

Office Report



Peter Bradley

#### TRUST BOARD

Meeting to be held at 10.00am on Tuesday 27<sup>th</sup> September 2011 Conference Room, LAS Headquarters, 220 Waterloo Road, London SE1 8SD

**Chief Executive Officer** AGENDA **TAB** Welcome and apologies for absence 1. Minutes of the Part I meeting held on 23<sup>rd</sup> August 2011 2. TAB 1 To approve the minutes of the meeting held on 23<sup>rd</sup> August 2011 **Matters arising** ΑII TAB 2 3. Actions from previous meetings **Report from Sub-Committees** 4. To receive a report from the following Committees 4.1 Finance and Investment committee on 13<sup>th</sup> September RH Oral 4.2 Quality Committee on 15th September 2011 TAB 3 BM 5. **Chairman's Report** RH TAB 4 To receive a report from the Trust Chairman on key activities **Update from executive directors** 6. To receive reports from Executive Directors on any additional key matters 6.1 Chief Executive Officer, including balanced scorecard, serious PB TAB 5 incidents and performance reports 6.2 Director of Finance to include an update progress made against the MD TAB 6 Cost Improvement Programme Clinical quality and patient safety report 7. FΜ TAB 7 To receive the monthly report on clinical quality and patient safety STRATEGIC AND BUSINESS PLANNING **CommandPoint Update** 8. PS TAB 8 To receive an update on CommandPoint **Response to National Audit Office Report** PB TAB9 9. To receive a presentation on the Trust's response to the National Audit

#### **FOUNDATION TRUST PROCESS**

10.	Foundation Trust Update To receive a report on the current position with the application	SA	TAB 10
GOVE	ERNANCE		
11.	Board Assurance Framework and Corporate Risk Register To discuss the quarter 2 documents	SA	TAB 11
12.	Patient Experiences Department Annual Report 2010/11 To approve the Patient Experiences Department Annual Report 2010/11	SA	TAB 12
13.	Corporate Social Responsibility Annual Report 2010/11 To approve the Corporate Social Responsibility Report 2010/11	SA	TAB 13
14.	KA34 Compliance Statement To approve the KA34 Compliance Statement	PS	TAB 14
15.	Report from Trust Secretary  To receive the report from the Trust Secretary on tenders received and the use of the Trust Seal	SA	TAB 15
16.	Forward Planner and dates for 2012 To review the forward planner for the Trust Board and agree items for future meetings	SA	TAB 16
17.	Any other business		

#### Any other business 17.

#### Questions from members of the public 18.

#### 19. Date of next meeting

The next meeting of the **Strategy Review and Planning Committee** meeting is on Tuesday, 1<sup>st</sup> November 2011

#### LONDON AMBULANCE SERVICE NHS TRUST

#### TRUST BOARD MEETING Part I

DRAFT Minutes of the meeting held on Tuesday 23<sup>rd</sup> August 2011 at 10:00 a.m. in the Conference Room, LAS HQ, 220 Waterloo Road, London SE1 8SD

**Present:** 

Richard Hunt Chair

Peter Bradley Chief Executive Officer
Jessica Cecil Non-Executive Director
Mike Dinan Director of Finance

Caron Hitchen Director of Human Resources and Organisation Development

Steve Lennox Director of Health Promotion and Quality

Beryl Magrath Non-Executive Director

Fionna Moore Medical Director

In Attendance:

Sandra Adams Director of Corporate Services

Lizzy Bovill Deputy Director of Strategic Development

Francesca Guy Committee Secretary (minutes)
Angie Patton Head of Communications

Peter Suter Director of Information Management and Technology

Richard Webber Director of Operations

Members of the Public:

Malcolm Alexander Patients Forum

Deane Kennet North West London Commissioning Partnership

Minute 95 only Carrie Armitage

Fiona Carleton Assistant Director of Operations (EOC)

Paul Cassidy Ambulance Operations Manager - Control Services

Jonathan Nevison Project Manager, CommandPoint

Russ Obert Northrop Grumman Ed Sturms Northrop Grumman Karen Williams Northrop Grumman

Minute 98 only

Hayley England Local Counter Fraud Specialist, RSM Tenon

#### 87. Welcome and Apologies

87.1 Apologies had been received from Roy Griffins, Brian Huckett and Caroline Silver.

#### 88. Minutes of the Part I meeting held on Tuesday 28th June 2011

The minutes of the Part I meeting held on Tuesday 28<sup>th</sup> June 2011 were approved.

#### 89. <u>Matters Arising</u>

- 89.1 The following matters arising were discussed:
- 89.2 **66.2:** The Chair had met with Beryl Magrath to discuss the Quality Committee agenda and had agreed that the agenda should be aligned with the organisation's strategic and corporate risks.

This discussion had been reflected in the agenda for the Quality Committee meeting on 4<sup>th</sup> July and the Quality Committee's report to the Trust Board. This action was complete.

- 89.3 **66.4:** The Strategy Review and Planning Committee had received an update on the Quality Strategy at its away day. This action was complete.
- 89.4 **66.7:** A draft business case for the tracking and servicing of equipment would be presented to the SMG in September and to the Audit Committee.
- 89.5 **67.3:** Fionna Moore commented that it would be beneficial to see how the LAS performed against other ambulance trusts nationally in order to put into context any benchmarking with world cities.
- 89.6 **68.8:** This action was complete.
- 89.7 **68.10:** This action was complete.
- 89.8 **68.12:** This action was complete.
- 89.9 **73.1:** This action was complete.
- 89.10 **73.2:** This action was complete.
- 89.11 **73.3:** The Chair reported that he had met with Mike Spyer, NHS London, and had met with the PCT Cluster Chairs to discuss the LAS's position regarding FT and to develop an ongoing relationship with the Cluster Chairs. This action was complete.
- 89.12 **73.6:** The Chair noted that he would write to the Secretary of State following the board to board meeting to confirm the new timescale to achieve FT status.
- 89.13 **83.2:** This action was complete.
- 89.14 **85.5:** The Chair noted comments made at the last Trust Board meeting by Neil Kennett-Brown, asking for assurance that the Trust Board would continue to focus on important pieces of work. The Chair noted that the Trust Board had held an away day in July to specifically focus on five key areas of the core service.

#### 90. Report from Sub- Committees

#### **Quality Committee**

- 90.1 The Chair noted that the report from the Quality Committee had been presented in a new format which focussed on the Trust's key risks. Beryl Magrath reported that the Quality Committee's discussion had highlighted the following risks:
  - The availability of equipment for use by front-line staff;
  - Two serious incidents which had been declared recently where the patients had not been thoroughly assessed. This posed the question of whether newly-qualified paramedics would represent a risk, particularly if they were used as single responders;
  - The delay to the Clinical Response Model (CRM) which was a key enabler of the Integrated Business Plan (IBP):
  - The governance processes supporting the High Risk Register;
  - The tendency to cancel meetings during times of escalated REAP levels.
- 90.2 Peter Bradley acknowledged that equipment availability was an issue and would be an area to which he would give his personal attention on a weekly basis. A number of innovations were being

introduced to address this issue, but it was important to ensure that these measures were successful. Peter agreed to update the Trust Board at its next meeting.

**ACTION:** PB to update the Trust Board on action taken to address equipment availability.

DATE OF COMPLETION: 27th September 2011

- 90.3 Peter stated that the Trust would need to assure itself on the governance arrangements for newly-qualified paramedics and particularly those working as single responders. The new clinical career structure would enhance clinical support in the field, but the Trust Board would need to discuss whether or not this would be satisfactory to mitigate associated risks.
- Peter also noted that consideration had been given as to whether the CRM could proceed prior to the implementation of CommandPoint and he agreed to keep the Trust Board updated on any decision that was made. The review of the High Risk Register was in progress and there would continue to be a focus on measures to reduce demand on the service to avoid the necessity to escalate REAP levels.
- 90.5 The Chair noted that the format of the report was useful but acknowledged that it was work in progress and that the assurance column needed to be completed comprehensively. Sandra explained that the assurance column included the assurances that the Quality Committee had received at the meeting and did not contain all the assurances listed in the corporate risk register. Caron Hitchen stated that this paper helped to raise important questions and the Trust Board would need to consider whether there were any risks associated with the questions raised. The Chair suggested that some of the actions could be incorporated into the Trust Board action log.
- 90.6 Peter Bradley stated that learning lessons from serious incidents was also a key risk and the Trust would need to be able to evidence that that progress had been made. Beryl added that the Learning from Experience Group was looking into this and would provide progress reports to the Quality Committee.

#### Finance and Investment Committee

90.7 The Chair noted that the last meeting of the Finance and Investment Committee was its most structured Committee to date, but acknowledged that the Committee was work in progress. It had been an interesting meeting with a good level of challenge. The minutes of the last meeting had been included with the Part II papers.

#### Strategy Review and Planning Committee Away Day

The Chair noted that this meeting had been held in a different venue and that the Trust Board had been able to focus on the 'day job' agenda. The report from the Committee was noted.

#### 91. Chairman's Report

- 91.1 The Chair gave an update on activities and meetings attended since the last meeting of the Trust Board.
  - The Chair had attended the NHS Confederation Conference in Manchester, which had provided a useful networking opportunity;
  - The Chair had arranged meetings with all the new PCT Cluster Chairs in London. He had also suggested that it might be useful to attend the Cluster Chairs' meeting with SHA London Chairman Mike Spyer;
  - The Chair had continued to build relationships with the Ambulance Trust Chairs and had

held teleconference calls to discuss the 111 programme.

91.2 The Chair reported that the non-executive director vacancy had been filled and the Appointments Commission had confirmed the appointment of Murziline Parchment with effect from 1<sup>st</sup> September. Murziline had a legal background and had been involved with London local authorities and Transport for London.

