- Increase PAS
- Increased taxi usage
- Met DG
- Clinical triage R2
- Increase Hear and Treat
- PTS sweeper
- FRV to Cat A
- Incident Management Desk
- Retention - Band 6

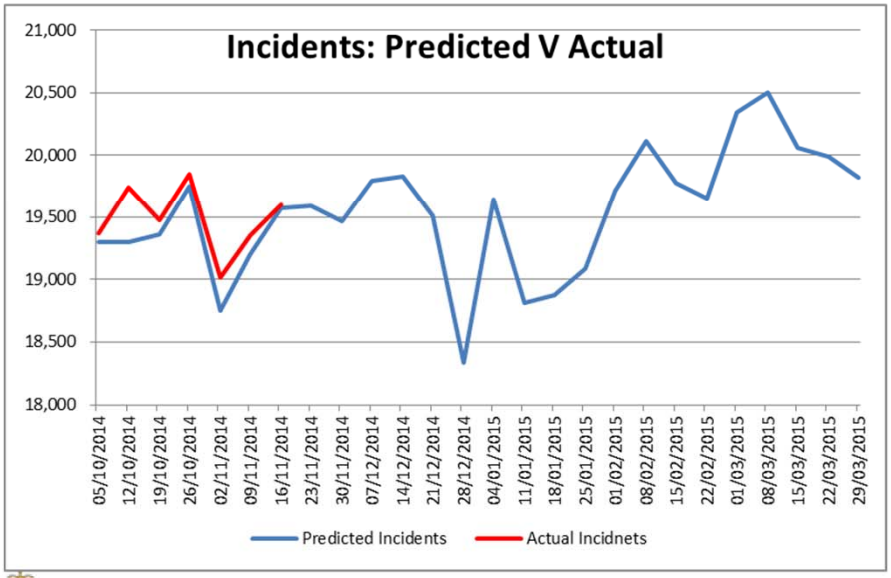
15/16 Trajectory or trajectory not defined

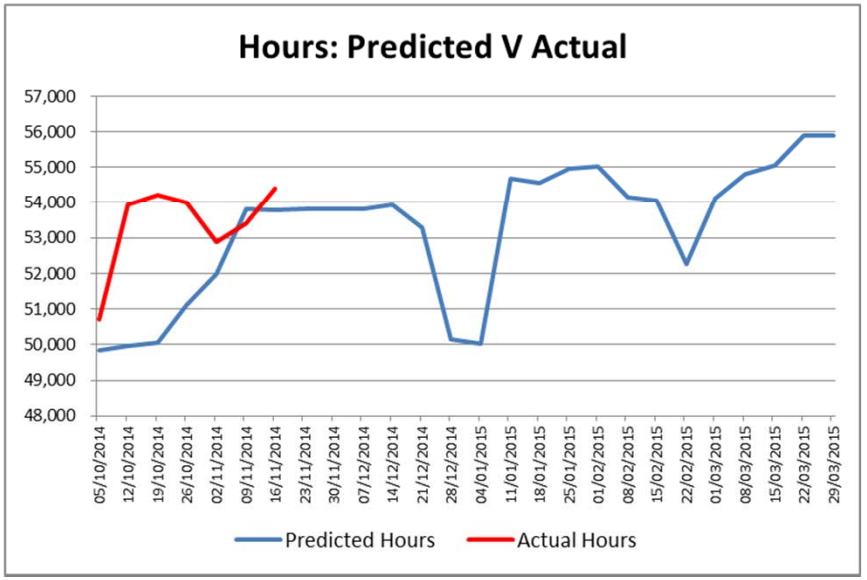
- NHS 111 Re-assessment
- Manage Healthcare professional calls
- Mental Health Nurses
- Reduce Out of Service Hours
- Manage Job Cycle Time
- Develop a Performance Framework
- Develop a Predictive model
- 15/16 Integrated training and recruitment plan
- Clin. Team Leads to frontline
- FRV Cat A (Part B)
- Develop and Deliver a Retention strategy
- Workforce Planning
- HR Strategy

Actuals against forecast by week









Factors which may impact performance

- Industrial action. If dates for further industrial action are announced this will impact on performance within that week.
- Actions by other organisations to enhance their recruitment of paramedic staff.
- Bad weather (snow and ice). While adjustment has been made for winter the Trust is not able to forecast when snow or icy days may occur.
- Ebola. This remains a potential risk.
- Terrorism. The Trust remains cognisant of the heightened threat level.

London Ambulance Service NHS Trust

Report to:	**London Ambulance Service Trust Board**
Date of meeting:	**25th November**
Document Title:	**Clinical Directors' Joint Report**
Report Author(s):	**Fionna Moore, Steve Lennox, Mark Whitbread**
Presented by:	**As Above**
Contact Details:	
History:	***Parts of this paper have previously been presented to the Executive Management Team***
Status:	***For information***

Background/Purpose

This report is structured around the quality domains of the quality dashboard, but also reports on issues wider than the quality measures.

Action required

To note

Assurance

Increasing Cardiac Arrest Survival figures, demonstrated in the cardiac annual report.

Although CPI completion has fallen significantly over the past months, CPI compliance remains high, demonstrating excellent patient care. However, the low completion levels make this assurance harder to make.

SI reporting is now a stronger process, and is reported to both EMT and Trust Board.

Key implications and risks arising from this paper	
Clinical and Quality	• **24/7 use of Surge Red, and rising use of Surge Purple (the largest number of hours in one month since Surge was introduced).** • **A rise in the number of Serious Incidents being declared.** • **Poor CPI completion rates** • **The number of PRFs being submitted without illness codes, meaning the PRFs aren't auditable.**
Performance	
Financial	
Legal	
Equality and Diversity	
Reputation	• **Rising number of Serious Incidents declared** • **High volume of complaints received by the patient experiences department** • **Long delays experienced by patients**
Other	
This paper supports the achievement of the following 2014/15 objectives	
Improve patient care	**Yes**
Improve recruitment and retention	**No**
Implement the modernisation programme	**No**
Achieve sustainable performance	**No**
Develop our 111 service	**No**
Simplify our business processes	**No**
Increase organisational effectiveness and development	**No**

LONDON AMBULANCE SERVICE NHS TRUST

Clinical Directors' Joint Report – 25th November 2014

This paper will outline a number of current risks to the Trust, as well as other factors which have an impact on the safety and quality of the service that the Trust provides.

In particular, the Clinical and Quality Directorate would like the Board to focus on the following areas:

- **Increasing use of Surge, with 24/7 use of Surge Red since the beginning of October and the implementation of Surge Purple for a total of 30 hours during October, the most Surge Purple has been in place during any given month.**
- **Poor CPI completion rates, with the Trust's average currently sitting at 62%. This is the lowest completion rate since the database was started in April 2009.**
- **A concern surrounding the number of PRFs being submitted without illness code, meaning that the PRF isn't auditable via the CPI system. This in turn means that there is no audit of the care provided to these patients by the individuals involved; creating a clinical risk. This has also been discussed by the Information Governance Group, alongside the levels of PRFs not being submitted at all.**
- **A steep rise in the number of Serious Incidents being declared. The largest number of these relate to delays incurred, followed by a number of EOC mis-categorised calls and lastly clinical or equipment errors.**

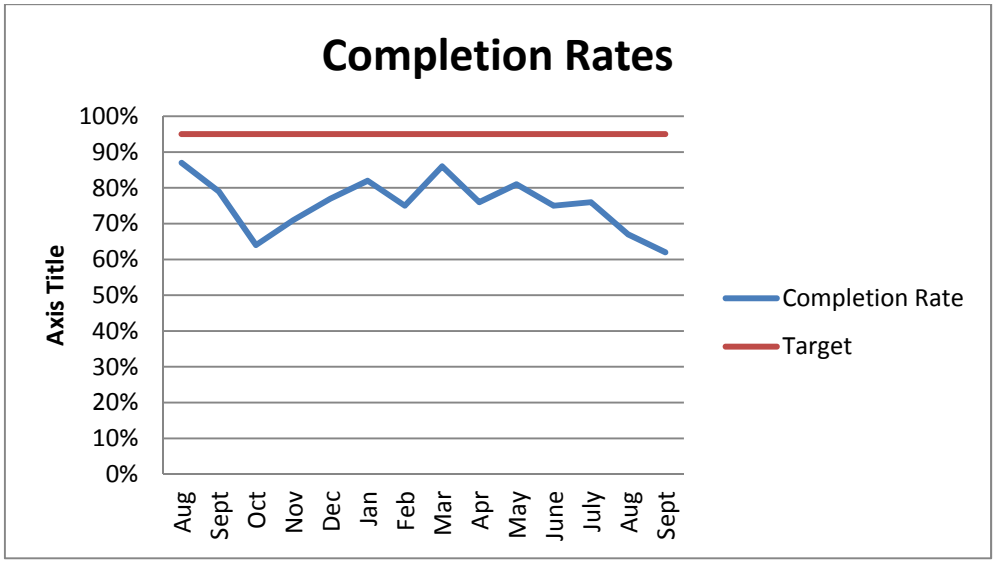
Domain 1 - Safety

Clinical Performance Indicator completion and compliance

The CPI completion rate dropped significantly in June, remained low during July, and fell further during August. The completion rate for September (the most recent data available) was 62%, the lowest since the database was started, in April 2009. The closest comparison was in October 2013, when the completion rate was 64%.

The West saw the biggest decrease in completion, falling 17% on August's figures. The South remained the same as the previous month, and the East had a 5% increase.

The decrease in audits undertaken is mainly due to the performance pressures, as team leaders are spending the majority of their time operationally and not in the office. A large number of the audits being undertaken are being completed by restricted duties staff, and complexes who have these staff available are encouraged to assist complexes without this available assistance.



CPI Completion August 2013 to August 2014

Area	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
East	71%	30%	62%	64%	85%	81%	91%	71%	71%	62%	72%	65%	70%
South	88%	79%	65%	89%	94%	77%	81%	79%	91%	79%	73%	62%	62%
West	76%	76%	82%	77%	68%	69%	88%	76%	77%	79%	80%	71%	54%
LAS	**79%**	**64%**	**71%**	**77%**	**82%**	**75%**	**86%**	**76%**	**81%**	**75%**	**76%**	**67%**	**62%**

Given that completion levels have been low for some months, and that team leaders may not be available at all to complete audits in the coming months, CARU have written a paper which will be tabled at EMT on 26th November, describing a process where less auditing can be undertaken, but where assurance is still provided that the clinical care being provided by the Trust's clinicians is safe and correct. The recommendation is that sample sizes are calculated at a 90% confidence level, which will mean that the sample sizes will differ between complexes, to reflect the average number of PRFs submitted. It is also recommended that given the reduced sampling size, feedback sessions should be temporarily suspended.

CPI Compliance September 2014

Area	Cardiac Arrest	Glycaemic Emergencies	ACS	Stroke	Mental Health	Non-Conveyed	1 in 40 PRF
East	99%	98%	97%	98%	95%	99%	98%
South	99%	97%	96%	97%	91%	97%	98%
West	99%	97%	96%	97%	91%	97%	98%
LAS Total	**99%**	**97%**	**96%**	**97%**	**92%**	**98%**	**98%**

CPI Compliance August 2014

Area	Cardiac Arrest	Difficulty Breathing	ACS	Stroke	Mental Health	Non-Conveyed	1 in 40 PRF
East	98%	97%	97%	97%	93%	98%	98%
South	99%	95%	96%	97%	92%	97%	98%
West	98%	95%	97%	98%	96%	97%	98%
LAS Total	**98%**	**96%**	**97%**	**97%**	**94%**	**97%**	**98%**

CPI compliance remains >95% against all clinical care standards, except mental health. City and Hackney, Greenwich, Kenton and Romford complexes should be commended for achieving at least 95% compliance to the Mental Health CPI.

The highest ever compliance to the non-convey audit was achieved in September, with Romford complex providing the highest level of care to this group of patients.

City and Hackney, Romford, Hillingdon, Kenton, Bromley, Deptford, Greenwich and New Malden complexes should be congratulated for their compliance of >95% to all audits. However, it should be noted that some of these complexes had no data for a number of the audits.

No complexes in the Trust achieved the 50% cumulative CPI feedback target as part of the AOM objectives. Chase Farm complex was nearest to this level, at just over 45%.

PRF submission is continuing to be reviewed by the information governance group, and complexes have been informed if their submission is in the lowest bracket, Trust wide. All East, West and South complexes are now reaching an acceptable level of PRF submission, all in excess of 97% with most reaching 99%. However, of concern are the levels of PRFs being submitted by other areas, which remain low. The clinical hub's submission is currently 91%, and HART and Volunteer responders continue to have low submission rates of 91% and 76% respectively. Remedial action is being taken to ensure the data collection is correct and that the shortfall is addressed. Private Ambulance providers are not part of this report as the data is not currently available through the monthly CPI report from CARU.

There is also some concern surrounding the numbers of PRFs being submitted to management information without illness codes. This continues to be a problem, and presents a risk because without an illness code, the PRF isn't auditable through the clinical risk CPI groups. The Trust wide achievement for PRFs submitted with illness codes remains low at 84%, with no complex achieving above 90%. The highest achievement was 87% which was seen in Chase Farm, Friern Barnet, Kenton, Bromley and Croydon. The lowest compliance to this was seen by the volunteer responders, who submitted only 40% of their PRFs with illness codes, followed by The Clinical Hub who submitted 60% with illness codes.

Full CPI reports can be accessed at: Clinical Audit & Research Unit\Clinical Performance Indicators (CPIs)\Monthly Team Leader CPI reports\2014-15\Monthly Reports 2014-15\September 2014

Serious Incidents

An update on Serious Incidents which have been declared will now be provided to Trust Board as part of the clinical report. This for future reports will be the incidents not yet seen by Trust Board.

	Incident Date	Date SI Declared
1	12/05/2014	17/09/2014
2	26/07/2014	
3	31/08/2014	08/10/2014
4	01/10/2014	22/10/2014
5	01/10/2014	30/10/2014
6	12/10/2014	22/10/2014
7	15/10/2014	22/10/2014
8	08/06/2014	04/11/2014
9	30/10/2014	04/11/2014
10	08/11/2014	19/11/2014
11	10/11/2014	19/11/2014

SI Themes:
Of the above incidents, the commonest theme is of delays (6), followed by clinical errors (2), EOC errors (2) and finally one equipment failure.

A full report with details of incidents is provided in the second section of Trust Board, as patient identifiable data has been removed for this section.

NHS Central Alerting System (CAS)

The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health and social care.

In total during September there were 14 CAS alerts. 10 of these were electrical field notices, 1 was a testing of fire and smoke dampers and fire stopping, which was only relevant for sites with progressive lying in procedures, and 3 medical devices alerts. Of these 14, only one was of relevance to the Trust but all were noted. The one notice of relevance to the Trust was regarding Lifepak 1000 defibrillators. This alert had already been dealt with when the field safety notice was issued in July.

NHS Signals

Key risks emerging from the review of serious incidents reported by the NHS to its National Reporting and Learning System (NRLS) are shared in the form of Signals. There have been no alerts since the last report to Trust Board.

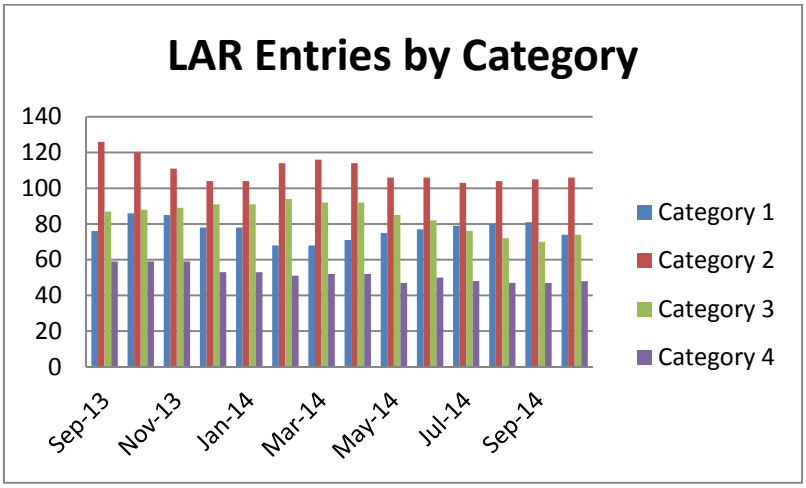
NICE Guidance

The NICE guidance summary for October has been released, and has the following updates which are of relevance to the Trust:
Transient Loss of Consciousness (QS71) – Statements 1 and 2 are of relevance to the Trust and relate to recording the initial assessment and clinical history, and to having a 12-lead ECG during the initial assessment.
LAS staff are compliant with documenting assessments and clinical history of these patients, and are also asked to complete a 12-lead ECG in patients with a transient loss of consciousness.

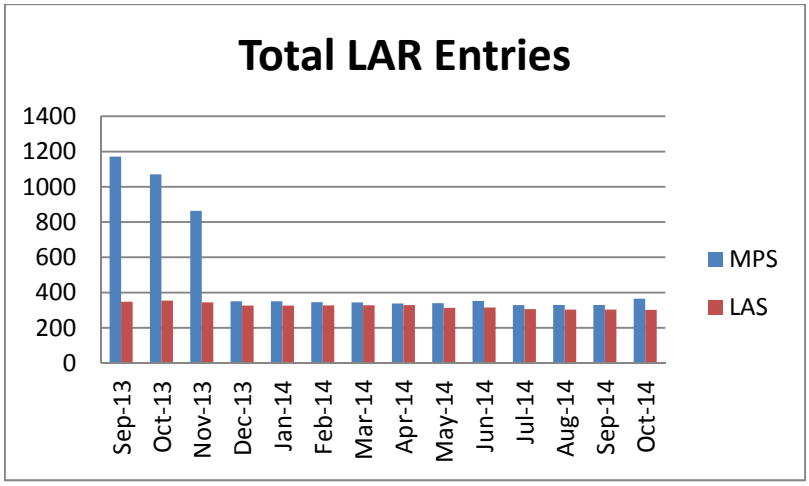
The other guidelines have been noted but are more relevant to hospital practice. The full paper is available upon request.

Locality Alert Register

There are currently 302 addresses on the Locality Alert Register (LAR). These are broken down as follows:
CATEGORY 1: 74
CATEGORY 2: 106
CATEGORY 3: 74
CATEGORY 4: 48



The Trust has notification of 365 high risk addresses from the Metropolitan Police.



Surge Plan

The last month for which we have complete Surge data is October.

Surge Red has been in place within the Trust 24/7 since the beginning of October due to the performance pressures and the high levels of calls being held continually in London. Despite Surge Red being in place 24 hours a day, Surge Purple has also been in place on a number of occasions.

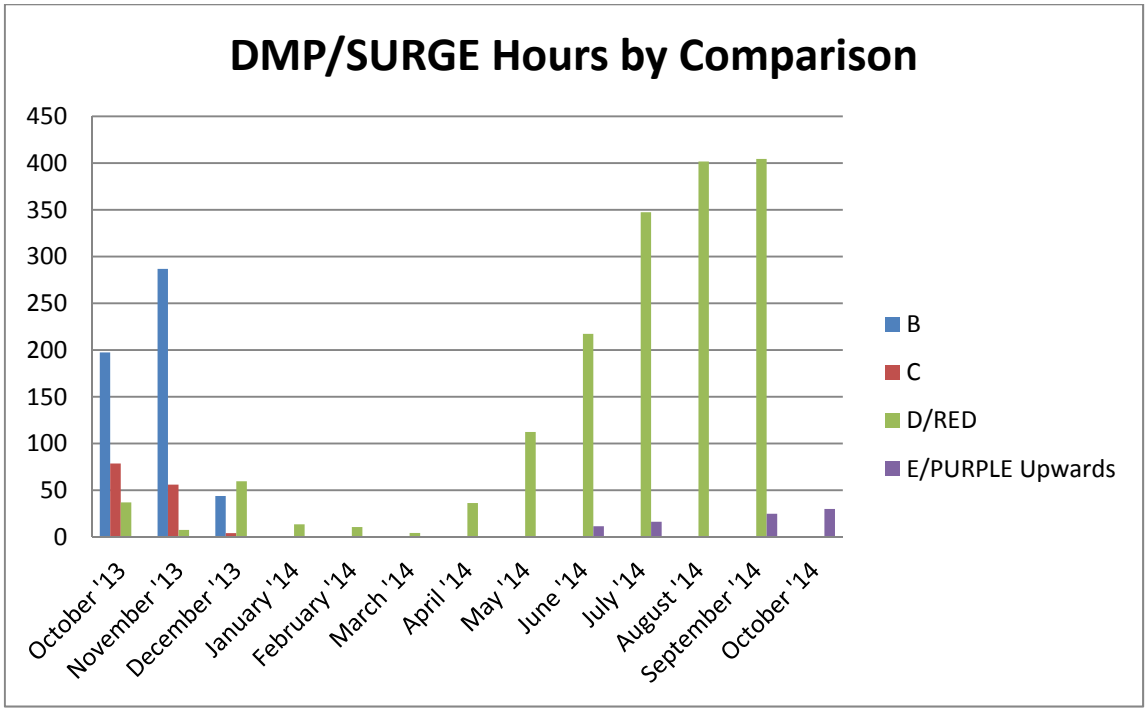
The implementation of Surge Red has enabled the Trust to respond to the highest priority calls within the required timeframe. However, there is significant risk associated with increasing Surge level, and the Trust has seen some extended delays for lower priority calls, as well as delays for some of the higher priority calls.

A revision of Surge is now complete, following the feedback from the use of Surge Purple and the extensive use of Surge Red. There will be a planned implementation date during November.

DMP and Surge use March – October 2014

Month	Number of occasions DMP/Surge invoked	Stage B (hours)	Stage C (hours)	Stage D / Surge RED	Stage E / Surge PURPLE (Upwards)	Ambulances reprioritised
March	2	Winter Working		4.25	0	6591
April	10	Winter Working / Surge Amber		36.25	0	7163
May	18	Surge Amber		112.25	0	7881
June	26	Surge Amber		217.25	11.5	8687
July	26	Surge Amber		347.5	16.25	7498
August	28	Surge Amber		401.75	0	7600
September	26	Surge Amber		404.5	24.75	8636
October	5*	Surge Amber		Surge Red	30.0	8725

*Although the number of occasions that Surge was invoked was only 5, this is not a true representation of this information, as the Trust was continually operating at Surge Red during October.



Prevention of Future Deaths Reports; Regulation 28 of The Coroners (Investigations) Regulations 2013

The Trust has not received any prevention of future deaths reports since the last report to Trust Board.

Infection Prevention & Control

Weekly audit on Ebola preparations continue to be reported through a weekly flash report to EMT and these suggest an improving weekly position. Themes emerging through the audit are being fed back to the VHF steering group chaired by the lead for EPPR. The current issue being considered is "doffing" training for staff as this appears to be the greatest risk to healthcare staff.

Domain 2 – Development and Practice

Medicines Management

Controlled Drugs (CD) / General Drugs

1. There has been one reportable CD incident since the last report. This occurred at Friern Barnet Station on 2nd November 2014. One ampoule of morphine sulphate is completely unaccounted for. A counting error has been ruled out and the subsequent investigation has not been able to ascertain how the ampoule came to be missing. The Met Pol CDLO Team are now involved, and will be liaising with the Station Management Team. This is the third incident at Friern Barnet since August. The CD safe was relocated following the 1st August incident.

2. There have been no incidents involving general drugs.

Drug Errors / MHRA Alerts

3. There have been no reported drug errors since the last report.

4. There have been no MHRA Drug Alerts since the last report.

Medicines Management Group (MMG)

5. There have been no MMG Meeting since the last report.

6. There are currently no medicines supplies issues affecting the LAS.

7. The Chair of MMG is preparing to make IV Paracetamol a station based drug.

8. There is new NICE guidance on the use of activated charcoal for poisoned patients. The guidance makes the strong recommendation that activated charcoal should be available for all ambulance staff to use for patients who have self poisoned within 1 – 2 hours. Professor Dargan from Guys and St Thomas's NHS Trust is very keen to work with the LAS to look at the efficacy of this treatment. The Chair of MMG will now be looking at the cost and training implications of this to the LAS. The cost per dose is in the region of £8.50.

Medicines Optimisation

9. There is nothing to report since the last report on this topic.

Domain 3 - Effectiveness and Experience

Clinical Audit and Research

Cardiac

The Monthly Cardiac Arrest and ST-Elevation Myocardial Infarction Reports (Cardiac Care Pack) for September 2014 have been published.

The full report can be accessed at:
Clinical Audit & Research Unit\Cardiac Reports\Cardiac Care Pack - Monthly Reports\April '14 - March '15\Cardiac Care Pack (September '14).pdf

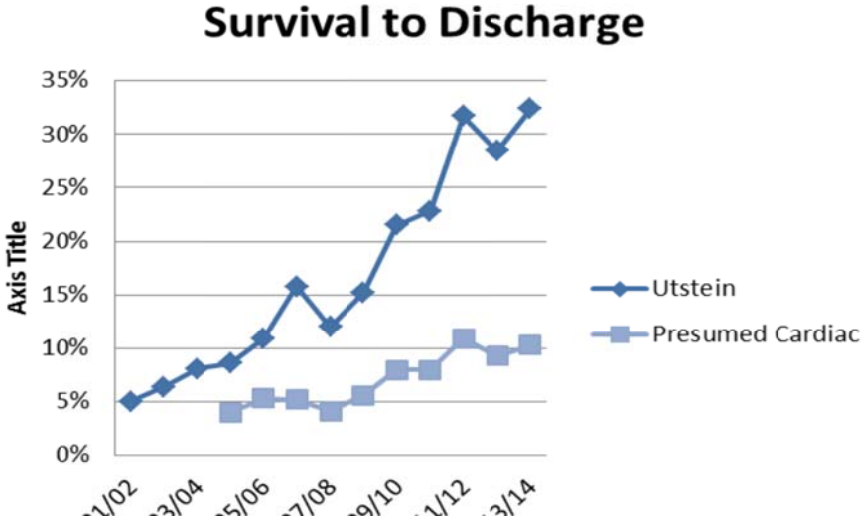
Key Findings:

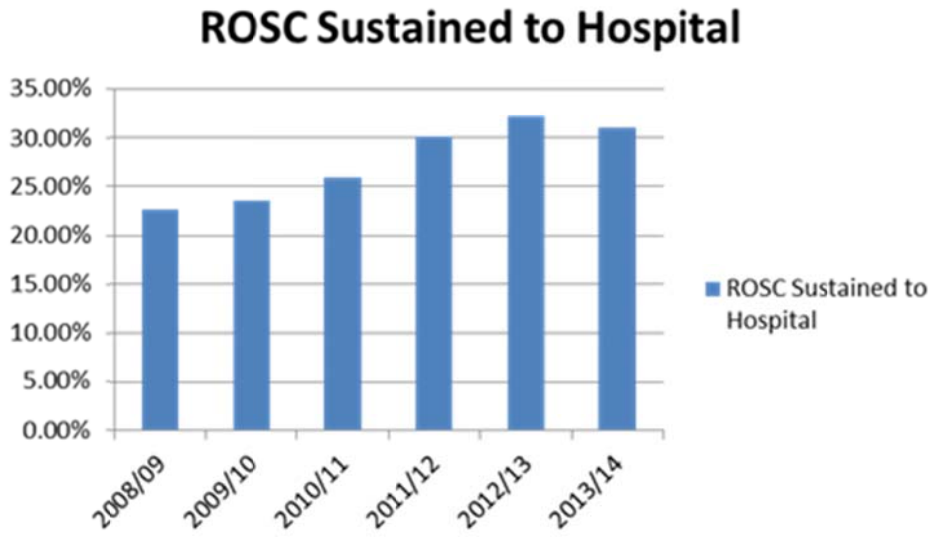
- 27% of cardiac arrest patients that had resuscitation commenced, gained and sustained ROSC (Return of Spontaneous Circulation) until arrival at hospital. This percentage includes all arrest rhythms. This shows an 11% decrease on the last month's figures.
- 94% of the advanced airways placed during a cardiac arrest had end-tidal CO2 measured and recorded. 17 patients had no ETC02 noted and no printout of the waveform included with the PRF.
- 100% of STEMI patients attended by the LAS were transported to the most appropriate destination.
- Overall call to arrival at hospital time for STEMI increased to 71 minutes during July. The length of time on scene remains high at 43 minutes. Both of these figures are higher than expected and continue to require monitoring. It is not clear why these figures are so high, despite crews being reminded to reduce their on-scene time for these and other time critical patients.
- The number of patients receiving the full STEMI care bundle decreased further to 68%.

The Cardiac Annual Report for 2013/14 has also been released and can be found at:
Clinical Audit & Research Unit\Cardiac Reports\Annual Reports\Cardiac Arrest Annual Reports\LAS Cardiac Arrest Annual Report 2013-14.pdf

Key findings:

- This report shows an increase in survival to discharge rates, representing the highest the Trust has seen since data was collected.
- The overall survival rate is now 10.3%, an increase of 1% on the previous financial year.
- The UTSTEIN survival rate has increased by 4% to 32.4%.
- More patients received by-stander CPR than ever before
- Patients where a public-access defibrillator was used have a high rate of ROSC sustained to hospital (77.8%) and also have a high survival to discharge rate (58.8%)
- The number of patients who had ROSC with evidence of myocardial infarction and were taken to a HAC has increased. These patients have a higher than average survival rate, of 47.6% in 2013/14.





Stroke

The monthly Stroke report for September 2014 has been published.

The full report can be found at:
Clinical Audit & Research Unit\Stroke Reports\Monthly Reports\April '14-Mar '15\Stroke Care Pack (September '14).pdf

Key findings:

- 95% of suspected stroke patients were provided with a full pre-hospital care bundle or a valid exception to its provision was recorded. This is a fall of 3% since July.
- 99% of FAST positive patients had the onset time documented, an increase of 1%.
- 99% of FAST positive patients were conveyed to the most appropriate destination
- Average on scene times remain higher than the recommended 30 minutes, with 49% of crews spending more than 30 minutes on scene.
- The percentage of patients eligible for thrombolysis who arrived at a HASU within 60 minutes has decreased to 56% in September.

Patient Experiences

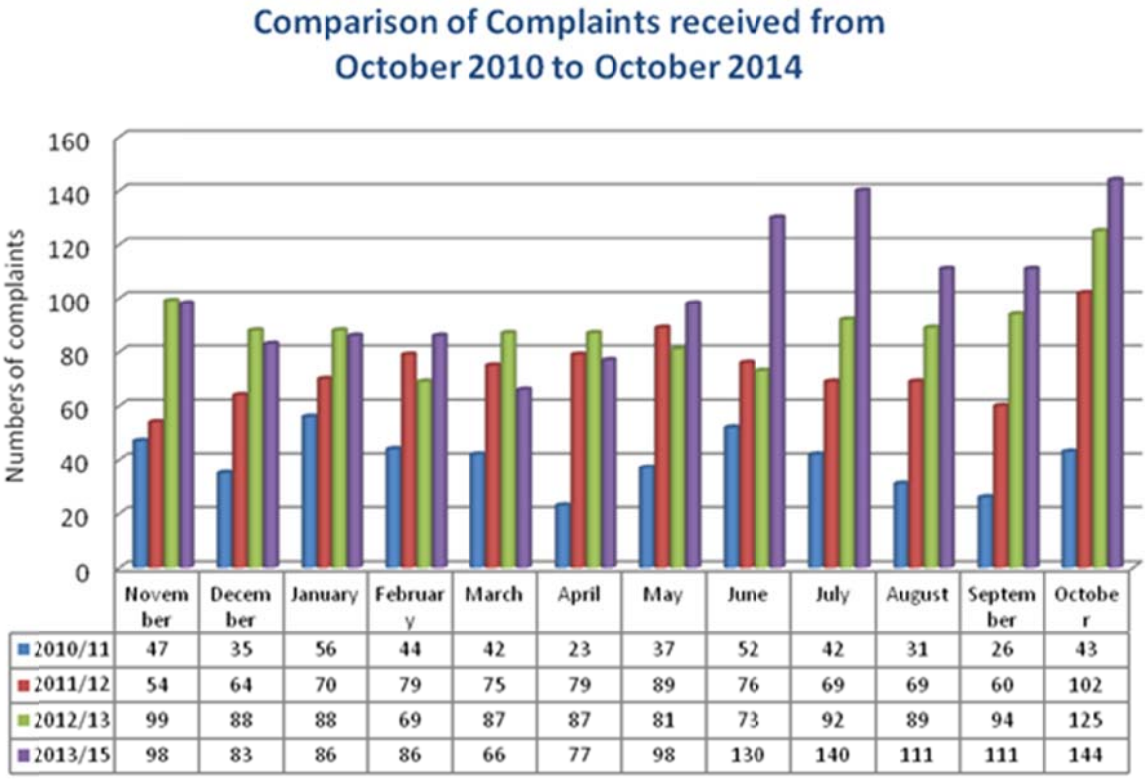
COMPLAINTS

Complaint Volumes

Activity was the highest ever recorded this month with 144 complaints being received. As anticipated, complaints about delays and ambulances not being sent were the predominant

subjects. Worryingly, there is an increasing tendency for cases to involve multiple heads of complaint, i.e. delay + poor attitude of staff+ poor quality of care.

Graph 1. The following graph demonstrates the increase in complaints managed in 2013/14 (purple)



	November	December	January	February	March	April	May	June	July	August	September	October
2010/11	47	35	56	44	42	23	37	52	42	31	26	43
2011/12	54	64	70	79	75	79	89	76	69	69	60	102
2012/13	99	88	88	69	87	87	81	73	92	89	94	125
2013/15	98	83	86	86	66	77	98	130	140	111	111	144

This month, 22 complaints involved other Trusts/agencies including 5 x Acute Trusts, 3 x NHS 111 providers, 5 about LAS 111 and 2 from other care providers (GP and Care Home); 7 cases have been flagged as potential SIs, of which 2 have been declared (9537 and C9547) via the complaint and 2 via other mechanisms (C9540 and C9603).

Table 1: Complaints by Area by percentage of total:

Area	Number of complaints October	Ratio of total (% rounded)
Control Services	88	61
Other	14	10
South East	12	8

North Central	7	5
South West	5	3
Unknown	4	3
North West	3	2
Not Our Service	3	2
North East	3	2
West	3	2
East Central	1	1
PTS	1	1
Total	**144**	**100%**

Complaint Themes

REAP remains at Level 4 following a persistent period of high demand. As a result the Trust has seen increasingly lengthy response times to lower acuity patients. Surge Purple has also been fairly regularly implemented as call rates continued to be above average.

Complaints relating to delay (87) and staff conduct (33) continue to be the main themes. These are increasingly inter-related.

Table 2 The following table shows complaint subjects October 2013 to October 2014

Complaints by subject 2013 - 2015	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	August	Sept	Oct
Delay	53	41	38	22	29	24	33	50	72	62	45	65	87
Conduct	30	19	11	29	16	22	20	22	16	27	18	23	33
Road handling	10	8	9	8	12	7	8	9	9	14	9	7	7
Non-conveyance	8	11	10	10	11	7	5	5	16	19	16	8	6
Not our service	1	1	2	3	0	1	0	0	2	0	1	0	3
Treatment	13	11	6	12	13	4	8	7	12	12	17	4	1
Patient Injury or Damage to Property	4	2	1	2	0	0	1	0	1	0	1	2	3

Location Alert referral	2	2	1	0	0	0	0	1	1	1	1	0	2
Conveyance	3	1	2	0	3	2	1	1	1	1	2	1	1
Clinical Incident/Equipment	1	0	1	0	0	0	0	0	0	1	1	0	0
Assisting with external agency	0	2	0	0	0	0	0	0	0	0	0	0	0
Disputes safeguarding referral	0	0	1	0	2	0	1	2	0	2	0	0	1
Challenging paramedic qualification	0	0	0	0	0	0	0	1	0	0	0	0	0
Aggravating factors	0	0	0	0	0	0	0	0	0	1	0	1	0
Totals	**125**	**98**	**82**	**86**	**86**	**67**	**77**	**98**	**130**	**140**	**111**	**111**	**144**

Case examples - cases closed in September/October 2014

Delay/Staff attitude

Incident report received from care home manager that the attending staff aggressively challenged the validity of the 999 call. This was treated as a complaint under duty of candour provisions. It transpired that the member of staff was on the bank register and is no longer employed by LAS. A copy of the final response letter will be sent to the medic and the incident will be recorded on their record should they approach the Trust about future employment.

Service provision

Complaint from mother of 2 children who have PSPs but that there was a delay in an ambulance attending when the family were involved in an RTC. The Clinical & Quality Directorate confirmed there is no existing instruction within the PSP in terms of the level of priority that should be made in the event of a 999 call about the complainant's children. Explained this can be re-considered if complainant approaches the clinicians responsible for her children's care to contact us accordingly. As an interim measure a Control Services Bulletin will be issued to give guidance that when told a patient has a PSP in place (particularly when this relates to an ongoing condition) that as well as this being noted in the call log, a manager brings the issue to the attention of the CHUB to ensure re-contact and appropriate dispatch priority.

Care and Treatment

Complaint that it was recorded that the patient refused treatment at hospital against advice. Clinical opinion supported the view that the patient's symptoms were not generally sufficient to warrant assessment at A&E in favour of referral to her GP. However, the crew misrepresented the patient's

position. A group has been set up in conjunction with Med directorate to review use of this provision, as it is effectively meaningless in that it does cannot indicate any evidence of whether the patient has been able to make an informed decision or influenced by other forces, including by pressure from the attending staff.

Performance/Quality

Overtime and a concerted performance team effort resulted in the department closing 118 complaints during October. QA reports are being turned around as quickly as possible despite a key member of the QA team being on long term sick leave. Our new full time permanent officer commenced on 10 November together with a contacted officer for 6 months. We have recruited to the Social Worker position and the successful candidate will commence in January 2015.

Whilst these 2 new staff are undergoing training, cases are being held in a pending area with additional administration being undertaken to reduce tasks to officer and free them to conclude casework. We have also engaged a new member of temp admin staff to help with the preparatory and case conclusion role. Overtime remains available to staff where we are focusing on the oldest 'open' cases (within existing budget).

A proposal has been made to enable franking machine at Cody Rd to improve throughput.

Table 3: Closed complaints April 2013 to October 2014

2013/15	Number of closed complaints
April	94
May	92
June	80
July	95
August	54
September	102
October	85
November	74
December	114
January	75
February	95

March	127
April	71
May	91
June	88
July	113
August	98
September	67
October	118
Totals:	**1733**

As at 11 November, 331 complaints remain open or re-opened (compared to 301 in October, 235 in early September, 227 in August, 198 on 8 July, 170 on 6 June and 136 on 8 May).

Table 4: The following table shows the current stage of individual complaints by month to 11 November 2014

Current stage of complaints	Cases open up to 31 July 2014	August	September	October	To 14 November
Allocated	0	1	0	6	0
Awaiting Allocation	0	0	0	23	81
Awaiting Clinical Hub review	0	0	0	0	0
Awaiting Clinical Opinion	4	2	5	3	0
Awaiting information from Watch	0	0	0	0	0
Awaiting input from complainant	0	0	2	0	0
Awaiting input from other agency	0	2	0	1	0
Awaiting input from other LAS department	3	1	4	6	0
Awaiting Operational Input	3	6	6	4	0

Awaiting QA Report	0	5	32	66	0
Case under enquiry with PED Officer	3	3	4	4	0
Comeback received	0	0	0	1	0
Comeback Response with Executive Office	1	0	0	0	0
Draft Reponse with Executive Office	1	5	2	1	0
Draft Response with involved parties	0	0	0	1	0
Draft Response with PED Management	1	1	2	1	0
Draft response with PED Officer	5	9	16	8	0
SI Considerative	0	0	0	0	0
SI Declared	0	1	2	2	0
Totals:	**21**	**36**	**75**	**127**	**81**

Closure rates for 2013/15 are set out in the table below. We continue to prioritise the older cases. Maintaining performance has been very difficult over the past two months due to shortages of staff and unprecedented demand.

Total complaints

Table 5: The following table extracts data from the above and demonstrates the number of complaints closed each month within the 35 day target:

Month	0-25	0-35	Totals closed within 35 working days	Total complaints	Percentage of complaints closed within 35 working days
2013 10	23	9	32	125	25%
2013 11	17	9	26	98	26%
2013 12	23	7	30	83	36%

2014 01	16	22	38	86	44%
2014 02	24	15	39	86	45%
2014 03	24	14	38	66	57%
2014 04	15	20	35	77	45%
2014 05	28	18	46	98	46%
2014 06	34	6	40	130	30%
2014 07	30	11	41	140	29%
2014 08	15	9	24	111	21%
2014 09	14	1	15	111	13%
Totals:	**263**	**141**	**404**	**1211**	**Average 34% per month**

It should be emphasised that a true reflection of response times cannot be calculated until the furthest timescale (i.e. 35 days working days have elapsed) = minimum of 25 November 2014.

'Comeback' Activity

Table 6: This table evidences the numbers of comeback enquiries.

Year	Numbers of comeback responses recorded
2009/10	9
2010/11	4
2011/12	12
2012/13	35
2013/14	57
2014/15 (to date)	43
Totals:	**160**

This month there were 7 cases where a 'comeback' was received.

Health Service Ombudsman

Table 7 The following table presents cases referred by the Ombudsman 2013 – 15 which remain 'open'

Datix reference	Current status	Outcome
C7685	HSC report received, revised after LAS comments > HSC	Ombudsman recommended reimbursement of £500 – partially upheld complaint. Payment made and letter of explanation sent
C7771	File requested 23 Dec 2013	Final report from HSO - complaint not upheld (11/11/14)
C7935	File requested by PHSO 23 January 2014	Further concerns raised by complainant- further response provided 25/05/14, awaiting HSO report. File sent to HSO 21/07/14
C8154	File requested by HSO 07 Feb 2014	Report received from HSO 11/11/14
C8198	File requested by HSO 23/04/14	Final report from HSO - complaint not upheld
C8535	File requested by HSO 17 Oct 2014	File sent to HSO 17 October 2014
C8707	File requested by HSO 16 October 2014	File sent to HSO 17 October 2014
C8749	File requested 10 June 2014	File sent 10 June 2014
C8772	File requested 30 October 2014	File sent 30/10/14
C8787	Further details requested by Ombudsman	Request for 999 recording 27 Oct 2014
C8882	File requested 20 August	Local Resolution meeting Sept 2014

	2014	
C8885	Enquiry from HSO who may investigate	Outcome awaited
C9023	File requested 28 August 2014	File sent 05 September 2014
C9313	File requested 15 August 2014	File sent 15 August 2014

PALS

PALS specific enquiries = 316 in October against 355 in September and 283 in August.

Average monthly PALS for 2013/14 = 287. Current average for 2014/15 = 300.

Currently there are 76 PALS cases remaining open, this includes medical records awaiting consent from the patient, cases awaiting QA reports and further supporting information.

There has also been a steady increase in Solicitor requests year on year:

Table 8: Solicitor requests for medical records

Solicitors request for medical records					
	2010	**2011**	**2012**	**2013**	**2014**
January		84	94	125	104
February		89	104	120	128
March	105	91	109	116	96
April	82	69	118	122	110
May	75	78	121	100	103
June	84	98	96	109	100
July	87	94	107	123	117
August	72	79	135	94	92
September	87	117	100	108	128
October	80	80	138	149	120
November	116	109	124	141	

December	69	66	87	83	
Totals	**857**	**1054**	**1333**	**1390**	**1098**

Graph 2 **The following graph highlights the numbers of PALS SPECIFIC enquiries by month October 2013 to October 2014**

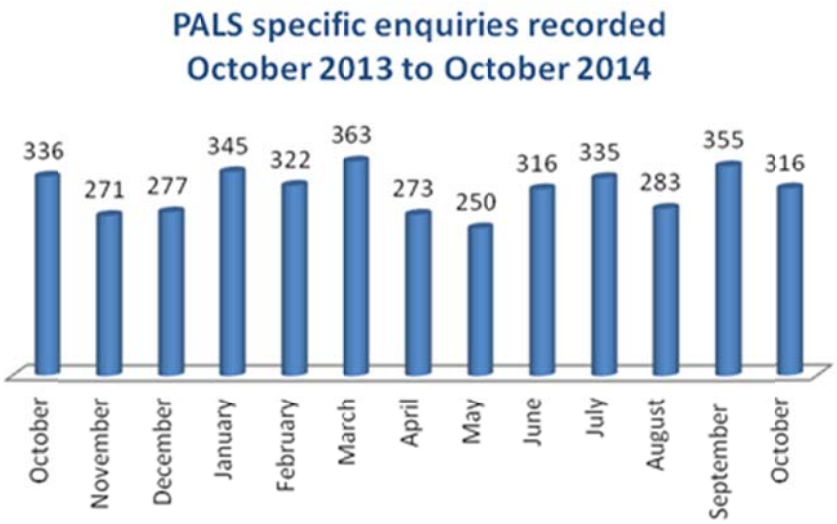


Table 9: **Total PALS enquiries received in the past 6 years is as follows:**

Financial Year	Total PALS
2008/09	5606
2009/10	5674
2010/11	6031
2011/12	6264
2012/13	5714
2013/14	6790
2014/15 (to October 2014)	4015
Totals:	**40094**

PALS Themes

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

Some PALS cases remain immensely time consuming but the work does not attain a high profile given the trust's focus on other mechanisms, on occasion PALS enquiries have escalated to complaint.

Table 10: The following table breaks down the PALS specific enquiries in October 2014

Subject - October 2014	Number of enquiries
Information/Enquiries	221
Lost Property	47
Medical Records (patient request)	19
Appreciation	3
Other general	26
Totals:	**316**

Other

There is nothing else of note to report to Trust Board as part of this paper.

Fionna Moore
Medical Director

Steve Lennox
Director of Nursing and Quality

Mark Whitbread
Director of Paramedic Education and Development

London Ambulance Service NHS Trust

Report to:	**London Ambulance Service Trust Board**
Date of meeting:	**25th November 2014**
Document Title:	**Report from the Quality Governance Committee on 29th October 2014**
Report Author(s):	**Bob McFarland, Non-executive director and Chair of the Quality Governance Committee**
Presented by:	**Bob McFarland**
Contact Details:	
History:	**Assurance report from the most recent meeting**
Status:	**For information**

Background/Purpose

The purpose of this report is to update the Trust Board on the key items of discussion at the Quality Governance Committee meeting on 29th October meeting.

Action required

The Trust Board is asked to note the report from the Quality Governance Committee meeting on 29th October 2014.

Assurance

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

Key implications and risks arising from this paper	
Clinical and Quality	**X**
Performance	**X**
Financial	
Legal	
Equality and Diversity	
Reputation	**X**
Other	**X Governance**
This paper supports the achievement of the following 2014/15 objectives	
Improve patient care	**X**
Improve recruitment and retention	
Implement the modernisation programme	**X**
Achieve sustainable performance	**X**
Develop our 111 service	
Simplify our business processes	
Increase organisational effectiveness and development	**X**

Report from the Quality Governance Committee on 29th October 2014

The challenge to meet increasing demand dominates the picture as evidenced by further deterioration in the Red target, the routine use of Surge Red and the now not infrequent use of Surge Purple. There is an apparent increase in the number of Serious Incidence reports; the majority concern delay in attendance. The committee also remains concerned by the delayed response to C1 and C2 patients where most of the risk to safety lies. While there are actions in place to mitigate this risk we were concerned that the important "ringback" system to manage waiting patients was also falling behind when demand was high.

INTERNAL ASSURANCE

Quality Dashboard

It was noted there was no correlation between response times and vacancy rates by area and there is wide variation across sites. The revision of the sectors to bring them in line with London Boroughs and therefore the CCG was felt to be useful and supported by Professor Ursula Gallagher, Nurse Consultant and Director of Patient Quality and Safety, Brent CCG Governing Body (LAS lead Commissioning team).

Board Assurance Framework

There was further discussion around the redefined Category C risk. Thirteen of the top 20 risks are in the Red zone and seven classified "almost certain". This means potential (amber) risks are generally out of sight.

