London Ambulance Service NHS Trust

MEETING OF THE LONDON AMBULANCE SERVICE NHS TRUST BOARD
TO BE HELD IN PUBLIC ON FRIDAY 20th DECEMBER 2013 AT 09.00 – 11.00
CONFERENCE ROOM, FIELDEN HOUSE, 28 LONDON BRIDGE STREET, LONDON SE1 9SG

AGENDA: PUBLIC SESSION

	ITEM	SUBJECT	PURPOSE	LEAD	TAB
9.00	1.	**Welcome and apologies for absence** Apologies received from: Steve Lennox			
	2.	**Staff Story** To hear an account of a staff story		FM	
09.15	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 26th November 2013** To approve the minutes of the meeting held on 26th November 2013	Approval	RH	TAB 1
09.20	5.	**Matters arising** To review the action schedule arising from previous meetings	Information	RH	TAB 2
09.25	6.	**Report from the Trust Chairman** 6.1 To receive a report from the Trust Chairman on key activities since the last meeting 6.2 To approve the proposal for awarding a member of public a commendation	Information Approval	RH	TAB 3
QUALITY GOVERNANCE, RISK AND ASSURANCE					
09.30	7.	**Quality Report** 7.1 Quality Dashboard 7.2 Clinical Quality and Patient Safety Report	Assurance	 FM FM	TAB 4
09.45	8.	**Integrated Board Performance Report** To receive the integrated board performance report	Information	PW	TAB 5
10.00	9.	**Finance Report** Finance Report M8	Information	AG	TAB 6
10.10	10.	**Quality Committee Assurance Report** To receive a report from the meeting on 11th December 2013	Assurance	BM	Oral
10.15	11.	**Francis and Berwick Update** To continue to approve the direction of travel	Assurance	AR	TAB 7

BUSINESS ITEMS					
10.20	12.	**Report from Chief Executive** To receive a report from the Chief Executive	Information	AR	TAB 8
10.30	13.	**Modernisation Programme** To receive an update on the Modernisation Programme	Information	JC	Oral
10.40	14.	**Charitable Funds Annual Report and Accounts 2012/13** To approve the Charitable Funds Annual Report and Accounts for 2012/13	Approval	TC	TAB 9
10.50	15.	**Board Declarations – self certification, compliance and board statements** To approve the submission of the Board declarations for November 2013	Approval	SA	TAB 10
	16.	**Report from Trust Secretary** There have been no tenders received since the last meeting of the Trust Board and no uses of the Trust Seal	Information	SA	Oral
	17.	**Forward Planner** To receive the Trust Board forward planner	Information	SA	TAB 11
	18.	**Any other business**		RH	
	19.	**Questions from members of the public**		RH	
11.00	20.	**Date of next meeting** The date of the next Trust Board meeting is 28th January 2014			

LONDON AMBULANCE SERVICE NHS TRUST
TRUST BOARD MEETING
Part I

DRAFT Minutes of the meeting held on Tuesday 26th November 2013 at 09:00 a.m.
in the Conference Room, Fielden House, 28 London Bridge Street, London SE1 9SG

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Present:	
Richard Hunt	Chairman
Ann Radmore	Chief Executive
Jessica Cecil	Non-Executive Director
Roy Griffins	Non-Executive Director
Andrew Grimshaw	Director of Finance and Performance
John Jones	Non-Executive Director
Steve Lennox	Director of Nursing and Quality
Nick Martin	Non-Executive Director
Bob McFarland	Non-Executive Director
Fionna Moore	Medical Director
In Attendance:	
Sandra Adams	Director of Corporate Affairs
Jane Chalmers	Director of Modernisation
Tony Crabtree	Acting Director of Workforce
Mike Evans	Interim Director of Business Development
Francesca Guy	Committee Secretary (minutes)
Jason Killens	Director of Operations
Angie Patton	Head of Communications
Paul Woodrow	Director of Performance
Vic Wynn	Acting Director of Information Management and Technology
Members of the Public:	
Malcolm Alexander	Chair of the Patients' Forum
Mark Docherty	LAS Lead Commissioner
Nicole Skeltys	Member of the public

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138. Welcome and Apologies

138.1 The Chair welcomed Mike Evans to his first Trust Board meeting.

138.2 Apologies had been received from Caroline Silver.

139. Declarations of Interest

139.1 There were no declarations of interest.

140. Minutes of the Part I meeting held on 24th September 2013

140.1 The minutes of the Part I meeting held on 24th September 2013 were approved.

141. Matters Arising

141.1 Progress against the following actions was discussed:

141.2 **135.1:** The Chair had drafted a proposal for awarding commendations to members of the public who had assisted the service, which had been reviewed by the Executive Management Team. The proposal would be brought to the next meeting of the Trust Board.

> **ACTION:** FG to add proposal for awarding commendations to members of the public to the Trust Board agenda for December.
>
> **DATE OF COMPLETION:** 20th December 2013

141.3 **34.3:** Andrew Grimshaw reported that the action to develop an index for measuring value for money was outstanding however the work around winter sustainability would inform these metrics. This action was rescheduled for January 2014.

141.4 **106.3:** Andrew Grimshaw reported that the action to present a paper on non-productive time was outstanding, however this had been discussed by the Executive Management Team and had fed into the winter plan.

141.5 **120.10:** Paul Woodrow reported that other ambulance services were reluctant to share Category C performance data. Roy Griffins was keen to keep this action open as it had also been discussed at the Quality Committee. Ann Radmore suggested that she could informally ask her Chief Executive colleagues whether they would be willing to share Category C performance data.

> **ACTION:** AR to ask Chief Executives at other ambulance trusts whether they would be willing to share Category C performance data.
>
> **DATE OF COMPLETION:** 20th December 2013

141.6 Andrew Grimshaw suggested that this could also be discussed with the commissioners.

141.7 **129.2:** The Chair would produce a schedule of non-executive leads that were required for the Trust Board.

141.8 The following matters arising were discussed.

141.9 Ann Radmore noted that a new CEO charity would need to be selected at the start of the new financial year. Mike Evans had been asked to take executive sponsorship of this.

142. Report from the Trust Chairman

142.1 The Chair reported that since the last meeting of the Trust Board he had held several interviews for non-executive and executive director posts. Bob McFarland had been appointed as a full non-executive and a further offer had been made for a non-executive director position which was awaiting approval from the NHS Trust Development Agency. A date had been set for further interviews for the remaining non-executive director positions.

142.2 The Chair had been on a rideout on Wednesday 20th November. The overriding feedback from the crew was concern about staff turnover and loss of staff. They had provided a good insight into why staff might be leaving the LAS to join neighbouring ambulance services and had emphasised the need for the implementation of a clinical career structure.

142.3 The Chair had attended the defibrillator accreditation scheme launch, which had been supported by

the deputy mayor and had discussed the campaign for 2014.

142.4 The Chair had also met with the new directors Mike Evans and Charlotte Gawne and had attended the launch of NHS 111 in South East London.

143. Integrated Board Performance Report

143.1 The Chair suggested that this item should be taken first, given the discussions around performance at the last Trust Board meetings.

143.2 Andrew Grimshaw reported that the performance position continued to be a concern. Overall performance was below trajectory and there had been a slight deterioration in Category A8 performance. Contributory factors continued to be workforce issues, including staff turnover. Andrew reported that there was significant pressure on the financial position to the extent that the Trust did not have sufficient financial resources available to bolster operational resources in order to achieve the 75% Category A8 target.

143.3 Andrew tabled a paper which identified three possible scenarios for the Trust. The first scenario was the failure to achieve the Category A8 target which would lead to a £5 million fine. The second scenario was for the Trust to spend existing Trust monies (approximately £10 million) to hit the Category A8 target, which would lead to a breach of the Trust's financial requirements. The third scenario was to seek additional funding in order to achieve the A8 target. The paper set out a detailed assessment of the scenarios and their impact.

143.4 The Trust Board discussed the difficulties in balancing operational and financial performance, whilst maintaining a safe service and supporting the wider health service system in London. This was against the context of maintaining the momentum behind the modernisation programme. Andrew Grimshaw noted that the operational performance position was not significantly under target, in some areas CCGs performance was below the agreed 72% and in others significantly above. There were a number of reasons behind the variation in performance which made it difficult to identify one solution.

143.5 Fionna Moore stated that assurance that the LAS continued to provide a safe service could be taken from the following:

- Category A8 performance was not significantly below target. 8 minutes and 10 seconds would achieve the 75th percentile. All CCGs were achieving 75% A8 in 9 minutes or less. A19 performance was solid at over 98% against a target of 95%;
- Call handling was maintaining good performance;
- Increased capacity in the Clinical Hub meant that ringbacks could be undertaken for those patients who were experiencing a delay;
- Intelligent Conveyance would also help to maintain resources on the road by decreasing the number of vehicles waiting at busy emergency departments.

143.6 Jason Killens reported that the LAS was the most highly utilised ambulance trust in the country, with utilisation peaking at 95% at weekends, compared with 65% at other metropolitan ambulance services. Additional activity could therefore not be absorbed without resulting in a drop in performance. High utilisation meant that significant resource needed to be made available to meet performance targets.

143.7 Nick Martin joined the meeting.

143.8 Roy Griffins asked whether the Trust was facing unprecedented demand. Ann Radmore responded that demand was higher than had been seen historically, but was not as high as the contracted

levels. The financial position was however more vulnerable than in previous years due to the decision last year to use the surplus and the decision not to cancel training this year.

143.9 The Chair summarised the discussion and noted that the Trust did not, at this stage, intend to go into deficit to support operational performance. The Chair reiterated the Trust Board's expectation however that safety was the first priority and this should continue to be monitored; the executives should redouble their efforts and plans to use all available internal and external resources to hit the 75% target and the Trust should maintain its agreed £262k surplus. The Trust Board would monitor this very closely and the Chair would ensure very regular contact with the Chief Executive to maintain assurance.

144. Quality Report

Quality Dashboard

144.1 Steve Lennox reported that the most concerning issues were:

- Service experience. The number of complaints received and the number of serious incidents declared had increased. The vast majority of these involved Category C patients;
- Category C performance;
- Vacancy factor.

144.2 Jessica Cecil asked for further detail on the paper that had been discussed at the Executive Management Team which concluded that there was no evidence of harm resulting from long on scene times. Steve Lennox responded that the evidence considered included serious incidents and complaints, cardiac outcomes and overall call to balloon time. A more detailed paper would be presented to the Quality Committee with a proposal to remove the indicator from the quality dashboard and to replace it with something more meaningful to quality, such as the overall job cycle time.

144.3 Tony Crabtree provided an update on the actions taken to address workforce issues and noted the following:

- Since October, the Trust had recruited 120 graduate paramedics and 174 A&E Support staff, 133 of which were now in place. Recruitment would continue into the New Year;
- Staff had been recruited from Denmark and other overseas markets were also being explored;
- 120 assessment places had been offered for Emergency Medical Technician conversions;
- 12 Open University paramedic places had been offered;
- Recruitment from military had been explored;
- The Trust was exploring links with under-represented communities and contacting people who had previously been unsuccessful with their application.

144.4 With regards to staff retention, Jason reported that the Trust had lost on average 30 paramedics a month and 240 staff across the year. The lack of a clinical career structure and opportunity for staff to continue professional development within the service had been cited as the key reason for staff leaving. Ann Radmore updated the Trust Board on engagement with LETBs and Health Education England to make the case for additional funding for training. The Trust Board noted that there was a national shortage of paramedics which would take 2 – 3 years to address, given the time it took for paramedics to finish their training.

Clinical Quality and Patient Safety Report

144.5 Fionna Moore reported the following:

- A clinical audit examining the responses to lower priority overdose calls revealed that delays occur in nearly 50% of cases. Going forward increased capacity within the Clinical Hub would allowthese calls to be screened and patients who had taken a potentially harmful overdose would be upgraded;
- The Trust was on trajectory for over 60% of clinical staff to have completed Core Skills Refresher training by 1st December, which included update training on the 2013 JRCALC clinical Practice Guidelines. It was proposed that the Trust implement the 2013 Guidelines on the 1st December. Training would continue for the remainder of the year;
- The Trust's Research and Development Operational Capability Statement for 2013/14, attached as an appendix to the report, required Trust Board approval.

144.6 The Trust Board approved the Research and Development Operational Capability Statement for 2013/14.

145. Board Assurance Framework and Corporate Risk Register

145.1 Sandra Adams reported that the Board Assurance Framework was presented in a new format, which included a diagram indicating where risks were linked to the Trust's strategic goals and improvement priorities, a heat map depicting the movement of risks and a control sheet for each risk outlining the controls in place and any further action required. A number of risks had been included in the Board Assurance Framework, which were below the usual threshold but where there was evidence from serious incidents to suggest that they had been realised. The Audit Committee aimed to conduct an in depth review of specific risks at its next meeting in February.

145.2 The Chair suggested that the Trust Board needed to hold a focussed session on risk management at a future Strategy Review and Planning Committee meeting.

ACTION: FG/SA to schedule a focussed session on risk management at a future Strategy Review and Planning Committee meeting.

DATE OF COMPLETION: 20th December 2013

145.3 Jessica Cecil noted that there were some risks that had been on the Trust risk register since 2004 and suggested that those risks that the Trust Board agreed to tolerate could be set out in a separate document, which was subject to regular review.

145.4 The Chair commented that it was also important to understand what was driving the Trust to take the risks that had been identified. For example, whether these risks would still exist if the Trust received additional funding.

146. Finance Report

146.1 The Trust Board noted that the financial position had been discussed in detail under the Integrated Board Performance Report.

147. Quality Committee Assurance Report

147.1 The Trust Board noted the report from the Quality Committee. Roy Griffins stated that he had one issue to pick up in Part II.

148. Audit Committee Assurance Report

148.1 The Trust Board noted the report from the Audit Committee.

148.2 John Jones noted that the Audit Committee had agreed the proposal for implementing the fit and proper person test. Ann Radmore added that this would also be discussed in the Remuneration Committee.

148.3 Andrew Grimshaw noted that the Audit Committee had agreed the proposal for the Trust to continue to use the existing standing orders and standing financial instructions until a revised version was presented to the next meeting on 3rd February 2014.

149. Mental Health Annual Report 2012/13

149.1 Steve Lennox reported that this year the LAS had overtly made the decision that it was a mental health provider and the annual report described the ways in which the Trust provided mental health care. The overall conclusion was that the care provided to mental health patients was of a reasonable quality however there were some areas of concern which had been highlighted by recent serious incidents, most notably patients who had taken an overdose.

149.2 Fionna Moore explained that patients who had taken an overdose did not have an immediately life threatening condition and therefore did not trigger an A8 response. However there was now increased capacity within the clinical hub to screen calls and upgrade patients who had taken a potentially harmful overdose. A flag system had also been introduced to identify patients who required a ring back.

149.3 The Patients' Forum had submitted a number of questions on the Mental Health annual report:

149.4 1. What action will the Board would take to improve the accessibility and effectiveness of mental health pathways for LAS frontline crew and the patients they provide care for?

149.5 Jason Killens responded that there was a national piece of work underway to review the protocols for various groups of patients, including mental health patients. The LAS continued to engage with mental health pathways and had established good working partnerships with all ten mental health trusts across London. The Clinical Advisor for Mental Health would undertake a review of all mental health trusts in May 2014. Steve Lennox added that all ten trusts had the same code on the Patient Report Form and therefore it was difficult to identify which trusts were not working well. However this would be addressed in the new year.