#### 92. Update from Executive Directors

#### Chief Executive Officer

- Peter Bradley gave an update on the key areas that were the focus of attention at the Strategy Review and Planning Committee away day:
  - Good progress had been made in resolving outstanding bugs in the CommandPoint software. The Trust Board would be required to agree the date for the next go-live;
  - The Board to Board meeting with the SHA had been confirmed for 7<sup>th</sup> October. The Trust was required to undergo a refresh of the Historical Due Diligence (HDD) process in September and October 2011;
  - Performance had recovered and remained strong. Activity was currently at low levels in terms of the number of responses and more calls were being resolved through clinical telephone advice. Progress had been made with regards to falls referrals and use of appropriate care pathways. Performance would need to be above 77% for Category A by the end of September and the Trust was currently on track to achieve this. There remained an issue with regards to resourcing, but this was being managed closely;
  - The Cost Improvement Programme and the year to date financial position had showed an improved position from last month. Work had been undertaken to identify the unidentified CIP. The financial recovery plan outlined the steps which would be taken to ensure delivery of the control total.
- Peter Bradley also reported that the Trust's cardiac arrest survival rates were the best ever and the full Cardiac Arrest Annual Report 2010/11 had been included in the Trust Board papers.
- 92.3 Peter Bradley stated that the Trust's involvement in the civil disturbances in London last week had been handled professionally and that the planning and leadership of the situation had been exemplary. He expressed his thanks to everyone involved. The Chair echoed these comments and stated that the service had continued to provide an excellent response in difficult circumstances. He had received a letter from Boris Johnson thanking the Trust for its work. Peter Bradley added that the Trust had also received letters of thanks from the police officers who had been treated by LAS members of staff during the riots.
- 92.4 Peter Bradley reported the following:
  - The Trust had been supporting other ambulance services nationally with performance improvement;
  - LAS had trialled Call Connect last week. The results would be sent to the Department of Health this week;
  - Consultation meetings with staff would commence on 5<sup>th</sup> September.
- The Chair noted that this was a good report which provided an update on the current status of those areas which were discussed at last month's Strategy Review and Planning Committee away day.
- 92.6 Richard Webber noted that the LAS was working collaboratively with other services on the lessons learnt following the recent civil disturbances in London. The LAS had to put on a significant amount of additional resources during this time, which inevitably placed a financial strain on the Trust.

Consideration might therefore need to be given on how the LAS might obtain additional funding streams.

- 92.7 There followed a discussion about the Clinical Response Model and the date it was likely to be implemented. Caron Hitchen commented that the CRM project board would be meeting next week and it was expected that the date for go live would be agreed at this meeting. Caron would update the Trust Board on any decision made.
- 92.8 Lizzy Bovill reported that the incident reporting trial would be extended in the East area. An evaluation would be undertaken before it was rolled out across the organisation. Beryl Magrath commented that incident reporting would help with organisational risk management.
- 92.9 Beryl Magrath raised a question regarding the accuracy of graph 14 in the performance pack. Richard Webber agreed to follow this up outside of the meeting.

**ACTION:** RW to check the data in graph 14 of the performance pack.

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- Jessica Cecil noted that the Category A incident demand had increased at a steeper rate than last month and asked what mitigations were in place if this trend continued. Peter Bradley responded that this was a national trend and that there was no one condition that was showing a particular increase. Lizzy Bovill reported that work had been undertaken with commissioning colleagues to identify trends in spikes in demand, particularly over the weekend. There was a rise in alcohol-related calls and consideration would be given as to how these types of calls could be managed differently.
- 92.11 Jessica Cecil noted that there had been a recent assault on a member of staff by a patient and asked whether this had affected the appetite of staff to work as single responders. Caron Hitchen responded that there had been no feedback to this effect.
- 92.12 The Chair noted that an assault on a paramedic at Hanwell had resulted in a £25 fine and asked whether this was something that the Trust should challenge. Caron responded that the Trust would pursue a prosecution in some cases, but recognised that there was an issue regarding disparity and equity of sentencing. Steve Lennox noted that the sentence would also be affected by the patient's mental capacity.

#### Director of Finance

- 92.13 Mike Dinan gave an update on the month 4 position:
  - The Trust had made a surplus of £425k for the month. This was a better position than last month, although still behind plan. A financial recovery plan was in place to recover this position;
  - Expected income for the rest of the year was £23m per month;
  - The Cost Improvement Programme was £496k behind the year to date plan. Corrective action had been identified which would see the achievement of the year-end forecast. Work had been done to identify the unidentified CIP. The CIP remained challenging but achievable.
- 92.14 The Chair commented that he had found this paper useful and that the Trust Board would need to keep a watching brief over the financial position. He noted that action had been taken, but it was difficult to see at this stage whether this action had had the desired impact. There was an expectation that further progress would be made by next month.

92.15 Beryl Magrath asked whether staff should be asked to replace equipment that had been lost or damaged unnecessarily. Richard Webber acknowledged that unnecessary damage to equipment was an issue and that personal responsibility for equipment needed to be strengthened. The Chair suggested discussing the level of unnecessary damage to equipment and what actions should be taken at a future Strategy Review and Planning Committee meeting.

**ACTION:** FG to add a discussion on the level of unnecessary damage to equipment and what actions should be taken to the forward planner of the Strategy Review and Planning Committee.

DATE OF COMPLETION: 27th September 2011

#### 93. Clinical Quality and Patient Safety Report

- 93.1 Fionna Moore reported the following:
  - The review of the High Risk Register was ongoing and the number of addresses continued to decrease. A senior operations manager had been assigned to oversee the register and to limit the number of inappropriate addresses on the register. A letter would be sent to everyone on the register once the review was complete;
  - CPI completion rates had seen a dip in June, but had improved in July;
  - Progress against the national clinical indicators had been submitted to the Department of Health and would be published by the end of the month;
  - There had been no incidents relating to controlled drugs or general drugs. However, an unannounced visit had been made by the police which had highlighted some shortcomings in the implementation of the Controlled Drugs Procedure;
  - Good progress had been made with infection prevention and control although there were still some outstanding issues regarding hand hygiene compliance.
- 93.2 Fionna noted that the Cardiac Arrest Annual Report 2010/11 had been included in the Trust Board papers. The Trust had achieved a 22.8% survival to discharge rate, which was higher than ever before. The data was more complete than in previous years and Fionna would be writing to the Medical Directors of all of the acute trusts to thank them for their input. This was also due to the hard work of the Clinical Audit and Research Team in extracting data from acute trusts.
- 93.3 Beryl Magrath commented that CPI feedback was increasingly delivered by report and asked whether this was a concern given that people generally learnt better from face to face input. Fionna Moore responded that feedback on a routine basis was difficult and even more so during times when REAP levels had been escalated.
- 93.4 The Chair stated that it was good to see this year on year improvement and expressed his thanks to everyone involved.

#### 94. Cost Improvement Programme Quarter 1 Update

94.1 Mike Dinan reported that all of the elements of the Cost Improvement Programme had been reviewed. There was currently a shortfall against plan of £496k at the end of Month 4, but the under-achievement against plan had reduced from last month. The Cost Improvement Programme was a five year programme and therefore action needed to be taken now which would help to generate savings in future years. The unidentified element of the Cost Improvement Programme had now been identified with action plans drawn up as to how it would be achieved. Mike stated that the Finance and Investment Committee would be provided with a detailed update at its next meeting.

94.2 Steve Lennox tabled the dashboard for monitoring the quality impact of the CIP. The dashboard was currently showing the majority of indicators at green which demonstrated that the CIP was not currently affecting our ability to deliver a safe service. Steve noted, however, that the Demand Management Plan had been implemented 10 times in July and asked therefore whether it was being used to plug a gap.

#### 95. CommandPoint Update

95.1 The following people joined the meeting for this agenda item. The Chair expressed his thanks to Northrop Grumman for attending the Trust Board meeting

Carrie Armitage

Fiona Carleton Assistant Director of Operations (EOC)

Paul Cassidy Ambulance Operations Manager - Control Services

Jonathan Nevison Project Manager, CommandPoint

Russ Obert Northrop Grumman
Ed Sturms Northrop Grumman
Karen Williams Northrop Grumman

- Peter Suter gave an update on progress since the Strategy Review and Planning Committee away day in July. A discussion followed about how the Trust Board would receive assurance that all faults had been resolved, particularly in light of the fact that significant assurance had been given before 8<sup>th</sup> June. Consideration would need to be given as to what could be done differently this time round to provide the Trust Board with additional assurance. The Trust Board would also need to consider external pressures and other interdependencies in the agreement of the date of go live. There were conflicting pressures between the time required to resolve all the outstanding items and the operational demands of the London 2012 Olympics and the Queen's birthday celebrations. The Trust Board would therefore need to determine the balance between the timetable and ensuring the system's readiness for go live.
- 95.3 Ed Sturms reported that corrections for all four problems had been delivered and tested in London. The system had been tested before and after each correction had been implemented to demonstrate that the problems had been resolved. Each of the new builds would be tested in this way and a full systems test would be undertaken once the final build had been delivered.
- 95.4 Peter Suter outlined the proposed timetable for implementation in March 2012:
  - Version 1.2 of the software would be delivered on 27<sup>th</sup> October 2011;
  - 7 weeks would be required to retrain users. This was based on 20 hours training per person;
  - A four week cycle would be required to undertake complete end to end testing;
  - Two weeks would be required for dry runs and an additional two weeks had been built into the timetable as contingency;
  - Five weeks would be required to undertake testing on version 1.3.
- 95.5 Peter Suter summarised that this amounted to 20 weeks in total from the end of October. Ed commented that he had not reviewed the training schedule in detail, but agreed that this amount of time would be required to retrain users and that the training schedule would be built into the overall plan. Fiona Carleton stated that the 7 week training schedule would be demanding given that initial training had been delivered in a 5 month cycle. The training would also coincide with high demand and winter pressures.
- 95.6 Peter Bradley asked whether it was likely that there would be any slippage on the date of 27<sup>th</sup>
  October to receive version 1.2. Ed stated that there was a moderate risk of missing this deadline, but that Northrop Grumman had met all deadlines thus far.

