



**MEETING OF THE LONDON AMBULANCE SERVICE NHS TRUST BOARD  
TO BE HELD IN PUBLIC ON TUESDAY 27<sup>TH</sup> MARCH 2012 AT 10.00 – 13.00  
CONFERENCE ROOM, FIELDEN HOUSE, 28 LONDON BRIDGE STREET, LONDON SE1 9SG**

**AGENDA: PUBLIC SESSION**

ITEM	SUBJECT	LEAD	TAB
1.	<b>Welcome and apologies for absence</b> Apologies received from:		
2.	<b>Declarations of Interest</b> To request and record any notifications of declarations of interest in relation to today's agenda or gifts and hospitality received	RH	
3.	<b>Patient Story</b> To hear a first account experience from a patient	SL	
4.	<b>Minutes of the Part I meeting held on 24<sup>th</sup> January 2012</b> To approve the minutes of the meeting held on 24 <sup>th</sup> January 2012	RH	TAB 1
5.	<b>Matters arising</b> To review the action schedule arising from previous minutes	RH	TAB 2
6.	<b>Report from the Chairman</b> To receive a report from the Trust Chairman on key activities since the last meeting	RH	TAB 3
<b>QUALITY ASSURANCE</b>			
7.	<b>Quality Dashboard and Action Plan</b> To receive the most recent Quality dashboard and progress against the Quality Action Plan	SL	TAB 4
8.	<b>Clinical Quality and Patient Safety Report</b> To receive the monthly report on clinical quality and patient safety to month 11	FM/SL	TAB 5
9.	<b>Quality Committee Assurance Report</b> To receive a report from the Chair of the Quality Committee	BM	TAB 6
10.	<b>Workforce Report</b> 10.1 To receive the monthly report on workforce issues 10.2 To note the action plan to address attitude and behaviour	CH SL	TAB 7
<b>STRATEGIC AND BUSINESS PLANNING</b>			
11.	<b>Report from Chief Executive Officer</b> To receive a report from the Chief Executive Officer	PB	TAB 8
12.	<b>2012/13 Trust Priorities</b> To approve the 2012/13 Trust Priorities	PB	TAB 9

13.	<b>2012/13 Equality Objectives</b> To approve the 2012/13 Equality Objectives	CH	TAB 10
<b>PERFORMANCE</b>			
14.	<b>Performance Report</b> 14.1 Chief Operating Officer, to receive the performance report 14.2 Director of Finance, to receive a report on financial performance for month 11 14.3 Director of Finance, to receive a report on progress against the Cost Improvement Programme	MF MD MD	TAB 11 TAB 12
15.	<b>CommandPoint Update</b> To receive an update on CommandPoint	PS	TAB 13
<b>ASSURANCE AND RISK REPORTS</b>			
16.	<b>Board Assurance Framework and Corporate Risk Register</b> To review the quarter 4 documents	SA	TAB 14
17.	<b>Audit Committee Assurance Report</b> To receive a report from the Audit Committee meeting on 5 <sup>th</sup> March	CS	TAB 15
18.	<b>Finance and Investment Committee Report</b> To receive a report from the Audit Committee meeting on 13 <sup>th</sup> March	RH	TAB 16
<b>BUSINESS ITEMS</b>			
19.	<b>Report from Trust Secretary</b> To receive the report from the Trust Secretary on tenders received and the use of the Trust Seal	SA	TAB 17
20.	<b>Forward Planner</b> To note the Trust Board forward planner	SA	TAB 18
21.	<b>Any other business</b>		
22.	<b>Questions from members of the public</b>		
23.	<b>Date of next meeting</b> The next meeting of the Strategy Review and Planning Committee is on Tuesday 24 <sup>th</sup> April 2012		

**LONDON AMBULANCE SERVICE NHS TRUST**

**TRUST BOARD MEETING  
Part I**

DRAFT Minutes of the meeting held on Tuesday 24<sup>th</sup> January 2012 at 10:00 a.m.  
in the Conference Room, 220 Waterloo Road, London SE1 8SD

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**Present:**

Richard Hunt	Chairman
Peter Bradley	Chief Executive Officer
Jessica Cecil	Non-Executive Director
Mike Dinan	Director of Finance
Martin Flaherty	Deputy Chief Executive
Roy Griffins	Non-Executive Director
Caron Hitchen	Director of Human Resources and Organisation Development
Brian Hockett	Non-Executive Director
Steve Lennox	Director of Health Promotion and Quality
Murziline Parchment	Non-Executive Director
Beryl Magrath	Non-Executive Director
Fionna Moore	Medical Director

**In Attendance:**

Sandra Adams	Director of Corporate Services
Lizzy Bovill	Deputy Director of Strategic Development
Francesca Guy	Committee Secretary (minutes)
Angie Patton	Head of Communications
Peter Suter	Director of Information Management and Technology

**Members of the Public:**

Joseph Healy	Chair, Patients Forum
Sister Josepine Uddin	Patients Forum
David Thompson	Management Information Analyst, LAS
Mike Gill	RMS Tenon
Deane Kennett	North West London Commissioning Partnership

**Minute 09 only:**

John Downard	Head of Software Development & Support
Karen Williams	Northrop Grumman
Russ Obert	Northrop Grumman
Ed Sturms	Northrop Grumman
Ian Beedle	Northrop Grumman
Mark Route	Northrop Grumman

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**01. Welcome and Apologies**

01.1 No apologies had been received.

**02. Declarations of Interest**

02.1 Jessica Cecil reported that her sister worked in the NHS. She agreed to pass the details to Sandra Adams.

**ACTION:** Jessica Cecil to send details of her declaration of interest to Sandra Adams.

**DATE OF COMPLETION:** 28<sup>th</sup> February 2012

**03. Minutes of the Part I meeting held on 13<sup>th</sup> December 2011**

03.1 The minutes of the Part I meeting held on 13<sup>th</sup> December 2011 were approved.

**04. Matters Arising**

04.1 The following matters arising were considered:

04.2 **128.5:** Martin Flaherty reported that he had requested a graph which showed hours produced against use of the DMP and that he would circulate this to members of the Trust Board outside of the meeting.

**ACTION:** MF to circulate a graph to the Trust Board which showed hours produced against use of the DMP.

**DATE OF COMPLETION:** 28<sup>th</sup> February 2012

04.3 **158.12:** The internal review of the day of strike action on 30<sup>th</sup> November would be discussed by the Trust Board in its Part II meeting. This action was complete.

04.4 **159.3:** Key messages from the recent consultation meetings had been disseminated to Trust Board members via bulletins. This action was complete.

04.5 **160.11:** An additional Trust Board meeting had been arranged for 14<sup>th</sup> February. This action was complete.

04.6 **164.4:** The Chair stated that he hoped to resolve the issue of the appointment of the Senior Independent Non-Executive Director in the coming weeks.

**05. Report from Sub- Committees**

**Finance and Investment Committee on 13<sup>th</sup> December 2011**

05.1 The Chair reported that this had been the fourth meeting of the Finance and Investment Committee and had been very productive. The Committee was gaining a better understanding of what it should focus on in order to provide the Trust Board with assurance on financial matters. At the meeting, the Committee reviewed business cases and approved the acquisition of 44 new ambulances in 2012/13. This purchase was brought forward recognising the need for additional ambulances for the London Olympics. The Committee also considered proposals for an electronic patient report form.

05.2 At the meeting, the Committee discussed working capital and cashflow management and this would remain a focus moving forward to allow Trust Board members to have greater exposure to financial matters than was possible in a Trust Board meeting.

**06. Chairman's Report**

06.1 The Chair reported that, since the last meeting of the Trust Board, he had met with RSM Tenon to discuss the Quality Assurance Review. RSM Tenon would be giving a presentation on the outcome

of the review in the Part II meeting.

- 06.2 The Chair had had a telephone conversation with Jim Myers, Vice President, Civil Systems at Northrop Grumman to discuss the changes to management following the resignation of Sir Nigel Essenhigh from Northrop Grumman UK.
- 06.3 The Chair had met with Professor Mike Spyer, Chair of NHS London. This discussion focussed on LAS strategy and Professor Spyer expressed a wish for the LAS to interface with a broader community.
- 06.4 The Chair had also attended a Governors' Council meeting at South West Ambulance Service to gain an understanding of how a Governors' Council would operate in practice. The LAS would need to consider how to establish the role of its Governors' Council in relation to the Board of Directors. The Chair would also attend a Governors' meeting at South East Coast Ambulance Service within the next few weeks.
- 06.5 Murziline Parchment joined the meeting.

## **07. Clinical Quality and Patient Safety Report**

- 07.1 The Chair asked for this report to be heard before the reports from the Executive Directors and requested for this to be reflected in the agenda for future meetings.
- 07.2 Fiona Moore reported the following:
- The review of the High Risk Register was ongoing. She had met with NHS London to give them a better understanding of the purpose of the High Risk Register and its usage. Staff had been reminded of the importance of undertaking a dynamic risk assessment on scene;
  - During December, the use of the Demand Management Plan (DMP) had increased in comparison with previous months. Stage D of the DMP was invoked on New Year's Eve. There were occasions where it had not been possible to invoke the DMP due to poor clinical staffing in EOC, most notably on Christmas Day and Boxing Day. This posed a greater risk than the use of the DMP and as a result planning for Christmas 2012 would place a greater emphasis on ensuring adequate levels of cover;
  - Clinical Performance Indicator completion in November was at its highest for 2011 at 93%. Overall compliance against the clinical care standards was at 95% or higher for November;
  - A Cardiac Care Information Circular was released in January, which emphasised the importance of the quality of chest compressions and the need to use the defibrillator in manual mode;
  - Key messages from consultation meetings had been disseminated via the Clinical Update;
  - A Student Paramedic on the Talent Management Programme was undertaking a Patient Specific Protocol trial in conjunction with the Whittington Hospital, for patients receiving chemotherapy who were at risk of neutropenic sepsis;
  - The Ambulance Service Cardiovascular Quality Initiative (ASCQI) project was ongoing to identify deficiencies in the management of patients with cardiovascular disease. A Pain Management Development Group had been established to develop a pain scoring tool. Posters and booklets on how to use the pain scoring tool had been disseminated to staff;
  - There had been no controlled drug incidents or general drug incidents since the last report;
  - From February 2012 both oral paracetamol and ibuprofen tablets would be introduced into the general drug packs for administration by staff of EMT 3 level and above;
  - Following the publication of the updated JRCALC guidelines, the Trust would consider the introduction of tranexamic acid to the paramedic drug pack for the treatment of patients who were bleeding heavily.

- 07.3 The Chair commented that the overall tone of the report was positive, but wanted assurance that the Trust was making significant demonstrable progress. Fiona Moore responded that broadly, the Trust was making significant progress and that feedback from colleagues at hospitals was positive about the standard of care provided to patients, particularly in comparison with other ambulance trusts. There were, however, some areas which could be improved and these could largely be addressed by giving clearer guidance to staff.
- 07.4 Beryl Magrath stated that it was pleasing to hear about the improvements that had been made to cardiac care and asked whether it would be incorporated into the national guidelines and JRCALC. Fiona Moore responded that it would be fed back to the Department of Health next year and that it was hoped that it would be included in the national clinical performance indicators next year.
- 07.5 Steve Lennox reported that information on complaints received had been included in this report for the first time, rather than in the Chief Executive Officer's report. Attitude and behaviour remained a significant theme and as a result Steve would be developing an action plan to address staff attitude, which would be provided to the Trust Board at its meeting on 27<sup>th</sup> March 2012.
- 07.6 With regards to the Quality Improvement Priorities 2011/12, Steve reported that good progress had been made with the Mental Health and End of Life Care work streams. The Trust had also made progress with regards to patients who had fallen.
- 07.7 Steve reported that there were currently gaps in the data for infection prevention and control monitoring due to the fact that the person involved in undertaking the audits had returned to his substantive post as a Paramedic. A plan would be put in place to get this back on track for February. Steve was able to report however that the uptake of the flu vaccination amongst staff had significantly increased in comparison with last year.
- 07.8 Beryl Magrath asked whether any of the appropriate care pathways for mental health patients were currently open. Steve responded that he and Emma Williams had met with directors at all of the mental health trusts that provide acute mental health care and had agreed what the pathways should be, but they were not yet open.
- 07.9 Beryl asked why lost patient property remained an issue and how this would be addressed. Steve responded that this was monitored via the quality dashboard, but the number of lost property incidents was a symptom of the fact that this was not seen as a high priority. Attention needed to be given to ensuring that staff used the patient property bags.
- 07.10 Jessica Cecil commented that progress with falls referrals was positive, but asked whether there was evidence to demonstrate that these referrals were appropriate. Lizzy Bovill responded that feedback from GPs had been positive and capacity within the Emergency Bed Department would be reviewed next year.
- 07.11 Joseph Healy reported that the next meeting of the Patients' Forum would focus on mental health and it would be useful for the Clinical Advisor for Mental Health to attend the meeting. He also reported that he had received a complaint which he would pass to the Head of Patient Experiences.
- 07.12 The Chair noted the report and commented that he would like to see more information about trends and what action would be taken to address these.

**ACTION:** SL to include in the Quality Report information about trends and action to be taken to address these.

**DATE OF COMPLETION:** 27<sup>th</sup> March 2012

## 08. Update from Executive Directors

### Report from Chief Executive Officer

08.1 Peter Bradley reported the following:

- The Senior Management Group was in the process of developing the 2012/13 business plan with a view to finalising this in the coming weeks. This would set the direction of travel and the vision for the organisation;
- The Foundation Trust application was progressing well and was submitted to the Department of Health on 23<sup>rd</sup> December. The Executive Team was currently in the process of answering the questions received from the Department of Health and would keep the Trust Board informed of progress;
- The Trust was on track to meet its control total. A more detailed overview of the financial position would follow;
- Category A performance remained on track. This was the first year that the Trust would achieve 75% without having to recover ground at the end of the year, which was particularly impressive given hospital delays and an increase in Category A demand. There was not, however, any complacency around performance as there remained an issue with waiting times for C1 patients. This would be followed up with the commissioners;
- There were high levels of delays at hospital with 60 ambulances queuing for over an hour last night and 340 hospital breaches so far this year. The Trust had been assured by the PCTs that they were working to resolve this issue;
- The CommandPoint project was on track. Peter Suter would provide the Trust Board with a more detailed update;
- Sickness absence levels remained static, although slightly over target;
- The LAS had been rated as one of Stonewall's top 100 employers and was the only ambulance trust to make it into the top 100;
- There had been a lot of media coverage in December highlighting the issues associated with alcohol-related calls;
- The results of the 2011/12 Staff Survey would be published within the next few weeks;
- Peter Bradley and the Trust Chair had held a meeting with the London Fire Brigade to discuss the recommendations in the London Assembly's report into the LAS. The Trust Board would be updated on the recommendations made in this report.

08.2 Beryl Magrath asked what had caused the increase in hospital delays. Martin Flaherty responded that this was due to a number of factors including hospital capacity and ability to progress patients through their system. The commissioners were focussed on this issue, but so far the situation had not improved and some of the delays were unacceptable. Lizzy Bovill added that bed closures due to hospital-acquired infections had also exacerbated the problem.

08.3 Martin stated that high utilisation was an issue for the Trust, with the LAS having the highest utilisation nationally. Peter added that plans to address high utilisation included the increase of hear and treat; see and treat and the decrease of double dispatch and cancellations. The Trust would also continue to work with partners to resolve this issue. Murziline Parchment suggested that this was something that could be discussed at a future Strategy Review and Planning meeting.

08.4 Murziline asked whether any progress had been made in finalising rest break arrangements, as this was key to addressing a number of issues, including utilisation. Caron Hitchen responded that the timing of changes to rest break arrangements would need to be considered alongside current sensitivities.

08.5 Roy Griffins expressed some concern about the number of red rated indicators within the balanced scorecard and those which had insufficient data and asked whether this was indicative of a problem

either with the data or the indicators. Peter responded that this was a fair comment and the executive team would work to improve this in time for the next Trust Board meeting in March. The Chair added that it was the intention of the Trust Board to use the balanced scorecard as the key dashboard for monitoring performance and that this would come into effect from March.

08.6 The Chair noted that there had been a recent incident of assault against a member of staff, which had resulted in a decision by the Metropolitan Police not to prosecute. Caron responded that the Trust would pursue this and would look to support the individual concerned in making a private prosecution. The Chair commented that it was important to demonstrate to staff that the Trust did not accept assault to its members of staff.

08.7 Josephine Uddin asked whether there was anything more that could be done with regards to joint working, for example holding regular joint meetings with key partners. The Chair commented that the Trust Board would take this comment on board and look to work with partners wherever possible to improve the problems highlighted.

#### Report from the Director of Finance

08.8 Mike Dinan reported the following:

- The financial risks remained the same as previous months;
- Achievement of CQUINs was on track;
- In terms of expenditure, overtime had shown a decrease, however there had been an increase in third party expenditure. Non-pay expenditure had increased and this was largely due to purchase of drugs and consumables;
- Cashflow was good;
- Achievement of the Cost Improvement Programme remained on track.

08.9 The Chair reiterated his earlier point that the Finance and Investment Committee would scrutinise this report to a level of detail. However, the Trust Board was able to take overall assurance that the financial position was on track for year end.

08.10 Beryl Magrath commented that there was an additional risk relating to occupational health fees. Mike Dinan responded that this was not a new risk, but was something that he would be looking into in further detail.

#### **09. CommandPoint Update**

09.1 The following people joined the meeting for this agenda item:

John Downard  
Karen Williams  
Russ Obert  
Ed Sturms  
Mark Route

09.2 Peter Suter reported that the CommandPoint project was on track and updated the Trust Board on the following:

- The project had progressed since the last meeting, although the level of assurance that could be given to the Trust Board was not proportional given the progress made. The next few weeks would see detailed testing of the system, the results of which would be provided to the Trust Board at its meeting on 14<sup>th</sup> February 2012;
- The majority of the project risks were related to the product quality and these would be



- mitigated in the approach to go live;
- Two Serious Incidents reports had been included with the papers. The recommendations had been accepted and were being progressed. A further Serious Incident had been declared relating to 8<sup>th</sup> June and was subject to a legal claim.

- 09.3 Martin Flaherty reported that this further Serious Incident had been declared in September 2011 and related to a cardiac patient. The patient's call had been wrongly linked to another call which had resulted in a long delay in attending the patient. The patient survived and was now making a legal claim against the Trust.
- 09.4 Peter Suter outlined the timetable for go live and stated that a recommendation was put to the Trust Board to change the date of the 13<sup>th</sup>/14<sup>th</sup> March live run to 16<sup>th</sup>/17<sup>th</sup> March. This proposal had been made by operational colleagues with the rationale that the system would be tested over the weekend, when demand was inevitably higher.
- 09.5 Karen Williams stated that Northrop Grumman was working with the LAS to support the recommendations arising from the Serious Incidents reports. Training was progressing well and feedback from staff had been positive. The final version of the software had been developed and was subject to testing. The next three weeks would be key to progressing the project towards the 28<sup>th</sup> March go live.
- 09.6 Jessica Cecil noted that the Serious Incident report questioned the sources from which the Trust Board drew assurance and asked how this would be addressed in preparation for the final live run. Peter Suter responded that an external specialist from Connecting for Health would be providing an independent assurance report. The Trust Board could also draw assurance from the fact that the system would be cut over and rolled back three times as part of the go live plan.
- 09.7 Martin Flaherty added that he did not agree with the statement in the Serious Incident report that there were no contingency plans in place for the first go live on 8<sup>th</sup> June 2011. The Control Room had had the ability to operate on paper and roll back to CTAK. These contingencies would be retained and improved upon for the 28<sup>th</sup> March.
- 09.8 Brian Hockett asked whether the concerns around operating on paper had been addressed. Peter Suter confirmed that these had been addressed and a policy was now in place. The key criticism was the length of time that the Control Room was operating on paper and steps would be taken this time round to ensure that operating on paper was kept to as short a time as possible.
- 09.9 Jessica Cecil asked whether there were any risks associated with retaining CTAK. Peter Suter responded that the Trust could retain CTAK for as long as it wished to and that it was likely that the Trust Board would only be asked to approve the decision to decommission CTAK after the 2012 Olympics. Peter Suter agreed to draft a short paper on the risks of running with CTAK throughout the Olympic period.

**ACTION:** PS to draft a short paper on the risks of running with CTAK throughout the Olympic period.

**DATE OF COMPLETION:** 14<sup>th</sup> February 2012

- 09.10 Sandra Adams asked whether the series of planned live runs would have any impact on patients. Martin Flaherty responded that there was a potential impact as dispatch was inevitably slower when operating on paper. However, the intention was to keep the time operating on paper to as short a time as possible and therefore this risk was mitigated as much as it could be.

- 09.11 Sandra Adams asked whether there would be additional clinical support for the cutover. Martin responded that clinical support had been enhanced and the operational command structure had been reviewed. The Head of Control Services would perform the role of Gold Commander.
- 09.12 Caron Hitchen expressed some concern about the risk relating to 'LAS Industrial Action' and suggested that this should instead be 'NHS Pension Campaign'.

**ACTION:** PS to change risk description to 'NHS Pension Campaign'.

**DATE OF COMPLETION:** 14<sup>th</sup> February 2012

- 09.13 The Chair supported the proposal to test the system over a weekend period, but asked whether this could be done a week earlier as he was concerned about eroding the contingency plan. Peter Suter responded that 13<sup>th</sup>/14<sup>th</sup> March would be the earliest that the system would be ready to go live and therefore the weekend test could not be brought forward any earlier.
- 09.14 Roy Griffins supported the recommendation to test the system over the weekend period, particularly as the proposal had come from the users and it was important to ensure their buy-in. Peter Suter agreed with this point and added that the senior users were assured of the safety of operating on paper in the early hours of Saturday morning.
- 09.15 Caroline Silver supported the recommendation to move the third live run event to a weekend but commented that the need to test the system over a weekend period was an obvious point and she was therefore concerned that this had only been identified at this stage. Caroline asked whether the Trust Board could be assured that there was nothing remaining that had been missed. The Chair responded that overall the project was in good shape and that Northrop Grumman had brought someone in to provide additional assurance. Martin Flaherty emphasised the point that it was not someone outside of the project who had made the suggestion to test the system over the weekend. Testing was a significant part of the Serious Incident report and the recommendations contained within the report had been addressed.
- 09.16 The Chair asked what scenarios had been considered for post go-live. Peter Suter responded that a 30 day support process was planned. It was inevitable that issues would be discovered post go-live, but that the project team had assessed where the peaks in demand were likely to occur and had allocated resources accordingly. The Gold Command structure would be operating throughout the 30 days. Ed Sturms added that Northrop Grumman would also be ready to support live operations.
- 09.17 Murziline Parchment asked what would happen if a riot occurred in London, similar to those seen in the summer. Peter responded that in this event, the Control Room would continue to operate on CommandPoint and would be managed appropriately.
- 09.18 The Chair noted that there had been two recent failures of the Uninterruptible Power Supply and asked whether, as the root causes had not yet been established, this was a risk to CommandPoint. Peter Suter responded that this was a separate risk and would be followed up outside of the CommandPoint project.
- 09.19 Peter stated that the contingency position would be to revert to operating on paper and that CTAK would be retained until the Trust Board agreed that it could be safely decommissioned. The Chair summarised that the project was in good shape and that contingency plans were in place. The Trust Board would be meeting on 14<sup>th</sup> February 2012 to undertake a further review.
- 09.20 The Trust Board supported the recommendation to change the date of the 13<sup>th</sup>/14<sup>th</sup> March live run to 16<sup>th</sup>/17<sup>th</sup> March 2012.

## **10. Foundation Trust Update**

10.1 Sandra Adams gave the following update:

- The application had been submitted on 23<sup>rd</sup> December 2011. The executive team was currently responding to the questions that had been received from the Department of Health. These questions were mainly seeking clarity around the financial model and planning;
- The outcome of the Technical Committee's discussion should be heard on Thursday 26<sup>th</sup> January, although the Department of Health could take up to two weeks to send out the letter informing the Trust of its decision;
- The independent assessment of the quality governance framework was completed on 12<sup>th</sup> January. The outcome of the assessment would be presented to the Trust Board;
- In addition, the Department of Health had published the new board governance assurance framework requirement and all applicant Trusts pre-Monitor stage would need to work through this. Sandra had undertaken an initial gap analysis which would be shared with the Trust Board in the coming month. An external partner would need to be identified in order to undertake this review.

10.2 Peter Bradley expressed some disappointment that NHS London had insisted that the Trust undergo the Department of Health's board governance assurance framework as this was not the feedback that he had received from the Department of Health.

10.3 Sandra reported that, on the advice of Capsticks, Short Form Standing Orders had been drawn up, which allowed for greater flexibility in making changes to the Short Form Standing Orders, without recourse to Monitor. Sandra sought approval from the Trust Board for the Short Form Standing Orders so that they could be incorporated into the Integrated Business Plan.

10.4 Murziline Parchment stated that the Standing Orders needed to be updated to reflect the Short Form Standing Orders. Sandra Adams confirmed that this would be done within the next few months, within the overall framework of preparing the document for Foundation Trust status.

10.5 Subject to this comment, the Trust Board approved the Short Form Standing Orders.

## **11. Annual Equality Report 2010/11**

11.1 Caron Hitchen commented that the Annual Equality Report would normally be presented to the Trust Board earlier in the year. However this year's report had been delayed as a result of waiting for the new public sector duty guidance to be published. The next report would be presented to the Trust Board in June 2012 and Caron suggested that the Trust Board revisit the recommendations in June.

11.2 Caron reported the following:

- The Trust would be adopting the Equality Delivery System which would support the Trust in its compliance with the Equality Act and to identify objectives and monitor performance against these;
- BME staffing levels remained static and it was expected that next year's figures would not show any difference. That said, a high percentage of BME staff were in senior management positions;
- There had been a decrease in incidents for some BME groups. Further analysis needed to be done to establish whether this was due to the fact that the Trust accessed more of these patients through hear and treat or whether it was as a result of a reduction in calls from these groups.

- 11.3 Beryl Magrath congratulated the team for being awarded a position within the Stonewall top 100 employers. Caron Hitchen responded that the award was based on a review of all equality policies and therefore it was a good indicator of the Trust's approach to equality and inclusion across the board.
- 11.4 Beryl asked how much of the Equality Act 2010 was left to achieve. Caron responded that there were now nine protected characteristics and an initial piece of work had been done with regards to data capture, but there was a lot more work to do.
- 11.5 Murziline Parchment commented that this was a good report, but that it was very factual and she would have preferred to see the report set out the vision in relation to equality and diversity. Caron responded that this was partly due to the reporting requirements, but that the adoption of the Equality Delivery System and the setting of objectives would provide an opportunity to articulate the vision.
- 11.6 The Chair commented that equality and diversity was an area in which the Trust was aware that it needed to make substantial progress to ensure that its workforce was representative of the diverse community that it served.

## **12. Risk Management Strategy and Policy**

- 12.1 Sandra Adams reported that the Risk Management Strategy and Policy was last reviewed by the Trust Board in March 2010. It had been updated to reflect the new governance structure, updates to the organisational management of risk and the implementation of local risk registers. The Terms of Reference for the sub-committees had been updated and some were due for review.
- 12.2 Roy Griffins commented that the role of the Finance and Investment Committee, as set out in section 6.5 of the policy, should be reflected in the responsibilities of the Trust Board as detailed in section 4.1. Roy also suggested that the Trust Board might wish to consider the division of workload between the Quality Committee, Audit Committee and Finance and Investment Committee.
- 12.3 Roy also suggested that the Head of Communications should be included in section 4.12.
- 12.4 Steve Lennox commented that there should be greater clarity around the roles of the Medical Director and the Director of Health Promotion and Quality as detailed in sections 4.6 and 4.7. He agreed to discuss this further with Sandra outside of the meeting.
- 12.5 Caroline Silver commented that there was a slight inconsistency in the role of the Audit Committee in section 6.4.

**ACTION:** SA to update the Risk Management Strategy and Policy to reflect the comments made by the Trust Board.

**DATE OF COMPLETION:** 27<sup>th</sup> March 2012

- 12.6 Subject to these comments, the Trust Board approved the Risk Management Strategy and Policy.

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

- 13.1 Sandra reported that the risk register had been reviewed by the Risk, Compliance and Assurance Group at its meeting on 9<sup>th</sup> January 2012 and the Board Assurance Framework had been updated

to reflect any changes to the register. Both documents were intended to provide assurance to the Trust Board that risks were being managed appropriately.

- 13.2 Sandra noted that, of the principal risks, risks 327 and 22 had reached their target rating based on progress against the actions identified. The remaining 3 risks were rated as high and were likely to remain as such.
- 13.3 There followed a discussion about the new risk (355) relating to staff not receiving clinical and non-clinical mandatory training. Caron commented that this risk had been agreed by the Risk, Compliance and Assurance Group and had arisen out of concerns regarding the number of staff who had accessed Core Skills Refresher training. Caron stated that the Trust was in a better position now that the cluster arrangements were in place. Peter Bradley commented that this risk should meet its target rating this year and that training officers needed to be held to account for delivering this.
- 13.4 Sandra Adams suggested that the Trust Board would need to review the strategic risks over the next quarter as they were last reviewed over two years ago.
- 13.5 Beryl Magrath asked whether risks relating to the High Risk Register had been incorporated onto the corporate risk register. Sandra Adams responded that a focus group had been set up to identify the risks relating to the management and use of the High Risk Register and that these new risks would be presented to the next meeting of the Risk, Compliance and Assurance Group for approval.

#### **14. Report from the Trust Secretary**

- 14.1 Sandra noted that there had been one tender received since 22<sup>nd</sup> November 2011 for FRU conversion.
- 14.2 A contract was also signed between the London Ambulance Service and Lakethorne Ltd on 16<sup>th</sup> January 2012 for cleaning services, but did not require use of the seal.
- 14.3 The Trust Board noted the report from the Trust Secretary.

#### **15. Forward Planner**

- 15.1 The Chair noted that there were a number of items on the agenda for the next Strategy, Review and Planning Committee meeting and this would need to be considered outside of the meeting.
- 15.2 Brian Hockett commented that the Finance and Investment Committee had raised the need for a report to the Trust Board on preparations for the 2012 Olympics.

#### **16. Any other business**

- 16.1 There were no items of other business.

#### **17. Questions from members of the Public**

- 17.1 Joseph Healy congratulated the Trust for being awarded a place in Stonewall's Top 100 Employers. He noted that the Annual Equality Report was very detailed, but that there was a significant lack of data regarding patients, although understood that this would be addressed for future reports. Joseph also noted that a significant number of people from BME groups applied for jobs at the London Ambulance Service, but were not progressed beyond the early stages of recruitment. This needed to be addressed as soon as possible.

18. **Date of next meeting**

18.1 The next meeting of the Trust Board is on 28<sup>th</sup> March 2012.

.....

Signed by the Chairman

DRAFT

**ACTIONS**  
 from the Meeting of the Trust Board of Directors of  
**LONDON AMBULANCE SERVICE NHS TRUST**  
 held on 24<sup>th</sup> January 2012

<u>Meeting Date</u>	<u>Minute Date</u>	<u>Action Details</u>	<u>Responsibility</u>	<u>Progress and outcome</u>
03/02/11	<u>19.1</u>	<p><b><u>Questions from members of the public</u></b></p> <p>AP to look into publicising case studies of patients who had received better clinical care as a result of being referred to an appropriate care pathway.</p>	AP	There is no mechanism available to obtain contact details for patients who have received better clinical care as a result of being referred to an appropriate care pathway. Therefore, it will not be possible to publicise personalised patient case studies. Action complete.
28/06/11	<u>67.3</u>	<p><b><u>Chairman's Report</u></b></p> <p>RH to discuss world cities benchmarking with FM.</p>	RH/FM	RH and FPM reported that they would develop a plan to develop a small number of appropriate measures.
27/09/11	<u>112.5</u>	RH/PB to meet to discuss whether there was anything further the Trust could be doing to meet the recommendations made by the NAO report.	RH/PB	The Chair confirmed that he and Peter Bradley had met to discuss the recommendations made in the NAO report. This would be an ongoing discussion and would be considered in the context of the Trust's objectives for 2012/13. The Public Accounts Committee report and the report by the London Assembly would also need to be considered as part of this discussion.

<u>Meeting Date</u>	<u>Minute Date</u>	<u>Action Details</u>	<u>Responsibility</u>	<u>Progress and outcome</u>
29/11/11	<u>126.9</u>	SL to look into options for presenting patient stories at Trust Board meetings.	SL	Ongoing.
29/11/11	<u>128.6</u>	RH to discuss with Peter Bradley the decision to use the balanced scorecard as the primary review document for the organisation and how this would be taken forward in practice.	RH	<b>New reporting format would commence at the start of the financial year.</b>
24/01/12	<u>02.1</u>	Jessica Cecil to send details of her declaration of interest to Sandra Adams.	JC	
24/01/12	<u>04.2</u>	MF to circulate a graph to the Trust Board which showed hours produced against use of the DMP.	MF	<b>Action complete.</b>
24/01/12	<u>07.12</u>	SL to include in the Quality Report information about trends and action to be taken to address these.	SL	<b>Action complete.</b>
24/01/12	<u>09.9</u>	PS to draft a short paper on the risks of running with CTAK throughout the Olympic period.	PS	<b>Included in the paper to the Trust Board on 14<sup>th</sup> February. Action complete.</b>
24/01/12	<u>09.12</u>	PS to change risk description to 'NHS Pension Campaign'.	PS	<b>Action complete.</b>
24/01/12	<u>12.5</u>	SA to update the Risk Management Strategy and Policy to reflect the comments made by the Trust Board.	SA	<b>Action complete.</b>





**LONDON AMBULANCE SERVICE TRUST BOARD**

**DATE: 27<sup>TH</sup> MARCH 2012**

**PAPER FOR NOTING**

<b>Document Title:</b>	<b>Chairman's activity report</b>
<b>Report Author(s):</b>	<b>Richard Hunt, Trust Chair</b>
<b>Lead Director:</b>	<b>N/A</b>
<b>Contact Details:</b>	
<b>Why is this coming to the Trust Board?</b>	<b>For information</b>
<b>This paper has been previously presented to:</b>	<input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Other
<b>Recommendation for the Trust Board:</b>	<b>For information</b>
<b>Key issues and risks arising from this paper</b>	
Potential industrial action over the Olympic period.	
<b>Executive Summary</b>	
<p>During the period under review, I have held telephone reviews with Jim Myers, VP, Civil Systems Division of Northrop Grumman and visited a training session for CommandPoint at Southwark Bridge Road.</p> <p>I attended the Olympic Oversight group (NOSOG) meeting. Interest within the group is increasing on a wider political basis as we near the Olympic Games date, some concern remains over the industrial relations scenario and an expectation that contingency plans can cover any potential action.</p> <p>I attended a Board Assurance Framework Meeting at NHS London, part of a series to explain and brief directors on what is now a mandatory requirement for FT applicants.</p> <p>I briefed the Chairman of NHS London on activity and the status of projects within the LAS.</p> <p>I attended a meeting with RSM Tenon on the External Quality Governance Framework Review.</p> <p>I was asked to attend a meeting at the Centre for Public Scrutiny, Smith Square to facilitate a</p>	

workshop and represent the LAS. The subject was how new legislation will affect the way in which overview and scrutiny is carried out at local level. I was able to share the experience drawn from recent scrutiny reviews of LAS such as that by the London Assembly.

I attended the Acute Trust Chairs' meeting, at which there was an update on the changes within NHS London as it reshapes the organization in line with NHS reforms. I also met Anne Tofts of Healthskills twice to have Board Development discussions.

I have started a year end programme of 1:1 reviews with all non executive directors, particularly relating to the time commitment and other requirements relating to the BGAF.

I discussed with Heather Strawbridge and Jo Webber the ASN and NHS Confederation views and plans for the coming year and the proposed agenda for the next chairs' meeting.

I went to visit Claire Murdoch, CEO of Central and NW London NHS Foundation Trust, who is the Chair of the Mental Health Group within the Foundation Trust Network. This was to discuss what she feels the Mental Health Network get out of working with the FTN, prior to the meeting of Chairs and Chief Executives at AACE, at which Sue Slipman from FTN will speak.

I attended a Board Development Session and a meeting held by Monitor on "the NHS Provider Licence".

Finally, I met Ben Plowden, TfL's Director of Surface Planning to discuss areas of mutual cooperation, including PTS. This will be followed up by Nic Daw.

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#### **Quality Strategy**

This paper supports the following domains of the quality strategy

- Staff/Workforce
- Performance
- Clinical Intervention
- Safety
- Clinical Outcomes
- Dignity
- Satisfaction

#### **Strategic Goals 2010 – 13**

This paper supports the achievement of the following corporate objectives:

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

#### **Risk Implications**

This paper supports the mitigation of the following strategic risks:

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

#### **Equality Impact Assessment**

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:



## LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 27 MARCH 2012

### PAPER FOR NOTING

<b>Document Title:</b>	<b>Quality Dashboard &amp; Action Plan</b>
<b>Report Author(s):</b>	<b>Steve Lennox</b>
<b>Lead Director:</b>	<b>Steve Lennox</b>
<b>Contact Details:</b>	<b>Steve.lennox@lond-amb.nhs.uk</b>
<b>Why is this coming to the Trust Board?</b>	<b>Inform Trust Board current position against quality measures</b>
<b>This paper has been previously presented to:</b>	<input type="checkbox"/> Strategy Review and Planning Committee <input checked="" type="checkbox"/> Senior Management Group <input checked="" type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Other
<b>Recommendation for the Trust Board:</b>	<b>To note the report.</b>
<b>Key issues and risks arising from this paper</b> This report identifies that the LAS is currently one of the top performing Ambulance Trusts in the country.	
<b>Executive Summary</b> There are three components to the Quality Dashboard & Action Plan	
<p><b>1. Quality Dashboard (January 2012)</b>          The dashboard illustrates the Trusts performance for January 2012 against the identified Quality Measures. The challenge and discussion for each indicator has been undertaken at SMG and Quality Committee where a Full Quality report supported the dashboard.</p> <p>The Trust is Green for 13 of the indicators, Amber for 6 of the indicators and Red for 13 of the indicators. This is an improved position on the December scorecard</p>	
<p><b>2. DH Quality Measures (Comparison)</b>          The DH mandatory quality measures have been lifted from the dashboard in order to offer a comparison across all other ambulance services. Some of the DH indicators appear Red on the dashboard as we have set ourselves tough SMART targets but appear more favourable when comparing against other services as there is no associated SMART target when making comparisons.</p> <p>Some of the 11 DH measures (service experience has been excluded) are made up of a number of indicators. There are 23 indicators in total. In addition, there are 2 different ways of looking at the 23 indicators; year to date and monthly performance. Therefore, technically there are 46 information points. For LAS there are only 44 as we do not participate in one of the indicators (thrombolysis).</p>	

The Trust is in the upper quartile for 25 of the 44 information points (57%). We are the top performing Ambulance Trust in 12 (27%) of those 44 points.

Overall the Isle of Wight is the top performing ambulance Trust but some of their patient numbers are so low for some of the indicators that this can be challenged statistically. The following table illustrates the number of top performing measures each Ambulance Trust has in the 44 information points;

Isle of Wight	14 (31%)
London	12 (27%)
North East	5 (11%)
North West	4 (9%)
Great Western	4 (9%)
South East Coast	2 (4.5%)
South Western	2 (4.5%)
East of England	1 (2%)
East Midlands	1 (2%)
South Central	0 (0%)
West Midlands	0 (0%)
Yorkshire	0 (0%)

### 3. Quality Action Plan

The supporting action plan identifies a number of actions that are in place to improve against the SMART targets of the quality dashboard.

All quality measures except 1 are reporting an improved position.

#### Attachments

1. Quality dashboard
2. DH Quality Measures (Comparison)
3. Quality Action Plan

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#### Quality Strategy

This paper supports the following domains of the quality strategy

- Staff/Workforce
- Performance
- Clinical Intervention
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- Clinical Outcomes
- Dignity
- Satisfaction

#### Strategic Goals 2010 – 13

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- That we are unable to match financial resources with priorities
- That our strategic direction and pace of innovation to achieve this are compromised

#### Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:



London Ambulance Service



NHS Trust

**QUALITY Dashboard & Action Plan  
March 2012**



## DH Quality Measures Comparison Table

1. The following table identifies the Department of Health Indicators and our ranking against other Ambulance Trusts and our direction of travel.
2. The Green shading represents where the Trust is in the upper quartile when compared to other services.

	January (October)			Year to Date	
	Compliance	Rank	Direction of Travel (Compliance)	Compliance	Rank
A8 Response Time	79%	1 <sup>st</sup>	↑	75.9%	8 <sup>th</sup>
A19 Response Time	99.3%	1 <sup>st</sup>	↑	99.2%	1 <sup>st</sup>
ROSC (all)	33.9%	4 <sup>th</sup>	↑	30.2%	1 <sup>st</sup>
ROSC (Utstein)	63%	3 <sup>rd</sup>	↑	56.9%	1 <sup>st</sup>
Time Taken to Answer 50 <sup>th</sup> Percentile	0 Seconds	1 <sup>st</sup>	↔	0.5 seconds	1 <sup>st</sup>
Time Taken to Answer 95 <sup>th</sup> Percentile	2.5 Seconds	3 <sup>rd</sup>	↑	0.06 seconds	3 <sup>rd</sup>
Time Taken to Answer 99 <sup>th</sup> Percentile	60 Seconds	7 <sup>th</sup>	↓	0.52 seconds	5 <sup>th</sup>
Time to Treatment 50 <sup>th</sup> Percentile	5.3 mins	5 <sup>th</sup>	↑	5.37 mins	5 <sup>th</sup>
Time to Treatment 95 <sup>th</sup> Percentile	11.7 mins	1 <sup>st</sup>	↑	12.12 mins	1 <sup>st</sup>
Time to Treatment 99 <sup>th</sup> Percentile	18.6 mins	2 <sup>nd</sup>	↑	18.46 mins	3 <sup>rd</sup>
Outcome from cardiac Arrest Survival	12.2%	2 <sup>nd</sup>	↑	9.8%	1 <sup>st</sup>
Outcome from cardiac Arrest Survival (Utstein)	31.8%	2 <sup>nd</sup>	↑	30.4%	3 <sup>rd</sup>
STEMI Outcome 150 minutes	92.5%	7 <sup>th</sup>	↑	90.5%	6 <sup>th</sup>
STEMI Outcome Care Bundle	55.2%	11 <sup>th</sup>	↑	58.8%	11 <sup>th</sup>
Stroke Outcome 60 minutes	70.3%	5 <sup>th</sup>	↑	64.6%	6 <sup>th</sup>
Stroke Care Outcome Bundle	89%	11 <sup>th</sup>	↑	89.5%	11 <sup>th</sup>
Calls Closed with CTA	5.9%	5 <sup>th</sup>	↓	6.6%	2 <sup>nd</sup>
Non A&E	31.7%	10 <sup>th</sup>	↓	28.3%	10 <sup>th</sup>
Re Contact rate CTA	6.7%	3 <sup>rd</sup>	↓	4.8%	2 <sup>nd</sup>
Re Contact rate See & Treat	4.4%	2 <sup>nd</sup>	↓	4.2%	3 <sup>rd</sup>
Re Contact rate Frequent callers	3.0%	5 <sup>th</sup>	↓	3.0%	5 <sup>th</sup>
999 Calls Abandoned	0.1%	1 <sup>st</sup>	↔	0.1%	1 <sup>st</sup>
Service Experience	No measure				

### Quality Improvement Actions

Domain	Quality Measure	Action	Where Monitored	Who is Responsible	Impact	Progress (March 2012)
Staff/Worforce	% of staff receiving supervision	Director of Operations/Deputy Chief Executive clarifies the need to populate OWR data with the Assistant Directors of Operations. (added February 2012)	Operations meetings	Deputy Chief Executive; Martin Flaherty	↑	OWR SMART target changed to 200 per month. Both OWR and PPED have significantly increased from Dec to Jan
Staff/Worforce	% of Priority Training Commitments Delivered (CSR)	1) Training figures to be accurately reported by marrying corporate figures with new ways of working data capture. (added February 2012)	Training & Strategy Group	Director of Human Resources; Caron Hitchen	↑	CSR 1 improved from 11.6% to 53%  CSR 2 improved from 35.2% to 49%
Performance	Average Arrival at Hospital to handover	Continue to champion with GPs and through commissioning and performance routes (added February 2012)	Clinical Quality Group	Deputy Director of Strategic Development Lizzy Bovill	↓	We have limited ability to influence this but this is being raised by CEO at NHS London level
Physiological	Airway Management	Area Quality Leads to focus on local actions and report to CQSE (added February 2012)	Area Governance & CQSEC	Director of Health Promotion & Quality & Medical Director Fionna Moore & Steve Lennox	↔	Area Quality Committees asked to forward actions taken to CQSEC (too early in reporting cycle to report)
		Paramedic Consultant meeting with senior training staff to review training (added March 2012)	Clinical & Quality Directorate	Paramedic Consultant	↔	Added this report



Physiological	CPIs	Area leads to reinforce the need to undertake a full assessment prior to deciding not to convey (added February 2012)	Area Governance Committees & CQSEC	PIMS	↑	Last month 6 compliant scores and this month 7. Reporting cycle too early to observe any real benefits.
		Asthma improvement is being addressed through the Area Governance Committees with each being asked to report actions being taken, In addition the training of the care bundle is being refreshed (added February 2012).	Area Governance Committees & CQSEC	PIMs and Paramedic Consultant. Mark Whitbread.		Quarterly reporting and monitoring
Safety	Appropriate Response Times	Clinical Audit to recover the data and ensure a data set is available for the next report (added February 2012).	Quality & Clinical Directorate	Director of Health Promotion & Quality & Medical Director Fiona Moore & Steve Lennox		Not yet recovered
Safety	Safeguarding	East area to focus on improving the timeliness of safeguarding referrals (added February 2012).  Ensure maximum attendance at remaining CSR 1 sessions (added February 2012)..	East Area Governance Committee  Training & Strategy Group	Assistant Director of Operations. Katy Millard  Chief Operating Officer. Martin Flaherty	↔	Safeguarding remains in the same position as the previous report.

Safety	Right Time, Right Place, Right Person	Clinical Audit to recover the data and ensure a data set is available for the next report (added February 2012).	Quality & Clinical Directorate	Director of Health Promotion & Quality & Medical Director Fionna Moore & Steve Lennox		Not yet recovered
Safety	% Taken to Trauma Centre	Area Governance Committee to report to CQSE the local action taken (added February 2012).	Area Governance Committees & CQSEC	PIMS	↔	Too early in reporting cycle to report benefits.
Safety	Missing Documentation	Ensure Performance Improvement Managers are aware this is now monitored centrally and is seen as a fundamental part of safety and is to feature within area governance reports (added February 2012).	Area Governance Committees & CQSEC	PIMS	↑	Indicator has improved from RED to AMBER but to continue action to drive further improvement.
Clinical Outcomes	Outcome from Cardiac Arrest	This is a complex issue Paramedic Consultant is going to explore and feedback to Medical Directorate (added February 2012).	Medical Directorate	Paramedic Consultant. Mark Whitbread	↑	Improved results. Action closed.
Clinical Outcomes	STEMI Outcome	Medical Director to continue to push for national agreement on analgesic intervention for STEMI care (added February 2012).	CQSEC	Medical Director, Fionna Moore	↑	This is a long term action point but there has been a degree of improvement in the indicator this month.

Clinical Outcomes	Infection Control	PIMS to recover the data capture system for the scorecard (added February 2012).	Area Governance Committees & CQSEC	PIMS	↔	No change in this position. Scorecard for January not populated. Should be recovered for February.
Clinical Outcomes	Outcome from Stroke	Medical directorate to Review the impact of the new ECG instructions (added February 2012).	Medical Directorate	Assistant Medical Director. Neil Thompson	↑	Small improvement but directorate will continue to monitor impact of ECG changes.
Clinical Outcomes	Outcome from Stroke	Performance managers to reinforce the need for complete documentation and report back through area Governance to CQSE (added February 2012).	Area Governance Committees & CQSEC	PIMS	↑	Small improvement but directorate will continue to monitor impact of ECG changes.
Esteem & Respect	Pain Relief	Clinical Audit to recover the data and ensure a data set is available for the next report (added February 2012).	Quality & Clinical Directorate	Director of Health Promotion & Quality & Medical Director Fionna Moore & Steve Lennox		Not yet recovered
Satisfaction	Service Experience	Performance managers to report on actions being taken to improve attitude and behaviours (added February 2012).	Area Governance Committees & CQSEC	PIMS	↔	Too early in reporting cycle.



**LONDON AMBULANCE SERVICE TRUST BOARD**

**DATE: 27<sup>TH</sup> MARCH 2012**

**PAPER FOR NOTING**

<b>Document Title:</b>	<b>Clinical Quality &amp; Patient Safety Report</b>
<b>Report Author(s):</b>	<b>Joint Clinical Directors' Report</b>
<b>Lead Director:</b>	<b>Fionna Moore and Steve Lennox</b>
<b>Contact Details:</b>	
<b>Why is this coming to the Trust Board?</b>	<b>For information</b>
<b>This paper has been previously presented to:</b>	<input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input checked="" type="checkbox"/> Other Elements of this report have been presented at SMG, Quality Committee, and CQSEC
<b>Recommendation for the Trust Board:</b>	<b>To note the report</b>
<b>Key issues and risks arising from this paper</b>	
<p>Overall this report provides assurance that a high quality and safe clinical service is provided.</p> <p>Key issues and risks identified include:</p> <ul style="list-style-type: none"> <li>▪ High utilisation rates which impact on our ability to introduce clinical innovations.</li> <li>▪ Frequent use of the Demand Management Plan in February.</li> <li>▪ Issues around the Complex based Controlled Drug safes override codes.</li> <li>▪ Revision of the clinical audit work plan to reflect temporary vacancies.</li> <li>▪ Rising complaint numbers in Q3</li> </ul>	
<b>Executive Summary</b>	
<p>This is the first edition of a revised clinical report. The report is structured around the quality domains of the quality dashboard but also reports on issues wider than the quality measures.</p>	
<b>Attachments:</b>	
<p><b>Appendix 1:</b> Progress against the Clinical Audit work plan 2011/2012  <b>Appendix 2:</b> Clinical Audit triggers  <b>Appendix 3:</b> A clinical audit examining End of Life Care in the London Ambulance Service.          Executive summary. February 2012</p>	

**Quality Strategy**

This paper supports the following domains of the quality strategy

- Staff/Workforce
- Performance
- Clinical Intervention
- Safety
- Clinical Outcomes
- Dignity
- Satisfaction

**Strategic Goals 2010 – 13**

This paper supports the achievement of the following corporate objectives:

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

**Risk Implications**

This paper supports the mitigation of the following strategic risks:

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

**Equality Impact Assessment**

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:

# Clinical Quality & Patient Safety Report

## Clinical Directors' Joint Report

### 1. Introduction

This is the first edition of a revised clinical report. The report is structured around the quality domains of the quality dashboard but also reports on issues wider than the quality measures.

This report identifies a number of issues and a number of clinical successes and overall provides assurance to the Trust Board that the LAS is maintaining a high quality and safe service. However, there is a concern over the high utilisation rate. This means that there is a lack of headroom that can be used to introduce new clinical initiatives or undertake training beyond the priorities identified within the Training Strategy. There is a real concern that with a heightened financial climate in 2012-2013 this will impact on clinical developments and our ability to maintain a world class service.

### 2. Quality Domains

#### **Quality Domain 3: Clinical Intervention**

This section will report on the work of the Clinical and Quality Directorate to improve the actual interventions given to patients and also any concerns regarding clinical interventions.

#### **Clinical Performance Indicators**

At 94%, the overall Team Leader CPI completion rate for January is the highest since August 2010. There was a 100% CPI completion rate for cardiac arrest, by all complexes. Overall compliance against all clinical care standards remains consistently high. In January 2012, compliance was 95% or higher; the Trust target is 100%.

#### **CPI completion August 2011 to January 2012**

Area	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.
East	72%	79%	84%	96%	94%	93%
South	83%	90%	84%	87%	78%	93%
West	77%	82%	90%	95%	95%	95%
LAS	78%	84%	86%	93%	88%	94%

## CPI Compliance January 2011

	Cardiac Arrest	Difficulty in Breathing	ACS (Including MI)	Stroke	Glycaemic Emergencies	Non-Conveyed	1 in 20 PRF
East	97%	96%	96%	98%	98%	95%	97%
South	97%	96%	96%	97%	98%	94%	97%
West	97%	96%	96%	97%	98%	96%	97%
<b>LAS Total</b>	<b>97%</b>	<b>96%</b>	<b>96%</b>	<b>97%</b>	<b>98%</b>	<b>95%</b>	<b>97%</b>

## CPI Compliance December 2011

	Cardiac Arrest	Difficulty in Breathing	ACS (Including MI)	Stroke	Glycaemic Emergencies	Non-Conveyed	1 in 20 PRF
East	97%	96%	95%	96%	97%	95%	97%
South	96%	95%	96%	96%	97%	94%	96%
West	97%	96%	96%	97%	98%	95%	97%
<b>LAS Total</b>	<b>97%</b>	<b>95%</b>	<b>96%</b>	<b>97%</b>	<b>97%</b>	<b>95%</b>	<b>97%</b>

### **Cardiac Care**

A new pre-hospital pain management campaign is underway as part of the ASCQI (Ambulance Service Cardiovascular Quality Initiative) project. An entire new training package, educational booklet, pain tool aide memoir, poster, Clinical Update article and podcast have been developed. In particular, there is guidance around pain relief in STEMI, including what analgesia should be given for particular ranges of pain scores, to help meet the 'pain relief' aspect of the STEMI care bundle part of the DH Clinical Quality Indicators (CQIs). The revised analgesia guidelines incorporate a consensus opinion from Cardiologists at London's heart attack centres (HACs), about the use of morphine.