149.6 2. Will the Board agree to recoding calls to patients with a mental health diagnosis to ensure that accurate data is collected on patients who have taken and overdose or attempted suicide, patients with dementia, and those with known psychiatric diagnoses?

149.7 Jason responded that this could be considered at the next review of the Patient Report Form.

149.8 3. In view of the catastrophic cases concerning the care of patients with a mental health diagnosis recorded in the Annual Report for Mental Health Care, will the Trust refer these cases to the Mental Health Expert Safety Group of NHS England to get support for better provision of emergency mental health care?

149.9 Steve Lennox agreed to consider this outside of the meeting.

ACTION: SL to consider whether the Trust would refer cases to the Mental Health Expert Safety Group of NHS England to get support for better provision of emergency mental health care.

DATE OF COMPLETION: 20th December 2013

149.10 4. Will the Board give consideration to the banning of the use of caged ambulances for the transport of patients with a mental health diagnosis in view of the undignified and dangerous impact of using these vehicles?

149.11 Jason responded that the LAS did not own, operate or hold contracts with any vehicle that caged patient or restrained them in any way. Jason was asked to provide confirmation of this.

ACTION: JK to provide confirmation that the LAS did not own, operate or hold contracts with any vehicle that caged a patient or restrained them in any way.

DATE OF COMPLETION: 20th December 2013

149.12 5. How many mental health incidents were referred by the LAS in 2012/2013 to the NRLS?

149.13 Sandra reported that during 2012/13 18 out of a total of more than 1500 incidents were referred to NRLS.

149.14 Bob McFarland noted that the annual report was very impressive, however noted that the mental health CPI was consistently red and asked whether this was just down to the safeguarding element. Steve Lennox responded that there were a number of elements which made up the mental health CPI but the element where the Trust performed consistently below target was the consideration of a safeguarding referral for all mental health patients. Ann Radmore commented that staff had feedback that they required more training in this area.

150. Winter 2013/14 Sustainability Planning

150.1 Jane Chalmers commented that the winter plan had been circulated for Trust Board approval and described a range of activities and actions that would be put in place to manage demand and increase supply, which included the winter monies projects. Andrew Grimshaw noted that he had reviewed the paper and was happy that it was consistent with what had been discussed earlier. The Trust would work to maintain a safe service, but might not achieve the 75% target for A8 if additional funding was not received.

150.2 Ann Radmore added that assurance of the plan would come from the NHS Trust Development Agency and NHS England, with its responsibility for resilience.

150.3 Ann Radmore clarified that, by approving the winter plan, the Trust Board was not being asked to agree that additional expenditure be incurred, however the Trust would not achieve the 75% A8 target without further funding.

150.4 The Chair noted that the Trust Board had a further opportunity to discuss the winter plan in the part II meeting.

151. Report from Chief Executive

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

151.2 The Chair noted that the transition of NHS 111 services in South East London to LAS had been successful and he had visited the site on the date of go live on 19th November, where he had been very impressed with the attitude of the staff involved. Ann Radmore added that other non-executive directors were welcome to visit the site in Beckenham.

151.3 The Chair stated that the Trust Board needed to maintain oversight of NHS 111 performance in South East London and added that the challenge now was to consider how the Trust would position itself when the tender went out for pan-London NHS 111 services.

151.4 Jessica Cecil noted that NHS 111 demand was above expected activity levels and asked whether this was a concern for the longer term. Jason Killens responded that it was thought that the increased activity levels was due to the legacy of calls being directed to the Beckenham site which should now be routed to other providers.

151.5 Ann Radmore updated the Trust Board on the revised process for aspirant Foundation Trusts, including the introduction of a Chief Inspector for Hospitals which would be a key gateway in the process towards authorisation. Mike Richards was developing an assessment process for non-acute trusts which was still work in progress.

152. Modernisation Programme

152.1 Ann Radmore provided an update on progress against the modernisation programme and noted that the Emergency Medical Technician/Paramedic conversion courses had been very well received. Further places would be available through 2014/15.

152.2 Paul Woodrow provided an update on the roster review and reported that the second tranche of reviews would commence this week. The roster review was aligned to the current demand patterns and incorporated protected time for training. This meant that there would be no draw on abstractions for training. Paul Woodrow reported that he was meeting with the trade unions to discuss other elements of the modernisation programme including active area cover and annual leave arrangements.

152.3 Paul reported that there would be a separate consultation on clinical telephone advice. The Clinical Hub in its new guise would go live on 1st December 2013.

152.4 Fionna Moore reported that progress had been made with the implementation of the clinical career structure and Executive Management Team had approved the phased recruitment of advanced paramedic practitioners. This role would involve direct patient care but also an element of supervision. Advanced Paramedic Practitioners would be expected to undertake a Master's degree. The advert for the initial tranche would go out next week.

152.5 The Executive Management Team had also approved the phased appointment of three Consultant Paramedics The focus of these roles would be on urgent and emergency care and would be recruited over the next two to three years.

152.6 The Trust Board noted that current Consultant Paramedic, Mark Whitbread, had been appointed to the role of Director of Paramedic Education and would commence his new role on 7th January 2014.

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

153.1 Sandra Adams reported that the Trust was now fully compliant with all CQC outcomes. The Trust was on track to achieve full compliance with the board statements and Monitor's Licence Conditions by end December 2013. Actions in place to address the remaining areas of non-compliance included the implementation of the fit and proper person test and this afternoon's board

development session on competition oversight.

154. Report from Trust Secretary

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

155. Forward Planner

155.1 The Trust Board noted the forward planner.

156. Patient Story

156.1 Mark Faulkner attended to give an account of a patient story. The patient had diabetes and had been diagnosed by his GP as having acute renal failure. The GP had booked an ambulance to transport the patient to hospital and had faxed the blood test results through to the hospital.

156.2 The A&E Support crew had attended within one hour and had correctly identified that the patient had a mild learning disability. The patient had reported feeling generally unwell, but had walked out to the ambulance unassisted. The patient had requested to be transported to a different hospital as he had an outpatient appointment there later that week. The crew saw no reason not to comply with this request.

156.3 At hospital the patient had bloods taken, however the bloods clotted and they were unable to obtain any results. The patient reported that he felt better and the hospital had taken the decision to discharge the patient before a further blood sample was taken.

156.4 The GP, on phoning the first hospital, found that the patient had not turned up to his appointment. The GP visited the patient's home and had found him dead.

156.5 The inquest had found shortcomings in the decision to convey the patient to his requested hospital. The crew had not seen the information on their MDT screen that the patient had been diagnosed with acute renal failure, had not recognised the significance of the presenting complaint and the fact that the patient's diabetes history was at the first hospital.

156.6 Fionna Moore stated that the key lesson learnt from this incident was that staff needed to be cognisant of all the information that was provided to them. The crew had acted in what they thought was the best interests of the patient, particularly as the patient had an appointment at the second hospital later that week. However had they had rung the Control Room they would have understood the significance of the patient's condition.

156.7 The Trust Board acknowledged that this was a challenging position for staff as there could be a number of complex reasons why patients did not want to be conveyed to certain hospitals and it was important to follow patient choice. Where patients had learning difficulties, staff were encouraged to comply with the patient's request to attend a particular hospital as staff there would be experienced in dealing with that patient. The Trust Board noted that increased capacity within the Clinical Hub would provide additional support to staff in making these decisions.

157. Any other business

157.1 The Trust Board approved the proposal for LAS to enter contracts for 21st Century Network. It was noted that this proposal had been agreed by EMT and the Finance and Investment Committee.

158. Questions from members of the Public

158.1 Nicole Skeltys stated that she had worked in the emergency services in Victoria, Australia and currently worked for a consultancy organisation called Lightfoot. Nicole stated that there were significant pressures on ambulance services around the world and that every ambulance service in the UK was struggling to meet the Category A8 target. The vast majority of patients required urgent and unscheduled care and the lack of out of hours care was a contributory factor to the rise in demand. Nicole commented that ambulance service efficiency should be considered in the context of the wider health economy.

158.2 The Chair thanked Nicole for her comments and stated that it gave reassurance to know that the LAS was not the only ambulance service under significant pressure.

159. Date of next meeting

159.1 The date of the next Trust Board meeting is 20th December 2013.

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Signed by the Chair

ACTIONS

from the Meeting of the Trust Board held on 26th November 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 November 2013.
26/03/13	**34.3**	EMT to develop an index for measuring value for money.	**AG/EMT**	Outstanding.
23/07/13	**106.3**	AG to present a paper on non-productive time to a future Part II Trust Board meeting.	**AG**	Outstanding.
24/09/13	**120.10**	PW to look into whether there was an informal way of benchmarking Category C performance with other ambulance services.	**PW**	
26/11/13	**141.5**	AR to ask Chief Executives at other ambulance trusts whether they would be willing to share Category C performance data.	**AR**	
26/11/13	**145.2**	FG/SA to schedule a focussed session on risk management at a future Strategy Review and Planning Committee meeting.	**FG/SA**	
26/11/13	**149.9**	SL to consider whether the Trust would refer cases to the Mental Health Expert Safety Group of NHS England to get support for better provision of emergency mental health care.	**SL**	
26/11/13	**149.11**	JK to provide confirmation that the LAS did not own, operate or hold contracts with any vehicle that caged a patient or restrained them in any way.	**JK**	

ACTIONS

Meeting Date	Minute Date	Action Details	Responsibility	Progress and outcome
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**	On agenda for 20th December 2013. Action complete.
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**	Action complete.
24/09/13	**124.4**	FG to add patient engagement to the forward planner of the Trust Board or Strategy Review and Planning Committee.	**FG**	Added to SRP forward planner for 25/02/14. Action complete.
24/09/13	**129.2**	Non-executive directors to contact the Chair if they had a particular interested in leading a particular area for the Trust Board.	**NEDs**	Action complete.
24/09/13	**134.1**	Chairs of sub-committees to confirm that the months identified for meetings in 2014 were correct.	**Committee Chairs**	Action complete.
26/11/13	**141.2**	FG to add proposal for awarding commendations to members of the public to the Trust Board agenda for December.	**FG**	Action complete.

London Ambulance Service NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 20TH DECEMBER 2013

PAPER FOR APPROVAL

Document Title:	**Proposal for a Commendation Certificate/ Commendation for Members of the Public**
Report Author(s):	**Trust Chairman**
Lead Director:	**N/A**
Contact Details:	**richard.hunt@lond-amb.nhs.uk**
Why is this coming to the Trust Board?	**For approval**
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 proposal for a Commendation Certificate/ Commendation for Members of the Public**

Key issues and risks arising from this paper

None.

Executive Summary

The Trust Board has discussed the possibility of awarding commendations to members of the public who had assisted the service in saving a patient's life. The attached paper sets out a proposal of how this would work in practice. The Trust Board is asked to approve the proposal.

Attachments

Proposal for a Commendation Certificate/ Commendation for Members of the Public

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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

Proposal for a Commendation Certificate/Commendation for Members of the Public

1. The Trust currently awards Chief Executive Commendations to London Ambulance staff (often described as 'acting beyond the call of duty') which brings credit to the individual and the service.

2. Given our public education programme and in particular CPR training, members of the public can be engaged in giving crucial and sometimes life saving assistance until LAS crews arrive. There is no current means of recognising such a contribution.

3. For those actions which are deemed to have saved a patient's life in particular by commencing CPR until the crews arrive, I propose we introduce a London Ambulance Service Commendation. This should be awarded by the Chief Executive to a member of the public whose contribution to the outcome of the patient is deeded crucial or whose actions have assisted a member of staff in a hazardous/threatening situation i.e. the assault of a staff member.

4. The nomination should be made by the crew or staff attending the incident and recommended by the Medical Director or the Director of Operations to the Chief Executive and endorsed by the Board.

5. We should give the commendation some publicity to develop its significance and consider hosting an event, perhaps every other year, to give further recognition to all holders of the LAS Commendation.

6. We should consider its introduction from 1st April 2014.

7. We should agree the form of the commendation. For example, a suitable framed certificate or an engraved glass block.

RJ Hunt CBE
Chairman

London Ambulance Service NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 20 DECEMBER 2013

PAPER FOR ASSURANCE

Document Title:	**Quality Report (Dashboard)**
Report Author(s):	**Steve Lennox**
Lead Director:	**Fionna Moore**
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 but attention is drawn to service experience and incidents being RED on the internal dashboard. 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.

The quality committee agreed to the removal of on-scene times from the dash bored as members were satisfied this was not currently an accurate measure of quality.

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

Cat A8 (Red 2) RAG Rated RED
Please see performance reporting.

STEMI Care AMBER
Overall this indicator has demonstrated improvement but it is falling slightly short of our expected compliance. CARU are trying to understand why we are unable to reach full compliance

Stroke care 60 Minutes AMBER
151 patients did not get to a HASU within 60 minutes (159 last month) so this is relatively stable. This is being monitored and a focus will be placed on whole job cycle time rather than on scene times in the coming months.

Basic Life Support AMBER
This is 1 minute above the compliance figure and is suggestive of a system under heavy pressure as it is taking us 1 minute longer to get BLS to the patient than previous months.

Not Conveyed hear & Treat RED
This deterioration is due to the changes taking place in CTA but is stable at 4.5% of calls. We expect the position to change in December.

Not Conveyed see & Treat AMBER
Slight drop again having had a gradual incline for the past 6 months. No explanation for the drop at present.

Clinical Performance Indicators AMBER
PRF copy left with patient and ethnicity coding are below the 95% level. These are not significant clinical concerns in isolation.

Incidents RED
RAG rated red due to 8 SIs declared in the reporting month. A meeting has been convened to discuss within a wider context to see if this is an indicator of concern or a sign of stronger reporting systems.

Re-contact Rate See & Treat AMBER
This is at 6.6% and is relatively stable but is higher than historical levels at around 5%. Possibly due to the Trust undertaking slightly more see & treat.

Experience of People Subject to delay RED
The number of complaints reduced to 41 but sits higher than the target level of 30. An action plan is in place and being delivered by EOC.

Infection Control – Cleaning RED
The target is for all vehicles to be deep cleaned within 6 weeks. The compliance figure was not met in October. The Head of Infection Control is working with the contract lead to understand the issues.

Cat C
Please see performance reporting.

Handover
It is now taking the Trust longer to hand over at hospital than in previous months with only 54% being completed within the commissioned time frame. We continue to work at all levels to try and improve on this aspect of care.

Supervision OWR –RED
OWR has fallen back due to the challenges with capacity.

Vacancy Factor 10.8% RED
The vacancy factor has improved from 10.8% to 9.1%.

Sickness
Sickness has been green but rose to 6.1% this month.

From this months dashboard the indicators of concern are:

- Incidents. This is being followed up by a meeting with the relevant Directors.

- 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 and is improving.

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

Attachments

Quality Dashboard

****

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 December (October & July Measures) 2013

October 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	Basic Life Support	↔	DH	STEMI Care	↓
			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 22 (last report 22) out of 46 areas.