- 95.7 The Chair asked whether there was anything that could be done to bring forward the date of 27<sup>th</sup> October. Ed Sturms responded that the date was based on the time it would take to develop critical enhancements and he did not see a way of bringing forward the date without compromising the end product. Richard Webber stated that there might be potential clinical risks associated with some of the faults and it was important to ensure that these were rectified and that the potential for any risk was understood and managed.
- 95.8 Fiona Carleton reported that she met weekly with the senior users to keep them updated on progress made. The user community was keen to see for themselves that the system worked and the live runs would therefore be critical to achieving user buy-in. The user community did not want to be in a position at this late stage where they were having to use workarounds, but was still extremely positive about CommandPoint. Paul Cassidy agreed that this was a good representation of staff views. Staff wanted to have a stable CAD system that would support them to deliver optimum care to patients.
- Oarrie Armitage stated that the users needed technical assurance that the faults had been rectified in order to restore their confidence and consideration would need to be given as to how much technical assurance would be required. Carrie stated that it was, of course, impossible to give 100% assurance, but the live runs would provide a good opportunity to give this assurance to users. Carrie suggested that it would be useful for the LAS to bring in independent observers for the dry runs, for example representatives from other ambulance services or the SHA.
- Jonathan Nevison commented that positive feedback had been given on the dry-runs last time and that the dry run schedule needed to be more extensive and with a wider range of events than last time.
- 95.11 The Chair concluded that the Trust Board was reassured that technical progress had been made and would now need to consider the options for progressing towards go live. He stated that the suggestion of independent observers was good and would be followed up. The Trust Board would hold a wider discussion about the proposed timetable and its implications in the Part II meeting.

#### 96. Foundation Trust Update

- 96.1 Sandra reported that the date for the Board to Board meeting with the SHA had been agreed. The SHA had expressed an interest in all members of the Trust Board attending and not just those who were voting members.
- Sandra reported that the Historical Due Diligence (HDD) would need to undergo a further refresh commencing in September 2011 and would consist of a document review focussing mainly on finance, the Cost Improvement Programme and CommandPoint and the assurances in place to progress. The second stage of the review would focus on the month 6 finance position and the CommandPoint timetable. Sandra had not yet received a quote for the cost of the HDD refresh, although the last one had cost in the region of £14k.
- 96.3 Sandra reported that she had received assurance that the Board to Board meeting would go ahead on 7<sup>th</sup> October and following this timetable, the application would be submitted to the Department of Health by 1<sup>st</sup> December 2011. The Tripartite Formal Agreement between the LAS, NHS London and the Department of Health also needed to be refreshed and re-submitted by the end of August 2011.
- 96.4 Attached to the update paper was a summary of submissions to be made to Monitor during the assessment phase of the Foundation Trust application. The Trust would need to provide evidence that it was legally constituted, financially viable and well-governed.

#### 97. <u>Annual Review</u>

97.1 Angie Patton tabled the draft Annual Review, which was presented in a newspaper format and was intended to support the Annual Report and Accounts. Angie asked the Trust Board members to feedback any comments on the Annual Review within the next two days.

**ACTION:** TB to feedback their comments on the Annual Review to Angie Patton.

DATE OF COMPLETION: 26<sup>th</sup> August 2011

#### 98. Bribery Act Update

- Hayley England joined the meeting to give an update on the Bribery Act and its implications. Hayley reported that the Act set out four key offences, including the introduction of a corporate offence of failure to prevent bribery by persons working on behalf of an organisation. The Trust must therefore ensure that appropriate procedures were in place to prevent bribery. The Ministry of Justice had developed key principles to provide guidance to organisations to meet this requirement. Hayley stated that the Trust already had measures in place to prevent fraud and that these would need to be strengthened. The risk of fraud was generally lower in public sector organisations where the governance structures were more robust than in private organisations.
- 98.2 Mike Dinan added that he was also looking to review the gifts and hospitality policies and in particular he felt that there was a significant risk to the organisation around the London Olympics. It was essential that this message was disseminated to all staff.
- 98.3 It was noted that Mike Dinan was the senior responsible officer for compliance with the Bribery Act, but that this might need to be revised at a future date.

#### 99. Report from the Trust Secretary

- 99.1 Sandra Adams noted that three tenders had been received, opened and entered into the tender book since 28<sup>th</sup> June 2011. The purchase of Park Royal had now progressed.
- 99.2 There had been one entry to the Register for the Use of the Trust Seal for the lease renewals for North Woolwich Road and Fort Street.
- 99.3 The Trust Board noted the report from the Trust Secretary.

#### 100. Forward Planner

100.1 It was noted that some of the dates for the Committees needed to be amended. Subject to these comments the Trust Board noted the forward planner.

**ACTION:** FG to amend the date of the Committees on the Trust Board forward planner.

DATE OF COMPLETION: 27th September 2011

#### 101. Any other business

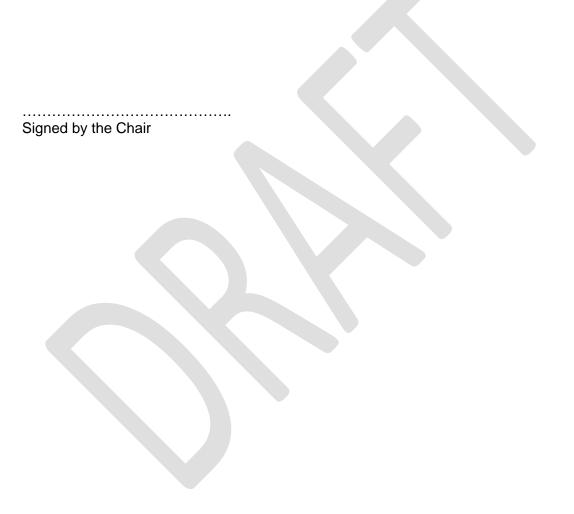
101.1 There were no items of other business.

#### 102. Questions from members of the Public

Deane expressed his thanks to the LAS for its work during the recent civil disturbances in London and for recovering its Category A performance trajectory. Now that demand was at lower levels, the service could progress with other areas of work. The Chair noted the comments and reiterated his earlier comments that the Trust Board continued to focus on its core service.

#### 103. <u>Date of next meeting</u>

103.1 The next Trust Board meeting will be held on Tuesday 27<sup>th</sup> September, which will be followed by the Annual General Meeting.

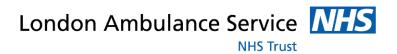


## ACTIONS from the Meeting of the Trust Board of Directors of LONDON AMBULANCE SERVICE NHS TRUST held on 23<sup>rd</sup> August 2011

Meeting Date	Minute Date	Action Details	Responsibility	Progress and outcome
20/09/09	<u>102/10</u>	Proposed governance arrangements and draft constitution for the LAS NHS Foundation Trust  Further discussion to be held at the Service Development Committee in October with an update to the November Board meeting.	SA	The draft constitution is in line with Monitor's model constitution and with current legislation. Legal advice is that we should not make any changes to the constitution until the Health Bill becomes law and we will discuss then with Capsticks any changes that may have to be made.
14/12/10	<u>161/10</u>	Balanced Scorecard		
		It was agreed that the Trust Board would have a workshop on the balanced scorecard in January or February.	СМс	Dates to be confirmed.
03/02/11	<u>19.1</u>	Questions from members of the public		
		AP to look into publicising case studies of patients who had received better clinical care as a result of being referred to an appropriate care pathway.	AP	Underway.
28/06/11	<u>66.7</u>	Report from Sub- Committees RW/MD to update the Trust Board on plans to address the tracking and servicing of equipment.	RW/MD	A draft business case for the tracking and servicing of equipment would be presented to the SMG in September and to the Audit Committee.

28/06/11	<u>67.3</u>	Chairman's Report RH to discuss world cities benchmarking with FM.	RH/FM	First set of national ambulance clinical indicators are now available, which enabled the LAS to compare our performance against other Trusts nationally. FM to discuss international comparators with RH.
28/06/11	<u>68.12</u>	Update from Executive Directors SL to identify a target level of acceptability for the quality indicators for infection control.	SL	Action complete.
28/06/11	<u>73.6</u>	Foundation Trust Update RH to write a letter to the Secretary of State confirming the new timescale to achieve Foundation Trust status.	RH	The Chair noted that he would write to the Secretary of State following the board to board meeting to confirm the new timescale to achieve FT status.
23/08/11	90.2	Report from Quality Committee PB to update the Trust Board on action taken to address equipment availability.	РВ	PB to provide an update to the Trust Board in December following the consultation meetings.
23/08/11	92.9	Update from Chief Executive Officer  RW to check the data in graph 14 of the performance pack.	RW	Action complete.
23/08/11	<u>92.15</u>	Update from Chief Executive Officer FG to add a discussion on the level of unnecessary damage to equipment and what actions should be taken to the forward planner of the Strategy Review and Planning Committee.	FG	Added to November SRP forward planner. Action complete.
23/08/11	<u>97.1</u>	Annual Review TB to feedback their comments on the Annual Review to Angie Patton.	AP	Action complete. Annual Review now published.
23/08/11	<u>100.1</u>	Forward Planner FG to amend the date of the Committees on the Trust Board forward planner.	FG	Action complete.





#### LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 27<sup>TH</sup> SEPTEMBER 2011

#### **ASSURANCE**

Document Title:	Report from the Quality Committee		
Report Author(s):	Beryl Magrath		
Lead Director:	Beryl Magrath, Non-executive director		
Contact Details:	c/o Sandra.adams@lond-amb.nhs.uk		
Why is this coming to the Trust	To provide assurance on the scrutiny and monitoring of		
Board?	the quality and safety of service		
This paper has been previously	Strategy Review and Planning Committee		
presented to:	Senior Management Group		
	Quality Committee		
	Audit Committee		
	☐ Clinical Quality Safety and Effectiveness Committee		
	Risk Compliance and Assurance Group		
	Learning from Experience Group		
	Other		
Recommendation for the Trust	To take assurance from the report on the span of topics		
Board:	discussed and reviewed by the Quality Committee as		
	well as the risks identified and being managed to		
	ensure the Trust continues to provide safe and high		
	quality services.		

#### **Executive Summary**

The Quality Committee is a formal committee of the Trust Board providing assurance on quality and safety of service provision, including the supporting clinical, information and corporate governance framework. The committee meets every two months and receives standing item reports from supporting committees as well as holding a focussed discussion on strategic quality issues.

The attached report summarises the discussions from the meeting held on 15<sup>th</sup> September, specifically:

- The Quality Risk Profile published by the Care Quality Commission each month;
- The Clinical Quality Dashboard:
- A progress report on internal audit recommendations;
- Reports from the Risk Compliance & Assurance Group, Clinical Quality Safety & Effectiveness committee, and the Learning from Experience group;
- The 1<sup>st</sup> quarter report on integrated risk management indicators complaints, incidents, claims, inquests and serious incidents, and the action and learning arising from these;
- The impact of the removal of the category B target; and
- An update on implementation of operational workforce reviews.

#### Key issues for the Trust Board

What action does the Trust Board need to take with the information provided?

To review the risks, actions and controls and therefore the assurance provided by the committee's discussions.

# Are there any areas which are a cause for concern? A number of red rated risks within the clinical quality dashboard; Progress against the information governance toolkit; Issues identified from committee reports. What are the key actions to mitigate any concerns? As described within the report and also identified elsewhere on the Trust Board agenda for the board assurance framework and corporate risk register. How does the Trust Board draw assurance? From the highlighting of issues and actions discussed by the committee and the feedback from supporting committees: the report monitoring progress against audit recommendations and the

From the highlighting of issues and actions discussed by the committee and the feedback from supporting committees; the report monitoring progress against audit recommendations and the key issues and concerns emerging from the integrated risk report.

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Report from the Quality Committee meeting held on 15<sup>th</sup> September 2011

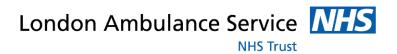
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	Strategic Goals 2010 – 13
	This paper supports the achievement of the following corporate objectives:
$\boxtimes$	To have staff who are skilled, confident, motivated and feel valued and work in a safe environment To improve our delivery of safe and 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 affectively fulfil care/cofety reaponabilities
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	That we cannot maintain and deliver the core service along with the performance expected
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	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:
$\square$	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
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	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? Yes
	No
	Key issues from the assessment:

#### Quality Committee 15th September 2011

- The Quality Risk Profile (QRP) gave the QC assurance that although much of the data related to 12 months previously there was evidence of increasing compliance against essential standards. There is an internal group monitoring compliance on an ongoing basis and progress in areas where gaps are emerging. The QRP was used by the SHA in the recent Quality Gateway Review. The following risks were identified:
  - ❖ IG Toolkit scores were much improved. Outcome 1: The Trust informs individuals about the proposed use of their personal information scored red. A further 4 under Outcome 21 relating to Confidentiality Code of Conduct/NHS Number/new systems complying with IG security accreditation & incident reporting system accessible to the staff-all scored red. The Information Governance group is overseeing the action plan to bring the toolkit score to level 2 minimum by 31<sup>st</sup> March 2012 and good progress is already being made.
  - On counter fraud & security management the red rating was inexplicable as RSM Tenon has stated they had no concerns. There is, however, a need to allocate responsibility for security management to a non-executive director following the departure of Sarah Waller and this will then help to boost the rating in a number of outcomes.
  - The withdrawal of Alcogel from public places, thus reducing the opportunity for our staff to comply with CQC Outcome 8.
  - ❖ Late finishes-Staff working extra hours CQC Outcome 13.
- The Clinical Quality Dashboard This proved to be a useful document in a helpful format.
  It includes DH indicators and indicators proposed by patients and staff. The RAG rating
  was currently subjective and needed some revision. The following red rated risks were
  identified:
  - % staff receiving 2 CPI feedback sessions
  - Pain Relief for STEMI patients
  - Lost property
- <u>Audit Recommendations Progress Report.</u> It was noted that 8/17 draft reports were awaiting finalisation, some outstanding for several months. RCAG has agreed that reports should be finalised within 3 months & more controls are to be introduced to ensure this deadline is met. The following risks are highlighted:
  - Loss and d damage to medical devices was being addressed by diagnostic packs being signed out at the beginning and signed back at the end of each shift.
  - The tracking of medical equipment and stock and could possibly be addressed in the Make Ready contract.
- RCAG report A full review of the corporate risk register was undertaken. The following are drawn to the Board's attention:
  - ❖ The establishment of Clinical Commissioning Groups & the reconfiguration of the SHA and PCTs may result in a temporary reduction in stakeholder engagement and partnership working & subsequent delivery of improvements in the urgent and emergency care systems
  - Risks associated with the Clinical Coordination Desk, which need further consideration by the RCAG next month.

- <u>Clinical Quality, Safety & Effectiveness Committee report.</u> The following risks are drawn to the Board's attention:
  - ❖ The loss of the infection control internal auditor-temporary alternative redeployment staff will be used in the interim
  - ❖ The High Risk Register-the recent review has reduced the number of addresses, however there is still significant risk to patients if staff have to wait for MPS attendance. In future all new entries will be reported to CQSE via the Area Governance Groups
  - ❖ The non-compliance with drug policies. The lead officer for drug management will attend Area Governance Groups to raise awareness & indicate that non-compliance could result in disciplinary proceedings
  - Spinal injuries-3 identified cases. The Medical Director will review this risk
- <u>CIP</u> The Board can take assurance that at present there are no clinical concerns regarding the 40 existing projects
- <u>Learning from Experience Group and the Quarterly Integrated Report</u> The integrated report follows the patient journey and identifies the issues at each stage. The Board can be assured that the Serious Incident Action plans are moving forward. The following risks were noted:
  - An expected increase in complaints from patients who had expected an ambulance & conveyance to an A&E department. The message regarding these changes will need to be widely disseminated.
  - Violence & aggression to LAS staff.
  - ❖ The failure of/missing medical equipment.
  - Manual Handling-a number of different initiatives are being trialled. Additionally complex –level manual handling assessors are being trained.
  - Damage to or missing patient property.
  - ❖ Poor staff attitude and behaviour-Steve Lennox has agreed to review this. This will be addressed in Core Skills 3 Training.
  - Failure to convey patients.
  - Under-reporting of incidents has been improved in a trial of 3 complexes of direct reporting to EBS. The cost to EBS of doing this Trust wide is to be assessed.
  - ❖ There are 16 clinical negligence claims open gross estimate totalling £14million of which the LAS is liable for £500K.
  - ❖ There are 88 employer liability claims gross estimate £2.5m for which the LAS is liable for £800K.
  - ❖ Of the 1613 motor claims in the last 4 Quarters the total cost is £2.75M.
- Impact of discontinuing Cat B There has not been an increase in complaints regarding delays. There has been a declared SI, initially categorised as C2, the determinate for which will now be upgraded to C1. A review of Category C3 patients is being undertaken with a view to considering the appropriateness of delivering telephone triage to this group.
- Operational Workforce Review There are issues concerning the data on the completion of OWRs, both with regard to the time available to Team Leaders and the quality of the OWR undertaken.





#### LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 27<sup>TH</sup> SEPTEMBER 2011

#### PAPER FOR NOTING

Document Title:	Chairman's Report	
Report Author(s):	R J Hunt - Chairman	
Lead Director:	-	
Contact Details:	-	
Why is this coming to the Trust Board?	A standing Agenda item for the Trust Board – a summary of key meetings and activity in the month	
This paper has been previously presented to:	Strategy Review and Planning Committee Senior Management Group Quality Committee Audit Committee Clinical Quality Safety and Effectiveness Committee Risk Compliance and Assurance Group Learning from Experience Group Other	
Recommendation for the Trust Board:	To note the report	
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#### **Executive Summary**

A focus of attention has been to continue to build relationships with external stakeholders.i.e PCT Chairs as well as this month other ambulance trusts. This is to continue to promote views about how commissioning should be developed from an ambulance trust perspective and similarly on how we should respond to the opportunities and arrangements being developed for providing the new 111 services. This stems, in principle, from the Stakeholder survey of late 2010 identifying the opportunity for LAS to recognise its potential profile and to develop it as well as its wider contribution to the urgent and emergency care agenda.

