London Ambulance Service NHS Trust

MEETING OF THE LONDON AMBULANCE SERVICE NHS TRUST BOARD
TO BE HELD IN PUBLIC ON TUESDAY 24th SEPTEMBER 2013 AT 10.00 – 12.00
CONFERENCE ROOM, 220 WATERLOO ROAD, LONDON SE1 8SD

AGENDA: PUBLIC SESSION

	ITEM	SUBJECT	PURPOSE	LEAD	TAB
10.00	1.	**Welcome and apologies for absence** Apologies received from: Jason Killens			
	2.	**Staff Story** To hear an account of a staff experience			
10.15	3.	**Declarations of Interest** To request and record any notifications of declarations of interest in relation to today's agenda		RH	
	4.	**Minutes of the Part I meeting held on 23rd July 2013** To approve the minutes of the meeting held on 23rd July 2013	Approval	RH	TAB 1
10.20	5.	**Matters arising** To review the action schedule arising from previous meetings	Information	RH	TAB 2
10.25	6.	**Report from the Trust Chairman** To receive a report from the Trust Chairman on key activities since the last meeting, including the Strategy Review and Planning Committee meeting on 10th September 2013	Information	RH	Oral
QUALITY GOVERNANCE AND RISK					
10.30	7.	**Integrated Board Performance Report** To receive the integrated board performance report	Information	AG	TAB 3
10.40	8.	**Quality Report** 8.1 Quality Dashboard 8.2 Clinical Quality and Patient Safety Report, including Serious Incidents Update	Assurance	SL FM	TAB 4
10.50	9.	**Francis and Berwick Update** To update the Trust Board on the current work being undertaken on the Francis and Berwick reports	Assurance	SL	TAB 5
11.00	10.	**Annual Patient Experiences Report 2012/13** To receive the Annual Patient Experiences Report for 2012/13	Assurance	SL	TAB 6
11.05	11.	**Quality Committee Assurance Report** To receive a report from the meeting on 21st August 2013	Assurance	RG	TAB 7

11.10	12.	**Audit Committee Assurance Report** 12.1 To receive a report from the Audit Committee on 2nd September 2013 12.2 To receive the Audit Committee Annual Report 2012/13 12.3 To receive the Annual External Audit Letter 2012/13	Assurance	CS	TAB 8
11.20	13.	**Finance Report** 13.1 Finance Report 13.2 Finance and Investment Committee Assurance Report from the meeting on 10th September 2013	Information Assurance	AG NM	TAB 9 Oral
GOVERNANCE					
11.30	14.	**Governance Review** To approve the proposals to enhance the current Board committee roles and responsibilities	Approval	SA/AG	TAB 10
BUSINESS ITEMS					
11.40	15.	**Report from Chief Executive** To receive a report from the Chief Executive	Information	AR	TAB 11
11.45	16.	**Modernisation Programme** To receive an update on the Modernisation Programme	Information	JC	TAB 12
11.50	17.	**Board Declarations – self certification, compliance and board statements** To approve the submission of the Board declarations for August 2013	Approval	SA	TAB 13
	18.	**Report from Trust Secretary** To receive the report from the Trust Secretary on tenders received and the use of the Trust Seal	Information	SA	TAB 14
	19.	**Forward Planner** To receive the Trust Board forward planner	Information	SA	TAB 15
	20.	**Any other business**		RH	
	21.	**Questions from members of the public**		RH	
12.00	22.	**Date of next meeting** The date of the next Trust Board meeting is Tuesday 26th November 2013			

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD MEETING
Part I

DRAFT Minutes of the meeting held on Tuesday 23rd July 2013 at 10:00 a.m.
in the Conference Room, 220 Waterloo Road, London SE1 8SD

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Present:	
Richard Hunt	Chairman
Ann Radmore	Chief Executive Officer
Roy Griffins	Non-Executive Director
Andrew Grimshaw	Director of Finance
John Jones	Non-Executive Director
Steve Lennox	Director of Health Promotion and Quality
Nick Martin	Non-Executive Director
Fionna Moore	Medical Director
Caroline Silver	Non-Executive Director (joined by telephone)
In Attendance:	
Jane Chalmers	Director of Modernisation
Tony Crabtree	Acting Director of Workforce
Francesca Guy	Committee Secretary (minutes)
Jason Killens	Director of Service Delivery (North Thames)
Bob McFarland	Associate Non-Executive Director
Angie Patton	Head of Communications
Paul Woodrow	Director of Service Delivery (South Thames)
Vic Wynn	Acting Director of Information Management and Technology
Janice Markey	Equality and Inclusion Manager (minute number 107 only)
Members of the Public:	
Malcolm Alexander	Patients' Forum
Peter Rhodes	Duty Station Officer
Janet Silvera	Personal Assistant to the Director of Workforce, LAS
Charlotte Gawne	NHS England
Family of LAS patient	(minute 96 only)
Mark Faulkner	Paramedic (minute 96 only)

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95. Welcome and Apologies

95.1 Apologies had been received from Sandra Adams, Caron Hitchen and Jessica Cecil.

96. Patient Story

96.1 The mother of a patient joined the Trust Board meeting to give an account of her and her family's experience of receiving a delayed response. The family felt that they did not receive satisfactory care during the time that they were waiting for an ambulance and had not felt assured that an ambulance would eventually arrive. This experience was very distressing for the patient and her family and as a consequence they had lost confidence in the LAS to the extent that have since chosen to be transported to A&E by taxi, rather than calling for an ambulance. This was something that, prior to this incident, the family did not anticipate they would feel about the ambulance service.

96.2 The Chair thanked the family for attending, particularly as this was a very difficult story to tell. The Chair explained that the Trust Board invited patients to tell their story in order to perhaps help prevent similar incidents recurring.

96.3 Steve Lennox asked whether there was anything the LAS could do to improve the family's perception of the service. The patient's mother responded that quick response times were important to the public's confidence in the service and in this case the service should have called the family back to update them on the situation. The patient's mother added that the second call taker should have asked if the patient's condition had deteriorated.

96.4 Bob McFarland asked what the LAS had learnt from this story. Fionna Moore responded that this story was particularly relevant as evidence for building the case for change in order to improve Category C performance and to ensure that there was a robust system in place to ring back patients who were awaiting a response.

96.5 Steve Lennox commented that the Trust was focussing on four quality priorities this year, one of which was improving patients' experience of delays.

96.6 Bob McFarland asked why a Category C patient would not automatically be retriaged if they had been waiting for 60 minutes. Fionna responded that the Trust was increasingly ringing back patients to retriage and the development of the clinical hub would ensure that this system was more robust.

96.7 The Trust Board thanked the patients' family for attending the Trust Board to tell their story.

97. Declarations of Interest

97.1 There were no declarations of interest.

98. Minutes of the Part I meeting held on 25th June 2013

98.1 The minutes of the Part I meeting held on 25th June 2013 were approved, subject to a minor amendment to paragraph 86.1.

99. Matters Arising

99.1 The Chair referred to the death of a colleague at Newham Ambulance Station who had served at the LAS for 24 years. Arrangements were being made for colleagues who wished to attend his funeral.

99.2 The Chair thanked Roy Griffins for chairing the last meeting of the Trust Board.

99.3 The Chair noted the birth of the royal baby and wished the Duke and Duchess of Cambridge well for the future. Fionna Moore commented that it should be noted that the Duke and Duchess of Cambridge made their own way to hospital by car and did not require the LAS.

99.4 The Trust Board noted that all actions from the previous meeting were complete.

99.5 Roy Griffins commented that he would like to see the LAS response to the review of urgent and emergency care. Ann Radmore agreed that any feedback on the review would be shared with the Trust Board.

99.6 The Chair noted that the Association of Ambulance Chief Executives was coordinating ambulance chairs' views from across the country.

100. Integrated Board Performance Report

100.1 Andrew Grimshaw reported that this month's integrated board performance report was largely consistent with last month's:

- The quality position was largely the same as last month's with an improvement in the infection control – cleaning indicator;
- Performance had declined due to the increase in demand caused by the recent hot weather, although the overall level of activity remained slightly below plan;
- The workforce indicators continued to be a concern, although the overall position was static and had not deteriorated any further;
- The financial position was slightly adverse from plan. This was partly due to the pressures of non-productive staff time eg frontline staff who were not able to support the frontline.

100.2 Steve Lennox noted that there had been a discussion previously about whether the Category C targets should be moved to the quality section. Andrew responded that he had asked for feedback on all the indicators and was working on a broader pack of information which would support the report. The Chair commented that today's patient story reflected the need for Category C performance to be monitored as part of the overall quality position.

100.3 Roy Griffins asked whether the recent heatwave had had an impact on this position. Andrew Grimshaw responded that it had not impacted on the financial position, but that all the metrics would need to be reviewed at the same time to understand the full impact. The report would be reviewed by the Executive Management Team as soon as this months' data was available and would take action if performance was not as expected.

101. Quality Report

Quality Report

101.1 Steve Lennox reported that the quality dashboard remained relatively stable, although there were three areas of concern:

- On scene times. An audit was underway in Edmonton to understand whether on scene times were impacted by delays in the arrival of a transporting vehicle;
- Category C performance. This would be addressed as part of the Modernisation Programme;
- Vacancy factor. This would be addressed as part of the Modernisation Programme.

101.2 Given that these three areas of concern were being addressed, the four areas of quality improvement would remain as outlined within the Quality Account.

101.3 The Chair asked how concerned the Trust Board should be about current LAS performance against the Department of Health indicators, particularly for STEMI and Stroke Care, which had been an issue for some time. Steve Lennox responded that the Department of Health was changing the guidelines for the administration of analgesia to STEMI patients, which would result in approximately a 4% uplift in performance against these indicators. Fionna Moore added that there was some concern that there were inconsistencies in the way that different ambulance trusts were reporting against these indicators, which would impact on the LAS' overall ranking. The current performance was noted and would be kept under review.

101.4 The Chair asked what was being done to address missing equipment and attitude and behaviour as these were both long-standing issues. Ann Radmore responded that missing equipment was being

addressed by the roll out of the personal issue policy together with additional investment in equipment. Steve added that the Assistant Directors of Operations had developed an action plan to address attitude and behaviour, which would be launched across the Trust. Steve added that updates on progress against the action plan would be incorporated into updates against the recommendations in the Francis Report.

101.5 Roy Griffins noted that the Quality Committee had discussed the possibility of benchmarking Category C performance and how this would be monitored going forward. It was suggested that the new Director of Performance should look into this once they were in post. Ann Radmore commented that the LAS was outperforming other ambulance trusts in terms of Category A performance, which would suggest that this was also true of Category C performance.

101.6 Jason Killens commented that he supported the proposal to benchmark Category C performance against other ambulance trusts, but acknowledged that Category C targets were locally determined and therefore the contractual requirements of each ambulance trusts varied. Today's patient story had highlighted the importance of ringing back calls and the therefore the Trust should focus on putting in place a system to ensure that this happened.

Clinical Quality and Patient Safety Report

101.7 Fionna Moore commented that the report gave a breakdown of the individual elements which made up the Mental Health CPI. Overall compliance against this CPI had improved over the reporting period.

101.8 The findings from an audit on the use of adrenaline had generally been good, but there had been four incidents since December 2012 where adrenaline had been administered via the wrong root eg intravenously rather than intramuscularly. These were being followed up with the individuals involved.

101.9 The Patients' Forum had submitted a question in relation to the NICE Guidelines - CG161 – and asked whether additional training would be required for front line staff assessing patients who had fallen to include a full multifactorial assessment to identify the patient's individual risk factors. Fionna Moore responded that the most recent NICE Guidelines related to assessment of patients in hospital. However, the previous guidelines covered the assessment of patients both in hospital and the community. The LAS had made significant progress in the treatment of elderly fallers and had developed a tool to assist crews in assessing these patients and a booklet had been issued to all front line members of staff.

101.10 The Patients' Forum asked whether the Board intended to comply with the 2009 Complaint Regulations which required the LAS to publish the number of complaints that were well founded each year. The Trust Board responded that the LAS viewed all complaints as valid. This approach was non-judgmental and the LAS agreed that to categorise complaints as upheld and not upheld would be unhelpful. It was agreed that this should be explained on the LAS website as the information published on the Health and Social Care Information Centre could be misleading.

ACTION: AP/SL to explain on the LAS website that the Trust did not categorise complaints as upheld or not upheld.

DATE OF COMPLETION: 24th September 2013

101.11 It was suggested that Steve should ask his counterparts at other ambulance services how they managed complaints.

ACTION: SL to ask his counterparts at other ambulance services how they managed complaints.

DATE OF COMPLETION: 24th September 2013

101.12 Fionna reported that there were currently 10 serious incidents under investigation and the key themes arising from these were delays to overdose patients and the management of bariatric patients.

101.13 The Chair asked for an update on the serious incident that was declared relating to a systems failure. Vic Wynn responded that a root cause analysis would be undertaken as part of the Serious Incident investigation and work was underway to minimise this risk as far as possible.

101.14 The Chair asked for an update on any performance issues relating to the recent heatwave. Jason Killens responded that the REAP level had been raised to 4 in response to the level 3 heatwave alert. The adverse weather had led to an additional 1000 calls per day and last week had seen the fourth busiest day for the Trust on record. The Trust would remain at REAP 4 until the latter part of the week. Special arrangements had been in place in the Control Room to manage the increased demand.

101.15 The Trust had had good coverage in the local and national media, encouraging the public to use the service wisely. Category A performance was at just over 70% at the end of last week, which was a good position considering the level of demand. Measures had been put in place to mitigate the impact of increased activity and the Demand Management Plan had been deployed extensively throughout this period.

102. Francis Report Progress Update

102.1 Steve Lennox reported that this was a high-level first draft of the action plan which had been drawn up in response to the recommendations from the Francis Report. The action plan would be discussed again at the Strategy Review and Planning Committee on 10th September where the Board would have another opportunity to refine the action plan and identify any further actions. At this stage, the Board was asked for approval of the emerging themes and direction of travel.

102.2 The Trust Board approved the emerging themes and direction of travel, but noted that there was further work to do to assign action owners and to agree the due dates of the actions. The Trust Board suggested that the monitoring of the action plan should be delegated to a committee and asked Steve Lennox to draw up a timeline of when the actions would be delivered.

ACTION: SL to draw up a timeline of when the Francis actions would be delivered.

DATE OF COMPLETION: 10th September 2013

102.3 The Chair acknowledged the thoroughness of this good piece of work.

103. Annual Infection Prevention and Control Report 2012/13

103.1 Steve Lennox reported that the Annual Infection Prevention and Control Report for 2012/13 reported a satisfactory position.

103.2 John Jones asked whether the Trust Board should be concerned about the red rating against the requirement to ensure that care workers were free of and were protected from exposure to

infections that could be caught at work and that all staff were suitably educated in the prevention and control of infection associated with the provision of health and social care. Steve acknowledged that it was right to highlight this issue and reported that Gill Heuchan was leading on a piece of work that would resolve this.

103.3 John Jones noted that there was a variation in the levels of CSR training delivered across the Trust. Steve explained that the data showed where training had been delivered, rather than the complex where staff were based. Steve added that training had picked up this year and already more staff had been trained this year than last year.

103.4 Ann Radmore commented that the Executive Management Team had focussed on CSR delivery this year and had achieved this despite the increased pressure.

103.5 Bob McFarland commented that the report did not make it clear that the Trust had not delivered CSR training last year and therefore did not deliver infection prevention and control training. Bob asked for this to be clarified in the report.

ACTION: SL to clarify in the Annual Infection Prevention and Control Report for 2012/13 that the Trust had not delivered CSR training last year and did not therefore deliver infection prevention and control training.

DATE OF COMPLETION: 24th September 2013

103.6 The Trust Board approved the Infection Prevention and Control Report for 2012/13 subject to the comments made above. The Trust Board confirmed that it was content for Steve Lennox and Ann Radmore to finalise the report without it coming back to the Trust Board.

104. Annual Safeguarding Report 2012/13

104.1 Steve Lennox reported that the Annual Safeguarding Report for 2012/13 included an appendix that outlined the work undertaken in response to the Savile review. Any actions that had been identified would be incorporated into the overall safeguarding action plan.

104.2 It was noted that an update on safeguarding activity to the Trust Board had been arranged for October.

104.3 The Trust Board approved the Annual Safeguarding Report for 2012/13.

105. Winterbourne View Gap Analysis and Action Plan

105.1 Steve Lennox reported that the LAS had participated in the Tri-borough adult safeguarding board's review of the lessons learnt from Winterbourne View and an overarching action plan had been drawn up. The LAS had also undertaken a gap analysis and drawn up its own action plan.

105.2 In response to a question from the Patients' Forum, Tony Crabtree stated that the Trust had a Whistleblowing policy in place, which would be updated pending new guidance on protected disclosures. The review of the policy would also take into account the recommendations made in the Francis Report.

105.3 The Trust Board noted the gap analysis and action plan.

106. Finance Report

Finance Report 2013/14 Month 3: June 2013

106.1 Andrew Grimshaw reported that the Trust had reported a £0.02 million surplus which was £0.2 million behind plan. The key pressures on the financial position were the cost of non-productive staff and a slow start to the Cost Improvement Programme. A more detailed report would be provided to the Trust Board at the Part II meeting.

Finance and Investment Committee Assurance Report from the meeting on 19th July 2013

106.2 Nick Martin reported that the Finance and Investment Committee had discussed the following:

- Cost of third party and agency providers;
- The impact of relief rates and non-productive time on the financial position;
- Shadowing Payment by Results. This would continue throughout the year;
- Ongoing work on the commercial costing of bids;
- Procurement report.

106.3 The Trust Board noted that non-productive time was a key issue that was impacting on the Trust's financial position. Andrew Grimshaw confirmed that this was the most significant issue and he would be taking a report to EMT tomorrow. Andrew was asked to present a paper on non-productive time at a future Part II Trust Board meeting.

ACTION: AG to present a paper on non-productive time to a future Part II Trust Board meeting.

DATE OF COMPLETION: 24th September 2013

107. Equality Annual Report 2012/13

107.1 Janice Markey, Equality and Inclusion Manager, joined the meeting for this agenda item.

107.2 Tony Crabtree commented that an executive summary of the Annual Equality Report for 2012/13 had been included in the papers and the full report was available on request.

107.3 Janice Markey stated that the report highlighted the key aspects of equality work over the past year. Janice noted the following:

- The LAS was one of the first Stonewall national Health Champions and was 22nd in Stonewall's Workplace Equality index and 3rd in Stonewall's Health Equality Index;
- Progress had been made with the implementation of the Trust's four equality objectives;
- The Trust would continue its progress to attract a workforce that was more reflective of the communities it served.

107.4 The Chair thanked Janice for the update and noted that the progress made was encouraging. The Chair noted that the Trust Board was not itself fully representative of the communities in London and this would continue to be a consideration in any future appointments to the Trust Board.

107.5 The Patients' Forum asked whether, in view of the continuing low numbers of BME staff on the front line (paramedics, technicians and A&E support staff), the Board would seek expert advice and assistance to ensure that the current recruitment of front line staff reflected the 2011 census population estimates for London for BME communities. Janice Markey responded that the LAS was

working with Race for Opportunity in order to improve its representation of black, Asian and minority ethnic people at all levels of the workforce and was looking to enter their workplace index. It was acknowledged that it would be very challenging to achieve the same proportion of BAME staff as the 2011 census, but the LAS would continue to take positive action and to set challenging targets over the next few years.

107.6 The Trust board noted the Annual Equality Report for 2012/13.

108. Board Declarations – self-certification, compliance and board statements

108.1 Ann Radmore noted that the Chair and Sandra had discussed the need for the Trust Board to have a discussion about competition. Amendments also needed to be made to executive director contracts in order to comply with the fit and proper persons requirements. The Trust was also in the process of addressing the CQC compliance issues.

108.2 The Trust Board approved the submission of the Board declarations for July 2013.

109. Report from Trust Secretary

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

110. Report from Chief Executive

110.1 Ann Radmore noted that the Spending Review for 2013 had announced that NHS spending would be protected in 2015/16 but with an additional £2 billion a year shifted from the NHS to join up local health and social care services. This had not been anticipated by the clinical commissioning groups.

110.2 Attached to the report was a response from the Association of Ambulance Chief Executives to the All Party Parliamentary Group's review of blue light services in the NHS and emergency services.

111. Update on Modernisation Programme

111.1 Ann Radmore reported that the modernisation programme implementation team had held a series of six road shows last week. 200 members of staff had attended in total and the Executive Management Team had discussed alternative mechanisms for meeting with staff. Ann Radmore gave an update on progress with the Modernisation Programme.

111.2 Ann Radmore reported that Dr Barbara Green was reviewing the Trust's strategy to 2020. The Trust Board would be appropriately involved in the ongoing development of the strategy for final sign off in January 2014.

111.3 The Chair asked whether the presentation given by Ann Radmore to the London Regional Care event could be a starting point for the Trust to talk to other stakeholders. Ann Radmore responded that she was happy for this presentation to be shared with the Trust Board, although some of the content would need to be reviewed.

111.4 Bob McFarland noted that the Team Leader role was a key part of the modernisation programme and asked whether they had sufficient headroom. Ann Radmore responded that all elements of the modernisation programme would come together towards the end of the year and training for Team Leaders would need to be considered. Jason Killens commented that the training schedule for Team Leaders had been agreed and the plan was to return to the existing arrangements of having 30% of their time for supporting staff. The modernisation programme board was currently in discussion about the future role of Team Leaders with a view to increasing the time available to

support staff. Paul Woodrow added that going forward there would be dedicated clinical supervision 24 hours a day.

112. Forward Planner

112.1 The Trust Board noted the forward planner. The Chair suggested that the Trust Board should receive a presentation from the Association of Ambulance Chief Executives at a future Trust Board meeting.

ACTION: FG to schedule a presentation from the Association of Ambulance Chief Executives for a future Trust Board meeting.

DATE OF COMPLETION: To be arranged

113. Any other business

113.1 There were no items of other business.

114. Questions from members of the Public

114.1 Janet Silvera commented that it was interesting to hear the Patients' Story and to hear that all the issues that were being discussed by staff were also being discussed at the Trust Board.

115. Date of next meeting

115.1 The next meeting of the Trust Board is on Tuesday 24th September 2013.

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Signed by the Chair

ACTIONS

from the Meeting of the Trust Board held on 24th July 2013

Meeting Date	Minute Date	Action Details	Responsibility	Progress and outcome
25/09/12	**131.3**	MD to write an explanation on the roles of the two LAS charities.	**AG**	AG/SA to review all aspects of charitable funds and to report back to the Trust Board in September 2013.
25/09/12	**135.1**	Trust Chair to develop a proposal for the Trust to award a commendation to a member of the public who had assisted the service.	**RH**	RH to discuss with AR.
29/01/13	**15.4**	FM/AR to write to Sir Bruce Keogh to ask the LAS to be involved with the review of urgent and emergency services.	**FM/AR**	Fionna Moore was invited to attend 2 workshops developing models for the Urgent and Emergency care review on 20th August and 5th September
26/03/13	**34.3**	EMT to develop an index for measuring value for money.	**AG/EMT**	Proposal to be presented to the Trust Board, following discussion at the Finance and Investment Committee. . Paper to be presented to October FIC.
26/03/13	**45.2**	FG to add a presentation on the role of Health and Wellbeing Boards to the Trust Board forward planner.	**FG**	Commissioners to be invited to attend the Trust Board to give a presentation on how we are commissioned.
04/06/13	**59.9**	TC to present report on actions taken to address sickness absence to a future Trust Board meeting.	**TC**	Position update to be provided to the Trust Board on 23rd July 2013.
23/07/13	**101.10**	AP/SL to explain on the LAS website that the Trust did not categorise complaints as upheld or not upheld.	**AP/SL**	
23/07/13	**101.11**	SL to ask his counterparts at other ambulance services how they managed complaints.	**SL**	

Meeting Date	Minute Date	Action Details	Responsibility	Progress and outcome
23/07/13	**102.2**	SL to draw up a timeline of when the Francis actions would be delivered.	**SL**	Presented to the Strategy, Review and Planning Committee on 10th September. Action complete.
23/07/13	**103.5**	SL to clarify in the Annual Infection Prevention and Control Report for 2012/13 that the Trust had not delivered CSR training last year and did not therefore deliver infection prevention and control training.	**SL**	
23/07/13	**106.3**	AG to present a paper on non-productive time to a future Part II Trust Board meeting.	**AG**	Paper going to Sept FIC. Further discussion at EMT before paper to October Trust Board
23/07/13	**112.1**	FG to schedule a presentation from the Association of Ambulance Chief Executives for a future Trust Board meeting.	**FG**	To be arranged.

London Ambulance Service NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 24TH SEPTEMBER 2013

PAPER FOR INFORMATION

Document Title:	**Performance report month 05 (August 2013)**
Report Author(s):	**Andrew Grimshaw, Director of Finance**
Lead Director:	**Andrew Grimshaw, Director of Finance**
Contact Details:	
Why is this coming to the Trust Board?	**To provide the Board with an integrated view on performance.**
This paper has been previously presented to:	☐ Strategy Review and Planning Committee ☒ Executive Management Team ☐ Quality Committee ☐ Audit Committee ☐ Clinical Quality Safety and Effectiveness Committee ☐ Risk Compliance and Assurance Group ☐ Learning from Experience Group ☐ Finance and Investment Committee ☐ Other:
Recommendation for the Trust Board:	**The Trust Board is requested to note this paper.**

Key issues and risks arising from this paper

This paper provides a summary of the Trust's performance across a range of quality, performance, workforce and finance metrics.

Quality	
Performance	
Workforce	
Value for Money	

Executive Summary

Attachments

Performance Report Month 5 (August 2013)

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Quality Strategy

This paper supports the following domains of the quality strategy

☒ Preventing people from dying prematurely
☒ Enhancing quality of life for people with long-term conditions
☒ Helping people to recover from episodes of ill health or following injury
☒ Ensuring people have a positive experience of care
☒ Treating and caring for people in a safe environment and protecting them from avoidable harm
☒ Caring for the workforce

LAS Strategic Goals and Priorities

This paper supports the achievement of the following strategic goals and priorities:

LAS Strategic Goals

☒ To improve the quality of care we provide to our patients
☒ To develop care with a highly skilled and representative workforce
☒ To provide value for money

2013/14 Priorities

☒ Modernisation Programme
☒ Communication and Engagement
☒ Sustain performance to ensure safe service to patients
☒ Building sustainable financial position for 14/15 and beyond

Risk Implications

This paper supports the mitigation of the following strategic risks:

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

Equality Analysis

Has an Equality Analysis been carried out?

☐ Yes
☒ No

Key issues from the assessment:

LONDON AMBULANCE SERVICE NHS TRUST
INTEGRATED PERFORMANCE REPORT 2013/14: AUGUST 2013 (MONTH 05)

Quality		**Largely on plan for the month**
Performance		**Activity levels below plan overall, but performance in line with plan.**
Workforce		**Continued high sickness, turnover and vacancies.**
Value for Money		**Some pressures resulting from high abstraction rates. CIP delivery below expectations.**

Summary commentary

Category A performance was below 75% for the second month in succession. However, year to date performance remains above the 75% threshold Activity remains below planned levels, overall 3% but with Cat A is over 10% below plan in month. Most CCGs are seeing lower than expected activity. Quality measures are largely in line with plan. There was an increase in complaints in month, this was in several areas. Delays and behaviour continue to be the dominant themes. The 2 serious incidents rate an amber

Workforce measures continue to show high levels of sickness , with levels in frontline staff remaining at 6.5%. Turnover increasing slightly to 9.9%. Vacancies have increased to 10.1% across the Trust, although significant numbers of these are being covered by overtime and the use of agency and contracted staff. These issues are a major concern for the Trust and represent a significant risk to the Trust, both operationally and financially. Increasing recruitment and addressing sickness are a key priority for EMT.Core Skill Refresher training for operational staff commenced in the last week of May and it is intended to continue at a rate of 90 staff per week across Q2. Current booking and atendance rates indiacte that 60% of staff will have been trained by the end of November. This is currently under review.

Financial performance; the income and expenditure position reports a favourable movement in the overall variance from plan, with the overall year to date adverse variance reducing by £32k to £356k. The main reason for the ongoing adverse variance relates to higher than planned non-productive time (annual leave, sickness and secondments), and delays in CIP delivery. The higher than planned staff costs represent the main threat to the delivery of the year end forecast. Additional support has been engaged to support the delivery of CIPs. Cash has fallen below plan due to reduced creditors and higher debtors. Actions are in place to address these issues.