	May Data for July Trust Board					YTD
	Comp liance	Rank	Lowest	Highest	Comp liance	Rank
A8 R1 Response Time	75.00%	7	71.70%	81.90%	76.50%	5
A8 R2 Response Time	69.80%	9	67.10%	81.50%	73.90%	8
A19 Response Time	97.00%	3	96.70%	99.00%	97.80%	1
ROSC (all)	31.70%	3	26.10%	36.40%	29.50%	3
ROSC (Utstein)	60.90%	1	45.70%	68.10%	58.20%	2
Time Taken to Answer 50th Percentile	0.00	1	0.00	0.00	0.00	1
Time Taken to Answer 95th Percentile	1.00	1	29	0.01	0.01	1
Time Taken to Answer 99th Percentile	0.07	2	1.46	0.02	0.09	1
Time to Treatment 50th Percentile	6.24	9	6.11	5.36	6.03	8
Time to Treatment 95th Percentile	15.90	2	16.90	12.70	14.47	2
Time to Treatment 99th Percentile	26.00	4	19.40%	27.30	23.22	2
Outcome from cardiac Arrest Survival	11.20%	3	6.30%	11.40%	8.40%	6
Outcome from cardiac Arrest Survival (Utstein)	27.30%	5	16.30%	37.00%	25.00%	5
STEMI Outcome 150 minutes	91.70%	3	84.30%	95.20%	93.30%	3
STEMI Outcome Care Bundle	78.50%	7	63.10%	79.00%	77.70%	6
Stroke Outcome 60 minutes	71.10%	5	61.60%	75.80%	68.20%	4
Stroke Care Outcome Bundle	93.30%	11	92.10%	95.70%	94.30%	9
Calls Closed with CTA	4.50%	7	4.50%	6.90%	4.80%	6
Non A&E	31.30%	8	26.60%	33.30%	31.60%	7
Re Contact rate CTA	2.10%	1	3.40%	2.10%	2.60%	1
Re Contact rate See & Treat	6.60%	9	6.60%	4.90%	6.60%	10
Re Contact rate Frequent callers	2.06%	4	2.50%	2.61%	2.21%	5
999 Calls Abandoned	0.00%	1	0.00%	0.10%	0.02%	1
Service Experience						

3. Conclusions

3.1 The DH dashboard is stable. However, the internal dashboard has a RED RAG indicator for incidents reflecting an increase in reported Sis (8 Sis). A meeting is being held to examine the context and establish a view as to the significance in this rise.

3.2 Otherwise the dashboard is relatively stable within the context of operational challenges.

London Ambulance Service NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 20TH DECEMBER 2013

PAPER FOR INFORMATION

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:	**For noting only.**

Key issues and risks arising from this paper

- Clinical Performance Indicator audit has dropped to the lowest level in four years. There is a risk that the Trust will not be able to robustly evidence the quality of care delivered to patients. This also impacts on the ability to provide operational staff with meaningful feedback about their clinical practice.

Executive Summary

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

- **Demand Management Plan:** Use of DMP remains high. There was a significant increase in the use of DMP stage B in November compared to the past six months; however this is mitigated by a marked reduction in DMP D hours. No escalation past DMP stage D.
- **Clinical Performance Indicators:** Sustained decrease in CPI completion rate over the past six months and now at the lowest level in the past four years. Overall CPI compliance remains >95%, except for mental health, however this has now increased to the highest level to-date (91%).
- **2013 UK Ambulance Service Clinical Practice Guidelines:** The Trust formally adopted the 2013 Clinical Practice Guidelines from 1st December 2013.
- **Prevention of Future Deaths Reports:** The Trust has not received any Prevention of Future Deaths Reports (formerly Rule 43 Reports) from HM Coroner since the last Trust Board report.
- **Medicines Management:** There have been two reportable controlled drugs incidents since the last Trust Board Report. Both incidents have been reported to the Police and Controlled

Drugs Local Intelligence Network. One incident involved the loss of morphine and has therefore been reported to the Home Office. There have been no Unannounced Visits by the police.

- **High Risk Register:** There are a total of 344 addresses on the Locality Alert Register. There has been a reduction of over 200 high risk address notifications from the Metropolitan Police.

Attachments

None.

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Quality Strategy

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2013/14 Priorities

☐ Modernisation Programme
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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
☒ 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 – December 2013

Clinical Directors' Joint Report

Quality Domain 1: Preventing people from dying prematurely

Clinical Audit and Research

The results of the National Limb Fracture Clinical Performance Indicator Audit (Cycle 11, August 2013) have been published by the National Ambulance Clinical Quality Group. The report is available on request.

The CPI audits four aspects of care: the recording of two pain scores (pre and post treatment), the administration of analgesia, immobilisation of the fractured limb and assessment of circulation distal to the site of the fracture. The Trust achieved an overall compliance of 16.7% against the CPI, ranking the lowest out of all 11 Ambulance Trusts. This is the first formal report for the new CPI (following a pilot phase) and the Trust needs to understand if the low compliance is due to a poor standard of care or a lack of specific documentation of the standards of care on the Patient Report From (due to unfamiliarity with the CPI). Team Leaders have been updated about the new lower limb fracture CPI in order that both standards of care and documentation are improved.

The Trust ranked fourth for the National Hypoglycaemia CPI (Cycle 11), achieving 97% compliance.

The Monthly Cardiac Arrest and ST-Elevation Myocardial Infarction Reports (Cardiac Care Pack) for October 2013 have been published. The full report is available on request.

Key Findings:

- Defibrillator data download rate remains at less than 1%.
- 34% of cardiac arrest patients (in cases where resuscitation was started) gained and sustained ROSC (Return of Spontaneous Circulation) until arrival at hospital.
- 99% of STEMI patients were transported to the most appropriate destination.
- Average on-scene time for STEMI has increased from 41 to 43 minutes.
- Overall call to arrival at hospital time for STEMI has increased from 66 to 69 minutes compared to September.
- The percentage of patients who received a complete care bundle (aspirin, GTN, two pain assessments and analgesia) increased from 74% to 77%. The primary reason for a full care bundle not being provided remains the analgesia component.

The October 2013 Stroke Care Pack has been published. The full report is available on request.

Key Findings:

- 96% (n=891) of all suspected stroke patients received a complete pre-hospital care bundle (complete FAST assessment, blood pressure and blood glucose measurement).
- 99.5% (n=867) 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 in 50% of cases where a patient is potentially eligible for thrombolysis.
- The percentage of patients who were potentially eligible for thrombolysis and arrived at a HASU within 60 minutes decreased from 68% to 63% compared to the previous month.

The Clinical and Quality Directorate continue to publicise the message to expedite transfer to hospital for all time critical patients, via the Clinical Team Leader/Paramedic Manager update, Intern courses and articles published in the Clinical Update journal.

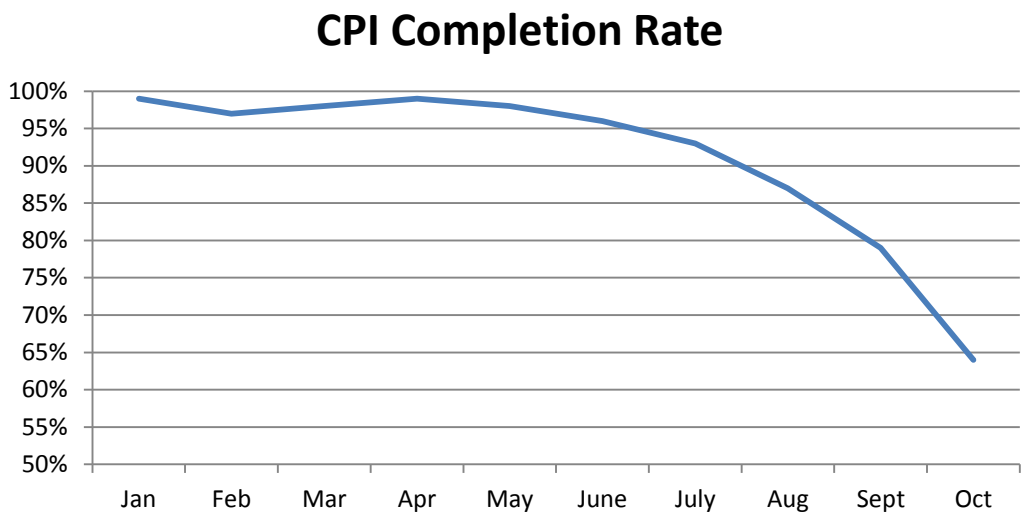
Quality Domain 2: Enhancing quality of life for people with long-term conditions

No update since the last Trust Board report.

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

Clinical Performance Indicator completion and compliance

CPI completion rate in October fell to the lowest rate in the past **four years**. Only 10 Complexes achieved a >98% completion rate. Hillingdon Complex achieved the lowest CPI completion rate of only 7% in September and 8% in October, due to limited operational staff available to complete PRF audit.



CPI Completion January 2013 to date

Area	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct
East	95%	93%	97%	100%	99%	97%	95%	91%	71%	30%
South	100%	100%	97%	100%	99%	95%	93%	89%	88%	79%
West	100%	99%	100%	99%	96%	97%	90%	83%	76%	76%
LAS	**99%**	**97%**	**98%**	**99%**	**98%**	**96%**	**93%**	**87%**	**79%**	**64%**

Standards of care for Cardiac Arrest, DIB and Stroke CPIs reduced by 1% across the LAS this month.

Care given by the LAS to patients with a diagnosed psychiatric problem is at its highest standard since implementation of the Mental Health CPI in April 2012.

CPI Compliance October 2013

Area	Cardiac Arrest	Difficulty Breathing	ACS	Stroke	Mental Health	Non-Conveyed	1 in 40 PRF
East	98%	96%	97%	97%	92%	98%	97%
South	98%	95%	97%	97%	90%	97%	98%
West	97%	95%	97%	97%	91%	97%	98%
LAS Total	**97%**	**95%**	**97%**	**97%**	**91%**	**97%**	**98%**

CPI Compliance September 2013

Area	Cardiac Arrest	Glycaemic Emergencies	ACS	Stroke	Mental Health	Non-Conveyed	1 in 40 PRF
East	99%	98%	97%	97%	91%	97%	98%
South	98%	98%	97%	98%	90%	97%	98%
West	98%	98%	97%	98%	91%	98%	98%
LAS Total	**98%**	**98%**	**97%**	**97%**	**90%**	**97%**	**98%**

The results of the National Asthma Clinical Performance Indicator Audit (Cycle 11, July 2013) have been published by the National Ambulance Clinical Quality Group.

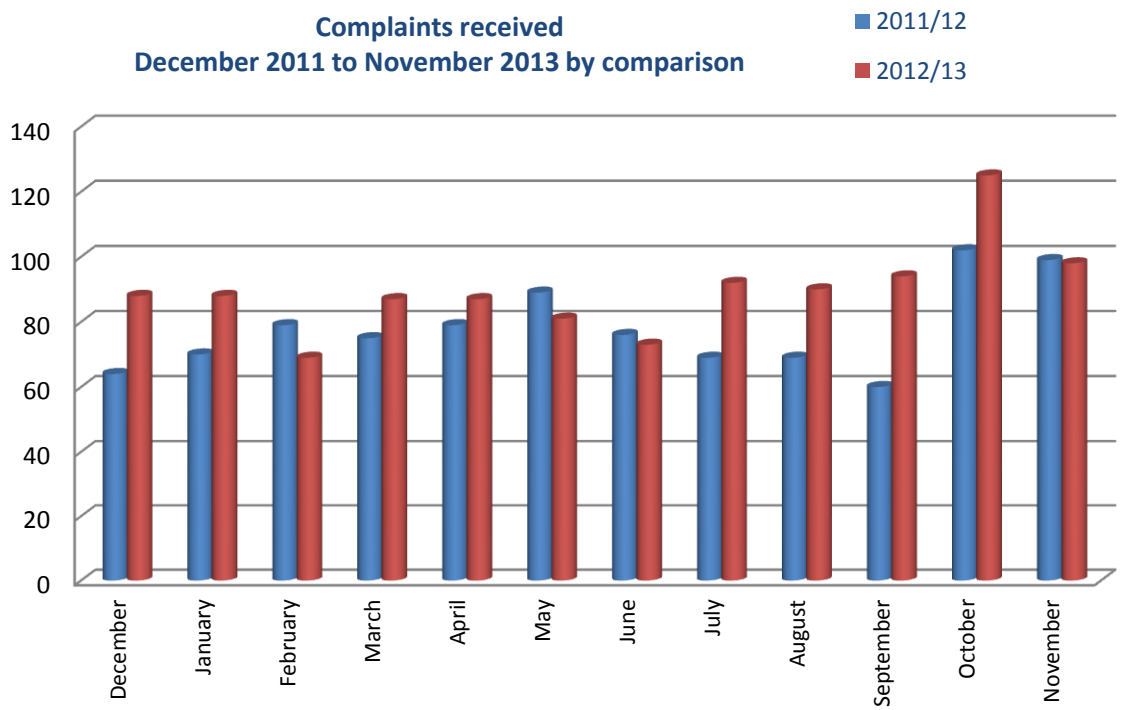
Quality Domain 4: Ensuring people have a positive experience of care

Patient Experiences

Complaint Volumes

The number of Complaints this month totalled 98, a dip of 21% over October which was an exceptional month. Of these 41 related to delays.

21 complaints involved other Trusts/agencies including 10 x Acute Trusts, 1 x 111 provider, 1 x CCG, 1 x Care Home, 1 x other Ambulance Trust. 7 complaints (C8458, C8532, C8467, C8438, C8445, C8511, C8517) were SI consideratives, 2 have been declared in linked cases, 1 was not declared and 4 cases are SI potential awaiting outcome of panel review.



Complaint Themes

Complaints relating to delay and staff conduct continue to be the dominant themes. Emerging themes of non-conveyance and a rise in complaints regarding treatment are also evident.

The table below shows that there has been a gradual increase this year in the numbers of complaints relating to non-conveyed patients. The recent rise is possibly linked to the Winter Sustainability Plan: of the 11 non conveyed patients, 2 were PTS, 1 was Cat C1, 3 x Cat C3, 4 x Cat C4 and one yet to be clarified.

Complaints by Subject	May	June	July	Aug	Sept	Oct	Nov
Delay	37	29	38	30	50	53	41
Conduct	26	18	22	27	16	30	19
Road handling	12	8	15	12	9	10	8
Non-conveyance	0	6	5	5	7	8	11
Not our service	1	7	4	4	1	1	1
Treatment	2	3	4	4	5	13	11
Patient Injury or Damage to Property	0	0	3	0	1	4	2
High Risk Address Referral	1	0	1	3	1	2	2
Conveyance	2	2	0	4	2	3	1
Clinical Incident	0	0	0	1	0	1	0
Assisting with external agency	0	0	0	0	2	0	2
Totals:	**81**	**73**	**92**	**90**	**94**	**125**	**98**

Emerging themes

Almost entirely the same as previously reported; with delay and poor staff attitude the major sources of complaint.

Performance/Quality

72 cases were closed during November. As at 4 December, 221 complaints remain open or re-opened. This represents a decrease in closed cases and an increase in open cases over October, 84/212. This is due to the unprecedented high volume of complaints during October (125).

Codes within DATIX were revised at the beginning of November to enable a more accurate audit of where delays are occurring with complaint responses. This evidences that 39% of all 'open' complaints are currently awaiting a Quality Assurances report, 18% are at the draft stage with the case officer and 15% awaiting Operational input. The QA Manager is currently fast tracking QA reports where less than 2 x 999 calls have been received. We are monitoring the impact of this trial on turnaround times.

Current stage of open complaints	Overall	November
Allocated	10	6
Awaiting input from complainant	4	5
Awaiting Clinical Opinion	9	2
Awaiting input from other agency	4	2
Awaiting Operational Input	35	24
Awaiting QA Report	87	37
Awaiting Allocation	7	0
Comeback Response with Executive Office	1	0
Draft Response with Executive Office	16	1
Draft Response with involved parties	3	0
Draft Response with PED Management	4	0
Draft response with PED Officer	40	18
No further action	1	1
Response sent	0	2
Totals:	**221**	**98**

Closure rates for 2013 are set out in the table below.