**Cardiac Care Research Study: DANCE** - There continues to be very poor recruitment via LAS – we are unclear of the reasons why, although it appears there are not many patients who fit the tight inclusion criteria. Overall the project has recruited 54 patients (200 required) although only 10 have been delivered by LAS direct; the remainder having been transferred from EDs

**Cardiac Care Research Study: High Risk ACS** - These are essentially DANCE patients and are small in numbers pan London. It has been agreed with the Deputy Director of Operations that ACS patients identified as high risk can be conveyed directly to the nearest HAC by crews (all the 8 HACs have agreed to take such patients). Guidance information is now being put together to issue to clinical staff. This will be a first for any UK ambulance service and probably ambulance services worldwide!

**Cardiac Care Research Study: Para SVT** - The trial is going very well and continues to recruit 2-3 patients per month (74 paramedics are trained to administer Adenosine). The research team at Bart's are very happy with the progress of the study to-date. It is planned to run one further training day to bring the number of paramedics trained up to 100.

**Improving Cardiac Arrest Survival** - The Directorate continue to have concerns about the ability of the Trust to advance clinical practice through clinical trials and the implementation of innovative practice, due to the inability to stand-down staff to undertake training, outside of CSR, as a result of operational demands. To-date, there has been no progress with undertaking a feasibility trial for RhinoChill therapeutic hypothermia for cardiac arrest patients. Team Leaders at the two proposed trial sites (Oval & Deptford) have agreed to undertake training (4-6 hours), however are now awaiting stand-down.

## **Stroke Care**

Stroke care is now very much business as usual. There have been recent capacity issues at a number of HASUs, compounded by 2 units closing due to infection outbreaks. It has been identified that HASUs frequently operate with only 1 or 2 available beds and an audit of HASU capacity is due to be undertaken by the Trust to determine the extent of capacity issues. Our current performance against the national stroke CQI shows prolonged on scene times, when compared with other services, and messages to front line staff reflect the need to ensure rapid transportation for this potentially time critical group of patients.

## **Quality Domain 4: Safety**

This section will report on the work of the Clinical and Quality Directorate to improve the safety of patients and also any concerns regarding safety.

### **Central Alerting System (CAS)**

14 Alerts have been received from the MHRA for the period 17<sup>th</sup> January 2012 - 15<sup>th</sup> March 2012. All have been acknowledged by the Trust and none required any action.

### **High Risk Register**

There are currently 644 addresses on the High Risk Register, broken down by category as follows (this figure is the lowest ever).

CATEGORY 1: 144

CATEGORY 2: 281

CATEGORY 3: 139

CATEGORY 4: 80

The latest position in terms of writing to the addresses is:

- SMG have agreed that the local AOM should be responsible for writing the letter for Categories 1,2 and 3. The Clinical and Quality Directorate remain responsible for Category 4 letters.
- A checklist to assist with the process has been developed and briefings will commence in April at each Area Business Meeting. Each AOM will then be expected to commence writing to all new addresses, and current addresses once they have been reviewed.



## Demand Management Plan

The purpose of DMP is to provide the Trust with structured risk mitigating options to respond to demand at times when it exceeds the capacity of the service to provide a timely response. It provides a framework in which Control Services are able to respond to periods of high pressure, due to unforeseen demands, poor resourcing or on occasion where capacity does not exist to absorb unexpected patient demand.

DMP enables the LAS to prioritise higher MPDS category calls, to ensure those patients with the most serious conditions or in greatest need continue to receive a response. Escalating stages of DMP (A-H) decreases the response to lower call categories. The risk is mitigated by increased clinical involvement in the Control Room, with clinical 'floor walkers' available to assist call handlers, and by ringing calls back to provide advice, to re-triage and on occasion to negotiate alternative means of transport or follow up. It is also mitigated by regular senior clinical and operational review as the plan is escalated. There is a significant level of clinical risk related to the stage of the DMP invoked.

DMP was invoked on **27** separate occasions and in place for a total duration of **260.25 hours** in February 2012. This is a significant increase compared to January 2012 (103.5 hours), however was over a period of adverse weather resulting in very low temperatures and heavy snow. DMP was in place for the longest periods of the month between the 3<sup>rd</sup> and 5<sup>th</sup> February, at which time severe weather warnings had been issued by the Met. Office and heavy snow fell. It was during this time that DMP D was invoked on a single occasion for only for 2.5 hours.

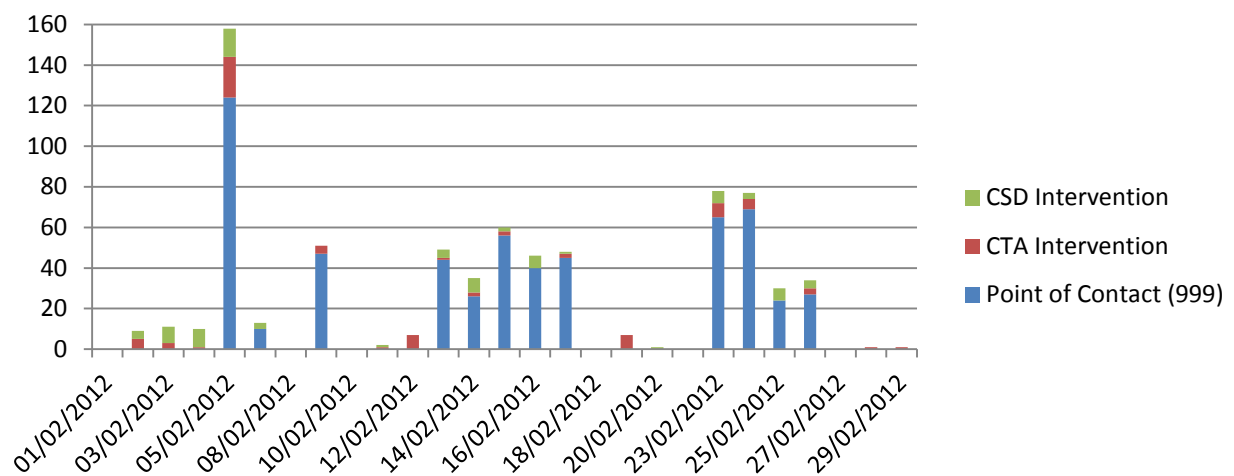
Stage **B** was invoked 40 times for a total duration of 211.75 hours

Stage **C** was invoked 13 times for a total duration of 46 hours

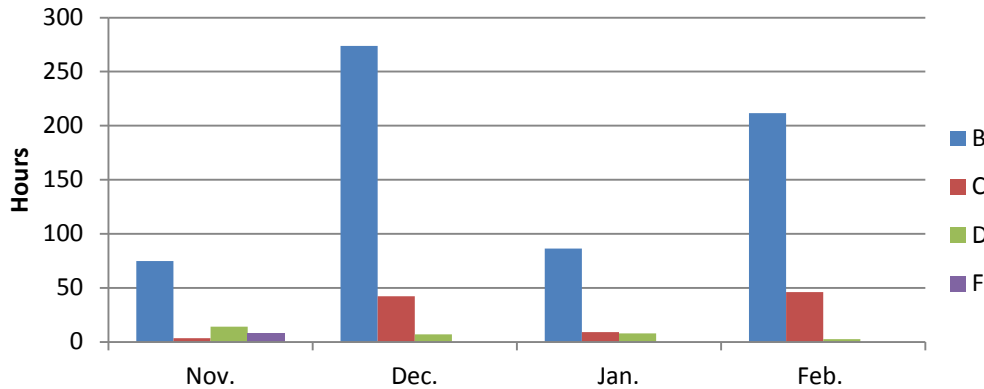
Stage **D** was invoked once for 2.5 hours.

There was no escalation of DMP past stage D.

### Ambulances Saved during DMP - February 2012



### DMP comparison (by hours) over the past 4 months



### Medicines Management

There has been one notifiable Controlled Drugs Occurrence recently reported to the Accountable Officer. This concerns the fact that the override code for the Controlled Drug Safes has become revealed to a much wider audience than the policy allows. This issue is of such a magnitude that the Senior Clinical Adviser to the Medical Director is working with the Assistant Directors of Operations for all three Areas and the Head of Logistics to re-programme all the safes with a different override number. There is no evidence that there has been any loss of drugs as a result of this override number being known to such a wide audience. The work is ongoing and should be completed by end April 2012.

The next sequentially numbered CD Daily Audit Check Books have been delivered and issued for the 2012/13 financial year. Two changes to the Controlled Drugs Register have been agreed, and will be instigated when the next batch of CD registers are printed. These changes are; 1). Addition of a “time” box above the “Date” box, and; 2). The insertion of 5 X “Comments” pages in the rear of the Registers. These changes take into account the NHS Protect Guidance on Controlled Drugs in Ambulance Services issued in March 2012 (in draft format)

There have been no Unannounced Visits by the Metropolitan Police.

No CAS Alerts or Signals for medicines that affect the Trust have been received since last report to the Board.

The latest meeting of the Medicines Management Group was held on 22nd February 2012. This meeting was well attended there was no AOM Representation, (apologies were given – no deputy available). At this meeting the main issues discussed were:

A strip of paracetamol tablets and a strip of ibuprofen tablets are being placed into the Technician Drugs Bag, as this report is being written. As bags are cycled through Deptford stores they are being packed with the new drugs.

There has been a dramatic drop in the price of IV paracetamol, (now 78 p per dose). This has altered the focus of the initiative to be run at Fulham in April 2012, in that it will focus

more on exactly how the kit is to be packed in the drugs bag / vehicles. Consideration is being given to the addition of this drug to the pain treatment ladder. Allied to this, a new vented giving set has been sourced at a considerably lower cost than that currently used. All giving sets will swap to the new vented set ASAP, as stocks of the current giving set are used.

The MMG is actively assisting the Trust's Pharmacy Adviser and the Ambulance Service Pharmacy Adviser's Network to begin negotiations / discussions with pharmacy / medical gas suppliers to look at several ambulance services centralising their procurement to obtain economies of scale.

### **Rule 43 Reports**

No Rule 43 reports have been issued to the Trust since the last Board report. The Trust has not received, or is aware of, any Rule 43 reports issued to other organisations, that may be of relevance.

### **Quality Domain 5: Clinical Outcomes**

This section will report on the work of the Clinical and Quality Directorate to improve the clinical outcomes of patients and also any concerns regarding clinical outcomes.

#### **Infection Control**

Infection control is currently RAG Rated RED as there are gaps within the balance scorecard. However these are being recovered and it is anticipated that by the time the Board meets the Hand Hygiene results will have been populated. The West area is populated and demonstrates 100% compliance at five complexes and 80% at four complexes. This is a significant improvement.

This year's annual Infection Prevention Society Conference in Emergency Care is called "Bugs and Battlefields" and is being held in Birmingham on 22 May. The London Ambulance Service has been asked to undertake three presentations; 1. Bioterrorism, 2. Learning from the Libyan Patient Retrieval, and 3. Flu Vaccination and healthcare workers.

**Infection Control Clinical Audit Aseptic Non Touch Technique.** An audit of 623 PRFs has been undertaken to measure the compliance with the requirement to cannulate patients in accordance with national guidance. The audit revealed that 37% of cannulas are inserted in accordance with ANTT guidance with 49% being recorded as exempt due to the emergency nature of the intervention (it is permitted not to use the ANTT technique in an emergency). However, further examination of the PRF reveals that a considerable number of the 49% were not true emergencies. The auditor also interviewed 30 members of staff. All had received ANTT training but some reported that the ANTT equipment had not always been available. The infection control committee will consider the results in depth and add the lessons learnt to the infection control action plan.

### Quality Domain 6: Dignity

This section will report on the work of the Clinical and Quality Directorate to improve the dignity of patients and also any concerns regarding dignity.

#### **Single Sex Accommodation**

The NHS guidance on single sex accommodation are not applicable to the routine work of the Ambulance Service as journeys are single patient. However, the relevance of the guidance to the Alcohol Recovery Service is currently being understood and this will receive a greater emphasis on the future planning of similar services.

#### **Lost Property**

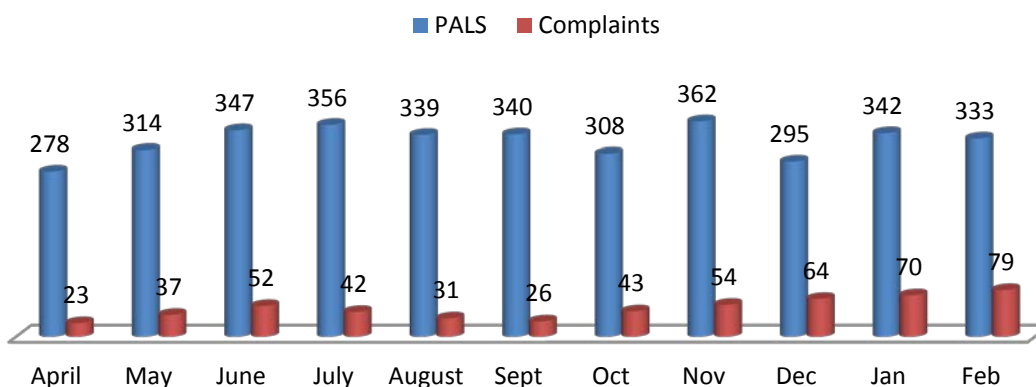
Following a drop in the number of incidents relating to lost property they have again increased to 78 cases in January. A new improved patient property bag is currently being phased in and will replace the older style bag. The ADO group have agreed to raise the profile of the use of these bags in conjunction with PED and a revised process is being introduced – aimed at March 2012.

### Quality Domain 7: Satisfaction

#### **Complaints**

The number of PALS enquiries is relatively constant but there is a noticeable increase in the number of complaints.

**PALS and complaints by month 2011/12**



The themes and issues arising from the complaints are relatively unchanged however there are a significant number regarding a delay in response. However, on reading the complaint responses the vast majority are regarding public expectations rather than a real delay following triage.

Areas of complaint:

Complaint Subject	Total
Delay	27
Non-physical abuse	17
Treatment	12
Conveyance	7
Non-conveyance	7
Not our service	3
Patient Injury or Damage to Property	3
Road handling	3
<b>Totals:</b>	<b>79</b>

### 3. Quality Priorities

The three quality priorities for 2011-2012 are End of Life Care, Patients Who Have Fallen, and Mental Health Care

**End of Life Care.** A joint publication from the Association of Ambulance Chief Executives and NHS National End of Life Care Programme 'The route to success in end of life care - Achieving quality in ambulance services' was released in February 2012. The guide cites the collaborative work undertaken between the London Ambulance Service and Coordinate-my-Care (CmC), as an example of good practice.

**Patients Who Have Fallen.** The Trust continues to meet the CQUIN target for the number of referrals being made to GPs when patients have fallen. The figure for January was 1171 referrals for the month.

**Mental Health Care.** The Trust continues to progress with its involved mental health action plan. Achieved recent action points include; the addition of Kudakwashe Dimbi, Clinical Advisor for Mental Health to the Clinical & Quality Directorate team. We believe we are the first ambulance service to appoint a Registered Mental Nurse specifically to an ambulance service. We have also negotiated 4 ACPs with mental health providers which will allow us to access their specialist out of hours teams.

The quality priorities for 2012-2013 are currently being identified through engagement with service users and staff. To date the identified areas are 1. To continue to drive improvements in mental health care 2. Diabetes care 3. Alcohol and 4. Maintaining a quality service for all through the Olympic period. These may shape further as we engage with more stakeholders.

### 4. Clinical Audit & Research

A new mental health clinical performance indicator (CPI) is being introduced from April 2012. The CPI will audit 13 aspects of care, including assessment of behaviour, communication and appearance.

Progress against the Clinical Audit and Research Unit's annual work plan, along with the triggers used to prioritise investigations is included under appendices 1 and 2, for information. This, along with progress against the action plans published for each of the

completed audits will now be monitored by the Clinical Quality, Safety and Effectiveness Committee.

The executive summary of the recently completed audit of End of Life Care is included under Appendix 3.

## **5. Rising Tide**

### **Public Health**

The Clinical Directors are not aware of any relevant public health matters since the last Board report.

### **Clinical Professional Issues**

The awaited 2011 Joint Royal Colleges Ambulance Liaison Committee Guidelines are now finalised and awaiting print. Release is expected by summer 2012.

### **External and Partnership working**

The Trust is working with the Ministry of Justice Independent Advisory Panel on Deaths in Custody. This panel is charged with improving inter-agency working and in particular, from an ambulance service perspective, the clinical care afforded to detained persons, at all parts of the detention cycle. The Trust is working at a local level with the Metropolitan Police Service (Operation Emerald), to review and update the joint agreement for conveyance of detained persons (OP/020).

The Trust has representation on the British Thoracic Society (BTS) Emergency Oxygen Guideline Groups and paediatric guideline group. Medical Directorate staff are assisting with a literature review to develop the next set of oxygen guidelines.

There is continued work with the London Respiratory Team, looking at ways to improve care for COPD patients. Research is being conducted via a questionnaire (designed by a Trust paramedic), to review adherence to BTS oxygen guidelines in UK ambulance services.

The Trust has representation on a number of newly formed NHS London Quality and Effectiveness Clinical Expert panels.

## **6. Cost Improvement Programme**

One concern from the PTS initiative was raised and resolved (discussed at Trust Quality Committee). Otherwise there have been no clinical concerns raised through SMG monitoring of the CIP or by the clinical leads.

## **7. Other areas**

Nothing to report.

**Fionna Moore**  
Medical Director

**Steve Lennox**  
Director of Quality & Health Promotion

**18<sup>th</sup> March 2011**

## Appendix 1

### Progress against the clinical audit work plan 2011/12

Project/task	Achievement	
Swine Flu Community Assessment Tool	Complete	Green
CTA Maternity Pathway Questioning Tool	Complete	Green
Hip Injuries	Complete	Green
Under Twos Not Conveyed	Complete	Green
Advanced Airway: ETCO <sub>2</sub>	Complete	Green
End of Life Care	Complete	Green
Mental Health	Underway	Yellow
Assessment and Advice for Paediatric Patients with Pyrexia	Underway	Yellow
Paediatric Pain Management Re-audit	Underway	Yellow
Sudden Unexpected Death in Infants, Children and Adolescents (SUDICA)	Underway	Yellow
Abdominal Pain	Underway (utilising front line staff)	Yellow
COPD: Patient Specific Protocols (PSP), Oxygen Administration	Underway (utilising front line staff)	Yellow
Inter-hospital Transfers (Immediate)	Underway (utilising front line staff)	Yellow
Syncope	Underway (utilising front line staff)	Yellow
Paediatric Respiratory Assessment	Underway (Student/Paramedic led)	Yellow
Kingston Emergency Department	Underway (Student/Paramedic led)	Yellow
Alcohol Intoxication	Underway (Student/Paramedic led)	Yellow
Sepsis	Underway (Student/Paramedic led)	Yellow
A&E Support: Treatment of Hypoglycaemic Patients	Reconsidered	Red
Clinical Advice provided during Demand Management Plan (DMP)	Reconsidered	Red
EOC Categorisation of GP Calls	Reconsidered	Red
Non-conveyed Patients: sign off for A&E Support	Reconsidered	Red
Self Harm	Reconsidered	Red
Substance Abuse	Reconsidered	Red

## LAS Clinical Performance Indicators (CPIs)

Project/task	Achievement	
Monthly Complex Reports	Monthly deadlines met	Green
Mental Health CPI	Complete. Implementation date 1 <sup>st</sup> April	Green
Non-conveyed CPI	Amendments complete. Implementation date 1 <sup>st</sup> April	Green
Non-conveyed awareness campaign	Commissioning for Quality and Innovation (CQUIN) target met for October, November and December	Green

## National clinical audit projects

Project/task	Achievement	
National Ambulance Non-Conveyed Audit	Underway (utilising front line staff)	Green
National Clinical Performance Indicators: STEMI, Stroke, Asthma and Hypoglycaemia	Monthly deadlines met	Green

## Continual Monitoring – Cardiac Arrest

Project/task	Achievement	
DH Clinical Quality Indicators (CQIs)	Monthly deadlines met	Green
Care pack report	Monthly deadlines met	Green
Internal reporting for the quality dashboard, balanced scorecard and AOM objectives	Monthly deadlines met	Green
Annual report	Complete	Green

## Continual Monitoring – STEMI

Project/task	Achievement	
DH Clinical Quality Indicators (CQIs)	Monthly deadlines met	Green
Provision of data to hospitals for entering onto MINAP	Ongoing	Green
Care pack report	On hold (due to resume end of February; 3 months in arrears)	Yellow
Internal reporting for the quality dashboard, balanced scorecard and AOM objectives	On hold (due to resume end of February; 3 months in arrears)	Yellow
Ambulance Service Cardiovascular Quality Initiative (ASCQI)	On hold (due to resume end of February; 3 months in arrears)	Red
Annual report	3 month delay	Green



### Continual Monitoring – Stroke

Project/task	Achievement	
DH Clinical Quality Indicators (CQIs)	Monthly deadlines met	Green
Provision of data to stroke network and external stakeholders	Ongoing	Green
Care pack report	On hold (due to resume end of February; 5 months in arrears)	Yellow
Internal reporting for the quality dashboard, balanced scorecard and AOM objectives	On hold (due to resume end of February; 5 months in arrears)	Yellow
Ambulance Service Cardiovascular Quality Initiative (ASCQI)	On hold (due to resume end of February; 5 months in arrears)	Red

### Continual Monitoring – Major Trauma

Project/task	Achievement	
Care pack report	Ongoing (6 months in arrears)	Yellow
Provision of data to trauma network and external stakeholders	Ongoing	Green
Internal reporting for the quality dashboard, balanced scorecard and AOM objectives	Ongoing (6 months in arrears)	Yellow

A number of staff vacancies within the Clinical Audit and Research Unit (CARU) have impacted on the team's ability to deliver components of the clinical audit work plan. In light of the vacancies and pressures faced by CARU, the Clinical Audit and Research Steering Group (CARSG) reviewed the clinical audit work plan in October 2011, and reduced the number of projects giving priority to the Department of Health Ambulance Clinical Quality Indicators (DH CQI's).

#### Key

Green	Project/task complete
Yellow	Project/task underway or ongoing
Red	Project/task abandoned or on hold

## Appendix 2

### LAS Clinical Audit Triggers

- External requests, recommendations and guidance, including:
  - Department of Health Priorities
  - National Service Frameworks (NSF)
  - National Institute for Clinical Excellence (NICE)
  - Care Quality Commission (CQC)
  - GP Consortia
- Feedback from key stakeholders (e.g. Commissioners)
- LAS strategic objectives
- Complaints and feedback (from staff / other organisation / patients / members of the public)
- Outcomes from audits, re-audits and Clinical Performance Indicators (CPIs).
- New/revised clinical guidelines
- New clinical care, including:
  - new drugs
  - new interventions
  - new clinical care pathways
- Patient safety incidents (clinical and non-clinical)
- Other risks, including:
  - administrative errors (e.g. coding errors)
  - concerns highlighted by crews
  - incidents reported through risk management system i.e. risk register

## **Appendix 3**

### **A Clinical Audit of End of Life Care in the London Ambulance Service**

(February 2012)

#### **Executive Summary**

##### **Background**

In 2010, Healthcare for London published 'The end of life care good practice guide' which aims to implement a model of care that will enable a greater proportion of terminally ill patients to be cared for and die outside of hospital, in line with their wishes, by March 2013. The London Ambulance Service NHS Trust (LAS) will play a critical role in achieving this goal. There is currently little guidance given to crews about caring for patients who are nearing the end of their life. It is important that crews are trained to give the best possible care for this patient group and to ensure that the most appropriate referrals are made for these patients.

This clinical audit aimed to assess: the knowledge and confidence crews have regarding patients who are at the end stage of a terminal illness, and the patient care provided to end-stage terminally ill patients by the LAS. While identifying areas of good practice, this clinical audit also aimed to identify ways in which care could be improved.

##### **Methodology**

This clinical audit was conducted by the Clinical Audit and Research Unit (CARU) focussing on the care given to patients in three complexes: Bromley, Fulham and Hillingdon. A three stage clinical audit was undertaken comprising of: a baseline retrospective clinical audit; a questionnaire, and a prospective clinical audit.

In the baseline retrospective clinical audit, fifty cases from March to August 2010 with an incident or illness code associated with end of life care were selected through systematic sampling. These patients were attended by crews from Hillingdon or Bromley Complex. Data was collected from Patient Report Forms (PRFs) and the Patient Special Needs Locality database.

A questionnaire was distributed to staff at Hillingdon, Bromley and Fulham Complexes following the baseline retrospective clinical audit, to find out what knowledge and confidence staff had in treating this patient group. Results from the questionnaire were fed back to staff in posters displayed on stations.

Finally, a prospective clinical audit was conducted at Hillingdon, Bromley and Fulham Complexes. Data was collected from March to September 2011. These incidents were then audited against consensus standards.

##### **Results**

Of the 50 cases from the retrospective clinical audit, only 4% of patients had an out-of-hours form (LA225) registered on the LAS Patient Special Needs Locality database. If the remaining 96% of patients were attended out-of-hours, LAS crews would not be aware of either the patients' wishes or their plans for the end of life stage. The LAS attended 48% of patients outside the hours of 9am-

5pm, Monday to Friday. The attending ambulance crew conveyed 88% of patients; 27% of these were taken to a hospice for palliative care, and 73% to A&E.

When the patient's family or friends requested the attendance of the LAS rather than another healthcare professional, 38% of crews consulted with the patients' GP or a member of their palliative care team to determine whether the patient had a plan for the end of life stage of their illness. By consulting with other healthcare professionals involved in the patients' care, crews are able to determine patients' wishes.

Of the 61 questionnaire respondents, 53% stated they had 'very low' or 'some confidence' in treating this patient group. When asked to explain low levels of confidence, respondents said they felt they needed more training specifically focussing on alternative care pathways, evidence of terminal illness and DNA-CPR orders.

In the prospective clinical audit of 30 cases, the ambulance crew reported that they had considered whether the patient was experiencing pain and discomfort for 83% of patients, with subsequent action being taken for 73% of these patients. The patients' wishes were not documented for 79% of patients but the patients' diagnosis and prognosis was clearly documented for 97% of patients. Following clinical review, referrals were felt to be appropriate for 93% of patients and 7% had an LA225 registered on the Patient Special Needs Locality database.

## **Recommendations**

1. The LAS should aim to increase staff knowledge and confidence in their assessment and treatment of patients with an end-stage terminal illness.
2. The LAS should have an increased number of LA225 forms registered on the Patient Special Needs Locality database. Clinical Support Desk staff should be able to access all palliative care patient plans to ensure correct management as per patient wishes.
3. Crews should be able to access telephone numbers for other health care professionals involved in the patients' care, particularly out-of-hours. Crews should be encouraged to consult with the patients' GP or a member of their palliative care team when deciding on a course of action.
4. Crews should be reminded about the correct use of PRF illness codes in relation to end of life care so that incidents are coded correctly as such and not only capturing the presenting complaint.
5. Crews should be informed of the findings of the clinical audit.
6. CARU should conduct a re-audit to assess compliance to the end of life care after the above recommendations have been implemented.



**LONDON AMBULANCE SERVICE TRUST BOARD**

**DATE: 27<sup>TH</sup> MARCH 2012**

**PAPER FOR NOTING**

<b>Document Title:</b>	<b>Quality Committee Assurance Report</b>
<b>Report Author(s):</b>	<b>Beryl Magrath, Chair of the Quality Committee</b>
<b>Lead Director:</b>	<b>N/A</b>
<b>Contact Details:</b>	
<b>Why is this coming to the Trust Board?</b>	<b>To understand the topics of discussion at the Quality Committee and the issues as well as gaining assurance from the committee</b>
<b>This paper has been previously presented to:</b>	<input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Other
<b>Recommendation for the Trust Board:</b>	<b>To take assurance from the report on the governance of quality and safety</b>
<b>Key issues and risks arising from this paper</b>	
<p>A number of risks to quality were identified at the meeting on 28<sup>th</sup> February and these, together with the mitigation actions, are outlined in the attached paper.</p>	
<b>Executive Summary</b>	
<p>The Quality Committee is a formal committee of the Trust Board providing assurance on quality and safety of service provision, including the supporting clinical, information and corporate governance framework. The committee meets every two months and receives standing item reports from supporting committees as well as holding a focussed discussion on strategic quality issues.</p> <p>The attached report provides the Trust Board with an update on the key items of discussion at the meeting on 28<sup>th</sup> February against each of the domains of the Quality Strategy.</p>	
<b>Attachments</b>	
<p>Report from the Quality Committee meeting held on 28<sup>th</sup> February 2012.</p>	

**Quality Strategy**

This paper supports the following domains of the quality strategy

- Staff/Workforce
- Performance
- Clinical Intervention
- Safety
- Clinical Outcomes
- Dignity
- Satisfaction

**Strategic Goals 2010 – 13**

This paper supports the achievement of the following corporate objectives:

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

**Risk Implications**

This paper supports the mitigation of the following strategic risks:

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

**Equality Impact Assessment**

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:

## Report from Quality Committee meeting held on 28<sup>th</sup> February 2012

### Quality Assurance

All seven domains of the quality dashboard were discussed in terms of the specific quality measures and also the wider aspects relating to quality.

#### **Staff/Workforce (CO 1,2,3,5,7)**

The committee identified concerns with the number of staff who were not receiving supervision and supported the Training Strategy Group's decision to change the benchmark from 2 to 1 supervised shift per year for operational clinical staff. This should allow more staff to receive some supervision.

A provisional analysis of the annual staff survey was received. It was disappointing to note that there was only a 36% response rate from front line staff and that although some areas had improved since last year many were worse. The committee agreed to wait for national and London comparisons before drawing any final conclusions. The quality committee will continue to receive regular supplementary reports on workforce.

#### **Performance (CO 3)**

The committee noted the challenge in improving the delay at hospital. This is now being raised with relevant CEOs and is also part of the Commissioner Clinical Quality Group agenda.

In recognition that the indicators relating to time and hospital waiting are a fundamental element to the measurement of quality the committee approved that the Chief Operating Officer should be invited to attend the committee.

Delays in dispatching resources to patient featured commonly amongst complaints received.

#### **Clinical Intervention (CO 1,2,4)**

The committee received a report on the Maternity Care that delivered by the LAS. The report drew together complaints and incidents to form a review of the service delivery. The committee were assured that we offer a safe maternity service to London.

#### **Safety (CO 1,2,4)**

Tail lift failures have caused a number of problems, both for patients and staff.

There seemed also to be an increase in staff injured (82 in Q3) while lifting or carrying patients, 29/82 due to carrying very heavy patients, There was also one significant delay in transporting a bariatric patient, as no suitable vehicle was available.

#### **Clinical Outcomes (CO 1,2,4)**

Unfortunately the Trust still receives only a limited amount of information from other acute providers, so discussion and challenge is limited to the Quality measures on the dashboard. The committee noted that the Quality measures were Red or Amber for December but the Trust appears to have a good degree of understanding why this is the case and the action necessary for improvement.

#### **Dignity (CO 1,2,4)**

It was disappointing to note that lost property continued to feature as a major issue for our patients. This was despite the introduction of new larger lost property bags.

#### **Satisfaction (CO 1,2)**

The integrated risk report contains a large amount of information regarding service user feedback and it is clear that delay and staff attitude feature highly as issues patients care about. The Trust is in the process

of developing an action plan for improving staff attitude. Control are considering what information we are able to give regarding expected arrival times.

### **Quality Priorities 2011-2012 (CO 1,2)**

Although there is a mixed report against the measurable with the CQUINs; all three quality priorities (Falls, Mental Health and End of Life Care) have led to improvements in care and patient safety.

### **Assessment of Quality**

#### **Work Plans (CO, 1,2,3,4,5,7)**

The committee noted and discussed a number of work/action plans;

- Audit recommendations progress report
- Internal audit plan
- Clinical Audit progress report
- Quality Governance Assurance Framework Action Plan
- Governance Effectiveness Review

#### **Cost Improvement Plan (CO 1,2,4,8,9)**

The committee was satisfied that the clinical elements of the cost improvement plan were being overseen and heard of one example where clinical monitoring by a clinical lead had influenced a change in one of the CIP initiatives.

### **Risks to Quality**

Through discussion and challenge the committee noted the following risks and mitigation to quality through the course of the committee meeting.

<b>Risk</b>	<b>Mitigation given</b>	<b>Links to</b>
High Risk Register	a)Letter from AOM or CEO to named individual b)Risk rating on MDT post CP	
Clinical Audit work plan not completed	a)Less rigorous assessment by other means b)Utilisation of staff on light duties & volunteers(all data has to be processed manually)	
Staff Survey Results-significantly worse overall than previous year (36% frontline response)	a)Specific AS had really good practices b)Share case studies across LAS c)Develop and publish commitments to staff for 2012-2013	CO7
Staff training (both CSR 1&2)	a) Introduction of training passport b)Necessity of introducing a live training record C)Reduction of OWR from 2 to 1pa	CR 355
C60 Response Time target	Highlighted in both Quality & High Level CIP dashboards	CO4
Missing PRFs 1 in 20 or 4,500	next report by complex to understand the reasons	
Infection Control Training	11% staff attendance at CSR1	CR 322
Safeguarding Training	11% staff attendance at CSR1	
3 Maternity SIs all involved EOC	EOC training	CR31
14/28 Maternity Units do not have a dedicated phone line for LAS staff	Lobbying by Consultant Midwife	
Hear and Treat/no send		



Delays in ambulance dispatch		
Tail lift failures	Trial of alternative tail lifts	
Staff attitude & behaviour	Director Health Promotion and Quality to produce an AP	
Lost property (156 cases in Q3)	a)New property bags are being introduced b)Replacement costs of property with local budget holders	
Violence & aggression towards staff	a)encouragement of staff to report incidents b) Conflict resolution module in CSR3	
REAP level 3 for 85% time; DMP invoked 59% time in Q3		
Incidents which involve lifting & handling including heavy patients on 29/82 occasions		CR352
Delays in sourcing bariatric vehicles		CO1&2
PRF management at station remains an issue	Process for replacement of red & black boxes on station needs expediting	
Membership & attendance at CQSEC of concern	To have a small core (mandatory) list of attendees	
Significant gaps between some policies & practice will lead to failure at Level 2 NHSLA	NHSLA Level 2 postponed & 1 to be reassessed in Q3 2012	

### Notable Achievements in Quality

Through discussion and challenge the committee noted the following achievements to quality through the course of the committee meeting.

1. 891 PPI and public education events in 2011 (CO10)
2. Large number of staff volunteers working for PPI in their own time and assisting with CARU audits, where there were job vacancies (CO 7)
3. IG Toolkit Compliance now at 72% for level 2 (CO5)
4. Non-conveyed documentation audited at 95%, since CARU produced a laminated checklist for all front line staff(CO2)
5. Survival rates for ROSC and cardiac arrest are at an all time high (CO1)
6. LAS benchmarked 1st for the following National CPIs: A19 response time; 999 calls abandoned; ROSC; time taken to answer calls 50<sup>th</sup> percentile (CO1&2)
7. LAS receives 25,000 maternity related calls with 3SIs, 10 complaints & 28 incidents with 73 involving 29 maternity units (28/73 [38%] in East London hospitals) (CO1&2)
8. The QRP produced by CQC, covering a broad spectrum of quality measures, has moved from RAG rating from high amber to low neutral in last year (All COs)
9. SI investigations have now reduced from 6+ months to between 3 and 1 month (CO10)

### Future Requirements

Quality Assurance is sought from:

1. Patient Story at TB-2 possible scenarios are being considered (CO1& 2)
2. Internal Audit Plan 2012-2013
3. CQSEC- Quality of care at high REAP levels & when DMP invoked (CO1, 2, 5&7)
4. CQSEC- Late finishes (CO 1,2,5&7)
5. Business Continuity (CO8,9&10)
6. Training & Education (CO7)



**LONDON AMBULANCE SERVICE TRUST BOARD**

**DATE: 27<sup>TH</sup> MARCH 2012**

**PAPER FOR NOTING**

<b>Document Title:</b>	<b>Workforce Report</b>
<b>Report Author(s):</b>	<b>Caron Hitchen/Steve Lennox</b>
<b>Lead Director:</b>	<b>Caron Hitchen</b>
<b>Contact Details:</b>	<a href="mailto:caronhitchen@lond-amb.nhs.uk">caronhitchen@lond-amb.nhs.uk</a>
<b>Why is this coming to the Trust Board?</b>	<b>This is a regular report to the Trust Board detailing key workforce indicators providing assurance to the Board on workforce issues.</b>
<b>This paper has been previously presented to:</b>	<input type="checkbox"/> Strategy Review and Planning Committee <input checked="" type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Other
<b>Recommendation for the Trust Board:</b>	<b>To note the report and support the intentions contained within the Attitude and Behaviour action plan.</b>
<b>Key issues and risks arising from this paper</b>	
<p>The Board should note that sickness absence levels are slightly above target at 5.30% (target of 5%).</p>	
<b>Executive Summary</b>	
<p><u>Sickness absence</u>          Sickness for the Trust as whole rose again in January, albeit very slightly, by 0.07% to 6.07%. The YTD figure rose to 5.30% and remains above the target for 2011/12 of 5% or below. The RAG rated audits continue to show that, in the main, all absence is being managed appropriately and in accordance with the Managing Attendance Policy (MAP).</p> <p>Sickness in the Areas in January rose at about the same rate as the Trust as a whole, and was above the level for the same month last year. Sickness YTD in Areas stood at 5.43%.</p> <p>In January sickness rose in Control Services to 6.35% (6.13%), YTD 5.94%.</p> <p>In PTS sickness rose again from 8.85% in December to 10.29% in January. Short-term absence rose from just over 2% to just over 3.5% and long term fell slightly to 6.5%.</p> <p><u>Unauthorised Absences</u>          Unauthorised absences rose in February to a level higher than usual, except for Control Services, where only four episodes were reported.</p>	

Vacancies and Turnover

From weekly operational staff in post figures, it can be reported that as at 5 March 2012 frontline staffing was showing a vacancy level of 126 wte.

Turnover in February was within normal range. Year to date levels are also within normal range.

Attitude and Behaviour

Attitude and behaviour has been a theme within patient feedback and to date there has been no central plan to drive improvements in this area. The paper attached contains a first version action plan that identifies a number of core work streams where a number of initiatives may make an impact on this area. The intention is to use this to drive the key messages and actions but to make relevant additions as opportunities arise. Monitoring of progress against this action plan will take place at the Trust's Learning From Experience Group.

**Attachments**

- 1. Workforce Report
- 2. Attitude and Behaviour Action Plan

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**Quality Strategy**

This paper supports the following domains of the quality strategy

- Staff/Workforce
- Performance
- Clinical Intervention
- Safety
- Clinical Outcomes
- Dignity
- Satisfaction

**Strategic Goals 2010 – 13**

This paper supports the achievement of the following corporate objectives:

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

**Risk Implications**

This paper supports the mitigation of the following strategic risks:

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

**Equality Impact Assessment**

Has an Equality Impact Assessment been carried out?

- Yes
- No (N/A)

Key issues from the assessment:



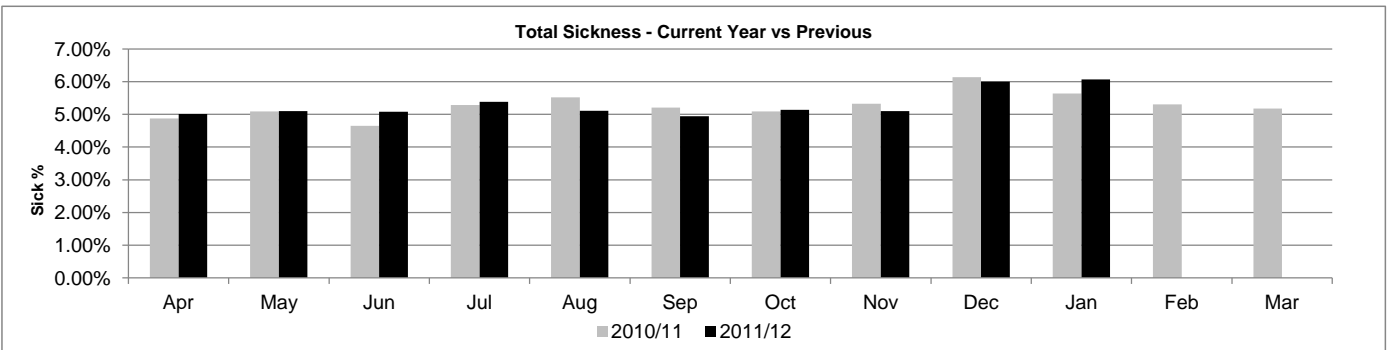
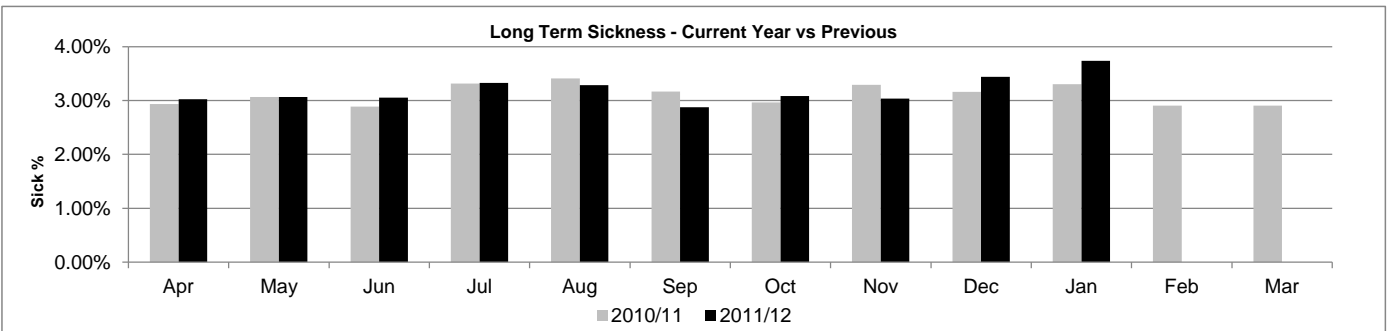
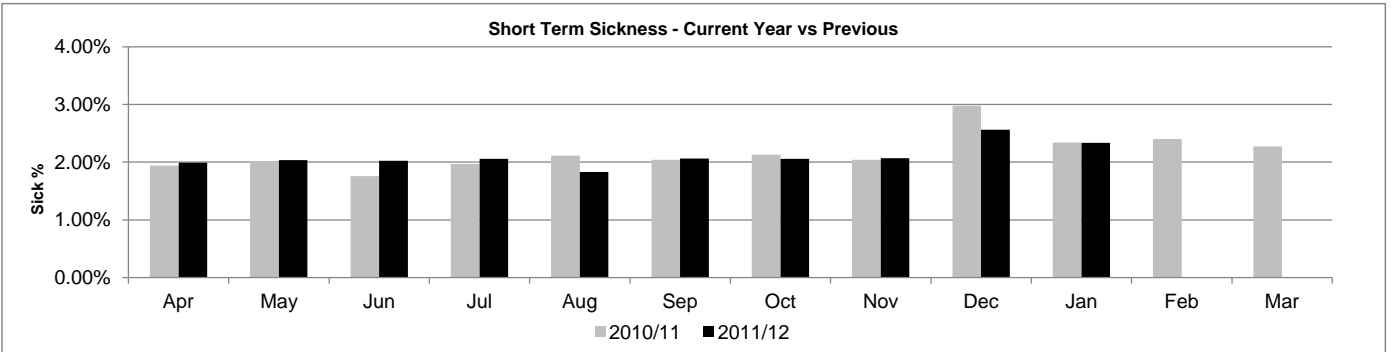
London Ambulance Service  
NHS Trust

# **Workforce Report Trust Board**

## **March 2012**

**Trust Summary**

**Sickness Absence**



Sickness 2010/11	5.28%
YTD Sickness	5.30%

Current WTE	4564.84
Current Headcount	4792.00

NB Secondments and Acting Up Included in Totals

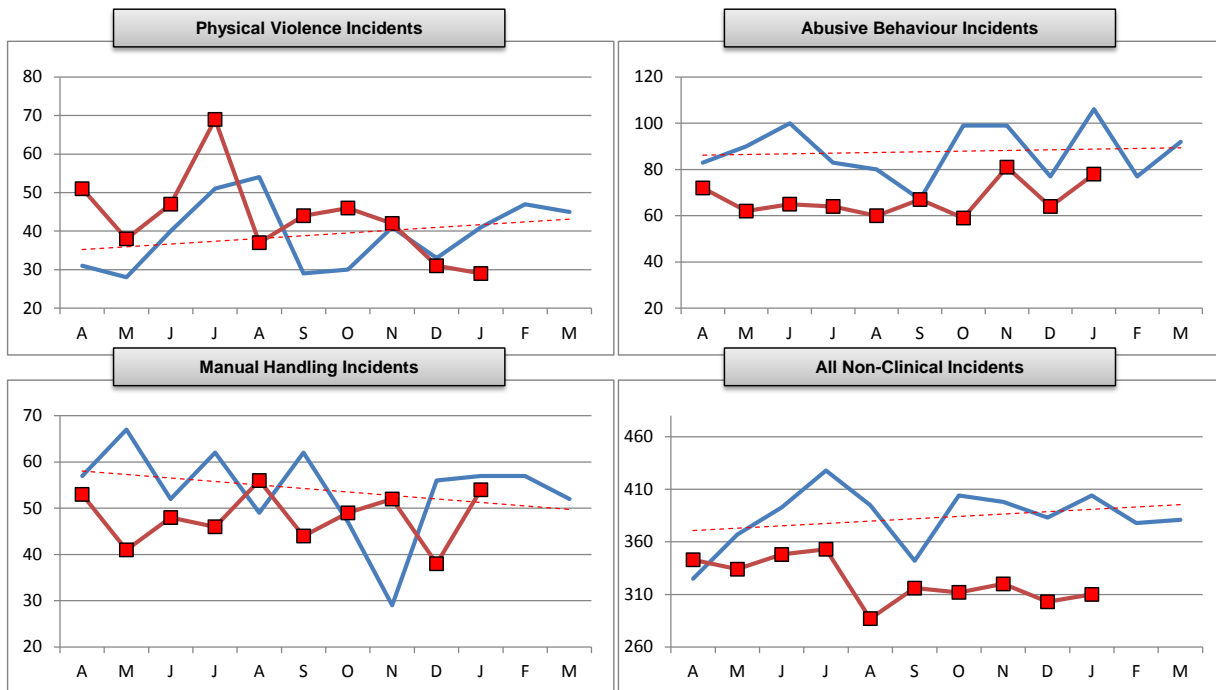
Total Sickness	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2010/11	4.87%	5.09%	4.65%	5.29%	5.52%	5.20%	5.09%	5.33%	6.13%	5.64%	5.30%	5.18%
2011/12	5.01%	5.10%	5.08%	5.39%	5.11%	4.94%	5.14%	5.10%	6.00%	6.07%	0.00%	0.00%

Unauthorised Absence	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2010/11	263.00	210.00	167.00	178.00	136.00	197.00	169.00	197.00	388.00	190.00	142.00	175.00
2011/12	163.00	167.00	161.00	192.00	171.00	164.00	161.00	312.00	98.00	167.00	179.00	0.00

**Narrative**

**Sickness**  
 Sickness for the Trust as whole rose again in January, albeit very slightly, by 0.07% to 6.07%; short term absence reduced slightly but long term rose by slightly more. The YTD figure rose to 5.30% and remains above the target for 2011/12 of 5% or below. The RAG rated audits continue to show that, in the main, all absence is being managed appropriately and in accordance with the Managing Attendance Policy (MAP).

**Unauthorised Absences**  
 This figure shows the number of instances when staff have reported unable to attend work at short notice for reasons other than their own sickness or when they have not reported for work. Depending on the reason, the absence may be converted into annual leave or un/paid special leave or remain an unpaid unauthorised absence. Disciplinary action may result. The figure for February 2012 was high and an increase on January's and above that for the same month last year.



*Note - Due to the delay in receiving incidents, the figures for February 2012 are artificially low by an expected 65% and so have been omitted from this month's update. Complete data for February will be available in the next SMG update.*

**Manual Handling**

Manual handling incidents are steadily rising and are now broadly equal to the number of reported incidents in 2010/2011. The dip in the number of reported incidents appears to be an outlier, with 49 incidents approximately per month. The East Area continues to report the most manual handling incidents, with an average of 19 per month, compared to 13 in the West and 14 in the South.

**Non Physical Abuse**

The number of reported non-physical abuse incidents appears to be rising, from a relatively steady average of 60 per month before October 2011, to 64 reported incidents in December 2011. The current figure for January 2012 is 78 incidents, which indicates that this trend is set to rise. This rise appears to be mostly attributable to an increase in the number of reports coming from the West Area, from its lowest point in October 2011 (9 incidents were reported by the West Area in October 2011, compared with 34 in the East and 13 in the South). Given this level of variation, we cannot say for certain whether we are seeing a genuine increase in incidents, or whether the levels of variation are simply growing; we will monitor these incidents closely for any emerging trend.

**Physical Violence**

The number of reported cases of physical violence have dropped to their lowest in this financial year, and are now below the figure for 2010/2011. This drop has mostly manifested in the East area, where reported incidents have dropped linearly from 22 in September 2011 to 15 in December 2011. During this same period, the South area has stayed level at 11 incidents per month, and the West Area has also dropped from 11 incidents to 4 per month (although has submitted 8 incidents so far in January 2012). The cause of this large drop in reported incidents in the East area requires further investigation.

**Court Cases**

The most recent case of serious assault was when three operational crew members were assaulted by a homeless person, attacking them with a nearby fence post. One member of staff suffered a fractured wrist, and the other two suffered bruising and understandable distress in the event, that also left two police officers injured, one with a broken nose. The assailant was arrested and attended Hendon Magistrates Court at the end of January for an initial hearing. We are liaising with Barnet Borough to gain further information about possible sentence.

**Airwaves Reporting Pilot**

The number of incidents reported via the airwaves pilot has dropped from 83% of all incidents from City and Hackney Complex in September 2011 to 42% in December 2011. This may be due to the transfer of the AOM who started the pilot to Whipps Cross Complex. There are plans to extend the pilot to Whipps Cross to take advantage of this transfer, whilst increasing awareness and confidence in the system in City and Hackney to bring the number back up to its previously high levels. The training of staff at Whipps Cross is almost complete with the intention of them joining the pilot in the near future.

A meeting to review the continued inclusion of LA277 reporting within the incident reporting pilot (due to issues of authorisation to high risk address register) concluded that the LA277 should be withdrawn until further notice. Any LA277 incidents reported in the interim will still be accepted by EBS, with line managers raising a paper LA277 upon receipt of the investigation form. The LA52 will continue to be handled via EBS as normal in the participating complexes as part of the original pilot's remit.

In the most recent escalation report issued by Governance (05/03/2012) there are 22 investigations outstanding, with some incidents over 10 weeks outstanding.

**Carry Chair Transporter Pilot**

An interim report has been compiled, and submitted to Caron Hitchen. The pilot evaluation is currently at Forest Hill, and will be moving to Hillingdon Complex (Hayes station) by the end of March.

## Workforce Report

Current Month Mar-12

### Trust Summary

#### Vacancies & Turnover

	Funded WTE	Inpost WTE	Variance
Trust Total	4706.72	4542.19	-164.53
<b>Directorate</b>			
A&E Operations	3425.95	3382.77	-43.18
Chief Executive	16.61	14.61	-2.00
Control Services	437.28	422.48	-14.80
Corporate Services Directorate	52.93	48.93	-4.00
Finance & Business Planning Directorate	59.20	47.13	-12.07
Health Promotion & Quality	3.60	2.60	-1.00
Human Resources & Organisation Dev Directorate	183.12	153.17	-29.95
Information Management & Technology Directorate	91.53	84.88	-6.65
Medical Directorate	24.20	19.08	-5.12
Operational Support	129.86	116.43	-13.43
Patient Transport Service	166.44	148.98	-17.46
Trust Board	6.00	6.00	+0.00

	Est.	In Post	Var.
T/L Paramedic	193.19	197.67	+4.48
Paramedic	1143.67	1314.05	+170.38
Student Paramedic 1	0.00	0.00	+0.00
Student Paramedic 2	348.00	18.00	-330.00
Student Paramedic 3	304.00	314.00	+10.00
Student Paramedic 4	4.00	54.00	+50.00
EMT 1	19.62	18.61	-1.01
EMT 2-4	796.18	866.62	+70.44
A&E Support	355.00	341.29	-13.71
CTA	54.43	46.01	-8.42

#### Turnover

2010/11	7.1%	Apr-10 to Mar-11
2011/12	7.2%	12 Months up to Feb-12

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>No. Leavers (Headcount)</b>												
2010/11	44.00	32.00	11.00	27.00	28.00	34.00	22.00	52.00	18.00	26.00	24.00	34.00
2011/12	22.00	36.00	33.00	28.00	34.00	30.00	23.00	21.00	26.00	35.00	27.00	0.00
<b>No. Starters (Headcount)</b>												
2010/11	10.00	6.00	28.00	21.00	13.00	70.00	37.00	62.00	6.00	24.00	25.00	23.00
2011/12	6.00	7.00	7.00	21.00	7.00	32.00	50.00	8.00	15.00	4.00	6.00	0.00

NB: Inpost figures are based on individuals substantive post not their seconded/acting up post.

