



**MEETING OF THE LONDON AMBULANCE SERVICE NHS TRUST BOARD
TO BE HELD IN PUBLIC ON TUESDAY 25th SEPTEMBER 2012 AT 09.00 – 13.00
CONFERENCE ROOM, 220 WATERLOO ROAD, LONDON SE1 8SD**

AGENDA: PUBLIC SESSION

ITEM	SUBJECT	LEAD	TAB
1.	Welcome and apologies for absence Apologies received from:		
2.	Patient Story To hear an account of a patient experience	SL	Oral
3.	Declarations of Interest To request and record any notifications of declarations of interest in relation to today's agenda	RH	
4.	Minutes of the Part I meeting held on 21st August 2012 To approve the minutes of the meeting held on 21 st August 2012	RH	TAB 1
5.	Matters arising To review the action schedule arising from previous meetings	RH	TAB 2
6.	Report from Chairman To receive a report from the Trust Chairman on key activities since the last meeting	RH	TAB 3
QUALITY GOVERNANCE AND RISK			
7.	Quality Dashboard and Action Plan To receive the most recent Quality dashboard and progress against the Quality Action Plan	SL	TAB 4
8.	Clinical Quality and Patient Safety Report To receive the monthly report on clinical quality and patient safety	FM/SL	TAB 5
9.	Annual Patient Experiences Report 2011/12 To receive the annual report from the Patient Experiences Department	SL	TAB 6
10.	Board Assurance Framework and Corporate Risk Register To receive the Q2 documents	SA	TAB 7
11.	Audit Committee Assurance Report To receive a report from the Audit Committee meeting on 3 rd September	CS	TAB 8
12.	Executive Directors Report 12.1 Chief Operating Officer, to receive the integrated board performance report 12.2 Director of Finance, to receive the report on financial performance for month 5, including the cost improvement programme 12.3 Director of Human Resources and Organisation Development, to receive a report on workforce	MF MD CH	TAB 9

STRATEGIC AND BUSINESS PLANNING			
13.	Report from Chief Executive Officer To receive a report from the Chief Executive Officer	MF	TAB 10
14.	Update on the ORH Capacity Review To receive an interim update on the capacity review undertaken by ORH	MF	Oral
GOVERNANCE			
15.	Charitable Funds Annual Report and Accounts 2011/12 To approve the Charitable Funds Annual Report and Accounts for 2011/12	MD	TAB 11
16.	Report from Finance and Investment Committee To receive a report from the Finance and Investment Committee meeting on 11 th September	RH	Oral
BUSINESS ITEMS			
17.	Report from Trust Secretary To receive the report from the Trust Secretary on tenders received and the use of the Trust Seal	SA	TAB 12
18.	Forward Planner To note the Trust Board forward planner	SA	TAB 13
19.	Any other business	RH	
20.	Questions from members of the public	RH	
21.	Date of next meeting The next meeting of the Trust Board will take place on Tuesday 27 th November 2012		

LONDON AMBULANCE SERVICE NHS TRUST

**TRUST BOARD MEETING
Part I**

DRAFT Minutes of the meeting held on Tuesday 21st August 2012 at 9:00 a.m.
in the Conference Room, 220 Waterloo Road, London SE1 8SD

Present:

Richard Hunt	Trust Chair
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
Steve Lennox	Director of Quality and Health Promotion
Beryl Magrath	Non-Executive Director
Fionna Moore	Medical Director

In Attendance:

Sandra Adams	Director of Corporate Services
Lizzy Bovill	Director of Strategy and Planning
Francesca Guy	Committee Secretary (minutes)
Angie Patton	Head of Communications
Peter Thorpe	Head of London 2012 Olympic Planning (minute 106 only)

Members of the Public:

Deane Kennett	North West London Commissioning Partnership
Malcolm Alexander	LAS Patients' Forum
Stuart Sutton	Member of the public
Rob Darbyshire	Member of the public
Sister Josephine Udine	LAS Patients' Forum

95. Welcome and Apologies

95.1 Apologies had been received from:

Brian Hockett
Murziline Parchment
Caroline Silver
Peter Suter

96. Declarations of Interest

96.1 There were no declarations of interest.

97. Minutes of the Part I meeting held on 26th June 2012

97.1 The minutes of the Part I meeting on 26th June 2012 were approved, subject to some minor amendments.

98. Matters Arising

98.1 The following actions were discussed:

98.2 **112.5:** Peter Bradley stated that there were some outstanding recommendations from the National Audit Office, including one relating to double dispatch. The Chair asked for this to be added to the Trust Board forward planner.

ACTION: SA/FG to add a discussion on double dispatch to the Trust Board forward planner.

DATE OF COMPLETION: 25th September 2012

98.3 **74.12:** The Chair noted that the action for he and Sandra to discuss ways in which to incorporate staff presentations into the Trust Board forward planner was outstanding. Beryl Magrath commented that staff who had taken part in an interesting piece of work, such as the Ambulance Services Cardiovascular Initiative, should be invited to attend the Trust Board to give a presentation on their project. The Chair agreed that these were often good news stories and he and Sandra would consider how to integrate into the Trust Board forward planner.

98.4 **78.2:** Martin Flaherty reported that the reason for low CPI completion in the South Area was due to the fact that the West and East areas had used staff on temporary redeployment to undertake this duty. The South area did not however have this capacity and Martin had met with Kevin Brown to agree a recovery plan to bring completion rates in line with the other two areas. Beryl Magrath noted that this issue had been brought up at the recent Quality Committee meeting and stated that using staff on temporary redeployment was not an ideal solution as often they were not qualified to Team Leader level. Martin Flaherty agreed with this point and stated that it was not a long term solution, but had been a pragmatic response to filling immediate gaps in resourcing.

98.5 **83.5:** Martin Flaherty confirmed that he had met with Malcolm Alexander and Joseph Healy to address the questions that they had raised at the last Trust Board meeting. Malcolm Alexander confirmed that this had been a useful meeting. This action was closed.

98.6 **84.5:** Martin Flaherty gave an update on the capacity review by ORH and stated that the report would not be finalised in its entirety until December 2012. Martin would, however, be able to provide the Trust Board with an interim update before December.

98.7 **87.5:** Sandra Adams stated that she had reviewed the Trust Board forward planner with a view to reordering the agenda to reflect the Trust's priorities at different times of the year and to ensure there was a balance of items discussed.

99. Patient Story

99.1 Steve Lennox reported that, in the last month, he had followed up two complaints by talking directly to the complainant. Steve and Fionna had agreed to meet with the first complainant to resolve any outstanding issues. Steve had held a telephone conversation with the second complainant and had agreed to raise his concerns at the Trust Board and write to him following the discussion.

99.2 Steve explained that the patient had dementia and his son (the complainant) had called the ambulance service to his home on two separate occasions. The complainants' concerns related to the second crew and the main issues highlighted were as follows:

- The crew had shown a lack of confidence and experience in dealing with patients with dementia. This was in stark contrast to the first crew who had handled the situation very

well;

- The crew had repeatedly informed both the patient and his son that a referral had been made to the police to attend the call. The complainant that this felt was insensitive and made it clear that the crew viewed his father as a potential threat;
- One of the crew members stated that he would be making a safeguarding referral, which again the complainant thought was insensitive and did not need to be communicated;
- The complainant thought that the Trust's response to his letter had not got to the heart of the issue;
- Overall, the complainant thought that LAS crews should receive better training in dealing with patients with dementia.

99.3 Beryl Magrath asked whether Steve had had an opportunity to speak with the crew concerned. Steve responded that he had not personally contacted the crew, although he had read statements from the crew which had been obtained as part of the complaint investigation.

99.4 The Chair stated that there was clearly a contrast between the two crews and asked what the Trust needed to do to rectify this issue. Mike Dinan commented that it was important to understand the extent of the problem and whether this was an issue with one particular crew. Martin Flaherty suggested that the crew should be asked to attend a review meeting and be asked to read through the complaint letter so that they could understand the patient's perception. The Chair agreed with this and stated that the Trust Board needed to be assured that this review meeting had taken place.

99.5 Caron Hitchen commented that patients' stories demonstrated the diversity of calls that the Trust attended and the diversity of reactions and responses from crews.

99.6 Lizzy Bovill asked whether this was something that the Mental Health Committee should consider and suggested that dementia could be considered in the CQUIN planning for next year.

99.7 Fionna Moore stated that crews often felt they had a duty to inform patients when police were attending or when they were planning to make a safeguarding referral. However, this complaint highlighted the need for crews to communicate this in a much softer way.

100. Report from the Chairman

100.1 The Chair gave an update on key activities since the last meeting of the Trust Board and stated that, given that this was the last Trust Board meeting for Peter Bradley, he had been focussing on the recruitment process for the new CEO of the Trust.

101. Quality Dashboard and Action Plan

101.1 Steve Lennox reported that the quality dashboard demonstrated that the Trust was in the strongest ever position, both in terms of the national comparison table and the number of green indicators on the dashboard. The majority of the national CPIs where the LAS had received a lower ranking could be explained by the implementation of CommandPoint, which had affected call answering times and the fact that the LAS followed the JRCALC guidelines for the administration of GTN to STEMI patients. Fionna Moore would continue to push for national agreement on analgesic intervention for STEMI care.

101.2 The Chair commented that the dashboard was maturing and had become a useful monitoring document for the Trust Board.

101.3 Roy Griffins stated that the Trust Board should look into those indicators where the Trust was consistently performing poorly with a view to understanding whether there were any systematic reasons for the poor performance.

101.4 The Chair noted that he had been asked a question in his quality governance review interview about how the Trust Board monitored the Trust's quality priorities. Steve Lennox stated that these were RAG rated on the dashboard and noted that a much fuller report was discussed by SMG and the Quality Committee. The Chair suggested that a note of this process should be included in the report to the Trust Board.

ACTION: SL to include an explanation in the quality dashboard to the Trust Board about how the Trust's quality priorities were monitored.

DATE OF COMPLETION: 25th September 2012

102. Annual Safeguarding Report 2011/12

102.1 Steve Lennox stated that the Trust had a statutory requirement to produce a safeguarding report and that this report also covered non-statutory areas such as vulnerable adults, mental health and Prevent. Overall, the Trust was in a strong position and was compliant with CQC standards in this area.

102.2 Beryl Magrath asked whether capacity in the Emergency Bed Service was sufficient to handle safeguarding referrals. Steve responded that the department was currently coping with the level of referrals, but was now working at full capacity. This would need to be kept under review should the number of safeguarding referrals increase.

102.3 Beryl noted that the Trust received very little feedback from local authorities on safeguarding referrals and asked therefore how the Trust could be assured that referrals were appropriate. Fiona Moore responded that she had attended a meeting hosted by the LAS Patients' Forum at which Croydon Social Services had given a presentation and had confirmed that referrals made by the LAS were passed on for follow up. This provided some assurance that referrals were appropriate.

102.4 The Chair stated that the number of safeguarding referrals could potentially grow on an unrestricted basis and therefore should be reviewed in the future to ensure that the Trust was achieving its objectives.

ACTION: SA/FG to add safeguarding to the Trust Board forward planner.

DATE OF COMPLETION: 25th September 2012

102.5 Roy Griffins noted that there were a number of typos in the report which needed to be corrected before the report was circulated to a wider audience.

ACTION: SL to correct typos in the Safeguarding Report before it was circulated wider.

DATE OF COMPLETION: 25th September 2012

102.6 Sandra Adams noted that there was currently a gap with level 1 safeguarding training and asked whether this meant that the Trust was not meeting CQC requirements and whether there was a way of prioritising staff to ensure that they completed this training. Steve responded that the CQC required Trusts to deliver training as set out in their local training plan. Following the inspection in March 2012, the CQC had confirmed that the Trust was compliant on the basis that there was a

plan in place to deliver level 1 training.

- 102.7 The Chair noted that there had been poor attendance at the Safeguarding Committee meetings and asked Steve Lennox and Martin Flaherty to follow this up. Steve thought that this might be due to the way in which the attendance of non-core members of the Committee had been recorded and agreed to look into this further.

ACTION: SL to review attendance at the Safeguarding Committee.

DATE OF COMPLETION: 25th September 2012

103. Annual Mental Health Report 2011/12

- 103.1 Steve Lennox noted that this was not a statutory report, but had been produced in recognition of the fact that mental health was a quality priority for the Trust. Overall, the report was positive and outlined the significant amount of work that had been undertaken in a relatively short time.
- 103.2 The Chair noted that this was an interesting report which made positive reading.
- 103.3 Roy Griffins noted that the CPI for mental health was currently under 95%. Steve responded that, as this was a new CPI launched in April 2012, he was satisfied with the current completion rates, although expected to see an improvement over the coming months.
- 103.4 Steve Lennox thanked Stuart Sutton for his work on the Soho Alcohol Recovery Centre. In response to a question from the Chair about plans for the Christmas period, Lizzy Bovill responded that the alcohol recovery centre was now open on Fridays and Saturdays throughout the year and that it was planned to be open over those times of the year where it was likely to be busy.

104. Clinical Quality and Patient Safety Report

- 104.1 Fiona Moore opened this item by thanking Stuart Sutton for the significant amount of work he had contributed to the diabetes CQUIN.
- 104.2 Fiona highlighted the following points from the Clinical Quality and Patient Safety Report:
- CPI completion rates had shown a decrease, particularly in the South area. A recovery plan had been developed in the South to recover this position. CPI compliance remained above 95% with the exception of mental health, although this CPI had been recently introduced in April 2012 and compliance levels were therefore as expected;
 - The PRF had been updated to allow crews to capture more information to support the CQUINs and to meet other statutory requirements. The new PRF would be introduced in September 2012;
 - Two clinical audit reports had been published, the summaries of which had been included in the report. Both reports demonstrated good compliance.
- 104.3 Roy Griffins asked whether the revisions to the PRF and the reasons behind this had been communicated to staff. Martin confirmed that this discussion had often featured in consultation meetings. Fiona added that 1 in 40 of all PRFs were audited to check the standard of completion.
- 104.4 In response to a question from Beryl Magrath about how long it took to complete a PRF, Fiona stated that it took her approximately 10 minutes to complete, but thought that this time would be less for crews who were more familiar with the document.

- 104.5 Beryl Magrath congratulated Fionna on the work of the clinical audit and research team and stated that this was one of the world-class aspects of the Trust.
- 104.6 Beryl noted the use of the Demand Management Plan during the reporting period and asked whether this presented a clinical risk. Martin Flaherty responded that the purpose of the Demand Management Plan was to prioritise resources to respond to higher acuity calls, but he recognised that this was not without risk. The ORH capacity review would look at ways in which the Trust could manage demand differently.
- 104.7 The Chair stated that the Trust Board should give a higher profile to clinical audit and research. Fionna Moore suggested that the Trust Board receive a presentation on the role of the Clinical Research Networks and the emerging Academic Health Science Networks at the Strategy Review and Planning Committee meeting in October.

ACTION: FM to arrange a presentation on the role of the Clinical Research Networks and the emerging Academic Health Science Networks at the Strategy Review and Planning Committee.

DATE OF COMPLETION: 23rd October 2012

105. Quality Committee Assurance Report

- 105.1 Beryl Magrath noted that the overwhelming issue that had arisen from the last meeting of the Quality Committee was the LAS' inability to achieve long-standing objectives, such as the rest break agreement, due to pressures caused by high demand. This had prompted a discussion about whether the Trust needed to do something fundamentally different to manage demand and whether REAP 3 should be considered as the new norm.
- 105.2 Martin Flaherty stated that it was anticipated that the recommendations arising from the ORH review would enable the Trust to lower utilisation rates which would allow some headroom to progress these types of objectives.
- 105.3 Beryl Magrath gave an overview of the key items of discussion at the Quality Committee meeting:
- The Quality Committee received a more detailed quality report than was presented at the Trust Board and had reviewed this in depth. The missing documentation indicator was rated red (check figures). It was thought that the figures included jobs where PRFs were not generated, rather than actual losses and this was being explored in more detail in the south area;
 - A Clinical Team Leader role was being trialled in New Malden. This role had a new education requirement which would take five years to complete for staff who did not have a diploma;
 - The Quality Committee received a presentation from Margaret Vander on Public and Patient Involvement and Public Education activity. The Trust had taken part in 670 events this year and many of the staff involved had attended in their own time;
 - The Cost Improvement Programme report had been presented in a new format, in which each of the programmes had been signed off by the clinical lead. This report had provided the Committee with reasonable assurance, although the Committee had requested additional assurance on the overall impact of the completed CIP. This would be provided to the Committee at its next meeting.
- 105.4 The Chair stated that it would be useful for the Trust Board to also receive the presentation on Public and Patient Involvement and Public Education activity and asked for this to be added to the forward planner.

ACTION: FG to add a presentation on PPI and PE to the Trust Board forward planner.

DATE OF COMPLETION: 25th September 2012

105.5 Roy Griffins stated that the Quality Committee had also discussed whether the quality indicators should be recalibrated as he thought that the number of red indicators was not an accurate reflection of the Trust's position and that there was a risk that Committee and Trust Board members would become desensitised to red ratings. The Chair stated that, although he did not necessarily think that the ratings should be calibrated, the Trust Board needed to understand why an indicator was rated red and should focus discussions on what the Trust was doing to recover this position.

105.6 The Chair requested an interim report on the ORH capacity review at the September Trust Board.

ACTION: MF to provide an interim report on the ORH capacity review at the September Trust Board meeting.

DATE OF COMPLETION: 25th September 2012

105.7 Caron Hitchen commented that there seemed to be an assumption that the CIP could only have a negative impact on quality. Caron stated that there were examples where cost improvement programmes had driven changes and improvements in quality.

105.8 The Chair asked the whether the Trust Board was content that key issues were being brought to their attention and that risks were being mitigated as far as possible. Beryl responded that she thought the quality reports were highlighting the right issues. The Trust Board had also been provided with a summary of the Serious Incident Annual Report which demonstrated that the Trust was learning from experience, although recognised that there was more work to be done to disseminated key learning to frontline staff.

106. Executive Directors Report

Chief Operating Officer's Report

106.1 Martin Flaherty reported that the Chief Operating Officer's report was still in the process of being developed and that the integrated board performance report would be incorporated. More work needed to be done to develop the integrated board performance report and to ensure that the data and wording in both reports were aligned.

106.2 Martin reported the following:

- Category A8 performance was at 75.5% year to date and A19 was at 98.3% year to date;
- Category A8 performance was at 81.7% so far for the month of August. This was due to higher resourcing levels over the Olympic period;
- Category A demand was up by 16.1%;
- Call volume was up by 9.4% year to date, which equated to an additional 49,671 calls handled within EOC;
- Overall incidents were up by 1.9%. Some of this growth rate was in line with commissioning intentions, however Category A volume had risen beyond this;
- Utilisation has remained high, although had come down over the Olympic period due to higher resourcing. Lower utilisation rates over the Olympics had had an impact on other aspects such as the job cycle time, which would provide interesting data for the ORH

Capacity Review;

- Progress had been made with fleet and logistics and 66 new vehicles had been received in time for the Olympic games;
- The Lower Emission Zone contract had been signed and progress had been made with the conversion of vehicles. The Trust had, however, received two notices against two of its vehicles;
- Performance over the 2012 Olympic Games had been excellent and the Trust Board had been provided with daily updates. Positive feedback had been received from pre-planned aid staff and the Olympic Delivery Centre had also worked well. The media coverage of the service was largely positive.

106.3 The Chair commented that overall this was a very good report. The Chair expressed his thanks to everyone involved in Olympic delivery and stated that service delivery had been exceptionally well executed over the period. The Chair added that he had found the daily updates very useful. Martin commented that the Trust would be just as focussed on service delivery over the Paralympics as it had been over the Olympics.

106.4 Peter Bradley expressed his thanks to the team and to Martin Flaherty for his leadership role over the Olympic Games period. Peter also thanked the Senior Management Group and the Communications team for their contribution. Peter Thorpe had been invited to attend the Trust Board meeting for this agenda item and Peter Bradley presented him with a CEO commendation for his role in planning for the 2012 Olympics. Peter stated that he had done an exceptional job in ensuring smooth service delivery over the period.

106.5 Jessica Cecil agreed that service delivery over the Olympics had so far been very successful and stated that this was significant in enhancing the reputation of the Trust.

106.6 Jessica noted that the clock start change had not had the anticipated benefits and asked whether this was something that the Trust needed to review. Martin responded that this was a fair comment and acknowledged that the Trust needed to do more work in order to realise these benefits.

Report from the Director of Finance

106.7 Mike Dinan stated that the finance report had not been available to be included in the papers, but that he would circulate it to the Trust Board following the meeting.

ACTION: MD to circulate the month 4 finance report to members of the Trust Board.

DATE OF COMPLETION: 31st August 2012

106.8 Mike reported that the key message was that the Trust had achieved its year to date financial plan. The Trust planned to achieve £3 million surplus at the end of the year and the Finance and Investment Committee would be asked to review progress against this trajectory.

106.9 The Chair asked whether expenditure over the Olympic period was as planned. Peter Bradley stated that overtime was up over the period and that the overtime budget would need to be reprofiled to accommodate this. It had however been necessary to increase overtime hours over this period to ensure a smooth service delivery over the Olympics.

106.10 The Chair stated that the Trust Board needed to be mindful that the latter half of the year would financially be a challenge to deliver, but that there were no issues to be raised at this meeting.

Report from the Director of Human Resources and Organisation Development

- 106.11 Caron Hitchen noted that she would review the contents of this report as the integrated board performance report was refined. Caron noted the following:
- As at 31st July A&E staffing showed a vacancy level of 121. Recruitment was on track to fill these vacancies with over 100 university graduates and additional apprentice paramedics;
 - There had been an increase in turnover in a couple of areas although overall turnover was within the normal range. There was also evidence to suggest that changes to the pensions arrangements were encouraging staff to take early retirement;
 - Sickness absence levels had risen in June, however the year to date level was still within the target of 5.5%. It was expected that sickness levels would return to normal levels within the next few months.
- 106.12 The Chair noted that there was a risk that the Trust would lose frontline staff to overseas opportunities. Caron responded that this was not unique to the LAS and was a risk across the NHS. The Chair asked whether the LAS was losing staff to other ambulance trusts nationally. Caron responded that there were some examples of this, but that the LAS also often recruited from other ambulance trusts. Steve Lennox commented that acute trusts viewed staff moving on to other trusts as positive and that staff turnover at LAS was relatively low in comparison with other NHS trusts.
- 106.13 Peter Bradley suggested that the Pensions Officer gave a presentation to the Trust Board to provide an update on the changes to pensions arrangements and what impact this would have.

ACTION: MF to arrange for the Pensions Officer to give a presentation to a future Trust Board meeting.

DATE OF COMPLETION: 25th September 2012

- 106.14 The Chair noted that this could emerge as a significant risk for the Trust and therefore the Trust Board should be kept abreast of the key issues. Caron added that the Trust had been invited to take part in a national review of the working longer part of the pensions review.

107. Report from the Risk, Compliance and Assurance Report

- 107.1 Mike Dinan reported that this report was coming to the Trust Board following a request made by the Audit Committee. Mike reported that progress had been made in updating operational risks and that the risk register was now up to date. There was more work to be done to define the Trust's risk tolerance levels and this would be considered at future RCAG meetings. Sandra Adams added that the Trust Board could take assurance from the fact that operational risks had been reviewed thoroughly and that RCAG had spent a considerable amount of time discussing these.

- 107.2 Beryl Magrath noted that the risk register was a dynamic document and bore no relation to the risk register when she had first joined the Trust as a non-executive director. Beryl added that significant progress had been made in moving this forward.

- 107.3 Roy Griffins stated that he had identified a number of strategic risks that he would like to discuss in the Part II meeting.

108. Integrated Business Plan and Enabling Strategies

- 108.1 Martin Flaherty gave a presentation on the integrated business plan and enabling strategies.
- 108.2 The Trust Board agreed the strategic direction as outlined in the presentation and the contribution of the enabling strategies to its delivery.
- 108.3 Francesca Guy was asked to circulate the presentation to members of the Trust Board by email.

ACTION: FG to circulate the LAS Strategy presentation to the Trust Board.

DATE OF COMPLETION: 25th September 2012

109. Report from Chief Executive Officer

- 109.1 Peter Bradley stated that this was his final report as Chief Executive to LAS. This report was structured around a number of key themes that had been agreed as areas of focus for the Trust Board for 2012/13:
- Delivery of high quality and safe care – the Trust had successfully implemented CommandPoint which had been used to support normal operations and major events such as the Queen’s Diamond Jubilee and the Olympics. Service delivery over the Queen’s Diamond Jubilee weekend and the Olympics had been a success and it was anticipated that the Paralympics would also run smoothly;
 - Lead transformation – the Board continued to focus on the Foundation Trust application and on the refresh of the Trust’s strategy and integrated business plan;
 - Influence the delivery of healthcare in London – the Trust had made progress with stakeholder engagement and now needed to build on this with the new Clinical Commissioning Groups.
- 109.2 Peter stated that his report also included progress against the Senior Management Group objectives and the risks to achieving these.
- 109.3 Peter reported that Anthony Marsh would take over his role as Chair of the Association of Ambulance Chief Executives and Martin Flaherty had been appointed as Managing Director. Peter congratulated Lizzy Bovill for her recent appointment as Director of Strategy and Planning. Peter stated that the transition arrangements for the Senior Management Group were currently being finalised and would be shared with the Trust Board in the next few weeks.
- 109.4 Peter stated that the LAS had dramatically changed over the years, since he had joined the service 16 years ago, and was now in the best shape that it had ever been in. The service and its workforce had significantly modernised, although Peter acknowledged that there was further work to do. Peter stated that the LAS brand stood above all others and that it was the best known ambulance service in the world.
- 109.5 Peter expressed his gratitude to the Chair and the non-executive directors for their contribution and to the executive team, particularly to Martin Flaherty who had been a valued colleague over the past 16 years.
- 109.6 The Chair stated that the Trust Board needed to add succession planning to its forward planner on a biannual basis.

ACTION: SA/FG to add succession planning to the Trust Board forward planner.

DATE OF COMPLETION: 25th September 2012

110. Annual Equality Report 2011/12

110.1 Caron Hitchen explained that the Trust Board had been provided with the executive summary, but the full report was available on request. The report was data orientated in order to meet the requirements of the Equality Act, but this year's report included more narrative explanation than in previous years. Caron highlighted the key elements of the report, which were as follows:

- The Trust had been rated as one of Stonewall's top 100 employers;
- Although not within the time period of the report, the Trust had been successful in its application to become a Stonewall Health Champion;
- The recommendations would be managed through the Equality and Inclusion Steering Group;
- The Trust was in the process of implementing the Equality Delivery System, which included four key objectives;
- Equality training had been rolled out to managers and would continue to be rolled out across the organisation;
- The percentage of BME new starters had risen to 17%. The highest the Trust had achieved previously was 15% and, given that this was based on a lower level of recruitment, this was a significant achievement for the Trust.

110.2 Jessica Cecil welcomed the increase of BME new starters, but had some concern about the percentage of BME leavers. Caron responded that this would be an area of continued focus for the Trust.

111. Revalidation of Doctors

111.1 Fionna Moore explained that the Trust was required to have a responsible officer to undertake the training and appraisal of doctors and make recommendations to the General Medical Council on the revalidation of doctors. The Trust Board approved the appointment of Fionna Moore as responsible officer to the Trust.

112. Report from Trust Secretary

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

113. Forward Planner

113.1 Lizzy Bovill suggested that the Strategy Review and Planning Committee hold a discussion at its October meeting on commissioning intentions. Lizzy added that Simon Weldon had offered to give a presentation on the impact of the changes in the wider London healthcare system and how LAS could successfully take on the opportunities this presented. The Trust Board agreed that this would be useful and stated that this should be built into the Trust Board forward planner.

ACTION: FG to add presentation from Simon Weldon on the impact of the changes in the wider London healthcare system to the Trust Board forward planner.

DATE OF COMPLETION: 25th September 2012

114. Any other business

- 114.1 The Chair congratulated Lizzy Bovill on her appointment to the role of Director of Strategy and Planning and wished her luck as she would shortly be on maternity leave.
- 114.2 The Chair expressed his thanks to Martin Flaherty for taking the role of Acting Chief Executive once Peter Bradley had left the Trust. The Chair noted that this would be the last role for Martin at the LAS as he had been appointed to lead the Association of Ambulance Chief Executives.
- 114.3 The Chair gave an update on the recruitment process for the new Chief Executive Officer and stated that he was in touch with the process on a weekly basis. There were a number of potential applicants and that he hoped to be able to make an appointment by the end of September or early October.
- 114.4 The Chair expressed his thanks from the Trust Board to Peter Bradley for all that he had done during his time at the LAS. The Chair stated that it would be a considerable challenge to find the right replacement.
- 114.5 The Chair reported that he had received a note from Eric Roberts, Unison Branch Secretary, which he had asked the Chair to read out as he had been unable to attend the meeting. In his note, Eric emphasised the fact that Peter Bradley was well-respected, not only by LAS staff, but also by staff in ambulance services across the country. Peter had understood the importance of building a relationship with the trade unions, which had enabled the workforce to improve and modernise. Eric stated that Peter had been a good leader and that he was sorry to see him leave the LAS.

115. Questions from members of the Public

- 115.1 Deane Kennett thanked Peter Bradley for his time at the LAS and stated that he was well-respected, both nationally as well as locally. Peter had made a significant contribution to the professionalisation of ambulance services nationally and had helped to improve performance standards. Deane commented that Peter would be leaving the LAS with a brilliant legacy going forward.

116. Date of next meeting

- 116.1 The next meeting of the Trust Board will take place on Tuesday 25th September 2012.

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Signed by the Chair

ACTIONS
from the Meeting of the Trust Board of Directors of
LONDON AMBULANCE SERVICE NHS TRUST
held on 21ST August 2012

<u>Meeting Date</u>	<u>Minute Date</u>	<u>Action Details</u>	<u>Responsibility</u>	<u>Progress and outcome</u>
28/06/11	<u>67.3</u>	<u>Chairman's Report</u> RH to discuss world cities benchmarking with FM.	RH/FM	Eagles were looking to share best practice in cardiac care. Canadian and Australasian Ambulance Services were looking to set up a benchmarking group.
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/MF	Outstanding recommendation relating to double dispatch. This has been added to the Trust Board forward planner for November 2012.
27/03/12	<u>28.7</u>	RH to discuss with PB his experiences of tackling attitude and behaviour issues.	RH	The Chair would discuss the attitude and behaviour action plan with Peter Bradley at their next one to one meeting.
29/05/12	<u>46.3</u>	LB to publish patient story in the GP newsletter.	LB	GP story has been postponed until September as we have prioritised demand management messages for the Olympic period in the July edition.
26/06/12	<u>74.12</u>	RH/SA to discuss how to build in staff presentations into the Trust Board forward planner.	RH/SA	Outstanding.

<u>Meeting Date</u>	<u>Minute Date</u>	<u>Action Details</u>	<u>Responsibility</u>	<u>Progress and outcome</u>
26/06/12	<u>84.5</u>	MF to report to the Trust Board on the findings of the ORH capacity review and specifically the number of calls received from other healthcare providers.	MF	On agenda for September Trust Board meeting.
21/08/12	<u>98.2</u>	SA/FG to add a discussion on double dispatch to the Trust Board forward planner.	SA/FG	Added to forward planner for November 2012.
21/08/12	<u>101.4</u>	SL to include an explanation in the quality dashboard to the Trust Board about how the Trust's quality priorities were monitored.	SL	To be included in September's dashboard.
21/08/12	<u>102.4</u>	SA/FG to add safeguarding to the Trust Board forward planner.	SA/FG	Added to forward planner for February 2013 Strategy Review and Planning Committee.
21/08/12	<u>102.7</u>	SL to review attendance at the Safeguarding Committee.	SL	To be undertaken at the next Safeguarding Committee meeting on 4 th October 2012.
21/08/12	<u>105.4</u>	FG to add a presentation on PPI and PE to the Trust Board forward planner.	FG	Added to forward planner for November 2012.
21/08/12	<u>105.6</u>	MF to provide an interim report on the ORH capacity review at the September Trust Board meeting.	MF	On agenda for September Trust Board meeting.
21/08/12	<u>109.6</u>	SA/FG to add succession planning to the Trust Board forward planner.	SA/FG	Added to the forward planner for October Strategy Review and Planning Committee.

CLOSED ACTIONS

27/03/12	<u>20.3</u>	SMG to identify the specific deliverables and deadlines against each of Trust Priorities for presentation at the next Strategy Review and Planning Committee.	SMG	Action closed.
29/05/12	<u>48.3</u>	PB/SL/AP to produce an abridged version of the Quality Account.	PB/SL/AP	This has been incorporated into the Annual Review. Action closed.
26/06/12	<u>78.2</u>	MF to ask Paul Woodrow why CPI compliance was low in the South area.	MF	Action complete.
26/06/12	<u>78.3</u>	FG to add to the Trust Board forward planner a session on complaints and service experience.	FG	On agenda for September Trust Board meeting. Action closed
26/06/12	<u>78.4</u>	FM/MD to discuss the possibility of introducing a RAG rating to the CIP report to the Quality Committee.	FM/MD	Discussed at the Quality Committee meeting on 15 th August 2012. Action complete.
26/06/12	<u>83.5</u>	MF to meet with Joseph Healy to discuss the questions he had raised, in particular to performance in the East area.	MF	Action complete.
26/06/12	<u>83.10</u>	MD to ensure that the Finance and Investment Committee reviewed the Finance Report in detail.	MD	Action complete.
26/06/12	<u>87.5</u>	SA/RH to discuss how the Trust Board agenda could be structured to allow the Trust Board to devote an appropriate level of time to discussing risk management.	SA/RH	Action complete.
21/08/12	<u>102.5</u>	SL to correct typos in the Safeguarding Report before it was circulated wider.	SL	Action complete.
21/08/12	<u>104.7</u>	FM to arrange a presentation on the role of the Clinical Research Networks and the emerging Academic Health Science Networks at the Strategy Review and Planning Committee.	FM	Arranged for the SRP meeting in October. Action complete.
21/08/12	<u>106.7</u>	MD to circulate the month 4 finance report to members of the Trust Board.	MD	Action complete.

21/08/12	<u>106.13</u>	MF to arrange for the Pensions Officer to give a presentation to a future Trust Board meeting.	MF	Arranged for the SRP meeting in October. Action complete.
21/08/12	<u>108.3</u>	FG to circulate the LAS Strategy presentation to the Trust Board.	FG	Action complete.
21/08/12	<u>113.1</u>	FG to add presentation from Simon Weldon on the impact of the changes in the wider London healthcare system to the Trust Board forward planner.	FG	Action complete.



LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 25TH SEPTEMBER 2012

PAPER FOR NOTING

Document Title:	Chairman's report
Report Author(s):	Richard Hunt
Lead Director:	N/A
Contact Details:	marilyn.cameron@lond-amb.nhs.uk
Why is this coming to the Trust Board?	To provide the Trust Board with an update from the Trust Chairman on key activities since the last meeting
This paper has been previously presented to:	<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
Recommendation for the Trust Board:	To note key activities since the last meeting
Executive Summary Since the last Trust Board I have attended a meeting with Mike Spyers and attended the LAS Patients' Forum meeting. I also attended the Association of Ambulance Chief Executives and Trust Chairs two day meeting at Silverstone. I have had several phone calls from prospective NEDs and CEOs. Non-Executive director shortlisting and interviews have been completed, with two appointments recommended to the Appointments Commission. The process for recruiting to the CEO for LAS has continued throughout September with interviews scheduled for 5 th October 2012.	
Key issues for the Trust Board N/A	
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 Analysis

Has an Equality Analysis been carried out?

- Yes
- No

Key issues from the assessment:



LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 25 SEPTEMBER 2012

PAPER FOR NOTING

Document Title:	Quality Dashboard & Action Plan
Report Author(s):	Steve Lennox
Lead Director:	Steve Lennox
Contact Details:	Steve.lennox@lond-amb.nhs.uk
Why is this coming to the Trust Board?	Inform Trust Board current position against quality measures
This paper has been previously presented to:	<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
Recommendation for the Trust Board:	Note the report
Key issues and risks arising from this paper This report identifies that the LAS remains is the top performing Ambulance Trusts in the country when using the DH indicators as the measure .	
Executive Summary There are three components to the Quality Dashboard & Action Plan 1. Quality Dashboard (July 2012) The dashboard illustrates the Trusts performance for July 2012 against the identified Quality Measures. The challenge and discussion for each indicator has been undertaken at SMG where a Full Quality report supported the dashboard. The July dashboard illustrates 38 measures for quality and reveals 15 Green measures (15 last month) 10 Amber measures (7 last month) and 12 Red measures (15 last month), and 1 not populated. This is the strongest dashboard presented to date. 2. DH Quality Measures (Comparison) 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. Some of the 11 DH measures (service experience has been excluded) are made up of a number of indicators. In July A8 was broken into Red 1 and Red 2.	

This month the Trust is at the very top in 9 of the indicators

The following table illustrates the number of top performing measures each Ambulance Trust has in the 47 information points (not all comparisons are drawn from statistically significant data therefore, this is merely a discussion point).

London 10 (21%)
Isle of Wight 10 (21%)
North West 7 (14.8%)
Great Western 6 (13%)
Yorkshire 4 (8.5%)
South Central 3 (6%)
East of England 3 (6%)
South Western 2 (4%)
North East 2 (4%)
South East Coast 1 (2%)
East Midlands 1 (2%)
West Midlands 1 (2%)

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. This will be superseded by the Clinical Strategy later in 2012. There is little change within the Action Plan.

4. Quality Priorities

The Trust Board requested that the narrative of the September report identify how the quality priorities were identified for 2012-2013.

- The commissioning intentions were used as an initial guide. This document identifies the commissioners identified areas of improvement when considering the wider health economy
- The Operating Framework was also used as this identifies the DH priorities
- Local patient groups were contacted and some face to face meetings were held to facilitate a sense of priorities based on the patient experience and expectations
- Staff were asked to identify priorities based on their experiences
- These were then distilled into four priority areas
 - Alcohol
 - Mental health
 - Diabetes care
 - Olympic (Business as usual)
- Progress against the first three priorities is reported within the dashboard and a full update is given to Quality Committee and SMG. The targets for the three quality priorities are as follows.

Alcohol (Health promotion)

Targets for Quarter 2

- Comprehensive implementation package developed for 3 LAS pilot sites including evaluation of plan, assessment tool, training plan, alcohol information cards on pilot sites.
- Draft documentation to be circulated to LAS CQG,
- Alcohol information cards and audit assessment training package designed.
- To have screened 140 patients

- To have distributed 115 leaflets

Targets for Quarter 3

- To have screened 1500 patients
- To have distributed 1250 leaflets

Targets for Quarter 4

- To have screened 3100 patients
- To have distributed 2500 leaflets
- Evaluation report presented to LAS CQG and signed off by 21 February
- Draft documentation to be signed off by 14 February

Mental health care

- 1) To develop and deliver a mental health action plan
- 2) Develop Care Pathways with mental Health Trusts.

Diabetes care

Part 1. Hypoglycaemia

In Quarter 2.

- 200 GP referrals a month

In Quarter 3

- 450 GP referrals a month

In Quarter 4

- 650 GP referrals a month.
- Evaluation report delivered, presented and signed off by 21/02/2013 by LAS CQG
- Draft documentation to be circulated to LAS CQG for review and comment 5 working days prior to sign off

Part 2. Hyperglycaemia

In Quarter 2.

- Implement the process developed in quarter 1 with 100 retrospective referrals or more a month over a quarter

In Quarter 3

- 200 retrospective referrals or more a month over the quarter

In Quarter 4

- Evaluation report delivered, presented and signed off by 21/02/2013 by LAS CQG
- Draft documentation to be circulated to LAS CQG for review and comment 5 working days prior to sign off
- 240 retrospective referrals a month over the period.