Total complaints

Month	0-25	0-35	0-40	0-45	0-60	0-80	0-100	Total	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	16	13	4	80	81
2013 06	30	7	4	4	14	10	4	73	73
2013 07	34	7	8	11	22	6	0	88	92
2013 08	27	5	9	21	18	4	0	84	90
2013 09	20	4	9	22	13	0	0	68	94
2013 10	23	5	1	0	0	0	0	29	125
2013 11	3	0	0	0	0	0	0	3	98
Totals:	283	94	87	132	198	86	27	907	984

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

Month	Closed within 35 days by month	Percentage of complaints closed over monthly number in this period
2013 01	33	37
2013 02	29	42
2013 03	45	51
2013 04	42	48
2013 05	31	38
2013 06	37	50
2013 07	41	45
2013 08	32	34
2013 09	24	23
2013 10	28	13
2013 11	3	3
Totals:	**302**	**381**

It should be emphasised that a true reflection of response times cannot be calculated until the furthest timescale (i.e. 35 days working days have elapsed) = 28 December 2013.

'Comeback' Activity

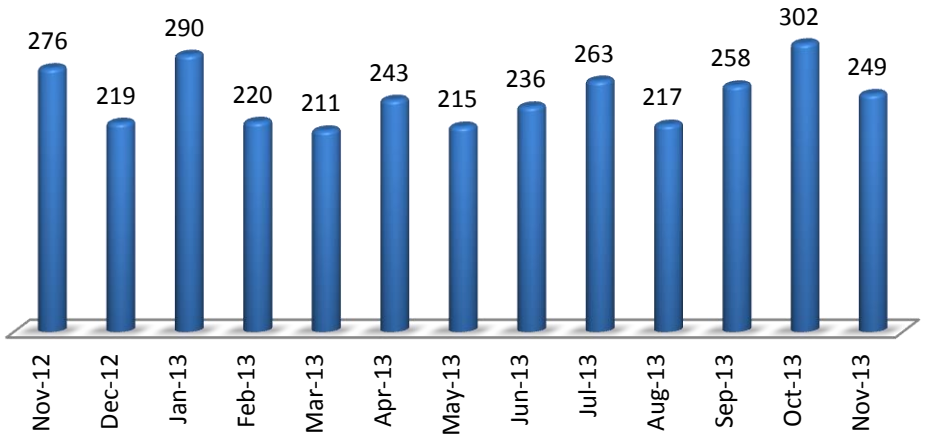
Year	Numbers of comeback responses recorded
09/10	9
10/11	4
11/12	12
12/13	37
13/14	24
Totals:	**86**

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

PALS

There was a decrease in PALS specific enquiries during November, although the total of 249 closely matched the monthly average (246)

PALS enquiries recorded
November 2012 to November 2013



The total PALS enquiries received in the past 6 years is as follows:

Financial Year	Total PALS
2008/09	5606
2009/10	5674
2010/11	6031
2011/12	6264
2012/13	5714
2013/14 (to 31 Oct 2013)	3913
Totals:	**33202**

PALS Themes

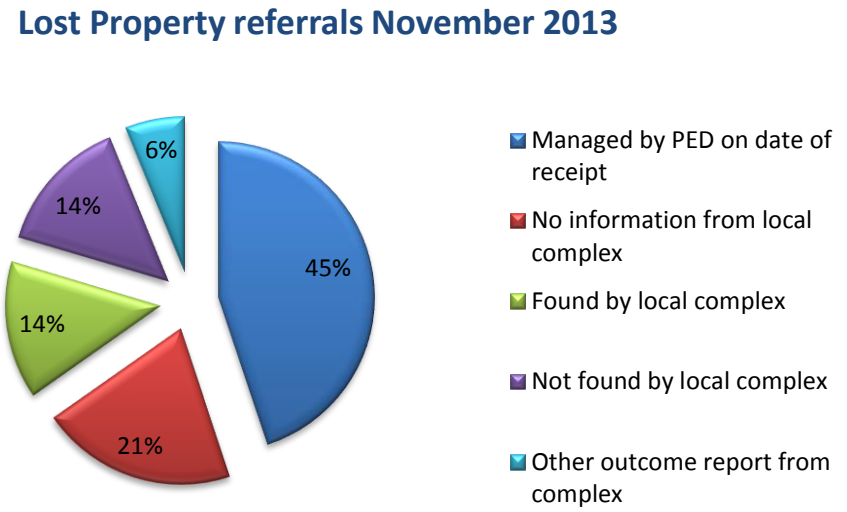
Consistent themes about destination hospital, medical record requests, and requests about policy and procedure.

PALS by subject	Totals
Information/Enquiries	191
Lost Property	49
Other	7
Appreciation	2
Total	**249**

Lost property

49 lost property cases were received. 27 were managed via the shared facility. Of the remaining 22, these included one case resolved on the day by PED staff, where items were found locally.

Of the 27 local referrals, 7 items were found – representing circa 26%. Of the remaining enquiries, some items were handed to hospital staff, the police or were not taken to hospital by the crew. No information is recorded regarding 10 items, 3 items were not traced at all and 4 enquiries resulted in the crew stating that the property was not with the patient in the first place.



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

Serious Incidents

A review of SI reporting to EMT and Trust board is being undertaken by the Interim Head of Governance. It is the intention to create a quarterly report, detailing not only the number of SIs declared and not declared to NHS England (London), but also incident themes.

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 15 Alerts issued in November. All have been reviewed by Safety and Risk and only one has potential relevance to the Trust. This alert relates to an electrical fault (resulting in a fire) occurring in a low voltage link box and is being assessed by Estates to determine if the device is used by the Trust.

NHS Signals

Key risks emerging from review of serious incidents reported by the NHS to its National Reporting and Learning System (NRLS) are shared in the form of Signals. There have been no alerts in 2013.

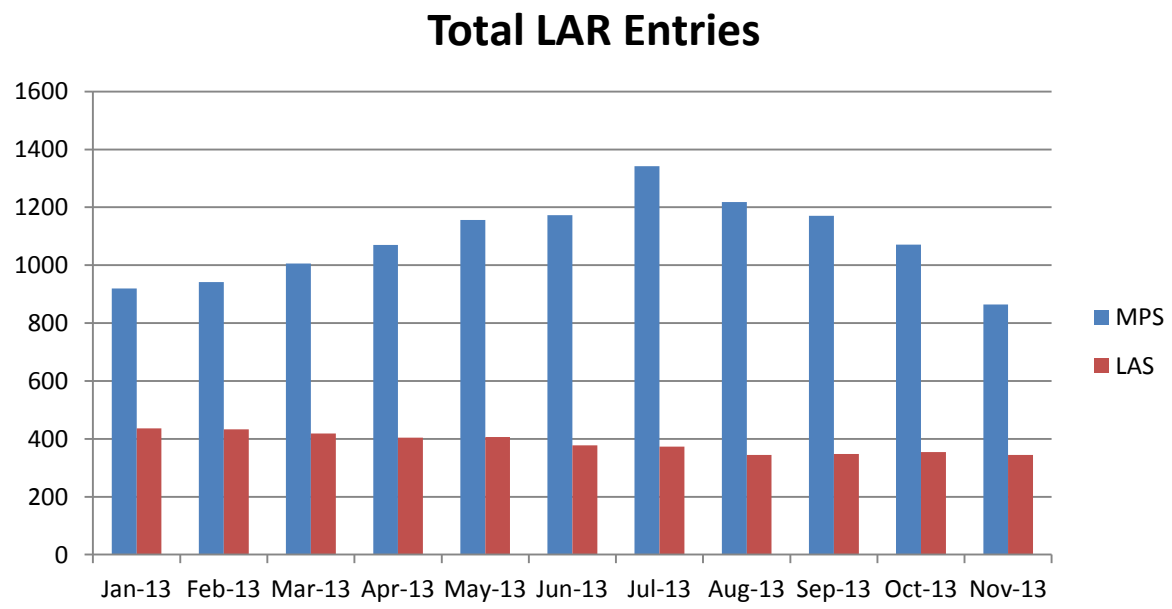
NICE Guidance

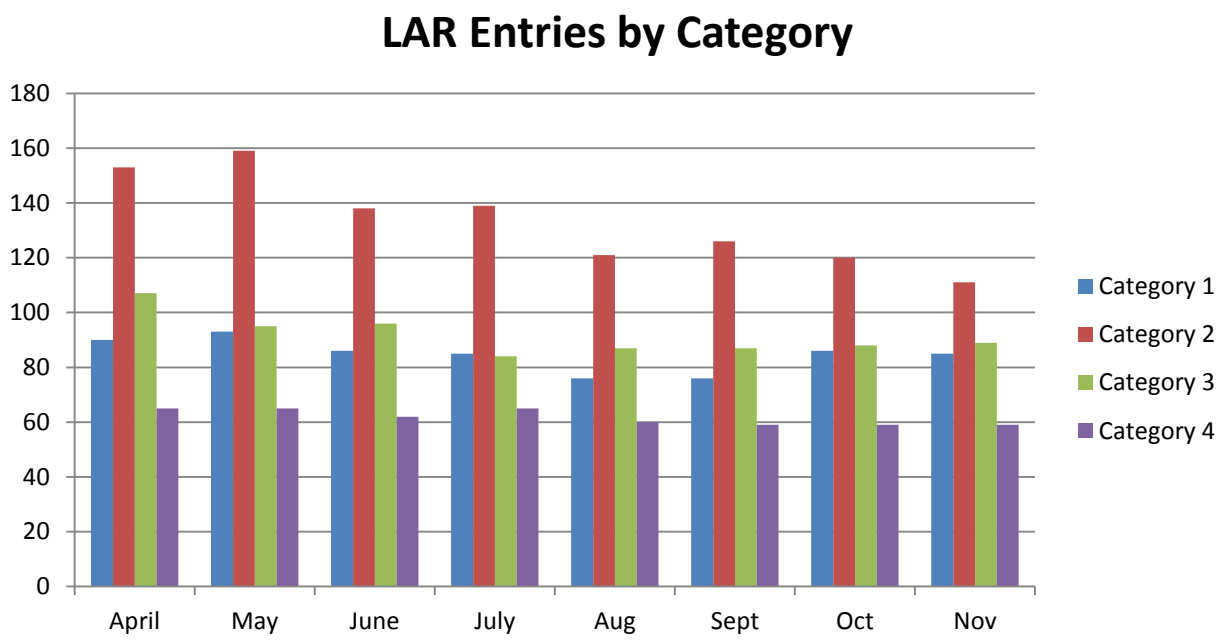
No NICE guidance, which has relevance to the Trust, has been issued since the last Trust Board report.

Locality Alert Register

There are currently **344** addresses on the Locality Alert Register (LAR). These are broken down as follows:

CATEGORY 1: 85
CATEGORY 2: 111
CATEGORY 3: 88
CATEGORY 4: 59





There has been a reduction of over 200 high risk address notifications from the Metropolitan Police since the October Trust Board report. The Trust now has notification of **864** high risk addresses from the Metropolitan Police.

Demand Management Plan

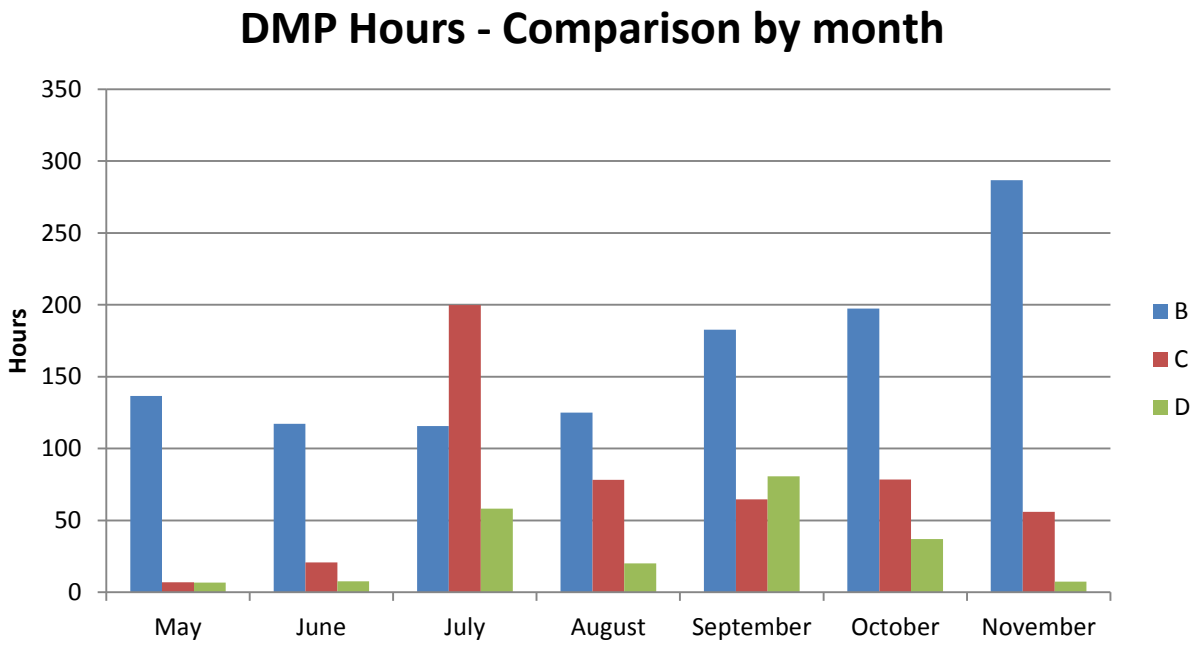
The purpose of DMP is to provide the Trust with structured risk mitigating options to respond to demand at times when it exceeds the capacity of the service to provide a timely response. It provides a framework in which Control Services are able to respond to periods of high pressure, due to unforeseen 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.

There was a significant increase in the use of DMP stage B in November, in line with an exponential increase over the past three months. However, this increase is mitigated against a reduction in the number of DMP stage C and D hours.

DMP use May - November 2013

Month	Number of occasions DMP invoked	Stage B (hours)	Stage C (hours)	Stage D (hours)	Stage >D (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
September	27	182.75	64.75	80.75	0	4003	1069
October	20	197.5	78.5	37	0	3240	903
November	25	286.75	56	7.5	0	2068	613



Medicines Management

There have been two reportable CD incidents and one further non-reportable controlled drug (CD) incident since the last Trust Board report:

1. 18th November 2013 - A loss of two ampoules of morphine at Camden Station (reported to Home Office, Police and CD LIN). This discrepancy was found when one paramedic came to remove ampoules some five minutes after a paramedic had just returned theirs. Extensive enquiries and checking of all paperwork have failed to provide an explanation. All parties involved are adamant that the count was correct at the respective time(s) they had access to the safe. As in the majority of these types of incident, the only way of resolving this specific incident would be for CCTV footage to inform the investigation;

2. 20th November 2013 – A paramedic from Hillingdon inadvertently left work with two ampoules of morphine after forgetting to sign the CDs back at the end of shift (returned within an hour of the discrepancy being discovered).

3. 7th December 2013 - The misplacing of a box of ten morphine ampoules outside the CD Safe at Whipps Cross Station (reported to Metropolitan Police CDLO and CD LIN). This incident came to light when a paramedic returning morphine at the end of a shift, noticed the CD safe was open and a box of 10 ampoules missing. Following an extensive search, the sealed and intact box was found down the side of the safe. The circumstances of this incident are such that the Metropolitan Police CDLO has been requested to investigate further. Again, CCTV may have assisted the investigation, (or prevented the incident in the first place). This is the first incident of this type that has been reported to the Accountable Officer since the Trust introduced CDs in 2005.