#### **Key issues for the Trust Board**

Activity and meetings have taken place as follows:

- a) A meeting was held with Jo Webber, Director of The Ambulance Service Network, to review the outcome of the letter to Sec of State and Sir David Nicholson on behalf of all ambulance trusts about bidding for the 111 service.
- b) I met with the CEO of Care UK to understand if there were opportunities to build on existing relationships and in the future perhaps develop joint working proposals in the provision of 111 services or more general urgent care.
- c) I visited the Bedford control centre of East of England ambulance services. They had recently implemented their new Intergraph control system. In addition I met with CEO and Chair to understand their reasons for not renewing their membership of the Ambulance Service Network. We had wide ranging discussions about how ambulance trusts would be best represented to government and the department of health.
- d) With Peter Bradley I met with Margaret Hodge MP (also Chair of the Public Accounts Committee) to bring her up to date with an incident earlier in the year involving one of her constituents and more generally brief her on the current status of LAS. It is clear we should

have more contact with our London MPs and ensure they know more about LAS.

e) Together with colleagues from other ambulance services we met with Barbara Hodge to understand thinking and current plans on how ambulance services will be commissioned in the future. It will be through CCGs but there could also be opportunities for us to be clearer

	on how we would like this to work and propose solutions ourselves.  f) I attended the reception in The House of Lords for the All Party Parliamentary Group on Ambulance Services. An excellent showcase of what ambulance services do and the				
	developing and widening skills of Paramedics and their role.  g) Together with Peter Bradley and Mark Whitbread we met a few London conservative MPs at the House of Commons to bring them up to date and answer queries that they raised. As above under (d) we need to do this on a regular basis. The level of general knowledge				
	about what we do appears still to be fairly limited.  h) I completed my round of meetings with all PCT cluster Chairs with a meeting with Marie				
	<ul> <li>Gabriel from East London and City.</li> <li>i) I am due to have a further review meeting with Prof Mike Spyer on 21 September to review Command Point implementation and readiness for the Board to Board scheduled for 7 October.</li> </ul>				
<b>Att</b> No	achments				
INO	ne				
	************************************				
	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				
	<ul> <li>☐ That we are unable to match financial resources with priorities</li> <li>☐ That our strategic direction and pace of innovation to achieve this are compromised</li> </ul>				
	NHS Constitution				
	This paper supports the following principles that guide the NHS:				
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	3. The NHS aspires to the highest standards of excellence and professionalism				
	<ul><li>4. NHS services must reflect the needs and preferences of patients, their families and their carers</li><li>5. The NHS works across organisational boundaries and in partnership with other organisations in the</li></ul>				
$ \Box$	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? Yes No				
	Key issues from the assessment:				





#### LONDON AMBULANCE SERVICE TRUST BOARD

**DATE: 27 SEPTEMBER 2011** 

#### PAPER FOR NOTING

Document Title:	Chief Executive's report
Report Author(s):	SMG for Peter Bradley
Lead Director:	Chief Executive Officer
Contact Details:	
Why is this coming to the Trust Board?	For information and noting
This paper has been previously presented to:	Strategy Review and Planning Committee Senior Management Group Quality Committee Audit Committee Clinical Quality Safety and Effectiveness Committee Risk Compliance and Assurance Group Learning from Experience Group Other
Recommendation for the Trust Board:	To note the report

#### **Executive Summary**

- Rest break allocation has improved slightly whilst the new agreement continues to be worked through
- Call answering has been sustained and the Trust reported high telephone call resolution and low re-contact rates in comparison to other Trusts.
- All acute Trusts have been made aware by NHSL of the need to improve patients handover
- Sickness absence across the Trust has risen slightly, attributable to longer term illness
- Frontline staffing at the end of August had a vacancy level of 90 wte
- YTD 144 Student Paramedics have qualified and are in the process of HPC registration
- Training plans that span the Olympics are being drawn up to optimise staff availability
- SMG approved 4 of 6 SUI draft reports, two further reports will be resubmitted.
- Over 650 patient involvement and public education activities have been recorded this year.
- The service's improved cardiac arrest survival figures were featured on BBC London news and an increase in enquiries to our community resuscitation team followed
- An internal communication campaign 'Playing our Part' features in current presentations and communications and helps promote the Service vision objectives and values within a 5 year programme
- Nearly 50 Staff attended a reception hosted by the Mayor in recognition of the work undertaken during the recent civil unrest

- The CEO and Medical Director have met with 500 frontline staff (so far) as part of the 2011 Consultation meetings
- Since my last report work has continued to resolve issues in preparation for going live with CommandPoint and good progress has been made. We will be in a much stronger position next time we go live.
- Whilst Category A performance remains well above 75% for the year to date, the high levels of student Paramedics training means that ambulance hours produced are less than we would want. This has been particularly the case in the last few weeks and we are doing all we can to maximise cover to ensure our year to date performance improves and that waiting times for Category C1 & C2 patients reduce further.

#### **Attachments**

- Balanced Scorecard
- Human Resources Summary for Trust Board
- Performance data pack

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#### 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

#### **NHS Constitution**

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#### **Equality Impact Assessment**

Has an Equality Impact Assessment been carried out?

Yes

No

Key issues from the assessment:

### TRUST BOARD MEETING 27 SEPTEMBER 2011 CHIEF EXECUTIVE'S REPORT

#### 1. COMMISSIONING AND BUSINESS DEVELOPMENT

Strong relationships with our commissioners have been maintained during August and we have successfully delivered against our remedial action plan and against our key performance indicators. LAS has successfully achieved £522,415 of CQUIN by end of August 2011 and we are on track for the majority of areas. Increasing the use of appropriate care pathways continues to be a key message across the organisation in line with our QIPP and our colleagues across London. There is concern around the end of life care CQUIN as this relies on GPs sharing end of life care plans with out of hours GPs and these numbers are a very small proportion of the overall number of plans in London. Focus is also now moving to planning for contract negotiations and CQUINs for 2012/13.

The Business Development team are currently focused on supporting London in the delivery of 111, both in establishing links between 111 providers and LAS in order to be able to dispatch ambulances where necessary and also in bidding to become a 111 provider. As reported at the last Board we have successfully bid to become an NHS Pathways training organisation and our staff are currently training to teach the use of this product so that we can then offer this training both internally and commercially.

#### 2. INTEGRATED BUSINESS PLAN (IBP) DELIVERY PROGRAMME

The programme managers for the three new programmes which make up the IBP Delivery Programme (Patient Care [SRO Steve Lennox]; Value for Money [SRO Mike Dinan]; Workforce and OD [SRO Caron Hitchen]) are in the process of mapping project benefits across the IBP to: identify inter-dependencies; document clear linkages between projects and corporate SMART targets.

Key points of note are:

#### • Patient Care Programme (twelve projects) -

- <u>Hospital Turnaround</u>: Initial joint action plans have been produced and submitted by each acute trust to commissioners for approval. Weekly reporting starts in September.
- Rest breaks: Increased to 36% in August, focus is on continuing the increase.
- Hear and Treat: CQUIN target exceeded for July.
- Implementation of NHS Pathways: A feasibility study has been undertaken to see if the delivery of NHS Pathways into CTA is the right business decision for the Service. In the absence of a stand alone NHS Pathways solution technical options are being explored to deliver NHS Pathways into CTA. A manual solution has been agreed to deliver 'warm messages' into Dispatch. LAS is technically ready to deliver this manual link for 111 Pilot site go-live on 18th Oct 2011.

#### Value for Money Programme (thirty three projects) –

Most projects are under control. There is one project, IBP 04.34 Reduced Use of Agency Staff, causing concern even though it is marked as 'Off-Track – Under Control'. This is because the CIP savings planned are not being delivered, even though the number of agency staff are substantially below the numbers planned and overall spend will be appreciably less than in 2010/11.

#### Workforce and OD Programme (sixteen projects) –

A provisional start date for the Clinical Response Model of the 15<sup>th</sup> November has been agreed by the project board which will be confirmed once the outcome of the Department of Health's decision about clock start has been announced. Whilst clock start is not essential to the CRM it will enable the appropriate resource to be dispatched

on chief complaint, thereby supporting the CRM in matching the right vehicle to patient need and so helping the overall resourcing of the model. ORH have been engaged to model the resource requirements of the CRM in the South East to provide assurance that the model will be appropriately resourced and therefore operate as intended whilst achieving performance targets.

#### 3. BALANCED SCORECARD (see attached information pack)

The Balanced Scorecard was 86% complete for August, compared to 87% last month.

#### **Care for Patients**

Targets for Outcomes from Cardiac Arrest (ROSC), acute STEMI and stroke were all met. The Medical Directorate has raised concerns about the time spent on scene for stroke patients, which may need to be examined further to ensure that patients reach a HASU within 60 minutes. Outcome from Cardiac Arrest - survival to discharge (overall and Utstein comparator) figures were just under target, and CARU report that this is due to a small data sample being available. Concerns were raised about the challenges in collating information from internal and external sources to provide figures for outcome from trauma performance indicators, for which CARU has an action plan in place.

Hear and Treat resolution performance indicators were met and targets for the number of falls referred to GP were met, with significant increase on the referral rate for June, with 10 complexes achieving in excess of 10% above CQUIN 4 trajectory.

Reducing conveyance rate to A&E services (CQUIN 1) showed an overall increase on June's figure by 0.1%, which breaks down to 11 complexes showing a decrease in ED conveyance, 1 complex remaining constant and 14 complexes showing an increase. Those complexes that did not meet the CQUIN trajectory for June and which show consistent under-performance in this area have been identified. Both Strategic Development & Operations are working closely with ADOs & local complex managers to identify issues and to devise remedial action plans to improve A&E conveyance rates in these Complexes.

The Mental Health (MH) Pathways (CQUIN 6A) action plan is monitored monthly at the MH committee and is on track for delivery, but there is a risk to the delivery of training and implementation of the assessment tool due to the complexity of the delivery and the time frame, however we will continue to drive these measures. The development of Mental Health protocols for direct access to MH crisis teams (CQUIN 6B) is also on track for delivery, with visits to five of the mental health providers completed.