Concern was expressed that regarding Risk 8 on the BAF ("lack of critical care equipment") there was again no clear understanding of what the risk was and what action was necessary.

Report from Clinical Safety, Development and Effectiveness (CSDE)

The CSDE was making its first report to the Quality Governance committee having completed its first cycle of meetings. It was emphasised that although the agenda (and chair) rotates the CSDE committee views itself as one committee which will challenge and pursue quality and safety across the Trust.

The CSDE regularly reviews the Quality dashboard and action had been taken to visit outlying stations. There is continued pressure on the Quality Assurance (QA) department to monitor an increased call load and also assess the increased number of Serious Incidents and Complaints which require QA call assessment.

Concern was expressed that there had been no operational representation at any of these meetings. This was justified by the ruling that when activity peaks (REAP 4) all operational staff are pulled off all but performance related duties. However the current performance pressure is not a "peak" but is an issue which is with us for some months and it is vital that at times of performance pressure the focus on quality, and safety in particular, is maintained.

Serious Incidents

The committee was encouraged by the progress made in this area. The new iteration of the SI Tracker was clear and the new processes have now been in place for two months and seem to be meeting expectations. It is anticipated by the next meeting data on outcome, lessons learned and action plans completed will be included.

Update -Mental Health Plan

This is still in the information gathering phase and the action plan for next year will be brought back to the April meeting.

Update - Surge Plan

The criteria have been adjusted with experience. There was a discussion about whether Surge Red would become the new normal way of working.

Management of Ebola Patients
Jason Killens described the current readiness should Ebola, or any other Viral Haemorrhagic Fever patient, appear in London.

EXTERNAL ASSURANCE

CQC Inspection System Update
Sandra Adams outlined the preparations underway in preparation for a CQC Inspection.

Cardiac Arrest Annual Report
Fionna Moore gave presented the latest Cardiac Arrest Annual report which demonstrates further steady improvement in outcome for patients in London who suffer a cardiac arrest. These results are excellent.

DEEP DIVE

Consequences of Savile Report and Rotherham
The overarching publication regarding lessons learned from all the Savile reports is due for publication this Autumn. However, on learning from the main reports the LAS is in a good position with policies already in place and the requirement for all visitors to be supervised. There is always more to be done with safeguarding. The team will review once the report is published.

Clinical and Non-Clinical Training
Mark Whitbread gave a clear and informative overview of training and the structures and staff in place to run the very many programmes currently underway. The drive to recruit and new career structure will increase the need for appropriate training programmes. The investigation into the examination issue has been taken as an opportunity to review all training by and for the Trust.
Quality Assurance of Training programmes needs to be improved and there are a number of creative plans for the future.

FUTURE COMMITTEE MANAGEMENT

Note – the open meeting of the Quality Governance Committee on November 25th is cancelled.
With all staff concentrating on the current performance issues it was felt this would be a distraction and so this meeting will be rescheduled for early 2015.

Date of next meeting

The next meeting of the Quality Governance Committee is on Tuesday 13th January 2015.

London Ambulance Service NHS Trust

Report to:	**London Ambulance Service Trust Board**
Date of meeting:	**24th November 2014**
Document Title:	**Board Assurance Framework and Trust Risk Register (Strategic Risks)**
Report Author(s):	**Frances Field, Risk and Audit Manager**
Presented by:	**Sandra Adams, Director of Corporate Affairs**
Contact Details:	**Sandra.adams@lond-amb.nhs.uk**
History:	**Quality Committee** **Audit Committee** **Executive Management Team**
Status:	**Board Assurance Framework and Trust Risk Register (Strategic Risks) updated to reflect current status of risks - November 2014**

Background/Purpose

Board Assurance Framework

The attached Board Assurance Framework (BAF) was updated in November 2014 and changes to the BAF since July 2014 are set out in the tables below:

a) The following new strategic risks have been added to the Trust Risk Register since July 2014 and now appear on the BAF.

		Initial				Target				Current			
ID	Title	Impact	Likelihood	Risk Rating		Impact	Likelihood	Risk Rating		Impact	Likelihood	Risk Rating	Change to rating since last review
410	There is a risk that patient safety for category C patients may be compromised due to demand exceeding available resources.	5	4	20		5	2	10		5	3	15	New risk proposed to replace previous risk ID 379
394	Developing and delivering cost improvements. It is likely that NHS financial and operational planning will include the need to develop efficiencies in order to offset other costs pressures for	5	4	20		3	2	6		4	4	16	

	the foreseeable future. Failure to identify and deliver CIPS with threatens the on-going viability and solvency of the Trust.												4 3 12 ⇧
396	Financial planning - If the Trust does not plan effectively it will not be aware of risks and threats. These could result in significant risk to the on-going viability of the organisation, operations and clinical safety.	5	4	20		3	2	6		4	4	16	4 2 8 ⇧

b) The following two strategic risks were added to the Trust Risk Register and removed since July 2014.

		Initial				Target				Current			
ID	Title	Impact	Likelihood	Risk Rating		Impact	Likelihood	Risk Rating		Impact	Likelihood	Risk Rating	Change to rating since last review
409	There is a risk that the main power distribution board serving HQ 220 Waterloo Road will fail. Such a failure would deprive the HQ accommodation of electrical light and power for an extended period requiring the evacuation of the building.	4	4	16		4	1	4		4	4	16	4 1 4 Target Rating
Rationale: Risk was archived in October 2014 by SMT as it is now mitigated due to work being completed as planned in September 2014.													
408	There is a risk that the air-conditioning mechanical plant at HQ 220 Waterloo Road will fail. During warm weather this failure would threaten the viability of the Data Centre and Emergency Operations Centre suite. In hot weather the failure would render these areas unusable because of the rise in room temperatures caused by powered I.T. electrical equipment.	4	4	16		4	1	4		4	4	16	4 1 4 Target Rating
Rationale: Risk was archived in October 2014 by SMT as it is now mitigated due to work being completed as planned in September 2014.													

c) The following strategic risks have been re-graded since July 2014.

		Initial				Target				Current			
ID	Title	Impact	Likelihood	Risk Rating		Impact	Likelihood	Risk Rating		Impact	Likelihood	Risk Rating	rating prior to last review
265	There is a risk that Service Performance may be adversely affected by the inability to match resources to demand.	4	5	20		4	3	12		4	5	20	4 4 16 ⇧
Rationale: Director of Operations approved re-grading of risk in August 2014 due to increased pressure from demand against available resources.													
403	There is a risk that a number of Ambulance and Fast Response Units will not be road worthy as their average service intervals have extended beyond 16 weeks, the average time taken for brake pads to wear.	4	4	16		4	1	4		4	2	8	4 4 16 ⇩
Rationale: Risk was reviewed by fleet and logistics in September 2014 and proposed re-grading due to the completion of the actions required to reduce the risk rating.													
354	There is a risk of on-going industrial action due to national ballots leading to disruption of service provision.	4	4	16		4	2	8		4	4	16	4 3 12 ⇧
Rationale: Senior Management Team reviewed and escalated the rating of this risk on the 12th November 2014 due to the increased likelihood of disruption due to industrial action. **To note**: An additional risk with the focus on the impact to patient safety during period of industrial action was assessed by the Senior Management Team on the 12th October 2014, the details of which will be added to the Trust Risk Register and Board Assurance Framework upon completion of the risk control document.													

d) The following strategic risk has been downgraded since July 2014 and is no longer included on the BAF.

		Initial				Target				Current			
ID	Title	Impact	Likelihood	Risk Rating		Impact	Likelihood	Risk Rating		Impact	Likelihood	Risk Rating	rating prior to last review
349	There is a risk that the Clinical Coordination Desk will not be able to operate effectively due to	4	4	16		4	2	8		4	2	8	4 4 16

	a lack of suitably trained staff in EOC where secondments of specifically trained staff have ended and specialist roles with control services are being removed.												⇩
Rationale: Assistant Director, Control Services - proposed the archiving of this risk in September 2014 as this specific risk has been mitigated.													

Trust Risk Register (Strategic Risks)

The attached risk register details all of the strategic risks that have been included in the current BAF with any additions, amendments and deletions set out in the tables above.

Action required

For information and noting.

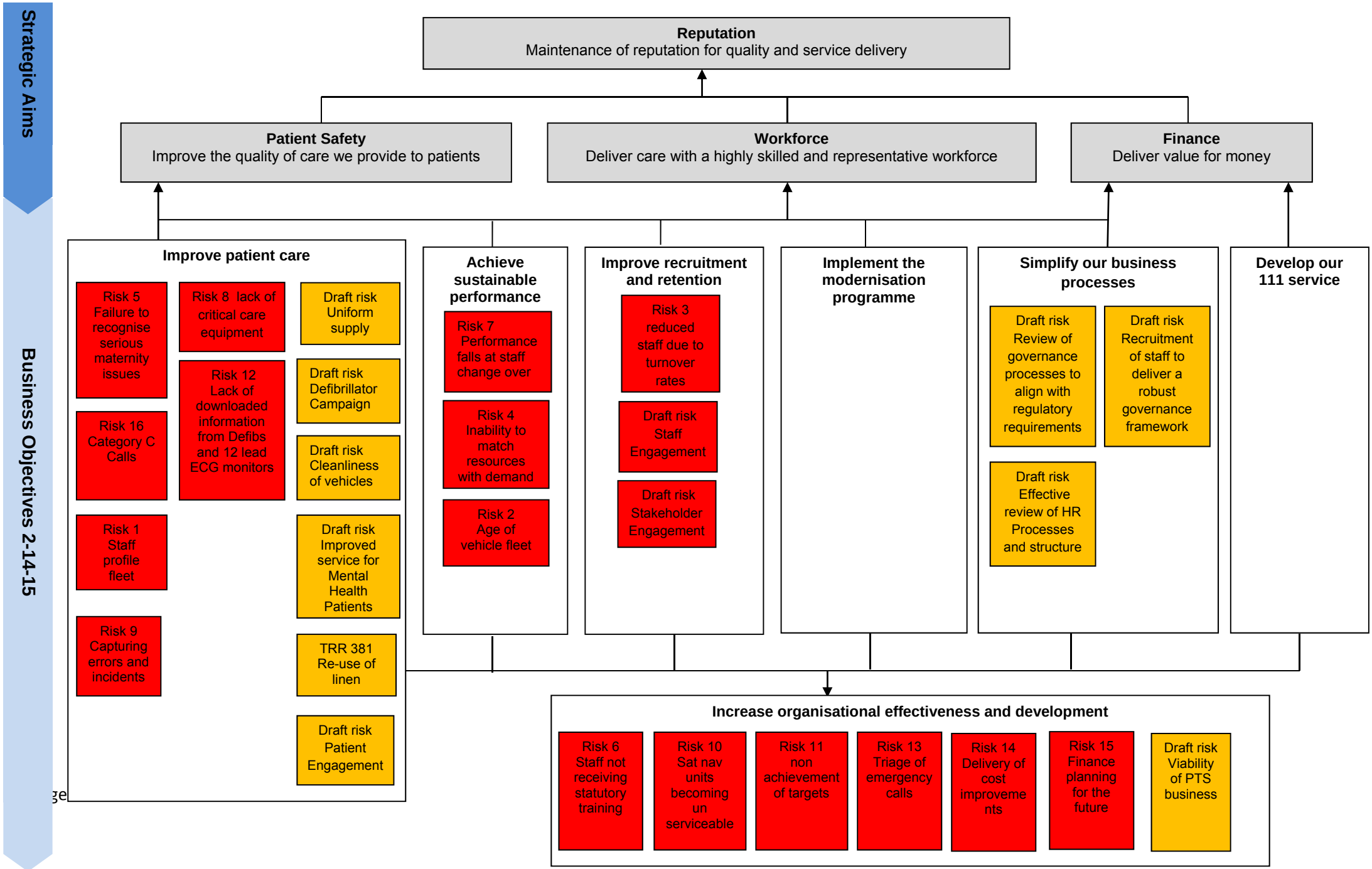
Assurance

To take assurance from the management of the key risks currently facing the organisation and to highlight any potential gaps that need to be addressed.

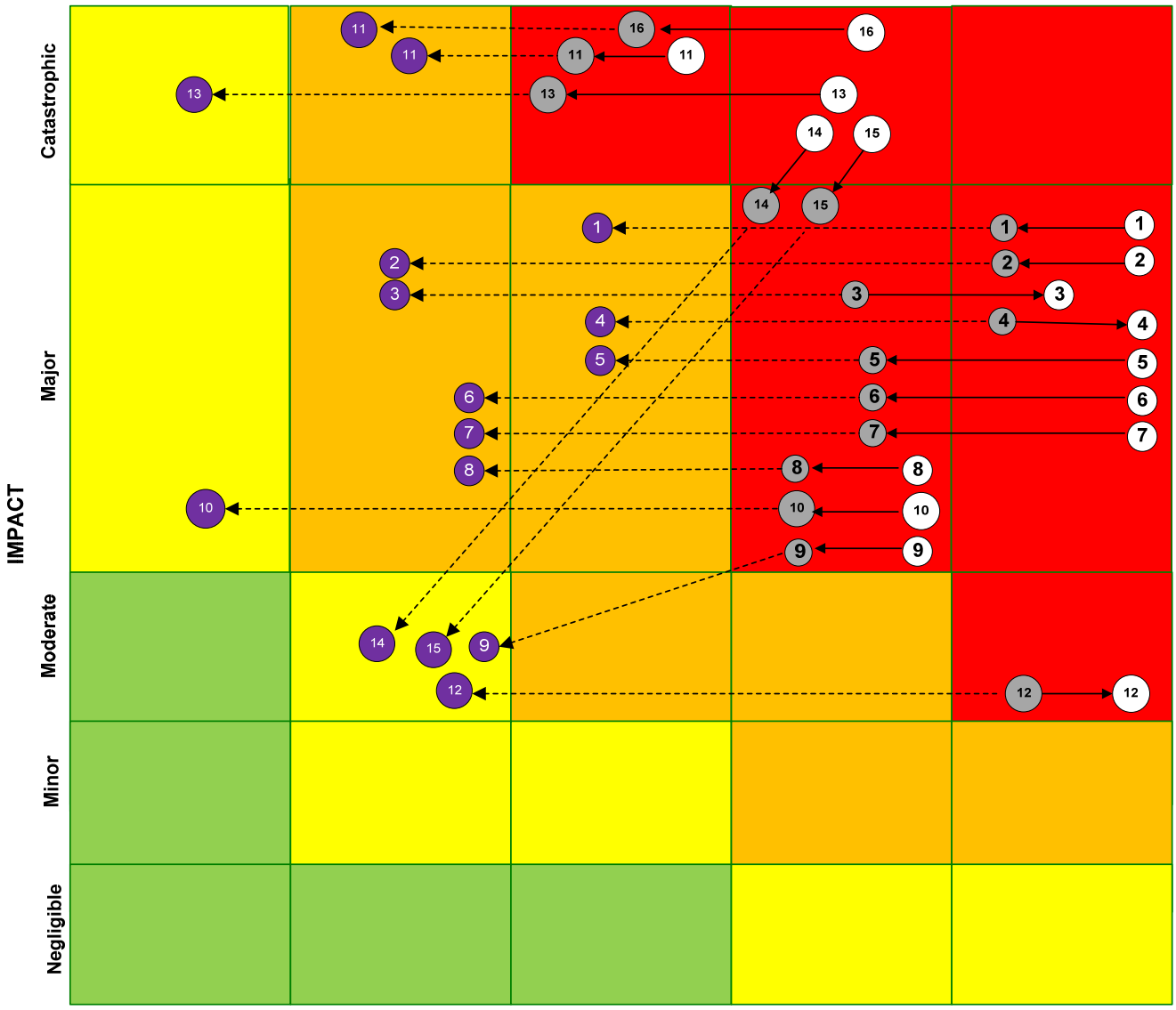
Key implications and risks arising from this paper	
Clinical and Quality	*
Performance	*
Financial	*
Legal	*
Equality and Diversity	*
Reputation	*
Other	* The Board Assurance Framework sets out the key risks to the organisation achieving its strategic objectives. These will need to be closely managed and monitored by the risk owners and timely action taken to mitigate them
This paper supports the achievement of ALL of the following 2014/15 objectives	
Improve patient care	
Improve recruitment and retention	
Implement the modernisation programme	
Achieve sustainable performance	
Develop our 111 service	
Simplify our business processes	
Increase organisational effectiveness and development	

Board Assurance Framework November 2014

Key Risks to the Strategic Plan



Board Assurance Framework November 2014



Key:

- Gross risk assessment
- Net risk rating
- Target risk rating

- High Risk
- Significant Risk
- Moderate Risk
- Low Risk

Risk trajectory since May 2014

New Risk

- BAF Risk 1 - RR 402 Potential loss of skills of fleet Workshop Managers and Technicians
- BAF Risk 2 - RR 401 Current age profile of the LAS Vehicle Fleet will result in increased downtime
- 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 5 - RR 31 Failure to recognise serious maternity issues
- BAF Risk 6 - RR 355 Staff not receiving statutory training
- BAF Risk 7 - RR 269 Performance falls at staff changeover times
- BAF Risk 8 - RR 399 A lack of critical equipment on ambulances
- BAF Risk 9 - RR 404 Accurately and effectively capturing errors and incidents in accordance with national guidelines
- BAF Risk 10 - RR 400 Satellite navigation units becoming unserviceable
- BAF Risk 11 - RR 329 Non achievement of contractually agreed targets
- BAF Risk 12 - RR 207 Staff not being able to download information from Defibrillators and 12 lead ECG monitors
- BAF Risk 13 - RR 382 MPS calls are incorrectly triaged
- BAF Risk 14 - RR 394 Developing and delivering cost improvements
- BAF Risk 15 - RR 396 Finance – effective planning for the future

New Risk

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

Board Assurance Framework November 2014

BAF Risk 1 – CRR 402	Potential loss of skills of Fleet Workshop Managers and Technicians					
Risk consequences	Impact on the future resilience of the Fleet Operation					
Risk owners	Director of Support Services / Head of Fleet and Logistics					
Gross risk	Likelihood	5	Impact	4	Score	20

Ideal mitigating controls	Performed	Performed by	Frequency	Monitoring Method	Effectiveness
Regular recruitment of Vehicle Technicians.		S. Westrope			
Recruitment aimed at long term temporary staff.		S. Westrope			
Overall assessment of control effectiveness –.					

Net risk	Likelihood	5	Impact	4	Score	20
Plan to improve controls where control effectiveness is ranked red or amber			**Due**	**Who will perform**	**Frequency**	**Evidence**
Establishment of apprenticeship scheme.			November 2014	S. Westrope		
Target rating	Likelihood	2	Impact	4	Score	8

Risk owned by: Director of Support Services / Head of Fleet and Logistics **Signed: .....** **Date: 28th October 2014**

BAF Risk 2 – CRR 401	Current age profile of the LAS Vehicle Fleet will result in increased downtime					
Risk consequences	Impacting on operational performance and implementation of the modernisation process.					
Risk owners	Director of Support Services / Head of Fleet and Logistics					
Gross risk	Likelihood	5	Impact	4	Score	20

Ideal mitigating controls	Performed	Performed by	Frequency	Monitoring Method	Effectiveness
Capital programme for 2014/15 includes replacements		S. Westrope			
Overall assessment of control effectiveness –.					

Net risk	Likelihood	5	Impact	4	Score	20
Plan to improve controls where control effectiveness is ranked red or amber			**Due**	**Who will perform**	**Frequency**	**Evidence**
Agree comprehensive 5 year replacement plan.			December 2014	S. Westrope		
Target rating	Likelihood	2	Impact	4	Score	8

Risk owned by: **Director of Support Services / Head of Fleet and Logistics** **Signed:** ..... **Date: 28th October 2014**

Board Assurance Framework November 2014

BAF Risk 3 – CRR 388	There is a risk that the increase in turnover rates may lead to frontline staff reducing by significant numbers					
Risk consequences	Impacting the Trust's ability to deliver safe patient care.					
Risk owners	Director of Support Services					
Gross risk	Likelihood	4	Impact	4	Score	16

Ideal mitigating controls	Performed	Performed by	Frequency	Monitoring Method	Effectiveness
NHS staff benefits	Yes	David Prince	Monthly		Ineffective
Listening into Action - to understand staff improvements.	Yes	Charlotte Gawne	Annual	Reviewed at EMT	Effective
Developing the modernisation programme – including rota reviews and development of a clinical career structure.	Yes	Paul Woodrow	2014/15	Modernisation Programme Board	Effective
Actively recruiting university and registered paramedics and emergency ambulance crew	Yes	Karen Broughton	Weekly	Recruitment activity reviewed fortnightly at EMT	Effective
Monitoring and developing plans to address trends in turnover.	Yes	Mark Gammage	Monthly		Ineffective
The use of overtime, private and voluntary ambulance services to increase the number of available resources.	Yes	Jason Killens	Daily		Partial
Clinical support structure provides career progression opportunities, with on-going training development	Yes	Mark Whitbread	Monthly		Partial
June 2014 - David Prince agreed escalation of risk rating from major x likely = 16 to major x almost certain = 20 due to current levels of staff turnover					
Overall assessment of control effectiveness					

Net risk	Likelihood	5	Impact	4	Score	20

Plan to improve controls where control effectiveness is ranked red or amber	**Due**	**Who will perform**	**Frequency**	**Evidence**
Development of Clinical Career Structure.	Completed	Fionna Moore		
Skill mix review.	On-going	Jason Killens		
Review exit interview process and data capture.	On-going	D. Prince		
Review and update rewards and retention strategy. Discussion at EMT regarding framework / strategy to address 5 key actions that assist retention.	2014/15	Mark Gammage		
Promote learning and development opportunities.	TBC	Karen Broughton		
Recruitment drive to fill vacant established posts. Recruitment group meeting fortnightly identified 6-7 streams from which paramedics can join the service, also establishing the process to enable this.	On-going	Karen Broughton		
Implementing the modernisation programme	December 2014	Paul Woodrow		
Exercise taking place to look at a sample of leavers to assess reasons for leaving	December 2014	David Prince (Mark Gammage)		
Develop a Health and Wellbeing Strategy	March 2015	David Prince / Tony Crabtree		

Target rating	Likelihood	2	Impact	4	Score	8

Risk assigned to: Director of Support Services **Signed:** **Date**: 28th October 2014

Board Assurance Framework November 2014

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

Ideal mitigating controls	Performed	Performed by	Frequency	Monitoring Method	Effectiveness
On-going recruitment to vacancies.	Yes	David Prince	Weekly	Recruitment activity reviewed fortnightly at EMT	
Use of voluntary and private sector at times of peak demand. Increased as of September 2014.	Yes	John Golding			
Use of agency Paramedics to enhance bank scheme.	Yes	Nikki Fountain			
New rosters implemented successfully	Yes	Steve Kime	One off		
Targeted use of overtime.	Yes	Paul Cook			
Surge plan	Yes	Jason Killens	Weekly	Reviewed weekly at EMT	
Category C workload determinants have all been reviewed and have been realigned across the 4 C Categories. This enables us to carry out an enhanced clinical assessment in the clinical hub on an additional 90,000 calls a year. A percentage of these circa 35% will be discharged through Hear and Treat	Yes	Fionna Moore			
Action has been taken to reduce the multiple attendance ratios where appropriate for all categories of calls. This reduction when achieved will provide capacity to respond to a further 300 calls a day within our existing capacity.	Yes	Katy Millard	One off		
An extension in the operating hours for active area cover was implemented on the 21st July 2014.	Yes	Jason Killens	Completed		
METDG is reducing the number of calls in the system	Yes	Katy Millard	Ongoing		
August 2014 - J. Killens agreed the net scoring of the risk has been increased from major x likely = 16 to major x almost certain = 20 as a result of current realisation of this risk.					
Overall assessment of control effectiveness					

Net risk	Likelihood	5	Impact	4	Score	20

Plan to improve controls where control effectiveness is ranked red or amber	**Due**	**Who will perform**	**Frequency**	**Evidence**
Sickness management. A performance management dashboard is being developed. The occupational health contract is being reviewed.	On-going	Peter McKenna	Weekly	
Roster review: Rosters for all complexes have agreed. The implementation of rosters and other projects within the Modernisation Programme's portfolio has been planned and the plan is subject to regular review and updates where appropriate. An implementation planning group (IPG) has been established to undertake the more detailed planning work and provide governance. To note: Rosters have been designed to be compliant with demand patterns defined in the ORH Capacity Modelling Review.	Completed	Mick Pearce	IPG meeting weekly.	IPG minutes.
Skill mix: the skill mix model which is intended to be implemented under Modernisation is under discussion between trust management and trades unions. The target date for completion of the discussions and agreement of the skill mix is May 2014. Skill mix has been included in the modernisation programme's implementation planning and subsequent implementation into BAU.	Completed	Paul Woodrow	Progress reviewed at Modernisation Programme Boards	Modernisation Programme Board minutes
Annual leave review: a revised annual leave policy is in its final draft stage. The revised annual leave arrangements as defined in the draft policy are under discussion between trust management and trades unions. Updates are provided to the Modernisation Programme Board. This has an impact on the resolution of rest breaks which are still to be agreed. Interim arrangements are to be proposed.	September 2014	Steve Sale	Progress reviewed at Modernisation Programme Boards	Modernisation Programme Board minutes
New Response Model: An RFC (RFC31) has been approved and is under development by the Command point supplier. It is anticipated that the software will be delivered in August and, following appropriate testing, will be ready for implementation in September/October 2014. In the interim changes are being made to the current response model. Updates are provided to the Modernisation Programme Board.	April 2015	Jason Killens	Progress reviewed at Modernisation Programme Boards	Modernisation Programme Board minutes
Workforce plan operations, recruitment; recruit external paramedics, direct recruitment to new band 4 role (December 2014), overseas recruitment of paramedics (on-going), in-house conversion from EMT to paramedic 2014/15, university paramedic recruitment (October 2014), military recruitment. Retention; exit interviews, research reasons for leaving, consider reward and recognition initiatives, career progression and support.	Q4 2014/15	Tony Crabtree / David Prince		
Improve provisioning and reduce calls through the use of PTS and taxi service	On-going	Nic Daw / Katy Millard	Weekly	
Clinical triage of Red 2 calls	On-going	Katy Millard	Weekly	
Activation desk – to manage incidents	On-going	Katy Millard	Weekly	

Target rating	Likelihood	3	Impact	4	Score	12

Risk owned by: Director of Operations **Signed:** ..... **Date:** 31st October 2014

BAF Risk 5 – CRR 31	Failure to recognise serious maternity issues					
Risk consequences	Failure to apply correct guidelines which may lead to serious adverse patient outcomes in maternity cases.					
Risk owners	Medical Director					
Gross risk	Likelihood	5	Impact	4	Score	20

Ideal mitigating controls	Performed	Performed by	Frequency	Monitoring Method	Effectiveness
Consultant Midwife working with the LAS one day a week, providing advice to Control Services, Legal Services, Patient Experience, and Education and Development.	Yes	Consultant Midwife	On-going	Serious Incidents Clinical Audit	Partial
Reports on all the reported incidents concerning obstetric cases are presented to the Clinical Quality Safety and Effectiveness Committee (CQSEC).	Yes	Area Clinical & Quality Groups	Quarterly	Complaints Serious Incidents Review of LA52's Weekly SI report	Effective
Review incidents reported through LA52's, Patient Experiences and legal Claims relating to problematic obstetric incidents.	No	Consultant Midwife	Quarterly	Patient Voice & Service Experience Report CQSEC Learning from Experience Group	Partial
Maternity care update articles in the Clinical Update.	Yes	Clinical & Quality Directorate / Consultant Midwife	As required		Effective
Monitoring the delivery of the CPD obstetrics module.	Yes	Director of Paramedic Education & Development	On-going	Module completion rate	Effective
The maternity pathway for use by Clinical Hub has been redesigned after audit findings. This has been implemented and reviewed. A planned reaudit will occur in 2014.	Yes	Clinical Team Leaders & Clinical Advisors	On-going	Audit by Clinical Hub Governance & Quality Manager	Effective
Delivery of CSR 2013/2014 obstetric update (detailed in 2013 UK Ambulance Service Clinical Practice Guidelines) & updates written by Consultant Midwife	Yes	Director of Paramedic Education & Development	One-off	CSR completion rate	Partial
Pan-London Maternity Divert Policy (Updated Sept. 2013): Robust framework to limit temporary closures of maternity units and to organise redirection.	Yes	NHS England (London)	On-going	EBS Maternity Alert Report (detailing	Effective

				maternity unit activity and closure); Review by Consultant Midwife and Deputy Medical Director	
Due to the controls in place it is proposed that the net risk rating is reduced to likely x major = 12 - suggested that net rating remains at 16 until the consultant midwife is in post and will review in 6 months' time					
Overall assessment of control effectiveness					

Net risk	Likelihood	4	Impact	4	Score	16
Plan to improve controls where control effectiveness is ranked red or amber			Due	Who will perform	Frequency	Evidence
Director of Paramedic Development & Education to directly oversee delivery of CSR 2013/2014. CSR to be delivered to >85% clinical staff.			End 2014	Director of Paramedic Education & Development	One-off	Training records CSR completion rate
Appointment of Consultant Midwife (post vacant) to provide professional advice and education. Update post from 0.2 WTE to 0.4 WTE to increase availability and impact through obstetric education.			Interim in place S	Medical Director	One-off	Advancement of recruitment process
Target rating	Likelihood	3	Impact	4	Score	12
Risk owned by: Medical Director		Signed:		Date: 28th October 2014		

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

Ideal mitigating controls	Performed	Performed by	Frequency	Monitoring Method	Effectiveness
Agreement with operations that there will be an agreed abstraction of up to 90 staff per week to attend CSR during agreed periods.	Yes	Resource Centre	Training periods are set to achieve agreed quotas of staff training	Modernisation Recruitment and Training Group	Effective
Paramedic registration.	Yes	Individual Paramedics and HCPC		Local managers monitor registration	Partial
Bill O'Neil and Jane Thomas have reassessed the risk following a session to review statutory and mandatory training. The 2 new risks will be reviewed by SMT in early November.					
Overall assessment of control effectiveness					

Net risk	Likelihood	4	Impact	4	Score	16

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

Target rating		Likelihood	2	Impact	4	Score	8
Risk owned by:	Director of Paramedic Education and Development		**Signed:**	.....	**Date**: 28th October 2014		

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

Ideal mitigating controls	Performed	Performed by	Frequency	Monitoring Method	Effectiveness
Daily monitoring of rest break allocation to resolve end of shift losses.	Yes	Duty Area Operations Manager	Daily	By Area Operations Manager reporting to on call Assistant Director of Operations	
Use of bridging shifts for VAS/PAS.	Yes	John Golding			
Roster reviews/changes include staggered shifts.	Yes	Paul Woodrow			
Overall assessment of control effectiveness					

Net risk	Likelihood	4	Impact	4	Score	16

Plan to improve controls where control effectiveness is ranked red or amber	**Due**	**Who will perform**	**Frequency**	**Evidence**
Agree and implement changes to rest break arrangements.	2015/16	Tony Crabtree / Jason Killens		
Rota changes to be implemented as result of ORH review	Completed	Jason Killens		
Recruitment	Q4 2014/15	David Prince		
Skill mix: the skill mix model which is intended to be implemented under Modernisation is under discussion between trust management and trades unions. Skill mix has been included in the modernisation programme's implementation planning and subsequent implementation into BAU.	Completed	Paul Woodrow	Progress reviewed at Modernisation Programme Boards	Modernisation Programme Board minutes
On-going vigorous management of out of service. J. Killens to set improvement trajectory to get out of service levels back within target.	On-going	Kevin Brown / Sean Westrope		Weekly tracking report

Proactive use of the surge plan			On-going	Assistant Directors of Operations	Continuous	
Out of service being HUB implemented			On-going	TBC		
Target rating	Likelihood	2	Impact	4	Score	8
Risk owned by: Director of Operations	**Signed:**	.....	**Date**: 31st October 2014			

BAF Risk 8 – CRR 399	A lack of critical equipment on an Ambulances					
Risk consequences	This potentially affects the ability of a crew to provide the appropriate response at a scene which may delay treatment to the patient.					
Risk owners	Director of Support Services					
Gross risk	Likelihood	4	Impact	4	Score	16

Ideal mitigating controls	Performed	Performed by	Frequency	Monitoring Method	Effectiveness
Vehicle Daily Inspection completed by the VP Teams		VP Teams	Daily	Vehicle Daily Inspection Sheet/Checked by crew and/or Initial Auditor/Supervisor	Impact is limited as the VDI sheet is for advice purposes only.
Crew to check for critical equipment		AEU crew staff	At start of shift	If equipment missing AEU crew staff to advise EOC who would log in command point. EOC would determine if a crew should be Out of Service and/or a dispatch warning would be attached to the call sign indicating what equipment is missing. EOC to inform DSO to resolve.	Limited effectiveness as a crew may still be sent to render aid, if not categorised as Out of Service, without critical equipment.
Equipment exchange by LSU team, to exchange faulty equipment on a regular basis.		Logistics Support Unit	Daily	Recorded on equipment database and reflected in the F&L weekly KPI performance information.	Availability of equipment on station s will be improved due to improved turnaround times.
Overall assessment of control effectiveness –.					

Net risk	Likelihood	4	Impact	4	Score	16

Plan to improve controls where control effectiveness is ranked red or amber	**Due**	**Who will perform**	**Frequency**	**Evidence**
Assign vehicles to stations	In place	VRC	Once	Allocation of vehicle to crew at start of shift will provide record of use to identify potential source of equipment removal for traceability. VRC to inform DSO.
A process will be put in place advising how equipment can be relocated to a frontline vehicle and an education process to crews by a "leadership" group including a lead DSO from each area.	Project not started	Project not started	Project not started	Project not started
Logistics now holds a central budget to replace broken equipment which is processed through the Logistics Support Unit. This will provide an improved and speedier replacement/exchange service.	In progress	Logistics Support Unit	As and when required due to equipment being sent to Logistics Support Unit either for repair and/or replacement	Recorded on equipment database.
Joint education on equipment issues and continuous declaration of spare equipment. A process will be put in practice advising how equipment can be relocated to a frontline vehicle. A group needs to be set up including a lead DSO from each area.	In progress	Fleet and Logistics and Estates		
Joint site visits by Logistics/Estates advising relevant process involving equipment.	In progress	Fleet and Logistics and Estates		
Improved equipment exchange by the LSU team. Equipment will be carried on their vehicles enabling a swifter exchange. This is dependent upon time of visit by LSU team.	Karen Merritt	October 2014		
Procurement of additional equipment to equip shells.	Karen Merritt	November 2014		

Target rating	Likelihood	2	Impact	4	Score	8

Risk owned by: **Director of Support Services** **Signed:** ..... **Date:** 28th October 2014

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

Ideal mitigating controls	Performed	Performed by	Frequency	Monitoring Method	Effectiveness
All incidents are reviewed at an internal weekly meeting within the Governance Team and key stakeholders for example Head of Legal, Head of Complaints, Safeguarding Lead, Quality Assurance and Medical Directorate. A further meeting is held with the Governance Co-ordinator to ensure the necessary documentation and information has been requested and received for decision making purposes on a potential Serious Incident.	Yes	Governance Team	Weekly		
A detailed Serious Incident process 'New Ways of Working' has been developed and approved by Quality Committee on 22nd August 2014.	Yes	Interim Head of Governance	One off		
Weekly Serious Incident Group meetings to review outstanding and pending cases has been moved to bi-weekly meetings which allows the necessary information to be reviewed in more detail.	Yes	Serious Incident Group	Bi-weekly		
Standing agenda item at bi-weekly Senior Management Team meetings.	Yes	Interim Head of Governance	Bi-weekly		
Weekly reports to the Executive Management Team.	Yes	Interim Head of Governance	Weekly		
Weekly reports on individual Serious Incident status to Executive Lead, SMT Lead and Lead Investigator.	Yes	Governance Team	Weekly		
Monthly report to Commissioning which details the whole Serious Incident status and details individual status of each open serious incident and status of de-escalation and closure.	Yes	Governance Team	Monthly		

Progress summary to Audit Committee on the current status of the KPMG August 2013 audit.	Yes	Interim Head of Governance	As requested by Audit Committee		
Training needs analysis has been undertaken and a planned schedule of training within the organisation is being developed, for example Family Liaison Officers and Root Cause Analysis and Lead Investigation.					
Regular meetings with KPMG to discuss progress	Yes	Interim Head of Governance			
Overall assessment of control effectiveness –.					

Net risk	Likelihood	4	Impact	4	Score	16

Plan to improve controls where control effectiveness is ranked red or amber	**Due**	**Who will perform**	**Frequency**	**Evidence**
The review of the Serious Incident Policy has been undertaken . It has been agreed that a governance framework will be developed to give a robust foundation and all governance policies and procedures will be linked to the framework	End Oct 2014	S.Adams / D. Halliley		
The review of the governance arrangements to support the incident management process has been undertaken. A deep dive of all Serious Incidents / potential serious incidents from March 2013 to date (August 2014).	Complete	S. Adams / D. Prince / D. Halliley		
The commencement of a review of incidents below 15 is about to commence.	Commence Oct 2014	S. Adams / D. Halliley		
Implement quarterly / 6 monthly of non-escalated incidents for a quality review.	Q3 2014/15	S. Adams / D. Halliley		
Complete the Incident Reporting Project (Phase 2) leading to the roll-out of Datix Web.	On hold	S. Adams / D. Halliley		

Target rating	Likelihood	2	Impact 3		Score	6
Risk owned by: Director of Corporate Affairs	**Signed:**	**.....**	**Date: September 2014**			

Board Assurance Framework November 2014

BAF Risk 10 – CRR 400	Sat nav units in fleet vehicles becoming unserviceable					
Risk consequences	The impact of failures and inability to repair will build gradually (a rising tide) with increasing effect on fleet maintenance and availability.					
Risk owners	Director of IM&T					
Gross risk	Likelihood	4	Impact	4	Score	16

Ideal mitigating controls	Performed	Performed by	Frequency	Monitoring Method	Effectiveness
Telent Ltd, (MDT/SatNav maintainer) to investigate alternative break/fix arrangements with a 3rd party.	Yes	Telent	One Off	Ass Dir IM&T	Partial
Assessment of fault quantities and failure frequencies	In progress	Contract Mgr	Monthly	Contractor report	Contributory information
Overall assessment of control effectiveness –.					

Net risk	Likelihood	4	Impact	4	Score	16

Plan to improve controls where control effectiveness is ranked red or amber	**Due**	**Who will perform**	**Frequency**	**Evidence**
An early action of the eAmbulance project is to review the specification and carry out market sounding to identify alternative SatNav products. An alternative SatNav device has been identified and a sample has been now acquired	Complete	CAD Support	One Off	Summary report on potential devices.
Software is being redeveloped to interface with the alternative Sat Nav device, a necessary precursor to action 4	30/8/14	CAD Support	One Off	Documented development proposal
If a satisfactory alternative device is identified ***AND*** the MDT software development is viable, funding will be sought to replace SatNavs across the fleet & undertake appropriate procurement process.. If full functionality can be achieved then action 3 funding and procurement will be progressed.	31/10/14	Ass Dir IM&T	One Off	Gating Templates submitted to SMT. Procurement engaged.
Development of software & retrofitting of solution to fleet	TBC	CAD Support	One Off	Retrofitted Satnav device to fleet fully integrated with MDT with no loss of functionality.
eAbmulance project to refine current requirements and procure viable	TBC	eAmb	Set of	Fully featured MDT/Satnav

commercial (h/w & s/w) solution, which is likely to require in-house bespoking contribution to ensure overall facilities are not compromised.				ProjMgr	project activities	equipment deployed meeting full operational functional and non-functional requirements.
Target rating	Likelihood	1	Impact	4	Score	4
Risk owned by: **Director of IM&T**	**Signed:**	.....	**Date:** 28th October 2014			

Board Assurance Framework November 2014

BAF Risk 11 - CRR 329	Non-achievement of contractually agreed targets					
Risk consequences	Financial penalties will be levied on the Trust					
Risk owners	Director of Strategy and Transformation					
Gross risk	Likelihood	3	Impact	5	Score	15

Ideal mitigating controls	Performed	Performed by	Frequency	Monitoring Method	Effectiveness
Continue working with specific mitigation of financial risk. (clarify control with Andrew Grimshaw)					
Monthly finance reports reviewed by Trust Board and SMG.					
Extra financial provisions included for contract risk in 2013/13					
Communications with commissioners.					
May 2014 - Karen Broughton to review risk with a view to reassessing and replacing with a new risk that reflects the current position.					
Overall assessment of control effectiveness					

Net risk	Likelihood	3	Impact	5	Score	15

Plan to improve controls where control effectiveness is ranked red or amber	**Due**	**Who will perform**	**Frequency**	**Evidence**
Review by Finance and Investment Committee		Kevin Hervey		
Review capacity vs demand		Jason Killens		
Develop a programme of sustainable performance and performance management (clarify action with Paul Woodrow)		Paul Woodrow		
Develop clear escalation procedures when measuring performance (clarify action with Paul Woodrow)		Paul Woodrow		
Establish relationship with Commissioners (clarify action with Karen Broughton)				

Negotiate suitable operating contract with Commissioners. (clarify action with Karen Broughton)				Karen Broughton		
Recruitment (clarify action with David Prince)				David Prince		
Target rating	Likelihood	2	Impact	5	Score	10
Risk owned by: Director of Strategy and Transformation **Signed:** ..... **Date:** 1st May 2014						

BAF Risk 12 – CRR 207	Staff not being able to download information from Defibrillators and 12 lead ECG monitors					
Risk consequences	Clinical information may not be available when required for patient handover / inquest					
Risk owners	Director of Paramedic Education and Development					
Gross risk	Likelihood	5	Impact	3	Score	15

Ideal mitigating controls	Performed	Performed by	Frequency	Monitoring Method	Effectiveness
Mark Whitbread is the Trust lead for the card readers project,	N				
Card reading and transmission is performed by team leaders	N				
Messages given out at Team Leaders Conferences.	Y				
Encourage more routine downloading of information from data cards.	Y				
LP1000 AED's have been rolled out and all complexes have been issued with new data readers for these units.	Y				
New Malden pilot has trialled the transmission of data from the LP15	Y				Ineffective due to flexible fleet
Overall assessment of control effectiveness –.					

Net risk	Likelihood	5	Impact	3	Score	15

Plan to improve controls where control effectiveness is ranked red or amber	**Due**	**Who will perform**	**Frequency**	**Evidence**
Establish the current resources of LP 1000, how many in use, which complexes carry them,	Complete	M. Whitbread		
Establish a process at station level to link a specific cardiac arrest to the LP1000 it is stored on.	Complete	M. Whitbread		
Publicise download returns by complex as part of Area Governance Reports, via PIM or Staff Officer for the Area.	Complete	M. Whitbread		

Consider roll out of transmittable data from LP15 once vehicle on station. This is not being taken forward.				M. Whitbread		
A small pilot study is planned to take place at Westminster using two advanced paramedics in cars, which will have a cable to pub into a lap top to establish the benefits that come of out of it. The evaluation of this exercise will be reviewed in February 2015			Commence mid December 2014	M. Whitbread		
Target rating	Likelihood	2	Impact	3	Score	6
Risk owned by:	Director of Paramedic Education and Development **Signed:**		.....	**Date: 23rd October 2014** -		

BAF Risk 13 – CRR 382	Emergency calls from Metropolitan Police Service are incorrectly triaged by the MPS					
Risk consequences	Affecting the ability of the LAS to effectively prioritise resources. This risk also directly compromises the clinical safety of patients.					
Risk owners	Director of Operations					
Gross risk	Likelihood	4	Impact	5	Score	20

Ideal mitigating controls	Performed	Performed by	Frequency	Monitoring Method	Effectiveness
LAS METDG trial completed and evaluation reports produced. Will re-triage MPS calls via MPDS, to determine an accurate priority and facilitate more effective tasking of LAS resources. METDG will attempt to close lower priority calls by Hear & Treat. METDG only has limited times of operation at anticipated peak times of demand. Plans in place to operate METDG 24hours a day.					
The Clinical Hub reviews low priority 999 calls that are being held and have the ability to identify MPS calls that have been incorrectly triaged and interrogate / upgrade the call priority if indicated.					
EMDs can identify calls that appear to be miss-triaged by the SEND protocol or MPS Operator and upgrade / dispatch on the call immediately.					
The MPS are now notified of incorrectly triaged calls sent to the LAS, to facilitate learning.					
August 2014 - J.Killens proposes to review risk grading once METDG is in operation 24 hours a day. CSDEC meeting reviewed in October 2014 and suggested that the status of the impact of these calls is reviewed before proposing to archive this risk.					
Overall assessment of control effectiveness					

Net risk	Likelihood	3	Impact	5	Score	15

Plan to improve controls where control effectiveness is ranked red or amber	**Due**	**Who will perform**	**Frequency**	**Evidence**

A risk based evaluation of the pilot study will be undertaken and the results will be discussed with the Operational and Clinical leads.			Completed	Paul Woodrow / Fenella Wrigley		
Dependent on the results it will be for the LAS to consider removing the CAD link for primary notification of emergency calls from the MPS which will then be triaged via the LAS 999 system and MPDS.			Completed	Paul Woodrow		
Target rating	Likelihood	1	Impact	5	Score	5
Risk owned by: Director of Operations		**Signed:**	**Date:** 31st October 2014			

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

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

Net risk	Impact	4	Likelihood	4	Score	16

Plan to improve controls where control effectiveness is ranked red or amber	Due	Who will perform	Frequency	Evidence
Engage additional support to drive the CIP Programme.	Confirm by 30/10/14	DoF	On-going	Report to CIP Programme Board
Ensure all schemes have clear project plans.	Confirm by 30/11/14	DoF	On-going	Report to CIP Programme Board
Embed all CIPs in budgets.	Confirm by 30/10/14	DDoF	On-going	Report to CIP Programme Board
Review CIP reporting to the EMT, FIC and Trust Board to ensure it is adequate and appropriate.	Confirm by 30/10/14	DoF	Monthly	Revised Report
Review current benchmarking information.	Confirm by 30/10/14	DoF	Monthly	Report to CIP Programme Board

Target rating	Impact	3	Likelihood	2	Score	6

Risk owned by: Andrew Grimshaw **Signed:** **Date: October 2014**

Board Assurance Framework November 2014

BAF Risk 15 - 396	Planning for the future					
Risk consequences	**If the Trust does not plan effectively it will not be aware of risks and threats. These could result in significant risk to the on-going viability of the organisation, operations and clinical safety.**					
Risk owners	Dof, DDoF, HMA, HFA					
Gross risk	Impact	5	Likelihood	4	Score	20

Ideal mitigating controls	Performed	Performed by	Frequency	Monitoring Method	Effectiveness
An LTFM is in place.		DoF	Quarterly	Reports to FIC	Partial
Regular reports are provided to the FIC on forward financials.		DoF	Quarterly	Reports to EMT and FIC	In place
Future assessments take account of low level (departmental) plans as well as high level (organisational) issues.		DoF	Quarterly	Report to EMT and FIC	In place
Plans include I&E, balance sheet, capital and cash.		DoF	Quarterly	Reports to FIC	Partial
Future CIP plans are scoped and where possible identified, 2-3 year ahead.		All execs	Quarterly	Report to CIP Programme Board, EMT and FIC	Not in place
Overall assessment of control effectiveness					

Net risk	Impact	4	Likelihood	4	Score	16

Plan to improve controls where control effectiveness is ranked red or amber	**Due**	**Who will perform**	**Frequency**	**Evidence**
Further development of LTFM required. Make live tool.	End November	DoF	Monthly reports	LTFM
Review format and frequency of reports to FIC on future planning.	From Sept	DoF	Monthly	Reports

Develop means to collect departmental and divisional plans for review and inclusion in overall financial plan.			Starting sept	DDOF	On-going	Report to EMT
Develop future cash capital and balance sheet planning.			End November	DoF	Monthly reports	LTFM
Develop future CIP planning.			End of November	All execs	Reports to CIP Prog Baord	Reports
Target rating	Impact	3	Likelihood	2	Score	6
Risk owned by:	**Signed:**	**Date:**				

BAF Risk 16 - CRR 410	**There is a risk that patient safety for category C patients may be compromised due to demand exceeding available resources.**					
Risk consequences	40% total volume of calls are Category A. Inability to match resource to demand as the responding priority is focused on more seriously ill patients.					
Risk owners	Director of Operations					
Gross risk	Likelihood	4	Impact	5	Score	20

Ideal mitigating controls	Performed	Performed by	Frequency	Monitoring Method	Effectiveness
Undertaking ring backs within set time frames for held calls.	partially	EMDs and Clinical Hub	Continuous		Partial
Fully trained workforce with 20 minute education breaks throughout shift.	partially	Practice Learning Manager and AOMs	Continuous		Partial
C3 calls passed to hub for enhanced assessment C1 and C2 held calls are reviewed by hub	Yes	Clinical Hub	As required		Partial
LAS Surge Management Plan.	Yes	EOC AOM and Gold	Continuous		Partial
Targeted additional resource at times of peak pressure using PAS/VAS/LAS overtime.	Yes	Resource Centre	Weekly Review		Partial
C1-C4 buckets have been redefined based on clinical outcomes	Yes				Partial
Removal of exit message and clarity to patients regarding time delays	Yes				Partial
Additional focus on safety reporting	Yes				
Falls care is being introduced					
METDG to be in place 24/7					
EMT 01/10/14 approved new risk assessment to replace CRR – 379.					