QUALITY

		Target	Current month	Previous month	Year end forecast
1	Serious Incidents	1	**1**	**2**	
2	Complaints	80	**90**	**92**	
3	Call Answering	95.0%	**98.7%**	**96.0%**	
4	Treatment CPI	95.0%	**94.0%**	**96.0%**	
5	Infection control - hand hygiene	100.0%	**74.0%**	**50.0%**	
6	Infection Control - cleaning	100.0%	**tbc**	**90.0%**	

PERFORMANCE

		Target	Current month	Previous month	Year end forecast
1	Category A	75.0%	**74.1%**	**73.5%**	75.3%
2	Category C1 (20 mins)	90.0%	**72.3%**	**71.5%**	
3	Cat A total incidents	40,854	**36,818**	**39,899**	
4	Cat A (red 1) incidents	1,373	**1,186**	**1,285**	
5	Cat A (red 2) incidents	39,481	**35,632**	**38,614**	
6	Demand Management Plan (A)		**70%**	**45%**	

WORKFORCE

		Target	Current month	Previous month	Year end forecast
1	Staff retention	8.5%	**9.90%**	**9.70%**	
2	Vacancies (%)	5.0%	**10.10%**	**9.84%**	
3	Vacancies (WTE)	241	**489**	**475**	
4	Sickness all staff	5.5%	**5.70%**	**5.61%**	
5	Frontline sickness		**6.51%**	**6.28%**	
6	Training (CSR)	65%			60%

VALUE FOR MONEY

		Target	Current month	Previous month	Year end forecast
1	EBITDA (£000)	7,529	**7,179**	**6,312**	18,450
2	Net surplus (£000)	324	**- 32**	**562**	262
3	Cost Improvement Programme (£	2,905	**2,643**	**2,108**	9,800
4	Capital expenditure (£000)	2,441	**807**	**742**	10,250
5	Monitor FRR	3	**3**	**3**	3
6	Cash balance (£000)	19,478	**18,164**	**18,028**	5,500

LONDON AMBULANCE SERVICE NHS TRUST
INTEGRATED PERFORMANCE REPORT 2013/14: AUGUST 2013 (MONTH 05)
Indicators trending downwards

Summary commentary

Performance. The main area of concern remains activity levels, these continue to track consistently under plan both in month and year to date. This point is of concern as the Trust has failed to meet required performance levels for Category A (R1 and R2) for the last two months and is currently under-performing against Category C, but continues to overspend against frontline staffing budgets. Any increase in activity would be likely to result in a negative impact on performance. Staffing levels, both absolute and those available for frontline activities are areas of focus for the Executive Team.

Workforce continues to cause cause concern. The main issues are discussed on the summary page.

Finance, the Trust continues to report a shortfall against planned CIPs and capital expenditure remains below plan. Both areas are under review to ensure performance returns to plan. Debtors are trending upwards, the CBRN income and BETS debts with Barts Healthcare are the main drivers. Steps are being taken to address both issues.

QUALITY

	August	July	June	May

PERFORMANCE

	August	July	June	May
1 Cat A total incidents	36,818	39,899		
2 Cat A (red 1) incidents	1,186	1,285		
3 Cat A (red 2) incidents	35,632	38,614		

WORKFORCE

	August	July	June	May
1 Staff retention	9.90%	9.70%	9.60%	9.60%
2 Vacancies (%)	10.10%	9.84%	9.76%	9.50%
3 Vacancies (WTE)	489	475	470	459
4 Sickness all staff	5.70%	5.56%		
5 Frontline sickness	6.51%	6.28%		
6 Training (CSR)				

VALUE FOR MONEY

	August	July	June	May
1 CIP variance	-262	-193	- 134	
2 Capital expend variance	1,634	1,385	1,104	
3 Debtors (debtors ledger £000)	2,847	2,266		

London Ambulance Service NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 24 SEPTEMBER 2013

PAPER FOR ASSURANCE

Document Title:	**Quality Report (Dashboard)**
Report Author(s):	**Steve Lennox**
Lead Director:	**Steve Lennox**
Contact Details:	**Steve.Lennox@Lond-Amb.nhs.uk**
Why is this coming to the Trust Board?	**Inform Trust Board current position against quality measures**
This paper has been previously presented to:	☐ Strategy Review and Planning Committee ☒ Executive Management Team ☐ Quality Committee ☐ Audit Committee ☐ Clinical Quality Safety and Effectiveness Committee ☐ Risk Compliance and Assurance Group ☐ Learning from Experience Group ☐ Finance and Investment Committee ☐ Other:
Recommendation for the Trust Board:	**Assure the Trust Board that the same levels of quality (within the monitored domains of the dashboard) are being maintained.**

Key issues and risks arising from this paper

Quality performance appears to be stable with no new issues. Performance for Cat C remains a risk for the organisation.

Executive Summary

The dashboard is a barometer of quality and provides one piece of assurance regarding the level of quality the service is providing. Other elements of assurance include, Assurance from the Quality Committee, Trust Board Members Observational Ride Outs, Patient Stories and Clinical Report.

This quality report suggests that overall the same level of quality is being maintained. The indicators of amber or red RAG rating are;

Category A8 (Red 2)
A slight drop in the month to 73.3%.

On Scene Time = Red
On Scene Times remain approximately the same as previously. The Edmonton pilot project has not yet concluded but an early examination of some of the results suggests that the arrival of a First Responder does delay the arrival of an ambulance. The study will need to conclude and the results discussed with the Operations, Medical and Nursing Directors

Return of Spontaneous Circulation
This month a figure of 26.1% was our lowest since the scorecard was initiated making us 5th in

comparison to other Trusts. However, the low numbers do not make this statistically significant.

STEMI Care = Red
The changes in pain relief gave us the anticipated gain to our highest level of 77.6% moving us to a higher placing when compared with other services. However, this is still slightly lower than the level we would like to achieve. We will need to let the new guidance run for a couple of months before assessing the real impact.

Stroke Care = Amber
This is made up of two measures. 60 minutes and the care bundle administered. Both are rated as Amber as we are close to our compliance figure for Stroke care but the number of patients hitting the 60 minute target has decreased slightly.

Not Conveyed to A&E =Amber
This is made up of two measures. 1) hear and treat and 2) see and treat. We are now seeing a month on month improvement in see and treat and hear and treat improved this month.

Clinical Performance Indicators = Amber
The poorest compliance is "Observations for non conveyed" at 91% (target 95%). Each month CARU provide the data to complexes and the individual feedback to clinicians on their performance is taking place.

Airway Management = Amber
No significant issues with little change in compliance.

Re contact See & Treat = Red
This indicator has been gradually increasing over the year. Our best compliance was 4.9% and we are currently at 6.4%. The rationale for this is not yet clear but the areas have been asked to look at this.

Infection Control = Amber
This is due to one complex falling below the level for Hand Hygiene..

Category C = Red
Category C response time is lower than we would like but we are in regular discussion with commissioners regarding performance. The Modernisation Programme is our main vehicle for delivery of improvement to cat C.

Handover to hospital = Red
This measures the quality impact on our patients of waiting to be received by A&E ay handover. This work is being managed centrally by NHS England and our local commissioners. 74.4% completed within 15 minutes for this month.

Supervision of Staff = Redr
This is made up of two indicators. PPED which shows good compliance and OWR which at 75 in the month following our best level last of 185

Sickness = Red
Sickness is at 5.7% against a target of 5.5%. A separate review is being prepared for Trust Board.

Vacancy factor = Red
Vacancy across the Trust is at 10.2%. Not all these are clinical vacancies. Nevertheless the risk is being reviewed and corrective action is being led by the Modernisation Programme.

From this months dashboard the indicators of concern remain the same. These are

- On Scene Waiting Times. A piece of work is being undertaken at Edmonton to examine why we have been unable to reduce our on scene times to consistently below 30 minutes for the three groups of patients that we measure on scene time for.

- Cat C. This is receiving considerable focus and is the root benefit of the modernisation programme.
- Vacancy Factor. This is also being managed by the Modernisation programme.

Therefore, our areas of quality improvement remain as outlined within our Quality Account.

- Attitude & behaviour
- Experience of patients receiving a delay
- Experience of patients on an ACP
- Missing Equipment

These four areas have now added to the dashboard.

Attachments

Quality Dashboard

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Quality Strategy

This paper supports the following domains of the quality strategy

☒ Preventing people from dying prematurely
☒ Enhancing quality of life for people with long-term conditions
☒ Helping people to recover from episodes of ill health or following injury
☒ Ensuring people have a positive experience of care
☒ Treating and caring for people in a safe environment and protecting them from avoidable harm
☒ Caring for the workforce

LAS Strategic Goals and Priorities

This paper supports the achievement of the following strategic goals and priorities:

LAS Strategic Goals

☒ To improve the quality of care we provide to our patients
☒ To develop care with a highly skilled and representative workforce
☐ To provide value for money

2013/14 Priorities

☒ Modernisation Programme
☐ Communication and Engagement
☒ Sustain performance to ensure safe service to patients
☐ Building sustainable financial position for 14/15 and beyond

Risk Implications

This paper supports the mitigation of the following strategic risks:

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

Equality Analysis

Has an Equality Analysis been carried out?

☐ Yes
☒ No

Key issues from the assessment:

1. Quality Dashboard for September (July & April Measures) 2013

July 2013			OLDER (April)		
Domain 1. Preventing people from dying prematurely					
DH	Red 1 (A8)	↔	DH	Outcome from cardiac arrest	↓
DH	Red 2 (A8)	↓	DH	Return of spontaneous circulation	↓
LAS	On scene Time	↔	DH	STEMI Care	↑
LAS	Basic Life Support	↑	DH	Stroke Care	↓
Domain 2. Enhancing quality of life for people with long-term conditions					
DH	Not conveyed to A&E	↑			
LAS	Clinical Performance Indicators	↔			
Domain 3. Helping people to recover from episodes of ill health or following injury					
DH	Time to Treatment	↓			
LAS	Airway Management	↔			
Domain 4. Ensuring people have a positive experience of care					
DH	Service Experience	↔			
LAS	Incidents	↑			
LAS	Lost Property	↓			
DH	Time taken to Answer 999	↔			
DH	Re Contact Rate	↔			
DH	calls Abandoned	↔			
LAS	Experience (delay)	↑			
LAS	Attitude & Behaviour	↑			
LAS	Experience (ACP)	↑			
Domain 5. Treating & caring for people in a safe environment and protecting them from avoidable harm					
LAS	Infection Control	↑			
LAS	Safeguarding	↑			
DH	A19	↓			
LAS	C1	↓			
LAS	C2	↓			
LAS	C3	↓			
LAS	C4	↓			
LAS	Handover at Hospital	↓			
Domain 6. Caring for the workforce					
LAS	Supervision of staff	↓	LAS	Sickness	↓
LAS	CPI Feedback Sessions	↔	LAS	Temperature Check N/A	N/A
LAS	priority Training	↑			
LAS	Vacancy factor	↓			
LAS	3rd Party Providers	↓			

2. Comparison Table

2.1 The following table identifies the Department of Health Indicators and our ranking against other Ambulance Trusts and our direction of travel. Our lowest and highest compliance scores are also illustrated.

2.2 The GREEN shading represents where the Trust is in the upper quartile when compared to other services. We are upper quartile in 18 (last report 25) out of 46 areas.

	May Data for July Trust Board					YTD
	Comp liance	Rank	Lowest	Highest	Comp liance	Rank
A8 R1 Response Time	77.40%	4	71.70%	81.90%	77.60%	4
A8 R2 Response Time	73.30%	5	67.10%	81.50%	77.20%	4
A19 Response Time	97.70%	1	96.70%	99.00%	98.10%	1
ROSC (all)	26.10%	5	26.10%	36.40%	26.10%	5
ROSC (Utstein)	48.90%	6	45.70%	63.60%	48.90%	6
Time Taken to Answer 50th Percentile	0.00	1	0.00	0.00	0.00	1
Time Taken to Answer 95th Percentile	0.10	1	29	0.01	0.10	1
Time Taken to Answer 99th Percentile	0.13	1	1.46	0.02	0.09	1
Time to Treatment 50th Percentile	6.06	6	6.11	5.36	5.54	7
Time to Treatment 95th Percentile	15.00	1	16.90	12.70	14.05	1
Time to Treatment 99th Percentile	24.06	2	19.40%	27.30	22.00	2
Outcome from cardiac Arrest Survival	6.70%	10	6.30%	11.40%	6.70%	10
Outcome from cardiac Arrest Survival (Utstein)	28.10%	7	16.30%	37.00%	23.10%%	7
STEMI Outcome 150 minutes	91.10%	3	84.30%	94.90%	91.10%	3
STEMI Outcome Care Bundle	77.60%	7	63.10% %	77.60%	77.60%	7
Stroke Outcome 60 minutes	64.70%	4	61.60%	75.80%	64.70%	4
Stroke Care Outcome Bundle	94.80%	8	92.10%	95.70%	94.80%	8
Calls Closed with CTA	5.40%	6	5.30%	6.90%	5.30%	6
Non A&E	32.60%	8	26.60%	33.30%	31.50%	8
Re Contact rate CTA	3.10%	1	3.40%	2.20%	2.80%	1
Re Contact rate See & Treat	6.40%	9	6.10%	4.90%	6.60%	9
Re Contact rate Frequent callers	2.00%	6	2.50%	2.61%	2.23%	5
999 Calls Abandoned	0.02%	1	0.00%	0.10%	0.01%	1
Service Experience						

3. Conclusions

3.1 We have lost a number of our “upper quartile” positions this month. However, a number of them are not statistically significant due to the low numbers in the denominator values every month (for example outcome from cardiac arrest). Therefore, it is not possible to conclude a worsening picture for a few months as many of the indicators fluctuate.

3.2 Essentially there are no new issues revealed within the dashboard. The Executive Management Team have asked for some focus to be paid to “on Scene Times” and “Patients ringing back from See & Treat” as these are becoming consistently poor.

London Ambulance Service NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 24TH SEPTEMBER 2013

PAPER FOR ASSURANCE

Document Title:	**Clinical Quality and Patient Safety Report**
Report Author(s):	**Fionna Moore / Steve Lennox**
Lead Director:	**Fionna Moore / Steve Lennox**
Contact Details:	
Why is this coming to the Trust Board?	**Information only**
This paper has been previously presented to:	☐ Strategy Review and Planning Committee ☐ Executive Management Team ☐ Quality Committee ☐ Audit Committee ☐ Clinical Quality Safety and Effectiveness Committee ☐ Risk Compliance and Assurance Group ☐ Learning from Experience Group ☐ Finance and Investment Committee ☒ Other: Elements of this report have been presented to other groups
Recommendation for the Trust Board:	**Information only**

Key issues and risks arising from this paper

- Special Operating Instructions (equivalent to DMP C) were put in place in July due to a significant increase in calls triaged as immediately life-threatening during hot weather. There was a significant increase in the use of DMP C and D from July to-date. No escalation of DMP past stage D.
- Decreased CPI completion rate as the Trust moved to REAP 4 in July. Overall compliance against care standards remains >95% except the mental health CPI. CPI audit reports for PAS and VAS have been published for the period April - June 2013.
- Data from the 2012/13 Cardiac Arrest Annual Report reveals the Utstein survival to discharge rate has decreased by 3.3% to 28.4%. Bystander CPR figures have increased to the highest level to-date, with more than half of all cardiac arrest patients receiving CPR prior to LAS arrival at scene.
- The Trust has received one Coroner's Rule 43 Report related to the death of a person detained in police custody. A written response has been sent to the Coroner.
- 41 potentially problematic Coroners' inquests have been identified by the Trust.
- 10 SIs were considered in July and August 2013. 3 SIs have been declared to NHSE.
- There have been no reportable controlled drugs incidents or unannounced visits by the police. Training ahead of the introduction of new drugs continues as part of CSR1.13.
- There are a total of 344 addresses on the Locality Alert Register (the lowest to-date). There has been a slight decrease in the number of notifications sent by the Metropolitan Police Service.

Executive Summary

The report is structured around the quality domains of the quality dashboard but also reports on issues wider than the quality measures. The report identifies both areas for improvement and also success. The Trust Board can be assured that the service is providing high quality care for its patients.

Attachments

Clinical Quality and Patient Safety Report – September 2013

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Quality Strategy

This paper supports the following domains of the quality strategy

- ☒ Preventing people from dying prematurely
- ☒ Enhancing quality of life for people with long-term conditions
- ☒ Helping people to recover from episodes of ill health or following injury
- ☒ Ensuring people have a positive experience of care
- ☒ Treating and caring for people in a safe environment and protecting them from avoidable harm
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LAS Strategic Goals and Priorities

This paper supports the achievement of the following strategic goals and priorities:

LAS Strategic Goals

- ☒ To improve the quality of care we provide to our patients
- ☒ To develop care with a highly skilled and representative workforce
- ☐ To provide value for money

2013/14 Priorities

- ☐ Modernisation Programme
- ☐ Communication and Engagement
- ☒ Sustain performance to ensure safe service to patients
- ☐ Building sustainable financial position for 14/15 and beyond

Risk Implications

This paper supports the mitigation of the following strategic risks:

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

Equality Analysis

Has an Equality Analysis been carried out?

- ☐ Yes
- ☒ No

Key issues from the assessment:

LONDON AMBULANCE SERVICE NHS TRUST

Clinical Quality & Patient Safety Report – September 2013

Clinical Directors' Joint Report

This report is structured using the Quality Domains of the Quality Dashboard. However, it also reports on issues wider than those measures.

Quality Domain 1: Preventing people from dying prematurely

Clinical Audit and Research

The Clinical Audit Annual Report 2012-13 has been published by CARU. During this financial year (2012-13) the LAS completed a number of clinical audit projects, as well as continually auditing CPIs. This year clinical audit has led to substantial changes to practice in the LAS, including policy and training reviews, and the introduction of continual monitoring and feedback of the care provided to patients with diagnosed psychiatric problems. Evidence from clinical audit projects has also contributed to the decision to purchase hand-held oxygen saturation monitors for every ambulance and Fast Response Unit across the Trust.

In addition to promoting clinical audit internally, CARU have also promoted the Trust's clinical audit and quality improvement achievements at external national and international conferences. Through this promotion, the LAS's Ambulance Service Cardiovascular Quality Initiative (ASCQI) project was recognised and won an award from The Network.

The Trust had a clinical paper published in the journal Resuscitation ('Increases in survival from out-of-hospital cardiac arrest: A five year study', Resuscitation 84, 1089-1092). The study reports significant improvements in cardiac arrest survival rate in London and examines the possible reasons. The paper was referenced and the work of the LAS complimented by Dr. Eisenburg (one of the world's most eminent figures in pre-hospital cardiac care) in the journal's Editorial.

The Monthly Cardiac Arrest and ST-Elevation Myocardial Infarction Reports (Cardiac Care Pack) for July 2013 have been published. The full reports can be accessed at:

X:\Clinical Audit & Research Unit\Cardiac Reports\Cardiac Care Pack - Monthly Reports\April '13-March '14

Key Findings:

- Defibrillator data download rate remains at 3%.
- 99% of STEMI patients were transported to the most appropriate destination.
- Average on-scene time has increased to 42 minutes▲
- 80% of STEMI patients who received a complete care bundle (aspirin, GTN, two pain assessments and analgesia).

The July 2013 Stroke Care Pack has been published. The full report can be accessed at:
X:\Clinical Audit & Research Unit\Stroke Reports\Monthly Reports\Apr '13- Mar '14

Key Findings:

- 93% (n=819) of all suspected stroke patients received a complete pre-hospital care bundle (complete FAST assessment, blood pressure and blood glucose measurement)
- 99.6% of FAST positive patients were transported to the most appropriate destination.
- Average time spent on-scene remains in excess of the 30 minute Trust target▲
- The percentage of patients who were potentially eligible for thrombolysis and arrived at a HASU within 60 minutes of the 999 call increased from 67% in June to 70% in July 2013.

▲ Hospital turn-around times for priority calls are now recorded separately within the Individual Performance Management database. It is anticipated that this change will decrease on-scene times for time critical patients as clinicians will be able to utilise time at hospital to complete a PRF (versus on-scene) without an adverse affect on IPM data.

Cardiac Care

The 2012/13 Cardiac Arrest Annual Report was released in September. Key finding are summarised below.

- Survival to hospital discharge rates have decreased compared to last year for some groups of cardiac arrest patients, but nonetheless remains higher than all years preceding 2011/12.
    - For all cardiac arrest patients where resuscitation was attempted, survival to discharge decreased by less than 1% to 8.8% this year (from 9.7% in 2011/12).
    - Survival to discharge for patients whose arrest was of a presumed cardiac origin decreased by 1.6% from 10.9% in 2011/12 to 8.9% this year.
    - The Utstein survival rate decreased by 3.3% to 28.4% (from a high of 31.7%).
- For patients whose arrest was associated with trauma or other non-cardiac cause, survival to hospital discharge rates increased to their highest to date (5.2% and 6.5% respectively).
- Return of Spontaneous Circulation (ROSC) rates have improved, with ROSC being sustained to arrival at hospital for an additional 2% of patients compared to last year. This demonstrates that the Trust is getting more patients to hospital with a pulse than ever before, but fewer are surviving to hospital discharge.
- Bystander CPR figures have increased to the highest level yet, with more than half of patients receiving CPR before LAS personnel arrive on scene.
- The percentage of cardiac arrest patients presenting with an initial shockable rhythm has decreased slightly this year (by 3.4%).
- 277 cardiac arrest patients were conveyed to Heart Attack Centres (HACs) under a specialist pathway for STEMI patients. The survival to discharge rate for these patients has also decreased by over 15% from the previous year to 47.9%. It is likely that this is a result of the inclusion of all initial arrest rhythms as part of the pathway criteria, rather than just those in a shockable rhythm (who have the best chance of survival).

Quality Domain 2: Enhancing quality of life for people with long-term conditions

Mental Health

As a result of the Independent Police Commissioning Report, work has been undertaken to draw up a Pan-London section 136 Action Plan. The work is commissioned by The CEO group, formed of CEOs for the nine Mental Health Trusts with territorial responsibility for London, who have been working closely with the Metropolitan Police and London Ambulance Service. The action plan sets out recommendations for each service in order to improve the patient experience for persons detained under Section 136. Improvements for LAS include ensuring that resources are dispatched promptly for patients who have been detained under Section 136. Additionally the London Ambulance Service has taken part in developing a training DVD for the Metropolitan Police around the correct application of legislation for conducting Section 136 (removal from a public place). The STeLI (Simulation and Technology-enhanced Learning Initiative) Section 136 Training DVD puts the views of service users at the centre of practice and includes clear examples of good and bad practice. The DVD has now been made available to LAS staff at no cost. The film is accessible on the X Drive, but is only viewable if a computer supports VLC Media Player. Options are being explored on how to increase accessibility of this training for all staff; this could include distributing the DVD, uploading it to the Pulse and adding it in the mental health e-learning package.

New Mental Health Appropriate Care Pathways (MH ACPs) designed to reduce the incidence of people in a mental health crisis ending up in emergency departments unnecessarily (launched in May 2013) are being closely monitored to identify any issues that crews face when trying to refer patients. A formal review will be completed at one year post implementation.

The Trust continues to strengthen joint working and collaboration with external partners, including the Mental Health Partnership Board, Mental Health Trusts and Metropolitan Police Service, London Approved Mental Health Practitioners Leads Network.

The new protocol for LAS response to calls from Approved Mental Health Professionals (AMHPS) or doctors to attend Mental Health Act assessments in the community (launched 2012) continues to receive positive reviews/feedback. The general consensus is that the overall responsiveness of the LAS, as a result of the move to 'real time' requests for transport, has improved significantly.

Quality Domain 3: Helping people to recover from episodes of ill health or following injury

Clinical Performance Indicator completion and compliance

The CPI completion rates continue to be high, and this month have improved to 99%. In comparison to April 2012, this is a 13% increase. Completion rates of >95% have been seen for the past eight months. The mental health CPI remains the lowest within the Trust, this month remaining at 88%. This is a concern as this group of patients are potentially very vulnerable and the care we provide them must be seen to improve.
Full CPI reports can be accessed at:

Clinical Audit & Research Unit\Clinical Performance Indicators (CPIs)\Monthly Team Leader CPI reports\2013-14\Monthly Reports 2013-14

Clinical Performance Indicator completion and compliance

In July, the Trust moved to REAP 4 for eight days due to a significant increase in demand over periods of extremely hot weather. This has impacted on CPI completion rate for that month, which fell to the lowest level in 2013 and below the Trust target of 95%.

Compliance against the mental health CPI remains low, mainly due to consideration of a safeguarding referral not being documented on the PRF (53% compliance).

1920, out of an expected 2229, CPI feedback sessions have been completed year to date.

Full CPI reports can be accessed at: Clinical Audit & Research Unit\Clinical Performance Indicators (CPIs)\Monthly Team Leader CPI reports\2013-14\Monthly Reports 2013-14

CPI Completion January 2013 to date

Area	Jan	Feb	Mar	Apr	May	June	July
East	95%	93%	97%	100%	99%	97%	95%
South	100%	100%	97%	100%	99%	95%	93%
West	100%	99%	100%	99%	96%	97%	90%
LAS	**99%**	**97%**	**98%**	**99%**	**98%**	**96%**	**93%**

CPI Compliance July 2013

Area	Cardiac Arrest	Glycaemic Emergencies	ACS	Stroke	Mental Health	Non-Conveyed	1 in 40 PRF
East	98%	99%	97%	97%	90%	97%	97%
South	98%	98%	97%	97%	90%	97%	98%
West	98%	98%	96%	98%	88%	96%	98%
LAS Total	**98%**	**98%**	**96%**	**97%**	**89%**	**96%**	**97%**

CPI Compliance June 2013

Area	Cardiac Arrest	Difficulty Breathing	ACS	Stroke	Mental Health	Non-Conveyed	1 in 40 PRF
East	98%	96%	96%	98%	90%	97%	97%
South	98%	97%	97%	98%	90%	97%	98%
West	98%	96%	97%	97%	90%	97%	98%
LAS Total	**98%**	**96%**	**96%**	**98%**	**90%**	**97%**	**98%**

CPI audit is now routinely undertaken for all PAS and VAS. Clinical audit reports for the period April – June 2013 have been published, revealing >80% compliance against all clinical care standards (with the exception mental health). An area of concern is the lack of feedback sessions provided to PAS/VAS staff.

The Report on National Ambulance Service Clinical Performance Indicators - Cycle 10 has been published by the National Ambulance Service Clinical Quality Group (NASCQG). The report details national compliance against the asthma and hypoglycaemia CPIs and the results of two pilot studies for below knee fractures and febrile convulsions. The full report is available on request.

The LAS was ranked the lowest nationally for the asthma CPI. The aspects of care against which the LAS are least compliant are peak expiratory flow rate (PEFR) measurement and recording of SpO_2 prior to treatment. However, it is anticipated that SpO_2 measurement compliance will increase following the introduction of portable pulse-oximeters by the Trust.

Clinical Team Leader and Paramedic Manager Update

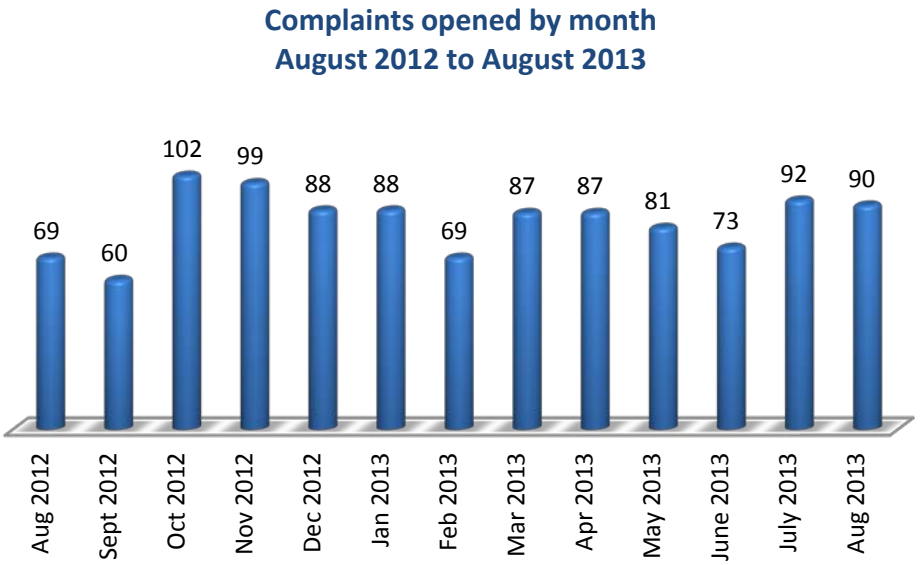
The first of six clinical update modules is due to start on 23rd September 2013. The two week module has been designed to provide an update to clinical leads about new areas of clinical practice (including automatic chest compression devices and external cardiac pacing) and to revise other important areas of existing practice. The course will be delivered by the Clinical and Quality Directorate.