Current Month

Mar-12

**Trust Summary**

**Employee Relations Data**

	<b>Attendance</b>	<b>Grievances</b>	<b>Capabilities</b>	<b>Disciplinary (Clinical)</b>	<b>Disciplinary (Non Clinical)</b>
<b>Current Case Total</b>	594 (718)	15 (20)	2 (2)	1 (6)	17 (28)

<b>Current Employment Tribunal Cases</b>	9 (8)
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<b>Current Suspensions</b>	6 (8)
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**Narrative**

\* The figure for the previous month appears in brackets.

**Attendance**

These figures and the audit results mentioned previously continue to demonstrate the focus on attendance management has been sustained.

**Grievances**

As reported previously, it must be expected that as managers increase the focus on all facets of performance, this figure will be higher than previously seen. Nevertheless, given the number of employees, this number still remains low.

**Disciplinaries**

The ratio of clinical to non-clinical cases continues to show that clinical issues are rarely dealt with under the disciplinary procedure.

**Employment Tribunals**







## Improving Attitude & Behaviour

### Action Plan

#### Corporate Messaging & Awareness Raising

Problem	Action	Who & date	Where Monitored	Update
Ensure staff are aware that this features as a trust priority and has been raised at board level	Highlight in CEO blog	Peter Bradley March 2012	Individual Action. Not monitored	
	Highlight patient experience within a case study within clinical update	Joanne Smith June 2012	Individual Action. Not monitored	
Need to ensure ambassadors or representatives of the service are good role models	Ensure all staff chosen for public messaging and front facing communications work are suitable role models	Angie Patton From march 2012	Individual Action. Not monitored	
Organisation can be perceived as labelling some callers inappropriate (e.g. alcohol related calls)	Ensure corporate messaging does not communicate that any patient group is an inappropriate caller	Angie Patton From march 2012	Individual Action. Not monitored	
Complaints and patient experience not used to routinely inform Area Governance Work	Use patient stories at Area Governance Meetings	PIMS	Area Governance Committee CQSE	
Complaints and patient experience not used to routinely inform Training	Use patient stories to inform training (training rep needs to join LFE committee)	Practice Learning Managers	Learning From Experience	
No tolerance needs to be set on joining the organisation	Induction includes a piece on patient story/experience	Angie Patton	?	

## Systems and Processes

Problem	Action	Who & date	Where Monitored	Update
Assistant Directors of Operations not aware of complaints regarding attitude & behaviour	Director of HP&Q to inform Assistant Directors when complaints arise	Steve Lennox 1 March 2012	Not monitored	
Attitude & behaviour needs prioritisation within the local learning from experience work	Attitude & behaviour to be recorded by complex and reported within Area Governance Committee meetings and report	PIMS 1 March 2012	Area Governance Committee CQSE	
	Attitude and behaviour actions taken to be reported within Area Governance Committee meetings and report	PIMS 1 March 2012	Area Governance Committee CQSE	
No escalation procedure in place	Escalation process to be developed for meeting with staff with having numerous complaints made against them	Assistant Directors	Assistant Directors Group	

## Education & Development

Problem	Action	Who & date	Where Monitored	Update
Need for training and education	Consider if the new management programme can include an element of customer care/attitude and behaviour for all managerial staff	Caron Hitchen & Jo Lynn	Training Strategy Group	



**LONDON AMBULANCE SERVICE TRUST BOARD**

**DATE: 27 MARCH 2012**

**PAPER FOR NOTING**

<b>Document Title:</b>	<b>Chief Executive Report</b>
<b>Report Author(s):</b>	<b>Peter Bradley</b>
<b>Lead Director:</b>	<b>N/A</b>
<b>Contact Details:</b>	<b>-</b>
<b>Why is this coming to the Trust Board?</b>	<b>For the Board to be aware of key issues involving the Trust</b>
<b>This paper has been previously presented to:</b>	<input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Other
<b>Recommendation for the Trust Board:</b>	<b>That the Trust Board note my report</b>
<b>Key issues and risks arising from this paper</b>	
For discussion at the meeting	
<b>Executive Summary</b>	
<p>Following feedback from the Trust Board the executive team and I have made changes to our approach to Board papers this month.</p> <ol style="list-style-type: none"> <li>1. We have put the quality and safety reports as the first agenda items.</li> <li>2. We have produced a combined Medical Director and Director of Health Promotion and Quality report.</li> <li>3. We have removed the workforce, performance and operational reports from the CEOs report and created separate workforce and Chief Operating Officer reports.</li> <li>4. My CEO report now focuses on strategy, key developments and communication and engagement.</li> </ol> <p>These new reports will be refined and developed over the coming months and the team welcome feedback on the new approach.</p>	

**Attachments**

None

\*\*\*\*\*

**Quality Strategy**

This paper supports the following domains of the quality strategy

- Staff/Workforce
- Performance
- Clinical Intervention
- Safety
- Clinical Outcomes
- Dignity
- Satisfaction

**Strategic Goals 2010 – 13**

This paper supports the achievement of the following corporate objectives:

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

**Risk Implications**

This paper supports the mitigation of the following strategic risks:

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

**Equality Impact Assessment**

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:

**LONDON AMBULANCE SERVICE NHS TRUST**  
**TRUST BOARD MEETING 27 MARCH 2012**  
**CHIEF EXECUTIVE'S REPORT**

**1. STRATEGIC DEVELOPMENTS**

Contract negotiations for 2012/13 continue with our North West London lead commissioners, no resolution agreed at the time of writing. Particular areas of negotiation include the contract envelope; potential key performance indicators and the detail of the commissioning for quality and innovation indicators (CQUINs). The Executive team and the Board, supported by the strategic development and business development team, are all engaged in the agreement and the detail of the delivery requirements.

With regard to the 2011/12 contract the LAS will deliver against both financial key performance indicators. In addition we expect to achieve the majority of the CQUINs. Particular areas of note are the success with increasing the number of fallers LAS has attended and referred back to their GPs for further care; the increase in the number of end of the life care plans in use across the service, over a 4% drop in the conveyance of patients to A&E and increasing the use of appropriate care pathways across London.

In line with our Integrated Business Plan service developments, we continue to deliver against the following areas:

- **Olympics:** LAS have been funded to provide cover during Games time. In addition we are currently contracting to provide additional cover in Heathrow over the period as well as looking as to whether there are further business opportunities from Olympic based events.
- **Second control room:** The work is on track for the second control room works to be completed in April.
- **Clinical Transfers:** A clinical, operational, patient transport and business development team continue to work together to identify how we can develop a clinical transfer service to meet the demands of the reconfigurations in the London health care system.
- **Co-ordinating Healthcare in London:** The Emergency Bed Service has continued over 2011/12 to grow its services in line with the ambition for the LAS to be at the centre of the urgent and emergency care network in London. This has included continuing to support the Capacity Management System Hospital Activity (which has been crucial to managing demand across London over the winter period); supporting the Directory of Service implementation (LAS staff will have access and use of the system from April 2012) and the establishment of the referral support team which enables referral of vulnerable people back to their GP for fallers or a local Safeguarding team.
- **CommandPoint:** This service development is still on track to be delivered in 2011/12 and there is a separate agenda item covering this in more detail

- **Emergency Preparedness:** LAS continues to successfully agree contracts to support Premiership football grounds across London building on the LAS expertise in managing events and emergency preparedness. This is a small part of this service development plan until the Olympics has passed and there is additional capacity in the emergency preparedness team to review the strategy for coming years.
- **Electronic Patient Record (ePRF):** LAS submitted a comprehensive business case to NWL and NHS London to bring forward the delivery of this service development through the use of Department of Health capital funds that were on offer to London providers. Unfortunately LAS was not successful and capital bids at acute sites were prioritised over ePRF.

## 2. COMMUNICATIONS AND ENGAGEMENT

The senior management team have continued to meet regularly with senior NHS Leaders from across London to discuss the London Ambulance Service, the wider health agenda and the pressures of 2012/13. I have met with each of the Cluster PCT Chief Executives to discuss the challenges for London over 2012/13. All are supportive of the LAS and appreciative of the progress we have made over 2011/2012.

The Clinical Quality Group, which includes GP commissioning leads from each Cluster, continues to meet bi monthly enabling a clinically focussed conversation on the quality and commissioning issues faced by LAS. Dr Fionna Moore and Dr Fenella Wrigley have met again with Dr Andrew Steedon, Clinical Director of NWL Cluster. Michael Dinan has met with both the Director of Finance of NWL and NHS London. Steve Lennox and members of the East Area management team have met with members of Outer North East London regarding the service changes that are planned there and how LAS can support these. Members of the LAS medical directorate also provide expert opinion as invited members on a range of NHS London clinical development and reconfigurations including paediatric, vascular, end of life, emergency surgery, cardiac, stroke, maternity, radiology and trauma ensuring LAS has high visibility and influence across London.

The LAS continues to support the roll out of 111 across London including Dr Fenella Wrigley joining the NHS London 111 Clinical Governance Group and team members attending 111 meetings across the capital. 111 pilots are now live in Hillingdon and Croydon and inner North West London is due to go live before the end of March. The Chief Operating Officer will keep the Board updated on the impact (if any) of the roll out on the LAS.

**Meeting with Secretary of State Andrew Lansley:** I met with Andrew Lansley this month to discuss a number of Service-related issues; namely the events of 30 November last year, the introduction of CommandPoint, and future changes to our estate. I took the opportunity to state that I did not agree with the proposed retirement age of 68 for frontline staff. David Flory, Simon Burns and Ruth Carnall joined us at the meeting.

**Response to recommendations made by London Assembly review:** We formally responded to the London Assembly's Health and Public Services Committee review into the London Ambulance Service. There were six recommendations within the committee's report; they covered the management of police requests for ambulance support, the involvement of the Service in work to integrate door-to-door services, an invitation for the Service to join the London Health Improvement Board, a proposal that the Mayor commissions a review of shared facilities between the Service and the

London Fire Brigade, a request for the Service to set out its plans to deliver efficiencies through coordinated working with other public services, and representation of other agencies on the Service's future Council of Governors, and the appointment of a London Assembly member as a non-executive on the Service's board.

**London Assembly review of preparedness for the Olympic and Paralympic Games:** The Service joined representatives from the emergency services, NHS London and the Greater London Authority at a Health and Public Services Committee meeting earlier this month to reassure the committee that plans were in place to maintain a normal service across London during the Games. Issues covered during the meeting included how the Service will manage increased demand during Games time, the anticipated impact on response times, the testing that had taken place, use of the Olympic Route Network and legacy from the Games.

**Handover of patients at hospital:** The issue of hospital handover delays was highlighted in the HSJ, and subsequently The Telegraph, based on Service data which showed that in the first seven weeks of 2012 there were 673 incidents in London where a patient in an ambulance was not admitted to A&E for more than an hour. The overall number of 1 hour breaches in the 2011/2012 year is likely to be the same if not more than in 2010/2011. I have now arranged a London wide summit with acute trusts who are particularly challenged with hospital handovers to see what more we can all do. This is planned for 12 April.

**Service participation in 2012 Games exercise:** We achieved extensive media coverage during an exercise that saw ambulance staff involved in a counter terrorist exercise to test a multi-agency response to an attack on the Underground during Games time. The Deputy Director of Operations had interviews with international, national and regional press and broadcast media at the scene of the exercise at the end of February.

To show the LAS and the wider ambulance services ability to deal with a major event I have asked that a national exercise be arranged ahead of the Olympics. With this in mind, the LAS will be hosting a major test event on Saturday 5 May. Ambulance services from across the country will be coming together to demonstrate our capabilities to work with the other emergency services to respond to a range of challenging scenarios. This will be the first time that an ambulance service exercise of this kind has been staged and will provide an invaluable opportunity for key internal and external stakeholders to learn more about our resilience and preparedness to deal with potential incidents in the run up to the 2012 Games.

The exercise weekend is particularly significant, in that it will be the first time that we will be using the centre to deploy staff – including those from ambulance services across the country who will be supporting us during the Olympics. All Board members are invited to attend the test event.

**Involvement and Engagement Strategies:** A meeting was held in early February to bring together all those responsible for Involvement and Engagement Strategies in the Trust, in order to share information and avoid duplication. The group shared details about their strategies and plans, and agreed that a new PPI Action Plan would be produced. This plan will run from 2012 to 2015, and will sit within the Trust's overall Communication & Engagement Strategy.

**Peter Bradley CBE**  
Chief Executive Officer  
19 March 2012





## LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 27 MARCH 2012

### PAPER FOR APPROVAL

<b>Document Title:</b>	<b>2012/2013 Trust Priorities</b>
<b>Report Author(s):</b>	<b>Peter Bradley, Chief Executive Officer</b>
<b>Lead Director:</b>	<b>All</b>
<b>Contact Details:</b>	-
<b>Why is this coming to the Trust Board?</b>	<b>For approval</b>
<b>This paper has been previously presented to:</b>	<input checked="" type="checkbox"/> Strategy Review and Planning Committee <input checked="" type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Other
<b>Recommendation for the Trust Board:</b>	<b>That the Board approve the 2012/2013 Trust Priorities</b>
<b>Key issues and risks arising from this paper</b>  The key risks and issues are the deliverability of specific Trust priorities in what will be one of the busiest years in the Trusts history.	
<b>Executive Summary</b>  At the last Trust Board meeting the Board considered the key priorities for 2012/2013 taking into account: <ul style="list-style-type: none"><li>- Our 5 year plan (IBP), strategic goals and corporate objectives</li><li>- The priority areas not delivered last year</li><li>- Not over committing ourselves in what will be a very busy year for the Trust</li><li>- Feedback from staff</li><li>- Current operating environment and wider NHS priorities</li></ul> Once approved, specific dates and key deliverables will be developed and progress will be reported back to the Board regularly.	

**Quality Strategy**

This paper supports the following domains of the quality strategy

- Staff/Workforce
- Performance
- Clinical Intervention
- Safety
- Clinical Outcomes
- Dignity
- Satisfaction

**Strategic Goals 2010 – 13**

This paper supports the achievement of the following corporate objectives:

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

**Risk Implications**

This paper supports the mitigation of the following strategic risks:

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

**Equality Impact Assessment**

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:

## LAS TRUST PRIORITIES 2012/2013

### Our plans for the future

Our five year business plan has a number of goals and objectives to help realise our vision of becoming a world-class service. We have made great progress in recent years and our desire to become a world-class service remains as strong as ever.

Looking ahead, over the next five years our strategic goals are:

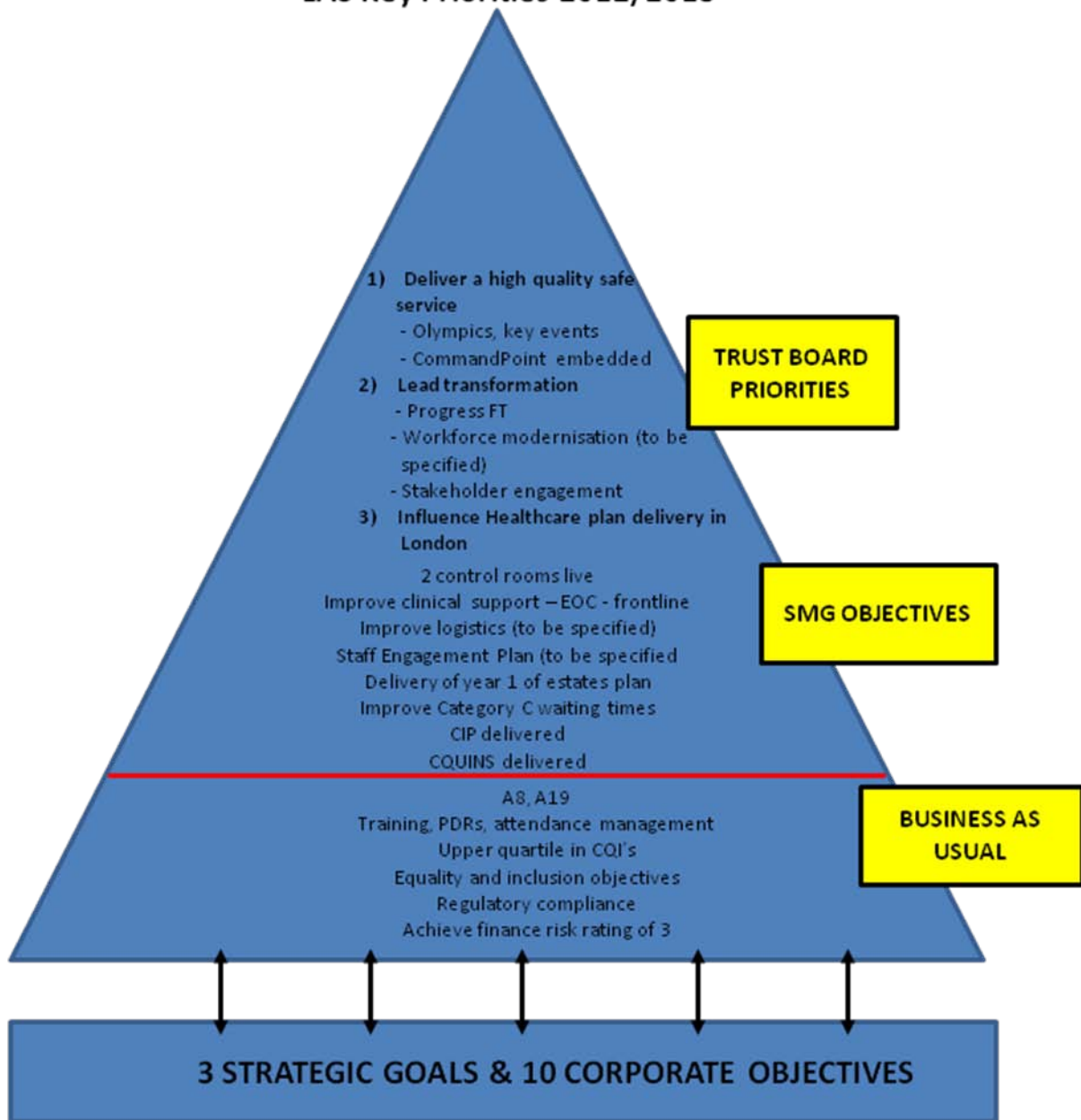
- **Patients:** improving the quality of care we provide to our patients, whatever their clinical need, so that they get the best health outcome possible
- **Our workforce:** developing our staff so that they have the skills and confidence to provide the high-quality care that our patients expect and deserve, and
- **Value for money:** managing our budget while our costs are rising but our funding, at best, remains the same.

Our key **corporate objectives for the next five years** are:

Strategic goal	Key corporate objectives
<b>Improve the quality of care we provide to patients</b>	To improve the experience and outcomes for patients who are critically ill or injured
	To improve the experience and provide more appropriate care for patients with less serious illnesses and injuries
	To meet response time targets routinely
	To meet all other quality, regulatory, and performance targets
<b>Deliver care with a highly skilled and representative workforce</b>	To develop staff so they have the skills and confidence they need to deliver high quality care to a diverse population
	To create a productive and supportive working environment where staff feel safe, valued and influential
<b>Deliver value for money</b>	To use resources more efficiently and effectively
	To maintain service performance during major events, both planned and unplanned, including the 2012 Games
	To improve engagement with key stakeholders

- Blue delivered
- Green on track to be delivered
- Amber some slippage but will be delivered
- Red can't now be delivered

## LAS Key Priorities 2012/2013



During 2012/2013 the SMG will, with support from the Board, achieve the following Trust Priorities:

1. Successfully deliver safe and effective pre-hospital care during the 2012 Olympics and other key events.
2. Ensure CommandPoint is embedded and operating safely and effectively.
3. Deliver 2012/2013 stakeholder engagement plan.
4. Improve waiting times for all categories of Category C patients.
5. Deliver 2012/2013 staff engagement plan and CEO consultation meeting feedback priorities.
6. Improve clinical support in EOC and in the field through the establishment of a clinical hub in EOC and through implementing the new Team Leader job description.
7. Bow control running live and operating in a similar way to that at Waterloo.
8. Improve operational support including the optimal availability of vehicles, equipment and supplies which will be measured by achievement of agreed trajectories reported to Trustboard.
9. Deliver workforce modernisation initiatives
  - Rest breaks
  - Rosters
  - Annual leave
  - First phase future response model
10. Complete engagement over estates strategy and deliver year one of the estates plan.
11. Deliver agreed Cost Improvement Programme and financial plan (FRR3).
12. Deliver agreed CQUINS and KPIs.
13. Continue with FT application work and embed governance and quality frameworks.



## LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 27 MARCH 2012

### PAPER FOR APPROVAL

<b>Document Title:</b>	<b>Equality Objectives</b>
<b>Report Author(s):</b>	<b>Janice Markey</b>
<b>Lead Director:</b>	<b>Caron Hitchen</b>
<b>Contact Details:</b>	<a href="mailto:caronhitchen@lond-amb.nhs.uk">caronhitchen@lond-amb.nhs.uk</a>
<b>Why is this coming to the Trust Board?</b>	<b>The report seeks approval from the Trust Board for the adoption of four draft equality objectives.</b>
<b>This paper has been previously presented to:</b>	<input type="checkbox"/> Strategy Review and Planning Committee <input checked="" type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Other
<b>Recommendation for the Trust Board:</b>	<b>To approve the proposed equalities objectives.</b>
<b>Key issues and risks arising from this paper</b>  The Equality Act 2010 and associated public duty requirements expect public bodies to have published at least one equality objective by 6 April 2012.	
<b>Executive Summary</b>  The Equality and Inclusion Steering Group have lead on a consultation exercise with patients, service users, staff and other stakeholders to develop relevant objectives to support the implementation of the NHS Equality Delivery System and in line with equality legislation.  The paper attached provides a summary of the four objectives being proposed for adoption following a consultation exercise involving patients, service users, staff and the Patients' Forum/LINKs.	
<b>Attachments</b>  1. Paper proposing four objectives for consideration and approval by the Trust Board	

**Quality Strategy**

This paper supports the following domains of the quality strategy

- Staff/Workforce
- Performance
- Clinical Intervention
- Safety
- Clinical Outcomes
- Dignity
- Satisfaction

**Strategic Goals 2010 – 13**

This paper supports the achievement of the following corporate objectives:

- To have staff who are skilled, confident, motivated and feel valued and work in a safe environment
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- To be efficient and productive in delivering our commitments and to continually improve

**Risk Implications**

This paper supports the mitigation of the following strategic risks:

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

**Equality Impact Assessment**

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:

# LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD      Date of Meeting: 27 March January 2012

## EQUALITY OBJECTIVES

### 1. INTRODUCTION

The Trust has agreed to adopt the new NHS Equality Delivery System (EDS), an optional equalities framework for the NHS intended to support NHS organisations in improving their equality performance and mainstreaming equalities.

The EDS contains four overarching goals (supported by eighteen outcomes). The equalities and Inclusion Steering group has lead a consultation exercise seeking views on the introduction of four equality objectives to support the Trust in improving performance against each of the four national NHS goals which are:

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and well supported staff
- Inclusive leadership at all levels

Consultation consisted of an electronic survey on our website for completion by stakeholders, including patients, service users and staff together with a special Members' event on 1 March 2012, comprising a wide range of participants from protected characteristic groups. Feedback was also sought from the Patients' Forum/LINKs representatives. The Trust's approach was supported by the NHS London Equality Lead.

In light of comments and feedback received, the following objectives are proposed:

- ❖ **Objective 1 – : We will ensure that the satisfaction rates with our Patient Transport Service are equitable for both women and men using the service.**

This objective received sign-up by the overwhelming majority of respondents to the survey, but it was recommended that it include a reference to sexual orientation to make this objective more challenging, following comments received from the EDS Members' meet event . The Patients' Forum suggested that this objective be refocused instead around emergency service. Following discussion at SMG it was agreed that this objective include sexual orientation in its scope and that the objective now read as:

**We will ensure that the satisfaction rates with our Patient Transport Service are equitable for both women and men using the service and for all our service users, regardless of sexual orientation.**



- ❖ **Objective 2 - We will improve the process for capturing equalities data in the area of patient complaints to ensure that more than 50 percent of complainants have provided relevant details and begin to monitor trends in complaints from black and minority ethnic (BME) service users in 2012/13.**

This objective received sign-up by the overwhelming majority of stakeholders responding to the survey. The Patients' Forum recommended that other ways of obtaining feedback be also looked into, which could form part of the implementation plan around this objective.

- ❖ **Objective 3 – We will act on the results of the staff survey and develop both corporate and localised actions to improve key problems identified by 2016.**

This objective received sign-up by the overwhelming majority of stakeholders responding to the survey and by the participants at the Trust's Members meet; the Patients' Forum suggested the inclusion of more detailed and relevant local questions and additional methods of surveying staff, which could be included in the implementation plan around this objective;

- ❖ **Objective 4 - The Equality and Inclusion Steering Group will appoint champions for each of the protected characteristic groups (age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, religion or belief, sex, sexual orientation) by 2014, to ensure that the interests of these groups are protected and promoted with regard to staff, patients, service users and other stakeholders in line with the requirements of the Equality Act 2010.**

This objective received sign-up by the overwhelming majority of stakeholders responding to the survey and was supported by the participants at the Members' meet; the Patients' Forum asked that the deadline for appointment be brought forward and that consideration be given to the appointment of temporary champions.



**LONDON AMBULANCE SERVICE TRUST BOARD**

**DATE: 27<sup>TH</sup> MARCH 2012**

**PAPER FOR NOTING**

<b>Document Title:</b>	<b>Chief Operating Officer's Report</b>
<b>Report Author(s):</b>	<b>Martin Flaherty</b>
<b>Lead Director:</b>	<b>Martin Flaherty</b>
<b>Contact Details:</b>	<b>0207-7832039</b>
<b>Why is this coming to the Trust Board?</b>	<b>For noting</b>
<b>This paper has been previously presented to:</b>	<input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Other
<b>Recommendation for the Trust Board:</b>	<b>The Board is asked to note the report</b>
<b>Key issues and risks arising from this paper</b>	
<p>Ongoing high incoming 999 call volume and high Cat A workload.            High Utilisation on ambulances and fast response units.            Ongoing hospital delays</p>	
<b>Executive Summary</b>	
<p>The paper provides an update on the following key areas:</p> <ol style="list-style-type: none"> <li>1. A&amp;E Service Delivery</li> <li>2. Emergency Preparedness</li> <li>3. Fleet and Logistics</li> <li>4. PTS</li> <li>5. IBP Delivery Programme</li> </ol> <p>Key messages:</p> <ul style="list-style-type: none"> <li>• The Category A 8 minute and 19 minute key Standards will be met for the 2011/12 financial year which will be the ninth consecutive year that the LAS has met these core targets.</li> <li>• Category A workload remains high at circa 11% more than last year.</li> <li>• Base utilisation of Ambulance and FRU resources remains high</li> <li>• Hospital delays have shown no improvement in this year over last with the number of 60 minute breaches likely to reach 2000 by year end. In total 34,000 ambulance hours have been lost this year due to delays at hospitals.</li> </ul>	

- Emergency preparedness activity is increasing as we approach the Olympics and is focussed on providing extensive assurance of 'Games Readiness'.
- Fleet and Logistics KPIs have shown some helpful improvement in recent months.
- The new vehicle preparation contract is now in place with Initial healthcare and early results are promising with more improvements expected as the contract beds down.
- Vehicle procurement programmes are broadly on track to deliver 66 new ambulances and 30 new response cars before the Olympics.
- PTS is currently involved in bidding for several new contracts and is currently reviewing its current workforce deployment to improve efficiency.

**Attachments**

Chief Operating Officer's Report – March 2012  
 Information Pack for Trust Board – February 2012

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**Quality Strategy**

This paper supports the following domains of the quality strategy

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**Strategic Goals 2010 – 13**

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- That we cannot maintain and deliver the core service along with the performance expected
- That we are unable to match financial resources with priorities
- That our strategic direction and pace of innovation to achieve this are compromised

**Equality Impact Assessment**

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:

N/A

**LONDON AMBULANCE SERVICE NHS TRUST  
TRUST BOARD MEETING 27<sup>TH</sup> MARCH 2012  
CHIEF OPERATING OFFICER'S REPORT**

**1. A&E SERVICE DELIVERY**

Accident & Emergency service performance and activity (please see attached information pack)

**Overview**

The table below sets out the A&E performance against the key standards for Category A for December through to 19<sup>th</sup> March 2012 together with the current year to date (YTD) position.

	<b>Cat A8</b>	<b>Cat A 19</b>
<b>Key Standard</b>		
December	72.5%	99%
January	79.1%	99.3%
February	74.2%	99%
March to 19 <sup>th</sup>	76%	99%
<b>YTD</b>	<b>75.9%</b>	<b>99.2%</b>

**I am pleased to report that the service will now achieve its Cat A targets for the ninth year in a row which is especially pleasing given the challenges associated with increasing Cat A demand this year.**

In addition it has now been above the performance trajectory set with our commissioners for five of the last six months. The exception to this was February when we experienced truly exceptional demand increases of +27% in Cat A and 8.5% in overall demand coupled with atrocious hospital delays.

Overall incident activity levels remain lower than last year however it should be noted that this masks an increase in 999 Call volumes of circa 5% and an increase in Cat A volumes of circa 11%.

The overall reduction in incidents is of course driven in the main by our much increased focus on 'hear and treat' during this year which has increased by 33% to over 70,000 calls this year compared to 52,000 last year.

The increases in Cat A volumes throughout the year have been brought to the attention of the Board in previous meetings and remains an area of concern. The significant increases in February seem to have been driven by the effects of the short lived cold snap at the beginning of the month which was followed by a significant increase in chest and respiratory conditions. The upward trend is being maintained nationally and remains an area for further exploration with commissioners.

It is pleasing to note that the service continues to reach more Cat A patients in 8 minutes than ever before this year (+32,000 compared to last year) but it remains our most expensive and resource intensive type of response and this increased activity

and quality is not subject to any recognition or additional remuneration by our commissioners.

In the report to the Board in January I advised that it was our intention to ask NHSL and our Commissioners to support us in advising DH that it is our intention to exclude the performance figures associated with the Industrial Action on the 30<sup>th</sup> November. In the final analysis we have decided not to pursue this and it should be noted that our year to date figures include 30<sup>th</sup> November.

Call answering performance has held up well despite the increased workload and the year to date position is at 95.04%. The ytd position has unfortunately been impacted in recent weeks by the Command Point live run events as call takers become familiarised with the new system. This was only to be expected and the live runs show that call taking performance does improve over several hours as each watch becomes more familiar with the new software.

Utilisation of both ambulance resources and FRU resources remains unacceptably high peaking at 85% and 42% respectively in December and improving slightly in January only to increase once again in February. We continue to try to address these high levels within our current commissioning negotiations and through continued pressure to try and drive up the numbers of patients for whom there is a safe alternative care pathway.

Hospital delays caused very significant problems throughout the period December through to February. The total number of 60 minute breaches for the year to date stands at 1926 compared to 1998 for last year. The problem in February was extreme with 435 breaches compared to 128 in the same period last year. There is no doubt that our failure to reach the trajectory of 77% in February was due to these atrocious levels of delays.

The reality is that commissioners have failed to deliver on their commitment to deliver significant improvements this year and the LAS, despite being heavily involved in helping to manage the system, has had to carry all of the operational risk. In total this year we have lost over 34,000 hours of ambulance provision by hospitals being unable to accept our patients within the 15 minute standard. This represents a very poor experience for patients who are reached quickly by the LAS but then sometimes wait hours to be accepted by the emergency department.

We continue to work hard with commissioners and acute trusts to improve the situation and will be holding a summit with acute trusts, NWL and NHSL to see what else can be done.

Finally we are attempting to gain some non recurrent compensation for these lost hours within the current commissioning round given the fact that year on year the problem fails to improve and the LAS currently bears all the financial and operational risk.

## **2. Emergency Preparedness**

A number of events have taken place since the last report, these have included Chinese New Year (29<sup>th</sup> Jan) which saw LAS and St John resources deployed to

Soho and surrounding streets. In total 31 patients were treated and 7 taken to hospital.

On the 4<sup>th</sup> February a situation developed outside the Syrian Embassy which resulted with protester and Police clashes and in response to this the LAS trained Public Order teams were deployed to deal with any casualties, fortunately on this occasion there were no casualties.

A couple of significant exercises have taken place: firstly Exercise Blue Sonic, that took place at Alexandra Palace, N10. This was a multi-agency exercise that was set during the school holiday with an explosion that was the result of a workman cutting through a gas main. There were a number of casualties triaged and treated by the LAS staff in attendance. The LAS had in attendance a number of resources that including command, control and emergency planning staff, A&E Support, Operational Ambulance Crews and HART. The learning for the exercise is currently being captured through the debriefing process and a report will be submitted to the relevant groups/committees in due course.

The second exercise was Exercise Forward Defensive this was held over 3 days during February; the exercise was based around an attack on the underground during the Olympic/Paralympics Games and its purpose was to test the emergency and security services response to a terrorist attack. The LAS had a large number of staff deployed which included talking heads to explain our role to what was an extensive observer programme of over 150 international delegates and politicians including the Home Secretary and the Major for London.

Planning is well underway for the Diamond Jubilee Celebrations in June and adverts for staff to work over this period have been placed in the RIB.

Olympic preparedness is ongoing with all relevant milestones in the comprehensive programme being on track. As will be expected the focus on all aspects of the planning is increasing and the service is subject to several pieces of external assurance led by commissioners, NHSL, DH and indeed the ambulance sector itself.

Finally in terms of Olympics extensive preparation is in hand to conduct a multi agency large exercise Operation Amber to test the preparedness and resilience of the ambulance sector nationally to support the games. The event will be held across the weekend of 5<sup>th</sup> and 6<sup>th</sup> of May and will have a large observer programme. The board will be given a full update on progress at its meeting in April.

### **3. Fleet and Logistics**

“ Fleet and Logistics KPI's have shown improvement in a number of areas over the last 2 months. Vehicle sourcing to shift start time (when no vehicle available on station) has shown a steady increase to 88% against 85% target. This has been supported by improved overnight planning in the VRC and earlier starts by support drivers ahead of early morning shift starts.

Vehicle servicing to time has shown an improvement in February (up from 50% to 68% against 70% target) following cancellation of servicing in December and January

due to operational pressures. Targeting of vehicles due for servicing by VRC has started to show a significant improvement (90% during final week of February). There was a slight dip in vehicle availability in February (Workshop performance) - 87% against 88% target due to catch up on servicing. Deep cleaning of vehicles has fallen below target (ambulances 80% against 85% target, cars 75% against 85% target). Significant effort was made to keep Lightbridge management focussed on delivery during last weeks of contract but TUPE issues and negotiations were a distraction.

Negotiations are progressing to agree a draft lease for the West Workshop Greenford site. Initial meetings with the planning authority have been held with positive results.

The Business Case will be resubmitted to the SHA for final approval once the draft lease can be appended.

Macneillies are on target to complete phases 1 and 2 of new ambulance construction on time (44 vehicles) The remaining are 22 vehicles are to be delivered by early July. 7 vehicles are now complete and ready for delivery to LAS. 30 Skoda cars are due for delivery to converters by end of March. It is anticipated that 5 vehicles per week can be delivered following sign off of the prototype meaning that delivery of all 30 should be complete by end June.

Tenders in response to London Emission Zone conversion work have now been received and are being considered. Work is planned to start in June.

The new vehicle preparation contract (formerly Make Ready) started on 1<sup>st</sup> March when Initial Healthcare replaced Lightbridge Support Services. The contract is now moving out of the early mobilisation stage into transition. Staff and managers have TUPE'd across to the new supplier and recruitment to the Service Desk has been undertaken.

The Desk will provide a 24/7 resource management focal point for the operation. Performance has remained steady at start of contract although some minor teething problems have occurred. Initial are now consulting managers and staff on changes to working hours and practices identified during the competitive dialogue process and designed to deliver sustainable, good quality performance.

The Fleet and Logistics Department will be moving to St Andrews House Bow on 19<sup>th</sup> April as part of the plan to centralise operational support. This will facilitate the merger of the VRC and CSU"

It should be noted that the recruitment process for the new ADO Fleet and Logistics post is in its final stages with interviews scheduled for 26<sup>th</sup> March.

#### **4. PTS**

##### **Commercial**

The tender processes for London Procurement Programme, North West Hospitals NHS Trust and Surrey are continuing and we are waiting to see whether we will be forwarded onto the next stage.

The LAS has been invited to tender to provide services to Dial-a-Ride (part of TfL) as part of a larger framework. On initial reading the thrust of the framework is to identify taxi and Private Hire Vehicles to undertake journeys, and consideration is being given as to whether this is congruent with our service provision. Tender documentation for this process must be submitted by 19 March 2012.

We have submitted PQQs in the last month to the London Boroughs of Tower Hamlets and Richmond. They are currently looking for transport providers to undertake journeys for children with disability and special educational needs. If invited to tender PTS will review the provision required to ensure that we are able to carry out these services.

Over the past 3 months work has been conducted with existing customers with regard to renegotiation of contracts. This is being driven both by the prevailing economic situation within the NHS but also our requirement to reflect the inflationary pressures we are contending with in delivering services.

### **Operational**

Following further reduction in staff numbers through natural wastage, a further resourcing review has been conducted and has established the need to relocate a number of staff and vehicles to ensure more efficient deployment.

All staff have been asked to consider movement to other stations and have been given opportunities to express which locations they would be prepared to work from. This process will be reviewed by the end of March 2012, with subsequent movement of staff taking place in the following 2 months.

PTS is finalising its operational requirements to support the LAS response to the Olympics. In addition our Customer Relations Managers are in dialogue with our customers to agree their requirements over the Olympic period. In April we will review our overall resource requirements again and establish means to provide suitable resource coverage.

### **Performance**

Activity in February rose to 15,513 journeys which is in line with forecasted activity.

The quality indicators for February were:

- Arrival Time: 92%                      increase of 1% from last report
- Departure Time: 93%                  increase of 1% from last report
- Time on Vehicle: 97%                increase of 2% from last report

## **5. Integrated Business Plan (IBP) Delivery Programme**

The three programmes which make up the IBP Delivery Programme (Patient Care [SRO Steve Lennox]; Value for Money [SRO Mike Dinan]; Workforce and OD [SRO Caron Hitchen]) are progressing according to plan. Next steps in development of the IBPD involve: definition of the detailed scope that sits under the 2012/13 objectives discussed by Trust Board (i.e. deliverables and benefits by end of March 2013); planning for the longer term not only what the Trust wants to do but also how it is going to do it in light of DH feedback on the Foundation Trust application. Points of note regarding recent project progress are:



- **Patient Care Programme**
  - Implementation of ACPs: Falls referrals to GPs increased to 1171 for January 2012 and it is expected that the Trust will achieve the final Q4 CQUIN target for Falls referrals. As a result of code changes following a review of PRFs (where there was an incorrect or missing code) the decrease in ED Conveyance rate experienced in December 2011 continued during January 2012 (resulting in a rate of 68.0% for the period).
  - CommandPoint: Successful technical cutover event ran at HQ overnight on 7th/8th February, including a test of the Met CAD link. Staff rehearsal dry run for C watch ran at Bow as planned on 17<sup>th</sup> February using software version 66.5. This exposed the application, the infrastructure and C watch staff to operational CAD usage at typical daily demand levels. The first live run event was undertaken on 22<sup>nd</sup> /23<sup>rd</sup> February.
  - Control Rooms (Bow as a 'hot' control): The contract has been awarded and the contractors began work on the Bow site on the 13<sup>th</sup> February. Building work is progressing to schedule.
  
- **Value for Money Programme**
  - Incident Reporting: Suspended last month but has now restarted and a review of the scope is under way.
  - 'Starters, Movers & Leavers': Project scope has been extended to take account of the requirement to track equipment etc. to individuals.
  - GRS Update: All key products have been delivered and is now being used to manage annual leave for all operational and control staff.
  
- **Workforce and OD Programme**
  - Two projects are red (Off-Track and Out of Control):
    - CRM – This hasn't progressed and there is the recognition that the approach needs to be developed further and modelled in order to gain agreement from all that it is fit for purpose;
    - KSF/PDR – Work has not progressed on this initiative pending appointment of a project manager.
  - NWoW: Training Needs Analysis is progressing for each cluster. Core Skills Refresher 1 remains priority for delivery in Quarter 4 (2011/12). All courses are on GRS and being populated in accordance with Protected Training Days.

**Martin Flaherty**

**Chief Operating Officer/Deputy CEO**



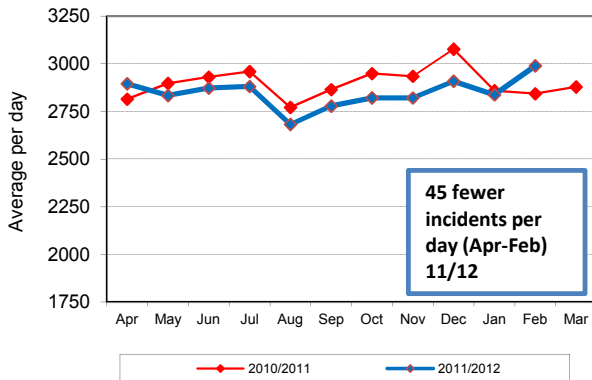
London Ambulance Service  
NHS Trust

# **Information Pack for Trust Board**

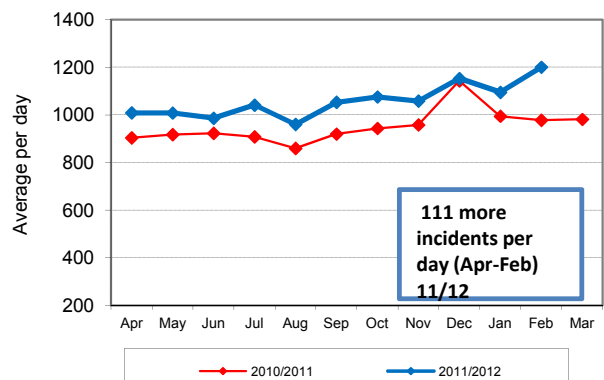
## **February 2012**

**London Ambulance Service NHS Trust  
Accident and Emergency Service  
Activity / Call Process -  
February 2012**

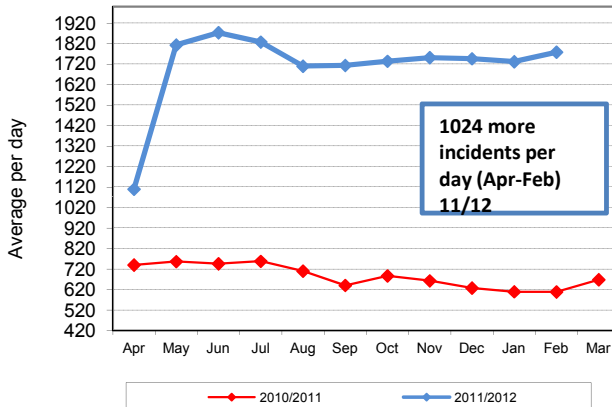
**Graph 1**  
Average number of Total incidents per day



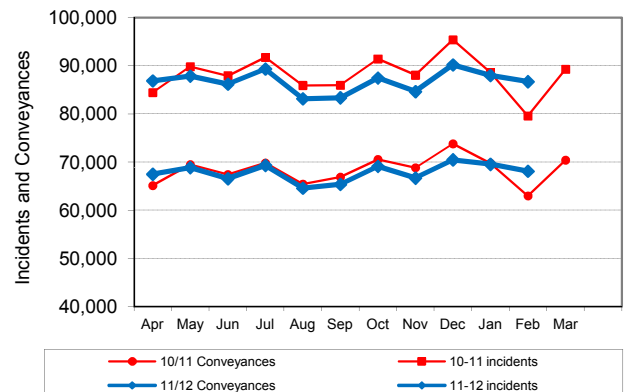
**Graph 2**  
Average number of Cat A incidents per day



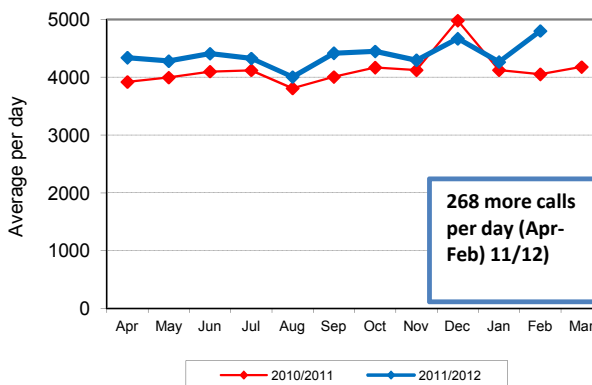
**Graph 3**  
Average number of Cat C incidents per day



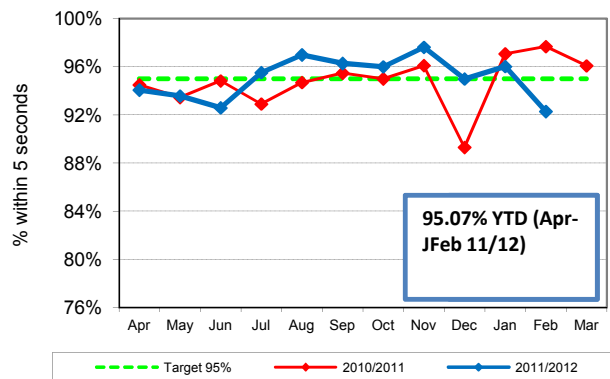
**Graph 4**  
No of incidents conveyed



**Graph 5**  
Average number of 999 (+ MPS) calls received per day

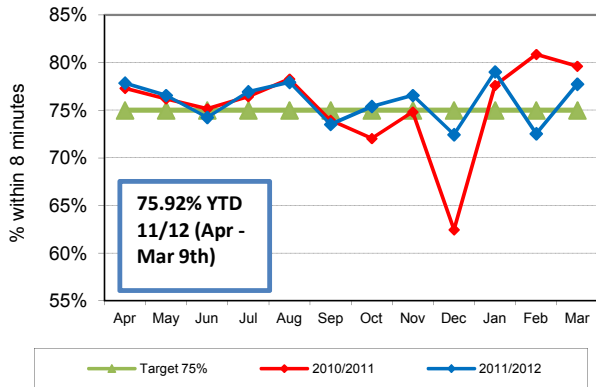


**Graph 6**  
Percentage of calls answered within 5 seconds

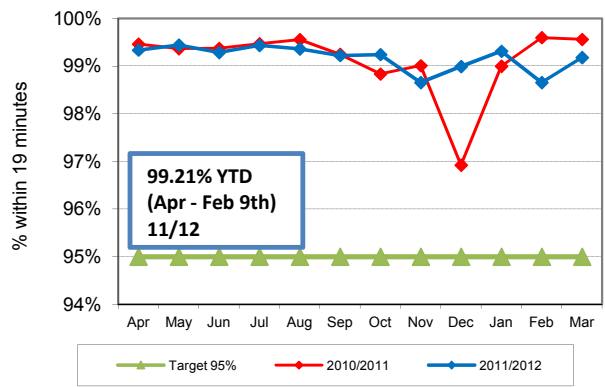


**London Ambulance Service NHS Trust  
Accident and Emergency Service  
Performance - February 2012**

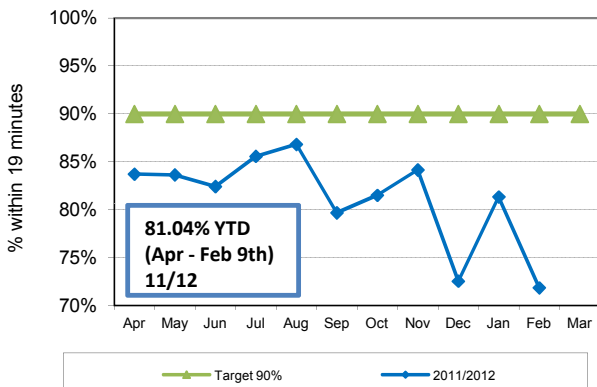
**Graph 7  
Category A 8 minute performance**



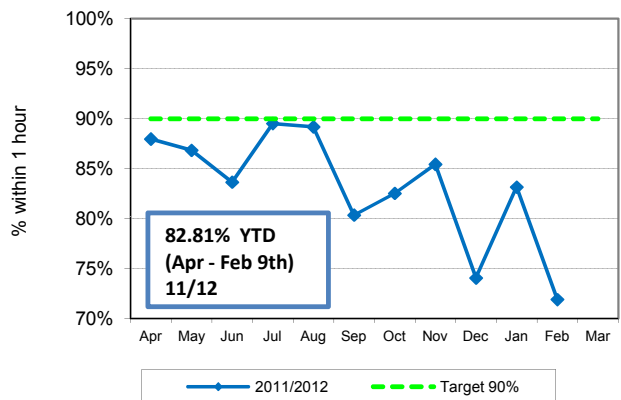
**Graph 8  
Category A 19 minute performance**



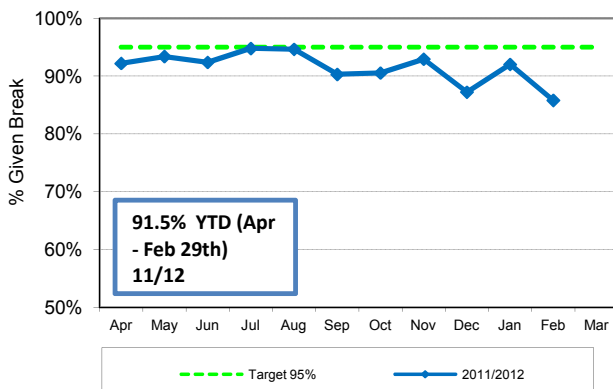
**Graph 9  
Category C1 20 minute performance  
(Incidents responded to only)**



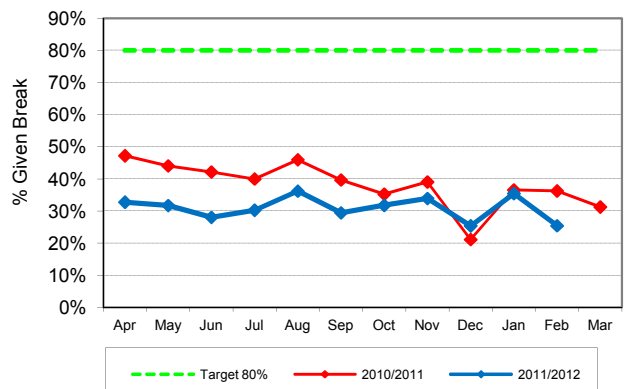
**Graph 10  
Category C2 30 minute performance  
(Incidents responded to only)**



**Graph 11  
Cat C incidents 60 Minute Performance  
(Incidents responded to only)**

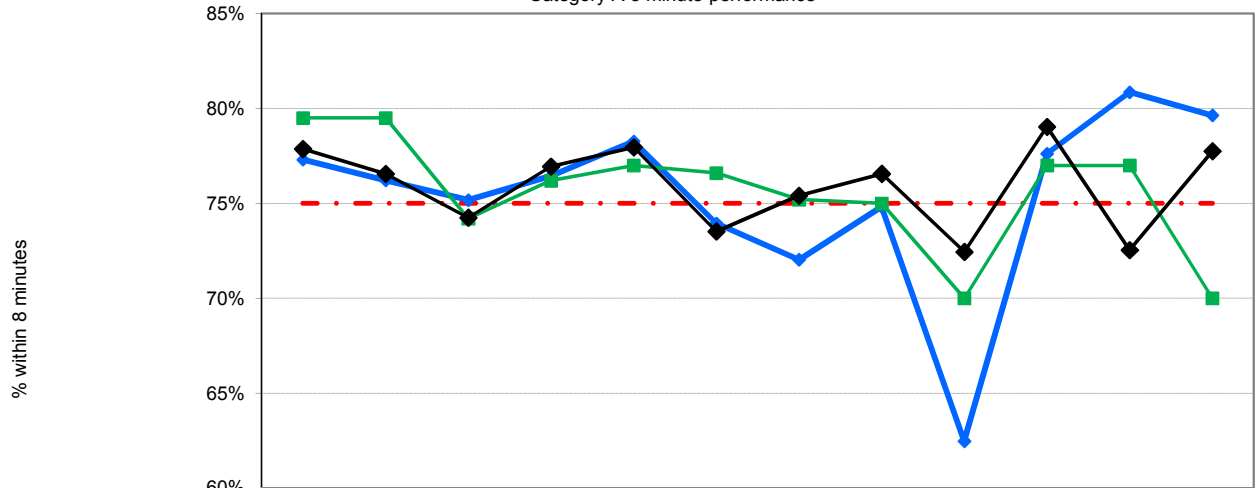


**Graph 12  
Rest Breaks Given**



**London Ambulance Service NHS Trust  
Accident and Emergency Service  
Performance - February 2012**

Graph 13  
Category A 8 minute performance

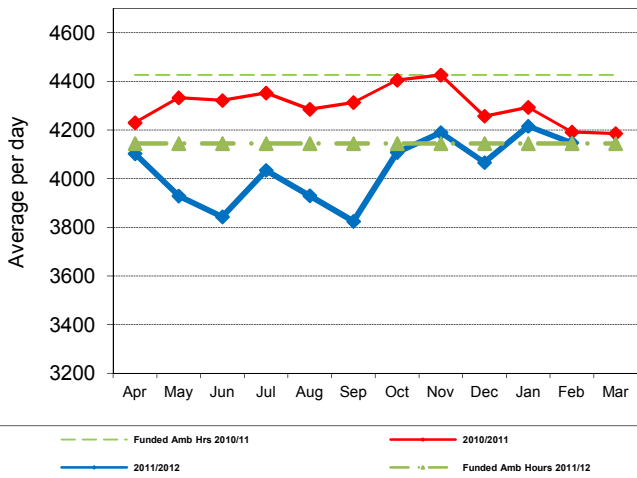


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target 75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
2010/2011	77.3%	76.2%	75.2%	76.4%	78.3%	74.0%	72.0%	74.8%	62.5%	77.6%	80.9%	79.6%
Cat A trajectory (11/12)	79.5%	79.5%	74.2%	76.2%	77.0%	76.6%	75.2%	75.0%	70.0%	77.0%	77.0%	70.0%
2011/2012	77.9%	76.6%	74.3%	76.9%	78.0%	73.5%	75.4%	76.6%	72.4%	79.0%	72.5%	77.75%