Overall assessment of control effectiveness						
Net risk	Likelihood	3	Impact	5	Score	15
Plan to improve controls where control effectiveness is ranked red or amber			**Due**	**Who will perform**	**Frequency**	**Evidence**
Recruit to Establishment minus agreed vacancy factor of 4%.			2015/16	David Prince	On-going	
Reviewing the determinants to best maximise resource availability, to assist with reduction multiple attendance ratio for single incidents.			Complete	Jason Killens	Q1 efficiency actions	Reduction in MAR
Deliver efficiencies in full from Capacity Review and complete Roster Implementation.			Q4 14/15	Jason Killens	Managed via Modernisation Programme	
Recruit to establishment in the clinical hub.			Q3 14/15	Katy Millard	On-going until establishment target is reached	
Allocate EMDs to clinical hub to assist with ring backs – Service Development put in for additional staff to undertake this work			Q2 14/15	Katy Millard	As required	
Offer near misses for APP and CTL to spend 6 months in the clinical Hub in preparation for next tranche of recruitment			2014/15	Katy Millard	One off	
Introduce surge plan and make appropriate revisions			On-going	Katy Millard	As required	
More accurate reporting of category C delays and monitoring of safety incidents						
Target rating	Likelihood	2	Impact	5	Score	10
Risk owned by: Director of Operations	**Signed:**	.....	**Date:** 1st October 2014			

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265	There is a risk that Service Performance may be adversely affected by the inability to match resources to demand.	Recruitment Attrition Growing vacancy factor Increased demand	31-Jul-06	3	3	Operational	Major	Almost Certain	20	1.Ongoing recruitment to vacancies. 2. Use of voluntary and private sector at times of peak demand. 3. Use of agency Paramedics to enhance bank scheme. 4. Modernisation programme. 5. Targeted use of overtime. 6. Surge plan 7. Category C workload determinants have all been reviewed and have been realigned across the 4 C Categories. This enables us to carry out an enhanced clinical assessment in the clinical hub on an additional 90,000 calls a year. A percentage of these circa 35% will be discharged through Hear and Treat. 8. 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. 9. An extension in the operating hours for active area cover was implemented on the 21st July 2014. 10. METDG is reducing the number of calls in the system.	Jason Killens	31-Oct-14	Major	Almost Certain	20	1. Sickness management. A performance management dashboard is being developed. The occupational health contract is being reviewed. 2. Roster review: Rosters for all complexes have agreed. The implementation of rosters and other projects within the Modernisation Programme's portfolio has been planned and the plan is subject to regular review and updates where appropriate. An implementation planning group (IPG) has been established to undertake the more detailed planning work and provide governance. To note: Rosters have been designed to be compliant with demand patterns defined in the ORH Capacity Modelling Review. 3. Skill mix: the skill mix model which is intended to be implemented under Modernisation is under discussion between trust management and trades unions. The target date for completion of the discussions and agreement of the skill mix is May 2014. Skill mix has been included in the modernisation programme's implementation planning and subsequent implementation into BAU. 4. Annual leave review: a revised annual leave policy is in its final draft stage. The revised annual leave arrangements as defined in the draft policy are under discussion between trust management and trades unions. Updates are provided to the Modernisation Programme Board. This has an impact on the resolution of rest breaks which are still to be agreed. Interim arrangements are to be proposed. 5. New Response Model: An RFC (RFC31) has been approved and is under development by the Command point supplier. It is anticipated that the software will be delivered in August and, following appropriate testing, will be ready for implementation in September/October 2014.	1. P. McKenna 2. M. Pearce 3. P. Woodrow 4. S. Sale 5. J. Killens 6. T.Crabtree / D. Prince 7. N. Daw / K. Millard 8. K. Millard 9. K. Millard	1. Ongoing 2. Completed 3. Completed 4. Sep 2014 5. April 2014 6. Q4 2014/15 7. Ongoing 8. Ongoing		Major	Possible	12	Datix risk ID 419 Reviewed by ADO's 31/10/14 J. Killens 21/08/14 approved regrading of risk from major x likely = 16 to major x almost certain = 20 Updates provided by P.Woodrow 8/08/14
402	There is a risk that the current age profile of Fleet Workshop Managers and Technicians will impact on the future resilience of the Fleet Operation	Age profile of Fleet Workshop Managers and Technicians	09-Jul-14			Business Continuity	Major	Almost Certain	20	Regular recruitment of Vehicle Technicians. Recruitment aimed at long term temporary staff.	Sean Westrope	28-Oct-14	Major	Almost Certain	20	1. Establishment of apprenticeship scheme.	1. S. Westrope	1. November 2014		Major	Unlikely	8	Datix risk ID 420 Risk reviewed by Fleet and Logistics 28/10/14 Risk Approved by SMT at meeting on 9th July 2014
401	There is a risk that the current age profile of the LAS Vehicle Fleet will result in increased downtime impacting on operational performance and implementation of the modernisation process.	Age profile of the LAS Vehicle Fleet	09-Jul-14			Operational	Major	Almost Certain	20	Capital programme for 2014/15 includes replacements	Sean Westrope	28-Oct-14	Major	Almost Certain	20	1. Agree comprehensive 5 year replacement plan.	1. S. Westrope	1. December 2014	5 year plan to be managed by Fleet Procurement Board and monitored by Vehicle Working Group	Major	Unlikely	8	Datix risk ID 421 28/10/14 risk reviewed by Fleet and Logistics Team Risk Approved by SMT at meeting on 9th July 2014
388	There is a risk that the increase in turnover rates may lead to frontline staff reducing by significant numbers impacting the Trust's ability to deliver safe patient care.	1. Competitive recruitment market for Paramedics 2. Increasingly mobile workforce with a multitude of recruitment possibilities 3. Cost of living pressures in London coupled with increasing travel costs for commuting 4. Opportunities for clinical career progression in other organisations, which do not exist within the LAS, such as 111 and other public, private and voluntary healthcare providers 5. Staff morale 6. Perceptions of access to funding for personal development and study leave 7. Concerns about job security 8. National shortage of registered paramedics 9. Relocation packages elsewhere	10-Apr-14	10		Clinical	Major	Likely	16	1. NHS staff benefits 2. Listening into Action - to understand staff improvements. 3. Developing the modernisation programme – including rota reviews and development of a clinical career structure. 4. Actively recruiting university and registered paramedics and emergency ambulance crew 5. Monitoring and developing plans to address trends in turnover. 6. The use of overtime, private and voluntary ambulance services to increase the number of available resources. 7. Clinical support structure provides career progression opportunities, with ongoing training development	David Prince	26-Oct-14	Major	Almost Certain	20	1. Development of Clinical Career Structure. 2. Skill mix review. 3. Review exit interview process and data capture. 4. Review and update rewards and retention strategy. Discussion at EMT regarding framework / strategy to address 5 key actions that assist retention. 5. Promote learning and development opportunities. 6. Recruitment drive to fill vacant established posts. Recruitment group meeting fortnightly identified 6-7 streams from which paramedics can join the service, also establishing the process to enable this. 7. Implementing the modernisation programme 8. Exercise taking place to look at a sample of leavers to assess reasons for leaving 9. Develop a Health and Wellbeing Strategy	1. F.Moore 2. J. Killens 3. D. Prince 4. D. Prince 5. K. Broughton 6. D. Prince 7. P.Woodrow 8. D. Prince 9. D. Prince / T. Crabtree	1. Completed 2. Ongoing 3. Ongoing 4. 2014/15 5. TBC 6. Ongoing 7. Dec 14 8. Dec 14 9. March 15	1. Comprehensive workforce and recruitment plan. 2. Regular monitoring of turnover and responding to developing trends, making necessary adjustments to current plans. 3. Ongoing recruitment drive, in addition to proactively seeking out new markets to target additional recruitment drives. 4. Training programme in progress for ongoing cohorts of A&E support and Paramedic staff. 5. Development of reward strategy. 6. Development of clear clinical career structure. 7. Review of flexible	Major	Unlikely	8	Datix risk ID 422 28/10/14 Risk reviewed by M. Whitbread. 23/07/2014 - Action 1 now complete - APP and CTL recruitment now complete. Agreed by SMT 11/06/14. June 2014 - Proposal to escalate net rating to major x almost certain = 20 due to current levels of staff turnover. (DP agreed in principle as risk owner).

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31	There is a risk that the control and operational staff may fail to recognise serious maternity issues or fail to apply correct guidelines which may lead to serious adverse patient outcomes in maternity cases.		14-Nov-02	4	4	Clinical	Major	Almost Certain	20	1. Consultant Midwife working with the LAS one day a week, providing advice to Control Services, Legal Services, Patient Experience, and Education and Development. 2. Reports on all the reported incidents concerning obstetric cases are presented to the Clinical Quality Safety and Effectiveness Committee (CQSEC). 3. Review incidents reported through LA52's, 4. Patient Experiences and legal Claims relating to problematic obstetric incidents. 5. Maternity care update articles in the Clinical Update. 6. Monitoring the delivery of the CPD obstetrics module. 7. The maternity pathway for use by Clinical Hub has been redesigned after audit findings. This has been implemented and reviewed. A planned reaudit will occur in 2014. 8. Delivery of CSR 2013/2014 obstetric update (detailed in 2013 UK Ambulance Service Clinical Practice Guidelines) & updates written by Consultant Midwife. 9. Pan-London Maternity Divert Policy (Updated Sept. 2013): Robust framework to limit temporary closures of maternity units and to organise redirection.	Fionna Moore	28-Oct-14	Major	Likely	16	1. Director of Paramedic Development & Education to directly oversee delivery of CSR 2013/2014. CSR to be delivered to >85% clinical staff. 2. Appointment of Consultant Midwife (post vacant) to provide professional advice and education. Update post from 0.2 WTE to 0.4 WTE to increase availability and impact through obstetric education.	1. M. Whitbread 2. F. Moore	1. Review during each quarter and any serious or recurrent themes highlighted through updates to operational and/or control staff and CQSEC. 2.Completed	1. Monitor processes at CQSE and Corporate Health and Safety Group. Direct feedback to CQD from Legal Services. 2. Incident reporting. 3. Reports to CQSEC, SI group, Learning from Experiences	Major	Possible	12	Datix risk ID 423 CSDEC 27/10/14 reviewed risk - substantive mid wife post in place 3 days per week from December 2014. Rating remains the same and review rating following take up of post. 23/07/14 - Interim Consultant Midwife now in post for 6/12, which will be followed by advertisedment and recruitment to the permanent position. Requires regrading. SMT 14/05/14 agreed rating to remain at major x likely = 16. FM 14/04/14 suggested that net rating remains at 16 until the consultant midwife is in post and will review in 6 months time. the recruitment process is underway with expressions of interest for the post being made. SMT 09/04/14 approved regrading but requested the risk remain visible on the register (not archived). Proposal to reduce current
355	There is a risk of staff not receiving clinical and non-clinical statutory training.	This may as a consequence cause:- • Failure to meet CQC and the Trust's TNA policy • Dilution of clinical skills	23-Nov-11	11	5	Corporate	Major	Almost Certain	20	1. Agreement with operations that there will be an agreed abstraction of up to 90 staff per week to attend CSR during agreed periods. 2. Paramedic registration. 3. Individual Learning Accounts implemented for all operational staff from September 2014. This will increase attendance on CSR training. 4. Comprehensive review of statutory and mandatory training delivery, including All In One, under way, due for completion late November 2014 5. E-learning packages under development to provide staff with access to on-line achievement for core statutory elements	Mark Whitbread	28-Oct-14	Major	Likely	16	1. The TNA which applies to April 2014 to be reviewed and agreed by TSG. 2.A workbook has been developed for Infection prevention and control it will be launched shortly. 3. Use of OLM for recording of CSR 1 will commence from October 2012. 4. Operational Resources will need to book staff onto courses to capacity in order to train all staff within year.	1. J. Chalmers 2. J.Thomas 3. P. Billups 4. P. Cook	1. May 2014 2. Complete 3. Complete 4. Ongoing	1. TSG review and agree TNA on an annual basis. 2. TNA used as basis for agreeing service training plan. 3. TSG review reulgar reports of uptake on training.	Major	Unlikely	8	Datix risk ID 424 28/10/14 - 2 new risks currently being assessed by B. O'Neil and J. Thomas to be reviewed by the SMT in November. SMT 09/04/14 suggested that current risk rating remains until the risk is reviewed for splitting between clinical and non clinical. Update control sheet. Propose risk owners made up of Directors within TSG / or its successor for principal risk. Action plans underpin headline risk made up of clinical and non clinical training action plans. discuss with Karen B / Jane Chalmers and Mark W. Split risk between clinical (MW) and non clinical (B'ON) 8/1/14- BO'N proposes change of net rating to Major x Possible = 12. Evidence of attendance at CSR training course by 1/12/13 1906 front line staff had attended CSR Representing 62.6% of the eligible workforce. Sufficient courses are planned for Jan,Feb and March to
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	5	17	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.	Jason Killens	31-Oct-14	Major	Likely	16	1. Agree and implement changes to rest break arrangements 2. Rota changes to be implemented as result of ORH review 3. Recruitment 4. Skill mix: the skill mix model which is intended to be implemented under Modernisation is under discussion between trust management and trades unions. The target date for completion of the discussions and agreement of the skill mix is May 2014. Skill mix has been included in the modernisation programme's implementation planning and subsequent implementation into BAU 5. Ongoing vigorous management of out of service. J. Killens to set improvement trajectory to get out of service levels back within target. 6. Proactive use of the surge plan. 7. Out of service being HUB implemented.	1. T. Crabtree 2. J. Killens 3. D. Prince 4. P. Woodrow 5. K. Brown / Sean Westrope 6. ADO's 7. TBC	1. 2014/15 2. Completed 3. Q4 14/15 4. Completed 5. Ongoing 6. Ongoing 7. Ongoing		Major	Unlikely	8	Datix risk ID 425 31/10/14 Risk reviewed by ADO group. Updated provided by P.Woodrow and J.Killens August 2014

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394	There is a risk that CIPs may not be identified or delivered which would impact our credibility with the NTDA and the DH and would adversely impact on our FT Application. There may also be a loss of control on the Income and Expenditure position.	• Appropriate supporting evidence not available • CIPs not supported by detailed milestone plan. • CIPs not embedded in budgets. • CIPs not owned by relevant manager. • Benchmarking of CIPs not undertaken. • CIP governance not clearly defined and in place. • Board/FIC scrutiny of CIP planning and delivery not in place. • CIPs not delivering in line with expectations. • Capacity and capability not available to support delivery.	10-Apr-14			Finance	Catastrophic	Likely	20	1. Benchmarking information available. 2. Detailed workings in place for some CIPs	Andrew Grimshaw	28-Oct-14	Major	Likely	16	1. Engage additional support to drive the CIP programme. 2. Ensure all schemes have clear project plans. 3. Embed all CIPs in budgets 4. Develop a clear governance structure to manage CIP delivery. 5. Review CIP reporting to the EMT, FIC and Trust Board to ensure it is adequate and appropriate. 6. Review current benchmarking information.	1. A. Grimshaw 2. A. Grimshaw 3. A.Grimshaw 4. A. Grimshaw 5. A. Hanbury	1. In place 2. Completed 3. Partially complete - finalise Q3 14/15 4. In place 5. Complete 6. Q3	Regular FIC oversight Controls can be tested	Moderate	Unlikely	6	FIC papers dated 29/09/14 changes in ratings to: gross catastrophic x likely = 20, net major x likely = 16 and target moderate x unlikely = 8. K. Approved by SMT 09/04/14 for inclusion on the risk register. To be cleared during Q3
396	Planning for the future - If the Trust does not plan effectively it will not be aware of risks and threats. These could result in significant risk to the on-going viability of the organisation, operations and clinical safety.	• An LTFM is not in place. • Regular reports are not provided to the FIC on forward financials. • Future assessments do not take account of low level (departmental) plans or high level (organisational) issues. • Plans exclude I&E, balance sheet, capital and cash. • Future CIP plans are not scoped and where possible identified, 2-3 years ahead.	10-Apr-14			Finance	Catastrophic	Likely	20	1. LTFM in place. 2. Reports provided to FIC 3. Future assessments in place on top level. 4. I&E planning robust.	A.Grimshaw	28-Oct-14	Major	Likely	16	1. Further development of LTFM required. Make live tool. 2. Review format and frequency of reports to FIC on future planning. 3. Develop means to collect departmental and divisional plans for review and inclusion in overall financial plan. 4. Develop future cash, capital and balance sheet planning. 5. Develop future CIP planning.	1. A. Grimshaw 2. A. Grimshaw 3. A. Grimshaw 4. M. John 5. A. Grimshaw	1. Actions addressed through 2014/15 financial planning exercise. 2. Updated sent to FIC during Q1 & Q2 3. Budget setting meetings in place 4. Balance sheet projections included in NTDA return. 5. FD is formulating the methodology with SMT 6 LTFM submitted to NTDA in June 2014	Regular FIC oversight Controls can be tested	Moderate	Unlikely	6	FIC papers dated 29/09/14 changs to ratings: gross from major x likely = 16 to catastrophic x likely = 20, net from major x unlikely = 8 to major x likely = 16 target from major x rare = 4 to moderate x unlikely = 6. Updates to FIC in June 2014 and LTFM sent to NTDA in June 2014. Approved by SMT 09/04/14 for inclusion on the risk register.
399	There is a risk that a lack of critical equipment on an Ambulance may impact on the crew's ability to respond to all category A calls and /or any calls requiring specialist equipment to be deployed at the scene.	Underlying causes are varied and emanate from various functions of the Trust. This potentially affects the ability of a crew to provide the appropriate response at a scene which may delay treatment to the patient. Due to the equipment either being: Defective Contaminated Impounded Missing Replaces Risk 303 & 362	11-Jun-14			Fleet and Logistics	Major	Likely	16	1. Vehicle Daily Inspection completed, as part of the Vehicle Preparation process, by the Vehicle Preparation complex Team indicating which items are missing. 2. The crew will also check for critical equipment and try to source. (OP/026) 3. Crews should advise EOC/DSO which equipment they are missing, this should also be reflected in their LA1 (OP/026).	Sean Westrope	28-Oct-14	Major	Likely	16	1. Improved equipment exchange by the LSU team. Equipment will be carried on their vehicles enabling a swifter exchange. This is dependant upon time of visit by LSU team. 2. Joint site visits by Logistics/Estates advising relevant process involving equipment 3. Joint education on equipment issues and continuous declaration of spare equipment. A process will be put in practice advising how equipment can be relocated to a frontline vehicle. A group needs to be set up including a lead DSO from each area. 4. Logistics Support Unit now hold a central budget to replace broken equipment which is processed through Deptford Stores. This will provide an improved and speedier replacement/exchange process. 5. Procurement of additional equipment to equip shells	1. Karen Merritt 2. Fleet & Logistics / Estates 3. Fleet & Logistics / Estates 4. Karen Merritt 5. Karen Merritt	1. October 2014 2. Ongoing 3. Ongoing 4. Ongoing 5. November 2014	Continuous review of the actions	Major	Unlikely	8	Datix risk ID 426 28/10/14 risk reviewed by Fleet and Logistics team. Approved by SMT 11/06/14

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404	There is a risk that the Trust does not accurately and efficiently capture errors and incidents and process them in accordance with national guidelines and within specified internal procedures (LA52 reporting).	Insufficient recorded evidence of reported incidents (total number and quality).	09-Jul-14			Corporate	Major	Likely	16	All incidents are reviewed at an internal weekly meeting within the Governance Team and key stakeholders for example Head of Legal, Head of Complaints, Safeguarding Lead, Quality Assurance and Medical Directorate. A further meeting is held with the Governance Co-ordinator to ensure the necessary documentation and information has been requested and received for decision making purposes on a potential Serious Incident. A detailed Serious Incident process 'New Ways of Working' has been developed and approved by Quality Committee on 22nd August 2014. Weekly Serious Incident Group meetings to review outstanding and pending cases has been moved to fortnightly meetings which allows the necessary information to be reviewed in more detail. Standing agenda item at bi-weekly Senior Management Team meetings. Weekly reports to the Executive Management Team. Weekly reports on individual Serious Incident status to Executive Lead, SMT Lead and Lead Investigator. Monthly report to Commissioning which details the whole Serious Incident status and details individual status of each open serious incident and status of de-escalation and closure. Progress summary to Audit Committee on the current status of the KPMG August 2013 audit. Training needs analysis has been undertaken and	Sandra Adams	01-Sep-14	Major	Likely	16	1. The review of the Serious Incident Policy has been undertaken . It has been agreed that a governance framework will be developed to give a robust foundation and all governance policies and procedures will be linked to the framework. 2. The review of the governance arrangements to support the incident management process has been undertaken. A deep dive of all Serious Incidents / potential serious incidents from March 2013 to date (August 2014) . 3. The commencement of a review of incidents below 15 is about to commence. 4. Implement quarterly / 6 monthly of non-escalated incidents for a quality review. 5. Complete the roll-out of Datix Web and training plan. 6. Launch workshop currently being agreed (before the end of September 2014)	1. S. Adams / D.Halliley 2. S. Adams / D. Prince 3. S. Adams / D. Prince / D. Halliley 4. S. Adams / D. Halliley 5. S. Adams / D. Halliley / A. Essome	1. End Oct 2014 2.Complete 3. Commence Oct 2014 4. Q3 2014/15 5. Commenced July 2014 6. Commence Sept 2014	Serious Incident Policy reviewed annually. Internal Governance audits, and external audits by accredited providers highlighting gaps in our processess Incident reporting procedure being developed	Moderate	Unlikely	6	Datix risk ID 427 Risk Approved by SMT at meeting on 9th July 2014
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 inabilty to repair will build gradually (a rising tide) with increasing	11-Jun-14			Operational	Major	Likely	16	1. Telent Ltd, who carry out the frontline MDT/SatNav maintenance visits, are investigating alternative break/fix arrangements with a 3rd party. 2. Replacement of SatNavs is within scope of the eAmbulance project.	Jason Killens	28-Oct-14	Major	Likely	16	1. An early action of the eAmbulance project is to review the specification and carry out market sounding to identify alternative SatNav products. An alternative SatNav device has been identified and a sample has been now acquired 2. Software is being redeveloped to interface with the alternative Sat Nav device, a necessary precursor to action 4 3.If a satisfactory alternative device is identified AND the MDT software development is viable, funding will be sought to replace SatNavs across the fleet & undertake appropriate procurement process.. If full functionality can be achieved then action 3 funding and procurement will be progressed. 4. Development of software and retrofitting of solution to fleet. 5. eAbmulance project to refine current requirements and procure viable commercial (h/w & s/w) solution, which is likely to require in-house bespoking contribution to ensure overall facilities are not compromised.	1. John Downard 2. John Downard 3. John Downard 4. CAD support 5. eAmbulance	1. Complete 2. 30/10/14 3. 30/11/14 4. TBC 5. TBC		Major	Rare	4	Datix risk ID 431 01.09.2014. Telent Ltd, the supplier contracted to maintain MDT/SatNavs , have entered now into an agreement with Jazz Auto Repairs to repair LAS Sat Nav's . Approved by SMT 11/06/14
410	There is a risk that patient safety for category C patients may be compromised due to demand exceeding available resources.	40% total volume of calls are Category A. Inability to match resource to demand as the responding priority is focused on more seriously ill patients.	01-Oct-14			Clinical	Catastrophic	Likely	20	1. Undertaking ring backs within set time frames for held calls 2. Fully trained workforce with 20 minute education breaks throughout shift 3. C3 calls passed to hub for enhanced assessment. C1 and C2 held calls are reviewed by the hub 4. LAS Surge Management Plan 5. Targeted additional resource at times of peak pressure using PAS/VAS/LAS overtime 6. C1-C4 buckets have been redefined based on clinical outcomes 7. Removal of exit message and clarify to patients regarding time delays 8. Ability to book taxis for patients where appropriate 9. Additional focus on safety reporting 10 Falls care is being introduced 11. METDG to be in place 24/7	Jason Killens		Catastrophic	Possible	15	1. Recruit to establishment minus agreed vacancy factor or 4% 2. Reviewing the determinants to best maximise resource availability, to assist with reduction attendance ratio for single incidents 3. Deliver efficiencies in full from Capacity Review and complete Roster Implementation 4. Recruit to establishment in the clinical hub 5. Allocate EMDs to clinical hub to assist with ring backs – Service Development put in for additional staff to undertake this work 6. Offer near misses for APP and CTL to spend 6 months in the clinical Hub in preparation for next tranche of recruitment 7. Introduce surge plan and made appropriate revisions 8. More accurate reporting of category C delays and monitoring of safety incidents	1. D. Prince 2. J. Killens 3. J. Killens 4. K. Millard 5. K. Millard 6. K. Millard 7. K. Millard 8.	1. Ongoing 2. Complete 3. Q4 14/15 4. Q3 14/15 5. Q2 14/15 6. 2014/15 7. On-going 8.	1. Operational Demand and Capacity Review Group 2. Senior Management Team 3. Medical Directorate senior clinical advice; Clinical risk and Patient safety 4. The weekly SI group review patient safety incidents.	Catastrophic	Unlikely	10	New risk proposed to replace previous risk ID 379. Approved by EMT 1/10/14

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Trust Board November 2014 - Trust Risk Register (Strategic Risks)

Risk ID	Risk Description	Underlying Cause/ Source of Risk	Date Opened	Assurance Framework Ref.	Corporate Objective	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
382	There is a risk that Emergency calls from Metropolitan Police Service (MPS) are incorrectly triaged by the MPS, affecting the ability of the LAS to effectively prioritise resources. This risk also directly compromises the clinical safety of patients.	In 2001 CAD link was developed, which enabled the MPS and LAS to exchange emergency calls and other messages directly via each organisation's CAD system. This process bypasses the standard triage system that all other 999 calls are subject to. To request the LAS, the MPS complete a basic triage of the call, known as the SEND protocol (Secondary Notification of Dispatch). SEND requires the MPS to answer five key questions to determine the medical priority of the call. Requests for the LAS from the MPS may be incorrectly triaged as a result of the limitations of the medical triage system used by the MPS Central Communications Command (SEND protocol). Erroneous	07-May-13	12		Clinical	Catastrophic	Likely	20	1. LAS METDG in in place 7 days a week. 2. The Clinical Hub reviews low priority 999 calls that are being held and have the ability to identify MPS calls that have been incorrectly triaged and interrogate / upgrade the call priority if indicated. 3. EMDs can identify calls that appear to be miss-triaged by the SEND protocol or MPS Operator and upgrade / dispatch on the call immediately. 4. The MPS are now notified of incorrectly triaged calls sent to the LAS, to facilitate learning.	Jason Killens	24-Oct-14	Catastrophic	Possible	15	1. ~~A risk based evaluation of the pilot study will be undertaken and the results will be discussed with the Operational and Clinical leads.~~ ~~2. Dependent on the results it will be for the LAS to consider removing the CAD link for primary notification of emergency calls from the MPS which will then be triaged via the LAS 999 system and MPDS~~	1. P.Woodrow / F.Wrigley 2. P.Woodrow	1. Completed 2. Completed		Catastrophic	Rare	5	Datix risk ID 432 24/10/14 - CSDEC - proposed to review the status of MPS calls prior to archiving the risk. Review in 3 months. J.Killens August 2014 - propose to review risk rating when METDG is running 24hours a day.
329	There is a risk that financial penalties will be levied on the Trust as a result of non-achievement of the contractually agreed targets.	Potential failure to achieve contracted performance targets and failure to earn CQUINs	06-May-10	9	3,4,8	Finance	Catastrophic	Possible	15	1. 2013/14 Continue working with specific mitigation of financial risk. 2. Monthly finance reports reviewed by Trust Board and EMT. 3. Regular communication with commissioners. 4. The contract of the Director of Modernisation and OD has been extended to end of June 2014 to maintain focus on the Modernisation Programme.	Karen Broughton	01-Apr-14	Catastrophic	Possible	15	1. Review by Finance Investment Committee 2. Review capacity vs demand 3. Develop a programme of sustainable performance and performance management 4. Develop clear escalation procedures when measuring performance . 5. Establish relationship with Commissioners 6. Negotiate suitable operating contract with Commissioners. 7. Recruitment	1. K.Hervey 2. J. Killens 3. P. Woodrow 4. P. Woodrow 5. K. Broughton 6. K. Broughton 7. D. Prince		1. Performance is tracked daily both centrally and by area. 2. Financial risks are reviewed by SMG and Trust Board. Diary meeting every Monday reporting where performance is reviewed and recover plans are discussed. 3. Monthly meetings with PCT commissioners were performance is reviewed against targets and agreement is reached and findings are documented. 4. Performance is reported to the SHA monthly. 5. The Finance and Investment Committee will undertake a more	Catastrophic	Unlikely	10	Datix risk ID 433 This risk is under review for re-assessment and proposal of new risk to replace it. K. Broughton - May 2014.
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	***	1,2,4, 5	Clinical	Moderate	Almost Certain	15	1. Mark Whitbread is the Trust lead for the card readers project, 2. Card reading and transmission is performed by team leaders. 3. Messages given out at Team Leaders Conferences. 4. Encourage more routine downloading of information from data cards. 5.LP1000 AED's have been rolled out and all complexes have been issued with new data readers for these units. 6. New Malden pilot has trialled the transmission of data from the LP15	Mark Whitbread	28-Oct-14	Moderate	Almost Certain	15	1. Establish the current resources of LP 1000, how many in use, which complexes carry them, are there spares available for 1 for 1 swap. 2. Establish a process at station level to link a specific cardiac arrest to the LP1000 it is stored on. 3. Publicise download returns by complex as part of Area Governance Reports, via PIM or Staff Officer for the Area. 4. Consider roll out of transmittable data from LP15 once vehicle on station 5. A small pilot study is planned to take place at Westminster using two advanced paramedics in cars, which will have a cable to pub into a lap top to establish the benefits that come of out of it. The evaluation of this exercise will be reviewed in February 2015	1. M.Whitbread 2. M.Whitbread 3. M.Whitbread 4. M.Whitbread 5. M.Whitbread	1. Complete 2. Complete 3. Complete 4. Ongoing post N/Malden pilot evaluation 5. Commence Mid Dec 14	EOC briefings undertaken	Moderate	Unlikely	6	Datix risk ID 434 23/07/2014 - If the fleet was less "flexible" it would allow for modems to be used to assist with downloads. SMT 14.05.14 approved regrading to moderate x almost certain = 15 M.Whitbread to raise with EMT regarding mitigating actions. Proposed increasing current rating to moderate x almost certain = 15 APPs will be conducting a feasibility study using laptops to download data at two sites - Brent and Westminster with the intention of reviewing the outcomes with the attending crew in order to establish any learning from the event.

London Ambulance Service NHS Trust

Report to:	**London Ambulance Service Trust Board**
Date of meeting:	**25th November 2014**
Document Title:	**Report from the Audit Committee on 10th November 2014**
Report Author(s):	**John Jones, Chair of the Audit Committee**
Presented by:	**John Jones, Chair of the Audit Committee**
Contact Details:	
History:	**Assurance report from the most recent Audit Committee**
Status:	**For information**

Background/Purpose

The purpose of this report is to update the Trust Board on the key items of discussion at the Audit Committee meeting on 10th November.

Action required

The Trust Board is asked to note the report from the Audit Committee meeting on 10th November 2014 and specifically the recommendation to approve and adopt the Standing Orders, Scheme of Delegation and Standing Financial Instructions – see Trust Board agenda.

Assurance

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.

Key implications and risks arising from this paper	
Clinical and Quality	
Performance	
Financial	**X**
Legal	
Equality and Diversity	
Reputation	
Other	**X Assurance on risk systems and processes**
This paper supports the achievement of the following 2014/15 objectives	
Improve patient care	**X**
Improve recruitment and retention	
Implement the modernisation programme	
Achieve sustainable performance	
Develop our 111 service	
Simplify our business processes	**X**
Increase organisational effectiveness and development	**X**

Report from the Audit Committee on 10th November 2014

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 has been aligned to the business objectives for 2014/15. The BAF is a more dynamic document than it has been previously and reflects the key issues facing the Trust. However there are a number of red-rated actions which will need to be kept under review. In summary, the Audit Committee is assured that the risk management process is working well, but that the focus should now be on what this process is telling us and the actions to mitigate the risks.

Risk Focus Areas

Steve Lennox gave a presentation on quality governance highlighting that the Trust Board has a key role in safeguarding quality and therefore needed to give appropriate scrutiny to the three key facets of quality – effectiveness, patient safety and patient experience. Following discussion it was agreed that the process for considering incidents (not just serious incidents) would be reviewed by the Trust's Quality Governance Committee. Frances Field gave a presentation on risk management, providing an update on progress against the internal audit recommendations from their risk review and the management and development of the risk register and board assurance framework.

AQI Peer Review Audit

The Audit Committee noted the report from the Association of Ambulance Chief Executives and asked for an update against the outcome of the audit recommendations at a future meeting.

Standing Orders, Scheme of Delegation and Standing Financial Instructions

These documents had been reviewed by the Finance and Investment Committee on 23rd October 2014 and amendments incorporated in the versions submitted to the Audit Committee. Subject to an amendment to cover contracted out services the Audit Committee approved the Standing Orders, Scheme of Delegation and Standing Financial Instructions and recommend approval to the Trust Board for adoption.

Annual Review of the Effectiveness of Internal Audit and Local Counter Fraud

The committee considered the process for evaluating the effectiveness of the Internal Audit and Local Counter Fraud service and agreed to proceed with the proposal from KPMG to an independent assessment process by questionnaire. The outcome report will be presented to the meeting in February 2015.

Change of External Auditor

The committee noted that the Trust's External auditors would change with effect from 1st April 2015 with PriceWaterhouseCoopers performing their last audit for the 2014/15 reporting year. It is likely that when the next contract expires in 2016/17 the Trust will be responsible for selecting its own auditors.

FINANCIAL REPORTING

Draft Year-End Reporting Timetable

The Audit Committee was informed of the process and timetable for the draft and final annual accounts for 2014/15. The key dates being: Audit Committee to review draft annual accounts on 17th April 2014 and the final accounts on 1st June 2015 for Trust Board approval of the final audited accounts on 2nd June 2015.

REPORTS FROM COMMITTEES

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

Date of next meeting: The next meeting of the Audit Committee is on Monday 2nd February 2015.

London Ambulance Service NHS
NHS Trust

Report to:	**London Ambulance Service Trust Board**
Date of meeting:	**25 November 2014**
Document Title:	**Standing Financial Instructions/Standing Orders/Scheme of Delegation (SFIs/SOs/SoD)**
Report Author(s):	**Kevin Hervey**
Presented by:	**Andrew Grimshaw**
Contact Details:	**0207 783 2764**
History:	**The draft SFIs/SOs/SoD have been reviewed by the Finance & Investment Committee (FIC) and the Audit Committee (AC)**
Status:	**The Trust Board is requested to approve the attached SFIs/SOs/SoD**

Background/Purpose

NHS Trusts are required to have Standing Orders and Standing Financial Instructions, and to ensure they are regularly reviewed to ensure they are up to date and robust. The SFIs/SOs/SoD were last updated in September 2012. The attached updated draft documents have been reviewed by the Finance and Investment Committee and the Audit Committee over the last two months and any comments/recommendations from those committees have been incorporated. The Audit Committee has approved the documents presented here for approval by the Trust Board. The Trust Board is requested to approve the documents as presented.

Action required

Finance/Corporate Affairs will publish the amended documents on the Pulse, and inform all staff via the RIB. EMT and SMT members will be required to sign a declaration confirming that they have read and understood the SFIs/SOs/SoD. They will also be expected to ensure that all staff within their Directorates understand the importance of adhering at all times to the requirements of the SFIs/SOs/SoD.

Assurance

The draft documents have been approved by the FIC and the AC at recent meetings.

Key implications and risks arising from this paper	
Clinical and Quality	
Performance	
Financial	The “Directions on Financial Management in England” issued under Health Circular (91)25 in 1991 state that each Board must adopt Standing Financial instructions (SFIs) setting out the responsibilities of individuals.
Legal	Standing Financial Instructions (SFIs) are issued in accordance with the Financial Directions issued by the Secretary of State under the provisions of Sections 99(3), 97(A)(4) and (7) of the National Health Service Act 1977; National Health Service and Community Care Act 1990 and other acts relating to the National Health Service or in the Financial Regulations made under the Acts for the Trust in relation to all financial matters. They shall have effect as if incorporated in the Standing Orders of the Trust.
Equality and Diversity	
Reputation	
Other	
This paper supports the achievement of the following 2014/15 objectives	
Improve patient care	
Improve recruitment and retention	
Implement the modernisation programme	
Achieve sustainable performance	**X**
Develop our 111 service	
Simplify our business processes	**X**
Increase organisational effectiveness and development	

TRUST BOARD MEETING

25 November 2014

Approval of Standing Financial Instructions/Standing Orders/Scheme of Delegation (SFIs/SOs/SoD)

Background

The 'Directions on Financial Management in England' issued under Health Circular (91)25 in 1991 state that each Board must adopt SFIs setting out the responsibilities of individuals.

Each Board operates within the statutory framework within which it is also required to adopt SOs. In addition to the SOs, there is a SoD, Financial Procedural Notes and locally generated rules and instructions. Collectively these must comprehensively cover all aspects of financial management and control. They set the business rules which directors and employees (including employees of third parties contracted to the Trust) must follow when taking action on behalf of the Board.

SFIs are issued in accordance with the Financial Directions issued by the Secretary of State under the provisions of Sections 99(3), 97(A)(4) and (7) of the National Health Service Act 1977; National Health Service and Community Care Act 1990 and other acts relating to the National Health Service or in the Financial Regulations made under the Acts for the regulation of the conduct of Trusts in relation to all financial matters. They shall have effect as if incorporated in the Standing Orders of the Trust.

The London Ambulance Service NHS Trust SFIs/SOs/SoD were last updated in September 2012. The attached updated draft documents have been reviewed and approved by the FIC and the AC at recent meetings and any comments/recommendations from those committees have been incorporated.

Principal Changes

The principal changes to the SFIs and SOs since September 2012 are not considered major and include, for example, updated job titles, updated organisation names, updated Terms of Reference for all the Board Committees and amendments to ensure consistency within the documents.

Within the SoD we have sought generally to clarify approval of spend based on the Integrated Financial Plan (IFP), to create mechanisms for approving variations from the IFP and to clarify the invoice authorisation limits after the spend approvals have taken place in accordance with the SoD. Proposed invoice authorisation limits are set out in the Expenditure Limits List

Column 3 of the SoD sets out the role of the Trust Board. The following summarises the financial values allocated to the Board for action within the SoD since the last agreed update in September 2012:

7b	Ex Gratia Payments	Approve liability claims over £500k (no change)
8b	Ex Gratia Payments	Approve payment resulting from Tribunals over £50k (no change)
8d	Ex Gratia Payments	Property Expenses Scheme over £20k (no change) – be informed
8f	Ex Gratia Payments	Personal injury over £50k (no change) – be informed
9&10	Losses & Compensation	Approve claims up to £500k (no change)
12	Revenue contracts	Approve all contracts over £5m (previously £1m) not within IFP
14	Land & Buildings	Approve acquisitions/disposals over £2m (previously £1m)
15 -	Capital Expenditure	Approve spend £2-5m (previously £1m), review and seek approval from NTDA for spend over £5m (previously £3m)
16	External Consultants	Approve fees over £100k (no change)
17a	Contracted Out Services	Approve spend > £5m (not previously mentioned in SoD)
17b	Contracted In Services	Approve income > £5m (not previously mentioned in SoD)
22	Legal Obligation Payments	Costs over £100k (no change) – consider action

Recommendation

The Trust Board is requested to approve the attached SFIs/SOs/SoD.

Actions

Finance/Corporate Affairs will publish the amended documents on the Pulse, and inform all staff via the RIB. EMT and SMT members will be required to sign a declaration confirming that they have read and understood the SFIs/SOs/SoD. They will also be expected to ensure that all staff within their Directorates understand the importance of adhering at all times to the requirements of the SFIs/SOs/SoD.

Attachments

Draft Standing Financial Instructions
Draft Standing Orders (including Scheme of Delegation)
Draft Expenditure Limits List

London Ambulance Service NHS Trust

Standing Financial Instructions

September 2014

Approved ????

PREAMBLE

1. The "Directions on Financial Management in England" issued under HC (91)25 in 1991 state that each Board must adopt Standing Financial instructions (SFIs) setting out the responsibilities of individuals.

2. Each Board operates within the statutory framework within which it is also required to adopt Standing Orders. In addition to the Standing Orders, there is a Scheme of Delegation, Financial Procedural Notes and locally generated rules and instructions. Collectively these must comprehensively cover all aspects of financial management and control. They set the business rules which directors and employees (including employees of third parties contracted to the Trust) must follow when taking action on behalf of the Board.

Andrew Grimshaw Director of Finance
September 2014

CONTENTS

1. INTRODUCTION

1.1 GENERAL

1.1.1 These Standing Financial Instructions (SFIs) are issued in accordance with the Financial Directions issued by the Secretary of State under the provisions of Sections 99(3), 97(A)(4) and (7) of the National Health Service Act 1977; National Health Service and Community Care Act 1990 and other acts relating to the National Health Service or in the Financial Regulations made under the Acts for the regulation of the conduct of London Ambulance Service NHS Trust (the Trust) in relation to all financial matters. They shall have effect as if incorporated in the Standing Orders of the Trust.

1.1.2 The Bribery Act 2010, which repeals existing corruption legislation, has introduced the offences of offering and receiving a bribe. It also places specific responsibility on organisations to have in place sufficient and adequate procedures to prevent bribery and corruption taking place. Under the Act, Bribery is defined as “Inducement for an action which is illegal unethical or a breach of trust. Inducements can take the form of gifts loans, fees rewards or other privileges". Corruption is broadly defined as the offering or the acceptance of inducements, gifts or favours payments or benefit in kind which may influence the improper action of any person; corruption does not always result in a loss. The corrupt person may not benefit directly from their deeds; however, they may be unreasonably using their position to give some advantage to another. To demonstrate the organisation has sufficient and adequate procedures in place and to demonstrate openness and transparency, all staff are required to comply with the requirements of Standing Financial Instructions.

1.1.3 The Fraud Act 2006 (the Act) came into force on 15 January 2007 and applies in England, Wales and Northern Ireland.

The Act repealed the following offences:

(i) Theft Act 1968

- Section15 (obtaining property by deception);
- Section15A (obtaining a money transfer by deception);
- Section 16 (obtaining a pecuniary advantage by deception);
- Section 20(2) (procuring the execution of a valuable security by deception);
- Reference to "cheat" in Section 25 (going equipped).

(ii) Theft Act 1978

- Section 1 (obtaining services by deception);
- Section 2 (evasion of liability by deception).

(iii) These offences continue to apply for any offences committed before 15 January 2007.

(iv) Section 1 of the Fraud Act 2006 creates a general offence of fraud and introduces three ways of committing it set out in Sections 2, 3 and 4.

- Fraud by false representation (Section 2);
- Fraud by failure to disclose information when there is a legal duty to do so (Section 3); and
- Fraud by abuse of position (Section 4).

(v) In each case:

- the defendant's conduct must be dishonest;
- his/her intention must be to make a gain; or cause a loss or the risk of a loss to another.

- No gain or loss needs actually to have been made.
- The maximum sentence is 10 years' imprisonment.

1.1.4 These SFIs detail the financial responsibilities, policies and procedures to be adopted by the Trust. They are designed to ensure that its financial transactions are carried out in accordance with the law and Government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness. They should be used in conjunction with the Standing Orders and Scheme of Delegation adopted by the Trust.

1.1.5 These SFIs identify the financial responsibilities which apply to everyone working for the Trust. They do not provide detailed procedural advice. These statements should therefore be read in conjunction with the detailed departmental financial procedure notes. All financial procedures must be approved by the Director of Finance.

1.1.6 Should any difficulties arise regarding the interpretation or application of any of the SFIs, the advice of the Director of Finance must be sought before action is taken. The user of these SFIs should also be familiar with and comply with the provisions of the Trust's Standing Orders.

1.1.7 Failure to comply with SFIs and Standing Orders is a disciplinary matter that could result in dismissal.

1.1.8 Overriding Standing Financial Instructions – if for any reason these Standing Financial Instructions are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Audit Committee for referring action or ratification. All members of the Board and staff have a duty to disclose any non-compliance with these Standing Financial Instructions to the Director of Finance as soon as possible.

1.1.9 For a more detailed explanation see the Trust's Anti-Fraud Policy and Anti-Bribery Policy. Should members of staff wish to report any concerns or allegations, they should contact their Local Counter Fraud Specialist

1.2 TERMINOLOGY

1.2.1 Any expression to which a meaning is given in Health Service Acts, or in the Financial Directions made under the Acts, shall have the same meaning in these instructions; and

(a) "Trust" means the London Ambulance Service NHS Trust;

(b) "Board" means the Board of the Trust;

(c) "Budget" means a resource, expressed in financial terms, proposed by the Trust for the purpose of carrying out, for a specific period, any or all of the functions of the Trust;

(d) "Chief Executive" means the chief officer of the Trust;

(e) "Director of Finance" means the chief financial officer of the Trust;

(f) "Budget Holder" means the director or employee with delegated authority to manage finances and resources for a specific area of the organisation; and

(g) "Legal Adviser" means the properly qualified person appointed by the Trust to provide legal advice.

(h) A Service Level Agreement (SLA) is a part of a service contract where the level of service is formally defined. In practice, the SLA is used to refer to the contracted service and performance when referring to the third party or host.

(i) Key Performance Indicator is a specific indicator embedded into the SLA as a measurement to monitor the performance.

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(j) "Shared Service" is the host/third party who will provide the outsourced Services Contract and overarching SLA with the Trust.

1.2.2 Wherever the title Chief Executive, Director of Finance, or other nominated officer is used in these instructions, it shall be deemed to include such other director or employees who have been duly authorised to represent them, subject to the Scheme of Delegation.

1.2.3 Wherever the term "employee" is used, it shall be deemed to include employees of third parties contracted to the Trust when acting on behalf of the Trust.

1.3 RESPONSBILITIES AND DELEGATION

1.3.1 The Board exercises financial supervision and control by:

(a) formulating the financial strategy;

(b) requiring the submission and approval of budgets within approved allocations/overall income;

(c) defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money); and

(d) defining specific responsibilities placed on directors and employees as indicated in the Scheme of Delegation Document (EL(94)40 refers)

(f) defining specific contractual responsibilities placed on Shared Services as indicated in the Scheme of Delegation Document (EL(94)40 refers)

1.3.2 The Board will delegate responsibility for the performance of its functions in accordance with the Scheme of Delegation Document adopted by the Trust.