Quality Domain 4: Ensuring people have a positive experience of care

Patient Experiences

Complaint Volume

The number of Complaints received totalled 90, similar to July (92) and is reflective of the sustained pressure to the Trust during the summer months. 8 complaints involved other Trusts/agencies including 4 x Acute Trusts, 2 x 111 providers, 1 x GP, and 1 x NHS Ambulance Trust.



Complaint Themes
Complaints relating to delay and staff attitude & behaviour continue to be the dominant themes.

Complaints by Subject (primary)	May	June	July	August
Delay	37	29	38	30
Attitude and behaviour	26	18	22	27
Road handling	12	8	15	12
Non-conveyance	0	6	5	5
Not our service	1	7	4	4
Treatment	2	3	4	4
Patient Injury or Damage to Property	0	0	3	0
High Risk Address Referral	1	0	1	3
Conveyance	2	2	0	4
Clinical Incident	0	0	0	1
Totals:	**81**	**73**	**92**	**90**

Performance/Quality
53 cases were closed during August. As at 2 September, 174 complaints remain open or re-opened. This is comparable to figures for July, 93/151.

When there is an expected delay in the response complainants are usually advised by email or telephone call. However, the Ombudsman has been in contact about one such case where a long delay has occurred in releasing the response. This has also caused additional work in managing 'complaints about complaints' and taken officers away from substantive case management. The Head of Department is able to make recommendations about modernising the process.

It is noted that due to unrelenting demand, pressure is increasing on clinicians within Clinical and Quality Directorate to offer expert opinions to enable complaint responses. Closure rates, themselves should therefore be seen as an organisational rather than departmental responsibility.

Closure rates for 2013 are demonstrated in the table below.

Month	0-25 days	0-35 days	0-40 days	0-45 days	0-60 days	0-80 days	0-100 days	Total closed in timeframes given	Total complaints received
2013 01	23	10	6	10	20	12	7	88	88
2013 02	22	7	5	11	15	8	1	69	69
2013 03	35	10	5	14	18	3	3	88	88
2013 04	32	10	9	14	16	5	0	86	86
2013 05	21	10	7	9	15	5	0	67	81
2013 06	30	7	4	4	3	0	0	48	73
2013 07	34	3	0	0	0	0	0	37	92
2013 08	16	0	0	0	0	0	0	16	90
Totals:	**213**	**57**	**36**	**62**	**87**	**33**	**11**	**499**	**667**

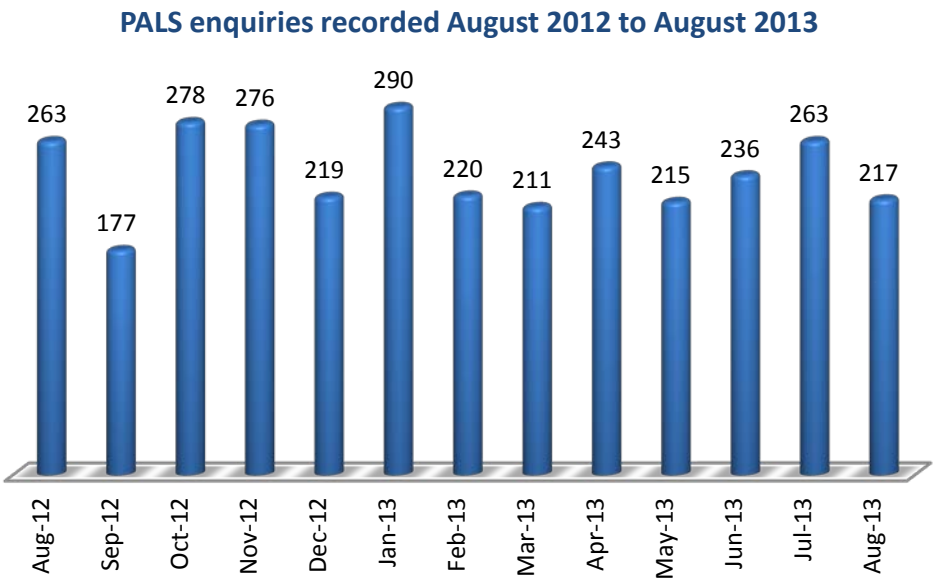
Comeback responses

Year	Numbers of comeback responses recorded
09/10	9
10/11	4
11/12	12
12/13	37
13/14	14
Totals:	**76**

There were 5 cases re-opened in August where the complainant was not satisfied with the initial response.

Health Service Ombudsman
There were 7 approaches from the Health Service Ombudsman during August.

PALS
There was a reduction in PALS enquiries during August.



The total PALS enquiries received in the past 6 years:

Financial Year	Total Enquiries
2008/09	5606
2009/10	5674
2010/11	6031
2011/12	6264
2012/13	5714
13/14 (to 31/08/13)	2300
Totals:	**31137**

PALS Themes
Consistent themes about destination hospital, medical record requests, information and requests for policy and procedure.

PALS August 2013	Totals
Information/Enquiries	155
Lost Property	37
Incident reports	2
Clinical	3
Access	1
Policy/Procedure	2
Delay	2
Other	15
Totals:	**217**

Lost property
In August, 37 requests were managed via the shared spreadsheet. Only 1 item was traced by PED. A payment of £500 was made by one complex where the staff gave the patient's property to the receiving hospital but did not use a property bag or adhere to the Trust process, resulting in no option but for the Trust to assume responsibility for the missing items. This remains common across all operational Areas.

Quality Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm

Serious Incidents

10 potential Serious Incidents were considered by the Serious Incident Group (SIG) between 1st July and 16th September 2013. Of these, three incidents were declared to NHS England (London) as SIs. Two incidents related to delays responding to 999 calls and a third to an unrecognised obstetric emergency.

One potential SI is awaiting review by SIG at the time of writing this report.

NHS Revalidation Support Team ORSA Comparator Report

In April 2013, the Trust completed an Organisational Readiness Self-Assessment (ORSA) exercise, conducted by the NHS Revalidation Support Team (RST). NHS RST works in partnership with NHS England, the Department of Health (England), the General Medical Council (GMC) and designated bodies, to deliver an effective system of revalidation for doctors in England. This includes:

- Supporting NHS England, responsible officers and designated bodies to develop the systems and processes to support the implementation of revalidation.
- Undertaking research to ensure that medical revalidation is implemented in a way that maximises the benefits for patients, doctors and employers.

NHS RST have complied an ORSA Comparator Report, comparing the Trust's submission, with that of other designated bodies in England. Overall the Trust achieved a green RAG rating (Appendix 1).

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.

There were 43 Alerts issued in July and August 2013. All have been reviewed by Safety and Risk and only one alert had relevance to the Trust.

MDA/2013/048 was an update to an earlier alert (MDA/2013/026, released May 2013) and details a fault with Laerdal Suction Unit canisters. A replacement program is underway by the Trust to modify all Laerdal Suction Units, so that a different canister can be used. The replacement schedule is expected to take 10 months to complete.

No other alerts required action.

Locality Alert Register

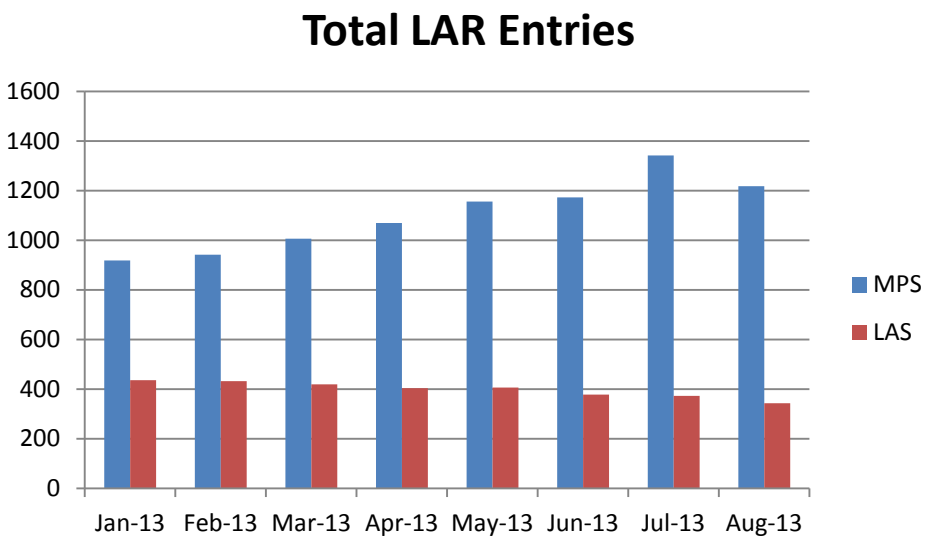
There are currently 344 addresses on the LAR register. These are broken down as follows:

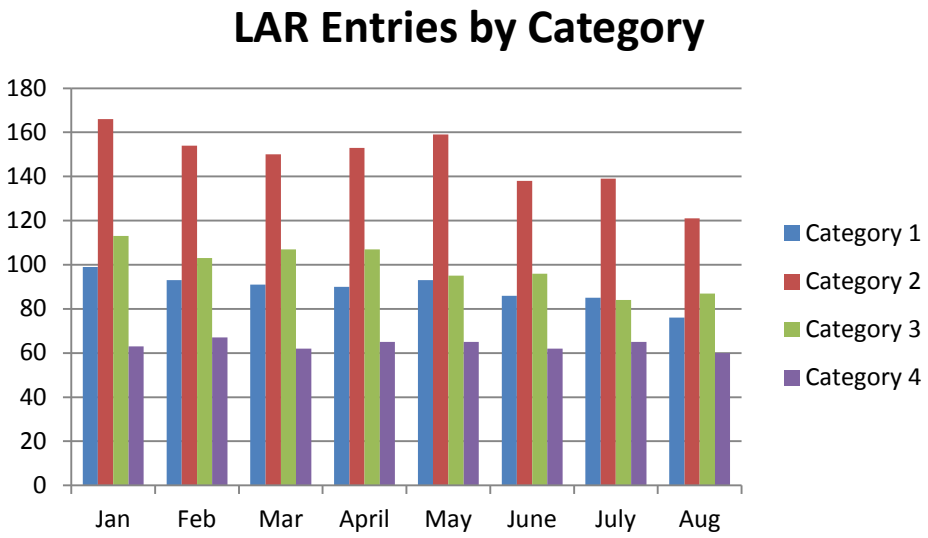
CATEGORY 1: 76

CATEGORY 2: 121

CATEGORY 3: 87

CATEGORY 4: 60

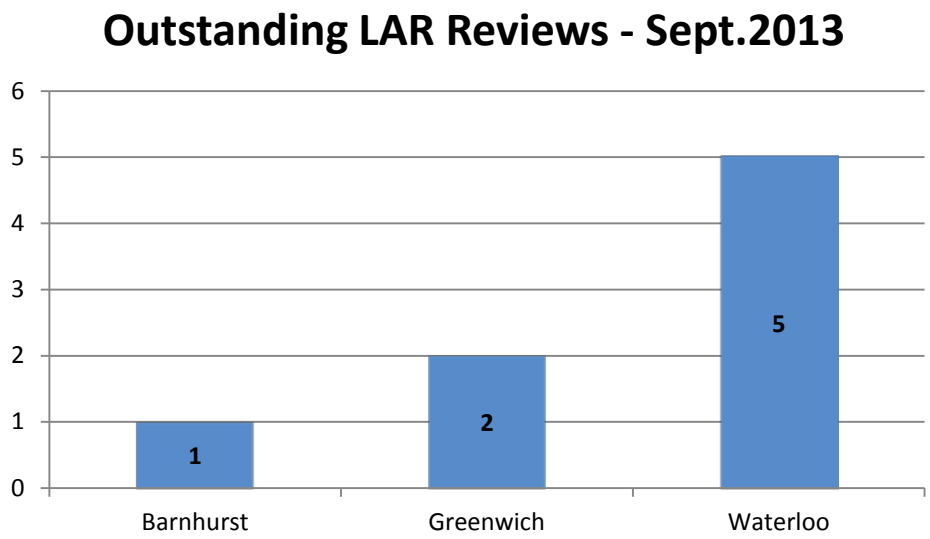




The Trust has notification of 1218 high risk addresses from the Metropolitan Police.

To ensure the Trust complies with the requirements of the Data Protection Act 1998, periodic review of records by each complex AOM must be undertaken, to confirm that the information is still relevant. The review will be undertaken every 12 months for categories 1, 2 and 4 addresses. Category 3 addresses will automatically be removed from the Register after 12 months, unless there have been further instances of verbal abuse.

The graph below shows the complexes that have outstanding reviews more than two months overdue.

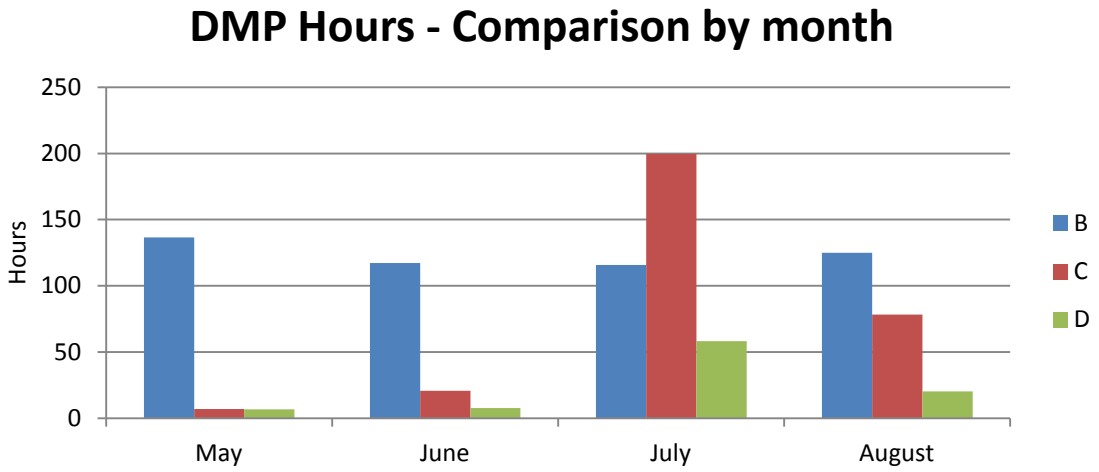


Demand Management Plan

The purpose of DMP is to provide the Trust with structured risk mitigating options to respond to demand at times when it exceeds the capacity of the service to provide a timely response. It provides a framework in which Control Services are able to respond to periods of high pressure, due to unforeseen demands, poor resourcing or on occasion where capacity does not exist to absorb unexpected patient demand.
DMP enables the LAS to prioritise higher MPDS category calls, to ensure those patients with the most serious conditions or in greatest need continue to receive a response. Escalating stages of DMP (A-H) decreases the response to lower call categories. The risk is mitigated by increased clinical involvement in the Control Room, with clinical 'floor walkers' available to assist call handlers, and by ringing calls back to provide advice, to re-triage and on occasion to negotiate alternative means of transport or follow up. It is also mitigated by regular senior clinical and operational review as the plan is escalated. There is a significant level of clinical risk related to the stage of the DMP invoked.

DMP use May - August 2013

Month	Number of occasions DMP invoked	Stage B (in hours)	Stage C (in hours)	Stage D (in hours)	Stage >D (in hours)	Ambulances reprioritised	No-send at point of contact
May	13	136.5	7	6.76	0	3671	625
June	19	117.25	20.75	7.75	0	3532	901
July	17	115.75	199.75	58.25	0	4403	896
August	24	125	78.25	20.25	0	3771	745



During July, demand significantly increased due to extreme hot weather. Categories A calls increased 10.69% above historic levels and overall call volume increased by 3.05%. In response to this increased demand, Special Operating Instructions were put in place between 17/7/13 and 25/7/13 (document below). The operating instructions matched DMP stage C actions and have been recorded as DMP C hours by Management Information. This provides an explanation for the high DMP C hours in July.

Medicines Management

There have been no mandatory reportable controlled drugs (CD) incidents since the last report to the Trust Board. There have been no Unannounced Visits by the Metropolitan Police.

There has been one incident involving the recovery of four empty paramedic drug bags, one part used training Paramedic drug bag and five empty General drug bags, at a Division of St John Ambulance (SJA) in London. Also discovered were a number of out of date drugs, but their progeny is still being investigated and they may have in fact been left in SJA stores as an oversight from the 2004/5 Tsunami Relief effort. There were also a number of items of LAS uniform recovered. This discovery was reported to the LAS by SJA on 2nd September 2013. On 3rd September the Chair of the Medicines Management Group met with SJA and all items were removed. This incident has been reported to the LAS Counter Fraud Team and an investigation into how and why the drugs packs came to be on SJA premises is ongoing.

Following two MHRA alerts relating to a problem with Aurum Pharmaceuticals pre-filled drug syringes, the Trust has now had a face to face meeting with Aurum to gain assurances regarding their supply chain and quality assurance framework(s). Aurum apologised for the problems it caused and agreed to a price reduction on a number of pharmaceuticals purchased by the Trust

Education and training on new drugs detailed in the new 2013 UK Ambulance Service Clinical Practice Guidelines continues as per the Education & Development Department schedule. The new drugs (Ondansetron, Dexamethasone, Tranexamic Acid & IV Paracetamol) will now be placed in the drugs bags from October 2013.

The Medicines Management Group are exploring options to reduce medication errors with adrenaline 1:1,000 being given intravenously (IV) by mistake (this drug should only be administered via the intramuscular [IM] route). The preferred option is for labels to be printed that will be affixed to the neck of the ampoule that state: 'FOR IM USE ONLY'. New single unit needle and syringes for IM drug administration are now being introduced by the Trust; it is impossible to connect this device to an IV cannula. The risk of drug errors is being highlighted through education and a new medicines checking system that requires staff to cross check the drug, dose, route of administration, contraindications etc. of any drug / fluid prior to patient administration.

New guidance on the formulation and use of Patient Group Directions has been issued by NICE on 2nd August 2013. The LAS has been registered as an interested party for the consultation period and has submitted comments. The new guidance does not affect the current or planned PGDs to be used by the Trust. It is anticipated that there will be an increased use of PGDs within the Trust as the clinical career structure and alternative care pathways work develop.

Rule 43 Reports

The Trust has received one Rule 43 Report (dated 23 July 2013) from Westminster Coroner, related to the death of a patient in police custody. The Report detailed two recommendations for consideration by the Trust:

1. To review training delivered to EMTs, in particular that LAS clinicians understand that they have primacy of care for detained persons, if called to provide medical aid.
2. That the Trust extends the process of PRF review to include all incidents where the police are present or have been requested to provide assistance to the LAS.

A written response to the Rule 43 Report has been sent to the Coroner, listing a number of actions that have, or are being undertaken by the Trust. Prior to the Rule 43 Report being formally written, the Trust pre-emptively issued a letter to all operational and control staff, outlining best practice in the clinical management of persons detained by the police. The letter also detailed information about where primacy of care lies when working with the police. The letter is available on request.

Coroner's Inquests

The Trust has identified 41 *potentially* problematic inquests. The Clinical and Quality Directorate now proactively works to identify inquests that may be problematic, so that prompt and detailed investigations can be undertaken and any lessons identified early. This also enables staff involved to be fully supported and prepared before an inquest.

Rising Tide

Public Health

Nothing to report.

Fionna Moore
Medical Director

Steve Lennox
Director of Nursing & Health Promotion

Appendix 1

ORSA ORGANISATIONAL READINESS REPORT

Analysis is based on the total of 621 returns to the 2012/13 Organisational Readiness Self Assessment (ORSA) exercise for the year ending 31 March 2013, which had been received by the RST by 7 June 2013.

Name of designated body	London Ambulance Service NHS Trust
Region	London
Sector	Other NHS Non-Foundation Trust
Name of responsible officer	Dr Fionna Moore

Your organisation's RAG rating	Green		
Distribution of RAG ratings for organisations in the same sector	Red	Amber	Green
	0.00%	0.00%	100.00%

London Ambulance Service NHS
NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 24 SEPTEMBER 2013

PAPER FOR INFORMATION

Document Title:	**Francis & Berwick Update**
Report Author(s):	**Steve Lennox**
Lead Director:	**Steve Lennox**
Contact Details:	**Steve.Lennox@Lond-Amb.nhs.uk**
Why is this coming to the Trust Board?	**To provide an update on the current work being undertaken on the Francis and Berwick Reports.**
This paper has been previously presented to: *Concept rather than actual paper has been presented to Strategy Review and Planning*	☒ Strategy Review and Planning Committee ☒ Executive Management Team ☐ Quality Committee ☐ Audit Committee ☐ Clinical Quality Safety and Effectiveness Committee ☐ Risk Compliance and Assurance Group ☐ Learning from Experience Group ☐ Finance and Investment Committee ☐ Other:
Recommendation for the Trust Board:	**To note the update.**

Key issues and risks arising from this paper

It is expected that our response to Francis will form part of the quality review undertaken by the Trust development Authority.

Executive Summary

Following the discussion at Strategy Review & Planning there has been a slight change in emphasis to the Francis report and a decision to give the main focus of improvement work to Berwick whose recommendations were more readily applicable to the Ambulance Trust.

The proposal is to focus on three main priorities;

To place patients safety first by become a learning environment
Listening to patients
Empowering staff

This short paper highlights the change in direction.

Attachments

Francis and Berwick Update

****

Quality Strategy

This paper supports the following domains of the quality strategy

☒ Preventing people from dying prematurely
☒ Enhancing quality of life for people with long-term conditions
☒ Helping people to recover from episodes of ill health or following injury
☒ Ensuring people have a positive experience of care
☒ Treating and caring for people in a safe environment and protecting them from avoidable harm
☒ Caring for the workforce

LAS Strategic Goals and Priorities

This paper supports the achievement of the following strategic goals and priorities:

LAS Strategic Goals

☒ To improve the quality of care we provide to our patients
☒ To develop care with a highly skilled and representative workforce
☐ To provide value for money

2013/14 Priorities

☒ Modernisation Programme
☒ Communication and Engagement
☐ Sustain performance to ensure safe service to patients
☐ Building sustainable financial position for 14/15 and beyond

Risk Implications

This paper supports the mitigation of the following strategic risks:

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

Equality Analysis

Has an Equality Analysis been carried out?

☐ Yes
☒ No

Key issues from the assessment:

Trust's Response to Francis & Berwick

1. The Francis report, published on 6 February 2013, was the result of an inquiry into the deaths of a number of patients at Mid Staffordshire Hospital and was the second of two reports. This 2013 version specifically considered the roles of commissioning, and the supervisory and regulatory bodies in the monitoring of Mid Staffordshire NHS Foundation Trust.

2. The inquiry asked fundamental questions as to how the failings in care were not dealt with sooner and what more regulators can do to tackle cases of poor care and prevent future incidents from happening elsewhere. However, there were also further lessons for providers of care and each NHS service was asked to consider the report's recommendations and to take relevant action to ensure that the circumstances at Mid Staffordshire NHS Foundation Trust were not repeated.

3. The London Ambulance Service paid considerable attention to the report and immediately launched a gap analysis; led by the Director of Nursing & Quality. The gap analysis took the shape of a series of 1:1 meetings with the Trust Board members and other key individuals who lead relevant portfolios such as complaints and governance.

4. A progress report was presented to 23 July 2013 Trust Board and the Trust Board agreed the themes emerging from the gap analysis.

5. In August 2013 the Berwick report was published. This report was commissioned directly by the Prime Minister, within the context of the Francis report, but asked Don Berwick to consider the wider NHS.

6. The Berwick report arrived at a similar diagnosis as to Francis but the recommendations were less prescriptive and were themes for consideration.

7. At the 10 September 2013 Strategy Review & Planning Committee the Francis report was considered alongside Berwick. The less prescriptive style of Berwick was easier for the service to apply to practice as it talks about the whole NHS whilst the language of the Francis report focuses on hospital providers.

8. The thematic observations of Berwick are challenging. Berwick recommends a clear culture of patient safety. He uses the learning organisation as a vehicle delivering this vision. He makes a stronger case for re-examining the way organisations manage staff and whilst he recognises that misconduct does occur and demands managing he also recommends abandoning blame as a tool. He states that "Errors do not demand punishment" but asks organisations to consider the underlying reasons why good people deliver poor care.

9. This resonated with the Strategy Review & Planning Committee and a decision was made to retain the learning from the Francis gap analysis but to focus on Berwick as the main driver for change.

10. Therefore, it is proposed that over the coming months as the Trust evaluates its current vision and values and creates a new strategy that the Berwick themes are explicit and that these are used to drive a change in culture.

The main Berwick themes are;

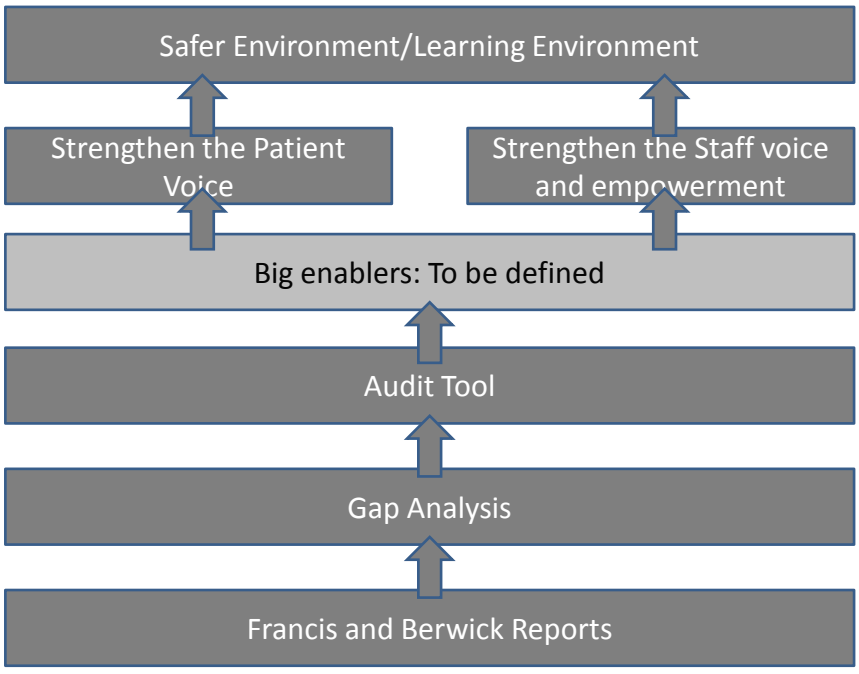
- Safety is the priority and this is delivered through a culture of learning
- Empowering patients (by placing them at the centre of service delivery)
- Empowering staff (through listening and development)

11. These are to be supported by continuing to review the themes that have emerged from the Francis gap analysis

    - Governance
    - Culture
    - Staff Involvement
    - Leadership
    - Accountability
    - Learning from experience
    - Professionalisation
    - Staff support & supervision
    - Performance
    - Being open
    - Education & Practice

12. A series of questions have been developed under the theme headings to make further enquiry and to stimulate debate and discussion at committee and team meetings. Answers to the questions will be populated and it is intended to repeat the enquiry periodically and use this as a tool to assist in changing the culture rather than have a series of tick box actions that risk missing the heart of what is trying to be achieved. The ambulance service believes this captures the spirit of Berwick.

13. Therefore, we now have a strong foundation and a bespoke audit tool and have a clearer understanding of how this work fits into the Trust's overall Vision and Values. The next piece of work is to identify the big enablers (represented in the light grey box below).