The trust cannot yet report on progress against End of Life Care Pathways (EOLC) (CQUIN 5A/B) due to data challenges in flagging EOLC patients in current and external systems; The Medical Directorate are working on links with the Clinical Support Desk and their ability to flag addresses and patients.

The Trust did not achieve Category C1, C2 and C3 targets, but did meet C4 targets even with an increase in C4 calls. Work is underway to identify C3 calls where responses are required and to evaluate the triage process.

#### **Good for Staff**

The Trust cannot report on progress against targets for the percentage of staff receiving annual PDR sessions. This is due to an IT issue which is currently being addressed. Figures will be available for the Board report for September. CPI completion and compliance with guidelines targets were achieved, although the percentage of operational staff who have received two CPI feedback sessions was not met.

55% of New Ways of Working training has been delivered to date. The percentage of staff attending training courses against places available is just below target for the month, but is

averaging above target for the year. The number of student paramedics who have completed their training is continuing against schedule and the proportion of annual priority training commitments delivered is on track. Concerns are raised about the number of courses cancelled due to insufficient staff numbers being allocated.

#### **Value for Money**

Estates strategy objectives are 20% complete across five projects, with the current status of the projects as: the HART buildings (West) is complete as at September 2011; a business case for Workshop West is to be resubmitted to the SHA for approval; a feasibility study and budgetary costs for the Bow Control Room has been completed, with Operations to produce the business case to secure funding; the New Generation Ambulance Station user brief has been submitted to SMG for approval; and a brief is being drawn up for the HQ replacement project. The Estates team has submitted revised monthly targets for this Performance Indicator from September 2011.

The CAD core system performance indicators were met, with one 36 minute disruption of service due to a database corruption and a brief interruption of service to the MPS CADlink.

The percentage of AEU fleet available to operations was 96% against a target of 88%, with average vehicle availability steady at the required level.

Targets to measure CAT A 8 minute response during unplanned major incidents were met, in the context of civil disturbances around fourteen locations in London

#### <u>Improve Engagement – Service Experience</u>

The Learning from Experiences group reviewed the Q1 report and identified a number of areas for future discussion, including the High Risk Register and Mental Health, on the basis that these will be fed through to other committees in the existing structure. The Integrated Report for Q1 will be reviewed by the Quality Committee in September. Further clarification on non-declared Serious Incidents is that Patient Experiences, Legal Services and Safety & Risk will coordinate any investigations requiring more detailed analysis for the areas they are responsible for.

#### **Infection Control**

The August dashboard illustrates further improvements in compliance with guidelines and policy. Nine complexes are recorded as achieving 100% compliance with hand Hygiene. All other audited complexes are now above 80% (Fulham and Homerton were not audited in August) and all complexes are within their set trajectory. The Lead Manager and responsible Director are going to undertaken a number of random audits to check for complacency in the audit process or the Hawthorne effect.

The improvements made earlier in the year in Deep Cleaning also appear to have been sustained.

The Director has written to all acute trusts to invite them to participate in our audit programme and observe our staff whilst undertaking their own internal audit. If this offer is taken up this will significantly strengthen the quality of our data.

Infection control is currently RAG rated Green on our quality dashboard to reflect the sustained improvements.

#### 4. SERVICE DELIVERY

Accident &Emergency service performance and activity (see attached information pack)
Performance Overview (Graphs 1, 2,3,7,8 &13)

The table below sets out the A&E performance against the key standards for Category A for July and August and the first 15 days of September 2011.

	Cat A8	Cat A19
Key Standard	75%	95%
July2011	76.8%	99.4%
August 2011	77.8%	99.4%
September (to15 <sup>th</sup> )	74.5%	99.2%

It is pleasing to note that the Trust achieved the National key standard for Category A performance for the month of August ending on 77.8%, above the agreed trajectory, with the YTD Category A performance sitting at 76.7%. Category A incident demand continues in the same vein as experienced in previous months, with August showing an overall growth of 11.3% in-comparison to last year, which equates to c3,000 additional incidents. Category A year to date shows an overall growth of 10.8 %. Overall incident demand for August was 3.8% less than last year, with total year to date incidents demand showing a reduction of 2%.

September has seen a poor start with the first two weeks seeing an increase in activity and poor staffing as training levels increased and staff returned back to work at the end of the summer. As the month has progressed the levels of staffing have increased and performance has improved. The Operations team are focussing on getting us back onto the agreed trajectory.

Following the introduction of the new Clinical Quality Indicators in April 2011 and the abolition of the Category B target the Trust had to realign and re-categorise determinants that had previously sat within the Category B measure. This meant triaging these existing determinants into new categories. The Trust has been monitoring the data internally against the initial predicted DH Incident profile and for the first time we can compare ourselves against other Trusts. The Trust YTD incidents being triaged as Category A incidents totals 35.5% which can be broken down further into Red 1 (1.4%) and Red 2 (34.1%). North West Ambulance Service, (NWAS) currently have 35.1% Categorised as Category A and so our levels appear in line with other large ambulance services.

On the 10<sup>th</sup> August 2011 the Trust trialled a new call connect system for two days. The process did not change the triage or dispatch regime for Red 1calls but dispatch was delayed for all calls remaining Category A calls by up to a minute.

The aim was to allow the Trust to collect more information regarding the call and therefore clock start time would not commence until a location and chief complaint has been confirmed or resource assigned or at 60 seconds, whichever is earliest. This was a significant change to staff working practices but was well received. Rather than staff pre-empting the outcome of the call staff had to adopt a hands off approach to legitimately understand the full impact of this trial. The Initial results are very encouraging over the trial period. The Trust has seen a reduction in cancellations by up to 50%, a reduction in multiple sends by 25%, but has held Category A performance. The results have been reported back to the DH and we await the outcome of their deliberations.

#### Call Answering (Graph 5, 6, 54 & 55)

The last few months have seen strong and sustained performance in Control Services against the target requiring us to answer 95% of all incoming calls within 5 seconds. Call volume is up over 8% on the same period last year and performance YTD is 94.9% against 93.8% for the same period last year. This is and will remain an area of focus for Control Services.

The Trust has been working hard to reduce calls referred to the LAS from the MPS. Last year MPS calls had risen by nearly 12% and I am pleased to report that form April 2011 to 11<sup>th</sup> September the Trust has seen a decrease in MPS calls of 7.4%. Although the Trust has seen a reduction in MPS calls, 999 calls have increased by 6.8% which sits inline with the increase in Category A Life-threatening calls.

#### **Rest Breaks (Graph 12)**

Allocated rest breaks improved for the second consecutive month, increasing from 30% in July to 36% in August. This is a pleasing achievement taking into account the fact that category A life-threatening incidents remained higher than last year. Further improvements are yet to be realised as the new rest break agreement will not be implemented in September as previously stated. Negotiations are ongoing; and we will keep the Board informed on further developments.

#### Call Taking Resolution (Graph 31, 61 & 62)

The month of August saw the Trust pass a total of 5,154 calls, which equates to c167 calls per day to NHSD saving a total of 4,360 ambulance journeys. It should also be noted that 1,516 or 29.4% were passed by telephone; which is the highest number since the electronic data transfer system commenced in April 2011 and the causes are being explored.

Clinical Telephone Advice (CTA) for the month of August saw a decrease in calls saved through PSIAM ending on 1,202 journeys saved in-comparison to July's 1,307 a reduction of 8.7% which is disappointing. When compared to the other ambulance services in England, I am pleased to report that the Trust has the highest telephone call resolution and the lowest number of recontacts following Clinical Telephone Advice in England. This is worthy of further review bearing in mind the current stated aim of moving across to Pathways. The 3 Trusts who use that system are currently all reporting lower levels of telephone resolution and higher recontact rates.

#### Resourcing (Graph 14, 15, 16, 17 & 18)

The Trust produced 121,852 ambulance hours resourcing for August this year which was 10,999 hours less than for the same period last year; a 8.3% reduction. FRU hours produced for August increased by 8.9% to 55,788 hours compared to 51,215 hours for the same period last year. As predicted appetite for covering FRUs has improved in the summer period and we anticipate a further improvement in the second quarter as new Paramedics graduate in greater numbers from Hannibal House. The Trust produced 24,629 ambulance hours for Urgent Care vehicles in August this year, exceeding the hours produced last year by 4,278.

Actual planned overtime spend for August was 38,632 hours. This is a decrease of 8% compared to the same period last year when we spent circa 41K hours on planned overtime.

#### Hospital Handover/Turnaround (Graphs 22, 23 & 24)

The Trust continues to work with commissioners and acute hospital trusts to reduce both the average patient handover to green and average hospital turnaround times in order to increase the resources available to respond to calls.

For Aug '10 the average hospital turnaround time was 32.4 mins and for Aug '11 31 mins. The average arrival to patient handover times for the same dates was 13.2 mins and 15.6 mins respectively. Similarly the average patient handover to green time was 19.5 mins in Jul '10 and 15.4 mins in Aug '11 which is a good improvement. As a result of our ongoing concerns and representations about the increase in the arrival to patient handover, NHS London has now raised this as an area of concern and appointed a Senior Responsible Officer to oversee an improvement plan. This has now resulted in all acute trusts (except one) submitting recovery plans showing how arrival to handover time KPIs will be achieved along with trajectories.

The Aug LAS performance against the KPIs in this area against trajectory are as follows:-

Handover to Green within 15 minutes - trajectory 52% - performance 54% Handover to Green within 30 minutes - trajectory 95% - performance 95% Data completeness - trajectory 78% - performance 83.1%

#### **Control Services (Graph 6,47,48,50 & 51)**

Since the events of June 8<sup>th</sup> the focus in Control Services has been on ensuring the lessons we learnt from that day inform the way we approach go-live 2. Extensive staff consultation has been undertaken and while a final decision around go live has yet to be made it is planned for Control Services staff to play an integral part in the build up to go live 2.