Attachments

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

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

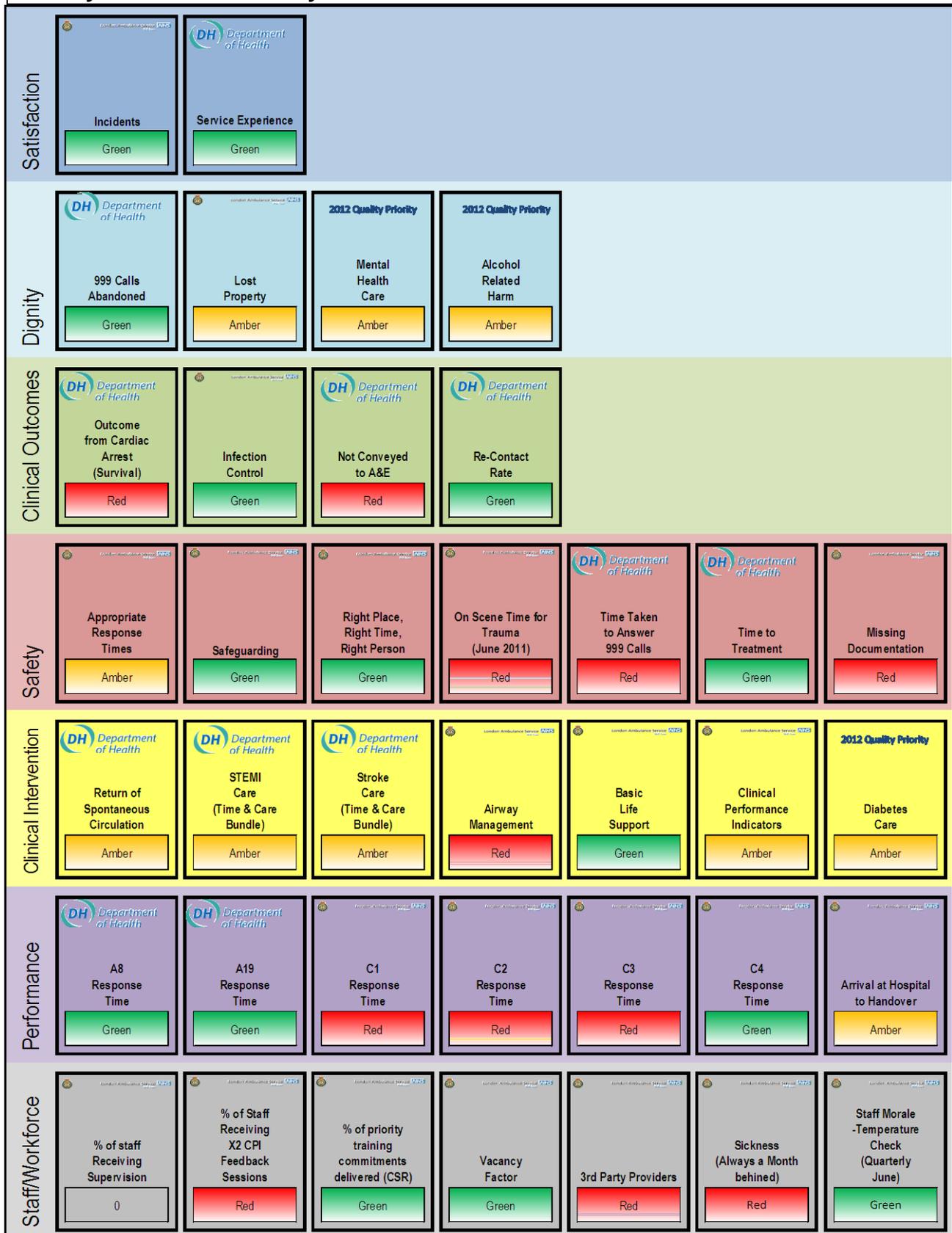
Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

- Yes
- ✓ No

Key issues from the assessment:

Quality Dashboard for July 2012



The Dashboard supports the corporate objectives; **CO1** - To improve the experience and outcomes for patients who are critically ill or injured. **CO2** - To improve the experience and provide more appropriate care for patients with less serious illness and injuries. **CO3** - To meet response time targets routinely. **CO4** - To meet all other quality, regulatory, and performance targets. **CO5** - To develop staff so they have the skills and confidence they need to deliver high quality care to a diverse population. **CO6** - To create a productive and supportive working environment where staff feel safe. **CO7** - To use resources more efficiently and effectively. **CO8** - To maintain service performance during major events, both planned and unplanned. **CO9** - To improve engagement with key stakeholders

Comparison Table

The following table identifies the Department of Health Indicators and our ranking against other Ambulance Trusts and our direction of travel. .

The **GREEN** shading represents where the Trust is in the upper quartile when compared to other services. In May we were upper quartile in 17 out of 46 areas (the DH have broken down A8 into Red 1 and Red 2) This is a decrease in the 20 last month.

	March (December)			Year to Date	
	Compliance	Rank	Direction of Travel (Compliance)	Compliance	Rank
A8 Response Time R1	77.6%	4		77.6%	4
A8 Response Time R2	77.2%	7		76.6	8
A19 Response Time	98.5%	1	↑	98.3	1
ROSC (all)	29	2	↓	29	2
ROSC (Utstein)	45.7	4	↓	45.7	4
Time Taken to Answer 50 th Percentile	0	1	↔	0	1
Time Taken to Answer 95 th Percentile	8	6	↑	0.17	7
Time Taken to Answer 99 th Percentile	68	7	↑	1.27	10
Time to Treatment 50 th Percentile	5.48	7	↑	5.46	8
Time to Treatment 95 th Percentile	14.06	2	↑	14.22	3
Time to Treatment 99 th Percentile	22.00	1	↔	22.51	4
Outcome from cardiac Arrest Survival	7.1	6	↓	7.1	6
Outcome from cardiac Arrest Survival (Utstein)	20.0	4	↓	20.0	4
STEMI Outcome 150 minutes	95.5	1	↑	95.5	1
STEMI Outcome Care Bundle	71.6	12	↑	71.6	12
Stroke Outcome 60 minutes	66	5	↑	66	5
Stroke Care Outcome Bundle	94.8	7	↓	94.8	7
Calls Closed with CTA	5.3	8	↓	5.3	9
Non A&E	32.4	9	↑	31.6	10
Re Contact rate CTA	3.1	2	↓	3.1	2
Re Contact rate See & Treat	4.1	3	↔	4.3	2
Re Contact rate Frequent callers	2.49	5	↑	2.59	5
999 Calls Abandoned	0.18	1	↑	0.18	1
Service Experience	No measure				

Quality Improvement Actions

Domain	Quality Measure	Action	Where Monitored	Who is Responsible	Impact	Progress (September 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	↔	PPED numbers extremely high. Need to concentrate on OWR as numbers not as high as they need to be. Data needs to be captured regularly.
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		Focus being given to CSR 1.
Performance	Added June 2012 All category C performance	Action plan to be developed for SMG approval and monitoring	SMG	Chief Operating Officer		Identified as SMG objective. Action plan going to October SMG but reported within SMG objectives paper
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	↔	Continues to be addressed as a whole economy approach

Physiological	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 overall the measure is stable..
Physiological	Outcome from Stroke	Quality Improvement managers to reinforce the need for complete documentation and report back through area Governance to CQSE (added February 2012).	Area Governance Committees & CQSEC	PIMS	↑	Completed July 2012.
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	↔	Ongoing.
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	↔	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	Area Governance Committees & CQSEC	PIMs and Paramedic Consultant. Mark Whitbread.		Quarterly reporting and monitoring

		addition the training of the care bundle is being refreshed (added February 2012).				
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 Fionna Moore & Steve Lennox		Completed March 2012
Safety	Appropriate Response Times	To be discussed at Senior Managers Conference and Area Quality Meetings (added May 2012)	SMG	Director of Health Promotion & Quality & Medical Director Fionna Moore & Steve Lennox	↑	Awaiting to see benefits from discussion at senior managers conference
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		Completed May 2012
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		Completed May 2012
Safety	On scene time for Trauma	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. Not reported in March Quality Dashboard

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	↓	Receiving attention from the clinical areas. South going to undertake a mini audit..
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	Infection Control	PIMS to recover the data capture system for the scorecard (added February 2012).	Area Governance Committees & CQSEC	PIMS		Scorecard now recovered and populated. Training compliance now hindering full green RAG rating
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		Action Closed in May 2012
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: 25TH SEPTEMBER 2012

PAPER FOR INFORMATION

Document Title:	Clinical Quality & Patient Safety Report
Report Author(s):	Joint Clinical Directors' Report
Lead Director:	Fionna Moore and Steve Lennox
Contact Details:	
Why is this coming to the Trust Board?	For information
This paper has been previously presented to:	<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
Recommendation for the Trust Board:	For information
Key issues and risks arising from this paper	
<ul style="list-style-type: none"> • Increase in CPI audit, most notably in the South area, however overall lower position compared to start of year. CPI compliance remains >95% except for mental health. • Lowest use of DMP (hours) in 2012 during the month of August. No escalation of DMP past stage C. • No Controlled Drugs incidents to report. • No Rule 43 Reports have been received by the Trust. • Cardiac Arrest Annual Report published by CARU, detailing the highest ever Utstein cardiac arrest survival rate (31.7%). Overall survival to discharge rate from cardiac arrest (presumed cardiac cause) has increased from 8% to 10.9%. The Trust has the highest cardiac arrest survival to discharge rate, compared to all other Ambulance Trusts. • 2010-12 Clinical Audit Report published, outlining achievements in clinical audit over the past two years. 	
Executive Summary	
<p>This is the fifth 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. Overall this report provides assurance that a high quality and safe clinical service is provided.</p>	
Attachments	
<p>Appendix 1: Clinical Audit Examining the Assessment of Intoxicated Patients by the London Ambulance Service (Summary).</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
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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:

Clinical Quality & Patient Safety Report – September 2012

Clinical Directors' Joint Report

1. Quality Domains

Quality Domain 3: Clinical Intervention

Clinical Performance Indicators (CPIs)

Team Leader CPI completion rate increased to **77%** in July. Fifteen complexes achieved or exceeded the 95% audit target. Overall compliance against all clinical care standards remains consistently high at 96%; the Trust target is 100%. The exception to this is the mental health CPI.

Table 1. CPI completion January to July 2012

Area	Jan.	Feb.	Mar.	Apr.	May	June	July
	East	93%	86%	94%	95%	82%	82%
South	93%	83%	78%	67%	46%	42%	62%
West	95%	84%	96%	100%	93%	88%	92%
LAS	94%	84%	89%	86%	72%	70%	77%

Table 2. CPI Compliance July 2012

	Cardiac Arrest	Glycaemic Emergencies	ACS (Including MI)	Stroke	Mental Health	Non-Conveyed	1 in 40 PRF
East	97%	98%	97%	97%	84%	96%	97%
South	98%	97%	96%	97%	84%	96%	98%
West	97%	97%	97%	98%	88%	97%	98%
LAS Total	97%	97%	97%	97%	86%	96%	98%

Table 3. CPI Compliance June 2012

	Cardiac Arrest	Difficulty in Breathing	ACS (Including MI)	Stroke	Mental Health	Non-Conveyed	1 in 40 PRF
East	98%	95%	96%	97%	87%	96%	97%
South	98%	95%	95%	98%	85%	95%	97%
West	98%	97%	97%	98%	87%	97%	97%
LAS Total	98%	96%	96%	98%	87%	96%	97%

Cardiac Care

The implementation of a new clinical pathway to transport high risk acute coronary syndrome (ACS) patients directly to a Heart Attack Centre, due to go-live on 3rd September 2012, has been delayed due to a number of centres not being ready. An update on a new go-live date is to be planned.

Quality Domain 4: Safety

Safeguarding Annual Report

The draft annual Safeguarding Report 2011/12 was presented at the last Trust Board. The report identified a gap within level 1 safeguarding training and the need for the Trust to undertake an annual section 11 audit. The section 11 audit is now complete.

NHS Central Alerting System (CAS)

11 CAS Alerts have been received for the period 6th August – 13th September 2012. All have been acknowledged by the Trust and no alerts required any action.

High Risk Register

There are currently **510** addresses on the register, broken down as follows:

CATEGORY 1: **119**

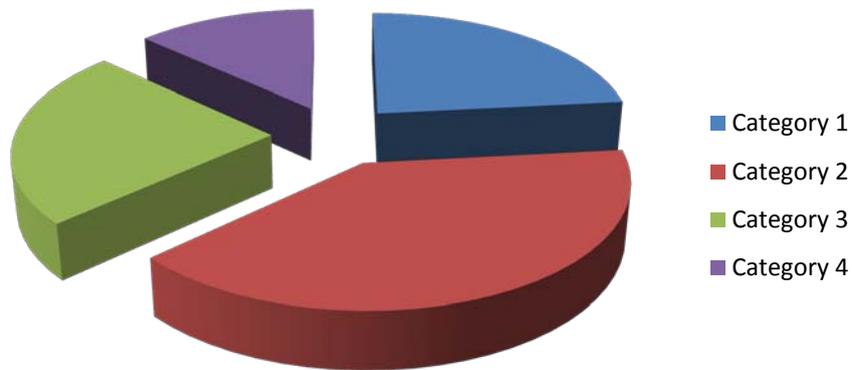
CATEGORY 2: **203**

CATEGORY 3: **121**

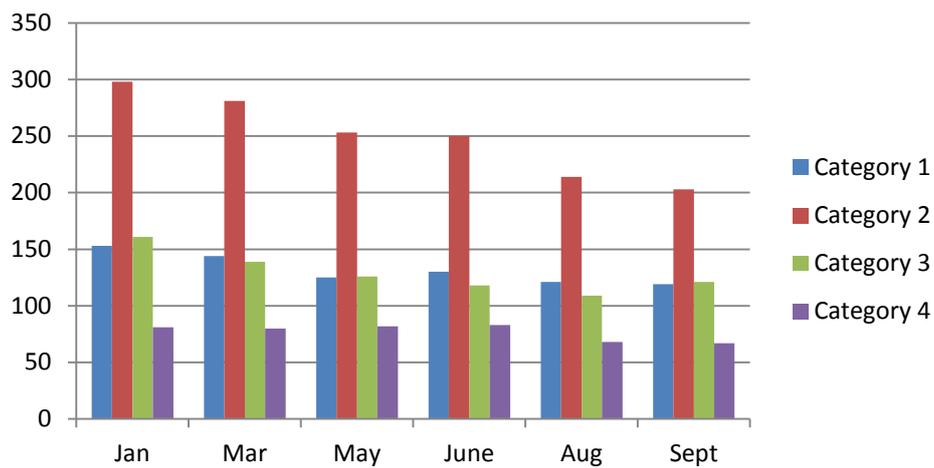
CATEGORY 4: **67**

There has been a demonstrable decrease in the number of high risk addresses over the past nine months. This is the lowest number of HRR entries since MI took over the management of the register. The Trust has notification of 325 high risk addresses from the Metropolitan Police.

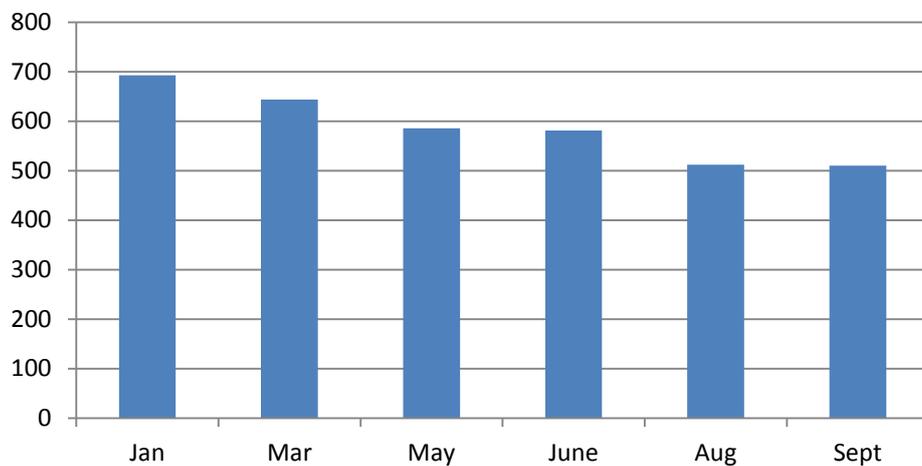
Discussions are being held with Management Information about how to best deal with category 4 entries on the HRR, in order to strengthen the Clinical and Quality Directorate's involvement in reviewing proposed new entries and the response letters sent by Operations.



HRR Entries by Category (2012)



Total HRR Entries (2012)



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 **11 separate occasions** and in place for a total duration of **89 hours** in August 2012. **This was the lowest use of DMP in 2012.**

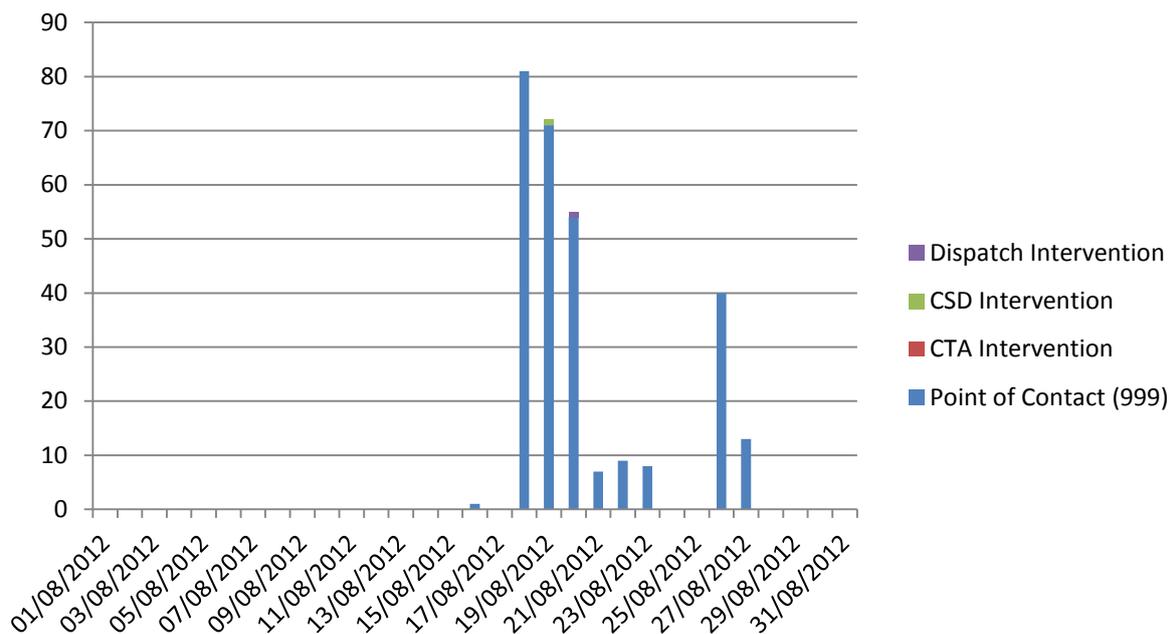
Stage **B** was in place 14 times for a total duration of **62.5 hours**.

Stage **C** was in place 6 times for a total duration of **26.5 hours**.

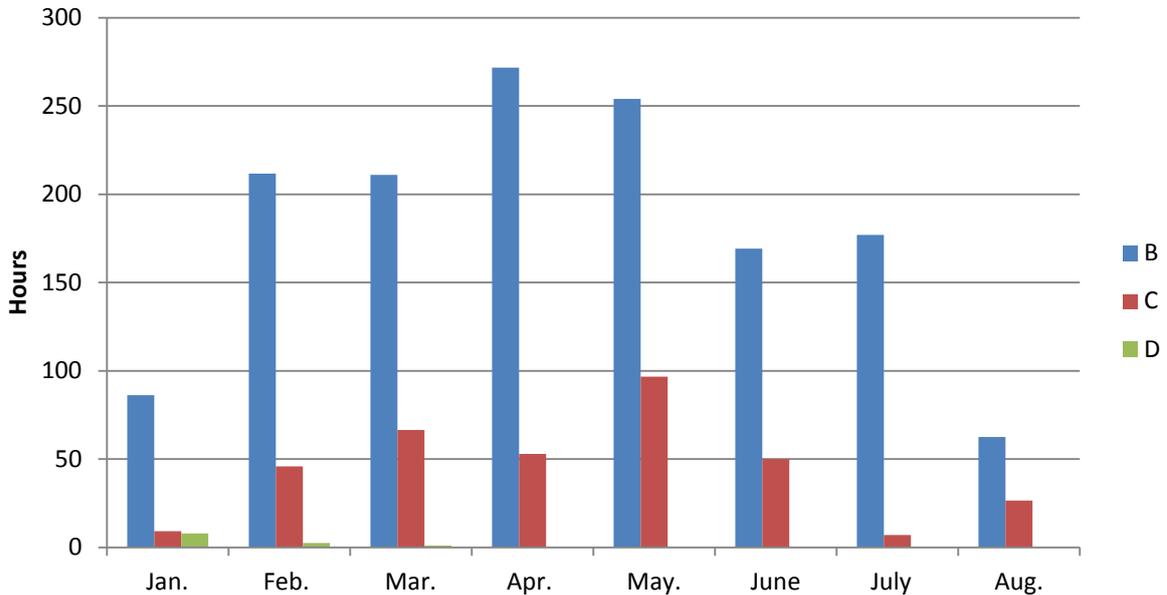
There was no escalation of DMP past stage C in August.

There were **286 ambulance reprioritised** in August.

Ambulances Reprioritised during DMP - August 2012



DMP use (hours) in 2012



Medicines Management

There have been no reportable Controlled Drug incidents since the last report to Trust Board. There have been no Unannounced Visits by the Metropolitan Police.

The Olympic Deployment Centre has now closed. Over the duration of the Olympic and Paralympic games, there were no reported adverse medicines incidents.

No CAS Alerts or Signals have been received for medicines affecting the Trust since last report.

Rule 43 Reports

The Trust has not received any new Rule 43 reports.

Quality Domain 5: Clinical Outcomes

Cardiac Arrest Annual Report 2011/12

During 1st April 2011 to 31st March 2012, the London Ambulance Service NHS Trust (LAS) attended 9,657 out-of-hospital cardiac arrests. Data relating to each patient were collected and analysed by the LAS's Clinical Audit & Research Unit and survival information obtained where possible.

Key findings from report:

Cause of arrest

Resuscitation was undertaken for a total of 4,208 (43.6%) patients. Of these, the cause of arrest was:

- Presumed cardiac = 80.3% (n=3,377)
- Trauma = 5.7% (n=240)
- Other = 14% (n=591).

Cardiac arrests due to presumed cardiac cause (n=3,377)

- The average age of patients was 68 years and 64% of patients were male.
- 47% of all arrests were witnessed (either seen or heard) by a bystander prior to LAS arrival and a further 19% were witnessed by LAS crews.
- Bystander CPR occurred in 41% of cases; an increase of 5% from 2010/11.
- Nearly half (46%) of all patients presented to crews with an Asystolic heart rhythm. A further 27% presented with an initial rhythm of Ventricular Fibrillation (VF) or pulseless Ventricular Tachycardia (VT).
- A return of spontaneous circulation (ROSC) was sustained to hospital in 30% of patients.
- There was a large increase in the number of patients conveyed directly to a Heart Attack Centre (HAC) following a cardiac arrest secondary to a ST Elevation Myocardial Infarction.

Survival rates

- The Utstein¹ survival rate of 31.7% is a considerable increase of 8.9% from 22.8% in 2010/11.
- The overall survival rate from a presumed cardiac cause has increased to 10.9% (previously at 8%).
- The survival rate for all patients where resuscitation was attempted, irrespective of the cause of the cardiac arrest, is 9.7%. This measure is new for 2011/12 and was introduced as part of the Department of Health (DH) Ambulance Clinical Quality Indicators.
- 63.3% of patients conveyed directly to a HAC were discharged alive.

¹ The Utstein calculation is the number of patients discharged alive as a proportion of the number of patients who had resuscitation attempted following a cardiac arrest of a presumed cardiac aetiology, where the arrest was bystander witnessed and the initial rhythm was VF/pulseless VT.

Conclusion

Survival rates for this year are the highest ever achieved by the LAS and demonstrate the efforts made in improving the management of cardiac arrest patients. Furthermore, through the DH Ambulance Clinical Quality Indicators we are able to demonstrate that we currently have the highest out-of-hospital survival rates in the country. A number of key factors have contributed to the increase in survival including: changes made following the release of the European Resuscitation Council guidelines in 2010 have been embedded into clinical practice; amendments to the eligibility criteria for direct conveyance to HACs allowing for a greater number of patients to access this pathway; an increase in the rate of bystander CPR and greater focus on public education and training in resuscitation methods, and a robust dataset capturing pre-hospital care and patient survival outcomes from all hospitals in London.

Quality Domain 6: Dignity

In follow-up to the last Trust Board patient story, the Clinical and Quality Directorate have now engaged in NHS London's dementia care programme (the LAS had initially not been invited to participate). The foundation of the programme is education and the Trust will embark on a train the trainer programme.

Quality Domain 7: Satisfaction

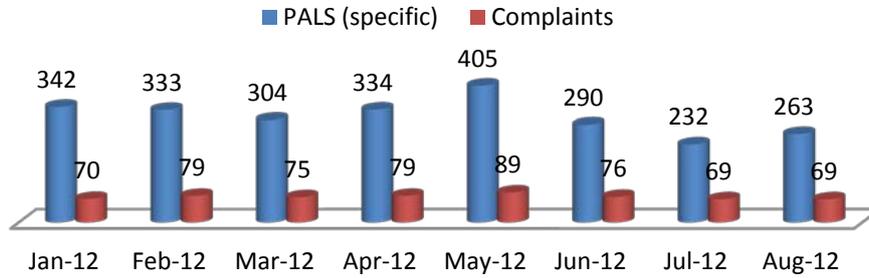
Complaints

This report sets out a base account of Patient Experiences Department activity versus complaints and PALS during August 2012 (excluding safeguarding activity, PCAT cases and solicitor enquiries).

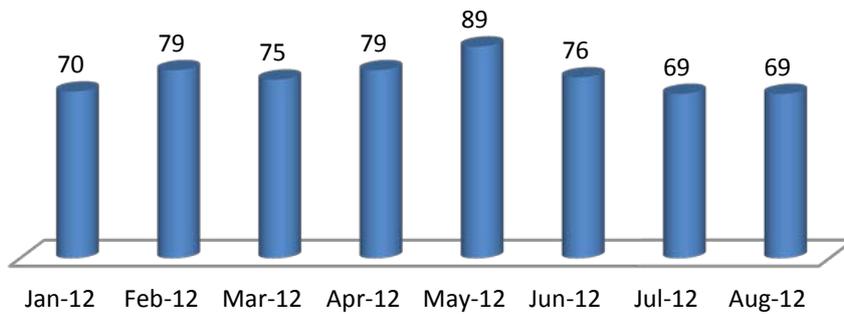
The department coped well considering a number of staff being seconded to the Olympics and several staff being on sudden sickness absence, with flexible arrangements being put into place so as to enable business continuity. PED also faced challenges in delayed cooperation from around the Trust, again as a consequence of service delivery during the Olympic period.

Complaints remained steady but PALS enquiries increased during this period.

PALS and Complaints January to August 2012



Complaints January to August 2012



Complaints and PALS – Emerging themes

Complaints by subject 01 January to 31 August 2012	Total
Attitude	23
Delay	20
Road handling	10
Treatment	7
Non-conveyance	5
High Risk Address Referral	2
Conveyance	1
Not our service	1
Totals:	69

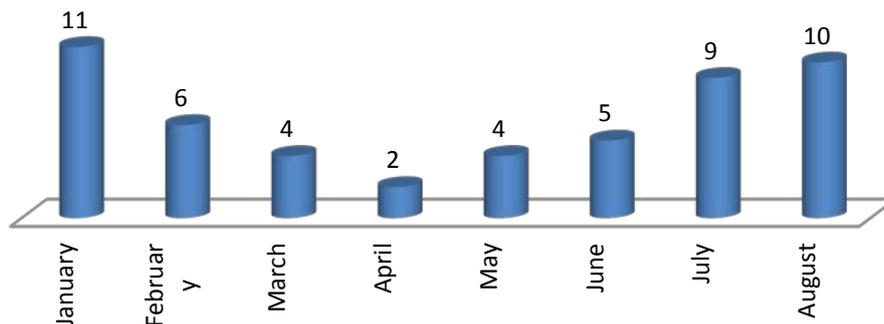
No enquiries/complaints have been declared as Serious Incidents in August - one case was referred but not declared. Two complaints have recently been re-opened following a request from The Ombudsman.

There has been an increase in complaints attributed to attitude, particularly a perceived lack of empathy and communication with the patient/family. The reduction in complaints relating to delays (45% in July compared to 29% in August) reflects the overall improvements to ambulance response times, itself a consequence of additional resourcing during the Olympic period.

4 complaints related to erroneous information provided by EOC, for where callers were advised that an ambulance was en route when the vehicle was subsequently diverted to a higher priority call.

10 complaints in August related to driving or vehicle related incidents, showing a steady increase.

Number of complaints related to driving incidents 01 January to 31 August 2012



Complaints about noise pollution - siren use and FRUs leaving their engine running at standby points - have also witnessed an increase.

Driving incidents 01 January to 31 August 2012	Road handling	Attitude	Total
Aggressively	2	0	2
Behaviour	0	1	1
Noise/disturbance from sirens/engines/vehicles/premises	19	0	19
Poor Driving Standards	12	0	12
Poor Parking	6	0	6

Speeding	3	0	3
Verbally Abusive	2	0	2
Not LAS	4	2	6
Totals:	48	3	51

11 complaints involved more than one health or social care provider. One of these involves the competency of a Community First Responder dispatched by LAS.

Two complaints involved referrals to NHS Direct where the patient eventually made their own way to hospital. On one of these occasions, the caller had previously been reassured that an ambulance was on its way but then received a call from EOC advising that an ambulance was not going to be dispatched. Clarification of the NHS Direct referral scheme has not as yet been updated on the Trusts website.

Two complaints relate to High Risk Register referrals.

Case examples (cases closed during August 2012)

105 complaints were closed during August, a significant increase over previous months as new ways of working and increased performance monitoring bear fruit. There is however a danger of losing quality and extended management time in consequence of the focus on time target.

Complaints closed January to August 2012	Total
January	60
February	59
March	55
April	67
May	88
June	74
July	80
August	105
Totals:	588

Analysis by response target period

The overall closure rate for the period within the allocated time frame was 71%. This improvement can be attributed to offering an extended complaint response time during times of severe staff shortages and the involvement of some of the team in the Olympic management process. PED have also introduced a process of managing complaints of staff who are absent due to sickness or annual leave.

Response time allocated May 2012 to July 2012	No. of complaints	Closed within time frame
Complaint 25 days	128	51
Complaint 30 days	42	35
Complaint 35 days	52	86
Complaint 40 days	19	2
Complaint 45 days	1	0
Totals	242	174

As at 1 September a total of 99 complaints remain open or re-opened following a further approach from the complainant after the substantive response has been completed.

A true reflection of response times cannot be calculated until the furthest timescale (i.e. 40 days have elapsed) = 25 October 2012.

Since 1 December 2011 all complaints considered under Section 8 of the *Local Authority Social Services and NHS Complaints (England) Regulations (2009)* have been included in the complaints module within Datix case management system.

All PALS cases during August 2012

The familiar themes of enquiries relate to destination hospitals and patient tracking. PED anticipate a steady increase in internal/external incident referrals with the resurrection of the process via Safety & Risk.

PALS enquiries	Total
Information/Enquiries	182
Medical Records	136
Lost Property	55
Safeguarding Children	42
Safeguarding Adults	31
Frequent Callers	19
Clinical	4
Communication	3
External Incident Report - LAS Crew	3
Incident Report - Other	3
Other	3
Policy/ Procedure	3
Appreciation	2
Incident Report - Hospital Midwife	2
Incident Report - A&E	1
Incident Report EOC	1
Incident Report - GP Surgery	1
Request for Witness Statement	1
Total	492

Of the 55 lost property enquiries, only 7 items were found (13%). A revised process has been prepared that will be trialled after the Paralympics. Other Ambulance Trusts have expressed an interest in the SMART bags and the process used by LAS.

2. Quality Priorities

The four new quality priorities for 2012-2013 are Mental Health Care, Diabetes Care and Reducing Alcohol Related Harm. These are now reported through the Quality Dashboard.

3. Clinical Audit & Research (CARU)

Clinical Audit Report 2010-12

In August the Clinical Audit and Research Unit (CARU) released a clinical audit report which outlined the LAS's accomplishments in clinical audit during the last two years (2010-12). It highlights areas of existing good practice, demonstrates instances where care has improved, and provides recommendations to enhance clinical quality where a need was identified.

The key changes to clinical practice as a result of clinical audit in 2010-12 are:

- Introduction of a Service-wide paediatric referral policy
- Dedicated emergency phone lines in each maternity unit across London
- Midwives incorporating information on when and when not to call an ambulance in their pre-labour meetings with ante-natal women
- A review of the Maternity Pathway questioning tool used by Clinical Telephone Advice
- Introduction of a screening tool for use prior to the Maternity Pathway questioning tool
- Introduction of a quality assurance process in Clinical Telephone Advice
- Recognition on the corporate risk register of the limited amount of out-of-hours information available for end of life care patients
- Amendments to the LAS recognition of life extinct form
- Guideline updates for the recognition of life extinct and administration of adrenaline
- Development of (or updates to) training packages including: managing the airways of patients with tracheotomies, management of sickle cell crisis, pain assessment and management and end of life care

In addition to conducting specific clinical audit projects, CARU have also undertaken continuous clinical quality monitoring in the areas of cardiac arrest, acute coronary syndromes, stroke, major trauma, difficulty in breathing, glycaemic emergencies, patients left at home (non-conveyed) and general documentation. Furthermore, through the Clinical Performance Indicator (CPI) Programme, we have been able to provide individually tailored feedback to our clinicians.

CARU have also participated fully in national clinical audit, which has enabled the LAS to benchmark our performance against other ambulance trusts and assure our patients and the public that we provide a high standard of clinical care.

Clinical Audit Reports

A clinical audit report has been published by CARU examining alcohol intoxication. The audit examined the quality of clinical assessment and treatment undertaken by crews. A summary of the report is detailed in Appendix A.

4. Rising Tide

Nothing to report.

5. Cost Improvement Programme

A new process has been designed to provide structured reports to the Quality Committee for CIP. CIP monitoring for 2012-13 will be undertaken via assurance statements provided by the clinical lead for each initiative, identifying any actual or potential adverse effect on clinical care and any monitoring processes that are in place.

6. Other areas

Nothing to report.

Fionna Moore
Medical Director

Steve Lennox
Director of Quality & Health Promotion

13th September 2012

APPENDIX A

A Snapshot Clinical Audit Examining the Assessment of Intoxicated Patients by the London Ambulance Service

August 2012
Clinical Audit & Research Unit

Background

Alcohol related calls make up 6% of the total workload for the London Ambulance Service NHS Trust (LAS). The severity of the condition of such patients can range from being simply unable to walk home through to being unconscious with an inability to maintain their own airway. It is therefore imperative that ambulance crews accurately assess intoxicated patients in order to deliver the correct treatment and offer the most suitable pathway of care. The Joint Royal Colleges Ambulance Liaison Committee (JRCALC) Clinical Practice Guidelines for use in UK Ambulance Services outlines a set of evidence based criteria that should be fulfilled to ensure the clinical needs of intoxicated patients are properly assessed and differential diagnoses considered.

This clinical audit measured the level of compliance to these guidelines when delivering care to intoxicated patients.

Methodology

The patient report forms for the first 200 people attended to by LAS staff in December 2011 with alcohol related symptoms were analysed. Patients suffering from alcohol withdrawal and where alcohol related symptoms were not the primary complaint were not included in the clinical audit.

Results

Intoxicated patients are a challenging patient group to manage with 29% refusing to let a set of observations be taken and 21% refusing to communicate with the ambulance crew. Almost all patients who allowed observations to be taken received assessment of their vital signs. A majority received two readings allowing the trend to be monitored. For patients with a reduced level of consciousness 86% either had their blood sugar measured or refused when it was offered. The main reason for not being able to carry out a blood sugar measurement was due to the crew not having a BM kit. For the patients with a reduced level of consciousness 11% did not receive a BM reading for this reason. Tympanic thermometers were also commonly missing.

Although inherently difficult, eliciting a history of the presenting complaint is generally done poorly for this patient group. Where no exemption was documented only 7% of patient report forms had a full history recorded.

Recommendations

1. A re-audit should be undertaken to assess whether the addition of vehicle packs containing a thermometer, BM kit and sphygmomanometer to A&E ambulances has reduced the number of cases of diagnostic kit being unavailable.

2. Crews should be reminded of the importance of eliciting a full and accurate history of the presenting complaint. This should include the specific questions relating to alcohol poisoning outlined in the JRCALC Guidelines.



LONDON AMBULANCE SERVICE TRUST BOARD

DATE:25 SEPTEMBER 2012

PAPER FOR APPROVAL

Document Title:	PATIENT EXPERIENCES (COMPLAINTS) Annual Report
Report Author(s):	Gary Bassett, Jacqueline Dawson
Lead Director:	Steve Lennox
Contact Details:	020 7783 2299
Why is this coming to the Trust Board?	Statutory requirement for an annual complaints report to be brought to the Trust board.
This paper has been previously presented to:	<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"/> Finance and Investment Committee <input type="checkbox"/> Other
Recommendation for the Trust Board:	Approve the Report
Key issues & risks arising from this report	
None	
<p>Executive Summary The Board members are updated on the themes arising from complaints at each board meeting and the introduction of patient stories means that the information within the report is not new. However, the annual report is a useful and important summary of the themes emerging from complaints and from other work of the patient experience department.</p> <p>Top themes are</p> <ul style="list-style-type: none"> • Delay • Attitude & Behaviour • Non Conveyance (Alternative care Pathways) 	
Attachments	
Annual Report	

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:



**Patient Experiences
Department**

Annual Report
**(Incorporating the Annual
Complaints Report)**

2011/12

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15 Introduction

The following represent the work streams the department has responsibility for:

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

The Trust received a record number of 999 calls between April 2011 - March 2012, making it the busiest year ever, with over 1.6m x 999 calls being made – an increase of nearly 112,000. Ambulance crews reached 75.74 per cent of the most critically ill patients – such as those having chest pain, in serious road traffic accidents or victims of stabbings or shootings – within 8 minutes. This is the ninth successive year the Trust has achieved this national target.

Patients who are not seriously ill or injured are encouraged to consider other ways of getting help before dialling 999, such as primary care, calling NHS Direct, or even making their own way to hospital. This change of approach is not necessarily widely understood by the public and this has affected substantial increases to work load to the department.

The year was characterised by a climate of uncertainty in view of the introduction of proposals for the re-organisation of the NHS and suggestions of further reform to the NHS complaints procedure. Staff numbers within the department have also reduced during the year.

This report sets out the department's activity against 2010/11, identifying trends and highlighting case examples of improvements that have occurred as a direct result of the department's input.

We aim to learn from the totality of feedback we receive to gain a better understanding of any emerging trends and incidents of particular importance to patient care. The most important issue is that we are able to address the causes of any poor experiences so that we can manage similar situations better in the future.

The themes within this report will already be familiar to the Board as the Trust has introduced the Integrated Quarterly Report and themes are reported to the Trust Board within the Joint Clinical Director's Report.

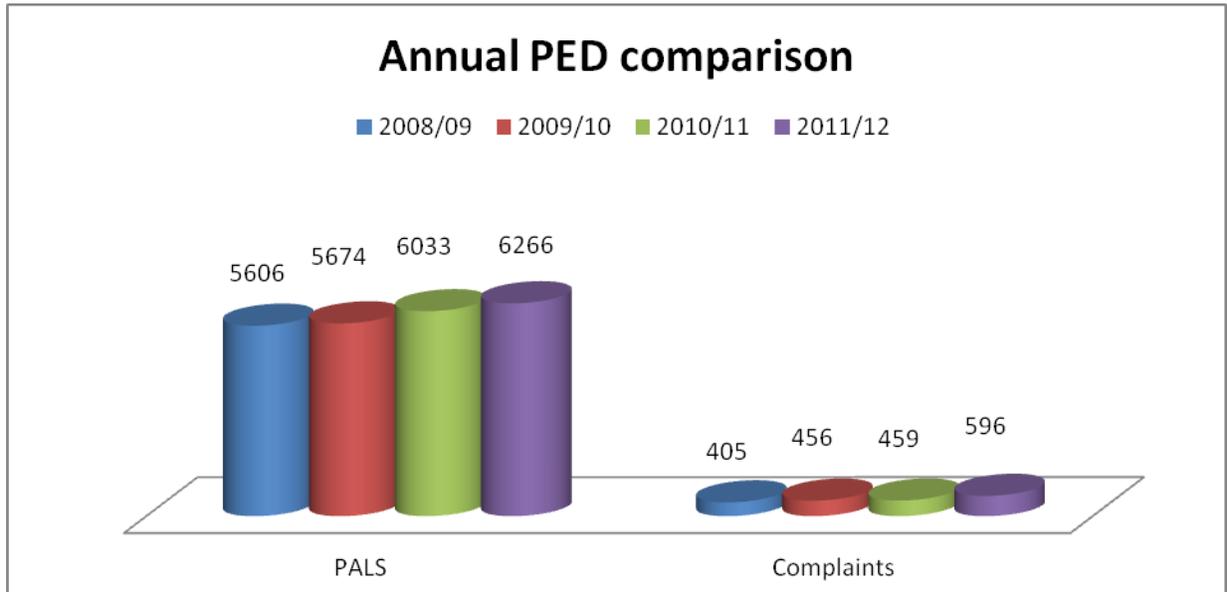
As best practice we publish case studies on our website at www.londonambulance.nhs.uk under *About us > What we do > Making your experiences count*

2. Overview

Summary of complaints and PALS

The total number of PALS and complaints received = 6862, comprised of 6266 PALS enquiries, 78 'Section 8' cases and 596 complaints, a total increase 5% on the previous year. The 78 PALS enquiries represent cases where some element of dissatisfaction was identified and which took more than 2 days to resolve. This reflects the provisions of Section 8 of *The Local Authority Social Services and NHS Complaints (England) Regulations (2009)*.

Due to the nature of the case management system used to record PED activity, 'general enquiries', safeguarding, incident reporting, solicitor requests and the management of 'frequent callers' are all captured within the PALS module. These work streams are however discussed separately within the report.



'Section 8' cases:

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

Summary of agency referrals

Improvements have been implemented relation to the interface between the involved departments receiving incident reports.

There has been a significant decrease in the numbers of both internal and external agency incident reports, the former representing referrals of incidents reported by ambulance staff to the Safety & Risk team that involve external agencies.

Year	External referral	Incident report LAS	Incident report - external
08/09	109	38	10
09/10	19	276	83
10/11	20	314	88
11/12	34	78	38
Totals:	182	706	219

The referral of midwifery incidents has however increased which perhaps reflects the Trust's appointment of a Consultant Midwife and dedicated support from PED. Improvements have been made accordingly, including the redesign of our maternity packs (for example, a hat has been added to keep the baby warm, and an extra towel added so that ambulance crews no longer use two packs when helping with the delivery of a baby).

PALS

The total number of PALS enquiries received during 2011/12 was 6266, compared to 6033 in 2010/11 (including S8 cases). This represents a 3.7% increase on the previous year...

The most common causes of enquiry are requests for general information such as seeking the hospital destination of a relative, reporting lost property and requests for medical records; policy and practice enquiries are common from academics, students, other health and social care agencies and members of the public.

Expressions of appreciations are now managed by Conference Induction and Awards Department; during 2011/12 x 172 appreciations were recorded.