14. It is proposed to have twice yearly updates to Trust Board or Strategy Review and Planning.

15. The questions in the audit are attached as appendix I.

16. A formal response & summary to our response to Francis is attached in Appendix II

APPENDIX I –Deep Dive Audit Questions

Governance				
Audit No.	**Action**	**Director**	**Owner**	**Due Date (End of)**
A1	Are the public aware what our response to the Francis Report and what our actions are? **Governance**	Director of Nursing & Quality	Director of Nursing & Quality	November 2013
C3	Do our audits monitor compliance with clinical guidelines? **Governance**	Medical Director	Head of Clinical Audit & Research	March 2014
C4	Do our staff receive feedback on clinical incident reporting? **Governance**	Director of Workforce	TBC	September 2014
C5	Does the whole Trust Board get informed of newly declared Sis? **Governance**	Director of Corporate Services	Director of Corporate Services	October 2013
C6	Is there Trust wide dissemination of the learning from clinical incidents?. **Governance**	Director of Corporate Services in association with Finance Director, Medical Director and Director of Nursing	Director of Corporate Services in association with Finance Director, Medical Director and Director of Nursing	December 2013
C7	Is there cross departmental working of complaints, patient involvement, patient engagement, clinical incidents, Sis? **Governance**	Chief Executive	Chief Executive	December 2013
F1	Can we demonstrate compliance with the requirement that all directors of all bodies registered by the Care Quality Commission as well as Monitor for foundation trusts are, and remain, fit and proper persons for the role (Such a test should include a requirement to comply with a prescribed code of conduct for directors)? **Governance**	Director of Corporate Services	Director of Corporate Services	April 2014
F2	Is our constitution clear that a director will be dismissedif found to be incompetent or having behaviour considered as serious misconduct? **Governance**	Director of Corporate Services	TBC	April 2014
F3	Do we have a development programme in place for Directors?. **Governance**	Chief Executive supported by Director of Corporate Services	TBC	October 2013
H1	Our the clinical directors involved in skill mix changes? **Governance**	Director of Operations	TBC	December 2013
H1	Do we complete risk assessments when changing the skill mix of the workforce? **Governance**	Director of Operations	TBC	December 2013
H2	Is our incident reporting within the timeframe of NRLS? **Governance**	Director of Workforce	TBC	March 2013
P7	Do we capture training compliance in a central record? **Governance**	Director of IMT in Association with Director of Transformation & Strategy	TBC	March 2014
P10	Do we have people identified with a 24 hour responsibility for care	Director of Operations	TBC	September 2014

	standards and are they visible and work in a supervisory rather than delivery way? **Governance**			
S1	Do we capture documentation in a way that enables us to share and link episodes of care? **Governance**	Director of IM&T	TBC	April 2014
T3	Are the responsibilities for data quality clear? **Governance**	Chief executive	TBC	December 2014
U1	Are we confident that medical opinions for investigations of patient death are independent and current? **Governance**	Medical Director	Medical Director	December 2013

CULTURE				
Audit No.	**Action**	**Director**	Owner	**Due Date (End of)**
A2	Are the Trusts Vision & Values current and do they reflect the spirit of Francis and Berwick? **Culture**	Chief Executive r	Chief Executive	December 2013
A3	Do our values drive behaviour across the organisation **Culture**	Director of Workforce	TBC	March 2014
B1	Do our Vision and Values clearly put the patient first?. **Culture**	Chief Executive	Chief Executive	December 2013
B2	Does the staffing of clinical rotas put patients first (modernisation)? **Culture**	Director of Modernisation	Director of Service Delivery South	April 2014
B3	Do our contracts of employment explicitly include reference to the values of the constitution **Culture**	Director of Workforce	TBC	December 2014
B4	Do our procurement contracts explicitly state the values and behaviours expected of contractors **Culture**	Finance Director	TBC	December 2013
B9	Do our patients know the identity (and role) of the person delivering their care? **Culture**	Director of Operations	TBC	March 2014
B10	Is the patient voice represented on the appointment of senior positions? **Culture**	Director of Workforce	TBC	December 2013
B11	Do we have a strong culture of accountability? **Culture**	Director of Workforce	TBC	September 2014
D1	Do our commissioners think we need to agree behavioural standards? **Culture**	Director of Paramedic Practice and Education	TBC	December 2013
D2	Do our commissioners think we need to agree safety standards? **Culture**	Medical Director	TBC	December 2013
D3	Do our commissioners think we need to agree quality standards? **Culture**	Director of Nursing & Quality	Director of Nursing & Quality	December 2013
D5	Do we use peer review to develop a learning & sharing culture across the service? **Culture**	Director of Nursing & Quality	TBC	March 2013
N2	Do we involve service staff in training and education? Especially staff identified as subject experts. **Culture**	Director of Paramedic Practice & Education	TBC	September 2014
N3	Do we have a culture of learning from patients and involve patients in training? **Culture**	Director of Paramedic Practice & Education	TBC	September 2014
N4	Do our trainers and does our training reflect the values of the Trust? **Culture**	Director of Paramedic Practice & Education	TBC	September 2014
N5	Do our Directors engage in front line wider than ride out (for example, drop into training sessions, meetings etc)? **Culture**	Director of Corporate Services	Director of Corporate Services	December 2013
P8	Is the Executive represented at Induction? **Culture**	Director of Corporate Services	TBC	November 2013
P13	Is the six Cs strategy incorporated in the Clinical Strategy? **Culture**	Director of Strategy & Transformation	TBC	March 2014

Staff Involvement				
Audit No.	**Action**	**Director**	Owner	**Due Date (End of)**
A4	Is Listening in Action going to achieve its final objective?. **Staff Involvement**	Chief Executive	Head of LiA	March 2014
A5	Does the staff experience reach Trust Board? . **Staff Involvement**	Director of Nursing & Quality	Director of Nursing & Quality	July 2013
C1	Do our clinical policies have evidence of staff engagement in their creation? **Staff Involvement**	Medical Director	Medical Director	March 2014
C2	Do our new clinical procedures or clinical guidelines have evidence of staff engagement in their creation? **Staff Involvement**	Director of Paramedic Practice and Education	TBC	March 2014

Leadership				
Audit No.	**Action**	**Director**	Owner	**Due Date (End of)**
A6	Are leadership qualities assessed as part of the recruitment of all clinical appointments above paramedic level? **Leadership**	Director of Workforce	TBC	December 2013
P16	Do our clinical staff receive leadership training or development? **Leadership**	Director of Paramedic Practice & Education	TBC	March 2014
F4	Do we apply the “Fit & Proper Person” test to the Director appointments? **Leadership**	Chief executive supported by Chair	TBC	March 2014

Accountability				
Audit No.	**Action**	**Director**	Owner	**Due Date (End of)**
B5	I sit clear who has 24 hour responsibility for the standards of care (and other standards) at a station level **Accountability**	Director of Operations (lead) in conjunction with the Clinical Directors	TBC	March 2014

Learning from Experience				
Audit No.	**Action**	**Director**	Owner	**Due Date (End of)**
B6	Do the committee Terms of Reference (except Audit, Finance & Remuneration Committees) address public involvement in their agenda? **Learning from Experience**	Director of Corporate Services	TBC	December 2013
B7	Does the impact on patients of all decision making is completed on Trust "Front Sheets"? **Learning from Experience**	Director of Corporate Services	Director of Corporate Services	December 2013
B8	Are we engaged with "Healthwatch" organisations? **Learning from Experience**	Director of Nursing & Quality	Head of Patient & Public Involvement	March 2014
B12	Do we have a plan or strategy for Patient Engagement? **Learning from Experience**	Director of Nursing & Quality in association with Director of Corporate Services	Head of Patient & Public Involvement	March 2014
E2	Do we have a programme of patient engagement? (? Focus groups with patients with long term conditions) that actively tout feedback from patients **Learning from experience**	Director of Nursing & Quality	Head of Patient & Public Involvement	December 2013
E4	Do we regard the investigation of non compliance (Serious Incidents) as a priority and formulate procedures to ensure all Sis are completed within target time? **Learning from Experience**	Director of Corporate Services	Director of Corporate Services	November 2013
E5	Do we regard the investigation of non compliance by staff (Disciplinary) as a priority and formulate procedures to ensure all investigations are completed within target time **Learning from Experience**	Director of Workforce	TBC	October 2013
E8	Is media monitoring is incorporated into Trust quality monitoring processes? **Learning from Experience**	Director of Nursing & Quality in association with the Director of Communications	Director of Nursing & Quality in association with the Director of Communications	October 2013
E9	Is the learning from SIs and inquests disseminated across all clinical areas and do we have evidence that transferable lessons have been considered? **Learning from Experience**	Director of Corporate Services	Director of Corporate Services	October 2013
E10	Do we share "top complaint themes" with our clinical staff. **Learning from Experience**	Director of Nursing & Quality	Head of Patient Experience	December 2013
I1	Are we able to evidence that the Trust is learning from patient feedback by tracking in a report changes made due to feedback **Learning from Experience**	Director of Nursing & Quality	Director of Nursing & Quality	March 2014
I3	Do our staff know the themes from what patients are complaining about? **Learning from Experience**	Director of Nursing & Quality	Head of Patient Experience	December 2013
I4	Are our commissioners involved in feedback and learning from complaints **Learning from Experience**	Director of Nursing & Quality	Director of Nursing & Quality	December 2013
M1	Do we need a plan for engagement with healthwatch **Learning from**	Director of Nursing &	Head of Patient & Public	December 2013

	Experience	Quality	Invovlement	
N1	Do we need to consider how we engage students in giving feedback on their experience of the service? **Learning from Experience**	Director of Paramedic Practice & Education in association with Director of Nursing & Quality and Director of Operations and	TBC	March 2014

Professionalisation				
Audit No.	**Action**	**Director**	Owner	**Due Date (End of)**
D4	Do we need stronger links with the College of Paramedics? **Professionalisation**	Director of Paramedic Practice and Education	TBC	December 2014
P6	Is the clinical strategy explicit about the importance of clinical development? **Professionalisation**	Director of Strategy & Transformation in association with the Director of Paramedic Practice & Education	TBC	March 2014
P12	Are the public clear about the distinction between roles that is understandable to the public **Professionalisation**	Director of Operations in association with the Director of Paramedic Practice and Education	TBC	September 2014
P17	Do we need an internal regulation process for non registered professionals **Professionalisation**	Director of Workforce	TBC	September 2014

Staff Support & Supervision				
Audit No.	**Action**	**Director**	Owner	**Due Date (End of)**
E1	Is our OWR programme sufficient supervision? **Staff Support & Supervision**	Director of Operations	TBC	March 2014
P14	Does the appraisal system add value to the personal development and feedback to individual clinicians and be prioritised by the Trust **Staff Support and Supervision**	Director of Workforce in association with the Director of Operations	TBC	March 2014

Performance				
Audit No.	**Action**	**Director**	Owner	**Due Date (End of)**
E2	Do we need a planned programme of patient engagement? (? Focus groups with patients with long term conditions) that actively tout feedback from patients **Learning from experience**	Director of Nursing & Quality	Head of Patient & Public Invovlement	December 2013
E7	Do we use narrative data within our performance monitoring? Especially for complaints and patient experience. **Performance**	Director of Performance & Director of Nursing & Quality	TBC	April 2014
L1	Do we have a culture of continuous improvement and identify specific actions for this **Performance**	Director of Performance	TBC	September 2014
L2	Do we need performance metrics in all function areas **Performance**	Director of Performance	TBC	April 2014
L3	Does our training reflect performance values and that our staff understand performance **Performance**	Director of Performance in association with Director of Paramedic Practice and Education and Director of Communications	TBC	September 2014

Being Open				
Audit No.	**Action**	**Director**	Owner	**Due Date (End of)**
E6	Does our Quality Account contain a balance of non compliance and compliance and not solely focus on positive messages (may be national guidance during 2013) **Being Open**	Director of Nursing & Quality	Director of Nursing & Quality	June 2014
I2	Do we publish a summary of complaint stories? **Being Open**	Director of Nursing & Quality	Head of Patient Experience	December 2013
I5	Do we need a complex level scorecard for complaints that we can share with local Healthwatch and OSC organisations **Being Open**	Director of Nursing & Quality	Head of Patient Experience	March 2014
I6	Do we share complaint information as close to the real time as possible with commissioners?**Being Open**	Director of Nursing & Quality	Director of Nursing & Quality	December 2013
O1	Does our Incident & SI reporting reflect and record the dialogue undertaken with the patient? **Being Open**	Director of Corporate Services	Director of Corporate Services	April 2014
O2	Does the Trust's web site can assist us with "being open" requirements? **Being Open**	Director of Communications	TBC	April 2014

Education & Practice				
Audit No.	**Action**	**Director**	Owner	**Due Date (End of)**
P1	Do our vision and values consider the place of education **Education & Practice**	Chief Executive	Chief Executive	April 2014
P2	Do we have continuity plans that ensure training can be delivered during sustained periods of high demand? **Education & Practice**	Director of Operations	TBC	March 2014
P3	Do we apply different methodologies to the delivery of training. **Education & Practice**	Director of Paramedic Practice & Education	TBC	March 2014
P4	Does our IT assist with the delivery of training? **Education & Practice**	Director of IMT	TBC	March 2014
P5	Does the development of our healthcare support staff features within annual training needs analysis? **Education & Training**	Director of Paramedic Practice & Education	TBC	March 2014
O1	Does our Incident & SI reporting documentation reflect and record the dialogue undertaken with the patient? **Being Open**	Director of Corporate Services	Director of Corporate Services	April 2014
P11	Does the way we allocate staff (into pairs) ensure cross fertilisation of skills and people exchange learning. **Education & Practice**	Director of Operations	TBC	September 2014
P15	Does the appraisal system support the need for paramedics to produce an annual learning portfolio? **Education & Practice**	Director of Paramedic Practice and Education	TBC	March 2014
T1	Do we need to establish routine meetings between local LAS staff and A&E clinical team that looks at patients outcome and case studies and can also identify inappropriate conveyance and examine alternatives? **Education & Practice**	Medical Director in association with Director of Operations	TBC	September 2014
T2	Do we need a plan for obtaining outcome data from NHS Trusts? **Education & Practice**	Director of IM&T in association with Director of Nursing & Quality and Medical Director	TBC	April 2014
T4	Do we follow up discharged patients? **Education & Practice**	Director of Operations	TBC	September 2014

Appendix II (Briefing & Summary)

Executive summary

The Francis Report into the deaths at Mid Staffordshire Hospital was published earlier this year. Although the report was about the failings of a hospital, it was intended to highlight issues that are relevant to all healthcare providers, including ambulance services.

As a result, the first of the recommendations asks all NHS organisations to consider the report's findings and apply them to their work to put patient care at the heart of the health service.

The London Ambulance Service has identified 11 areas to improve patient care and safety:

1. Governance – we will review how we manage serious incidents and complaints; and strengthen leadership by creating development opportunities for directors and a procedure for underperformance.

2. Culture – we will refresh our vision and values and ensure a 'patient first' philosophy.

3. Staff involvement – we will improve staff involvement, for example through Listening into Action projects, to move towards shared decision-making and ownership.

4. Leadership – we will ensure that paramedics have opportunities to acquire leadership skills to be promoted to more senior positions.

5. Accountability – we will identify a single person who has 24hr responsibility for the standards of care and all other standards at a station level.

6. Learning from experience – we will involve and learn from our patients and communicate any learning to staff.

7. Professionalisation – we will develop our workforce and clearly define the roles within the Service so that patients know who has delivered their care.

8. Staff support and supervision – we will strengthen the appraisal system and value personal development.

9. Performance – we will evaluate our performance on different measures, not only on response times; and we will look at local information to deliver consistent care across London.

10. Being open – we have introduced a new policy under which a patient or their family will have to be informed when any suspected safety incidents are identified.

11. Education and practice – we will commit to deliver training, even during periods of high demand; and introduce a clinical career structure.

We will be looking at the 11 areas as a whole and by involving and listening to staff, we will have an oversight of issues from across the Service. Importantly, better staff involvement will encourage a culture where everyone can voice concerns and share their views.
The changes we are making as a response to the Francis Report will help us to become even more effective, safe and patient-focused, and ensure that what happened in Staffordshire cannot be repeated here.

London Ambulance Service NHS
NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 24 SEPTEMBER 2013

PAPER FOR INFORMATION

Document Title:	**Annual Complaints Report**
Report Author(s):	**Steve Lennox**
Lead Director:	**Steve Lennox**
Contact Details:	**Steve.Lennox@Lond-Amb.nhs.uk**
Why is this coming to the Trust Board?	**Annual overview of patient feedback (complaints)**
This paper has been previously presented to:	☐ Strategy Review and Planning Committee ☒ Executive Management Team ☐ Quality Committee ☐ Audit Committee ☐ Clinical Quality Safety and Effectiveness Committee ☐ Risk Compliance and Assurance Group ☐ Learning from Experience Group ☐ Finance and Investment Committee ☐ Other:
Recommendation for the Trust Board:	**To note the report.**

Key issues and risks arising from this paper

It is a statutory requirement to produce an annual complaints report. This supplements our quarterly report that is presented to Quality Committee and monthly reports to Executive Management Team.

Executive Summary

Complaint numbers have risen and the main reason for this is the rise in the number of complaints relating to delay.

Attitude and Behaviour is the next largest group.

The themes have been consistent through the year and both of these groups have informed our Quality Priorities for 2013/14 and now appear on the quality dashboard.

Attachments

Annual Complaints Report for 2012/13

****

Quality Strategy

This paper supports the following domains of the quality strategy

- ☐ Preventing people from dying prematurely
- ☐ Enhancing quality of life for people with long-term conditions
- ☐ Helping people to recover from episodes of ill health or following injury
- ☒ Ensuring people have a positive experience of care
- ☐ Treating and caring for people in a safe environment and protecting them from avoidable harm
- ☒ Caring for the workforce

LAS Strategic Goals and Priorities

This paper supports the achievement of the following strategic goals and priorities:

LAS Strategic Goals

- ☒ To improve the quality of care we provide to our patients
- ☒ To develop care with a highly skilled and representative workforce
- ☐ To provide value for money

2013/14 Priorities

- ☒ Modernisation Programme
- ☒ Communication and Engagement
- ☒ Sustain performance to ensure safe service to patients
- ☐ Building sustainable financial position for 14/15 and beyond

Risk Implications

This paper supports the mitigation of the following strategic risks:

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

Equality Analysis

Has an Equality Analysis been carried out?

- ☐ Yes
- ☒ No

Key issues from the assessment:

London Ambulance Service NHS
NHS Trust

Patient Experiences

Including Annual Complaints Report

Annual Report

2012/13

Table of Contents

1. Introduction

Our Patient Experiences team is the Trust's first point of contact for comments, questions, concerns or complaints. The Trust is committed to improving patient experience and in using complaints and other forms of feedback to better understand the areas where we perform well and those areas where we need to do better.

This report demonstrates that the Trust actively seeks, listens to, and acts on feedback from carers and patients. As an organisation, the Trust recognises that by improving the patient and carer experience it has a positive impact on outcomes and increases public confidence in the services that we provide.

The department has responsibility for the following work streams

- Complaints
- Patient Advice and Liaison Service (PALS)
- Incident reporting by LAS staff involving external agencies
- Incident reports made by external agencies involving the LAS
- Patients with complex needs who make repeated 999 calls
- Solicitor requests for medical records and witness statements.

The volume of complaints has increased by around 30% this year. There are a number of reasons for this, most obviously linked to the increased 999 call demand (see below). Other factors include the evolution of 999 call management (for example, patients being referred to other providers) and the consequences of the use of the Demand Management Plan, which limits an ambulance response in an ascending clinical hierarchy. Speculative reasons may also include the public response to austerity measures (in that other services are not as widely available so patients may be using 999 as an alternative) and a wider public awareness of how to access the complaints procedure (in the light of high profile incidents across the health and social care economy).

Context

The Trust received a record number of 999 calls in 2012, making it the busiest year ever, with over 1.7m x 999 calls being made; an increase of over 170,000. Once again ambulance crews reached 75% of the most critically ill patients, such as those experiencing chest pain, within 8 minutes.

2012/13 also heralded a number of key events in London including the Olympic and Paralympic Games, the Queen's Royal Jubilee, the Royal Wedding and the London 2012 Festival.

The department moved premises and some of the team being seconded to Olympic duties, together with staff on study placements and maternity leave, made this a challenging year. Staff numbers within the department also reduced with the Safeguarding team being created. A

handover of responsibility for safeguarding enquiries to the Emergency Bed Service and case work to the new Safeguarding Team was completed in March 2013.

2. Overview

Summary of complaints and PALS

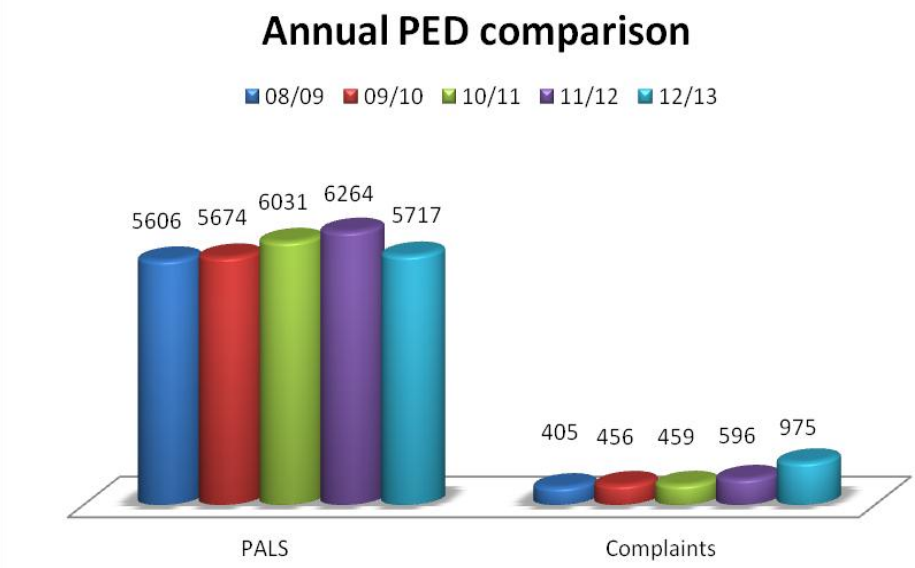
The total number of PALS and complaints received was 6692. This comprised of 5717 PALS enquiries, and 975 complaints. This includes 19 cases which were managed as a complaint by treating the referring professional as acting on behalf of the patient[1]. This is generally referred to as Section 8 and Table 1 illustrates the volume of cases. We believe our methodology supports 'openness and transparency' and enables the patient a recourse opportunity.

Table 1 'Section 8' cases

Title	2008/09	2009/10	2010/11	2011/12	2012/13
s.8	2	79	51	78	19

The following graph demonstrates total PALS and complaint cases received by year since 2008:

Graph 1. Annual PED comparison.



[1] This is considered best practice in the light of Section 8 of *The Local Authority Social Services and NHS Complaints (England) Regulations (2009*) as one *responsible body* (health and social care providers) cannot use the complaints procedure to 'complain' about another.

Summary of agency referrals

There was a significant decrease in the numbers of internal incident reports (incidents that involved external agencies reported by ambulance staff to the Safety & Risk team).

Table 2 represents external agency referrals from other health and social care professionals and incident reports by LAS staff that involved another external agency since 2008.

Table 2. Summary of agency referrals by year

Summary of agency referrals by year		
Year	External referral	Incident report LAS
2008/08	119	38
2009/10	102	276
2010/11	108	314
2011/12	72	78
2012/13	123	69
Totals:	524	775

Some of these external agency issues are midwifery related and these have increased which could be a reflection on the Trust's appointment of a Consultant Midwife and dedicated support from PED. Evidence from these cases contributed to "*A Clinical Audit of the Management of Obstetric Emergencies by the London Ambulance Service"* by the Clinical Audit and Research Unit.

PALS

The total number of PALS enquiries during 2012/13 was 5717. This represents a 9% decrease on the previous year and may be attributed to reduced public activity during the Olympic Games.

The most common subjects of enquiry are the hospital destination of a relative, lost property and requests for medical records; policy and practice enquiries are also common from academics, students, other health and social care agencies and members of the public.

Table 3 sets out PALS cases by category.

Table 3. PALS cases by category

PALS received - 2012/13	Totals
Information/Enquiries	1968
Lost Property	623
Incident Report - Other	47
Appreciation	37
Clinical	30
Delay	30
Access	23
Policy/ Procedure	23
Other	22
Communication	21
Conveyance	20
External Incident Report - EOC	19
Incident Report - GP Surgery	13
Road Traffic Collision/RTC	12
Incident Report - A&E	9
External Incident Report - LAS Crew	8
Non-physical abuse	7
Explanation of Events	6
Social Services	6
Incident Report EOC	4
Incident Report - Hospital Midwife	4
Aggravating Factors	3
Incident Report - Social Care	3
Patient Injury or Damage to Property	3
Incident Report - Mental Health Trust	2
Clinical Equipment	1
Non - Clinical Equipment	1
Non-conveyance	1
Specialist subjects	
Medical Records	1601
Safeguarding Children	464
Safeguarding Adults	390
Frequent Callers	253
Request for Witness Statement	60
SUI Group Considerative	3
Totals	**5717**

Solicitor enquiries

The PED team process all requests for medical records that are made by a solicitor acting on behalf of the patient or relatives, where legal action is not intended against the Trust. A charge of £50 is levied in keeping with the DPA. Additionally, PED facilitate requests for witness statements, which are obtained via a face to face interview with staff. This service attracts an hourly charge of £119.

Revenue raised was approximately £68,000. It is anticipated that the process will be simplified and fees increased in 2013/14.

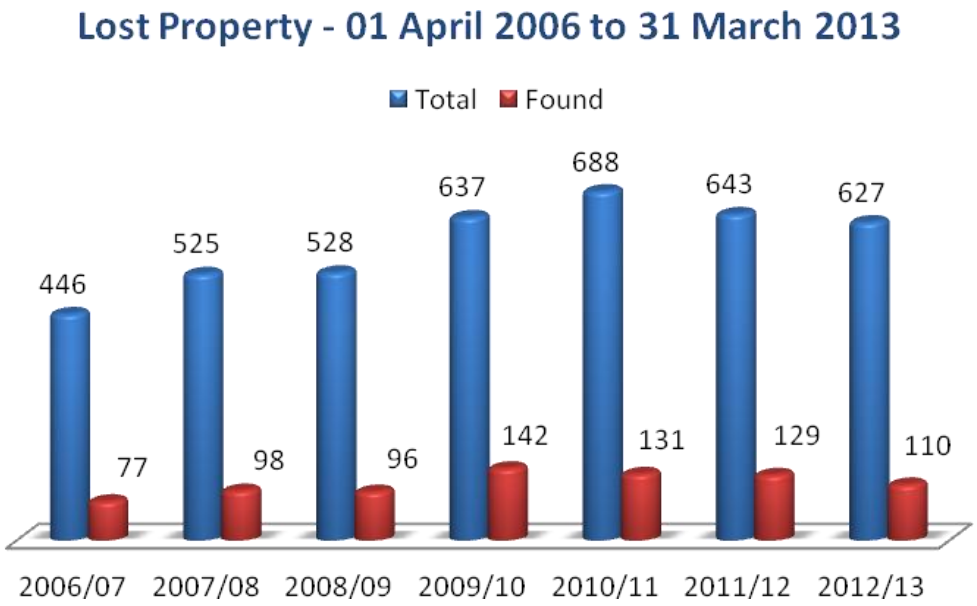
Lost Property

Lost property is now included as a Trust 'quality indicator' and in November 2012 the management of lost property was widened to encourage enquirers to liaise directly with local station staff. The aim is to encourage the use of the SMARTbags™. Compensatory payments are considered.

Unfortunately less than 20% of reported items were recovered; of the 144 cases only 37 items have been located and of those only 2 recorded the use of the SMARTbags™

Graph 2 evidences the total lost property item enquiries received by year compared to the number of items traced.

Graph 2. Lost Property.



An audit of the scheme will be undertaken in 2013. We also hope that the implementation of an internet-based case management system will improve the administrative management of the process in the future.

The table below identifies lost property cases by operational area. This indicates that the South Area received a higher proportion of lost property enquires during the financial year 2012/13.

Graph 3. Lost Property by Area.

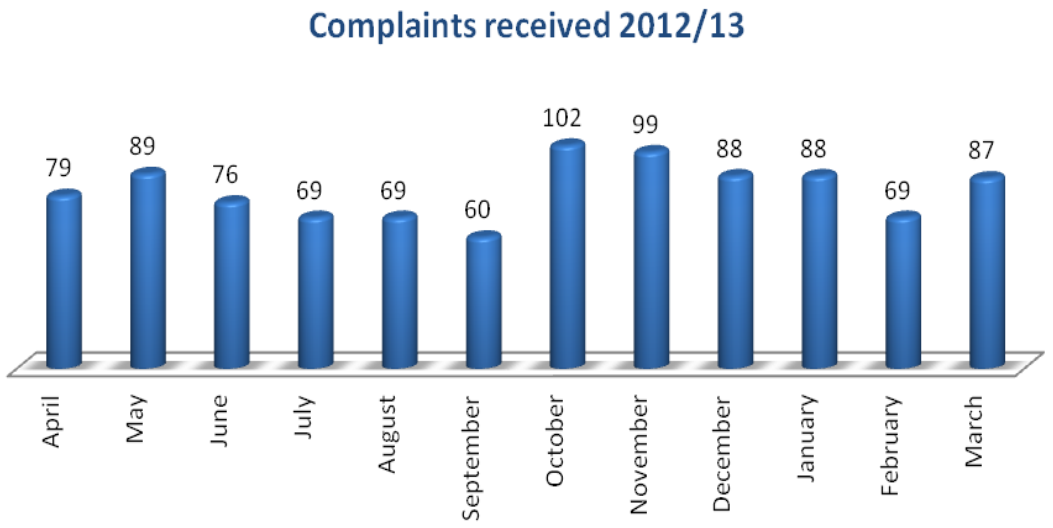
3. Complaints

During 2012/13 there were 975 complaints and 19 referrals by other health and social care professionals managed as being made on behalf of the patient.