In all cases the LAS CD reporting structure was followed. In all cases it has been decided that there is no reason to alter the Trust CD policy, or the procedure for utilising CDs.

In a non CD incident a technician drug bag (sealed) was handed in by a member of the public to the Security Office, (via Emergency Department Security staff), at Hillingdon Hospital

There have been no Unannounced Visits by the Metropolitan Police.

The LAS Pharmacy Adviser and Trust representative at the National Ambulance Pharmacy Network Group (NAPN) have agreed the PGDs for Ketamine and Midazolam for Advanced Paramedic Practitioners. The drugs will be kept in separate safes from morphine, to restrict access to only authorised persons.

The Trust Development Agency is developing a self assessment document (SAD) that will in time become a monitoring and benchmarking tool for Ambulance Trusts.

Four Ambulance Trusts (including the LAS) are working up a research proposal for the randomisation of adrenaline 1:10,000 for medical cardiac arrest, with a view to seeking evidence of its efficacy.

NAPN have confirmed that there is a legal requirement for water for injection to be administered under a PGD. This would have an impact on the LAS as water for injection is used in the reconstitution of benzylpenicillin for administration intramuscularly. Currently only three Ambulance Trusts nationally have a PGD for water for injection. This issue requires further review by the Clinical and Quality Directorate to identify a solution.

Draft guidelines for temperature management of medicines in ambulance services are being drafted by NAPN.

Independent prescribing for paramedics is supported by NAPN who will be writing a letter of support for this initiative to DH.

A draft SLA between the Trust and Frimley Park Hospital NHS Foundation Trust, for the supply of medicines, has been written. There has been no official SLA in existence since Frimley Park Hospital took over the drugs contract from Epsom and St Helier University Hospitals NHS Trust. The draft SLA will be signed by all parties by January 1st 2014.

As a result of a number of incidents involving adrenaline 1:1,000 being administered intravenously, instead of intramuscularly, the Medicines Management Group has asked Frimley Park Hospital to provide all adrenaline 1:1,000 ampoules with a 'tag' placed on the top of the ampoule stating 'Intramuscular USE ONLY'. As the LAS does not hold a retail pharmacy licence this needs to be done by the pharmacy. The cost of adding the tag and the printing costs etc. will add £1.10 to the cost of each box of ten ampoules.

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

The Trust has received no Prevention of Future Deaths Reports (previously Rule 43 Report) since the last Trust Board report.

NHS Revalidation Support Team ORSA Comparator Report

The NHS Revalidation Support Team (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

The Q4 Organisational Readiness Self-Assessment (ORSA) Action Plan has been drafted and reports that appraisals have been completed for two doctors working for the Trust, however a further two doctors have failed to engage in the process of revalidation. A formal letter from the Medical Director will be sent to these doctors advising that the evidence submitted to date will not support their revalidation and inviting them to make contact.

Rising Tide

2013 Flu Vaccination Programme

1751 staff have been vaccinated to-date (06/12/13). 36% (1219) of operational staff and 39% of non-operational staff have now received the vaccine.

2013 JRCALC UK Ambulance Services Clinical Practice Guidelines

The Trust formally adopted the 2013 UK Ambulance Services Clinical Practice Guidelines on the 1st December 2013, following the completion of CSR 1.13 by over 60% of operational staff.

Fionna Moore
Medical Director

Steve Lennox
Director of Nursing & Health Promotion

LONDON AMBULANCE SERVICE NHS TRUST
INTEGRATED PERFORMANCE REPORT 2013/14: NOVEMBER 2013 (MONTH 08)

Quality		**Delays in Cat C calls remain cause of concern. Number of complaints is still above target and SIs are at highest level this year**
Performance		**Activity levels remain below plan and performance below 75% for Cat A for fifth consecutive month**
Workforce		**Continued high sickness, turnover and vacancies.**
Value for Money		**On plan at month 8, however cost of recovering Cat A 75% target still presents a risk to the year end position**

Summary commentary

Category A performance remains below 75% for the fifth month in a row. Year to date performance remains below the 75% threshold. Activity remains below planned levels, overall 4.1% but with Cat A 8.2% below plan. Most CCGs are seeing lower than expected activity. To date 11 CCGs has seen performance below 72% for 3 consecutive months or more. Quality metrics have seen a slight decrease in complaints hwoever, serious incidents declared are at the highest level this year. Cat C response times remain below expectations. This continues to represent a risk to patient safety due to extended response times.

Workforce measures continue to show high levels of sickness , with levels in frontline staff standing at 6.81%. Turnover remains at 10.1%. Vacancies have remained static in month at 9.72% across the Trust following the intake of graduate paramedics. Workforce metrics remain a major concern for the Trust and represent a significant risk to performance, safety and finance. Increasing recruitment and addressing sickness are a key priority for EMT.One area of significant progress is the delivery of CSR training with 1906 staff having received this training by end of month 08.

Financial performance; the income and expenditure position reports a favourable movement in the overall variance from plan, with the overall year to date variance being £48k favourable to plan. The failure to achieve 75% represents a major risk to the financial position of the Trust, given the costs that may need to be incurred if additional resources need to be engaged to deliver this target. Work is underway to scope this. Failure to secure 75% against Cat A by year end could result in penalties from commissioners. Cash remains on plan in month, although this does mask some delays in both receipts and extended payment timescales. Lower than planned capital expenditure is acting to support the cash position.

QUALITY

	Quality measures	Target	Current month	Previous month	Year end forecast
1	Serious Incidents declared	1	7	4	
2	Complaints received	80	98	125	
3	Call Answering - 5 secs	95.0%	99.0%	99.0%	99%
4	CPI compliance	95.0%	64.0%	79.0%	
5	Infection control - hand hygiene	100.0%	98.0%	98.0%	Green
6	Category C1 (20 mins)	90.0%	67.2%	78.9%	Red

PERFORMANCE / ACTIVITY

	Performance / activity measures	Target	Current month	Previous month	Year end forecast
1	Category A	75.0%	70.9%	69.8%	75.1%
2	Cat A total incidents	40,185	38,159	39,901	
3	Cat A (red 1) incidents	1,350	1,190	1,197	
4	Cat A (red 2) incidents	38,835	36,969	38,704	
5	Demand Management Plan (A)	90%	42%	58%	75%
6	No send at point of contact DMP	500	612	903	500

WORKFORCE

	Workforce measures	Target	Current month	Previous month	Year end forecast
1	Staff Turnover	8.5%	10.10%	10.10%	Red
2	Vacancies (%)	5.0%	9.72%	9.72%	Red
3	Vacancies (WTE)	241	472	471	Red
4	Sickness all staff	5.5%	6.15%	5.58%	Amber
5	Frontline sickness	5.5%	6.81%	6.27%	Red
6	CSR 2013 Delivery - % of est	60% - Dec 13	75%	51%	100%

VALUE FOR MONEY

		Target	Current month	Previous month	Year end forecast
1	EBITDA (£000)	10,233	11,097	10,099	Amber
2	Net surplus (£000)	-34	-369	5	Amber
3	Cost Improvement Programme (£	4,425	5,171	4,314	Green
4	Capital expenditure (£000)	4,502	2,076	1,490	Green
5	Monitor FRR	3	3	3	Green
6	Cash balance (£000)	14,944	17,849	16,171	Green

London Ambulance Service NHS Trust
Finance Report - Part 1 - 2013/14
Month 8: November

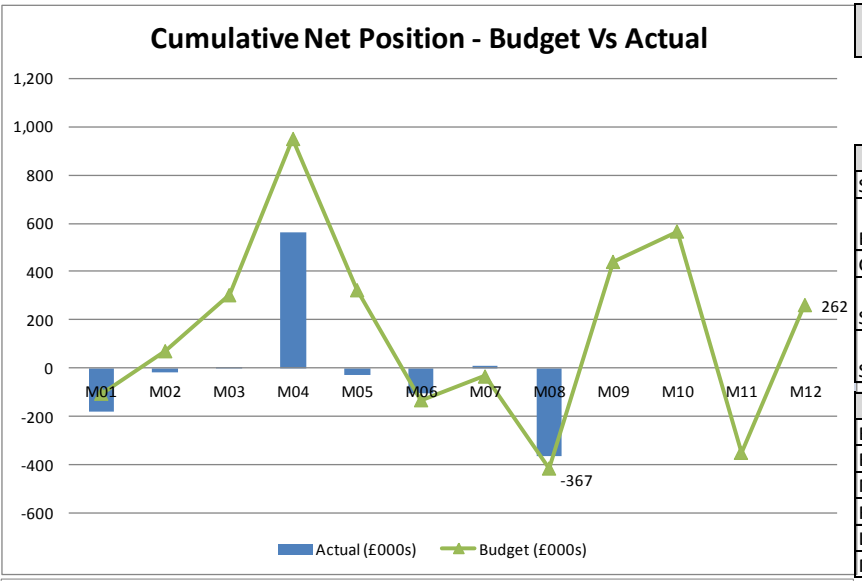
EMT – 10th December 2013
Board – 20th December 2013

Andrew Grimshaw
Finance Director

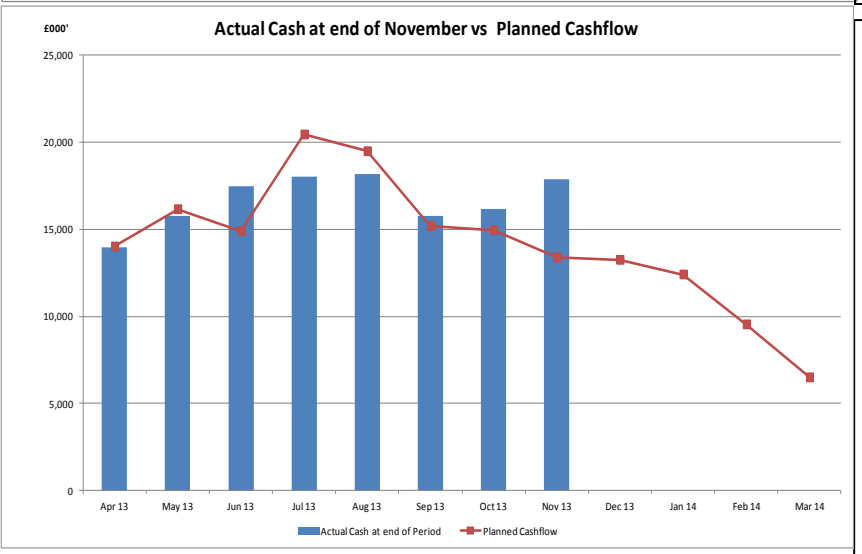
Executive Summary

Financial Indicator	Summary Performance	Current month	Previous month
Surplus	In month the trust reported on plan. YTD the trust is on plan. The trust still expects to deliver its £0.3m year end surplus position. The risk to maintaining the YTD plan position is driven by a number of factors including excess relief costs in operational staff groups. This has meant additional usage of premium resource such as overtime and private ambulance services.	**GREEN**	**GREEN**
Income	Income is £0.3m favourable in month and £1.1m adverse YTD. Risks to the full year position include shortfall in core income (currently managed through reserves), and Hospital Turnaround Penalties (YTD £0.1m impact adverse). Mitigation has been seen in the form of better than expected PTS performance (£0.4m), Additional A&E Journeys (£0.4m) and 111 income (£0.7m).	**GREEN**	**GREEN**
Expenditure	In month spend is £0.5m adverse, YTD there is a favourable variance of £0.7m; this is driven by ongoing vacancies in substantive pay (e.g. admin and clerical and frontline). Also 111 costs amounting to £0.7m have been included (offsets with Income) Operational Pay is currently £0.6mm 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 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 planned due to a delay in raising the £7.7m CBRN invoice and delays in receipts from Trusts.	**GREEN**	**GREEN**
Cashflow	Cash is £4.5m above plan. This is mainly due to a increase in trade creditors, increase in debtors and decrease in borrowings. Delays in capital expenditure have also acted to retain cash. Debtors are higher than planned due to a delay in raising the £7.7m CBRN invoice and delays in receipts from Trusts.	**GREEN**	**GREEN**

Executive Summary - Key Financial Metrics



Description	2013/14 - Month 8			Year to Date			FY 2013/14
	Budg	Act	Var	Budg	Act	Var	Budg
	£000	£000	£000 fav (adv)	£000	£000	£000 fav (adv)	£000
Dept Health							
Surplus	(384)	(374)	9	(418)	(369)	48	262
EFL	1,556	(1,685)	(3,241)	(8,509)	(13,335)	(4,826)	(2,288)
CRL	1,123	585	(538)	5,624	2,076	(3,548)	10,250
Suppliers paid within 30 days - NHS	95%	86%	-9.0%	95%	65%	-30.0%	95%
Suppliers paid within 30 days - Non NHS	95%	89%	-6.0%	95%	84%	-11.0%	95%
Monitor							
EBITDA %	5.0%	4.0%	-1.0%	5.9%	5.7%	-0.2%	6.3%
EBITDA on plan	1,232	998	(234)	11,455	11,097	(358)	0
Net Surplus	(384)	(374)	9	(418)	(369)	48	262
Return on Assets	1.98%	2.45%	0.5%	1.98%	2.45%	0.5%	3.56%
Liquidity Days	(8.63)	(8.68)	0.0	(8.63)	(8.68)	0.0	(8.63)
Monitor FRR net rating		3			3		



- In month on plan.
- Year to date on plan; Ongoing pressures:
  - Management of operational staff – especially relief factor
  - CIP delivery
- Cash is £4.5m above planned. This is mainly due to a increase in trade creditors offset by a decrease in borrowings and increase in debtors and lower than planned capital expenditure.
- The EFL variance is due to higher than planned cash balance and a reduction in borrowing.
- The Trust would expect to score an FRR of 3 against the current Monitor metrics.
- CRL position – The Capital plan is currently £3.5m behind plan due to programme delays but the full Capital allocation of £10.3m is still expected to be spent

Statement of Comprehensive Income

2013/14 - Month 8			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					
21,769	21,746	(24)	Income from Activities	173,997	173,873	(124)	262,415	
2,699	2,978	279	Other Operating Income	21,658	20,731	(928)	32,417	
24,468	**24,723**	**255**	**Subtotal**	**195,656**	**194,604**	**(1,052)**	**294,833**	
			Operating Expense					
18,154	17,482	672	Pay	143,669	137,656	6,013	215,797	
5,082	6,243	(1,161)	Non Pay	40,531	45,851	(5,319)	60,327	
23,237	**23,725**	**(488)**	**Subtotal**	**184,201**	**183,507**	**694**	**276,125**	
1,232	**998**	**(234)**	**EBITDA**	**11,455**	**11,097**	**(358)**	**18,708**	
5.0%	4.0%	1.0%	**EBITDA margin**	5.9%	5.7%	0.2%	6.3%	
			Depreciation & Financial					
1,244	1,112	131	Depreciation	8,900	8,769	131	13,990	
326	230	96	PDC Dividend	2,610	2,490	120	3,915	
45	31	15	Interest	362	207	155	540	
1,615	**1,373**	**243**	**Subtotal**	**11,872**	**11,466**	**406**	**18,446**	
(384)	**(374)**	**9**	**Net Surplus/(Deficit)**	**(418)**	**(369)**	**48**	**262**	
-1.6%	-1.5%	-0.1%	**Net margin**	-0.2%	-0.2%	0.0%	0.1%	