1.3.3 Within the SFIs, it is acknowledged that the Chief Executive is ultimately accountable to the Board, and, as its Accountable Officer, to the Secretary of State, for ensuring that the Board meets its obligation to perform its functions within the available financial resources. The Chief Executive has overall executive responsibility for the Trust's activities and is responsible to the Board for ensuring that its financial obligations and targets are met and has overall responsibility for the Trust's system of internal control.

1.3.4 The Chief Executive and Director of Finance will, as far as possible, delegate their detailed responsibilities but they remain accountable for financial control.

1.3.5 It is a duty of the Chief Executive to ensure that existing directors and employees and all new appointees are notified of and put in a position to understand their responsibilities within these instructions.

1.3.6 **The Director of Finance** is responsible for:

(a) implementing the Trust's financial policies and for co-ordinating any corrective action necessary to further these policies;

(b) maintaining an effective system of internal financial control including ensuring that detailed procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;

(c) ensuring that sufficient records are maintained to show and explain the Trust's transactions, in order to disclose, with reasonable accuracy, the financial position of the Trust at any time;

(d) and, without prejudice to any other functions of directors and employees to the Trust, the duties of the Director of Finance include:

(e) the provision of financial advice to the Trust, its directors and employees;

(f) the design, implementation and supervision of systems of financial control;

(g) the preparation and maintenance of such accounts, certificates, estimates, records and reports as the Trust may require for the purpose of carrying out its statutory duties.

(h) Where management and processing of transactions is delegated to a Shared Financial Service, the Director of Finance or their nominated representative shall ensure that there are proper arrangements for procedures, records and reports as the Trust may require for the purpose of carrying out its statutory duties including appropriate internal audit arrangements.

(i) overseeing the Anti-Fraud arrangements

1.3.7 **All board members and employees,** severally and collectively, are responsible for:

(a) the security of the property of the Trust;

(b) avoiding loss;

(c) exercising economy and efficiency in the use of resources; and

(d) conforming with the requirements of Standing Orders, Standing Financial Instructions, Financial Procedures and the Scheme of Delegation.

1.3.8 **Any contractor or employee of a contractor** who is empowered by the Trust, in writing, to commit the Trust to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Chief Executive Officer to ensure that such persons are made aware of this.

1.3.9 For any and all board members and employees who carry out financial functions, the form in which financial records are kept and the manner in which board members and employees discharge their duties must be to the satisfaction of the Director of Finance.

2. AUDIT

2.1 AUDIT COMMITTEE

2.1.1 In accordance with Standing Orders, the Board shall formally establish an Audit Committee, with clearly defined terms of reference and following guidance from the NHS Audit Committee Handbook (2011), which will provide an independent and objective view of internal control by:

(a) overseeing Internal and External Audit services;

(b) reviewing financial and information systems and monitoring the integrity of the financial statements and reviewing significant financial judgements;

(c) Review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives;

(d) monitoring compliance with Standing Orders and Standing Financial Instructions;

(e) Reviewing schedules of losses and compensations and making recommendations to the Board;

(f) Reviewing the arrangements in place to support the Assurance Framework process prepared on behalf of the Board and advising the Board accordingly.

2.1.2 Where the Audit Committee feel there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the Committee wishes to raise, the chairman of the Audit Committee should raise the matter at a full meeting of the Board. Exceptionally, the matter may need to be referred to the Department of Health (to the Director of Finance in the first instance.

2.1.3 It is the responsibility of the Director of Finance to ensure an adequate internal audit service is provided and the Audit Committee shall be involved in the selection process when an internal audit service provider is changed.

2.2 DIRECTOR OF FINANCE

2.2.1 The Director of Finance is responsible for:

(a) ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control including the establishment of an internal audit function;

(b) ensuring that the internal audit is adequate and meets the NHS mandatory audit standards;

(c) deciding at what stage to involve the Police in cases of misappropriation and other irregularities not involving fraud or corruption;

In the case of Shared Financial Services, the Director of Finance shall ensure an adequate Internal Audit Service is specified in any contractual agreement between the Trust and the Shared Financial Service provider, and shall specify the assurance arrangements between the Internal and External Auditors for the Trust and the Shared Financial Services' Auditors.

(d) ensuring that an annual audit report is prepared for consideration by the Audit Committee and the Board. The report must cover:

(i) a clear opinion on the effectiveness of internal control measures in accordance with current assurance framework guidance issued by the Department of Health including for example compliance with control criteria and standards;
(ii) progress against the annual work plan for the Audit Committee;
(iii) major internal financial control weaknesses discovered;
(iv) progress in the implementation of internal audit recommendations;
(v) strategic audit plan covering the coming three years;
(vi) a detailed plan for the coming year.

(e) deciding at what stage to involve the Police, following consultation with the Local Security Management Specialist (LSMS), in cases of misappropriation and other irregularities not involving fraud or corruption;

2.2.2 The Director of Finance, LCFS or designated auditors are entitled without necessarily giving prior notice to require and receive:

(a) access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;

(b) access at all reasonable times to any land, premises or employee of the Trust;

(c) the production of any cash, stores or other property of the Trust under a member of the Board and an employee's control; and

(d) explanations concerning any matter under investigation.

2.3 ROLE OF INTERNAL AUDIT

2.3.1 Internal Audit will review, appraise and report upon:

(a) the extent of compliance with, and the financial effect of, relevant established policies, plans and procedures;

(b) the adequacy and application of financial and other related management controls;

(c) the suitability of financial and other related management data;

(d) the extent to which the Trust's assets and interests are accounted for and safeguarded from loss of any kind, arising from:

(i) fraud and other offences
(ii) waste, extravagance, inefficient administration,
(iii) poor value for money or other causes.

(e) Internal Audit shall also independently verify the Assurance Statements in accordance with guidance from the Department of Health.

2.3.2 The plan of work for Internal Audit should be reviewed and approved by the Audit Committee at the beginning of each financial year. This plan should be drawn up with full consideration of all risks as detailed within the risk register.

2.3.3 Whenever any matter arises which involves, or is thought to involve, irregularities concerning cash, stores or other property or any suspected irregularity in the exercise of any function of a pecuniary nature, the Director of Finance must be notified immediately.

2.3.4 The Head of Internal Audit will normally attend Audit Committee meetings and has a right of access to all Audit Committee Members, the Chairman and Chief Executive of the Trust .

2.3.5 The Head of Internal Audit shall be accountable to the Director of Finance. The reporting system for internal audit shall be agreed between the Director of Finance, the Audit Committee and the Head of Internal Audit. The agreement shall be in writing and shall comply with the guidance on reporting contained in the NHS Internal Audit Standards. The reporting system shall be reviewed at least every three years.

2.3.6 In obtaining third party assurance from other Auditors, in relation to Shared Financial Services' Auditors, the Head of Internal Audit should follow the assurance guidance of the Internal Audit Practitioners Group (IAPG).

2.4 FRAUD AND CORRUPTION

2.4.1 In line with their responsibilities, the Trust Chief Executive and Director of Finance shall monitor and ensure compliance with the NHS Standard Contract (National Commissioning Contract) directions on fraud and corruption. This document should be read in conjunction with the Anti-Fraud Policy and Anti-Bribery Policy.

Anti-Fraud Arrangements - any person who dishonestly makes a false representation to make a gain for himself or another or dishonestly fails to disclose to another person, information which he is under a legal duty to disclose, or commits fraud by abuse of position, including any offence as defined in the Fraud Act 2006.

Anti-Bribery Policy - On 1st July 2011 the Bribery Act 2010 came into force. The Act creates four distinct offences:

- Organisations negligently failing to prevent a bribe.
- Bribery which occurs abroad by an organisation which is 'ordinarily resident' in the UK.
- Offering/agreeing to accept a bribe is an offence even if no money/goods have been exchanged.
- A key part of the legislation is the offence of 'bribing a foreign official.'

The ability to prosecute those who commit bribery abroad should help to eradicate bribery from the UK.
The potential penalties are: debarment from public procurement contracts, an unlimited fine and reputational damage.

2.4.2 The Trust shall nominate a suitable person to carry out the duties of the Local Anti-Fraud Specialist (LAFS) as specified by the NHS Counter Fraud and Corruption Manual and guidance.

2.4.3 The Local Anti-Fraud Specialist will provide a written report, at least annually, on counter fraud work within the Trust.

2.4.4 Shared Financial Services should also be party to this report and as per the contractual agreement between the Shared Financial Services and the Trust be maintaining an Anti-Fraud and Corruption procedures internally, that on request should be visible to auditors.

2.4.5 Shared Financial Service providers under their contractual terms and conditions also require the Local Anti-Fraud Specialist to report to the Trust's Director of Finance in accordance with the NHS Counter Fraud and Corruption Manual.

2.4.6 The Trust has an Anti-Fraud Policy which is available on the intranet site.

2.5 EXTERNAL AUDIT

2.5.1 The external auditor is appointed by the Audit Commission and paid for by the Trust. The Audit Committee must ensure a cost efficient external audit service. If there are any problems relating to the service provided by the External Auditor, this should be raised with the external auditor and referred to the Audit Commission if the issue cannot be resolved.

3. SECURITY MANAGEMENT

3.1 In line with their responsibilities, the Trust Chief Executive will monitor and ensure compliance with Directions set out in the NHS Standard Contract (National Commissioning Contract) on NHS Protect

3.2 The Trust shall nominate a suitable person to carry out the duties of the Local Security Management Specialist (LSMS) as set out in the NHS Standard Contract (National Commissioning Contract) guidance on NHS Protect.

3.3 The Trust shall nominate a Non-Executive Director to be responsible to the Board for NHS Protect. The above should also be synergized by Shared Financial Services as part of their internal procedures and policies

3.4 The Chief Executive has overall responsibility for controlling and coordinating security. However, key tasks are delegated to the Security Management Director (SMD) and the appointed Local Security Management Specialist (LSMS).

4. RESOURCE LIMIT CONTROL

4.1 Not applicable to NHS Trusts.

5. ALLOCATIONS, PLANNING, BUDGETS, BUDGETARY CONTROL AND MONITORING

5.1 Preparation and approval of service plans and budgets

5.1.1 The Board must ensure that there is an approved annual business plan before the commencement of each financial year. The Chief Executive will compile and submit to the Board an Annual Business Plan which takes into account financial targets and forecast limits of available resources. The Annual Business Plan will contain:

(a) aims and objectives;

(b) a statement of the significant assumptions on which the plan is based;

(c) details of major changes in workload, delivery of services or resources required to achieve the plan;

(d) the individual and collective responsibilities of directors.

5.1.2 Prior to the start of the financial year the Director of Finance will, on behalf of the Chief Executive, prepare and submit the Integrated Financial Plan (comprising revenue income & expense and capital expenditure & disposals) for approval by the Board. Such budgets will:

(a) be in accordance with the aims and objectives set out in the Annual Business Plan;

(b) accord with workload and staffing plans;

(c) be produced following discussion with appropriate budget holders;

(d) be prepared within the limits of available income; and

(e) identify potential risks.

5.1.3 The Director of Finance shall monitor financial performance against budget and service plans, periodically review them, and report to the Board.

5.1.4 All budget holders must provide information as required by the Director of Finance to enable budgets to be compiled.

5.1.5 All budget holders will sign up to their allocated budgets at the commencement of each financial year.

5.1.6 The Director of Finance has a responsibility to ensure that adequate training is delivered on an on-going basis to budget holders to help them manage successfully.

5.2 BUDGETARY DELEGATION

5.2.1 The Chief Executive may delegate the management of a budget to permit the performance of a defined range of activities. This delegation must be in writing, in the Scheme of Delegation, and be accompanied by clear definitions of:

(a) the amount of the budget;
(b) the purpose(s) of each budget heading;
(c) individual and group responsibilities;
(d) authority to exercise virement;
(e) achievement of planned levels of service; and
(f) the provision of regular reports.

5.2.2 The Chief Executive and delegated budget holders must not exceed the budgetary total or virements limits set by the Board.

5.2.3 Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement.

5.2.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Executive, as advised by the Director of Finance.

5.3 BUDGETARY CONTROL AND REPORTING

5.3.1 The Director of Finance will devise and maintain systems of budgetary control. These will include:

(a) monthly financial reports to the Board in a form approved by the Board containing:

(i) income and expenditure to date showing trends and forecast year-end position;
(ii) data correlating financial, establishment and activity trends;
(iii) movements in working capital;
(iv) movements in cash and capital;
(v) capital project spend, including commitments, and projected outturn against plan;
(vi) explanation of any material variances from plan;
(vii) details of any corrective action where necessary and the Chief Executive's and/or Director of Finance's view of whether such actions are sufficient to correct the situation;

(b) the issue of timely, accurate and comprehensive advice and financial reports to each budget holder, covering the areas for which they are responsible;

(c) investigation and reporting of variances from financial, workload and manpower budgets;

(d) monitoring of management action to correct variances; and

(e) arrangements for the authorisation of budget transfers.

5.3.2 Each Budget Holder is responsible for ensuring that:

(a) any likely overspending or reduction of income which cannot be met by virement is not incurred without the prior consent of the Board;

(b) any potential underspend is highlighted to the Director of Finance (for virement if necessary);

(c) the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised subject to the rules of virement; and

(d) no permanent employees are appointed without the approval of the Director of Support Services and the Director of Finance other than those provided for within the available resources and in the budgeted establishment as approved by the Board. Permanent employees must be appointed against recurrent income.

5.3.3 The Chief Executive is responsible for identifying and implementing cost improvements and income generation initiatives in accordance with the requirements of the Annual Business Plan and a balanced budget.

5.4 CAPITAL EXPENDITURE

5.4.1 The general rules applying to delegation and reporting shall also apply to capital expenditure.

5.5 MONITORING RETURNS

5.5.1 The Chief Executive is responsible for ensuring that the appropriate monitoring forms are submitted to the relevant monitoring organisation.

6 ANNUAL ACCOUNTS AND REPORTS

6.1 The Director of Finance, on behalf of the Trust , will:

(a) prepare financial returns for the Trust, in accordance with the accounting policies and guidance given by the Department of Health and the Treasury, the Trust's accounting policies, and generally accepted accounting principles;

(b) prepare, certify and submit annual financial reports to the Department of Health for each financial year in accordance with current guidelines; and

(c) submit financial returns to the Department of Health for each financial year in accordance with the timetable prescribed by the Department of Health.

6.2 The Trust's annual accounts must be audited by an auditor appointed by the Audit Commission. The Trust's Audited Annual Accounts must be presented to a public meeting and made available to the public.

6.3 The Trust will publish an Annual Report, in accordance with guidelines on local accountability, and present it at a public meeting. The document will comply with the Department of Health's NHS Manual for Accounts. The document will include inter alia:

(a) the Annual Accounts of the Trust;

(b) details of relevant directorships and other significant interests held by Board members, as defined in Standing Orders;

(c) composition of the Remuneration and Nominations Committee;

(d) remuneration of the chairman, highest paid Director, and other Directors and highly paid employees, in accordance with guidance relating to the NHS.

7. COMMERCIAL BANK ACCOUNTS AND GOVERNMENT BANKING SERVICE ACCOUNTS

7.1 GENERAL

7.1.1 The Director of Finance is responsible for managing the Trust's banking arrangements and for advising the Trust on the provision of banking services and operation of accounts. This advice will take into account guidance/Directions issued from time to time by the NHS and the Department of Health. In line with 'Cash management in the NHS' Trusts should minimise the use of commercial banks accounts and maximise the use of the Government Banking Service.

7.1.2 The Board shall approve the banking arrangements.

7.2 BANK ACCOUNTS

7.2.1 The Director of Finance is accountable for:

(a) Commercial bank accounts and Government Banking Service Accounts;

(b) establishing separate bank accounts for the Trust's non-exchequer funds;

(c) ensuring payments made from bank accounts do not exceed the amount credited to the account except where arrangements have been made; and

(d) reporting to the Board all arrangements made with the Trust's bankers for overdraft facilities;

(e) monitoring compliance with DH guidance on the level of cleared funds.

(f) Where an agreement is entered into with the Shared Financial Services for payment to be made on behalf of the Trust from bank accounts maintained on behalf of the Trust , or by Electronic Funds Transfer (BACS), the Director of Finance shall ensure that satisfactory security regulations of Shared Financial Services relating to bank accounts exist and are observed. This is specified in a Contractual Agreement between the Shared Financial Services and the Trust.

7.3 BANKING PROCEDURES

7.3.1 The Director of Finance will prepare detailed instructions on the operation of bank accounts which must include:

(a) the conditions under which each bank account is to be operated;

(b) the limit to be applied to any overdraft; and

(c) those authorised to sign cheques or other orders drawn on the Trust's accounts.

7.3.2 The Director or Finance must advise the Trust's bankers in writing of the conditions under which each account will be operated.

7.3.3 The Director of Finance may delegate these written instructions to a Shared Financial Services provider under contractual agreement with the Trust.

7.4 TENDERING AND REVIEW

7.4.1 The Director of Finance will review the commercial banking arrangements of the Trust at regular intervals to ensure they reflect best practice and represent best value for money by periodically seeking competitive tenders for the Trust's banking business.

7.4.2 Competitive tenders should be sought at least every five years. The results of the tendering exercise should be reported to the Board. This review is not necessary with Government Banking Service accounts.

8 INCOME, FEES AND CHARGES AND SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS

8.1 INCOME SYSTEMS

8.1.1 The Director of Finance is responsible for designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due.

8.1.2 The Director of Finance is also responsible for the prompt banking of all monies received.

8.1.3 The Director of Finance may delegate the above activities as part of a Shared Financial Service under contractual agreement with the Trust.

8.2 FEES AND CHARGES

8.2.1 The Trust shall follow Department of Health's advice in the 'costing' manual in setting prices for NHS service agreements.

8.2.2 The Director of Finance is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the Department of Health or by Statute. Independent professional advice on matters of valuation shall be taken as necessary.

8.2.3 Where sponsorship income (including items in kind such as subsidised goods or loans of equipment) is considered, the guidance in the Department of Health's Commercial Sponsorship – Ethical standards for the NHS (2000) shall be followed.

8.2.4 All employees must inform the Director of Finance promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions. Employees must ensure approval is obtained on sales and goods from the Director of Finance

8.3 DEBT RECOVERY

8.3.1 The Director of Finance is responsible for the appropriate recovery action on all outstanding debts.

8.3.2 Income not received should be dealt with in accordance with losses procedures. The Director of Finance may delegate responsibility for ensuring that the Shared Financial Services take appropriate recovery action on all outstanding debts. This would be specified in the contractual agreement between both parties.

8.3.3 Overpayments should be detected (or preferably prevented) and recovery initiated. Overpayments will be reviewed in order that procedures are introduced to prevent recurrence.

8.4 SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS

8.4.1 The Director of Finance is responsible for ensuring delegated arrangements via contractual Shared Financial Services for:

(a) approving the form of all receipt books, agreements forms, or other means of officially acknowledging or recording monies received or receivable;

(b) ordering and securely controlling any such stationery; Banking stationery shall be handed over to the Shared Financial Services who will, on behalf of the Trust , become the custodian of all visible audit of this and will be monitored in accordance with the contractual agreement between the Trust and the Shared Financial Services and physical signatures required.

(c) the provision of adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines; and

(d) prescribing systems and procedures for handling cash and negotiable securities on behalf of the Trust .

8.4.2 Official money shall not under any circumstances be used for the encashment of private cheques.

8.4.3 All cheques, postal orders, cash, etc., shall be banked intact. Disbursements shall not be made from cash received, except under arrangements approved by the Director of Finance.

8.4.4 The holders of safe keys shall not accept unofficial funds for depositing in their safes unless, exceptionally, such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that the Trust is not to be held liable for any loss, and written indemnities must be obtained from the

organisation or individuals absolving the Trust from responsibility for any loss. The Director of Finance may delegate the above activities as part of a Shared Financial Service under contractual agreement with the Trust.

9 TENDERING AND CONTRACT PROCEDURE

9.1 DUTY TO COMPLY WITH STANDING ORDERS

9.1.1 The Trust shall ensure that the appropriate procurement route is selected for:

(a) the supply of goods, materials and manufactured articles;

(b) The rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the DH);

(c) the design, construction and maintenance of buildings and engineering works (including construction and maintenance of grounds and gardens);

(d) Disposals.

9.1.2 Every contract, whether made by the Trust, or by a committee of the Trust or by a nominated officer to whom the power of making contracts shall have been delegated, shall comply with these Standing Orders and, unless the Board has resolved to do otherwise in advance and on a per project/procurement basis, with any extant Departmental guidance. Where the Board makes such a resolution then it shall take precedence over any provisions to the contrary in these Standing Orders. Copies of such guidance documents can be obtained for reference purposes from either the Director of Finance. No exception from any of the following provisions of these Standing Orders shall be made other than by direction of the Board.

9.1.3 All companies entering into contracts with the Trust must provide a minimum of Full name; Company Registration number; and Company Registered Address and any separate principal trading addresses.

(i) Additionally, for unquoted companies, the Trust may require some or all of the following information:
Names of all directors; Names of beneficial owners or those with significant influence over the business and its assets, with particular attention paid to any significant shareholders.

(ii) For group companies the Trust may need to understand the structure of the group and identify any beneficial owner of the ultimate parent.

(iii) The Trust should verify the existence of the company from either:
- confirmation of the company's listing on a regulated market;
- or a search of the relevant company registry;
- or by obtaining a copy of the company's certificate of incorporation.

(iv) Enquiries should be made to ensure that the company has not been, or is not in the process of being, dissolved, struck off, wound up or terminated.

(v) The Trust should consider whether there is evidence that the business is well known, reputable and of long standing, and document this evidence.

(iv) If the Trust becomes aware of changes to the company's structure or ownership, or if suspicions are aroused by a change in the nature of the business transacted, further checks should be made to ascertain the reason for the changes.

9.1.4 The Trust shall comply as far as is practical with the requirements of the Department of Health and NTDA guidance in respect of capital investment and estate and property transactions. In the case of management consultancy contracts the Trust shall comply as far as is practicable with Department of Health guidance.

9.2 EU DIRECTIVES

9.2.1 Directives by the Council of the European Union (EU) as incorporated by the UK Public Sector Contract Regulations prescribing procedures for awarding contracts for services, building and engineering works and for the supply of goods, materials and manufactured articles (hereafter referred to as goods and services) shall have effect as if incorporated in these Standing Orders and shall apply throughout.

9.2.2 The EU public procurement thresholds represent contractual value levels above which public authorities must follow EU procedural rules with regard to the issuing of contracts.

9.2.3 Value is defined as the total consideration excluding VAT that is to be paid over the lifetime of the contract or, if the lifetime is not defined, it is taken to be the equivalent of 48 months' spend. Reference must be made to extant EU procurement thresholds.

9.2.4 Where the contract includes options, the value of these options must be taken into account in determining whether the threshold has been reached. In the case of contracts for lease, rental or hire purchase, the relevant figure is the aggregate of the consideration that will be paid throughout the duration of the contract. Where the term exceeds 12 months the estimated residual value must also be included. Where the duration is indefinite or uncertain, the relevant figure is the monthly contract value multiplied by 48. In the case of regular or renewable contracts the relevant figure is either the aggregate of the consideration to be paid during the anticipated duration of the contract (or over the first 12 months if the duration is indefinite) or the consideration paid by the buyer under similar contracts for goods of the same type during the preceding 12 months (adjusted for any expected changes), whichever is the more appropriate. A single contract providing for a regular supply over a period of time and a series of separate contracts concluded over a period of time for the same type of goods are both regarded as 'regular' contracts for these purposes.

9.3 PROCUREMENT FRAMEWORK

9.3.1 Standard Procurement Method

9.3.1.1 The Trust's standard method of procurement shall be through competition in the open marketplace. However, as detailed below, the Trust's standard method of procurement shall be affected by the monetary value of the goods and services being procured.

9.3.2 Purchases below £3,000

9.3.2.1 Wherever possible the goods and services being purchased shall be joined together so that the value shall exceed £3,000.

9.3.2.2 Purchases shall be made from the Trust's online catalogues or by obtaining a written or verbal quotation from a supplier.

9.3.3 Non-Estates Purchases between £3,000 and £25,000

9.3.3.1 Competing quotations shall be sought, unless the purchase is made through an existing Trust contract. Refer to paragraph 9.4.

9.3.3.2 Non-estates purchases are goods and services other than purchases relating to building and engineering works as defined within the EU Public Procurement Regulations Works contracts.

9.3.4 Non-Estates Purchases above £25,000

9.3.4.1 Competitive tendering shall be conducted by the Trust's Procurement Department. Refer to paragraph 9.5.

9.3.4.2 Non-estates purchases are goods and services other than purchases relating to building and engineering works as defined within the EU Public Procurement Regulations Works contracts.

9.3.5 Non-Estates Purchases above the EU Tender Threshold

9.3.5.1 Competitive tendering in compliance with the EU Procurement Regulations shall be conducted by the Trust's Procurement Department. Refer to paragraph 9.5.

9.3.5.2 Non-estates purchases are goods and services other than purchases relating to building and engineering works as defined within the EU Public Procurement Regulations Works contracts.

9.3.6 Estates Purchases between £3,000 and £100,000

9.3.6.1 Competing quotations shall be sought unless the purchase is made through an existing Trust contract. Refer to paragraph 9.4.

9.3.6.2 Estates purchases relate to building and engineering works as defined within the EU Public Procurement Regulations Works contracts.

9.3.7 Estates Purchases above £100,000

9.3.7.1 Competitive tendering shall be conducted by the Trust's Estates Department in conjunction with the Trust's Procurement Department requirements. Refer to paragraph 9.5.

9.3.7.2 Estates purchases relate to building and engineering works as defined within the EU Public Procurement Regulations Works contracts.

9.3.8 Estates Purchases above the EU Tender Threshold

9.3.8.1 Competitive tendering in compliance with the EU Procurement Regulations shall be conducted by the Trust's Estates Department. Refer to paragraph 9.5.

9.3.8.2 Estates purchases relate to building and engineering works as defined within the EU Public Procurement Regulations Works contracts.

9.4 COMPETING QUOTATIONS

9.4.1 For non-Estates purchases between £3,000 and £25,000 and Estates purchases below £100,000 which are not purchased through an existing Trust contract, competing quotations shall be obtained in writing.

9.4.2 In circumstances where it is not possible to obtain three competing quotations in writing, a file note of three competing quotations secured via telephone shall be maintained as a minimum.

9.4.3 The value of contracts allocated without formal competitive tendering shall not exceed £25,000 in the case of non-Estates goods or services or £100,000 in the case of Estates purchases (as detailed in paragraph 9.5.1).

9.4.4 A minimum of three competing quotations shall be invited in writing. Where this is not possible the Director of Finance shall be informed, in writing, of the reasons for and the outcome of the limited quotations. A copy of the written record shall also be retained by the Director of Finance along with the associated project working papers.

9.5 COMPETITIVE TENDERING

9.5.1 The Board shall ensure that competitive tenders are invited for:

(a) the supply of goods with a monetary value in excess of £25,000;

(b) the supply of materials and manufactured articles with a monetary value in excess of £25,000;

(c) the rendering of services, including consultancy costs, with a monetary value in excess of £25,000;

(d) building and engineering works as defined within the EU Public Procurement Regulations Works contracts, with a monetary value in excess of £100,000;

(e) for fee bids which take price into consideration for disposals and for all other projects.

9.5.3 Competitive tendering is not required:

a) where the goods or services can be obtained through an existing Trust contract.

b) The goods or services can be obtained through a pre-tested competitive framework or catalogue arrangement to which the Trust has legitimate access and meets the requirements of EU Public Procurement Regulations.

9.5.4 The Trust shall ensure that invitations to tender are advertised in a manner that allows any interested suppliers to apply to tender in order to provide fair and adequate competition.

9.5.5 When shortlisting suppliers to be invited to tender, the Trust shall consider amongst other factors

a) their financial stability
b) their experience to date
c) references
d) the capacity of the suppliers to supply the goods or materials or to undertake the services or works required.

9.5.6 The Trust may, from time to time, use framework agreements as an alternative procurement route to a full invitation to tender process. Any frameworks used

(a) must have been advertised in the Official Journal of the European Union

(b) have provision for the Trust to utilise them and

(c) the resulting framework agreement must have been awarded in full compliance with EU Procurement Regulations.

9.5.7 When a framework agreement is used, the Trust will either

(a) conduct a further competition to select the preferred bidder, or
(b) use the direct award process (where pricing is disclosed upfront and the preferred bidder is selected on lowest price).

9.5.8 The use of a framework agreement is considered to be competitive tendering. Any references throughout this document to 'invitations to tender', 'tenders', 'tendering' etc. shall be interpreted to include and apply to further competitions conducted under framework agreements and direct contract awards made under framework agreements.

9.6 EXCEPTIONS TO TENDERING (SINGLE SOURCING WAIVER)

9.6.1 Competitive tendering may be waived under the following circumstances:

(a) as provided for under paragraphs 9.6.3 and 9.6.6 and 9.13 (Disposals).

(b) where so provided in DH and NTDA guidance.

(c) The timescale genuinely precludes competitive tendering. Failure to plan the work properly is not a justification for single tender.

(d) the task is essential to complete the project, and arises as a consequence of a recently completed assignment and engaging different consultants for the new task would be inappropriate;

(e) there is a clear benefit to be gained from maintaining continuity with an earlier project. However in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive tendering.

(f) where in the opinion of the Chief Executive and the Director of Finance, the estimated expenditure or income would not warrant formal tendering procedures, or competition would not be practicable taking into account all the circumstances.

(g) the supply of proprietary or other goods and the rendering of services where such goods or services are of a special or unique character, for which, in the opinion of the Chief Executive and the Director of Finance it is neither possible nor desirable to purchase through competitive tendering.

(g) the supply of goods or manufactured articles of any kind which, in the opinion of the Chief Executive and the Director of Finance are required quickly for the continuance of the provision of the service provided by the Trust and are not obtainable under existing contracts.

9.6.2 In the event of any of the above referenced circumstances where competitive tendering is waived, the reasons shall be set down in a permanent and signed record. The signed record shall be retained with the associated project working papers and the original signed record shall be retained by the Director of Corporate Affairs/Trust Secretary.

9.6.3 The provisions of this paragraph apply where EU procurement regulations have been satisfied.

9.6.4 Where it is proposed that competitive tendering shall be waived and single tender action is being proposed, the relevant Director shall provide detailed information in writing regarding:

(a) the justification for single tender action;

(b) compliance with public procurement regulations (EU Directives);

(c) the possible effects of not seeking competitive tenders; and

(d) value for money.

9.6.5 Where it is proposed that competitive tendering shall be waived, the information (as detailed in paragraph 9.6.4) shall be presented to the Head of Procurement or the Director of Finance as appropriate. The Director of Finance shall seek further authorisation from the Chief Executive for waiving of tenders over £500,000. Where the Head of Procurement, the Director of Finance and/or the Chief Executive approve the waiving of competitive tendering, the relevant record (as detailed in paragraph 9.6.4) shall be authorised. Where the approval to waive

competitive tendering is authorised, such decisions shall be reported by the Director of Finance to the Trust's Audit Committee.

9.6.6 The authorisation to waive competitive tendering shall be given as follows:-

Value of Tender to be Waived	Authorisation
Non-EU Tenders	Head of Procurement
EU Tenders	Director of Finance (+ CEO if > £500k)

9.7 INVITATIONS TO TENDER

9.7.1 All invitations to tender shall be in compliance with these Standing Orders and be submitted in either:

(a) hard copy; or
(b) electronically using the Trust's e-tendering portal.

9.7.2 For hard copy tender returns it will be stated that no tender shall be accepted unless it is submitted in either the special envelope/package provided by the Trust or a plain, sealed envelope/package bearing the word "Tender" followed by the subject to which it relates and the latest date and time for receipt of such tender.

9.7.3 For electronic returns the 'Sealed' option for viewing responses shall be used.

9.7.4 Every tender for goods, materials, services or disposals shall embody the NHS Standard Contract Conditions that the tender shall be awarded under, unless a framework agreement is used, in which case the framework agreement terms and conditions shall prevail.

9.7.5 Every tender for building and engineering work, except any tender for maintenance work only (where DH and NTDA guidance shall be followed), shall be in the terms of the current editions of the Appropriate Standard Forms of Contract. Where appropriate, these base documents shall be modified and amplified to accord with extant DH and NTDA guidance and other instructions and, in minor respects, to cover special features of individual projects.

9.7.6 All invitations to tender shall state in the invitation to tender that no tender shall be accepted unless it includes details of at least three recent referees who can be contacted to provide information on the technical and organisational competence of the tenderer, and the latest set of published financial statements of the tenderer.

9.7.7 All invitations to tender shall require tenderers to submit prices exclusive of VAT where applicable

9.7.8 All persons involved in a tender evaluation are required to provide a written declaration that their involvement in the tender evaluation poses no conflict of interest.

9.8 RECEIPT AND SAFE CUSTODY OF TENDERS

9.8.1 The Director of Corporate Affairs/Trust Secretary shall be responsible for the receipt, endorsement and recording of competitive tenders in the competitive tendering register and, for hard copy tender returns, for the safe custody of tenders received until the time appointed for their opening.

9.8.2 The competitive tendering register shall be in the form of a bound book with pre-numbered pages. For reference purposes, an example of the type of information held within the competitive tendering register has been included as Appendix A.

9.8.3 The date and time of receipt of each tender shall be endorsed by the Director of Corporate Affairs/Trust Secretary on the unopened tender envelope/package and recorded in the appropriate register (as detailed in paragraph 9.8.2).

9.8.4 For electronic tender returns, tenders may not be 'opened' or supplier information viewed until the pre-defined time and date for opening has passed.

9.9 OPENING TENDERS

9.9.1 As soon as practicable after the date and time stated as being the latest time for the receipt of tenders, tender returns shall be opened by or in the presence of two senior officers/managers designated by the Chief Executive, one of whom shall by an Executive Director.

9.9.2 For any tenders with a value greater than £1 million, the tenders must be opened in the presence of an additional Executive Director

9.9.3 All Executive Directors and members of the Trust Board will be authorised to open tenders regardless of whether they are from the originating department provided that the other authorised person opening the tenders with them is not from the originating department.

9.9.4 All eligible tenders received shall be opened on one and the same occasion.

9.9.5 Every hard copy tender received shall be endorsed with the date of opening and initialled by two persons present at the opening

9.9.6 A record of the opening of the tenders shall be maintained in the appropriate register (as detailed in paragraph 9.8.2). The record is to be signed by the two persons present at the opening of the tenders, in accordance with paragraph 9.9.3 as appropriate. The record shall show for each set of competitive tenders:

(a) the name of all firms invited to tender;

(b) the names of firms from which tenders have been received;

(c) the date the tenders were opened;

(d) the price tendered (excluding VAT).

9.9.7 Except as in paragraph 9.9.8 below, a record shall be retained within the appropriate register (as detailed in paragraph 9.8.2) of apparent price alterations within the tender. The record shall take the form of an addendum to the appropriate register and shall be initialled by at least two of those present at the

opening, signed in accordance with paragraph 9.9.6 as appropriate. The addendum shall detail:

(a) all price alterations on the tender;

(b) the final price shown on the tender;

(c) any letter, document or material enclosed with or accompanying the tender.

9.9.8 A record shall be made in the addendum to the appropriate register (as detailed in paragraph 9.8.2), if the price alterations are so numerous on any one tender as to render the procedure outlined in paragraph 9.9.6 unreasonable in the opinion of the Chief Executive or the Director of Corporate Affairs/Trust Secretary.

9.9.9 All records required to be maintained shall be held in the custody of the Director of Corporate Affairs/Trust Secretary.

9.10 ADMISSIBILITY OF TENDERS

9.10.1 Late tenders shall not be considered, except in exceptional circumstances, and in any event shall only be accepted in compliance with EU and UK legislation, and where appropriate, after seeking legal counsel.

9.11.2 Where such tenders are accepted, a permanent signed record shall be kept of the reasons for their admission, and the signed record shall be retained as an addendum to the appropriate register (as detailed in paragraph 9.8.2).

9.10.3 Amended or re-submitted tenders shall not be considered after the due time for receipt.

9.10.4 Incomplete tenders are those from which information necessary for the adjudication of the tender is missing. These shall be dealt with in accordance with paragraph 9.10.5 to 9.10.7 below.

9.10.5 If it is considered necessary by the Chief Executive or his/her nominated officer to discuss with a tenderer the contents of his/her tender in order to elucidate technical points before the award of a contract, the tender need not be excluded from the adjudication. A record of the nature of the discussion and its outcome shall be kept. For hard copy tenders, the record shall be signed and retained as an addendum to the appropriate register (as detailed in paragraph 9.8.2).

9.10.6 Where the examination of tenders reveals errors which, in the opinion of the Chief Executive or his/her nominated officer, would affect the tender figures, the tenderer is to be given details of such errors and given the opportunity of confirming or withdrawing their offer. In such circumstances, the tender need not be excluded from the adjudication and a record of the nature of the discussions and their outcomes shall be kept. In these circumstances, for hard copy tenders, the record shall be signed and retained as an addendum to the appropriate register (as detailed in paragraph 9.8.2).

9.10.7 While decisions as to the admissibility of late, incomplete or amended tenders are under consideration and while negotiations are in progress or re-tenders are being sought, the tender documents shall be kept strictly confidential and held in safe

custody by the Chief Executive or the Director of Corporate Affairs/Trust Secretary.

9.11 ACCEPTANCE OF TENDERS

9.11.1 Non-Competitive Tenders

9.11.1.1 Where only one tender is sought and/or received the Chief Executive or his/her nominated officers shall, as far as is practicable, determine that the price to be paid is fair and reasonable and keep a signed record of the reasons for this decision. In such circumstances, the signed record is to be retained as an addendum to the appropriate register (as detailed in paragraph 9.8.2).

9.11.1.2 In circumstances where no tender is received by the Trust

(a) For tenders below the EU Tender Threshold the Chief Executive shall empower the Director of Finance or his/her nominated officer to approach suppliers which can provide the relevant goods or services to the Trust. The Director of Finance or his/her nominated officer shall retain a report detailing , in writing:

(i) the content and outcome of their discussions with the approached firms;

(ii) the agreed prices for the provision of the specified goods or services;

(iii) the recommendations as to which firms shall provide the goods or services to the Trust.

(b) For tenders above the EU Tender Threshold, the Director of Finance or his/her nominated officer shall undertake a further procedure in accordance with EU and UK legislation The Director of Finance or his/her nominated officer produce a written report detailing:

(i) the content and outcome of their discussions with the approached firms;

(ii) the agreed prices for the provision of the specified goods or services;

(iii) the recommendations as to which company shall provide the goods or services to the Trust.

9.11.1.3 The Director of Finance shall forward the record (as detailed in paragraph 9.11.1.2) to the Chief Executive or the Trust Board for approval of their recommendations as per the financial limits detailed in the Scheme of Delegation.

9.11.1.4 Where this procedure is adopted, the Director of Finance shall maintain the duly authorised record, and report the decisions made to the Trust's Audit Committee.

9.11.1.5 In circumstances where the Chief Executive or his/her nominated officer determine that the price to be paid is not fair and reasonable, no contract award will be made. If the Trust determines that the goods/services are still required, the process outlined in 9.11.1 to 9.11.1.4 shall be followed.

9.11.2 Basis for Acceptance of a Tender

9.11.2.1 The basis for the acceptance of a tender shall be that which is the Most Economically Advantageous Tender (MEAT) to the Trust and this may be, but is not necessarily, that with the lowest price where payment is made by the Trust.

9.11.2.2 The possible criteria for acceptance of the tender shall be:-

(i) price
(ii) quality
(iii) delivery date
(iv) cost effectiveness
(v) aesthetic characteristics
(vi) functional characteristics
(vii) technical merit
(viii) after sales merit
(ix) technical assistance
(x) any other relevant criteria.

9.11.2.3 The basis for the acceptance of a hard copy tender shall be kept in a signed record, signed in accordance with paragraph 9.9.5. The signed record shall be retained as an addendum to the appropriate register (as detailed in paragraph 9.8.2).

9.11.3 Tender Other than the Lowest

9.11.3.1 Any tender accepted shall be the most economically advantageous to the Trust, where payment is made by the Trust or have the highest income where payment is received by the Trust.

9.11.3.2 A tender, other than the lowest where payment is to be made by the Trust or the highest where payment is to be received by the Trust, shall only be accepted for good and demonstrable reasons if the Chief Executive or his/her nominated officer so decide and keep a signed record of that decision. This decision shall then be reported to the Trust Board. The original signed record shall be retained with the Trust Board's relevant working documents and a copy shall be retained as an addendum to the appropriate register (as detailed in paragraph 9.8.2).

9.11.4 Financial Competence

9.11.4.1 Any tender or quotation shall only be accepted by the Trust where the Director of Finance is satisfied with the financial competence of the firms involved. Such assurance shall be sought by the use of financial criteria, to be determined as appropriate by the Director of Finance or his/her nominated officer, to analyse the financial information received with the tender documentation, and any other documentation the Director of Finance or his/her nominated officer consider appropriate.

9.11.4.2 In circumstances where the Director of Finance is not satisfied with the financial competence of the firms, the position shall be discussed by the Director of Finance or his/her nominated officer with the firms in an attempt to be satisfied with the tenderer's financial competence on behalf of the Trust.

9.11.4.3 Only where the Director of Finance is satisfied with the financial competence of the firms shall the tender or quotation be assigned to those firms. A permanent,

signed record of the discussions and outcomes shall be retained with the appropriate working papers used to analyse financial competence and retained within the Finance department - where the records can be viewed by appropriate officers of the Trust as appropriate.

9.11.5 Technical & Organisational Competence

9.11.5.1 Any tender or quotation shall only be accepted by the Trust where the Director responsible for the originating department or his/her nominated officer is satisfied with the technical and organisational competence of the firms involved.

9.11.5.2 At least one recent reference shall be taken up from the selection of three provided with the tender documentation of the chosen tenderer. Any tender shall only be accepted where the references taken up are satisfactory, in the opinion of the relevant Director or his/her nominated officer (as detailed in paragraph 9.11.5.1).

9.12 POST-TENDER NEGOTIATIONS

9.12.1 Post tender negotiations with the successful tenderer shall only be performed with the prior agreement of the Chief Executive or the Director of Finance and a signed record shall be kept of the reasons for the negotiations and the outcome of the discussions, with the signed record being retained with the associated tender working papers.

9.13 DISPOSALS

9.13.1 Paragraph 9.5 (Competitive Tendering) shall not apply to the disposal of:

(a) any matter in respect of which a fair price can be obtained only by negotiation or sale by auction as determined (or pre-determined in a reserve) by the Chief Executive or his nominated officer.

(b) obsolete or condemned articles and stores, which may be disposed of in accordance with the supplies policy of the Trust;

(c) items arising from works of construction, demolition or site clearance, which shall be dealt with in accordance with the relevant contract;

(d) land or building concerning which Department of Health guidance has been issued, but subject to compliance with such guidance;

(e) items arising from works of construction, demolition or site clearance, which should be dealt with in accordance with the relevant contract.

9.14 IN HOUSE SERVICES

9.14.1 The Chief Executive shall be responsible for ensuring that best value for money can be demonstrated for all services provided on an in-house basis. The Trust may also determine from time to time that in-house services should be market tested by competitive tendering.

9.15 FORMS OF CONTRACT

9.15.1 Every contract for building and engineering works (except contracts for maintenance work only where DH and NTDA guidance shall be followed) shall be covered by a suitable form of contract, for example the Joint Contracts Tribunal (JCT) Minor Building Works contract or the National Engineering Council (NEC) contract. In the case of contracts for building and engineering works costing more than £100,000 (or such other amount as the Department of Health may from time to time determine), the contract shall be embodied in a formal document executed under seal.

9.15.2 **Cancellation of Contracts** - Except where specific provision is made in model Forms of Contracts or standard Schedules of Conditions approved for use within the NHS and in accordance with Standing Orders, there shall, where possible, be inserted in every written contract a clause empowering the Trust to cancel the contract and to recover from the contractor the amount of any loss resulting from such cancellation, if the contractor shall have offered, or given or agreed to give, any person any gift or consideration of any kind as an inducement or reward for doing or forbearing to do or for having done or forborne to do any action in relation to the obtaining or execution of the contract or any other contract with the Trust, or for showing or forbearing to show favour or disfavour to any person in relation to the contracts or any other contract with the Trust, or if the like acts shall have been done by any person employed by him or acting on his behalf (whether with or without the knowledge of the contractor), or if in relation to any contract with the Trust the contractor or any person employed by him/her or acting on his/her behalf shall have committed any offence under the Bribery Act 2010, Trust's Anti-Fraud Policy and other appropriate legislation.

9.15.3 **Determination of Contracts for Failure to Deliver Goods or Material** – Where possible, there shall be inserted in every written contract for the supply of goods or materials a clause to secure that, should the contractor fail to deliver the goods or materials or any portion thereof within the time or times specified in the contract, the Trust may without prejudice determine the contract either wholly or to the extent of such default and purchase other goods, or material of similar description to make good (a) such default, or (b) in the event of the contract being wholly determined the goods or materials remaining to be delivered. The clause shall further secure that the amount by which the cost of so purchasing other goods or materials exceeds the amount which would have been payable to the contractor in respect of the goods or materials shall be recoverable from the contractor.

9.15.4 **Contracts involving Funds Held on Trust** – shall do so individually to a specific named fund. Such contracts involving charitable funds shall comply with the requirements of the Charities Act 2006.

9.15.5 Anyone tasked with entering into contract negotiations shall seek legal advice from Trust Solicitors and other professional groups such as Counter Fraud.

9.16 ADVANCE AND PHASED PAYMENTS

9.16.1 Advance payments, except those made for capital building projects or software licences as laid down in the conditions of contract, are only to be made in exceptional circumstances and shall only be made following the agreement of the Chief Executive and/or the Director of Finance or his/her nominated officer.

9.16.2 Phased payments, except those made for capital building projects, as laid down in the conditions of contract, are only to be made if authorised by the Chief Executive and/or Director of Finance or his/her nominated officer.

9.16.3 A signed record shall be kept of the reasons for this method of payment, with the signed record being retained with the associated tender working papers.

9.17 APPLICATION OF LIQUIDATED AND ASCERTAINED DAMAGES ON CONSTRUCTION CONTRACTS

9.17.1 The Chief Executive or his/her nominated officer shall normally enforce the application of liquidated and ascertained damages on construction contracts, except where the Chief Executive or his/her nominated officer determine that they should be waived. In circumstances where such damages are waived the Chief Executive shall note the reasons in a signed record, which will be passed to the Director of Finance and presented to the Audit Committee as appropriate.

9.18 REPORTING OF TENDER ACTIVITY

9.18.1 The Director of Corporate Affairs/Trust Secretary shall report to the Board any tenders received and the names of those organisations tendering.

9.18.2 After the analysis of tenders by the senior manager responsible has completed, the Director of Corporate Affairs/Trust Secretary shall report to the Board for noting in the Part 2 meeting:

(a) what was being tendered,
(b) the names of those tendering and
(c) the amounts of each tender.

9.18.3 This report is to be presented as soon as practicable after tenders have been opened.

9.18.4 The senior manager responsible for the procurement shall provide the Director of Corporate Affairs/Trust Secretary with sufficient information to enable the reporting required at paragraph 9.18.2.

9.19 PRIVATE FINANCE INITIATIVE (PFI)

9.19.1 Where appropriate the Trust will test for PFI when considering capital procurement. When the Board proposes, or is required, to use finance provided by the private sector the following should apply:

(a) The Chief Executive shall demonstrate that the use of private finance represents value for money and genuinely transfers risk to the private sector.

(b) Where the sum exceeds delegated limits set by the Department of Health, a business case must be referred to the organisation designated by the DoH for approval.

(c) The proposal must be specifically agreed by the Board.

(d) The selection of a contractor/finance company must be on the basis of competitive tendering or quotations.