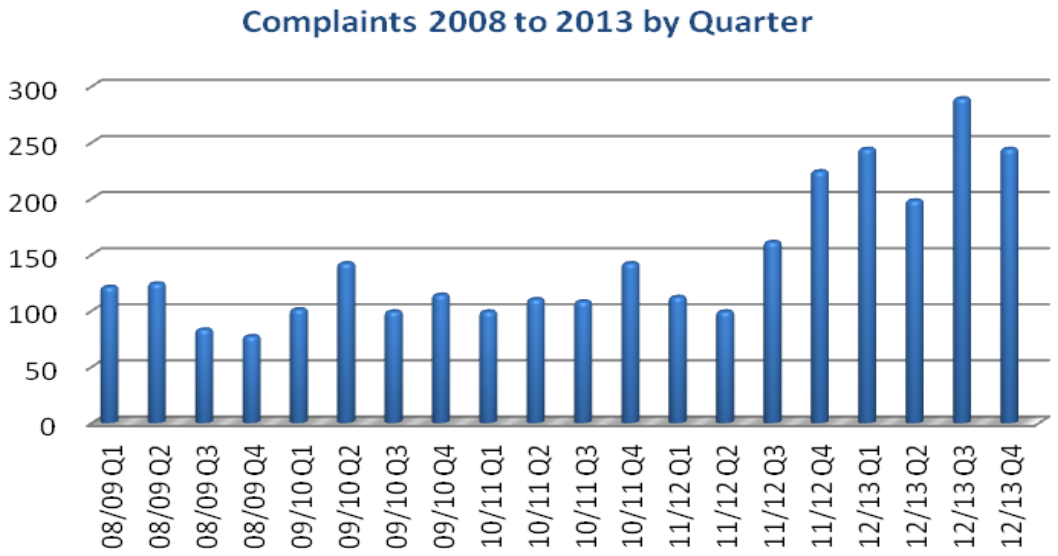
The graph below indicates volume by month. The dip during the summer months is a general trend year on year, although during 2012 increased resourcing to the Trust during the Olympic period contributed to the reduction in complaints about a delayed response and this may explain the decrease in August and September. Also, In October we introduced a system where we advise callers of a possible delay which could explain the initial rise in numbers.

Graph 4 illustrates the complaints trend over the course of the year and Graph 5 takes a wider view and illustrates the rise across a number of years.

Graph 4 Complaints received by Month



Graph 5. Complaints by Quarter



However, when the complaint volume is matched with the rise in demand we can see that we maintain a fairly constant rate of 0.6%. This is illustrated in Table 3.

Table 3. Complaints ratio against DH demand

Month	Total call rates	Complaints	LAS Ratio
April	137555	79	0.06%
May	152364	89	0.06%
June	142820	76	0.05%
July	146540	69	0.05%
August	136471	69	0.05%
September	141151	60	0.04%
October	144358	102	0.07%
November	144375	99	0.07%
December	161668	88	0.05%
January	138466	88	0.06%
February	125869	69	0.05%
March	142321	87	0.06%
April	141625	87	0.06%
Totals:	**1855583**	**1062**	**0.06%**

The highest volume of complaints about delays are attributed to the Emergency Operations Centre under the existing case management system. However, clearly much depends on the available resourcing, an operational responsibility. Similarly, complaints about patients being unhappy at being referred to NHS Direct (43) or NHS 111 (2) are recorded in this way.

Table 4 indicates complaints by department/area. The highest number of complaints by operational area is the South, which also has the largest geographic spread. 18 complaints involved contracted private and voluntary ambulance service providers.

Table 4. Complaints by Department Area

Complaints by Area	Total
Control Services (EOC, UOC, CTA etc)	465[2]
South	161
West	124
East	117
Not our service	50
Patient Transport Services	15
Contacted Services	15
Unknown or No Trace	13
LAS Headquarters	10
Volunteer Services	3
HART	1
Training	1
Total	**975**

Complaints: Analysis & Themes

Themes

As previously indicated, the number of complaints has significantly increased for a variety of reasons.

In view of increased operational pressure, special operating arrangements were implemented during the Christmas and New Year period (24 December 2012 - 2 January 2013)

Unsurprisingly, there continues to be a correlation between the implementation of these arrangements and complaints about delay as the principle head of complaint. Delays may be caused by a) Special procedures being in place; (b) errors in the call management; (c) available local resourcing; (d) shift turnover and/or meal break affects; (e) any combination of these. The one thing that is consistent is that demand is nearly always above average.

There are 12 main themes arising from complaints. Table 5 illustrates the number of complaints by subject using the top 12 themes. They are ordered from left to right with the most common themes this year being first.

[2] All complaints regarding a delay are attributed to Control Services. However, the cause is not due to processes within control they are mainly due to resourcing across all areas.

Table 5. Complaints by the main subject 2008/09 - 2012/13

Year	Delay	Attitude and behaviour	Patient injury/property damage	Non conveyance	Treatment	Conveyance	Road handling	High Risk Address referral	Not our Service	Clinical Incident	Aggravating factors	Clinical Equipment	**Total**
07/08	138	222	38	23	70	5	0	0	45	4	5	1	551
08/09	84	125	27	32	46	4	0	0	37	4	3	0	362
09/10	96	147	29	74	66	18	0	0	16	6	2	1	455
10/11	92	151	38	67	68	13	7	0	15	2	5	1	459
11/12	193	152	45	64	62	27	10	0	33	5	2	3	596
12/13	411	267	85	69	65	28	15	14	11	6	3	1	975
Totals:	**1014**	**1064**	**262**	**329**	**377**	**95**	**32**	**14**	**157**	**27**	**20**	**7**	**3398**

There are a number of other issues that have not appeared in significant volumes but are worthy of note. For example, we have identified that problems in receiving enough information from third party calls from London community alarm providers remains an issue. This is because the providers are remote from the patient and are not usually able to comprehensively respond to the triage questioning. Most local authorities no longer send someone to check on the patient and use 999 as the default response.

Other themes include

- Staff challenging the validity of the 999
- Sequential call management errors at times of significant demand,
- Failure to re-triage repeat 999 calls about the same patient

The following represent issues identified from complaints and PALS. It is not possible to exclusively cite the frequency at which each of the following issues occurs as the case management system does not always enable discreet categorisation of the precise issues identified.

Delay

Delay is the most common theme in 2012/13. The increase in complaints about delay and the correlation with DMP was used within a capacity review by the Director of Operations and the Deputy Medical Director to identify the tolerance levels for responses outside of the target 19 minutes and the point at which the level of available resourcing becomes a clinical risk. This was shared with our commissioners.

Case examples included one incident where a patient experiencing a diabetic hypoglycaemic incident was eventually conveyed to hospital by independent means. An explanation of the triage system was provided including details of alternative care pathway schemes.

Another case involved a patient who had been assaulted who was concerned that EOC were unable to provide an Estimated Time of Arrival (ETA) of the ambulance resulting in the patient being conveyed by other means. The complainant was invited to discuss his experience at a Trust Board meeting. Work was also progressed with the police to improve the information we receive from them.

We are unable to provide ETAs as the ambulance may be re-directed to a higher priority call and also the dispatch is arranged in a different part of the control centre. If at all possible we will tray and offer an indication of a potential delay. However our main safety measure is for us to re-triage any repeat call to establish if there has been a change in condition and if so we will reprioritise appropriately.

Attitude & Behaviour

Attitude and behaviour is our second biggest theme for 2012/13. Overall the volume is relatively low but it is in essence our largest volume of preventable complaints. A significant number of these are generated from Trust staff challenging the validity of the emergency call, or in some cases appearing to challenge when no challenge was actually intended.

An action plan has been approved by the Executive Management Team and the Quality Committee and it is proposed to launch this in Quarter 2-3 of 2012/13. This is one of our four quality improvement areas for 2013/14.

Patient Injury & Property Damage

This is the third largest group of complaints and a number of these are not preventable; for example breaking into a house (where possible with the police presence) when no one enters.

Alternative Care Pathways

This is our fourth largest group of complaints. We have identified a number of issues and a number of these have been addressed during the course of the year.

Our procedures require us to arrange “see and treat” assistance for anyone in difficult environments; such as outside. Through the complaints process we were able to identify that C3 & C4 calls to patients situated in these locations were being referred to Clinical Telephone Advice Team (CTA). On investigation into why this was happening it was revealed that the CommandPoint computer system will not enable an override to dispatch a resource. The CTA review inevitably concludes an ambulance should be dispatched. Overall, this process promoted a delay before an ambulance could be arranged.

Control Services are in liaison with Management Information to explore whether a technical solution can be achieved. In the meantime, when the dispatcher see such a call they will provide advice and let the caller know that a resource will be sent.

Our procedures require us to ring back patients who are held in a queue awaiting a resource. Through the complaints process we have been able to identify that patients are confused about the period of waiting and are not always rung back on time, particularly during periods of high demand.

As an illustration, a complaint involved a third party 999 caller who was informed that they would be called back by a clinician. When this was not forthcoming, the caller made a further 999 call and was advised that there were no ambulances available to send. In another complaint, the family complained that Emergency Operations Centre (EOC) gave conflicting information during numerous 999 calls; they were confused by the term 'arranging help' which they understood to mean that an ambulance was being dispatched but which in fact meant that CTA or NHS Direct would call back. The language has now been changed.

The Learning from Experience Committee is considering what further actions can be taken to improve the experience of patients who are subject to a delay. This is one of our four quality improvement areas for 2013/14.

It was also identified that post dispatch instruction not to move the patient was literally observed for a lengthy period when there was a delay in an ambulance being sent. Control Services Governance team have reviewed this instruction and/or whether contact can be resumed when there is a delay in dispatch.

Since March 2013 the LAS have had a care pathway agreement in place for patients in a particular area of London involving patients aged over 18, known to local mental health services and presenting in crisis. Unfortunately, the application remains confused and on one occasion the patient was refused assessment by the provider. The Trust mental health lead is enabling further liaison between both agencies to resolve this issue.

High Risk Register

Complaints regarding the high risk register are our 8th highest volume of complaints. This is a new theme as we now give patients the opportunity to comment and appeal the process of entering them on the register by writing to the patient to explain that they have been placed on the register.

14 complaints were received challenging the entry. In the vast majority of cases, a referral was made back to the local ambulance station management team to undertake more work in liaising with other health and social care professionals to explore a care plan approach at a local level.

4. Changes to Service Provision

Changes to Service Provision

In addition to the changes described above the Trust has made a number of other changes based on the learning from experience. These include the following;

1. The Trust has undertaken an exercise to understand the relationship with DMP and patient experience. A correlation between use of Demand Management Plan and complaints about a delayed response to patients triaged at C1 and C2 was identified and was used in a review of how and when DMP is activated over the Winter period.

2. The Trust was able to evidence the cause of delays to patients triaged at C1 and C2 priorities and this information was used as part of the overall capacity review and the partnership work with our commissioners which is now the Modernisation Programme.

3. Using our learning approach we identified that additional equipment would be useful for the management of pre-term babies and have since made additions to the maternity pack.

4. Agreement by London Heads of Midwifery to ensure that all maternity units have a functioning priority alert telephone line in place.

5. Following a specific complaint regarding a testicular torsion we have liaised with the National Academies of Emergency Dispatch about a change in the way testicular torsion is triaged.

6. We now notify all patients who are placed on the Trust Locality Information Register (Previously known as the High Risk Register).

7. Procedure and guidance has been introduced to improve the management of third party calls when there is little, confused, or no information about the patient's condition. When possible, the Emergency Operations Centre now call the patient directly to achieve a more apposite and safer triage. This is relevant to a patient story heard at Trust Board.

8. Revise C4 instructional protocol: replace 'may' with 'will' when informing callers about clinical advice call back and we have replace 'someone (will call back) with 'a clinical advisor'.

Other changes not fully introduced but in progress include the following.

9. C3 & C4 calls to patients situated in 'outside' locations still being referred to Clinical Telephone Advice team (CTA) when this is known to the call handler and the protocol determines that on-scene assessment will be required. CTA review inevitably concludes an ambulance should be dispatched but this situation simply promotes additional delay and there is no process for the patient to be advised that CTA will not now be undertaken.

CommandPoint will not enable an override to the automatic handling. Control Services Governance & Quality Assurance are exploring a technical solution with Management Information.

10. Call handlers referring calls to CTA but CTA decide an ambulance is required. (1) how can patient be informed and (2) what is the expected target.

A Review of QA in dispatch is being undertaken to address these specific issues.

11. Given the onset of demand management where a resource may not be dispatched but relevant information comes to light, devise a process for EOC call handlers/dispatchers to facilitate safeguarding referrals.

This action is resource intensive given priority of call handling function is to answer 999 calls). Modelling against demand. No existing electronic solution.

Ombudsman cases

26 cases were considered by the Health Service Ombudsman. This includes incidents that may have occurred earlier but considered by the Ombudsman during 2012/13.

We await notification on 6 cases, 18 were not investigated, 1 case was withdrawn by the complainant and 1 case fell for investigation.

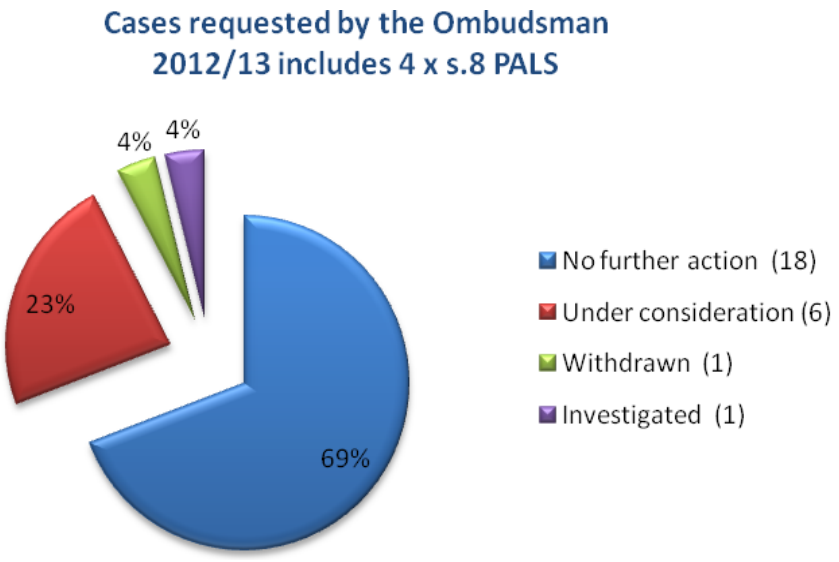
Summary of case investigated

The key element was the non-conveyance of a patient who later died. Lessons learned included recommendations that an ECG be undertaken towards informing a decision as to whether a patient should be conveyed to hospital. Clinical Performance Indicators (CPI's) will be enhanced to improve monitoring and supervision arrangements for student paramedics to enhance the opportunity for optimum patient care and staff who work permanent night shifts.

The case was managed as a Serious Incident (SI) and the report used as the substantive response to the complaint. The Ombudsman criticised the SI methodology in that the complainant was not kept regularly informed, no record was kept of meetings with complainant and chronological case file records were not maintained. This is now routine practice across complaint and serious incident management processes. Other recommendations included the staff writing a letter of apology to the patient's partner (Actioned) and that the Trust makes a payment of £500 for the maladministration outlined (Actioned).

Graph 6 demonstrates that in the majority of cases requested by the Ombudsman no further action is taken.

Graph 6. Cases Requested by the Ombudsman



Governance

We provided summary activity reports to the five internal Area governance forums as well as the quarterly reporting to Clinical Quality Safety & Effectiveness Committee, Safeguarding Group and Learning from Experience Group.

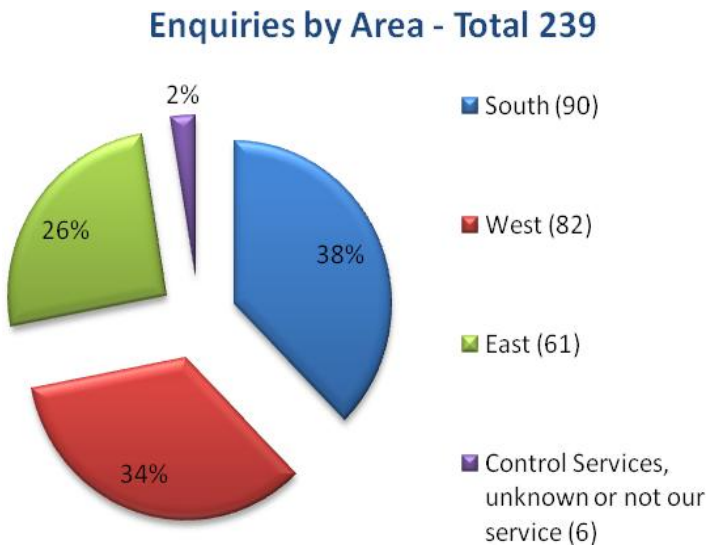
The standard of cross agency liaison, where a complaint is hosted by a single agency but involves multiple organisations, continues to vary as new providers become operational, for example 111 providers.

4. Patient Centred Action Team

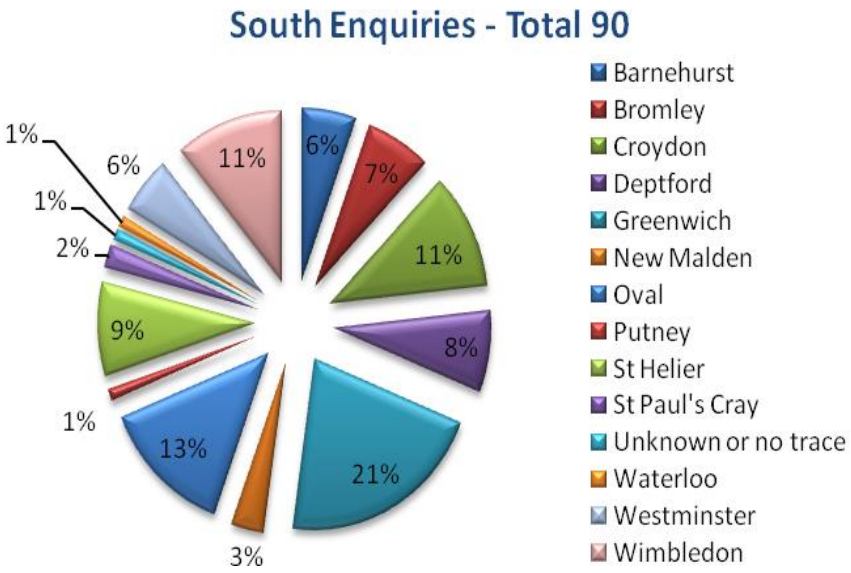
The Patient Centred Action Team is responsible for the management of 'frequent callers', a cohort of patients who present with complex health and/or social needs who place repeated 999 calls. A patient is deemed to be a frequent caller if they call 999 ten times per month, for three consecutive months. However, if the individual presents a particular risk to themselves, the team will intervene at a lower call rate.

We continue to use a care plan approach, developed in conjunction with other agencies and focuses on managing demand more effectively whilst continuing to meet the patient's needs. During 2012/2013 we received 24,618 calls from 783 frequent and hoax callers. The team also received 239 enquiries, which are a combination of new referrals and enquiries relating to existing cases. In addition to this, there are 214 'open' cases and 17 hoax callers. Graphs 7, 8, 9 and 10 illustrate the issues in our four areas..

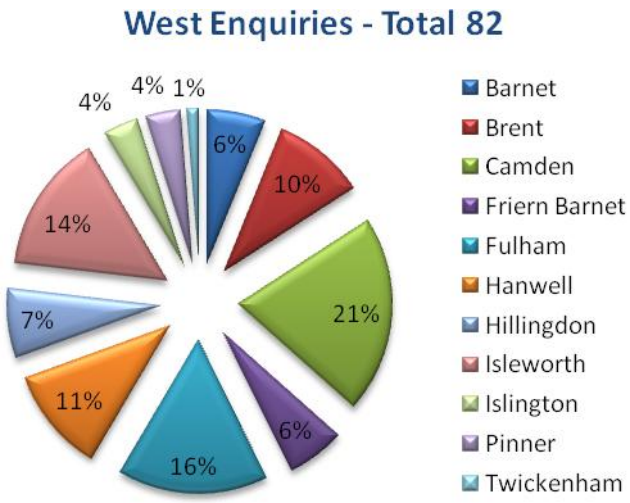
Graph 7 Represents Volume by Areas .



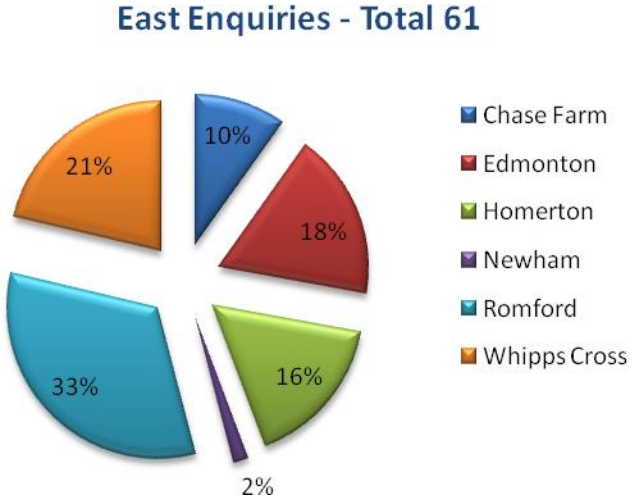
Graph 8 Represents Volume by Areas (South)



Graph 9 Represents Volume by Areas (West)



Graph 10 Represents Volume by Areas (East)



PCAT used an approach which incorporates social and medical information and details of the agencies working with the patient, in one place. This is an efficient and professional method to share information with colleagues and prepare for multi-disciplinary meetings. Data is gathered from the Management Information Business Intelligence Portal and liaison with professionals

involved in the patient's care. All information is stored in Datix, the case management system. However, the entry into Datix is manual as the two systems do not correspond, which is labour intensive but essential to ensure that case management is comprehensive.

Historically, the team has received referrals via submission of LA071 forms from ambulance staff. During the year the team began to run monthly reports using the MI Portal which provides accurate information about patient activity and releases capacity within the team as we conduct fewer manual call searches.

Resources

The resignation of one full time officer and secondment of 0.6 full time equivalent to the Safeguarding Team leaves PCAT resourced by two full time officers, one of whom is training to qualify as a social worker. The team will reprioritise the work as necessary and focus on the most serious complaints at time of high demand.

5. Conclusions

1. If the current trend contunues, using a year on year percentage increase, the Trust can expect to receive up to 1100+ complaints during 2013/14. However, the modernisation programme work should make an impact on this volume.
2. It is to be hoped that the the action the Trust is taking and the increased funding it has received will help reduce complaints about a delayed response to patients.
3. We can however expect to see more complaints about patients being refered to other providers, for example 111.
4. The team will need to focus on higher priority or most serious cases during periods of high demand..

London Ambulance Service NHS
NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 24TH SEPTEMBER 2013

PAPER FOR ASSURANCE

Document Title:	**Report from Quality Committee**
Report Author(s):	**Roy Griffins, Non-Executive Director**
Lead Director:	**N/A**
Contact Details:	
Why is this coming to the Trust Board?	
This paper has been previously presented to:	☐ Strategy Review and Planning Committee ☐ Executive Management Team ☐ Quality Committee ☐ Audit Committee ☐ Clinical Quality Safety and Effectiveness Committee ☐ Risk Compliance and Assurance Group ☐ Learning from Experience Group ☐ Finance and Investment Committee ☐ Other:
Recommendation for the Trust Board:	**The recommendation to the Trust Board is to note the report and to take account of the Quality Committee's views on the governance structure review.**

Key issues and risks arising from this paper

- Quality oversight
- Governance structure
- Cost Improvement Programme monitoring
- 111 quality

Executive Summary

On 21 August, the Quality Committee:

- was of the view that the quality report needed to be recalibrated so that red ratings denoted areas requiring remedial action, and expected this to flow from the governance structure update affirming the Quality Committee's oversight role;
- called for the internal reporting of the quality report to be reconciled with the external reporting in the Quality Risk Profile;
- endorsed the improvements in monitoring the quality impact of the Cost Improvement Programme;
- supported the improvements and changes proposed in the governance structure review, particularly insofar as they concern the Quality Committee, its role, scope, membership and

oversight function;
- noted the demise of the Risk, Compliance and Assurance Group, and recognised the enhanced reporting from Clinical Quality, Safety and Effectiveness Committee and contact with the Executive Management Team;
- asked that the Executive Management Team ensure adequate management of the qualitative risks arising from taking over 111 contracts;
- discussed but did not decide upon a patient and commissioner presence at quality committee meeting.

Attachments

None.

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Quality Strategy

This paper supports the following domains of the quality strategy

☒ Preventing people from dying prematurely
☒ Enhancing quality of life for people with long-term conditions
☒ Helping people to recover from episodes of ill health or following injury
☒ Ensuring people have a positive experience of care
☒ Treating and caring for people in a safe environment and protecting them from avoidable harm
☒ Caring for the workforce

LAS Strategic Goals and Priorities

This paper supports the achievement of the following strategic goals and priorities:

LAS Strategic Goals

☒ To improve the quality of care we provide to our patients
☒ To develop care with a highly skilled and representative workforce
☒ To provide value for money

2013/14 Priorities

☒ Modernisation Programme
☒ Communication and Engagement
☒ Sustain performance to ensure safe service to patients
☒ Building sustainable financial position for 14/15 and beyond

Risk Implications

This paper supports the mitigation of the following strategic risks:

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

Equality Analysis

Has an Equality Analysis been carried out?

☐ Yes
☒ No

Key issues from the assessment:

London Ambulance Service NHS
NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 24TH SEPTEMBER 2013

PAPER TO PROVIDE ASSURANCE TO THE TRUST BOARD

Document Title:	**Audit Committee Assurance Report**
Report Author(s):	**Caroline Silver, Chair of the Audit Committee**
Lead Director:	**N/A**
Contact Details:	
Why is this coming to the Trust Board?	**To receive an update on the key items of discussion at the Audit Committee meeting on 2nd September and to receive assurance from the Committee.**
This paper has been previously presented to:	☐ Strategy Review and Planning Committee ☐ Senior Management Group ☐ Quality Committee ☒ Audit Committee ☐ Clinical Quality Safety and Effectiveness Committee ☐ Risk Compliance and Assurance Group ☐ Learning from Experience Group ☐ Other
Recommendation for the Trust Board:	**To note the report**

Key issues and risks arising from this paper

None.

Executive Summary

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, and is based on the Trust's key sources of assurance as identified in the Trust's Board Assurance Framework (section C of the Board Assurance Framework).

Attachments

- Report from the Audit Committee meeting on 2nd September 2013.
- Audit Committee Annual Report 2012/13
- External Auditor's Annual Audit Letter 2012/13

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Quality Strategy

This paper supports the following domains of the quality strategy

☐ Preventing people from dying prematurely
☐ Enhancing quality of life for people with long-term conditions
☐ Helping people to recover from episodes of ill health or following injury
☐ Ensuring people have a positive experience of care
☐ Treating and caring for people in a safe environment and protecting them from avoidable harm
☐ Caring for the workforce

Strategic Goals 2010 – 13

This paper supports the achievement of the following corporate objectives:

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

Risk Implications

This paper supports the mitigation of the following strategic risks:

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

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

☐ Yes
☒ No

Key issues from the assessment:

Report from the Audit Committee on 2nd September 2013

STRATEGIC RISKS

1. There is a risk that we fail to effectively fulfil responsibilities to deliver high quality and safe care
2. There is a risk that we cannot maintain and deliver the core service along with the performance expected.
3. There is a risk that we are unable to match financial resources with priorities.
4. There is a risk that our strategic direction and the pace of innovation to achieve this are compromised.