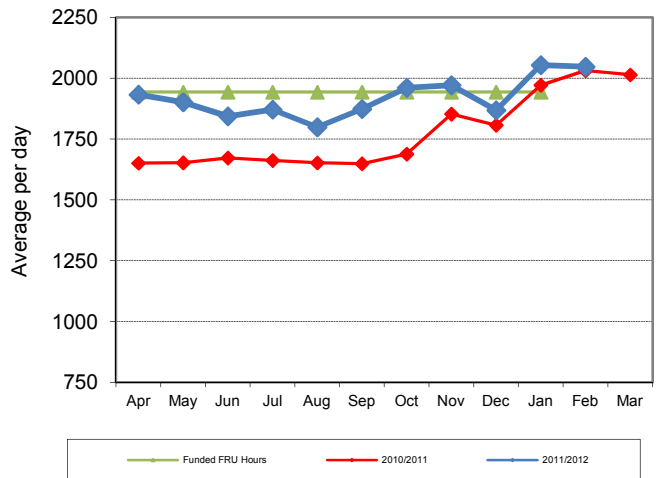
- - - Target 75%     
 —◆— 2010/2011     
 —■— Cat A trajectory (11/12)     
 —◆— 2011/2012

**London Ambulance Service NHS Trust  
Accident and Emergency Service  
Efficiency and Effectiveness - February 2012**

**Graph 14**  
Ambulance Hours average available per day



**Graph 15**  
FRU hours average available per day

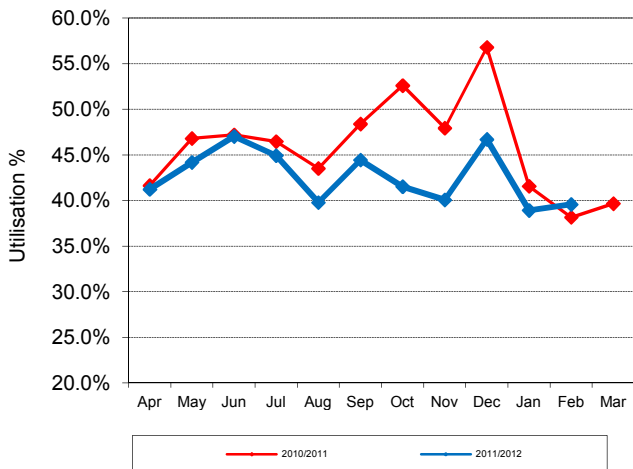


Please be aware that the funded hrs include more vehicle types than those above

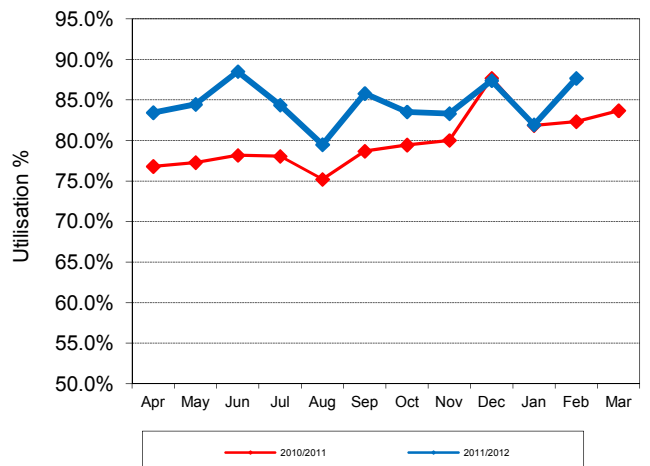
includes other vehicle types other than those above

**London Ambulance Service NHS Trust  
Accident and Emergency Service  
Efficiency and Effectiveness - February 2012**

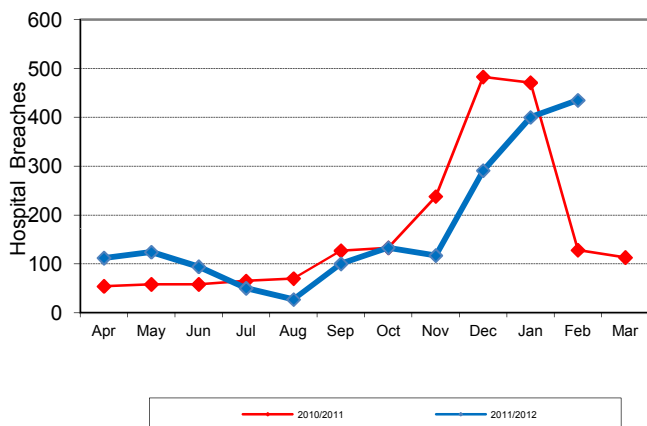
**Graph 19  
FRU Utilisation**



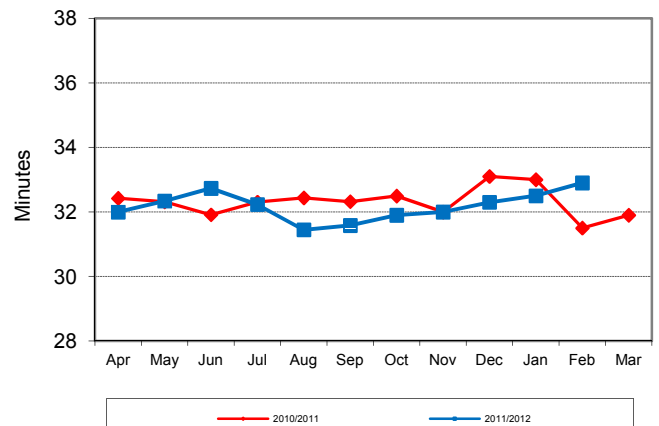
**Graph 20  
Ambulance Utilisation**



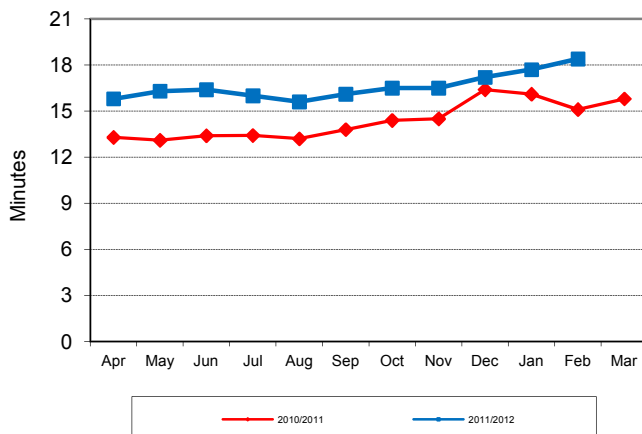
**Graph 21  
Hospital breaches over 60 minutes investigated**



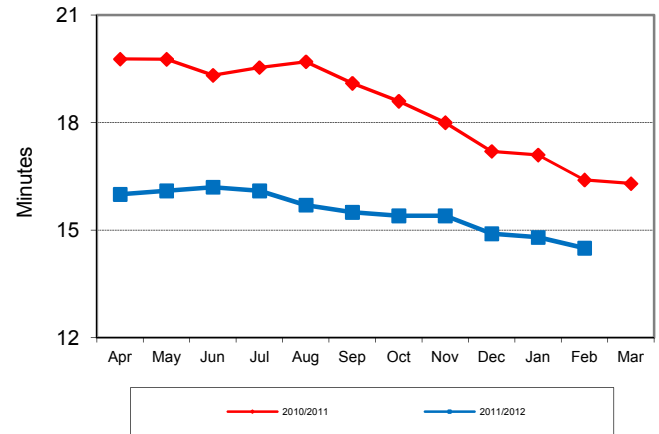
**Graph 22  
Average hospital turnaround time**



**Graph 23  
Average Arrival at Hospital to Handover (Mins)**

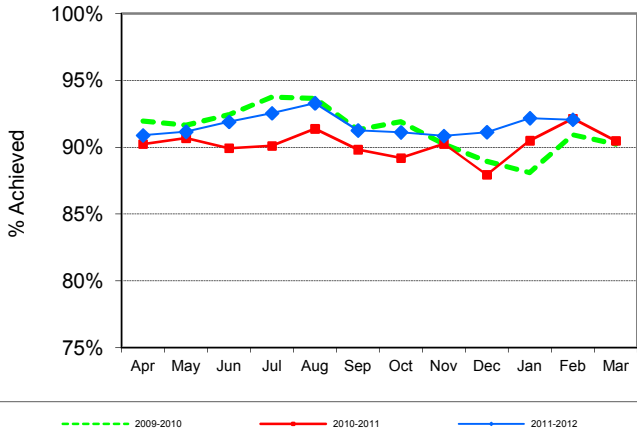


**Graph 24  
Average Handover to Green (Mins)**

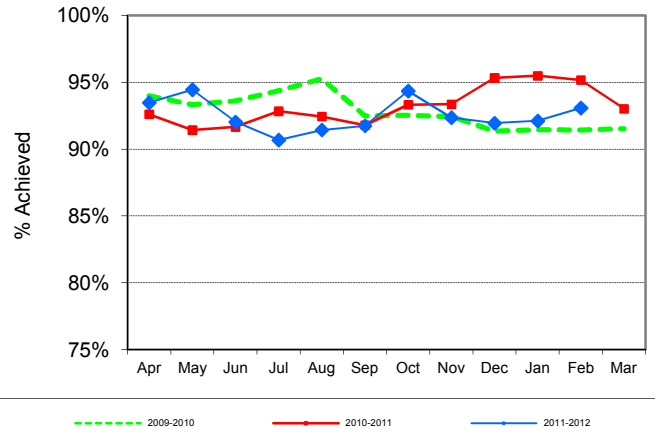


**London Ambulance Service NHS Trust  
Patient Transport Service  
Activity and Performance - February 2012**

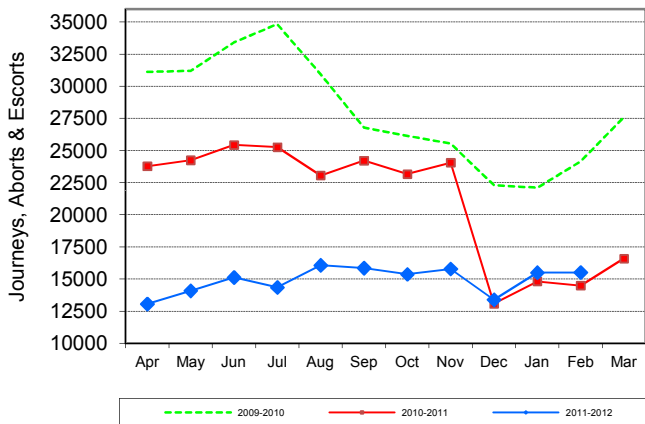
**Graph 25  
Arrival at Hospital Against Appointment Time**



**Graph 26  
Departure Against Ready Time**



**Graph 27  
PTS Total Activity**

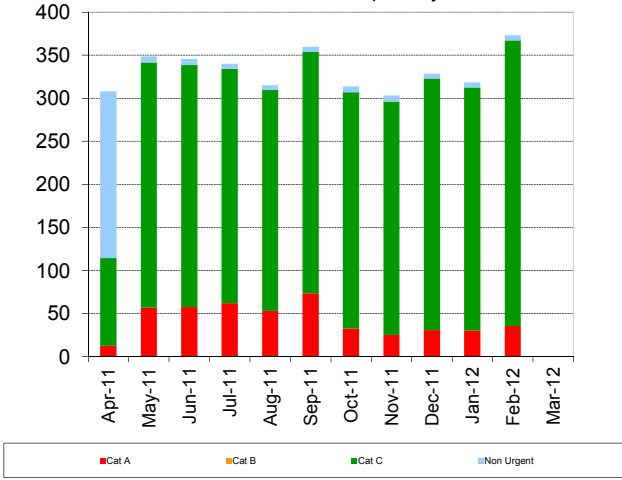




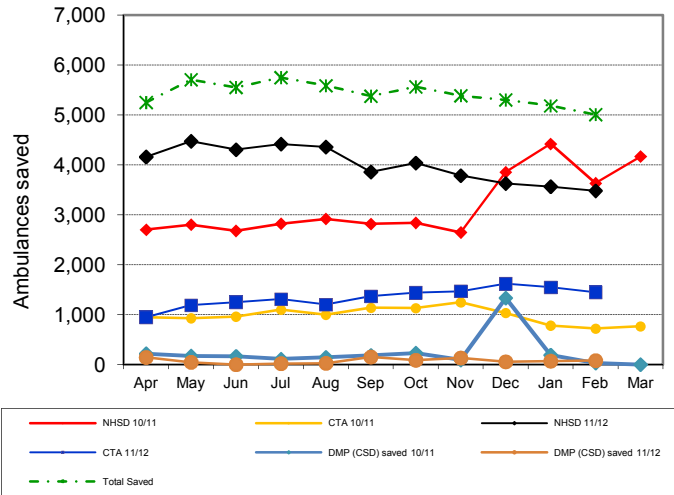
## London Ambulance Service NHS Trust Accident and Emergency Service UOC Effectiveness - February 2012

Incident information is based on responses where a vehicle has arrived on scene for dispatches occurring during UOC operational hours (0700 -02259)

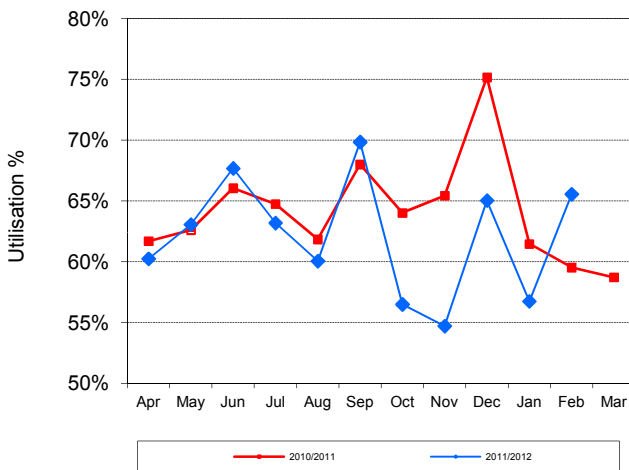
**Graph 30**  
CAT A, B & C Workload by Urgent Care Vehicles average incidents per day



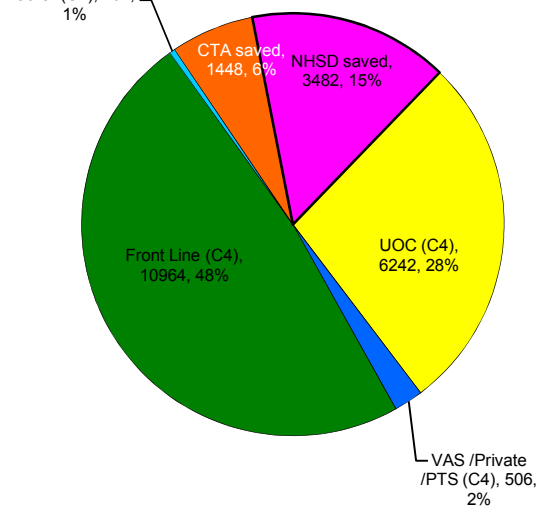
**Graph 31**  
CTA/NHSD/DMP Ambulances saved



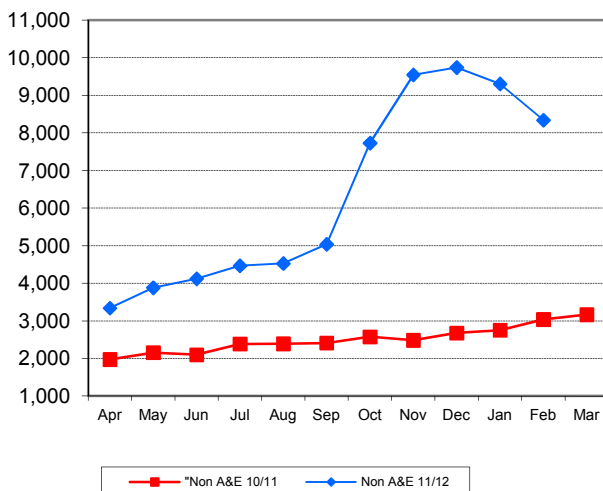
**Graph 32**  
UOC Utilisation



**Graph 33**  
C4 resolution - Feb 2012



**Graph 35**  
Patients conveyed to Non A&E Departments - LAS





**LONDON AMBULANCE SERVICE TRUST BOARD**

**M11 February**

**PAPER FOR REVIEW**

<b>Document Title:</b>	<b>M11 February - Financial Review</b>
<b>Report Author(s):</b>	Maria Faroque
<b>Lead Director:</b>	Mike Dinan
<b>Contact Details:</b>	Michael.Dinan@lond-amb.nhs.uk
<b>Why is this coming to the Trust Board?</b>	Monthly Trust Financial Review
<b>This paper has been previously presented to:</b>	Senior Management Group
<b>Recommendation for the Trust Board:</b>	<ul style="list-style-type: none"> <li>The committee is asked to comment on the information included within the month 10 report and the actions being taken to safeguard the trusts' position against plan.</li> </ul>
<b>Executive Summary/key issues for the Trust Board</b>	
<p>The Trust reported a surplus of £554k for the month against a planned surplus of £26k. Pay was on track at £17m as was Non Pay spend at £4.6m. The Cash position remains on track. The Capital position is underspent by £4.3m year to date due to timing on the sale and lease back agreement. By year end the capital position is forecast to be £1.5 million underspent. Revenue Financial risk of £2.5m has been identified at Month 11.</p>	
<p>YTD the Trust is reporting a £2,543k surplus against plan of £3,048k. This is £504k behind plan and the Financial Recovery Plan developed at Month 4 is on track to ensure that the planned control total of £2.7m is delivered.</p>	
<p>The CIP is 92% of the plan ytd and is on track to deliver the planned £14.8m CIP for the year</p>	
<p>The Department of Health has set the CRL for 2011/12 at £9,112k. The Trust is planning to under spend on its allocated capital funding by £1,510k. The YTD position is a favourable variance of £4.3m mainly due to sale and leaseback of ambulances and delay in the Trust's Fleet Programme and CommandPoint.</p>	
<p>The Year end cash position is forecast to be £5.25m.</p>	



## Trust Board - Financial Review

Month Ending 28th February 2012 - (Month 11)

### Report Contents

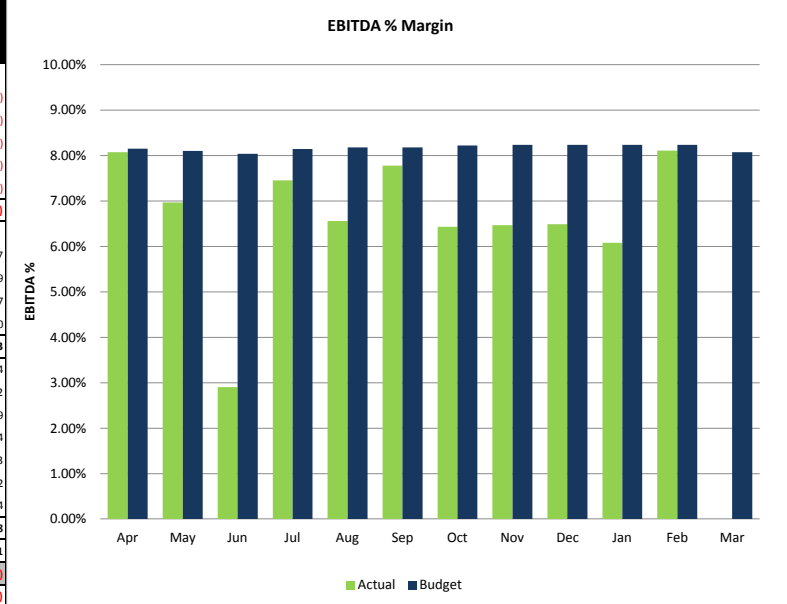
- Appendix 1 Financial Snapshot
- Appendix 2 Financial Summary
- Appendix 3 Income & Expense Trend
- Appendix 4 Worst Case Scenario
- Appendix 5 Cost Improvement Program (CIP) Analysis
- Appendix 6 Balance Sheet & Cashflow Summary
- Appendix 7 Capital Summary
- Appendix 8 Income Summary
- Appendix 9 Rolling Balance Sheet
- Appendix 10 Rolling Cashflow
- Appendix 11 Financial Risk Register
- Appendix 12 Divisional Summary
- Appendix 13 Establishment Summary

# LAS Financial Review - Financial Snapshot

APPENDIX 1

Month Ending 28th February 2012 - (Month 11)

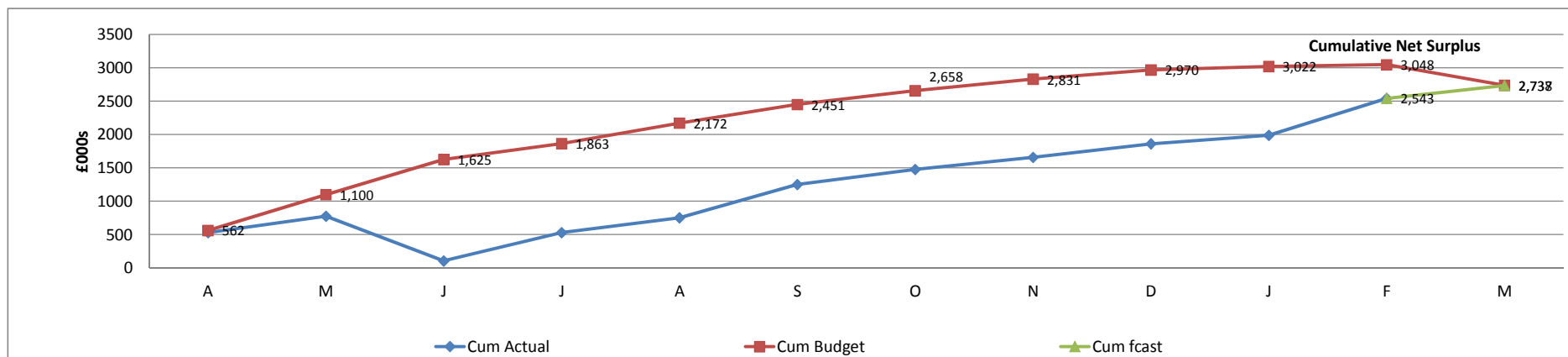
NHS Trust Statutory Financial Duties	Forecast	Commentary	NHS Financial Performance Framework	Forecast Score	Status	Commentary			
Income & Expenditure against plan	↓	Assessment based on achievement of the YTD financial plan	Initial Planning (Planned I&E Surplus Margin)	3	G	The planned I&E surplus is in line with SHA expectations			
External Financing Limit (EFL)	↔	Assessment based on achievement of the YTD financial plan	Year to Date Performance (YTD I&E Surplus Margin)	3	G	Year to date Operating Surplus is at variance to plan less than 3% of Income (0.2%)			
Capital Resource Limit (CRL)	↓	Assessment based on achievement of the YTD financial plan	Forecast Outturn Performance (Forecast I&E Surplus Margin)	3	G	Forecast surplus with variance from plan of less than 3% of Forecast Income			
Return on Assets	↓	Assessment based on achievement of the YTD financial plan	Underlying Financial Position (Underlying I&E Surplus Margin)	3	G	Underlying breakeven or surplus position is on track			
CIP	↓	The Trust is expected to deliver a CIP of £14.9m for the year. At month 11 the trust is behind plan.	Better Payment Practice Code (95% bills paid within 30 days)	2	A	Bills paid within 30 days for the year to date to 83% of NHS suppliers and 89% non NHS suppliers			
<b>Income and Expenditure</b>									
The year to date I&E position is a surplus of £2,543k, behind plan by £504k mainly due to overspend on A&E Overtime and reduction in RTA and PTS Income. Recovery plan has been developed to ensure the Trust remains on track financially for the rest of the year.									
<b>Capital</b>									
The Trust is forecasting to underspend on its Capital Resource Limit (CRL) for the year.									
<b>Cash</b>									
The Trust is forecasting to meet the External Financing Limit (EFL) for the year.									
<b>Financial Risk Rating</b>									
Monitor Financial Risk Rating forecast is for performance equivalent to a rating of 2. Monitor assesses financial risk on a scale from 1 (high risk) to 5 (low risk).									
		Current Month				Year to Date			Annual
Income & Expenditure	Actual £000	Budget £000	Variance £000	Actual £000	Budget £000	Variance £000	Forecast £000	Budget £000	
<b>Income</b>									
A&E	(20,852)	(20,853)	(1)	(228,577)	(229,385)	(808)	(251,280)	(252,088)	
HART/CBRN	(1,261)	(1,234)	27	(13,834)	(13,570)	264	(15,089)	(14,803)	
Olympics	(114)	(114)	(0)	(1,251)	(1,251)	0	(1,365)	(1,365)	
PTS	(565)	(568)	(3)	(5,801)	(6,247)	(446)	(6,342)	(6,815)	
Other	(771)	(659)	112	(7,124)	(7,249)	(125)	(7,721)	(7,908)	
<b>Total Income</b>	<b>(23,563)</b>	<b>(23,427)</b>	<b>135</b>	<b>(256,587)</b>	<b>(257,702)</b>	<b>(1,114)</b>	<b>(281,797)</b>	<b>(282,979)</b>	
<b>Pay Expenditure</b>									
Frontline	10,523	11,137	614	116,567	120,362	3,794	127,208	131,517	
Other	5,257	5,485	228	57,935	60,423	2,488	63,449	65,919	
Overtime	1,256	323	(933)	11,586	5,015	(6,572)	12,604	5,337	
Agency	19	19	(0)	1,688	226	(1,462)	1,838	250	
<b>Total Pay</b>	<b>17,055</b>	<b>16,964</b>	<b>(91)</b>	<b>187,776</b>	<b>186,025</b>	<b>(1,751)</b>	<b>205,098</b>	<b>203,023</b>	
Medical Consumables	527	497	(30)	5,541	5,467	(74)	6,121	5,964	
Vehicle	67	893	825	10,640	9,819	(821)	11,612	10,712	
Fuel & Oil	558	496	(63)	5,578	5,453	(125)	6,163	5,949	
Accommodation and Estates	1,185	1,060	(125)	11,698	11,874	177	12,688	12,934	
Other	2,260	1,603	(657)	18,245	17,856	(390)	21,436	21,563	
Finance Costs	401	451	50	4,077	4,961	884	4,481	5,412	
Depreciation	955	1,438	483	10,489	13,199	2,710	11,461	14,684	
<b>Total Non Pay</b>	<b>5,954</b>	<b>6,437</b>	<b>483</b>	<b>66,268</b>	<b>68,629</b>	<b>2,361</b>	<b>73,962</b>	<b>77,218</b>	
<b>Total Expenditure</b>	<b>23,009</b>	<b>23,402</b>	<b>393</b>	<b>254,044</b>	<b>254,654</b>	<b>610</b>	<b>279,060</b>	<b>280,241</b>	
<b>EBITDA</b>	<b>(1,911)</b>	<b>(1,915)</b>	<b>(4)</b>	<b>(17,110)</b>	<b>(21,208)</b>	<b>(4,098)</b>	<b>(18,679)</b>	<b>(22,834)</b>	
<b>(Surplus) / Deficit</b>	<b>(554)</b>	<b>(26)</b>	<b>528</b>	<b>(2,543)</b>	<b>(3,048)</b>	<b>(504)</b>	<b>(2,737)</b>	<b>(2,738)</b>	



## LAS Financial Review - Financial Summary

APPENDIX 2

Month Ending 28th February 2012 - (Month 11)



	Month Act	Month Budget	Month Variance	%	Ytd Act	Ytd Budget	Diff	%	Ytd 1011	Diff	%	2011/12 Fcast	2011/12 Budget	Diff	%	
<b>Income</b>																
A&E	21,684	21,671	13	0.1%	236,674	238,380	(1,706)	-0.7%	237,301	(627)	-0.3%	260,115	261,901	(1,785)	-0.7%	
Other	1,879	1,757	122	6.9%	19,913	19,322	591	3.1%	21,905	(1,991)	-9.1%	21,682	21,078	603	2.9%	
<b>Total</b>	<b>23,563</b>	<b>23,427</b>	<b>135</b>	<b>0.6%</b>	<b>256,587</b>	<b>257,702</b>	<b>(1,114)</b>	<b>-0.4%</b>	<b>259,206</b>	<b>(2,618)</b>	<b>-1.0%</b>	<b>281,797</b>	<b>282,979</b>	<b>(1,182)</b>	<b>-0.4%</b>	
<b>Operating Expense</b>																
Pay	17,055	16,964	(91)	-0.5%	187,776	186,025	(1,751)	-0.9%	191,097	3,321	1.7%	205,098	203,023	(2,075)	-1.0%	
Non Pay	4,598	4,548	(49)	-1.1%	51,702	50,469	(1,233)	-2.4%	53,086	1,384	2.6%	58,020	57,122	(898)	-1.6%	
<b>Total</b>	<b>21,652</b>	<b>21,513</b>	<b>(140)</b>	<b>-0.6%</b>	<b>239,478</b>	<b>236,494</b>	<b>(2,984)</b>	<b>-1.3%</b>	<b>244,183</b>	<b>4,705</b>	<b>1.9%</b>	<b>263,118</b>	<b>260,145</b>	<b>(2,973)</b>	<b>-1.1%</b>	
<b>EBITDA</b>	<b>1,911</b>	<b>1,915</b>	<b>(4)</b>	<b>-0.2%</b>	<b>17,110</b>	<b>21,208</b>	<b>(4,098)</b>	<b>-19.3%</b>	<b>15,023</b>	<b>2,087</b>	<b>13.9%</b>	<b>18,679</b>	<b>22,834</b>	<b>(4,155)</b>	<b>-18.2%</b>	
EBITDA %	8.1%	8.2%	-0.1%		6.7%	8.2%	-1.6%		5.8%	0.9%		6.6%	8.1%	-1.4%		
<b>Depreciation, Dividend &amp; Interest</b>	<b>1,356</b>	<b>1,889</b>	<b>532</b>	<b>28.2%</b>	<b>14,566</b>	<b>18,160</b>	<b>3,594</b>	<b>19.8%</b>	<b>14,883</b>	<b>317</b>	<b>2.1%</b>	<b>15,942</b>	<b>20,096</b>	<b>4,154</b>	<b>20.7%</b>	
<b>Net Surplus/(Deficit)</b>	<b>554</b>	<b>26</b>	<b>528</b>	<b>2037.7%</b>	<b>2,543</b>	<b>3,048</b>	<b>(504)</b>	<b>-16.5%</b>	<b>140</b>	<b>2,404</b>	<b>1722.4%</b>	<b>2,737</b>	<b>2,738</b>	<b>(1)</b>	<b>-0.1%</b>	
Net Margin	2.4%	0.1%	2.2%		1.0%	1.2%	-0.2%		0.1%	-0.1%		1.0%	1.0%	0.0%		
Impairments	0	0	0	#DIV/0!	0	0	0	#DIV/0!	0	0	#DIV/0!	0	0	0	#DIV/0!	
<b>Net Surplus after Impairment</b>	<b>554</b>	<b>26</b>	<b>528</b>	<b>2037.7%</b>	<b>2,543</b>	<b>3,048</b>	<b>(504)</b>	<b>-16.5%</b>	<b>140</b>	<b>2,404</b>	<b>1722.4%</b>	<b>2,737</b>	<b>2,738</b>	<b>(1)</b>	<b>-0.1%</b>	
<b>Income</b>																
Non Current Assets					137,853	143,882	(6,029)	-4.2%	140,717	(2,864)	-2.0%	140,931	143,882	(2,951)	-2.1%	
Cash					11,922	8,152	3,770	46.2%	4,209	7,713	183.3%	5,250	5,250	0	0.0%	
Working Capital					(12,879)	(5,383)	(7,496)	139.3%	5,529	(18,408)	-332.9%	(11,459)	(5,383)	(6,076)	112.9%	
Non Current Liabilities					(21,734)	(28,403)	6,669	-23.5%	(41,811)	20,077	-48.0%	(19,366)	(28,403)	9,037	-31.8%	
Capital Employed					115,162	118,248	(3,086)	-3%	108,644	6,518	6.0%	115,356	115,346	10	0%	
Average Capital Employed					115,162	118,248	(3,086)	-2.6%	108,486	6,677	6.2%	115,356	118,248	(2,892)	-2.4%	
Return on Assets												6.08%	6.46%	-0.4%	-5.9%	

LAS Financial Review - Income & Expense Trend

APPENDIX 3

Month Ending 28th February 2012 - (Month 11)

	Apr-11 Actual	May-11 Actual	Jun-11 Actual	Jul-11 Actual	Aug-11 Actual	Sep-11 Actual	Oct-11 Actual	Nov-11 Actual	Dec-11 Actual	Jan-12 Actual	Feb-12 Actual	Mar-12 Fcast	2011/2012 Fcast	2011/2012 Budget	Diff	%
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	
<b>Income</b>	<b>(23,354)</b>	<b>(22,690)</b>	<b>(23,060)</b>	<b>(23,479)</b>	<b>(23,403)</b>	<b>(23,331)</b>	<b>(23,349)</b>	<b>(23,373)</b>	<b>(23,448)</b>	<b>(23,537)</b>	<b>(23,563)</b>	<b>(25,209)</b>	<b>(281,797)</b>	<b>(282,979)</b>	<b>(1,182)</b>	<b>-0.4%</b>
<b>Payroll (£k)</b>																
A&E Frontline	10,733	10,675	10,640	10,584	10,628	10,539	10,652	10,617	10,413	10,564	10,523	10,640	127,208	131,517	4,309	3.3%
A&E Overtime	857	648	1,075	1,062	972	862	831	914	876	842	1,087	872	10,898	4,957	(5,941)	-119.8%
A&E Management	1,240	1,257	1,205	1,204	1,209	1,211	1,237	1,234	1,188	1,212	1,227	1,219	14,642	14,301	(341)	-2.4%
EOC	975	977	959	947	956	948	919	935	965	933	959	950	11,424	12,053	629	5.2%
Operational Support	288	296	311	315	332	316	317	316	320	314	322	332	3,779	4,210	430	10.2%
PTS	390	388	388	381	389	378	356	367	361	351	353	361	4,463	4,611	149	3.2%
Corporate Support	2,286	2,369	2,399	2,390	2,466	2,470	2,424	2,396	2,453	2,440	2,396	2,652	29,141	30,743	1,602	5.2%
Other Overtime	130	146	193	136	147	141	114	128	116	141	167	145	1,703	380	(1,323)	-348.2%
Agency	217	237	308	174	128	203	177	111	142	(29)	19	150	1,838	250	(1,588)	-635.2%
<b>Total</b>	<b>17,115</b>	<b>16,993</b>	<b>17,477</b>	<b>17,193</b>	<b>17,228</b>	<b>17,068</b>	<b>17,026</b>	<b>17,020</b>	<b>16,833</b>	<b>16,768</b>	<b>17,055</b>	<b>17,322</b>	<b>205,098</b>	<b>203,023</b>	<b>(2,075)</b>	<b>-1.0%</b>
<b>Non Pay</b>																
Staff Related	441	630	578	546	511	512	597	603	507	785	646	528	6,885	5,956	(929)	-15.6%
Consumables, Medical Equip & Drugs	479	430	548	491	423	491	509	554	605	484	527	581	6,121	5,964	(158)	-2.6%
Vehicle Leasing	123	253	328	241	259	261	262	263	272	267	(373)	272	2,429	1,480	(949)	-64.1%
Fuel & Oil	504	492	476	550	470	417	497	482	556	575	558	585	6,163	5,949	(214)	-3.6%
Vehicle Maintenance	619	647	702	483	571	775	623	607	490	618	599	590	7,325	7,609	284	3.7%
Vehicle Insurance	179	138	370	322	378	189	13	134	34	151	(159)	110	1,858	1,623	(236)	-14.5%
3rd Party Transport	42	70	61	98	72	114	67	90	105	182	246	143	1,288	585	(703)	-120.2%
Accommodation & Estates	1,080	913	1,011	1,009	991	1,059	1,010	1,083	1,059	1,296	1,185	990	12,688	12,934	247	1.9%
IT & Telecoms	564	628	609	530	579	495	744	784	756	632	413	588	7,323	7,918	595	7.5%
Finance & Legal	152	(270)	(10)	87	243	190	163	84	261	92	217	1,748	2,957	4,545	1,588	34.9%
Consultancy	58	69	86	41	43	33	61	56	88	124	43	63	766	672	(93)	-13.9%
Other	112	115	153	139	100	(89)	276	103	359	133	694	120	2,216	1,887	(330)	-17.5%
<b>Subtotal</b>	<b>4,354</b>	<b>4,116</b>	<b>4,913</b>	<b>4,537</b>	<b>4,639</b>	<b>4,448</b>	<b>4,821</b>	<b>4,843</b>	<b>5,094</b>	<b>5,338</b>	<b>4,598</b>	<b>6,318</b>	<b>58,020</b>	<b>57,122</b>	<b>(898)</b>	<b>-1.6%</b>
<b>Depreciation</b>																
Fleet	476	477	475	454	443	451	397	425	424	393	387	404	5,204	6,658	1,454	21.8%
IT	140	140	140	140	140	140	150	150	150	155	155	155	1,760	3,528	1,769	50.1%
Other	347	348	348	348	348	348	391	391	391	413	413	413	4,497	4,497	0	0.0%
<b>Subtotal</b>	<b>962</b>	<b>965</b>	<b>963</b>	<b>943</b>	<b>931</b>	<b>939</b>	<b>938</b>	<b>966</b>	<b>965</b>	<b>962</b>	<b>955</b>	<b>973</b>	<b>11,461</b>	<b>14,684</b>	<b>3,222</b>	<b>21.9%</b>
<b>Financial</b>																
Dividend	319	319	319	319	319	319	319	319	319	319	345	345	3,884	3,832	(52)	-1.4%
Interest	72	51	59	63	61	59	18	44	33	22	56	58	597	1,580	984	62.2%
<b>Subtotal</b>	<b>392</b>	<b>370</b>	<b>378</b>	<b>383</b>	<b>380</b>	<b>378</b>	<b>337</b>	<b>364</b>	<b>352</b>	<b>342</b>	<b>401</b>	<b>403</b>	<b>4,481</b>	<b>5,412</b>	<b>932</b>	<b>17.2%</b>
<b>Total Expense</b>	<b>22,823</b>	<b>22,445</b>	<b>23,732</b>	<b>23,054</b>	<b>23,179</b>	<b>22,833</b>	<b>23,123</b>	<b>23,193</b>	<b>23,244</b>	<b>23,410</b>	<b>23,009</b>	<b>25,016</b>	<b>279,060</b>	<b>280,241</b>	<b>1,181</b>	<b>0.4%</b>
<b>Net Surplus</b>	<b>(531)</b>	<b>(245)</b>	<b>671</b>	<b>(424)</b>	<b>(223)</b>	<b>(498)</b>	<b>(226)</b>	<b>(181)</b>	<b>(205)</b>	<b>(127)</b>	<b>(554)</b>	<b>(193)</b>	<b>(2,737)</b>	<b>(2,738)</b>	<b>(1)</b>	<b>0</b>
<b>Cumulative Surplus</b>	<b>(531)</b>	<b>(776)</b>	<b>(105)</b>	<b>(529)</b>	<b>(753)</b>	<b>(1,250)</b>	<b>(1,477)</b>	<b>(1,657)</b>	<b>(1,862)</b>	<b>(1,989)</b>	<b>(2,543)</b>	<b>(2,737)</b>	<b>(2,737)</b>	<b>(2,738)</b>		

## LAS Financial Review - Worst Case Scenario

### APPENDIX 4

Month Ending 28th February 2012 - (Month 11)

	2011/2012 Base Case Fcast £000	2011/2012 Worst Case Fcast £000	Diff £000	%	2011/2012 Budget £000
<b>Income</b>	<b>(281,797)</b>	<b>(280,587)</b>	<b>(1,210)</b>	<b>0.4%</b>	<b>(282,979)</b>
<b>Payroll (£k)</b>					
A&E Frontline	127,208	127,208	0	0.0%	131,517
A&E Overtime	10,898	11,076	(178)	-1.6%	4,957
A&E Management	14,642	14,642	0	0.0%	14,301
EOC	11,424	11,424	0	0.0%	12,053
Operational Support	3,779	3,779	0	0.0%	4,210
PTS	4,463	4,463	0	0.0%	4,611
Corporate Support	29,141	29,141	0	0.0%	30,743
Other Overtime	1,703	1,703	0	0.0%	380
Agency	1,838	1,838	0	0.0%	250
<b>Total</b>	<b>205,098</b>	<b>205,276</b>	<b>(178)</b>	<b>-0.1%</b>	<b>203,023</b>
<b>Non Pay</b>					
Staff Related	6,885	6,885	0	0.0%	5,956
Consumables, Medical Equip & Drugs	6,121	6,121	0	0.0%	5,964
Fuel & Oil	6,163	6,163	0	0.0%	5,949
Vehicle Maintenance	7,325	7,325	0	0.0%	7,609
Vehicle Insurance	1,858	1,858	0	0.0%	1,623
3rd Party Transport	1,288	1,288	0	0.0%	585
Accommodation & Estates	12,688	12,688	0	0.0%	12,934
IT & Telecoms	7,323	7,323	0	0.0%	7,918
Finance & Legal	2,957	4,098	(1,141)	-38.6%	4,545
Consultancy	766	766	0	0.0%	672
Other	2,216	2,216	0	0.0%	1,887
<b>Subtotal</b>	<b>58,020</b>	<b>59,161</b>	<b>(1,141)</b>	<b>-2.0%</b>	<b>57,122</b>
<b>Depreciation</b>					
Fleet	5,204	5,204	0	0.0%	0
IT	1,760	1,760	0	0.0%	0
Other	4,497	4,497	0	0.0%	14,684
<b>Subtotal</b>	<b>11,461</b>	<b>11,461</b>	<b>0</b>	<b>0.0%</b>	<b>14,684</b>
<b>Financial</b>					
Dividend	3,884	3,884	0	0.0%	3,832
Interest	597	597	0	0.0%	1,580
<b>Subtotal</b>	<b>4,481</b>	<b>4,481</b>	<b>0</b>	<b>0.0%</b>	<b>5,412</b>
<b>Total Expense</b>	<b>279,060</b>	<b>280,379</b>	<b>(1,319)</b>	<b>-0.5%</b>	<b>280,241</b>
<b>Net (Surplus)/ Deficit</b>	<b>(2,737)</b>	<b>(208)</b>	<b>(2,529)</b>	<b>(0)</b>	<b>(2,738)</b>

\* The net value of the financial risks listed in Appendix 11 has been used in developing the Worst Case scenario forecast in this Appendix

## LAS Financial Review - CIP Summary

APPENDIX 5

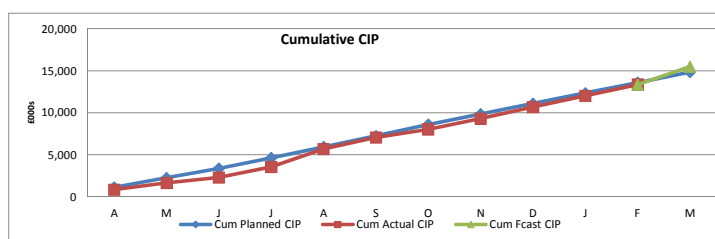
Month Ending 28th February 2012 - (Month 11)

Key CIP Programs	Performance				Forecast				Status	
	Ytd Position				2011/12				Current	Forecast
	Act £000	Plan £000	Diff £000	%	Fcast £000	Plan £000	Diff £000	%		
Front Line staffing - Process Management	4,754	4,754	0	100.0%	5,187	5,187	0	100.0%	↔	↔
Front Line staffing - Resource Management	125	711	(586)	17.6%	187	800	(613)	23.4%	↓	↓
Fleet optimisation	140	223	(84)	62.8%	184	251	(67)	73.3%	↓	↓
Support Services - Pay	669	566	103	118.2%	735	617	118	119.1%	↑	↑
Support Services - Agency	2,122	2,182	(61)	97.3%	2,374	2,381	(7)	99.7%	↓	↔
Support Services - Non Pay	3,414	3,169	245	107.7%	3,835	3,740	95	102.5%	↑	↑
Support Services - IM&T	839	820	19	102.3%	1,037	895	142	115.9%	↑	↑
PTS	264	225	38	117.3%	333	268	65	124.3%	↑	↑
<b>Subtotal</b>	<b>12,327</b>	<b>12,652</b>	<b>(325)</b>	<b>97.4%</b>	<b>13,873</b>	<b>14,139</b>	<b>(266)</b>	<b>98.1%</b>	↓	↓
Additional CIP	596	1,349	(752)	44.2%	611	669	(58)	91.3%	↓	↓
Other - Annual Leave Policy	0	0	0	0.0%	400	32	368	1250.0%	↔	↑
<b>Total</b>	<b>12,923</b>	<b>14,000</b>	<b>(1,077)</b>	<b>92.3%</b>	<b>14,883</b>	<b>14,840</b>	<b>43</b>	<b>100.3%</b>	↓	↑

**KEY:**

CIP Target being exceeded by more than 5%	↑
CIP Target not being achieved by more than 5%	↓
CIP on Target +/- 5% of plan	↔

**Front Line Staffing - Process Management :**  
CIP identified in this line only include the reduction of Frontline posts by 132wte. It does not include overspend on Overtime largely due to delays in acute hospital turnaround times and increased A&E management costs.