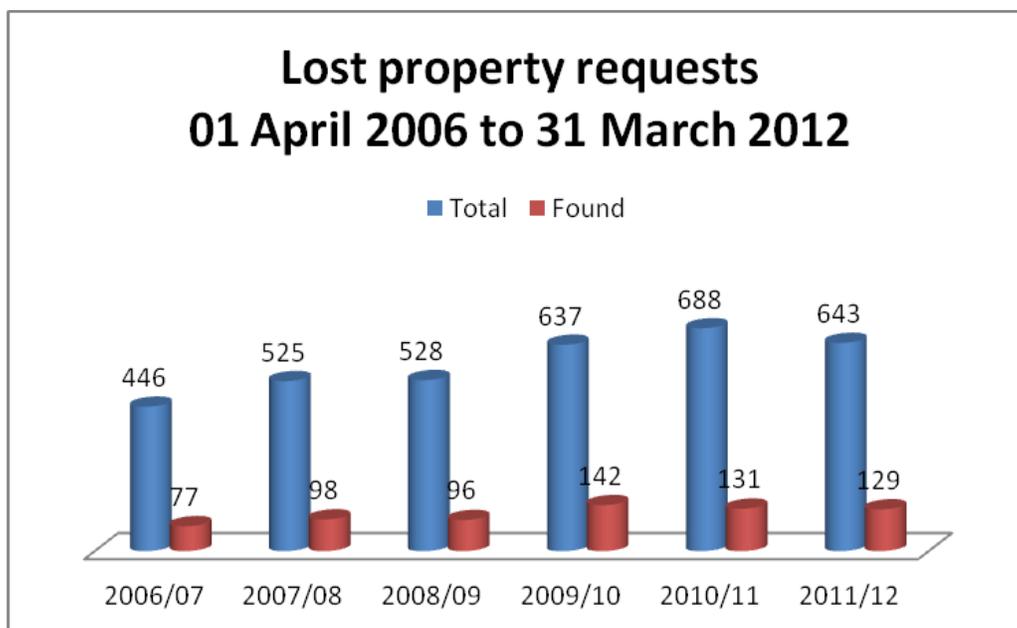
. PALS by Subject (primary) and Received	Total
Information/Enquiries	2522
Lost Property	635
Delay	74
Communication	71
Clinical	63
Policy/ Procedure	52
Conveyance	39
Other	37
Access	30
Incident Report - Other	28
Explanation of Events	26
Non-physical abuse	23
Incident Report - A&E	19
Social Services	17
Road Traffic Collision/RTC	15
Non-conveyance	10
Incident reports and other	73
Total	3734

Other enquiries	Total
Medical Records	1326
Safeguarding Children	402
Safeguarding Adults	330
Frequent Callers	231
Appreciation	172
Request for Witness Statement	39
SUI Group Considerative	31
SUI Capacity Plan	1
Total	2532

Main PALS Subject: Lost Property

There were 635 PALS enquires regarding lost property. The Trust introduced the *Smart Possession and Tracking System* (SPATS) bags to improve management of patient property several years ago. These have many advantages, including simplifying the care of possessions, improving the handover process and minimizing the risk of lost property claims. This should also result in less time being spent in resolving queries.

Unfortunately less than 20% of reported items were recovered. Towards improving performance lost property is now included as a quality indicator. In view of the 2009 complaints regulations compensatory payments will also be made more often.



Examples

The Trust was obliged to pay £6,500 as an entire lock replacement was required throughout a sheltered housing block as the crew lost the access key.

An elderly patient had to be fed by tube and a delay ensued in her release from hospital (effectively blocking a bed) after the crew lost her false teeth.

We had to replace a mobile phone for a Parkinson's patient as this is effectively his communications lifeline.

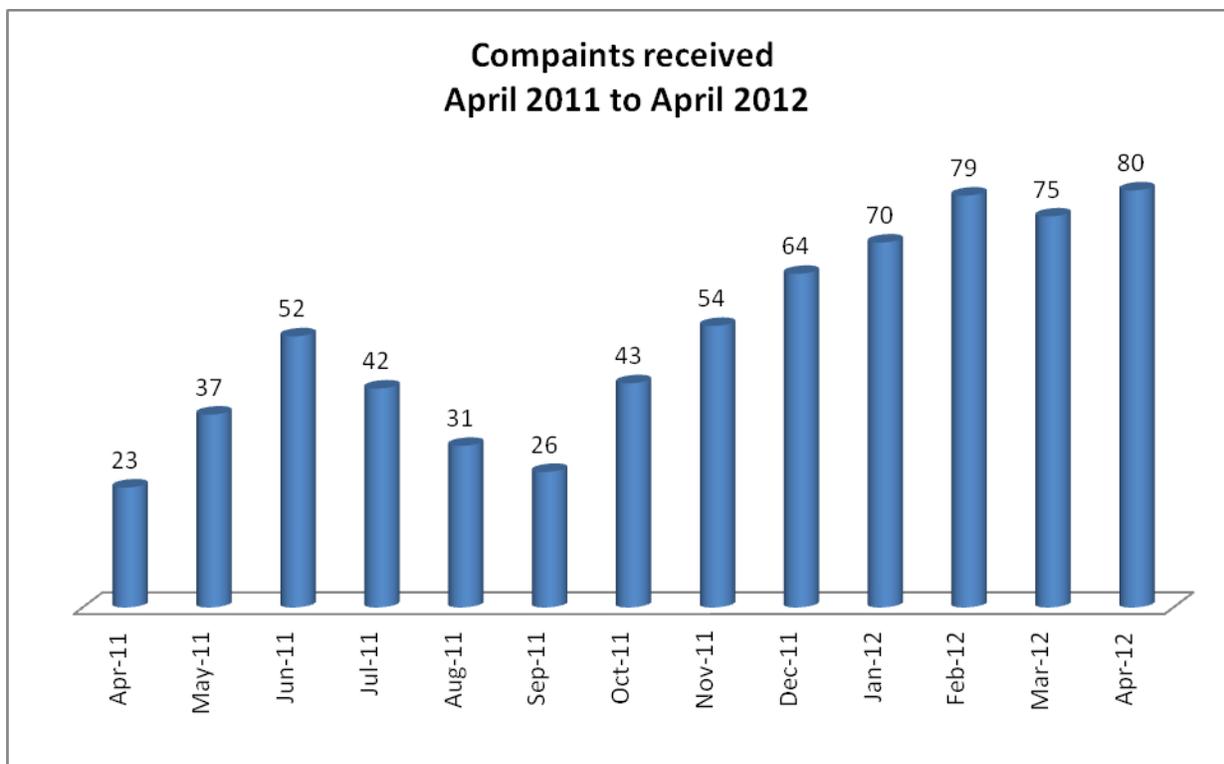
The distress caused to an elderly patient who couldn't communicate effectively with his relatives on the last days of his life as we had lost his hearing aid.

Plans are in place to improve responsibility for the management of lost property is being put into place by passing referrals to local stations to administer and resolve.

Lost property is now on the Quality dashboard and is reported on each month to the Senior Management Group and to each Quality committee. It has recently been mandated within the Area Quality Reports to Clinical Quality & Effectiveness Committee.

Complaints

During 2011/12, 596 complaints (and 78 x s.8 cases) were received. The chart below indicates volume by month. The dip during the summer months is a general trend year on year.



The highest volume of complaints, apart from EOC, is attributed to the South area; this may in part be explained by the larger geographic area involved. Themes and trends across all areas are comparable. EOC are indicated as nominally responsible for complaints about delays and non-conveyance as they are responsible for dispatch and/or clinical telephone advice. However, much depends on the available resourcing, an operational responsibility. Similarly, complaints about patients being unhappy at being referred to NHS Direct (60) are incorporated under EOC.

Complaints by Area	Total
Control Services (EOC, UOC, CTA etc)	233
South	112
East	87
West	82
Not our service	33
Unknown or No Trace	28
Patient Transport Services	13
LAS Headquarters	7
Volunteer Ambulance Service	1
Totals:	596

The most evidenced cause for complaint is poor attitude and behaviour which is in keeping with the findings across the NHS in the Health Service Ombudsman's 2011/12 Annual Report.¹ Benchmarking across other NHS Ambulance Trusts evidences that attitude and behaviour are contributory to complaints as follows²:

Trust	Percentage of complaints that were attributed to attitude and behaviour
SECAB	94%
NWAS	78%
NEAS	65%
WMAS	57%
SCAS	55%
NIAS	37%
EEAST	31%
LAS	25%
GWAS	20%
EMAS	12%
YAS	Not available

The chart below illustrates the primary causes of each complaint.

Complaints by Subject	Total
Delay	194
Non-physical abuse (attitude and behaviour)	152
Non-conveyance	64
Treatment	60
Road handling	45
Not our service	33
Conveyance	28
Patient Injury or Damage to Property	10
Clinical Incident	5
Clinical Equipment	3
Aggravating Factors	2
Totals:	596

In 2011, LAS moved from its existing Computer Aided Dispatch ('CAD') system, known as CTAK, to a new system 'CommandPoint'. After much rigorous testing, CommandPoint went live on 8 June but the operation failed and a number of 999 calls were not managed correctly.

¹ http://www.ombudsman.org.uk/_data/assets/pdf_file/0011/16022/PHSOannualreport2012highres.pdf

² Source National Ambulance Benchmarking WMAS

The delay in responding to such calls impacted on a rise in complaints coupled with the declaration of 3 Serious Incidents

Analysis

The impact of the rise in demand to the Trust has, unsurprisingly, witnessed a concomitant increase in the number of complaints.

Complaints by Opened (Year)		
	Year	Number
	2009/10	456
	2010/11	459
	2011/12	596
Predicted	2012/13	750

Reasons for the upward trend:

- Implementation of Demand Management Plan (DMP)
- Advent of practice in referring 999 callers to NHSD and ACP
- Changes in the way in which 'complaints' are recorded.
- Increasing incidents of patients being challenged as to the validity of their 999 call

Delays may be caused by a) DMP being in place; (b) errors in the call management; (c) available local resourcing; (d) shift turnover and/or meal break affects; (e) any combination of these. The one thing that is consistent is that demand is nearly always above average.

Complaints by Area 2011/12	Total
Control Services (EOC, UOC, CTA etc)	233
Operational Areas	281
Not our service	33
Other (PTS etc)	49
Totals:	596

Using specific data for Q4 2011/12

Quarter 4 = 2011/12 (as recorded in Datix)	Total
Control Services (EOC, UOC, CTA etc)	91
South	43
East	36
West	27
Unknown or No Trace	12
Not our service	9
Patient Transport Services	4
LAS Headquarters	1
Volunteer Ambulance Service	1
Totals:	224

However, by operational area rather than 'delays' simply being attributed to EOC:

Area (Q4 2011/12)	Total
EOC (19 complaints involved NHS Direct)	41
South (excluding cases above)	20
East (excluding cases)	15
West	15
Total	91

Quarter 4 = 2011/12	Total
South	63
East	51
West	42
Control Services (EOC, UOC, CTA etc) (19 NHS Direct)	41
Unknown or No Trace	12
Not our service	9
Patient Transport Services	4
LAS Headquarters	1
Volunteer Ambulance Service	1
Totals:	224

Emerging Trends

Familiar themes are evident – poor staff attitude and behaviour and delays in an ambulance response (especially calls categorised at lower emergency priority levels). Complaints about delay continue to mainly reflect times at which 999 demand is very high.

One related theme is the increase in complaints where patients have made their own way to hospital having become frustrated at the delay in an ambulance being dispatched. We are also witnessing a renewed increase in complaints about patients being referred to NHS Direct and a slow increase in complaints about being referred to other care providers, as this itself begins to become more common. There has been a rise a rise in complaints about staff challenging the validity of a 999 call. All of these reflect the changes to service provision, increasingly moving away from the universal dispatch model in favour of telephone advice and referral to alternative care pathways. Our holistic methodology in examining the clinical care provided in such cases has identified a correlation of poor clinical care with reported poor communication.

A further emerging trend is the call management of patients presenting with abdomen pain, with long delays occurring and complainants reporting that their symptoms were under-triaged.

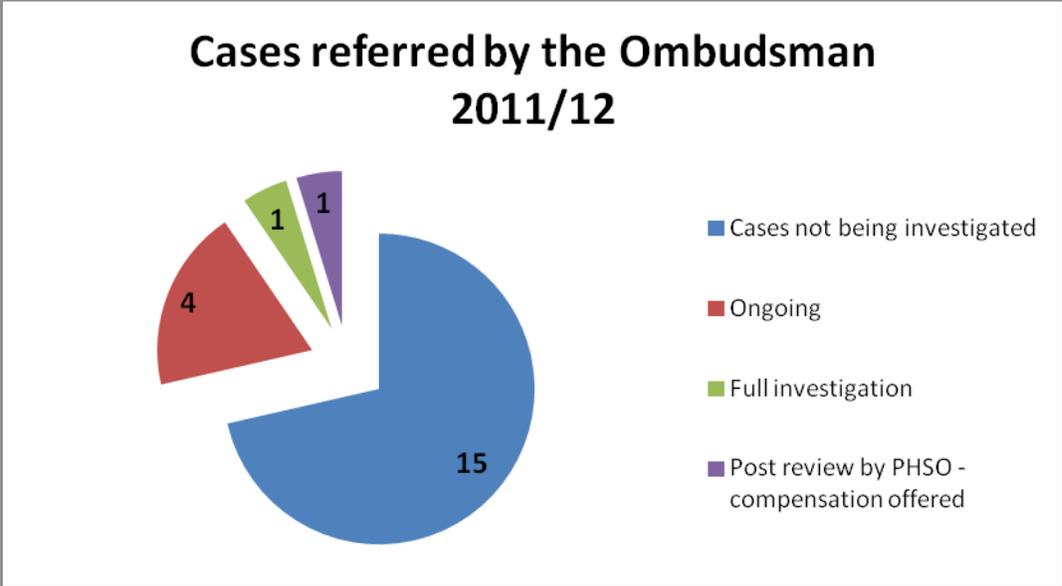
We are also beginning to receive complaints related to High Risk Register notifications. It is too early to evidence but initial indications are that there have been insufficient attempts to explore a care plan approach at a local level.

Ombudsman cases

21 cases (including 2 x S8 complaints) were considered by the Health Service Ombudsman. This includes incidents that may have occurred earlier but considered by the Ombudsman during 2011/12.

4 cases are as yet not concluded, 15 were not investigated, 2 cases fell for investigation with one still to be concluded. The first of these involved a patient with spinal cord compression who was not immobilised by the attending crew. At the recommendation of HSO, a compensatory payment of £2500 was made. .

The Ombudsman made relatively few recommendations across all these cases, save reimbursement of a patient's costs in making her own to hospital when referred to NHS Direct and the target re-contact schedule was not met. No recommendations were made in relation to complaints management for the third year in succession.



Governance

The department has witnessed a significant increase in demand for activity data from a range of different audiences. We have been working hard to develop improved summary activity reports to the five internal Area governance forums as well as the quarterly reporting to Clinical Quality Safety & Effectiveness Committee, Safeguarding Group and Learning from Experience Group.

The standard of cross agency liaison, where a complaint is hosted by a single agency but involves multiple organisations, continues to vary with differing response deadlines at issue. Lessons from the interface with NHS Direct need to be incorporated within arrangements when 111 providers replace the latter service in London.

Safeguarding

A Serious Case Review (SCR) may be undertaken by the local Safeguarding Children Board (SCB) when a child dies (including death by suspected suicide), and abuse or neglect is known or suspected to be a factor in the death. The SCR considers the involvement of all involved agencies. PED regularly contributes to SCRs on behalf of the trust which involves analysis of ambulance involvement with the subject patient and the child’s family.

Although the same statutory duties do not as yet apply (with legislation scheduled to be introduced in 2013), similar arrangements apply in relation to adults; Safeguarding Adult Boards (SAB) adhere to a similar structure and responsibility as SCBs...

PED is also responsible for managing requests for information and compiling reports as a result of child protection and safeguarding adults processes which are usually led by local authorities. An account of the totality of Safeguarding activity across the Trust is included in the Safeguarding annual report presented at August Trust Board.

The theme that has been identified over the year is the failure to make a safeguarding referral to the local authority.

The following sets out actual examples and several themes emerge:

- The need to make referrals in relation to mental health patients, patients expressing suicidal ideation and patients with dementia
- Consideration of the children of patients presenting with mental health patients and/or expressing suicidal ideation
- The responsibility of Control Services where a crew are not dispatched and/or a referral is made to another ambulance service to assist
- Recognition that a patient who is the subject of a locality information/High Risk Register notation may in actuality be extremely vulnerable

More information about safeguarding policy and practice is available on the Trust website at www.londonambulance.nhs.uk/health_professionals.aspx

Activity

Safeguarding referrals outcome 2011/12	Totals
Safeguarding Information Provided	244
Referred to other LAS department	117
Form B Completed	57
Absence of Response	53
Rapid Response Meeting	46
Strategy Meeting	40
No Further Action Required	34
Post Referral	32
Not found	18
Individual Management Review	12
Actioned	9
Safeguarding Vulnerable Adult Report	4
Actions Complete	3
Actions recorded in another file - Duplicate Record	3
Referred to other Agency	3
Awaiting Response	2
Information provided	1
Totals:	678

This reflects increasing engagement with safeguarding practitioners. It may reasonably be expected that activity will increase in the future especially in the light of the government's

commitment to introduce the legislation indicated to place adults on the same statutory footing as children.

Split of safeguarding enquiries 2011/12	Totals
Safeguarding Children	373
Safeguarding Adults	301
Information/Enquiries	4
Totals:	678

Lessons learnt

As well as ensuring individual feedback to any staff involved, arrangements were made to disseminate lessons arising from Serious Case Reviews etc throughout the Trust, including publication of articles in the Trust's in-house magazine and referral to local area governance committees. The Trust has also published examples of strategic lessons and learning identified from individual cases

Patient Centred Action Team (PCAT)

The Patient Centred Action Team is responsible for the management of 'frequent callers', cohorts of patients with complex needs who place repeated 999 calls. As well as individuals, PCAT work with residential care and nursing homes, hostels, etc.

During 2011/12, 230 new referrals were received compared with 254 in 2012/11. Reduction in PCAT staff has necessitated a more rigorous timescale for individual review and an increase to the referral criteria which will be implemented in 2012/13

Year	Frequent caller referrals
08/09	173
09/10	136
10/11	254
11/12	230
Totals:	793

We continue to use a care plan approach so that we can tailor the needs of patients to an individual care programme. This has an additional benefit in managing demand more effectively. More information is available at www.londonambulance.nhs.uk under *Health professionals > Caring for frequent callers*.

Frequent caller outcomes - referrals during 2011/12	Total
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No Further Action Required	110
Remaining open	28
Successful intervention - patient no longer calling frequently	24
Information provided	15
Actions Complete	10
Patient now Deceased	9
Patient Moved to Residential/Nursing home	6
Awaiting Response	5
Actions recorded in another file - Duplicate Record	4
Patient Moved Out of Area	4
Referred to other LAS department	4
Absence of Response	3
Does not meet criteria	3
Actions Indicated	2
Actioned.	1
Awaiting Internal Response	1
Referred to other Agency	1
Totals:	230

All South Area complexes have appointed a lead with the exception of Deptford, Oval and Croydon. All West area complexes have appointed a lead with the exception of Isleworth, and Hillingdon. All East area complexes have appointed a frequent caller lead; however Hackney and Romford have appointed road crews, which is problematic when their attendance is required at multi-agency meetings or to respond to correspondence.

In order to capture more specific information, a number of extra fields have been added to the case management system which will be reflected in the 2012/13 Annual Report.

Solicitor enquiries

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

In this way, over £50,000 was recovered in 2011/12. The interview process is however complex and will be streamlined in 2012/13. A questionnaire is being designed based on the type of information that is most commonly sought, although the interview option will continue to be available.

Case Examples - Complaints

Clinical Assessment

*A patient reported experiencing symptoms suggestive of a stroke but was told by the ambulance crew that they should not have called 999 as they were **not** showing signs or symptoms of a stroke. The patient was conveyed to an Emergency Department rather than a Hyper-Acute Stroke Unit (HASU)*

Clinical advice was sought from the Medical Directorate who advised that a negative FAST assessment does not exclude a stroke; if a patient exhibits slurred speech the crew should convey the patient to the nearest HASU³.

Outcome

The comments from our Medical Directorate were fed back to the crew in a reflective practice exercise led by a local training officer.

Clinical Assessment

A patient was concerned that he was moved without spinal immobilisation following a road traffic collision.

Clinical advice was that immobilisation of the spine is generally aimed at reducing the movement of the head and neck rather than the lower back and that there is growing evidence to suggest formal extrication and immobilisation offers little or no benefit over allowing the patient to step out of the vehicle and onto a trolley or into an ambulance.

Outcome

An explanation was given to the patient and an apology offered that that the rationale was not explained at the time. This was fed back to the staff concerned to improve their future communication and patient interface practice.

Communication

Complaint re attitude of crew, inappropriate comments etc. Patient had a history of kidney stones and was in a great deal of pain, also vomiting. Made to feel he was wrong to call 999.

Outcome

Crew explained that asking why patient had not gone to hospital earlier was not intended to question the validity of the 999 call but to indicate that treatment could have been achieved earlier - apologies were offered. Crew reflected on incident, particularly how their communication was experienced and they accepted that their comments were open to misinterpretation.

³ Hyper-Acute Stroke Unit

Delays

A caller was referred to NHSD and advised that an ambulance was not necessary. Patient had severe abdominal pain/cramps.

The Quality Assurance evaluation confirmed that the call was correctly triaged and passed to NHSD. NHSD identified shortcomings in their management in that the Nurse Advisor did not probe the patient's presenting symptoms and should have used all the totality of information provided in her decision making process. Also, the outcome of the assessment was not clearly given as the patient was firstly advised to see their GP and then told that they could refer the call to the Out of Hours service.

Outcome

A learning plan was determined and assessment practice monitored.

A Patient was experiencing testicular pain, but was referred to NHS Direct who subsequently advised the patient to go to A&E by taxi.

Outcome

Clinical advice indicated that testicular torsion is often presented as groin and abdominal pain. Work continues to improve recognition of this condition. As soon as torsion is suspected then the patient should be advised to attend hospital or an ambulance arranged.

Case Examples

(S.8 PALS)

Example one

A family raised concerns that an ambulance did not attend an elderly patient who was conveyed by independent means.

Outcome

An explanation was offered about the prioritisation system and that our commissioners are very keen that we encourage patients to use alternative care pathways, where appropriate, which has a positive impact across the healthcare system (for example by reducing often lengthy waits at A&E Departments).

Example two

A family initially requested an explanation of events following the still birth of their baby. A local resolution meeting was held with the family, a midwifery supervisor from the Acute Trust, the LAS Consultant Midwife and a Family Liaison Officer from PED.

Outcome

The family asked that it be made clear to patients at ante-natal appointments and by the LAS that ambulance crews are unable to remove a patient from the scene without their consent and cooperation. The LAS website was updated to include this information. ⁴

Case example

LA52 referral

The receiving hospital raised concerns that LAS were requested to undertake a patient transfer, the patient presenting with a low GCS (Glasgow Coma Score) and a history of vomiting and seizures. The patient was unaccompanied by a clinician from the host Trust and a clinical handover to the ambulance staff was not provided. The view of the Medical Directorate was that the crew should not have accepted the patient for transfer in view of the inadequacy of these arrangements.

The outcome involved the local Practice Learning Manager undertaking a reflective practice exercise with the crew concerned, with particular emphasis on the assessment and recording of GCS. The Medical Directorate also agreed produced revised guidance to all staff and were in liaison with the hospital concerned about preparation for transfer arrangements..

Case examples - PCAT

Possible misuse of careline alarm

An elderly patient with a variety of medical and social care needs receives visits from care workers to see to his personal hygiene needs. He has a 'careline' alarm which he activates frequently, usually due to a fall and resulting in a call to LAS. LAS Social Work Liaison Officer had visited the patient with a local social worker and ascertained that care workers are instructed not to visit or to pick up the patient from the floor but to default to calling LAS.

This raises issues about the nature of the care package commissioned for this patient and the expectations placed on care workers.

Outcome

The Social Work Liaison Officer has initiated discussions with the careline provider and local social care commissioners about these issues.

Improved protocol for care homes and when to call LAS

A local manager raised concerns that calls were being made by two local care homes run by the same company were inappropriate or made too late for effective patient care. A safeguarding meeting had agreed that relationships between the Care Homes and LAS could be improved though developing mutual understanding.

⁴ http://www.londonambulance.nhs.uk/calling_999/when_to_call_999/advice_-_due_to_give_birth.aspx

Outcome

Social Work Liaison Officer has now visited the care homes, which have recently changed ownership, and arranged to offer training sessions to staff groups accompanied by a Team Leader from the local complex.

Liaison with local Learning Disability Service

A young patient with a learning disability experiences mental health problem and anxiety resulting in frequent calls to LAS. The patient lives with his mother who contacted LAS to request that we do not attend unless she has rung us.

Outcome

Social Work Liaison officer made contact with local learning disability service and arranged a joint visit to consider what type of Individual Dispatch Protocol might be appropriate. Following the visit a 'ring back IDP' was agreed.

Multi-disciplinary arrangements to minimise risk of exploitation by a local couple in the community

PCAT was contacted by a London borough Neighbourhood Crime and Justice Coordinator about a case involving a local couple with a long history of alcohol abuse who exploit vulnerable people by moving into their home and using it as a base to financially exploit the occupant. A 'Closure Order' was sought in order to facilitate moving the vulnerable adult elsewhere and depriving the 'exploiters' of access. LAS provided call rates to the location and confirmed that the address was registered on our High Risk Register requiring police attendance.

Outcome

Social Work Liaison Officer and a Team Leader from the local complex attended a multi disciplinary planning meeting at the landlord's offices. A statement was prepared for use by the CPS and with assistance from the LAS Local Security Management Specialist a closure order was successfully obtained and the occupants were evicted.



LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 25TH SEPTEMBER 2012

PAPER FOR DISCUSSION

Document Title:	Corporate risk register – 28th August 2012
Report Author(s):	Frances Wood
Lead Director:	Sandra Adams
Contact Details:	Sandra.adams@lond-amb.nhs.uk
Why is this coming to the Trust Board?	Good governance – the Trust Board reviews the key risks facing the organisation on a quarterly basis
This paper has been previously presented to:	<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"/> Finance and Investment Committee <input type="checkbox"/> Other
Recommendation for the Trust Board:	To discuss any key concerns arising from the corporate risk register and to note the mitigating actions planned to reduce the level of risk where appropriate
Key issues and risks arising from this paper <ul style="list-style-type: none"> • A risk associated with the implementation of CommandPoint is still the highest scoring risk on the register • All operational risks on this register were thoroughly reviewed by the Risk Compliance and Assurance Group in July. Some risk levels have changed as a result whilst others have been accepted by the group as reaching an acceptable level of risk and remaining visible on the register eg. Risk 153 – fuel prices • A number of risks will remain until a range of strategic actions are implemented, for example roster review, rest breaks and annual leave which will impact on several of the high level operational risks. 	
Executive Summary The risk register is reviewed by the Trust Board on a quarterly basis and feeds into the board assurance framework (BAF). The latter has been reviewed by the internal auditors and a number of areas are being updated as a result. The BAF includes strategic risks and risk themes and these were reviewed by the Strategy Review and Planning group in July resulting in further changes to the document. The BAF is being updated and will be available to board members in time for the Trust Board meeting. The Risk Compliance and Assurance group reviews all risks currently on the register or put forward for consideration or removal.	
Attachments Corporate risk register – 28 th August 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 responsibilities to deliver high quality and safe care
- That we cannot maintain and deliver the core service along with the performance expected
- That we are unable to match financial resources with priorities
- That our strategic direction and pace of innovation to achieve this are compromised

Equality Analysis

Has an Equality Analysis been carried out?

- Yes
- No

Key issues from the assessment:

**London Ambulance Service NHS Trust
Risk Register as at 28th August 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-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- lihood	Target Rating	Comments
368	There is a risk that messages exchanged between MDTs and the CommandPoint CAD system may become out of sequence, cross one another while one is being processed or a job being 'cycled' through to closure in error by an A&E resource. This may result in an open event being closed in the CAD system erroneously, leading to a patient not receiving a response from the LAS and their condition deteriorating, possibly resulting in serious injury or death	Following CommandPoint go live, several incidents have been reported to the CAD support team for investigation where out of sequence messages from MDTs have resulted in events showing with an incorrect status. On a number of these the event has been closed in error. The investigations have identified a number of ways that this scenario can occur. So far the identified possible causes are: • Preempt request/event updates crossing • Status change messages echoed • MDT status changes arrive out of order • Aged MDT status	27-Jul-12			Clinical	Catastrophic	Almost Certain	25	1. Software adaptation to identify unexpected status messages or very short job cycles, alerting controlling dispatchers and managers. (Build 2.5.6) 2. Manual alerting outside the CAD system processing messages and identifying possible jobs closed in error (unexpected AOR status) setting off a pager in the control room (fall back alert.) Also Section 4 Assurances below (point 4 - daily alert checks) 3. Software adaptation to hold event updates while pre-empt requests are being processed, negating one of the above scenarios from occurring. (Build 2.5.6)	Peter Suter		Catastrophic	Possible	15	1. Request for change to CommandPoint system to enhance the functionality around message detail with message type and sequence identification, enabling CAD system rejection of erroneous status changes. 2. Request for Change to MDT system to provide message sequence identification and processing as above. 3. Additional communications material and training around the urgent messages generated to area controllers and dispatchers notifying them of message cycling. 4. Removal of 'false positive' messages from unexpected status change warnings generated by CAD to area controllers and dispatchers.	1. J. Downard 2. J. Downard 3. P. Cassidy 4. P. Cassidy		1. Technical solutions under development by tactical problem management team (led by John Downard) 2. Weekly director progress oversight in CommandPoint problem management review (led by Peter Suter) 3. Ongoing assessment of alert monitoring and identification of further incidents for CAD support team investigation by CommandPoint senior user group (led by Richard Webber) 4. Daily checks of	Catastrophic	Rare	5	
265	There is a risk that Service Performance may be adversely affected by the inability to match resources to demand.		31-Jul-06	***	3	Operational	Major	Almost Certain	20	1. Ongoing recruitment to vacancies. 2. Use of voluntary and private sector at times of peak demand. 3. Agreed terms of capacity review with Commissioners. 4. Scoping use of agency Paramedics to enhance bank scheme. 5. 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.	Martin Flaherty	09-Jul-12	Major	Likely	16	1. Review ORH implemented rosters Pan London 2. Modelling being undertaken by the Operational Weekly Demand and Capacity Review Group (OWDaCR) 3. Clock start changes for Cat A in June 2012 4. Implement outcomes of formal capacity review.	1. C. Hitchen 2. J. Killens 3. M. Flaherty 4. J. Killens 5. P. Woodrow	1. Q3 12/13 2. Ongoing 3. Q2 12/13 4. Ongoing 5. Ongoing		Major	Possible	12	
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	Almost 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	09-Jul-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	Possible	12	

London Ambulance Service NHS Trust
Risk Register as at 28th August 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
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	28-May-12	Major	Likely	16	1. TNA 2012/13 to be approved 2. Launch workbook for Infection prevention and control 3. OLM pilot to commence	1. G.Heuchan 2. K.Miller 3. B.O'Neil	1. June 2012 2. Ongoing 3. June 2012	1. Reporting to TSG 2. Performance Accelerator	Major	Unlikely	8	
269	There is a risk that at staff changeover times, LAS performance falls.		08-Dec-06	***	17	Clinical	Major	Almost Certain	20	1. Daily monitoring of rest break allocation to resolve end of shift losses 2. Use of bridging shifts for VAS/PAS 3. Roster reviews/changes must include staggered shifts.	Martin Flaherty	09-Jul-12	Major	Likely	16	1. Implement changes to rest break arrangements 2. Outcome of capacity review 3. Ongoing roster reviews	1. C.Hitchen 2. M.Flarty 3. G.Hughes	1. Q3/4 12/13 2. Q3/4 12/13 3. Ongoing		Major	Unlikely	8	
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	Almost 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	30-Jul-12	Major	Likely	16	To understand the scale of the problem and to develop a strategic solution of blanket usage: 1. Audit blanket usage as part of hand hygiene auditing. 2. Chris Vale developing options paper to agree strategic direction. 3. PIMS to address compliance of single use locally. DIPC to present at conferences. Continue to audit. 4. Small sub group to be formed to discuss options paper and endorse recommendations	1. Trevor Hubbard 2. Chris Vale 3. Trevor Hubbard 4. Karen Merritt	1. Complete 2. Feb 2012 3. Oct 2012 4. Complete	1. KPI measuring blankets collected delivered. 2. KPI measuring blankets allocated/delivered.	Minor	Possible	6	A sub group is to be set up establish further actions to be taken. 2. The options paper has been developed but has not yet been discussed Action: Karen Merritt

**London Ambulance Service NHS Trust
Risk Register as at 28th August 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
22	There is a risk that failure to undertake comprehensive clinical assessments may result in the inappropriate non-conveyance or treatment of patient.	Inappropriate non-conveyance incident	14-Nov-02	***	5	Clinical	Major	Almost 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	Fionna Moore	31-May-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. Sep 2012 2. Sep 2012	1. Incident reporting. 2. Operational workplace reviews. 3. Regular reports to CQSE.	Moderate	Possible	9	The incident reporting pilot continues in City and Hackney. However levels of airwaves reporting has dropped off since the change of line management, and the withdrawal of LA277 reporting (due to Command point / MI pressures) EBS updated that original problems of crew staffs familiarisation with technology appear to be diminishing, but still take a contact telephone number early in the conversation due to the unpredictable nature of the Airwave radio. Line manager Investigation report delays continue to pose a concern. It is proposed to relaunch the incident reporting pilot in conjunction with safeguarding. The relaunch includes rolling out the pilot to Whipps Cross complex. The project group are due to meet again on 14th June to discuss the proposals.
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	Almost 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	30-Jul-12	Major	Possible	12	To ensure Trust is consistently compliant across the service: 1) Conduct audit following implementation of contract.	1. Trevor Hubbard	1. Oct 2012	1. Comprehensive dashboard	Minor	Unlikely	4	1. An audit has been conducted and will be reviewed again in October 2012.
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	Almost 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	Caron Hitchen	31-May-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.	1. S.Sale 2. S.Adams 3. C.Dodson-Brown 4. C.Dodson-Brown	1. Sept/Oct 2012 2. 3.	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.	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	2012-05-24 CQS&E - risk to be revised at Safeguarding Committee Meeting.

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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. CCD now supported by enhanced clinical support in EOC with 24/7 clinical hub going live on 16/7/12 2. Team leaders and central operations staff trained and attend EOC on shift by shift basis if additional ad hoc staff required	Martin Flaherty	01-Jun-12	Major	Likely	16	1. Implement new integrated clinical hub from 16 July 2012 2. Enhance clinical hub operations in phase 2 and 3 of implementation	1. F.Wrigley 2. F.Wrigley	1. July 2012 2. Nov 2012 / March 2013		Major	Unlikely	8	
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 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. 5. Revised driving policies implemented in 2011	Martin Flaherty	01-Jun-12	Major	Possible	12				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	
138	There is a risk that 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	05-Jul-12	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 5. CSR3 Training	1. S.Lennox 2. S.Lennox 3. S.Lennox 4. S.Lennox 5. K.Miller	1. Dec 2011 2. Dec 2011 3. Sept 2011 4. Complete 5. Oct 2012	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	01-Jun-12	Major	Possible	12	1. Review the process of archiving training records within the DoE&D (Initial work indicates there may be a need for a formal procurement and tender process for electronic archiving) 2. Pilot to OLM to commence June 2012	1. P.Billups 2. R. Habib	1. Ongoing 2. July 2012	1. Part of organisation & development of people workstream. 2. Progress of project report to workstream board.	Major	Unlikely	8	Systems have been developed to capture training activity data in the maintainance, these processes to be tested and completed by July 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. 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	Fionna Moore	03-May-12	Major	Possible	12	1. CQSE suggest PIMs give some thought to how this is managed. 2. Continue to encourage reporting of all clinical incidents using LA52's. 3. Continue to reinforce that the LAS has a fair blame culture by providing feedback from outcomes of complaints to staff involved in incidents.	1. J.Killens 2. 3.	1. Ongoing 2. Ongoing 3. Ongoing	1. CPI checks 2. Incident Reporting 3. CQC inspections 4. Clinical opinions provided on incidents 5. Learning from Experience Group review incident activity 6. Review of	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 audits to be carried out throughout the Trust. 4. Initial peer review pilot audit carried out in the south area with results and process amendments discussed at a morphine audit group quarterly meetings.	Fionna Moore	03-May-12	Major	Possible	12	1. Peer review meeting is scheduled for following completion of peer review audits to take forward proposal to make the this part of business as usual across the areas. 2. 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	2. May 2012 3. June 2012	1. Internal Audit 2. Independent Audit 3. LIN oversight of system	Major	Unlikely	8	

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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	30-Jul-12	Major	Possible	12	1. Decontamination sub group to review compliance with decontamination process 2. Decontamination Policy to be agreed by ADG	1. K.Merritt 2. S.Lennox	1. Oct 2012 2. Complete	1. Area Governance Meetings 2. Incident reports.	Minor	Unlikely	4	
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 Implementation Group and Manual handling policy 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 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, 5. Small handling kits on all vehicles 6. B.Tech trained Manual Handling assessors 7. Specialist MH equipment e.g. Mangar Elk 8. All A+E and PTS operational vehicles have either tail lift of ramp access 9. All A+E and PTS operational vehicles are fitted with hydraulic trolley bed 10. Generic Risk Assessments 11. All A+E Operational vehicles have access to Mangar Elks 12. 3x PTS Bariatric vehicles are available by request to A+E	Martin Flaherty	01-Jun-12	Major	Possible	12	1. Complete trials for new chair/lifting aids 2. Develop structured bariatric capability 3. Ongoing review of marketplace to identify new lifting aids	1. J.Selby 2. J. Killens 3. J.Selby	1. Q3 12/13 2. 2013/14 3. Ongoing	1. Manual Handling Implementation Group 2. Manual Handling Policy 3. Central Health and Safety Group Incident Statistics Monitor and Audit Reviews	Minor	Unlikely	4	JS 2-08-12 Proposal to change wording to include reference to PTS staff being included in this risk. (i.e. There is a risk that operational staff (which includes PTS staff))
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	31-Jul-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
322	There is a risk that the Trust does not receive assurance that infection prevention and control training is taken up by staff.	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. 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	30-Jul-12	Moderate	Possible	9	To be fully compliant with CQC expectations and all staff to have up to date infection control training: 1. Ensure all staff receive all in one training or alternative form of update (core skills refresher and induction training) 2. Monitor and implement hand hygiene training. 3. Need to capture the training of contracted staff on the scorecard.	1. C. Dodson-Brown / I.Bullamore 2. S.Lennox 3.	1. Oct 12 2. Oct 12 3. Oct 12	Reports from the central training register	Minor	Unlikely	4	Training now being delivered across the Trust in CSR1. Gaps in training data is being recovered

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323	There is a risk that the audit programme is not sufficiently robust 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	30-Jul-12	Major	Unlikely	8	1. PIMS and AOMS to identify solution for updating the scorecard.	1a. PIMS	1. Complete		Minor	Possible	6	IPCC propose to archive risk as the actions in place have mitigated the risk to the target rating.
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. GRS has a warning sign that is generated before the Coordinator continues to place a member of staff on a shift or to allocate overtime. The warning system highlights any potential contraventions of the Working Time Directive. 2. Regular GRS 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 may compromise their own and patient safety. 3. The reduction in staffing required to meet CIP targets and requirements may also impact upon this risk. However, the agreed Capacity Review, undertaken jointly with Commissioners, will look at all aspects of staffing and resourcing.	Caron Hitchen	23-Aug-12	Major	Unlikely	8	1. Continued monitoring and review of working hours via GRS. 2. Reissue WTD guidance. 3. Pro-active management of annual leave to ensure that staff have appropriate time off. 4. Capacity review	1. G.Hughes 2. T.Crabtree 3. AOMs 4. SMG/Commissioners	1. Ongoing 2. Sept 2012 3. Sept 2012 4. On-going		Major	Rare	4	A service wide report was sent to all AOMs highlighting staff that had exceeded WTR hours for an average of 17 weeks. CH 28/08/12 This risk has reached its target level and should be archived.
329	There is a risk that financial penalties will be levied on the Trust as a result of non-achievement of the contractually agreed targets.	Potential failure to achieve contracted performance targets and failure to earn CQUINs	06-May-10		3,4,8	Finance	Catastrophic	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	31-Jul-12	Catastrophic	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. 5. The Finance and Investment Committee will	Catastrophic	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
362	There is a risk that the absence of a medical devices tracking system may result in the Trust being unable to maintain and track equipment which could result in equipment not being available for patient use.	Impact on Complexes not being able to manage allocation of medical equipment to vehicles. Impact on patient safety if medical equipment is not available possibly resulting in a serious incident. Equipment is not serviced at the correct intervals and there are no indicators, if an item	17-Apr-12			Clinical	Catastrophic	Possible	15	1. Occasional audits of equipment by complexes and logistics department. 2. Equipment lists are available from the company which maintains the medical devices, which includes serviced and non serviced items.	Martin Flaherty		Catastrophic	Possible	15	1. Actions are set out in the Vfm Programme - Tracking Medical Devices Project Mandate. 2. Establish confidence in the project via the project team.	1. Martyn Salter 2. Ed Potter			Catastrophic	Rare	5	

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344	There is a risk that the Trust is unable to assure that the current taxi contract accommodates the guidelines for regulated activity (safeguarding)		16-May-11		2,4	Governance	Moderate	Almost Almost Certain	15	1) Current contract stipulates all drivers must have CRB checks	Steve Lennox	02-Aug-12	Moderate	Almost Certain	15	1. Registration with the Independent safeguarding Authority needs stipulating in the contract 2. Contract monitoring	1. P.Webster 2. P.Webster	1. 2011/12 2. 2011/12	1. Safeguarding Committee	Minor	Rare	2	We are stuck with this one and awaiting new DH guidance which we believe will remove some of the current procedures
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 upto 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 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. 4. A clause has been negotiated in the funding mechanism for 111 generated activity in the 2012/13 contract.	Jason Killens	23-Aug-12	Moderate	Likely	12	1. We will negotiate as a clause in the funding mechanism for 111 generated activity in the 2013/14 contract.	1. J.Killens	1. 1 May 13	1. Control Service Clinical Governance Group 2. Monthly commissioning reports 3. Attendance at NHS London Clinical Governance Group 4. Attendance at pilot site governance groups as required 5. Agreed process to manage incidents and complaints (through 111 governance teams) 6. Monthly contract and performance meeting with lead commissioner.	Moderate	Unlikely	6	
345	The Trust currently receives a sum of £7.7m non recurring 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	Catastrophic	Possible	15	1. 2012/13 contract reflects this work, if there is a shortfall PCTs are liable. 2. Reviewed by Finance Investment Committee.	Michael Dinan	31-Jul-12	Catastrophic	Unlikely	10	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	Catastrophic	Unlikely	10	Under discussion with DH 2012/13.