A new dispatch model was introduced in to EOC in May of this year as a necessary precursor to CommandPoint. Close analysis has shown it to have been a performance enhancing change but given CommandPoint's delay it has proven necessary to review the dispatch model as introduced. Following careful consideration a change was introduced in to EOC on August 29<sup>th</sup> which has seen a number of complexes combined under one allocator where they previously would have been managed singularly. We are currently in a situation of ongoing review to evaluate the full impact of this change but first indications are positive. By coupling complexes together this has released staff from dispatch in order to support call handling, break allocation and effective deployment.

#### Fleet & Logistics (Graph 52 & 53)

The number of days lost due to vehicles being off the road (VOR) decreased in August from 1.64 to 1.59 days. Looking at the breakdown, Fleet VOR has reduced by 0.05 days and On-Duty reduced by 0.1 days. Against the same period in 2010, Fleet VOR has fallen by 0.01 days and On-Duty VOR has increased by 0.09 days. Vehicle Sourcing improved from 75% in July to 83% for August more than reversing the fall between June and July. The has been a focus on fleet deployment planning and a new process for managing vehicle requirements will be full rolled out during early September. This is expected to ensure that core vehicles remain on station and that there will be a much reduced flexible fleet element which will be used to manage varying PVR, vehicle servicing and VOR issues.

Make Ready performance steady for the period and Deep Cleaning performance was at 84% (within their cleaning period) for AEUs and 87% for FRUs.

#### **Emergency Preparedness**

The HART West site has been completed and was handed over to HART on Wednesday 7<sup>th</sup> September; it opened for business with the first teams working from their new site on Monday 12<sup>th</sup> September. An official opening is being planed and details will be shared in due course.

With Notting Hill Carnival and the initial Olympic test events having taken place, planning now continues for the Festival of Remembrance, New Years Eve and the next round of Olympic test events commencing in early November.

The EP team are currently delivering a National Occupation Standards (NOS) - Command Training for all levels of Command within the Great Western Ambulance Service NHS Trust. This will take place over the next few weeks and will enable GWAS to meet the approved NOS for Ambulance Trusts.

#### 5. PATIENT TRANSPORT SERVICE

#### Commercial

Epsom & St Helier University Hospital NHS Trust has now announced that it will be awarding its Non-Emergency Patient Transport contract to GSL who are the incumbent suppliers.

This is the only information to come out of phase 3 of the London Procurement Programme and we still await results for the other 9 Trusts. LAS holds 3 of the 9 contracts to be announced.

Phase 4 of the London Procurement Programme has been issued and the LAS submitted a PQQ on 5 September 2011. This tender process is not what we would consider standard provision of Non Emergency PTS. It is looking to find a managed services provider who will manage the distribution and quality delivery of all transport requirements including:

- Non-emergency patient transport service (NEPTS);
- Higher dependency ambulance services
- Other Specialised Transport Services (i.e. Secure Transport)
- Patient Eligibility Assessment Centre
- Pathology Courier
- Courier
- Staff Taxi / Pool Cars
- Staff bus (Hopper

Consequently the focus will change to the successful bidder managing a range of other providers to deliver services.

The authorities commissioning this new approach are:

- 1. Homerton University Hospital NHS Foundation Trust
- Camden & Islington NHS Foundation Trust
- 3. NHS Camden including NHS Islington, NHS Camden (NHSC) and NHS Camden Provider (CPS)
- 4. East London NHS Foundation Trust
- 5. Kings College Hospital NHS Foundation Trust
- 6. Lewisham Healthcare NHS Trust
- 7. Barnet, Enfield and Haringey Mental Health Trust
- 8. North West London Hospitals NHS Trust
- 9. St Georges Healthcare NHS Trust

The LAS joint bid with Sodexo to provide PTS services at Lewisham Healthcare resulted in a site visit by the commissioning team to Whipps Cross University Hospital. This was to look at our service delivery operation in action. This proved very successful and we have been invited to answer clarification questions at Lewisham on 3 October. It would appear that our bid is one of two being considered by the Lewisham Trust.

The LAS has been praised by both Sodexo and staff at Queen Mary's Hospital at Roehampton, for the smooth and professional transfer of PTS services to the LAS on 25 July 2011. In the first full month of operation we have identified that activity is higher than expected in certain mobility's and is part of a review on the costing.

#### **Operations**

Bariatric Vehicles

This service has now been reviewed and a report produced. On average these vehicles are delivering approximately 40 bariatric journeys a month with an equal split between PTS and A&E.

It has been identified that there may be a need to enhance the capabilities of the vehicles with different stretcher and stair climber. Although the current equipment is able to bear

the weight of bariatric patients, in some instances they are unable to cope with patient mass.

#### Performance

Activity in August rose to 16,070 journeys as a direct result of the new Queen Mary's Hospital contract. Without this new activity, core activity remains below expectations forecast at the start of the financial year.

Even with the introduction of new staff and a new contract, quality was maintained in August at the following levels:

Arrival Time: 93%Departure Time: 91%Time on Vehicle: 94%

#### 6. HUMAN RESOURCES

#### Workforce information

Highlights from the attached workforce information report are:

#### Sickness absence

There was a rise in sickness absence for the Trust as a whole, June to July, from 5.08% (adjusted) to 5.48%. This rise is attributable to the increase in long term absence. The YTD has risen to 5.17% and therefore this figure remains slightly above the target for 2011/12 of 5% or below. Much of the long term absence is attributable to serious illness, so we cannot expect an improvement in the short term. The RAG rated audits continue to show that, in the main, absence is being managed appropriately and in accordance with the Managing Attendance Policy (MAP).

PTS sickness remained high and static June to July. Long-term absence remained high, but all cases are being managed appropriately through the MAP.

#### Vacancies and Turnover

From weekly operational staff in post figures, it can be reported that as at 29.08.11, frontline staffing was 3211wte against an establishment of 3301 (vacancy level of 90 wte). We have an anticipated recruitment to c55 university paramedics in late autumn.

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

#### PDR completion

Due to a system failure, figures for August are not available. The next report will include figures YTD for September.

#### Health Safety and Risk - incident reporting

#### Manual Handling Update

The numbers of lifting, handling and carrying incidents remain low compared to 2010/11. This is across all 3 areas, with the West Area having the lowest amount of reported Manual Handling incidents in August 2011. (East Area: 17, South Area: 10, West Area; 9)

The chair transporter trial is still ongoing with evaluation due to be conducted in January following completion of Trust wide trials.

#### Abusive Behaviour Update

The numbers of incidents where staff are verbally abused or threatened continues to fall consistently below the number reported in 2010/11. The largest change is in the West Area, which has fallen from 16 incidents in July 2011 to 9 in August 2011. (East Area: 15, South Area: 10, West Area; 9)

#### Physical Assault and Security Update

The numbers of reported physical abuse is slightly higher compared to this point in 2010/11; the numbers of incidents rose in July but dropped significantly in August. It is believed that this is an artefact of the delay in report arrival at Safety and Risk.. The West Area saw a fall from 22 incidents in July 2011 to 9 incidents in August 2011, an effect replicated in the other A&E Operational Areas (East Area: 9, South Area: 9, West Area; 9)

There was one court appearance during July. A man was sentenced to a 24 week prison sentence (suspended for 12 months) for severely spraining the wrist of a female student paramedic whilst she was treating him.

Following an assault on a student paramedic on the 30<sup>th</sup> July 2011, the assailant (who is also a frequent caller) appeared in court on the 9<sup>th</sup> September 2011 and was given a 6 week prison sentence for common assault and homophobic abuse.

#### Health and Safety Training Update

During July 2011 there were 21members of staff trained at an All-in-One course for non-operational staff. Members of the Health, Safety and Risk Department presented training in Fire Safety, Back awareness and safe lifting refresher, Display Screen Equipment (DSE) awareness, in addition to general Health and Safety awareness and Personal Safety Techniques/Physical Conflict Avoidance awareness.

#### **HSE Update Visit**

Tony Crabtree and Jason Killens met with the HSE Inspector on the 26<sup>th</sup> of August to review the position of the Trust with regards to the action plan which arose from the HSE visit. This was a planned but informal follow-up meeting to review progress. The meeting was positive and the HSE had no particular issues to bring forward or for further attention. The Trust and HSE have committed to an on-going dialogue, and arrangements are being made to meet Mr Crookes again in February/March 2012.

#### Health and Safety Consultation arrangements

The inaugural meeting of the revised Corporate Health and Safety Group met on 15 September 2011 and the new Operational Health and Safety Partnership Forum will now be established to complete the revised consultative arrangements.

#### **Training and Education**

The main area of activity in July has been to continue to deliver the Paramedic skills elements of training to the significant numbers of Student Paramedics. Currently, between 150 and 200 students per day are moving through this final part of the programme. In the year to date 144 Student Paramedics have qualified and are in the process of registering with the Health Professions Council.

Work continues on the introduction of Higher Education pathways for Paramedic Registration. The Open University (OU) Paramedic course for A&E Support has been launched. The pathway for Emergency Medical Technicians requires further work and will be launched shortly.

The Clinical education Team are currently working on the training plans which span the Olympics period in order to optimise staff availability during the games.

#### Partnership working

Following the formal the announcement at the TUC Congress by the public sector Trade Unions that they intend to ballot members on industrial action up to and including strike action, close contact will be maintained with the recognised unions via the Joint Secretaries' forum. This will entail discussions about what the national action, (which is the result of Government-planned changes to public sector pensions,) will actually mean in terms of delivery of ambulance services. In particular, the dialogue will seek to agree mitigation of this impact so far as is possible.