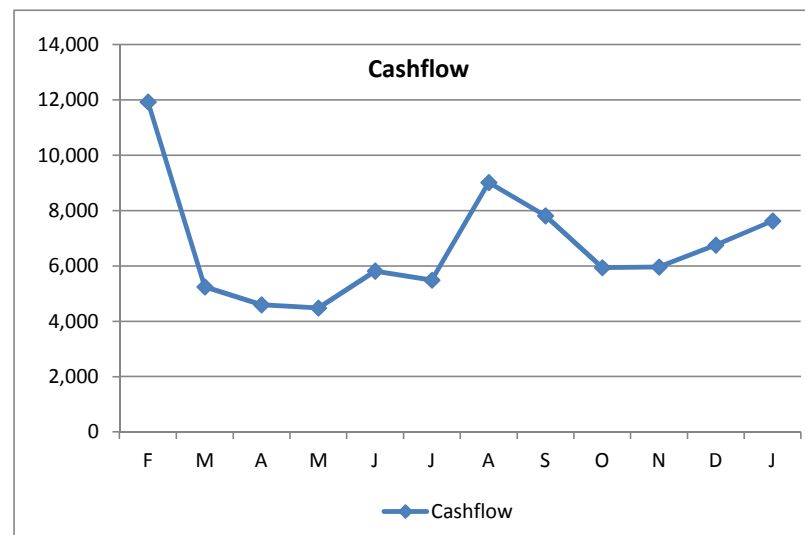
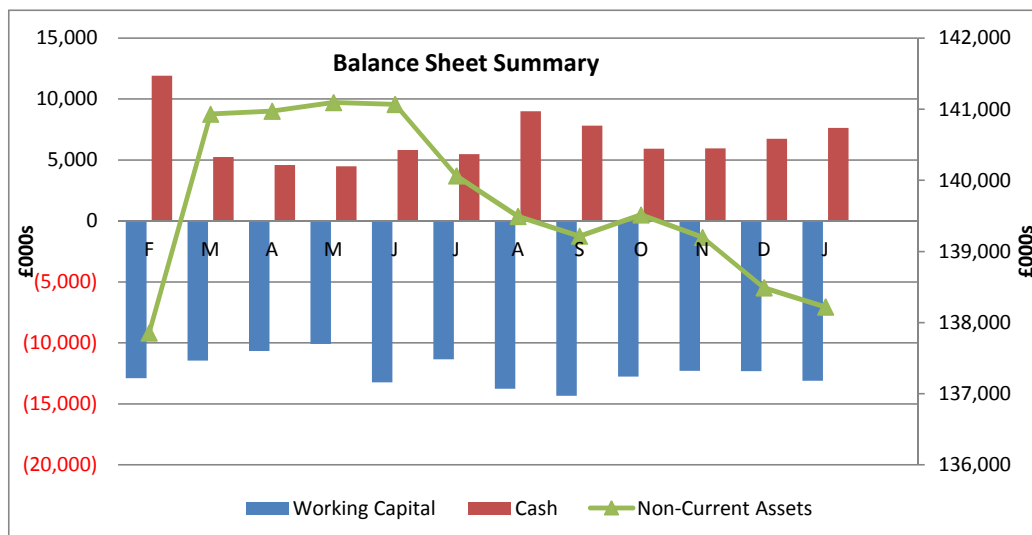




# LAS Financial Review - Balance Sheet & Cashflow

## APPENDIX 6

Month Ending 28th February 2012 - (Month 11)



<b>Trade Debtors</b>	A&E £82k > 60 days (2.59%), January £-21k > 60 days (-0.46%) PTS £566k > 60 days (17.84%), January £473k > 60 days (10.30%)
<b>Trade Creditors</b>	NHS PSPP - This month (86%), January (86%), Ytd (83%) Non NHS PSPP - This month (89%), January (84%), Ytd (89%)

Key Balance Sheet Items			
	Current		Year End
	£'000s		£'000s
Cash	11,922		5,250
Working Capital	(12,879)		(11,459)

	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
	Actual	Fcast	Fcast	Fcast	Fcast	Fcast	Fcast	Fcast	Fcast	Fcast	Fcast	Fcast
Non-Current Assets	137,853	140,931	140,973	141,093	141,069	140,062	139,494	139,216	139,514	139,199	138,491	138,221
Current Assets	27,934	20,497	19,897	19,771	19,170	18,870	22,570	19,426	17,378	17,403	18,193	19,054
<b>Total Assets</b>	<b>165,787</b>	<b>161,428</b>	<b>160,870</b>	<b>160,864</b>	<b>160,239</b>	<b>158,932</b>	<b>162,064</b>	<b>158,642</b>	<b>156,892</b>	<b>156,602</b>	<b>156,684</b>	<b>157,275</b>
Current Liabilities	(28,891)	(26,706)	(25,952)	(25,376)	(26,573)	(24,721)	(27,319)	(25,940)	(24,211)	(23,719)	(23,753)	(24,538)
<b>Net Current Assets/(Liabilities)</b>	<b>(957)</b>	<b>(6,209)</b>	<b>(6,055)</b>	<b>(5,605)</b>	<b>(7,403)</b>	<b>(5,851)</b>	<b>(4,749)</b>	<b>(6,514)</b>	<b>(6,833)</b>	<b>(6,316)</b>	<b>(5,560)</b>	<b>(5,484)</b>
<b>Total Assets less Current Liabilities</b>	<b>136,896</b>	<b>134,722</b>	<b>134,918</b>	<b>135,488</b>	<b>133,666</b>	<b>134,211</b>	<b>134,745</b>	<b>132,702</b>	<b>132,681</b>	<b>132,883</b>	<b>132,931</b>	<b>132,737</b>
Total Non-Current Liabilities	21,734	19,366	19,163	19,230	16,785	16,754	16,813	14,335	14,222	14,308	14,385	14,351
<b>Total Assets Employed</b>	<b>115,162</b>	<b>115,356</b>	<b>115,755</b>	<b>116,258</b>	<b>116,881</b>	<b>117,457</b>	<b>117,932</b>	<b>118,367</b>	<b>118,459</b>	<b>118,575</b>	<b>118,546</b>	<b>118,386</b>
<b>Total Taxpayers' Equity</b>	<b>115,162</b>	<b>115,356</b>	<b>115,755</b>	<b>116,258</b>	<b>116,881</b>	<b>117,457</b>	<b>117,932</b>	<b>118,367</b>	<b>118,459</b>	<b>118,575</b>	<b>118,546</b>	<b>118,386</b>
<b>Cashflow</b>	<b>11,922</b>	<b>5,250</b>	<b>4,603</b>	<b>4,480</b>	<b>5,819</b>	<b>5,489</b>	<b>9,013</b>	<b>7,811</b>	<b>5,939</b>	<b>5,964</b>	<b>6,755</b>	<b>7,625</b>

## LAS Financial Review - Capital Summary

APPENDIX 7

Month Ending 28th February 2012 - (Month 11)

Projects	Ytd Position Month 10				Capital plan 2011/12				Status
	Act £000	Plan £000	Diff £000	%	Act £000	Plan £000	Diff £000	%	2011/12
Capital programme - Information Technology	3,509	3,296	(213)	-6%	4,031	3,845	(186)	-5%	↓
Capital programme - Estates	1,148	1,021	(127)	-12%	2,127	1,500	(627)	-42%	↓
Capital programme - Fleet	3,631	1,837	(1,793)	-98%	6,482	8,265	1,783	22%	↑
Capital programme - Equipment	1,896	0	(1,896)	0%	2,091	0	(2,091)	0%	↓
Capital programme - Disposals NBV	(9,503)	(6,738)	2,765	41%	(9,503)	(6,738)	2,764	41%	↑
Capital programme - Unallocated funds	2,374	7,994	5,620	70%	2,374	2,240	(134)	-6%	↓
<b>Total</b>	<b>3,055</b>	<b>7,410</b>	<b>4,355</b>	<b>59%</b>	<b>7,602</b>	<b>9,112</b>	<b>1,510</b>	<b>17%</b>	<b>↑</b>

**Key Points**

- \* Capital programme - Information Technology - High levels of spend on CommandPoint and PC Replacement
- \* Capital programme - Estates - High levels of commitments for HQ Annexes - awaiting confirmation that these will hit in this financial year.
- \* Capital programme - Fleet - High spend on DCambulances
- \* Capital programme - Equipments - Spend in month on 50 defibrillators. The forecast has increased as more defibs are needed for the DCambulances
- \* Capital programme - General - There is an expectation for 220k to be transferred from revenue to capital expenditure by March 2012, this is based on last years actuals. In addition there is expected expenditure on Resusci Anne Simulators, PTS Stretchers and MRUS

**KEY:**

Capital Program on Target	↔
Capital Program Overspend - Requires attention	↓
Capital Program Underspend - Requires attention	↑

## LAS Financial Review - Income Summary

### APPENDIX 8

Month Ending 28th February 2012 - (Month 11)

Month Act	Month Budget	%		Ytd Act	Ytd Budget	Diff	%	2011/2012 Fcast	2011/2012 Budget	Diff	%
£000	£000			£000	£000	£000		£000	£000	£000	
20,852	20,853	0.0%	<b>Emergency Delivery</b>	228,577	229,385	(808)	-0.4%	251,280	252,088	(808)	-0.3%
642	642	0.0%	PCT Commissioned	7,043	7,064	(21)	-0.3%	7,685	7,706	(21)	-0.3%
190	176	8.0%	CBRN	1,054	1,931	(877)	-45.4%	1,150	2,106	(956)	-45.4%
<b>21,684</b>	<b>21,671</b>	<b>0.1%</b>	RTA	<b>236,674</b>	<b>238,380</b>	<b>(1,706)</b>	<b>-0.7%</b>	<b>260,115</b>	<b>261,901</b>	<b>(1,785)</b>	<b>-0.7%</b>
			<b>Subtotal</b>								
			<b>Specialised Services</b>								
618	591	4.6%	HART	6,791	6,506	286	4.4%	7,404	7,097	307	4.3%
4	3	11.3%	HEMS	38	36	1	4.0%	41	39	2	4.0%
<b>622</b>	<b>595</b>	<b>4.6%</b>	<b>Subtotal</b>	<b>6,829</b>	<b>6,542</b>	<b>287</b>	<b>4.4%</b>	<b>7,445</b>	<b>7,137</b>	<b>308</b>	<b>4.3%</b>
			<b>Information Services &amp; Research</b>								
92	92	0.3%	EBS	1,017	1,014	3	0.3%	1,109	1,106	1	0.3%
16	18	-13.2%	Research	113	198	(85)	-42.7%	124	216	(92)	-42.4%
<b>108</b>	<b>110</b>	<b>-1.9%</b>	<b>Subtotal</b>	<b>1,130</b>	<b>1,211</b>	<b>(81)</b>	<b>-6.7%</b>	<b>1,233</b>	<b>1,322</b>	<b>(91)</b>	<b>-6.7%</b>
			<b>Patient Transport Services</b>								
565	568	-0.6%	PTS	5,801	6,247	(446)	-7.1%	6,342	6,815	(473)	-6.9%
94	66	42.8%	BETS & SCBU	789	724	65	9.0%	860	789	71	8.9%
(23)	20	-214.7%	A&E Long Distance	138	220	(82)	-37.4%	150	240	(90)	-37.5%
			<b>NHS London</b>								
102	104	-2.0%	MPET	1,123	1,145	(22)	-2.0%	1,225	1,250	(25)	-2.0%
0	0	0.0%	Other Education	0	0	0	0.0%	0	0	0	0.0%
114	114	0.0%	Olympics 2012	1,251	1,251	0	0.0%	1,365	1,365	0	0.0%
<b>216</b>	<b>218</b>	<b>-0.9%</b>	<b>Subtotal</b>	<b>2,374</b>	<b>2,397</b>	<b>(22)</b>	<b>-0.9%</b>	<b>2,590</b>	<b>2,615</b>	<b>(25)</b>	<b>-0.9%</b>
			<b>Commercial</b>								
52	83	-38.0%	Stadia	904	917	(12)	-1.3%	988	1,000	(12)	-1.2%
55	52	6.1%	BAA	608	573	35	6.1%	663	625	38	6.1%
6	1	518.7%	Training	43	10	33	316.3%	47	11	36	315.2%
<b>113</b>	<b>136</b>	<b>-17.3%</b>	<b>Subtotal</b>	<b>1,556</b>	<b>1,500</b>	<b>56</b>	<b>3.7%</b>	<b>1,698</b>	<b>1,636</b>	<b>62</b>	<b>3.8%</b>
184	44	321.1%	<b>Other</b>	1,297	481	815	169.5%	1,363	525	838	159.7%
<b>23,563</b>	<b>23,427</b>	<b>0.6%</b>	<b>Total</b>	<b>256,587</b>	<b>257,702</b>	<b>(1,114)</b>	<b>-0.4%</b>	<b>281,797</b>	<b>282,979</b>	<b>(1,185)</b>	<b>-0.4%</b>

LAS Financial Review - Rolling Balance Sheet

APPENDIX 9



	Month Ending 28th February 2012 - (Month 11)											
	Opening											Closing
	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
	Actual	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
<b>Non-Current Assets</b>												
Intangible assets	15,881	15,881	15,881	15,881	15,881	15,881	15,881	15,881	15,881	15,881	15,881	15,881
Property, Plant and Equipment	119,862	123,436	124,387	124,507	124,483	123,476	122,908	122,630	122,928	122,613	121,905	121,635
Trade and Other Receivables	2,110	1,614	705	705	705	705	705	705	705	705	705	705
<b>Total Non-Current Assets</b>	<b>137,853</b>	<b>140,931</b>	<b>140,973</b>	<b>141,093</b>	<b>141,069</b>	<b>140,062</b>	<b>139,494</b>	<b>139,216</b>	<b>139,514</b>	<b>139,199</b>	<b>138,491</b>	<b>138,221</b>
<b>Current Assets</b>												
Inventories	2,603	2,603	2,603	2,603	2,603	2,603	2,603	2,603	2,603	2,603	2,603	2,603
NHS Trade Receivables	3,853	3,818	3,865	3,862	3,860	3,890	4,066	4,004	3,828	3,828	3,827	3,818
Non NHS Trade Receivables	0	0	0	0	0	0	0	0	0	0	0	0
Other Receivables	6,930	6,284	6,284	6,284	4,346	4,346	4,346	2,466	2,466	2,466	2,466	2,466
Accrued Income	172	168	168	168	168	168	168	168	168	168	168	168
Prepayments	2,454	2,374	2,374	2,374	2,374	2,374	2,374	2,374	2,374	2,374	2,374	2,374
Investments	0	0	0	0	0	0	0	0	0	0	0	0
Cash and Cash Equivalents	11,922	5,250	4,603	4,480	5,819	5,489	9,013	7,811	5,939	5,964	6,755	7,625
<b>Current Assets</b>	<b>27,934</b>	<b>20,497</b>	<b>19,897</b>	<b>19,771</b>	<b>19,170</b>	<b>18,870</b>	<b>22,570</b>	<b>19,426</b>	<b>17,378</b>	<b>17,403</b>	<b>18,193</b>	<b>19,054</b>
Non-Current Assets Held for Sale	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Current Assets</b>	<b>27,934</b>	<b>20,497</b>	<b>19,897</b>	<b>19,771</b>	<b>19,170</b>	<b>18,870</b>	<b>22,570</b>	<b>19,426</b>	<b>17,378</b>	<b>17,403</b>	<b>18,193</b>	<b>19,054</b>
<b>Total Assets</b>	<b>165,787</b>	<b>161,428</b>	<b>160,870</b>	<b>160,864</b>	<b>160,239</b>	<b>158,932</b>	<b>162,064</b>	<b>158,642</b>	<b>156,892</b>	<b>156,602</b>	<b>156,684</b>	<b>157,275</b>
<b>Current Liabilities</b>												
Bank Overdraft	0	0	0	0	0	0	0	0	0	0	0	0
Non NHS Trade Payables	602	592	592	592	592	592	592	592	592	592	592	592
NHS Trade Payables	5,233	6,297	4,994	5,093	5,059	5,505	7,409	7,120	5,654	5,485	5,622	5,679
Other Payables	8,597	6,987	7,105	7,042	7,000	6,958	6,958	6,916	6,916	6,916	6,916	6,916
PDC Dividend Liabilities	1,621	0	315	630	945	1,260	1,575	0	315	630	945	1,260
Capital Liabilities	2,671	1,876	2,088	1,257	2,311	130	569	1,988	1,435	822	429	867
Accruals	3,890	4,640	4,640	4,640	4,640	4,640	4,640	4,640	4,640	4,640	4,640	4,640
Deferred Income	1,567	0	0	0	0	0	0	0	0	0	0	0
DH Capital Loan Principal Repayment	622	1,244	1,244	1,244	1,244	1,244	1,244	622	622	622	622	622
Borrowings	3,288	4,270	4,174	4,078	3,982	3,592	3,532	3,262	3,237	3,212	3,187	3,162
Provisions for Liabilities & Charges	800	800	800	800	800	800	800	800	800	800	800	800
<b>Total Current Liabilities</b>	<b>28,891</b>	<b>26,706</b>	<b>25,952</b>	<b>25,376</b>	<b>26,573</b>	<b>24,721</b>	<b>27,319</b>	<b>25,940</b>	<b>24,211</b>	<b>23,719</b>	<b>23,753</b>	<b>24,538</b>
<b>Net Current Assets/(Liabilities)</b>	<b>(957)</b>	<b>(6,209)</b>	<b>(6,055)</b>	<b>(5,605)</b>	<b>(7,403)</b>	<b>(5,851)</b>	<b>(4,749)</b>	<b>(6,514)</b>	<b>(6,833)</b>	<b>(6,316)</b>	<b>(5,560)</b>	<b>(5,484)</b>
<b>Total Assets less Current Liabilities</b>	<b>136,896</b>	<b>134,722</b>	<b>134,918</b>	<b>135,488</b>	<b>133,666</b>	<b>134,211</b>	<b>134,745</b>	<b>132,702</b>	<b>132,681</b>	<b>132,883</b>	<b>132,931</b>	<b>132,737</b>
<b>Non-Current Liabilities</b>												
DH Capital Loan Principal Repayment	6,831	5,587	5,587	5,587	5,587	5,587	5,587	5,587	5,587	5,587	5,587	5,587
Borrowings	6,724	5,570	5,570	5,570	3,057	3,057	3,057	516	516	516	516	516
Other Financial Liabilities	0	0	0	0	0	0	0	0	0	0	0	0
Provisions for Liabilities & Charges	8,179	8,209	8,006	8,073	8,141	8,110	8,169	8,232	8,119	8,205	8,282	8,248
<b>Total Non-Current Liabilities</b>	<b>21,734</b>	<b>19,366</b>	<b>19,163</b>	<b>19,230</b>	<b>16,785</b>	<b>16,754</b>	<b>16,813</b>	<b>14,335</b>	<b>14,222</b>	<b>14,308</b>	<b>14,385</b>	<b>14,351</b>
<b>Total Assets Employed</b>	<b>115,162</b>	<b>115,356</b>	<b>115,755</b>	<b>116,258</b>	<b>116,881</b>	<b>117,457</b>	<b>117,932</b>	<b>118,367</b>	<b>118,459</b>	<b>118,575</b>	<b>118,546</b>	<b>118,386</b>
<b>Financed By Taxpayers' Equity</b>												
Public Dividend Capital	62,516	62,516	62,516	62,516	62,516	62,516	62,516	62,516	62,516	62,516	62,516	62,516
Revaluation Reserve	34,927	34,927	34,927	34,927	34,927	34,927	34,927	34,927	34,927	34,927	34,927	34,927
Donated Asset Reserve	0	0	0	0	0	0	0	0	0	0	0	0
Other Reserves	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)
Retained Earnings	18,138	18,332	18,731	19,234	19,857	20,433	20,908	21,343	21,435	21,551	21,522	21,362
<b>Total Taxpayers' Equity</b>	<b>115,162</b>	<b>115,356</b>	<b>115,755</b>	<b>116,258</b>	<b>116,881</b>	<b>117,457</b>	<b>117,932</b>	<b>118,367</b>	<b>118,459</b>	<b>118,575</b>	<b>118,546</b>	<b>118,386</b>

## LAS Financial Review - Rolling Cashflow

### Cashflow Statement

Month Ending 28th February 2012 - (Month 11)

#### APPENDIX 10



	<u>Feb-12</u>	<u>Mar-12</u>	<u>Apr-12</u>	<u>May-12</u>	<u>Jun-12</u>	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>	<u>Jan-13</u>	<u>Total</u>
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
	<i>Actual</i>	<i>Forecast</i>	<i>Forecast</i>	<i>Forecast</i>	<i>Forecast</i>	<i>Forecast</i>	<i>Forecast</i>	<i>Forecast</i>	<i>Forecast</i>	<i>Forecast</i>	<i>Forecast</i>	<i>Forecast</i>	
<b>Operating Activities</b>													
Operating surplus/(deficit)	955	596	851	949	1,069	1,022	921	881	538	562	417	286	9,047
Depreciation and amortisation	955	973	1,137	1,137	1,137	1,137	1,137	1,136	1,137	1,137	1,137	1,137	13,297
Impairments and reversals	0	0	0	0	0	0	0	0	0	0	0	0	0
Transfer from the donated asset reserve	0	0	0	0	0	0	0	0	0	0	0	0	0
Interest Paid	(43)	(43)	(59)	(54)	(54)	(54)	(54)	(54)	(54)	(54)	(54)	(54)	(631)
Dividend Paid	0	(1,966)	0	0	0	0	0	(1,890)	0	0	0	0	(3,856)
(Increase)/Decrease in Inventories	36	0	0	0	0	0	0	0	0	0	0	0	36
(Increase)/Decrease in NHS Trade Receivables	1,808	35	(47)	3	2	(30)	(176)	62	176	0	1	9	1,843
(Increase)/Decrease in Long Term Receivables	413	496	909	0	0	0	0	0	0	0	0	0	1,818
(Increase)/Decrease in Non NHS Trade Receivables	69	0	0	0	0	0	0	0	0	0	0	0	69
(Increase)/Decrease in Other Receivables	(1,602)	646	0	0	1,938	0	0	1,880	0	0	0	0	2,862
(Increase)/Decrease in Accrued Income	(1)	4	0	0	0	0	0	0	0	0	0	0	3
(Increase)/Decrease in Prepayments	500	80	0	0	0	0	0	0	0	0	0	0	580
Increase/(Decrease) in Trade Payables	101	(10)	0	0	0	0	0	0	0	0	0	0	91
Increase/(Decrease) in Other Payables	(340)	(562)	(1,202)	19	(93)	387	1,887	(348)	(1,483)	(186)	120	40	(1,761)
Increase/(Decrease) in Payments on Account	0	0	0	0	0	0	0	0	0	0	0	0	0
Increase/(Decrease) in Accruals	(414)	750	0	0	0	0	0	0	0	0	0	0	336
Increase/(Decrease) in Deferred Income	(1,252)	(1,567)	0	0	0	0	0	0	0	0	0	0	(2,819)
Increase/(Decrease) in Provisions & Liabilities	(83)	30	(203)	67	68	(31)	59	63	(113)	86	77	(34)	(14)
<b>Net Cash inflow/outflow from operating activities</b>	<b>1,102</b>	<b>(538)</b>	<b>1,386</b>	<b>2,121</b>	<b>4,067</b>	<b>2,431</b>	<b>3,774</b>	<b>1,730</b>	<b>201</b>	<b>1,545</b>	<b>1,698</b>	<b>1,384</b>	<b>20,901</b>
<b>Cashflows from Investing Activities</b>													
Interest received	4	2	22	19	19	19	19	19	19	19	19	19	199
(Payments) for property, plant & equipment	(71)	(5,342)	(1,876)	(2,088)	(1,257)	(2,311)	(130)	(569)	(1,988)	(1,435)	(822)	(429)	(18,318)
Proceeds from disposal of property, plant & equipment	0	0	(83)	(79)	1,119	(79)	(79)	1,051	(79)	(79)	(79)	(79)	1,534
(Payments) for intangible assets	(56)	0	0	0	0	0	0	0	0	0	0	0	(56)
Proceeds from disposal of intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0
(Payments) for investment with DH	0	0	0	0	0	0	0	0	0	0	0	0	0
(Payments) for other financial assets	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Net Cash inflow/outflow from investing activities</b>	<b>(123)</b>	<b>(5,340)</b>	<b>(1,937)</b>	<b>(2,148)</b>	<b>(119)</b>	<b>(2,371)</b>	<b>(190)</b>	<b>501</b>	<b>(2,048)</b>	<b>(1,495)</b>	<b>(882)</b>	<b>(489)</b>	<b>(16,641)</b>
<b>Net Cash inflow/outflow before financing</b>	<b>979</b>	<b>(5,878)</b>	<b>(551)</b>	<b>(27)</b>	<b>3,948</b>	<b>60</b>	<b>3,584</b>	<b>2,231</b>	<b>(1,847)</b>	<b>50</b>	<b>816</b>	<b>895</b>	<b>4,260</b>
<b>Cashflows from Financing Activities</b>													
Public Dividend Capital Received	0	0	0	0	0	0	0	0	0	0	0	0	0
Public Dividend Capital Repaid	0	0	0	0	0	0	0	0	0	0	0	0	0
Loans received from DH	0	0	0	0	0	0	0	0	0	0	0	0	0
Loans principal repaid to DH	0	(622)	0	0	0	0	0	(622)	0	0	0	0	(1,244)
Loans received from Salix Finance	0	0	0	0	0	0	0	0	0	0	0	0	0
Capital element of finance lease	2,116	(172)	(96)	(96)	(2,609)	(390)	(60)	(2,811)	(25)	(25)	(25)	(25)	(4,218)
<b>Net Cashflow inflow/(outflow) from financing</b>	<b>2,116</b>	<b>(794)</b>	<b>(96)</b>	<b>(96)</b>	<b>(2,609)</b>	<b>(390)</b>	<b>(60)</b>	<b>(3,433)</b>	<b>(25)</b>	<b>(25)</b>	<b>(25)</b>	<b>(25)</b>	<b>(5,462)</b>
<b>Increase/(decrease) in cash &amp; cash equivalents</b>	<b>3,095</b>	<b>(6,672)</b>	<b>(647)</b>	<b>(123)</b>	<b>1,339</b>	<b>(330)</b>	<b>3,524</b>	<b>(1,202)</b>	<b>(1,872)</b>	<b>25</b>	<b>791</b>	<b>870</b>	<b>(1,202)</b>
<b>Cash, cash equivalents and bank overdrafts at 31012012</b>	<b>8,827</b>												<b>8,827</b>
<b>Cash, cash equivalents and bank overdrafts at 31012013</b>	<b>11,922</b>	<b>5,250</b>	<b>4,603</b>	<b>4,480</b>	<b>5,819</b>	<b>5,489</b>	<b>9,013</b>	<b>7,811</b>	<b>5,939</b>	<b>5,964</b>	<b>6,755</b>	<b>7,625</b>	<b>7,625</b>

## LAS Financial Review - Financial Risks

APPENDIX 11

Month Ending 28th February 2012 - (Month 11)

Key Financial Risks	Gross Risk				Net Value £000	Status	Comment
	Value £000	Impact	Likelihood	Rating			
1. Penalty Charge - Category A Target	10,104	5	2	10	0	<b>G</b>	For February we were above commissioned target (75.81%) but below the monthly trajectory. Overall demand was significantly higher than February 10 (8.10%). Cat A demand continues to be significantly higher than last year (11.69% YTD and 27.1% in February). Cat A8 Cluster level quarterly performance is on track and does not present significant exposure especially as a number of Clusters are already exceeding the 60 minute breach threshold (7 x number of EDs in the Cluster per quarter) which provides mitigation against potential penalties.
2. CQUIN	3,730	4	4	16	1,160	<b>A</b>	M11 highlights slippage on 1 Conveyance Rate, 2B NHS Pathways, 3 CPI non-conveyed, 5A EOLC, 5B End of Life Audit, 6A and 6B on Mental Health. The overall risk has increased significantly from Month 10.
6. CIP Delivery	14,840	5	3	15	1,141	<b>A</b>	M11 CIP is behind plan
12. A&E Operational	3,028	4	4	16	178	<b>G</b>	Operational financial risk arising from increased A&E overtime
13. PTS Profitability	1,000	2	3	6	50	<b>G</b>	Contract have been tendered and the outcome remains uncertain. Non contract income targets are not being met
<b>Total</b>	<b>59,923</b>				<b>2,529</b>		

\* The net value of the Revenue Financial Risks listed in this Appendix has been used in developing the Worst Case scenario forecast in Appendix 4

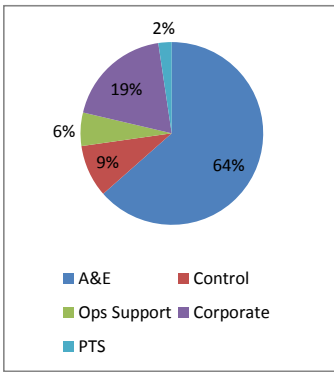
KEY:	
<b>G</b>	Green - Minimal or No Financial Risk at Present
<b>A</b>	Amber - Moderate level of risk requiring attention
<b>R</b>	Red - Significant Level of risk requiring corrective action

# LAS Financial Review - Divisional Summary

## APPENDIX 12

Month Ending 28th February 2012 - (Month 11)

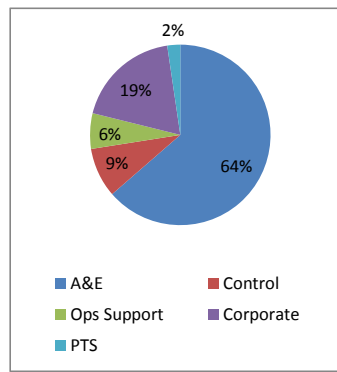
Month Act	Month Budget	Diff	%
£000	£000	£000	



14,616	14,623	7	0.0%
2,127	1,860	(268)	-14.4%
1,357	1,424	67	4.7%
<b>18,101</b>	<b>17,907</b>	<b>(194)</b>	<b>-1.1%</b>
542	515	(27)	-5.3%
426	343	(83)	-24.1%
460	485	25	5.1%
192	194	3	1.3%
1,496	1,503	8	0.5%
748	967	219	22.7%
941	1,348	407	30.2%
20	18	(1)	-7.8%
85	120	34	28.6%
<b>4,366</b>	<b>4,978</b>	<b>612</b>	<b>12.3%</b>
<b>23,009</b>	<b>23,400</b>	<b>391</b>	<b>1.7%</b>
<b>1,911</b>	<b>1,917</b>	<b>(6)</b>	

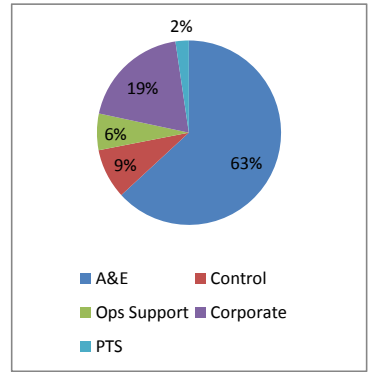
<b>A&amp;E Sector Services</b>
<b>Control Services</b>
<b>Operational Support</b>
<b>Total Operations</b>
<b>Patient Transport Services (PTS)</b>
<b>Corporate Directorates</b>
Chief Executive
Corporate Services
Strategic Development
Finance & Estates
Human Resources & Training
IM & T
Healthcare Promotion & Quality
Medical
<b>Total Corporate Directorates</b>
<b>Total LAS</b>
<b>EBITDA</b>

Ytd Act	Ytd Budget	Diff	%
£000	£000	£000	



161,689	158,301	(3,411)	-2.2%
22,467	20,939	(1,528)	-7.3%
16,233	15,723	(510)	-3.2%
<b>200,389</b>	<b>194,963</b>	<b>(5,449)</b>	<b>-2.8%</b>
5,923	5,903	(20)	-0.3%
3,530	3,755	225	6.0%
4,637	5,313	676	12.7%
2,020	2,115	95	4.5%
14,865	16,401	1,535	9.4%
9,568	10,684	1,122	10.5%
11,811	14,008	2,197	15.7%
198	201	3	1.3%
1,103	1,308	206	15.7%
<b>47,732</b>	<b>53,785</b>	<b>6,058</b>	<b>11.3%</b>
<b>254,044</b>	<b>254,651</b>	<b>589</b>	<b>0.2%</b>
<b>17,110</b>	<b>21,211</b>	<b>(4,101)</b>	

2011/2012 Fcast	2011/2012 Budget	Diff	%
£000	£000	£000	



176,307	172,984	(3,323)	-1.9%
24,482	22,801	(1,681)	-7.4%
17,774	17,148	(626)	-3.6%
<b>218,563</b>	<b>212,934</b>	<b>(5,630)</b>	<b>-2.6%</b>
6,617	6,418	(199)	-3.1%
4,276	4,098	(178)	-4.3%
4,984	5,798	814	14.0%
2,225	2,310	85	3.7%
17,535	20,017	2,481	12.4%
10,366	11,657	1,291	11.1%
13,054	15,363	2,309	15.0%
219	219	(0)	-0.2%
1,221	1,428	208	14.5%
<b>53,880</b>	<b>60,889</b>	<b>7,009</b>	<b>11.5%</b>
<b>279,060</b>	<b>280,241</b>	<b>1,181</b>	<b>0.4%</b>
<b>18,679</b>	<b>22,834</b>	<b>(4,155)</b>	

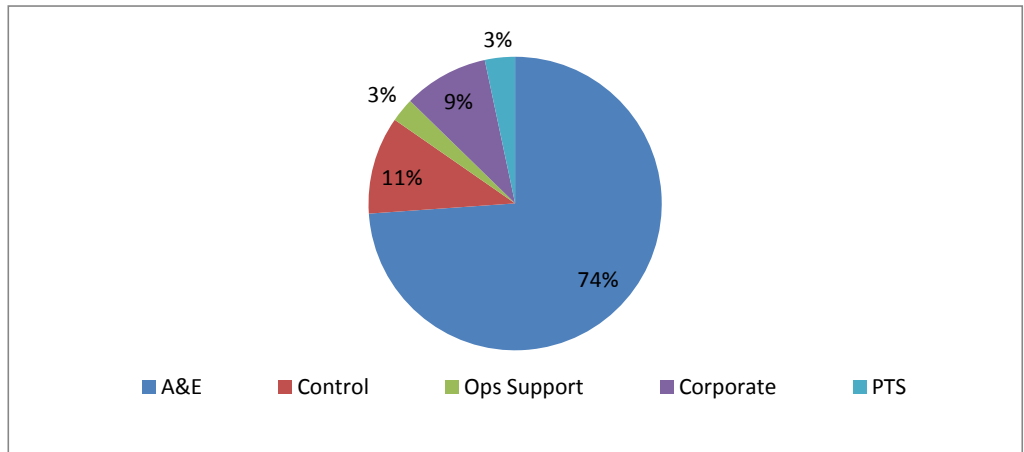
# LAS Financial Review - Establishment Summary

## APPENDIX 13

Month Ending 28th February 2012 - (Month 11)

Month 11 Actual	Month 11 Budget	Diff	%
WTE	WTE	WTE	

Month 10 Budget	Month 11 Budget	Diff	%
WTE	WTE	WTE	



<b>A&amp;E Sector Services</b>	<b>3,361.03</b>	<b>3,462.99</b>	<b>101.96</b>	<b>2.9%</b>	<b>3,462.96</b>	<b>3,462.99</b>	<b>0.03</b>	<b>0.0%</b>
Control Services	489.49	495.74	6.25	1.3%	498.62	495.74	(2.88)	-0.6%
Operational Support	120.43	130.84	10.41	8.0%	130.86	130.84	(0.02)	0.0%
<b>Total Operations</b>	<b>3,970.95</b>	<b>4,089.57</b>	<b>118.62</b>	<b>2.9%</b>	<b>4,092.44</b>	<b>4,089.57</b>	<b>(2.87)</b>	<b>-0.1%</b>
<b>Patient Transport Services (PTS)</b>	<b>150.98</b>	<b>166.33</b>	<b>15.35</b>	<b>9.2%</b>	<b>166.34</b>	<b>166.33</b>	<b>(0.01)</b>	<b>0.0%</b>
<b>Corporate Directorates</b>								
Chief Executive	45.08	50.61	5.53	10.9%	50.61	50.61	0.00	0.0%
Corporate Services	44.93	47.93	3.00	6.3%	47.93	47.93	0.00	0.0%
Strategic Development	40.00	43.67	3.67	8.4%	43.67	43.67	0.00	0.0%
Finance & Estates	48.33	57.20	8.87	15.5%	57.20	57.20	0.00	0.0%
Human Resources & Training	142.09	178.86	36.77	20.6%	178.86	178.86	0.00	0.0%
IM & T	80.40	95.03	14.63	15.4%	95.02	95.03	0.01	0.0%
Healthcare Promotion & Quality	2.60	2.00	(0.60)	-30.0%	2.00	2.00	0.00	0.0%
Medical	22.03	25.20	3.17	12.6%	25.20	25.20	0.00	0.0%
<b>Total Corporate Directorates</b>	<b>425.46</b>	<b>500.50</b>	<b>75.04</b>	<b>15.0%</b>	<b>500.49</b>	<b>500.50</b>	<b>0.01</b>	<b>0.0%</b>
<b>Total LAS</b>	<b>4,547.39</b>	<b>4,756.40</b>	<b>209.01</b>	<b>4.4%</b>	<b>4,759.27</b>	<b>4,756.40</b>	<b>(2.87)</b>	<b>-0.1%</b>

\* Paid and Worked WTE as at Month 11 are 5,061.265 wte and 4,856.92 wte respectively





## LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 27<sup>TH</sup> MARCH 2012

### PAPER FOR APPROVAL

<b>Document Title:</b>	<b>CommandPoint Update</b>
<b>Report Author(s):</b>	<b>Peter Suter</b>
<b>Lead Director:</b>	<b>Peter Suter</b>
<b>Contact Details:</b>	<b>02077832044</b>
<b>Why is this coming to the Trust Board?</b>	<b>To formally record the decision taken by the Trust board on 20<sup>th</sup> March to approve go live of CommandPoint.</b>
<b>This paper has been previously presented to:</b>	<input type="checkbox"/> Strategy Review and Planning Committee <input checked="" type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input checked="" type="checkbox"/> Other - Extraordinary meeting of the Trust board on 20 <sup>th</sup> March 2012
<b>Recommendation for the Trust Board:</b>	<b>1: To record approval of recommendations previously given.</b> <b>2: To receive verbal update of progress since this paper was submitted.</b>
<b>Key issues and risks arising from this paper:</b>  Risk and Issue logs are attached.	
<b>Executive Summary:</b>  CommandPoint has now successfully completed three live runs. The Trust Board met on 20 March to consider the results and gave approval to go live on 28 March, subject to the Chief Operating Officer being satisfied of the results of the final readiness review. Attached is the paper that was presented, and the recommendations that were formally approved by the Trust Board.	
<b>Attachments</b>  CommandPoint Project update: 20 March.	

**Quality Strategy**

This paper supports the following domains of the quality strategy

- Staff/Workforce
- Performance
- Clinical Intervention
- Safety
- Clinical Outcomes
- Dignity
- Satisfaction

**Strategic Goals 2010 – 13**

This paper supports the achievement of the following corporate objectives:

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

**Risk Implications**

This paper supports the mitigation of the following strategic risks:

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

**Equality Impact Assessment**

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:

None

## COMMANDPOINT PROJECT UPDATE: 20 MARCH 2012

### 1. INTRODUCTION

- 1.1 The objective of this paper is to brief the Trust Board on the CommandPoint Live Run Exercises and recommend an approach to full Go-Live. This paper will be used as background for the extra-ordinary Trust Board meeting on 20 March and as a basis for the Trust Board report on 27 March.
- 1.2 The Trust board previously gave approval to undertake three live runs with CommandPoint. A common theme for all the live runs has been absolute clinical focus to ensure patient safety. This has been lead by the Medical Director and Deputy Medical Director and will be replicated on the actual Go-Live.
- 1.3 Each of the three live runs has been preceded by a comprehensive seventy nine page readiness review checklist. This considers all aspects from physical security, clinical, user and technical perspectives as well as considering all outstanding risks and issues. The review is an iterative series of meetings and includes the Chief Operating Officer, senior representatives from the Medical Directorate, Senior Users, Senior Technical and Training leads. Final completion has normally been about 24 hours ahead of the actual live run event where the Chief Operating Officer finally signs off the review and authorises the Gold Commander to commence the live run, subject to real time operation considerations that form part of the Gold management meetings. This process will be repeated for the final Go Live.
- 1.4 Live Run 1 took place on 22 February and was a short exercise running CommandPoint live for 2 hours between 02:30 – 04:30. The results were reported to the Trust Board on 14 February and approval was then given to commence Live Runs 2 and 3. It is the details of these results, particularly Live Run 3 that form the basis of the Go Live recommendation.

### 2. LIVE RUN 2: 6/7 MARCH.

- 2.1 As planned, EOC went to paper operations at 23:30 on 6 March, CommandPoint was brought live and the first call was taken on CommandPoint at 01:29 on 7 March. Auto despatch was enabled at 02:00 and the MPS Cad link brought live. The 07:00 roster fire went well and there were no issues – this was a significant milestone given the problems experienced on 8 June.
- 2.2 Operations continued on CommandPoint until 11:00 hrs, 1300 999 calls were taken and 819 incidents responded to. Some technical issues were identified and software modifications made ahead of Live Run 3. Due to the high work load, transition back to CTAK took longer than was planned, but was completed by 14:00hrs.
- 2.3 Key performance indicators during Live Run 2;  
Call taking performance - 91% in 5 secs  
A8 performance - 66%  
A19 performance - 96 %  
C1 performance - 80% in 20 minutes.

### 3. LIVE RUN 3: 16/17 MARCH.

3.1 This was an ambitious exercise designed to use CommandPoint for a 24 hour period across three shifts on a Friday. Overall, the exercise was viewed as a success. It commenced with the move to paper shortly after 01:30 on 16 March and the first call was taken on CommandPoint at 03:41. Auto despatch was enabled at 04:00.

3.2 The system proved stable, through what was, as expected three busy operational shifts. During the exercise DMP C was implemented at 16:45 and remained in place until 03:00. Paper operations were recommenced at 04:15 and full CTAK operations restored at 05:30 on 17 March. During this live run 5,500 999 calls were taken, which resulted in 1250 Cat A dispatches.

3.3 Key performance indicators during Live Run 3;

16/3/12 (03:40 – Midnight)

Call taking performance - 65% in 5 secs

A8 performance - 57%

A19 performance - 96%

C1 performance - 71% in 20 minutes.

17/3/12 (Midnight – 04:30)

Call taking performance - 91% in 5 secs

A8 performance - 69%

A19 performance 100%

C1 performance is 87% in 20 minutes.

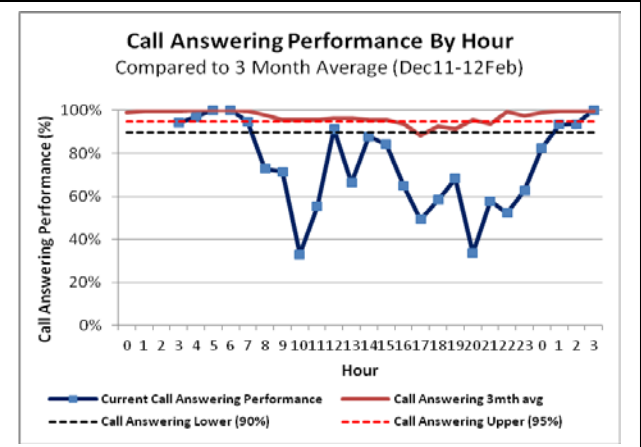
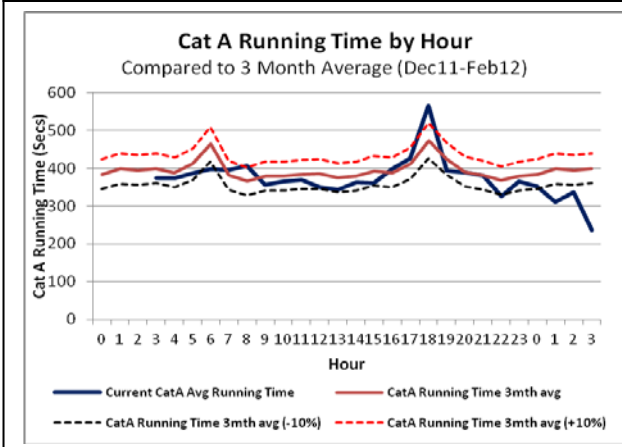
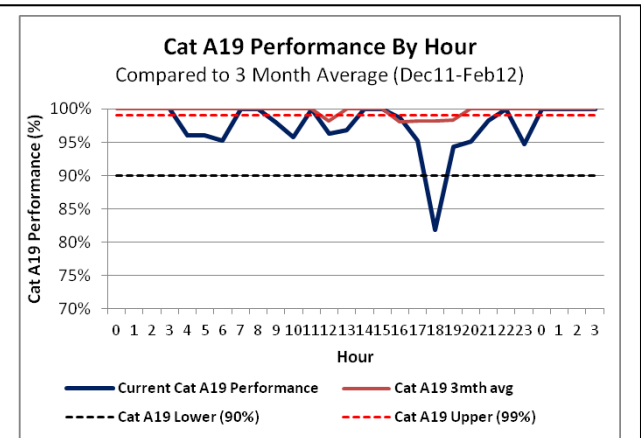
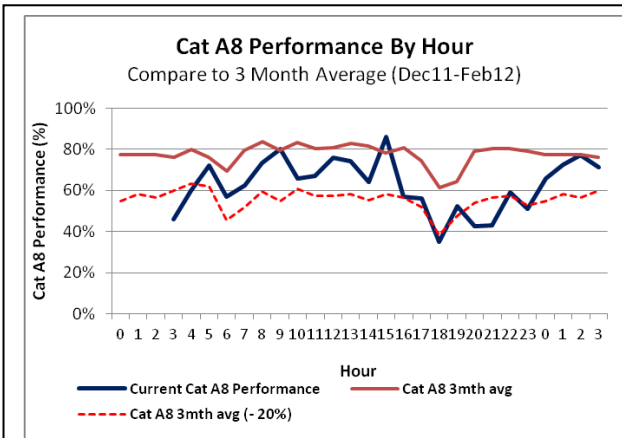
3.4 Five technical issues were identified during the live run that have initially been given a priority 2 rating. This means that they either require full resolution, an acceptable mitigation plan (that effectively downgrades them) or a re-grading to a lower priority. In terms of project controls, all of these are now on the issue log. In brief they are;

- ProQA not processing priority correctly: On a number of occasions CAD was not processing data from the ProQA triaging tool properly. On a small number of these occasions this resulted in the wrong priority being assigned to the call.
- Slow EVA opening: A number of observations were made around variable waiting times for EVA opening. A number of these were due to the gazetteer not processing easting and northings from mobile calls, & slow responses from ALSEC.
- Event location co-ordinates not correct (0:0): A number of events did not pick up location co-ordinates properly from the gazetteer and therefore did not automatically dispatch.
- Event entry not updating and not warning of no update: On a small number of abandoned calls the event entry form was not updating and closed without due warnings that updates had not been stored. This happened on 6 occasions over 45 minutes and then stopped.
- MPS CAD link frenzied hand shaking: A message handshaking protocol with the MPS CAD entered into a frenzy of message exchanges. This began to consume escalating CPU capacity, until the service was reset.

3.5 The Trust Board previously approved a set of performance triggers that were monitored constantly during the live run. These are detailed in the table and graphs below. High level analysis shows that all the triggers were at times exceeded during the live run. However these were subject to continual scrutiny and under Gold's direction, senior Clinical, User and Technical leads remained assured of safe progress. At no time was there a need to consider an early return to CTAK. Based on experience, these initial triggers will be reviewed and trajectories developed for the Go Live.

3.6 Performance Triggers and Graphs:

	Measure	Threshold	Timing	Live Run 3
1	Avg. Running Time Cat A Incidents (Secs)	Within +/- 10% of the range of 3 – 6 month historic performance data.	Hour 3 from go live onwards	Broadly achieved; there was 1 hour (18:00) where the threshold was exceeded.
2	% Calls Answered in 5 Seconds	90% as a baseline with a measurable improvement toward 95%	Hour 3 from go live onwards	Not achieved. Graphs show shift change over and +/- by hour.
3	CAT A 8 minute	Cat A performance on an hourly basis to be no less than -20% of what would be expected for time/day of week.	Hour 3 from go live onwards	Broadly achieved; threshold exceeded around 20:00 hrs.
4	CAT A 19 minute	90% - demonstrating a positive improvement toward 99%	Hour 3 from go live onwards	Broadly achieved; there was 1 hour (18:00) where the threshold was exceeded.
5	CPU performance	Does not exceed 60% utilisation.	From go live	No instances of 8 June problem. However a problem from MPS interface caused CPU to exceed 80% at 10:30.
6	User acceptance and/or experience	Update from Ops Chair at every Gold meeting confirming acceptability for EOC staff.	From go live	Mixed reaction from staff managing during difficult, busy operational shifts. No significant issues.



#### 4. RISK & ISSUE LOGS

- 4.1 The current Risk Log is at Appendix 1. It has not been updated since Live Run 3 and as a result some risks are likely to be reduced. One risk; that of the MPS CAD interface will probably be increased due to the specific problem encountered. The issue log is also a live document, with the 5 additional potential P2 items included on the log. It is at Appendix 2.
- 4.2 Confirmation that there are no outstanding issues or concerns with regard to the Risk and Issue Logs forms part of the go live readiness review. This ensures clear focus right up to the actual Go Live.
- 4.3 With the exception of the five potential P2 items previously described, there are no other concerns to be brought to the attention of the Trust Board.

#### 5. RECOMMENDATIONS

That the Trust Board;

- 5.1 Note the results of the live run exercises, particularly the performance results that have been obtained. The Trust Board are asked to;
  - Accept that the system is fundamentally stable and functional.
  - Acknowledge the performance challenges, particularly call answering and Cat A that will be encountered following go live.
- 5.2 Approve Go Live of CommandPoint on 28 March 2012 subject to the Chief Operating Officer being satisfied that;
  - The five issues identified during Live Run 3 are either fully resolved, or have an acceptable mitigation plan (that effectively downgrades them) or are re-graded to a lower priority.
  - There are no other issues that are identified either as a result of more thorough analysis of the Live Run 3 data or from any other source.



**Peter Suter**  
Project Executive  
Director of Information Management & Technology



**2. HEADLINE RISK INFORMATION**

	This	Month	Open
Open Risks		64	0
Closed Risks (Not including those awaiting		83	
New risks /re-opened risks	0	1	14
Risks Reviewed with Risk Owner	2	13	36
Risks changed evaluation score	1	6	11
Overall significance increased	0	1	
Overall significance decreased	1	5	
Risks reviewed and changes made to Responses and Actions	2	11	64

**Assessment criteria**

<b>Impact</b>		<b>Probability</b>	
Very High(5):	>25% over budget or schedule / does not meet primary objective	Very High (5):	The risk is more likely to occur than not
High(4):	10-25% over budget or schedule / does not meet secondary objective	High (4):	The risk is likely to occur
Medium (3):	5-10% over budget or schedule / reduction in scope or benefit requiring approval	Medium (3):	There is a reasonable chance of the risk occurring
Low (2):	<5% over budget or schedule / minor reduction in scope or benefit	Low (2):	The risk is unlikely to occur
Very Low (1):	Insignificant impact on cost or schedule / negligible reduction in scope or benefit	Very Low (1):	The risk is only likely to occur in exceptional circumstances



### 3. Most Significant Risks Summary (Score of 15 and above)

Risk Id	Title	Owner	Description	update	What is happening?
<b>44</b> <b>4 / 5</b>  <b>Target</b> <b>2 / 5</b>	Further Industrial Action as part of the national NHS pensions reforms dispute	John Hopson	There is a risk that industrial action amongst LAS staff will delay full or partial implementation leading to delays in Go Live 2, causing unexpected cost/time overruns. In particular, industrial action in January through to March 2012 will cause a delay in training which will impact Go Live on 28 <sup>th</sup> March.	15/03/12	<p>Probability maintained at a high level as there is the possibility of further industrial action which could directly impact the Go Live 2 date</p> <p>Most Recent Progress:</p> <p>24/02/12 Project Board accepted the risk at the level of 4 / 5.</p> <p>Reason for acceptance is that the Union Ballot is believed to still provide further industrial action for which the lead time could be only a few days. Therefore no greater certainty possible until after the countdown to Go Live starts.</p> <p>15/03/12 PCS have called industrial action for 28th March (PCS are a public sector union prevalent among the MPS control room call-takers)</p>
<b>69</b> <b>4 / 4</b>  <b>Target:</b> <b>2 / 4</b>	Negative Publicity for LAS	Peter Suter	There is a risk that the service will receive negative publicity over the plans to introduce a new CAD solution in its control rooms, particularly given the previous 1992 project, and failed attempt on 8 <sup>th</sup> June 2011, leading to a lack of confidence in the proposed solution amongst stakeholders including service staff and the general public and consequent time / cost overrun.	24/02/12	<p>Following the failed Cut Over on 8<sup>th</sup> June, the subsequent SUIs raised, increased interest and awareness of the media and known use of social networking sites, the risk that the service will receive negative publicity has significantly increased in both probability of occurrence and impact to the project.</p> <p>Most Recent Progress:</p> <ul style="list-style-type: none"> <li>SI actions completed and SI report published. Negative items have been dealt with as planned.</li> <li>This risk will however remain high until the project is successfully finished. No further actions identified.</li> </ul> <p>24/02/12 Project Board accepted the risk at the level of 4 / 4 as the potential for negative publicity remains until after Go Live.</p>

<b>Risk Id</b>	<b>Title</b>	<b>Owner</b>	<b>Description</b>		
<b>P / I</b>				<b>update</b>	<b>What is happening?</b>
<b>132</b> <b>3 / 5</b> <b>Target:</b> <b>Closed</b>	Inadequate user intermediate training prior to second deployment	Keith Miller	There is a risk that the training provided to CAD users will be incomplete or inconsistent, leading to the users not being able to use the system effectively and causing a cost/time overrun	27/02/12	<p>Reviewed in Project Board and later with Risk Owner:</p> <p>Although a full set of training activities have been implemented, there is little contingency for failure to run a course or part of a course.</p> <p>All training due to be completed by 16/03 except for the final Dry Run Event.</p> <p>Risk to be reviewed for closure following completion of the last course.</p>

## 6. MOST SIGNIFICANT RISKS SUMMARY (SCORE OF 15 AND ABOVE)

ID	Title	Description	Latest update	Owner	Current Assessment		
					Prob	Imp.	Score
70	Lack of user confidence in solution	There is a risk that lack of confidence in the reliability of the functionality of the system and data by operational users will alienate staff, undermine confidence and/or create suspicion leading to confused expectations, hesitant decisions and/or obstructive actions resulting in delay to (or during) implementation or performance degradation to service delivery, necessitating an extension to the implementation period or a rollback to CTAK causing a cost and/or time overrun.	<ul style="list-style-type: none"> <li>Positive anecdotal reports from users involved in testing and training</li> <li>Training progressing as planned.</li> </ul> <p>13/03 Risk rating reviewed by Risk owner, no change.</p>	John Hopson	3	4	12
158	Change of performance Metrics for Clock Start at the same time as go Live 2	There is a risk that the performance metrics for clock start will change on 1 April, causing a development of a full duplication of the suite of MI operational tools (for both CTAK and CPCAD) used in day-to-day performance management within Operations and those being developed specifically by the Performance Cell. Delay in elements of this suite of tools being developed will cause Operations to not be able to support the go live date leading to an overrun of time and cost to the project.	<p>MI have a plan for CPT cut over that includes allocation of analysts for Clock Start Change</p> <p>Chief executive agreement in principle that Clock start Change will not come in until 1<sup>st</sup> May.</p> <p>MI have instigated a dual reporting to show old and new figures.</p> <p>Awaiting written confirmation from CEO and COO to terminate the risk.</p>	John Downard	4	3	12

36	Complexity of implementation	There is a risk that the technical and logistical processes involved in the Cut over are too complex, leading to a failure to successfully transition between CAD systems. This will delay Go Live 2 and adversely affect patient care.	<ul style="list-style-type: none"> <li>During LAS SPT, the interface specialist team have been rehearsing and building resilience by shadowing and practice of "what ifs".</li> <li>To mitigate against unforeseen events, Northgate will be on site for the technical cut over Live event.</li> <li>Practiced Technical Cut Over events</li> </ul> <p>24/02/12 Project Board accepted the risk at the level of 2 / 5 as the implementation is still complex, with implicit risk at Go Lives.</p>	Jonathan Nevison	2	5	10
48	System performance does not meet user expectations	There is a risk that the performance of the system (including Graphical User Interface (GUI) response times) will not meet user expectations, leading to a lack of acceptance by users and a need for further development, causing a time overrun.	<p>Application has passed all the performance tests. An application lock down is in place to ensure configuration management for the final product.</p> <p>24/02/12 Project Board accepted the risk at the level of 2 / 5 as performance is yet to be proved within Go Live Events 2 and 3.</p>	John Downard	2	5	10
71	Inadequate testing of system	There is a risk that the quality or totality of testing or analysis of the testing results will be reduced in scope or detail due to timescale in analysis and or time pressures leading to compromises and resilience of the software leading to bugs being revealed post Cut Over resulting in a need to roll back, causing a cost and time overrun or failure to achieve a key objective.	<p>Testing has increased for Go Live 2. This includes Two weeks of UAT and LAS SBT tests. Functional and performance testing was carried out in parallel to cover the workload within time.</p>	John Downard	2	5	10
105	Met CAD Interface	There is a risk that Northrop Grumman encounter unforeseen difficulties during the development and testing of the MIS interface, resulting in a need for additional unplanned development work, causing time and/or cost overrun.	<p>The Met police were not ready for the new VPN for a joint test. VPN now available. Concerns about the Met police's test environment and differences between their live environments yet to be tested against.</p> <p>End to end testing (in both directions) was successfully achieved between LAS and MPS production systems and live service maintained during the Go Live 2 period</p>	John Downard	2	5	10

106	XC Mapping interface	There is a risk that Northrop Grumman encounters unforeseen difficulties during the development and testing of the XC mapping interface and XC GIS interactivity resulting in a need for additional unplanned development work, causing time and/or cost overrun.. This risk encompasses the performance of the underlying routing algorithm provided with XC which is fundamental to the ability of CommandPoint™ to calculate journey times and propose quickest resources.	<p>The situation has been improved by the installation of an additional physical server at FBC and a Northgate patch applied for to correct memory leak/log file faults. 9/2 LAS SPT ran at 1500 events/hr with optimal Routing configuration: physical servers at HQ &amp; FBC running 2x instances of NIS Routing (2 is better than 1 but 3 or more does not add benefit), no problems observed.</p> <p>A generic Risk #106 re XC Mapping (&amp; implied Routing, etc) will remain open at a low probability 2.</p> <p>24/02/12 Project Board accepted the risk at the level of 2 / 5 as there is an inherent risk in the transition of the interface.</p>	John Downard	2	5	10
107	Gazetteer Interface	There is a risk that Northrop Grumman encounter unforeseen difficulties during the development and testing of the Gazetteer interface, resulting in a need for additional unplanned development work, causing time and/or cost overrun.	<p>New version of the Gazetteer is in test now.</p> <p>There is also a Good work around in case the Gazetteer fails, which is backed up on each workstation.</p> <p>24/02/12 Project Board accepted the risk at the level of 2 / 5 as there is an inherent risk in the transition of the interface</p>	John Downard	2	5	10
108	MDT/ExpressQ Interface	There is a risk that Northrop Grumman encounter unforeseen difficulties during the development and testing of the MDT/ExpressQ interface, resulting in a need for additional unplanned development work, causing time and/or cost overrun.	<p>Risk reviewed in project; Risk impact increased to Very High</p> <p>Interface included in Dry run events on 28/11 and 5/12</p> <p>24/02/12 Project Board accepted the risk at the level of 2 / 5 as there is an inherent risk in the transition of the interface</p>	John Downard	2	5	10
109	Airwave Interface	There is a risk that Northrop Grumman encounter unforeseen difficulties during the development and testing of the Airwave interface, resulting in a need for additional unplanned development work, causing time and/or cost overrun.	<p>Risk reviewed in project; Risk impact increased to Very High</p> <p>Interface included in Dry run events on 28/11 and 5/12</p> <p>24/02/12 Project Board accepted the risk at the level of 2 / 5 as there is an inherent risk in the transition of the interface</p>	John Downard	2	5	10