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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. New arrangements agreed with surrounding Trusts to take LAS 999 calls in event of total loss of HQ. 2. FBC opens as a _ site in October 2012	Martin Flaherty	01-Jun-12	Catastrophic	Unlikely	10				Catastrophic	Rare	5		
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.		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 7. Revised policy and procedure in place setting out requirements when attending railway incidents	Martin Flaherty	01-Jun-12	Catastrophic	Unlikely	10	1. Develop e-learning package for operational managers to enhance safety. 2. Inclusion of railway incidents session in Q3/4 12/13 ops managers EP updates.	1. W.Kearns 2. L.Lehane	Ongoing Q 3/4 12/13		Catastrophic	Rare	5	
207	There is a risk of staff not being able to download information from Defibrillators and 12 lead ECG monitors leading to incomplete patient records.	Clinical information was not available which was required for an inquest	04-Apr-06	***	1,2,4,5	Clinical	Moderate	Almost Certain	15	1. Mark Whitbread is the Trust lead for the card readers project, 2. Card reading and transmission is performed by team leaders. 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	15-Jun-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	Planning to start a three complex trial in October - unable to secure training/down time so far this year due to operational pressures. With regards to FR2 data downloads – still very poor compliance mainly due to team leaders not being in the "office" due to operational pressures

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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	Almost 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	01-Jun-12	Moderate	Possible	9	1. Revised Lone worker policy reviewed @ Feb ADG. ADG requested TC and MN to review specific requirements for lone working in office accommodation.	1. Martin Nicholas/ Tony Crabtree	1. July 2012	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 10. Update on premises inspection reported to Corporate Health and Safety Group Quarterly 11. Core skills refresher 2 includes vehicle fire precaution awareness training. 12. All operational vehicles are fitted with appropriate extinguishers and crew staff fire awareness is included in CSR	Caron Hitchen	01-Jun-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. Corporate Health and Safety Group 2. Annual return to DOH including a fire risk statement	Minor	Rare	2	
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. 4. Developed contracts with VAS/PAS/Agency staff.	Caron Hitchen	30-Jul-12	Major	Possible	12	1. Implement recommendations from N30 review. Note - Actions from N30 internal review are all complete, and actions from the NHSL integrated action plan are on track - (CH 27th June 2012)	1. J.Killens	1. 2012/13		Major	Possible	12	
282	There is a risk that 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.	Peter Suter	09-Jul-12	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	AA 2012-07-24 We are awaiting a PO release to facilitate the SAN implementation. This ongoing project is an enabler to consolidate desktop storage to centrally manage and store data currently held on local C drives on desktops. This will ensure that all of the data currently residing on local hard drives is centrally stored, managed and backed-up. The central storage of this data will also mean that sensitive data can no longer be stored on individual users PC's allowing the trust to adhere to information governance requirements	
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	18-May-12	Major	Possible	12	1. The introduction of Command Point 2. Increase in use and functionality of the Coordinate my Care (CmC) system across all London. (The Senior Clinical Adviser, IM&T and Management Information are working with System C, (the company that developed the newly introduced Pan London EoLC Register, (Coordinate my Care - CmC), that will be used by all 111 sites and LAS), to look at the possibility of CmC automatically placing a flag on the patient's address. This will obviate the necessity for it to be done manually.)		1. March 2012 2. November 2012	1. Incident reporting. 2. Complaints monitoring. 3. Protocols and transfer procedure	Major	Unlikely	8	All the current measures remain in place. Command point has now gone live and therefore the "Locality Information" flag is 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 COUINN target

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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. 2. Tabled at NDOG/DOCC's Meetings nationally as required. 3. The LAS have emphasized to the County Air Ambulance Services the importance of appropriate notification prior to transporting patients to a London MTC. In addition neighboring Trauma Networks are being rolled out around London which will further reduce the risk associated with bringing patients into London MTCs unannounced	Martin Flaherty	07-Nov-11	Major	Likely	16	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	2012-08-12 MF - The risk remains but should be downgraded to moderate and possible, principally because the risk relates to only small numbers of patients. In addition MTC's are not reporting this as a significant issue at regular performance update meetings
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	02-Aug-12	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 Health Assure.	1. Governance and Compliance Team (GCT) 2. GCT 3. GCT	1. Oct 2012 2. Oct 2012 3. Oct 2012		Major	Unlikely	8	
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	30-Jul-12	Major	Possible	12	To have a decontamination policy that meets CQC expectations: 1. Establish Equipment Decontamination Improvement Group at Logistics Support Unit with Terms of Reference. 2. Monitor decontamination compliance	1. C. Vale/ K. Merritt 2. T. Hubbard	1. Sep 2012 2. Sep 2012	1. Incident reporting. 2. Complaints/claims monitoring.	Moderate	Rare	3	
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	31-Jul-12	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. Ongoing	1. CIP reported monthly to SMG and the Trust Board. 2. Programme Governance Structure 3. Finance Investment Committee	Moderate	Possible	9	At month 2 the Trust is forecasting to deliver its agreed CIP plan in 2012-13 of £12.4 million.
309	There is a 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	22-Mar-12	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	An LA167 is being drafted and will be considered by the Counter Fraud Group.

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165	There is a risk that 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	20-Mar-12	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	
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. Project boards set up where appropriate for larger projects within the programmes and smaller projects overseen by	Sandra Adams	18-May-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. Ongoing.	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	
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	01-Jun-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 2.	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	
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 VEWG	Martin Flaherty	19-Mar-12	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/K. Merritt 2. M.Salter/ G.Gifford	1. July 2012 2. March 2012	1. Monitoring of service records for medical devices.	Moderate	Unlikely	6	
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. Demand management strategies deployed to reduce overall activity. 2. Use of third party capacity at times of peak demand.	Martin Flaherty	09-Jul-12	Moderate	Possible	9	1. Capacity review with Commissioners with a view to reduce utilisation.	1. M.Flaherty	1. Q3/4 2012/13		Moderate	Unlikely	6	
164	There is a risk that Policies and Procedures are not adhered to due to lack of staff awareness and robust implementation plans.	Serious incidents often show that non-compliance with policy is often the root cause of an incident	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	15-Jun-12	Moderate	Possible	9	1. All new policies and procedures and significant amendments to be announced in the RIB. 2. Policy and Procedure spreadsheet is being reviewed and revised to update review dates and sponsors. Sponsors will be sent a list of their policies and procedures for review requesting follow-up where review dates are overdue. 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/July 2012 3. Ongoing	NHSLA level 1 Review of incidents and complaints to ascertain any breach of policy	Moderate	Rare	3	
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	01-Jun-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	

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222	There is a risk that lack of frontline management at weekends may reduce the level of support/advice available to staff		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. Recruited 9 Acting DSO's in Q1 2012/13	Martin Flaherty	01-Jun-12	Major	Unlikely	8	1. Review new leave rules for DSOs. 2. Develop changes to ops management structure in the light of capacity review.	1. P.Woodrow 2. P.Woodrow / J.Killens	1. Q3 2012/13 2. Q4 2012/13	1. Analysis of incident reporting	Major	Unlikely	8	
365	There is a risk that Board Members are unable to commit time required to prepare for becoming an FT Board of Directors.	Unplanned changes to FT related meetings, particularly with external stakeholders, may not be accommodated by NEDs who have other time commitments outside the LAS	03-May-12			Governance	Major	Possible	12	1. Schedule of committees includes SRP for strategic focus. 2. NEDs have a time commitment to LAS of 2.5 days. 3. FT project team re-established. 4. Risk reviewed by FT Project Team.	Richard Hunt	02-Aug-12	Major	Unlikely	8	1. Extend Trust Board and SRP days to the full day thereby allowing 0.5 days per month to focus on FT and Board development. 2. With Healthskills, develop a programme of Board development that focuses on key items for preparation for an FT Board. 3. Chair and NEDs agree PDPs.		1. Attendance schedule for Board development. 2. PDPs in place for all NEDs.	Major	Rare	4	Reviewed and regraded following RCAG 4th May 2012. Target rating corrected to 4 as this had been miscalculated.	
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 CQSE 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 training 6) Local risk registers have been introduced	Caron Hitchen	18-Jun-12	Minor	Unlikely	4	1. The Slips Trips and Falls Procedure (HS/021) has been reviewed and approved by the ADG. 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. Vehicle equipment working group review vehicle design that includes anti slip flooring.	1. Keith Miller/ Carmel Dodson- Brown 2. 3. John Selby 4. VEWG	1. Complete 2. on-going - quarterly 3. Ongoing 4. Ongoing	1. Premises Inspection Reports. 2. Slips, trips and falls policy 3. CHSG monitor incident trends	Minor	Unlikely	4	CH - Propose to archive.
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 asset and accounts are disabled when the staff member leaves.	09-Jan-12		4	IM&T	Minor	Almost Certain	10	1. Removal of duplicate Employee IDs	Peter Suter	18-Jun-12	Minor	Unlikely	4	1. Starters and leavers process documentation being created. 2. Complete and distribute 'Managers Guide to Administration' to Managers. 3. Ensure that assets held by the leaving member of staff are identified and returned on the last day of work; 4. 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.	1. A.Honour 2. G.Masters 3. A.Honour 4. A.Honour /G.Farquhar	1. Complete 2. June 2012 3. July 2012 4. July 2012	1. Starters and leavers meeting held every 2 weeks	Minor	Unlikely	4	Significant progress has been made in improving the creation of new accounts and removing leavers in a timely fashion. The risk of a leaver retaining assets still remains although items are now being added to a database.

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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)	Underlying cause is the legal requirement on the Trust (in line with the rest of the NHS) to deliver on the commitment to reduce carbon footprint by 10% by 2015 (based on 2007/08 carbon footprint Scope 1&2).	06-May-10	***	4	Finance	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. 6. Dashboard set up on PA track different aspects of carbon footprint as well as aspects of CRM that support carbon reduction; this will be published on the Pulse page that will be set up to report on Carbon matters. Trust Balanced Scorecard will report on a monthly basis indicative carbon footprint against 5% 2011/12 actual for fuel/energy/procurement. (CMc 22/03/12)	Michael Dinan	15-May-12	Moderate	Possible	9	1. CMC 22/03/12: draft five year carbon management plan has been submitted to the Carbon Trust and is awaiting sign off. The Plan outlines how the Trust will achieve reduction in carbon footprint primarily based on changes in response model - increased use of CTA, reduction in non-conveyance and Multiple Sends. Also the Trust is exploring possibility of working external contractor re. Energy Services to continue to modernise our infrastructure and reduce our consumption by 15%. 2. Management action plan will be overseen by Carbon Reduction Project Group (chaired by Mike Dinan); reporting to the VfM Programme Board. 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 5. Recruitment of green champions	1.C.McMahon 2. 3. 4. 5.	1. March 2012 2. July 2012 3. March 2013 4. March 2013 5. March 2013	1. Regular reports to SMG	Moderate	Unlikely	6	Data for scope 1 & 2 (fuel & energy) per incident shows a decrease of 4% from 2007/08 to 2011/12. Continued implementation of CRM, increase in hear/treat and decrease in conveyance and MARR plus implementation of energy contract should enable the Trust to achieve 10% decrease target by 2015
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	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. 5. Membership and attendance at NHS London and cluster level unscheduled care boards.	Jason Killens	23-Aug-12	Moderate	Possible	9	1. Attendance at cluster level clinical cabinets to gain support for LAS strategy and FT application.	1. L.Bovill	1. April 2013	1. Established relationships with Senior Leads. 2. Quarterly meetings with Senior Leads and monthly meetings with Junior Leads 3. Attendance at quarterly strategic commissioning board.	Moderate	Unlikely	6	
199	There is a risk to staff safety / vandalism/theft due to inability to adequately secure premises.	There is no overarching Security Risk Policy to coordinate and bolster existing security measures within the Trust and there is no identified specific group who oversee security issues.	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. OP/018 Procedure On Station Duties. 3. Bulletin reminding staff to secure premises when leaving unattended. 4. A Trust Internal Security Group has been formed which will meet regularly to address security related issues within the Trust	Michael Dinan	22-Jun-12	Moderate	Possible	9	1. A Security Management Policy will be developed. 2. An audit of security at stations is being undertaken (June/July) in order to provide an indication of priority for a full security survey to be undertaken. Following this audits will be carried out every two years.	1. M. Nicholas / John Selby 2. M. Nicholas	1. July 2012 2. July 2012	1. Reported to SMG	Moderate	Unlikely	6	
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. New vehicle preparation contracts in place with new contract that will introduce electronic asset tracking in Q3/4 2012/13. 2. Regular equipment amnesty. 3. New capital equipment (defibs) purchased.	Martin Flaherty	09-Jul-12	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			Moderate	Unlikely	6		
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 canulae 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	30-Jul-12	Moderate	Possible	9	Minimise the risk of sharps injury: 1. Participate in national ambulance audit 2011. 2. Undertake a programme of staff awareness (and to incorporate new guidance from POSSH conference)	1.T.Hubbard 2. T.Hubbard	1. Complete 2. 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	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.
364	There is a risk that changes to the external commissioning and provider support environment cause uncertainty and delay in progressing the FT application	Transitional arrangements commence in 12/13 within the SHA provider/FT application support team and within commissioning. If there are changes within those teams this may create delay to the FT application whilst there are gaps or handover arrangements taking place	19-Apr-12			Corporate	Moderate	Possible	9	1. Engagement of lead commissioner in FT development 2. Strategic Commissioning Board provides the opportunity to reinforce the LTFM requirements 3. Cluster letter of support – December 2011	Sandra Adams	02-Aug-12	Moderate	Possible	9	1. Strengthen the commissioner engagement in reviewing and developing the 5-year strategy through the IBP and LTFM 2. Engage commissioners in the development and sign off of the downside scenarios 3. Letter of convergence is clean and unambiguous	1. L.Bovill / S.Adams / M.Dinan 2. M.Dinan / A.Cant 3. L.Bovill / M.Dinan / S.Adams	1. 31 Aug 12 2. 31 Aug 12 2. Nov 12	1. Commissioner letter of convergence fully supports the LAS application and strategy 2. IBP and LTFM fully supported and signed off by commissioners 3. Downside scenarios updated and supported by the commissioners	Moderate	Unlikely	6	Reviewed and agreed by FT Project Team 9th May 2012. Target rating corrected to 6 as this had been miscalculated

**London Ambulance Service NHS Trust
Risk Register as at 28th August 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
363	There is a risk that there will be increased sickness and absence amongst staff as a consequence of support service staff headcount reductions with associated anxiety and increased workloads for those remaining leading to increased stress	Proposed support service staff headcount.	18-Apr-12			Human Resources	Moderate	Possible	9	1. Ensure that process redesign and reduction in workloads for remaining staff occur alongside reductions in support staff headcount.	Caron Hitchen	23-Aug-12	Moderate	Possible	9	1. Ensure that process redesign and reductions in workloads for remaining staff occur alongside reductions in support staff headcount.	1. C.Hitchen	1. Ongoing	Project Board has been established and meetings arranged throughout 2012 at which progress will be monitored and performance managed.	Moderate	Unlikely	6	CH 28/08/12 Sickness absence levels have remained stable throughout the 18 months of the CIP. This risk is therefore considered to be at its target level and should be archived.
278	There is a risk that 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. 3. Awareness raised of departmental BC plans ahead of Olympic Games 2012. Maintaining Service Delivery group also promoting need for departmental BC.	Martin Flaherty	09-Jul-12	Moderate	Unlikely	6					Moderate	Unlikely	6	
366	There is a risk that frontline staff may not be able to measure oxygen saturations on some paediatric patients, in particular infants due to an inconsistency in availability of paediatric pulse oximetry across the Service.	All patients who may require oxygen therapy where the attending paramedic/EMT may have not suspected hypoxia and therefore did not administer oxygen. A mitigating factor is the monitoring of the DIB CPI which looks at whether O2 sats were measured.	09-Jul-12			Clinical	Moderate	Possible	9	1. Adult, paediatric and infant pulse oximetry probes are now available to order on eseries, not all complexes are ordering them due to the high cost (paed probes are approx £175) and the fact that due to flexible fleet, probes that are ordered then go off to other areas of the Service. 2. Article published in Clinical update Sept 2011 reminding crews not to withhold oxygen if pulse oximetry not immediately available and patient unwell. 3. Adult pulse oximetry available on Lifepak 12/15s available on all frontline vehicles 4. Email sent to all station management by the Senior Clinical Advisor in June 2012 reminding them that the probes are available on Eseries and that they should be equipping their vehicles with them.	Fionna Moore	09-Jul-12	Moderate	Unlikely	6	1. Discussion ongoing as to best way to overcome issue of stations not ordering paediatric probes 2. Recent (June 2012) audit of paed respiratory assessment by CARU recommended that a kit audit is undertaken to determine scale of the problem. 3. Discussion ongoing as to optimum way to overcome problem of lack of paed probes	1. F.Moore 2. ADO's 3.	1. 2. 3.	1. Adult, child and infant probes are available to purchase on eseries 2. Senior Clinical Advisor has reminded station management service wide regarding the importance of equipping LP12/15s with pulse oximetry probes.	Moderate	Rare	3	
367	There is a risk that oxygen saturations may not be able to be measured immediately after arrival of the crew (at present oxygen saturations can only be measured using a Lifepak 12/15 which can be removed from the vehicle but, being a large piece of equipment is not usually taken in initially with the primary response bag, AED and oxygen bag).	All patients who may require oxygen therapy where the attending paramedic/EMT may have not suspected hypoxia and therefore did not administer oxygen. A mitigating factor is the monitoring of the DIB CPI which looks at whether O2 sats were measured. In addition, oxygen may be administered to COPD patients who do not require it (or higher levels than necessary may be administered).	09-Jul-12			Clinical	Moderate	Possible	9	1. Adult, paediatric and infant pulse oximetry probes are now available to order on eseries, not all complexes are ordering them. 2. Article published in Clinical update Sept 2011 reminding crews not to withhold oxygen if pulse oximetry not immediately available and patient unwell. 3. Adult pulse oximetry available on Lifepak 12/15s available on all frontline vehicles 4. Email sent to all station management by the Senior Clinical Advisor in June 2012 reminding them that the probes are available on Eseries and that they should be equipping their vehicles with them.	Fionna Moore	09-Jul-12	Moderate	Unlikely	6	1. Medical directorate and purchasing dept have looked into possibility of purchasing small, easily portable nonin pulse oximetry probes. A price of approx £100 each was secured funds may not be available to purchase these (in addition, personal issue nonins may not be the answer). 2. Monitor the purchase of oximetry probes, both paed and adult, as a measure of success / impact. 3. Recent (June 2012) audit of paed respiratory assessment by CARU recommended that a kit audit is undertaken to determine scale of the problem. 4. Discussion ongoing as to best way to overcome this issue.	1. M.Whitbread 2. F.Moore 3. ADO's 4.	1. 2. 3. 4.	1. Adult, child and infant probes are available to purchase on eseries 2. Senior Clinical Advisor has reminded station management service wide regarding the importance of equipping LP12/15s with pulse oximetry probes.	Moderate	Rare	3	

**London Ambulance Service NHS Trust
Risk Register as at 28th August 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
275	There is a risk of 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	01-Jun-12	Moderate	Unlikely	6	1. Secure agreement with neighbouring Ambulance Trusts to access drugs in extremis.	1. E.Potter	1. Q3 12/13		Moderate	Rare	3	
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	Unlikely	6	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	Rare	3	
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	11-May-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	Net rating to reviewed following fire risk assessors report.

London Ambulance Service NHS Trust
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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	30-Jul-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 IPCC propose that risks 327 and 332 are combined as they cover the same issues.



LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 25TH SEPTEMBER 2012

PAPER TO PROVIDE ASSURANCE TO THE TRUST BOARD

Document Title:	Audit Committee Assurance Report
Report Author(s):	Caroline Silver, Chair of the Audit Committee
Lead Director:	N/A
Contact Details:	
Why is this coming to the Trust Board?	To receive an update on the key items of discussion at the Audit Committee meeting on 3rd September 2012 and to receive assurance from the Committee.
This paper has been previously presented to:	<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
Recommendation for the Trust Board:	To note the report
Key issues and risks arising from this paper At the Audit Committee meeting on 3 rd September 2012, 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.	
Executive Summary It is the role of the Audit Committee to focus on the controls and related assurances that underpin the achievement of the Trust's objectives and the processes by which the risks to achieving these objectives are managed. The purpose of this report is to assure the Trust Board of the effectiveness of the Trust's systems of integrated governance, risk management and internal control, and is based on the Trust's key sources of assurance as identified in the Trust's Board Assurance Framework (section C of the Board Assurance Framework).	
Attachments Report from the Audit Committee meeting on 3 rd September 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 3rd September 2012

STRATEGIC RISKS

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

ASSURANCES AND CONTROLS

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

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

Risk Register (SR 1.2.3.4)

The Audit Committee is assured that all risks on the corporate risk register have been updated. There is still some work to do to improve the recording of risk assurances and this will be the focus of the next review of the risk register.

The Audit Committee identified a number of strategic risks and these will be put forward to the Risk, Compliance and Assurance Group for discussion and incorporated onto the corporate risk register where agreed.

The Governance and Compliance team has reviewed the development of local risk registers to ensure that they are in line with NHSLA requirements. In future, all risk registers will be entered onto Datix, which will allow the Governance and Compliance team access to up to date registers.

Overall, the Audit Committee is assured that the risk management process is effective and that processes are in place to identify new risks. It was noted that the Risk, Compliance and Assurance Group has recently undertaken a horizon scanning exercise and that this is something that the Audit Committee should undertake on a regular basis.

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.

Report from the Quality Committee (SR 1.2)

The Audit Committee received a report from the Chair of the Quality Committee on the key areas of discussion at the Quality Committee meeting on 15th August 2012. This report has already been presented to the Trust Board.

Standing Orders and Standing Financial Instructions (SR 3)

The Audit Committee approved changes to the Trust's Standing Orders and Standing Financial Instructions to bring them in line with the Bribery Act.

Annual Audit Letter 2011/12 (SR 3)

The Audit Committee approved the Annual Audit Letter for 2011/12. This concludes the Audit Commission's work as external auditor for the Trust. External audit services have transferred to Price Waterhouse Coopers as of 1st September 2012 and the Audit Committee is assured that an adequate handover is in place.

Charitable Funds Annual Accounts 2011/12 (SR 3)

The Audit Committee approved the Charitable Funds Annual Accounts for 2011/12. The Audit Committee recommends that the Trust Board revisit the policy to run down the charitable funds, given that the impact of this policy has become more evident in recent years due to the economic downturn and resulting lower return on investments.

RSM Tenon Internal Audit Progress Report/Internal Audit Recommendations Progress Report (SR 1.2.3.4)

Four internal audit reports have been finalised since the last meeting of the Audit Committee, two of which have been given an amber/red opinion (Fire Risk Assessment and Benefits Realisation). The Audit Committee will continue to monitor internal audit recommendations and is assured by the fact that recent follow-up audits have demonstrated progress is being made against these.

Local Counter Fraud Specialist Progress Report (SR 3)

The focus of local counter fraud over the past few months has been on raising awareness of the risks associated with the 2012 Olympic Games. Two proactive exercises have commenced as part of the implementation of the Bribery Act. The first is a review of the Gifts and Hospitality and Declaration of Interest Policy and the second is a review of third party transport providers.

RISKS TO ASSURANCES AND CONTROLS

Risk	Mitigation given
1st June 2012	
Missing equipment	<ul style="list-style-type: none">▪ The Audit Committee will continue to focus on this issue in 2012/13;▪ The Audit Commission will flag this as an issue to the incoming external auditors, Price Waterhouse Coopers, as part of their handover;▪ The Chair of the Audit Committee to meeting with the incoming external auditors;▪ Audit Committee to receive an update on the asset tracking part of the new Make Ready Contract.
3rd September 2012	
Risk of knowledge loss due to the transfer of LAS external audit services to PWC	<ul style="list-style-type: none">▪ PWC have access to five years' of the Trust's audit files and the Audit Commission have written a comprehensive briefing note.▪ PWC have been given the opportunity to meet with the outgoing external auditors



LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 25TH SEPTEMBER 2012

PAPER FOR NOTING/APPROVAL

Document Title:	Chief Operating Officer's Report
Report Author(s):	Martin Flaherty
Lead Director:	Martin Flaherty
Contact Details:	0207-7832039
Why is this coming to the Trust Board?	For noting
This paper has been previously presented to:	<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
Recommendation for the Trust Board:	The Board is asked to Note the paper
Key issues and risks arising from this paper	
<ul style="list-style-type: none"> • Ongoing high incoming 999 call volume and high Cat A workload • Whilst utilisation levels decreased during the Olympic Games period they are rising steeply again in early September. • Resourcing challenges are rising again following the conclusion of the Games period. Overtime uptake is slowing and abstractions due to Student paramedic training and CSR training begin to rise through Q3. • Waiting times for Cat C patients improved during July and August due to much improved resourcing but are on the rise again in early September and remain an area of concern especially at weekends. 	
Executive Summary	
<p>The paper provides an update on the following key areas:</p> <ol style="list-style-type: none"> 1.A&E Service Delivery 2.Olympic and Paralympic Games 3.Emergency Preparedness 4.Fleet and Logistics 5 PTS <p>Key messages</p> <ul style="list-style-type: none"> • The ytd position on Cat A8 minutes is 75.2% and on Cat A19 is 98.4% • The Trust continues to experience high levels of demand with 999 calls now up 9.4%, Cat A 	

calls up 15.8% and overall incidents up 3.5% when compared to the same period last year.

- Resourcing was very strong over the Olympic and Paralympic period with good levels of performance delivered throughout the period not only to the Games themselves but also to the wider population of London.
- Utilisation levels dropped during the Games period due to significantly improved resourcing resulting in more stable performance, low waiting times for patients, more rest breaks for staff and less late finishes.
- The overall delivery of the Olympic Games has been overwhelmingly successful and the Trust has been thanked by the SHA, Commissioners and by DH for the success of both its planning and delivery. In addition feedback from other ambulance trusts has also been very positive with all the pre-planned aid staff saying they felt welcomed, the organisation was excellent and that they enjoyed the experience.
- The Trust also successfully managed the Notting Hill Carnival in the period between the main Games and the Paralympics.
- All 66 new Ambulances have been delivered and are now being distributed to stations and the delivery of 30 new FRUs is also now underway.
- There are some improvements in the levels of 'Vehicles Off Road' (VOR) but it still needs further work.
- PTS staff provided a magnificent contribution to the Olympic Game providing transport for 14000 staff journeys over the period whilst still maintaining their core contracted service

Attachments

Chief Operating Officer's Report Aug 2012
Integrated Trust performance Report Aug 2012

Quality Strategy

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- Safety
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Risk Implications

This paper supports the mitigation of the following strategic risks:

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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:

LONDON AMBULANCE SERVICE NHS TRUST
TRUST BOARD MEETING OF 25TH SEPTEMBER
CHIEF OPERATING OFFICERS REPORT

1. A&E SERVICE DELIVERY

Accident & Emergency Services performance and activity (please see attached integrated performance report for August 2012)

Overview

The table below sets out the A&E performance against the key standards for Category A for July through to 12th September 2012 together with the current year to date (YTD) position.

Category	Cat A8	Cat A19	C1
Key Standard	75%	95%	93%
July	77.5%	98.6%	82.7%
August	81.5%	99.0%	86.3%
September *12	77.7%	98.4%	82.7%
YTD	75.2%	98.4%	79.2%

The month of August saw the Trust achieve 81.5% for category A8 performance. It is pleasing to report that this is above the National Key Standard for A8 and above the trajectory target of 75% submitted to our commissioners. The year to date (YTD) position of 75.2% remains in excess of the commissioner's trajectory of 73.8%. The Maintaining Service Delivery (MSD) operational plans for the Olympic Games were fully deployed for the first part of of August until the conclusion of the Olympic Games on the 12 August. From this date forward the Trust reverted back to normal levels of resourcing and ran without the additional contingency of additional private ambulances (PAS) that was deployed as part of the MSD plan for Games time. We stepped up our resourcing levels again from the 29 August as we enacted the MSD plan for the Paralympic Games. This plan again included the pre-planned deployment of a contingency of PAS resources but, in overall terms our resourcing plan for the Paralympics was reduced in line with the projected demand levels for this event.

Category 'A' incident demand for the month of August ended 15.5% above the same period last year, this equates to an additional 4,597 incidents. Total incidents continue to increase with the month of August seeing an overall growth of 9.8% in comparison to August 2011. It would be prudent to note that this August's total incidents growth is the largest seen since March 2005. The Trust overall category 'A' demand has now increased by 15.8% over the same period last financial year. This equates to an additional 24,148 more category 'A' incidents, with total incidents increasing to 3.5% which equates to an additional 15,307 more incidents year to date.

999 call volumes continue to rise this year with the month of August seeing an additional 12,301 Calls enter the system, this equates to a growth of 9.9% in-comparison to last August. Year to date call volume remains at 9.4% above the same period last year, this equates to an additional 63,183

calls being handled within EOC. Calls answered within 5 seconds for the month of August achieved 97% with the year to date now sitting at 93.9%.

Pre-planned SP2 training was temporarily concluded on the 27 July and commenced again from the 10 September 2012 as part of the operational planning for the London 2012 Olympic and Paralympic Games. The month of September will see 1,491 staff undertaking training the majority of which will be student paramedics and this will peak at over 120 staff a day for 5 days of this month. We will see daily numbers of staff abstracted as a result of pre-planned training activity start to increase still further as we move through Q3. The ability to cope with this level of abstraction remains a concern given the increases in activity coupled with the current establishment. We remain reliant on overtime and private ambulance provision to boost staffing during this period of intense training. This reliance on overtime will lessen as Q3 progresses due to the increases in establishment provided by both direct entry paramedics and apprentice paramedics from October to end December.

We have re-established an A&E resourcing group chaired by the Director of Workforce to regularly monitor our In-post against establishment and to manage the levels of abstractions due to all training requirements. This group will also monitor all recruitment activity to ensure it remains on track and that A&E operational vacancies are minimised across the Trust.

In my previous report I informed you of the comprehensive piece of work undertaken to identify further opportunities to enhance outturn performance. One of the opportunities identified was increasing the number of event types that could be put in to the auto dispatch criteria for ambulances. Recent data suggests that this initiative has had a positive impact on increasing ambulance automatic dispatch share, with an associated increase in category A8 performance. However, we do need to be cognisant of the fact that improved ambulance A8 performance as a result of increased automatic dispatch on event type is wholly reliant on the requisite number of ambulance hours being produced to match demand patterns.

AEU utilisation for the month of August reduced to 74.4%, an overall reduction of 6.8% compared to July 2012. FRU utilisation also experienced a reduction finishing at 36.5%, an overall reduction of 5.2% in-comparison to July 2012. Urgent care continued the trend with an overall reduction of 4.8% finishing at 51.8% in-comparison to July's 56.6%. The primary driver for the reduction in utilisation in August was due to the resourcing plan delivered as part of the MSD strategy for the London 2012 Games period. It should be noted that this is the lowest level of resource utilisation in the LAS for some years albeit still high by UK standards and had a number of benefits. Operational performance was excellent with little fall off at any point in the day, waiting times were low and staff benefited from more meal breaks and less late finishes.

2. London 2012 Olympic and Paralympic Games overview

Games time deployments continued successfully into the Paralympics and have built on a small number of initial lessons identified from the Olympic Games. During the Olympic period LAS made 466 responses within games venues and conveyed a total of 309 patients to emergency departments. In addition to this there were some 500 responses across the urban zone that included emergency calls within the last mile, transport hubs, live sites and other parallel and associated events of which 249 were conveyed to emergency departments.

Initial debriefing in the immediate aftermath of the Olympic Games led to some minor planning adjustments for the Paralympic games. Paralympic activity data is subject to quality assessment in the coming days.

A total of 131 LAS frontline staff and 106 clinical staff from the pre-planned aid cohort that returned to London on 28 August were deployed across venues and the urban zone for the Paralympic Games. The Olympic Deployment Centre, Event Control Room and Olympic Information Unit all operated on a 24 hour a day basis until Monday 10 September where they were also used to manage our deployments to the Team GB Victory Parade.

The MSD operational plans were enacted from the 23 July 2012. Overall the new operating rhythm was embedded quite quickly after some initial minor teething problems. The Olympic resourcing plan that was developed for Area Operations was based on our existing ORH resourcing plan with the additional assumptions on activity increases and individual risk assessments carried out prior to the commencement of the Games. We successfully planned and deployed additional resources for the Red RAG rated days where both the Olympic and MSD strategic commanders assessed the Trust was at biggest risk.

The additional contingency cohort of PAS was utilised to good effect supporting the MSD resourcing plan. These were deployed by strategically planning them in advance of them commencing their shifts. In doing this we saw a reduction in unnecessary downtime but more importantly the initiative enabled us to deploy more resources to areas the data was suggesting we would see surges in demand in advance of it happening. They also enabled us to facilitate the delivery of more rest breaks for LAS staff and a reduction in overrun overtime as more of our crews managed to finish their shifts on time. This approach of deploying additional surge capacity has now been accepted as a best working practice and we will try to embrace this initiative utilising our own resources in future rostering arrangements.

The DDO (Service Delivery) created a temporary Forecast and Planning Office during the entire Games period. This function was centrally located at HQ. The unit was staffed 12 hours a day, seven days a week for the duration of the Games. It was staffed with senior operational managers and MI analysts and was there to fully support the On-Duty MSD Gold at all times throughout their shifts. The capture of pre-determined data and interpreting it into meaningful intelligence was invaluable and enabled us to understand how London was responding to the Games and what impact this was having on activity for the Trust. It has also enabled us to make intelligent resourcing decisions to manage demand. This initiative was overwhelmingly successful in terms of moving away from the culture of retrospective micro-management to a more forward looking and empowering style. The unit has served as the main intelligence, coordination and communication conduit for all operational and non operational teams involved in delivering MSD throughout the Games period. It ensured that real-time information was shared with stakeholders as well as providing quality information and assumptions on which to base forward planning and actions.

Final debriefs for both periods of games activity have been scheduled for the end of September with information from these and other debrief sessions that have already taken place informing our post games and generic debrief report.

3. Emergency Planning

The majority of the Emergency Preparedness teams work since the last TB report has primarily focused on our resilience during Games time and how we support both Olympic/Paralympic Games and Maintaining Service Delivery. This has required the teams from Emergency Planning, HART/CBRN and Central Operations to work differently. This has including providing an on-duty capability for around 17hrs per day to provide immediate specialist advice in response /support to an event or incident occurring.

Prior to the commencement of the Games a piece of work was undertaking to relocate the National Ambulance Co-ordination Centre (NACC) which is hosted by the LAS, from the Gold suite admin area, this was a learning outcome from N30. This piece of work was completed and tested prior to games time. As we move forward plans are underway to ensure that the NACC is fully functional and that the relevant staff from Assistant Director to Admin support that is required to fulfil this critical function are familiarised, trained and tested with the standard operating procedure required to for its operation.

The August bank holiday saw a very busy Notting Hill Carnival with over 400 LAS and St John staffed deployed and with Sunday seeing its largest crowd ever. Over the two days the joint medical arrangements treated over 1,000 people and transported around a 100 of these to hospital. The event was extremely successful and we are now in the process of capturing any learning to take forward for future events.

4. Fleet & Logistics

Fleet

The last of the 66 new ambulances were successfully commissioned in early August, later than planned but with no impact on Olympic vehicle resourcing. Following the conclusion of the Olympic Games in mid-August, the department planned and delivered a programme of technical work to replace satellite navigation cables in all 66 vehicles after a fault was identified with third-party equipment. This was completed on time, allowing 40 retro-fitted vehicles to remain at the Olympic Deployment Centre for Paralympic Games requirements, while 26 new ambulances were moved into routine front line operations.

At the same time, 26 of the oldest '03 and '53-plate vehicles were removed from service and are undergoing a process of decommissioning. These vehicles, which are not Low Emission Zone compliant, will be placed into 'cold' storage outside Greater London until they leave the fleet permanently in March 2013. By the end of September 2012, 51 of these oldest vehicles will have been decommissioned and all 66 of the newest ambulances will be in day-to-day usage.

Conversion of 30 new Skoda FRUs was delayed in August owing to the same satellite navigation problems that affected the ambulance fleet. With this problem having now been rectified, the delivery of new vehicles commenced in the first week of September 2012.

There has been further progress during August on the preparatory work for a new West area workshop. Legal negotiations are almost complete and the business case has undergone some minor adjustments to ensure it remains up-to-date. The developer has now provided a summary timetable for design, planning and construction.

Logistics

The packing of General Drugs Packs showed an improvement in August. Stations visited every 24 hours remained on target. Blanket collections/deliveries showed a seasonal decline. Work is ongoing to ensure that the central Logistics operation is fully integrated into the Initial-led asset tracking programme which continues in its implementation phase. The Logistics team successfully supported the Trust's Notting Hill Carnival operation in addition to the enhanced supply chain arrangements which remained in place throughout the Paralympic Games.

Vehicle Preparation

There has been a disappointing decrease in Deep Cleaning performance during August for A&E and PTS vehicles. Furthermore the incremental improvements expected in routine 'clean and stock' performance did not materialise in August. The additional pressures arising from London 2012, coupled with the absence of a general manager for the contract throughout August, are likely to have contributed to these shortfalls, but the gap between what is expected and what is being delivered is disappointingly large. A contract review meeting was held with the regional director for Initial in late August and as a result, a recovery plan has now been put in place which will focus the Vehicle Preparation Help Desk in identifying and capturing vehicles due for Deep Clean as well as drive immediate improvements in clean and stock. Initial are in no doubt that financial penalties will begin to be applied from September 2012 onwards if expected KPI targets are not realised.

Performance

Despite the acute additional pressure on the department as a result of the Olympic and Paralympic Games, overall performance has improved substantially in the month. There has been an encouraging reduction in vehicle-attributable VOR for both ambulances and cars during August. This was achieved in all areas - workshops, roadside recovery, no vehicle and technical faults. Significant additional mobile technician capacity was available during August which is reflected in the performance achieved. This was particularly effective overnight in reducing VOR. There was also effective liaison with Operational Areas to find spare equipment and reduce shells, assisted by twice daily MSD conference calls.

There has been a significant improvement in ambulance servicing in August. This has risen from 20% to 72% on time. A recovery plan remains in place for August and September. The Servicing Plan was refocused for this period with a Recovery Group meeting regularly to review and update actions as necessary. There was also an improvement in the servicing of cars during the month – up from 10% to 40% on time. The newly appointed Servicing Manager will concentrate on achieving improvements in this area as well as maintaining ambulance servicing performance during September.

Vehicle sourced for the start of shift improved by 10% to 80% during August. This was despite increased vehicle requirements and competing demands from the Olympic operation (vehicles sourced within 30 minutes of shifts are no longer recorded).

5. PTS

Commercial

The following gives an update on commercial activity within PTS:

- Hillingdon Hospital NHS Trust NEPTS and Courier
 - Successful at PQQ stage.
 - ITT to be submitted by 1200 hrs 3 October
- LPP Managed Services –
 - 5 Lots:
 - Lot 1 – NEPTS
 - Lot 2 – Other Specialised Transport Services (HD & Bariatric)
 - Lot 3 – Pathology & Standard Courier Service
 - Lot 4 – Staff Transport
 - Lot 5 – Integrated Transport Related Services Solution
 - PQQ Submitted and accepted (after some clarification questions from LPP) on 4th July

Operations

- **Olympics and Paralympics;**

During the Olympic period PTS undertook 9000 staff journeys to ensure staff were at Olympic venues on time. There have been less journeys during the Paralympics and when these end we forecast that we will have completed a further 4500 journeys.

In addition, PTS has supported other areas of the games team by providing ad-hoc transport both for individuals and equipment at short notice. The availability of wheelchair capable vehicles during the Paralympic period has proved useful on a number of occasions to transport wheelchair users in their chairs.

- **Maintaining Service Delivery:**

Delivery of normal PTS contracts have been maintained during the Olympic period with minimal disruption.

As normal for this time of year we have seen a slight reduction in activity. Operations in the North East of London saw some clinics scale back on the number of journeys during the busiest days of the Olympics which also helped the service in maintaining its quality over this period.

Performance

Activity in August dropped by 3549 journeys to 14,323. There is a normal drop off of journeys through August and September, although, this level is 1747 journeys less than this time last year and is predominately due to clinics scaling back or closing over the Olympic period.

The quality indicators for August were:

- Arrival Time: 93% increase of 1% from July.
- Departure Time: 94% remained the same.
- Time on Vehicle: 98% remained the same.