ASSURANCES AND CONTROLS

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, and is based on the Trust's key sources of assurance as identified in the Trust's Board Assurance Framework (section C of the Board Assurance Framework).

The following controls are in place to support the management and mitigation of our strategic risks and these are referenced against each control as appropriate (eg SR 1.2.3.4).

Governance Structure

The Audit Committee endorses the governance structure proposal presented to the Trust Board. The Audit Committee is responsible for the oversight of the organisational risk management process and for monitoring progress against organisational risk. Clinical risks will be overseen by the Quality Committee in the new structure.

Audit Committee Annual Report 2012/13 (SR 1.2.3.4)

The Audit Committee Annual Report for 2012/13 is attached to this report for the Trust Board's information. The report demonstrates that the Audit Committee has discharged its duties in accordance with its terms of reference. The Audit Committee agreed actions for 2013/14, which are as follows:

1. To obtain further clarity over the mandate and responsibility of the Audit Committee.

2. To continue to move the organisation to the next stage of risk assurance and awareness by following up on the actions identified in the recent internal audit on risk management, including:

    - The implementation of a more formal process for reviewing and updating the Board Assurance Framework
    - Review the structure of the Board Assurance Framework
    - Implementation of a dashboard to capture new, removed risks and changes in risk ratings and the rationale for this
    - Refine the detail captured in the Board Assurance Framework

Corporate Risk Register (SR 1.2.3.4)

The Audit Committee reviewed the corporate risk register and noted that overall significant progress had been made with the organisational management of risk. However the appointment of new members of the Executive Management Team and new internal auditors presents an opportunity to refine this process further, including the development of a top-down approach to risk management. The internal auditors have recently undertaken an audit of risk management and the recommendations are due for completion by April 2014.

Fit and Proper Person Test (SR 1)

The fit and proper person test is one of the conditions within the new NHS provider licence that will apply to NHS trusts from 1st April 2014. The Audit Committee asked for a census to be undertaken of current directors and Trust Board members to provide assurance that the LAS meets this requirement.

Internal Audit Progress Report (SR 1.2.3.4)

The Audit Committee received internal audit reports for risk management, performance reporting and serious incidents. The serious incidents process has been assessed as providing limited assurance and the internal auditors made 8 recommendations, 1 of which was high priority. The Audit Committee is assured that the process has already been tightened up and that all newly-declared incidents would go through this process.

Local Counter Fraud Specialist (SR 3)

The Audit Committee received an update on local counter fraud activity. The Audit Committee noted the requirement to appoint executive and non-executive leads for counter fraud and local security management.

External Auditor's Annual Audit Letter 2012/13 (SR 3)

The Audit Committee accepted the External Auditor's Annual Audit Letter for 2012/13, which is attached to this report for the Trust Board's information.

Report from Trust Board Sub-Committees (SR1.2)

The Audit Committee noted the report from the Quality Committee meeting on 21st August and the Finance and Investment Committee on 19th July.

Charitable Funds Accounts 2012/13

The Audit Committee agreed that the charitable funds accounts for 2012/13 should be subject to an independent examination, rather than a full audit. The Audit Committee gave the Director of Finance authority to seek value for money in the appointment of the auditors.

Date of next meeting

The next meeting of the Audit Committee is on 4th November 2013.

ANNUAL REPORT OF THE AUDIT COMMITTEE 2012/13

1. Scope of the report

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

2. Constitution

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

2.2 In accordance with the terms of reference, the membership was three non-executive Directors, with a quorum of two, including one with recent relevant financial experience. The Director of Finance and the Director of Corporate Services attended all Audit Committee meetings and the Chief Executive attended twice. The non-executive Chair of the Quality Committee is invited to attend all Audit Committee meetings as an observer and attended twice during the year. The appropriate internal audit and external audit representatives and the local counter fraud specialist attended all Audit Committee meetings with the exception of one a year. This was because the meeting in November was an internal meeting.

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

2.4 The terms of reference state that the Audit Committee should meet at least quarterly. Four meetings were held within the last financial year on 14th May 2012, 1st July 2012, 3rd September 2012 and 5th November 2012. A further meeting was scheduled for March 2013 but was rearranged for 15th April 2013.

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

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

3 Governance, Risk Management and Internal Control

3.1 The Audit Committee reviewed relevant disclosure statements for the 2012/13 financial year, including the Annual Governance Statement (AGS) (formerly the Statement of Internal Control) at its meeting on 13th May 2013. The Committee agreed that the AGS was consistent with its view on the Trust's system of governance and internal control and supported the Trust Board's approval of the AGS. The Audit Committee has also reviewed internal and external audit opinion and other appropriate independent assurances.

3.2 The Audit Committee received updates at all but one of its meetings on the management of organisational risks, including the register of top-rated risks. Overall, the Audit Committee's view is that the system of risk management in the organisation is adequate in identifying risks and allows the Board to understand the appropriate management of those risks.

3.3 The Audit Committee takes an active role in ensuring that the corporate risk register and Board Assurance Framework are fit for purpose and up to date. For example the Audit Committee noted at its meeting on 14th May 2012 that operational risks had not been updated. The Chief Operating Officer was asked to attend the next meeting of the Audit Committee on 1st June 2012 and the Risk, Compliance and Assurance Group was asked to present an assurance report to the next meeting of the Trust Board. The Audit Committee can therefore demonstrate that it has reviewed and used the Board Assurance Framework and believes that it is fit for purpose and that the comprehensiveness of the assurances and the reliability and integrity of the sources of assurance are sufficient to support the Board's decisions and declarations.

3.4 During the course of the year, the Audit Committee identified two strategic risks, which were approved by the Trust Board in November 2012. The Trust Board keeps visibility of these two risks through the Board Assurance Framework:

- There is a risk that the governance of the Trust may be adversely affected by changes at Trust Board level (risk ref 369)
- There is a risk that the development and sign off of the 5-year strategy may be impeded by changes within key board roles (risk ref 370)

3.5 The Audit Committee received a report at each meeting on the progress made in implementing outstanding internal audit recommendations. Better engagement with managers in the scoping of audits has meant that draft reports are finalised in a timelier manner. The internal audit process has been aligned to other sources of internal control, such as the risk register, and this integrated approach has been beneficial.

3.6 The successful outcome of recent follow up audits indicates that progress has been made against internal audit recommendations and that the process is now embedded. Overall, the Internal Audit Recommendations Progress Report provides significant assurance that the Trust is learning lessons from internal audit.

3.7 The Audit Committee is assured that that there are no areas of significant duplication or omission in the systems of governance in the organisation that have come to the Committee's attention and not been resolved adequately. A full review of the governance structure will take place at the Strategy Review and Planning Committee meeting on 10th September 2013.

4 Internal Audit

4.1 During the year, Internal Audit services to the Trust were provided by RSM Tenon. The Audit Committee was pleased to note that the head of internal audit opinion for 2012/13 was as follows:

> Based on the work undertaken in 2012/2013, significant assurance can be given that there is a sound system of internal control which is designed to meet the organisation's objectives, and that controls are being consistently applied in all the areas reviewed.

4.2 The Audit Committee received and approved the Internal Audit Plan for 2012/13 at its meeting on 5th March 2012. The Committee was assured that the internal audit plan and strategy had been developed with input from the Trust's directors and was consistent with the audit needs of the organisation as identified in the Trust Board Assurance Framework. The Quality Committee is now involved in the development of the internal audit plan and this process works well.

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

recommendations made. Increased engagement with managers has meant that internal audit reports are now finalised within one month of the draft report being issued and actions progressed in a timelier manner.

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

4.5 As of 1st April 2013, internal audit services are provided by KPMG following a tender exercise.

5 External Audit

5.1 Following the closure of the Audit Commission's audit practice, the Trust's external audit services transferred to Price Waterhouse Coopers from 1st September 2012.

5.2 The external auditors audited the Trust's accounts in line with approved Auditing Standards and issued an unqualified audit opinion on 6th June 2013. Two accounting issues were identified during the course of the audit, the first related to the valuation of the Trust's estates and the second to goods received but not invoiced. Neither of these had a material impact on the annual accounts and the Audit Committee agreed not to adjust the accounts.

6 Management

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

7. Fraud

7.1 As with the Internal Audit Service, Counter Fraud was provided by RSM Tenon.

7.2 The Committee received and agreed the Counter Fraud Work Plan for 2012/13 at its meeting on 14th May 2012.

7.3 The Audit Committee received reports from the Local Counter Fraud Specialist at three of the four meetings over the course of the year. During the year, there was significant focus on the local counter fraud risks associated with the 2012 Olympic Games. The Local Counter Fraud Specialist also undertook a number of proactive exercises as part of the implementation of the Bribery Act, including a review of the Gifts and Hospitality and Declarations of Interest policies and a review of third party transport providers.

7.4 As of 1st April 2013, local counter fraud services are provided by KPMG following a tender exercise.

8. Other Assurance Functions

8.1 At all but one of the meetings during this period, the Audit Committee received an update on the key items of discussion at the most recent meeting of the Quality Committee. The Chair of the Quality Committee is also invited to attend all meetings of the Audit Committee.

9. Financial Reporting

9.1 At its meeting on 3rd June 2013, the Audit Committee received and ratified the Audited Annual Accounts, incorporating the Annual Governance Statement, for the year ending 31st March 2013, prior to their submission to the Department of Health.

9.2 The Audit Committee invited East Lancashire Financial Services to attend its meeting on 5th November 2012 to provide assurance that the provision of financial services to LAS was operating effectively.

10. Audit Committee Terms of Reference

10.1 The Audit Committee reviewed its terms of reference at its meeting on 1st June 2012.

11. Conclusion

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

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

Action	Progress
To satisfy itself and report to the Trust Board on the adequacy and appropriateness of the assurance processes and how these are balanced amongst the Committees (eg Audit Committee, Finance and Investment Committee and Quality Committee).	The Audit Committee continued to raise concerns about the balance of workload across the sub-committees of the Trust Board. This is part of the reason why one of this year's actions is to see through the governance review.
To establish a sound working relationship with the new external auditor.	A sound working relationship has been established with the new external auditors and also with the new internal auditors.
To continue to review the target ratings of the risk register and, specifically, operational risks.	The Audit Committee has continued to review the target ratings of the risk register. There is a broader piece of work to be undertaken, picking up the actions identified in the recent internal audit, to move the organisation to the next stage of risk assurance and awareness.
To continue to refine working arrangements with the Finance and Investment Committee.	The Audit Committee has continued to refine working arrangements with the Finance and Investment Committee and is assured that there is no overlap in remit between the two committees.

11.3 Actions for this year are:

1. To obtain further clarity over the mandate and responsibility of the Audit Committee.

2. To continue to move the organisation to the next stage of risk assurance and awareness by following up on the actions identified in the recent internal audit on risk management, including:

- The implementation of a more formal process for reviewing and updating the Board Assurance Framework

- Review the structure of the Board Assurance Framework
- Implementation of a dashboard to capture new, removed risks and changes in risk ratings and the rationale for this
- Refine the detail captured in the Board Assurance Framework

London Ambulance Service NHS Trust
Terms of Reference
June 2012
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 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.

2.4 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.

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

2.6 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 the NHS Counter Fraud and Security Management Service.

2.7 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 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 NHS 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, the audit fee, 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. Other Assurance Functions

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

5.1.2 review of the effectiveness of the other committees in the management of risk and principally that of the Quality Committee and the Risk, Compliance and Assurance Group;

5.1.3 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);

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

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

6. Counter Fraud

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

7. Management

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

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

8. Financial Reporting

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

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

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

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

9. Membership

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

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

9.3 One non-executive director member will be the Chair of the Committee and, in

[1] From the NHS Audit Committee Handbook
[2] As above

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 Services and the Chief Operating Officer or their deputy should normally attend all Audit Committee meetings, with the Chief Executive invited to attend at least annually to discuss with the Audit Committee the process for assurance that supports the Annual Governance Statement.

9.5 The non-executive Chair of the Quality 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.[3]

13. Administration

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

[3] The NHS Audit Committee handbook

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 Meetings shall be held at least quarterly.

15.2 The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.

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.

Terms of Reference
June 2012

Sandra Adams
Director of Corporate Services

APPENDIX B

	14th May 2012	1st July 2012	3rd September 2012	5th November 2012	15th April 2013
Audit Committee					
Caroline Silver	✓	✓	✓	✓	✓
Roy Griffins	✓	✓	✓	✓	✓
Brian Huckett	✓	x	✓	x	
John Jones*				✓	✓
Observer					
Beryl Magrath	✓	x	x	✓	x
Attending					
Chief Executive	x	✓	x	✓	✓
Director of Finance	✓	✓	✓	✓	✓
Director of Corporate Services	✓	✓	✓	✓	✓
Other officers of the Trust (Not required to attend)					
Deputy Chief Executive and Chief Operating Officer		✓	✓		
Audit and Compliance Manager	✓	✓	✓	✓	✓
Risk and Compliance Manager				✓	
Financial Controller	✓	✓	✓	✓	
Assistant Director of Corporate Services	✓	✓	✓	✓	✓
Committee Secretary	✓	✓	✓	✓	✓
Deputy Director of Finance	✓	✓	✓	✓	✓
Assistant Director of Operations (Fleet and Logistics)				✓	
Internal Audit					
RSM Tenon	✓	✓	✓		✓
KPMG					✓
External Audit					
Audit Commission	✓	✓	✓		
PWC					✓
Local Counter Fraud Specialist					
RSM Tenon	✓	✓	✓		✓

*Formally appointed as a non-executive director on 1st January 2013. John attended as an associate non-executive director on 5th November 2012.

The meeting on 5th November 2012 was an internal meeting and therefore external audit, internal audit and local counter fraud were not invited to attend.

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London Ambulance Service NHS Trust

Annual Audit Letter

2012/13 Audit

July 2013

pwc

PricewaterhouseCoopers LLP
7 More London Riverside
London
SE1 2RT

The Audit Committee
London Ambulance Service NHS Trust
220 Waterloo Road
London
SE1 8SD

July 2013

Ladies and Gentlemen

We are pleased to present our Annual Audit Letter summarising the results of our 2012/13 audit. We look forward to presenting it to the Audit Committee on 2 September 2013.

Yours faithfully

Janet Dawson
PricewaterhouseCoopers LLP

Code of Audit Practice and Statement of Responsibilities of Auditors and of Audited Bodies

In April 2010 the Audit Commission issued a revised version of the 'Statement of responsibilities of auditors and of audited bodies'. It is available from the Chief Executive of each audited body. The purpose of the statement is to assist auditors and audited bodies by explaining where the responsibilities of auditors begin and end and what is to be expected of the audited body in certain areas. Our reports and management letters are prepared in the context of this Statement. Reports and letters prepared by appointed auditors and addressed to members or officers are prepared for the sole use of the audited body and no responsibility is taken by auditors to any Member or officer in their individual capacity or to any third party.

Contents

Introduction

The purpose of this letter

This letter provides the Board of Directors of London Ambulance Service NHS Trust ("the Trust") with a high level summary of the results of our audit work for the financial year ended 31 March 2013, in a form that is accessible for you and other interested stakeholders.

We have already reported the detailed findings from our audit work to the Audit Committee in the following reports:

- Audit opinion for the 2012/13 financial statements, incorporating the value for money conclusion; and
- Report to those charged with Governance (ISA (UK&I) 260);

We have included in this report our significant audit findings. You can find a summary of our key recommendations on page 4.

Scope of work

We carry out our audit work in accordance with the Audit Commission's Code of Audit Practice (NHS), International Standards on Auditing (UK and Ireland) and other relevant guidance issued by the Audit Commission.

You are responsible for preparing and publishing the Trust's financial statements, including the governance statement. You are also responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in your use of the Trust's resources.

As auditors we need to:

- form an opinion on the financial statements;
- review the Trust's annual governance statement;
- form a conclusion on the arrangements that you have in place to secure economy, efficiency and effectiveness in your use of the Trust's resources; and

We have carried out our audit work in line with our 2012/13 Audit Plan that we issued in March 2013.

Audit Findings

Accounts

We audited the Trust's accounts in line with approved Auditing Standards and issued an unqualified audit opinion on 6 June 2013.

We identified the following key issues:

- valuation of the Trust's estate
- unadjusted / adjusted errors

We provide further details on these key issues below.

Valuation of the Trust's estate

The Trust's estate, comprising Land and Buildings, was the largest balance on the Trust's Statement of Financial Position, totalling £89.6m as at 31 March 2013 in the draft financial statements.

For 2012/13 the Trust had engaged the District Valuer to perform a desktop review of the valuation of the Trust's estate in order to provide up to date values for the 31 March 2013 Statement of Financial Position. The initial accounting impact of the revaluation was an increase in the value of the estate of £0.16m, represented by an increase in the value of land of £1.73m and a reduction in the value of buildings of £1.57m. This was the net of gains to the revaluation reserve of £0.88m and charges to the Statement of Comprehensive Income of £0.72m.

We reviewed the desktop valuation exercises performed by the District Valuer, including the information provided to them by the Trust and judgments made in deriving their valuation. Testing the information provided to the District Valuer by the Trust, management identified that incorrect information with regard to the floor space of the Trust's estate had been provided.

The Trust updated the information provided to the District Valuer, who reperformed the valuation exercise. This resulted in an increase in the value of the estate of £2.11m, represented by an increase in the value of land of £2.56m and a reduction in the value of buildings of £0.45m. This was the net of gains to the revaluation reserve of £2.50m and charges to the Statement of Comprehensive Income of £0.39m.

The adjustments that would have been required to the draft accounts to reflect the updated valuation were an increase in the value of land and buildings of £1.95m, of which £1.62m is credited to the revaluation reserve and a £0.34m reversal of the impairment charged to the Statement of Comprehensive Income. Management have not reflected the updated desktop valuation exercise in the financial statements.

Unadjusted/adjusted errors

During the course of our audit work we identified 2 misstatements which management have not adjusted for in the financial statements.

The first related to the valuation of the Trust's estate as outlined above.

The second related to the incorrect recognition of accruals in the 2012/13 financial statements. This resulted in an overstatement of expenditure in the financial statements of £0.95m.

The impact of these unadjusted errors was not material to the financial statements.

Our value for money conclusion

We carried out sufficient, relevant work in line with the Audit Commission's guidance, so that we could conclude on whether you had in place, for 2012/13, proper arrangements to secure economy, efficiency and effectiveness in your use of the Trust's resources.

In line with Audit Commission requirements, our conclusion was based on two criteria:

- the organisation has proper arrangements in place for securing financial resilience; and
- the organisation has proper arrangements for challenging how it secures economy, efficiency and effectiveness.

To reach our conclusion, we carried out a programme of work that was based on our risk assessment.

We issued an unqualified value for money conclusion

Governance Statement

The aim of the Governance Statement ("the GS") is to give a sense of how successfully the Trust has coped with the challenges it faces and of how vulnerable the organisation's performance is, or might be, drawing on evidence on governance, risk management and controls.

We reviewed the GS to see whether it complied with relevant guidance and whether it was misleading or inconsistent with what we know about the Trust. We found no areas of concern to report in this context.

Fees

The Audit Commission provided audit fee levels for trusts for the 2012/13 financial year. Based on the Trust's risk and expenditure, the indicative fee scale for audit for the Trust was £75,594.

Our actual fees were in line with our fee proposal. This is shown in the analysis below.

	2012/13 Outturn	2012/13 Fee proposal
Financial statements	68,094	68,094
Local value for money conclusion	7,500	7,500
Total Audit Fee	**75,594**	**75,594**

Summary of recommendations

Recommendation	Management's response	Target Implementation Date
Calculation of year end prepayments At year end we identified two instances where management had recognised a prepayment where the settlement of cash had not occurred until after year end. As such both prepayments and creditors were overstated in the Statement of Financial Position. Management should perform an exercise at year end to ensure that prepayments are only recognised where the settlement of cash has occurred before the year end.	Agreed. The Trust will implement this process as part of the monthly accounting procedures.	Immediate
Employee contracts During the course of our testing of payroll we identified three instances where updated employee contracts had not been signed by the employee, and were only signed by HR. Management should ensure that signed employment contracts are held on the HR file for all employees and these are followed up when not returned.	Agreed.	31 July 2013
Calculation of year end accruals At year end a number of instances where identified management had recognised an accrual in error. Management should ensure that an exercise is performed at period end to ensure that the accruals recognised are still valid and should be recognised in the financial statements.	Agreed. A process for the review of accruals will be developed.	Immediate

London Ambulance Service NHS
NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 24TH SEPTEMBER 2013

PAPER FOR INFORMATION

Document Title:	**Finance Report: Month 5 August**
Report Author(s):	**Andrew Grimshaw, Director of Finance**
Lead Director:	**Andrew Grimshaw, Director of Finance**
Contact Details:	
Why is this coming to the Trust Board?	**To provide the Trust Board with an update on the month 5 finance position**
This paper has been previously presented to:	☐ Strategy Review and Planning Committee ☒ Executive Management Team ☐ Quality Committee ☐ Audit Committee ☐ Clinical Quality Safety and Effectiveness Committee ☐ Risk Compliance and Assurance Group ☐ Learning from Experience Group ☒ Finance and Investment Committee ☐ Other:
Recommendation for the Trust Board:	**To note the report**

Key issues and risks arising from this paper

Risks to the full year position include shortfall in core income (currently managed through reserves), and Hospital Turnaround Penalties (YTD £0.06m impact adverse). Mitigation has been seen in the form of better than expected PTS performance due to additional contract income £0.2m YTD

Executive Summary

In month the Trust reported an actual £0.6m deficit which was a £0.03m improvement on plan. YTD the Trust is showing a £0.03m deficit position which is £0.4m off plan. The Trust still expects to deliver its £0.3m year end surplus position.

The shortfall in YTD surplus is driven by a number of factors including excess relief costs in operational staff groups. This has meant additional usage of overtime and private ambulance services.

Attachments

Month 5 finance report

****

Quality Strategy

This paper supports the following domains of the quality strategy

- ☐ Preventing people from dying prematurely
- ☐ Enhancing quality of life for people with long-term conditions
- ☐ Helping people to recover from episodes of ill health or following injury
- ☐ Ensuring people have a positive experience of care
- ☐ Treating and caring for people in a safe environment and protecting them from avoidable harm
- ☐ Caring for the workforce

LAS Strategic Goals and Priorities

This paper supports the achievement of the following strategic goals and priorities:

LAS Strategic Goals

- ☐ To improve the quality of care we provide to our patients
- ☐ To develop care with a highly skilled and representative workforce
- ☒ To provide value for money

2013/14 Priorities

- ☐ Modernisation Programme
- ☐ Communication and Engagement
- ☐ Sustain performance to ensure safe service to patients
- ☒ Building sustainable financial position for 14/15 and beyond

Risk Implications

This paper supports the mitigation of the following strategic risks:

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

Equality Analysis

Has an Equality Analysis been carried out?

- ☐ Yes
- ☒ No

Key issues from the assessment:

London Ambulance Service NHS Trust
Finance Report 2013/14
Month 5: August

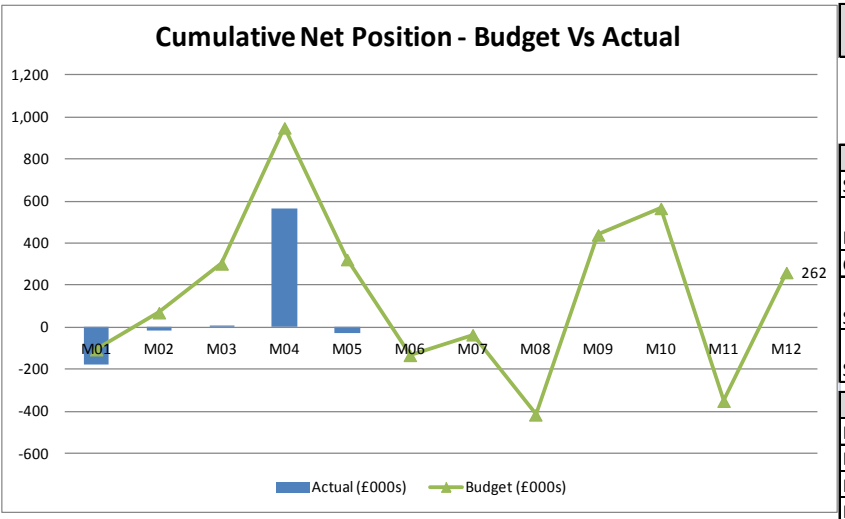
EMT – 18th September 2013
Finance Committee – 20th September 2013

Andrew Grimshaw
Finance Director

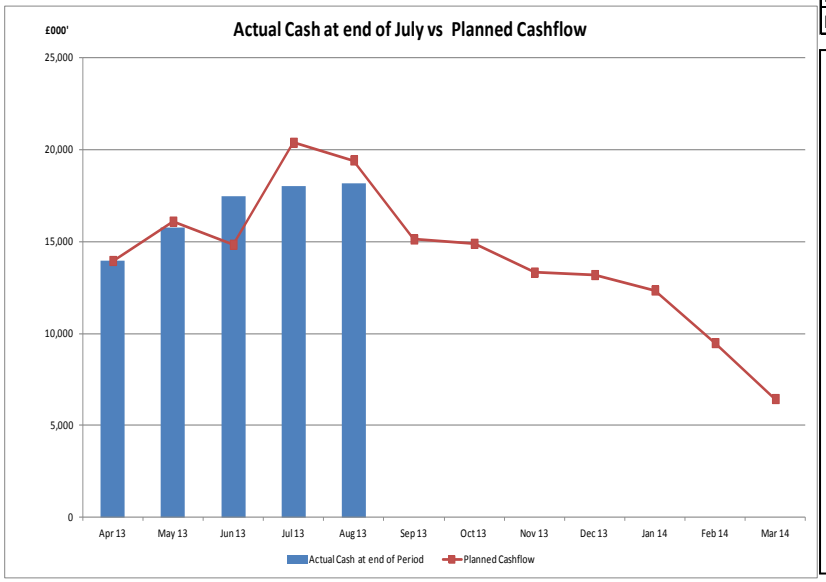
Executive Summary

Financial Indicator	Summary Performance	Current month	Previous month
Surplus	In month the trust reported an actual £0.6m deficit which was a £0.03m improvement on plan. YTD the trust is showing a £0.03m deficit position which is £0.4m off plan. The trust still expects to deliver its £0.3m year end surplus position. The shortfall in YTD surplus is driven by a number of factors including excess relief costs in operational staff groups. This has meant additional usage of overtime and private ambulance services.	**AMBER**	**AMBER**
Income	Income is £0.3m adverse in month and £1.4m adverse YTD. Risks to the full year position include shortfall in core income (currently managed through reserves), and Hospital Turnaround Penalties (YTD £0.06m impact adverse). Mitigation has been seen in the form of better than expected PTS performance due to additional contract income £0.2m YTD	**GREEN**	**GREEN**
Expenditure	In month spend is £0.3m favourable against budget, YTD there is a favourable variance of £1.0m; this is driven by ongoing vacancies in substantive pay (principally admin & clerical and frontline). Operational Pay is currently £0.8m adverse YTD when 3rd Party is included and this is not sustainable in the longer term. The modernisation programme will look to address the current inefficiencies in front line delivery.	**AMBER**	**AMBER**
CIPs	Currently reporting behind schedule YTD by £0.3m due to start up delays. Additional PMO support has been put in place to support the delivery of CIPs going forward and further opportunities are being explored and developed.	**AMBER**	**AMBER**
Balance Sheet	Overall no major concerns at this stage, The land and buildings were revalued as at 1st April 2013 by the district valuer. The impact on the balance sheet was a £1.9m increase on non current assets, a £1.6m increase in the revaluation reserve and a £0.3m impairment credit to the statement of comprehensive income. Debtors are higher than plan due to delays in receipts from CCGs and Trusts. This is seen as a process problem resulting from the move to CCGs rather than a reflection of non-payment.	**GREEN**	**GREEN**
Cashflow	Cash is £1.3m lower than plan. This is mainly due to an increase in debtors and a decrease in borrowings, offset by an increase in creditors and delays in capital expenditure. Debtors are higher than planned due to delays in receipts from CCGs and Trusts.	**GREEN**	**GREEN**