Appendix A

London Ambulance Service NHS Trust
Competitive Tendering Register
Record of Invitations to Tender

Tender:	
Reg. No:	
Date & Time:	
Estimated Value:	
Reported to TB:	
Present At Opening:	
Closing Date:	
Name	**Amount**

10. NHS SERVICE AGREEMENTS FOR PROVISION OF SERVICES

10.1 Service Level Agreements (SLAs)

10.1.1 The Chief Executive, as the Accountable Officer, is responsible for ensuring the Trust enters into suitable Service Level Agreements (SLA) with service commissioners for the provision of NHS services.

10.1.2 All SLAs should aim to implement the agreed priorities contained within the Local Delivery Plan (LDP) and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In discharging this responsibility, the Chief Executive should take into account:

(a) the standards of service quality expected;
(b) the relevant national service framework (if any);
(c) the provision of reliable information on cost and volume of services;
(d) the NHS National Performance Assessment Framework;
(e) that SLAs build where appropriate on existing Joint Investment Plans
(f) that SLAs are based on integrated care pathways.

10.2 Involving partners and jointly managing risk

10.2.1 A good SLA will result from a dialogue of clinicians, users, carers, public health professionals and managers. It will reflect knowledge of local needs and inequalities. This will require the Chief Executive to ensure that the Trust works with all partner agencies involved in both the delivery and the commissioning of the service required. The SLA will apportion responsibility for handling a particular risk to the party or parties in the best positions to influence the event and financial arrangements should reflect this. In this way that Trust can jointly manage risk with all interested parties.

10.3 Reports to Board on SLAs

10.3.1 The Chief Executive, as the Accountable Officer, will need to ensure that regular reports are provided to the Board detailing actual and forecast income from the SLA.

10.4 SHARED AND HOSTED SERVICE ARRANGEMENTS

10.4.1 Where the Trust uses a shared or hosted service provided by another NHS organisation or private company to undertake part of its functions, these functions shall remain the ultimate responsibility of the Trust.

10.4.2 ELFS Shared Services, a business division of Calderstones Partnership NHS Foundation Trust, are responsible for the provision of a Financial Shared Service on behalf of the Trust. The Shared Financial Services are contractually bound to deliver the financial services to the Trust overseen by the Director of Finance or his nominated officer as defined by the contract between both parties. The Director of Finance shall retain overall accountability in relation to the delivery of the financial services provided to the Trust.

10.4.3 A contractual agreement with an overarching SLA has been agreed between the Trust and the Shared Financial Services provider setting out the arrangements for the delivery of a Shared Financial Service with a clearly defined mechanism in order to monitor and report the performance in full.

10.4.4 All arrangements are clearly set out in the KPIs detailing accountability, responsibilities and authority of the respective parties. This also set out the framework by which the Trust and its auditors can gain assurance and the timescales by which this will be provided.

11. TERMS OF SERVICE, ALLOWANCES AND PAYMENT OF MEMBERS OF THE TRUST BOARD AND EMPLOYEES

11.1 REMUNERATION

11.1.1 In accordance with Standing Orders the Board shall establish a Remuneration and Nominations Committee, with clearly defined terms of reference, specifying which posts fall within its area of responsibility, its composition, and the arrangements for reporting.

11.1.2 The Committee will:

(a) advise the Board about appropriate remuneration and terms of service for the Chief Executive, other officer members employed by the Trust as determined by the committee but normally to include the first layer of management below Board of Director level including:

i. all aspects of salary (including any performance related elements/bonuses);
ii. provisions for other benefits, including pensions and cars;
iii. arrangements for termination of employment and other contractual terms;

(b) make such recommendations to the Board on the remuneration and terms of service of office members of the Board as per 11.2.1 (a) to ensure they are fairly rewarded for their individual contribution to the Trust – having proper regard to the Trust's circumstances and performance and to the provisions of any national arrangements for such members and staff where appropriate;

(c) monitor and evaluate the performance of individual officer members (and other senior employees as per SFI 11.1.2 (a));

(d) advise on and oversee appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments taking account of such national guidance as is appropriate.

11.1.3 The Committee Chairman shall report formally to the Board on its proceedings after each meeting on all matters within its duties and responsibilities. The minutes of the relevant Board meetings are formally to record decisions taken.

11.1.4 The Board will consider and need to approve proposals presented by the Chief Executive for the setting of remuneration and terms of service for senior management, the definition of which shall be determined by the Committee.

11.1.5 The Trust will pay allowances to the Chairman and non-officer members of the Board in accordance with instructions issued by the Secretary of State for Health.

11.2 FUNDED ESTABLISHMENT

11.2.1 The workforce plans incorporated within the annual budget will form the funded establishment.

11.2.2 The funded establishment of any department may not be varied without the approval of the Director of Support Services and the Director of Finance. The changes resulting in variation from the annual budget exceeding £500k must be approved by the Trust Board.

11.3 STAFF APPOINTMENTS

11.3.1 No officer or member of the Trust Board may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration:

(a) unless authorised to do so by the Chief Executive Officer; and
(b) within the limit of their approved budget and funded establishment.

11.3.2 The Board will approve procedures presented by the Chief Executive for the determination of commencing pay rates, condition of service, etc, for employees.

11.4 PROCESSING OF PAYROLL

11.4.1 The Director of Support Services is responsible for:

(a) specifying timetables for submission of properly authorised time records and other notification;
(b) the final determination of pay remitted and allowances;
(c) making payment on agreed dates;
(d) agreeing method of payment.

11.4.2 The Director of Support Services will issue instructions regarding:

(a) verification and documentation of data;
(b) the timetable for receipt and preparation of payroll data and the payment of employees and allowances;
(c) maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;
(d) security and confidentiality of payroll information;
(e) checks to be applied to completed payroll before and after payment;
(f) authority to release payroll data under the provisions of the Data Protection Act;

11.4.3 The Director of Finance will issue instructions to the Shared Financial Services provider in respect of:

(a) methods of payment available to various categories of employee;
(b) procedures for payment by cheque, bank credit to employees;
(c) procedure for the recall of cheques and bank credits;
(d) maintenance of regular and independent reconciliation of pay control accounts;
(e) separation of duties of preparing records and handling cash; and
(f) a system to ensure the recovery from those leaving the employment of the Trust of sums of money and property due by them to the Trust.

11.4.4 Appropriately nominated managers have delegated responsibility for:

(a) submitting time records, and other notifications in accordance with agreed timetables;

(b) completing time records and other notifications in accordance with the instructions of the Director of Support Services and in the form prescribed by the Director of Support Services;

(c) submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's resignation, termination or retirement. Where an employee fails to report for duty or fulfil obligations in circumstances that suggest they have left without notice, the Director of Support Services must be informed immediately.

11.4.5 Regardless of the arrangements for providing service, the Director of Support Services shall ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.

11.5 CONTRACTS OF EMPLOYMENT

11.5.1 The Board shall delegate responsibility to the Director of Support Services for:

(a) ensuring that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation; and

(b) dealing with variations to, or termination of, contracts of employment.

12. NON-PAY EXPENDITURE

12.1 DELEGATION OF AUTHORITY

12.1.1 The Board will approve the level of non-pay expenditure on an annual basis and the Chief Executive will determine the level of delegation to budget managers.

12.1.2 The Chief Executive will set out:

(a) the list of managers who are authorised to place requisitions for the supply of goods and services; and
(b) the maximum level of each requisition and the system for authorisation above that level.

(c) the authorised signatories policy; a list of authorised signatories will be held by the Finance Department.

(d) The list of authorised signatories held by the Finance Department with such thresholds will be advised to the Shared Financial Services on a regular basis to ensure on-going compliance. This is specified in the contractual agreement between the Trust and the Shared Financial Services.

12.1.3 The Chief Executive shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

12.2 CHOICE, REQUISITIONING, ORDERING, RECEIPT AND PAYMENT FOR GOODS AND SERVICES

12.2.1 The requisitioner, in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the Trust. In so doing, the advice of the Director of Finance or his/her nominated officer shall be sought.

12.2.2 Requisitions are not to be split or otherwise raised in a manner devised so as to avoid the financial thresholds. No requisition is to be raised which would cause a budget overspend unless agreed in advance with the Director of Finance.

12.2.3 The Director of Finance shall be responsible for the prompt payment of accounts and claims. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with national guidance. Shared Financial Services are contracted to carry out the above procedure on behalf of the Trust , this is part of the contractual agreement between the Shared Financial Services and the Trust .

12.2.4 The Director of Finance will:

(a) advise the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in standing orders and regularly reviewed;

(b) prepare procedural instructions on the obtaining of goods, works and services incorporating the thresholds;

(c) be responsible for the prompt payment of all properly authorised accounts and claims;

(d) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. The system shall provide for:

(i) a list of directors/employees (including specimens of their signatures) authorised to certify invoices.

(ii) Certification that:

- goods have been duly received, examined and are in accordance with specification and the prices are correct;
- work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and that charges are correct;
- in the case of contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time sheets, the rates of labour are in accordance with the appropriate rates, the materials have been checked as regards quantity, quality, and price and the charges for

the use of vehicles, plant and machinery have been examined.
- where appropriate, the expenditure is in accordance with regulations and all necessary authorisations have been obtained;
- the account is arithmetically correct;
- the account is in order for payment.

(iii) A timetable and system for submission to the Director of Finance of accounts for payment; provision shall be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment.

(iv) Instructions to employees regarding the handling and payment of accounts within the Finance Department.

(e) be responsible for ensuring that payment for goods and services is only made once the goods and services are received, (except as below).

12.2.5 The Shared Financial Services will provide the Trust with the appropriate monitoring on the Better Payment Practice Code as required. Pre-payments are only permitted where exceptional circumstances apply. In such instances:

(a) Prepayments are only permitted where the financial advantages outweigh the disadvantages (i.e. cashflows must be discounted to NPV using the National Loans Fund (NLF) rate plus 2%, or where in the nature of the business, prepayment is a normal term and condition eg telephone line rental).

(b) the appropriate officer must provide, in the form of a written report to the Director of Finance, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the Trust if the supplier is at some time during the course of the prepayment agreement unable to make his commitments;

(c) the Director of Finance will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the EU public procurement rules where the contract is above a stipulated financial threshold); and

(d) the budget holder is responsible for ensuring that all items due under a pre-payment contract are received and he/she must immediately inform the appropriate Director or Chief Executive if problems are encountered.

12.2.6 Official Orders must:

(a) be consecutively numbered;

(b) be in a form approved by the Director of Finance;

(c) state the Trust's terms and conditions of trade; and

(d) only be issued to, and used by, those duly authorised by the Chief Executive.

12.2.7 Managers must ensure that they comply fully with the guidance and limits specified by the Director of Finance and that:

(a) all contracts (except as provided in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Finance in advance of any commitment being made;

(b) all leases for property over £3 million in value over the life of the lease must be referred to the NTDA for approval prior to commitment.

(h) contracts above specified thresholds are advertised and awarded in accordance with EU on public procurement.

~~(i)~~ where consultancy advice is being obtained, the procurement of such advice must be in accordance with guidance issued by the Department of Health

(e) no requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Director of Finance on behalf of the Chief Executive;

(f) all goods, services, or works are ordered on an official order except works and services executed in accordance with a contract and purchases from petty cash;

(g) verbal orders must only be issued very exceptionally – by an employee designated by the Chief Executive and only in cases of emergency or urgent necessity. These must be confirmed by an official order and clearly marked “Confirmation Order”;

(h) orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;

(i) goods are not taken on trial or loan in circumstances that could commit the Trust to a future un-competitive purchase;

(j) changes to the list of directors/employees authorised to certify invoices are notified to the Director of Finance;

(k) purchases from petty cash are restricted in value and by type or purchase in accordance with instructions issued by the Director of Finance;

(l) petty cash records are maintained in a form as determined by the Director of Finance.

(m) purchases using purchasing cards are restricted in value and by type of purchase in accordance with instructions issued by the Director of Finance.

(n) Purchasing card records are maintained in a form as determined by the Director of Finance.

12.2.8 The Chief Executive must ensure that the Trust’s Standing Orders are compatible with the requirements issued by the NHS in respect of building and engineering contracts and land and property transactions (ESTATECODE). The technical audit of these contracts shall be the responsibility of the Director managing those

areas. The Director of Finance shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within these codes.

13 EXTERNAL BORROWING AND INVESTMENTS

13.1 EXTERNAL BORROWING

13.1.1 The Director of Finance will advise the Board concerning the Trust's ability to pay interest on, and repay, both the originating capital debt and any proposed new borrowing, within the limits set by the NHS. The Director of Finance is also responsible for reporting periodically to the Board concerning the originating debt and all loans and overdrafts.

13.1.2 The Board will agree the list of employees (including specimen of their signatures) who are authorised to make short term borrowing on behalf of the Trust. This must contain the Chief Executive and the Director of Finance.

13.1.3 Any application for a loan or overdraft will only be made by the Director of Finance or by an employee so delegated by him and the Board will be informed of this at the following meeting.

13.1.4 The Director of Finance must prepare detailed procedural instructions concerning applications for loans and overdrafts.

13.1.5 All short-term borrowings should be kept to the minimum period of time possible, consistent with the overall cash flow position, represent good value for money and comply with the latest guidance from the Department of Health.

13.1.6 Any short-term borrowing must be with the authority of two members of an authorised panel, one of which must be the Chief Executive or the Director of Finance. The Board must be made aware of all short-term borrowings at the next Board meeting.

13.1.7 All long term borrowing must be consistent with the plans outlined in the current Business Plan.

13.2 INVESTMENTS

13.2.1 Temporary cash surpluses must be held only in such public or private sector investments as notified by the Secretary of State and authorised by the Board via the Treasury policy.

13.2.2 The Director of Finance is responsible for advising the Board on investments and shall report periodically to the Board concerning the performance of investments held.

13.2.3 The Director of Finance will prepare detailed procedural instructions on the operation of investment accounts and on the records to be maintained.

14 FINANCIAL FRAMEWORK

14.1 The Director of Finance should ensure that members of the Board are aware of the Financial Framework. This document contains directions which the Trust must

follow. It also contains directions regarding resource and capital allocation and funding of Trusts. The Director of Finance should also ensure that the direction and guidance in the framework is followed by the Trust.

15 CAPITAL INVESTMENT, PRIVATE FINANCING, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

15.1.1 The Chief Executive

(a) shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon business plans;

(b) is responsible for ensuring that there is a system in place to ensure the effective management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost; and

(c) shall ensure that the capital investment is not undertaken without confirmation of purchasers support and the availability of resources to finance all revenue consequences, including capital charges.

15.1.2 For every capital expenditure proposal above the limits set in the Scheme of Delegation the Chief Executive shall ensure:

(a) that a business case (in line with the guidance contained within the Capital Investment Manual) is produced setting out:

(i) an option appraisal of potential benefits compared with known costs to determine the option with the highest possible ratio of benefits to costs;

The involvement of appropriate Trust personnel and external agencies;

(ii) appropriate project management and control arrangement; and

(b) that the Director of Finance has certified professionally to the costs and revenue consequences detailed in the business case.

15.1.3 The Director of Finance shall assess on an annual basis the requirements for the operation of the construction industry tax deduction scheme in accordance with Inland Revenue guidance.

15.1.4 For capital schemes where the contracts stipulate stage payments, the Chief Executive will issue procedures for their management, incorporating the recommendations of the ESTATECODE.

15.1.5 The Director of Finance shall assess on an annual basis the requirement for the operation of the construction industry tax deduction scheme in accordance with Inland Revenue guidance.

15.1.6 The Director of Finance shall issue procedures for the regular reporting of expenditure and commitments against authorised expenditure.

15.1.7 The approval of a capital programme shall not constitute approval for expenditure on any individual scheme.

The Chief Executive shall issue to the manager responsible for any scheme:

(a) specific authority to commit expenditure;

(b) authority to proceed to tender;

(c) approval to accept a successful tender.

The Chief Executive will issue a scheme of delegation for capital investment management in accordance with the ESTATECODE guidance and the Trust's Standing Orders.

15.1.8 The Director of Finance shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes. These procedures shall take fully into account the delegated limits for capital schemes included in DH and NTDA guidance.

15.2 PRIVATE FINANCE

15.2.1 When the Trust proposes to use finance which is to be provided other than through its EFL, the following procedures shall apply:

(a) The Director of Finance shall demonstrate that the use of private finance represents value for money and genuinely transfers risk to the private sector.

(b) Where the sum involved exceeds delegated limits, the business case must be referred to the Department of Health or in line with current guidelines.

(c) The proposal must be specifically agreed by the Board where it exceeds the threshold set for capital schemes for Board approval.

15.3 ASSET REGISTERS

15.3.1 The Chief Executive is responsible for the maintenance of registers of assets, taking account of the advice of the Director of Finance and, inter alia, the Director responsible for fleet and facilities concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted once a year.

15.3.2 The Trust shall maintain an asset register for recording fixed assets. The minimum data set to be held within these registers shall be designed so as to generate the standard accounting figures to enable the annual accounts to be produced, and will comply with any guidance issued by the Department of Health or the NTDA.

15.3.3 Additions to the fixed asset register must be clearly identified to an appropriate budget holder and be validated by reference to:

(a) properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;

(b) stores, requisitions and wages records for own materials and labour including appropriate overheads; and

(c) lease agreements in respect of assets held under a finance lease and capitalised.

15.3.4 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate).

15.3.5 The Director of Finance shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.

15.3.6 The value of each asset shall be indexed to current values in accordance with guidance issued by the Department of Health or the NTDA.

15.3.7 The value of each asset shall be depreciated using methods and rates as specified in guidance issued by the Department of Health or NTDA.

15.3.8 The Director of Finance shall calculate and pay capital charges as specified in guidance issued by the Department of Health or NTDA.

15.4 SECURITY OF ASSETS

15.4.1 The overall control of fixed assets is the responsibility of the Chief Executive. Director of Finance will escalate the report to the Chief Executive and will refer any suspicions of fraud or other criminal activity to the appropriate authority.

15.4.2 Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the Director of Finance. This procedure shall make provision for:

(a) recording managerial responsibility for each asset;

(b) identification of additions and disposals;

(c) physical security of assets;

(d) periodic verification of the existence of assets recorded;

(e) identification and reporting of all costs associated with the retention of an asset; and

(f) reporting, recording and safekeeping of cash, cheques, and negotiable instruments.

15.4.3 All discrepancies revealed by verification of physical assets to the fixed asset register shall be notified to the Director of Finance.

15.4.4 Whilst each employee has a responsibility for the security of property of the Trust, it is the responsibility of Board members and senior employees in all disciplines to apply such appropriate routine security in relation to NHS property as may be determined by the Board. Any breach of agreed security practices must be reported in accordance with agreed procedures.

15.4.5 Any damage to the Trust's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by directors and employees in accordance with the procedure for reporting losses.

15.4.6 Where practical, assets should be marked as Trust property.

16 STORES AND RECEIPT OF GOODS

General position

16.1 Stores, defined in terms of controlled stores and departmental stores (for immediate use) should be:

(a) kept to a minimum;

(b) subjected to annual stock-take;

(c) valued at the lower of cost and net realisable value.

16.2 Subject to the responsibility of the Director of Finance for the system of control, overall responsibility for the control of stores shall be delegated to the Director of Support Services. The day-to-day responsibility may be delegated by them to departmental employees and stores managers/keepers, subject to such delegation being entered in a record available to the Director of Finance. The control of pharmaceutical stocks and oil shall be the responsibility of the Director of Support Services. The control of fuel shall be the responsibility of the Director of Operations.

16.3 The responsibility for security arrangements and the custody of keys for all stores at ambulance stations shall be clearly defined in writing by the Director of Operations. Wherever practicable, stocks should be marked as health service property.

16.4 The Director of Finance shall set out procedures and systems to regulate the stores including records for receipt of goods, issues, and returns to stores and losses.

16.5 Stocktaking arrangements shall be agreed with the Director of Finance and there shall be a physical check covering all items in store at least once a year.

16.6 Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Director of Finance.

16.7 There will be a system approved by the Director of Finance for a review of slow moving and obsolete items and for condemnation, disposal and replacement of all unserviceable articles. The Director of Support Services shall report to the Director of Finance any evidence of significant overstocking and of any negligence or malpractice (see also 15, Condemnations, Losses and Special Payments). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

17 DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS

17.1 DISPOSALS AND CONDEMNATIONS

17.1.1 The Director of Finance must prepare detailed procedures for the disposal of assets including condemnations, and ensure that these are notified to managers.

17.1.2 When it is decided to dispose of a Trust asset, the Director or authorised deputy will determine and advise the Director of Finance of the estimated market value of the item, taking account of professional advice where appropriate.

17.1.3 All unserviceable articles shall be:

(a) condemned or otherwise disposed of by an employee authorised for that purpose by the Director of Finance;

(b) recorded by the Condemning Officer in a form approved by the Director of Finance which will indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the Director of Finance.

17.1.4 The Condemning Officer shall satisfy himself as to whether or not there is evidence of negligence in use and shall report any such evidence to the Director of Finance who will take the appropriate action.

17.2 LOSSES AND SPECIAL PAYMENTS

17.2.1 The Director of Finance must prepare procedural instructions on the recording of and accounting for condemnations, losses and special payments. These will be authorised by the Audit Committee.

17.2.2 Any employee discovering or suspecting a loss of any kind must immediately inform their head of department, who must immediately inform the Chief Executive and the Director of Finance or inform an officer charged with the responsibility for responding to concerns involving loss This officer will then appropriately inform the Director of Finance and/or Chief Executive. Where a criminal offence is suspected, the Director of Finance must immediately inform the police if theft or arson is involved.

17.2.3 In cases of fraud and corruption or of anomalies that may indicate fraud or corruption, the Director of Finance must inform the relevant Area Counter Fraud Specialist in accordance with guidance set out in the NHS Standard Contract (National Commissioning Contract)

17.2.4 The Director of Finance must notify the NHS Protect and the External Auditor of all frauds.

17.2.5 For losses apparently caused by theft, fraud, arson, neglect of duty or gross carelessness, except if trivial and where fraud is not suspected, the Director of Finance must immediately notify:

(a) the Board,
(b) the LAFS, and
(c) the External Auditor.

17.2.6 Within limits delegated to it by the Department of Health, the Board shall approve the writing-off of losses.

17.2.7 The Director of Finance shall be authorised to take any necessary steps to safeguard the Trust's interests in bankruptcies and company liquidations.

17.2.8 For any loss, the Director of Finance should consider whether any insurance claim can be made against insurers.

17.2.9 The Director of Finance shall maintain a Losses and Special Payments Register in which write-off action is recorded.

17.2.10 No special payments exceeding delegated limits shall be made without the prior approval of the Department of Health.

17.2.11 All losses and special payments must be reported to the Audit Committee at very meeting.

18 INFORMATION TECHNOLOGY

18.1 The Director of Finance, and the Director of Support Services, who are responsible for the accuracy and security of the computerised financial data of the Trust, shall:

(a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the Trust's data, programs and computer hardware for which they are responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998 or2003?;

(b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;

(c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;

(d) ensure that adequate management (audit) trails exists through the computerised system and that such computer audit reviews as are considered necessary are being carried out.

(e) The main finance system is operated on behalf of the Trust by the Shared Financial Services. The detailed requirements are specified in the Service Level Agreement with the contractual agreements between the Trust and the Shared Financial Services provider.

18.2 The Director of Finance shall be satisfied that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

18.3 The Director of Corporate Affairs/Trust Secretary shall publish and maintain a Freedom of Information (FOI) Publication Scheme, or adopt a model Publication Scheme approved by the Information Commissioner. A Publication Scheme is a complete guide to the information routinely published by a public authority. It describes the classes or types of information about the Trust that is made publicly available.

18.4 The Director of Finance shall ensure that contracts for computer services for financial applications with another health organisation or any other agency shall

clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

18.5 Where another health organisation or any other agency provides a computer service for financial applications, the Director of Finance shall periodically seek assurances that adequate controls are in operation.

18.6 Where computer systems have an impact on corporate financial systems the Directors of Support Services and Finance shall be satisfied that:

(a) systems acquisitions, development and maintenance are in line with corporate policies such as an Information Technology Strategy;

(b) data produced for use with financial systems is adequate, accurate, complete and timely, and that a management (audit) trail exists;

(c) Directorate of Finance staff have access to such data; and

(d) such computer audit reviews as are considered necessary are being carried out.

18.7 In the case of computer systems which are proposed general applications (i.e. those applications which the majority of Trusts in an NHS environment normally wish to sponsor jointly), all responsible directors and employees will send to the Director of Support Services:

(a) details of the outline design of the system;

(b) in the case of packages acquired either from a commercial organisation, from the NHS, or from another public sector organisation, the operational requirement.

18.8 It is an offence to steal or guess someone's username or password and to use this information to access, modify or delete data which an individual is not authorised to access, or to alter settings on a computer or otherwise affect its operation. It is recommended that an insert is added to this Section outlining that legal action will be considered under the Computer Misuse Act 1990 against those found misusing or abusing computer systems and data.

18.9 A person must not knowingly or recklessly, without the consent of the data controller:

- Obtain or disclose personal data or the information contained in personal data, or
- Procure the disclosure to another person.

Unless they can show:

- This was necessary for the purpose of preventing or detecting crime, or was required or authorised by or under any enactment, by any rule of law or by the order of a court,

- That he acted in the reasonable belief that he had in law the right to obtain or disclose the data,
- That he acted in the reasonable belief that he would have had the consent of the data controller, or
- That in the particular circumstances the action was justified as being in the public interest.

Any person found breaching the above could be liable to criminal offences in accordance with Section 55 of the Data Protection Act.

19 RISK ASSESSMENT

The Director of Finance and the Director of Support Services shall ensure that risks to the Trust arising from the use of IT are effectively identified and considered and appropriate action taken to mitigate or control risk. This shall include the preparation and testing of appropriate disaster recovery plans.

19.1 Requirements for Computer Systems which have an impact on corporate financial systems

Where computer systems have an impact on corporate financial systems the Director of Finance shall need to be satisfied that:

(a) systems acquisition, development and maintenance are in line with corporate policies such as an Information Management and Technology Strategy;

(b) data produced for use with financial systems is adequate, accurate, complete and timely, and that an audit trail exists;

(c) Director of Finance staff have access to such data;

(d) such computer audit reviews as are considered necessary are being carried out.

20 PATIENTS' PROPERTY

20.1 The Trust has a responsibility to provide safe custody for money and other personal property (hereafter referred to as "property") handed in by patients, in the possession of unconscious or confused patients or found in the possession of deceased patients.

20.2 The Director of Operations must provide detailed written instructions on the collection, custody, and safekeeping, and disposal of patients' property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all staff whose duty is to administer, in any way, the property of patients.

20.3 Staff should be informed, on appointment, by the appropriate departmental or senior manager of their responsibilities and duties for the administration of the property of patients.

20.4 The Trust will not accept responsibility or liability for patients' property brought into Health Service premises, unless it is handed in for safe custody and a copy of an official patients' property record is obtained as a receipt.

21 CHARITABLE FUNDS

21.1 INTRODUCTION

21.1.1 The discharge of the Trust's corporate trustee responsibilities are distinct from its responsibilities for exchequer funds and may not necessarily be discharged in the same manner, but there must still be adherence to the overriding general principles of financial regularity, prudence and propriety. Trustee responsibilities cover both charitable and non-charitable purposes. The Director of Finance shall ensure that each fund is managed appropriately with regard to its purpose and to its requirements.

21.1.2 This Section of the SFIs shall be interpreted and applied in conjunction with the rest of these Instructions, subject to modifications contained herein.

21.1.3 The Director of Finance will have primary responsibility to the Board for ensuring that these SFIs are applied to charitable funds.

21.2 EXISTING FUNDS

21.2.1 The Director of Finance shall arrange for the administration of all existing charitable funds, in conjunction with the Legal Advisor. They shall ensure that a governing instrument exists for every trust fund and shall produce detailed codes of procedure covering every aspect of the financial management of funds held on trust, for the guidance of directors and employees. Such guidelines shall identity the restricted nature of certain funds.

21.2.2 The Director of Finance shall periodically review the funds in existence and shall make recommendations to the Board regarding the potential for rationalisation of such funds within statutory guidelines.

21.2.3 The Director of Finance may recommend an increase in the number of funds where this is consistent with the Trust's policy for ensuring the safe and appropriate management of restricted funds, e.g., designation for specific stations or departments.

21.2.4 The trustee responsibilities must be discharged separately and full recognition given to the Trust's dual accountabilities to the Charity Commission for charitable funds held on trust and to the Secretary of State for all funds held on trust.

21.2.5 The Scheme of Matters Reserved to the Board and the Scheme of Delegation make clear where decisions regarding the exercise of discretion rearing the disposal and use of the funds are to be taken by whom. All Trust Board members and Trust officers must take account of that guidance before taking action.

21.2.6 The over-riding principle is that the integrity of each Trust must be maintained and statutory and Trust obligations met. Materiality must be assessed separately from Exchequer activities and funds.

21.3 NEW FUNDS

21.3.1 The Director of Finance shall, in conjunction with the Legal Advisor, arrange for the creation of a new trust where funds and/or other assets, received in accordance with this Body's policies, cannot adequately be managed as part of an existing trust.

21.3.2 The Director of Finance shall present the governing document to the Board for adoption as required in Standing Orders for each new trust. Such document shall clearly identify, inter alia, the objects of the new trust, the capacity of this Trust to delegate powers to manage and the power to assign the residue of the trust to another fund contingent upon certain conditions, e.g. Discharge of original objects.

21.4 SOURCES OF NEW FUNDS

21.4.1 In respect of Donations, the Director of Finance shall:

(a) provide guidelines to officers of the Trust as to how to proceed when offered funds. These to include:

(i) the identification of the donor's intentions;
(ii) where possible, the avoidance of new trusts;
(iii) the avoidance of impossible, undesirable or administratively difficult objects;
(iv) sources of immediate further advice; and
(v) treatment of offers for personal gifts; and

(b) provide secure and appropriate receipting arrangements which will indicate that funds have been accepted directly into the Trust's charitable funds and that the donor's intentions have been noted and accepted.

21.4.2 In respect of **Legacies and Bequests,** the Director of Finance shall, with appropriate legal advice:

(a) provide guidelines to officers of the Trust covering any approach regarding:

(i) the wording of wills;
(ii) the receipt of funds/other assets from executors;

(b) where necessary, obtain grant of probate, or make application for grant of letters of administration, where the Trust is the beneficiary;

(c) be empowered, on behalf of the Trust, to negotiate arrangements regarding the administration of a will with executors and to discharge them from their duty; and

(d) be directly responsible, in conjunction with the, for the appropriate treatment of all legacies and bequests.

21.4.3 In respect of **Fund-raising,** the Director of Finance shall:

(a) after consultation with the Legal Advisor, deal with all arrangements for fund-raising by and/or on behalf of the Trust and ensure compliance with all statutes and regulations;

(b) be empowered to liaise with other organisations/persons raising funds for the Trust and provide them with an adequate discharge. The Director of

Finance shall be the only officer empowered to give approval for such fund-raising subject to the overriding direction of the Board;

(c) be responsible, along with the Legal Advisor, for alerting the Board to any irregularities regarding the use of the Trust's name or its registration numbers; and

(d) be responsible, after due consultation with the Legal Advisor, for the appropriate treatment of all funds received from this source.

21.4.4 In respect of **Trading Income,** the Director of Finance shall:

(a) be primarily responsible, along with the Legal Adviser and other designated officers, for any trading undertaken by the Trust as corporate trustee; and

(b) be primarily responsible, along with the Legal Adviser, for the appropriate treatment of all funds received from this source.

21.5 INVESTMENT MANAGEMENT

21.5.1 The Director of Finance shall be responsible for all aspects of the management of the investment of income and funds held on trust. The issues on which he shall be required to provide advice to the Board shall include:-

(a) in conjunction with the Legal Advisor, the formulation of investment policy within the powers of this Body under Statute and within governing instruments to meet its requirements with regard to income generation and the enhancement of capital value;

(b) the appointment of advisers, brokers, and where appropriate, fund managers and:

(i) the Director of Finance shall agree, in conjunction with the Legal Advisor, the terms of such appointments; and for which

(ii) written agreements shall be signed by the Chief Executive;

(c) pooling of investment resources and the preparation of a submission to the Charity Commission for them to make a scheme;

(d) the participation by this Body in common investment funds and the agreement of terms of entry and withdrawal from such funds;

(e) that the use of NHS Trust assets shall be appropriately authorised in writing and charges raised within policy guidelines;

(f) the review of the performance of brokers and fund managers;

(g) the reporting of investment performance.

21.6 DISPOSITION MANAGEMENT

21.6.1 The exercise of the Trust's dispositive discretion shall be managed by the Director of Finance in conjunction with the Board. In so doing he shall be aware of the following:

(a) The objects of various funds and the designated objectives;

(b) the availability of liquid funds within each charitable fund;

(c) the powers of delegation available to commit resources;

(d) the avoidance of the use of exchequer funds to discharge charitable fund liabilities (except where administratively unavoidable), and to ensure that any indebtedness to the Exchequer shall be discharged by trust funds at the earliest possible time;

(e) that funds are to be spent rather than preserved, subject to the wishes of the donor and the needs of the Trust; and

(f) the definitions of "charitable purposes" as agreed by the NHS and the Charity Commission.

21.7 BANKING SERVICES

21.7.1 The Director of Finance shall advise the Board and, with its approval, shall ensure that appropriate banking services are available to the Trust as corporate trustee. These bank accounts should permit the separate identification of liquid funds to each trust where this is deemed necessary by the Charity Commission.

21.8 ASSET MANAGEMENT

21.8.1 Charitable fund assets in the ownership of or used by the Trust as corporate trustee, shall be maintained along with the general estate and inventory of assets. The Director of Finance shall ensure:

(a) in conjunction with the Legal Adviser, that appropriate records of all assets owned by the Trust as corporate trustee are maintained, and that all assets, at agreed valuations, are brought to account;

(b) that appropriate measures are taken to protect and/or to replace assets. These to include decisions regarding insurance, inventory control, and the reporting of losses;

(c) that donated assets received on trust shall be accounted for appropriately;

(d) that all assets acquired from funds held on trust which are intended to be retained within the charitable funds are appropriately accounted for, and that all other assets so acquired are brought to account in the name of the Trust.

21.9 REPORTING

21.9.1 The Director of Finance shall ensure that regular reports are made to the Board with regard to, inter alia, the receipt of funds, investments, and the disposition of resources.

21.9.2 The Director of Finance shall prepare annual accounts in the required manner which shall be submitted to the Board within agreed timescales.

21.9.3 The Director of Finance, in conjunction with the Legal Advisor, shall prepare an annual trustees' report (separate reports for charitable and non-charitable trusts) and the required returns to the NHS and to the Charity Commission for adoption by the Board.

21.10 **ACCOUNTING AND AUDIT**

21.10.1 The Director of Finance shall maintain all financial records to enable the production of reports as above and to the satisfaction of internal and external audit.

21.10.2 The Director of Finance shall ensure that the records, accounts and returns receive adequate scrutiny by internal audit during the year. He will liaise with external audit and provide them with all necessary information.

21.10.3 The Board shall be advised by the Director of Finance on the outcome of the annual audit. The Chief Executive shall submit the Management Letter to the Board.

21.11 **ADMINISTRATION COSTS**

21.11.1 The Director of Finance shall identify all costs directly incurred in the administration of funds held on trust and, in agreement with the Board, shall charge such costs to the appropriate trust accounts.

21.12 **TAXATION AND EXCISE DUTY**

21.12.1 The Director of Finance shall ensure that the Trust's liability to taxation and excise duty is managed appropriately, taking full advantage of available concessions, through the maintenance of appropriate records, the preparation and submission of the required returns and the recovery of deductions at source.

22 ACCEPTANCE OF GIFTS BY STAFF

22.1 The Director of Finance shall ensure that all staff are made aware of the Trust policy on acceptance of gifts and other benefits in kind by staff. This policy should follow the guidance contained in the Department of Health Standards of Business Conduct for NHS Staff.

23 RETENTION OF RECORDS

23.1 The Chief Executive shall be responsible for maintaining archives for all records required to be retained in accordance with Department of Health guidelines, currently the Records Management: NHS Code of Practice.

23.2 The records held in archives shall be capable of retrieval by authorised persons

23.3 Records held in accordance with the Records Management: NHS Code of Practice shall only be destroyed at the express instigation of the Information Governance Manager within the authority delegated by the Chief Executive. Records shall be maintained of documents so destroyed.

24 RISK MANAGEMENT

24.1 The Chief Executive shall ensure that the Trust has a programme of risk management, in accordance with current Department of Health assurance framework requirements, which must be approved and monitored by the Board.

24.2 The programme of risk management shall include:

1) a process for identifying and quantifying risks and potential liabilities;

2) engendering among all levels of staff a positive attitude towards the control of risk;

3) management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk;

4) contingency plans to offset the impact of adverse events;

5) audit arrangements including; internal audit, clinical audit, health and safety review;

6) a clear indication of which risks shall be insured.

7) arrangements to review the risk management programme.

The existence, integration and evaluation of the above elements will assist in providing a basis to make a Governance Statement within the Annual Report and Accounts as required by current Department of Health guidance.

24.3 The Board shall decide if the Trust will insure through the risk pooling schemes administered by the NHS Litigation Authority or self insure for some or all of the risks covered by the risk pooling schemes. If the Board decides not to use the risk pooling schemes for any of the risk areas (clinical, property and employers/third party liability) covered by the scheme, this decision shall be reviewed annually.

24.4 There is a general prohibition on entering into insurance arrangements with commercial insurers. There are, however, three exceptions when Trusts may enter into insurance arrangements with commercial insurers. The exceptions are:

1) Trusts may enter commercial arrangements for insuring motor vehicles owned by the Trust including insuring third party liability arising from their use;
2) Where the Trust is involved with a consortium in a Private Finance Initiative contract and the other consortium members require that commercial insurance arrangements are entered into; and
3) Where income generation activities take place. Income generation activities should normally be insured against all risks using commercial insurance. If the income generation activity is also an activity normally carried out by the Trust for a NHS purpose the activity may be covered in the risk pool. Confirmation of coverage in the risk pool must be obtained from the Litigation Authority.

In any case of doubt concerning a Trust's powers to enter into commercial insurance arrangements, the Finance Director should consult the Department of Health.

24.5 Where the Board decides to use the risk pooling schemes administered by the NHS Litigation Authority, the Director of Corporate Affairs/Trust Secretary shall ensure that the arrangements entered into are appropriate and complementary to

the risk management programme. The Director of Finance shall ensure that documented procedures cover these arrangements.

24.6 Where the Board decides not to use the risk pooling schemes administered by the NHS Litigation Authority for one or other of the risks covered by the schemes, the Director of Finance shall ensure that the Board is informed of the nature and extent of the risks that are self-insured as a result of this decision. The Director of Finance will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses that will not be reimbursed.

24.7 All the risk-pooling schemes require members to make some contributions to the settlement of claims (the 'deductible'). The Director of Finance should ensure documented procedures also cover the management of claims and payments below the deductible in each case.

London Ambulance Service NHS
NHS Trust

Standing Orders, Reservation and Delegation of Powers of the Trust Board Directors

November 2014 – V 4.0

Approved XX/XX/2014

CONTENTS

PART III: CUSTODY OF SEAL AND SEALING OF DOCUMENTS

PART IV: APPOINTMENT OF OFFICERS, ETC.

PART V: MISCELLANEOUS

DEFINITIONS AND INTERPRETATION

Board	Shall mean the Chairman and non-executive Directors appointed by the Secretary of State for Health and the executive Directors appointed by the relevant committee of the Trust.
Board Director	Shall mean one of those comprising the Board and appointed in accordance with the Membership and Procedure Regulations and includes the Chairman.
Chairman	Means the person appointed by the Secretary of State for Health to lead the Board and to ensure it successfully discharges its overall responsibility for the Trust as a whole. The expression "Chairman of the Trust" shall be deemed to include the Deputy Chairman of the Trust if the Chairman is absent from the meeting or is otherwise unavailable.
Chief Executive	Shall mean the chief officer of the Trust
Committee	Shall mean a committee appointed by the Trust.
Committee Members	Shall be persons formally appointed by the Trust to sit on or to chair specific committees.
Deputy Chairman	Means the non-executive director appointed by the Trust to take on the Chairman's duties if the Chairman is absent for any reason.
Director	Shall mean a Director whether they are a Board Director or a non Board Director.
Director of Finance and Performance	Shall include in its meaning the Chief Financial Officer of the Trust.
Executive Director	Shall mean Board Director
Membership and Procedure Regulations	Shall mean the National Health Service Trust (Membership and Procedure) Regulations 1990(SI(1990)2024).
Observer	Shall mean a nominated person that the Trust Board has agreed and accepted by way of a resolution that may sit with the Trust Board and participate in Trust Board discussions at its public meetings as set out in these Standing Orders.
Officer	Shall mean an employee of the Trust.
Secretary	Means a person appointed by the Trust to act independently of the Board and monitor the Trust's compliance with the law, Standing Orders, and observance of Department of Health guidance.

SFIs	Means the Standing Financial Instructions of the Trust.
SOs	Means the Standing Orders of the Trust.
Trust	Means the London Ambulance Service National Health Service Trust as established by The National Health Service Trust (Establishment) Order 1996 (as amended).
Trust Board	Means the Board
Trust Secretary	Means Secretary.
Service Level Agreement	A service-level agreement (SLA) is a part of a service contract where the level of service is formally defined. In practice, the SLA is used to refer to the contracted service and performance when referring to the third party or host.
Key Performance Indicator (KPI)	Key Performance Indicator is a specific indicator embedded into an SLA as a measurement to monitor the performance.

Note
The Bribery Act 2010, which repeals existing corruption legislation, has introduced the offences of offering and or receiving a bribe. It also places specific responsibility on organisations to have in place sufficient and adequate procedures to prevent bribery and corruption taking place. Under the Act, Bribery is defined as “Inducement for an action which is illegal unethical or a breach of trust. Inducements can take the form of gifts loans, fees rewards or other privileges". Corruption is broadly defined as the offering or the acceptance of inducements, gifts or favours payments or benefit in kind which may influence the improper action of any person; corruption does not always result in a loss. The corrupt person may not benefit directly from their deeds; however, they may be unreasonably using their position to give some advantage to another. To demonstrate the organisation has sufficient and adequate procedures in place and to demonstrate openness and transparency all staff are required to comply with the requirements of the Standing Orders policy. For a more detailed explanation see the Anti-Bribery Policy. Should members of staff wish to report any concerns or allegations they should contact their Local Counter Fraud Specialist.

The Fraud Act 2006 (the Act) came into force on 15 January 2007 and applies in England, Wales and Northern Ireland.
The Act repealed the following offences:
Theft Act 1968
- Section15 (obtaining property by deception);
- Section15A (obtaining a money transfer by deception);
- Section 16 (obtaining a pecuniary advantage by deception);
- Section 20(2) (procuring the execution of a valuable security by deception);
- Reference to "cheat" in Section 25 (going equipped).

Theft Act 1978
- Section 1 (obtaining services by deception);
- Section 2 (evasion of liability by deception).

These offences continue to apply for any offences committed before 15 January 2007.

Section 1 of the Fraud Act 2006 creates a general offence of fraud and introduces three ways of committing it set out in Sections 2, 3 and 4.

- Fraud by false representation (Section 2);
- Fraud by failure to disclose information when there is a legal duty to do so (Section 3); and
- Fraud by abuse of position (Section 4).

In each case:

- the defendant's conduct must be dishonest;
- his/her intention must be to make a gain; or cause a loss or the risk of a loss to another.
- No gain or loss needs actually to have been made.
- The maximum sentence is 10 years' imprisonment.

*Note The Standing Orders should be read in conjunction with the Anti-Fraud Policy.

For a more detailed explanation see the Anti-Fraud Policy. Should members of staff wish to report any concerns or allegations they should contact their Local Anti-Fraud Specialist.

PART I: MEETINGS

1. ORDINARY MEETINGS

1.1. The regular ordinary meetings of the Board shall be held as the Board may determine and at such places as the Board may from time to time appoint.

1.2. In addition to a public meeting, held annually at a venue to be decided by the Board, to present the Annual Accounts[1] and Annual Report of the Trust, all other formal meetings of the Board will be held in public. The formal notice of the annual public meeting will be issued 14 days in advance of that meeting.

2. ADMISSION OF THE PUBLIC AND OBSERVERS TO TRUST MEETINGS

2.1. As required by the Public Bodies (Admission to Meetings) Act 1960, at the annual public meeting of the Trust, and any other meeting to which the press and public are invited, the Trust may resolve to exclude the press and public from part of a meeting "whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted, or for other special reasons stated in the resolution and arising from the nature of that business or of proceedings".

2.2. The Trust will provide an opportunity for questions from the public to be put to the Board at its regular meetings. Questions may receive an oral response at the meeting or a written response afterwards at the Chairman's discretion. The Trust Board reserves the right not to answer questions which would be in breach of the NHS Code of Openness, such as areas concerning personal information about patients, information about legal matters and proceedings, and information given in confidence etc. The agendas for Board meetings shall have an item placed the end of the public part of the agenda which invites questions from the public.

2.3. The Trust will normally exclude the press and public where discussing, for example:

2.3.1. matters relating to individual patients or members of staff;

2.3.2. information relating to consultations or negotiations with regard to labour relations matters;

2.3.3. detailed matters relating to proposals for the placing of contracts; and

2.3.4. instructions with regard to legal action by the Trust.

2.4 The Trust will decide what arrangements and terms and conditions it feels are appropriate to offer in extending an invitation to observers to attend and address any of the Trust Board's meetings and may change, alter or vary these terms and conditions as it deems fit.

[1] Agreed amendment by SRP on 1st November 2011 on behalf of the Trust Board

2.5 Appendix X describes the procedure for appointment and participation of observers.

2.6 Nothing in these Standing Orders shall require the Trust (Board) to allow members of the public or representatives of the press to record proceedings in any manner whatsoever, other than writing, or to make any oral report of proceedings as they take place, without the prior agreement of the Board.

3. EXTRA-ORDINARY MEETINGS

3.1. The Chairman may call a meeting of the Board at any time and if he/she refuses to call a meeting after a requisition for that purpose, signed by at least four of the whole number of Board Directors, has been presented to him/her, or if, without so refusing, the Chairman does not call a meeting within seven days after such requisition has been presented to him/her, such four or more Board Directors may forthwith call a meeting.

4. DEPUTY CHAIRMAN

4.1. The Directors of the Board may select one of the non-executive Directors other than the Chairman to be Deputy Chairman for a period of one year or where the period of his/her membership of the Board during which he/she is elected has less than a year to run, for the remainder of such period.

4.2. Provided that any non-executive Director so elected may at any time resign from the office of Deputy Chairman by giving notice in writing to the Chairman, and the Board Directors shall thereupon elect another Deputy Chairman in accordance with the provisions of this Standing Order.

4.3. Where the Chairman of the Trust has died or has ceased to hold office, or where he has been unable to perform his duties as Chairman owing to illness or any other cause, the Deputy Chairman shall act as Chairman until a new Chairman is appointed or the existing Chairman resumes his duties, as the case may be; and references to the Chairman in these Standing Orders shall, so long as there is no Chairman able to perform his duties, be taken to include references to the Deputy Chairman.

5. CHAIRMAN OF MEETING

5.1. At any meeting of the Board the Chairman, if present, shall preside.

5.2. If the Chairman is absent from the meeting, the Deputy Chairman, if present, shall preside.

5.3. If the Chairman and Deputy Chairman are absent, such non-executive Director as those present shall choose, shall preside.

6. NOTICE OF MEETINGS

6.1. Before each meeting of the Board, a notice of the meeting, specifying the business proposed to be transacted thereat, shall be delivered to all Board Directors, or sent by post to the usual place of residence of all such Directors, so as to be available to them at least three clear days before the meeting.

6.2. Provided that a meeting of the Board shall remain valid if any Board Director does not receive such notice.

6.3. Provided also that, in the case of a meeting called by four or more Board Directors in default of the Chairman, the notice shall be signed by those Directors and no business shall be transacted at the meeting other than that specified in the notice.