- The Year end forecast is for a surplus of £0.3m
- The YTD trend has improved and is on plan
- Income is adverse due to lower than planned central income (£2.9m) offset by improved PTS performance (£0.4m), A&E journey (£0.4m) and 111 related income ((£0.8m) offset by cost) and staff recharges (£0.1m)
- Pay is showing a favourable position overall (£6.0m) due to vacancies across the trust. However, frontline pay (including PAS usage) is showing £0.9m 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 £1.6m 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 so it is excluded here.*

Divisional Expenditure (excludes Income)

2013/14 - Month 8			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					
14,428	14,074	354	A&E	115,290	113,638	1,652	173,208	
2,285	2,113	171	EOC	18,124	16,801	1,323	27,318	
1,893	1,749	144	Operational Support	14,621	14,686	(64)	22,239	
18,605	**17,936**	**669**	**Subtotal**	**148,036**	**145,125**	**2,911**	**222,766**	
522	**565**	**(42)**	**PTS**	**4,264**	**4,433**	**(169)**	**6,372**	
			Support Services					
327	369	(43)	Chief Executive	2,651	2,632	20	3,958	
0	443	(443)	111 Project	0	759	(759)	0	
252	185	67	Corporate Services	2,016	2,028	(12)	3,024	
793	769	24	Estates	6,570	6,515	55	9,743	
177	171	6	Strategic Development	1,464	1,435	28	2,172	
212	216	(4)	Finance	1,628	1,636	(8)	2,514	
1,771	2,390	(619)	Central Corporate	12,315	14,488	(2,172)	18,130	
982	1,029	(46)	IM&T	7,644	7,453	191	11,575	
969	811	158	HR & OD	7,561	6,788	773	11,435	
122	109	13	Healthcare Promotion & Quality	973	895	78	1,460	
119	104	15	Medical	952	787	165	1,422	
5,724	**6,596**	**(872)**	**Subtotal**	**43,773**	**45,415**	**(1,642)**	**65,433**	
24,852	**25,098**	**(246)**	**TOTAL**	**196,073**	**194,974**	**1,100**	**294,570**	
24,468	*24,723*	*255*	*Income Memorandum*	*195,656*	*194,604*	*(1,052)*	*294,833*	
(384)	***(374)***	***9***	***NET POSITION MEMORANDUM***	***(418)***	***(369)***	***48***	***262***	

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

- 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)
  - Ongoing underspends in frontline pay
  - Operational Support – has seen increases in vehicle spend plus allocations for its CIP programme for which there is some slippage.
  - There is further CIP to be allocated to operational divisions as projects are implemented
- PTS is broadly on plan overall (additional income is more than offsetting additional spend)
- The 111 Programme is now included. As the project has developed in year there is no budget allocation. However, the agreement is 'open book' and so all costs incurred are expected to be recovered through income.
- Within support services
  - Central Corporate includes the adverse reserves position supporting income shortfalls and projected increases in non pay spend
  - 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 a favourable position due to the identification of corrections required to the trusts telephony costs.

Statement of Financial Position: YTD

	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Nov-13		
	Act	Act	Act	Act	Act	Act	Act	Act	Act	Plan	Var	%
	£000	£000	£000	£000	£000	£000	£000	£000	£000			
Non Current Assets												
Property, Plant & Equip	119,021	118,240	117,414	119,201	118,434	117,675	117,021	116,362	115,935	116,614	(679)	-0.58%
Intangible Assets	13,628	13,478	13,328	13,061	12,869	12,690	12,864	12,663	12,663	12,759	(96)	-0.75%
Trade & Other Receivables	0	0	0	0	0	0	0	0	0	0	0	
Subtotal	132,649	131,718	130,742	132,262	131,303	130,365	129,885	129,025	128,598	129,373	(775)	-1.33%
Current Assets												
Inventories	3,264	3,176	3,310	3,217	3,248	3,280	3,311	3,247	3,208	3,264	(56)	-1.72%
Trade & Other Receivables	16,075	18,604	15,797	14,875	15,267	15,972	16,670	18,602	20,836	14,373	6,463	44.97%
Cash & cash equivalents	5,500	13,968	15,747	17,486	18,028	18,164	15,770	16,171	17,849	13,379	4,470	33.41%
Total Current Assets	24,839	35,748	34,854	35,578	36,543	37,416	35,751	38,020	41,893	31,016	10,877	76.66%
Total Assets	157,488	167,466	165,596	167,840	167,846	167,781	165,636	167,045	170,491	160,389	10,102	6.30%
Current Liabilities												
Trade and Other Payables	(24,546)	(34,792)	(32,694)	(33,091)	(32,613)	(32,861)	(31,553)	(33,021)	(36,788)	(29,231)	(7,557)	25.85%
Provisions	(2,098)	(1,000)	(1,000)	(2,098)	(2,098)	(2,098)	(1,908)	(1,908)	(1,908)	(1,281)	(627)	48.95%
Borrowings	(309)	(263)	(263)	(263)	(263)	(263)	(263)	(263)	(263)	(238)	(25)	10.50%
Working Capital Loan - DH	0	0	0	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)	(1,244)	(1,244)	(1,244)	0	0.00%
Net Current Liabilities)	(28,197)	(37,299)	(35,201)	(36,696)	(36,218)	(36,466)	(34,968)	(36,436)	(40,203)	(31,994)	(8,209)	25.85%
Non Current Assets plus/less net current assets/Liabilities	129,291	130,167	130,395	131,144	131,628	131,315	130,668	130,609	130,288	128,395	1,893	102.51%
Non Current Liabilities												
Trade and Other Payables	0	0	0	0	0	0	0	0	0	0	0	
Provisions	(8,731)	(9,766)	(9,853)	(8,839)	(8,816)	(8,862)	(9,144)	(9,021)	(9,081)	(8,808)	(273)	3.10%
Borrowings	(641)	(661)	(641)	(427)	(377)	(380)	(379)	(330)	(323)	(641)	318	-49.61%
Working Capital Loan - DH	0	0	0	0	0	0	0	0	0	0	0	
Capital Investment Loan - DH	(4,343)	(4,343)	(4,343)	(4,343)	(4,343)	(4,343)	(3,721)	(3,721)	(3,721)	(3,721)	0	0.00%
Total Non Current Liabilities	(13,715)	(14,770)	(14,837)	(13,609)	(13,536)	(13,585)	(13,244)	(13,072)	(13,125)	(13,170)	45	0.00%
Total Assets Employed	115,576	115,397	115,558	117,535	118,092	117,730	117,424	117,537	117,163	115,225	1,938	101.18%
Financed by Taxpayers Equity												
Public Dividend Capital	62,516	62,516	62,516	62,516	62,516	62,516	62,516	62,516	62,516	62,516	0	0.00%
Retained Earnings	20,053	19,874	20,035	20,395	20,952	20,590	20,284	20,397	20,023	19,702	321	1.63%
Revaluation Reserve	33,426	33,426	33,426	35,043	35,043	35,043	35,043	35,043	35,043	33,426	1,617	4.84%
Other Reserves	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	0	0.00%
Total Taxpayers Equity	115,576	115,397	115,558	117,535	118,092	117,730	117,424	117,537	117,163	115,225	1,938	6.47%

> Non current assets stand at £128.6m.

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 £3.5m behind plan.

Current assets are £41.9m

Variance on current assets

> Cash position as at November is 17.8m, this is £4.5m above planned. This is due to higher than planned creditor balances, a delay in capital spend offset by a higher than planned debtor balances

> Receivables (debtors) are £1.6m above plan , Accrued Income £3.1m higher than planned and prepayments are £1.8m above plan.

> Receivables (Debtors) comprise principally trade debtors £12.7m, prepayments £5.1m and accrued income £3.1m.

Current Liabilities are £40.2m

> Current Liabilities comprise principally trade payables (creditors) £8.8m, Accruals £4.9m, Deferred Income £5.3m, Other Creditors £13.7m, HMRC £4.1m, Borrowings £1.5m and provisions £1.9m.

Variance on current liabilities
Current liabilities were higher than planned due to higher trade & other creditors £9.4m, provisions £0.6m and lower than planned accrual £1.4m balances. The trust has a high volume of unapproved invoices and is accruing for the ORH transitional costs. Deferred Income is £0.5m lower than planned.

> Borrowings - No new loans have been 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	Sep-13	Oct-13	Nov-13	Nov-13	Nov-13	Nov-13
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Fcast			
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Opening Balance	5,500	13,968	15,747	17,486	18,028	18,164	15,770	16,171	**5,500**	**5,500**	**0**
Operating Surplus	1,187	1,625	1,488	1,997	1,133	651	1,539	998	10,618	11,387	(769)
(Increase)/decrease in current assets	(2,441)	2,673	1,015	(423)	(737)	(729)	(1,868)	(2,195)	(4,705)	1,914	(6,619)
Increase/(decrease) in current liabilities	9,316	(2,420)	1,008	101	(22)	245	1,226	3,536	12,990	3,093	9,897
Increase/(decrease) in provisions	1,035	87	(1,014)	(36)	(27)	75	(139)	37	18	77	(59)
Net cash inflow/(outflow) from operating activities	9,097	1,965	2,497	1,639	347	242	758	2,376	18,921	16,471	2,450
Cashflow inflow/outflow from operating activities	**9,097**	**1,965**	**2,497**	**1,639**	**347**	**242**	**758**	**2,376**	**18,921**	**16,471**	**2,450**
Returns on investments and servicing finance	(13)	(11)	(11)	(8)	(8)	(8)	(2)	(7)	(68)	(97)	29
Capital Expenditure	(590)	(155)	(533)	(1,039)	(206)	(43)	(306)	(684)	(3,556)	(5,838)	2,282
Dividend paid	0	0	0	0	0	(1,962)	0	0	(1,962)	(1,963)	1
Financing obtained	0	0	0	0	0	0	0	0	0	0	0
Financing repaid	(26)	(20)	(214)	(50)	3	(623)	(49)	(7)	(986)	(694)	(292)
Cashflow inflow/outflow from financing	**(629)**	**(186)**	**(758)**	**(1,097)**	**(211)**	**(2,636)**	**(357)**	**(698)**	**(6,572)**	(8,592)	**2,020**
Movement	8,468	1,779	1,739	542	136	(2,394)	401	1,678	12,349	7,879	4,470
Closing Cash Balance	**13,968**	**15,747**	**17,486**	**18,028**	**18,164**	**15,770**	**16,171**	**17,849**	**17,849**	**13,379**	**4,470**

The cash balance as at November 2013 is £17.8m, this is £4.5m above plan.

Variance on current assets is (£6.6m)
> Current assets movement was lower than planned due to increase in prepayments (£2.1m), lower decrease in accrued income (£3.0m), decrease in stock (0.1m) and a higher increase debtors (£1.6m).

Variance on current liabilities is £9.9m
> Current liabilities movement was higher than planned due to increase in trade & other creditors £11.8m and decrease in accruals (£1.4m). The trust has a high volume of unapproved invoices. Deferred Income increase was (£0.5m) lower than planned.

Variance on Capital Expenditure is £2.3m
> The lower than planned Capital Expenditure payments is due to slippage on the capital programme. Capital Expenditure payments total £3.6m 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 Trust

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 20 DECEMBER 2013

PAPER FOR INFORMATION

Document Title:	**Francis & Berwick Update**
Report Author(s):	**Steve Lennox, Director of Nursing and Quality**
Lead Director:	**Ann Radmore, Chief Executive**
Contact Details:	**Steve.Lennox@Lond-Amb.nhs.uk**
Why is this coming to the Trust Board?	**Inform Trust Board on progress with Francis & Berwick report**
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:	**Continue to approve direction of travel**

Key issues and risks arising from this paper

The paper emphasises the importance of ensuring the work on Francis & Berwick are aligned with the strategy, vision and values.

Executive Summary

- The paper outlines some of the "fundamental" pieces of work that need to be undertaken to act as foundations for the delivery of Francis & Berwick recommendations.
- The board will wish to consider and return to these issues as part of the strategy conversations in January and March
- Further action is proposed for report to the board in spring 2014

Attachments

Paper

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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:

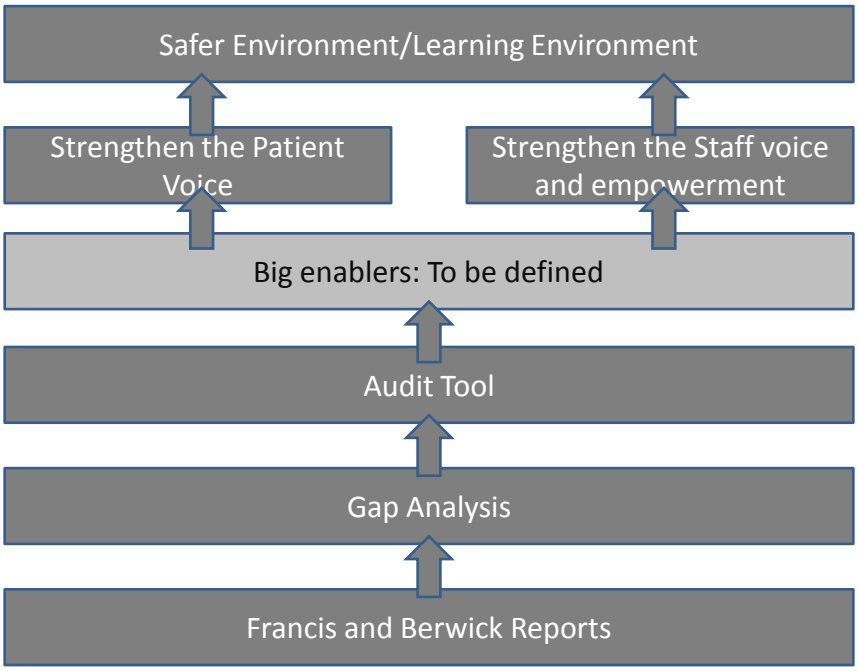
Second Paper- Trust's Response to Francis & Berwick

Introduction

1. This paper is in follow up to the September paper which gave a progress update on the Trust's response to the Francis & Berwick reports. At that point in time the Trust Board and Executive Management Team agreed that the goal was to become an organisation that was a Learning Organisation and there were two main strategic areas of work

    - Strengthening the patient voice
    - Strengthening the staff voice and empowering the workforce

2. The paper presented the flow diagram below to illustrate how this sits within our Francis & Berwick work.



3. This paper sets out the current thinking and proposed next steps.

Current Thinking & Progress

4. Francis & Berwick is already informing some of our thinking and is being reflected within the modernisation programme; the current staff engagement plans and in the reshaping of the Learning from Experience Committee. It is critical that we do not let the work on Francis and Berwick become a separate work stream but it is integrated into our work and the plans for 2014 and beyond.

5. It is clear that the Trust's revised strategy to 2020 will need to embrace the essence of these reports and explicitly place patients at the centre of the strategic vision. The strategy will need to respond to the challenges of urgent and emergency care in London and face the financial and quality dilemmas. This is currently being undertaken by the Interim Director for Strategy and will be taken forward by the new Director of Strategy and Transformation with a strategic framework to the board in January and a final document in March. A draft set of values and mission has been developed and work needs to continue in order to align the two pieces of work. There is a risk that the Francis & Berwick work will fail if these two pieces are not aligned.