Martin Flaherty
Chief Operating Officer /Deputy CEO



LONDON AMBULANCE SERVICE TRUST BOARD

19-Sep-12

PAPER FOR: NOTING/APPROVAL/**DISCUSSION THEN APPROVAL**

Document Title:	Integrated Trust Performance Report
Report Author(s):	Christine Kane/Peter Bradley
Lead Director:	Peter Bradley
Contact Details:	N/A
Why is this coming to the Trust Board?	For discussion and for noting
This paper has been previously presented to:	<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 <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Other
Recommendation for Trust Board	That the Trust Board notes the report
<p>Key issues and risks arising from this paper</p> <p>Operational Performance:</p> <p>Incoming demand levels remain very high and above contracted levels. Whilst utilisation levels decreased during the Olympic Games period they are rising steeply again in early September. Resourcing challenges are rising again following the conclusion of the Games period. Overtime uptake is slowing and abstractions due to Student paramedic training and CSR training begin to rise through Q3. Waiting times for Cat C patients improved during July and August due to much improved resourcing but are on the rise again in early September and remain an area of concern especially at weekends. Discussion at SMG around the Quality Report has indicated a need to better articulate the overall plans for improving Cat C waiting times remain an area of concern. Improving these waiting times is very much linked to the jointly commissioned Capacity review being undertaken by ORH coupled with the work of the clinical Hub during Q3. Whilst we will draft a more comprehensive improvement plan around this area the Board should note that until resource availability is brought in line with current demand there will be periods of the week when waiting times for Cat C patients are longer than we would wish.</p> <p>Training and Supervision:</p> <p>The Trust has recommenced the Student Paramedic programme as of the beginning of September and will be abstracting up to 120 staff in September rising to 180 per day in October and November. This level of abstraction limits our ability to conduct CSR training and we will be concentrating on the provision of CSR1 during this period. This will have an impact on the CQUIN associated with training delivery and discussions will need to take place with commissioners to attempt to redraft the cquin in the light of the unprecedented demand levels we are experiencing.</p>	

To be drafted from SMG meeting minutes

Explanatory Notes

This new report replaces the old balanced scorecard report and supplements the existing Workforce, Clinical Quality, Finance and COO reports. The Board may want to take a view in due course as to whether or not this report is provided instead of any of those reports.

The intention is to provide a monthly narrative and overview of how the Trust has performed, key risks and issues and also provide an exception report. This exception report will identify the reasons why performance is below where it should be and actions that have been taken to get it back on track.

The balanced scorecard itself is split into four quadrants; (**see Attachment 1**) each of which includes a quality barometer which provides assurance from other sources. The four quadrants are supported in the centre by the operating context, this shows the average and peak 999 call volume for the month with year on year comparison percentage; the number of Category A and C incidents attended during the month, percentage of time that the Control Room was operating under the Demand Management Plan Stages and the current REAP level.

Attachment 2 provides a short narrative of the position for each measure for the year to date.

Attachment 3 provides a RAG rated summary of the underlying performance indicators.

Attachment 4 provides an explanation for each measure and this will be included in the report each month.

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:

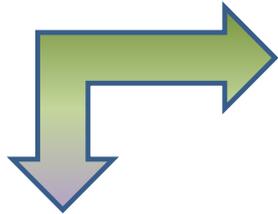
- That we fail to effectively fulfil care/safety responsibilities
- That we cannot maintain and deliver the core service along with the performance expected
- That we are unable to match financial resources with priorities
- That our strategic direction and pace of innovation to achieve this are compromised

Equality Impact Assessment

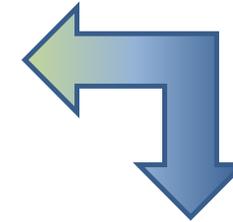
Has an Equality Impact Assessment been carried out?

- Yes
- No

Integrated Trust Performance Report August 2012



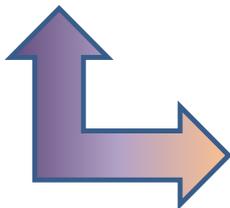
Caring for Patients during their Journey	
How do we care for our patients?	
* First Contact (Call Answering)	97.0%
* Treatment (CPI)	79.4%
* Clinical Outcomes	96%
* Patient Safety Index	53
* Patient Wellbeing	Green
* Service Experience	Green



Service Delivery		
Evidencing Delivery of the Response model		
Performance Indicators	Actual	YTD/Pr
* Cat A Target (75%)	81.5%	75.2%
* Cat C1 Target (90%)	86.3%	79.2%
* Cat C2 Target (90%)	84.2%	77.0%
* Ambulance Utilisation (55%)	74.4%	82.3%
* FRU Utilisation (40%)	36.5%	43%
* Complaints/Serious Incidents	70	70

Daily Performance & Activity				REAP 3	
	July	August	MoM	Y2Y	
Av. Daily Call Volume	4727	4402	-7%	10%	
Peak Daily Call Vol.	5320	5619	6%	17%	
Cat A Incidents	36167	34374	-5%	15%	
Cat C1 & 2 Incidents	29471	28214	-4%	16%	
Cat C3 & 4 Incidents	27820	28670	3%	0%	
Total Incidents	93458	91258	-2%	10%	
DMP Stage A	75%	77%	2%	-15%	
DMP Stage B	24%	17%	-7%	12%	
DMP Stage C	1%	6%	5%	3%	
Percentage > REAP 3	41%	53%	12%	-35%	

Care for Staff - Workforce Report		
How will we sustain change and improve?		
Performance Indicators		T/C
* Staff Sickness Levels	5.48%	---
* Staff Core Skills Training	30%	3.1
* Staff Development (PDR)	54%	2.5
* Staff Retention	7.7%	2.8
* Staff Safety & Wellbeing	42	3.2
* Staff Satisfaction	3.4	



Value for Money	
Evidencing stewardship of the public purse (YTD)	
* Financial EBITDA	6,884
* Net Surplus	63
* Cost Improvement Programme	4,308
* CQUINs	623
* Monitor Net Rating (FRR)	2
* Carbon Reduction Plan	A <> G

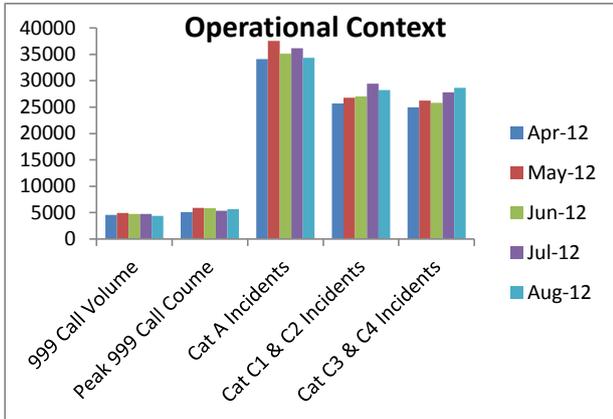


1. Operational Context

Attachment 2

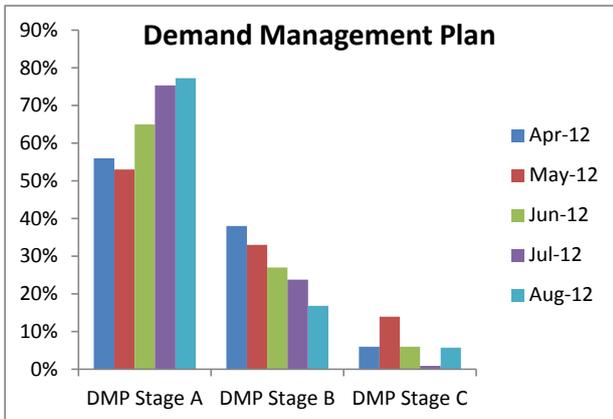
Daily Performance & Activity				REAP 3	
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DMP Stage A	75%	77%	2%	-15%	
DMP Stage B	24%	17%	-7%	12%	
DMP Stage C	1%	6%	5%	3%	
Percentage >	41%	53%	12%	-35%	

July 2012 Report				REAP 3	
	June	July	MoM	Y2Y	
Av. Daily Vol.	4738	4727	0%	20%	
Peak Daily Vol.	5797	5320	-8%	17%	
Cat A Calls	36278	36167	0%	12%	
Cat C1 & 2 Calls	26372	29471	12%	11%	
Cat C3 & 4 Calls	25743	27820	8%	-8%	
Total Incidents	88393	93458	6%	-8%	
DMP Stage A	65%	75%	10%	n/a	
DMP Stage B	27%	24%	-3%	n/a	
DMP Stage C	6%	1%	-5%	n/a	
Percentage > REAP	100%	75%	0%	70%	

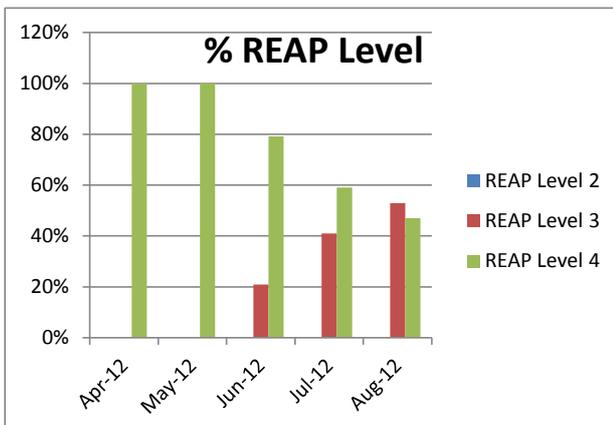


999 call volumes continue to rise this year with the month of August seeing an additional 12,301 Calls enter the system, this equates to a growth of 9.9% in-comparison to last August.

Year to date call volume remains at 9.4% above the same period last year, this equates to an additional 63,183 calls being handled within EOC. Calls answered within 5 seconds for the month of August achieved 97% with the year to date now sitting at 93.9%.



The Trust reduced the percentage of time operating at DMP Stage B from 24% to 17%, but there was an increase in the percentage of time operating at DMP Stage C from 1% in July to 6% in August.



REAP levels have remained at level 3 during July and August, the period covering the Olympics and the Paralympics.

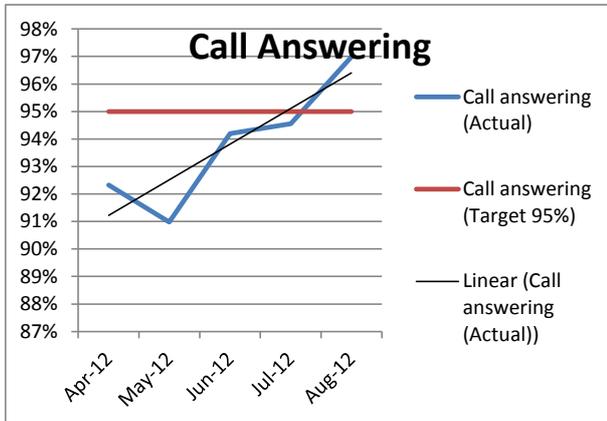
The Trust is yet to operate at less than REAP Level 3 or under to date.

2. Care for Patients

Attachment 2

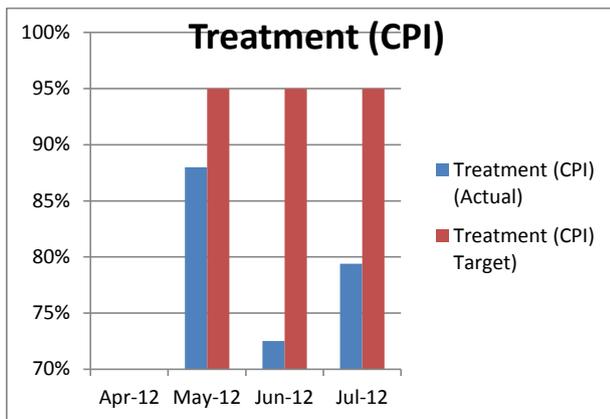
Caring for Patients during their Journey	
* First Contact (Call Answering)	97.0%
* Treatment (CPI)	79.4%
* Clinical Outcomes	96%
* Patient Safety Index	53
* Patient Wellbeing	Green
* Service Experience	Green

July 2012 Report	
* First Contact (Call Answering)	94.6%
* Treatment (CPI)	73%
* Clinical Outcomes	97%
* Patient Safety Index	47
* Patient Wellbeing	Green
* Service Experience	Green



999 call volumes continue to rise this year with the month of August seeing an additional 12,301 Calls enter the system, this equates to a growth of 9.9% in-comparison to last August.

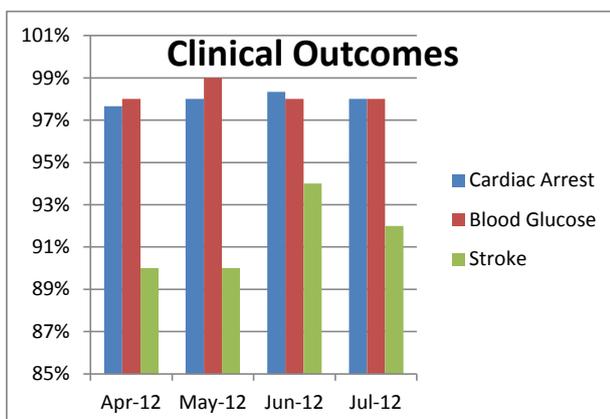
Year to date call volume remains at 9.4% above the same period last year, this equates to an additional 63,183 calls being handled within EOC. Calls answered within 5 seconds for the month of August achieved 97% with the year to date now sitting at 93.9%.



We expect a 95% feedback rate for the CPIs but for the month of July compliance was 79.4%. June compliance was 72.5% and May was 88%.

The Area leads attribute REAP levels as a significant factor of making this difficult to deliver as the nature of REAP is to pull staff into clinical care. Nevertheless, the area leads are committed to ensuring that CPI feedback is given to staff and this is monitored within the area reports.

This measure is RAG rated RED

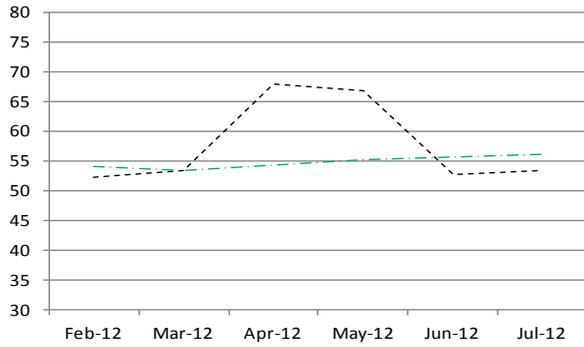


Overall the compliance is high and this month there are still 6 green indicators. The figures do not meet the national standards for 5 as they need to be 95% to be compliant. However, the amber indicators are the same month in and month out.

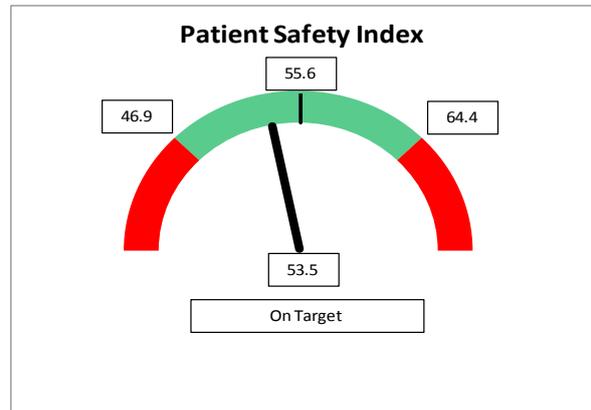
This measure has been given an AMBER RAG rating as 5 of the indicators remain amber.

Action on Area leads to continue to reinforce the need to undertake a full assessment prior to deciding not to convey

Patient Safety



Patient Safety Index



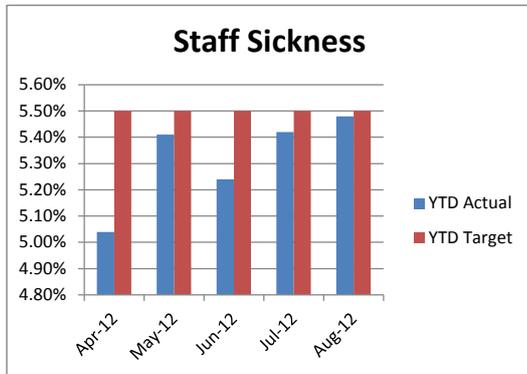
Service Experience: The Patient Safety Index (PSI) has been consistently within the GREEN zone since the beginning of the year, moving briefly into RED in April and AMBER in May where there was an increased number of clinical incidents reported per 100,000 hours worked. The PSI for has returned to GREEN in June and July.

Service Experience: We have awarded ourselves a GREEN rating as we now have a strong Integrated Risk Report and a subsequent action plan on improving experience which is being used throughout the governance structure.

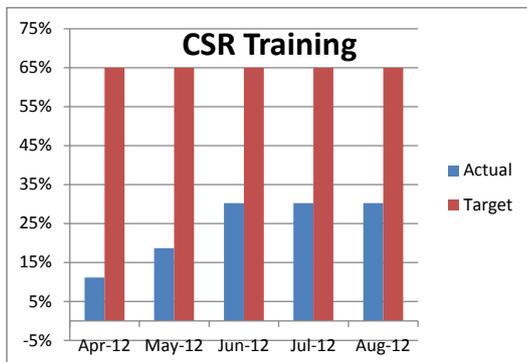
3. Care for Staff

Care for Staff - Workforce Report		
How will we sustain change and improve?		
Performance Indicators		T/C
* Staff Sickness Levels	5.48%	---
* Staff Core Skills Training	30%	3.1
* Staff Development (PDR)	54%	2.5
* Staff Retention	7.7%	2.8
* Staff Safety & Wellbeing	42	3.2
* Staff Satisfaction	3.4	

July 2012 Report		
How will we sustain change and improve?		
Performance Indicators		T/C
* Staff Sickness Levels	5.42%	---
* Staff Core Skills Training	30%	3.1
* Staff Development (PDR)	49%	2.5
* Staff Retention	7.8%	2.8
* Staff Safety & Wellbeing	56	3.2
* Staff Satisfaction	3.4	

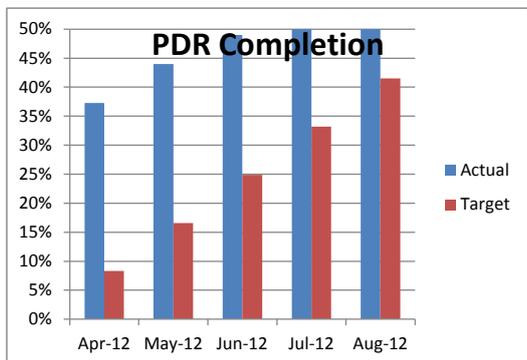


Sickness absence has remained relatively static across the July/August period and in overall trust terms stands at 5.48% which is still below the Trust target of 5.5%. Audits continue to show that Managing Attendance Policy is being used appropriately but there is no room for complacency as we enter the autumn and winter period when levels of absence tend to rise.



Reporting Green due to the scheduled plan not to provide training, but included in the exception reporting as there is concern that the Trust may not meet all its CSR 1, 2 and 3 commitments in 2012-2013 and will therefore miss the CQUIN targets associated with this objective.

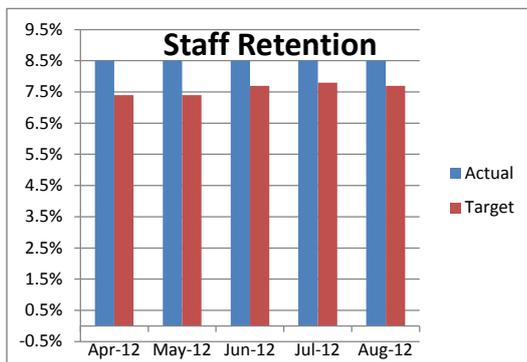
Training & Strategy group is considering the options.



It should be noted that Operational staff and some staff within the HR directorate receive PDR on a rolling year basis and we would therefore expect to see incremental increases in completion rates for these staff.

Operational Areas have reported a nil return from April with plans to undertake PDRs after the Olympics. Completion plans have been requested.

PDRs for Operations will be reported after the Olympics.



Turnover in June was within the normal range so is RAG rated GREEN.

Year to date levels are also within normal range.



Incident Reporting: Reporting of non-clinical (staff safety) incidents has continued to decrease over the past three months; we now receive approximately 25 fewer incidents per month, meaning that the numbers have dropped by a third since a period of fairly steady reporting between September 2011 and April 2012.

Investigating the possible reasons for this fall has identified a possible correlation with the FRU availability statistic: There appears to be strong correlation between non-clinical incident reporting and FRU availability. For every 10% drop in FRU availability, approximately 5 fewer incidents are reported. Safety & Risk are investigating this trend further in order to identify possible causes and controls.

The figure for reported manual handling incidents continues to remain lower than the figures for 2011/2012. The current figure shows that an average of 35 manual handling incidents occur per month in the LAS, which equates to approximately 15 incidents per 100,000 hours worked. As with the general incident reporting figures the numbers of manual handling incidents occurring each month are in decline by 0.8 incidents per month.

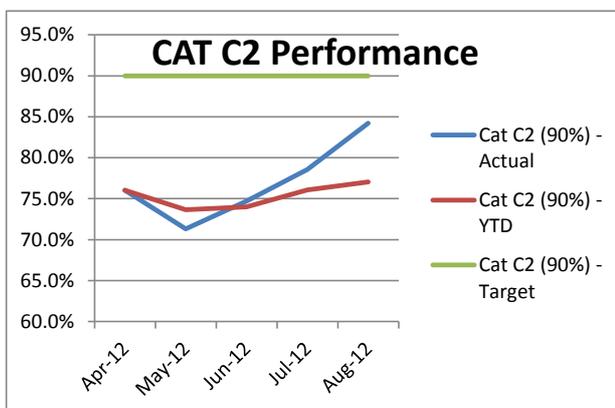
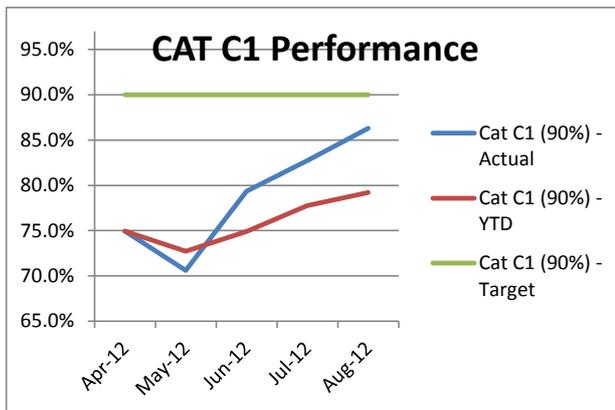
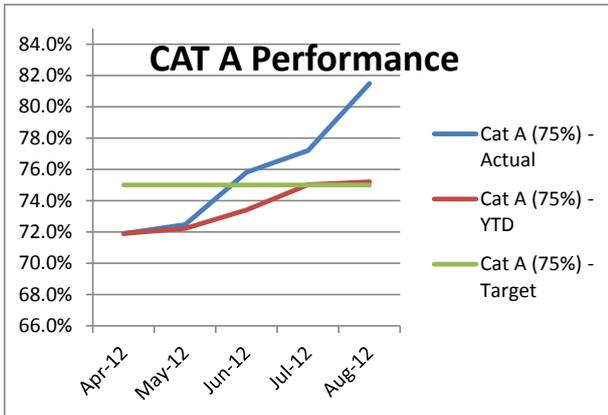
The number of reported physical violence incidents has reduced, with approximately 1 fewer incident reported per month.

4. Service Delivery

Attachment 2

Service Delivery		
Evidencing Delivery of the Response model		
Performance Indicators	Actual	YTD/Pr
* Cat A Target (75%)	81.5%	75.2%
* Cat C1 Target (90%)	86.3%	79.2%
* Cat C2 Target (90%)	84.2%	77.0%
* Ambulance Utilisation (55%)	74.4%	82.3%
* FRU Utilisation (40%)	36.5%	43%
* Complaints/Serious Incidents	70	70

July 2012 Report		
Evidencing Delivery of the Response model		
Performance Indicators	Actual	YTD/Pr
* Cat A Target (75%)	77.2%	75.0%
* Cat C1 Target (90%)	82.7%	77.8%
* Cat C2 Target (90%)	78.5%	76.1%
* Ambulance Utilisation (55%)	81.2%	82.3%
* FRU Utilisation (40%)	42%	43%
* Complaints/Serious Incidents	70	76



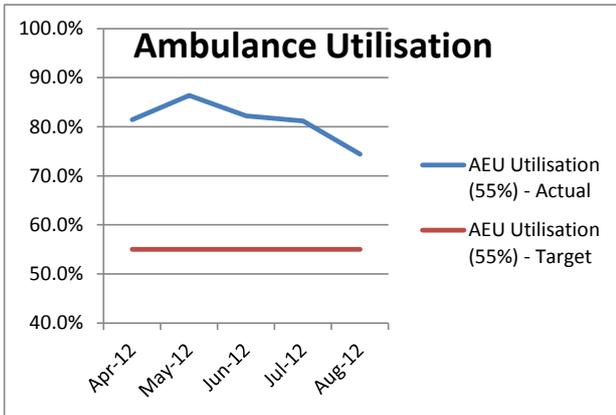
999 call volumes continue to rise this year with the month of August seeing an additional 12,301 Calls enter the system, this equates to a growth of 9.9% in-comparison to last August.

Year to date call volume remains at 9.4% above the same period last year, this equates to an additional 63,183 calls being handled within EOC. Calls answered within 5 seconds for the month of August achieved 97% with the year to date now sitting at 93.9%.

Category C1 performance continues to improve and stands at 86.3% for August.

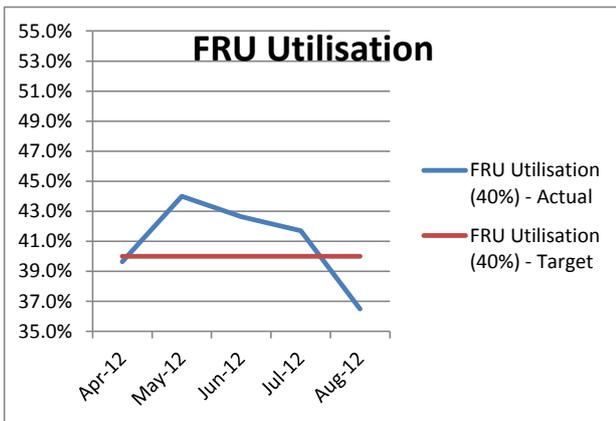
All of our category C times have revealed an improvement. This is clearly encouraging but we do not appear to have a strategic plan on how we achieve an improvement in category C without making an impact on category A. At present it could be argued that our drive to maintain safety (by focussing on category A) could be compromising quality (category C) as we spread the limited resource across the demand.

Category C2 performance also continues to improve, and stands at 84.2% for August.



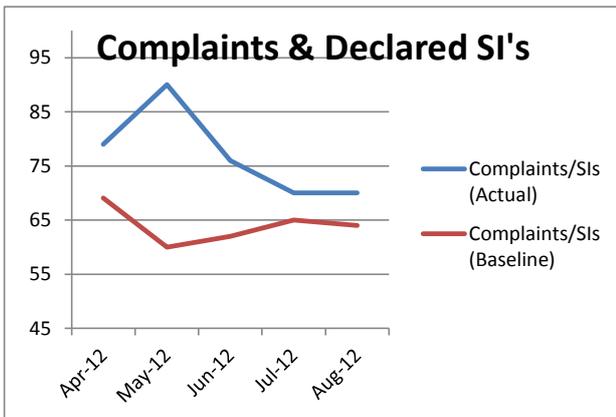
AEU utilisation for the month of August reduced to 74.4%, an overall reduction of 6.8% compared to July 2012.

FRU utilisation also experienced a reduction finishing at 36.5%, an overall reduction of 5.2% in-comparison to July 2012. Urgent care continued the trend with an overall reduction of 4.8% finishing at 51.8% in-comparison to July's 56.6%.



The primary driver for the reduction in utilisation in August was due to the resourcing plan delivered as part of the MSD strategy for the London 2012 Games period. The MSD operational plans were enacted from the 23 July 2012. Overall the new operating rhythm was embedded quite quickly after some initial minor teething problems. The Olympic resourcing plan that was developed for Area Operations was based on our existing ORH resourcing plan with the additional assumptions on activity increases and individual risk assessments carried out prior to the commencement of the Games.

We successfully planned and deployed additional resources for the Red RAG rated days where both the Olympic and MSD strategic commanders assessed the Trust was at biggest risk.



The number of complaints received remains static.

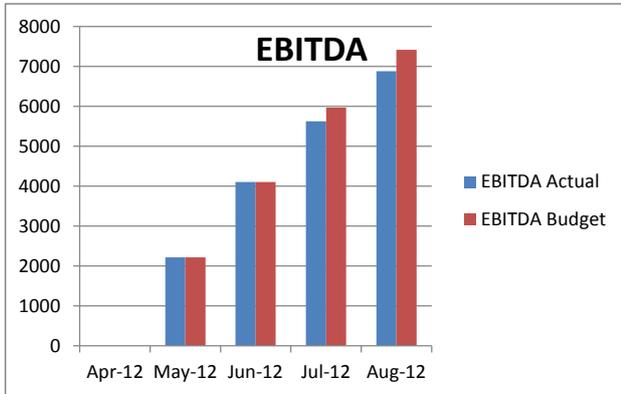
A summary of complaints and Serious Incidents is now provided to the ADOs on a weekly basis.

5. Value for Money

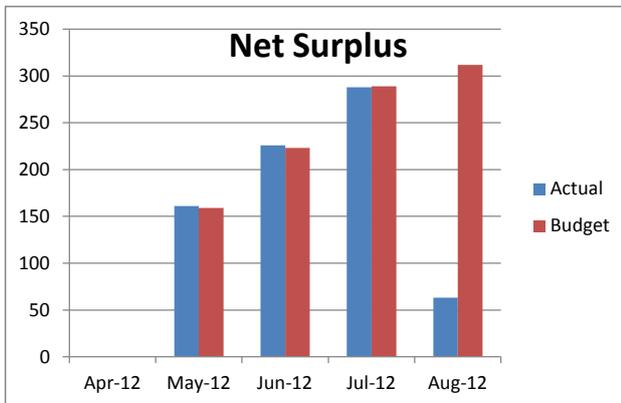
Attachment 2

Value for Money (August)	
Evidencing stewardship of the public purse (YTD)	
* Financial EBITDA	6,884
* Net Surplus	63
* Cost Improvement Programme	4,308
* CQUINs	623
* Monitor Net Rating (FRR)	2
* Carbon Reduction Plan	A <> G

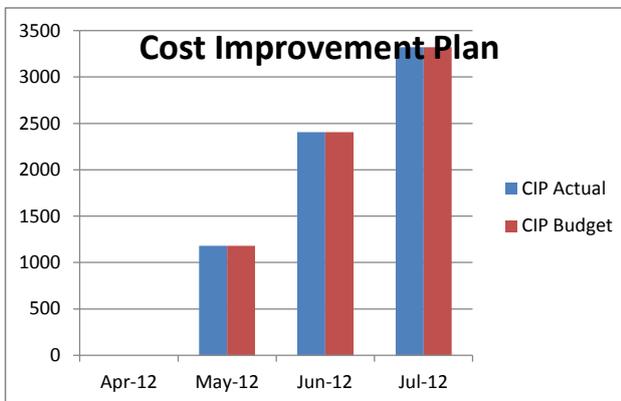
July 2012 Report	
Evidencing stewardship of the public purse (YTD)	
* Financial EBITDA	5,628
* Net Surplus	288
* Cost Improvement Programme	3,321
* CQUINs	527
* Monitor Net Rating (FRR)	2
* Carbon Reduction Plan	A <> G



EBITDA is behind plan due to non pay expenditure exceeding plan in Q1.



Surplus is behind plan by £249k and forecast to achieve control total of £3,093k, a recovery plan is being developed to address this during Q3.



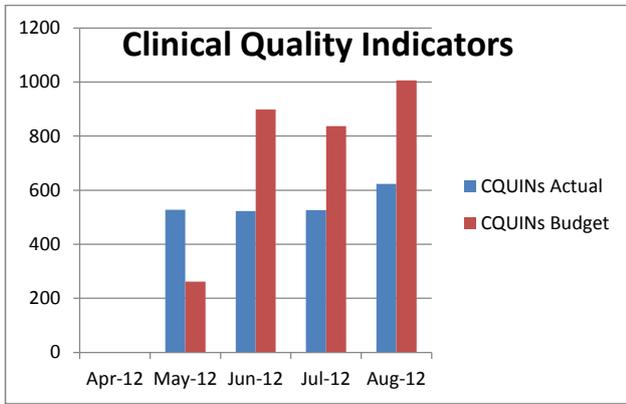
Process Management: This is higher than planned to offset delays in Resource Management and other programmes

Resource Management: Control CIP under achieved due to increased overtime use as a result of the implementation of CommandPoint

Other Op Pay: The revised rest break policy has not been issued or implemented, impacting on subsistence payments

Support Services Staffing: Support Services pay is under review regarding the mix of post reduction and vacancy management

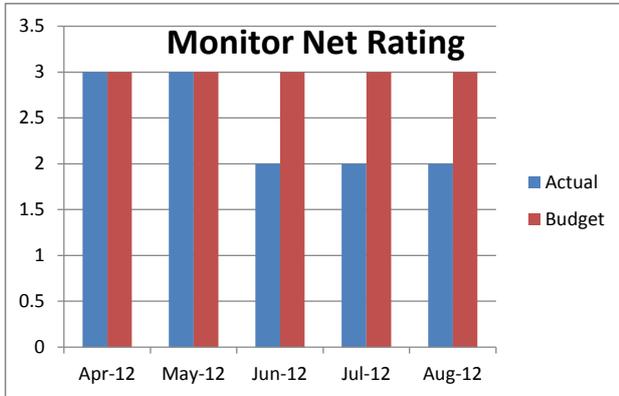
Other Non Pay: Annual leave calculation highlights no reduction in Annual Leave accrual. This is offset by over achievement in other non-pay CIP programmes



The Trusts CQUIN Income risk is disclosed excluding the £1.5 million risk reserve held within the Trusts expenditure reserves. Current high risk forecast (1236k) is within the available risk reserve therefore is forecast to not impact on the Trusts overall position.

High and Medium risk CQUINs now total £3.1 million which is outside available reserves.

Current unearned CQUIN is forecast to be £1.2m



The Monitor Net Rating remains at 2 due to the liquidity

Carbon Footprint Report:***Energy Consumption***

Gas consumption at HQ and Bow has increased year to date, reflecting the cold weather we experienced in the early part of the summer and also the change in Bow's usage to a 24/7 operations. Electricity YTD is broadly on track in meeting the reduction of 5% for 2012/13.

Work has taken place to verify the 2011/12 gas/electricity consumption data for all of the Trust's properties, enabling the Trust to monitor on a monthly basis consumption in 2012/13. This will enable the team to highlight decreases/increases in consumption as/when there are changes either because old boilers etc have been replaced or there is a change in usage on an operational level.

It had been hoped that the Trust would be able to work with an external partner to identify opportunities to enable the Trust to reduce its energy consumption by 15% in 2012/13; however due to circumstances beyond our control this has not been achieved. Instead, the Trust's Energy Manager will be focussing on investing the SALIX match funding to achieve energy savings at some predetermined locations and will investigate the possibility to the Trust participating in the GLA sponsored RE:FIT programme. Discussions have taken place with representatives from RE:FIT and it is hoped that this can be progressed in the next few months and a programme of works agreed that will enable the Trust to meet its five year plan of reducing its energy consumption by 25%.

Fuel Consumption

Figures for August are not yet available but to 31/07/12 diesel consumption had increased by 3.7%, which should be balanced against a 12% increase in Cat A demand for April-July compared to the same period in the previous year.

Conveyance and Ambulance Saves

Overall the various elements in this section are GREEN with the Trust achieving the set targets. Data from the PCT pack shows that the Trust (to 31/07/12) was achieving its non conveyance trajectory, but it was not achieving calls resolved by CTA trajectory. There is some discrepancy concerning the non-conveyance data, which is under discussion. There has been an ongoing increase in the deployment of CRU thereby saving on the despatch of vehicles in a high percentage of incidents. The rate of multiple responses for August is shown as 1.03 (Cat A number of responses/number of incidents).

Procurement

Procurement is a substantial element of the Trust's carbon footprint: 71% of the 2010-11 baseline and we are working on a methodology to report procurement activity for 2012-12. The new finance system, implemented in July 2012, is configured to produce a report showing expenditure to date, mapped against DEFRA emission factors; the first report from this system will be available in October, 6 monthly report.

Waste

There was a reduction of 25% in the collection and disposal of clinical waste in April-June 2012 (which is either disposed of via high treatment incineration or Alternative Treatment Process) compared to 2011/12. Year to date, the Trust is recycling approximately 50% of its non-clinical waste.

														Attachment 3		
Quadrant	Performance Indicator	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13			
Care for patients	Description	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13			
Call Answering (Actual)	Call answering (Actual)	92%	91%	94%	95%	97%										
Call Answering (Target)	Call answering (Target 95%)	95%	95%	95%	95%	95%										
Treatment (CPI) (Actual)	Treatment (CPI) (Actual)		88%	73%	79%											
Treatment (CPI) Target)	Treatment (CPI) Target)		95%	95%	95%											
Clinical Outcomes	Cardiac Arrest	98%	98%	98%	98%											
Clinical Outcomes	Blood Glucose	98%	99%	98%	98%											
Clinical Outcomes	Stroke	90%	90%	94%	92%											
Clinical Outcomes	Aggregate	95%	96%	97%	96%											
Patient Safety Index (Actual)	Clinical & Non-Clinical Incidents raised by staff/100,000 hours worked	68	67	53	53											
Patient Safety Index (Target)	Clinical & Non-Clinical Incidents raised by staff/100,000 hours worked	59	58	57	58											
Patient Wellbeing	Actions arising from the Learning from Experiences Report		Green	Green												
Quality Barometer	Quality Dashboard		Green	Green												
Care for Staff	Description	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13			
Staff Sickness (Actual)	YTD Actual	5.04%	5.41%	5.24%	5.42%	5.48%										
Staff Sickness (Target)	YTD Target	5.50%	5.50%	5.50%	5.50%	5.50%	5.50%	5.50%	5.50%	5.50%	5.50%	5.50%	5.50%			
Actual	Actual Percentage of staff receiving CSR 1, 2 and 3 training against plan	11%	19%	30%	30%	30%										
Target	Target Percentage of staff receiving CPR 1, 2 and 3 training against plan	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%			
Actual	Percentage of staff who have completed Performance Development Plans	37%	44%	49%	54%	54%										
Target	Percentage of staff who have completed Performance Development Plans	8%	17%	25%	33%	42%	50%	58%	66%	75%	83%	91%	100%			
Actual	Staff Retention Actual YTD Turnover	8.5%	8.5%	8.5%	8.5%	8.5%	8.5%	8.5%	8.5%	8.5%	8.5%	8.5%	8.5%			
Target	Staff Retention Target YTD Turnover	7.4%	7.4%	7.7%	7.8%	7.7%										
Actual	SSI - LHC, Physical & Verbal Abuse incidents/100,000 hours worked - Actual	59	63	56	42											
Target	SSI - LHC, Physical & Verbal Abuse incidents/100,000 hours worked - Target	69	69	68	65											
Service Delivery	Description	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13			
Cat A Target Performance (75%)	Cat A (75%) - Actual	71.9%	72.5%	75.8%	77.2%	81.5%										
Cat A Target Performance (75%)	Cat A (75%) - YTD	71.9%	72.2%	73.4%	75.0%	75.2%										
Cat A Target Performance (75%)	Cat A (75%) - Target	75.0%	75.0%	75.0%	75.0%	75.0%										
Cat C1 Target (90%)	Cat C1 (90%) - Actual	75.0%	70.6%	79.4%	82.7%	86.3%										
Cat C1 Target (90%)	Cat C1 (90%) - YTD	75.0%	72.7%	74.9%	77.8%	79.2%										
Cat C1 Target (90%)	Cat C1 (90%) - Target	90.0%	90.0%	90.0%	90.0%	90.0%										
Cat C2 Target (90%)	Cat C2 (90%) - Actual	76.0%	71.3%	74.7%	78.6%	84.2%										
Cat C2 Target (90%)	Cat C2 (90%) - YTD	76.0%	73.7%	74.0%	76.1%	77.0%										
Cat C2 Target (90%)	Cat C2 (90%) - Target	90.0%	90.0%	90.0%	90.0%	90.0%										
Ambulance Utilisation (55%)	AEU Utilisation (55%) - Actual	81.4%	86.4%	82.3%	81.2%	74.4%										
Ambulance Utilisation (55%)	AEU Utilisation (55%) - Target	55.0%	55.0%	55.0%	55.0%	55.0%										
FRU Utilisation (40%)	FRU Utilisation (40%) - Actual	39.7%	44.0%	42.64%	41.7%	36.50%										
FRU Utilisation (40%)	FRU Utilisation (40%) - Target	40.0%	40.0%	40.0%	40.0%	40%										
Number of Complaints received	Complaints/SIs (Actual)	79	90	76	70	70										
Number of Complaints received	Complaints/SIs (Baseline)	69	60	62	65	64										
Value for Money	Description	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13			
Financial EBITDA	EBITDA Actual	2216	4104	5628	6884											
Financial EBITDA	EBITDA Budget		2216	4104	5966	7416	8944	10733	12581	14574	16675	18827	21992			
Net Surplus	Actual		161	226	288	63										
Net Surplus	Budget		159	223	289	312	539	724	968	1357	1855	2404	3116			
Cost Improvement Programme	CIP Actual		1179	2407	3321	4308										
Cost Improvement Programme	CIP Budget		1179	2407	3321	4308	4999	6149	7359	8718	10134	11550	13594			
CQUINs	CQUINs Actual		528	523	527	623										
CQUINs	CQUINs Budget		262	898	837	1006	2164	2613	3062	3510	4490	5470	6448			
Monitor Net Rating (FRR)	Actual	3	3	2	2	2										
Monitor Net Rating (FRR)	Budget	3	3	3	3	3	3	3	3	3	3	3	3			
Carbon Reduction Plan	Carbon Reduction Plan		Amber													
Operational Context	Description	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13			
999 Call Volume	Average # 999 calls	4585	4914	4761	4727	4402										
Peak 999 Call Coume	Peak # of calls	5081	5884	5809	5320	5619										
Cat A Incidents	CAT A	34083	37547	35119	36167	34374										
Cat C1 & C2 Incidents	CAT C1 & C2	25688	26782	27002	29471	28214										
Cat C3 & C4 Incidents	CAT C3 & C4	24955	26259	25820	27820	28670										
DMP Stage A	% month DMP A	56%	53%	65%	75%	77%										
DMP Stage B	% month DMP B	38%	33%	27%	24%	17%										
DMP Stage C	% month DMP C	6%	14%	6%	0.93%	5.80%										
REAP Level (Target)	REAP Target 75% @ Level 2	75%	75%	75%	75%	75%										
REAP Level (Actual)	REAP Level 2	0%	0%	0%	0%	0%										
REAP Level 3+	REAP Level 3	0%	0%	21%	41%	52.94%										
REAP Level 4+	REAP Level 4	100%	100%	79%	59%	47.06%										

Integrated Trust Performance Report - Explanation of each measure

1. Operational Context

Av. Daily Vol.	REAP 3			
Peak Daily Vol.	July	August	MoM	Y2Y
999 Call volume	4727	4402	-7%	10%
Peak 999 Call	5320	5619	6%	17%
Cat A Calls	36167	34374	-5%	15%
Cat C1 & 2 Calls	29471	28214	-4%	16%
Cat C3 & 4 Calls	27820	28670	3%	0%
DMP Stage A	75%	77%	2%	-15%
DMP Stage B	24%	17%	-7%	12%
DMP Stage C	1%	6%	5%	3%
% > REAP 3	41%	53%	12%	-35%

Call Volumes

The report shows the average and peak number of calls per day and comparative figures from the previous month (in blue). The percentage increase/decrease YTD and comparison with the same month in the previous year is also shown.