Executive Summary - Key Financial Metrics



Description	2013/14 - Month 5			Year to Date			FY 2013/14	
	Budg	Act	Var	Budg	Act	Var	Budg	Fcast
	£000	£000	£000 fav (adv)	£000	£000	£000 fav (adv)	£000	£000
Dept Health								
Surplus	(627)	(594)	33	324	(32)	(356)	262	
EFL	953	(133)	(1,086)	(13,959)	(12,971)	988	(2,288)	
CRL	314	63	(251)	2,441	807	(1,634)	10,250	
Suppliers paid within 30 days - NHS	95%	70%	-25.0%	95%	58%	-37.0%	95%	58%
Suppliers paid within 30 days - Non NHS	95%	90%	-5.0%	95%	81%	-14.0%	95%	81%
Monitor								
EBITDA %	3.4%	3.7%	0.3%	6.1%	5.9%	-0.2%	6.3%	
EBITDA on plan	0	0	-0.3%	0	0	0.2%	0	
Net Surplus	(627)	(594)	33	324	(32)	(356)	262	
Return on Assets	1.71%	1.37%	-0.3%	1.71%	1.37%	-0.3%	3.56%	
Liquidity Days	(8.64)	(8.75)	-0.1	(8.64)	(8.75)	-0.1	(8.63)	
Monitor FRR net rating		3			3			



- In month deficit £0.6m; this is a marginal improvement on plan
- Year to date £0.4m adverse variance from plan;
  - Management of operational staff – especially relief factor
  - CIP delivery
- EFL Ytd variance due to lower than planned cash balance and higher repayment of borrowings.
- Cash is £1.3m lower than planned. This is mainly due to an increase in debtors and a decrease in borrowings, offset by an increase in creditors and lower than planned capital expenditure.
- The Trust would expect to score an FRR of 3 against the Monitor metrics.
- The Trust expects to meet its CRL target of £10.2m. Current slippage on Capital programmes means that the trust is currently underspent by £1.6m YTD

Statement of Comprehensive Income

2013/14 - Month 5			Description	Year to Date			FY 2013/14	
Budg	Act	Var		Budg	Act	Var	Budg	Fcast
£000	£000	£000 fav/(adv)		£000	£000	£000 fav/(adv)	£000	£000
			Income					
21,154	21,094	(60)	Income from Activities	108,925	108,810	(115)	262,415	
2,703	2,478	(225)	Other Operating Income	13,521	12,253	(1,269)	32,417	
23,857	**23,571**	**(285)**	**Subtotal**	**122,447**	**121,062**	**(1,384)**	**294,833**	
			Operating Expense					
18,715	17,671	1,044	Pay	89,883	86,022	3,861	215,797	
4,330	5,033	(703)	Non Pay	25,034	27,862	(2,828)	60,327	
23,046	**22,705**	**341**	**Subtotal**	**114,917**	**113,884**	**1,033**	**276,125**	
811	**867**	**56**	**EBITDA**	**7,529**	**7,179**	**(351)**	**18,708**	
3.4%	3.7%	-0.3%	**EBITDA margin**	6.1%	5.9%	0.2%	6.3%	
			Depreciation & Financial					
1,066	1,101	(35)	Depreciation	5,348	5,442	(94)	13,990	
326	326	0	PDC Dividend	1,631	1,631	0	3,915	
45	33	12	Interest	226	137	89	540	
1,438	**1,461**	**(23)**	**Subtotal**	**7,205**	**7,211**	**(5)**	**18,446**	
(627)	**(594)**	**33**	**Net Surplus/(Deficit)**	**324**	**(32)**	**(356)**	**262**	
-2.6%	-2.5%	-0.1%	**Net margin**	0.3%	0.0%	0.3%	0.1%	

- The Year end forecast is for a surplus of £0.3m
- The YTD trend has worsened to £0.4m adverse
- Overtime has stabilised in Month 5 following a £0.4m accounting correction in Month 4
- Income is adverse due to lower than planned central income (£1.9m) offset by improved PTS performance (£0.2m) and other variable income benefits (£0.3m)
- Pay is showing a favourable position overall due to vacancies across the trust. However, frontline pay (including PAS usage) is showing £0.8m overspend YTD. A major factor in the total frontline cost overspend is the management of relief which is running significantly higher than plan
- Non Pay is on £0.4m adverse YTD (when PAS is excluded)
- Depreciation and Financial Charges are on track

- *Note: The reported position excludes a 12/13 year end impairment correction of £336k. This is excluded from the Trust 13/14 financial performance total reported to the NTDA and therefore it is also excluded here.*

Divisional Expenditure (excludes Income)

2013/14 - Month 5			Description	Year to Date			FY 2013/14	
Budg	Act	Var		Budg	Act	Var	Budg	Fcast
£000	£000	£000 fav/(adv)		£000	£000	£000 fav/(adv)	£000	£000
			Operational					
14,665	13,935	730	A&E	72,457	71,863	593	173,458	
2,347	2,041	305	EOC	11,351	10,318	1,034	27,318	
1,793	1,704	89	Operational Support	8,968	9,174	(206)	21,966	
18,805	**17,680**	**1,124**	**Subtotal**	**92,776**	**91,354**	**1,421**	**222,743**	
522	**551**	**(29)**	**PTS**	**2,694**	**2,732**	**(38)**	**6,372**	
			Support Services					
358	243	115	Chief Executive	1,651	1,430	220	3,958	
252	305	(53)	Corporate Services	1,260	1,306	(46)	3,024	
828	552	276	Estates	4,138	4,106	33	9,743	
177	164	14	Strategic Development	932	900	32	2,172	
214	216	(1)	Finance	984	993	(8)	2,514	
1,193	2,430	(1,236)	Central Corporate	7,089	8,153	(1,064)	18,352	
949	993	(44)	IM&T	4,730	4,852	(121)	11,375	
944	818	126	HR & OD	4,665	4,219	446	11,435	
121	111	10	Healthcare Promotion & Quality	609	563	46	1,460	
119	102	17	Medical	595	487	108	1,422	
5,156	**5,934**	**(778)**	**Subtotal**	**26,654**	**27,008**	**(354)**	**65,455**	
24,483	**24,165**	**318**	**TOTAL**	**122,123**	**121,095**	**1,028**	**294,570**	
23,857	*23,571*	*-285*	*Income Memorandum*	*122,447*	*121,062*	*-1,384*	*294,833*	
(627)	***(594)***	***33***	***NET POSITION MEMORANDUM***	***324***	***(32)***	***(356)***	***262***	

- The main driver of performance is the Operational division; this represents 75% of total expenditure.
- The main reason for Operational budget being favourable to plan relates to
  - Ongoing EOC vacancies (e.g. CHUB)
  - Operational Support – has seen increases in vehicle spend plus allocations for its CIP programme for which there is some slippage.
  - There are further CIPs to be allocated to operational divisions as projects are implemented
- PTS is broadly on plan overall (additional income is more than offsetting additional spend)
- Within support services
  - Central Corporate includes the adverse reserves position supporting income shortfalls and projected increases in non pay spend
  - The Chief Executive budget is favourable primarily due to delays in spend on the modernisation project
  - HR & OD is favourable primarily because of vacancies across the department (including training officers)and delays in spend in the modernisation programme.
  - IM&T is showing an adverse position due to the identification of cost pressures as part of an ongoing divisional review by finance in conjunction with IM&T management.

The divisional structure will be adjusted to incorporate the new corporate structure as required

Statement of Position: YTD

	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Aug-13		
	Act	Act	Act	Act	Act	Act	Plan	Var	%
	£000	£000	£000	£000	£000	£000			
Non Current Assets									
Property, Plant & Equip	119,021	118,240	117,414	119,201	118,434	117,675	116,724	951	0.81%
Intangible Assets	13,628	13,478	13,328	13,061	12,869	12,690	13,019	(329)	-2.53%
Trade & Other Receivables	0	0	0	0	0	0	0	0	
Subtotal	132,649	131,718	130,742	132,262	131,303	130,365	129,743	622	-1.71%
Current Assets									
Inventories	3,264	3,176	3,310	3,217	3,248	3,280	3,264	16	0.49%
Trade & Other Receivables	16,075	18,604	15,797	14,875	15,267	15,972	13,150	2,822	21.46%
Cash & cash equivalents	5,500	13,968	15,747	17,486	18,028	18,164	19,478	(1,314)	-6.75%
Total Current Assets	24,839	35,748	34,854	35,578	36,543	37,416	35,892	1,524	15.20%
Total Assets	157,488	167,466	165,596	167,840	167,846	167,781	165,635	2,146	1.30%
Current Liabilities									
Trade and Other Payables	(24,546)	(34,792)	(32,694)	(33,091)	(32,613)	(33,091)	(33,127)	36	-0.11%
Provisions	(2,098)	(1,000)	(1,000)	(2,098)	(2,098)	(2,098)	(1,281)	(817)	63.78%
Borrowings	(309)	(263)	(263)	(263)	(263)	(263)	(265)	2	-0.75%
Working Capital Loan - DH	0	0	0	0	0	0	0	0	
Capital Investment Loan - DH	(1,244)	(1,244)	(1,244)	(1,244)	(1,244)	(1,244)	(1,244)	0	0.00%
Net Current Liabilities)	(28,197)	(37,299)	(35,201)	(36,696)	(36,218)	(36,696)	(35,917)	(779)	-0.11%
Non Current Assets plus/less net current assets/Liabilities	129,291	130,167	130,395	131,144	131,628	131,085	129,718	1,367	15.10%
Non Current Liabilities									
Trade and Other Payables	0	0	0	0	0	0	0	0	
Provisions	(8,731)	(9,766)	(9,853)	(8,839)	(8,816)	(8,862)	(8,837)	(25)	0.28%
Borrowings	(641)	(661)	(641)	(427)	(377)	(380)	(641)	261	-40.72%
Working Capital Loan - DH	0	0	0	0	0	0	0	0	
Capital Investment Loan - DH	(4,343)	(4,343)	(4,343)	(4,343)	(4,343)	(4,343)	(4,343)	0	0.00%
Total Non Current Liabilities	(13,715)	(14,770)	(14,837)	(13,609)	(13,536)	(13,585)	(13,821)	236	0.00%
Total Assets Employed	115,576	115,397	115,558	117,535	118,092	117,500	115,897	1,603	13.38%
Financed by Taxpayers Equity									
Public Dividend Capital	62,516	62,516	62,516	62,516	62,516	62,516	62,516	0	0.00%
Retained Earnings	20,053	19,874	20,035	20,395	20,952	20,360	20,374	(14)	-0.07%
Revaluation Reserve	33,426	33,426	33,426	35,043	35,043	35,043	33,426	1,617	4.84%
Other Reserves	(419)	(419)	(419)	(419)	(419)	(419)	(419)	0	0.00%
Total Taxpayers Equity	115,576	115,397	115,558	117,535	118,092	117,500	115,897	1,603	4.77%

> Non current assets stand at £130.4m.

Variance on non current assets
The land & buildings have been revalued as at 1st April 2013, by the District Valuer. This resulted in an overall increase on land and buildings of £1.9m. The capital programme is £1.6m behind plan.
Current assets are £37.4m

Variance on current assets

> Cash position as at August is 18.2m, this is £1.3m below planned. This is due to a higher than planned debtor balances being offset by a higher than planned creditor balances

> Receivables (debtors) are £4.3m below plan , Accrued Income is £5.2m higher than planned and prepayments are £1.9m above plan .

> Receivables (Debtors) comprise principally trade debtors £5.5m, prepayments £5.2m and accrued income £5.2m.

Current Liabilities are £36.7m

> Current Liabilities comprise principally trade payables (creditors) £8.5m, Accruals £6.1m, Deferred Income £4.0m, Other Creditors £10.3m, HMRC £4.2m, Borrowings £1.5m and provisions £2.1m.

Variance on current liabilities
Current liabilities variance was higher than planned due to higher trade & other creditors £6.2m, provisions £0.8m and lower than planned accruals of £0.1m. The trust has a high volume of unapproved invoices. Deferred Income is £6.1m lower than planned due to CBRN invoice being deferred while NHS England agrees the contracting arrangements.

> Borrowings - No new loans were taken out during the year. In June the trust returned 50 old ambulances that were surplus to requirements. A cost benefit analysis showed it was cheaper to terminate the leases early than to continue to maintain them to the end of the contract.

> The revaluation reserve has increased by £1.6m as a result of the revaluation of land and buildings.

Cashflow Statement YTD

	In Month Movement					YTD Move	YTD Plan	Var
	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Aug-13	Aug-13	Aug-13
	Actual	Actual	Actual	Actual	Actual			
	£000	£000	£000	£000	£000	£000	£000	£000
Opening Balance	5,500	13,968	15,747	17,486	18,028	**5,500**	**5,500**	**0**
Operating Surplus	1,187	1,625	1,488	1,997	903	7,200	7,378	(178)
(Increase)/decrease in current assets	(2,441)	2,673	1,015	(423)	(737)	87	3,201	(3,114)
Increase/(decrease) in current liabilities	9,316	(2,420)	1,008	101	208	8,213	6,864	1,349
Increase/(decrease) in provisions	1,035	87	(1,014)	(36)	(27)	45	106	(61)
Net cash inflow/(outflow) from operating activities	9,097	1,965	2,497	1,639	347	15,545	17,549	(2,004)
Cashflow inflow/outflow from operating activities	**9,097**	**1,965**	**2,497**	**1,639**	**347**	**15,545**	**17,549**	**(2,004)**
Returns on investments and servicing finance	(13)	(11)	(11)	(8)	(8)	(51)	(62)	11
Capital Expenditure	(590)	(155)	(533)	(1,039)	(206)	(2,523)	(3,464)	941
Dividend paid	0	0	0	0	0	0	0	0
Financing obtained	0	0	0	0	0	0	0	0
Financing repaid	(26)	(20)	(214)	(50)	3	(307)	(45)	(262)
Cashflow inflow/outflow from financing	**(629)**	**(186)**	**(758)**	**(1,097)**	**(211)**	**(2,881)**	(3,571)	**690**
Movement	8,468	1,779	1,739	542	136	12,664	13,978	(1,314)
Closing Cash Balance	**13,968**	**15,747**	**17,486**	**18,028**	**18,164**	**18,164**	**19,478**	**(1,314)**

The cash balance as at August 2013 is £18.2m, this is £1.3m below plan.

Variance on current assets is (£3.1m)
> Current assets movement was lower than planned due to lower prepayments (£2.2m), accrued income (£5.1m) and debtor £4.2m balances.

Variance on current liabilities is £1.3m
> Current liabilities movement was higher than planned due to higher trade creditor £7.6m and lower than planned accrual (£0.1m) balances. The trust has a high volume of unapproved invoices. Deferred Income balance was (£6.2m) lower than planned. CBRN invoice has been deferred while NHS England

Variance on Capital Expenditure is £0.9m
> The lower than planned Capital Expenditure payments is due to slippage on the capital programme. Capital Expenditure payments total £2.5m in year.

> Financing, the Trust paid £0.3m in loan principle and termination costs on its finance leases in year. In June the Trust returned 50 old ambulances that were surplus to requirements. A cost benefit analysis showed it was cheaper to terminate the leases early that to continue to maintain them to the end of the contract.

London Ambulance Service NHS
NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 24TH SEPTEMBER 2013

PAPER FOR APPROVAL

Document Title:	**Board governance proposal**
Report Author(s):	**Andrew Grimshaw and Sandra Adams**
Lead Director:	**Sandra Adams**
Contact Details:	**Sandra.adams@lond-amb.nhs.uk**
Why is this coming to the Trust Board?	**For approval following discussion through the committee structure**
This paper has been previously presented to:	☒ Strategy Review and Planning Committee ☒ Executive Management Team ☒ Quality Committee ☒ Audit Committee ☐ Clinical Quality Safety and Effectiveness Committee ☒ Risk Compliance and Assurance Group ☐ Learning from Experience Group ☐ Finance and Investment Committee ☐ Other:
Recommendation for the Trust Board:	**To approve the proposals to enhance the current Board committee roles and responsibilities**

Key issues and risks arising from this paper

This proposal builds on the governance structure that has been in place since 2010 and the changes are proposed to strengthen and enhance the roles and responsibilities of each of the committees as well as the assurance that these are intended to provide to the Trust Board. The proposals have been referenced to The Healthy NHS Board 2013 – Principles for Good Governance.

This structure will strengthen the Board's oversight on risk; support the move towards having the board assurance framework driving the Board agenda; and support the identification and management of top down risks.

Executive Summary

Summary of proposals:

1. Disband the Risk Compliance and Assurance group with the Executive Management Team (EMT) assuming the lead and strategic and business responsibility for risk management. The Senior Management Team will take the lead on managing the corporate risk register, considering new risks or changes to risks, and monitoring the progress with mitigating actions, providing assurance to the Executive on a regular basis. The EMT will provide assurance to the Audit Committee.
2. The Audit Committee will have the overview on the effectiveness of risk systems and controls and will undertake a deep dive on specified strategic and business risks during the year.
3. The Quality Committee will have greater focus on clinical risks.
4. Board committees will have an executive lead to ensure appropriate focus and commitment is given to the agenda and to provide support to the non-executive chair.

5. Annual priorities are linked to the committees in both performance and assurance terms.
6. Clear delineation between performance and assurance and how this is reported to the Board.
7. Workforce needs to be brought into the structure, both in terms of performance reporting and in providing assurance or identifying risks and mitigating actions.
8. Much closer links between the risk register and board assurance framework and the integrated board performance report.
9. Time limited committees supporting major programmes of work can be established and will report into either the EMT (for example, modernisation and CIP) or the Trust Board (for example, the foundation trust programme board).

The intention is that the new structure takes effect from 1st October 2013 and terms of reference will be updated and discussed at the next meeting of each of the relevant committees – Quality on 23rd October, Audit on 4th November, with revisions made to the terms of reference for the Executive and Senior Management Teams as appropriate.

Attachments

Governance structure: Trust Board and committees

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Quality Strategy

This paper supports the following domains of the quality strategy

☐ Preventing people from dying prematurely
☐ Enhancing quality of life for people with long-term conditions
☐ Helping people to recover from episodes of ill health or following injury
☒ Ensuring people have a positive experience of care
☐ Treating and caring for people in a safe environment and protecting them from avoidable harm
☒ Caring for the workforce

LAS Strategic Goals and Priorities

This paper supports the achievement of the following strategic goals and priorities:

LAS Strategic Goals

☒ To improve the quality of care we provide to our patients
☒ To develop care with a highly skilled and representative workforce
☒ To provide value for money

2013/14 Priorities

☒ Modernisation Programme
☒ Communication and Engagement
☒ Sustain performance to ensure safe service to patients
☒ Building sustainable financial position for 14/15 and beyond

Risk Implications

This paper supports the mitigation of the following strategic risks:

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

Equality Analysis

Has an Equality Analysis been carried out?

☐ Yes
☒ No

Key issues from the assessment:

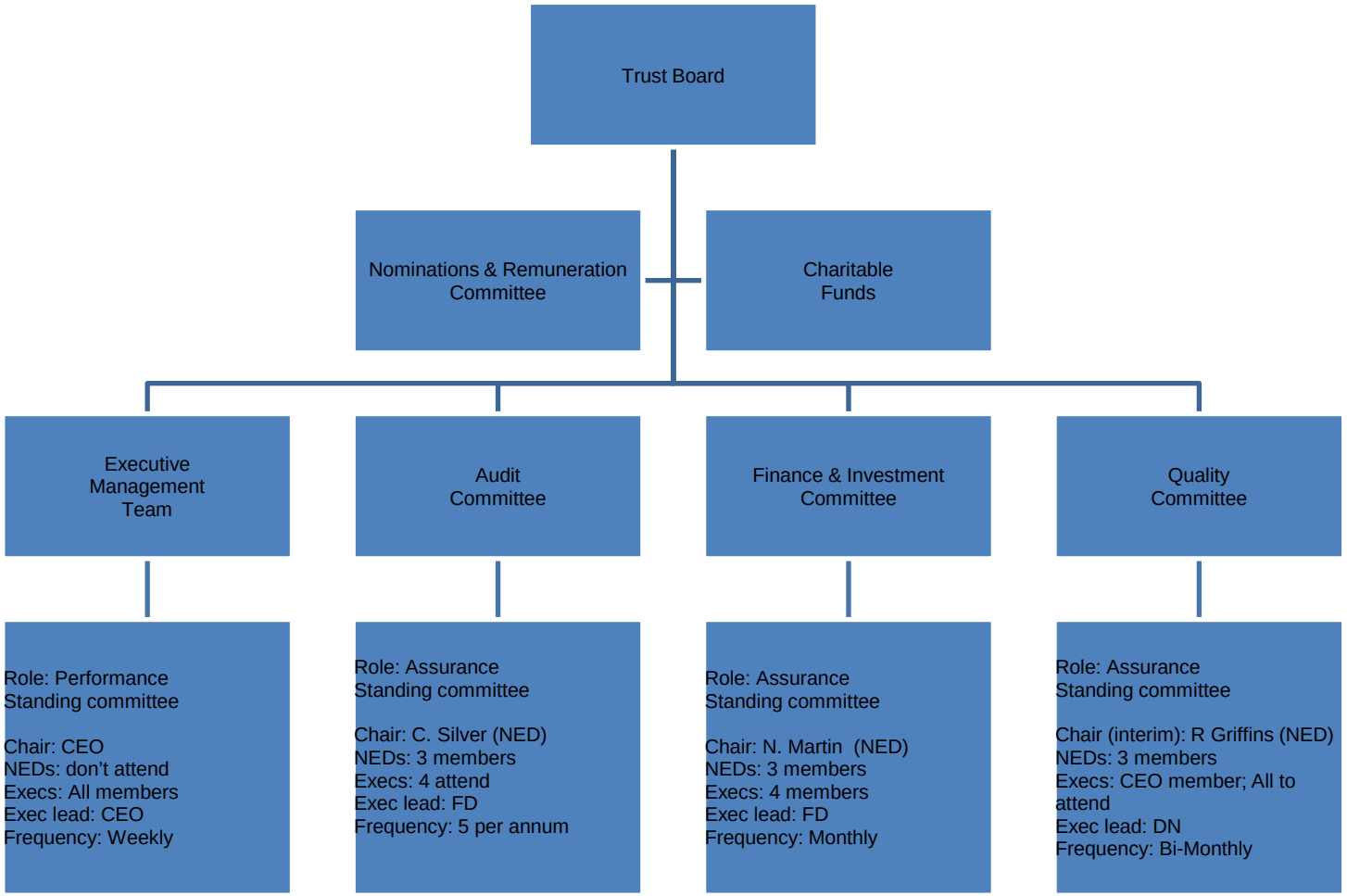
London Ambulance Service NHS Trust

Governance structure: Trust Board and Committees

24th September 2013
Trust Board

Andrew Grimshaw – Director of Finance
Sandra Adams – Director of Corporate Services

Board committee structure
Role, purpose and frequency



Key points from the 2012/13 Governance Effectiveness Review

Committee	Membership	Attendance	Meetings	Key Actions
Quality Committee	The membership is currently 4 NEDs and the CEO. Consideration to be given to ED membership.	Concerns were raised during the year about attendance. To be kept under review.	Currently six times a year.	•Greater focus on clinical issues. •Greater focus on assurance rather than performance. •Reconcile internal and external sources of assurance.
Audit Committee	The membership is currently 4 NEDs. Consideration to be given to which of the EDs should be invited to attend regularly.	Attendance was good throughout the year.	There were four meetings in the year, plus a meeting in April 2013 to consider the 2012/13 annual report and accounts. Timings of meetings need to be reviewed to align with year end processes.	•Obtain further clarity over the mandate and responsibility of the Audit Committee, particularly in relation to the Quality Committee and FIC. •Review of the Board Assurance Framework.
FIC	The membership is currently 3 NEDs, Director of Finance, Director of Nursing and Quality, Director of Corporate Services, Acting Director of Workforce and Deputy Director of Finance.	Attendance was good throughout the year.	There were five meetings last year. Under the new Chair, monthly meetings are now planned.	•To continue to evolve content and proceedings of this committee.

Key points from the 2012/13 Governance Effectiveness Review - cont.

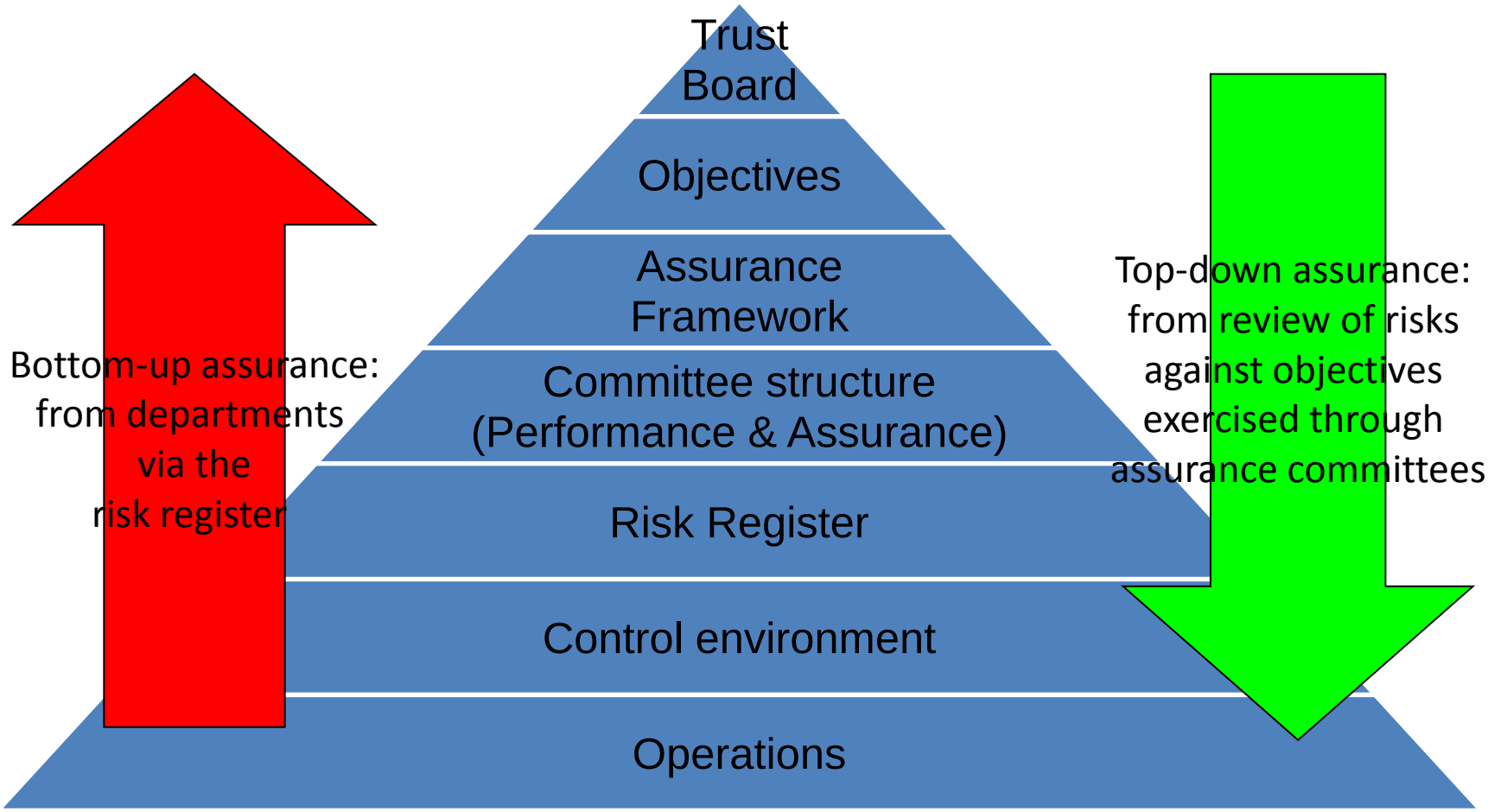
Committee	Membership	Attendance	Meetings	Key Actions
Clinical Quality, Safety and Effectiveness Committee	The split between core and non-core membership has worked well.	This is still an area for improvement, although attendance has improved from last year.	Currently six times a year.	•Ongoing review of reports from Area Quality Committees and sub-groups.
Learning from Experience Group	The Chairmanship and membership were revised partway through the year.	Attendance is satisfactory and has improved this year.	Quarterly.	•Continue to focus on the four objectives.

General comments:
•Focus on improving quality and timeliness of papers
•Formalise reporting from the sub-committees to the Trust Board
•Review sequencing of committee meetings.