6.4. Before each meeting of the Board a public notice of the time and place of the meeting, and the public part of the agenda shall be displayed at the Trust's office at least three clear days before the meeting, or if the meeting is convened at shorter notice, then at the time it is convened.

7. VOTING

7.1 Every question at a meeting, which the Board agrees should be put to the vote, shall be determined by a majority of the votes of Board Directors present and voting on the question and, in the case of equality of votes, the person presiding shall have a second and casting vote.

8. RECORD OF ATTENDANCE

8.1. The names of Board Directors, attending directors and observers present at the meeting shall be recorded.

9. QUORUM

9.1. No business shall be transacted at a meeting unless at least four of the whole number of Board Directors are present, two of whom shall be Executive and two Non-Executive Directors.

9.2. An officer in attendance on behalf of an executive Board Director but without formal acting up status agreed by the Board's Remuneration and Nominations Committee may not count towards the quorum.

9.3. If the Chairman or member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of the declaration of a conflict of interest he shall no longer count towards the quorum. If a quorum is then not available for the discussion or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

9.4. The above requirement for at least two Executive Directors to form part of the quorum shall not apply where the Executive Directors are excluded from a meeting (for example when the Board considers the recommendations of the Remuneration and Nominations Committee).

10. MINUTES

10.1. The minutes of the proceedings of a meeting shall be drawn up and entered in a book kept for that purpose and shall be signed at the next ensuing meeting by the person presiding thereat.

10.2. No discussion shall take place upon the minutes except upon their accuracy or where the Chairman considers discussion appropriate.

10.3. Draft minutes will be circulated with the agenda and papers for the next meeting of the Board.

10.4. Where providing a record of a public meeting the minutes shall be made available to the public as required by the NHS Code of Openness.

10.5. An action sheet indicating action to be taken, by whom and by what date, shall be sent to Board Directors, following each Board meeting within two weeks and should be included in the Board's agenda.

11. CHAIRMAN'S RULING

11.1. The decision of the Chairman of the meeting on questions of order, relevancy and regularity (including procedure on handling motions) and his/her interpretation of the Standing Orders shall be final.

12. MANNER OF VOTING

12.1. All questions put to the vote shall, at the discretion of the Chairman, be determined by oral expression or by show of hands provided that, upon any question the Chairman may direct, or it may be proposed, seconded and carried that a vote be taken by paper ballot.

12.2. If at least three Board Directors so request, the voting on any questions may be recorded so as to show how each Board Director present and voting gave his/her vote.

12.3. If a Board Director so requests, his/her vote shall be recorded by name.

12.4. In no circumstances may an absent Board Director vote by proxy. Absence is defined as being absent at the time of the vote.

12.5. An officer who has been appointed formally by the Board to act up for an Executive Director during a period of incapacity, absence or temporarily to fill an Executive Director vacancy, shall be entitled to exercise the voting rights of that Executive Director. An officer attending the Board to represent an Executive Director during a period of incapacity or temporary absence without formal acting up status may not exercise the voting rights of that Executive Director. An officer's status when attending a meeting shall be recorded in the minutes.

13. AMENDMENTS

13.1. Whenever an amendment is made to an original motion no second amendment shall be made until the first amendment is disposed of. Any subsequent amendment shall not be inconsistent with any amendments to the original motion that have been carried.

14. TENDERING AND CONTRACTING PROCEDURE

14.1. The tendering and contracting procedure to be employed by the Trust is set out in Standing Financial Instructions, Section 9**.**

15. DECLARATION OF INTEREST IN CONTRACTS AND OTHER MATTERS APPLICABLE TO DIRECTORS AND OFFICERS

15.1. Subject to the following provisions of this Standing Order, if a Board Director, or anyone with whom that Director has a familiar relationship, has any pecuniary or other interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the Board at which the contract or other matter is the subject of consideration, he/she shall at

the meeting and as soon as practicable after its commencement disclose the fact and shall not take part in the consideration or discussion of the contract or other matter or vote on any question with respect to it - see paragraph 15.6.

15.2. Board Directors and Officers present will be invited to declare any new or undeclared interests at the commencement of all meetings of the Trust Board.

15.3. Notwithstanding the provisions of 15.1 and 15.2 above, Board Directors are required to register, on being appointed, any significant pecuniary or other interest material and relevant to the business of the Trust. This information is to be updated as may be necessary and recorded in the Minutes of the Board. The declaration should include:

15.3.1. Directorships, including non-executive Directorships held in private companies or plcs.;

15.3.2. Ownership or partnership of private companies, businesses or consultancies likely or possibly seeking to do business with the Trust;

15.3.3. Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the Trust;

15.3.4. A position of authority in a charity or voluntary body in the field of healthcare or social services; and

15.3.5. Any material connections with a voluntary or other body contracting for services with NHS organisations.

15.3.6. Any other commercial interest in a decision before a meeting of the Trust Board.

15.4. The Secretary of State may, subject to Regulations, terminate the appointment of any Non-Executive Director who fails, as required, to declare a pecuniary or other interest. In the case of a Board Director who fails to declare an interest or is found to have used his/her position or knowledge for private advantage, the Board may take disciplinary action leading to his/her dismissal. Any suspicion of fraud or bribery will be referred by the Director of Finance and Performance to the LCFS for further investigation, or in cases where the Director of Finance and Performance is alleged to be involved a report will be made direct from the delegated responsible Board member.

15.5. The Secretary of State may, subject to conditions as he may think fit to impose, remove any disqualification in any case in which it appears to him in the interest of the National Health Service that the disqualification should be removed.

15.6. The Board may exclude a Board Director from a meeting of the Board at which any contract, proposed contract or other matter in which he/she has a pecuniary interest, direct or indirect, is under consideration.

15.7. Any remuneration, compensation or allowance payable to a Chairman or other Board Director under the provisions of paragraph 9 of Schedule 2, chapter 19 to the NHS and Community Care Act 1990 as amended shall not be treated as a pecuniary interest for the purpose of this regulation.

15.8. A Board Director shall be treated, subject to Standing Order 15.5. and the next following paragraphs, as having indirectly a pecuniary interest in a contract, proposed contract or other matter, if -

15.8.1. He/she or a nominee of his/her is a Director of a company or other body not being a public body, with which the contract was made or is proposed to be made or which has a direct pecuniary interest in the other matter under consideration; or

15.8.2. He/she is a partner, or is in the employment of a person with whom the contract was made or is proposed to be made or who has a direct pecuniary interest in the other matter under consideration and in the case of persons living together the interest of one partner shall, if known to the other, be deemed to be also the interest of the other.

15.9. A Board Director shall not be treated as having a pecuniary interest in any contract proposed contract or other matter by reason only -

15.9.1. Of his/her Directorship of a company or other body if he/she has no beneficial interest in any securities of that company or other body; or

15.9.2. Of an interest of his/her or of any company, body or person with which he/she is connected as mentioned in Standing Order 15.8 which is so remote or insignificant that it cannot reasonably be regarded as likely to influence a Board Director in the consideration or discussion of or in voting on, any question with respect to that contract or matter.

15.10. Where a Board Director has an indirect pecuniary interest in a contract, proposed contract or other matter by reason only of a beneficial interest in securities of a company or other body, and the total nominal value of those securities does not exceed £10,000 or one-hundredth of the total nominal value of the issued share capital of the company or body, whichever is the less, and if the share capital is of more than one class, the total nominal value of shares of any one class in which he/she has a beneficial interest does not exceed one-hundredth of the total issues share capital of that class, this shall not prohibit him/her from taking part in the consideration or discussion of the contract or other matter or from voting on any questions with respect to it, without prejudice however to his/her duty to disclose his/her interest.

15.11. The provisions of this Section 15 shall apply to all those present at a meeting of the Board irrespective of whether they are Board Directors or not.

15.12. This Standing Order (15) applies to a committee or sub-committee and to a joint committee as it applies to the Trust and applies to a member of any such committee or sub-committee (whether or not he is also a member of the Trust) as it applies to a member of the Trust.

15.13. Board members' directorships of companies likely or possibly seeking to do business with the NHS should be published in the Board's Annual Report. The information should be kept up to date for inclusion in succeeding annual reports.

15.14. If Board members have any doubt about the relevance of an interest, this should be discussed with the Chairman. Financial Reporting Standard No 8 (issued by the Accounting Standards Board) specifies that influence rather than the immediacy of the relationship is more important in assessing the relevance of an interest. The interests of partners in professional partnerships including general practitioners should also be considered.

15.15. Register of Interests - The Trust Secretary will ensure that a Register of Interests is established to record formal declarations of interests of Board members. In particular the Register will include details of all directorships and other relevant and material interests which have been declared by both Executive and Non-Executive Board members, as defined in Standing Orders.

15.16. These details will be kept up to date by means of an annual review of the Register by the Audit Committee in which any changes to interests declared during the preceding twelve months will be incorporated.

15.17. The Register will be available to the public and the Chief Executive will take reasonable steps to bring the existence of the Register to the attention of the local population and to publicise arrangements for viewing it.

PART II: COMMITTEES

16. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

16.1. Subject to any directions by the Secretary of State, the Board may, and if directed as aforesaid shall, appoint committees of the Board, or together with one or more Health Authorities or other National Health Service Trusts appoint joint committees, consisting in either case wholly or partly of persons who are not Directors of the Board or other body, except that Board Directors may not be appointed to any committee set up to carry out the functions of Managers under the Mental Health Act 1983.

16.2. A committee or joint committee appointed under this regulation may, subject to such directions as may be given by the Secretary of State or the appointing authority or authorities, appoint sub-committees consisting wholly or partly of persons who are not members of the committee or joint committee, subject to the provisions set out in the Standing Order 16.1 above.

16.3. Where committees are authorised to establish sub-committees they may not delegate executive powers to the sub-committee unless expressly authorised by the Board.

16.4. The Board shall approve the appointments to each of the committees which it has formally constituted. Where the Board determines, and regulations permit, that persons, who are neither Executive or Non-Executive Directors nor officers, shall be appointed to a committee the terms of such appointment shall be within the powers of the Board as defined by the Secretary of State. The Board shall define the powers of such appointees and shall agree allowances, including reimbursement for loss of earnings, and/or expenses in accordance where appropriate with national guidance.

16.5. Where the Board is required to appoint persons to a committee and/or to undertake statutory functions as required by the Secretary of State, and where such appointments are to operate independently of the Board such appointment shall be made in accordance with the regulations and directions made by the Secretary of State.

16.6. Such committees appointed in accordance with Sections 16.1 and 16.2 shall continue until such time as the Board agrees to their disbandment.

16.7. The quorum requirements for each Committee so established by the Board will be set out in the Committee's Terms of Reference. Those Terms of Reference shall ensure that the quorum for a Committee must include at least one Non-Executive Director of the Board.

17. ARRANGEMENTS FOR THE EXERCISE OF FUNCTIONS

17.1 Subject to any directions by the Secretary of State, the Board may make arrangements for the exercise, on behalf of the Board, of any of its functions by a committee, sub-committee or joint committee appointed by virtue of Standing Order 16, hereof, by any officer appointed by the Board, in each case subject to such restrictions and conditions as the Board thinks fit or as the Secretary of State may direct and subject to the provision that the Standing Orders of the Board shall apply mutatis mutandis to committee and sub-committee meetings.

17.2 Overriding Standing Orders – If for any reason these Standing Orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Board for action or ratification. All members of the Board and staff have a duty to disclose any non-compliance with these Standing Orders to both the Chief Executive and the Trust Secretary as soon as possible.

18. AUDIT COMMITTEE

18.1 The Codes of Conduct and Accountability issued in 1994 set out the requirement for every NHS Board to establish an Audit Committee as the means by which the Board ensures effective internal control arrangements are in place.

18.2 The Committee shall comprise of three non-executive Directors, other than the Board Chairman (with a quorum of two). The Chief Executive and Director of Finance and Performance will attend this Committee as appropriate and it will be serviced by the Committee Secretary. It will report to the Trust Board. Membership of the Committee together with its Terms of Reference, delegated powers and reporting arrangements shall be formally established and approved by Resolution of the Board. Terms of Reference for the Committee are at Appendix II**.**

19. REMUNERATION AND NOMINATIONS COMMITTEE

19.1 In accordance with the guidance issued by the NHS Executive under EL(94)40, the Board shall establish a Remuneration and Nominations Committee. The Committee shall comprise of Non-Executive Directors (with a quorum of three), be chaired by the Chairman of the Board of Directors. The Chief Executive and Director of Support Services will attend this Committee as appropriate and it will be serviced by the Trust Secretary. It will report to the Trust Board. Membership of the Committee, together with its Terms of Reference (which should also specify which posts fall within the Committee's area of responsibility) shall be formally established by Resolution of the Board. Terms of Reference for the Committee are at Appendix III.

20. CHARITABLE FUNDS COMMITTEE

20.1 The Board shall establish a Charitable Funds Committee to determine the policy for the management of the Trust's charitable funds and to implement that policy. The Committee will be chaired by a Non-Executive Director,

and will include the Director of Support Services (or his/her representative) and the Director of Finance and Performance (or his/her representative) and representatives of the staff. It will report to the Trust Board. The Trust Board shall formally agree membership of the Committee together with its terms of reference as detailed in Appendix IV.

21. QUALITY COMMITTEE

21.1 The Board shall establish a Quality Committee to oversee effective management of quality, safety and risk. The Committee will be chaired by a Non-Executive Director of the Board. The Committee will report to the Trust Board and its Terms of Reference shall be established by the Board. Terms of Reference for the Committee are at Appendix V**.**

22. FINANCE AND INVESTMENT COMMITTEE

22.1 The Board shall establish a Finance & Investment Committee to oversee effective management of finances, and investment. The Committee will be chaired by a Non-Executive Director of the Board. The Committee will report to the Trust Board and its Terms of Reference shall be established by the Board. Terms of Reference for the Committee are at Appendix VI.

23. BOARD APPEALS PANELS

23.1 The Chief Executive will nominate a panel to hear staff appeals in disciplinary matters. Such panels will exclude any Director who has been involved in the decision(s) at issue and will normally include an Independent Chairman, a Non-Executive Director and the Director of Support Services or her/his nominee who will act as an advisor to the Panel**.**

24. COMPOSITION OF COMMITTEES

24.1 With the exception of the Audit Committee, the Chairman of the Board shall be an ex-officio member of all Trust Committees and Sub Committees.

25. PROCEEDINGS IN COMMITTEES TO BE CONFIDENTIAL

25.1 A member of a Committee shall not disclose a matter dealt with by, or brought before, the Committee without the permission of the Committee's Chairman until the Committee shall have reported to the Board or shall otherwise have concluded action on that matter.

25.2 Provided that a Director of the Board or a member of a Committee shall not disclose any matter reported to the Board or otherwise dealt with by the Committee notwithstanding that the matter has been reported or action has been concluded, if the Chairman of the Board or Committee has resolved that it is confidential.

26. APPOINTMENT OF CHAIRMEN OF COMMITTEES

26.1 The Chairman of the Trust Board shall appoint the Chairmen of Trust Committees at the first meeting of the Trust Board for the following year and, if desired, a Deputy Chairman of the Committee. Appointments will continue from one year to the next unless the Chairman decides otherwise.

26.2 Appointment of members of Committees shall be made by the Chairman of the Trust Board in consultation with the Chairman of the Committee.

27. SPECIAL MEETINGS OF COMMITTEES

27.1 The Chief Executive shall summon any Committee at the request of its chairman, or on the requisition in writing by any two Committee members.

28. QUORUM

28.1 Except where approved by the Board, business shall not be transacted at any meeting of any Committee of the Board unless at least half of the whole number of the Committee is present, provided that in no case shall the quorum of the Committee be less than two members.

PART III: CUSTODY OF SEAL AND SEALING OF DOCUMENTS

29. CUSTODY OF SEAL

29.1 The common seal of the Trust shall be kept by the Trust Secretary in a secure place in accordance with arrangements approved by the Trust.

30. SEALING OF DOCUMENTS

30.1 The fixing of the seal of the Trust shall be authenticated by the signature of the Chairman or some other such person authorised generally or specifically by the Trust for that purpose and one other director.

30.2 Where any document will be a necessary step in legal proceedings on behalf of the Trust, it shall, unless any enactment otherwise requires or authorises, be signed by the Chief Executive and an Executive Director.

31. REGISTER OF SEALINGS

31.1 The Trust Secretary shall keep a register in which shall be entered a record of the sealing of every document and every such entry shall be signed by those present when the document is sealed. The entries in the register shall be consecutively numbered and any additions reported at the next regular Board meeting.

PART IV: APPOINTMENT OF OFFICERS, ETC.

32. CANVASSING OF, AND RECOMMENDATIONS BY, DIRECTORS

32.1 Canvassing of Directors of the Board or any Committee of the Board directly or indirectly for any appointment within the Trust shall disqualify the candidate for such appointment. The purpose of this Standing Order shall be included in any form of application or otherwise brought to the attention of candidates.

32.2 A Director of the Trust shall not solicit for any person, any appointment within the Trust or recommend any person for such appointment: but this paragraph of this Standing Order shall not preclude a Director from giving a written testimonial of the candidate's ability, experience or character for submission to the Chief Executive.

32.3 Informal discussions outside appointments panels or committees, whether solicited or unsolicited, should be declared to the panel or committee.

33. RELATIVES OF BOARD DIRECTORS OR OTHER MEMBERS OF STAFF

33.1 Candidates for any appointment under the Trust shall when making application, disclose in writing to the Trust any relationship to or with any Board Director of the Trust or any other employee of the Trust. A candidate who purposely and deliberately conceals such information shall be disqualified for such appointment and, if appointed, shall be liable to dismissal with notice. Every Board Director of the Trust or the holder of any post reporting directly to a Director of the Trust, shall disclose to the Board any relationship known to him/her to exist between himself/herself and a candidate for an appointment of which he/she is aware. It shall be the duty of the Chief Executive to report to the Board any such disclosure made. Any suspicion of fraud or bribery will be referred by the Director of Finance and Performance to the LCFS for further investigation, or in cases where the Director of Finance and Performance is alleged to be involved a report will be made direct from the delegated responsible Board member.

33.2 Where a relationship to a Board Director of the Trust is disclosed the Standing Order headed "Declaration of Interest in Contracts and Other Matters" (SO No.15) shall apply.

33.3 Two persons shall be deemed to be related if they are husband and wife, civil partners, or living together as husband and wife or as partners or if they are the son or daughter; nephew or niece; grandson or granddaughter; or brother or sister of either of them or in-laws as applicable.

34. INTERESTS OF MEMBERS OF STAFF

34.1 If it comes to the knowledge of any member of the staff of the Trust that a contract in which he/she has any pecuniary or other interest, whether direct or indirect, not being a contract to which he/she is himself/herself a party, has been, or is proposed to be, entered into by the Trust he/she shall at once give notice in writing to the Board of the fact that he/she is interested therein. In the case of persons living together, the interest of one partner shall, if known to the other, be deemed to be also the interest of that partner.

34.2 Any identified failure by any member of staff to give notice in writing to the Trust that a contract in which he/she has any pecuniary or other interest, whether direct or indirect, not being a contract to which he/she is himself/herself a party, has been, or is proposed to be will be referred by the Director of Finance and Performance to the LCFS for further investigation, or in cases where the Director of Finance and Performance is alleged to be involved a report will be made direct from the delegated responsible Board member.

PART V: MISCELLANEOUS

35. SUSPENSION OF STANDING ORDERS

35.1 Except where this would contravene any statutory provision or any direction made by the Secretary of State or the rules relating to the Quorum any one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the whole number of the members of the Board are present (including at least one member who is an Officer Member of the Trust and one Member who is not) and that at least two-thirds of those members present signify their agreement to such suspension.

35.2 A decision to suspend Standing Orders shall be recorded in the minutes of the meeting.

35.3 A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the Chairman and members of the Board.

35.4 No formal business may be transacted while Standing Orders are suspended.

35.5 The Audit Committee shall review every decision to suspend Standing Orders.

36. VARIATION AND AMENDMENT OF STANDING ORDERS

36.1 These Standing Orders shall not be varied except upon notice of motion under Paragraph 1 of Appendix I and unless there are at least eight Directors of the Board present and provided that any variation does not contravene a statutory provision or direction made by the Secretary of State.

37. STANDING ORDERS TO BE GIVEN TO DIRECTORS

37.1 The Trust Secretary shall ensure that a copy of the Standing Orders is given to each Director of the Board and to appropriate members of staff.

38. SIGNATURE OF DOCUMENTS

38.1 Where any document will be a necessary step in legal proceedings on behalf of the Trust, it shall, unless any enactment otherwise requires or authorises, or the Board has given the necessary authority to some other person for the purpose of such proceedings, be signed by the Chief Executive or the Trust Secretary.

38.2 The Executive Directors of the Board shall be authorised to sign on behalf of the Trust any agreement or other document not requested to be executed as a deed,

the subject matter of which has been necessarily approved by the Board or any committee or sub-committee with delegated authority.

39. STANDING FINANCIAL INSTRUCTIONS

39.1 Standing Financial Instructions adopted by the Board in accordance with the Financial Regulations shall have effect as if incorporated in these Standing Orders.

40. URGENT DECISIONS

40.1 Where an urgent decision is required on a matter which would normally be reserved to the Trust Board in advance of a meeting of the Trust Board, the matter will normally be raised by the Chief Executive, or a Board Director with the Chairman, or in his absence the Deputy Chairman, with a recommended course of action. The Chairman, or in his absence the Deputy Chairman, shall be authorised to act on behalf of the Board where time is of the essence.

40.2 Where the Chief Executive, or in his absence, one of the Board Directors other than the Board Director directly involved in the issue, authorises urgent action after consulting with the Chairman of the Board, or in his absence, the Deputy Chairman, in respect of a matter on behalf of the Trust which would normally have been considered by the Board itself, such action shall be reported to the next appropriate meeting of the Board.

41. CODES OF CONDUCT AND ACCOUNTABILITY

41.1 Codes of Conduct and Accountability issued by the Department of Health shall apply to the Board and its Directors. Standards of Business Conduct for the Trust are as set out in Appendix VII.

41.2 Staff should comply with the national guidance contained in Health Service Guidelines HSG 93(5) “Standards of Business Conduct for NHS Staff” (as amended, in part, by the Bribery Act 2010).

42. CODES OF PRACTICE

42.1 Codes of Practice approved by the Trust Board shall have effect as if they were part of these Standing Orders. The Trust Secretary will maintain a list and copies of such Codes of Practice. The Trust Board shall approve the manner in which Codes of Practice are maintained and varied as each Code of Practice is approved by the Board.

43. OVERSEAS BUSINESS TRAVEL OUTSIDE THE UNITED KINGDOM BY TRUST EMPLOYEES

43.1 From time to time it will be necessary and appropriate for Trust staff to travel outside the UK for business purposes. This may include the opportunity to observe and research new systems in operation, attendance at conferences with an international perspective, and income generating advice and consultancy projects.

43.2 In order to ensure probity and public confidence in their appropriateness, all such journeys outside of the European Union area will be reported to the Trust Board on an annual basis. The Audit Committee will receive an annual report on travel undertaken by Trust staff.

43.3 There will be an internal process for approving overseas travel outside the UK which will consider the following criteria/requirements:

43.3.1 Clear Trust benefits are expected and specified
43.3.2 A personal presence is required
43.3.3 There is a major role to be played at any conference attended
43.3.4 Part funding by conference organisers should be considered
43.3.5 The appropriateness of Business Class travel
43.3.6 Written report to the Trust Board on outcomes achieved

43.4 Irrespective of the reason for travel the Trust will pay all travel and subsistence costs unless the Trust Board has approved other arrangements in advance.

44. DOCUMENTS HAVING THE STANDING OF STANDING ORDERS

44.1 Standing Financial Instructions, Decisions Reserved for the Board and the Scheme of Delegation shall have effect as if incorporated into Standing Orders.

45. REVIEW OF STANDING ORDERS

45.1 Standing Orders shall be reviewed every as required by the Board, and not less frequently than every two years.

46. PART VI: DECISIONS RESERVED FOR THE BOARD

46.1 The Board has reserved to itself decisions on the items shown in the Schedule of Decisions Reserved for the Board at Appendix VIII.

47. PART VII: SCHEME OF DELEGATION

48.1 The Board has agreed a Scheme of Delegation to show the approved officers who have been delegated responsibility for deciding particular matters and those who may act in their absence. The scheme is shown in Appendix IX.

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48. PART VIII: INTERPRETATION OF STANDING ORDERS

48.1 The Chairman of the Board shall be the final authority in the interpretation of Standing Orders on which he/she shall be advised by the Chief Executive or the Trust Secretary, or, in the case of Standing Financial Instructions, by the Director of Finance and Performance.

APPENDIX I NOTICES OF MOTION AND OF QUESTIONS

1. NOTICES OF MOTION

1.1 Subject to the provisions of paragraph 3 of this Appendix, a Director of the Board desiring to move a motion shall send a notice thereof at least seven clear days before the meeting to the Chairman or Trust Secretary, who shall insert in the agenda for the meeting, all notices so received subject to the same being in order. Requests made between the third day and the seventh day before a meeting may be included on the agenda at the discretion of the Chairman. This paragraph shall not prevent any motion being moved without notice on any business mentioned on the agenda for the meetings (see paragraph 4 of this Appendix).

2. RIGHT OF REPLY

2.1 The mover of a motion shall have a right to reply at the close of any discussion on a motion or any amendment thereto.

3. MOTION TO RESCIND A RESOLUTION

3.1 Notice of motion to rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six calendar months shall bear the signature of the Board Director who gives it and also the signature of two other Board Directors. When any such motion has been disposed of by the Trust it shall not be competent for any Board Director, other than the Chairman, to propose a motion to the same effect within six months.

4. MOTIONS WHICH MAY BE MOVED DURING DEBATE

4.1 When a motion is under debate no other motions shall be moved except the following:

4.2 to amend the motion

4.3 to adjourn the meeting

4.4 to adjourn the debate

4.5 to proceed to the next business

4.6 to appoint an ad hoc committee to deal with a specific item of business

4.7 that the question be now put

4.8 A motion under Section 1 (2) of the Public Bodies (Admission to Meetings) Act, 1960 to exclude the public.

4.9 No amendment to the motion shall be admitted if, in the opinion of the Chairman of the meeting, the amendment negates the substance of the motion.

5. NOTICES OF QUESTIONS

5.1 A Board Director may lay a notice of question before the Chairman of the Board, Chairman of a Committee or Sub-Committee or Trust Secretary. Provided reasonable notice is given, such questions will be answered by written or oral reply at the next appropriate meeting of the Board.

5.2 Questions to be put on behalf of the public must be received by the Trust Secretary 24 hours before the appropriate meeting of the Trust Board.

APPENDIX II: TERMS OF REFERENCE

September 2014
Audit Committee

1. Authority

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

1.2 The Audit Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

1.3 The Audit Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

2. Purpose

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

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

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

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

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

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

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

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

3. Internal Audit

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

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

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

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

3.1.4 an annual review of the effectiveness of Internal Audit.

4. External Audit

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

4.1.1 consideration of the performance of the External Auditor;

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

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

4.1.4 review of all External Audit reports, including agreement of the Annual Audit Letter before submission to the Board and any work

carried outside the Annual Audit Plan, together with the appropriateness of management responses;

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

5. Risk and Assurance Functions

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

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

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

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

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

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

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

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

6. Counter Fraud

6.1 The Committee shall satisfy itself that the organisation has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. [2]

7. Management

[2] From the NHS Audit Committee Handbook

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

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

8. Financial Reporting

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

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

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

8.3 The Committee shall monitor the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's performance.[3]

9. Membership

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

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

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

9.4 The Director of Finance, Director of Corporate Affairs or their deputy

[3] As above

should normally attend all Audit Committee meetings, with the Chief Executive invited to attend at least annually to discuss with the Audit Committee the process for assurance that supports the Annual Governance Statement.

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

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

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

10. Accountability

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

11. Responsibility

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

12. Reporting

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

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

12.3 The Committee will report to the Board annually on its work in support of the Annual Governance Statement, specifically commenting on the fitness for purpose of the Assurance Framework, the completeness and embeddedness of risk management in the organisation, the integration of governance arrangements and the appropriateness of the self-assessment against the Care Quality Commission regulations and the processes behind the Quality Accounts.[4]

13. Administration

13.1 Secretarial support will be provided by the Trust's Committee Secretary and will include the agreement of the Agenda with the Chair of the Audit Committee and attendees and collation of papers,

[4] The NHS Audit Committee handbook

taking minutes and keeping a formal record of matters arising and issues carried forward.

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

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

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

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

14. Quorum

14.1 The quorate number of members shall be 2 which will include the following:

- The Chair of the Audit Committee or the nominated deputy (who must also be a Non-Executive Director);
- In the absence of the Chair, Committee members will nominate a deputy chair for the purposes of that meeting.

15. Frequency

15.1 The Committee shall meet a minimum of 4 times per annum.

15.2 The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.

16. Review of Terms of Reference

16.1 The Audit Committee will review these Terms of Reference at least annually from the date of agreement.

16.2 The Chair or the nominated deputy shall ensure that these Terms of Reference are amended in light of any major changes in Committee or Trust governance arrangements.

Document Profile and Control

Audit Committee Terms of Reference

Version:	Approved by:	Date:
September 2014	Audit Committee	8th September 2014

APPENDIX III: TERMS OF REFERENCE

September 2014
Nominations and Remuneration Committee

1. Authority

1.1 The Nominations and Remuneration Committee is constituted as a standing committee of the Trust Board of Directors (the Board). Its constitution and terms of reference shall be set out below and subject to amendment when directed and agreed by the Trust Board.

1.2 The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

1.3 The Committee is authorised by the Board at the Trust's expense:

I. to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary; and/or
II. within any budgetary restraints imposed by the Board of Directors, to appoint remuneration consultants, and to commission or purchase any relevant reports, surveys or information which it deems necessary to help fulfil its duties.

2. Purpose

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

3. Duties

The Committee shall:

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

successfully. They shall, however, avoid paying more than is necessary for the purpose;

II. Judge where to position the Trust relative to other NHS Trusts, NHS foundation trusts and comparable organisations. Such comparisons, however, shall be used in caution in view of the risk of an upward ratchet of remuneration levels with no corresponding improvement in performance;

III. Be sensitive to pay and employment conditions elsewhere in the Trust, especially when determining annual salary increases;

IV. Ensure that neither the Chief Executive nor any other executive director is involved in deciding his or her own employment arrangements, including their own remuneration; and

V. Ensure that where executive directors or senior management are involved in advising or supporting the Committee, care is taken to recognise and avoid conflicts of interest.

3.5 In consultation with the Chief Executive, agree and monitor the level and structure of remuneration for senior management, the definition of which shall be determined by the Committee but shall normally include the first layer of management below Board of Director level;

3.6 Agree the policy for authorising claims for expenses from the Chairman of the Board of Directors and executive directors;

3.7 Ensure that all provisions regarding disclosure of remuneration, including pensions, are fulfilled;

3.8 Be exclusively responsible for establishing the selection criteria, selecting, appointing and setting the terms of reference for any independent remuneration consultants who advise the Committee. Where remuneration consultants are appointed, a statement shall be made available of whether they have any other connection with the Trust; and

3.9 Obtain reliable, up-to-date information about remuneration in other Trusts and comparable organisations.

4. Responsibility

4.1 In developing recommendations for remuneration packages, the Committee will wish to ensure that they have:

i. A clear statement of the responsibilities of the individual posts and their accountabilities for meeting objectives of the organisation;

ii. Means of assessing the comparative size of the job by job evaluation;

iii. Comparative salary information from the NHS, other public sector organisations including Trusts, and other industrial and service organisations;

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

5. Membership and attendance

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

6. Accountability

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

7. Reporting responsibilities

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

8. Administration

8.1 The Committee will meet as directed by the Board. Its proceedings will be formally minuted and it will be supported by the Director of Support Services.

9. Quorum

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

10. Frequency

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

11. Review of Terms of Reference

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

Nominations and Remuneration Committee Terms of Reference		
Version:	**Approved by:**	**Date:**
September 2014	Nominations and Remuneration Committee	September 2014

APPENDIX IV: TERMS OF REFERENCE

Charitable Funds Committee
September 2012

1. Authority

The terms of reference of the Charitable Funds Committee shall be set out below and subject to amendment when directed and agreed by the Trust Board.

The Committee is authorised by the Trust Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

The Committee is authorised by the Trust Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

2. Purpose

To oversee, on behalf of the trustees of the London Ambulance Service Charitable Funds[5], the management, investment and disbursement of charitable funds within the regulations provided by the Charities Commission and to ensure compliance with the laws governing charitable funds.

3. Responsibility

To act on behalf of the Trust in satisfying the duties and responsibilities of trustees in managing the funds;

To ensure that policies and procedures are in place to meet the requirements of the Charities Commission and the laws governing charitable funds;

To establish an investment strategy in accordance with the Trustee Act 2000 and if necessary to appoint fund managers to act on its behalf;

To monitor the performance of investments and of appointed Investment Managers;

To review the charity's reserves policy;

To review the income and expenditure transactions for all funds;

To review legacies received and ensure that the Trust complies with the terms of the legacy;

[5] The Trust Board members shall act as the Trustees of the London Ambulance Services' Charitable Funds. The Trustees shall hold the Trust Funds upon trust to apply for any charitable purpose or purposes relating to the NHS wholly or mainly for the services provided by the LAS NHS Trust.

To examine the financial statements of the charity and approve the annual return and the annual accounts in line with the requirements of the Charities Commission and the laws governing charitable funds;

To approve the charitable funds annual budget;

To authorise the establishment of new funds and new charities.

4. Membership

The membership of the Committee shall comprise one non-executive director, the director of Human Resources and Organisation Development, the Financial Controller and a nominated staffside representative.

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

Other managers/staff may be invited to attend meetings depending upon issues under discussion.

5. Accountability

The Charitable Funds Committee shall be accountable to the Trust Board of Directors.

6. Reporting

The minutes of Charitable Funds Committee meetings shall be formally recorded by the Trust's Committee Secretary and the approved minutes submitted to the Trust Board;

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

7. Administration

Secretarial support will be provided by the Trust's Committee Secretary and will include the agreement of the agenda with the Chair of the Strategy Review and Planning Committee and attendees, collation of papers, taking minutes and keeping a formal record of matters arising and issues carried forward;

The agenda and papers will be distributed 5 days before each meeting;

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

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

Papers tabled will be at the discretion of the Chair of the Charitable Funds Committee.

8. Quorum

The quorum shall be one non-executive director, the Director of Human Resources & Organisational development/deputy, and the financial controller or nominated deputy, and a staff-side representative present.

9. Frequency

The Charitable Funds Committee shall normally meet once a year.

The Chair may request additional meetings if they consider it necessary.

10. Review of Terms of Reference

The Charitable Funds Committee shall review these terms of reference at least annually from the date of agreement.

APPENDIX V Terms of Reference
Quality Governance Committee
August 2014

1. Authority

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

1.2 The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

1.3 The Committee is authorised by the Board to obtain legal or other independent professional advice and to secure the attendance of external representatives with relevant experience and expertise if it considers this necessary.

2. Purpose

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

2.2 The Committee provides assurance to the Trust's Audit Committee on the effectiveness of the clinical risk management arrangements.

2.3 The Committee shall:

2.3.1 Offer scrutiny to ensure that the required standards are achieved and action taken to improve performance where required and to hold senior managers to account for delivery.

2.3.2 Oversee the systems and processes in place to ensure that the Trust's services deliver safe, high quality, patient-centred care;

2.3.3 Seek assurance that processes are in place and evidence is available to support a cycle of continuous improvement in the provision of high quality and safe services within the framework of the Trust's Clinical Quality Strategy.

2.3.4 Offer scrutiny and oversight of the quality impact assessments underpinning the Cost Improvement Programme.

2.3.5 Seek assurance that arrangements are in place to maintain compliance with external regulatory requirements and standards including: the Care Quality Commission's Essential Standards of Quality and Safety; Monitor's Quality Governance Framework; and the NHSLA risk management standards assessment;

2.3.6 Seek assurance that organisational systems and processes are robust and embedded so that priority is given, at the top level, to identifying and managing risks to patient care.

2.3.7 Support the development by the Board of a culture that reflects NHS values as defined in the NHS Constitution:

- Working together for patients
- Respect and dignity
- Commitment to quality of care
- Compassion
- Improving lives; and
- Everyone Counts.

2.3.8 Oversee the implementation of arrangements to address the key recommendations from reports such as Francis and Berwick.

2.3.9 To seek assurance on the application of the statutory Duty of Candour

3. Quality and Safety Assurance

3.1 To ensure that the Trust has in place a Clinical Quality Strategy that drives the overall strategy and integrated business plan of the organisation.

3.2 To oversee and recommend to the Trust Board the approval of the annual Quality Account.

3.3 To assure the Trust Board that the quality dashboard and performance against key clinical quality indicators and any associated risks are being monitored and managed.

3.4 To receive reports on outcomes and effectiveness of patient treatment, care and interventions with particular reference to clinical quality indicators.

3.5 To oversee the programme for patient involvement and experience and to seek assurance that this incorporates the CQC regulatory requirements and the development of the annual Quality Accounts.

3.6 To ensure that the patient voice is heard at the Board table through a programme of patient stories presented to the Board with the issues and lessons reviewed by the Quality Governance Committee.

3.7 To oversee the self- and then independent assessments against Monitor's Quality Governance Framework ensuring that an action plan is implemented and monitored by the committee.

4. Clinical Risk Management

4.1 To seek assurance on the effectiveness of processes and systems for managing clinical governance, risks and audit.

4.2 To oversee the clinical risk management processes throughout the organisation including regular review of the clinical risk register and the actions in place to mitigate and manage the risks to patient safety.

4.3 To seek assurance from the clinical audit programme and how this supports clinical improvements and delivery and reflects the key strategic risks as defined in the board assurance framework.

5. Monitoring and Reporting

5.1 To review the objectives and outcomes of the Clinical Safety, Development and Effectiveness Committee, and to agree action plans and priorities for the coming year.

5.2 To receive regular assurance reports from the Clinical Safety, Development and Effectiveness Committee on outcomes, effectiveness, patient safety and the patient experience.

5.3 To receive regular assurance reports from the Executive Management Team on workforce so as to assess any impact or risk on the delivery of high quality and safe care for patients.

5.4 To ensure that quality drives the Board agenda.

5.5 To complement the work of the Audit Committee and exchange information and reports on a regular basis.

5.6 To receive and review reports on Serious Incidents, problematic inquests and clinical negligence claims and associated action and outcomes from the Learning from Experience group.

5.7 To receive trend information on incidents, complaints and claims and other quality & safety data.

5.8 The Committee shall review the findings of other significant assurance functions, both internal and external to the Trust and consider the implications to the governance of the Trust. These will include but will not be limited to any reviews by the Care Quality Commission, NHS Litigation Authority, Health & Safety Executive or other regulators/inspectors etc; and professional bodies with responsibility for the performance of staff or functions (e.g. accreditation bodies etc).

6. Membership

6.1 The Committee shall be appointed by the Board and shall comprise the following:

Four non-executive directors, including a non-executive chair
Director of Nursing and Quality
Medical Director
Director of Paramedic Education
Director of Corporate Affairs/Trust Secretary
Director of Operations
Director of Support Services (to be reviewed after a year)
Consultant Midwife
Commissioning Representative

The Director of Performance shall be invited to attend all meetings of the Quality Governance Committee and shall receive papers, but will not be required to attend each meeting.

6.2 All non-executive director members and the three clinical directors shall have voting rights.

6.3 One non-executive director shall be appointed by the Board to be the Chair of the committee and, in their absence, another non-executive director shall chair the meeting.

6.4 At least one non-executive director shall be a full member of the Audit Committee.

6.5 The Director of Nursing and Quality will be the executive lead for the Quality Governance Committee.

6.6 The Director of Corporate Affairs shall act as the executive team's link between the Quality Governance Committee and the Audit Committee.

6.7 Other senior managers should be invited to attend when the Committee is discussing areas of quality, safety and risk that are their responsibility.

6.8 At least twice a year the appropriate Internal Auditor representative should attend the meeting.

6.9 As and when the LAS become an NHS foundation trust, an elected public governor will be invited to attend the meetings of the Quality Governance Committee.

7. Accountability

7.1 The Quality Governance Committee shall be accountable to the Board of Directors.

8. Responsibility

8.1 The Quality Governance Committee is a formal sub-committee of the Board of Directors and has no executive powers other than those specifically delegated in these Terms of Reference.

9. Reporting

9.1 The minutes of the Quality Governance Committee meetings shall be formally recorded by the Trust's Committee Secretary.

9.2 An assurance report will be provided to the next meeting of the Trust Board. The emphasis of the report will be to highlight the strategic and corporate risks associated with items considered by the Quality Governance Committee and provide assurance to the Trust Board relative to the mitigation. This report will be given to the Trust Board four times a year.

9.3 The Quality Governance Committee will receive a report from the Clinical

Safety, Development and Effectiveness Committee four times a year. The reports will provide assurance on the areas covered within the terms of reference of the committee and annual work programmes, including identifying areas of good practice and any gaps in assurance together with action being taken to address these.

9.4 The Chair of the Quality Governance Committee shall draw the attention of the Board to any issues that require disclosure to the full Board or that require executive action.

9.5 The Quality Governance Committee will annually monitor the effectiveness of the committee. A report will be prepared by the Chair and the Director of Nursing and Quality and submitted to the next meeting of the Audit Committee and then to the Trust Board, highlighting areas of good practice as well as any shortfall in assurance and the action to be taken to address this.

9.6 Responsibility for monitoring action to be taken rests with the Director of Nursing and Quality.

10. Administration

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

10.2 Agenda items shall be forwarded to the Committee Secretary two weeks before the date of the committee meeting.

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

10.4 Papers will be tabled at the discretion of the Chair of the Quality Governance Committee.

11. Quorum

11.1 The quorum shall be 3 non-executive director members and 2 executive director members.

12. Frequency

12.1 Meetings shall be held quarterly, with two further meetings a year with membership extended to the whole Trust Board and an invitation to attend and participate extended to all staff

12.2 Any formal member of the committee may request a meeting if they consider that one is necessary.

12.3 Committee members are required to attend at least 50% of the committee's meetings per financial year. Committee members' attendance will be recorded in the minutes of each meeting and reviewed at the end of each

year to ensure that this requirement is met.

13. Terms of Reference Review

13.1 The Quality Governance Committee will review these Terms of Reference annually.

13.2 The Chair or the nominated deputy shall ensure that these Terms of Reference are amended in light of any major changes in committee or Trust governance arrangements.

Terms of Reference
August 2014

Document Profile and Control

Quality Governance Committee Terms of Reference		
Version:	**Approved by:**	**Date:**
August 2014	Quality Committee	27th August 2014

APPENDIX VI: TERMS OF REFERENCE

Finance & Investment Committee
July 2014

1. Authority

The Finance and Investment Committee is constituted as a Standing Committee of the Trust Board of Directors. Its constitution and terms of reference shall be as set out below, subject to amendment at future Board of Directors meetings.

The Committee is authorised by the Trust Board of Directors to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

2. Purpose

The Finance and Investment Committee shall conduct independent and objective review of financial and investment policy and performance.

3. Duties

3.1 **Financial Policy, Management and Reporting**

3.1.1 To consider the Trust's medium term financial strategy, in relation to both revenue and capital prior to its submission to the Trust Board.

3.1.2 To consider the Trust's annual financial targets and performance against them.

3.1.3 To review the annual budget before submission to the Trust Board of Directors.

3.1.4 To review performance against the Cost Improvement Programme focussing on specific issues raised by the Trust Board.

3.1.5 To review proposals and make recommendations to the Trust Board for major business cases and their respective funding sources.

3.1.6 To monitor progress with the capital programme making any recommendations for changes or re-allocation of capital.

3.1.7 To commission and receive the results of in-depth reviews of key commercial issues affecting the Trust on behalf of the board.

3.1.8 To maintain an oversight of, and receive assurances on, the robustness of the Trust's key income sources and related contractual risk.

3.1.9 To consider the Trust's tax policy and compliance.

3.1.10 To annually review the financial policies of the Trust and make appropriate recommendations to the Board of Directors.

4. Investment Policy, Management and Reporting

4.1 To approve and keep under review, on behalf of the Board of Directors, the Trust's investment strategy and policy.

4.2 To maintain an oversight of the Trust's investments, ensuring compliance with the Trust's policy and Monitor's requirements.

5. Performance oversight

The proposed remit of the Finance & Investment Committee in respect of this is:
5.1 To review the form and content of the Integrated Performance Report to ensure it is adequately focused and acts to highlight variation from intended performance, the reason for this and action to address it.

5.2 To receive assurance regarding the timeliness, relevance and accuracy of the data included within the Integrated Performance Report together with recommendations for improvement.

6 Other

6.1 To examine any other matter referred to the Committee by the Board of Directors.

7 Membership

7.1 The Trust Board will confirm the membership of the committee which as a minimum shall be:

3 non-executive directors one of whom shall be a member of the Audit Committee and one a member of the Quality Committee;
Director of Finance and Performance (Executive director lead)
Director of Quality and Nursing
Director of Strategy and Transformation
Director of Performance
Director of Corporate Affairs
Director of Support Services
Director of Business Development
Deputy Director of Finance

Voting shall involve both executive and non-executive directors with the Chairman of the committee (NED) having a casting vote in the event of a tie.

8 Attendance

8.1 The committee may invite other Trust staff to attend its meetings as appropriate.

8.2 The Deputy Director of Finance shall be Secretary to the Committee.

9 Accountability

9.1 The Committee will report to the Trust Board of Directors.

9.2 The Executive Management Team will report on finance and investment issues to the Committee.

10 Reporting

a. The Deputy Director of Finance will be responsible for taking the minutes of each meeting of the Committee and for monitoring any action arising from discussion.
b. The Deputy Director of Finance shall maintain the forward planner for the Committee ensuring that key reporting requirements are scheduled in a timely fashion.
c. The Committee will report after every meeting to the next meeting of the Trust Board of Directors, co-ordinated by the Secretary and Chair of the Committee.

11 Administration

11.1 The Secretary of the Committee will take responsibility for agreeing of the Agenda of each committee with the Chair and attendees, collate papers, take minutes and keep formal records of matters arising and issues carried forward.

11.2 The agenda and papers will be distributed 4 working days before the Committee meets.

11.3 Draft minutes and action points will be available to Committee members 7 working days after the meeting.

11.4 Agenda items, papers and updates be submitted to the Secretary 7 working days prior to each committee meeting.

11.5 The Chair and Secretary will decide which papers are tabled at the committee.

12 Quorum

The meeting will be quorate with a two non-executive and two executive members being present. The Chairman can delegate the chair to another non-executive. The executive directors can delegate to a nominated deputy as required.

13 Frequency

A minimum of 3 meetings will be held per year, with additional meetings as deemed necessary.

14 Review of Terms of Reference

14.1 The terms of reference will be reviewed annually and any changes agreed with the Trust Board of Directors.

14.2 In the first year the terms of reference will be reviewed after 3 meetings to ensure they are relevant and appropriate.

14.3 The Chair of the Committee may trigger a review of the Terms of Reference at any time and the Deputy Director of Finance will ensure the initial review and then annual review are scheduled in the Committee's forward planner.

Revised July 2014
Approved by FIC 24th July 2014

APPENDIX VII STANDARDS OF BUSINESS CONDUCT FOR LONDON AMBULANCE SERVICE NHS TRUST

1. INTRODUCTION

1.1. These guidelines are produced in the light of the challenges that staff face in the new and more commercially oriented environment of Trust status, and are intended by the Trust to reinforce the guiding principles set out in the Codes of Conduct and Accountability in the NHS published by the Appointments Commission April 2004 for NHS Boards. Should there by any conflict between these principles and EL(94) 40 the latter will take precedence.

1.2. In promoting and safeguarding the reputation and standing of the London Ambulance Service NHS Trust (the Trust)) with local communities, with customers and suppliers, with patients and with the media, it is Trust policy that the professional and social conduct of staff should reflect the highest possible standard of personal integrity and that the business affairs of the Trust are conducted in a moral, honest manner and in full compliance with all the applicable laws and Trust Standing Orders.