6. Implementing the strategy and changing the way we think and prioritise is just as important. In different providers structures are in place to create a social movement where clinicians meet with clinical leaders and senior managers and become champions for change. For example, the Chief Executive can attend the monthly Sisters Meeting or Medical Committee whilst the Director of Nursing will regularly meet with the Matrons. The London Ambulance Trust does not have parallel structures nor are they as easily created. Therefore, we need to consider how future structures can assist the Senior Clinicians and Managers in influencing the thinking of the workforce and creating a two way dialogue. This will need to be taken into consideration within the operations structure.

7. Much has been done over the past year to try and involve staff more and develop a two way flow. The Listening in Action work is a good example of new engagement work and this work will to evolve once the more formal programme completes in 2014.The level of staff response in the annual staff survey is higher this year which is encouraging. The Trust needs to make time for the concerns of staff to be heard and to allow staff to influence the decisions that are made as a matter of routine business. Experiments have been made in 2013 into mechanisms and techniques to make this a reality and these need to be consolidated in 2014. Clearly not all staff can be included directly but a mechanism where staff can communicate directly and receive feedback would enhance the staff voice. As a category one responder we will always need to balance the appropriate situational use of command and control with that of routine empowerment and this is a unique challenge for ambulance services within the NHS.

8. Commissioners have now started to take an active interest in the lessons from the reports and we need to have a discussion with commissioners about their involvement in our work and how they will monitor the organisation within the context of Francis &Berwick.

Next Steps

Staff

9. We need to identify the cultural and organisational barriers that we need to change. This work has started with the audit tool that was created earlier in the year. Action SL

10. We need to ensure the staff voice and empowerment feature strongly within our current strategy and that we assess and balance the command and control dimension within the overall approach. Action KB

11. We need to consider how the operational structure will facilitate better communication and establish a team approach to delivering care. This, with thought, can enhance accountability and empowerment. Action JK

12. We need to create a supervisory layer that has responsibility for assurance and development.Action JK

13. We need a formal staff engagement approach for 2014 which supports the points above and builds on 2013 and LiA. Action CG and JC

Patient

14. We need to ensure the patient voice features strongly within our current strategy. Action KB

15. Explore with our senior managers what organisational decisions need patient involvement so that we move closer to a “no decision without me” philosophy. Action SL

16. We need to explore new opportunities for obtaining patient engagement
    - Healthwatch
    - Joining with acute providers in engaging locally
    - Identify new technologies for engagement
    - Third sector (especially long term conditions) Action SL

London Ambulance Service NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 20TH DECEMBER 2013

PAPER FOR INFORMATION

Document Title:	**Report from the Chief Executive**
Report Author(s):	**Ann Radmore, Chief Executive**
Lead Director:	**N/A**
Contact Details:	**Ann.radmore@lond-amb.nhs.uk**
Why is this coming to the Trust Board?	**The CEO provides an update to the Board on key areas.**
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:	**Information only.**

Key issues and risks arising from this paper

Executive Summary

The report covers the following items:

1. Health & Social Care Centre's Focus Report on Accident & Emergency Data
2. NHS Services, Seven Days a Week
3. NHS England
4. Contribution of Clinicians to Clinical Reference Groups on behalf of NHS England
5. Additional Funding
6. GLA Police & Crime Committee November Meeting
7. Eurocopter by BOND
8. Hospital Handover Delays – Media Coverage
9. London Assembly Budget & Performance Committee
10. Clinical Hub
11. Chief Executive's visit to North East Ambulance Service

Attachments

Report from Chief Executive – December 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
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LAS Strategic Goals and Priorities

This paper supports the achievement of the following 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:

CHIEF EXECUTIVE REPORT FOR THE LONDON AMBULANCE SERVICE TRUST BOARD MEETING HELD ON 20 DECEMBER 2013

1. Health & Social Care Centre's Focus Report on Accident & Emergency Data

The above report published in December 2013 shows how patterns of use have changed: attendances have grown by 11% over four years, with 60,000 per day using A&E Services.

Professor Keith Willett, Director for Acute Episodes of Care at NHS England said:

"The data published today by the Health and Social Care Information Centre cover much of the same areas as those analysed by NHS England in setting out the evidence base behind our vision. We know that too many people are attending major A&E units when they could have received advice or treatment equally well out hospitals, from GPs or at urgent care centres, from paramedics or from pharmacists, had those options been more available".

The full report can be accessed here:

https://catalogue.ic.nhs.uk/publications/hospital/AandE/acci-emer-focu-on-2013/acci-emer-focu-on-2013-rep-V2.pdf

2. NHS Services, Seven Days a Week

NHS England's National Medical Director Sir Bruce Keogh today (Sunday) sets out a plan to drive seven day services across the NHS over the next three years, starting with urgent care services and supporting diagnostics.

For more information please visit http://www.england.nhs.uk/2013/12/15/sir-bruce-keogh-7ds/

3. NHS England

NHS England has now published assurance frameworks for CCGs and direct commissioners. The frameworks set out how NHS England will assure that CCGs and NHS England's own direct commissioning functions are operating effectively to commission safe, high quality and sustainable services within their resources.

The full assurance framework can be accessed here:

http://www.england.nhs.uk/2013/11/28/ass-frmwk/

4. Contribution of Clinicians to Clinical Reference Groups on behalf of NHS England

A letter of thanks from Sir Bruce Keogh has been received in acknowledgement of the support offered by the Board and clinicians within the trust in undertaking vital work for NHS England.

5. Additional Funding

All three London LETBs (training boards) have agreed to provide additional funding to the Trust be spent by year end. A paper has been submitted providing detail of our intended use to support the delivery of training and the development of our staff and the clinical career structure.

HEE(Health Education England are also considering the issues of paramedic recruitment and development and the CEO has agreed to sit on a national working party to address this issue of prime importance to the Trust.

6. GLA Police & Crime Committee November Meeting

As reported to the Board last month the above committee met in November. During the meeting a number of inaccurate statements were made regarding our interaction with the MPS (in particular Mental Health patients). A letter has been sent in response to these statements to the Chair of the committee and includes an invitation to members of the to attend a joint meeting with the LAS and MPS to initiate further discussion.

7. Eurocopter by BOND

The trust liaison officer to the London Air Ambulance (LAA) has been advised that following the recent helicopter crash in Glasgow all EC135's by operator BOND, to provide reassurance, have been grounded. This is a different type of aircraft than that used by the LAA and therefore normal operation will be maintained.

The EMT formally reviewed this advice on the use of the helicopter in which our staff fly with HEMS and will keep this under active review.

8. Hospital Handover Delays – Media Coverage

Following an FOI request to all national ambulance trust the BBC published the data provided quoting a number of +hours delay experienced in parts of the country which were impacting on ambulance services ability to respond to emergency calls.

On Tuesday 10 December the Labour party held a summit with staff from hospital departments and the ambulance services to discuss the situation.

9. London Assembly Budget & Performance Committee

The above committee met on the 17 December and was attended by the CEO. A verbal update will be provided.

10. Clinical Hub

The Clinical Hub formally launched in EOC on 9 December 2013 providing both clinical support and a Hear & Treat service. The data collated so far shows that in the first week of operation the unit reviewed 7022 calls of which 2234 were resolved using alternative care pathways or home care advice.

A peer review and our use of the Manchester Triage System was undertaken by North West Ambulance Service who lead on this assessment tool. The outcome was very positive and particularly drew attention to the quality of service that we provide.

11. CE visit to NEAS

The CEO visited North East Ambulance Service in November and was able to study their control room operations and public engagement as well as learn from a very different set of geographical challenges.

Ann Radmore
Chief Executive

December 2013

London Ambulance Service NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 20TH DECEMBER 2013

PAPER FOR APPROVAL

Document Title:	**Charitable Funds Annual Report for the year ending 31st March 2013**
Report Author(s):	**Michael John, Head of Financial Services**
Lead Director:	**Andrew Grimshaw, Director of Finance/Tony Crabtree, Acting Director of Workforce**
Contact Details:	**michael.john@lond-amb.nhs.uk**
Why is this coming to the Trust Board?	**Approval of the 2012/13 annual report and accounts prior to submission to the Charity Commission**
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: Charitable Funds Committee
Recommendation for the Trust Board:	**The Trust Board is asked to approve the independent examined annual report and annual accounts for 2012/13.**

Key issues and risks arising from this paper

The independent examiner has reviewed our accounts for the year-end 31 March 2013. The full report can be found on page 7.

Independent examiner's statement:

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

(1) which gives me reasonable cause to believe that in any material respect the requirements:
- to keep accounting records in accordance with section 130 of the 2011 Act; and
- to prepare financial statements which accord with the accounting records and comply with the accounting requirements of the 2011 Act

have not been met; or

(2) to which, in my opinion, attention should be drawn in order to enable a proper understanding of the financial statements to be reached.

Executive Summary

- As the corporate trustee's of the LAS charity, we have a statutory requirement to publish an annual report and accounts to include the annual report; the primary financial statements and notes; a statement on the trustee's responsibilities and independent examiner report.
- The minimum content for the annual report is set out in the Charities SORP 2005.
- The financial statements are in accordance with the Charities Act 2011.
- The Trust is required to submit the charities' annual report and independent examiner report to the Charity Commission on or before 31st January 2014.
- The total incoming resources were £71k; this was £63k higher than last year.
- The total resources expended were £123k; this was £53k higher than last year.
- The net outgoing resources were (£52k); this was £10k lower than last year.
- The value of investments decrease by £65k.

Attachments

London Ambulance Service Charitable Funds Annual Report for the year ended 31 March 2013

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Quality Strategy

This paper supports the following domains of the quality strategy

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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
☐ 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 CHARITABLE FUND

ANNUAL REPORT

FOR THE YEAR ENDED 31 MARCH 2013

LONDON AMBULANCE SERVICE CHARITABLE FUND

ANNUAL REPORT OF THE TRUSTEES FOR THE YEAR ENDED 31 MARCH 2013

Foreword

The Charity's annual report and accounts for the year ended 31 March 2013 have been prepared by the Corporate Trustee in accordance with the Statement of Recommended Practice by Charities (SORP 2005) issued in March 2005, applicable UK Accounting Standards and the Charities Act 2011.

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

Board Member	Designation within the Trust
Richard Hunt	Chairman
Ann Radmore	Chief Executive (appointed 7 January 2013)
Peter Bradley	Chief Executive (resigned 9 September 2012)
Beryl McGrath	Non Executive Director (resigned 31 March 2013)
Roy Griffins	Non Executive Director
Caroline Silver	Non Executive Director
Brian Huckett	Non Executive Director (resigned 31 December 2012)
Jessica Cecil	Non Executive Director
Murziline Parchment	Non Executive Director (resigned 30 September 2012)
Nicholas Martin	Non Executive Director (appointed 1 October 2012)
John Jones	Non Executive Director (appointed 1 January 2013)
Fionna Moore	Medical Director
Andrew Grimshaw	Director of Finance (Interim 21 January 2013)
Michael Dinan	Director of Finance (resigned 20 January 2013)
Martin Flaherty	Deputy Chief Executive (resigned 6 January 2013 - Acting Chief Executive 10 September 2012 to 6 January 2013)
Caron Hitchen	Director of Human Resources
Steve Lennox	Director of Health Promotion and Quality

REFERENCE AND ADMINISTRATIVE INFORMATION

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

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

Trustee

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

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

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

Caroline Silver	(Non Executive Director)
Caron Hitchen	(Director of Human Resources)
Michael John	(Financial Controller)
Eric Roberts	(UNISON representative)
Tony Crabtree	(Head of Employee Services)
Francesca Guy	(Committee Secretary)

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

Principle Charitable Fund Adviser to the Board

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

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

Principal Office

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

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

Principal Professional Advisers

Bankers

Lloyds Bank plc
South Bank Branch
2 York Road
London SE1 7lZ

Independent Examiner

Ms K. Gallagher, ACA of Baker Tilly Tax and Accounting Limited
Springpark House
Basing View
Basingstoke
Hampshire RG21 4HG

Investment Managers

Investec Wealth & Investment Limited
2 Gresham Street
London EC2V 7QN

STRUCTURE, GOVERNANCE AND MANAGEMENT

The majority of the charity's funds are held in an unrestricted fund, which was established using the model declaration of trust and all the funds held on trust as at the date of registration were part of this fund. Almost all of the subsequent donations and gifts received by the charity have all been attributable to that fund and have been added to the existing balance.

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

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

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

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

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

Trustees' Responsibilities in the Preparation of Financial Statements

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

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

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

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

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

Risk Management

The major risks to which the charity is exposed have been identified and considered. They have been reviewed and systems established to mitigate those risks. The most significant risk identified was possible losses from the fall in the value of investments and the level of reserves available to mitigate the impact of such losses. This has been carefully considered and there are procedures in place to review the investment policy and also to ensure that both spending and firm financial commitments remain in line with income.

Partnership Working and Networks

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

OBJECTIVES AND STRATEGY

The Charity has the following objective:

"the trustee shall hold the trust fund upon trust to apply the income, and at its discretion, so far as may be permissible, the capital, for any charitable purpose or purposes relating to the National Health Service" wholly or mainly for the services provided by the London Ambulance Service NHS Trust.

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

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

ANNUAL REVIEW

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

Grant Making Policy

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

FINANCIAL REVIEW

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

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

The level of reserves are monitored and reviewed by the Corporate Trustee, usually once every 5 years (free reserves at 31 March 2013 was £85,000).

The net assets of the Charity as at 31 March 2013 were £85,000 (31 March 2012: £127,000). Overall net assets decreased by £42,000 due to the net expenditure of £50,000 and a gain on the value of investments of £8,000.

The main sources of income of the charity are donations and investment income. Total incoming resources for the year were £71,000 (2011/2012: £8,000).

Expenditure totalled £121,000 during the year, with the largest items of expenditure being Christmas grants of £34,000 and £36,000 on other amenities.

Two donations were received during the year into the London Ambulance Service Voluntary Responder Group, these were from The Grand Lodge of Mark Masons Fund of Benevolence £20,000 and the London Borough of Barnet £24,000 to purchase two community response vehicles that were donated to the London Ambulance Service NHS Trust in the year.

The charity has no employees so relies on the London Ambulance Service NHS Trust staff to review the appropriateness of grant applications. Each year the Charitable Funds Committee sets a budget and reviews income and expenditure against this budget on a quarterly basis. In addition, the Charitable Funds Committee reviews and manages the performance of the Charity's investments in accordance with the investment policy.

Investments

The Corporate Trustee invests the charitable funds with Investec Wealth & Investment Limited.

The funds are managed in accordance with an investment policy which is set by the Charitable Funds Committee. Currently the investments are split approximately 82%: 18% by value between pooled funds and interest bearing bonds and cash. The performance of the pooled funds is monitored against the performance of similar funds.

The Corporate Trustee operates an ethical investment policy. Investments are not made in companies dealing predominantly in the tobacco trade or in the manufacture and sale of arms.

OUR FUTURE PLANS

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

The London Ambulance Service Voluntary Responder Group has been set-up to support the groups of volunteers that operate under the management of the London Ambulance Services First Responder department. These include community first responders, emergency responders, staff at public access defibrillator sites and members of the public that have received London Ambulance Services community resuscitation training. Dame Helen Mirren is the patron of the group. The group holds a number of funding raising event.

Signed: ……

Ann Radmore, Chief Executive of the Trust Board on behalf of the Corporate Trustee

Date: ……

LONDON AMBULANCE SERVICE CHARITABLE FUND

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

I report on the financial statements of London Ambulance Service Charitable Fund for the year ended 31 March 2013, which are set out on pages 8 to 16.