Remit of the Committees

EMT	Audit	Quality	FIC
• Operational performance	• Audit (internal and external) • Counter Fraud • Annual accounts • Oversight of the effectiveness of the general risk management structures, processes and responsibilities • Ensuring adequacy of underlying assurance processes for achievement of corporate objectives and the effectiveness of the management of principal risks	• Assurance on effective arrangements for monitoring and improving the quality of healthcare • Quality Assurance • Risks to quality – Report from RCAG, Quality risk profile • Reports from Clinical Quality, Safety and Effectiveness/Risk Compliance and Assurance/Learning from Experience committees • Patient experience • CIP quality impact assessment = assurance	• Overview of financial position (income and expenditure) • Establishment reporting • Cash • Capital • Business planning processes • CIP, progress against plan • Costing

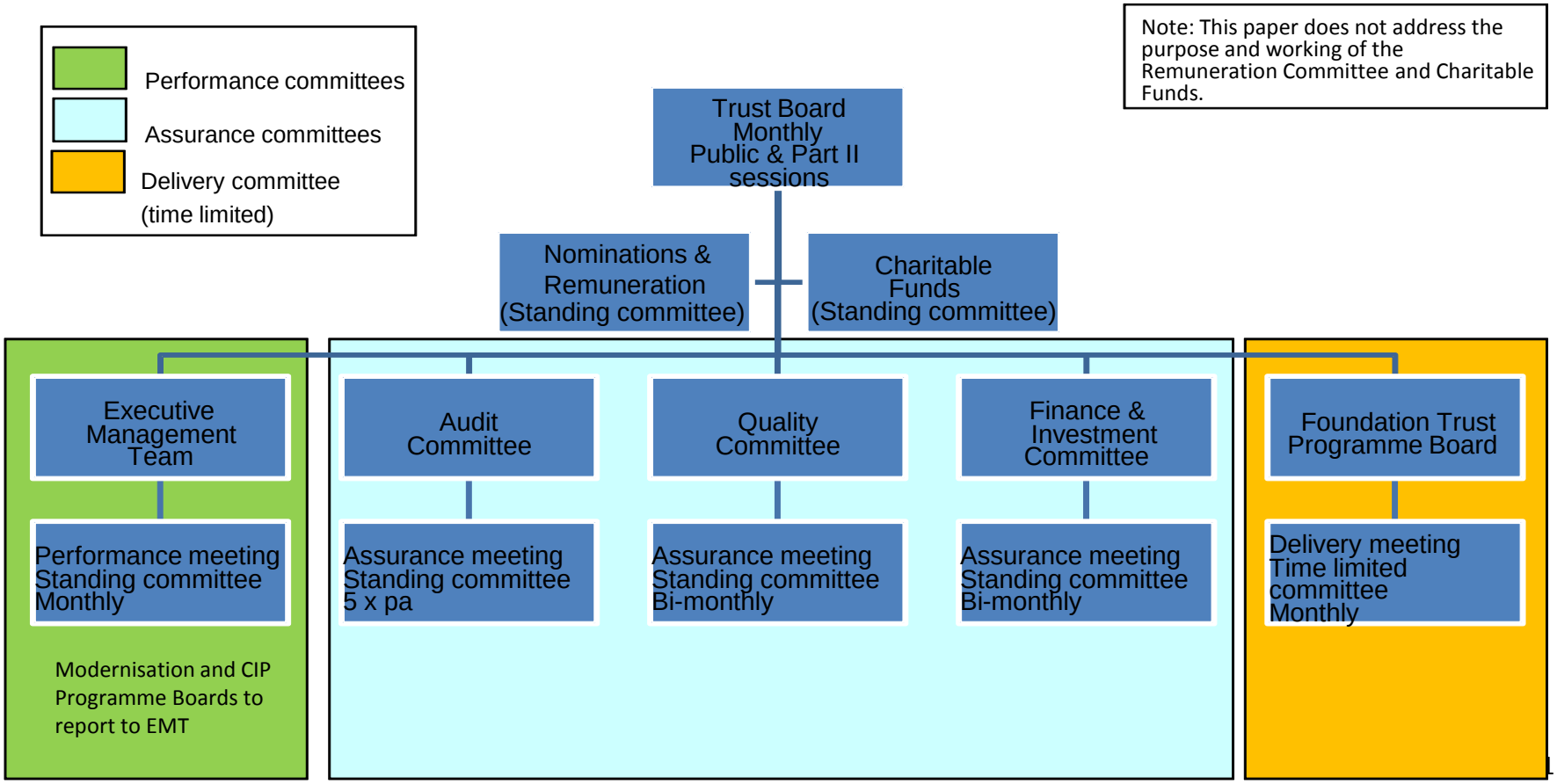
Integrated Governance Overview



Proposed changes – as discussed with the Quality and Audit Committees, and at the Strategy Review and Planning Group

1. Recognise performance and assurance split
2. Establish time limited committees of the Board such as the FT Programme Board and of EMT such as to focus on Modernisation and CIP, reporting as appropriate to the purpose.
3. Review range and balance of assurance committee agendas, notably Audit and Quality.
   a) Overview of the effectiveness of risk systems and controls sits with the Audit Committee and the committee will now take on the Board's oversight of risk.
   b) Quality Committee to have a greater focus on clinical risk issues.
   c) EMT to have the oversight and overall management on risk and to delegate day-to-day lead on completeness of risk register, mitigation and actions to the SMT and to receive reports on risk and assurance from that group. RCAG to be disbanded. EMT to provide assurance on risk to the Audit Committee.
4. Improve the remit and agenda of the Quality Committee and how it provides assurance to the Board.
5. Review the structure of the Board agenda and how reports from the Committees - Quality, Performance (EMT), Finance, Audit and major programmes (Modernisation and CIP) – shape this. Review how the BAF could drive the agenda.
6. Formalise workforce reporting:
   a) EMT – view of targets, current performance and actions
   b) Finance Committee – validity of data and consistency of actions with finance agenda
7. Link TDA Development Priorities to the Committees with clear executive leads. Ensure specific actions in place to address.
8. Board committees to have lead executives to ensure focus and commitment and to support the NED chairs.

Proposed committee structure, purpose and frequency



Development Priorities
What are they for 2013/14

Objective	Committee	Executive lead	Performance	Assurance
Deliver high quality care through improving the capacity and capability of the workforce	Modernisation Programme Board	Chief Executive supported by the Programme Director	Performance Report Quality report	Quality Committee
Improve benchmarked stakeholder survey results and the staff survey	EMT SMT	Director of Strategic Communications and Engagement	TBC	Quality Committee
Sustain performance and ensure safe services to patients	EMT SMT	Director of Operations Director of Quality	Performance Report Quality Dashboard	Quality Committee
Build a sustainable financial position for 2014/15 and beyond	EMT SMT	Director of Finance	Finance Report	Finance and Investment Committee

Non-executive leads: Nominations

Non-executive leads are needed for the following areas:

Whistleblowing
Counter Fraud
Local Security Management
Safeguarding
Equality and Diversity
Complaints

Agreement is needed about how we appoint these positions.

Recommendations – The Trust Board is requested to approve the following

- The Trust Board adopts the structure recommended within this paper
  - (ACTION: Trust Board agrees new structure)
  - (ACTION: Trust Board to appoint non-executive director leads as listed previously)
  - (ACTION: Audit Committee to take lead role for risk management process. EMT to take lead role in delivery of actions to address risk)
  - (ACTION: Review format of Trust Board Agenda. Trust Chairman and Director of Corporate Services)
- All committees review their terms of reference to ensure they reflect the proposed changes, are consistent and do not overlap.
  - (ACTION: Committee chairs support by executive leads)
  - (ACTION: Director of Corporate Services to coordinate)
- The Corporate Development objectives, as detailed on page 9, are used by the indicated committees to develop top-down risk assessments to inform the Corporate Risk Register. These are then used to inform action plans to address any short-comings.
  - (ACTION: Committee Chairs to lead top down risk assessments.)
  - (ACTION: Report from each Committee to Trust Board on actions plans. Trust Board to confirm dates for presentation)
- EMT to take lead for addressing actions to address risks.
  - (ACTION: EMT link risk and operational agenda)
- Workforce reporting is taken forward as indicated on page 7, but role of Quality Committee in reviewing qualitative issues is confirmed.
  - (ACTION: HR reporting as per page 7)
  - (ACTION: Director of HR and Director of Quality and Nursing to agree management assurance framework for workforce quality)

London Ambulance Service NHS
NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 24TH SEPTEMBER 2013

PAPER FOR INFORMATION

Document Title:	**Chief Executive's Report**
Report Author(s):	**Ann Radmore**
Lead Director:	**Ann Radmore**
Contact Details:	
Why is this coming to the Trust Board?	**Information only**
This paper has been previously presented to:	☐ Strategy Review and Planning Committee ☐ Executive Management Team ☐ Quality Committee ☐ Audit Committee ☐ Clinical Quality Safety and Effectiveness Committee ☐ Risk Compliance and Assurance Group ☐ Learning from Experience Group ☐ Finance and Investment Committee ☐ Other: Elements of this report have been presented to other groups N/A
Recommendation for the Trust Board:	**Information only**

Key issues and risks arising from this paper

None

Executive Summary

This report covers the following items:

- The Berwick Report
- Chief Fire Officer Attendance at Communities and Local Government Committee
- Lincolnshire Fire and Rescue (LFR) and East Midlands Ambulance Service (EMAS) Joint Proposal
- Winter Monies
- 111 Step In
- Recruitment of Executive Directors

Attachments

Chief Executive's Report

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This paper supports the following domains of the quality strategy

☒ Preventing people from dying prematurely
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2013/14 Priorities

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Risk Implications

This paper supports the mitigation of the following strategic risks:

☒ That we fail to effectively fulfil responsibilities to deliver high quality and safe care
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☒ That we are unable to match financial resources with priorities
☒ That our strategic direction and pace of innovation to achieve this are compromised

Equality Analysis

Has an Equality Analysis been carried out?

☐ Yes
☒ No

Key issues from the assessment:

CHIEF EXECUTIVE REPORT FOR THE LONDON AMBULANCE SERVICE TRUST BOARD MEETING HELD ON 24 SEPTEMBER 2013

1. The Berwick Report

On 11 August Professor Don Berwick published his report 'A Promise to Learn – a commitment to act'. The report contains ten recommendations and is based around eight themes. A high level overview of the themes and recommendations can be found below.

a. *The overarching goal*

To reduce patient harm by embracing wholeheartedly an ethic of learning which will result in progress towards a "Zero Harm" aspiration.

b. *Leadership*

All leaders concerned with the NHS should place quality of care and patient safety at the top of their priorities for investment, improvement, reporting and support.

c. *Patient and Public Involvement*

Patients should be involved at all levels of healthcare organisations. Action points for patients include sharing their histories and goals with staff and offering advice and feedback while NHS organisations should ensure patients are represented through governance structures.

d. *Staff*

The Government, Health Education England and NHS England should assure that sufficient staff are available to meet the NHS's needs.

e. *Training and Capacity Building*

Mastery of quality and patient safety sciences should be part of lifelong education of all healthcare professionals.
The NHS should become a learning organisation with leaders fostering a culture for this.

f. *Measurement and transparency*

All non personal data on quality and safety should be shared in a timely fashion with all parties who want it, including the public.

All organisations should seek out the patient and carer voice as an essential asset in monitoring safety and quality.

g. *Structures and regulation*

Supervisory and regulatory systems should be simple and clear as opposed to the complexity identified as contributing to the problems at Mid Staffordshire. It is suggested that the CQC act as a co-ordinating hub for intelligence about quality and safety as well as holding Boards responsible for ensuring recommendations from patient safety alerts are implemented promptly.

h. *Enforcement*

The report supports responsive regulation of organisations. Recourse to criminal sanctions should be rare and act as a deterrent. It recommends that the Government

introduces a new general offence of wilful or reckless neglect applicable both to organisations and individuals (where the failure was the fault of the individual alone and he or she was acting in a reckless or wilful manner) and also an offence for a healthcare organisation to withhold or obstruct the provision of information to a commissioner, regulator, inspector or coroner. However, it recognises at the same time that it is vital any new legislation does not criminalise unintended errors. As with the government initial response to the Francis report, Professor Berwick does not recommend a statutory duty of candour with criminal sanctions enforceable against individuals working in healthcare. This would undermine the development of a learning culture.

The full report can be accessed here:
http://www.capsticks.com//files/library/Berwick_Report.pdf

2. Chief Fire Officer Attendance at Communities and Local Government Committee

Ron Dobson, Chief Fire Office, London Fire and Emergency Planning Authority gave oral evidence to the Communities and Local Government Committee on Monday 9 September 2013.
He was asked the following questions:

- Should there be closer collaboration between the emergency services?
- What specific ways could emergency services collaborate?
- Is there caution re future collaboration?

Details of Mr Dobson's responses to these questions and the wider debate can be found here: http://www.publications.parliament.uk/pa/cm201314/cmselect/cmcomloc/uc311-ii/uc31101.htm

3. Lincolnshire Fire and Rescue (LFR) and East Midlands Ambulance Service (EMAS) Joint Proposal

Lincolnshire Fire and Rescue and East Midlands Ambulance Service (EMAS) have submitted a joint bid for government funds for a new scheme that would see firefighters taking emergency patients to A&E.

If successful, the £490,000 bid will build on Fire and Rescue's existing co-responder scheme and EMAS' service model for ambulance response.

The proposal would see some firefighter co-responders mobilised to a co-responder medical incident in an ambulance type vehicle giving them the capability of taking a patient to hospital.

At the same time, an EMAS paramedic would respond to the incident in a fast response car.

More details can be found here
http://thelincolnite.co.uk/2013/09/firefighters-bid-to-take-emergency-patients-to-ae/

4. Winter Monies

The Secretary of State recently announced that NHS trusts in England were being given £250m in Government funding to avoid a crisis in services this winter. An indicative allocation of no more than £55m has been identified for the 10 London health economies considered to be challenged, based upon percentage share of overall A&E activity. The 10 Acute Trusts who will be the lead for their health economies are: Barts Health, Queen's in Romford, Barnet and Chase Farm, Croydon, Ealing, North Middlesex, Whittington and West Middlesex hospitals and the North West London and South London trusts. More details can be found here:

http://www.standard.co.uk/news/health/jeremy-hunt-gives-london-hospitals-55m-to-cope-with-winter-rush-8806602.html

Each of the 10 Trusts were asked to produce proposals for the use of Winter Monies to enable the health economy covered by that Trust to deliver sustained performance on the A&E 4 hour standard across quarters 3 and 4.

London Ambulance Service (LAS) was not asked to submit a separate bid but was invited to submit proposals for an allocation of the winter monies via each of the 10 Trusts on an individual health economy basis.

At the time of writing a number of the LAS proposals are being taken forward by the Trusts. Final confirmation of which proposals have been formally agreed and funded is expected by the end of September

5. **111 Step In**

Following the announcement that NHS Direct is seeking to withdraw from running the NHS 111 system in 11 areas across the country, we are in preliminary discussions about taking over the running of part of the NHS 111 contract in the capital to ensure continuity and safety of services for Londoners. A verbal update will be given at the Trust Board meeting.

6. Recruitment of Executive Directors

After national recruitment and a rigorous interview process, including sessions with staff and the Trust Board, Jason Killens has been appointed as Director of Operations.

Interviews for the Director of Performance role have also concluded, again after a national recruitment process. I am delighted that Paul Woodrow has accepted this role, which he will move into this autumn.

Appointments to the roles of Director of Transformation and Strategy and Director of Strategic Communications are also in their final stages and announcements will be made in due course

London Ambulance Service NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 24TH SEPTEMBER 2013

PAPER FOR INFORMATION

Document Title:	**Update on Modernisation Programme**
Report Author(s):	**Jane Chalmers / Paul Woodrow**
Lead Director:	**Jane Chalmers / Paul Woodrow**
Contact Details:	
Why is this coming to the Trust Board?	**Information only**
This paper has been previously presented to:	☐ Strategy Review and Planning Committee ☐ Executive Management Team ☐ Quality Committee ☐ Audit Committee ☐ Clinical Quality Safety and Effectiveness Committee ☐ Risk Compliance and Assurance Group ☐ Learning from Experience Group ☐ Finance and Investment Committee ☐ Other: Elements of this report have been presented to other groups
Recommendation for the Trust Board:	**Information only**
Key issues and risks arising from this paper	
Executive Summary This paper provides an update on progress within the Modernisation Programme. Specifically, it covers the Skill Mix workstream (Accident and Emergency Support Staff), Roster Review workstream and the Clinical Career Structure workstream	
Attachments Update on Modernisation Programme	

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Quality Strategy

This paper supports the following domains of the quality strategy

- ☒ Preventing people from dying prematurely
- ☒ Enhancing quality of life for people with long-term conditions
- ☒ Helping people to recover from episodes of ill health or following injury
- ☒ Ensuring people have a positive experience of care
- ☒ Treating and caring for people in a safe environment and protecting them from avoidable harm
- ☒ Caring for the workforce

LAS Strategic Goals and Priorities

This paper supports the achievement of the following strategic goals and priorities:

LAS Strategic Goals

- ☒ To improve the quality of care we provide to our patients
- ☒ To develop care with a highly skilled and representative workforce
- ☐ To provide value for money

2013/14 Priorities

- ☒ Modernisation Programme
- ☐ Communication and Engagement
- ☐ Sustain performance to ensure safe service to patients
- ☐ Building sustainable financial position for 14/15 and beyond

Risk Implications

This paper supports the mitigation of the following strategic risks:

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

Equality Analysis

Has an Equality Analysis been carried out?

- ☐ Yes
- ☒ No

Key issues from the assessment:

UPDATE ON MODERNISATION PROGRAMME FOR LONDON AMBULANCE SERVICE TRUST BOARD HELD ON 24 SEPTEMBER 2013

Accident and Emergency Support Staff (A and E Spt)

Banding Process

- Management and Staffside have met on several occasions since the last Board meeting in July to consider the likely demands of the updated A and E Spt role. Consensus has been reached on most items but some further discussion is still required to resolve a small number of outstanding issues.

- A date for the banding panel will be set once these further discussions are concluded.

Bridging Training for Current A and E Spt Staff

- The first A and E Spt bridging courses commenced on 5 August and have been running weekly. To date 124 staff (out of 283) have taken up places which are still being filled by staff booking themselves onto the courses.

- It is anticipated that when the banding panel for the A and E Spt role has sat (see above) the service will be allocating people to places and further courses are being planned to accommodate this

- The Modernisation Implementation Team is now working with Operations colleagues to identify when and how the first cohort of the A and E spt staff who have received the bridging training will be deployed.

Roster Review Project

As reported previously this will be undertaken on a complex by complex basis. The first three complexes, Wimbledon, Friern Barnet and Greenwich commenced the process as scheduled on the 19 August 2013. The roster review process for each complex will take place over a 12-week period and will include three formalised consultation sessions with staff, trade union representatives, the Ambulance Operations Manager (AOM) and members of the roster review project team, which includes a member of the specialist company brought in to support the Service to introduce new roster patterns. The AOM will lead the local discussions and consultations with staff and local staff side representatives in between the three formal sessions.

The week beginning 23 September will see another 8 complexes commence the process. These are detailed in the table below.

Tranche 2				
Session 1: 4 hours				**Complex**
Tues	**24-Sep**	**08:30-12:30**	**AM**	Isleworth
		13:30-17:30	**PM**	Brent
Wed	**25-Sep**	**08:30-12:30**	**AM - 1**	New Malden
			AM - 2	Hanwell
		13:30-17:30	**PM - 1**	Camden
			PM - 2	Pinner
Thurs	**26-Sep**	**08:30-12:30**	**AM - 1**	Fulham
			AM - 2	Hillingdon

Tranche 3 will commence the process week commencing 11 November 2013. The roster review project is working within the roster review framework agreed by the trade unions and management in 2007 and as such is being fully supported by trade union colleagues.

Work is also continuing on developing the supplementary support rota that will replace the current A& B relief rotas. Initially all newly recruited staff will be posted to this rota before we begin the formal process of transitioning existing relief staff to the new pattern.

Once new roster patterns are agreed across the complexes an implementation timetable will be developed. When the decision to implement the new roster patterns is taken there will be a pre-agreed notice period before the new rosters are implemented in accordance with the framework. The implementation of new roster patterns will be completed in quarter 4, 13/14.

Clinical Career Structure

Clinical Team Leaders

A 2 week module has been designed for Clinical Team Leaders. The course contains a number of refresher sessions as well as some new items. There is also time allocated for practical work and opportunities for question and answer sessions. 6 modules have been planned for the remainder of Financial Year 2013/14, 3 in late 2013 (Sept, Oct & Nov) and three in early 2014 (Jan, Feb & March). All courses are now fully booked

Clinical Career Structure Workshops

To date 3 workshops have been held to take forward the development of the clinical career structure. The workshops have focussed on reviewing and revising the job description for

the Clinical Team Leader (an existing role) and developing job descriptions for the roles of Advanced Paramedic Practitioner (APP) and Consultant Paramedic.

Recruitment and Training

The proposed timeframe for APP recruitment is as follows:

- Nov. 13 - Advertise for first 10 APPs
- Jan-March 14 –Start training modules
- April 14 – Go-live

For Consultant Paramedics the intention is to employ one more in 2014. Recruitment is likely to commence in early 2014 with a view to having the appointee in post April/May 2014.

The Medical Director is working with the Director of Operations to identify how these posts and the revised Team Leader role will operate within the Operational Structure.

Additional Funding

Following an invitation from Health Education North West London to bid for further workforce development funding in 2013-14, a submission was made on 11 September for funding to support the higher education elements of the training described above during 2013/14. A response to that bid is awaited.

London Ambulance Service NHS
NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 24TH SEPTEMBER 2013

PAPER FOR APPROVAL

Document Title:	**Board declarations – self certification, compliance and board statements**
Report Author(s):	**Sandra Adams**
Lead Director:	**Richard Hunt/Ann Radmore**
Contact Details:	**Sandra.adams@lond-amb.nhs.uk**
Why is this coming to the Trust Board?	**Approval of the monthly self certification requirements for submission to the NHS Trust Development Authority**
This paper has been previously presented to:	☐ Strategy Review and Planning Committee ☐ Executive Management Team ☐ Quality Committee ☐ Audit Committee ☐ Clinical Quality Safety and Effectiveness Committee ☐ Risk Compliance and Assurance Group ☐ Learning from Experience Group ☐ Finance and Investment Committee ☐ Other:
Recommendation for the Trust Board:	**To approve the submission of the Board declarations for August 2013**

Key issues and risks arising from this paper

The Trust Board will be held to account by the NHS Trust Development Authority for compliance with the new provider licence requirements and the Board statements.

Executive Summary

The Trust Board is asked to approve submission of the declarations, noting that we remain fully compliant with each statement and condition except for the following:

1. Compliance Monitor

The Compliance Monitor document refers to the conditions within the new provider licence which comes into effect from 1st April 2014 but against which we are being monitored now.
http://www.monitor-nhsft.gov.uk/home/news-events-publications/our-publications/browse-category/guidance-health-care-providers-and-co-8

In terms of compliance, we declared compliance against all conditions with the exception of:

G4 – fit and proper persons as governors and directors: condition G4.3 will require amendment to executive director contracts. After discussion at the Audit Committee where it was suggested that we aim to apply this test to current Board members by the end of September, I have sought external advice on the process for doing so. We are also looking to incorporate the test in the appointment of new directors.

C2 – competition oversight: the Trust Board has yet to discuss and consider competition regulation in the new NHS environment and this will be added to the board development or strategy sessions

being planned for 2013/14.

2. Board Statements

This declaration is a series of statements against clinical quality, finance and governance. The description of each statement is included in the document and further detail can be found in the Accountability Framework.

We declared compliance against all with the exception of:

Clinical quality 2: CQC compliance: we identified this as a risk as the Trust is in the process of implementing the action plans to address the minor and moderate non-compliance issues addressed by the CQC in December 2012. The outcome of the unannounced CQC compliance visit in August 2013 will be known by the Board meeting.

Attachments

None – submissions are the same as July 2013 as previously circulated electronically to Board members.

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Quality Strategy

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LAS Strategic Goals and Priorities

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☒ To develop care with a highly skilled and representative workforce
☒ To provide value for money

2013/14 Priorities

☒ Modernisation Programme
☒ Communication and Engagement
☒ Sustain performance to ensure safe service to patients
☒ Building sustainable financial position for 14/15 and beyond

Risk Implications

This paper supports the mitigation of the following strategic risks:

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

Equality Analysis

Has an Equality Analysis been carried out?

☐ Yes
☒ No

Key issues from the assessment:

London Ambulance Service NHS
NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 24TH SEPTEMBER 2013

Compliance with Standing Orders and Standing Financial Instructions

Document Title:	**Trust Secretary Report**
Report Author(s):	**Francesca Guy, Committee Secretary**
Lead Director:	**Sandra Adams, Director of Corporate Services**
Contact Details:	**francesca.guy@lond-amb.nhs.uk**
Why is this coming to the Trust Board?	**Compliance with Standing Orders**
This paper has been previously presented to:	☐ Strategy Review and Planning Committee ☐ Executive Management Team ☐ Quality Committee ☐ Audit Committee ☐ Clinical Quality Safety and Effectiveness Committee ☐ Risk Compliance and Assurance Group ☐ Learning from Experience Group ☐ Finance and Investment Committee ☐ Other:
Recommendation for the Trust Board:	**To be advised of the tenders received and entered into the tender book and the use of the Trust Seal since 16th July 2013 and to be assured of compliance with Standing Orders and Standing Financial Instructions**

Key issues and risks arising from this paper

This report is intended to inform the Trust Board about key transactions thereby ensuring compliance with Standing Orders and Standing Financial Instructions.

Executive Summary

No new tenders have been received since 16th July 2013.

There has been one new entry to the register for the use of the Trust Seal since 16th July 2013:

The Trust Seal was used on 4th September 2013 for a transaction between London Fire and Emergency Planning Authority of 169 Union Street, London SE1 0LL and London Ambulance Service National Health Service Trust of 220 Waterloo Road, London SE1 8SD for the retrospective licence to carry out alterations.

Attachments

None.

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Equality Analysis

Has an Equality Analysis been carried out?

☐ Yes
☒ No

Key issues from the assessment:

TRUST BOARD FORWARD PLANNER 2013

26th November 2013

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 FT Update	**Quality Dashboard and Action Plan** **Clinical Quality and Patient Safety Report** **Serious Incident Update** **Quality Committee Assurance Report** **Audit Committee Assurance Report** **Reports from Executive Directors (COO, DoF, DoHR)** **Update on Safeguarding (Alan Tayler and Lysa Walder to attend)**	Report from Chief Executive Officer	Report from Finance and Investment Committee Report from Trust Secretary Trust Board Forward Planner Performance Reporting compliance statement	Audit Committee - 4th November Finance and Investment Committee – 12th November Quality Committee – 23rd October	

17th December 2013

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 FT Update	**Quality Dashboard and Action Plan** **Clinical Quality and Patient Safety Report** **Serious Incident Update** **Quality Committee Assurance Report** **BAF and Corporate Risk Register – Quarter 3 documents** **Reports from Executive Directors (COO, DoF, DoHR)**		Report from Trust Secretary Trust Board Forward Planner	Quality Committee – 11th December	

MEETINGS CALENDAR FOR 2014

Committee	Chair	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Timings
Trust Board	Trust Chair	**28**		**25**			**3 & 24**	**29**		**30**		**25**	**16**	9.00 - 14.00 (followed by a board development session 14.00 - 16.00)
Strategy Review and Planning	Trust Chair		**25**		**29**					**2**	**28**			9.00 - 14.00 (followed by a board development session 14.00 - 16.00)
Annual General Meeting	Trust Chair									**23**				14.00 - 15.30
Annual C/Funds Committee	Caroline Silver (NED)													
Remuneration Committee	Trust Chair						**3**							14.00 - 15.00
Audit Committee	Caroline Silver (NED)			**x**		**x**	**x**			**x**		**x**		TBC
Finance and Investment Committee	Trust Chair	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	TBC
Quality Committee	Beryl McGrath (NED)		**x**		**x**		**x**		**x**		**x**		**x**	TBC (usually third Wednesday of the month)
Clinical Quality Safety and Effectiveness Committee	Medical Director	**x**		**x**		**x**		**x**		**x**		**x**		TBC (usually third week of the month)
Learning From Experience Group	Director of Quality and Health Promotion		**x**			**x**			**x**			**x**		TBC (usually first week of the month)
Risk Compliance & Assurance Group (RCAG)	Director of Finance	**x**		**x**		**x**		**x**		**x**		**x**		TBC (usually first/second week of month)
Executive Management Team (EMT)	CEO	**Every Wednesday 9.00 - 11.00**												9.00 - 11.00