2. RESPONSIBILITY OF THE TRUST BOARD

2.1. The Trust Board is responsible for bringing these guidelines to the attention of all LAS staff and for introducing procedures to ensure that they are implemented.

3. RESPONSIBILITY OF LAS DIRECTORS

3.1. All LAS Directors have a responsibility to uphold these guidelines and to act primarily at all times, in the interest of the Trust as a whole.

4. RESPONSIBILITY OF LAS STAFF

4.1. It is the responsibility of Trust staff to ensure that they do not place themselves in a position where their private interests and the Trust duties conflict. This primary responsibility applies to all Trust staff.

5. GUIDING PRINCIPLE IN CONDUCT OF PUBLIC BUSINESS

5.1. It is important that the Trust, along with all public sector bodies, must be seen to be impartial and honest in the conduct of its business and that its staff should remain above suspicion. It is an offence under the Bribery Act 2010 for a member of staff corruptly to accept any inducement or reward for doing, or refraining from doing, anything in his or her official capacity, or corruptly showing favour, or disfavour, in the handling of contracts.

5.2. Note: Staff should be aware that a breach of the provisions of the Bribery Act 2010 renders them liable to prosecution and may lead to loss of their employment and superannuation rights in the Trust. Failure to adhere to the Business Conduct Policy may result in disciplinary action if it is proved that the employee has failed to declare a relevant interest, or has abused his/her official position or knowledge, for the purpose of self-benefit or the benefit of family,

friends or those others with whom the employee has a relationship as defined in paragraph 33.3 of these Standing Orders.

6. PRINCIPLES OF CONDUCT WITHIN THE TRUST

6.1. Trust staff are expected to give the highest possible standard of service to the public and to provide appropriate advice to Directors of the Trust and to fellow employees. In particular Trust staff are required to:

6.1.1 ensure that the interests of patients remain paramount at all times;

6.1.2 be impartial and honest in their conduct of official business; and

6.1.3 use the public monies entrusted to them in a responsible and lawful manner to the best of advantage of the Trust, always ensuring value for money and avoiding legal challenge to the authority.

6.1.4 It is also the responsibility of Trust staff to ensure that they do not:

6.1.4.1 abuse their official position for personal gain or to benefit their family or friends; and

6.1.4.2 seek to advantage or further their private business or other interests in the course of their official duties.

6.2 Wherever Trust staff have private or personal interests in any matter they have to deal with at work, they must not let these interests influence how they act on behalf of the Trust. Interest may be financial interests but non-financial interest can be just as important. Kinship; friendship; membership of an association, society or trusteeship and any other kinds of relationships can sometimes influence the judgement of Directors and employees of the Trust, or may be thought to do so. A good test is for staff to ask themselves whether others could possibly think the interest be close enough or of such a nature as to give rise to any suspicion. In such cases the member of staff must disclose the interest to the Chief Executive through his or her Director.

7. DECLARATION OF INTEREST

7.1. The Trust Board must be advised of all cases where a member of staff or his/her close relative, partner or associate has a controlling, or significant, or financial interest in a business, or any other activity, which may compete for a contract to supply goods or services to the Trust.

7.2. All Trust staff are required to declare such interests either when they are appointed or on acquisition of the interest, in order that it may be known to the Trust and in no way promoted to the detriment of the Trust or to the patients served by the Trust.

7.3. A Register of Interests shall be maintained by the Trust Secretary to whom all declarations must be submitted in writing. This Register shall be made available for inspection by all Trust Directors, by the public, and by contractors.

7.4. In determining what needs to be declared all Trust staff should:

7.4.1. ensure that they understand these guidelines and consult their line managers if further clarification is required;

7.4.2. ensure that they are not in a position where their private interest and their Trust duties conflict;

7.4.3. declare to the Trust Board any relevant interests; if in doubt they should ask themselves:

7.4.4. am I, or might I be, in a position where I or my family or associates might gain from the connection between my private interests and my employment with the Trust?

7.4.5. do I have access to information which could influence purchasing decisions?

7.4.6. could my outside interest be in any way detrimental to the Trust or to patients' interests?

7.4.7. do I have any reason to think that I may be risking a conflict of interest?

7.5. If still unsure - **declare it!**

8. PREFERENTIAL TREATMENT IN PRIVATE TRANSACTIONS

8.1. Individual staff must not seek or accept preferential rates or benefits in kind for private transactions carried out with companies with which they have had, or may have, official dealings on behalf of the Trust. (This does not apply to any arrangements negotiated with companies on behalf of the Trust, or by recognised staff organisations, on behalf of all staff - for example LAS staff benefit schemes).

9. OTHER EMPLOYMENT

9.1. It is a condition of employment that Trust staff do not undertake any other employment, paid or unpaid, which conflicts with the requirements of their Trust post or be detrimental to it. Staff wishing to take up any employment must provide full details and seek prior written authority from the Director of Support Services. The Trust will be responsible for judging whether the interests of patients or of the Trust could be harmed e.g.:

9.1.1. full-time ambulance staff who undertake driving duties outside their employment;

9.1.2. employees associated with or working for private transport organisations; or

9.1.3. employees undertaking alternative employment.

9.2. If written approval is given to a member of staff to undertake any other employment the Director of Support Services will ensure that this is recorded in the Register of Staff Engaged on Other Employment held in his/her department.

10. ACCEPTANCE OF GIFTS AND HOSPITALITY

10.1. National Health Service regulations prohibit staff from soliciting gifts or hospitality from organisations, suppliers or individuals with whom they are brought into contact in the course of their work.

10.2. As a general rule all offers of gifts and hospitality should be refused except where such a refusal would cause offence but acceptance must be limited to items similar to those set out below:

10.3. Casual gifts offered by contractors and others, for example:

10.3.1 at Christmas time (articles of low intrinsic value (up to £20) such as pens, calendars, diaries etc.) or

10.3.2 small items of low value (up to £20) such as desk furniture and tankards received at the conclusion of an official visit or conference or seminar. These items may not be connected with the performance of duties so as to constitute an offence under the Bribery Act 2010. Items of this nature do not need to be declared.

10.3.3 Staff must not, however, accept any money gifts or consideration where such acceptance could be deemed to influence or to have influenced their business conduct. Any member of staff who is unsure whether or not to accept a gift must consult their line manager or the appropriate Director. The Chief Executive will consult the Chairman in respect of gifts offered to him.

10.3.4 Tokens of gratitude from patients or their relatives must be politely but firmly declined. If, however, patients insist on crews accepting such gratuities, these must be reported to their line manager who will make arrangements for charity allocation.

10.3.5 Registers of Gifts Offered and Accepted shall be maintained by the Trust Secretary and all details of gifts offered and accepted must be submitted to him/her on a monthly basis. This will be reported to the Audit Committee.

10.3.6 Employees should only accept offers of hospitality if there is a genuine need to impart information or represent the Trust and that the Trust will benefit from such hospitality.

10.3.7 Modest hospitality may be accepted provided that it is normal and reasonable in the circumstances, for example, lunches in the course of working visits. In accepting hospitality, however, staff must not place themselves in a position where acceptance might be deemed by others to have influenced them in making a business decision. Offers to attend purely social or sporting functions should be accepted only when these are part of the life of the community served by the Trust or it is in the Trust's interest to attend for the execution of its business or its operational activity or where the Trust should be seen to be represented. Attendance at such events must be approved in advance by the relevant Director or by the Chief Executive for Directors and by the Chairman for such requests made by the Chief Executive. They should be properly authorised and then recorded by the Trust Secretary.

10.3.8 The frequency and type of hospitality accepted must not be significantly greater than the Trust would be likely to provide in return.

10.3.9 Offers of hospitality involving the provision of transport or overnight accommodation must only be accepted after approval from the appropriate Director or Chief Executive. If in doubt about the acceptance of hospitality, staff must seek advice from their line manager or appropriate Director, or in the case of the Chief Executive, the Chairman.

10.3.10 Registers of Hospitality Offered and Accepted shall be maintained by the Trust Secretary.

10.3.11 On an annual basis the Trust Secretary will remind all staff of the Trust's policy regarding the acceptance of gifts and hospitality.

11. COMMERCIAL SPONSORSHIP OR ATTENDANCE AT COURSES AND CONFERENCES

11.1 Acceptance by employees of hospitality through attendance at relevant conferences and courses is acceptable, but only where it is clear that the hospitality is corporate rather than personal and where the employee seeks permission in advance and the Trust is satisfied that acceptance will not compromise purchasing decisions in any way. On occasions where it is considered necessary for staff advising on the purchase of equipment in operation in other parts of the country, or, exceptionally, overseas, to attend courses and conferences the Trust may consider meeting the costs so as to avoid jeopardising the integrity of subsequent purchasing decisions.

12. COMMERCIAL SPONSORSHIP OF POSTS - LINKED DEALS

12.1 If a company offers to sponsor a post for the Trust either wholly or partially, it should be made clear that the sponsorship can have no effect on purchasing decisions within the Trust. Where such sponsorship is accepted, purchasing decisions must be monitored by the Trust Secretary to ensure that they are not being influenced by the sponsorship arrangement.

12.2 Under no circumstances should the Trust agree to Linked Deals whereby sponsorship is linked to the purchase of particular products or to supply from a particular source.

13. "COMMERCIAL IN-CONFIDENCE"

13.1 Staff must not make public internal information of a "commercial in-confidence" nature, particularly if its disclosure would prejudice the principle of a purchasing system based on fair competition. This principle applies whether private competitors or other NHS providers are concerned, and whether or not disclosure is prompted by the expectation of personal gain. The term "commercial in-confidence" should not be taken to include information about service delivery and activity levels, which should be publicly available. Nor should it inhibit, for example, the exchange of data for medical purposes subject to the normal rules governing patient confidentiality and data protection. In all circumstances the overriding consideration must be the best interest of patients.

14. COMPLAINTS ABOUT BREACHES OF THE CODE

14.1 Any staff complaints about breaches of the guidelines on Standards of Business Conduct, maladministration or other concerns of an ethical nature should be taken up initially, through line management. Should that be inappropriate or non-productive then the matter should be referred up to Director and, if necessary, to Board level. Any report or suspicion of fraud or bribery will be referred by the Director of Finance and Performance to the LCFS for further investigation, or in cases where the Director of Finance and Performance is alleged to be involved a report will be made direct from the delegated responsible board member. Please refer to the Fraud Act 2006 and Bribery Act 2010.

APPENDIX VIII: SCHEDULE OF DECISIONS RESERVED FOR THE TRUST BOARD

1. **Standing Orders** - for the effective conduct and operation of the Board in the fulfilment of its responsibilities. The decision to suspend standing orders or to vary and amend standing orders.

2. **Standing Financial Instructions -** for the regulation of the conduct of the Trust, its Directors, staff and agents in relation to all financial matters and the security of its assets.

3. **Scheme of Delegation -** to show the approved officers who have been delegated responsibility for deciding particular matters, and those who may act in their place during their absence.

4. **The Strategic Direction -** the strategic policy of the Trust and the selection of its key objectives.

5. **Service Plans -** the consideration and endorsement of the annual service plan and associated budgets to facilitate of the Board's function of exercising financial supervision and control.

6. **Committees/Sub-Committees -** the establishment, terms of reference and reporting arrangements for the Audit Committee, and Remuneration and Nominations Committee and all other committees and sub-committees acting on behalf of the Board as laid down in Part II of these Standing Orders. Confirm the recommendations of the Trust's committees where the committee's do not have executive power.

7. **Capital Schemes~~,~~ and assets and large contracts** - the acquisition of capital assets in accordance with the Scheme of Delegation; any capital scheme or acquisition or disposal of assets with a value of £2,000,000 or more; or any lease or contract with substantial recurring financial implications.

8. **Financial and performance objectives for the Trust -** the establishment of financial and performance targets and the regular provision of information against those targets - to facilitate proper monitoring and control.

9. **Non-Exchequer Funds -** the formulation of policy for the management of non-exchequer funds.

10. **Treasury Policy -** the formulation of policy for the investment of both exchequer and non-exchequer funds.

11. **External Consultants -** the endorsement of the selection of any external consultants involving fees in excess of £100,000.

12. **Human Resources Policies** - the endorsement of Human Resources policies affecting pay, redundancy, retirement, equal opportunities, grievance and disciplinary procedures.

13. **Appointments -** the appointment, appraisal, disciplining and dismissal of the Chief Executive, other executive Board Directors and the Trust Secretary.

14. **Declaration of Interests** - Requiring and receiving the declaration of interests from Board Directors and Officers which may conflict with those of the Trust as per Standing Order No. 15.

15. **Organisational Structures** - Adoption of organisational structures, processes and procedures to facilitate the discharge of business or duties by the Trust and agree modifications thereto.

16. **Ratification of Urgent Decisions** - The ratification of urgent decisions taken in accordance with Standing Order No. 41.

17. **Corporate Trustee** - Approval of arrangements relating to the discharge of the Trust's responsibilities and duties as a corporate trustee for funds held on trust as set out in Standing Order No. 20.

18. **Bailee's Property** - Approval of arrangements relating to the discharge of the Trust's responsibilities as a bailee for patients' property.

19. **Trust Representatives** - The approval of any Trust representative on outside bodies.

20. **Management of Risk** - The approval and monitoring of the Trust's policies and procedures for the management of risk.

21. **Significant Activity or Operation** - The approval of the introduction or cessation of any significant activity or operation.

22. **Contracts** - Approval of individual contracts (other than NHS contracts) of a capital or revenue nature in accordance with the Trust's Tendering and Contracting Procedure as set out in the Trust Standing Financial Instructions.

23. **Litigation** - The agreement to action on matters relating to litigation against or on behalf of the Trust as defined in the approved Scheme of Delegation.

24. **Annual Governance Statement** - the Annual Governance statement is a responsibility of the Board to sign as part of the financial statements.

25. **Complaints** - Approve arrangements for the dealing with complaints

26. **Approve proposals of the Remuneration and Nominations Committee** regarding Directors and Senior Employees and those staff not covered by the Remuneration and Nominations Committee.

APPENDIX IX:

SCHEME OF DELEGATION

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHORITY TO			REPORT/ADVICE REQUIRED
			Chairman	Chief Executive	Directors	
1.	STANDING ORDERS & STANDING FINANCIAL INSTRUCTIONS	Approves Standing Orders and Standing Financial Instructions Approves suspension of Standing Orders. Audit Committee to monitor compliance with Standing Orders and Standing Financial Instructions. Audit Committee to review every decision to suspend Standing Orders.	Final authority in the interpretation of Standing Orders The powers which the Board has retained in itself within these Standing Orders may in emergency be exercised by the Chairman and Chief Executive having consulted at least two NEDs.	Responsible for the creation/submission of Standing Orders and necessary changes	Director of Finance and Performance is responsible for the creation/submission of Standing Financial Instructions and necessary changes	
2.	AUDIT ARRANGEMENTS	Approves Audit arrangements through the Audit Committee Decides on action in response to the external auditors' management letter Receives the minutes of the Audit Committee		Submits the External Auditors management letter to the Trust Board. To follow though the implementation of all recommendations affecting good practice as set out in reports from such bodies as	Director of Finance and Performance - to manage the arrangements for the provision of internal and external audit. - to involve the Audit Committee in the selection processes when/if an internal	

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHORITY TO			REPORT/ADVICE REQUIRED
			Chairman	Chief Executive	Directors	
		Audit Committee to advise the Board on Internal and External Audit Services.		the Audit Commission and the National Audit Office.	service plan is changed. - to monitor and ensure compliance with directions set out in the NHS Standard Contract (National Commissioning Contract) on fraud and corruption including the appointment of the Local Counter Fraud Specialist. _ to monitor reliance placed upon the internal audit function of the Trusts Shared Financial Services function by either internal or external audit.	

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHORITY TO			REPORT/ADVICE REQUIRED
			Chairman	Chief Executive	Directors	
3.	BANKING	Approves the Banking arrangements			Director of Finance and Performance - is responsible for managing the LAS's banking arrangements and advising on the provision of banking services, operation of accounts, preparation of instructions and list of cheque signatories. - will review banking arrangements at regular intervals.	
4.	OPERATION OF ALL DETAILED FINANCIAL MATTERS INCLUDING BANK ACCOUNTS AND BANKING PROCEDURES	Sets overall policy and strategy for the financial performance of the Trust within the requirements of the Secretary of State or regulator.		Overall responsibility for the performance of the Trust, subject to accountability to the Trust Board. Delegation of responsibility for Budgets to Executive Directors and agreement to virement.	The Director of Finance and Performance - is responsible for overall financial control and the implementation of Trust Policies. - to advise the Chief Executive and Directors on budgets allocated and spending against budgets.	

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHORITY TO			REPORT/ADVICE REQUIRED
			Chairman	Chief Executive	Directors	
5.	FINANCIAL PLAN, OPERATING PLAN, ANNUAL REPORT AND ACCOUNTS	Receives and decides on reports submitted by the Chief Executive and/or Director of Finance and Performance. Approves the Financial Plan submitted by the Director of Finance and Performance and the Operating Plan submitted the Director of Strategy & Transformation before commencement of financial year Approve annual report and accounts. Audit Committee to review the annual financial statements prior to submission to the Board.		Compiles and submits an annual financial and operating plan to the Trust Board. Approves financial reports for submission to the Trust Board. Compiles and submits an annual report for the Trust to the Trust Board. Approves budget for submission.	Director of Finance and Performance – to prepare and submit financial plan and financial reports to the Trust Board. - to devise and maintains systems of budgetary controls. - to monitor financial performance and reports to the Board. - to submit financial accounts to the Trust Board. Director of Strategy & Transformation to prepare and submit operating plan to the Trust Board.	Approval of invoices for spend against approved budgets or approved variations in budgets should be in line with the Expenditure Limits for Authorisation of Invoices by Budget Holders; this will be maintained by the Director of Finance and Performance

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHORITY TO			REPORT/ADVICE REQUIRED
			Chairman	Chief Executive	Directors	
6.	MANAGEMENT OF CHARITABLE FUNDS	Approves the composition and terms of reference of the Charitable Funds Committee Receipts and approves the annual report and accounts for funds held on trust. The Charitable Funds Committee sets overall policy on investment. The Charitable Funds Committee presents annual progress reports on the update of the Trust's charitable funds			Director of Finance and Performance - is responsible for monitoring the effective administration of charitable funds, including management and accounting arrangements. -to approve the appointment of the Financial Adviser to the Charitable Funds Committee.	An annual return is submitted to the Charity Commission.
7.	a. Claims up to £500k. Making Ex-Gratia Payments in respect of liability claims where legal advice has indicated a case can be made for LAS liability which would need to be contested in court or tribunal.		Approves all payments up to £500,000, subject to a report from the Chief Executive.	Chief executive jointly with Director of Finance and Performance to agree to settle claims up to £500k which are not covered by the NHS LA schemes or commercial insurance.	Director of Finance and Performance to ensure that document procedures cover management of claims and payments below the deductible.	Legal advice from instructed solicitor / counsel. Report / recommendation from the Director of Support Services to settle tribunal claims. Formal reporting and approval to DH in line with Manual for Accounts for all cases above £1,000.

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHORITY TO			REPORT/ADVICE REQUIRED
			Chairman	Chief Executive	Directors	
7.	b. Claims above £500k. Ex-Gratia Payments in respect of liability claims where legal advice has indicated a case can be made for LAS liability which would need to be contested in court or tribunal.	Trust Board to approve.		Chief executive jointly with Director of Finance and Performance to agree to settle claims above £500k which are not covered by the NHS LA schemes or commercial insurance.	Director of Finance and Performance to ensure that document procedures cover management of claims and payments below the deductible.	
8.	a. Payment resulting from tribunal. Claims up to £50k	To be reported to the Audit Committee		The CEO and Director of Finance and Performance approve settlement of Tribunal claims, not under legal obligation, up to £50k.	The Director of Support Services recommends settlement of Tribunal claims up to £10,000, which are not under legal obligation, to the CEO and Director of Finance and Performance	Legal advice from the instructed solicitor / counsel for Tribunal claims over £10,000, and a report from the Director of Support Services for claims over £50,000. Formal reporting and approval for all payments.
	b. Payment resulting from tribunal. Claims over £50k	To be reported to the Audit Committee. Trust Board to approve.		The CEO and Director of Finance and Performance review settlement of Tribunal claims, not under legal obligation, over £50k.	The Director of Support Services recommends settlement of Tribunal claims over £50,000, which are not under legal obligation, to the CEO	Legal advice from the instructed solicitor / counsel for Tribunal claims and a report from the Director of Support Services for

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHORITY TO			REPORT/ADVICE REQUIRED
			Chairman	Chief Executive	Directors	
					and Director of Finance and Performance.	claims over £50,000. Formal reporting and approval for all payments.
	c. Payment Resulting from Claims relating to the Property Expenses Scheme. Claims up to £20,000.			Chief Executive to review	The Director of Finance and Performance approves claims up to £20,000.	Report from Head of Estates.
	d. Payment Resulting from Claims relating to the Property Expenses Scheme. Claims above £20,000.	Trust Board to be informed.		Chief Executive with Director of Finance and Performance to approve		Report from Head of Estates
	e. Personal injury and other liability claims outside the NHSLA indemnity schemes and commercial insurance Claims up to £50,000.			The CEO and Director of Finance and Performance approve settlement of claims up to £50,000 which are not under legal obligation and are not novel, contentious, or repercussive - any such case is referred to the Department of Health for approval	The Directors of Finance, Corporate Services, and Support Services recommend settlement of claims up to £50,000 which are not under legal obligation.	Legal advice from the instructed solicitor / counsel. Report from the Head of Legal Services.

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHORITY TO			REPORT/ADVICE REQUIRED
			Chairman	Chief Executive	Directors	
	f. Personal injury and other liability claims outside the NHSLA indemnity schemes and commercial insurance Claims over £50,000.	Trust Board to be informed.	Approves all payments above £50,000.	The CEO and Director of Finance and Performance review settlement of claims over £50,000 which are not under legal obligation and are not novel, contentious, or repercussive - any such case is referred to the Department of Health for approval.	The Directors of Finance, Corporate Services, and Support Services recommend settlement of claims over £50,000 which are not under legal obligation.	
	g. Ex-Gratia Payments in circumstances other than those above (including where legal advice has not been obtained).	To be reported to Audit Committee through losses and compensations report			All Directors are authorised to offer an ex gratia payment up to £3,000. Director of Finance and Performance to be advised in all cases.	A report to the Director of Finance and Performance. Formal reporting and approval to DH in line with Manual for Accounts for all cases above £1,000.
9.	RECORDING AND MONITORING OF PAYMENTS UNDER THE LOSSES AND COMPENSATION REGISTER up to £250,000	Approves the writing off of losses within the limits delegated to it by the DoH on the recommendation of the Audit Committee		Approves payments above £50,000 up to £250,000.	Director of Finance and Performance is authorised to make write offs and special payments over £50,000 subject to the requirements of the NHS Manual for Accounts. - will notify the Chief Executive of items of a material nature without	

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHORITY TO			REPORT/ADVICE REQUIRED
			Chairman	Chief Executive	Directors	
					delay. Report to Audit Committee.	
10.	RECORDING AND MONITORING OF PAYMENTS UNDER THE LOSSES AND COMPENSATION REGISTER over £250,000	Approves the writing off of losses within the limits delegated to it by the DoH on the recommendation of the Audit Committee of claims above £250,000 and up to £500,000.		Reviews all proposed payments above £250,000 prior to review by Audit Committee	Director of Finance and Performance reviews all proposed payments prior to discussion with CEO	Legal advice from the instructed solicitor / counsel. Report from the Head of Legal Services.
11.	FRAUD				Where a criminal offence is suspected the Director of Finance and Performance must inform the, LSMS and Police if theft or arson is involved. In cases of fraud and corruption the Director of Finance and Performance must inform the relevant LAFS and the NHS Protect AAFS in line with directions set out in the NHS Standard Contract (National	

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHORITY TO			REPORT/ADVICE REQUIRED
			Chairman	Chief Executive	Directors	
					Commissioning Contract). The Director of Finance and Performance should notify NHS Protect and External Audit of all fraud. The Director of Finance and Performance maintains the Trust Counter Fraud Policy and role of LAFS.	
12.	DELEGATION OF BUDGETS A separate schedule will be maintained by the Director of Finance and Performance and approval by the FIC. This will be reviewed annually.	Agrees financial plans and approves budget before the start of the financial year. Approves all revenue expenditure and income contracts not within the Integrated Financial Plan over £5million.		Can authorise virement from non-pay to pay budgets. No permanent employees are to be appointed without the approval of the Chief Executive other than those provided for within available resources and manpower establishment.	Directors have delegated to them budgets for: • staffing; and • non staffing items as indicated in the budget. They are authorised to expend these budgets in line with the Trust's Service Plan and Standing Financial Instructions. Directors may delegate parts of their overall budgets to individual budget holders within their directorate. Directors can authorise virements within their	Director of Finance and Performance to produce annual budget manual. Director of Finance and Performance to ensure adequate training is delivered on an on-going basis to budget holders.

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHORITY TO			REPORT/ADVICE REQUIRED
			Chairman	Chief Executive	Directors	
					budget headings in accordance with the Budget Holder's Manual as revised from time to time up to £100,000. Director of Finance and Performance to report budget virements of over £100,000 to the Finance & Investment Committee	
13.	INSURANCE ARRANGEMENTS	Approves insurance arrangements.		Reports to Board on potential insurable risks and associated costs	Director of Finance and Performance - to obtain quotations for insurance cover. - to present an annual report to the Audit Committee	
14.	MANAGEMENT OF LAND AND BUILDINGS	Approves the general policy in respect of acquisition, sale, exchange or reservation of land and buildings Authorises the sale and purchase of land within delegated limits by the Secretary of State		Approves arrangements in conjunction with the Chairman, for granting/taking a lease of property over £2m over the period of the lease Ensures that there is adequate appraisal and	Director of Finance and Performance, in conjunction with the Chief Executive ~~and/or Chief Operating Officer~~, is authorised to grant or take up a lease of property up to £100,000 over the period of the lease.	Must obtain advice of District Valuer on all property transactions In accordance with delegated limits and procedures approval of SOC, OBC and FBC to be obtained.

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHORITY TO			REPORT/ADVICE REQUIRED
			Chairman	Chief Executive	Directors	
		Approves acquisition or disposal of land or the granting or taking of a lease with payments over the life of the lease over £2m. The Finance and Investment Committee to approve business over £2m prior to Board approval.		approval process for determining capital expenditure priorities and the effect that each has on plans Responsible for the management of capital schemes and for ensuring that they are delivered on time and within costs. Ensure that capital investment is not undertaken without available of resources to finance all revenue consequences. Ensure that a business case is produced for each proposal. Maintenance of asset register (on advice from the Director of Finance and Performance) Overall responsibility for fixed assets.	Director of Support Services - to advise the Board through the submission of reports. -to be responsible for the day to day management of all land and buildings. - to prepare reports on the purchase/sale of land Director of Finance & Performance- to approve procedure for reconciling balance on fixed asset accounts in ledgers against balance on fixed asset registers. - to calculate and pay capital charges in accordance with Dept. of Health requirements. - to approve of fixed asset control procedure.	
15.	CAPITAL	Trust Board approves Annual				

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHORITY TO			REPORT/ADVICE REQUIRED
			Chairman	Chief Executive	Directors	
	EXPENDITURE and DISPOSALS a. Acquisitions	Capital Plan as part of the Integrated Financial Plan before the start of the financial year. Trust Board to approve individual projects between £2m and £5m and review and seek approval for spend over £5m from the NTDA, following review by the Finance & Investment Committee. Finance & Investment Committee a) to review spend of less than £2m within the Plan and b) approve spend of less than £2m if not within the Plan, following review by EMT Finance & Investment Committee to review all spend between £2m and £5m and over £5m		Executive Management Team to approve spend of less than £2m within the Plan and review all other spend.		Acquisitions must comply with the Secretary of State delegated limits and procedures that may be in force from time to time. In accordance with delegated limits and procedures approval of SOC, OBC and FBC to be obtained. Approval for all Investment decisions above £5 million rests with the NTDA.
	b. Disposals	Approve of disposals with an Open Market Value (OMV) of more than £1 million following consideration of the submitted Outline Business Case (OBC) and Full		Approves disposals, along with 1 Executive Director and the Director of Finance and Performance (not being the same person), with	One Executive Director and the Director of Finance and Performance may approve disposals with an OMV of up to	Disposals must comply with the NTDA delegated limits and procedures that may be in force from time to time,

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHORITY TO			REPORT/ADVICE REQUIRED
			Chairman	Chief Executive	Directors	
		Business Case (FBC). Approve of disposals on high risk projects or complex transactions following consideration of the OBC, FBC and Strategic Outline Case.		an OMV of between £250,000 and £1 million, following consideration of the submitted Combined Business Case.	£250,000 following consideration of the submitted AFA.	including a maximum value for freely disposable assets of £1 million.
16.	External Consultants Fees over £100k	Endorsement of selection of any external consultants				
17.	a. Contracted Out Services	Trust Board to approve spend over £5m following review by the Finance & Investment Committee. Finance & Investment Committee a) to review spend of less than £2m within the Plan and b) approve spend of less than £2m if not within the Plan and all spend between £2m and £5m, following review by EMT		Executive Management Team to approve spend of less than £2m within the Plan and review all other spend.		
	b. Contracted In Services	Trust Board to approve income over £5m following review by the Finance & Investment Committee.		Executive Management Team to approve income of less than £2m within the Plan		

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHORITY TO			REPORT/ADVICE REQUIRED
			Chairman	Chief Executive	Directors	
		Finance & Investment Committee a) to review income of less than £2m within the Plan and b) approve income of less than £2m if not within the Plan and all income between £2m and £5m, following review by EMT		and review all other income.		
18.	MANAGEMENT AND CONTROL OF STOCKS				The Director of Support Services is responsible for the control of all medical /pharmaceutical stocks and supplies held by NHS Supply Chain including uniform. The Director of Support Services is responsible for all fuel and vehicle stocks. The Director of Finance and Performance: - to approve stocktaking arrangements - to ensure that there is a	The discovery or suspicion of loss of any kind must be reported immediately to either the Head of Department or the nominated officer. The Head of Department or nominated officer should then inform the Chief Executive and Director of Finance and Performance.

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHORITY TO			REPORT/ADVICE REQUIRED
			Chairman	Chief Executive	Directors	
					system to review slow moving & obsolete items and for the condemnation, disposal and replacement of all unserviceable items.	
19.	APPOINTMENTS	Appointment of the Chief Executive and the Executive Trust Board Directors	The Chairman shall liaise with the NHS Trust Development Authority over the appointment of NEDs and once appointed shall take responsibility, either directly or indirectly, for their induction, their portfolios of interest and assignment and performance.	Appointment of all other Directors	Appointments within their Directorates within approved establishment Director of Support Services authorises variations in establishment within approved resources Director of Support Services issues contracts of employment	
20.	DISMISSALS	Approve the arrangements for the discipline and dismissal of staff Nomination of a panel to hear appeals against dismissal brought by the Chief Executive or Executive Trust Board Directors	Dismissal of the Chief Executive and Executive Trust Board Directors Nomination of a panel to hear appeals against dismissal brought by Directors who are not members of the Board.	Nomination of a panel of Directors to hear appeals against dismissal by staff below Director level	Dismissal of staff. Also delegated to Assistant directors.	Director of Support Services or a nominee to advise panels dealing with dismissals and appeals

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHORITY TO			REPORT/ADVICE REQUIRED
			Chairman	Chief Executive	Directors	
21.	REMUNERATION AND TERMS OF SERVICE FOR THE CHIEF EXECUTIVE, DIRECTORS AND OTHER SENIOR OFFICERS	Decides the Directors' remuneration and terms of service on the recommendation of the Remuneration and Nominations Committee. Decides performance related payments to the Chief Executive. The Remuneration and Nominations Committee shall report in writing to the Board the basis of its recommendations.	Recommends performance related payments for the Chief Executive	Decides performance related pay awards for Directors and all staff on performance related pay	Directors recommend performance related payments to their staff to the Chief Executive	Director of Support Services advises the Remuneration and Nominations Committee
22.	PAYMENT UNDER LEGAL OBLIGATIONS	Considers action in respect of claims and legal proceedings where the cost exceeds £100,000.		Determines action in respect of claims and legal proceedings where the cost is less than £100,000. Approves compensation payments made under legal obligation subject to consultation with the Director of Finance and Performance.		Quarterly report to the Trust Board by the Chief Executive on payments made.

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHORITY TO			REPORT/ADVICE REQUIRED
			Chairman	Chief Executive	Directors	
23.	HUMAN RESOURCES POLICY, DISPUTES	Approves all Human Resources policies Approves premature retirement for the Chief Executive and all Directors		Determines submissions to the Trust Board Approves premature retirement for staff up to Director level Settle disputes in line with the agreed disputes procedure	Director of Support Services to prepare options and draft policy in liaison with Directors.	Director of Support Services to advise the Chief Executive and Trust Board.
24.	HUMAN RESOURCES ARBITRATION			Determines and approves submissions to the Trust Board when appropriate	Director of Support Services to advise on arbitration matters.	Director of Support Services to advise the Chief Executive and Trust Board.
25.	HUMAN RESOURCES DISCIPLINARY MATTERS		Initiates action on disciplinary matters relating to the Chief Executive and/or Directors.	Determines and approves submissions to the Trust Board when appropriate	Director of Support Services to advise on disciplinary matters.	Director of Support Services to advise the Chief Executive and Trust Board.
26.	MANAGEMENT AND CONTROL OF COMPUTER SYSTEMS AND FACILITIES	Approves the overall corporate IT Policy on procurement and control of systems and facilities on the recommendation of the Director of Information			Director of Support Services to co-ordinates IT Policy on behalf of the Trust and be the responsible officer for control and security of	

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHORITY TO			REPORT/ADVICE REQUIRED
			Chairman	Chief Executive	Directors	
		Management & Technology.			hardware, software and data. All Directors are responsible for compliance with the Data Protection Act, Use of Computers Act and other legislation in their Directorate. Director of Support Services - is responsible for the operation and compliance with legislation for all telecommunications and radio systems. - to ensure that risks to the Trust from IT are identified and considered and that disaster recovery plans are in place. The Director of Finance and Performance should ensure that he/she is satisfied that where computer systems have	

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHORITY TO			REPORT/ADVICE REQUIRED
			Chairman	Chief Executive	Directors	
					an impact on corporate financial systems: • System acquisition, development and maintenance are in line with corporate polices, • Data assembled for processing by finance system is adequate, accurate, complete and timely and that a management trail exists • That the Finance Director and staff have access to such data • That such computer reviews are being carried out as are considered necessary.	
27.	CONTRACTS FOR COMPUTER SERVICES WITH OTHER HEALTH BODIES OR OUTSIDE AGENCIES				The Director of Support Services shall ensure that contracts for computer services for financial applications with another health organisation or any other	

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHORITY TO			REPORT/ADVICE REQUIRED
			Chairman	Chief Executive	Directors	
					agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes. Where another health organisation or any other agency provides a computer service for financial applications, the Director of Finance and Performance shall periodically seek assurances that adequate controls are in operation.	
28.	DATA PROTECTION	Approves policy on Data Protection			Director of Support Services - is responsible for notification under the Data Protection Act and the implementation of the Board's Data Protection Policy.	

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHORITY TO			REPORT/ADVICE REQUIRED
			Chairman	Chief Executive	Directors	
					- advise the Board on Data notification. All Directors are responsible for ensuring compliance with the Data Protection Act and the Board's Data Protection Policy in their Directorate.	
29.	HEALTH AND SAFETY ARRANGEMENTS	Approves overall policy on Health and Safety at work.		Responsible for an effective overall Health and Safety system within the Trust and compliance with legislative requirements.	Director of Support Services to ensure the effective implementation of the Human Resources aspects of Trust policy and advises the Chief Executive of requirements. The Director of Operations ensures the effective implementation of clinical aspects of Health and Safety and advises the Chief Executive of requirements Individual Directors are responsible for arrangements within their Directorates/Divisions.	

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHORITY TO			REPORT/ADVICE REQUIRED
			Chairman	Chief Executive	Directors	
30.	COMPLAINTS AGAINST THE TRUST	Approves the Trust's Complaints Procedure. Receive reports regarding complaints about any aspect of service.		Is responsible for the management of complaints within the Trust and ensures complaints receive written responses in line with regulations.	Support the Chief Executive in the management of complaints within the Trust and may personally sign responses to written complaints.	
31.	NON-EXECUTIVE, EXECUTIVE DIRECTORS ISSUES (VISITS, HOSPITALITY, ETC)	Approves overall policy on hospitality and visits.	The Chairman to advise the Appointments Commission on the performance of Non-Executive board members	Brings guidelines to the attention of all Directors.	Uphold the guidelines Director of Corporate Affairs to develop policies and guidelines on behalf of the Chief Executive.	
32.	FREEDOM OF INFORMATION	Approves Freedom of Information Policy. Receives an annual report on the implementation of the policy.			Director of Corporate Affairs - is responsible for ensuring the Trust is compliant with current legislation. -to publish and main a FOI scheme.	
33.	RISK MANAGEMENT	Approve and monitor risk management programme The Audit Committee shall review the establishment and maintenance of an effective			Where the Board decides to use the risk pooling schemes administered by the NHS Litigation Authority the Director of Corporate Affairs shall	

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHORITY TO			REPORT/ADVICE REQUIRED
			Chairman	Chief Executive	Directors	
		system of integrated governance, risk management and internal control across the whole of the organisation's activity both clinical and non-clinical that support the achievement of the organisation's objectives. Decide whether the Trust will use risk pooling scheme administered by the NHS Litigation Authority or self-insure for some or all of the risks (where discretion is allowed). Decisions to self-insure should be reviewed annually.			ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Director of Corporate Affairs shall ensure that documented procedures cover these arrangements. Where the Board decides not to use the pool risking scheme administered by the NHSLA for any one or other of the risks covered by the schemes, the Director of Finance and Performance shall ensure that the Board is informed of the nature and extent of the risks that are self-insured as a result of this decision. The Director of Finance and Performance will draw up formal document procedures for the management of any claims arising from 3rd parties and payments in respect of losses that will	

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHORITY TO			REPORT/ADVICE REQUIRED
			Chairman	Chief Executive	Directors	
					not be reimbursed.	
34.	SEALING AND SIGNING OF DOCUMENTS	Trust Board receives a report of all sealings.	Seal to be affixed by the Chairman and the Chief Executive or another Executive Director in accordance with standing orders. Chairman, Chief Executive and an Executive Director to approve and sign all documents which will be used in legal procedures.	Seal to be affixed by the Chief Executive in accordance with standing orders. Chief Executive and an Executive Director to approve and sign all documents which will be used in legal procedures.	Common seal of the Trust shall be kept by the Trust Secretary in a secure place in accordance with arrangements approved by the Trust. Trust Secretary to keep a register of sealings.	
35.	SIGNING TENDERS SUBMITTED BY THE TRUST	Approves arrangements for submission of tenders All tenders signed to be reported to the Trust Board.		To sign tenders with an annual value of over £500,000 in conjunction with the Director of Finance and Performance. For PTS tenders only with an annual value of up to £1m to be signed by the CE and Finance Director.	Director of Finance and Performance signs all tenders up to £500,000 (life of tender). Head of PTS and Director of Finance and Performance to sign PTS tenders with an annual value of up to £750,000	
36.	TENDERING PROCEDURES a. General	Agrees Standing Orders regarding tendering		Ensures compliance	Must ensure that at least	No tender shall be

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHORITY TO			REPORT/ADVICE REQUIRED
			Chairman	Chief Executive	Directors	
		Approves exceptions to Standing Orders regarding Competitive Tendering All waiving of the competitive tendering must be reported to the Audit Committee.		with Standing Orders. May authorise exceptions to Standing Orders in an urgent situation following consultation with the Chairman or Deputy Chairman under Standing Order 41. The provisions of the following paragraph apply where EU procurement regulations have been satisfied. May waive the requirement for competitive tendering for goods and services up to £200,000 in conjunction with the Director of Finance and Performance. May, where insufficient tenders are received, authorise the originating	3 competing quotations from comparable firms are received for appropriate contracts unless NHS Supplies is used. Director of Finance and Performance must be satisfied with the financial competence of all tendering organisations Director of Finance and Performance must authorise all waivers and tenders	accepted by the Trust unless the Director of Finance and Performance is satisfied with the financial competence of the tendering organisations. EU Public procurement thresholds apply to contracts with a value in excess of current directive thresholds.

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHORITY TO			REPORT/ADVICE REQUIRED
			Chairman	Chief Executive	Directors	
				Directors to approach known firms with a view to procuring the goods or services required.		
	TENDERING PROCEDURES b. Limits	Ensures that proper tendering arrangements are in place via the Audit Committee.		Ensures that competitive tenders are received for non-estate purchases above £25,000 and estate purchases over £100,000	To ensure that competing quotations are received for non-estates purchases between £3,000 and £25,000 and for Estates purchases between £3,000 and £100,000 except where ordered through NHS Supplies	EU Public procurement thresholds apply to contracts with a value in excess of current directive thresholds. See Appendix ll section 2.3/2.4
	TENDERING PROCEDURES c. Receipt on Opening			The Chief Executive shall nominate officers, including the Trust Secretary to open tenders. May accept late tenders, despatched in good time but delayed through no fault of the tenderers.	The Senior Manager responsible for the procurement and the Trust Secretary will be present at the opening of submitted tenders. For any tenders with a value greater than £1 million, the tenders must be opened in the additional presence of the	Trust Secretary is responsible for the safe receipt, endorsement and recording of competitive tenders. The Trust Secretary will advise the Board by way of a report on both tenders invited

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHORITY TO			REPORT/ADVICE REQUIRED
			Chairman	Chief Executive	Directors	
				May, in conjunction with the Director of Finance and Performance accept tenders which otherwise are received other than by the due date.	Executive Director responsible for the originating department.	and received and, in due course, tender amounts after their analysis is complete.
	TENDERING PROCEDURES d. Post Tendering			May authorise post tender negotiations.	Director of Finance and Performance may authorise post tender negotiations. Directors may request in writing to the Chief Executive or Director of Finance and Performance that post tender negotiations take place. Directors must keep a record of the reasons for post tender negotiations	

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHORITY TO			REPORT/ADVICE REQUIRED
			Chairman	Chief Executive	Directors	
					and their outcome.	
	TENDERING PROCEDURES e. Approvals			Decides where a tender, other than the lowest, if payment is to be made by the Trust, or other than the highest, where payment is to be received by the Trust, shall be accepted. Approves all non-competitive tenders subject to report to the Board.		A report to the Board is required where any tender other than the lowest, where payment is made by the Trust. Report to the Board is required for all single tender action.
37.	APPOINTMENT OF CONSULTANTS a. day rate b. total spend	All appointments to director level posts to be ratified by Trust Board		Approves appointments £100,000 and above.	Approve appointment of consultants, following competition. £220 per day - a), total spend b) - or other limit as stated by DH or Treasury. Audit Committee to be informed. Recommend the appointment of consultants to contracts up to £10,000-where there has been no competition to the Chief	EU Public procurement thresholds apply to contracts with a value in excess of current directive thresholds. See Appendix ll section 2.3/2.4

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHORITY TO			REPORT/ADVICE REQUIRED
			Chairman	Chief Executive	Directors	
					Executive.	
38.	RAISING ORDERS & PURCHASING BY OTHER MEANS.	Defines policy on the raising of orders for goods, supplies and services			Director of Finance and Performance to recommend to the Chief Executive the policy for the raising of orders. Directors are able to raise orders as defined in the LAS Budget Manual.	
39.	EDUCATION AND TRAINING	Approves the policy on education and training		Submits policy to the Trust Board	Director of Paramedic Education and Development - is responsible for education policy in liaison with Directors. - is responsible for the development of vocational/technical training in conjunction with Directors.	

APPENDIX X: APPLICATION OF STANDING ORDERS TO TRUST BOARD: OBSERVER AND PROCEDURES ETC RELATING TO OBSERVER APPOINTMENT AND PARTICIPATION.

1. Appointment

1.1. The Trust Board may appoint an Observer to participate in the public agenda part of its public meetings to the extent and within the Participation terms and conditions set out below.

1.2. The Board does not restrict itself in any way by making arrangements to have an Observer present at its meetings.

1.3. The Observer can only be appointed by way of a resolution of the Trust Board. The Board may consider a nomination for an Observer from such body as the Trust Board deems fit. The Board may, after consideration, agree to accept or reject the nomination.

1.4. The Observer's tenure shall be for 12 months from the Trust Board's resolution to accept a nomination. The nominating body shall make arrangements three calendar months prior to the end of the Observer's tenure to either renew an existing nomination or make a new nomination. This must be passed to the Trust Secretary to ensure proposed arrangements can be both presented to, and considered by, the Trust Board.

1.5. The nomination of an Observer shall include the nomination of a named substitute Observer and the Trust Board shall consider these together and at the same meeting.

1.6. The substitute Observer may take the place of the Observer at the Trust Board's public meetings. No other person or body may substitute for the substitute Observer.

1.7. The provisions of this Appendix X shall apply equally to the substitute Observer as applicable.

1.8. The Observer shall not be nor construed to be a member of the Board nor an Officer or employee of the Trust

2. Participation

2.1. The Observer shall take a full and active part in the proceedings of the Board at its public meetings. Any appointed Observer' are required to complete a written declaration agreeing to maintain confidentiality in accordance with Section 2.2.1 and that any breach of confidentiality may constitute a criminal offence under Section 55 of the Data Protection Act 1998 and could result in the matter being referred to the LCFS for further investigation in accordance with the Trust's Counter-Fraud Policy. Such participation will be for the purpose of reflecting and contributing the views of the public across London in order to assist the Trust Board in its decision making processes. Standing Orders shall apply to the Observer as set out below:

2.1.1. The Observer is not a member of the Trust Board nor an Officer of the Trust and may not represent the Trust in any capacity unless this has been approved in advance by way of a resolution of the Board.

2.1.2. The Observer shall be included in the record of attendance as per Standing Order 8.

2.1.3. The minutes of the meetings shall reflect any contributions made by the Observer in the normal manner and style of the Board's minutes. Standing Order 10 (Minutes) shall apply.

2.1.4. Standing Order 11(Chairman's Ruling) shall apply.

2.1.5. The Observer is required to declare any interests at the commencement of a Trust Board meeting or during the course of any item on the agenda of the meeting. This shall include all the declarations or reasons for declaration set out in Standing Order 15.

2.1.6. The Trust Board may appoint the Observer to one or more of the Board's Committees. The relevant Standing Orders relating to Committees shall apply to the Observer where such an appointment takes place.

2.1.7. Standing Order 49 (Interpretation of Standing Orders) shall apply.

2.1.8. Where a motion to exclude the public from a meeting or part of a meeting is heard and the Board resolves to exclude the public then the Observer, being a member of the public, shall also be excluded.

2.1.9. The Observer shall ensure that the following are kept as strictly confidential in the event the Observer learns of or gleans or has such disclosed to them:

2.1.9.i. patient identifiable information or
2.1.9.ii. staff member/employee identifiable information or
2.1.9.iii. “commercial in confidence” information or
2.1.9.iv. information covered by the Information Management and Technology Security Policy or policies emanating from the activities of the Trust’s Caldicott Guardian or
2.1.9.v. information that becomes restricted in the future and is so advised

2.1.10. The Observer shall not use their association with the Trust to gain any advantage or preference or benefit in their own private dealings or transactions

2.1.11. No other requirements of Standing Orders are binding upon the Observer. The Trust Board reserves its right to amend its own Standing Orders which includes this Appendix X from time to time and such an amendment or amendments may be binding upon the Observer in the future.

London Ambulance Service NHS Trust

Expenditure Limits for Authorisation of Invoices by Budget Holders

Spend Level	Authority
< £2,000,000	CEO and Director of Finance and Performance (via EMT)
< £1,000,000	Chief Executive (via EMT)
< £500,000	Director of Finance and Performance (via EMT)
< £100,000	Executive Director
< £100,000	Support Services Assistant Director
< £50,000	Budget holder level 4 (Assistant Directors)
< £25,000	Budget holder level 3
< £5,000	Budget holder level 2
< £2,500	Budget holder level 1

Notes

- The above limits apply to the authorisation and receipting of all invoices in the Basware and E-Procurement systems.
- Authorisers should ensure that the approval for the spend in the first place is in accordance with the Scheme of Delegation, in particular that tendering processes have taken place where required.