Respective responsibilities of trustees and examiner

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

It is my responsibility to:

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

Basis of independent examiner's report

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

Independent examiner's statement

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

(1) which gives me reasonable cause to believe that in any material respect the requirements:
- to keep accounting records in accordance with section 130 of the 2011 Act; and
- to prepare financial statements which accord with the accounting records and comply with the accounting requirements of the 2011 Act

have not been met; or

(2) to which, in my opinion, attention should be drawn in order to enable a proper understanding of the financial statements to be reached.

Kerry Gallagher, ACA
On behalf of BAKER TILLY TAX AND ACCOUNTING LIMITED
Springpark House, Basing View, Basingstoke, Hampshire RG21 4HG

…….. 2013

LONDON AMBULANCE SERVICE CHARITABLE FUND

STATEMENTS OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 31 MARCH 2013

	Note	2012-13 Unrestricted Funds £000	2012-13 Restricted Funds £000	**2012-13 Total Funds £000**	2011-12 Total Funds £000
Incoming resources					
Incoming resources from generated funds:					
Voluntary Income:					
Donations		10	44	**54**	1
Legacies	10	12	-	**12**	-
Subtotal voluntary income		**22**	**44**	**66**	1
Investment income	5.3	4	-	**4**	7
Other income		1	-	**1**	-
Total incoming resources		**27**	**44**	**71**	8
Resources expended					
Costs of generating funds:					
Investment management costs		2	-	**2**	2
Charitable activities:					
Staff education and welfare – grants payable	3	70	44	**114**	60
Governance costs	4	5	-	**5**	7
Other resources expanded		-	-	**-**	1
Total resources expended		**77**	**44**	**121**	70
Net outgoing resources		**(50)**	**-**	**(50)**	(62)
Other recognised gains and losses					
Gains/(losses) on investment assets		8	-	**8**	(3)
Net movement in funds		**(42)**	**-**	**(42)**	(65)
Reconciliation of Funds					
Fund balances brought forward at 31 March 2012		127	-	127	192
Fund balances carried forward at 31 March 2013		**85**	**-**	**85**	127

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

The notes at pages 10 to 16 form part of these accounts.

LONDON AMBULANCE SERVICE CHARITABLE FUND

BALANCE SHEET AS AT 31 MARCH 2013

	Note	2012-13 Unrestricted Funds £000	2012-13 Restricted Funds £000	**2012-13 Total Funds £000**	2011-12 Total Funds £000
Fixed assets					
Investments	5	66	-	**66**	131
Total fixed assets		**66**	**-**	**66**	131
Current Assets					
Stocks	6	2	-	**2**	3
Debtors	7	1	-	**1**	-
Cash at bank in hand		23	-	**23**	1
Total current assets		**26**	**-**	**26**	4
Creditors: Amounts falling due within one year	8	7	-	**7**	8
Net current assets/(liabilities)		**19**	**-**	**19**	(4)
Total assets less current liabilities		**85**	**-**	**85**	127
Total net assets		**85**	**-**	**85**	127
Funds for the charity					
Income Funds:					
Unrestricted – general purpose fund		85	-	**85**	127
Total charity funds		**85**	**-**	**85**	127

The accounts set out on pages 8 to 16 were approved by the Corporate Trustee on ……., and signed on its behalf by

Signed: ……

Ann Radmore, Chief Executive of the Trust Board on behalf of the Corporate Trustee

Date: ……

The unaudited financial statements have been subjected to independent examination. See page 7.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2013

1. Accounting Policies

1.1 Basis of preparation

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

1.2 Incoming resources

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

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

1.3 Incoming resources from legacies

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

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

1.4 Resource expended

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

a. Cost of generating funds

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

b. Charitable activities

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

c. Grants payable

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

d. Government costs

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

1.5 Structure of funds

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

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

The major funds held under these categories are disclosed at note 9.

1.6 Investment Fixed Assets

Investment fixed assets are shown at market value at the balance sheet date. Quoted stocks and shares are included in the balance sheet at mid-market price, ex-dividend. Common Investment Fund Units are included in the balance sheet at the closing dealing price at the balance sheet date.

1.7 Realised gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (or date of purchase if later). Unrealised gains and losses are calculated as the difference between market value at the year end and opening market value (or date of purchase if later).

1.8 Stocks

Stock is included at the lower of cost and net realisable value.

2. Allocation of support costs and overheads

All support costs and are allocated to governance costs.

The total value of support costs and overheads was £5,200 (2011/2012: £7,000).

3. Analysis of charitable expenditure

	2012-13 Unrestricted Funds £000	2012-13 Restricted Funds £000	**2012-13 Total Funds £000**	2011-12 Total Funds £000
Staff welfare and amenities				
Grants payable to individuals	70	-	**70**	60
Grants payable to London Ambulance Service NHS Trust	-	44	**44**	-
	70	**44**	**144**	6

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

4. Analysis of governance costs

	2012-13 Unrestricted Funds £000	2012-13 Restricted Funds £000	**2012-13 Total Funds £000**	2011-12 Total Funds £000
Independent examination fee	3	-	**3**	4
Apportioned overheads	2	-	**2**	3
	5	**-**	**5**	7

The independent examiners remuneration of £2,700 (2011/2012: £4,500) related solely to the independent examination with no other work undertaken (2011/2012: £Nil).

5. Analysis of Fixed Asset Investments

5.1 Movement in fixed asset investments

	2013 £000	2012 £000
Market value at 1 April 2012	**131**	179
Less: Disposals at carrying value	**(123)**	(75)
Add: Acquisitions at cost	**68**	14
Net (loss)/gain on revaluation	**(10)**	13
Market value a 31 March 2013	**66**	131
Historic cost at 31 March 2013	**60**	126

5.2 Market value at 31 March 2013

	Held in UK £000	Held outside UK £000	**2013 Total £000**	2012 Total £000
Investments listed on Stock Exchange:				
Bonds	12	-	**12**	**27**
Investments in a Common Deposit Fund or Common Investment Fund	54	-	**54**	104
Cash held as part of Investment Portfolio	-	-	**-**	-
	66	**-**	**66**	131

	2013 Total £000	2012 Total £000
Individual holding representing more than 5% of the market value of the portfolio at the balance sheet date:		
LCR Finance	**-**	11
GE Capital UK Fund	**-**	10
Bunzl	**-**	8
Unilever	**-**	8
Glaxosmithkline	**-**	7
Severn Trent	**-**	7
United Utilities	**-**	8
Standard Chartered	**-**	8
Impax Enviro	**-**	10
F and C Ethical Bond	**12**	-
AXA Ethical Distribution	**10**	-
F and C Stewardship	**23**	-
Kames Ethical Equity	**6**	-
Standard Life Ethical	**5**	-
Aberdeen Unit Trust Ethical	**10**	-

5.3 Market value at 31 March 2013

	Held in UK £000	Held outside UK £000	**2013 Total £000**	2012 Total £000
Investments listed on Stock Exchange	3	-	**3**	2
Investments in a Common Deposit Fund or Common Investment Fund	1	-	**1**	5
	4	-	**4**	7

6. Analysis of Stocks

	2013 Total £000	2012 Total £000
Analysis of Stocks		
Award Vouchers	**2**	3
Total Stocks	**2**	3

7. Analysis of Debtors

	2013 Total £000	2012 Total £000
Analysis of Debtors		
Amounts falling due within one year:		
Other debtors	**1**	-
Total debtors	**1**	-

8. Analysis of Creditors

	2013 Total £000	2012 Total £000
Analysis of Debtors		
Amounts falling due within one year:		
Accruals	**7**	8
Total creditors	**7**	8

9. Analysis of Charitable income funds

a. Restricted funds

	Balance 1 April 2012 £000	Resources expended £000	Incoming resources £000	Balance 31March 2013 £000
Voluntary Responders Fund	-	(44)	44	-
	-	**(44)**	**44**	**-**

Name of Fund	Description, nature and purpose of the fund
London Ambulance Voluntary Responders	The objects of the restricted fund is to advance health, save lives and to promote the efficiency of ambulance services.

b. Unrestricted income funds

	Balance 1 April 2012 £000	Resources expended £000	Incoming resources £000	Balance 31March 2013 £000
London Ambulance Service General Fund	127	(69)	27	85
	127	**(69)**	**27**	**85**

Name of Fund	Description, nature and purpose of the fund
London Ambulance Voluntary Responders	The objects of the unrestricted fund is available for any charitable purposes relating to the NHS at the absolute discretion of the trustees.

10. Material legacies

There was a legacy of £11,420 during the year (2011/2012: £Nil).

11. Related party transactions

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

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

The charity paid an administration fee of £2,500 to the London Ambulance Service NHS Trust. The charity made a donation of £44,000 to the London Ambulance Service.

London Ambulance Service NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 20TH DECEMBER 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 November 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 are making good progress to achieve full compliance before the end of 2013/14.

1. Board statements

Board statement 10 requires the Board to sign off that: it is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets as set out in the NTDA oversight model; and a commitment to comply with all known targets going forward.

The Trust is unable to declare compliance with this statement following the discussion at the Trust Board meeting on 26th November on winter and sustainability planning. As at the 1st of December, the Trust was seeking £10m additional resourcing in order to deliver 75% A8 performance in 2013/14 and is in discussion with the NHS Trust Development Authority regarding this.

2. Monitor Compliance

The Monitor Compliance 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. A minimum set of background checks has been implemented for current and newly appointed directors from the end of November 2013.

C2 – competition oversight: we can declare compliance against this condition now following the training session from Capsticks – NHS Context – Competition Law – on 26th November 2013. A further session is planned with the Executive team for early 2014.

Attachments

None.

****

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 BOARD FORWARD PLANNER 2014

28th January 2014

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	**Integrated Board Performance Report** **Quality Dashboard** **Clinical Quality and Patient Safety Report (including serious incidents update)** **Quality Committee Assurance Report from the meeting on 11th December 2013** **Finance Report** **Report from Finance and Investment Committee**	Report from Chief Executive Officer Modernisation Programme 2014/15 Annual Business Plan 2014/15 Corporate Objectives 2014/15 Equality Objectives LAS Strategy Draft LTFM	Board Declarations Report from Trust Secretary Trust Board Forward Planner	Finance and Investment Committee on 16th January 2014	Nick Martin

25th March 2014

Standing Items	Quality Governance and Risk	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
Staff Story Declarations of Interest Minutes of the previous meeting Matters arising Report from the Trust Chairman FT Update	**Integrated Board Performance Report** **Quality Dashboard** **Clinical Quality and Patient Safety Report (including serious incidents update)** **Quality Committee Assurance Report** **Audit Committee Assurance Report** **BAF and Corporate Risk Register – Quarter 4 documents** **Finance Report** **Report from Finance and Investment Committee** **Risk Management Strategy and Policy review**	Report from Chief Executive Officer Modernisation Programme 2013/14 Annual Business Plan sign off 2013/14 Corporate Objectives sign off 2013/14 Equality Objectives sign off Staff Survey results IBP/LTFM sign off Enabling Strategies	Board Declarations Report from Trust Secretary Trust Board Forward Planner	Audit Committee on 3rd February 2014 Finance and Investment Committee on 20th March 2014	

3rd June 2014

Standing Items	Annual Reporting	Quality Assurance	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
Patient Story Declarations of Interest Minutes of the previous meeting Matters arising Report from the Trust Chairman FT Update	**Annual Report and Accounts 2013/14** **Quality Account 2013/14 for approval** **Audit Committee Assurance Report** **BAF and Corporate Risk Register – Quarter 1 documents**	Integrated Board Performance Report Quality Dashboard Clinical Quality and Patient Safety Report (including serious incidents update) Quality Committee Assurance Report Finance Report Report from Finance and Investment Committee	Report from Chief Executive Officer Modernisation Programme	Board Declarations Report from Trust Secretary Trust Board Forward Planner	Audit Committee on 22nd May 2014 and 2nd June 2014 Finance and Investment Committee on 15th May 2014	Fionna Moore

24th June 2014

Standing Items	Quality Assurance	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
Staff Story Declarations of Interest Minutes of the previous meeting Matters arising Report from the Trust Chairman FT Update	**Integrated Board Performance Report** **Quality Dashboard** **Clinical Quality and Patient Safety Report (including serious incident update)** **Quality Committee Assurance Report** **Finance Report**	Report from Chief Executive Officer Modernisation Programme Equality Strategy Update	Board Declarations Report from Trust Secretary Trust Board Forward Planner		

29th July 2014

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	**Integrated Board Performance Report** **Quality Dashboard** **Clinical Quality and Patient Safety Report (including serious incidents)** **Quality Committee Assurance Report** **Annual Infection Prevention and Control Report 2013/14** **Annual Patient Experiences Report 2013/14** **Annual Safeguarding Report 2013/14** **Finance Report** **Report from Finance and Investment Committee**	Report from Chief Executive Officer Modernisation Programme	Annual Equality Report 2013/14 Governance Review Board Declarations Report from Trust Secretary Trust Board Forward Planner	Finance and Investment Committee on 17th July 2014	

30th September 2014

Standing Items	Quality Governance and Risk	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
Staff Story Declarations of Interest Minutes of the previous meeting Matters arising Report from the Trust Chairman FT Update	**Integrated Board Performance Report** **Quality Dashboard** **Clinical Quality and Patient Safety Report (including serious incident report)** **Audit Committee Assurance Report** **Annual Audit Letter 2013/14** **BAF and Corporate Risk Register – Quarter 2 documents** **Annual Report of the Audit Committee** **Finance Report** **Report from Finance and Investment Committee**	Report from Chief Executive Officer Modernisation Programme	Board Declarations Report from Trust Secretary Trust Board Forward Planner Annual Corporate Social Responsibility Report 2013/14	Audit Committee on 8th September 2014 Finance and Investment Committee on 18th September 2014	

25th November 2014

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	**Integrated Board Performance Report** **Quality Dashboard** **Clinical Quality and Patient Safety Report (including serious incident update)** **Quality Committee Assurance Report** **Audit Committee Assurance Report** **BAF and Corporate Risk Register – Quarter 3 documents** **Finance Report** **Report from Finance and Investment Committee**	Report from Chief Executive Officer Modernisation Programme	Board Declarations Report from Trust Secretary Trust Board Forward Planner Performance Reporting compliance statement	Audit Committee on 10th November 2014 Finance and Investment Committee on 20th November 2014	

16th December 2014

Standing Items	Quality Governance and Risk	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
Staff Story Declarations of Interest Minutes of the previous meeting Matters arising Report from the Trust Chairman FT Update	**Quality Dashboard** **Clinical Quality and Patient Safety Report (including serious incident update)** **Quality Committee Assurance Report** **Finance Report**	Report from Chief Executive Officer Modernisation Programme	Board Declarations Report from Trust Secretary Trust Board Forward Planner		

2014 Meetings Calendar

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									**30**				14.00 - 15.30
Annual C/Funds Committee	Caroline Silver (NED)													TBC
Remuneration Committee	Trust Chair													TBC
Audit Committee	Caroline Silver (NED)		**3**		**17**	**22**	**2**			**8**		**10**		
Finance and Investment Committee	Nick Martin (NED)	**24**		**20**		**22**		**24**		**25**		**20**		
Quality Committee	Bob McFarland (NED)		**26**		**23**		**18**		**27**		**29**		**19**	
Clinical Quality Safety and Effectiveness Committee	Medical Director	**23**		**24**		**19**		**21**		**29**		**24**		
Learning From Experience Group	Director of Nursing and Quality	**13**			**28**			**14**			**13**			14.00 - 17.00
Executive Management Team (EMT)	CEO	**Every Wednesday 9.00 - 11.00 (except last Wednesday of the month)**												9.00 - 11.00