111	ProQA interface	There is a risk that Northrop Grumman encounter unforeseen difficulties during the development and testing of the ProQA interface, resulting in a need for additional unplanned development work, causing time and/or cost overrun.	The current concerns are dealt with by issue 148. Residual risk is now Low. 24/02/12 Project Board accepted the risk at the level of 2 / 5. as there is an inherent risk in the transition of the interface	John Downard	2	5	10
144	Poor quality of supplied product	There is a risk that poor development and coding by the supplier and final quality of the NG supplied product leads to an unacceptable number of bugs / workarounds for the users, undermining confidence leading to a cost and time overrun	<ul style="list-style-type: none"> <li>• Testing of 66.8 completed, including Scenario and User Acceptance Testing.</li> <li>• A performance load test has run successfully.</li> </ul> Risk probability reduced.	John Downard	2	5	10
149	Inability to authorise Go Live 2 due to Trust's Year To Date Performance Submission	There is a risk that the Trust's Year To Date Performance Submission level will not be adequate for the Trust Board to authorise the Go Live 2 event to start as planned leading to delay the Go Live event, incurring additional costs for the project team, Go Live event, etc. resulting in a time and cost overrun	All project milestones on track. Final review by Trust Board to be on 14/02/12. Current Operational performance figure at 76% at the moment, which is better than previous years. Go Live 2 stay live date of 28 <sup>th</sup> March leads to the probability of the risk reducing. 24/02/12 Project Board accepted the risk at the level of 2 / 5.	Peter Suter	2	5	10
152	Performance Cell ineffectively monitoring performance	There is a risk that a lack of a co-ordinated approach and preparation for the performance cell will result in ineffectively monitoring performance on the live runs causing a lack of understanding about the reason for poor performance causing a cost and time overrun.	<ul style="list-style-type: none"> <li>• The CP Operational tools document is near to final sign off and has been presented to Gold.</li> <li>• Certain CS staff will be receiving training in breach analysis in CPCAD in the next few weeks.</li> <li>• The part of the overarching Operational Plan covering the performance cell and command structure for go-live is complete and all members of the performance cell understand the processes that will be in place as we go live.</li> <li>• The performance cell will be up and running rehearsing its role at each dry run shadowing event at Bow and will be in place for every cut over and cut back leading to the final and permanent move to CPCAD.</li> </ul>	Paul Cassidy	3	3	9

159	Unable to load defibrillator data	There is a risk that PAD site data held in two separate places is not consistent and cannot be combined into a single data input for loading into CommandPoint. This will undermine confidence and/or create suspicion leading to hesitant decisions and/or incorrect actions resulting in performance degradation to service delivery and increased clinical risk, necessitating an extension to the implementation period or a rollback to CTAK causing a cost and/or time overrun.	Defibrillator data was supplied week ending 2nd March, refined and improved then loaded at the weekend. Recommend risk to be closed at next Project Board.	Jonathan Nevison	3	3	9
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**7. CHANGES THIS WEEK****New Risks**

ID	Title	Description	Owner	Current	
				Prob.	Imp.
	none				

**Risks re-opened**

ID	Title	Description	Owner	Current	
				Prob.	Imp.
	None				

**Increased Significance**

ID	Title	Description	Responses outstanding	Latest Update	Owner	Approved		Proposed	
						Prob.	Imp.	Prob.	I
	none								

**Decreased overall significance**

ID	Title	Description	Latest Update	Owner	Approved		Proposed	
					Prob.	Imp.	Prob.	Imp.
144	Poor quality of supplied product	There is a risk that poor development and coding by the supplier and final quality of the NG supplied product leads to an unacceptable number of bugs / workarounds for the users, undermining confidence leading to a cost and time overrun	<ul style="list-style-type: none"> <li>Testing of 66.8 completed, including Scenario and User Acceptance Testing.</li> <li>A performance load test has run successfully.</li> </ul>	John Downard	3	5	2	5



## 8. RISK LOG AT 16/03/12

click any heading to sort or resort

Risk Id	Brief description of risk	Owner	Current Assessment				Last Assessed				
			Prob	Impact	Signif	Date	By Whom	Previous Significance			Prev. Date
044	Further industrial action as part of the national NHS pensions reforms dispute	John Hopson	4	5	20	13-Mar-12	Project Board	20	24-Feb-2012		
069	Negative Publicity for LAS	Peter Suter	4	4	16	24-Feb-12	Project Board	16	31-Jan-2012		
132	Inadequate user intermediate training prior to second deployment	Keith Miller	3	5	15	27-Feb-12	Keith Miller	10	26-Jan-2012		↑
070	Lack of user confidence in solution	John Hopson	3	4	12	13-Mar-12	John Hopson	12	09-Mar-2012		
158	Change of Performance Metrics for Clock Start at the same time as Go Live 2	John Downard	4	3	12	02-Feb-12	Jonathan Nev	12	17-Jan-2012		
036	Complexity of implementation	Jonathan Nevison	2	5	10	24-Feb-12	Project Board	6	13-Jan-2011		→
048	System performance does not meet user expectations	John Downard	2	5	10	24-Feb-12	Project Board	10	02-Feb-2012		
071	Inadequate testing of system	John Downard	2	5	10	24-Feb-12	Project Board	10	02-Feb-2012		
105	Met CAD Interface	John Downard	2	5	10	09-Mar-12	John Downard	15	02-Feb-2012		↓
106	XC Mapping Interface	John Downard	2	5	10	24-Feb-12	Project Board	10	13-Feb-2012		
107	Gazetteer Interface	John Downard	2	5	10	24-Feb-12	Project Board	10	02-Feb-2012		
108	MDT / ExpressQ interface	John Downard	2	5	10	24-Feb-12	Project Board	10	22-Dec-2011		
109	Airwave Interface	John Downard	2	5	10	24-Feb-12	Project Board	10	22-Dec-2011		
111	ProQA Interface	John Downard	2	5	10	24-Feb-12	Project Board	10	13-Feb-2012		
144	Poor Quality of supplied product	John Downard	2	5	10	16-Mar-12	Jonathan Nev	15	02-Feb-2012		↓
149	Inability to authorise Go Live 2 due to Trust's Year To Date Performance Submission	Peter Suter	2	5	10	24-Feb-12	Project Board	10	31-Jan-2012		
159	Unable to load Defib Data	Jonathan Nevison	3	3	9	09-Mar-12	Jonathan Nev	9	20-Feb-2012		
006	Project Team resourcing	Peter Suter	2	4	8	31-Jan-12	Peter Suter	8	11-Nov-2011		

056	Unrealistic Expectations	Peter Suter	2	4	8	31-Jan-12	Peter Suter	8	11-Nov-2011		
081	Skills Degradation Post Training	Keith Miller	2	4	8	13-Feb-12	Project Mana	8	26-Jan-2012		
130	Technical Team are not prepared for Cut over and Go Live	John Downard	2	4	8	22-Dec-11	John Downard	12	25-Nov-2011		↓
138	Conflicting requirements on training resources from other projects	Programme 05/10 (Keith Miller)	2	4	8	26-Jan-12	Keith Miller	12	16-Dec-2011		↓
147	GeoTracker not performing as required	John Downard	2	4	8	09-Nov-11	Sue Meehan	8	14-Oct-2011		
035	Annual Funding Review	Martyn Salter	2	3	6	10-Feb-12	Martyn Salter	6	21-Jul-2011		
041	Poor Change Management	Jonathan Nevison	2	3	6	18-Jan-12	Jonathan Nev	6	14-Dec-2011		
091	Inability to recruit/retain control room staff	Richard Webber	2	3	6	18-Jan-12	Richard Web	6	18-Nov-2011		
092	Loss of key personnel	Jonathan Nevison	3	2	6	18-Jan-12	Jonathan Nev	6	07-Nov-2011		
094	Significant Service Impact Interrupts or Delays Training	John Hopson	2	3	6	01-Feb-12	John Hopson	6	04-Jan-2012		
097	Maintenance Training insufficiently supported by Control Services Management	Paul Cassidy	2	3	6	18-Jan-12	Paul Cassidy	6	14-Oct-2011		
104	MIS Interface	John Downard	2	3	6	02-Feb-12	Jonathan Nev	10	22-Dec-2011		←
119	Significant Service Impact or drop in operational performance at Cut Over and subsequent transition Interrupts or Delays Implementation	Peter Suter	2	3	6	31-Jan-12	Project Board	6	31-Jan-2012		
122	Post go live technical support team not decided	John Downard	2	3	6	22-Dec-11	John Downard	6	09-Nov-2011		
127	Lack of Operational user Buy-In	John Hopson	2	3	6	01-Feb-12	John Hopson	6	11-Oct-2011		
140	Extended use of CTAK	John Downard	2	3	6	11-Jan-12	John Downard	6	22-Dec-2011		
143	Untested Changes to interfaces before Go Live 2	John Downard	2	3	6	20-Feb-12	Paul Newmar	6	09-Nov-2011		

150	Unable to complete testing before Training begins	Keith Miller	2	3	6	26-Jan-12	Keith Miller	6	23-Dec-2011	
152	Performance Cell ineffectively monitoring performance	Paul Cassidy	2	3	6	20-Jan-12	Keith Miller	9	18-Jan-2012	↓
155	Lack of IM&T Support for Training	Jonathan Nevison	2	3	6	13-Feb-12	Project Mana	9	02-Feb-2012	↓
156	Support of Infrastructure not decided	John Downard	2	3	6	22-Dec-11	John Downard	6	24-Nov-2011	
019	Liquidation of contractor or sub-contractor	John Downard	1	5	5	09-Nov-11	John Downard	5	13-Oct-2011	
020	Contract terminated due to default by the supplier	John Downard	1	5	5	09-Nov-11	John Downard	5	13-Oct-2011	
068	Total failure of CTAK system	Peter Suter	1	5	5	31-Jan-12	Peter Suter	5	11-Nov-2011	
074	Full costs exceed budget	Peter Suter	1	5	5	15-Nov-11	Project Board	5	11-Nov-2011	
123	Change of legal obligations E.g. Data Protection	Peter Suter	1	5	5	31-Jan-12	Peter Suter	5	11-Nov-2011	
128	New workstation layout not acceptable to staff	John Hopson	1	5	5	01-Feb-12	John Hopson	5	14-Dec-2011	
142	A "Patch Policy" is not agreed and applied	John Downard	1	5	5	22-Dec-11	John Downard	10	25-Nov-2011	↓
095	Insufficient floor-walkers	Keith Miller	1	4	4	26-Jan-12	Keith Miller	4	23-Dec-2011	
103	CTI Interface	John Downard	1	4	4	09-Nov-11	John Downard	4	13-Oct-2011	
110	SMS Interface	John Downard	1	4	4	09-Nov-11	John Downard	4	13-Oct-2011	
118	Loss of all MDT Engineering Information	John Downard	2	2	4	09-Nov-11	John Downard	4	13-Oct-2011	
120	Travel Disruption to Training Schedule	Keith Miller	1	4	4	26-Jan-12	Keith Miller	4	16-Dec-2011	
135	Dry run results unsatisfactory for proceeding to Cut Over and Go Live 2	Jonathan Nevison	1	4	4	24-Feb-12	Jonathan Nev	12	02-Feb-2012	↓
141	Unavailability of Technical Staff for Live Run	John Downard	2	2	4	22-Dec-11	John Downard	4	09-Nov-2011	
089	Change in Accounting Rules	Martyn Salter	3	1	3	10-Feb-12	Martyn Salter	4	21-Jul-2011	↖
099	Staff fail to attend training	John Hopson	1	3	3	01-Feb-12	John Hopson	6	01-Feb-2012	↓

133	Late Delivery of Final Build for Go Live 2	Jonathan Nevison	1	3	3	24-Feb-12	Jonathan Nev	9	03-Feb-2012	↓
136	Unavailability of the HQ Conference Room for Live Runs	Jonathan Nevison	1	3	3	07-Nov-11	Jonathan Nev	3	26-Oct-2011	
145	Unavailability of MDT data in the MI system	John Downard	1	3	3	22-Dec-11	John Downard	9	25-Nov-2011	↓
151	Skills maintenance Training suspended for longer than planned	Keith Miller	1	3	3	26-Jan-12	Keith Miller	9	16-Dec-2011	↓
153	Unavailability of appropriate testing Resource for Go Live 2	Jonathan Nevison	1	3	3	24-Feb-12	Jonathan Nev	9	18-Jan-2012	↓
066	Retention of Development Staff	Jonathan Nevison	1	2	2	10-Feb-12	Martyn Salter	2	07-Nov-2011	
067	Specification does not provide sufficient detail to avoid ambiguity	Jonathan Nevison	1	2	2	18-Jan-12	Jonathan Nev	4	07-Nov-2011	↓
090	Change in VAT/taxation rules	Martyn Salter	2	1	2	10-Feb-12	Martyn Salter	4	21-Jul-2011	←
034	Growth in resource costs due to contractor use	Jonathan Nevison	1	1	1	07-Nov-11	Jonathan Nev	1	20-Oct-2011	

Risks that have been "Accepted" by the Project Board (Post June 2011).

Note the following risks are included in the risk log above.

Risk Id	Title	Owner	Significance	
			Probability	Impact
6	Project Team resourcing	Peter Suter	2	4
19	Liquidation of contractor or sub-contractor	John Downard	1	5
36	Complexity of Implementation	Jonathan Nevison	2	5
44	Further Industrial Action as part of the national NHS pensions reforms dispute	John Hopson	4	5
48	System performance does not meet user expectations	John Downard	2	5
56	Unrealistic Expectations	Peter Suter	2	4
69	Negative Publicity for LAS	Peter Suter	4	4
68	Total failure of CTAK system	Peter Suter	1	5
74	Full costs exceed budget	Peter Suter	2	3
95	Insufficient "Floor Walkers"	Keith Miller	1	4
106	XC Mapping interface	John Downard	2	5
107	Gazetteer Interface	John Downard	2	5
108	MDT/ExpressQ Interface	John Downard	2	5
109	Airwave Interface	John Downard	2	5
111	ProQA interface	John Downard	2	5
123	Change of legal obligations	Peter Suter	1	5
128	New workstation layout not acceptable to staff	John Hopson	1	5
140	Extended use of CTAK	John Downard	2	3
149	Inability to authorise Go Live 2 due to Trust's Year To Date Performance Submission	Peter Suter	2	5

**9. RISKS AWAITING CLOSURE AGREEMENT BY PROJECT BOARD IN MARCH**

ID	Title	Description	Reason for Closure	Owner
159	Unable to load defibrillator data	There is a risk that PAD site data held in two separate places is not consistent and cannot be combined into a single data input for loading into CommandPoint. This will undermine confidence and/or create suspicion leading to hesitant decisions and/or incorrect actions resulting in performance degradation to service delivery and increased clinical risk, necessitating an extension to the implementation period or a rollback to CTAK causing a cost and/or time overrun.	Defibrillator data was supplied week ending 2nd March, refined and improved then loaded at the weekend.	Jonathan Nevison

## Appendix 2: Issues

### COMMANDPOINT PROJECT - EXTRACT FROM ISSUE LOG (19-MAR-2012)

Number	Priority	Date	Owner	Title	Description	Update
181	High	17/03/2012	John Downard	ProQA not processing priority correctly	Live run 3 - On a number of occasions CAD was not processing data from the ProQA triaging tool properly. On a small number of these occasions this resulted in the wrong priority being assigned to the call.	New issue – under investigation.
182	High	17/03/2012	John Downard	Slow CLI data delaying EVA opening	Live run 3 - The entry form for events is triggered by subscriber information data coming in to CAD. Delays in this messaging led to a significant proportion of event entry forms being slow (<8 seconds) to open.	New issue – under investigation.
183	High	17/03/2012	John Downard	Event location co-ordinates not correct (0:0)	Live run3 - A number of events did not pick up location co-ordinates properly from the gazetteer and therefore did not automatically dispatch.	New issue – under investigation.
184	High	17/03/2012	John Downard	Event entry not updating and not warning of no update	Live run 3 - On a small number of abandoned calls the event entry form was not updating and closed without due warnings that updates had not been stored. This happened on 6 occasions over 45 minutes and then stopped.	New issue – under investigation.

<b>185</b>	High	17/03/2012	John Downard	MPS CAD link frenzied hand shaking	Live run 3 - A message handshaking protocol with the MPS CAD entered into a frenzy of message exchanges. This began to consume escalating CPU capacity, until the service was reset.	New issue – under investigation.
<b>173</b>	High	07/02/2012	TBD	Training server dependency on FBC servers	Cause of training difficulty am 7/2/12 when FBC servers were down for scheduled work which was extended. Dependency not realised prior to that. LT providing report.	AVL data source for simulators sits on a server in Bow and the simulators won't work if this Bow server is down. Work underway to move the data to SBR servers.
<b>177</b>	High	05/03/2012	John Hopson	111 Event Data	A new 111 call centre has opened and is escalating calls to LAS. Although the process is clear for handling these calls in CTAK the training team do not have a confirmed process for handling these referrals in CPCAD	Process now defined by J Lockett, this needs to be trained for go live.
<b>180</b>	High	12/03/2012	Richard Webber	Clinical issues raised by the DMD	A series of questions has arisen following observations made of live run 2 by the Deputy Medical Director	Update from CORR meeting, all content for live run 3, need to review for go live.
<b>142</b>	Moderate	19/10/2011	John Downard	Routing Access Restrictions	This issue relates to routing restrictions which prevent the routing algorithm calculating a route to an incident when its nearest road link has restricted access. Several thousands of addresses are likely to be affected by this.	Analysis shows 0.66% of calls affected. Senior users asked to sign off. NFA for go live, but RFC submitted to NIS as follow on action point.



<b>143</b>	Moderate	09/11/2011	John Downard	Met CAD & Locality Info not matching	There is a possibility that Address Comments may not be triggered correctly for calls which are received from the Police. Grid references included in these messages are often estimated or approximations and in many cases are some distance away from the location which would be generated by our own gazetteer.	This is problematic in CTAK now and MPS co-ordinates are notoriously inaccurate. This is a high priority item for post go live development.
<b>148</b>	Moderate	13/12/2011	John Downard	Missing data item in ProQA for proximity to patient	One date item in the ProQA extract to CAD (proximity of patient to caller) seems to be missing from the interface.	Potential for allocator to contextualise information accuracy by the caller being with the patient or not. This is actually a bug. There are two streams of data across the interface the comms file and the export stream. Both contain information needed in CAD.
<b>152</b>	Moderate	13/01/2012	John Downard	Critical key questions data not available to crews	Some of the critical key questions are now managed slightly differently in ProQA with free format fields used for additional data. This free format text is not being transmitted with the CKQ squirt.	This cannot be fixed in time and PDS cannot remove free format text fields.
<b>154</b>	Moderate	17/01/2012	John Downard	Java/XC Mapping over utilising workstation CPU	The CPU on work stations is being very heavily loaded by XC Mapping. This is being characterised by workstations locking up after running XC for extended periods.	NIS to fix. Manifests in the room now - reboot on shift changeover.

<b>160</b>	Moderate	17/01/2012	Jonathan Nevison	MI data extract fleet number missing	The fleet number of vehicles is not being sent to the connect server for the XC/xReplay mapping systems to pick up	MI have a workaround. Post go live fix needed as the workaround is sub-optimal
<b>178</b>	Moderate	05/03/2012	John Downard	Font size and clarity of monitors	A consistent comment from staff has been complaints about the difficulty in reading the text in CommandPoint as the font sizes are significantly smaller than CTAK	Clear type has been applied across the estate - needs work post go live.
<b>179</b>	Moderate	12/03/2012	John Downard	Live Run 2 System Performance Issues	A series of questions has arisen from the telemetry following live run 2. These need responses from NG before proceeding with live run 2	Martin Leyden has responded to JD. This needs to be on watch for GL3 Issue downgraded to moderate.
<b>157</b>	Low	24/01/2012	Les Taylor	Services not balanced across the middle tier	Automatic centre map and Activity Pattern Monitor are not running across the middle tier and reside on single servers. If that server fails the service does. This is not resilient	Low impact, workaround available.



**LONDON AMBULANCE SERVICE TRUST BOARD**

**DATE: 27<sup>TH</sup> MARCH 2012**

**PAPER FOR NOTING**

<b>Document Title:</b>	<b>Board Assurance Framework and corporate risk register – Quarter 4 – 2011/12</b>
<b>Report Author(s):</b>	<b>Sandra Adams/Frances Wood</b>
<b>Lead Director:</b>	<b>Sandra Adams</b>
<b>Contact Details:</b>	<b>Sandra.adams@lond-amb.nhs.uk</b>
<b>Why is this coming to the Trust Board?</b>	<b>Good governance practice – the Board should routinely review and discuss the key corporate risks and the assurance framework</b>
<b>This paper has been previously presented to:</b>	<input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Other
<b>Recommendation for the Trust Board:</b>	<b>To take assurance from the updates to the Board Assurance Framework (BAF) and corporate risk register that risks are being identified, assessed, and action taken to mitigate and reduce wherever possible.</b>
<b>Key issues and risks arising from this paper</b> <ul style="list-style-type: none"> <li>• Risks included on the BAF are those with a net rating of &gt;15.</li> <li>• There are 8 risks on the BAF, each is aligned to the corporate objectives and to CQC outcomes where relevant.</li> <li>• Two risks are aligned to the implementation of CommandPoint and can be reassessed in April and July 2012.</li> <li>• Only 2 risks – 361 (CommandPoint implementation) and 355 (Mandatory training) are new in 2011/12. This supports the need for the work that is being presented to the RCAG in April on risk appetite and tolerance for longer term risks.</li> <li>• It is recommended (page 1) that Risk 269 should be reviewed as it is probably 'live' now.</li> <li>• Section B risk focus areas – these were identified by the Board in 2010-11, linked to the 4 strategic risks, as requiring more focus in-year. It is evident that progress has been made to manage and mitigate/reduce the risks during the past 18 months as only 2 of the linked risks remain on the BAF.</li> <li>• The Trust Board should review the 4 strategic risks and the risk focus areas within Q1 of 2012/13 to ensure these are still appropriate or can be archived.</li> <li>• New sources of assurance have been added to Section C – the independent assessment of the Trust's Quality Governance Framework by RSM Tenon, and the Board Governance Assurance Framework and Memorandum that are work in progress.</li> </ul>	

## Executive Summary

The risk register and Board Assurance Framework are dynamic documents and are intended to provide assurance to the Trust Board that controls are in place to manage, mitigate and reduce risks facing the organisation. The risk register is dated 19<sup>th</sup> March 2012 and incorporates the updates agreed by RCAG on 9<sup>th</sup> January and subsequent reviews and actions taken to manage the risks.

Page 1 of the BAF includes a commentary on progress with the top scoring risks and a summary of the year end position for each. This indicates that the RCAG will need to review all but one of the risks at its meetings on either 2<sup>nd</sup> April or 9<sup>th</sup> July.

Section B, page 9, identifies the risk focus areas and it can be seen by matching this to Section D that risks relating to clinical effectiveness (22) and demand management (265) are still relevant and high risk. The remaining risks, whilst still appearing on the corporate risk register, have been mitigated sufficiently to reduce their rating. It is recommended that the 4 strategic risks and the risk focus areas are reviewed in the 1<sup>st</sup> quarter of 2012/13.

Section C outlines the sources of assurance including two new areas from which greater assurance should be evident during 2012/13.

Section D describes the highest scoring risks from the corporate risk register together with the controls in place and the actions being taken to mitigate or manage the risk.

## Attachments

**Board Assurance Framework – March 2012**  
**Corporate risk register – 19<sup>th</sup> March 2012**

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### Quality Strategy

This paper supports the following domains of the quality strategy

- Staff/Workforce
- Performance
- Clinical Intervention
- Safety
- Clinical Outcomes
- Dignity
- Satisfaction

### Strategic Goals 2010 – 13

This paper supports the achievement of the following corporate objectives:

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

### Risk Implications

This paper supports the mitigation of the following strategic risks:

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

### Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

Yes

- No
- Key issues from the assessment:

## **Board assurance framework March 2012**

**The Board Assurance Framework (BAF)** comprises the principal risks facing the Trust in 2011/12 and looking ahead within the strategic period 2011-16 thereby mirroring the integrated business plan. The BAF is structured as follows:

**Section A:** Trust Vision – strategic goals – corporate objectives – strategic risks

**Section B:** The key risks identified by the Trust Board for focus

**Section C:** Key sources of assurance common to most corporate risks

**Section D:** The principal risks with relevant controls, assurances, gaps and action planned, each mapped to the corporate objectives and the requirements of the Care Quality Commission. Principal risks as defined here are those that have a gross severity rating (likelihood x impact) of, and have been assessed with a net rating of, High/ >15 as at 19<sup>th</sup> March 2012. Amended risks and those new to the BAF this quarter are highlighted.

### **Commentary:**

1. It should be noted that Risk 334 – that the implementation of CommandPoint will lead to a short-term reduction in performance targets has been accepted at its current level and the year end rating has changed to Red/High. A further risk has been added as an overarching corporate risk within which 5 project risks are captured and these are described in the risk register. The underlying risks have been identified now to be at a lower level so the net rating of the overarching risk may be reduced. It is recommended that this is reviewed by RCAG on 2<sup>nd</sup> April 2012.
  
2. As this is the BAF for Quarter 4 2011/12 the year end position of each of the risks is reported below:
  - Risks 334 and 361 are CommandPoint linked. Risk 361 should be reassessed by RCAG on 2<sup>nd</sup> April and it is recommended that Risk 334 is reviewed at the end of Q1 2012/13 – RCAG on 9<sup>th</sup> July;
  - Risk 355 – mandatory training – actions are due for completion in March 2012 so it is recommended that this risk is reviewed by RCAG on 9<sup>th</sup> July;
  - Risk 327 – re-use of linen – this risk has been reviewed by the Infection Prevention & Control committee and actions are due for delivery by the end of Q1 2012/13. It is recommended that this risk be reviewed by RCAG on 9<sup>th</sup> July;
  - Risk 265 – service performance and resources – this risk will need review in Q1 2012/13 – RCAG on 9<sup>th</sup> July;
  - Risk 22 – clinical assessment/non-conveyance – the remaining actions were due for delivery in November 2011. It is recommended that RCAG review this risk on 2<sup>nd</sup> April;
  - Risk 269 – staff changeover times/impact on performance – operational performance reports suggest that this risk is being realised so it is recommended that RCAG review the risk on 2<sup>nd</sup> April;
  - Risk 31 – maternity care – this risk has recently been reviewed and new actions established for delivery in September 2012.

**Board assurance framework  
March 2012**

Risks are monitored by the Risk Compliance and Assurance Group (RCAG) throughout the year and can only be added, amended or downgraded and removed from the corporate risk register on presentation to and approval by the RCAG. The Quality Committee will review the BAF and corporate risk register during the year and the Audit Committee will review the effectiveness of the control systems in place to manage risk.

Additional sources of assurance have been included in Section C, namely the Quality Governance Framework assessment undertaken by RSM Tenon in January 2012; and the Board Governance Memorandum/Assurance Framework which is currently being prepared.

**Board assurance framework  
March 2012**

**Section A**

**Trust Vision: 'To be a world-class service, meeting the needs of the public and our patients, with staff who are well trained, caring, enthusiastic and proud of the job they do.'**

<b>Strategic Goal 1</b>	<b>To improve our delivery of safe and high quality patient care using all available pathways</b>
<b>Strategic Goal 2</b>	<b>To have staff who are skilled, confident, motivated and feel valued and work in a safe environment</b>
<b>Strategic Goal 3</b>	<b>To be efficient and productive in delivering our commitments and to continually improve</b>

**This is then translated into the strategic goals and corporate objectives covering the period 2010-2015.**

<b>Strategic Goal</b>	<b>Key Corporate Objectives</b>	<b>Abbrev.</b>	<b>Strategic risk</b>
Improve the quality of care we provide to patients	To improve outcomes for patients who are critically ill or injured	CO1	1
	To provide more appropriate care for patients with less serious illness and injuries	CO2	1
	To meet response time targets routinely	CO3	1 & 2
	To meet all other regulatory and performance targets	CO4	2
Deliver care with a highly skilled and representative workforce	To develop staff so they have the skills and confidence they need to do their job	CO5	1
	To improve the diversity of our workforce	CO6	All

**Board assurance framework  
March 2012**

Strategic Goal	Key Corporate Objectives	Abbrev.	Strategic risk
	To create a productive and supportive working environment where staff feel safe, valued and influential	CO7	1
Deliver value for money	To use resources more efficiently and effectively	CO8	3
	To maintain service performance during major events, both planned and unplanned, including the 2012 Games	CO9	1 & 2
	To improve engagement with key stakeholders	CO10	4



**Board assurance framework  
March 2012**

**During 2009/10 the Trust Board reviewed the strategic risks facing the London Ambulance Service NHS Trust with a further update in early 2010/11. These are shown below together with the key causes and the likelihood of the risk occurring. These are then mapped to the risk focus (Section B) and the mitigating actions which are reflected within the integrated business plan.**

<b>Strategic Risk</b>	<b>Causes</b>	<b>Likelihood of risk occurring</b>	<b>Risk focus</b>	<b>Mitigating actions</b>
1. There is a risk that we fail to effectively fulfill care and safety responsibilities	Clinical training and development for frontline staff; failure of infrastructure such as fleet or equipment; compromising safety in our efforts to achieve performance targets	Unlikely to occur	Clinical effectiveness  Key clinical skills training	Implementation of the clinical training and development strategy; adoption of reflective practice; Use of clinical performance indicators and benchmarking Fleet strategy New ways of working programme roll-out Electronic patient report form

**Board assurance framework  
March 2012**

<b>Strategic Risk</b>	<b>Causes</b>	<b>Likelihood of risk occurring</b>	<b>Risk focus</b>	<b>Mitigating actions</b>
<p>2. There is a risk that we cannot maintain and deliver the core service along with the performance expected</p>	<p>Funding levels within the local health economy and a focus on 'more for less'; continued increase in demand and expectations for the service; lack of capacity within the healthcare system.</p>	<p>Possible</p>	<p>Demand management Performance delivered against trajectories</p>	<p>Strong cost improvement programme and focus on gaining efficiencies and driving up productivity Clinical response model Partnership working within the local health economy to manage capacity and direct responses accordingly – Coordinating Healthcare in London Service Development Plan Implementation of the demand management plan CommandPoint implementation</p>

**Board assurance framework  
March 2012**

<b>Strategic Risk</b>	<b>Causes</b>	<b>Likelihood of risk occurring</b>	<b>Risk focus</b>	<b>Mitigating actions</b>
<p><b>3.</b> There is a risk that we are unable to match financial resources with priorities</p>	<p>Funding levels within the local health economy; an over-ambitious transformation plan across London – too many priorities</p>	<p>Possible</p>	<p>Cost improvement programme Key performance indicators</p>	<p>Clearly articulated strategic direction with planned developments across three-five years and using foundation trust freedoms to support these</p> <p>Strong cost improvement programme and focus on gaining efficiencies and driving up productivity</p> <p>Implementation of the estates strategy and clinical response model</p>

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Strategic Risk	Causes	Likelihood of risk occurring	Risk focus	Mitigating actions
<p>4. There is a risk that our strategic direction and the pace of innovation to achieve this are compromised</p>	<p>Lack of certainty within the local health economy on strategic direction or the transformation programme; we are unable to clearly articulate a strategy; management focus on delivering day to day performance; lack of space to release staff from core duties to undertake training and development/to transform the workforce.</p>	<p>Unlikely</p>	<p>Clinical response model Single point of access Health policy</p>	<p>Clearly articulated strategic direction with planned developments across three to five years  Implementation of the clinical response model  Implementation of stakeholder perceptions audit action plan  Ensure that partnerships within London's health economy ( LHE) are maintained to support the development of appropriate clinical pathways and utilisation of the LHE</p>

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**Section B: Risk focus areas**

<b>Strategic Risks</b>	<b>Trust Board Risk Focus</b>	<b>Lead</b>	<b>Linked Risks</b>
<p><b>1) CARE AND SAFETY</b></p> <p><b>There is a risk that we fail to effectively fulfil care/safety responsibilities</b></p>	<p>A] CLINICAL EFFECTIVENESS</p> <p>The overall performance rating of an NHS trust is made up of a number of performance indicators, clinical audit, how we collect information and outcomes. (eg: 1:20 PRF checks, completion of paperwork and quality of clinical treatment, following protocols, non-conveyance, etc)</p>	RICHARD WEBBER	<p>Risk ID: <b>22</b></p> <p>There is a risk that failure to undertake comprehensive clinical assessments may result in the inappropriate non-conveyance or treatment of patients. (See Board Assurance Framework section D)</p>
<p><b>2) CORE SERVICE DELIVERY AND PERFORMANCE</b></p> <p><b>There is a risk that we cannot maintain and deliver the core service along with the performance expected</b></p>	<p>A] DEMAND MANAGEMENT</p> <p>Utilising resources appropriately in relation to demand to ensure patients consistently get the right response (eg pressures include; unknown service charges, increased calls, major events, etc) [may need to engage in capacity review]</p>	RICHARD WEBBER	<p>Risk ID: <b>265</b></p> <p>Service performance may be adversely affected by the inability to match resources to demand. (See Board Assurance Framework section D)</p>
	<p>B] PERFORMANCE DELIVERED AGAINST TRAJECTORIES</p> <p>Trajectories and standards help us identify where we are on track to deliver – connects policy goals with operations and tells us if we are succeeding</p>	RICHARD WEBBER	<p>Risk ID: <b>317</b></p> <p>There is a risk that the Trust may not achieve its Category A target in 2011/11.</p>

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Strategic Risks	Trust Board Risk Focus	Lead	Linked Risks
<b>3) FINANCIAL RESOURCES</b>  <b>There is a risk that we are unable to match financial resources with priorities</b>	<b>A] COST IMPROVEMENT PROGRAMME (CIP)</b>  Programme for containing and reducing costs without negatively impacting on performance.	MICHAEL DINAN	Risk ID: <b>272</b> There is a risk that the LAS may not achieve the full CIP.
	<b>B] KEY PERFORMANCE INDICATORS (KPIs)</b>  Potential penalties that could be imposed on the trust if failure to meet the targets as agreed.	MICHAEL DINAN	Risk ID: <b>329</b> There is a risk that as a result of the non-achievement of the KPIs, contractual financial penalties will be levied on the Trust.
<b>4) STRATEGIC DIRECTION</b>  <b>There is a risk that our strategic direction and the pace of innovation to achieve this are compromised</b>	<b>A] CLINICAL RESPONSE MODEL</b>  As a primary response to a large majority of 999 calls, paramedics will carry out face to face patient assessments, to utilise the appropriate patient pathways and identify the most appropriate method of transport.	CARON HITCHEN	Risk ID: <b>337</b> There is a risk that there will be a delay in establishing the CRM due to changes that need to be made to interfacing other projects (CommandPoint/CTAK) Gross rating 16 Net rating 16 Target rating 1: Added to corporate register

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Strategic Risks	Trust Board Risk Focus	Lead	Linked Risks
	<p><b>B] SINGLE POINT OF ACCESS</b></p> <p>The aim of the SPA is to; provide a proactive, timely response to triage and manage new referrals, provide an urgent assessment for people who need a same day response, manage referrals from GPs, hold up to date capacity information of the availability for community services, be the central point to collect information and monitor referrals.</p>	<p>LIZZY BOVILL</p>	<p><b>Risk ID 350</b></p> <p>Rating given as 9 = moderate 3 x possible 3.</p> <p>There is a risk that, with the GP Consortia and reconfiguration of the SHA and PCTs, there will be a temporary reduction in stakeholder engagement and partnership working whilst these new organisations are established. This may lead to a temporary loss of drive to deliver demonstrable change in the urgent and emergency system.</p>
	<p><b>C] HEALTH POLICY</b></p> <p>We use the NHS operating framework (these priorities are also further emphasised within the commissioning intentions) as our main publications for informing our health priorities. The priorities for us within the operating framework are: - autism, dementia, support for carers, ambulance indicators, infection prevention &amp; control, end of life, stroke, mental health, safeguarding, learning disability, children and young people, diabetes, violence, regional trauma networks, respiratory disease, public health, emergency preparedness and physical activity. All priority areas are represented in various work streams of the Trust.</p>	<p>STEVE LENNOX</p>	<p>Work underway to link the statement to risks on the risk register and to assess any new and emerging risks.</p> <p>Risk numbers: <b>138 – Mental health</b> <b>165 – Older people</b></p>

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**Section C – Key sources of assurance**

Committee minutes and papers	External	Internal
<b>Trust Board</b>	Care Quality Commission; NHS London; London Assembly; Externally commissioned reports eg National Audit Office – Transforming NHS Ambulance Services; Quality Governance Framework; Board governance assurance framework.	Corporate risk register; Board assurance framework; Annual review of effectiveness of the Board and supporting committees; Statement on Internal Control; Annual reports – safeguarding/infection prevention and control/complaints management/corporate social responsibility; Monthly board reports from the CEO, Director of Finance, Medical director, Trust Secretary Board Governance Memorandum.
<b>Quality Committee</b>	Care Quality Commission registration; DH Clinical Quality Indicators; NHS London safety and quality assurance gateway review; CQC quality risk profile; Quality Governance Framework.	Board assurance framework; Corporate risk register; Audit recommendations progress report; Minutes of RCAG, LfE, CQSEC; Quality indicators dashboard; Integrated risk management report; PEAG; Observational ride-outs.
<b>Audit Committee</b>	NHS Litigation Authority level assessment of risk management standards; Head of Internal Audit Opinion; External Audit opinion.	Audit recommendations progress reports; Statement on Internal Control/Governance Statement (wef 2011/12 Accounts); Report from Chair of the Quality Committee.



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<b>Risk Compliance &amp; Assurance Group</b>	Internal audit reports and recommendations; CQC quality risk profile.	Audit recommendations progress report Local risk registers; Risk register process and reports.
<b>Clinical Quality Safety &amp; Effectiveness Committee</b>	Cluster clinical quality group minutes	Clinical risk register Infection control dashboard Safeguarding dashboard Clinical quality indicators Clinical audit
<b>Learning from Experience Group</b>	CQC registration Ombudsman reports Coroner Rule 43 reports	Integrated risk management report; Action plans and outcome reports from investigations (serious incidents, complaints, Rule 43 etc).
<b>Senior Management Group</b>	Internal audit reports CQC quality risk profile Patient Forum and LINKS feedback Members' feedback from events	Risk registers; Audit recommendations progress report; Patient experiences report; Performance reports; SMART targets/balanced scorecard; Serious Incident reports.
<b>Finance and Investment Committee</b>	Historical due diligence report – received November 2011.	Cost Improvement Programme governance linked to IBP delivery programme board reporting;

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**Section D: Principal Risks**

Each of the principal risks has been mapped to at least one corporate objective and wherever possible to the Care Quality Commission's registration requirements. There has been movement over the past 18 months in terms of the risk focus areas shown in Section B. Previously many of them appeared in the BAF however there are now only two which are scored sufficiently high enough to appear here. This suggests that the actions taken to manage and mitigate the other risks listed have brought the risk level down, possibly to tolerance level.

Principal risk and headline	Corporate objective	Risk score	CQC map	Key controls	Assurance on controls			Action plan	Responsible officer	Q3 RAG status	Year End f/cast
					Positive assurance	Gaps in controls	Gaps in assurance				
334 There is a risk that the implementation of CommandPoint will lead to a short term reduction in performance targets	C08 C03	20	N/A	CommandPoint Project Board; Reports to SMG and Trust Board; Planning assumption of the likely impact on performance and the plans in place to mitigate the level of impact. Board-level commitment. Fully resourced project.	Minutes of: CommandPoint Project Board; Independent assurance to Non-Executive directors; Reports and Minutes for SMG and Trust Board. Risk register for CommandPoint; Detailed training plan; Full user involvement; Thorough system testing; Detailed transition planning; Ability to switch back to CTAK on the event of	See actions	Assurance will be gained from the outputs of audit and the lessons learned from 8 <sup>th</sup> June	1. Detailed audit arrangements of project and transition plan to ensure success e.g. a gateway review process. 2. Decision to go live will be made by the Trust Board ensuring they are satisfied that the system and transition plan are fit for purpose.	PS	H	H

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					catastrophic failure of CP;  <b>New risk – 23/8/2010 &amp; reviewed 8/11/2010 and 11/11/2011 09/05/2011 11/7/2011</b>			3.Key stakeholders briefed on plan, transition arrangement and anticipated reduction in performance.			
361 Problems during the development and testing of CommandPoint result in the system not being ready to go live as planned by the end of March 2012. This could have a contractual, financial, and reputational impact for the Trust.	C08 C03		<b>N/A</b>	1. Ensure the "Patch Policy" (Documentation on urgent software corrections) is agreed and approved by all stakeholders. 2.Request early sight of latest build, pre-release. 3.Release and Test Schedule agreed. 4.SAT of version 65.1 successful with no major impact issues.	<b>New risk – 16/12/11 This is an overarching risk with 5 underlying risks</b>	See actions		1.Ensure that all testing on patches by the LAS covers from Unit tests to Full Regression testing 2.Ensure that next release has been performance Tested, Interface dry runs and the dry run shadowing exercise is successful.	<b>PS</b>	<b>H</b>	<b>H</b>

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355 Staff not receiving clinical and non-clinical mandatory training	C05 C07		<b>12 14</b>	1. PDR / KSF Agreed rostered training days. 2. Dedicated tutors. 3. Paramedic registration. 4. Weekly Operational demand capacity meetings. 5. Cluster arrangements in place from December 2011 on all complexes.	<b>New risk: 23/11/2011 Updated 8/3/12</b>	NWoW not fully rolled out; TNA needs updating		1. NwoW roll-out; 2. Review the TNA with emphasis on statutory and mandatory training; 3. Develop a workbook approach to support CSR training 4. OLM implementation	<b>CH</b>	<b>H</b>	<b>H</b>  Target is S - 8
327 Re-use of linen/infection prevention and control guidelines	C04	<b>20</b>	<b>8</b>	1. The Trust has an adequate supply of blankets, however these are not always available. 2. Increased availability of blankets for A&E crews - Additional linen and disposable blankets added to stocks and circulated. 3. Improved collection of soiled blankets	1. KPI measuring blankets collected delivered. 2. KPI measuring blankets allocated/delivered.  <b>Risk reviewed October 2010; 4/2/2011 30/03/2011 15/06/2011 28/06/2011</b>	See actions	Audit results show compliance with single use is not consistent	1. To understand the scale of the problem and to develop a strategic solution on blanket usage: 1 a) Audit blanket usage as part of hand hygiene auditing. 1 b) Chris Vale developing options	<b>SL</b>	<b>H</b>	<b>M</b>

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			<p>from hospitals and non-contract laundries - New laundry provider appointed and increased activity being established to collect blankets. Reduction in blanket loss.</p>	<p><b>Risk reviewed and downgraded on 23/11/11.</b> <b>Reviewed 08/02/12</b></p>		<p>paper to agree strategic direction. 1 c) PIMS to address compliance of single use locally. DIPC to present at conferences. Continue to audit. 1 d) Small sub group to be formed to discuss options paper and endorse recommendations</p> <p>Infection Prevention &amp; Control Committee 02/02/2012 proposed net rating revised to 20. A sub group is to be set up establish further actions to be taken.</p>			
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<p>265 Service performance affected by inability to match resource to demand</p>	<p>C03 C05 C08</p>	<p>20</p>	<p>16</p>	<p>NWoW in place at 2 sites and incorporating a more flexible rota system; DSO/Team leaders have cover within current rotas; Monitoring of resource allocation through ORH 168 Operational weekly demand and capacity review group. Completed recruitment.</p>	<p>Monitoring KPIs; Introduction of team based working which is monitored by the Operations team on a daily basis. <b>Risk reviewed</b> 8/11/2010 9/12/2010 24/03/2011 29/06/2011 25/10/2011</p>		<p>Outcome of roster reviews and rest break allocation</p>	<p>Second round of roster reviews to be recommended to SMG; Modelling underway by the weekly OWDaCR group</p>	<p><b>MF</b></p>	<p>H</p>	<p>H Target is M - 6</p>
<p>22 Failure to clinically assess comprehensively may result in inappropriate conveyance or treatment</p>	<p>C01 C02 C05 C08</p>	<p>20</p>	<p>16 13 14</p>	<p>Enhanced patient assessment course for paramedics and reflective practice and includes a supervision element. Training Strategy Group monitor the level of training delivery; CPIs monitor level of assessment provided; LA52 reporting</p>	<p>Incident reporting; Operational workplace reviews; CQSE papers and minutes; Reporting of incidents via EBS shows improved take-up with this on LA52s. <b>Risk reviewed</b> 8/11/2010 28/03/2011 01/09/2011 13/3/12</p>	<p>Monitoring development of treat and refer pathways; Effectiveness of incident reporting system;</p>	<p>Review of effectiveness of incident reporting;</p>	<p>To monitor the development of treat and refer pathways. To review the effectiveness of the existing incident reporting system. Pilot scheme where crew staff from 4 identified complexes will contact</p>	<p><b>FM</b></p>	<p>H</p>	<p>S</p>

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			<p>and review at CQSE; Operational workplace review includes rideouts; Closed round table reviews and reflective practice; Clinical updates from the Medical directorate; Development and monitoring of treat and refer pathways alongside NWoW. An enhanced patient assessment component has been introduced within the APL Paramedic Course. The training has been subject to a major review and now includes a mentored period of operational duties.</p>				<p>EBU via their airways radio. EBU will record incidents directly onto an electronic version of the existing LA52.</p>			
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<p>269 At staff changeover times, LAS performance falls as it takes longer to reach patients.</p>	<p>C01 C02 C03 C04 C08 C09</p>	<p>20</p>	<p>16</p>	<p>1. Roll out of NWO across the Trust. 2. Introduction of new rest break allocation introduced to reduce losses at shift change over. 3. Rosters will be reviewed every 6 months to model against current demand capacity. 4. The Trust is meticulously analysing all missed Category A calls on a daily basis to aid and improve both patient care and Category A performance.</p>	<p>Monitoring of KPIs.  Risk reviewed 25/10/11</p>	<p>See actions</p>		<p>1. Roll out of NWO across the Trust. 2. Introduction of new rest break allocation introduced to reduce losses at shift change over. 3. Rosters will be reviewed every 6 months to model against current demand capacity. 4. The Trust is meticulously analysing all missed Category A calls on a daily basis to aid and improve both patient care and Category A performance.</p>	<p><b>MF</b></p>	<p>H</p>	<p>S</p>
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<p>31 There is a risk that the control and operational staff may fail to recognise serious maternity issues or fail to apply correct guidelines which may lead to serious adverse patient outcomes in maternity cases.</p>		20	6 16 14	<p>1. The Medical Director attends NPSA's Obstetric Pan London Forum. 2. Consultant Midwife working with the LAS one day a week, providing advice to Control Services, Legal Services, Patient Experience, and Education and Development. 3. Reports on all the reported incidents concerning obstetric cases are presented to the Clinical Quality Safety and Effectiveness Committee- Report produced in Feb 2012. 4. Training by Consultant midwife to complexes with workshops and a number of complexes</p>	<p><b>Risk reviewed 13/3/12 and regraded to 16 net</b> <b>Target is 8 and action due for completion in Sept 12</b></p>	See actions	<p>1. Monitor processes at CQSE and Corporate Health and Safety Group. 2. Incident reporting.</p>	<p>1. Modifications to the safe triage of women in early labour flow-chart - ongoing and complete Sept 2012 2. Review incidents reported through LA52's, Patient Experiences and Legal Claims relating to problematic obstetric incidents- Ongoing</p>	FM	H	S
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			<p>have made local arrangements for midwives to deliver training sessions.</p> <p>5. Maternity care updates and ongoing training through direct contact and articles in the Clinical Update..</p> <p>7. CTA now have maternity pathway to assist with triage of women in labour.</p> <p>8. Monitoring the delivery of the CPD obstetrics module.Re-review planned June 2012</p> <p>9. Evaluated the flow chart used to enable the safe triage of women in early labour-To be slightly modified and modifications completed Sept 2012</p>								
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**London Ambulance Service NHS Trust  
Risk Register as at 17th February 2012**

Risk ID	Risk Description	Underlying Cause/ Source of Risk	Date Opened	Assurance Framework Ref.	Corporate Objective	Risk Category	Gross Impact	Gross Likelihood	Gross Rating	Existing Controls (Already In Place)	Risk Owner	Date Risk Last Updated	Net Impact	Net Likelihood	Net Rating	Further Actions Required	Action Owner	Date Action to be Completed	Assurance In Place (how do we gain assurance that the controls in place are effective)	Target Impact	Target Likelihood	Target Rating	Comments
334	There is a risk that the implementation of CommandPoint will lead to a short-term reduction in performance targets	This potential could have an impact on; a) Patient Safety and b) External stakeholders concern regarding the LAS reduction in performance figures.	12-Aug-10	***	4	IM&T	Major	Certain	20	This has been fully discussed and accepted by SMG & Trust Board - actions defined and agreed. The planning assumption is that WILL happen - mitigation is to reduce impact - not remove the risk.	Peter Suter	11-Jul-11	Major	Certain	20	1. Detailed audit arrangements of project and transition plan to ensure success e.g. a gateway review process. 2. Detailed thorough training plan for staff. 3. Full user involvement with project e.g. ADO and DCEO and senior users of project board. 4. Thorough system testing and planning that is auditable. 5. Detailed planning for actual transition subject to scrutiny and evaluation. 6. Decision to go live will be made by the Trust Board ensuring they are satisfied that the system and transition plan are fit for purpose. 7. Ability to switch back to old system in the event of catastrophic failure of new system. 8. Board level commitment and focus of supplier organisation (Northrop Grumman) to ensure full success. 9. Key stakeholders briefed on plan, transition arrangements and anticipated reduction in performance. 10. Fully resourced plan to ensure technical and user support following transition through to the point where the system is deemed to have reached optimum performance.	1. P.Suter 2. Keith Miller 3. P.Suter 4. J.Nevision 5. J.Nevision 6. P.Suter 7. P.Suter 8. P.Suter 9. J.Nevision / P.Suter 10. J.Nevision / P.Suter	1. Feb 2011 "Ready for Service" Gateway Review. 2. Jan 2011 - June 2011, plus continued training thereafter.	Assurance by CommandPoint Project Board reporting structure to SMG and Trust Board.	Major	Certain	20	This risk is accepted and expected to manifest. Operations are running a performance cell from the night of go live to root cause every 8 min breach that will support operations in recovery. Paul Gates is setting this up.
361	There is a risk that problems during the development and testing of CommandPoint result in the system not being ready to go live as planned by the end of March 2012. This could have a contractual, financial, and reputational impact for the Trust.'	This relates to CommandPoint risks project rating @ 27/01/12: 69. Negative Publicity for LAS = 16 71. Inadequate testing of system = 10 78. Failure of new CAD system during = closed Dec 11 144. Poor Quality of supplied product = 15 111. ProQA Interface = 10	16-Dec-11	4	4	IM&T	Catastrophic	Certain	25	1.Ensure the "Patch Policy" (Documentation on urgent software corrections) is agreed and approved by all stakeholders. 2.Request early sight of latest build, pre-release. 3.Release and Test Schedule agreed. 4.SAT of version 65.1 successful with no major impact issues.	Peter Suter	24-Feb-12	Catastrophic	Possible	15	1.Ensure that all testing on patches by the LAS covers from Unit tests to Full Regression testing 2.Ensure that next release has been performance Tested, Interface dry runs and the dry run shadowing exercise is successful.	1. J.Downard 2. J.Downard	1. 6 March 12 2. 6 March 12	Review of quality assurance documentation supplied to ensure correct procedures followed. The "Patch Policy" (Documentation on urgent software corrections) as agreed and approved by all stakeholders is followed. 10.1.2 Initial	Catastrophic	Rare	5	The risk has been raised as an amalgum of several CommandPoint risks. The scoring is thus for LAS level, rather than project level. February 2012 update: The underlying risks have now been identified as being less risk, following testing and progress of training. The net Rating of the umbrella risk is therefore reduced.
355	There is a risk of staff not receiving clinical and non-clinical mandatory training. This may as a consequence cause:- • Failure to meet CQC and the Trust's TNA policy • Dilution of clinical skills • this includes the decentralising of operational training to New Ways of Working (NWOW)		23-Nov-11		5	Human Resources	Major	Almost Certain	20	1. PDR / KSF Agreed rostered training days. 2. Dedicated tutors. 3. Paramedic registration. 4. Weekly Operational demand capacity meetings. 5.Cluster arrangements in place from December 2011 on all complexes.	Caron Hitchen	08-Mar-12	Major	Likely	16	1.TNA to be discussed at TSG on 23 Feb, to be finalised by 31 March. 2. Develop a work book approach to support CSR training. 3. OLM implementation into the service.	1. GH 2. KM 3. BON	1. March 2012 2. Ongoing 3. TBC	Reporting to TSG Performance Accelerator	Major	Unlikely	8	Development of workbook is ongoing but mitigation is not dependent on completion.
327	There is risk that the Trust does not follow Department of Health Guidelines for the re-use of linen.		12-Oct-09	***	4	Infection Control	Major	Certain	20	1. The Trust has an adequate supply of blankets, however these are not always available. 2. Increased availability of blankets for A&E crews - Additional linen and disposable blankets added to stocks and circulated. 3. Improved collection of soiled blankets from hospitals and non-contract laundries - New laundry provider appointed and increased activity being established to collect blankets. Reduction in blanket loss.	Steve Lennox	08-Feb-12	Major	Likely	16	1. To understand the scale of the problem and to develop a strategic solution of blanket usage: 1 a) Audit blanket usage as part of hand hygiene auditing. 1 b) Chris Vale developing options paper to agree strategic direction. 1 c) PIMS to address compliance of single use locally. DIPC to present at conferences. Continue to audit. 1 d) Small sub group to be formed to discuss options paper and endorse recommendations	1a. Trevor Hubbard 1b. Chris Vale 1c. Trevor Hubbard 1d. Karen Merritt	1a. Mar 2012 1b. Feb 2012 1c. June 2012 1d. Feb 2012	1. KPI measuring blankets collected delivered. 2. KPI measuring blankets allocated/ delivered.	Minor	Possible	6	Infection Prevention & Control Committee 02/02/2012 proposed net rating revised to 20. A sub group is to be set up establish further actions to be taken.
265	Service Performance may be adversely affected by the inability to match resources to demand.		31-Jul-06	***	3	Operational	Major	Certain	20	1.NWoW has been introduced at two pilot sites (Barnehurst and Chase Farm) and will incorporate a more flexible but robust rota system. 2. The option of weekend rotas has been advertised to all frontline staff, whilst Sector Support rotas are in place and concentrate on weekend cover. DSO's and Team Leaders now have cover installed in their current rotas. Improvements have been made to dual sending with adjustments to the distance an FRU would be expected to travel, whilst still dispatching the nearest AEU. This will have an impact on both resources available to EOC and will produce shorter job cycle times. 3. The ORH 168 plans now enable the monitoring of resource allocation. 4. The Trust has implemented an Operational weekly demand and capacity review group. The group has been tasked to forecast demand by utilising historic data, capacity for the Trust to meet the predicted demand, monitoring the input measures and understanding influencing factors that potentially could have an adverse effect on Category A life-threatening calls. 5. Completion of recruitment exercise.	Martin Flaherty	25-Oct-11	Major	Likely	16	1. Monitor pilot sites for NWOW. 2. Roster reviews. 3. Review ORH implemented rosters Pan London 4. Modelling being undertaken by the Operational Weekly Demand and Capacity Review Group (OWDaCR) 5. Second round of roster reviews to take into account the current service requirements. Paper to be submitted to SMG with recommendations.	1. C.Hitchen 2. P.Gates 3. J. Killens 4. J. Killens 5. A. Khan	1. Complete 2. Nov 2011 3. Ongoing 4. Ongoing 5. April 2012	1. Monitoring of KPIs 2. Following the roster reviews, team based working is being introduced and is monitored by the Operations Team on a daily basis	Minor	Possible	6	

**London Ambulance Service NHS Trust  
Risk Register as at 17th February 2012**

Risk ID	Risk Description	Underlying Cause/ Source of Risk	Date Opened	Assurance Framework Ref.	Corporate Objective	Risk Category	Gross Impact	Gross Like- lihood	Gross Rating	Existing Controls (Already In Place)	Risk Owner	Date Risk Last Updated	Net Impact	Net Like- lihood	Net Rating	Further Actions Required	Action Owner	Date Action to be Completed	Assurance In Place (how do we gain assurance that the controls in place are effective)	Target Impact	Target Like- lihood	Target Rating	Comments
22	There is a risk that failure to undertake comprehensive clinical assessments may result in the inappropriate non-conveyance or treatment of patient.	<a href="#">Inappropriate non-conveyance incident</a>	14-Nov-02	***	5	Clinical	Major	Certain	20	1. An enhanced patient assessment course has been introduced for paramedics. The training has been subject to a major overhaul and now includes a supervision element. Reflective practice has also been adopted into the majority of assignments. 2. Planned CPD delivery will cover all relevant staff. However, this may be affected by operational pressures. 3. Training Services monitor the level of training delivery. 4. CPIs are used to monitor the level of assessments provided. 5. LA52 incident reporting is in place and reports are provided to the Clinical Quality Safety and Effectiveness Committee. 6. The Operational Workplace Review has been reviewed and will now include rideouts. 7. A system for clinical updates is in place. 8. A system of closed round tables is in place. 9. The development of treat and refer pathways is being continued alongside the New Ways of Working project. 10. An enhanced patient assessment component has been introduced within the APL Paramedic Course. The training has been subject to a major review and now includes a mentored period of operational duties. 11. Monitoring the development of treat and refer pathways. 12. Introduction of reflective practice (as part of Module J programme).	Fionna Moore	13-Mar-12	Moderate	Certain	15	1. To review the effectiveness of the existing incident reporting system. 2. Pilot scheme where crew staff from 4 identified complexes will contact EBS via their airways radio. EBS will record incidents directly onto an electronic version of the existing LA52.	1. J.Selby 2. J. Selby	1. Nov 2011 2. May 2011	1. Incident reporting. 2. Operational workplace reviews. 3. Regular reports to CQSE.	Moderate	Possible	9	The incident reporting pilot meeting of the 14th Feb, concluded that LA277 would be withdrawn from the pilot in the interim, but the LA52 would continue to be handles via EBS as normal in the participating complexes as part of the original pilots remit.
269	At staff changeover times, LAS performance falls as it takes longer to reach patients.		08-Dec-06	***	17	Clinical	Major	Certain	20	1. New rosters are being implemented Pan London that match demand and provide overlap, all rosters are being vetted for compliance by the project manager and AOM of resourcing. 2. Team Leaders now provide additional area cover (ACR) working from 14.00 to 20.00 each day to bridge the evening changeover period. 3. Director of Operations has put together a 15 point Operational plan "Operations Workstream 2009/10" covering a number of resourcing issues which will, once implemented, impact on changeover times and patient care. All the workstream initiatives have a workstream lead at either Assistant Director Operations (ADO) Assistance Chief Ambulance Officer (ACAO) or nominated Ambulance Operations Manager (AOM) level. 4. Allocation plan for rest breaks to minimise losses at shift end	Martin Flaherty	25-Oct-11	Major	Likely	16	1. Roll out of NWOW across the Trust. 2. Introduction of new rest break allocation introduced to reduce losses at shift change over. 3. Rosters will be reviewed every 6 months to model against current demand capacity. 4. The Trust is meticulously analysing all missed Category A calls on a daily basis to aid and improve both patient care and Category A performance.	1. C.Hitchen 2. C.Hitchen 3. A.Khan 4. P.Cassidy	1. Jan 2012 2. Jan 2012 3. Ongoing 4. Ongoing	1. Monitoring of KPIs.	Major	Unlikely	8	
31	There is a risk that the control and operational staff may fail to recognise serious maternity issues or fail to apply correct guidelines which may lead to serious adverse patient outcomes in maternity cases.		14-Nov-02	***	4	Clinical	Major	Certain	20	1. The Medical Director attends NPSA's Obstetric Pan London Forum. 2. Consultant Midwife working with the LAS one day a week, providing advice to Control Services, Legal Services, Patient Experience, and Education and Development. 3. Reports on all the reported incidents concerning obstetric cases are presented to the Clinical Quality Safety and Effectiveness Committee- Report produced in Feb 2012. 4. Training by Consultant midwife to complexes with workshops and a number of complexes have made local arrangements for midwives to deliver training sessions. 5. Maternity care updates and ongoing training through direct contact and articles in the Clinical Update.. 7. CTA now have maternity pathway to assist with triage of women in labour. 8. Monitoring the delivery of the CPD obstetrics module.Re- review planned June 2012 9. Evaluated the flow chart used to enable the safe triage of women in early labour- To be slightly modified and modifications completed Sept 2012	Fionna Moore	13-Mar-12	Major	Likely	16	1. Modifications to the safe triage of women in early labour flow-chart - ongoing and complete Sept 2012 2. Review incidents reported through LA52's, Patient Experiences and Legal Claims relating to problematic obstetric incidents-Ongoing	1. A. Stallard / F.Sheraton 2. A. Stallard	1. Sep 2012 2. Ongoing	1. Monitor processes at CQSE and Corporate Health and Safety Group. 2. Incident reporting.	Major	Unlikely	8	
324	There is a risk that cleaning arrangements are insufficient to ensure that the environment for providing healthcare is suitable, clean and well maintained.		17-May-10	***	4	Infection Control	Major	Certain	20	1. Introduction of revised cleaning programme. 2. Infection control champions are in place. 3. Audits of vehicles and premises. 4. Swabbing of vehicles by LSS. 5. Processes now in place to triangulate audit information.. 6. Opportunities within the PEAG initiative have been identified to support the audit process.	Steve Lennox	08-Feb-12	Major	Possible	12	1. To ensure Trust is consistently compliant across the service: a) conduct audit following implementation of contract.	1a. Trevor Hubbard	1a.	1a. Comprehensive dashboard	Minor	Unlikely	4	Infection Prevention Control Committee 02/02/2012 - reviewed risk remains the same until an audit has been carried out following the aware of the new make ready contract.