London Ambulance Service NHS Trust

Report to:	**London Ambulance Service Trust Board**
Date of meeting:	**25th November 2014**
Document Title:	**Finance Report – Part 1 – 2014/15 Month 7: October**
Report Author(s):	**Andy Bell**
Presented by:	**Andrew Grimshaw**
Contact Details:	**Andy.bell@lond-amb.nhs.uk (02077832793)**
History:	***The Part 1 report is reviewed by EMT and SMT on a monthly basis***
Status:	***information***

Background/Purpose

The report contains the key financial results and statements outlining the in month and year to date financial position as at the 31st October 2014. Additional, commentary has been provided to provide insight into the figures.

This Report is intended for Part 1 of the Trust Board Meeting

Action required

The Trust Board is asked to note the Financial Results for Month 7

Assurance

Key implications and risks arising from this paper	
Clinical and Quality	
Performance	
Financial	**X**
Legal	
Equality and Diversity	
Reputation	
Other	
This paper supports the achievement of the following 2014/15 objectives	
Improve patient care	
Improve recruitment and retention	
Implement the modernisation programme	
Achieve sustainable performance	**X**
Develop our 111 service	
Simplify our business processes	
Increase organisational effectiveness and development	

London Ambulance Service NHS Trust
Finance Report - Part 1 – 2014/15
Month 7: October

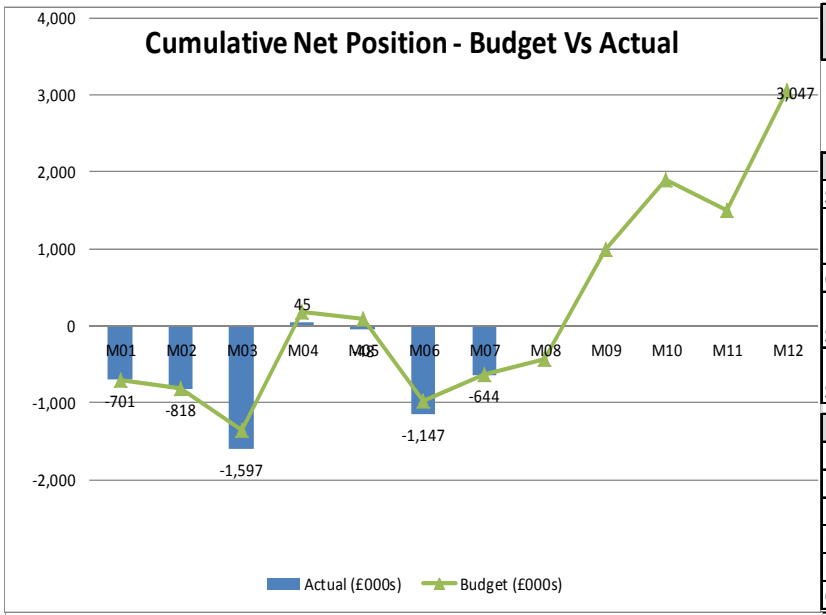
Trust Board: Part 1
25 November 2014

Andrew Grimshaw
Finance Director

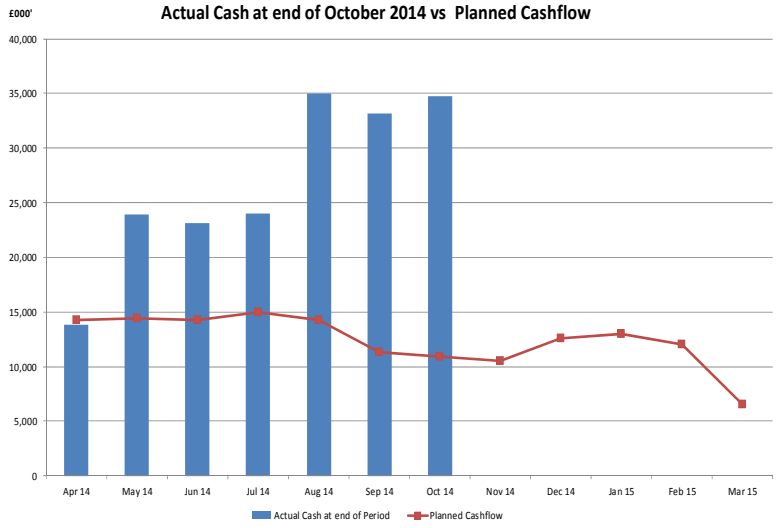
Finance Summary: M07 (2014/15)

Financial Indicator	Summary Performance	Current month	Previous month
Surplus	In month the Trust is reporting a result £0.2m favourable to plan. YTD the Trust is on Plan reporting a deficit of £0.6m.	**RED**	**RED**
	At month 7 the Trust forecast continues formally to report a £3.0m surplus for the financial year. However, a request to vary this to a £1.0m surplus has been made to the NTDA as part of the Trust's recovery plan. Formal approval for this is yet to be received. This request is linked to the need to commit additional spend in support of performance improvement. Additional funding is also being sought from CCGs. The Trust is currently rolling out its revised operational plan at risk. The Trust would expect to report a surplus of £1.0m for the year. Commissioners have indicated that any penalties will be reinvested. Formal confirmation of this is pending.		
Income	Income is £0.2m adverse from plan in month and YTD. This relates primarily to accrued Hospital Turnaround penalties (£0.14m) against the main contract. No resilience additional funding is included in the month 7 position.	**GREEN**	**GREEN**
	The Trust has received confirmation from Commissioners of funding for Intelligent Conveyance (£1.0m) and Brent Divert (£0.5m) for the second half of the financial year. These were already assumed within the existing plan. The Trust has also received confirmation of an additional £0.3m from the LETBs. The annual total now stands at £1.3m		
Expenditure	In month total spend is £0.4m favourable this is being driven by revised performance and recruitment costings based on timings and capacity, YTD there is a favourable variance of £0.2m relating to an in year reduction in the Trust's depreciation position;	**RED**	**RED**
	Revised expenditure plans based on achieving an improved run rate in Cat A performance across the remainder of the financial year are being finalised. This will see the Trust commit to significant additional expenditure across the remainder of the year. This plan is being finalised with the NTDA and NHSE.		
CIPs	Currently reporting on plan.	**GREEN**	**GREEN**
Balance Sheet	Capital expenditure remains below plan at this point of the year. Milestone plans have been developed and agreed with Directorates to ensure the capital programme is completed by year end. Further capital projects are being assessed.	**AMBER**	**AMBER**
Cashflow	Cash is £23.8m above plan.	**GREEN**	**GREEN**

Executive Summary - Key Financial Metrics



Description	2014/15 - Month 7			Year to Date			FY 2014/15
	Budg	Act	Var	Budg	Act	Var	Budg
	£000	£000	£000 fav (adv)	£000	£000	£000 fav (adv)	£000
Dept Health							
Surplus / (Deficits)	344	504	160	(640)	(640)	(0)	3,050
EFL				(2,637)	(28,979)	26,342	3,692
CRL				11,422	1,675	(9,747)	20,900
Suppliers paid within 30 days - NHS	95%	70%	(25.0%)	95%	76%	(19.0%)	95%
Suppliers paid within 30 days - Non NHS	95%	93%	(2.0%)	95%	91%	(4.0%)	95%
Monitor							
EBITDA %	7.1%	7.8%	0.7%	5.3%	5.2%	(0.1%)	6.6%
EBITDA on plan	1,762	1,918	156	9,286	9,109	(176)	20,007
Net Surplus	344	504	160	(640)	(640)	(0)	3,050
Return on Assets	1.17%	1.11%	(0.1%)	1.17%	1.11%	(0.1%)	5.10%
Liquidity Days	0.52	0.52	0.0	0.52	0.52	0.0	0.52
Continuity of Service Risk Rating	3.5	4.0	0.5	3.5	4.0	0.5	3.5



- In month £0.2m Favourable, YTD overall position is on plan.
- On-going pressures are:
  - The Trust forecast will incur additional spend in support of performance improvement
  - Recruitment and retention of substantive staff and the cost of overtime and PAS (Private Ambulances) to cover vacancies.
  - Servicing an ageing fleet whilst new vehicles are on order
  - Management of operational staff – especially relief factor
- Cash is £23.8m above plan. This is mainly due to an increase in trade and other payables offset by lower than planned capital expenditure from 2013/14 & 2014/15 and higher than planned trade and other receivables.
- The EFL variance is due to higher than planned cash balances, and PDC funding for CommandPoint resilience capital project not having been requested or received as the necessity of the project is being reviewed by the Trust.
- The Trust would expect to score a Continuity of Service Risk Rating (CSRR) of 4.0 for the ytd results based on the current Monitor metrics (maximum rating).
- CRL position – The capital plan is currently £9.8m behind plan, of which £2.5m relates to the CommandPoint resilience project which is unlikely to be required in 2014/15. The remaining underspend is due to programme delays but capital expenditure will accelerate in the latter part of the year.

Statement of Comprehensive Income

2014/15 - Month 7			Description	Year to Date			FY 2014/15
Budg	Act	Var		Budg	Act	Var	Budg
£000	£000	£000 fav/(adv)		£000	£000	£000 fav/(adv)	£000
			Income				
21,589	21,568	(21)	Income from Activities	151,650	151,512	(137)	263,370
3,234	3,053	(181)	Other Operating Income	22,406	22,372	(34)	38,504
24,823	**24,620**	**(203)**	**Subtotal**	**174,056**	**173,885**	**(171)**	**301,874**
			Operating Expense				
17,483	16,468	1,015	Pay	124,745	120,843	3,901	213,843
5,578	6,235	(657)	Non Pay	40,025	43,932	(3,906)	67,966
23,061	**22,702**	**358**	**Subtotal**	**164,770**	**164,775**	**(5)**	**281,808**
1,762	**1,918**	**156**	**EBITDA**	**9,286**	**9,109**	**(176)**	**20,066**
7.1%	7.8%	-0.7%	**EBITDA margin**	5.3%	5.2%	0.1%	6.6%
			Depreciation & Financing				
1,111	1,111	1	Depreciation	7,778	7,574	205	13,334
301	297	4	PDC Dividend	2,104	2,080	25	3,607
6	6	0	Interest	43	96	(53)	74
1,418	**1,414**	**4**	**Subtotal**	**9,926**	**9,750**	**176**	**17,016**
344	**504**	**160**	**Net Surplus/(Deficit)**	**(640)**	**(640)**	**(0)**	**3,050**
1.4%	2.0%	-0.7%	**Net margin**	-0.4%	-0.4%	0.0%	1.0%

- The YTD result is on plan

Income

- YTD £0.2m adverse due to accrued Hospital Turnaround Penalties

Operating Expenditure

- Overall on plan YTD primarily due to Pay underspends on frontline, offset by PAS usage in Non Pay.
- In month there is a £0.4m favourable variance that relates to a revision of recruitment and training costs due to timing (£0.3m) and lower than expected levels of overtime related to Industrial action (£0.2m).
- Pay is favourable by £3.9m due mainly to frontline vacancies. There remains extensive use of Private Ambulances offsetting this position (Non Pay).
- Spend on Frontline resourcing is expected to be above plan overall in Q3 & Q4, and additional funding and mitigation will be required.
- CIPs are delivering on plan YTD. Divisions are confirming delivery plans and some programmes will require further development.

Depreciation and Financing

- Currently £0.2m favourable to plan. The depreciation plan is currently under review to finalise actual forecast outturn. This will either be on plan or favourable to plan.

Divisional Expenditure (excludes Income)

2014/15 - Month 7			Description	Year to Date			FY 2014/15
Budg	Act	Var		Budg	Act	Var	Budg
£000	£000	£000 fav/(adv)		£000	£000	£000 fav/(adv)	£000
			Operational Divisions				
12,851	12,560	291	Core Frontline	92,008	92,836	(828)	156,113
285	243	42	Other Frontline	1,998	1,712	286	3,425
750	653	97	EPRR	5,250	4,859	391	9,000
214	214	0	Resource Centre	1,496	1,507	(11)	2,564
1,870	1,884	(14)	EOC	13,649	13,372	277	22,999
329	397	(68)	PTS	2,897	3,039	(141)	4,538
598	473	124	111 Project	4,184	3,596	588	7,173
16,897	**16,425**	**472**	**Subtotal**	**121,481**	**120,921**	**560**	**205,812**
			Support Services				
1,892	2,394	(502)	Fleet & Logistics	13,238	14,900	(1,661)	22,714
943	963	(20)	IM&T	6,668	6,327	341	11,386
350	310	40	HR	2,447	2,273	174	4,195
0	0	0	Education & Development	0	(1)	1	0
877	513	364	Estates	5,860	5,251	609	9,845
36	55	(19)	Support Services Management	252	343	(91)	432
4,098	**4,235**	**(137)**	**Subtotal**	**28,465**	**29,093**	**(628)**	**48,571**
			Corporate				
229	229	(0)	Chief Executive & Chair	1,665	1,599	66	2,810
311	260	51	Corporate Services	1,759	1,779	(20)	2,885
12	23	(11)	Business Development	85	138	(53)	146
99	82	16	Strategic Communication	665	597	68	1,158
211	171	40	Finance	1,480	1,476	4	2,534
139	125	14	Nursing & Quality	976	873	103	1,673
163	223	(60)	Transformation & Strategy	1,140	1,185	(45)	1,954
641	266	375	Clinical Education & Standards	4,067	3,751	317	7,084
48	101	(53)	Medical	680	642	38	1,165
1,854	**1,481**	**373**	**Subtotal**	**12,517**	**12,039**	**478**	**21,410**
			Central				
1,622	1,860	(238)	Central Corporate	12,184	12,358	(175)	22,948
7	116	(109)	Other Central Costs	49	117	(68)	84
1,629	**1,975**	**(346)**	**Subtotal**	**12,233**	**12,475**	**(243)**	**23,031**
24,478	**24,117**	**362**	**TOTAL**	**174,696**	**174,529**	**167**	**298,824**
24,823	*24,620*	*-203*	*Income Memorandum*	*174,056*	*173,885*	*(171)*	*301,874*
344	***504***	***159***	***NET POSITION MEMORANDUM***	***(640)***	***(644)***	***(4)***	***3,050***

Operational Divisions

- Operations expenditure is currently £0.6m favourable but additional spend has been forecast to support performance. This will be mitigated through management of internal resources and additional external funding.
- Operational Spend is under pressure due to ongoing high levels of activity, a shortage of substantive staff (leading to a reliance on Overtime and PAS) and transition to a revised operating model.
- EOC underspends primarily occur in the Clinical Hub due to ongoing vacancies.
- NHS 111 will report a small surplus as agreed with Commissioners. The decrease in 111 costs are offset against decreases in income.

Support Services

- Support Services is adverse to plan £0.6m YTD due to pressures arising from maintenance on ageing vehicles in Fleet and non delivery of CIPs YTD, offset by underspends in IM&T relating to computer hardware and software contract benefits
- Estates is underspent (£0.8m) due to timing variations to plan and ongoing cost saving and cost recovery schemes.

Corporate

- Overall Corporate divisions are £0.5m favourable
- Currently Corporate Services is overspent YTD due to agency costs exceeding vacancies and to Staff & Public liability claims.
- Business Development is overspent due to costs associated with the defibrillator campaign that will be funded centrally
- Transformation & Strategy has overspends related to the usage of agency support in the Contracts team. This is an agreed investment by EMT that was not in the original plan
- Clinical Education and standards is £0.3m favourable due to timing delays in recruiting and training new staff. This cost is expected to pick up in Q4.

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Central

- Central Corporate includes non divisional and corporate costs.

Income

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

Cost Improvement Programme

2014/15 - Month 7			Description	Year to Date			FY 2014/15		
Budg	Act	Var		Budg	Act	Var	Budg	Fcast	Var
£000	£000	£000		£000	£000	£000	£000	£000	£000
		fav/(adv)	**Core CIP**			fav/(adv)			fav/(adv)
800	800	0	Frontline staffing - Volume	3,850	3,850	0	8,000	8,000	0
94	0	(94)	Fleet	544	108	(436)	1,000	1,000	0
25	25	0	Estates	175	175	0	500	500	0
47	47	0	IT	265	219	(46)	500	500	0
33	33	0	Corporate	132	132	0	300	300	0
47	47	0	EOC	265	263	(2)	500	500	0
150	150	0	Ops Management	750	750	0	1,500	1,500	0
47	224	177	Procurement and Equipment	265	1,331	1,066	500	1,500	1,000
83	0	(83)	Collaboration	581	0	(581)	1,000	0	(1,000)
1,326	**1,326**	**0**	**Total Core CIP**	**6,827**	**6,828**	**1**	**13,800**	**13,800**	**0**

- CIPs have currently delivered on plan overall.
- Key items to note:
  - Fleet - Operational pressures are making delivery challenging. Work is underway within the wider Support Services Division to find compensating actions.
  - Collaboration is unlikely to deliver benefit in year. Alternatives have been identified.
  - Procurement - Additional savings on procurement (price and usage have been achieved in year)
- A detailed review is underway to assess the evidence that CIPs are being delivered.
- Currently £12.1m of CIPs have been hardwired into individual divisional positions; the remainder is currently held in reserves to be allocated.
- Areas for further review;
  - Capital charges; fixed asset and asset life review.
  - Income collection; ensuring all non-contract income is recovered.
  - Contract and procurement, contracts review and renewal.
- The CIP forecast is under review; current operational pressures may cause some pressure to some plans. In all cases mitigations will be sought.

Statement of Financial Position: YTD

	Mar-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Oct-14		
	Act	Act	Act	Act	Act	Act	Act	Plan	Var	%
	£000	£000	£000	£000	£000	£000	£000			
Non Current Assets										
Property, Plant & Equip	121,627	119,923	119,385	118,758	118,266	117,764	117,001	120,751	(3,750)	-3.11%
Intangible Assets	12,296	11,881	11,626	11,393	11,372	11,165	11,004	13,364	(2,360)	-17.66%
Trade & Other Receivables	0	0	0	0	0	0	0	0	0	
Subtotal	133,923	131,804	131,011	130,151	129,638	128,929	128,005	134,115	(6,110)	-4.56%
Current Assets										
Inventories	3,498	3,508	3,511	3,510	3,501	3,502	3,497	3,257	240	7.37%
Trade & Other Receivables	22,804	14,879	22,641	23,976	13,406	11,863	11,016	15,813	(4,797)	-30.34%
Cash & cash equivalents	6,436	23,964	23,163	23,988	34,959	33,163	34,793	10,951	23,842	217.72%
Non-Current Assets Held for Sale	0	0	0	101	101	101	101	0	101	
Total Current Assets	32,738	42,351	49,315	51,575	51,967	48,629	49,407	30,021	19,386	64.57%
Total Assets	166,661	174,155	180,326	181,726	181,605	177,558	177,412	164,136	13,276	8.09%
Current Liabilities										
Trade and Other Payables	(22,840)	(31,939)	(37,869)	(37,756)	(37,708)	(35,307)	(34,661)	(28,805)	(5,856)	20.33%
Provisions	(4,750)	(4,750)	(4,750)	(4,750)	(4,750)	(4,750)	(4,750)	(1,272)	(3,478)	273.43%
Borrowings	0	0	0	0	0	0	0	0	0	
Working Capital Loan - DH	0	0	0	0	0	0	0	0	0	
Capital Investment Loan - DH	(1,244)	(1,244)	(1,244)	(1,244)	(1,244)	(622)	(622)	(1,244)	622	-50.00%
Net Current Liabilities)	(28,834)	(37,933)	(43,863)	(43,750)	(43,702)	(40,679)	(40,033)	(31,321)	(8,712)	27.82%
Non Current Assets plus/less net current assets/Liabilities	137,827	136,222	136,463	137,976	137,903	136,879	137,379	132,815	4,564	3.44%
Non Current Liabilities										
Trade and Other Payables	0	0	0	0	0	0	0	0	0	
Provisions	(9,114)	(8,327)	(9,347)	(9,219)	(9,238)	(9,313)	(9,309)	(10,638)	1,329	-12.49%
Borrowings	(107)	(107)	(107)	(107)	(107)	(107)	(107)	(107)	0	0.00%
Working Capital Loan - DH	0	0	0	0	0	0	0	0	0	
Capital Investment Loan - DH	(3,099)	(3,099)	(3,099)	(3,099)	(3,099)	(3,099)	(3,099)	(2,477)	(622)	25.11%
Total Non Current Liabilities	(12,320)	(11,533)	(12,553)	(12,425)	(12,444)	(12,519)	(12,515)	(13,222)	707	-5.35%
Total Assets Employed	125,507	124,689	123,910	125,551	125,459	124,360	124,864	119,593	5,271	4.41%
Financed by Taxpayers Equity										
Public Dividend Capital	62,516	62,516	62,516	62,516	62,516	62,516	62,516	65,016	(2,500)	-3.85%
Retained Earnings	22,674	21,856	21,077	22,718	22,626	21,527	22,031	19,954	2,077	10.41%
Revaluation Reserve	40,736	40,736	40,736	40,736	40,736	40,736	40,736	35,042	5,694	16.25%
Other Reserves	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	0	0.00%
Total Taxpayers Equity	125,507	124,689	123,910	125,551	125,459	124,360	124,864	119,593	5,271	4.41%

A key issue driving the balance sheet variances has been movements in the 2013/14 year end position which were not known in time to inform the 2014/15 plan (forecast on the 2013/14 month 10 position).

Non Current Assets

- Non current assets stand at £128.0m, a £6.1m reduction against plan.
- The movement from plan is related to variances between the plan (set in February 2014) and the actual year end position following the property revaluation exercise carried out at the year-end. Fixed assets increased by £7.7m. This increase has been offset by lower than planned capital spend in 2013/14 and 2014/15 ytd, and depreciation charge £2.5m above plan in 2013/14.

Current Assets

- Current assets stand at £49.4m, a £19.4m increase against plan.
- Cash position as at October is £34.8m, a £23.8m increase against plan. This is due to a higher than planned trade & other payables and provision balances , and lower than planned capital spend in both 2013/14 and 2014/15.
- Receivables (debtors) at £4.0m are £3.7m below plan , accrued Income at £0.7m is £3.2m below plan, prepayments at £6.3m are £2.1m above plan, stocks at £3.5m are £0.2m above plan and assets held for sale are £0.1m above plan.
- Current loans are £0.6m lower than planned. This is due to a re-allocation of loans between current and non-current.

Current Liabilities

- Current liabilities stand at £40.0m, a £8.7m increase on plan.
- Payables and accruals at £31.5m are £3.8m above plan.
- Deferred Income at £3.1m is £3.0m above plan; this includes £7.2m CBRN income for the year to 31/3/15 being raised in June. The Trust has a high volume of unapproved trade payables at £2.1m. Current provisions at £4.8m are £3.5m higher than plan.

Non Current Liabilities

- Non current provisions are £1.4m lower than planned. This is due to a re-allocation of provisions between current and non-current .
- Non current loans are £0.6m higher than planned. This is due to a re-allocation of loans between current and non-current.

Taxpayers Equity

- Taxpayers Equity stands at £124.9m, a £5.3m increase on plan.
- PDC is £2.5m lower than planned due to slippage on the capital programme. PDC was the budgeted source of funding for the CommandPoint capital project.
- The revaluation reserve and retained earnings increase is due to the property revaluation exercise at the 2013/14 year-end. The data was not available when the plan was prepared.

Cashflow Statement YTD

	In Month Movement						YTD Move	YTD Plan	Var
	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Oct-14	Oct-14	Oct-14
	Actual	Actual	Actual	Actual	Actual	Actual			
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Opening Balance	13,844	23,964	23,163	23,988	34,959	33,163	**6,436**	**6,436**	**0**
Operating Surplus	1,327	396	3,136	1,377	201	1,916	9,095	9,279	(184)
(Increase)/decrease in current assets	9,094	(7,765)	(1,334)	10,579	1,542	852	11,789	3,611	8,178
Increase/(decrease) in current liabilities	(349)	5,638	(773)	(398)	(816)	(602)	12,247	5,794	6,453
Increase/(decrease) in provisions	95	1,006	(143)	(43)	61	(18)	47	(830)	877
Net cash inflow/(outflow) from operating activities	10,167	(725)	886	11,515	988	2,148	33,178	17,854	15,324
Cashflow inflow/outflow from operating activities	**10,167**	**(725)**	**886**	**11,515**	**988**	**2,148**	**33,178**	**17,854**	**15,324**
Returns on investments and servicing finance	4	(3)	0	3	0	8	6	(33)	39
Capital Expenditure	(51)	(73)	(61)	(547)	(379)	(526)	(2,422)	(13,381)	10,959
Dividend paid	0	0	0	0	(1,783)	0	(1,783)	(1,803)	20
Financing obtained	0	0	0	0	0	0	0	2,500	(2,500)
Financing repaid	0	0	0	0	(622)	0	(622)	(622)	0
Cashflow inflow/outflow from financing	**(47)**	**(76)**	**(61)**	**(544)**	**(2,784)**	**(518)**	**(4,821)**	(13,339)	**8,518**
Movement	10,120	(801)	825	10,971	(1,796)	1,630	28,357	4,515	23,842
Closing Cash Balance	**23,964**	**23,163**	**23,988**	**34,959**	**33,163**	**34,793**	**34,793**	**10,951**	**23,842**

Cash funds at 31 October stand at £34.8m, which is £23.8m above plan.

Current Assets

- The ytd movement on current assets is £11.8m, a £8.2m increase on plan.
- Current assets movement was higher than planned due to an increase in accrued income £5.8m,receivables £1.9m and prepayments £0.5m.

Current Liabilities

- The ytd movement on current liabilities is £12.2m, a £6.5m increase on plan.
- Current liabilities movement was higher than planned due to increases in accruals £3.6m and deferred income £3.1m offset by decrease in trade and other payables £0.2m. The Trust has a high volume of unapproved invoices. The increase in deferred income includes a £7.2m CBRN invoice for the year to 31/3/15 raised in June 2014.

Provisions

- The ytd movement on provisions is £0.1m, a £0.9m increase on plan.
- The plan assumed that the provision for the Vat on a sale and leaseback transaction would have been released by now. The Trust is still waiting for HMRC to confirm its decision in favour of the London Ambulance Service.

Capital Expenditure

- The ytd movement on Capital Expenditure payments is £2.4m, £11.0m lower than plan.
- The lower than planned capital expenditure payments is due to slippage on the 2014/15 capital programme. Capital expenditure to October 2014 is £1.7m.
- The ytd movement on financing obtained is nil, £2.5m lower than planned. The application for PDC funding for the CommandPoint capital project has been delayed.

London Ambulance Service NHS Trust

Report to:	**London Ambulance Service Trust Board**
Date of meeting:	**25 November 2014**
Document Title:	**Capital Investment Strategy**
Report Author(s):	**Director of Finance**
Presented by:	**Director of Finance**
Contact Details:	**020 7783 2041**
History:	**This paper has been reviewed by both the EMT & FIC**
Status:	**For Approval**

Background/Purpose

- This paper outlines the actions necessary to deliver the capital expenditure strategy for the Trust over the next 5 years.
- The actions outlined within this paper are based on the 2014/15 Capital Expenditure (capex) plan. This plan was approved by the Trust Board as part of the 2014/15 Financial Plan.
- This plan may be subject to review in actions, scale and timings following the review of the financial plan for the 5 year period starting 1st April 2015. This Plan will be presented to the Trust Board for review in February 2015.

Action required

The Trust Board is requested to approve this paper.

Assurance

This paper is consistent with the agreed (approved) financial plan and has been reviewed by the Finance and Investment Committee (FIC).

Key implications and risks arising from this paper	
Clinical and Quality	
Performance	✓
Financial	✓
Legal	
Equality and Diversity	
Reputation	
Other	
This paper supports the achievement of the following 2014/15 objectives	
Improve patient care	✓
Improve recruitment and retention	
Implement the modernisation programme	
Achieve sustainable performance	✓
Develop our 111 service	
Simplify our business processes	
Increase organisational effectiveness and development	✓

London Ambulance Service NHS
NHS Trust

Trust Board

Capital Expenditure Strategy

25th November 2014.

Prepared by
Andrew Grimshaw, Director of Finance.

Purpose of paper

London Ambulance Service NHS
NHS Trust

- This paper outlines the actions necessary to deliver the capital expenditure strategy for the Trust over the next 5 years.
- The actions outlined within this paper are based on the 2014/15 Capital Expenditure (capex) plan. This plan was approved by the Trust Board as part of the 2014/15 Financial Plan.
- This plan may be subject to review in both actions, scale and timings following the review of the financial plan for the 5 year period starting 1st April 2015. This Plan will be presented to the Trust Board for review in February 2015.
- The paper acts as a reminder of the key areas of strategic investments, and has been reviewed and confirmed by the Executive Management Team. The paper outlines;
  - The main projects planned.
  - Leads.
  - Business case requirements and timescales
  - Funding sources and associated actions.
  - Delivery risks and mitigations.

Capital programme – As approved in 2014/15 Financial Plan

London Ambulance Service NHS Trust

	Original date cases expected	14/15	15/16	16/17	17/18	18/19	Total
Vehicle replacement	2015/16	10.0	10.0	10.0	10.0	10.0	50.0
IT	Maintenance – various separate cases	1.7	1.7	1.7	1.7	1.7	8.5
Estates	Maintenance – various separate cases	1.0	1.0	1.0	1.0	1.0	5.0
Equipment	Maintenance – various separate cases	1.0	1.0	1.0	1.0	1.0	5.0
Unspent money from 13/14 c/fwd	Misc. Cases approved in 2013/14.	1.5					1.5
Normal capital Programme (tbc)		**15.2**	**13.7**	**13.7**	**13.7**	**13.7**	**70.0**
Backlog: Vehicles	2015/16		6.0	6.0			12.0
Backlog: Estates renewal	2015/16		2.0	2.0	2.0	2.0	8.0
New: E-Ambulance	2014/15		10.3				10.3
New: CommandPoint resilience (estimate. External funding required)	2014/15	5.0					5.0
Total		**20.2**	**32.0**	**21.7**	**15.7**	**15.7**	**105.3**

Capital programme – overview of areas of investment

London Ambulance Service NHS Trust

	Total	Lead Exec	Op lead	Comment
Vehicle replacement	50.0	DoSS	Fleet	Purchase of DCA will require TDA approval. Other purchases at Trust's discretion. Business case for 2014/15 produced and submitted to the TDA. The plan is to produce a 5-7 year case for replacement for submission to the TDA in late 2014/15 early 2015/16.
IT	8.5	DoSS	IMT	Various items to maintain the existing IM&T infrastructure. All at the Trust's discretion.
Estates	5.0	DoSS	Estates	Investment in maintaining the estate. All at the Trust's discretion.
Equipment	5.0	DoF	Various	Investment in maintaining the equipment base of the Trust. All at the Trust's discretion.
Unspent money from 13/14 c/fwd	1.5	DoF	Various	Various projects carried forward from 2013/14. Funded within the CRL carry forward, and plans in place to finalise
Backlog: Vehicles	12.0	DoSS	Fleet	This will form part of the overall DCA replacement case for 2015/16 and beyond
Backlog: Estates renewal	8.0	DoSS	Estates	This requires the development of a clear strategy and then case for estate renewal.
New: E-Ambulance	10.3	DoSS	IMT	Dependent on external funding of both the capital and the ongoing revenue costs.
New: Command Point resilience	5.0	DoSS	IMT	This project is no longer being pursued in the form outlined in the 2014/15 Financial Plan. The Director of Support Services is reviewing the ongoing risk and any necessary action.

Capital – Possible funding solutions over next 5 years

London Ambulance Service NHS Trust

	Total Investment	Funding in plan	Funding to be confirmed	Source of funding	Risk to capital funding
Vehicle replacement	50.0	50.0		Internally generated	
IT	8.5	8.5		Internally generated	
Estates	5.0	5.0		Internally generated	
Equipment	5.0	5.0		Internally generated	
Normal capital Programme (tbc)	**68.5**	**68.5**			
Backlog: Vehicles	12.0		12.0	Loans in 15/6. To be agreed	
Backlog: Estates renewal	8.0		8.0	From asset sales	
New: E-Ambulance	10.3		10.3	DH and CCG funding. To be confirmed	
New: Command Point resilience (estimate)	5.0	--	5.0	Necessity under review by DoSS.	
Total	**103.8**	**68.5**	**35.3**		

Capital programme – Significant projects and associated actions

London Ambulance Service NHS Trust

	Estimated value	Require TDA approval?	SOC	OBC	FBC	Next steps
Vehicle replacement – DCA 2014/15	£6.5m	Yes. As part of "normal" operations the TDA have been asked to approve based on a brief case.	Complete	TDA requested Full Business Case. To be completed in November 2014.		Awaiting TDA feedback.
Vehicle replacement – DCA 5-7 years from 2015/16 (includes backlog)	£50.0m	Yes, likely to be TDA Board due to scale of investment and expectation of taking a loan	December	February	Q2	Engaging support to develop case. Further work on timescales may change the makeup of this case.
Backlog: Estates renewal	£8.0m	Likely to require approval as expectation is to fund from disposals.	tbc	tbc	tbc	Estate strategy required to inform. Delivery of EC Harris review due November will help inform way forward.
New: E-Ambulance	£10.0m	Yes, likely to be TDA Board. Due to scale or overall project.	Complete. With TDA for review	Q4 2014/15.	Tbc. Subject to funding	Development of benefits case and need for CCG funding confirmation.

Conclusion

London Ambulance Service NHS
NHS Trust

- The EMT has confirmed the need for all of the projects outlined to remain.
- Work is ongoing to refine and determine the capital investment strategy. For all projects, scale and timing will be reviewed as part of the 2015/16 Planning round.
- Regular reports are being made to the Executive Management Team on the progress of the capital strategy.

London Ambulance Service NHS Trust

Report to:	**London Ambulance Service Trust Board**
Date of meeting:	**25 November 2014**
Document Title:	**Chief Executive Report to the London Ambulance Service (LAS) Board**
Report Author(s):	**Adam Levy**
Presented by:	**Ann Radmore**
Contact Details:	**CE Office**
History:	***N/A***
Status:	***Information***

Background/Purpose

To inform the Board on the following items:
NHS Five Year Forward View
Summary of Party Conference Focus on NHS
King's Fund Report into Financial Failures in the NHS
NHS Prepared for Winter Pressures

Action required

None

Assurance

Key implications and risks arising from this paper	
Clinical and Quality	
Performance	
Financial	
Legal	
Equality and Diversity	
Reputation	
Other	
This paper supports the achievement of the following 2014/15 objectives	
Improve patient care	
Improve recruitment and retention	
Implement the modernisation programme	
Achieve sustainable performance	
Develop our 111 service	
Simplify our business processes	
Increase organisational effectiveness and development	

CHAIRMAN AND CHIEF EXECUTIVE REPORT TO THE LONDON AMBULANCE SERVICE (LAS) TRUST BOARD MEETING HELD ON 25 NOVEMBER 2014

1. NHS Five Year Forward View

NHS England's Five Year Forward View (5YFV) was launched on 23 October 2014, setting out a long term strategy and vision for the Health Service fit for current and future needs. The 5YFV reflects the majority of the vision and asks laud out by the NHS Confederation in the 2015 Challenge Manifesto and it has been generally received positively by the Health Sector.

There is little in the document explicitly about the role of ambulance services (which is also noted as a concern by NHS Confederation in their summary below). However, the elements that are included are:

- Across the NHS, urgent and emergency care services will be redesigned to integrate between A&E departments, GP out-of-hours services, urgent care centres, NHS 111, and ambulance services.
- The NHS will do far better at organising and simplifying the urgent and emergency care networks. This will mean helping patients get the right care, at the right time, in the right place, making more appropriate use of primary care, community mental health teams, ambulance services & community pharmacies, as well as the 379 urgent care centres throughout the country.
- This will partly achieved by evening and weekend access to GPs or nurses; ambulance services empowered to make more decisions, treating patients and making referrals in a more flexible way; and greater use of pharmacists.

Some of the wider key headlines from the document are:

- It avoids a one size fits all approach by committing to work with local areas to work out what is right for them and to be more flexible with how national rules are applied
- It identifies that the £30bn funding gap cannot be closed without additional funding, alongside further action on both demand and efficiency.
- There is a commitment to improve alignment of NHSE, Monitor and TDA assurance and intervention processes
- A strong emphasis on parity of esteem for mental health patients
- More influence for CCGs over wider NHS budget
- Developing the workforce to meet current and future needs, including working across boundaries and more often in community settings
- Commitment to support more patients to self-manage
- Raising prevention up the agenda and emphasising empowering patients and engaging communities

  It is a bold statement of intent for the NHS as a whole and has many issues: parity of esteem for mental health, training and development of staff and encouraging self-management which are very current issues for us today. It suggests however a variety of commissioning and providing approaches which we will need to monitor and influence in London to achieve the potential gains anticipated. It calls for an integration of planning and delivery across the wider system which will require significant developments to achieve.

2. Party Conferences Focus on NHS

All three of the main parties focussed on health at their recent conferences, confirming its position as a key issue for the 2015 General Election:

- The Liberal Democrat 'pre-manifesto' includes a section dedicated to health. It argues for a greater level of prevention as opposed to treatment and focusses largely on the improvement of mental health services.
- Labour's 'Health and Care' section of their National Policy Forum centred on 'whole person care'. It heavily focusses on collaboration, integration and personalisation.
- The Conservatives used their conference to unveil a number of initiatives largely in relation to GP services. This included a seven-day GP service, a named GP for every NHS patient and a commitment to training and retaining an extra 5,000 GPs.

3. King's Fund Report into Financial Failures in the NHS

In October 2014 the King's Fund produced a report into financial failures in the NHS; what causes it and how best to manage it. The report lays out the current financial health of the NHS and highlights the growing number of providers reporting a financial deficit, the key drivers for financial failure and a description of the current options for managing failure in the NHS. The report also outlines some of the barriers which it says must be removed, including: managing NHS finances at a national level; creating a supporting financial framework for change; allowing realistic timetables for recovery; providing strategic leadership; and finding a balance between the public and politicians and the need for change.

The full report can be found on the King's Fund Website
http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/financial-failure-in-the-nhs-kingsfund-oct14.pdf

An NHS Confederation summary can be found on www.nhsconfed.org or through this link

4. NHS well prepared for cold winter pressures

NHS leaders, GPs, social services and other health professionals have run one of the widest winter planning exercises the NHS has ever seen.

Local medical experts identified pressure points and a range of measures to address them, including:

- more action to keep people out of hospital
- closer involvement of GPs and social service organisations
- a public information campaign encouraging people with non-urgent medical problems to use the full range of NHS services

More people are using accident and emergency (A&E) departments than ever before, with 22 million visits a year. The NHS handles more than 3,000 extra attendances every day than in 2010. Earlier this year, the government agreed an initial £400 million to improve local health services. This additional funding has been allocated across the system (some specifically to LAS as advised

elsewhere) and is being used to deliver detailed resilience plans, developed by local partnerships made up of local NHS, councils and social care leaders.

The full report can be found on:

https://www.gov.uk/government/news/nhs-well-prepared-for-cold-winter-pressures

5. Alcohol Awareness Campaign

This is a collaborative campaign which has developed from effective partnership working with the GLA family and others. It that will run from November through December working together with the Greater London Authority, City of London, Transport for London and the London Drug and Alcohol Policy Forum. The aim of the campaign is to encourage Londoner's to stay safe during the party season.

We will be issuing 'party bags' to partners and businesses with tips for planning a safer party. There will also be posters at key stations within the tube system.

Ann Radmore
25 November 2014

London Ambulance Service NHS Trust

Report to:	**London Ambulance Service Trust Board**
Date of meeting:	**25th November 2014**
Document Title:	**Board declarations – self certification, compliance and board statements**
Report Author(s):	**Sandra Adams**
Presented by:	**Sandra Adams**
Contact Details:	**sandra.adams@lond-amb.nhs.uk**
History:	**N/A**
Status:	**For approval**

Background/Purpose

The Trust Board is held to account by the NHS Trust Development Authority for compliance with the provider licence requirements and Board statements. The Trust Board can confirm compliance with each statement and requirement with the exception of the following:

Board statement 10 requires the Board to sign off that: it is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets as set out in the NTDA oversight model; and a commitment to comply with all known targets going forward.

The Board is unable to declare compliance with this statement having carefully reviewed performance since quarter one, together with current trending information for activity and capacity in the second quarter, and has put urgent work in train to seek to address the issues and produced a revised plan. We continue to work closely with the TDA, NHS England and local commissioners in the approach to improving performance.

Action required

To approve the submission of the Board declarations for November 2014

Assurance

The Trust has submitted a performance recovery plan and trajectory to the NHS Trust Development Authority, NHS England and commissioners.

Key implications and risks arising from this paper	
Clinical and Quality	**X**
Performance	**X**
Financial	**X**
Legal	
Equality and Diversity	
Reputation	**X**
Other	
This paper supports the achievement of the following 2014/15 objectives	
Improve patient care	**X**
Improve recruitment and retention	**X**
Implement the modernisation programme	**X**
Achieve sustainable performance	**X**
Develop our 111 service	
Simplify our business processes	
Increase organisational effectiveness and development	

London Ambulance Service NHS Trust

Report to:	**London Ambulance Service Trust Board**
Date of meeting:	**25th November 2014**
Document Title:	**Trust Secretary Report**
Report Author(s):	**Sandra Adams**
Presented by:	**Sandra Adams**
Contact Details:	**sandra.adams@lond-amb.nhs.uk**
History:	**N/A**
Status:	**For information**

Background/Purpose

This report is intended to inform the Trust Board about key transactions thereby ensuring compliance with Standing Orders and Standing Financial Instructions.

Tenders received

One new tender has been received since 30th September 2014:

1. Roof replacement works at London Ambulance Service NHS Trust Headquarters
   Tenders received from:
   - Survey and Roofing Contractors
   - Russell Tren Roofing

There have been no entries to the Register for the use of the Trust Seal since 30the September 2014.

Action required

To be advised of the tenders received and entered into the tender book and the use of the Trust Seal since 30th September 2014 and to be assured of compliance with Standing Orders and Standing Financial Instructions.

Assurance

Compliance with Standing Orders and Standing Financial Instructions.

Key implications and risks arising from this paper	
Clinical and Quality	**X**
Performance	**X**
Financial	**X**
Legal	
Equality and Diversity	
Reputation	
Other	**Governance**
This paper supports the achievement of the following 2014/15 objectives	
Improve patient care	**X**
Improve recruitment and retention	
Implement the modernisation programme	
Achieve sustainable performance	**X**
Develop our 111 service	
Simplify our business processes	**X**
Increase organisational effectiveness and development	**X**

TRUST BOARD FORWARD PLANNER 2015

27th January 2015

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	**Integrated Board Performance Report** **Clinical Directors' Joint Report** **Quality Governance Committee Assurance Report** **Finance Report M9** **Report from Finance and Investment Committee**	Draft 2015/16 Annual Business Plan Draft 2015/16 Corporate Objectives	Board Declarations Report from Trust Secretary Trust Board Forward Planner Annual Report and Accounts of the Charitable Funds 2013/14	Quality Governance Committee on 13th January 2015 Finance and Investment Committee on 22nd January 2015	

24th March 2015

Standing Items	Quality Governance and Risk	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
Staff Story Declarations of Interest Minutes of the previous meeting Matters arising Report from the Trust Chairman Report from Chief Executive	**Integrated Board Performance Report** **Clinical Directors' Joint Report** **Audit Committee Assurance Report** **BAF and Corporate Risk Register – Quarter 4 documents** **Risk Management Strategy and Policy review** **Finance Report M11** **Report from Finance and Investment Committee**	2015/16 Operating Plan sign off 2015/16 Corporate Objectives sign off 2015/16 Equality Objectives sign off Staff Survey results	Board Declarations Report from Trust Secretary Trust Board Forward Planner Register of interests	Finance and Investment Committee on 19th March 2015 Audit Committee on 2nd February 2015	

2nd June 2015

Standing Items	Annual Reporting	Quality Assurance	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
Patient Story Declarations of Interest Minutes of the previous meeting Matters arising Report from the Trust Chairman Report from Chief Executive	**Annual Report and Accounts 2014/15** **Quality Account 2014/15 for approval** **Audit Committee Assurance Report** **Annual Report of the Audit Committee 2014/15** **BAF and Corporate Risk Register – Quarter 1 documents** **Patient Voice and Service Experience Annual Report 2014/15**	Integrated Board Performance Report Clinical Directors' Joint Report Quality Governance Committee Assurance Report Finance Report Report from Finance and Investment Committee		Board Declarations Report from Trust Secretary Trust Board Forward Planner	Quality Governance Committee on 14th April 2015 Finance and Investment Committee on 21st May 2015 Audit Committee on 21st May 2015	

28th July 2015

Standing Items	Quality Assurance	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
Staff Story Declarations of Interest Minutes of the previous meeting Matters arising Report from the Trust Chairman Report from Chief Executive	**Integrated Board Performance Report** **Clinical Directors' Joint Report** **Quality Committee Assurance Report** **Annual Infection Prevention and Control Report 2014/15** **Annual Safeguarding Report 2014/15** **Finance Report M3** **Report from Finance and Investment Committee**	Q1 Business Plan review	Annual Equality Report 2014/15 Board Declarations Report from Trust Secretary Trust Board Forward Planner	Quality Governance Committee on 14th July 2015 Finance and Investment Committee on 23rd July 2015	

29th September 2014

Standing Items	Quality Governance and Risk	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
Patient Story Declarations of Interest Minutes of the previous meeting Matters arising Report from the Trust Chairman Report from Chief Executive	**Integrated Board Performance Report** **Clinical Directors' Joint Report** **Audit Committee Assurance Report** **Annual Audit Letter 2014/15** **BAF and Corporate Risk Register – Quarter 2 documents** **Finance Report M5** **Report from Finance and Investment Committee**	Business planning 16/17	Board Declarations Report from Trust Secretary Trust Board Forward Planner	Finance and Investment Committee on 24th September 2015 Audit Committee on 7th September 2015	

24th November 2014

Standing Items	Quality Assurance	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
Staff Story Declarations of Interest Minutes of the previous meeting Matters arising Report from the Trust Chairman Report from Chief Executive	**Integrated Board Performance Report** **Clinical Directors' Joint Report** **Quality Governance Committee Assurance Report** **Audit Committee Assurance Report** **BAF and Corporate Risk Register – Quarter 3 documents** **Finance Report M7** **Report from Finance and Investment Committee**	6 month review of business plan	Board Declarations Report from Trust Secretary Trust Board Forward Planner Performance Reporting compliance statement	Quality Governance Committee on 13th October 2015 Finance and Investment Committee on 19th November 2015 Audit Committee on 9th November 2015	

2015 Meetings Calendar

Committee	Chair	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Timings
Trust Board	Trust Chair	**27**		**24**			**2**	**28**		**29**		**24**		9.00 - 14.00
Strategy Review and Planning	Trust Chair		**24**		**28**		**30**				**27**		**15**	9.00 - 16.00
Annual General Meeting	Trust Chair									**29**				14.00 - 15.30
Annual C/Funds Committee	Non-executive director													
Remuneration Committee	Trust Chair													
Audit Committee	John Jones		**2**		**17**	**21**	**1**			**7**		**9**		14.00 - 17.00
Finance and Investment Committee	Nick Martin	**22**		**19**		**21**		**23**		**24**		**19**		
Quality Committee	Bob McFarland	**13**			**14**			**14**			**13**			14.00 - 17.00
Clinical Safety, Development and Effectiveness Committee	Clinical Directors	**20**	**17**	**17**	**21**	**19**	**16**	**21**	**18**	**22**	**20**	**17**	**22**	14.00 - 16.00
Executive Management Team (EMT)	CE	**Every Wednesday 9.00 - 12.00**												9.00 - 12.00