The report shows the total number of Category A, Category C1 and C2, and Category C3 and C4 calls responded to during the month and the percentage increase/decrease on the same month in the previous year.

Demand Management Plan

The report shows the percentage of hours where the Trust's Demand Management Plan (DMP) stages were invoked in the Emergency Control Room and the percentage increase/decrease on the same month in the previous year. N.b. This does not apply for May, as DMP was not fully introduced in May 2011.

REAP Level

The report shows the current REAP level and the percentage of time that the Trust has operated at or above REAP 3.

2. Care for Patients

Caring for Patients during their Journey	
How do we care for our patients?	
* First Contact (Call Answering)	97.0%
* Treatment (CPI)	79.4%
* Clinical Outcomes	96%
* Patient Safety Index	53
* Patient Wellbeing	Green
* Service Experience	Green

First Contact (Call Answering)

First contact with a patient affects their entire experience. Did we answer the call quickly, did we listen to them and/or did we give them the correct information to manage their expectations?

This is measured by the percentage of calls answered within 5 seconds against a national target of 95%.

Treatment (CPI)

Did we correctly assess and treat our patients?

This is measured from the clinical outcomes from the CARU CPI Audit report, and is graded as Red, Amber or Green from the Quality Dashboard. N.b. This indicator appears within this report for the first time since October 2011.

Clinical Outcomes

Did our patients have a positive outcome?

This is an aggregate measure from the audit of specific patient clinical outcomes: cardiac arrest; STEMI; Stroke; Diabetes etc as defined in the Quality Dashboard Clinical Performance Indicators.

Patient Safety

How have we ensured patient safety?

This is measured by the total number of clinical and non clinical incidents raised by staff, against the number of hours worked, effectively the rate of clinical and non clinical incidents per 100,000 hours worked – a Patient Safety Index. The target is based on averages over the previous 12 months to show variance against the mean.

The target is based on a rolling 12 month average, and RAG rated the standard deviation against the mean – Green = $< \pm 1$ STD, Amber $< \pm 1.5$ STD, Red $> \pm 2$ STD.

Patient Wellbeing

How have we ensured that patient's concerns and complaints are acted upon?

This is a measure of progress against the actions arising from the Learning from Experience Report.

Clinical Quality/Barometer – Service Experience

This is a DH measure. However, it is not clearly defined and there is little guidance as to what is expected. We have awarded ourselves a GREEN rating as we now have a strong Integrated Risk Report and a subsequent action plan on improving experience which is being used throughout the governance structure.

3. Care for Staff

Care for Staff - Workforce Report		
How will we sustain change and improve?		
Performance Indicators		T/C
* Staff Sickness Levels	5.48%	---
* Staff Core Skills Training	30%	3.1
* Staff Development (PDR)	54%	2.5
* Staff Retention	7.7%	2.8
* Staff Safety & Wellbeing	42	3.2
* Staff Satisfaction	3.4	

This information is obtained from the Workforce report submitted by the Human Resources Department and the quarterly Staff Temperature Check survey. Statistics on complaints and Serious Incidents are obtained from the Governance and Compliance department.

Staff Availability

This is calculated from YTD sickness levels, which have a target of 5.5%. The RAG rating is <5.5% Green and >5.5% Red.

Staff Training

The percentage of staff attending Core Skills Refresher (CSR) levels 1, 2 and 3 training against plan.

The Clinical Quality Indicators (CQUIN) target is for 65% of eligible staff to attend CSR training between January 2012 and February 2013. The Trust's approved Training plan meets these requirements, but it has been agreed that training will be suspended between May and September 2012 to ensure that adequate resources are available for the Olympics and Paralympics. The Trust's Training plan will, therefore, be recalibrated in October 2012. This will be reflected in the Integrated Report.

The quality barometer is the response to the Temperature Check question: "I am given access to the information I need to do a good job".

Staff Development

How are we ensuring that staff are provided with appropriate development opportunities?

This is measured by the number of staff who have completed Performance Development Plans (PDRs) against plan. The measure is a cumulative percentage across the year.

The quality barometer is how staff feel that they are being developed, based on the aggregate score for specific questions in the Staff Temperature Check survey; "I am given opportunities to develop my knowledge and skills"; and "I have access to the equipment I need to do a good job".

Staff Retention

How are we ensuring that staff are managed well?

This is measured by staff retention/turnover percentages from a rolling twelve month period. The target is 8.5%, with the RAG rating of Amber if the figure is between 8.5% and 9% and Red if the value is above 9%.

The quality barometer is how staff feel that they are being managed, based on the aggregate score for specific questions in the Staff Temperature Check survey; "The LAS values employee suggestions for improvement"; "My manager shows appreciation for the work I do"; "There is a spirit of cooperation amongst my colleagues"; and "My manager shows me the support that I need to do my job well".

Staff Safety and Wellbeing

How are we ensuring that staff are safe at work?

This is measured by the number of lifting, handling & carrying (LFC), physical (PV) and non-physical abuse (NPA) incidents raised by staff, against the number of hours worked, effectively the rate of incidents per 100,000 hours worked – a Staff Safety Index.

The target is based on a rolling 12 month average, and RAG rated the standard deviation against the mean – Green = < ± 1 STD, Amber < ± 1.5 STD, Red > ± 2 STD.

Staff Satisfaction

The quality barometer is how staff feel about working for the LAS, based on the aggregate score for specific questions in the Staff Temperature Check survey: "I enjoy working for the LAS"; "I am proud of the quality of care the LAS provides"; "I believe I can make a difference to the success of the LAS" and "I am happy with my work/life balance".

The RAG scoring mechanism is Red <3, Amber 3-3.5, Green >3.5.

4. Service Delivery Quadrant

Service Delivery		
<i>Evidencing Delivery of the Response model</i>		
Performance Indicators	Actual	YTD/Pr
* Cat A Target (75%)	81.5%	75.2%
* Cat C1 Target (90%)	86.3%	79.2%
* Cat C2 Target (90%)	84.2%	77.0%
* Ambulance Utilisation (55%)	74.4%	82.3%
* FRU Utilisation (40%)	36.5%	43%
* Complaints/Serious Incidents	70	70

Cat A & C Target Performance

How is the Trust performing against targets?

This is measured by the percentage of Category A calls responded to in 8 minutes, and the percentage of Category C1 and C2 calls responded to in 30 minutes. The report shows actual figures for the month and the year to date, or the previous month where applicable (for Complaints/Serious Incidents).

Utilisation

The report shows the monthly and year to date utilisation percentages for ambulances (55% target) and fast response vehicles (40% target).

Quality Barometer

The quality barometer for the Response Model Delivery quadrant is the number of complaints received about the Trust plus the number of serious incidents declared with NHS London. The average number of complaints received per day has risen from 1.5 in 2010 to 1.8 in 2011 and now stands at 2.0 for the last twelve months. The Trust declares an average of 1.4 Serious Incidents per month. The RAG Rating for this measure is therefore < 63 – 65 (Green), 65 – 75 (Amber) and >75 (Red).

5. Value for Money Quadrant

Value for Money	
<i>Evidencing stewardship of the public purse (YTD)</i>	
* Financial EBITDA	6,884
* Net Surplus	63
* Cost Improvement Programme	4,308
* CQUINs	623
* Monitor Net Rating (FRR)	2
* Carbon Reduction Plan	A <> G

This information is obtained from the Finance Department, and all values are RAG rated against the annual forecast. The values submitted are Financial EBITDA; Net surplus, Cost Improvement Plan, CQUINs and the Monitor Net Rating (FRR).

The report also includes a RAG rating on overall performance on carbon reduction, based on energy and fuel consumption, vehicle savings and recycling.

There is a separate Carbon Reduction dashboard which is submitted to the Finance and Investment Committee half-yearly, with the next meeting scheduled for September 2012. Plans are also in place to publish the Carbon Reduction dashboard on the Pulse in Q2 2012.

Course type April	Places planned	Number of attendees	% of eligible staff who attended
CSR1.11	56	31	1%
CSR 1.12	14	0	0
CSR2a.11	45	30	1.10%
CSR2b.12	256	180	9%
CSR3a.12	0	0	0
	371	241	11%

55%
0%
67%
70%
65%

Course type May	Places planned	Number of attendees	% of eligible staff who attended
CSR1.11	11	3	0.10%
CSR 1.12	18	18	0.60%
CSR2a.11	8	0	0
CSR2b.12	525	347	18%
CSR3a.12	0	0	0
	562	368	19%

27%
100%
0%
66%
65%

Course type YTD	Places planned	Number of attendees	% of eligible staff who attended
CSR1.11	67	34	1.10%
CSR 1.12	32	18	0.60%
CSR2a.11	53	30	1.10%
CSR2b.12	781	527	27.40%
CSR3a.12	0	0	0
	933	609	30%

51%
56%
57%
67%
65%

0.374

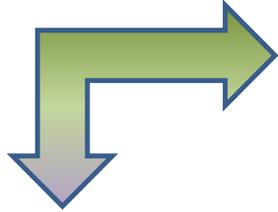
Course type June	Places planned	Number of attendees	% of eligible staff who attended
CSR1.11	56	31	1%
CSR 1.12	14	0	0
CSR2a.11	45	30	1.10%
CSR2b.12	256	180	9%
CSR3a.12	0	0	0
	371	241	11%

55%
0%
67%
70%
65%

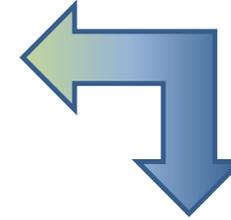
PDRs April 2012	To be Done	Done	% Completed
Operations	3104	728	23%
Control Services	525	390	74%
Total Ops	3629	1118	31%
Support Services	594	457	77%
All Staff	4223	1575	37%
PDRs April 2012			
Operations			
Control Services	525	81	15%
Total Ops	525	81	15%
Support Services	594	410	69%
All Staff	1119	491	44%

Integrated Trust Performance Report July 2012

Attachment 1



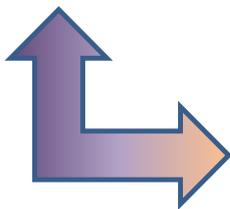
July 2012 Report	
<i>How do we care for our patients?</i>	
* First Contact (Call Answering)	94.6%
* Treatment (CPI)	73%
* Clinical Outcomes	97%
* Patient Safety Index	47
* Patient Wellbeing	Green
* Service Experience	Green



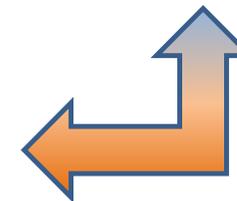
July 2012 Report		
<i>Evidencing Delivery of the Response model</i>		
<i>Performance Indicators</i>	<i>Actual</i>	<i>YTD/Pr</i>
* Cat A Target (75%)	77.2%	75.0%
* Cat C1 Target (90%)	92.0%	77.8%
* Cat C2 Target (90%)	94.0%	76.1%
* Ambulance Utilisation (55%)	81.2%	82.3%
* FRU Utilisation (40%)	42%	43%
* Complaints/Serious Incidents	70	76

July 2012 Report				REAP 3	
	June	July	MoM	Y2Y	
999 Call volume	4738	4315	-9%	9%	
Peak 999 Call volume	5797	4890	-16%	8%	
Cat A Calls	36278	36206	0%	18%	
Cat C1 & 2 Calls	26372	28560	8%	-5%	
Cat C3 & 4 Calls	25743	27765	8%	-11%	
DMP Stage A	65%	75%	10%	n/a	
DMP Stage B	27%	24%	-3%	n/a	
DMP Stage C	6%	1%	-5%	n/a	
Percentage > REAP 3	100%	75%	0%	70%	

July 2012 Report		
<i>How will we sustain change and improve?</i>		
<i>Performance Indicators</i>		<i>T/C</i>
* Staff Sickness Levels	5.42%	---
* Staff Core Skills Training	30%	3.1
* Staff Development (PDR)	49%	2.5
* Staff Retention	7.8%	2.8
* Staff Safety & Wellbeing	88	3.2
* Staff Satisfaction	3.4	



July 2012 Report	
<i>Evidencing stewardship of the public purse</i>	
* Financial EBITDA	4,104
* Net Surplus	226
* Cost Improvement Programme	2,407
* CQUINs	523
* Monitor Net Rating (FRR)	2
* Carbon Reduction Plan	A < G





LONDON AMBULANCE SERVICE TRUST BOARD

Month 5 - August 2012

PAPER FOR REVIEW

Document Title:	Trust Finance Board Report
Report Author(s):	Darren Teasdale
Lead Director:	Mike Dinan
Contact Details:	Michael.Dinan@lond-amb.nhs.uk
Why is this coming to the Trust Board?	Monthly Trust Financial Review
This paper has been previously presented to:	Senior Management Group
Recommendation for the Trust Board:	<ul style="list-style-type: none"> The committee is asked to comment on the information included within the month 5 report.

Executive Summary/key issues for the Trust Board

The Trust reported a deficit of £226K for the month against a planned surplus of £24k. The Cash position remains on track. The Capital position is underspent by £0.4m y.t.d, the Trust is on track from both an actual EBITDA and net surplus perspective. The forecast control total for 2012/13 of £3.1m is in line with the plan.

CIP is on track year to date plan. Forecast to achieve plan.

From a DH compliance perspective, both the CRL and EFL are forecast to be in line with the plan. The CRL is behind due to delay in the Fast Response Vehicle replacement programme, This position will be recovered by year end.

From a DH compliance perspective, both the CRL and EFL are forecast to be in line with the plan. The CRL is behind in Q1 due to a delay the Fast Response Vehicle replacement programme, This position will be recovered by year end.

Attachments

Corporate Objectives 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
- ✓ 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

NHS Constitution

This paper supports the following principles that guide the NHS:

- ✗ 1. The NHS provides a comprehensive service, available to all
- ✗ 2. Access to NHS services is based on clinical need, not an individual's ability to pay
- ✗ 3. The NHS aspires to the highest standards of excellence and professionalism
- ✗ 4. NHS services must reflect the needs and preferences of patients, their families and their carers
- ✗ 5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population
- ✓ 6. The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.
- ✓ 7. The NHS is accountable to the public, communities and patients that it serves.

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

No

Key issues from the assessment:

Key issues from the assessment:

Summary Financial Compliance 2012/13 - Month 5

Month 5 - August 2012				Qtr1				Description	Year to Date				FY 2012/13			
Budg	Act	Var	%	Budg	Fcast	Var	%		Budg	Act	Var	%	Budg	Fcast	Var	%
£000	£000	£000		£000	£000	£000			£000	£000	£000		£000	£000	£000	
Dept Health																
24	(226)	250	-110.6%	223	224	(1)	-0.4%	Surplus	312	63	249	395.2%	3,092	3,093	(1)	0.0%
(228)	(6,995)	6,767	-96.7%	(3,044)	1,522	(4,566)	-300.0%	EFL	(2,889)	(8,367)	5,478	-65.5%	(1,998)	(1,998)	0	0.0%
555	1,047	(492)	-88.6%	4,660	3,517	1,143	24.5%	CRL	5,332	4,942	390	7.3%	12,400	12,400	0	0.0%
95	83	12	14.5%	95	70	25	35.7%	Suppliers paid within 30 days - NHS	95	73	22	30.1%	95	83	12	14.5%
95	83	12	14.5%	95	86	9	10.5%	Suppliers paid within 30 days - Non NHS	95	75	20	26.7%	95	83	12	14.5%
Monitor																
5.9%	4.9%	1%	20.3%	0	0	0%	-7.1%	EBITDA %	6.1%	5.6%	1%	9.7%	7.5%	6.7%	1%	11.9%
24	(226)	250	-110.6%	223	224	-100%	-0.4%	Net Margin	312	63	249	395.2%	3,093	3,093	0%	0.0%
1.29%	1.29%	0%		0.01	0.01	0%	0.2%	Return on Assets	1.29%	1.29%	0%	0.0%	5.71%	5.70%	0%	0.0%
(10.25)	(10.05)	(0)	2.1%	(10.42)	(10.29)	0	0.0%	Liquidity Days	(10.25)	(10.05)	(0)	2.1%	(10.38)	(10.32)	(0)	0.6%
	2				2			Monitor net rating		2				2		

Commentary

Surplus - is behind plan by £249k and forecast to achieve control total of £3,093k, a recovery plan is being developed to address during Q3

EFL - Forecast for the year in line with Plan, YTD variance due to the higher than planned cash balance at the end of month 5. The Trust received its CRBN funding in August.

CRL - Year to date behind plan due to delayed delivery of Fast Response Vehicles

'BPPC - the trust will recommence reporting against the BPPC during month 5. Reporting during month 4 has been suspended as a result of the transition to the new finance system.

EBITDA - Behind plan due to non pay expenditure exceeding plan

Return on Assets - In line with plan.

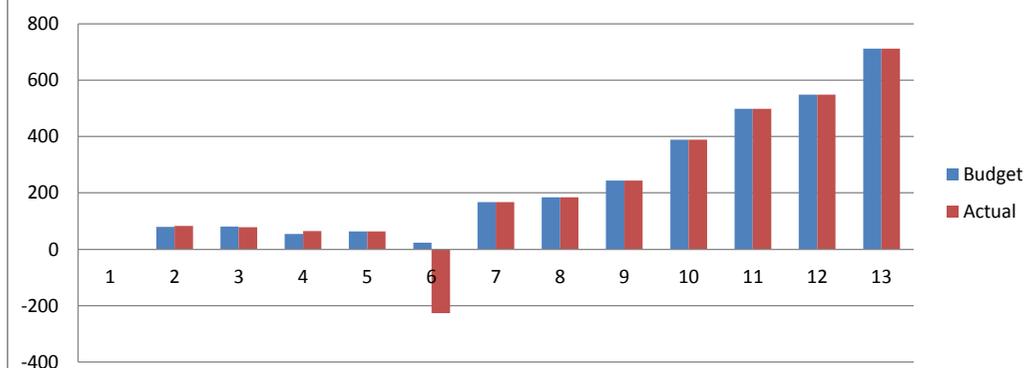
Liquidity - Whilst this currently shows a Rating of 1. When a Working Capital Loan facility of £22.3m is added, this will increase to 3.

Monitor net rating - Currently 2 due to Liquidity.

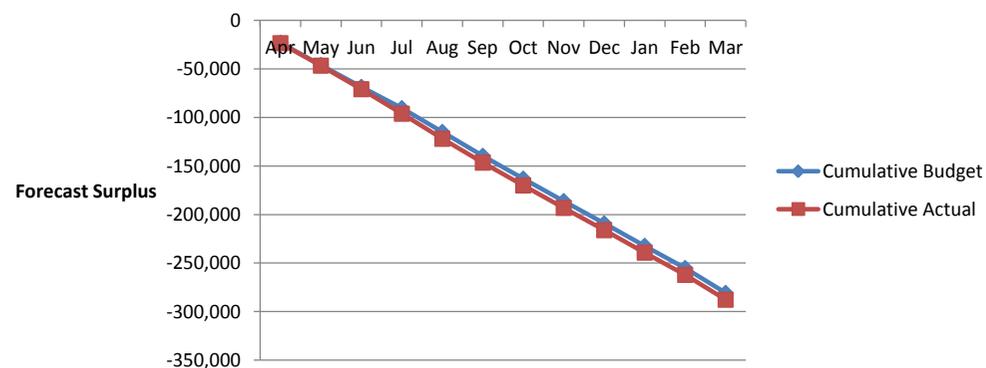
**London Ambulance Service
Summary Financial Information 2012/13 - Month 5**

Month 5 - August 2012				Quarter 1				Description	Year to Date				FY 2012/13			
Budg	Act	Var	%	Budg	Act	Var	%		Budg	Act	Var	%	Budg	Fcast	Var	%
£000	£000	£000		£000	£000	£000			£000	£000	£000		£000	£000	£000	
24,547	25,562	1,015	-4.0%	71,438	72,150	712	-1.0%	Income	120,898	123,063	2,165	-1.8%	288,963	290,048	1,085	-0.4%
1,450	1,255	(195)	15.5%	3,775	4,103	328	-8.0%	EBITDA	7,416	6,884	(532)	7.7%	21,747	19,507	(2,240)	11.5%
5.9%	4.9%	1%	20.3%	5.3%	7.8%	-2%	-32.0%	EBITDA %	6.1%	4.9%	1%	24.9%	7.5%	6.7%	1%	11.9%
24	(226)	250	-110.6%	223	224	(1)	-0.4%	Net Surplus	312	63	249	395.2%	3,093	3,093	0	0.0%
0.1%	-0.9%	1%	-111.1%	0.3%	0.3%	0%	0.5%	Net margin %	0.3%	0.1%	0%	404.1%	1.1%	1.1%	0%	0.4%
1,006	623	383	61.5%	898	523	375	71.7%	CQUIN	1,006	623	383	61.5%	6,202	4,961	1,241	25.0%
1,077	1,077	(0)	0.0%	2,456	2,456	0	0.0%	CIP	4,308	4,308	(1)	0.0%	12,498	12,498	0	0.0%
7,819	13,298	5,479	-41.2%	8,016	3,431	(4,585)	133.6%	Cash balance	7,819	13,298	5,479	-41.2%	5,500	5,500	0	0.0%
(4,758)	(6,860)	2,102	-30.6%	(6,526)	(7,549)	1,023	-13.6%	Net Current Assets less Current Liabilities	(4,758)	(6,860)	2,102	-30.6%	(4,556)	(8,033)	3,477	-43.3%
115,273	115,273	0	0.0%	115,272	115,272	0	0.0%	Total Assets Employed	115,273	115,273	0	0.0%	118,206	118,206	0	0.0%
1.29%	1.29%	0	0.0%	0.01	0.01	0	0.0	Return on Assets	1.29%	1.29%	0	0.0%	5.71%	5.70%	0	0.0%

Net Surplus Budget vs Actual



Cumulative Net Surplus £ Budget v. Actual



**London Ambulance Service
Summary Revenue 2012/13 - Month 5**

Month 5 - August 2012				Qtr1				Description	Year to Date				FY 2012/13			
Budg	Act	Var	%	Budg	Fcast	Var	%		Budg	Act	Var	%	Budg	Fcast	Var	%
£000	£000	£000		£000	£000	£000		£000	£000	£000		£000	£000	£000		
22,424	22,387	(37)	0.2%	67,301	67,929	(628)	-0.9%	Income								
2,123	3,175	1,052	-33.1%	4,137	4,221	(84)	-2.0%	Emergency & Urgent care	112,141	113,013	872	-0.8%	272,251	272,427	176	-0.1%
24,547	25,562	1,015	-4.0%	71,438	72,150	(712)	-1.0%	Other	8,757	10,050	1,293	-12.9%	16,712	17,621	909	-5.2%
								Subtotal	120,898	123,063	2,165	-1.8%	288,963	290,048	1,085	-0.4%
17,822	18,476	(654)	-3.5%	51,837	52,864	(1,027)	-1.9%	Operating Expense								
5,275	5,831	(556)	-9.5%	15,826	15,183	643	4.2%	Pay	87,127	89,127	(2,000)	-2.2%	205,087	208,865	(3,778)	-1.8%
23,097	24,307	(1,210)	-5.0%	67,663	68,047	(384)	-0.6%	Non Pay	26,355	27,052	(697)	-2.6%	62,129	61,676	453	0.7%
								Subtotal	113,482	116,179	(2,697)	-2.3%	267,216	270,541	(3,325)	-1.2%
1,450	1,255	2,225	15.5%	3,775	4,103	(328)	-8.0%	EBITDA	7,416	6,884	532	7.7%	21,747	19,507	4,410	11.5%
5.9%	4.9%	1.0%	20.3%	5.3%	5.7%	-0.4%	-7.1%	EBITDA margin	6.1%	5.6%	0.5%	9.7%	7.5%	6.7%	0.8%	11.9%
1,032	1,117	(85)	-7.6%	2,370	2,751	(381)	-13.8%	Depreciation & Financial								
326	326	0	0.0%	979	979	0	0.0%	Depreciation	5,135	4,964	171	3.4%	13,927	11,974	1,953	16.3%
68	38	30	78.9%	203	149	54	36.2%	Interest	1,631	1,631	0	0.0%	3,915	3,915	0	0.0%
1,426	1,481	(55)	-3.7%	3,552	3,879	(327)	-8.4%	PDC Dividend	338	226	112	49.6%	812	525	287	54.7%
								Subtotal	7,104	6,821	283	4.1%	18,654	16,414	2,240	13.6%
24	(226)	250	0	223	224	(1)	0	Net Surplus/(Deficit)	312	63	249	0	3,093	3,093	0	(0)
0.1%	-0.9%	1.0%	-111.1%	0.3%	0.3%	0.0%	0.5%	Net margin	0.3%	0.1%	0.2%	404.1%	1.1%	1.1%	0.0%	0.4%

Commentary (items over 100k only)

Income : Additional support for Queens Diamond Jubilee discussed with NWLCH. Additional income accrued as a result. Also the DH requested additional dedicated researching for the 2012 Olympics which has also been accrued. Current unearned CQUIN is forecast to be £1.2 million.

Expenditure – pay is over spent ytd due to additional overtime expense driven by material increases in general CatA demand and additional Queens Diamond Jubilee workload. Average monthly spend of £17.6m is forecast to reduce to £17m in the second half of the year.

Expenditure – Non pay : Overspends on third party transport and staff related expenses have been offset by CIP reductions in other non pay categories including a reduction in leasing costs.

Depreciation – Delay in the delivery of final batch of ambulances has resulted in an underspend. This expense will occur in Q2 onwards.

EBITDA- Actual EBITDA and margin are below plan due to increased non pay expenditure in Q1.

London Ambulance Service
Summary Financial Risk 2012/13 - Month 5

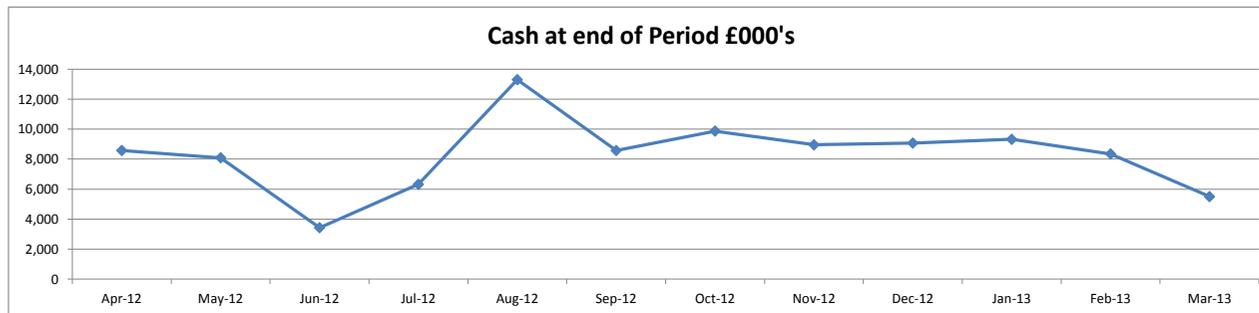
	Gross Risk				Net	Notes
	Value	Impact	Likelihood	Rating	Value	
	£000			£000	£000	
Income						
CQUIN	6,362	5	3	15	1,240	based on high risk items in commissioners report
Contract Penalty	10,179	5	3	15	0	Strong contract mitigation
Contract Non Recurrent Funds	2,400	3	4	12	600	based on unchanged hospital turnaround risk in relation to cluster performance, total £1.5m at risk current est wort perf, £600k
QDJ Income	690	3	5	15	690	Additional Support for QDJ accrued.
Olympics	1,000	3	3	9	1,000	Additional dedicated resources for 2012 Olympics accrued
Other Income	300	2	2	4	0	MPET - funds confirmed via email
Subtotal	20,931				3,530	
Expense						
CIP not achieved	12,498	5	3	15	312	2.5% of gross value
Overtime control	8,004	5	3	15	800	10% of gross value. Offset by Base Pay
Annual leave benefit accrual	1,200	3	2	6	150	monthly monitoring in place - residual risk based on current movement
Economic - Fuel/Rates	574	3	3	9	287	50% of gross value
Other Expense	1,333	3	3	9	333	0.5% of operating expense (gross). 25% assumed net.
Subtotal	23,609				1,882	
Other						
PTS profitability	163	3	4	12	0	
Impact of 111	6,362	5	2	10	0	1% of operating expense (gross). 0% assumed net
Unexpected events	0	2	2	4	0	
Subtotal	6,525				0	
TOTAL	51,065				5,412	

**London Ambulance Service
Summary Cashflow 2012/13 - Month 5**

* cash flow forecast arising from accounting forecast

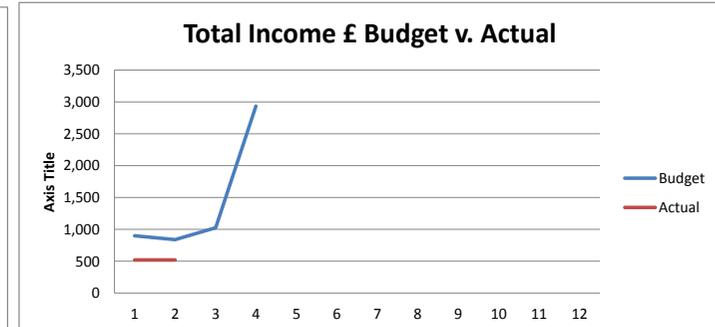
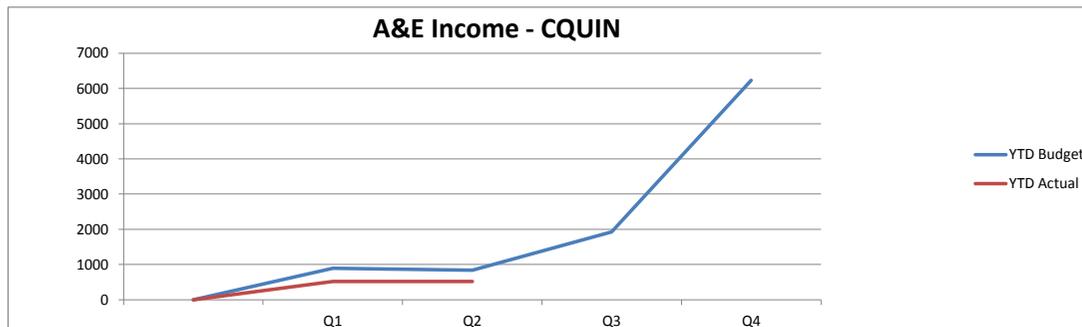
	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	Actual	Actual	Actual	Actual	Fcast							
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Opening Balance	5,250	8,578	8,091	3,429	6,323	13,298	8,575	9,874	8,955	9,071	9,319	8,347
Cash receipts												
PCTs	23,925	24,476	23,967	21,558	32,257	24,015	24,929	23,122	22,922	23,349	22,854	24,483
Other Income	393	408	627	716	290	472	422	345	427	345	427	349
PDC Drawdown	0	0	0	0	0	0	0	0	0	0	0	0
Capital Receipts	0	0	0	0	0	0	0	0	0	0	0	0
Interest Received	3	4	3	21	4	7	7	7	6	5	5	5
VAT	229	464	294	412	200	250	250	250	250	250	250	250
Repaid Investments	0	0	0	0	0	0	0	0	0	0	0	0
Other Receipts	0	0	0	0	0	0	0	0	0	0	0	0
Total receipts	24,550	25,352	24,891	22,707	32,751	24,744	25,608	23,724	23,605	23,949	23,536	25,087
Cash Payments												
Payroll	(10,251)	(9,988)	(10,988)	(10,360)	(10,226)	(10,222)	(10,004)	(9,691)	(9,672)	(9,527)	(9,405)	(9,411)
PAYE/NIC	(5,745)	(7,180)	(7,335)	(7,272)	(7,700)	(7,682)	(7,317)	(7,215)	(7,215)	(7,200)	(7,191)	(7,037)
Suppliers	(2,303)	(5,944)	(8,359)	(2,055)	(7,589)	(7,015)	(6,576)	(6,434)	(6,170)	(6,521)	(6,890)	(7,331)
Capital Expenditure	(2,880)	(2,674)	(2,834)	(100)	(229)	(1,889)	(385)	(1,276)	(404)	(426)	(995)	(1,559)
Interest Payable	(43)	(53)	(37)	(26)	(28)	(28)	(27)	(27)	(28)	(27)	(27)	(20)
PDC dividends	0	0	0	0	0	(2,009)	0	0	0	0	0	(1,958)
Loan repayment	0	0	0	0	0	(622)	0	0	0	0	0	(622)
Investments	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	(4)	0	0	0	0	0	0	4
Total Payments	(21,222)	(25,839)	(29,553)	(19,813)	(25,776)	(29,467)	(24,309)	(24,643)	(23,489)	(23,701)	(24,508)	(27,934)
Net Inflows/(Outflows)	3,328	(487)	(4,662)	2,894	6,975	(4,723)	1,299	(919)	116	248	(972)	(2,847)
Closing Balance	8,578	8,091	3,429	6,323	13,298	8,575	9,874	8,955	9,071	9,319	8,347	5,500
Revenue Reconciliation												
Cashflow from Operating Activities	6,353	2,233	(1,735)	2,385	7,248	(158)	1,773	401	567	724	68	1,330
Cashflow from Investing Activities	(2,852)	(2,699)	(2,844)	531	(253)	(3,924)	(411)	(1,301)	(431)	(452)	(1,020)	(3,535)
Cashflow from Financing Activities	(173)	(21)	(83)	(22)	(20)	(641)	(63)	(19)	(20)	(24)	(20)	(642)
Net Inflow/outflow	3,328	(487)	(4,662)	2,894	6,975	(4,723)	1,299	(919)	116	248	(972)	(2,847)

Cash at beginning of Period	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	5,250	8,578	8,091	3,429	6,323	13,298	8,575	9,874	8,955	9,071	9,319	8,347
Cash at end of Period	8,578	8,091	3,429	6,323	13,298	8,575	9,874	8,955	9,071	9,319	8,347	5,500



**London Ambulance Service
Summary Income 2012/13 - Month 5**

Month 5 - August 2012				Qtr1				Description	Year to Date				FY 2012/13				% Act	
Budg	Act	Var	%	Fcast	Plan	Var	%		Budg	Act	Var	%	Budg	Fcast	Var	%		
£000	£000	£000		£000	£000	£000		£000	£000	£000		£000	£000	£000				
20,082	20,390	308	-1.5%	61,933	62,306	(373)	-0.6%	BI01	Emergency & Urgent Care (PCT)									
									Base	103,921	104,225	304	-0.3%	248,106	248,152	46	0.0%	85.9%
837	527	(310)	58.8%	898	523	375	71.7%		CQUIN*	837	527	(310)	58.8%	6,202	4,961	(1,241)	25.0%	2.1%
20,919	20,917	(2)	0.0%	62,831	62,829	2	0.0%		Subtotal (PCT)	104,758	104,752	(6)	0.0%	254,308	253,113	(1,195)	0.5%	88.0%
									Specialised Services									
631	642	11	-1.7%	1,892	1,927	(35)	-1.8%	BI02	CBRN	3,154	3,211	57	-1.8%	7,570	7,706	136	-1.8%	2.6%
591	604	13	-2.2%	1,782	1,825	(43)	-2.4%	BI04	HART	2,954	3,018	64	-2.1%	7,090	7,243	153	-2.1%	2.5%
44	44	0	0.0%	58	58	0	0.0%		MERIT	58	58	0	0.0%	350	350	0	0.0%	0.1%
1,266	1,290	24	-1.9%	3,732	3,810	(78)	-2.0%		Subtotal	6,166	6,287	121	-1.9%	15,010	15,299	289	-1.9%	5.2%
									Commercial									
546	536	(10)	1.9%	1,621	1,672	(51)	-3.1%	BI08	PTS	2,711	2,773	62	-2.2%	6,502	6,491	(11)	0.2%	2.3%
71	74	3	-4.1%	200	189	11	5.8%	BI09	BETS/SCBU	342	347	5	-1.4%	836	825	(11)	1.3%	0.3%
55	60	5	-8.3%	166	166	0	0.0%	BI15	BAA	276	281	5	-1.8%	663	674	11	-1.6%	0.2%
86	12	(74)	616.7%	259	197	62	31.5%	BI14	Stadia	432	271	(161)	59.4%	1,036	875	(161)	18.4%	0.4%
3	(3)	(6)		13	4	9	225.0%	BI16	Training	21	2	(19)	950.0%	45	4	(41)	1025.0%	0.0%
15	26	11	-42.3%	45	10	35	350.0%	BI10	Other Commercial	75	58	(17)	29.3%	181	136	(45)	33.1%	0.1%
776	705	(71)	10.1%	2,304	2,238	66	2.9%		Subtotal	3,857	3,732	(125)	3.3%	9,263	9,005	(258)	2.9%	3.2%
									Info. Services & Research									
92	92	0	0.0%	277	277	0	0.0%	BI06	EBS	462	462	0	0.0%	1,109	1,109	0	0.0%	0.4%
25	16	(9)	56.3%	34	31	3	9.7%	BI07	Research	70	38	(32)	84.2%	168	91	(77)	84.6%	0.1%
117	108	(9)	8.3%	311	308	3	1.0%		Subtotal	532	500	(32)	6.4%	1,277	1,200	(77)	6.4%	0.4%
									Other									
60	47	(13)	27.7%	230	380	(150)	-39.5%	BI03	RTA	340	575	235	-40.9%	835	1,381	546	-39.5%	0.3%
35	39	4	-10.3%	106	106	0	0.0%	BI11	MPET	177	183	6	-3.3%	424	440	16	-3.6%	0.1%
1,322	2,473	1,151	-46.5%	1,494	1,627	(133)	-8.2%	BI13	Olympics 2012	4,511	5,958	1,447	-24.3%	6,851	8,034	1,183	-14.7%	2.4%
52	(17)	(68)	-410.8%	428	852	(424)	-49.8%	BI05	Other	557	1,074	517	-48.1%	996	1,576	580	-36.8%	0.3%
1,469	2,542	1,074	-42.2%	2,258	2,965	(707)	-23.8%		Subtotal	5,585	7,790	2,205	-28.3%	9,106	11,431	2,325	-20.3%	3.2%
24,547	25,562	1,016	-4.0%	71,436	72,150	(714)	-1.0%		TOTAL	120,898	123,061	2,163	-1.8%	288,964	290,048	1,084	-0.4%	100.0%



*CQUIN The Trusts CQUIN Income risk is disclosed excluding the £1.5 million risk reserve held within the Trusts expenditure reserves. Current high risk forecast (1236K) is within the available risk reserve therefore is forecast to not impact on the Trusts overall position. High and Medium risk CQUINs now total £3.1 million which is outside available reserves.