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7	There is a risk that we do not capture errors and incidents, and do not therefore learn from these and improve service provision and working practices.	insufficient recorded evidence of reported incidents	13-Nov-02	***	4	Health & Safety	Major	Certain	20	1. LA52 incident reporting form 2. Risk management policy and strategy has been updated and implemented 3. Incident reporting policy is implemented 4. The Learning from Experience (LFE) group is in place and starting to review integrated risk reports, patterns and trends - LFE group receive an integrated report and monitor action to be taken, including feedback to staff on incidents reported and investigated. 5. A review of incident reporting is underway and led by the PCMO. 6. Weekly SI control sheet and conference call updates. 7. Monthly reports to SMG. 8. Implemented policy on investigating and learning from incidents, complaint, PALS and claims. 9. Local risk registers have been introduced 10. Datix Coding Review has been undertaken 11. LFE group has introduced integrated reporting	Caron Hitchen	13-Mar-12	Moderate	Possible	9	1. Complete the review of incident reporting and make recommendations to Corporate H&S and RCAG. 2. Implement the policies on investigating and learning from incidents, complaint, PALS and claims. 3. LFE to develop the integrated risk reports and monitor action taken, including feedback to staff on incidents reported and investigated. 4. Introduction of new Incident Reporting web-based system Introduction of new Incident Reporting web-based system	1. S.Sale 2. S.Adams 3. C.Dodson-Brown 4. C.Dodson-Brown	1-5 April 2012	1. Completion of the review and recommendations to RCAG and SMG for implementation. 2. Reports and minutes from Learning from Experience, RCAG, SMG and Quality Committee. Consistent coding and reporting across the risk indicators	Moderate	Rare	3	
343	There is a risk of staff not recognising safeguarding indicators and therefore failing to make a timely referral.		12-Aug-10		4	Clinical	Major	Likely	16	1. Monitor referrals centrally. 2. Safeguarding committee promotes practice guidance. 3. Practice guidance issues and supported by updates. 4. Training programme in place - ongoing auditing of the effectiveness of training through competency assessments. 5. Monitor training uptake - monitored centrally on scorecard. 6. Safeguarding Adults Gap Analysis.	Steve Lennox	17-Nov-11	Major	Likely	16	1. Capture safeguarding practice in bi-annual Operational Workforce review 2. Formulation of action plan based on completed safeguarding adults gap analysis	1. P.McKenna, K.Millard, P.De Bruyn 2. Steve Lennox	1. Dec 2011 2. Nov 2011	1. Monitor at Safeguarding Committee	Major	Unlikely	8	Core skills refresher training is being rolled out, could potentially reduce risk rating once this has been completed - rating to remain as it is at present.
349	There is a risk that the Clinical Coordination Desk will not be able to operate effectively due to a lack of suitably trained staff in EOC where secondments of specifically trained staff have ended and specialist roles with control services are being removed.	Specialist roles with control services are being removed in order to provide a more flexible workforce. This removes the experience and expertise that has been developed on the CCD and has now become a nationally recommended part of clinical network development.	11-Jul-11	***	4	Operational	Major	Likely	16	1. Review of CCD role being undertaken by AOM Andy Fitzsimons. 2. Currently, where possible, the trained EMDs are working alongside the new EMD in order to provide support and guidance.	Martin Flaherty	18-Nov-11	Major	Likely	16	1. To identify a cohort of EMDs from each watch and provide necessary training for them in order to fulfill the role. 2. Review of the role of CCD EMDs.	1. A.Fitzsimons 2. AOM Control Services	1. Ongoing 2. Ongoing		Major	Unlikely	8	Training is planned for the 2nd September 2011, which once completed will provide an additional 3 staff per watch to undertake the specialist role required to staff the CSD desk. On completion of the course/training it is perceived that staffing the CSD desk will be more robust and the risk reduced or mitigated. Four staff have been recruited to join the CSD desk. Training is due to commence on the 5th December, these staff will be filling the vacant lines on the core rota making the desk staffing more robust.
337	There is a risk that there will be a delay in establishing the Clinical Response Model due to changes that need to be made to interfacing other projects (CommandPoint/CTAK)		11-Jan-11		8	Clinical	Major	Likely	16	1. EOC Planning Group in place, reviewing options. 2. Review of changes to CTAK/parameters of CommandPoint. 3. CRM workshop took place to reaffirm the Trusts intentions in regard to the CRM.	Caron Hitchen	10-Nov-11	Major	Likely	16	1. Operational and Control Room planning for CRM restart 2. Review ORH (Oct 2011) report regarding potential impact on performance when implementing CRM	1. S.Sale 2. S.Sale	1. Nov 2011 2. Nov 2011	1. CommandPoint Project Group 2. Programme Delivery Board	Negligible	Rare	3	Options paper to be presented to delivery board in December, decision taken to defer CRM restart until 2012
9	There is a risk of RTC injury to persons travelling in an LAS A&E vehicles.		13-Nov-02	***	7	Operational	Major	Likely	16	1. Authorisation to drive any service vehicle/lease car can only be provided by a qualified service trained driving instructor. 2. Introduction of advanced training for a number of DSO's in each Sector. 3. Team Leaders complete an Operation ride out report, within which is a section categorised as self driving demonstrated (G123). 4. The Trust displays notices internally stipulating safety features and the use of safety equipment when travelling: • A&E Op's and Health Safety bulletins • Motor Vehicle notices are displayed reminding staff and passengers to wear seat belts/harnesses at all times. • Improved visibility whilst Ambulance's reverses - camera switching.	Martin Flaherty	23-Nov-11	Major	Possible	12	1. Review adequacy of driving course and include training for specific vehicles (i.e. FRUs). 2. Ensure refresher training is provided following RTA's. 3. Develop robust system for tracking individual accident rates, including lease car drivers. 4. Expand about benefits of regular reassessing of all service drivers that will be implemented early next year 5. Implementation of updated Operational Policies (TP065 and TP067)	1. K.Miller 2. K.Miller 3. Jason Killens 4. Jason Killens 5. Jason Killens	1. Complete 2. Complete 3. Ongoing 4. April 2012 5. Complete	1. Monitor processes at RCAG and Motor Risk Group. 2. Monitoring of RTA claims 3. ADO's to implement a robust system	Moderate	Possible	9	

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138	Failing to appreciate the significance of psychiatric illnesses will lead to mis diagnosis.		12-Nov-03	***	5	Clinical	Major	Likely	16	1. The new 'Mental Health' module has been designed and has been included in the training plan for 2009/10. 2. An e-Learning Manager has been appointed and will start work with the Trust in August 2009. 3. Mental health e-learning module has been developed - training package assessed by external assessors	Steve Lennox	27-Oct-11	Major	Possible	12	1. Development of mental health risk assessment tool 2. Roll-out of mental health e-learning training 3. Mental Health Committee to consider alternatives to e-learning 4. Mental health audit	1. S.Lennox 2. S.Lennox 3. S.Lennox 4. S.Lennox	1. Dec 2011 2. Dec 2011 3. Sept 2011 4. tbc - meeting with auditors has been arranged to review this	1. CPD completion records 2. Monitor processes at CQSE 3. Monitor package completion data on e-learning site	Major	Unlikely	8	
205	There is a risk of not being able to readily access and manage the training records of all operational members of staff due to records being kept on separate and remote sites outside of the current records management system.	As a result of limited capacity of the Fulham archive stores, as well as records needing to be stored at other sites  Separate sites holding data which we do not have access to easily	01-Jun-05	***	7	HR	Major	Likely	16	1. Education and Development are to move to the scanning of training records. Plans from Estates for the development of the Fulham archive are awaited. 2. All staff are currently being migrated onto PROMIS with the aim of developing a centralised Learning Management System.	Caron Hitchen	08-Mar-12	Major	Possible	12	1. Review the process of archiving training records within the DoE&D (funding currently being sought for this) 2. The introduction of a Trust-wide project to establish a centralised Learning Management System	1. P.Billups 2. R. Habib	1. Ongoing 2. May 2012	1. Part of organisation & development of people workstream. 2. Progress of project report to workstream board.	Major	Unlikely	8	TSG update risk Feb 2012 1) Initial work indicates there may be a need for a formal procurement and tender process for electronic archiving. 2) Pilot to commence March 2012. However, systems have been developed to capture training activity data in the meantime, these processes to be tested and completed by May 2012.
211	There is a risk that drug errors and adverse events may not be reported.	Concerns that drug errors may not be reported	08-May-06	***	4	Clinical	Major	Likely	16	1. CQSE suggest PIMs give some thought to how this be managed - JK to report new action plan 2. No evidence of any issue of significance from service users or stake holder feedback. 3. Complaints Manager to tracked back complaints to see how many have LA52's associated with them (drug errors and adverse events not being reported) 4. Medical Directors Bulletin to remind staff of importance of reporting drug errors and adverse events. 5. Article included in the Clinical Update highlighting the importance of incident reporting. 6. Importance of clinical incident reporting highlighted in the Team Leader Clinical Update Course.	Fionna Moore	14-Mar-12	Major	Possible	12	1. Continue to encourage reporting of all clinical incidents using LA52's. 2. Continue to reinforce that the LAS has a fair blame culture.	1. D Whitmore 2. D.Whitmore	1. Ongoing 2. Ongoing	1. CPI checks 2. Incident Reporting	Major	Unlikely	8	All the current measures remain in place. In addition there is to be a reminder to all the Team Leaders on the forthcoming Team Leader Course about this issue
305	There is a risk that the management of morphine at Station level is not in accordance with LAS procedure OP/30 Controlled Drugs.	Controlled Drugs Incidents arising from poor adherence to policy	21-Oct-08	***	4	Clinical	Major	Likely	16	1. Internal Audit carried out annually. 2. Procedure to be reinforced by bulletins from Director of Operations/Medical Director. 3. Independent audit to be carried out throughout the Trust - 1st visit took place in June 2010, 2nd visit took place Oct 2010 4. Initial peer review pilot audit carried out in the south area with results and process amendments discussed at a morphine audit meeting in October 2011.	Fionna Moore	14-Mar-12	Major	Possible	12	1. A second peer review audit to be carried out in the south area in November 2011 with results reported back to morphine audit meeting scheduled for January 2012 with a view to rolling the process out across all areas of the Trust. 2. A further peer review meeting is scheduled for April 2012 to review the outcome of the audits carried out. 3. Review of OP30 in the light of the forthcoming NHS Protect Guidance on CD management following their recommendations document of March 2012.	1. D.Whitmore 2. D.Whitmore 3. D. Whitmore	1. Completed 2. April 2012 3. May 2012	1. Internal Audit 2. Independent Audit 3. LIN oversight of system	Major	Unlikely	8	
326	There is a risk that the inadequate facilities and lack of policy for the decontamination of equipment may increase the risk of infection.		17-May-10	***	1,2	Infection Control	Major	Likely	16	1. Introduction of single-use items. 2. Introduction of more robust cleaning programme for vehicles and premises. 3. Introduction of detergent and disinfectant wipes for equipment in between patient use. 4. Decontamination policy is now in place. 5. Improved decontamination processes in operation.	Steve Lennox	02-Feb-12	Major	Possible	12	1. Decontamination sub group to review compliance with decontamination process.	1. Steve Lennox	1. Feb 2012	1. Area Governance Meetings 2. Incident reports.	Minor	Unlikely	4	Infection Prevention & Control Committee reviewed this risk 02/02/12. The risk score remains the same - the decontamination policy has gone to the ADG for sign off.
352	There is a risk that operational staff sustain a manual handling type injury whilst undertaking patient care. The consequence of injuries being:- -Increased staff absence through industrial injury. -Impact on service delivery. -Impact on patient care.	Staff injured whilst manual handling patients	23-Nov-11		7	Health & Safety	Major	Likely	16	1. Manual handling policy (being reviewed in line with best practice and NHSLA/CQC requirements) 2. Manual handling awareness is provided at corporate Induction; refresher training through e-learning is available through L&OD; Education and Training dept provide training to all operational staff during initial and subsequent core refresher training; all operational ambulance vehicles are fitted with tail lifts; all operational ambulances have hydraulic trolley beds and manual/patient handling aid kits; all 516 and 616 ambulances have pneumatic patient lifting cushions; PTS have 3 bariatric ambulance vehicles; alternative bariatric vehicle provision can be requested through EOC, 26x 'B' tech assessor have been trained. 3. Core Skills Refresher training is monitored via the quality dash board. 4. The Corporate Health and Safety Group monitor manual handling incidents and training activity.	Martin Flaherty		Major	Possible	12	1. (Pilot assessment being undertaken until Dec 2011) of an alternative chair transporter. 2. Pilot assessment of additional bariatric ambulances, or pod back up support vehicles. 3. Introduction of pneumatic air cushions (full body size) 1) Implementation of LAS/HSE Manual Handling Improvement Programme Action Plan 2) Manual Handling audits 3) Manual Handling policy is being updated - complete 4) Complete Operational Workforce Review 5) Chair Transporter Pilot 6) MEG are reviewing maximum weight allowance for medical response bags	1. J.Selby 2. J.Selby 3. G. Heuchan (Complete) 4. S.Sale. 5. J.Selby 6. J.Selby	1. Ongoing 2. Ongoing 3. Complete 4. ??? 5. May 2012 6. AUG 2012	Manual Handling Implementation Group Manual Handling Policy Central Health and Safety Group Incident Statistics Monitor and Audit Reviews 1) Manual Handling Policy 2) CHSG Monitor incident trends	Minor	Unlikely	4	

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316	The non-reporting of faults in accordance with service procedures may result in the loss of vehicle availability.	There could be an impact on service delivery, patient care and the Trust's reputation.	17-Aug-09	***	1,2,3,4,	Logistics	Major	Likely	16	1. LA400 (defect reporting sheet) has been replaced by a vehicle specific defect book. 2. Vehicle Resource Centre is now operating 24/7 and managing some Vehicles Off Road (VOR). 3. Process mapping of VOR process in EOC to be undertaken to understand the impact of the removal of the logger's role. 4. TRANMAN, Statutory Checks and Make Ready tender for new contract 5. RAC checking stations at weekends for unreported faults. 6. Enhancement of fleet workshop hours of working will reduce the risk of occurrence. 7. Outputs from process mapping to inform changes in management of VOR.	Martin Flaherty	27-Sep-11	Major	Possible	12	1. Roll-out of new service procedure incorporating vehicle checks (OP68) - signed off at ADG, pending implementation 2. Roll-out of revised OP44 (VoR) replacing OP12, pending implementation	1. J.Killens 2. P.Tattum	1. Oct 2011 2. Oct 2011	1. Vehicle Equipment Working Group	Rare	Unlikely	2	TP/068 Statutory Vehicle Checks Incorporating Pre and Post Shift Arrangements highlight the legal responsibilities that drivers of vehicles have towards ensuring the vehicle complies with legal standards. The policy also provides guidance for undertaking checks to satisfy compliance and to provide protected time to individuals to undertake the mandatory vehicle checks.	
153	There is a risk that fuel prices may be in excess of sums held in budgets which may lead to overspend	Increasing fuel prices	06-Jan-04	***	8	Finance	Major	Likely	16	1. Monthly review as part of month end reporting process. 2. Prices will continue to be closely monitored by the Finance Department for 2012/13. The move to an all diesel fleet will further mitigate against fuel costs.	Michael Dinan	13-Mar-12	Moderate	Possible	9	1. Finance Review of billing data underway by Director of Finance	1. M.Dinan	1. Ongoing	Monitored at SMG and Trust Board	Moderate	Possible	9	Risk at target rating but to remain visible on Risk Register	
20	Inappropriate use/completion of the LA4H Single Response Handover form may lead to the loss of patient information.		14-Nov-02	***	1,2,5	Operational	Major	Likely	16	1. Team Leaders audit PRFs to provide information for Clinical Performance Indicator (CPI) reviews. CPI reviews are carried out monthly and are published by Sectors. 2. 07/10/08 - 95% compliance was achieved for PRF completion. Feedback sessions were undertaken in July 2008 (expected target 1904/achieved 1895). 3. Simplified PRF produced for completion by FRU staff. Team leaders advise staff on the importance of PRF completion. Team leaders are in turn monitored on the inspection of PRFs. Monthly CPI reports are sent out by CARU to all Complexes informing them of their PRF completion levels. These results are then discussed at area business meetings. 4. Presentation on Performance Indicators. 5. CPI database monitored to check team leaders quality assurance on PRF completion. 6. Presentation of PRFs on computer to simplify process.	Martin Flaherty	25-Oct-11	Moderate	Possible	9					1. Station audits. 2. Monitoring of completion rates.	Minor	Likely	8	
322	There is a risk that the Trust does not provide adequate infection prevention and control training to all staff which may lead to healthcare associated infections.	Current workload within the department means that there is insufficient capacity to ensure that all tutors are developed in line with the departmental tutor development strategy. This includes time to incorporate information from bulletin into teaching strategies.	17-May-10	***	1,2,4,5	Infection Control	Major	Likely	16	1. Introduction of training programme for operational and non-operational staff. 2. Further training of infection control champions. 3. Trust updates have been delivered to 1,600 staff including hand hygiene training 3. Use of Infection Control Communications Strategy to ensure that all staff are kept well-informed.	Steve Lennox	08-Feb-12	Moderate	Possible	9	1. To be fully compliant with CQC expectations and all staff to have up to date infection control training: a) Ensure all staff receive all in one training or alternative form of update (core skills refresher and induction training) b) Monitor and implement hand hygiene training. c) Need to capture the training of contracted staff on the scorecard.	1a Carmel Dodson Brown / Ian Bullamore 1b Steve Lennox 1c TBD	1a Feb 12 1b Feb 12 1c Feb 12	Reports from the central training register	Minor	Unlikely	4	Infection Prevention & Control Committee 02/02/2012 proposed new wording of risk to: There is a risk that the Trust does not receive assurance that infection prevention and control training is taken up by staff. Training now being delivered across the Trust in CSR1. Gaps in training data is being recovered. Review at next meeting.	
323	There is a risk that the audit programme is not sufficiently robust to identify to identify infection control issues across the Trust.		17-May-10	***	1,2,4,5	Infection Control	Major	Likely	16	1. Quarterly reports to Area Operations. 2. Further training of infection control champions. 3. Continued awareness training by use of Trust-wide communications. 4. 7 Point Audit plan is being used as an audit tool. 5. An Escalation plan is in place.	Steve Lennox	08-Feb-12	Major	Unlikely	8	1. PIMS and AOMS to identify solution for updating the scorecard.	1a. PIMS	1. Feb 2012		Minor	Possible	6	The Infection Prevention & Control Committee 02/02/2012 reviewed this risk and the decided the net rating remains the same.	
173	There is a risk to staff, patients and the organisation of staff working excessive overtime/hours in breach of the Working Time Directive.		05-Jan-05	***	4,7	HR	Major	Likely	16	1. ProMis has a warning sign that is generated before the Coordinator continues to place a member of staff on a shift. The warning system highlights any contraventions of the Working Time Directive. 2. Regular ProMis reports are provided to operational managers and auditing is carried out by Station Management Teams who advise and take the appropriate measures with staff who try to compromise their own and patient safety. 3. The completion of the recruitment and training of student paramedics, coupled with the review of rosters due to compete in Summer 2010, should enable this risk to be reviewed and the rating reduced.	Caron Hitchen	08-Mar-12	Major	Unlikely	8	1. Continued monitoring and review of working hours via PROMIS. 2. Reissue WTD guidance. Move to controls? 3. Further enhancements are envisaged with the roll out of GRS in 2011. move to controls?	1. G.Hughes 2. T.Crabtree 3. G.Hughes/A Khan	1. Ongoing 2. Dec 2011 3. July 2011		Major	Rare	4	1. CH to review risk wording and potentiall reduce risk to target rating  3. A service wide report was sent to all AOMs highlighting staff that had exceeded WTR hours for an average of 17 weeks.	

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72	There is a risk that inconsistent action relating to the maintenance and repair of trolley beds, due to inadequate record keeping, may result in adverse clinical incidents.		17-Mar-03	***	1,2,4, 8	Logistics	Major	Likely	16	1. A comprehensive paper based system for recording the servicing of trolley beds has been in use for the last 11 years and this includes filing the records in the individual vehicle file on which the bed was presented. 2. A new Fleet Management software system (TRANMAN) has been introduced.. 3. Electronic Fleet system has been roled out across the Trust. 4. TRANMAN has been introduced allowing the electronic monitoring of trolley beds. 5. Replacement of existing trolley beds with stryker trolley beds. 6. Continous monitoring of the systems to ensure they are being managed and incidents reported. 7. Enforcement of 8 weekly vehicle servicing schedules required to ensure beds are serviced on time.	Martin Flaherty	16-Mar-12	Major	Unlikely	8	1. Comprehensive review of TRANMAN records to be undertaken. 2. A site auditor has been appointed to review and update all information on the TRANMAN system. 3. Vehicle Preparation contractors (Initial Healthcare) to roll out electronic asset tracking system. Stretcher bed scanned once every 24 hours and details updated on live web portal. Servicing history to be recorded on system for each asset	1. P.Mann 2. K.Trew 3. C. Vale	1. Complete 2. Jan 2012 3. Oct 2012	1. Asset tracking system. 2. TRANMAN 3. Centralised Servicing Plan	Major	Rare	4	As a result of the recent TRANMAN review which showed that records were not up to date a site auditor was appointed to review and update the system.
325	There is a risk that the lack of displayed/available cleaning schedules may mean that the staff and public are not aware of cleaning protocols.		17-May-10	***	1,2,4, 5	Infection Control	Major	Likely	16	1. Introduction of revised cleaning programme. 2. Infection control champions are in place. 3. Cleaning schedule is published in clinical update and are issued to individuals.	Steve Lennox	08-Feb-12	Moderate	Unlikely	6			1. Audits of sites by contractor and IPC lead	Minor	Unlikely	4	Infection Prevention and Control Committee 02/02/12 proposed that this risk is archived as all of the actions have been completed and the risk has reached its target rating.	
344	Unable to assure that the current taxi contract accommodates the guidelines for regulated activity (safeguarding)		16-May-11		2,4	Governance	Moderate	Almost Certain	15	1) Current contract stipulates all drivers must have CRB checks	Steve Lennox	10-Nov-11	Moderate	Almost Certain	15	1) Registration with the Independent safeguarding Authority needs stipulating in the contract 2) Contract monitoring	1) Paul Webster 2) Paul Webster	1. 2011/12 2. 2011/12	1. Safeguarding Committee	Minor	Rare	2	ISA remit currently under review - actions have been identified and risk will be further reviewed following the review of independent body.
329	There is a risk that financial penalties will be levied on the Trust as a result of non-achievement of the contractually agreed targets.	Pottential failure to achieve contracted performance targets and failure to earn CQUINs	06-May-10		3,4,8	Finance	Catastroph	Possible	15	1. 2012/13 Continue working with specific mitigation of financial risk. 2. Monthly finance reports reviewed by Trust Board and SMG. 3. Extra financial provisions included for contract risk in 2012/13. 4. Communications with commissioners.	Michael Dinan	13-Mar-12	Catastroph	Possible	15	1. Review by Finance Investment Committee	1. A.Cant	1. April 2012	1. Performance is tracked daily both centrally and by area. 2. Financial risks are reviewed by SMG and Trust Board.Diary meeting every Monday reporting where performance is reviewed and recover plans are discussed. 3. Monthly meetings with PCT commissioners were performance is reviewed against targets and agreement is reached and findings are documented. 4. Performance is reported to the SHA monthly	Catastroph	Unlikely	10	Communications have taken place with commissioners to identify financial offsets arising from higher than agreed levels of activity. Separate key financial risks as per LAS Financial Review top 15 risks schedule
345	The Trust currently recieves a sum of £7.7m non recrring funding to maintain a CBRN (Decontamination) Response. There is a risk that the funding may not continue. The funding is used to fund 143 WTE and the hours required for annual CBRN training	Public sector funding constraints. No formal service level agreement in place	16-May-11		1,2,3, 4,8	Finance	Catastroph	Possible	15	1. 2011/12 contract reflects this work, if there is a shortfall PCTs are liable. 2. Reviewed by Finance Investment Committee.	Michael Dinan	13-Mar-12	Catastroph	Possible	15	1. Trust to attempt to gain assurances from DH that this funding will continue. 2. Reviewed by Finance Investment Committee.	1. Lizzy Bovill 2. M. Dinan	1. Feb 2012 2. April 2012	1. Service Line Reporting	Catastroph	Unlikely	10	



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357	There is a risk that LAS may receive a significant increase in call demand as a result of 111 pilot sites that we do not have the capacity for.	Based on the National 111 Evaluation undertaken by Sheffield University of the early implementor pilot sites LAS could see between 8 and 15% of 111 call demand requiring an ambulance conveyance, which may be up to 10% higher than current demand from NHS D. This could place additional pressure on LAS. Particularly as 40-50% of these are likely to be Cat A calls.	23-Nov-11		1,2,3,4,8	Operational	Moderate	Almost Certain	15	1. SLA regarding clinical governance of 111 call management. 2. Agreed audit mechanisms during first month of implementation to ensure 111 calls are reviewed. 3. Agree to report back through 111 Clinical Governance meetings if calls are being passed inappropriately.	Lizzy Bovill	12-Mar-12	Moderate	Likely	12	1. We will negotiate as a clause in the funding mechanism for 111 generated activity in the 2012/13 contract.	1. L. Bovill	1. 1 May 12	Reviewed through Control Service Clinical Governance Group Reviewed through Monthly commissioning reports Attendance at NHS London Clinical Governance Group Attendance at pilot site governance groups as required 5. Agreed process to manage incidents and complaints (through 111 governance teams)	Moderate	Unlikely	6	
315	There is a risk of service failure during relocation to the FBC because effective arrangements for continuity have not been made between LAS and the Metropolitan Police.		17-Aug-09	***	17	Business Continuity	Catastrophic	Possible	15	1. In the event of a loss of HQ, call dispatch would take place from Emergency Control Vehicles until the Fall Back Centre (FBC) was fully operational.	Martin Flaherty	10-Nov-11	Catastrophic	Unlikely	10	1. Scoping work to be carried out in terms of technology for Bow Control Room. 2. Consider having fall back control room at Bow operating as a warm site to aid a swift switchover when required.	1. Jason Killens 2. Jason Killens	1. June 2012 2. June 2012	1. Monthly Project Board meetings	Catastrophic	Rare	5	Actions will be delayed until CommandPoint has been implemented. The Trust will now have two warm control rooms, one being at HQ and the other at Bow. Both each of the control rooms will mirror one another giving the Trust capacity to simultaneously run both rooms together if and when required.
353	There is risk that Operational ambulance staff and Emergency Operations Centre Staff are unsure of the safe systems of working/procedures in relation to railway trackside working, due to the rare occurrence of such incidents.	This is compounded by a lack of up to date training or operational bulletins. There is a lack of awareness of track side safety equipment in use i.e. Short Circuit Device or Electrical Testers	23-Nov-11		5,7	Operational	Catastrophic	Possible	15	1. Emergency Medical Dispatchers (EMD) receive familiarization and procedural awareness during initial training and during their dispatch training course. 2. Work Based Trainers oversee adherence to procedure during placements Student Paramedics receive trackside awareness training during initial training. 3. "Trains Can Kill" card included in Major Incident Action Cards as point of reference. 4. Contingency Plans in place for calls on Network Rail, LUL, DLR and Croydon Tramlink calls including safety awareness information. 5. Operational bulletins available via The Pulse. 6. Trackside Awareness Training provided for all student paramedics and trainee emergency medical dispatchers including demonstrations of short circuit devices	Martin Flaherty		Catastrophic	Unlikely	10	1. Communication campaign to raise awareness of issue. 2. Introduction of new section on The Pulse to provide reference point for material. 3. Creation of new operational policy to act as standard across organisation.	1. W.Kearns 2. W.Kearns 3. W.Kearns	In progress In progress In progress		Catastrophic	Rare	5	
207	Risk of staff not being able to download information from Defibrillators and 12 lead ECG monitors leading to incomplete patient records.	Clinical information was not available which was required for an inquest	04-Apr-06	***	1,2,4,5	Clinical	Moderate	Certain	15	1. Mark Whitbread is the Trust lead for the card readers project, 2. Card reading and transmission is performed by team leaders. Mark Whitbread stated that operational pressures, and therefore the availability of team leaders, may have an adverse affect on the number of cards read. 3. A performance update was incorporated in an AOM briefing session held at the Millwall Conference centre in March 2009. All AOMs were in attendance. 4. Monthly report to AOMs on areas of weak performance. 5. Messages given out at Team Leaders Conferences. 6. Encourage more routine downloading of information from data cards. 7. 147 LP1000 AED's have been rolled out and all complexes have been issued with new data readers for these units.	Fionna Moore	13-Mar-12	Moderate	Possible	9	1. To highlight the importance of clinical incident reporting in the Team Leader Clinical Update Course. 2. Physio Control to attend the T/L conference to confirm how downloading should be completed 3. Focus on Team Leaders at Oval to teach them the interpretation of downloads and hold case based meetings with staff following a cardiac arrest, to encourage staff presenting machines for downloads. 4. Audit of FR2 data cards and card readers. 5. Establish the current resources of LP 1000, how many in use, which complexes carry them, are there spares available for 1 for 1 swap. 6. Establish a process at station level to link a specific cardiac arrest to the LP1000 it is stored on. 7. Publicise download returns by complex as part of Area Governance Reports, via PIM or Staff Officer for the Area.	1. M.Whitbread 2. M.Whitbread 3. M.Whitbread 4. M.Whitbread 5. M.Whitbread 6. M.Whitbread 7. M.Whitbread	1. Complete 2. Complete 3. Ongoing 4. Ongoing 5. Ongoing 6. Ongoing 7. Ongoing	1. Monitor processes at Clinical Quality Safety and Effectiveness Committee	Moderate	Unlikely	6	There is a focus on working with two complexes (Deptford and Oval) to improve cardiac arrest survival and AED downloads. IM&T are waiting for the go ahead to load the software onto the PC's, hand Team Leaders trained, stand down time agreed; with a view to get these sites to complete 50-60% to use as a benchmark for the rest of the service.

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226	There is a risk that the identified risks associated with lone working are not being uniformly mitigated as a result of inconsistent application of the Lone Worker Policy.		12-Jul-06	***	7,4	Health & Safety	Moderate	Certain	15	1. The Lone Worker Policy has been reviewed. 2. The Trust received positive feedback from Bentley Jennison's audit on Lone Worker Policy: - all A&E operational Staff received Personal Safety conflict management training (1 day); - all Operational staff are issued with ECA mobile phones; - the Trust has a high risk address register; - Lone Working risk assessments are regularly reviewed; - appointed FRU coordinators at each at main stations ensure staff are aware of locally known hazards; - all operational vehicle have MDT and radio facilities; - Violence Prevention and Lone worker policies highlight specific procedures for reducing foreseeable hazards to staff.	Caron Hitchen	13-Mar-12	Moderate	Possible	9	1. Revised Lone worker policy reviewed @ Feb ADG	1. Martin Nicholas	1. Completed	1. Incident Reporting Monitoring. 2. CH&SG Monitor incident trends	Moderate	Unlikely	6	
200	There is a risk of loss of physical assets due to the risk of fire.		01-Jan-02	***	1,2,3,4,7	Health & Safety	Catastrophic	Possible	15	1. Fire Marshall awareness training is undertaken as a module on a 1 day Safety and Awareness Course. 2. Annual Fire Risk Assessments are undertaken by the Estates Department. 3. Fire Fighting equipment is sited at all strategic locations. 4. Premises Inspection Procedures require all premises to be inspected on a three monthly basis. 5. Local Induction Training requires managers to identify fire precaution to all new staff. 6. Updates of health and safety issues are provided at the Estates Meeting monthly. 7. Estates department annual assurance of Trusts fire safety compliance. 8) Fire Marshals are appointed by Line Manager 9) Fire & Bomb evacuation Policy	Caron Hitchen	23-Mar-12	Major	Unlikely	8	1. Health Safety and Risk team to take responsibility for delivering Fire Marshall Awareness Training.	1. J.Selby	1. Ongoing	1. Record of fire marshall training is kept by J Selby. 2. Update on premises inspection reported to Corporate Health and Safety Group Quarterly - completed by Estates 3. Annual return to DOH including a fire risk statement signed off by Peter Bradley. 4. Core skills refresher 2 includes vehicle fire precaution awareness training. 5) Fire risk assessments undertaken by Estates department 6) Local testing of fire alarm systems occurs on a weekly basis	Minor	Rare	2	JS to review this risk with CV in terms of vehicles - currently only looks at buildings. Risk to be reviewed once the associated SI has been completed. CH has requested that this risk is considered for relocation to Estates;
354	There is a risk of ongoing industrial action due to national ballots leading to disruption of service provision.		23-Nov-11		1,2,3,4,7,8	Human Resources	Major	Possible	12	1. Partnership agreement with staff side. 2. Intelligence gathering. 3. Business continuity plan.	Caron Hitchen	08-Mar-12	Major	Possible	12	1. Implementation of rescheduled N30 review.	1. J.Killens	1. Mar 2012		Major	Possible	12	
282	General failure of personnel to adequately "back-up" IT may lead to the loss of data.		03-Jul-07	***	1,2,5	Business Continuity	Major	Possible	12	1. The move of business information from hard drives to network drives. 2. Part of the 2010/11 audit programme will test this facility and give assurances. 3. IM&T Infrastructure Team to review and take actions as appropriate.	Martin Flaherty	22-Sep-11	Major	Possible	12	1. Audit to be carried out on the status of the move to network drives. 2. Ensure central data servers are backed up. 3. Fundamentally review how data is stored on local drives and potentially not backed up.			Major	Unlikely	8		
293	There is risk that that Patient Specific Protocols (PSP) and palliative care, out of hours forms, etc. may not be triggered by the call taker when the patient's address is identified during 999 call.	Incident where call taker had not picked up patient specific protocol	18-Feb-08	***	1,2,4,5	Clinical	Major	Possible	12	1. The Senior Clinical Adviser has lead responsibility to PSPs. 2. The Clinical Support Desk has delegated responsibility for the accuracy of PSPs but do not have access to update them. 3. Input and maintenance are performed by Management Information who have introduced a range of control measures. 4. The introduction of CAD 2010 will allow automatic flagging and for a range of status flags to be used. 5. The Senior Clinical Advisor liaises with Management Information for the appropriate access to be provided to Clinical Support. 6. All relevant staff are periodically reminded of the requirement to correctly trigger PSPs.	Fionna Moore	14-Mar-12	Major	Possible	12	1. The introduction of Command Point		1. March 2012	1. Incident reporting. 2. Complaints monitoring. 3. Protocols and transfer procedure	Major	Unlikely	8	All the current measures remain in place. Command point goes live in March 2012 thus making the "Locality Information" flag more noticeable to the Call Taker. The EOC Training Department have been re-iterating to all Call Takers the importance of acting on "Locality Information" flags. The development of the End of Life Electronic Register will over the next two years increase the efficiency of getting this particular group of patients flagged, particularly as this is also a CQUINN target

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296	Exposure of staff to carbon monoxide fumes whilst in incident premises.		21-May-08	***	7	Clinical	Major	Possible	12	1. A steering group to manage this risk has been formed with Jason Killens to act as chair. 2. The recommendations made within a report prepared by a member of staff from the HART team have been considered viable in some cases. The group will further scope the recommendations and where necessary and appropriate will drive their implementation. 3. Steering group to develop management and monitoring procedure. To be managed through EP and BC steering group. 4. Action plan to be put in place following re-run of pilot in Dec 2010 with more strict controls around feedback and assessment of equipment.	Martin Flaherty	25-Oct-11	Major	Possible	12	1. The Trust will pilot a scheme in the winter months, carrying out robust monitoring of patients and the immediate environment for crew safety surrounding carbon monoxide poisoning.		1	1. Incident reporting.	Major	Unlikely	8	RW is liaising with Marc Rainey to monitor carbon monoxide incidents over the winter period, to allow this risk to be evaluated.
306	There is a risk that failure to undertake Vehicle Daily Inspections before driving vehicles in relation to roadworthiness checks, as required by Road Traffic Act, may result in adverse traffic incidents.		21-Oct-08	***	1,2,3,4,7	Logistics	Major	Possible	12	1. Staff required to complete roadworthiness checks on form LA1. 2. Percentage of LA1 forms audited by Team Leaders for compliance	Martin Flaherty	11-Nov-11	Major	Possible	12	1. Roll-out of new service procedure incorporating vehicle checks	1. J. Killens	1. Oct 2011	1. Vehicle Equipment Working Group	Major	Unlikely	8	Waiting for OP68 to be rolled
348	There is a risk that the Clinical Coordination Desk may not be able to coordinate demand across London's specialist centres due to lack of information provided by neighbouring ambulance trusts when bringing patients to London Centres.	Lack of awareness by operational staff of change in policy Acute Trusts, LAS operationally and reputationally and patients may be affected	11-Jul-11	***	1,2,3,4,5,10	Operational	Major	Possible	12	1. Reporting back at clinical and operational network meetings to reinforce policy where it is not adhered to.	Martin Flaherty	07-Nov-11	Major	Possible	12	1. Liaison with neighbouring ambulance trusts both by LAS and network leads is on-going 2. Monitoring of information fed back to Trauma Office about number of patients from outside London brought in to London MTCs			Major	Unlikely	8	The major trauma networks are developed and implemented by South East Coast, South Central and East of England over the next 12 months.	
339	The potential lack of technician drug packs for use by operational staff causes a risk to providing clinical care for patients due to vehicles being deficient of drugs for all or part of a shift.		11-Jan-11		1,2,8	Logistics	Moderate	Likely	12	1. Bulletin from Director of Operations to all staff reinforcing drug protocols 2. Letter from Director of Operations to AOMs reinforcing local management responsibilities 3. Trial scheme at 3 sites as part of review of drug pack procedure where the signing out and in of packs is regularly checked 4. ADO for F&L carried out drug pack audit in May 5. 11. PVR's for individual stations now reassessed against audit results. 6. New drug lockers have been fitted on a number of sites to improve security. 7. The vehicle diagnostic pack trial that has commenced in West London also includes a requirement for crews to sign packs out and back in. 8. Reinforce weekly audit requirement.	Martin Flaherty	01-Nov-11	Moderate	Likely	12	1. Additional packs to be rolled out over the summer to bring allocations to correct levels. 2. The new vehicle pack will be launched with the new LA1 on 6.12.11 trust wide and this includes a drug sign in / out process on the LA1 which will have an admin audit. 3. The 10 minute checks policy will be launched on 6.12.11 trust wide.	1. K.Merritt 2. K. Brown 3. K. Brown 4. TBC	1. Ongoing 2. Ongoing 3. Ongoing 4. Dec 2011	1. Regular auditing indicates corrects number of packs is being accounted for on stations. 2. Reduction in LA52 issues.	Major	Unlikely	8	The vehicle pack scheme will require monitoring and auditing by station Management for missing equipment. There have been recent improvements in the provision of packs through the issue of additional bags and the launch of the manager's drug packs.
294	The Trust is unable to guarantee to provide a paramedic to attend every incident where one was requested.		18-Feb-08	***	1,2,8	Operational	Major	Possible	12	1. Skill levels of staff have been identified so EOC can task appropriately skilled staff to these calls. 2. The General Broadcast system will be used to identify an available paramedic.	Martin Flaherty	25-Oct-11	Major	Possible	12	1. Increase the number of paramedics employed by the Service. 2. Completion of paramedic education, arising from the recruitment campaign. 3. Report to SHA/LAS in terms of recruitment position. Delete as no longer applicable.	1. C.Hitchen 2. C.Hitchen 3. A.Bell	1. Ongoing 2. 2012 3. Ongoing	1. Monitoring the numbers of paramedics. 2. Monitoring of individual training.	Minor	Unlikely	4	The Trust over the last 18 months has recruited c700 staff to the student paramedic programme with c300 achieving the skill set of a paramedic each year. Within CommandPoint a set response profile rule identifies incidents that require a paramedic response which will further aid in reducing the risk where a paramedic was requested.
63	The risk of incurring liability through the re-use of "single use" equipment.		14-Nov-02	***	1,2,4,5	Infection Control	Major	Possible	12	1. Make Ready has improved the controls over single use equipment. 2. The infection Control Policy covers "single use" equipment. 3. Staff awareness has been increased by the use of Training Bulletins, RIB, posters etc. 4. "Single use" items are in place. Risk of re-use rather than disposal is unlikely. 5. A decontamination policy is now in place.	Steve Lennox	08-Feb-12	Major	Possible	12	1. To have a decontamination policy that meets CQC expectations: a) Establish Equipment Decontamination Improvement Group at Logistics Support Unit with Terms of Reference. b) Monitor decontamination compliance	1a C. Vale/ K. Merritt 1c Trevor Hubbard	1a Jan 2012 1b Sep 2012	1. Incident reporting. 2. Complaints/claims monitoring.	Moderate	Rare	3	The Infection Prevention & Control Committee 02/02/2012 reviewed this risk and decided the net rating remains the same.
272	There is a risk that the LAS may not achieve the full CIP due to new/unforeseen cost pressures.		03-Jul-07	***	8,10	Finance	Major	Possible	12	1. CIP has been agreed with SMG/ Trust Board. SMG/Trust Board review report monthly. 2. Monthly monitoring via Performance Accelerator. Monthly Finance Review includes detailed forecast. 3. 37 CIP related projects are integrated with the standard programme management arrangements through the Integrated Business Plan. 4. Continue to identify further savings - monthly CIP reporting. 5. Continued collaboration with wider health care services.	Michael Dinan	10-Nov-11	Moderate	Possible	9	1. Review as part of CIP monitoring 2. Review by Finance Investment Committee	1. M.Dinan 2. A.Cant	1. Ongoing 2. 28 Nov 2011	1. CIP reported monthly to SMG and the Trust Board. 2. Programme Governance Structure 3. Finance Investment Committee	Moderate	Possible	9	

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217	There is a risk that the Trust may not be able to contact a resource in a "Black Spot" area.		12-Jul-06	***	1,2,3,4,8	Operational	Moderate	Likely	12	1. Airwaves currently supplied to operational managers. Delete 2. Airwave radios have been introduced across the Trust.	Martin Flaherty	25-Oct-11	Moderate	Possible	9	1. Surveys now being carried out for remedial action, the only black spots that have been identified are for texting.	1. J.Hopson /P.Sykes	1. February 2011	1. Regular reporting on certain areas (eg. Victoria Station) 2. Information from EBS	Moderate	Possible	9	Phil Sykes - We have had a couple of coverage reports come through recently and I'm aware that the MPS reported significant issues in the Hanwell area which have now been rectified. There will always be black spots with any radio system but the levels of coverage with the Airwave network are far higher than the previous analogue system.
309	Risk of fraudulent activity from staff, patients and contractors.		16-Feb-09	***	4,5	Finance	Major	Possible	12	1. An annual Counter Fraud work-plan is agreed with the Director of Finance and is approved by the Audit Committee. The work-plan ensures that time is allocated to the Local Counter Fraud Specialist to undertake work in the areas of the Counter Fraud Strategy, inclusive of Creating an Anti-Fraud Culture; Deterring Fraud; - Preventing Fraud; Detecting Fraud, - Investigating any allegations of fraud that are received against the Trust; - Applying Sanctions that can involve disciplinary, civil and/or criminal hearings; - Seeking redress - seeking to recoup money that has been obtained from the Trust by fraudulent means. 2. RSM Tenon - audit function	Michael Dinan	10-Nov-11	Moderate	Possible	9	1. Promoting an anti-fraud culture amongst Trust staff by giving presentations, distributing Counter Fraud literature, holding fraud awareness events. 2. Creating deterrence by promoting successfully locally and nationally investigated fraud cases. 3. Preventing fraud by reviewing Trust policies and procedures. 4. Detecting fraud by undertaking Local Proactive Exercises into areas of concern. 5. Undertaking of a Fraud Risk Assessment.	1-5. M.Dinan (via Trust Counter Fraud Group)	1-5. As scheduled in the Local Counter Fraud Specialist Annual Work Plan for 2012/2013	1. Reported incidents. 2. Trust Counter Fraud Group	Moderate	Unlikely	6	
165	Delivery of sub-optimal care for patients with age-related needs and failure to meet NSF milestones.		04-Jan-05	***	1,2,4,10	Clinical	Major	Possible	12	1. Action Plan (section 5 - Older People's Strategy) is in place through which the delivery of "sub optimal care for patients with age-related illnesses" is being addressed. 2. Older People's Strategy has been updated. 3. Referral Pathways Project in progress and is now part of the Healthcare for London workstream.	Lizzy Bovill	08-Nov-11	Moderate	Possible	9	1. Development of referral pathways as our partnership work with commissioners. 2. Training for front-line staff on use of referral pathways (as part of 1.), is being developed. 3. Training for front line staff on use of referral pathways is being rolled out with particular focus on improving the management of people who have fallen, many of whom are older people.	1. Lizzy Bovill 2. Emma Williams 3. Emma Williams	1. Apr 2012 2. Apr 2011 3. Apr 2012	1. Annual report to the CQSE.	Moderate	Unlikely	6	All 3 actions are currently being delivered and will be fully in place by April 2012.
247	There is a risk of not achieving the 3 strategic goals where there is non-delivery of project outcomes (to time cost and/or quality) in relation to the IBP.		25-Jul-06	***	1,2,3,4,5,6,7,8,9,10	Corporate	Moderate	Likely	12	1. Senior Managers have been trained through MSP and PRINCE2 courses and programme and project management methodologies are being used to deliver project outputs and realise programme benefits. 2. Progress reports made to programme boards and SMG monthly and Trust Board through the CEO report monthly. 3. Each Programme maintains a risk and issues log and any new and appropriately graded risks are added to the corporate risk register. 4. Governance arrangements have now been established for the IBP Delivery Programme and have been in operation throughout 2011/12.	Sandra Adams	13-Mar-12	Moderate	Possible	9	1. Governance arrangements to be established for the IBP Delivery Programme during 2011/12 to be continued in 2012/13.	1. M.Brand	1. Complete	1. Progress reports to IPB Delivery Programme Board 2. SROs report monthly to SMG. 3. Reports to Trust Board as part of CEO's report.	Moderate	Unlikely	6	Senior Responsible Owners (director level) appointed to lead Patient Care, Value for Money and Workforce and OD programmes with programme boards established to support them which have met several times over the past six months. Project boards set up where appropriate for larger projects within the programmes and smaller projects overseen by directors leading portfolios of projects within programmes. progress reporting taking place through Performance Accelerator fed through to monthly SMG meetings and section of CEO's update to Trust Board meetings.
308	There is a risk that LAS staff may suffer emotional or physical injury as a result of being subject to physical or verbal assault, and this may adversely affect the delivery of the service that the LAS provides and/or the reputation of the LAS.	Injury and Sickness Absence	01-Apr-11	***	1,2,5,7	Health & Safety	Moderate	Likely	12	1. The Local Security Management Specialist (LSMS) has developed a draft Trust Security Management Plan in accordance with Counter Fraud and Security Management guidance. 2. Serious Incident Reporting system will ensure information is regularly reported to NHS Protect.	Caron Hitchen	13-Mar-12	Moderate	Possible	9	1. Conflict Resolution Training update is included in 2nd day of core learning skills. 2.Reinforce existing responsibilities @ complex level by line management.	1. M. Nicholas	1. Core Skills refresher 3 will include CRT Jun 2012. 2. Awaiting direction following ADG meeting 24/02/2012	1. Monitoring of Incident reports by CHSG	Moderate	Unlikely	6	JS proposed this risk is split into two, one element to address physical violence and the second verbal abuse. M Nicolas submitted a LA167 - TC to review risk NOTE: This is the same as item 351.