**London Ambulance Service
Summary Expense 2012/13 - Month 5**

Month 5 - August 2012				Qtr1				Year to Date				FY 2012/13				FY 2011/12				
Budg	Act	Var	%	Budg	Fcast	Var	%	Budg	Act	Var	%	Budg	Fcast	Var	%	Act	Budg	Act		
£000	£000	£000		£000	£000	£000		£000	£000	£000		£000	£000	£000			£000	£000		
10,450	10,141	309	3.0%	30,601	30,474	127	0.4%	BP01		51,375	50,624	751	1.5%	123,371	122,252	1,119	0.9%	43.2%	127,653	123,862
869	2,197	(1,328)	-60.4%	3,057	4,374	(1,317)	-30.1%	BP02/BP09		4,814	8,488	(3,674)		9,276	16,318	(7,042)	-43.2%	3.2%	4,957	10,480
11,319	12,338	(1,019)	-8.3%	33,658	34,848	(1,190)	-3.4%	Subtotal		56,189	59,112	(2,923)	-4.9%	132,647	138,570	(5,923)	-4.3%	46.4%	132,610	134,342
1,672	1,259	413	32.8%	3,697	3,624	73	2.0%	BP04	A&E Mgt	6,871	6,203	668	10.8%	15,382	14,950	432	2.9%	5.4%	14,115	14,474
1,118	1,006	112	11.1%	3,016	2,925	91	3.1%	BP05	EOC	5,211	4,885	326	6.7%	12,271	11,486	785	6.8%	4.3%	12,053	11,461
314	274	40	14.6%	1,036	976	60	6.1%	BP06	Operational Support	1,584	1,425	159	11.2%	3,728	3,444	284	8.2%	1.3%	4,210	3,748
399	486	(88)	-18.0%	795	802	(7)	-0.9%		HART/EPU	1,990	2,169	(179)	-8.3%	4,831	5,047	(216)	-4.3%	1.7%	4,508	4,685
352	319	33	10.3%	1,104	1,026	78	7.6%	BP07	PTS	1,807	1,674	133	7.9%	4,276	4,186	90	2.2%	1.5%	4,611	4,438
2,578	2,246	332	14.8%	7,740	7,075	665	9.4%	BP08	Support Services	12,942	11,726	1,216	10.4%	30,959	28,233	2,726	9.7%	10.8%	30,285	28,324
46	59	(13)	-22.0%	141	539	(398)	-73.8%	BP09	Other Overtime	240	703	(463)	-65.9%	533	1,788	(1,255)	-70.2%	0.2%	381	1,686
27	54	(27)	-50.0%	253	635	(382)	-60.2%	BP10	Agency	306	782	(476)	-60.9%	493	1,634	(1,141)	-69.8%	0.2%	250	2,147
17,825	18,041	(217)	-1.2%	51,440	52,450	(1,010)	-1.9%	Total Payroll		87,140	88,679	(1,539)	-1.7%	205,120	209,338	(4,218)	-2.0%	71.8%	203,023	205,305
790	1,196	(406)	-33.9%	1,588	1,808	(220)	-12.2%	BN01	Staff related	3,197	3,724	(527)	-14.2%	6,348	7,181	(833)	-11.6%	2.2%	5,956	7,105
542	567	(25)	-4.4%	2,325	1,979	346	17.5%	BN02	Med equip, Csmbls & drugs	3,650	2,842	808	28.4%	6,864	5,646	1,218	21.6%	2.4%	5,964	5,715
302	357	(55)	-15.4%	798	674	124	18.4%	BN03	Vehicle leasing	1,404	1,288	116	9.0%	3,636	2,800	836	29.9%	1.3%	1,480	2,470
478	526	(48)	-9.1%	1,439	1,556	(117)	-7.5%	BN04	Fuel & Oil	2,396	2,558	(162)	-6.3%	5,743	6,125	(382)	-6.2%	2.0%	5,949	6,156
149	115	34	29.3%	279	209	70	33.8%		HART/EPU	712	566	146	25.9%	1,727	1,330	397	29.9%	0.6%		
548	777	(229)	-29.5%	1,727	1,833	(106)	-5.8%	BN05	Vehicle Maintenance	2,821	3,389	(568)	-16.8%	7,622	7,847	(225)	-2.9%	2.7%	7,609	7,392
237	460	(223)	-48.5%	479	299	180	60.2%	BN07	Vehicle Insurance	964	173	791	457.2%	2,138	848	1,290	152.1%	0.7%	1,623	1,880
251	614	(363)	-59.1%	207	948	(741)	-78.2%	BN08	3rd Party transport	597	2,285	(1,688)	-73.9%	1,130	3,014	(1,884)	-62.5%	0.4%	585	1,233
963	1,164	(201)	-17.3%	3,275	3,215	60	1.9%	BN09	Accommodation & Estates	5,743	5,626	117	2.1%	13,188	12,252	936	7.6%	4.6%	12,934	12,713
780	495	285	57.6%	2,282	2,109	173	8.2%	BN10	IT & Telecoms	3,843	3,523	320	9.1%	8,755	8,921	(166)	-1.9%	3.1%	7,918	7,474
78	56	22	39.3%	503	(398)	901	-226.4%	BN11	Finance & legal	(80)	437	(517)	-118.3%	1,768	1,892	(124)	-6.6%	0.6%	4,545	2,446
37	(10)	47	-470.0%	105	167	(62)	-37.1%	BN12	Consultancy	172	166	6	3.6%	355	534	(179)	-33.5%	0.1%	672	863
115	(50)	165	-330.0%	666	641	25	3.9%	BN13	Other Non Pay	918	923	(5)	-0.5%	2,823	2,479	344	13.9%	1.0%	1,887	2,312
5,270	6,267	(997)	-15.9%	15,673	15,040	633	4.2%	Subtotal		26,337	27,500	(1,163)	-4.2%	62,097	60,869	1,228	2.0%	21.7%	57,122	57,759
(623)	188	(810)	-431.7%	614	516	98	19.1%	BD03	Depreciation											
1,487	680	808	118.8%	1,756	1,756	0	0.0%	BD01	Other	(1,945)	923	(2,868)	-310.8%	(1,625)	2,046	(3,671)	-179.4%	-0.6%	6,659	5,173
168	249	(82)	-32.7%	0	480	(480)	-100.0%	BD02	Fleet	6,423	3,312	3,111	93.9%	11,168	7,821	3,348	42.8%	3.9%	3,528	1,760
1,032	1,117	(84)	-7.5%	2,370	2,751	(381)	-13.9%	Subtotal	IT	657	730	(73)	-9.9%	4,382	2,001	2,381	119.0%	1.5%	4,497	4,497
326	326	0	0.0%	979	979	0	0.0%	BF01	Financial	1,631	1,631	0	0.0%	3,915	3,915	0	0.0%	1.4%	3,832	3,884
68	38	30	78.9%	203	149	54	36.2%	BF02	PDC dividend	338	226	112	49.6%	812	525	287	54.7%	0.3%	1,580	578
394	364	30	8.2%	1,182	1,128	54	4.8%	Subtotal	Interest	1,969	1,857	112	6.0%	4,727	4,440	287	6.5%	1.7%	5,412	4,462
24,521	25,789	(1,268)	-4.9%	70,665	71,369	(704)	-1.0%	TOTAL		120,581	123,000	(2,419)	-2.0%	285,869	286,514	(645)	-0.2%	100.0%	280,241	278,956

Commentary (items over 50k only)

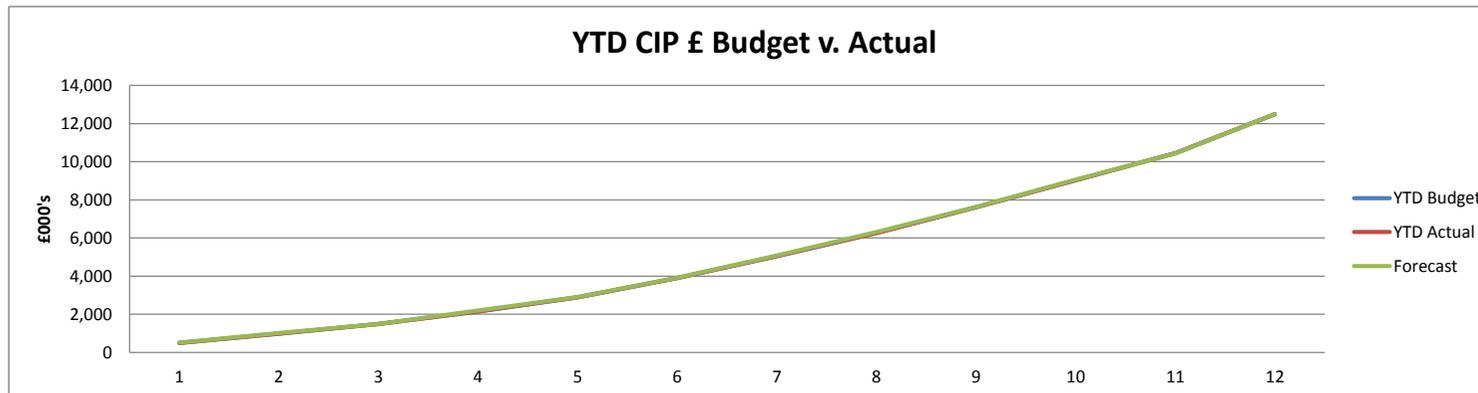
Crew staff - base - Vacancies higher than budgeted. However, this is partially offset by Overtime in order to maintain produced hours for frontline staff.
Crew staff - overtime is above projections. The overtime has been increased to help manage increase Cat A demand. In addition to covering the Queens Jubilee Celebrations. Additional income of c£690k is included in the year to date position to cover the Queens Jubilee Expenditure only.
Support Services - Due to a number of vacancies in Corporate Areas, which will be reviewed by the support services review panel before recruitment commences.
Other overtime - EOC overtime higher than expected due to double time paid at weekends.
Agency - Higher than anticipated Agency usage due to unfilled vacancies in corporate support areas.
Staff related - Uniform protective clothing purchases higher than expected
Fuel & Oil - Fuel consumption continues to increase in line with demand.
Vehicle Maintenance - Higher than anticipated Maintenance Costs.
Vehicle Insurance - Actual claims significantly lower than Estimate based on 2011-12 outturn. This is underinvestigation.
3rd Party transport - Due to demand pressures, greater usage of 3rd Party has been hired. £200k expenditure relates to the Queens Jubilee weekend.
Accommodation & Estates - Make Ready credit from 11/12 £70k and lower than anticipated Utility Costs.
IT & Telecoms - Lower than anticipated Computer Software and Maintenance charges.
Finance & legal - year to date adjustment relates to a reversing credit for lease items. The forecast year end position reflects increased spending on staff injury benefit.
Consultancy - Cost of FT work completed by KPMG
Other Non Pay - CQUIN reserve adjustment to reflect current high risk projects.
Depreciation - Lower than anticipated year to date. Forecast to break even at year end.

**London Ambulance Service
Summary Cost Improvement Programme 2012/13 - Month 5**

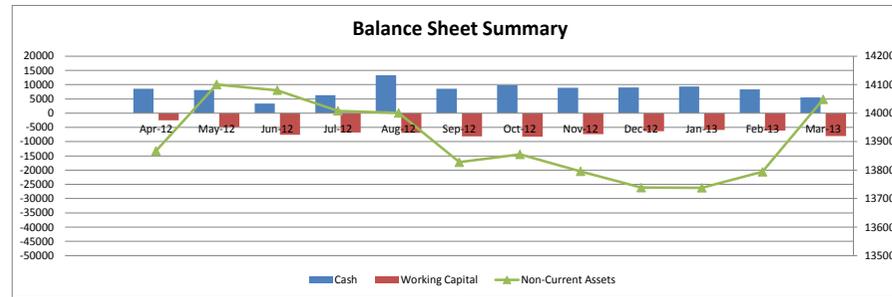
Month 5 - August 2012				Description	Year to Date				FY 2012/13				%
Budg	Act	Var	%		Budg	Act	Var	%	Budg	Fcast	Var	%	Act
£000	£000	£000			£000	£000	£000		£000	£000	£000		
				Operational Pay									
335	442	107	132.0%	Process Mgt	1,340	1,769	429	132.0%	3,821	4,125	304	108.0%	30.6%
97	(11)	(107)	-10.9%	Resource Mgt	387	(42)	(429)	-1020.3%	1,579	1,276	(303)	80.8%	12.6%
65	0	(65)	0.0%	Other	260	0	(260)		739	114	(625)	15.4%	5.9%
497	432	(65)	86.9%	Subtotal	1,987	1,727	(261)	15.1%	6,139	5,515	(624)	89.8%	49.1%
				Support Service Pay									
193	49	(144)	25.5%	Support Service staffing	774	197	(577)	292.7%	2,089	2,081	(8)	99.6%	16.7%
193	49	(144)	25.5%	Subtotal	774	197	(577)	292.7%	2,089	2,081	(8)	99.6%	16.7%
				Non Pay									
25	25	0	100.7%	Estates	99	100	1	-0.7%	163	163	0	100.0%	1.3%
362	571	209	157.8%	Other Non Pay	1,448	2,285	837	-36.6%	4,107	4,739	632	115.4%	32.9%
387	596	209	154.2%	Subtotal	1,547	2,385	838	-35.1%	4,270	4,902	632	114.8%	34.2%
1,077	1,077	0	100.0%	TOTAL	4,308	4,308	1	0.0%	12,498	12,498	(0)	100.0%	100.0%

Commentary

<i>Process Mgt</i>	Higher than planned to offset delays in Resource Mgt and Other programme
<i>Resource Mgt</i>	Control CIP under achieved due to increased overtime use as a result of the implementation of Command Point
<i>Other Op Pay</i>	Revised rest break policy has not been issued or implemented, impacting on subsistence payments
<i>Support Service staffing</i>	Support Services Pay is under review regarding mix of post reduction and vacancy management.
<i>Other Non Pay</i>	Annual Leave calculation highlights no reduction in Annual Leave accrual. Offset by over achievement in other non pay CIP programs



**London Ambulance Service
Summary Balance Sheet 2012/13 - Month 5**



	Monthly Performance												Mar-13			
	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Plan	Var	%
	Act	Act	Act	Act	Act	Fcast										
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000			
Non Current Assets																
Property, Plant & Equip	123,055	122,755	124,239	123,955	123,215	123,148	121,417	121,694	121,099	120,526	120,522	121,082	123,626	119,940	(3,686)	-3.07%
Intangible Assets	15,033	14,964	14,941	14,918	14,918	14,918	14,918	14,918	14,918	14,918	14,918	14,918	14,918	14,964	46	0.31%
Trade & Other Receivables	1,770	956	1,829	1,934	1,950	1,942	1,942	1,942	1,942	1,942	1,942	1,942	1,942	956	(986)	-103.14%
Subtotal	139,858	138,675	141,009	140,807	140,083	140,008	138,277	138,554	137,959	137,386	137,382	137,942	140,486	135,860	(4,626)	-105.90%
Current Assets																
Inventories	2,812	3,044	3,047	3,137	3,022	3,319	3,319	3,319	3,319	3,319	3,319	3,319	3,319	3,044	(275)	-9.03%
Trade & Other Receivables	11,940	18,989	16,621	14,589	22,088	14,911	12,628	10,771	10,434	10,125	9,864	9,514	9,795	14,263	4,468	31.33%
Cash & cash equivalents	5,250	8,578	8,091	3,429	6,323	13,298	8,575	9,874	8,955	9,071	9,319	8,347	5,500	5,500	0	0.00%
Total Current Assets	20,002	30,611	27,759	21,155	31,433	31,528	24,522	23,964	22,708	22,515	22,502	21,180	18,614	22,807	4,193	22.29%
Total Assets	159,860	169,286	168,768	161,962	171,516	171,536	162,799	162,518	160,667	159,901	159,884	159,122	159,100	158,667	(433)	-0.27%
Current Liabilities																
Trade and Other Payables	(21,364)	(30,779)	(30,327)	(26,494)	(36,007)	(36,219)	(31,098)	(30,762)	(28,621)	(27,419)	(26,996)	(25,940)	(25,081)	(24,516)	565	-2.30%
Provisions	0	0	0	0	0	0	0	0	0	0	0	0	0	(1,150)	(1,150)	
Borrowings	(1,268)	(1,095)	(1,074)	(967)	(945)	(925)	(906)	(843)	(824)	(804)	(780)	(760)	(322)	(453)	(131)	28.92%
Working Capital Loan - DH	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Capital Investment Loan - DH	(1,244)	(1,244)	(1,244)	(1,244)	(1,244)	(1,244)	(622)	(622)	(622)	(622)	(622)	(622)	(1,244)	(1,244)	0	0.00%
Net Current Liabilities	(23,876)	(33,118)	(32,645)	(28,705)	(38,196)	(38,388)	(32,626)	(32,227)	(30,067)	(28,845)	(28,398)	(27,322)	(26,647)	(27,363)	(716)	-2.30%
Non Current Assets plus/less net current assets/Liabilities	135,984	136,168	136,123	133,257	133,320	133,148	130,173	130,291	130,600	131,056	131,486	131,800	132,453	(4,556)	3,477	19.99%
Non Current Liabilities																
Trade and Other Payables	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Provisions	(9,154)	(9,256)	(9,133)	(9,210)	(9,210)	(9,262)	(9,166)	(9,094)	(9,154)	(9,215)	(9,142)	(9,203)	(9,263)	(8,221)	1,042	-12.67%
Borrowings	(6,130)	(6,130)	(6,130)	(3,124)	(3,124)	(3,124)	(223)	(223)	(223)	(223)	(223)	(223)	(641)	(534)	107	-20.04%
Working Capital Loan - DH	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Capital Investment Loan - DH	(5,587)	(5,587)	(5,587)	(5,587)	(5,587)	(5,587)	(5,587)	(5,587)	(5,587)	(5,587)	(5,587)	(5,587)	(4,343)	(4,343)	0	0.00%
Total Non Current Liabilities	(20,871)	(20,973)	(20,850)	(17,921)	(17,921)	(17,973)	(14,976)	(14,904)	(14,964)	(15,025)	(14,952)	(15,013)	(14,247)	(13,098)	1,149	0.00%
Total Assets Employed	115,113	115,195	115,273	115,336	115,399	115,175	115,197	115,387	115,636	116,031	116,534	116,787	118,206	118,206	0	-85.92%
Financed by Taxpayers Equity																
Public Dividend Capital	62,516	62,516	62,516	62,516	62,516	62,516	62,516	62,516	62,516	62,516	62,516	62,516	62,516	62,516	0	0.00%
Retained Earnings	19,304	19,386	19,464	19,527	19,590	19,366	19,388	19,578	19,827	20,222	20,725	20,978	22,397	22,397	0	0.00%
Revaluation Reserve	33,712	33,712	33,712	33,712	33,712	33,712	33,712	33,712	33,712	33,712	33,712	33,712	33,712	33,712	0	0.00%
Other Reserves	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	0	0.00%
Total Taxpayers Equity	115,113	115,195	115,273	115,336	115,399	115,175	115,197	115,387	115,636	116,031	116,534	116,787	118,206	118,206	0	0.00%
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Budgeted																
Current Assets		30,612	30,172	27,772	27,193	27,065	23,384	23,686	24,344	24,315	25,294	26,601	22,807	22,807		
Current liabilities		(33,348)	(33,430)	(34,298)	(32,688)	(31,823)	(30,441)	(30,866)	(30,852)	(29,614)	(29,836)	(30,213)	(27,363)	(27,363)		
Net Current Assets less Current Liabilities		(2,736)	(3,258)	(6,526)	(5,495)	(4,758)	(7,057)	(7,180)	(6,508)	(5,299)	(4,542)	(3,612)	(4,556)	(4,556)		
Total Assets Employed		115,193	115,272	115,321	115,380	115,462	115,629	115,814	116,058	116,447	116,945	117,494	118,206	118,206		
Cash Balance		8,578	8,168	8,016	7,611	7,819	4,321	4,984	5,976	6,251	7,499	9,126	5,500	5,500		

**London Ambulance Service
Summary Capital 2012/13 - Month 5**

Month 5 - August 2012				Description	Year to Date				FY 2012/13				%
Budg	Act	Var	%		Budg	Act	Var	%	Budg	Fcast	Var	%	Act
£000	£000	£000			£000	£000	£000		£000	£000	£000		
				Clinical Equipment									
50	0	50	100.0%	LP 15	250	0	250	100.0%	1,048	1,144	(96)	-9.2%	8.5%
0	40	(40)	0.0%	Other Clinical Equipment	0	46	(46)	0.0%	0	46	(46)	0.0%	0.0%
50	40	10	100%	Subtotal	250	46	204	100%	1,048	1,190	(142)	-9%	8%
				Fleet									
0	1,127	(1,127)	0.0%	DCA	2,957	5,686	(2,729)	-92.3%	4,352	7,006	(2,654)	-61.0%	35.1%
0	(357)	357	0.0%	FRU	1,048	(223)	1,271	121.3%	2,747	554	2,193	79.8%	22.2%
0	0	0	0.0%	PTS	27	0	27	100.0%	500	500	0	0.0%	4.0%
0	0	0	0.0%	Other Fleet	916	(1)	917	100.1%	1,091	817	274	25.1%	8.8%
0	770	(770)	0%	Subtotal	4,948	5,462	(514)	229%	8,690	8,877	(187)	44%	70%
				Estates									
0	0	0	0.0%	New	0	13	(13)	0.0%	1,997	2,010	(13)	-0.7%	16.1%
0	11	(11)	0.0%	Refurb	480	320	160	33.3%	480	445	35	7.3%	3.9%
50	0	50	100.0%	Other	120	20	100	83.3%	468	370	98	20.9%	3.8%
50	11	39	100%	Subtotal	600	353	247	117%	2,945	2,825	120	28%	24%
				IM&T									
438	10	428	97.7%	Hardware	592	107	485	81.9%	1,545	1,288	257	16.6%	12.5%
17	216	(199)	0.0%	Software	140	172	(32)	-22.9%	500	548	(48)	-9.6%	4.0%
455	226	229	98%	Subtotal	732	279	453	59%	2,045	1,836	209	7%	16%
555	1,047	(492)	98%	Gross Capital Expenditure	6,530	6,140	390	59%	14,728	14,728	0	7%	16%
				Disposals									
0	0	0	0.0%	Estates	0	0	0	0.0%	0	0	0	0.0%	0.0%
0	0	0	0.0%	Fleet	(1,198)	(1,198)	0	0.0%	(2,328)	(2,328)	0	0.0%	-18.8%
0	0	0	0%	Subtotal	(1,198)	(1,198)	0	0%	(2,328)	(2,328)	0	0%	-19%
555	1,047	(492)	0%	Net Capital Expenditure	5,332	4,942	390	0%	12,400	12,400	0	0%	-19%

Commentary

LP 15 Purchase delayed awaiting outcome of Ambulance and FRU procurement strategy

Fleet

DCA Overspend due to the purchase of 22 DCAs originally planned to be leased. After a financial lease vs buy analysis, it was felt that the Trust would get better value for money through purchasing.

FRU Underspent as the decision has now been made to lease the FRUs rather than purchase.

This underspend will therefore offset the DCA purchase, following a financial lease vs buy analysis.

Other Fleet This category is made up of the DSO, ESV and ECV projects. ESV and ECV conversion slots slipped to priorities DCAs.

IM&T

Software The IM&T capital replacement programme has slipped into Q3 & Q4 of 2012-13.



LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 26 JUNE 2012

PAPER FOR NOTING

Document Title:	Workforce Report
Report Author(s):	Caron Hitchen
Lead Director:	Caron Hitchen
Contact Details:	caronhitchen@lond-amb.nhs.uk
Why is this coming to the Trust Board?	This is a regular report to the Trust Board detailing key workforce indicators providing assurance to the Board on workforce issues.
This paper has been previously presented to:	<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
Recommendation for the Trust Board:	To receive the report
Key issues and risks arising from this paper	
Sickness absence will continue to be monitored closely and managed robustly to maintain satisfactory levels.	
Executive Summary	
Key headlines from the Workforce report are:	
<u>Sickness absence</u>	
Year to date sickness absence level is 5.48% as at July, which remains just within target (5.5%). However sickness absence levels for the month of July itself are reported at 5.69% which gives some cause for concern.	
<u>Vacancies and Turnover</u>	
As at 31 st August frontline staffing showed a vacancy level of 124wte. Recruitment is on track to fill these vacancies with over 100 university graduates, direct entry of up to 80 Apprentice Paramedics and progression of 29 A&E Support staff to Apprentice Paramedic.	
Turnover remains within normal range.	
<u>PDR completion for 12/13</u>	
The report shows good results within Support Service Directorates with reporting commencing in October for A&E Operational Areas.	
<u>Health and Safety Incidents</u>	
The report continues to show a downward trend in all reported incidents. Whilst this can be regarded as a positive, the Corporate Health and Safety Group have instigated	

an awareness raising exercise to ensure staff are encouraged to report incidents that do occur. We continue to encourage reporting to the police of any incidents of violence and have seen successful prosecutions as a result.

Employee relations

The report indicates continued high levels of “case management” of attendance cases together with a consistent level of non clinical disciplinary cases. Nothing to report by exception.

Change of Directorate title

In order to clearly and simply reflect the broad scope of responsibility of the Human Resources and Organisation Development directorate the title has been changed to the Workforce Directorate with the director title also being changed to Director of Workforce. This better reflects a directorate which supports the Trust in all aspects relating to its workforce.

Attachments

1. Workforce data report

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

HR Summary for Trust Board

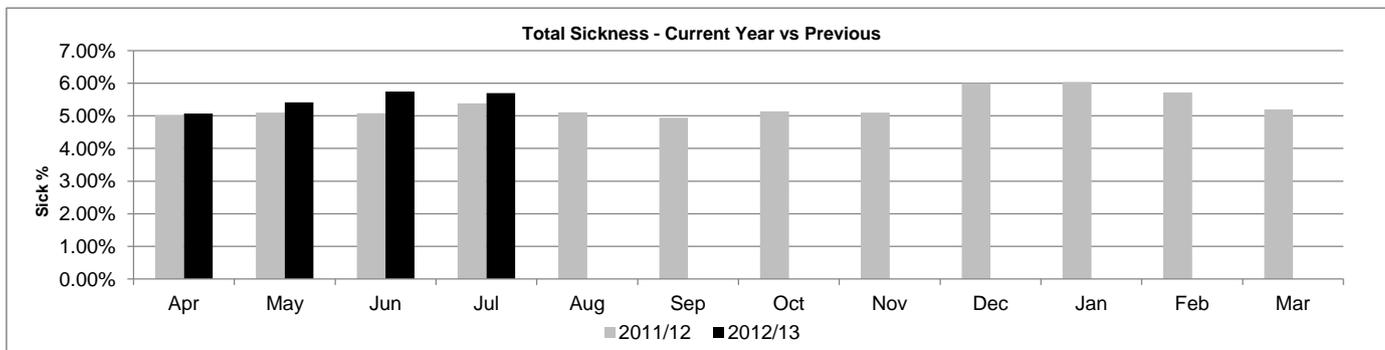
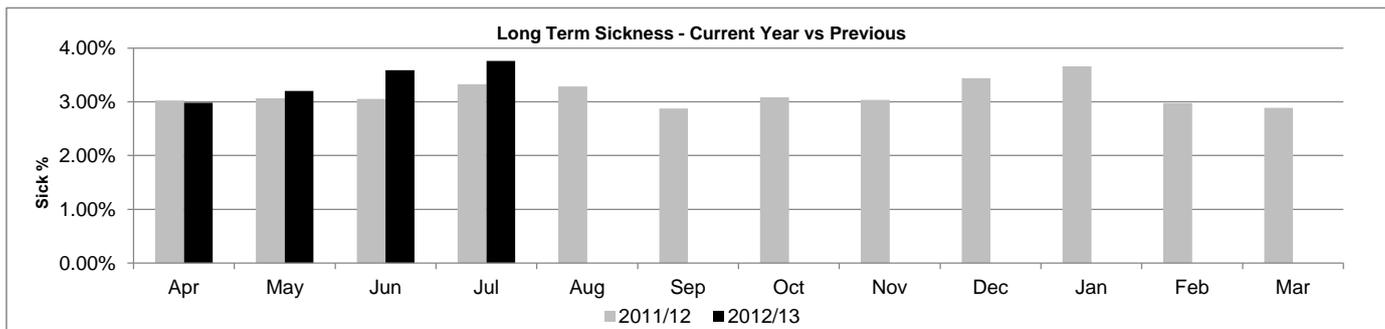
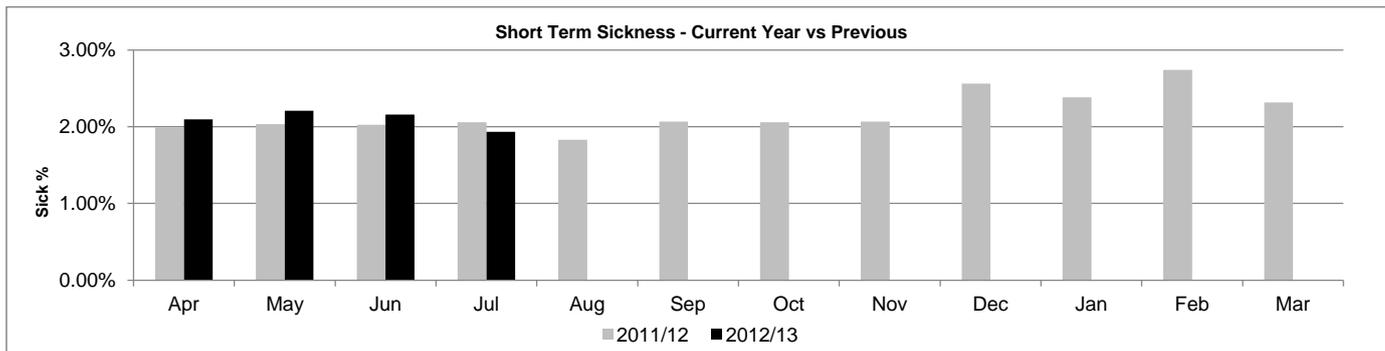
September 2012

Workforce Report

Reported month Jul-12

Trust Summary

Sickness Absence



Sickness 2011/12
YTD Sickness

5.32%
5.48%

Current WTE
Current Headcount

4447.15
4672.00

NB Secondments and Acting Up Included in Totals

Total Sickness
2011/12
2012/13

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011/12	5.01%	5.10%	5.08%	5.39%	5.11%	4.94%	5.14%	5.10%	6.00%	6.04%	5.71%	5.20%
2012/13	5.08%	5.41%	5.75%	5.69%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Unauthorised Absence
2011/12
2012/13

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2011/12	163.00	167.00	161.00	192.00	171.00	164.00	161.00	312.00	98.00	167.00	179.00	168.00
2012/13	148.00	137.00	144.00	156.00	126.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Narrative

Sickness
Sickness for the Trust as remained almost static June to July. Short term sickness fell and long term sickness rose by a similar amount. Sickness absence YTD for 12/13 stands at 5.48%, slightly above the year end figure for 11/12, but still meeting the 12/13 target of 5.5% 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 the Trust as a whole for August showed a marked fall. It should be noted that the attendance bonus was payable to frontline staff during this month. It should be noted that the attendance bonus was applicable during part of the month.

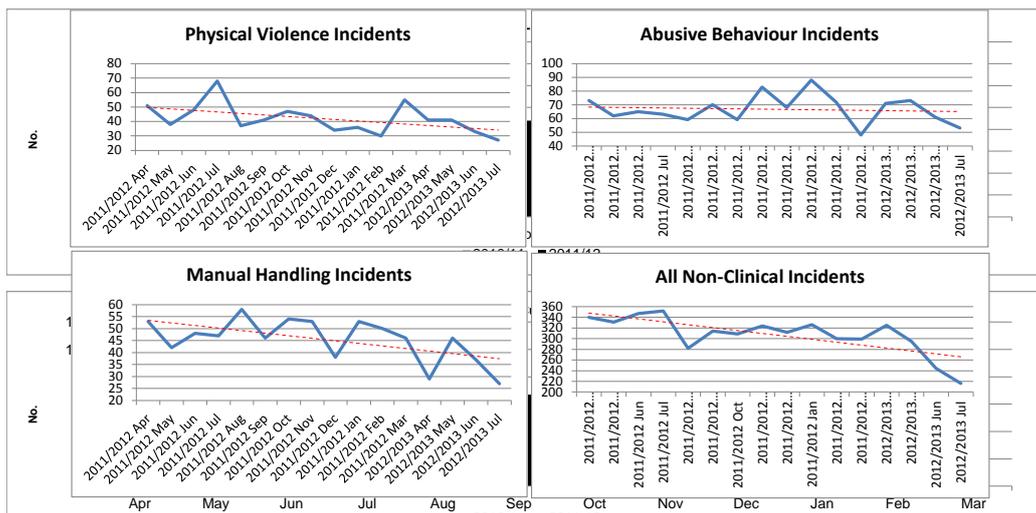
Workforce Report

Reported month

Jul-12

Trust Summary

Health & Safety Issues



Note - Due to the delay in receiving incidents, the majority of reported incidents within August have yet to arrive at Safety and Risk.

Reported Incident Levels

Non-clinical incidents has continued to decrease over the past three months; we now receive approximately 25 fewer incidents per month, meaning that the numbers have dropped by a third since a period of fairly steady reporting between September 2011 and April 2012.

Investigating the possible reasons for this fall has identified a possible correlation with the FRU availability statistic: There appears to be strong correlation between non-clinical incident reporting and FRU availability. For every 10% drop in FRU availability, approximately 5 fewer incidents are reported. We are investigating this trend further in order to identify possible causes and controls.

Manual Handling

The figure for reported manual handling incidents continues to remain lower than the figures for 2011/2012. The current figure shows that an average of 35 manual handling incidents occur per month in the LAS Trust, which equates to approximately 15 incidents per 100,000 hours worked. As with the general incident reporting figures the numbers of manual handling incidents occurring each month are in decline by 0.8 incidents per month.

Non Physical Abuse

The number of reported physical abuse varies within expected variation around an average of 65 incidents per month.

Physical Violence

The number of reported physical violence incidents has reduced, with approximately 1 fewer incident reported per month.

SIRS Reporting

The Health, Safety and Risk department continues to report incidents of physical violence, abusive behaviour and security incidents to NHS Protect via their SIRS (Security Incident Reporting System) Portal since January 2012. (Reporting to this portal became mandatory on the 1st April 2012). SIRS reporting continues with most incidents received being entered onto the database, with priority being given to high risk or severe-outcome incidents. The process will be facilitated following the upgrade of Datix to the latest version of the rich client, allowing the ability to enter all of the SIRS-specific data into the database.

NPSA Reporting

All Patient Safety incidents continue to be forwarded weekly to the NPSA via their online portal.

Since April 2012, the mean time between incident receipt at Safety and Risk and the NPSA being made aware of the incident is less than 25 days, this places us in the top 3 of all the ambulance trusts with regards to reporting compliance. We are also the most successful reporter to the NPSA, and report the lowest proportion of No Harm and Low severity incidents.

All patient safety incidents are assessed for their level of potential harm that the patient suffered as a result of our work. Incidents where the patient suffered severe injuries, negative treatment/care or death are forwarded to the Medical Directorate for their assessment and appraisal, prior to reporting to the NPSA.

Court Cases

A youth has pleaded guilty to biting a paramedic on the arm and punching him in the face and has been sent to a young offenders institution for 9 months.

The work with Croydon police to obtain an ASBO against a regular vexatious caller who abuses ambulance crews when they attend him has been interrupted by the Olympics but is being picked up again following the Olympic/Paralympic period. A further regular/vexatious caller who abuses crews when they attend him in the Camberwell/Stockwell area is being investigated by a multi agency team with the purpose of reducing his impact on local crews.

Airwaves Reporting Pilot

Pilot continues in City and Hackney, but levels of reporting remains low. Line manager Investigation report delays is being addressed and is showing an improvement. The Project group met with IM&T on 9th July to discuss reviewing the existing reporting format. A further meeting to discuss the re-launch of the pilot is planned for mid/late Sept about the inclusion of the Whips Cross within the pilot complex.

Carry Chair Transporter Pilot

The chair transporter pilot is now complete with the final report being reviewed prior to being forwarded to the ADG. The ADG are being invited to submit their recommendations to SMG.

Premises Inspections

The figures for Premises Inspection compliance are improving. In Q4 2011/12 only 48% of premises were inspected in accordance with the procedure, which increased to 58% in Q1 2012/2013. A further reminder will be sent to all premises managers to ensure that this figure rises further at the end of this month. Efforts to improve the compliance will be reported via the upcoming Corporate Health and Safety Group.

Health and Safety Audits

A program of audits is being rolled out to assist local management to identify potential H&S hazards. Several complexes have been visited to-date.

Workforce Report

Reported month Aug-12

Trust Summary

Vacancies & Turnover

	Funded WTE	Inpost WTE	Variance
Trust Total	4727.10	4414.29	-312.81
Directorate			
A&E Operations	3457.72	3273.21	-184.51
Chief Executive	16.60	15.20	-1.40
Control Services	462.75	406.70	-56.05
Corporate Services Directorate	36.76	33.27	-3.49
Finance & Business Planning Directorate	53.20	43.13	-10.07
Health Promotion & Quality	18.27	17.77	-0.50
Human Resources & Organisation Dev Directorate	178.22	180.31	+2.09
Information Management & Technology Directorate	87.48	78.68	-8.80
Medical Directorate	27.20	18.21	-8.99
Operational Support	134.43	115.21	-19.22
Patient Transport Service	142.21	142.23	+0.02
Trust Board	5.00	5.00	+0.00

	Est.	In Post	Var.
T/L Paramedic	197.65	190.83	-6.82
Paramedic	1252.15	1393.57	+141.42
Apprentice Paramedic	80.00	11.00	-69.00
Student Paramedic 1	0.00	0.00	+0.00
Student Paramedic 2	0.00	3.00	+3.00
Student Paramedic 3	345.00	210.84	-134.16
Student Paramedic 4	61.00	89.00	+28.00
EMT 1	18.61	18.61	+0.00
EMT 2-4	863.44	775.34	-88.10
A&E Support	333.53	331.29	-2.24
CTA	53.60	44.53	-9.07

Turnover

2011/12	7.1%	Apr-11 to Mar-12
2012/13	7.7%	12 Months up to Aug-12

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
No. Leavers (Headcount)												
2011/12	22.00	36.00	33.00	28.00	34.00	30.00	23.00	21.00	26.00	35.00	28.00	28.00
2012/13	34.00	34.00	50.00	27.00	31.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
No. Starters (Headcount)												
2011/12	6.00	7.00	7.00	21.00	7.00	32.00	50.00	8.00	15.00	4.00	6.00	3.00
2012/13	20.00	5.00	18.00	28.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

Workforce Report

Reported month

Aug-12

Trust Summary

Employee Relations Data

	Attendance	Grievances	Capabilities	Disciplinary (Clinical)	Disciplinary (Non Clinical)
Current Case Total	562 (558)	12 (12)	3 (3)	2 (2)	36 (33)

Current Employment Tribunal Cases	12 (11)	Current Suspensions	10 (7)
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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

One claim has been withdrawn; two new claims have been lodged.

PDR completions in 2012/13

Area / Directorate / Dept	No to be done	No done	% completed 12/13	% completed 11/12	Difference +/-
West*				38.8	
South*				6.9	
East*				33.1	
Sub total					
Control Services	553	175	31.6	74.3	-42.7
PTS	151	63	41.7	53.2	-11.5
IM&T	78	49	62.8	99	-36.2
Operational Support	117	85	72.8	66.3	6.5
Medical	25	25	100	100	0
Communications	12	12	100	94.1	5.9
Corporate Services	29	29	100	94.6	5.4
Strategic Development	6	5	83.3	N/A	N/A
HR & OD	137	134	97.8	100	-2.2
Finance and Business Planning incl Estates	35	34	97.1	82.4	14.7
Sub total	1152			76.5	
Total	1152			54	

As at 31 Aug

* Ops PDRs will be reported after the Olympics from October



LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 25 SEPTEMBER 2012

PAPER FOR NOTING

Document Title:	Chief Executive Report
Report Author(s):	Martin Flaherty
Lead Director:	N/A
Contact Details:	-
Why is this coming to the Trust Board?	To update the Board on key developments affecting the Trust
This paper has been previously presented to:	<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
Recommendation for the Trust Board:	That the Board note my report
Key issues and risks arising from this paper The risks associated with delivering the key priorities which are listed in the paper.	
Executive Summary This report outlines progress against the key priorities for the Service as at month 4 of the 2012/2013 financial year. It also updates on stakeholder engagement and PPI activities.	
Attachments GP News – Appendix 1	

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 25 SEPTEMBER 2012

CHIEF EXECUTIVE'S REPORT

1. SERVICE UPDATE

This first section of my report focuses on the key focus areas for the Trust Board during 2012/2103 which are; Delivery of a high quality service; leading transformation and influencing the delivery of healthcare in London. (see attached pyramid diagram).

- **Delivery of high quality and safe service**

We agreed that the Boards particular focus here during 2012/2103 would be on embedding CommandPoint into the service and successfully delivering care to our patients over the Queens Diamond Jubilee weekend and during the 2012 London Olympics and Paralympics.

CommandPoint has now been fully delivered and whilst there will always be further areas for development we will be bringing the official project to a formal closure in the next few weeks. The Board will be consulted on the point at which we formally withdraw the facility to fall-back to CTAK in due course.

At the last Board I advised that we had safely delivered the Queens Diamond Jubilee and I am delighted to inform the Board that we have now safely delivered the Olympic Games, the Notting Hill Carnival and the Paralympic Games. The level of service provided to both the Athletes, the Olympic family and the spectators has been outstanding and has been mirrored by an equally good service for the public of London throughout the period.

It is important that the Board formally recognises what the Trust has achieved here in delivering five years of comprehensive and very complex planning coupled with exemplary final delivery. We have on many days during the games deployed up to 450 staff from the Olympic Deployment Centre to some 16 venues. We have operated an extensive system of pre-planned mutual aid which has been highly successful and well received by staff from all around the country. The focus and planning around maintaining service delivery for the rest of London has also been exemplary and there some legacies here which we can take forward into day to day operations. The Trust has received recognition of a job well done from the SHA. our Commissioners and DH as well as Emergency Service partners and LOCOG. We should be justifiably proud of what has been achieved by our managers and staff and are planning a celebration event in November to formally express that thanks to a wide ranging group of representative staff from across the service.

With the above events behind us we turn to concentrating on the remainder of the year and the priorities here are clearly to maintain a high quality and safe service against a background of unrelenting demand increases and a need to deliver substantial training commitments with a constrained resource pool. More detail around these challenges is contained within the Chief Operating Officers report.

- **Lead transformation**

The Boards focus here needs to be dominated by the need to progress our Foundation Trust application. The Director of Corporate Services and I met with Alwen Williams who will head

up the London section of the Trust Development Authority (TDA) during last week to discuss taking our application forward. Responsibility for moving aspirant FT's through the pipeline will begin to transfer from the SHA to the TDA through the autumn and Alwen will have ultimate responsibility for getting us through to FT. It was a very positive and supportive meeting and has resulted in a revised Tripartite Formal Agreement (TFA) which the Board signed off during our teleconference on Monday 17th September.

Other priority areas for transformation are those relating to modernisation of working practices and work is ongoing to move this forward. The Board will have the opportunity to discuss these in more detail in part two of today's meeting.

- **Influence the delivery of healthcare in London** (*see stakeholder engagement section also*)

The LAS continues to be involved in discussions across London relating to proposals for hospital reconfigurations to ensure we can continue to deliver a high quality service to our emergency and urgent care patients in the future

We continue to try to better understand the causes of the relentless demand increases we are experiencing and will update the Board once again at the SRP meeting in October with regard to our latest findings. We are sharing this work with our commissioners and will work together to develop joint strategies to attempt to control some of the incoming demand as best we can.

In a meeting with Anne Rainsberry this week it became clear that the commissioning arrangements going forward are under review and it is not yet clear precisely how we will be commissioned in the future. It has however been confirmed that NWL Commissioning Support Service (CSS) will host the lead commissioning arrangements for LAS for 2013/14 and we are arranging to meet with key personnel within the CCS in the next few weeks to begin to build solid working relationships.

Finally we have invited Simon Weldon our current lead Commissioner to attend the October SRP and brief the Board on the changing commissioner landscape both in London and nationally and also on the specific arrangements which will apply to the LAS going forward.

2. KEY PRIORITIES 2012/2013 – MONTH 4 UPDATE

At the end of the last financial year, the Board agreed its key priorities for 2012/2013 and we split our approach and focus in three ways –i) Board priority areas, as outlined in the first part of my report, ii) SMG objectives and finally iii) Business as Usual (BAU) activities. The attached pyramid diagram was used to illustrate this. The first section of my report updates the Board as to where we are against the key focus areas at month 4.

- **SMG Objectives**

As agreed with the Board before the new financial year started, the SMG agreed a smaller number of priorities for 2012/2013. Eleven in all and these are attached to the back of the pyramid diagram as a reminder. Current progress shows that all are on track to be delivered by the end of the financial year, however there remain some risks with

the specific components of the workforce modernisation objective; with improving waiting times for Category C patients (Category A workload dependent); and delivering the levels of hear and treat and see and treat to achieve CQUIN income.

We also need to recognise that changes within the SMG team will add additional pressure on Directors during a time of transition.

- **Business as Usual activities**

The new Integrated Board Performance Report has been updated again to bring it more in line with the COO report narrative. The board is invited to comment further on its suitability and whether any further changes are required.

Having established this new report we now need to focus on what it tells us about the overall performance of the Trust and what we are doing to reduce risk and improve performance in those areas of most concern.

3. STAKEHOLDER ENGAGEMENT & PATIENT AND PUBLIC INVOLVEMENT

PPI and Public Education activity report

- There are 730 events on the PPI and Public Education activity database for 2012 so far. Recent events have included a care home visit, a family fun day, and a 'senior citizens' event in Sutton.
- The non-conveyed CQUIN work is being presented to CQG in September, with the telephone survey commencing at the beginning of October. Surveys have been devised for staff and patients, both for situations where patients have been assessed over the telephone and no ambulance has been sent, and where a face-to-face assessment has taken place but the patient has not been conveyed to hospital.
- The Engagement Strategies group met during August. This is a group made up of colleagues across the Trust who are responsible for various engagement strategies, to ensure they are aware of each other's activities and plans, and that there is no duplication of effort or overlap between them.
- The Head of PPI and Public Education presented the current PPI Action Plan to the Quality Committee in August and has been invited to give a presentation to the Trust Board later in the year.
- A meeting has been held to discuss the possibility of using new (additional) methods of obtaining patient feedback via SMS (text) messaging and the LAS website. It was agreed by the group that, rather than simply eliciting patient satisfaction or other general views, use of these methods should be focused on specific groups or projects.
- Discussions are progressing with Picker Europe and the CQC about the development of a national ambulance patient survey in 2013/14, focusing on

‘hear and treat.’ Picker are currently consulting with colleagues in ambulance trusts and will devise a method by which comparative data might be collected.

- The next Community Event will be held on Saturday 3rd November 2012 in the Southgate area. These events are an opportunity for the LAS to lead a health fair, involving other community partners in a local area, to raise the profile of the Service and engage with local people.

Promotion of cardiac arrest survival rate:

The news that London tops the country's cardiac arrest survival table received positive regional and local media coverage on 22 August.

The following key messages were picked up by the majority of media:

- London has highest out-of-hospital cardiac arrest survival in the country.
- Reasons for increased survival is staff reaching patients quickly and delivering more effective clinical care.
- And more people are attempting cardio-pulmonary resuscitation while an ambulance crew is on its way.

Media	Coverage	Potential reach
Regional TV		
BBC London TV	Two-minute bulletins from 6am Three-minute bulletin @ lunchtime 4.5-minute bulletin in evening	505,000 each 5 million 5 million
Regional radio		
BBC London radio	Five-minute interview on Breakfast with Medical Director Short interview with survivor Erica Payet	148,000 148,000
LBC radio	Interview with Medical Director and survivor Ian Brown, followed by phone-in with positive feedback about the Service	280,000
Regional newspapers		
Evening standard	Page 12	700,000
Regional online		
BBC London online	Home page story in morning	1.8m
Specialist media		
Health Service Journal	24 August online	100,000 registered users
Local papers	Southwark News, Chingford Guardian	

Key messages were shared via Twitter on the day of publication reaching 11,500 followers; retweets included one by the British Heart Foundation to its 35,000

followers. The reception on Facebook was also positive, and traffic to the Service's website was also up 150 per cent compared to normal.

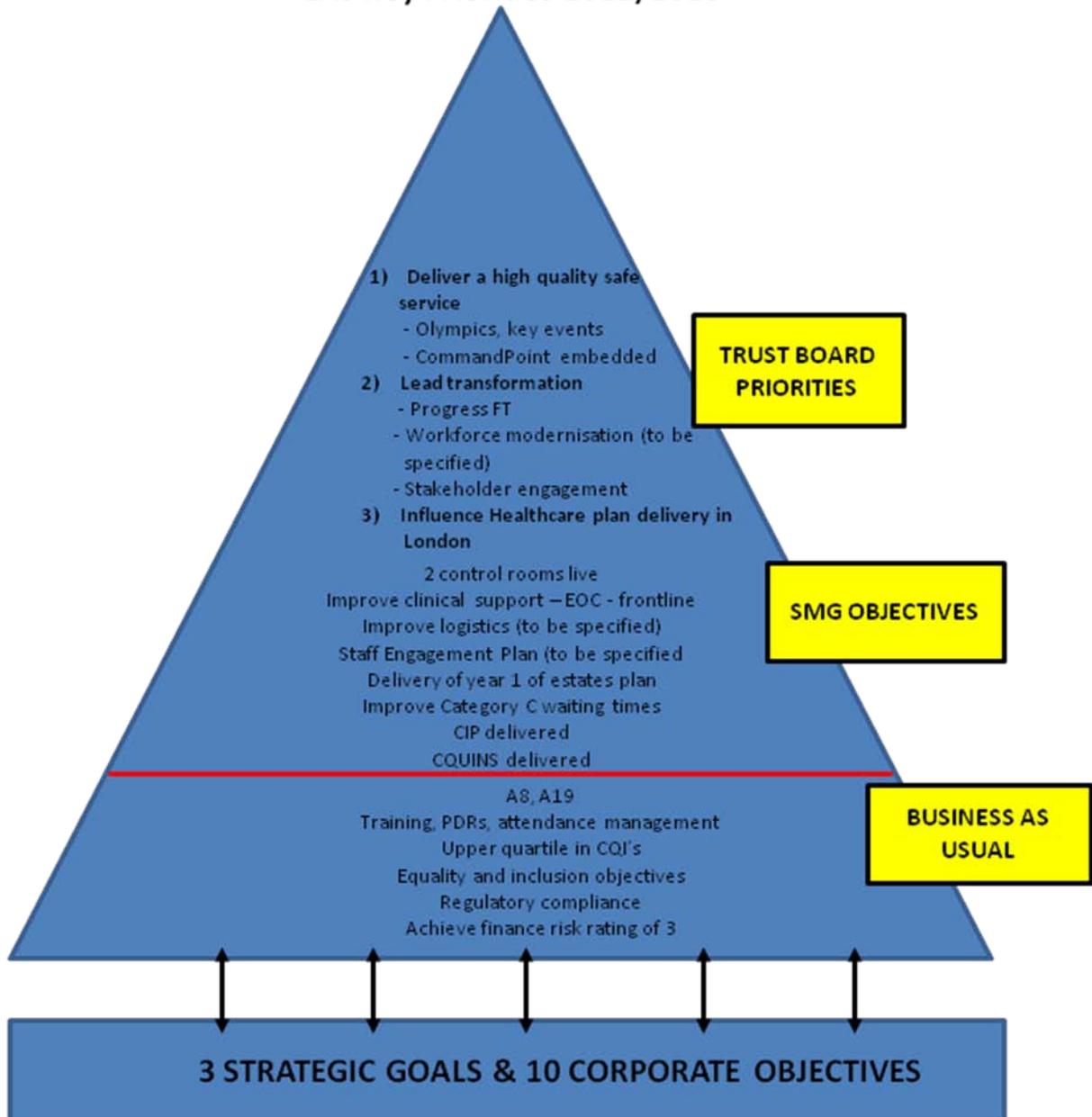
Media

BBC Award for Muamba paramedics: A Service paramedic was among the medical team to receive a special award from Fabrice Muamba at the BBC's 999 Awards (broadcast on BBC 1 - reach five million). Pete Fisher represented all the ambulance staff who helped to save Muamba's life when he collapsed and stopped breathing during a football in March.

Other media stories of note: Following the death of a woman hit by a window frame on Hanover Square, the Service's lines on the incident appeared in national, regional and national media, including Sky News, BBC London, the Telegraph and LBC.

Martin Flaherty OBE
Acting Chief Executive
17 September 2012

LAS Key Priorities 2012/2013



2012/2013 SMG objectives (month 4)

1. Improve operational support including the optimal availability of vehicles, equipment and supplies which will be measured by achievement of agreed trajectories reported to Trust board, a reduction in VOR to 3.5%, increased staff satisfaction evidenced by feedback from staff and see a fall in reported equipment shortages. **ON TRACK**
2. Bow control running live and operating in a similar way to that at Waterloo.
ON TRACK OVERALL BUT RESCHEDULING OF INITIAL MOVE TO BOW TO 19TH NOVEMBER
3. Continue with FT application work and embed governance and quality frameworks
NEW TFA AGREED BY THE BOARD AND SUBJECT TO AGREEMENT FROM THE SHA, TDA AND COMMISSIONERS COMMITTS US TO A NEW APPLICATION AND A TWELVE MONTH LEADTIME TO SUBMISSION TO DH. AT THIS POINT WE WILL BE ON TRACK ALBEIT AGAINST THAT REVISED TIMELINE.
4. Deliver £12.5m Cost Improvement Programme **ON TRACK**
5. Complete engagement over estates strategy and deliver year one of the estates plan
ON TRACK
6. Deliver workforce modernisation initiatives **SOME SLIPPAGE** (PART 2 DISCUSSION)
7. Deliver 2012/2013 stakeholder engagement plan **ON TRACK**
8. 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
ON TRACK
9. Improve waiting times for all categories of Category C patients **SOME SLIPPAGE – MUCH BETTER OVER AUGUST**
10. Deliver agreed CQUINS **SOME SLIPPAGE**
11. Successfully deliver safe and effective pre hospital care at the 2012 Olympics and other key events. **DELIVERED**



LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 25TH SEPTEMBER 2012

PAPER FOR APPROVAL

Document Title:	Charitable Funds Annual Report and Accounts 2011/12
Report Author(s):	Michael John, Financial Controller
Lead Director:	Michael Dinan, Director of Finance
Contact Details:	michael.dinan@lond-amb.nhs.uk
Why is this coming to the Trust Board?	For approval
This paper has been previously presented to:	<input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input checked="" 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"/> Finance and Investment Committee <input checked="" type="checkbox"/> Other Charitable Funds Committee
Recommendation for the Trust Board:	<ul style="list-style-type: none"> ▪ The Trust Board is asked to approve the London Ambulance Service NHS Trust Charitable Funds accounts for 2011/12. ▪ The Trust Board is asked to note the Annual Governance Report. ▪ The Trust Board is asked to note the minutes from the Charitable Funds Committee meeting on 3rd September
Key issues and risks arising from this paper	
<p>The Trust has a statutory responsibility to submit the Charities' annual report and audited accounts to the Charity Commission on or before 31st January 2013.</p> <p>The Audit Committee has recommended that the Trust Board revisit the policy to run down the charitable funds, given that the impact of this policy has become more evident in recent years due to the economic downturn and resulting lower return on investments.</p>	
Executive Summary	
<ul style="list-style-type: none"> ▪ As the corporate trustee's of the LAS charity, we have a statutory requirement to publish, an annual report and accounts to include the annual report; the primary financial statements and notes; a statement on the trustee's responsibilities and audit opinion and report. ▪ The minimum content for the annual report is set out in the Charities SORP 2005. 	

- The financial statements are in accordance with the Charities Act 1993.
- The Trust is required to submit the Charities' annual report and audited accounts to the Charity Commission on or before 31st January 2013.
- The London Ambulance Service NHS Trust Charitable Funds committee approved the annual report and accounts on the 3 September 2012.
- The Audit Commission our external auditors gave the annual accounts a clean opinion.
- The total incoming resources were £8k; this was £3k lower than last year.
- The total resources expended were £70k; this was £2k lower than last year.
- The net incoming/ (outgoing) resources were (£62k); this was £1k lower than year.

The value of investments decrease by £48k.

Attachments

1. **Annual Report of the Trustees for the year ended 31 March 2012.**
2. **Audited Charitable Funds Accounts year-ended 31 March 2012.**
3. **Annual Governance Report for Charitable Fund.**
4. **Minutes of the Charitable Funds Committee meeting on 3rd September 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 responsibilities to deliver high quality and safe care
- That we cannot maintain and deliver the core service along with the performance expected
- That we are unable to match financial resources with priorities
- That our strategic direction and pace of innovation to achieve this are compromised

Equality Analysis

Has an Equality Analysis been carried out?

- Yes
- No

Key issues from the assessment:

LONDON AMBULANCE SERVICE CHARITABLE FUND

ANNUAL REPORT OF THE TRUSTEES FOR THE YEAR ENDED 31 MARCH 2012

FOREWARD

The Charity's annual report and accounts for the year ended 31 March 2012 have been prepared by the Corporate Trustee in accordance with the Statement of Recommended Practice by Charities (SORP 2005) issued in March 2005 and applicable UK Accounting Standards and the Charities Act 1993.

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

Board Member	Designation within the Trust
Richard Hunt	Chairman
Peter Bradley	Chief Executive
Beryl McGrath	Non Executive Director
Roy Griffins	Non Executive Director
Caroline Silver	Non Executive Director
Brian Hockett	Non Executive Director
Jessica Cecil	Non Executive Director
Murziline Parchment	Non Executive Director (appointed September 2011)
Fionna Moore	Medical Director
Michael Dinan	Director of Finance
Martin Flaherty	Deputy Chief Executive (on secondment April 2011 to October 2011)
Caron Hitchen	Director of Human Resources
Steve Lennox	Director of Health Promotion and Quality

The Charity is registered (No 1061191) in accordance with the Charities Act 1993.

Reference and Administrative Details

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

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

Trustee

The London Ambulance Service NHS Trust is the Corporate Trustee of the Charitable Funds governed by the law applicable to Trusts, principally the Trustee Act 2000 and also the law applicable to Charities which is governed by the Charities Act 1993.

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

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

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

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

Principle Charitable Fund Adviser to the Board

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

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

Principal Office

The principal office for the charity is:

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

Principal Professional Advisers

Bankers

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

Auditors

Audit Commission
1st Floor
Millbank Tower
Millbank
London
SW1P 4HQ

Investment Managers

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

Structure, Governance and Management

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

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

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

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

- Control, manage and monitor the use of the fund's resources;
- Manage and monitor the receipt of income and support/ guide any fundraising activities;

- Ensure that best practice is followed in the conduct of its affairs fulfilling all of its legal responsibilities;
- Ensure that the Investment Policy approved by the NHS Trust Board as Corporate Trustee is adhered to and performance is continually reviewed whilst being aware of ethical considerations;
- Keep the Trust Board fully informed on the activity, performance and risks of the charity.

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

Risk Management

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

Partnership working and networks

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

Objectives and strategy

The Charity has the following objective:

“the trustee shall hold the trust fund upon trust to apply the income, and at its discretion, so far as may be permissible, the capital, for any charitable purpose or purposes relating to the National Health Service”

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

Annual review

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

Grant Making policy

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

Reserves Policy

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

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

The level of reserves are monitored and reviewed by the Trustee, usually once every 5 years.

Our future plans

The future plans for the Charity are to continue to fund projects for the benefit of staff in line with the current level of funding.

A Review of Finances, Achievements and Performance

The net assets of the Charity as at 31st March 2012 were £127,000 (2011 £192,000). Overall net assets decreased by £65,000 due to the net expenditure of £62,000 and a loss on the value of investments of £3,000.

The main sources of income of the charity are donations and investment income. Total incoming resources for the year were £8,000.

Expenditure totalled £70,000 during the year, with the largest items of expenditure being Christmas grants of £36,342 and £23,879 on other amenities.

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

Investments

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

The funds are managed in accordance with an investment policy which is set by the Charity Funds Committee. Currently the investments are split approximately 79%/21% by value between pooled funds and interest bearing bonds and cash. The performance of the pooled funds are monitored against the performance of similar funds.

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

Signed:.....

Peter Bradley, Chief Executive of the Trust Board on behalf of the Corporate Trustee

Date:.....

Organisation

LONDON AMBULANCE SERVICE CHARITABLE FUND			
Data entered below will be used throughout the workbook:			
This year	2011-12		
Last year	2010-11		
This year ended	2012		
Last year ended	2011		
This year beginning	1 April 2011		
This year name	31 March 2012		
Last year name	31 March 2011		

LONDON AMBULANCE SERVICE
CHARITABLE FUND ACCOUNTS
YEAR ENDED 31 MARCH 2012

Statement of trustees' responsibilities

The trustees are responsible for:

- ♦ keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the funds held on trust and to enable them to ensure that the accounts comply with requirements in the Charities Act 1993 and those outlined in the directions issued by the Secretary of State;
- ♦ establishing and monitoring a system of internal control; and
- ♦ establishing arrangements for the prevention and detection of fraud and corruption.

The trustees are required under the Charities Act 1993 and the National Health Service Act 1977 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the financial position of the funds held on trust, in accordance with the Charities Act 1993. In preparing those accounts, the trustees are required to:

- ♦ apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- ♦ make judgements and estimates which are reasonable and prudent;
- ♦ state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts

The trustees confirm that they have met the responsibilities set out above and complied with the requirements for preparing the accounts. The financial statements set out on pages 3 to 9 attached have been compiled from and are in accordance with the financial records maintained by the trustees.

By Order of the Trustees
Signed:

Chief Executive* Date..... 2012

Trustee Date..... 2012

*the Board may authorise another trustee to sign in place of the Chairman.

Independent Auditors' Report to the Corporate Trustee of the London Ambulance Service Charitable Funds

I have audited the financial statements of the London Ambulance Service Charitable Funds for the year ended 31 March 2012 which comprise the Statement of Financial Activities, the Balance Sheet and the related notes. The financial statements have been prepared in accordance with the accounting policies set out therein

This report is made solely to the charity's trustee, as a body, in accordance with section 43A of the Charities Act 1993 and regulations made under section 44 of the Act. My audit work has been undertaken so that I might state to the charity's trustee those matters I am required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the charity and its trustee as a body, for my audit work, for this report, or for the opinion I have formed.

Respective Responsibilities of Trustee and Auditor

The trustee's responsibilities for preparing the Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice) are set out in the Statement of Trustees' Responsibilities.

I have been appointed as auditor under section 29 of the Audit Commission Act and section 43A of the Charities Act 1993 and report in accordance with regulations made under section 44 of that Act. My responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

I report to you my opinion as to whether the financial statements give a true and fair view and are properly prepared in accordance with the Charities Act 1993. I also report to you if, in my opinion, the Trustee Annual Report is not consistent with the financial statements, if the charity has not kept proper accounting records, or if I have not received all the information and explanations I require for my audit.

I read the other information contained in the Annual Report and consider whether it is consistent with the audited financial statements. I consider the implications for my report if I become aware of any apparent misstatements or material inconsistencies with the financial statements. My responsibilities do not extend to other information.

Basis of audit opinion

I conducted my audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the trustees in the preparation of the financial statements and of whether the accounting policies are appropriate to the charity's circumstances, consistently applied and adequately disclosed.

I planned and performed my audit so as to obtain all the information and explanations which I considered necessary in order to provide me with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming my opinion I also evaluated the overall adequacy of the presentation of information in the financial statements.

Opinion

In my opinion:

the financial statements comply with the requirements of regulation 8 of the charities (Accounts and Reports) Regulations 2008

the financial statements give a true and fair view, in accordance with United Kingdom Generally Accepted Accounting Practice, of the state of affairs of the charity as at 31 March 2012 and of its incoming resources and application of resources, for the year then ended; and

the financial statements have been properly prepared in accordance with the Charities Act 1993; and

information included in the Annual Report is consistent with the financial statements.

Signature:..... Date:.....

Name: Philip Johnstone Address: Audit Commission
1st Floor
Millbank Tower
Millbank
London
SW1P 4HQ

Statement of Financial Activities for the year ended 31 March 2012

	Note	2011-12 Unrestricted Funds £000	2011-12 Restricted Funds £000	2011-12 Total Funds £000	2010-11 Total Funds £000
Incoming resources					
Incoming resources from generated funds					
Donations from individuals		1	0	1	2
Legacies		0	0	0	0
Sub total voluntary income		<u>1</u>	<u>0</u>	<u>1</u>	<u>2</u>
Investment income		7	0	7	9
Total incoming resources		<u>8</u>	<u>0</u>	<u>8</u>	<u>11</u>
Resources expended					
Costs of generating funds					
Investment management costs		2	0	2	3
Charitable activities					
Staff education and welfare - grants payable	3	60	0	60	62
Governance costs	4	7	0	7	7
Other resources expended		<u>1</u>	<u>0</u>	<u>1</u>	<u>0</u>
Total resources expended		<u>70</u>	<u>0</u>	<u>70</u>	<u>72</u>
Net incoming/ (outgoing) resources		(62)	0	(62)	(61)
Other recognised gains and losses					
(Loss) /Gains on revaluation and disposal of investment assets		(3)	0	(3)	5
Net movement in funds		<u>(65)</u>	<u>0</u>	<u>(65)</u>	<u>(56)</u>
Reconciliation of Funds					
Fund balances brought forward at 31 March 2011					
		192	0	192	248
Fund balances carried forward at 31 March 2012		<u>127</u>	<u>0</u>	<u>127</u>	<u>192</u>

The notes at pages 5 to 9 form part of these accounts

Balance Sheet as at 31 March 2012

	Notes	Unrestricted Funds £000	Restricted Funds £000	Total at 31 March 2012 £000	Total at 31 March 2011 £000
Fixed Assets					
	5	131	0	131	179
Total Fixed Assets		<u>131</u>	<u>0</u>	<u>131</u>	<u>179</u>
Current Assets					
Stocks	6	3	0	3	3
Debtors	7	0	0	0	1
Cash at bank and in hand		1	0	1	14
Total Current Assets		<u>4</u>	<u>0</u>	<u>4</u>	<u>18</u>
Creditors: Amounts falling due within one year	8	8	0	8	5
Net Current Assets/(Liabilities)		<u>(4)</u>	<u>0</u>	<u>(4)</u>	<u>13</u>
Total Assets less Current Liabilities		<u>127</u>	<u>0</u>	<u>127</u>	<u>192</u>
Total Net Assets		<u>127</u>	<u>0</u>	<u>127</u>	<u>192</u>
Funds of the Charity					
Income Funds:					
Unrestricted - general purposes fund		127	0	127	192
Total Funds		<u>127</u>	<u>0</u>	<u>127</u>	<u>192</u>

The notes at pages 5 to 9 form part of these accounts.

Signed:

Date:

Notes to the Account

1 Accounting Policies

1.1 Basis of preparation

The financial statements have been prepared under the historic cost convention, with the exception of investments which are included at market value. The financial statements have been prepared in accordance with the Statement of Recommended Practice by Charities (SORP 2005) issued in March 2005 and applicable UK Accounting Standards and the Charities Act 1993.

1.2 Incoming Resources

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

- i) entitlement - arises when a particular resource is receivable or the charity's right becomes legally enforceable;
- ii) certainty - when there is reasonable certainty that the incoming resource will be received;
- iii) measurement - when the monetary value of the incoming

1.3 Incoming resources from legacies

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

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

1.4 Resources Expended

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

Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

a) Cost of generating funds

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

Charitable activities

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

c) Grants payable

Grants payable are payments, made to third parties (including NHS bodies) in the furtherance of the charity's charitable objectives. They are accounted for on an accruals basis where the conditions for their payment have been met or where a third party has a reasonable expectation that they will receive the grant.

Provisions are made where approval has been given by the trustee due to the approval representing a firm intention which is communicated to the recipient.

d) Governance costs

These comprise all costs identifiable as wholly or mainly attributable to ensuring the public accountability of the charity and its compliance with regulation and good practice.

These costs include costs related to statutory audit together with an recharge of overhead & support costs from London Ambulance Service NHS Trust.

e) Allocation of overhead and support costs

All overhead and support costs are included in Governance costs.

1.5 Structure of funds

Where the donor has provided for the donation to be spent in furtherance of a specified charitable purpose & has created a legal restriction on use of the funds the fund is classified as a restricted income fund.

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

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

1.6 Investment Fixed Assets

Investment fixed assets are shown at market value at the balance sheet date.

Quoted stocks and shares are included in the balance sheet at mid-market price, ex-div.

Common Investment Fund Units are included in the balance sheet at the closing dealing price at the balance sheet date.

1.7 Realised gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise.

Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (or date of purchase if later). Unrealised gains and losses are calculated as the difference between market value at the year end and opening market value (or date of purchase if later).

2 Allocation of support costs and overheads

All support costs and overheads are allocated to governance costs.

The total value of support costs and overheads was £7,000 (2011: £7,000)

3 Analysis of charitable expenditure

	Unrestricted Funds	Restricted Funds	Total 2012 Funds £000	Total 2011 Funds £000
Staff welfare and amenities				
Grants payable to individuals	60	0	60	62
	60	0	60	62

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

4 Analysis of governance costs

	Unrestricted Funds	Restricted Funds	Total 2012 Funds £000	Total 2011 Funds £000
Audit fee	4	0	4	4
Apportioned overheads	3	0	3	3
	7	0	7	7

The auditors remuneration of £4,500 (2011 £4,320) related solely to the audit with no other work undertaken (2011 £0)

LONDON AMBULANCE SERVICE CHARITABLE FUND

5	Analysis of Fixed Asset Investments	2012	2011
5.1	Movement in fixed asset investments	£000	£000
	Market value at 31 March	179	248
	Less: Disposals at carrying value	(75)	(109)
	Add: Acquisitions at cost	14	34
	Net (Loss) / gain on revaluation	13	6
	Market value at 31 March	<u>131</u>	<u>179</u>
	Historic cost at 31 March	<u>126</u>	<u>170</u>

5.2	Market value at 31 March 2012	Held in UK £000	Held outside UK £000	2012 Total £000	2011 Total £000
	Investments listed on Stock Exchange				
	- Bonds	27	0	27	46
	Investments in a Common Deposit Fund or Common Investment Fund	104	0	104	132
	Cash held as part of the investment portfolio	0	0	0	1
		<u>131</u>	<u>0</u>	<u>131</u>	<u>179</u>

5.3	Analysis of gross income from investments	Held in UK £000	Held outside UK £000	2012 Total £000	2,011 Total £000
	Investments listed on Stock Exchange	2	0	2	2
	Investments in a Common Deposit Fund or Common Investment Fund	5	0	5	7
		<u>7</u>	<u>0</u>	<u>7</u>	<u>9</u>

6	Analysis of Stocks	31 March 2012	31 March 2011
	Award Vouchers	<u>3</u>	<u>3</u>
	Total Stocks	<u>3</u>	<u>3</u>

7	Analysis of Debtors	31 March 2012	31 March 2011
	Amounts falling due within one year:	£000	£000
	Other debtors	<u>0</u>	<u>1</u>
	Total debtors	<u>0</u>	<u>1</u>

8	Analysis of creditors	31 March 2012	31 March 2011
	Amounts falling due within one year:	£000	£000
	Accruals	<u>8</u>	<u>5</u>
	Total creditors	<u>8</u>	<u>5</u>

9 Analysis of charitable funds

The charity has one unrestricted general purposes fund. The unrestricted fund is available for any charitable purposes relating to the NHS at the absolute discretion of the trustees.

10 Material legacies

There was a legacy of £0 during the year. (2011- £100)

11 Related party transactions

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

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

The charity paid an administration fee of £2,500 to the London Ambulance Service NHS Trust.

Annual governance report

London Ambulance Service Charitable Fund

Audit 2011/12



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Financial statements

This report summarises the findings from the 2011/12 audit which is now complete. It contains the messages arising from my audit of your financial statements. The charity's financial statements are important means by which London Ambulance Service Charitable Funds accounts for its stewardship of public funds. As Trustees you have final responsibility for these statements. It is important that you consider my findings before you adopt the financial statements and the Annual Report.

Opinion on the financial statements

Subject to satisfactory receipt of the management letter of representation, I plan to issue an audit report including an unqualified opinion on the financial statements. Appendix 1 contains a copy of my draft audit report.

Errors in the financial statements

There were no errors in the financial statements.

Important weaknesses in internal control

I did not identify any weaknesses during the audit that are relevant to preparing the financial statements. I am not expressing an opinion on the overall effectiveness of internal control.

Quality of your financial statements

I consider aspects of your accounting practices, accounting policies, accounting estimates and financial statement disclosures. There are no matters that I wish to bring to your attention.

Annual Report

I have reviewed the Annual Report and have found that it is consistent with the audited financial statements.

Letter of representation

Before I issue my opinion, auditing standards require me to ask you and management for written representations about your financial statements and governance arrangements. Appendix 2 contains the draft letter of representation.

Independence

I can confirm that I have complied with the Auditing Practices Board's ethical standards for auditors, including ES 1 (revised) - Integrity, Objectivity and Independence.

I am not aware of any relationships that may affect the independence and objectivity of the Audit Commission, the audit team or me, that I am required by auditing and ethical standards to report to you.

The Audit Commission's Audit Practice has not undertaken any non-audit work for the Charitable Fund during 2011/12.

Appendix 1 – Draft independent auditor’s report

Independent auditor’s report to the Trustee of the London Ambulance Service Charitable Fund

I have audited the financial statements of the London Ambulance Service Charitable Fund for the year ended 31 March 2012 which comprise the Statement of Financial Activities, the Balance Sheet and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the Charity’s trustee, as a body, in accordance with section 149 of the Charities Act 2011 and regulations made under section 149 of that Act. My audit work has been undertaken so that I might state to the Charity’s trustee those matters I am required to state to them in an auditor’s report and for no other purpose. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Charity and its trustee as a body, for my audit work, for this report, or for the opinions I have formed.

Respective responsibilities of trustee and auditor

As explained more fully in the Trustees’ Responsibilities Statement set out on page 1, the trustees are responsible for the preparation of financial statements and for being satisfied that they give a true and fair view.

I have been appointed as auditor under section 149 of the Charities Act 2011 and report in accordance with regulations made under section 149 of the Charities Act 2011. My responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and regulatory requirements and International Standards on Auditing (UK and Ireland). Those standards require me to comply with the Auditing Practices Board’s [(APB’s)] Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Charity's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the trustees; and the overall presentation of the financial statements. In addition, I read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my report.

Opinion on financial statements

In my opinion the financial statements:

- give a true and fair view of the state of the Charity's affairs as at 31 March 2012, and of its incoming resources and application of resources, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Matters on which I am required to report by exception

I have nothing to report in respect of the following matters where the Charities Act 2011 requires me to report to you if, in my opinion:

- the information given in the Trustee Annual Report is inconsistent in any material respect with the financial statements; or
- sufficient accounting records have not been kept; or
- the financial statements are not in agreement with the accounting records and returns; or
- I have not received all the information and explanations I require for my audit.

Philip Johnstone
District Auditor
Audit Commission
First Floor Millbank Tower
Millbank
London
SW1P 4HQ

Appendix 2 – Draft letter of management representation

Philip Johnstone
District Auditor
Audit Commission
1st Floor, Millbank Tower
Millbank
London SW1P 4HQ

London Ambulance Service Charitable Fund - Audit for the year ended 31 March 2012

I confirm to the best of my knowledge and belief, having made appropriate enquiries of other members of staff at London Ambulance Service Charitable Fund, the following representations given to you in connection with your audit of the Charitable Fund financial statements for the year ended 31 March 2012.

Compliance with the statutory authorities

I have fulfilled my responsibility under the relevant statutory authorities for preparing the financial statements in accordance with the United Kingdom Generally Accepted Accounting Practice which give a true and fair view of the financial position and financial performance of the Charitable Fund, for the completeness of the information provided to you, and for making accurate representations to you.

Supporting records

I have made available all relevant information and access to persons within the Charitable Fund for the purpose of your audit. I have properly reflected and recorded in the financial statements all the transactions undertaken by the Charitable Fund.

Irregularities

I acknowledge my responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud or error.

I also confirm that I have disclosed:

- my knowledge of fraud, or suspected fraud, involving either management, employees who have significant roles in internal control or others where fraud could have a material effect on the financial statements;
- my knowledge of any allegations of fraud, or suspected fraud, affecting the entity's financial statements communicated by employees, former employees, analysts, regulators or others; and
- the results of our assessment of the risk the financial statements may be materially misstated as a result of fraud.

Law, regulations, contractual arrangements and codes of practice

I have disclosed to you all known instances of non-compliance, or suspected non-compliance with laws, regulations and codes of practice, whose effects should be considered when preparing financial statements.

Transactions and events have been carried out in accordance with law, regulation or other authority. The Charitable Fund has complied with all aspects of contractual arrangements that could have a material effect on the financial statements in the event of non-compliance.

All known actual or possible litigation and claims, whose effects should be considered when preparing the financial statements, have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.

Accounting estimates including fair values

I confirm the reasonableness of the significant assumptions used in making the accounting estimates, including those measured at fair value.

Related party transactions

I confirm that I have disclosed the identity of the Charitable Fund related parties and all the related party relationships and transactions of which I am aware. I have appropriately accounted for and disclosed such relationships and transactions in the financial statements.

Subsequent events

Since the date of approval of the financial statements by the Trustee, no additional significant post balance sheet events that have occurred which would require additional adjustment or disclosure in the financial statements.

The Charitable Fund has no plans or intentions that may materially alter the carrying value or classification of assets and liabilities reflected in the financial statements.

Signed on behalf of London Ambulance Service Charitable Fund

I confirm that this letter has been discussed and agreed by the Audit Committee.

Signed

Name	Peter Bradley	Caroline Silver	Michael Dinan
Position	Chief Executive	Audit Committee Chairman	Director of Finance

Date

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The Statement of Responsibilities of Auditors and Audited Bodies issued by the Audit Commission explains the respective responsibilities of auditors and of the audited body. Reports prepared by appointed auditors are addressed to non-executive directors, members or officers. They are prepared for the sole use of the audited body. Auditors accept no responsibility to:

- any director/member or officer in their individual capacity; or
- any third party.



LONDON AMBULANCE SERVICE NHS TRUST

CHARITABLE FUNDS COMMITTEE

DRAFT Minutes of the meeting held on Monday 3rd September 2012 at 13.00
in the Conference Room, 220 Waterloo Road, London SE1 8SD

Present:

Caroline Silver	Chair
Sandra Adams	Director of Corporate Services
Eddie Brand	Staffside Representative
Tony Crabtree	Assistant Director - Employee Support Services
Francesca Guy	Committee Secretary (minutes)
Caron Hitchen	Director of Human Resources and Organisation Development
Michael John	Financial Controller
Nicholas Rowe	Investec Investment Management

01. Welcome and Apologies

01.1 Apologies had been received from Eric Roberts. Eddie Brand was attending as staffside representative.

02. Minutes of previous meeting on 25th November 2011

02.1 The minutes of the meeting on 25th November 2011 were approved.

03. Matters Arising

03.1 There were no matters arising. All actions from the previous meeting had been completed.

04. Annual Investec Report

04.1 Nick Rowe reported that the markets had been volatile over the past year, with the Eurozone crisis and general economic uncertainty having an impact on risk appetite and performance. The Trust's portfolio had underperformed the benchmark during the period to March 2012, due to the economic environment, the ethical constraints placed upon the Trust's investment policy by the Charitable Funds Committee, and the fact that the benchmark included gilts, whereas the Trust's portfolio was underweight government bonds given their low yield.

04.2 Nick Rowe proposed that as the portfolio was now quite small to be holding individual shares, it would be sensible to consider moving back to a collective structure, where it was not necessary to choose individual stocks. Small holdings made divestment decisions difficult and the Committee agreed that, provided there were reasonably performing ethically compliant collectives, this would make sense. The Chair therefore asked Nick Rowe to make a formal proposal, including indications of the potential funds on offer and fees that would be charged. It was noted that Chair of the Committee would be required to formally instruct Nick to make any changes to investment strategy.

ACTION: Nick Rowe to make a formal proposal on future investments for the Trust's charitable fund.

DATE OF COMPLETION: 17th September 2012

04.3 Caron Hitchen asked what the prospects were looking forward. Nick responded that there were a number of uncertainties including the ongoing Eurozone crisis; improvements in the US economy and the extent to which the Chinese economy continued to grow.

05. Charitable Funds Annual Governance Report

05.1 Michael John reported that the external auditors had reviewed the accounts and had not identified any issues. The Chair stated that she was happy to sign the letter of representation.

05.2 The Charitable Funds Committee approved the Annual Governance Report.

06. Charitable Funds Annual Report and Accounts – 2011/12

06.1 Michael John noted that the Charitable Funds Annual Report and Accounts for 2011/12 was similar to 2010/11 and that there was nothing untoward to report.

06.2 The Charitable Funds Committee approved the Charitable Funds Annual Report and Accounts for 2011/12.

07. Charitable Funds Management Accounts – 2011/12

07.1 Michael John noted that the main change from 2010/11 was that applications for assistance were significantly down in 2011/12. Caron Hitchen commented that this most likely reflected the new ways of working, which meant that crews spent a reduced time on station.

07.2 The Charitable Funds Committee noted the Management Accounts for 2011/12.

08. Draft Charitable Funds Budget for 2012/13

08.1 The Chair noted that the budget was very similar to last year's, despite the reduction in applications for assistance seen in 2011/12. Michael explained that he expected to see an increase in applications following the Olympics and the budget therefore made allowance for this.

08.2 Tony Crabtree reported that his team did publicise the Charitable Funds Sub-Group meetings, however the number of applications received had dropped to the extent that, on occasion, the meetings had been cancelled.

08.3 The Charitable Funds Committee approved the following rates for 2012/13, which remain unchanged from the prior period:

- Christmas Amenities rate of £9 per head
- Staff that have completed 10 years or more service are entitled to vouchers based on their length of service at £13 per completed year;
- Retirement Parties for staff with 15 years or more entitled to a £300 contribution to a retirement party.

08.4 Michael John explained that he had estimated the audit fee at £5,400. The Audit Commission had given the Trust a good price in previous years and he therefore suspected that the new auditors, PWC, would seek to increase the fee this year. Michael explained that the Committee also needed to decide whether to opt for a full audit or an independent examination. The Chair stated that she would rather save money where possible, but would like to see more information on what the differences were between the two reviews and associated costs before making a final decision.

ACTION: MJ to obtain quotes for a full audit and independent examination of the charitable funds and to find out what the differences were between these two reviews, specifically whether the difference is truly one of work performed, or rather one of the reliance that may be placed upon the opinion itself.

DATE OF COMPLETION: 17th September 2012

08.5 It was noted that there had been changes to the number of people retiring each year due to changes in pension arrangements. Tony Crabtree was asked to find out more information on this and to liaise with Michael John as to whether this would affect the budget.

ACTION: TC to find out whether the numbers of staff expected to retire this year would have an impact on the charitable funds budget for 2012/13.

DATE OF COMPLETION: 17th September 2012

09. Report from Sub-Group for noting

09.1 Michael John explained that this report highlighted the main areas of expenditure over the year. Tony Crabtree commented that his team would continue to encourage applications for assistance throughout the year.

10. Review Terms of Reference

10.1 The Charitable Funds Committee reviewed its terms of reference and made the following suggestions:

- Reference to the Strategic Development Committee in paragraph 7 should be changed to Strategy Review and Planning Committee;
- The quorum in paragraph 8 should state that all members of the committee must be present, or a nominated deputy.

ACTION: FG to update the Charitable Funds Committee terms of reference to reflect the comments made.

DATE OF COMPLETION: 7th September 2012

10.2 Subject to these comments, the Charitable Funds Committee approved its terms of reference.

11. Any other business

11.1 Nick Rowe explained that the Trust was required to update the list of persons authorised to give instructions on the day to day operation of the account with Investec Wealth and Investment Ltd. The Trust's new CEO would be added to this list following appointment. Nick explained that he required the name and date of birth for each of the persons listed.

11.2 The Committee suggested that Martin Flaherty should be added to the list of account holders and Caron Hitchen should be moved to the 'person authorised' list.

11.3 Subject to these comments, the Committee approved the list of persons able to give instructions to Investec Wealth & Investment Ltd and the list of third parties that the investment fund can provide information to in the normal course of business.



LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 25TH SEPTEMBER 2012

Compliance with Standing Orders and Standing Financial Instructions

Document Title:	Trust Secretary Report
Report Author(s):	Francesca Guy, Committee Secretary
Lead Director:	Sandra Adams, Director of Corporate Services
Contact Details:	francesca.guy@lond-amb.nhs.uk
Why is this coming to the Trust Board?	Compliance with Standing Orders
This paper has been previously presented to:	<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
Recommendation for the Trust Board:	To be advised of the tenders received and entered into the tender book and the use of the Trust Seal since 21st August 2012 and to be assured of compliance with Standing Orders and Standing Financial Instructions
Key issues and risks arising from this paper	
This report is intended to inform the Trust Board about key transactions thereby ensuring compliance with Standing Orders and Standing Financial Instructions.	
Executive Summary	
No tenders have been received since 26 th July 2012.	
There has been one new entry to the Register for the Use of the Trust Seal on 23 rd August 2012 for Assets Sale.	
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 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
23 October Strategy, Review and Planning Committee		Presentation on research, the role of the CLRNs, the emerging AHSNs and how they relate to LAS.		Presentation from Simon Weldon on commissioning landscape and LAS interface with NWL CSU Presentation on changes to pensions arrangements Presentation on ORH Capacity Review Succession Planning	Corporate Social Responsibility Report	
27 November Trust Board	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	Double dispatch		Presentation on Public and Patient Involvement and Public Education Report from Trust Secretary Trust Board Forward Planner Performance Reporting compliance statement	24 th Oct – Quality Committee 5 th November – Audit 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
11 December Trust Board	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 th December – Quality Committee