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186	There is a risk that the inconsistent management of Medical Devices may lead to a higher rate of failure, which would in turn have an adverse effect on the provision of clinical care.		10-Feb-04	***	1,2,4, 5,8	Logistics	Major	Possible	12	1. Servicing schedules for medical devices are agreed with suppliers and carried out within the specified timescale. 2. Supplier records are made available to the Logistics Department. 3. There is also a system of record cards for all medical equipment held within the Logistics Department. 4. Analysis of LA52s for any training issues. 5. Monthly defib audits - returns reported to VEVG	Martin Flaherty	01-Nov-11	Moderate	Possible	9	1. Management of Medical Devices Policy being submitted to the ADO Group and ADG for approval - Chris Vale to chase up progress. 2. The project mandate for tracking medical devices has been approved by the VFM Programme Board and will take into account terms within the make ready contract once they have been agreed.	1. C.Vale 2. M.Salter/ G.Gifford	1. Dec 2011 2. March 2012	1. Monitoring of service records for medical devices.	Minor	Unlikely	4	MD now has involvement in the project for implementing an asset tracking system - there is potential for it to be included within the new make ready terms currently under review (Oct 2011)
164	Policies and Procedures not adhered to due to lack of staff awareness and robust implementation plans.		04-Jan-05	***	1,2,5, 8	Corporate	Moderate	Likely	12	1. NHSLA level one achieved in October 2010 2. Ongoing review of policies and procedures linked to NHSLA 3. Monitor incidents and serious incidents where policy has not been followed and action is required.	Sandra Adams	16-Mar-12	Moderate	Possible	9	1. All new policies and procedures and significant amendments to be announced in the RIB. 2. Work to identify committees/groups responsible for monitoring policies and procedures to be completed. 3. Where there has been a breach of policy, Owners/E&D to be requested to arrange appropriate training and awareness for staff.	1. S. Moore 2. S. Moore 3. S. Moore	1. Ongoing 2. June 2012 3. Ongoing	NHSLA level 1 Review of incidents and complaints to ascertain any breach of policy	Moderate	Rare	3	To note: Having reviewed the Serious Incident process it is clear that non compliance with policy is often the root cause.
356	There is a risk arising from no provision for protected training time for clinical and paramedic tutors. This may as a consequence cause:- • Dilution of training skill levels • Credibility and reputation concerns of trainers • Impact on the validity of clinical training	Current workload within the department means that there is insufficient capacity to ensure that all tutors are developed in line with the departmental tutor development strategy. This includes time to incorporate information from bulletin into teaching strategies.	23-Nov-11		1,2,4, 5	Human Resources	Moderate	Likely	12	1. All tutors have received a clinical update package. 2. All tutors have received major incident update training. 3. A clinical update training day has been provided to all clinical training staff. Additional clinical skills programmes have been run based on identified need and regular operational shifts will be incorporated into work pattern. Some staff are to receive additional training in order to support DMP	Caron Hitchen	08-Mar-12	Moderate	Possible	9	1. The training establishment is being reviewed and remodeled to ensure needs can be met.	1. GH	1. Mar 2012	Course review and feedback by Education Governance Manager	Moderate	Rare	3	
222	The lack of frontline management at weekends may reduce the level of support/advice available to staff, and could result in a SUI.		13-Jun-06	***	1,2,4, 8	Operational	Major	Possible	12	1. DSO annual leave is restricted to ensure 5 are always available pan-London. 2. Team Leaders are also available to respond to incidents in support of crew members. 3. This risk is reduced by safety training for crew staff and the advice to await the arrival of police in high risk situations. 4. A requirement for on duty Silver officer to respond where appropriate, for this reason the Trust has a duty AOM and a on-call AOM available at all times. 5. General broadcast to other vehicles where requirement for a manager is due to crew safety. 6. Clinical Support Desk is now in place and provides a route for staff to gain support and advice on a range of matters 7. Maintaining full DSO establishment by topping up ADSO pool every 6 months, although completed some slippage will occur due to the Trust implementing the CIP. 8. Reviewed DSO rostering arrangements, to make cover more robust within the NWOV process.	Martin Flaherty	25-Oct-11	Major	Unlikely	8	1. Review new leave rules for DSOs. 2. Complex Management Review - consultations	1. J.Killens 2. J.Killens	1. Dec 2011 2. Dec 2011	1. Analysis of incident reporting	Moderate	Unlikely	6	Richard Webber Director of Operations tasked AOM Athar Khan to write a paper surrounding a Management review. The paper was submitted by Athar Khan at the end of February 2011, which is currently being considered by the Senior Management Team and work is ongoing. The review encapsulates many of the action points within this risk although still very much in its adolescent stage.
317	There is a risk that the Trust may not achieve its Category A target in the current financial year.		17-Aug-09	***	1,3,4, 8,10	Operational	Major	Possible	12	1. The Trust has a comprehensive recovery plan in place. 2. The recruitment of c400 additional staff during 2009/10 is on track and has the aim of reducing utilisation and increasing performance. 3. Demand assumptions have already been breached this year and therefore a Demand Management Group has been set up. 4. Delivery completed against all recovery plan actions. 5. Delivery completed against Operational Model 2009/10 aims and objectives (the projects)	Martin Flaherty	25-Oct-11	Major	Unlikely	8	1. Roster changes are being made to meet increased demand. 2. Forecasting and Planning Group to provide a more accurate way of forecasting activity against demand. 3. Weekly Demand and Capacity Group review abstractions within there operational directorate.	1.-3. J.Killens	1.-3.Ongoing	1. The Business Continuity (BC) Plan has been tested and is fit for purpose. 2. A BC and Emergency Preparedness Steering Group has been set up which will continue to test the BC plans.	Major	Rare	4	Operational Directorate have identified and implemented two specialised working groups. The forecasting and planning group is tasked to develop a more accurate way of forecasting and planning against activity rather than the static ORH 168 plan currently used within the Trust. The weekly demand and capacity group will look at expected demand whilst reviewing abstractions made within the operational directorate.
360	There is a risk that the Trust will not achieve level 2 NHSLA compliance where there is a significant gap between policy/procedure and practice.	- some evidence which can be provided is not consistent with the processes outlined within the documents - non compliance with the related NHSLA standards may contribute towards overall non compliance with the NHSLA standards at a Level 2 assessment as the trust will not be able to provide evidence	09-Jan-12		1,2,4	Corporate	Major	Possible	12	1. NHSLA Level 1 compliance with 48/50 standards.	Sandra Adams		Major	Possible	12	1. Review of standards in which existing policies/procedures do not match practice. 2. Update relevant policies/procedures to ensure current practice is captured correctly. 3. Collate and provide evidence on Performance Accelerator.	1. Governance and Compliance Team (GCT) 2. GCT 3. GCT	1. Oct 2012 2. Oct 2012 3. Oct 2012		Major	Unlikely	8	

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223	There is a risk, that due to operational pressures, the Trust will not be able to hold regular team meetings/briefings with frontline staff. This may have an adverse affect upon CPIs and the PDR process.		12-Jun-06	***	4,5	Operational	Moderate	Likely	12	1. NWOw is now in place at two complexes and incorporates a more robust rota allowing time for meetings. 2. PDR and CPI are also now in place, although these may be sidelined due to operational pressures. 3. New rostering arrangements under NWOw will allow time for meetings	Martin Flaherty	18-Nov-11	Moderate	Unlikely	6	1. Monitoring PDR	1. A. Khan			Minor	Unlikely	4	Since April 2011 the Trust has undertaken c508 PDR's Trust wide, this data has been abstracted from ProMis and will require further validation.
208	Risk of staff not knowing their accountabilities for internal control and the principles of the Code of Conduct.		22-Sep-11	***	5	Governance	Moderate	Likely	12	1. The Code of Conduct is included in the Non-Executive and Executive Directors induction. 2. Standing Orders revised and reviewed by Trust Board in December 2011 2010 3. Annual review of effectiveness to Board 4. Annual appraisal of NEDs and EDs 5. Governance Structure reviewed 6. Annual review for 2011/12 7. Preparation for Board to Board 8. Training for the Board on Counter Fraud and Implications of the Bribery Act	Sandra Adams	13-Mar-12	Moderate	Unlikely	6				1. Minutes from SRP 2. Effectiveness reports for committees	Moderate	Rare	3	SA Recommends to archive risk as all controls are now in place and risk has met its target rating.
181	There is a risk of injury to staff from slips, trips and falls on LAS premises during the course of their duties.	Injury to staff and patients	09-Feb-03	***	4,7	Health & Safety	Moderate	Likely	12	1. Premises inspections are undertaken every three months and are reviewed at meetings of the Corporate Health and Safety Group. 2. The one day Health & Safety Awareness course now covers premises inspections. 3. Slips, Trips and Falls Policy approved by COSE June 2010 4) All senior and line managers attend mandatory H&S awareness training 5) All in one training for non-operational staff, which includes awareness 6) Local risk registers have been introduced	Caron Hitchen	13-Mar-12	Minor	Unlikely	4	1. Revised policy to be tabled to SMG in Feb 2012 2. Training requirements are defined within the training Needs Analysis. Compliance in terms of content of training for different staff groups through corporate and local induction and through "all in one" for non-clinical staff should be audited. 3. review H&S Premises inspection reports 4 All senior and line managers attend madatory H&Safety awareness training. 5. Vehicle equipment working group review vehicle design that includes anti slip flooring.	1. Keith Miller/ Carmel Dodson- Brown 2. Carole Livett 3. John Selby 4. John Selby 5. VEWG	1. Complete 2. on-going - quarterly 3. Ongoing 4. Ongoing 5. Ongoing	1. Premises Inspection Reports. 2. Slips, trips and falls policy 3. CHSG monitor incident trends	Minor	Unlikely	4	
335	There is a risk that service delivery will be compromised in the event of flooding.		16-Feb-09	***	1,2,3, 4,7,8, 10	Business Continuity	Catastrophic	Unlikely	10	1. London Strategic Flood Plan. 2. Environment Agency Flood Plan - Signed up to the Environment Agency early warning system. 3. RIB and exceptional bulletins to alert staff to dangers of entering floodwaters. 4. PPS -25 Development and Flood Risk (Government guidance on planning new development and making current buildings more flood resilient). 5. LAS Business Continuity Plans - individual stations have business continuity plans. 6. Mutual aid agreements with other service partners. 7. EA mapping. 8. BC Coordinator now in place in EPD. 9. HART Staff (x88) trained in inland water operations.	Martin Flaherty	22-Sep-11	Catastrophic	Unlikely	10	1. LAS flood plan being written (incl. Severe weather plan) 2. Station Business Continuity Plans to include flooding contingencies. 3. Staff training to include Water Awareness not planned at present. 4. Post Pitt report guidance due in Autumn.	1. L.Lehane 2. E.Potter 3. K.Miller 4. L.Lehane		Catastrophic	Rare	5		
358	There is a risk that the joiners and leavers process is not established, leavers still have access to LAS information or have assets belonging to LAS.	There is a disconnect between HR processes and IM&T to ensure that leavers return all assets and accounts are disabled when the staff member leaves. There are therefore two areas of risk that needs to be addressed: 1). Ensure that assets held by the leaving member of staff are identified and returned on the last day of work; 2). Ensure that logical access to LAS systems is disabled when the staff member leaves. This is to include, as much as possible, this is to include all remote access and NHSmail accounts.	09-Jan-12		4	IM&T	Minor	Almost Certain	10	1. Removal of duplicate Employee IDs	Peter Suter	09-Jan-12	Minor	Likely	8	1. Starters and leavers process documentation being created. 2. Complete and distribute 'Managers Guide to Administration' to Managers.	1. A.Honour 2. G.Masters	1. Feb 2012 2. Feb 2012	Starters and leavers meeting held every 2 weeks	Minor	Rare	2	
359	There is a risk that users may install unauthorised software which may compromise information security, service management and potentially breach software licencing	There is a likelihood that the installation of unauthorised software may compromise Information Security or	09-Jan-12		4	IM&T	Minor	Almost Certain	10	1. Only admin users can install software. 2. Password changes are forced every 90 days. 3. A list of authorised/unauthorised software is being developed and acted upon.	Peter Suter	09-Jan-12	Minor	Likely	8	1. Further locking down of desktops required. 2. Reduction of the number of Admin accounts. Instances of questionable software installs to be investigated and either removed or to be added to authorised list.	1. R.Clifford 2. R.Clifford	1. Jan 2012 2. Jan 2012	Startard reporting item of IGG	Minor	Unlikely	4	

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331	There is a risk that the Trust will not achieve the target of reducing its carbon footprint by 10% by 2015 (based on 2007 carbon footprint)		06-May-10	***	4	HR	Moderate	Possible	9	1 Salix match funding agreement, which has funded a number of works that will reduce energy usage, thereby carbon footprint. 2. Replacement of LDVs in fleet. The replacement Mercade4s vehicle is more fuel efficient and its bodywork is mostly recyclable. 3. in addition there is a regular progress report to SMG/Trust Board on the implementation of the carbon reduction management action plan. 4. Draft KPIs relating to reducing Trust carbon footprint is in development. 5. implementation of CRM, web based processes to replace paper based processes will support the trust's carbon reduction objective.	Caron Hitchen	13-Mar-12	Moderate	Possible	9	1. The LAS is part of the 2011/12 NHS Carbon Management Programme and the Carbon Management Project Team is working with Carbon Trust to develop a comprehensive quantified plan to deliver reductions in the Trust's carbon footprint which exceed the original target. 1) Management action plan which will be overseen by Carbon Reduction Working Group reporting to SMG. 2) KPIs to be identified and agreed by CRWG/SMG to monitor progress. Work had been completed to ascertain data (2007) to set SMART targets and measure progress. 3) Pilot projects to be undertaken in the buildings that have half hour meters measuring electricity usage. 4)Travel plan and supporting survey to be undertaken in January/February 2011 (once REAP level is stable) 5) Recruitment of green champions	1.C.McMahon	1. 2015 2. 3. 4. 5.	Regular reports to SMG	Moderate	Unlikely	6	There is a possibility that the workload of members of the CRWG will mean the implementation of the management action plan receives less support CH has requested that this risk is considered for relocation to Estates;
350	There is a risk that the establishment of a Clinical Commissioning Group and reconfiguration of the SHA and PCT's may result in a temporary reduction in stakeholder engagement and partnership working and subsequent delivery of improvements in the urgent and emergency care system.	Since the implementation of the Health Bill the following issues have been highlighted. 1) Impact on providing appropriate clinical care to patients. 2) Staff clinical decision making could be affected. 3) Impact on finance due to not achieving financial targets such as CQIN and Quality, Innovation, Productivity and Prevention. 4) Impact on performance due to increased turnaround times. 5) Reputation risk for the LAS through inefficient use of the health economy.	11-Jul-11	***	1,2,4, 10	Clinical	Moderate	Possible	9	1. Monthly monitoring of current care pathway usage. 2. Feedback mechanism in place of care pathways with commissioners. 3. Creating an evidence base and continuing a dialogue with commissioners to maintain clinically appropriate pathways and reported bi monthly to Clinical Quality Group. 4. A Clinical Quality Group to engage senior GPs from clusters in strategy and quality issues meets bi-monthly.	Lizzy Bovill	13-Mar-12	Moderate	Possible	9	1. Membership and attendance at NHS London and cluster level unscheduled care boards. 2. Need for commissioners and community providers to audit appropriateness of LAS referrals and subsequent clinical impact on patients.	1. L.Bovill 2. L.Bovill	1. April 2012 2. April 2013	1. Established relationships with Senior Leads. 2. Quarterly meetings with Senior Leads and monthly meetings with Junior Leads	Moderate	Unlikely	6	
199	Risk to staff safety / vandalism/theft due to inability to adequately secure premises.	90 Sites which are open by design and not always manned.	01-Jan-03	***	7,8	Finance	Moderate	Possible	9	1. Operational managers in conjunction with H&S representatives carry out quarterly health and safety premises inspections. If there is a perceived security issue it will be reported to Estates who will investigate and take appropriate action. 2. Bulletin reminding staff to secure premises when leaving unattended.	Michael Dinan	11-Nov-11	Moderate	Possible	9	1. A Security Management Policy will be developed.	1. M. Nicolas / Chris Vale / John Selby	1. Oct 2011	1. Reported to SMG	Moderate	Unlikely	6	10/11/11 MD - Health and Safety Group to review this risk at their next meeting. Recommendation made in a recent SI to be considered by SMG and the Trust Board
303	There is a risk of unavailability of critical patient care equipment on vehicles.		21-Oct-08	***	1,2,4, 8	Logistics	Moderate	Possible	9	1. Equipment amnesty - audits carried out, about 20 vehicles were unequipped, all the rest were fully equipped, and this will be resolved via purchasing of additional equipment. 2. Daily assessment of vehicle equipment by make-ready, and follow-up to locate spare equipment 3. 74 sets of new equipment have also been issued in the last year, with new Mercedes Ambulances 4. Purchase of 165 new vehicles and equipment. 5. Monthly defib audits - returns reported to VEWG (350 extra defibs)	Martin Flaherty	11-Nov-11	Moderate	Possible	9	1. Trial of new LA1 forms to include equipment and VDI checks being carried in the West Area for 3 months commencing June 2011. 2. Following West area review, begin roll-out to East and South areas	1. Kevin Brown 2. Kevin Brown	1. Ongoing 2. Dec 2011	1.Weekly audit returns to Logistics and Make Ready contractors. 2. Monitoring at Area Governance Groups.	Minor	Unlikely	4	This is part of the VDI policy being written. Update from Jason Killens. Roll out of vehicle packs and new LA1 will improve recording of equipment on vehicles. As risk 186 more focus has been placed on the introduction of an asset tracking system.
46	There is a risk of infection to staff due to sharps injury.		14-Nov-02	***	4,7	Infection Control	Moderate	Possible	9	1. Introduced the Safety Canulae trial in early 2009. Results to be monitored via Infection Control Steering Group. 2. In 2008 the overall number of LA52 reported needle stick incidents for Q3 (1st July - 30th Sept) was 9 near misses and 3 actual. This represents a reduction of reported incidents from Q2 of 12 actuals and 2 near misses. The new cannulae are now in use which should hopefully reduce the number of injuries. 3. H&S bulletin related to 'Disposal of Sharps' was issued in 2007/08. 4. This is part of the infection prevention and control action plan.	Steve Lennox	08-Feb-12	Moderate	Possible	9	1. Minimise the risk of sharps injury: a) Participate in national ambulance audit 2011. b) Undertake a programme of staff awareness (and to incorporate new guidance from POSSH conference)	1a.T.Hubbard 1b.T.Hubbard	1a May 2012 1b May 2013	1. Health and Safety Audits. 2. Clinical Quality Safety and Effectiveness Committee. 3. Incident reporting. 4. ICSG quarterly review 5. SUI of high risks cases.	Minor	Unlikely	4	The Infection Prevention & Control Committee 02/02/2012 reviewed this risk and decided the net rating remains the same. Head of IPC is setting up a sub group to ensure the Trust is ready to implement guidance in 2013. Gap analysis currently being completed.

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328	There is a risk that paramedics are not trained in the use of aseptic no touch technique (ANTT).		17-May-10	***	1,2,5,7	Infection Control	Moderate	Possible	9	1. All Team Leaders have received ANTT training. 2. The principles of ANTT are now included in paramedic courses. 3. Training for all clinical staff for ANTT has now been completed. 4. All staff receive all in one training or alternative form of update (core skills refresher and induction training) 5. Hand hygiene training is implement and monitored.	Steve Lennox	29-Feb-12	Minor	Possible	6	1. To be fully compliant with CQC expectations and all staff to have up to date infection control training:			Minor	Unlikely	4	The Infection Prevention & Control Committee 02/02/2012 reviewed this risk and proposed that it is archived as the actions are completed and the risk has reached its target rating. Compliance will continue to be monitored.	
275	Loss of access to the Deptford Logistics Store may result in drug supplies being disturbed.		03-Jul-07	***	1,2,8,10	Business Continuity	Moderate	Possible	9	1. The Trust has arrangements for Frimley Park Hospital NHS Trust to supply drugs on a 24 hour basis if required (but no formal arrangement is in place.). 2. London hospitals could supply drugs in an emergency.	Martin Flaherty	11-Nov-11	Moderate	Unlikely	6	1. Review of business continuity plan for the supply of drugs as there is no formal arrangement with Frimley Park.			Moderate	Rare	3	PW to add update from Medicines Management Group. SLA not in place with Frimley Park as this would entail a tendering process. Actions need to be identified	
278	Staff are not trained in Business Continuity and are unaware of their responsibilities and/or their departmental arrangements in the event that the Business Continuity Plan is invoked.		03-Jul-07	***	5,7	Business Continuity	Moderate	Possible	9	1. Tabletop testing programme of departmental plans is ongoing and has so far included IM&T, Communications, Estates, Logistics, Finance, Purchasing and HR (Safety & Risk and Staff Support). 2. Business Continuity is now covered in the Corporate Induction Programme and the 3 year all in one refresher for support staff.	Martin Flaherty	10-Nov-11	Moderate	Unlikely	6	1. Training and awareness plan to be produced. 2. Tabletop testing of departmental plans to be scheduled, when new plan complete. 3. Gold and Silver training included in training scheduled under development.	1. Liam Lehane 2. Liam Lehane 3. Liam Lehane		Moderate	Rare	3	NHS London have produced a business continuity toolkit which the EP&BC will use to develop and align their processes . 1. Gold and silver training is subject to operational pressures.	
182	Not being able to escape from an LAS building in the case of fire or other emergencies.	Lack of fire inspections/premises inspections, or failure of fire detection systems	09-Feb-04	***	7	Health & Safety	Moderate	Possible	9	1. Procedures are found on Pulse under Fire and Bomb Evacuation Procedure. 2. 'Statement of Fire Safety' is produced annually and is returned to NHS Estates. 3. Risk Action Plans have been produced from the Fire Risk Assessments. 4. Local Fire Marshals have been nominated. 5. Fire evacuation drills are undertaken twice yearly. 6. Fire alarm testing carried out on a weekly basis. 7. Estates department annual assurance of Trusts fire safety compliance. 8. All in one and senior line manager safety and risk awareness training includes fire awareness.	Caron Hitchen	13-Mar-12	Minor	Unlikely	4	1. Health Safety and Risk team to take responsibility for delivering Fire Marshall Awareness Training. 2. Core learning skills 2 includes fire awareness training. 3. Premises inspections are monitored at the CHSG	1. J.Selby 2. K Miller 3. J Selby	1. Ongoing 2. Ongoing 3. Ongoing	1) Fire & Bomb Evacuation Policy 2) Premises Inspection Procedure 3) CHSG Monitor Premises Inspections 4) Annual Statement of Fire Safety submitted to DoH	Minor	Rare	2	CH has requested that this risk is considered for relocation to Estates;
271	All staff may not be in possession of a valid driving licence for the category of vehicle they are required to drive.		14-Mar-07	***	4,5,8	Operational	Moderate	Possible	9	1. All staff have their driving license checked upon recruitment. 2. Anyone with more than 3 points will not be appointed. 3. Driving licence checks should be undertaken for all service drivers on a 6-monthly basis (TP023a/TP065). 4. All staff claiming mileage must declare whether they have a valid driving licence.	Michael Dinan	23-Nov-11	Moderate	Rare	3	1. The Trust is working in conjunction with staff side viewing options on how best to robustly manage driving licence checks. 2. The Trust is exploring an automated system to check licences directly with the DVLA.	1. & 2. J. Killens / G.Hughes	1. & 2. TBA (following review)	1. Internal Audit	Moderate	Unlikely	6	Release (TP/063): Procedure for checking driving licences, to provide a process which ensures staff with driving duties and responsibilities maintain a current and updated driving licence.
346	Due to recruitment difficulties, there is a risk that the West Team may not be at full strength by that date.	The Trust is committed to having 2 full strength HART's by April 2010.	16-May-11		4,5,8	Finance	Major	Unlikely	8	1. Recruitment well under way with 33 out of the maximum 42 staff either in post, in training or recruited.	Michael Dinan	13-Mar-12	Major	Unlikely	8	1. Continued recruitment plan	1. C.Hitchen	1. Ongoing	1. Monitored at SMG and Trust Board	Major	Unlikely	8	JK - Both HART teams are now at full strength and the recruitment to the teams is no longer an issue. As such the risk can be archived.
332	There is a risk that Trust and National infection control procedures may be compromised as ambulance mattress covers are not routinely changed after each patient.		01-Mar-10	***	4	Infection Control	Minor	Likely	8	1. The mattress is disinfected between each patient.	Steve Lennox	02-Feb-12	Minor	Likely	8	1. Identify - procure suitable disposable mattress covers; finalise assessment and make recommendation. 2. Improve returns from laundry of sheets and covers; agree process for returning sheets with the provider. 3. Eliminate soft repairs being undertaken with tape: a) Establish the incidence of repairs being undertaken to soft furnishings with tape. b) Instruct workshops to ensure spare mattresses are available to swap.	1 Chris Vale 2. Chris Vale 3.a Chris Vale 3b Chris Vale	1. Aug 2011 2. Mar 2012 3a Aug 2011 3b Aug 2011		Minor	Unlikely	4	The Infection Prevention & Control Committee reviewed this risk 02/02/12 and decided the net rating remains the same. Further actions are to be decided by a sub group which will also be discussing risk 327 around the reuse of linen.



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351	There is a risk that operational staff may be verbally abused. The consequences being an increase in staff absence through stress, and an adverse impact on staff moral/ service/ patient care.	There is the potential that any member of operational staff may be subjected to verbal abuse for a wide variety of reasons that might include but not be restricted to alcohol, drugs and or mental health issues affecting patients and others that operational staff come into contact with during the course of their work.	10-Oct-11	***	5,7	Health & Safety	Minor	Likely	8	1. Conflict Resolution Training, Identification of trends through incident reporting statistics. 2. High risk address flagging, MDT updates from EOC; Airwave radio. 3. Obstructing Emergency Worker legislation. 4. Appointment of local security leads	Caron Hitchen	11-Nov-11	Minor	Possible	6	1. Run an additional "No Tolerance" campaign. 2. Public awareness posters.	1. M.Nicholas 2. M.Nicholas	1. 2.	1. CH&SG incident statistics review 2. Review local risk registers 3. Local security leads in all complexes 4. Period review of High Risk flagged addresses	Minor	Rare	2	NOTE: This is the same as item 308 Corporate Health and Safety Group to Review.
281	HR Occupational Health has no formal fall back if contractors are unable to fulfil their contracts.		03-Jul-07	***	7	Business Continuity	Minor	Likely	8	1.	Martin Flaherty	08-Mar-12	Minor	Possible	6	1. Requirement identified at Staff Support Business Continuity test and to be pursued by Fatima Fernandes and Atos representative K.Woodcock.				Minor	Rare	2	CH proposes to close risk due to existing contractual arrangements with Guys & St Thomas being in place.
304	There is a risk of non-functioning critical patient care equipment on vehicles.	Incidents of staff reporting that critical patient care equipment is not available	21-Oct-08	***	1,2,5,8	Clinical	Moderate	Unlikely	6	1. Continued review of LA52 data. 2. Routine vehicle maintenance checks. 3. Make Ready staff check equipment functionality when making vehicles ready. 4. Purchase of new 12 lead defibrillators and shock boxes 5. Health and Safety bulletin reminding staff to include information such as equipment type and serial number and a description of the fault. 6. Release OP/026 this procedure is to ensure that all vehicle equipment is in a safe and ready state of working order and used correctly in keeping with a professional ambulance service that provides pre-hospital care, treatment and appropriate ambulance transport for patients	Fionna Moore	13-Mar-12	Moderate	Unlikely	6	1. Monitor details submitted on LA52's which are completed relating to equipment failure.	1.M.Whitbread	1. Ongoing	1. Monitoring by CQSE.	Moderate	Rare	3	There is a risk of clinical equipment namely LP12 and LP15 not functioning correctly, this is down to the slow pace of replacement of the LP12 with the LP15. We have a good supply of LP15's but the delivery of these to vehicle across the service is very slow. A number of ambulances have been fitted with the dual (LP12 & LP15) brackets and vehicle based chargers but have not received the LP15 therefore LP12's are on the vehicles but can not be charged from the LP15 charger, this results in flat batteries. A number of LA52's have been completed which highlight this. The solution is simply to instructed logistics to deliver LP15'ds to stations and remove LP12's from service.
341	There is a risk that the Trust will be unable to receive sufficient 'engineering information' from MDT devices, due to a delay in completing the roll out of MDT/2 to all necessary vehicles before CommandPoint Go Live, causing compromises to the capability to rectify any related faults that may occur.		11-Jan-11		8	IM&T	Minor	Unlikely	4	1)The Trust Board authorised a single tender Business Case in December 2010 and 570 MPC2s were ordered from Microbus, the first delivery has been received and further deliveries are scheduled during March, April and May. The roll out to the fleet continues and full deployment is expected by Summer 2011. 2) Conduct a business impact analysis on the CommandPoint project of not implementing the MDT2 ExpressQ software 3) Provide additional funds to procure the software and units. 4) Plan to design and test business process prior to implementation 5) Conduct a business impact analysis on the CommandPoint project of any MI related information contained in the engineering information that is critical for go-live of CommandPoint 6) Conduct a business impact analysis on the CommandPoint project of any other related Operational initiatives that rely on the engineering data that will deem the go-live of CommandPoint a success or failure. 7) Upgrade the MDT1s at the same time as the implementation of MDT2s, to provide the CommandPoint project with a solution before Go Live.	Peter Suter	16-May-11	Minor	Unlikely	4	1) Upgrade the MDT1s at the same time as the implementation of MDT2s, to provide the CommandPoint project with a solution before Go Live.	1) John Downard	1) May 2011	CommandPoint project will provide the following assurances on the risk: 1) CommandPoint Project Board monthly reviews 2) Risk Manager weekly reports 3) Risk manager and risk owner regular reviews. 4) Risk manager and project manager regular reviews	Minor	Unlikely	4	

**London Ambulance Service NHS Trust  
Risk Register as at 17th February 2012**

Risk ID	Risk Description	Underlying Cause/ Source of Risk	Date Opened	Assurance Framework Ref.	Corporate Objective	Risk Category	Gross Impact	Gross Like-likelihood	Gross Rating	Existing Controls (Already In Place)	Risk Owner	Date Risk Last Updated	Net Impact	Net Like-likelihood	Net Rating	Further Actions Required	Action Owner	Date Action to be Completed	Assurance In Place (how do we gain assurance that the controls in place are effective)	Target Impact	Target Like-likelihood	Target Rating	Comments
340	There is a risk to the CommandPoint Training schedule through travel disruption due to bad weather or industrial action by travel operatives, leading to reduced attendance or the cancellation or postponement of the training schedule.		11-Jan-11	1,2,3,4,5	IM&T	Moderate	Rare	3	1. Commenced investigations into considering offering the Tutors / WBT 1 the option of accommodation in London during periods of extreme weather. 2. Project Executive support requested.(From Peter Suter) 3. Project Finance approval requested (To Martyn Salter)	Peter Suter	16-May-11	Moderate	Rare	3	1. To mitigate against the risk to training of travel disruption, consider offering the Tutors / WBT 1 the option of accommodation in London during periods of extreme weather to ensure that we are able to deliver the entire programme. 2. Investigate costs of hotels in the Waterloo/Southwark area.	1. Peter Suter 2. Keith Miller	1. Complete 2. Complete	CommandPoint project will provide the following assurances on the risk: 1. CommandPoint Project Board monthly reviews	Minor	Unlikely	4		



## LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 27<sup>TH</sup> MARCH 2012

### PAPER FOR NOTING

<b>Document Title:</b>	<b>Audit Committee Assurance Report</b>
<b>Report Author(s):</b>	<b>Caroline Silver, Chair of the Audit Committee</b>
<b>Lead Director:</b>	<b>N/A</b>
<b>Contact Details:</b>	
<b>Why is this coming to the Trust Board?</b>	<b>To receive an update on the key items of discussion at the Audit Committee meeting on 5<sup>th</sup> March 2012 and to receive assurance from the Committee.</b>
<b>This paper has been previously presented to:</b>	<input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Other
<b>Recommendation for the Trust Board:</b>	<b>To note the report</b>
<b>Key issues and risks arising from this paper</b> At the Audit Committee meeting on 5 <sup>th</sup> March, a number of risks to the Trust's key sources of assurances were identified. These risks, together with the mitigating actions, are detailed in the attached report.	
<b>Executive Summary</b> It is the role of the Audit Committee to focus on the controls and related assurances that underpin the achievement of the Trust's objectives and the processes by which the risks to achieving these objectives are managed. The purpose of this report is to assure the Trust Board of the effectiveness of the Trust's systems of integrated governance, risk management and internal control, and is based on the Trust's key sources of assurance as identified in the Trust's Board Assurance Framework (section C of the Board Assurance Framework).	
<b>Attachments</b> Report from the Audit Committee meeting on 5 <sup>th</sup> March 2012.	

**Quality Strategy**

This paper supports the following domains of the quality strategy

- Staff/Workforce
- Performance
- Clinical Intervention
- Safety
- Clinical Outcomes
- Dignity
- Satisfaction

**Strategic Goals 2010 – 13**

This paper supports the achievement of the following corporate objectives:

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

**Risk Implications**

This paper supports the mitigation of the following strategic risks:

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

**Equality Impact Assessment**

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:

## Report from the Audit Committee on 5<sup>th</sup> March 2012

### STRATEGIC RISKS

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

### ASSURANCES AND CONTROLS

It is the role of the Audit Committee to focus on the controls and related assurances that underpin the achievement of the Trust's objectives and the processes by which the risks to achieving these objectives are managed. The purpose of this report is to assure the Trust Board of the effectiveness of the Trust's systems of integrated governance, risk management and internal control, and is based on the Trust's key sources of assurance as identified in the Trust's Board Assurance Framework (section C of the Board Assurance Framework).

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

#### ***Risk Register and Board Assurance Framework (SR 1.2.3.4)***

The Audit Committee received a report from the Audit and Compliance Manager and noted that the risk management processes continue to evolve positively, with greater engagement from the local areas and departments. The Audit and Compliance Manager is due to meet with each of the coordinators of the local risk registers to review the registers and the quality of information supporting these.

The recent Quality Governance Review highlighted that there are a number of risks on the corporate risk register which date back to 2002 and questioned whether they should by now have been resolved and closed. Management's view is that this is not indicative of a problem with the risk management processes as these risks have been systematically reviewed and updated by the relevant governance groups. The Audit Committee expressed a desire to retain the visibility of these risks, rather than moving them to the archive risk register and is reassured by the fact that the Audit and Compliance Manager is developing a process to manage business as usual risks, which would be presented to the next meeting of the Risk, Compliance and Assurance Group. This is not to say, however, that the Trust loses sight of archived risks and, to demonstrate this, the Audit and Compliance Manager gave examples of proposals by local groups to reinstate archived risks onto the corporate risk register.

The Audit Committee is due to undertake a full review of the risk register and Board Assurance Framework at its next meeting on 14<sup>th</sup> May 2012.

#### ***Report from the Chair of the Quality Committee (SR 1.2.4)***

The Audit Committee received a report from the Chair of the Quality Committee, which highlighted a number of risks to quality and the mitigating actions that will be taken to address these. A full report from the Quality Committee is presented to the Trust Board.

Overall, it is felt that the Quality Committee is operating effectively, although there is some concern about the scope of its remit. The Chair of the Quality Committee attends the majority of Audit Committee meetings, which strengthens the relationship between the two committees.

#### ***Report from the Chair of the Finance and Investment Committee (SR 2.3.4)***

The Audit Committee received a report from the Director of Finance on the key areas of discussion at the recent Finance and Investment Committee meetings. The Audit Committee noted that there are some potential risks arising from the implementation of the 111 non-emergency contact number, although the exact nature of these risks is not yet clear. This is something that the Strategy Review and Planning Committee will discuss at a future meeting.

The Director of Finance expressed the opinion that the Finance and Investment Committee is working well, but that, as a new committee, it is still in the process of refining the scope of its responsibility.

#### ***External Audit Opinion (SR 3)***

The Audit Committee took assurance from the fact that no significant issues have been identified as a result of the interim audit. Four risks have been identified as relevant to the auditing of the accounting statements and the External Auditor outlined how each of these would be appropriately managed.

The Audit Committee heard that the Audit Commission's services for LAS will be outsourced to Grant Thornton. This could present a potential conflict of interest as Grant Thornton currently provides the historical due diligence service for LAS as part of the FT process. The Director of Corporate Services agreed to flag this with NHS London.

#### ***Report from the Internal Auditor (SR 1.2.3.4)***

The Audit Committee took assurance from the fact that five final reports had recently been issued, all of which gave a green or amber/green opinion.

A draft report has recently been issued for information governance, which raises some concerns that the evidence available does not support the achievement of the information governance toolkit. An action plan is in place and management has indicated that all actions will be completed by the end of March 2012. RSM will also be undertaking a follow up audit in the first week of April to give assurance that the Trust has moved forward. This audit has an impact on the draft head of internal audit opinion, although the statement on information governance could be retracted if the Trust achieves 75% compliance with the toolkit by the end of March 2012 and this is evidenced through RSM Tenon's next review.

An internal audit of the project management of CommandPoint identified a number of gaps in the risk management of project risks. The Director of Corporate Services reported that the Risk Compliance and Assurance Group discussed CommandPoint risks at its last meeting and as a result a new risk has been entered onto the Corporate Risk Register, which is currently the second-highest rated risk (There is a risk that problems during the development and testing of CommandPoint result in the system not being ready to go live as planned by the end of March 2012. This could have a contractual, financial and reputational impact for the Trust.) This risk is an aggregate of a number of project risks and it was agreed that this is the best approach, given that the project risk register is dynamic and was updated on a weekly basis.

The Audit Committee noted the Internal Audit Plan for 2012/13 and is reassured that the Quality Committee has had sufficient input. It was noted that this is a flexible plan which could be amended throughout the year.

The Internal Auditor reported that RSM had recently been in the news due to the fact that the company had reported a loss for the period. The Audit Committee is reassured however that the risk management division is performing well and there is no immediate impact on the internal audit team.

#### ***Draft Head of Internal Audit Opinion (SR 1.2.3.4)***

The overall opinion from the draft head of internal audit opinion is one of significant assurance, with the caveat around the information governance toolkit. Internal audit is confident that the actions being taken are sufficient for this statement to be removed and even if it is not removed, the opinion is still one of significant assurance.

#### ***Audit Recommendations Progress Report (SR 1.2.3.4)***

The Audit Committee noted the internal audit recommendations progress report and is reassured that there was only one red-rated action on the report, which has subsequently been progressed and now rated green. Overall, the Committee heard that the process is working well and there is much more engagement from across the organisation. As a result, responses are being received and actions progressed in a timelier manner.

#### ***NHS Litigation Authority level assessment of risk management standards (SR 1.2.3.4)***

The Audit Committee noted that the Trust would proceed with NHSLA level 1 assessment this year and with level 2 assessment in 2013/14. The Audit Committee is satisfied that this is an appropriate way forward given that progress has been made since the last assessment and the standards changed year on year.

#### ***Report from the Local Counter Fraud Specialist (SR 3)***

The Local Counter Fraud Specialist gave an update on recent activity, including a number of proactive exercises on supplier bank account amendment process; Trust purchasing cards; and fuel cards. The Audit Committee is assured by the fact that the Trust received a 3 in its Qualitative Assessment which indicates that the Trust performs well in relation to counter fraud. The Local Counter Fraud Specialist stated that the Trust is broadly where it needs to be in relation to counter fraud.

#### ***Clinical Audit Work Plan (SR 1.4)***

The Audit Committee noted progress against the Clinical Audit Work Plan. Due to restricted capacity in the Clinical Audit and Research Team, a number of projects had been reprioritised and had not been progressed.

## RISKS TO ASSURANCES AND CONTROLS

Risk	Mitigation given
Scope of the Quality Committee's remit is too wide.	<ul style="list-style-type: none"> <li>▪ There was a longer gap than usual between the Quality Committee meetings, which in part accounted for the lengthy agenda. Meetings for the rest of the year have been scheduled every two months and therefore this should not be a problem for future meetings.</li> <li>▪ Work is ongoing to improve the quality of the reports from the Area Governance Committees and the sub-Committees of the Quality Committee so that the Quality Committee receives sufficient assurance and does not have to delve into the detail of the issues.</li> <li>▪ Best practice recommends having an integrated Quality Committee as there is a risk that, if the Committee focuses solely on clinical quality, other aspects of quality which have an impact on clinical quality might be overlooked.</li> </ul>
External Audit transferring to Grant Thornton: Potential conflict of interest; Risk that the quality of external audit will not be maintained.	<ul style="list-style-type: none"> <li>▪ The Director of Corporate Services will flag this to NHS London.</li> <li>▪ The Audit Committee cannot at this stage be assured that the quality of external audit will be maintained, however the transfer to Grant Thornton will not take place until November 2012 and therefore will not affect the 2011/12 accounts.</li> </ul>
RSM Tenon has reported a loss for the period. This has a potential impact on internal audit and local counter fraud services.	<ul style="list-style-type: none"> <li>▪ RSM Tenon's banking arrangements are fully supported.</li> <li>▪ The risk management division is a successful part of the business and is currently recruiting for additional members and therefore there is no immediate impact on internal audit and local counter fraud.</li> </ul>
Gaps in the management of project and programme risks.	<ul style="list-style-type: none"> <li>▪ This issue was also highlighted in the serious incident investigation into CommandPoint. Action has subsequently been taken to ensure that managers are trained in the Trust's risk management processes.</li> </ul>
Gaps between policies and practice could lead to failure at Level 2 NHSLA.	<ul style="list-style-type: none"> <li>▪ NHSLA Level 2 postponed and 1 to be reassessed in Q3 2012.</li> </ul>
The number of staff vacancies within the Clinical Audit and Research Team have impacted on the team's ability to deliver components of the clinical audit work plan.	<ul style="list-style-type: none"> <li>▪ The Clinical Audit and Research Steering Group reviewed the clinical audit work plan in October 2011, and reduced the number of projects giving priority to the Department of Health Ambulance Clinical Quality Indicators.</li> </ul>





## LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 27<sup>TH</sup> MARCH 2012

### PAPER FOR NOTING

<b>Document Title:</b>	<b>Finance and Investment Committee meeting and report</b>
<b>Report Author(s):</b>	<b>Richard Hunt, Trust Chair</b>
<b>Lead Director:</b>	<b>N/A</b>
<b>Contact Details:</b>	
<b>Why is this coming to the Trust Board?</b>	<b>To provide assurances on scrutiny of current finance and investment issues</b>
<b>This paper has been previously presented to:</b>	<input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Other
<b>Recommendation for the Trust Board:</b>	<b>For information</b>
<b>Key issues and risks arising from this paper</b> As outlined below.	
<b>Executive Summary</b>  The finance and Investment Committee meeting was held on Tuesday 13 <sup>th</sup> March. The following was covered:  1. There was a presentation on Olympic Preparation and in particular scrutiny of the funding requirements, noting that the cash flow implications would require specific attention but no problems were foreseen. The process for the additional contingency fund would be developed and tested so that, if required, this additional funding could be made available quickly. 2. Lizzy Bovill provided an update on the as yet unresolved contract discussions for 2012/13. There was concern over the approach being adopted by the commissioners. It was unlikely that contracts would be agreed and signed ready for the start of the next financial year. Funding will continue on the same basis as this year until resolved. 3. The committee received an outturn capital plan for 2012/13. This contained relatively routine proposals for equipment replacement. It was suggested a capital plan extending to 3 years should be prepared. This would be discussed at a future meeting. 4. Previously scrutinised business cases were briefly reviewed, with no new issues identified. 5. A proposal for the purchase of FRU replacements was discussed and the plan for the purchase of 34 vehicles approved by the committee (part of 2012/13 expenditure).	

6. The Committee received a report on liquidity and working capital. The position was satisfactory and no current concerns, or any that may arise in the next three months, were identified.
7. The current month and year to date financial position were considered satisfactory and the year end forecast position should be achieved.
8. The committee received a full report on a proposal for the LAS' organisation carbon Management Plan. This was considered in appropriate detail and approved. Given that this would become an increasingly important issue over the next 3-5 years it was suggested that a brief resume should be provided for the Board.

Finally, the next meeting will be held on 15<sup>th</sup> May 2012.

**Attachments**

None.

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**Quality Strategy**

This paper supports the following domains of the quality strategy

- Staff/Workforce
- Performance
- Clinical Intervention
- Safety
- Clinical Outcomes
- Dignity
- Satisfaction

**Strategic Goals 2010 – 13**

This paper supports the achievement of the following corporate objectives:

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

**Risk Implications**

This paper links to the following strategic risks:

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

**Equality Impact Assessment**

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:



**LONDON AMBULANCE SERVICE TRUST BOARD**

**DATE: 27<sup>TH</sup> MARCH 2012**

**Compliance with Standing Orders and Standing Financial Instructions**

<b>Document Title:</b>	<b>Trust Secretary Report</b>
<b>Report Author(s):</b>	<b>Francesca Guy</b>
<b>Lead Director:</b>	<b>Sandra Adams</b>
<b>Contact Details:</b>	<b>Sandra.adams@lond-amb.nhs.uk</b>
<b>Why is this coming to the Trust Board?</b>	<b>Compliance with Standing Orders</b>
<b>This paper has been previously presented to:</b>	<input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Group <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Other
<b>Recommendation for the Trust Board:</b>	<b>To be advised of the tenders received and entered into the tender book and the use of the Trust Seal since 17<sup>th</sup> January 2012 and to be assured of compliance with Standing Orders and Standing Financial Instructions</b>
<b>Key issues and risks arising from this paper</b>	
<p>This report is attended to inform the Trust Board about key transactions thereby ensuring compliance with Standing Orders and Standing Financial Instructions.</p>	
<b>Executive Summary</b>	
<p>Two tenders have been received, opened and entered into the tender book since 17<sup>th</sup> January 2012:</p> <ul style="list-style-type: none"> <li>▪ New control room at St Andrews House, Bow Tenders received and opened by Bravo Solutions on 30<sup>th</sup> January 2012: Coniston Ltd Millane Ltd Form Ltd Sutherland Building Services Ltd ITC Concepts Ltd</li> <li>▪ Media Management System Tenders received and opened by Bravo Solutions on 6<sup>th</sup> March 2012 AlMediacomms Ltd Bottle Ltd Connect Internet Solutions Ltd Four Communications Group Plc Hitachi Consulting UK Ltd Lexia Media Ltd</li> </ul>	

Vocus Europe  
Dilitech Ltd

There have been no new entries to the Register for the Use of the Trust Seal since 17<sup>th</sup> January 2012.

The Trust now maintains a register for Single Tender Waivers and there has been one entry since January 2012.

**Attachments**

None.

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**Quality Strategy**

This paper supports the following domains of the quality strategy

- Staff/Workforce
- Performance
- Clinical Intervention
- Safety
- Clinical Outcomes
- Dignity
- Satisfaction

**Strategic Goals 2010 – 13**

This paper supports the achievement of the following corporate objectives:

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**Risk Implications**

This paper links to the following strategic risks:

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

**Equality Impact Assessment**

Has an Equality Impact Assessment been carried out?

Yes

No

Key issues from the assessment:



### TRUST BOARD FORWARD PLANNER 2012

Date of meeting	Standing Reports to the Board	Safety and Quality (additional to standing reports)	Finance and Performance (additional to standing reports)	Strategic and Business Planning	Governance	Sub-Committee meetings during this period
<b>24 April</b>  <b>Strategy, Review and Planning Committee</b>		Community First Responders/corporate and social responsibility		FT Progress Report including draft Board Statements and Working Capital Review  111 Implementation		
<b>29 May</b>  <b>Trust Board</b>	Report from the Trust Chairman  Report from CEO  Report from the COO  Report from Director of Finance  Report from Sub-committees	Quality Account 2011/12  Presentation on the Ambulance Services Cardiac Quality Initiative  Quality Dashboard and Action Plan  Clinical Quality and Patient Safety Report  Workforce Report  Quality Committee Assurance Report	Annual Report and Accounts 2011/12	FT Progress Report and Board Statements  Workforce/HR Strategy  Carbon Management Plan	Report from Trust Secretary  Trust Board Forward Planner  SMG Effectiveness Review	25 <sup>th</sup> April – Quality Committee  14 <sup>th</sup> May – Audit Committee  15 <sup>th</sup> May – Finance and Investment Committee

Date of meeting	Standing Reports to the Board	Safety and Quality (additional to standing reports)	Finance and Performance (additional to standing reports)	Strategic and Business Planning	Governance	Sub-Committee meetings during this period
<b>26 June</b>  <b>Trust Board</b>	Report from the Trust Chairman  Report from CEO Report from the Trust Chairman  Report from CEO  Report from the COO  Report from Director of Finance  Report from Sub-committees	Annual Safeguarding Report 2011/12  Annual Infection Prevention and Control Report 2011/12  Quality Dashboard and Action Plan  Clinical Quality and Patient Safety Report  Workforce Report  Quality Committee Assurance Report		FT Progress Report	Report from Trust Secretary  Trust Board Forward Planner  BAF and Corporate Risk Register – Quarter 1 documents  Annual Equality Report 2011/12	29 <sup>th</sup> May – Remuneration Committee  1 <sup>st</sup> June – Audit Committee  20 <sup>th</sup> June – Quality Committee
<b>24 July</b>  <b>Strategy, Review and Planning Committee</b>					Committee Effectiveness Review	10 <sup>th</sup> July – Finance and Investment Committee

Date of meeting	Standing Reports to the Board	Safety and Quality (additional to standing reports)	Finance and Performance (additional to standing reports)	Strategic and Business Planning	Governance	Sub-Committee meetings during this period
<b>21 August</b>  <b>Trust Board</b>	Report from the Trust Chairman  Report from CEO  Report from the COO  Report from Director of Finance  Report from Sub-committees	Quality Dashboard and Action Plan  Clinical Quality and Patient Safety Report  Workforce Report  Quality Committee Assurance Report			Report from Trust Secretary  Trust Board Forward Planner  Annual Trust Board Effectiveness Review 2011/12  Annual Equality Report 2011/12  Annual Corporate Social Responsibility Report 2011/12  Annual Patient Experiences Report 2011/12  KA34 Compliance Statement	15 <sup>th</sup> August – Quality Committee
<b>25 September</b>  <b>Trust Board</b>	Report from the Trust Chairman  Report from CEO  Report from the COO  Report from Director of Finance  Report from Sub-committees	Quality Dashboard and Action Plan  Clinical Quality and Patient Safety Report  Workforce Report			Report from Trust Secretary  Trust Board Forward Planner  BAF and Corporate Risk Register – Quarter 2 documents  Annual Report of the Audit Committee	21 <sup>st</sup> August – Charitable Funds Committee  3 <sup>rd</sup> September – Audit Committee  11 <sup>th</sup> September – Finance and Investment Committee

Date of meeting	Standing Reports to the Board	Safety and Quality (additional to standing reports)	Finance and Performance (additional to standing reports)	Strategic and Business Planning	Governance	Sub-Committee meetings during this period
<b>23 October</b>  <b>Strategy, Review and Planning Committee</b>						
<b>27 November</b>  <b>Trust Board</b>	Report from the Trust Chairman  Report from CEO  Report from the COO  Report from Director of Finance  Report from Sub-committees	Quality Dashboard and Action Plan  Clinical Quality and Patient Safety Report  Workforce Report  Quality Committee Assurance Report	Charitable Funds Annual Accounts 2011/12		Report from Trust Secretary  Trust Board Forward Planner	24 <sup>th</sup> Oct – Quality Committee  5 <sup>th</sup> November – Audit Committee
<b>11 December</b>  <b>Trust Board</b>	Report from the Trust Chairman  Report from CEO  Report from the COO  Report from Director of Finance  Report from Sub-committees	Quality Dashboard and Action Plan  Clinical Quality and Patient Safety Report  Workforce Report			Report from Trust Secretary  Trust Board Forward Planner  BAF and Corporate Risk Register – Quarter 3 documents	11 <sup>th</sup> December – Quality Committee