In this regard, links with other NHS bodies in London are being maintained via the NHS London IR reference group, and other networks including those involving other ambulance Trusts are also being maintained to share experience, learning and planning expertise.

All formal consultative arrangements are being maintained throughout this period, and discussions with Staff Side on implementing the CIP continue.

#### Wellbeing

Staff Support team continues to be active, through Linc and the counselling service, in assisting staff who have been involved in traumatic incidents, including recent deaths in service. Linc worker visibility and availability was also maintained and promoted during the recent civil unrest.

#### **Staff Engagement**

The Team Briefing system is to be rolled out across the Trust. Initially this will cover all Directorates and staff outside of Operations, with the timing of the completion to all staff to be determined.

Initial staff suggestions submitted under the "change one thing" initiative are being evaluated, to determine those that are to be referred to the Assistant Directors' Group. All staff who submit a suggestion will receive a formal response to advise whether and/or how it is to be taken forward. If it is not, they will be told why this is and encouraged to submit further ideas.

The national NHS staff survey will be issued in early October.

#### 7. COMPLAINTS, PALS ENQUIRIES AND SERIOUS INCIDENTS

This report summarises the complaints and PALS activity for August 2011. Activity was slightly down on previous months as is often the case for August, with 31 complaints received and 339 PALS enquiries to be responded to. The year to date total is 182 and 1634 respectively.

The most frequently reported causes for complaints against the service are staff attitude and behaviour, delays, and conveyance issues. In the latter case, patients report that they had expected a vehicle to be dispatched as an outcome of their 999 call and are dissatisfied when they receive telephone advice especially when they have not been informed that this may happen. They also state that if they had known this to be the course of action they would have made their own way to hospital.

In terms of key performance indicators, for Quarter 1 April – June 2011, 25 complaints were investigated and fully responded to within 25 days and a further 14 were completed within 40 days. Work is underway within the department to improve the speed of investigation and response.

- Serious incidents the SMG considered the final draft reports for 6 serious incidents where the investigation has been completed and a recommendation proposed. Of the 6 considered, 4 were approved as follows:
  - STEIS 8126 delay in attending to a patient at high risk register address: the root cause of the incident was that the Trust didn't monitor the recommendations and actions from a previous serious incident and therefore to learn from this an improve the quality of response provided. It should be noted however that the investigation found that the call management and clinical care provided to the patient were of an acceptable standard and the delay did not contribute to the patient's death. Six recommendations were proposed and agreed and these will be turned into an action plan which will be closely monitored. The Trust is already in the process of improving the governance arrangements for the management of the high risk register under the direction of the Clinical Quality Safety & Effectiveness committee;
  - STEIS 12761 disruption to 999 calls for approximately 8 minutes on 20<sup>th</sup> September 2010. The root cause was identified as a single point of failure in the uninterruptible power supply due to human error in the installation of the cabling to the telephone system to the UPS device. Action has already been taken to implement the recommendations to ensure that this error does not happen again.
  - STEIS 3203 delay in attending to a patient in cardiac arrest due to the ambulance resource being sent to the wrong address. The root cause was identified as a failure to verify the address for the call response and that the gazetteer system used did not have accurate and up to date information to support the call handler's actions. The investigation considered whether the delay affected the outcome for the patient and found that there was good evidence that the patient was in cardiac arrest at the time of the 999 call; that effective bystander CPR was underway; but that the patient was asystole by the time the crew arrived making survival very unlikely under the circumstances. The probability of death in out-of-hospital cardiac arrest remains greater than 50% regardless of the time before ambulance resuscitation is commence.
  - STEIS 12763 unexpected death of a patient. The root cause was identified as a failure by staff to comply with Trust policy on: clinical assessment, the decision made not to convey the patient, and the completion of the patient record form. Five recommendations were identified and agreed and an action plan was also prepared and approved by SMG. The investigation considered whether conveying the patient to hospital would have resulted in a different outcome for the patient however the post mortem report concluded that the patient's death was due to natural causes as a result of a particular condition.
  - The 2 serious incidents required further clinical review and will be considered again by SMG before sign-off.

#### 8. COMMUNICATIONS AND ENGAGEMENT

#### **PPI and Public Education activity report**

#### **Patient and Public Involvement:**

- Members' Meeting we held the second of our Members' Meetings on 12<sup>th</sup> September with a presentation and then table work on Right Place, Right Care, Right Time a discussion about the new service models for hear/see and treat/convey. Over 35 members attended including some staff members and there was lively discussion at tables on topics ranging from pathways for End of Life Care, the Clinical Response Model, Major Trauma Centres, Hyper Acute Stroke Units, and changes to acute service configuration in outer North East London. These events are specifically aimed at members who have indicated an interest in becoming a governor.
  - An Evening With Us, an event on 12<sup>th</sup> October organised by the Foundation Trust team, will showcase the Trust's patient involvement and public education activity. We will particularly focus on our knife crime prevention and road safety initiatives, the role of the Community Involvement Officers and the Tower Hamlets Project.

A mental health service user has joined the Trust's Mental Health Committee.

#### **Public Education:**

 Approval has been received for the Public Education Staff Development Programme over seven days in September and October. Eleven members of staff will take part from across London, some with core public education roles, others who are operational staff. This programme provides participants with the skills and knowledge to deliver high quality public education work.

#### **Community Involvement Officers:**

 As well as the six Community Involvement Officers in post, a further four posts will be filled this year and the remaining four in April 2012.

#### Other PPI and public education activities:

Over 650 patient involvement and public education activities have been recorded on the database since January 2011. For the period since the last report, these have included:

- Sporting events
- Play schemes and holiday clubs over the summer holidays
- An over-60s talk
- Youth offending teams (knife crime)
- Community events
- Joint work with Westminster Youth Services on knife crime
- Charity events
- Transport for London's "Be Safe" week at the London Transport Museum

Bookings for LAS involvement in public education events are already being made for well into the autumn and for next year.

#### Reputation and issues management

**Public Accounts' Committee report:** The Public Accounts Committee published its report 'Transforming NHS ambulance services' on 16 September. Media coverage mainly focussed on the report's recommendations for clarity around how ambulance services will be commissioned in future and the variation in costs. The Service issued a statement welcoming the report and its recommendations to the Health Service Journal and other public health media as well as publishing it on the Service's website.

#### Media

**Feature on BBC London TV and radio:** The latest cardiac arrest survival figures were released to the media on 18 August and the release also urged the public to learn basic life support. Chris Hartley-Sharpe was interviewed live on BBC Radio London along with a patient whose life staff helped to save. The story also featured on BBC London TV News the next day in all five broadcasts and seven local newspapers. Information on the Service's website led to a big increase in enquiries to the community resuscitation team.

**Channel 5 documentary:** The Service has been featuring in Soho Blues a five-part prime TV documentary series looking at the work of the emergency services in the Soho area. Camera crews spent six weeks with ambulance staff and single responders from the Waterloo complex as well two nights on board the 'booze bus' and in the control room. Initial viewing figures show that over one million people tuned in to the first episode generating positive feedback about the Service on the Channel 5 website and Twitter.

**Notting Hill Carnival**: The Service coordinated medical cover for the Carnival and worked with St John Ambulance to treat 681 patients, with 138 of those taken to hospital. Performance

Improvement Manager Paul Gates was interviewed live on LBC on Tuesday morning about the casualty figures and the Service was mentioned in a number of articles about the Carnival in national, regional and local newspapers. The BBC's website article had a link to the Service's website and, during the two days, over 200 people who saw the news article followed the link to our site.

**Help for Heroes**: The Service, as part of a national ambulance campaign, launched a three-month appeal for Help for Heroes in September. Staff are encouraged to donate one hour's pay or to organise different fundraising events. The launch was covered by the Newham Recorder and ambulance trade papers.

**World record football match:** Sixteen staff broke the world record for the longest five-a-side football match by playing non-stop for 43 hours. The story was covered internally on the pulse and in the RIB, and posters were sent out to all complexes to encourage staff to show their support. There was media coverage before and after the match on Heart radio station and in the East London Advertiser and on the Ambulance Today website. The team have raised nearly £3,000 for MERU, the Chief Executive's charity, and a signed Arsenal football is currently being auctioned to help the team raise more money.

#### Internal communication

**Playing Our Part**: Chief Executive Peter Bradley set out the five year vision for the service at manager conferences and consultation meetings in September. An internal communication campaign, Playing our Part, has also been created to help promote the Service's vision, objectives and five year programme of change. It highlights some of the activities and projects in place to get achieve these goals. Playing our part reflects the expectation that everyone has a part to play in bringing about change.

At the time of writing this report nine consultation meetings have been held across London with almost 500 frontline staff attending as has been the case in previous years, the format includes an update from the Medical Director with questions and answers followed by an update from me following by questions and answers. Key issues to be raised so far include:-

- Late finishes
- Rest breaks
- Equipment shortages
- Career progression
- A & E support concerns over the calls they are attending

#### **Public Affairs**

Conservative MP briefing: I, along with the Chairman Richard Hunt and Clinical Practice Manager Mark Whitbread met with three Conservative MPs (Stephen Hammond, Wimbledon; Nick de Bois, Enfield North; and Gavin Barwell, Croydon South) at the beginning of September. The meeting was to initiate more contact with MPs and to make them aware of how the Service works and the changes it is planning to make. A range of issues were discussed, including the cost savings, cardiac and stroke care and planning for the Olympic Games. Both Gavin Barwell and Nick de Bois tweeted about the meeting. A meeting with Labour MPs is currently being organised.

**Mayor's reception**: Nearly 50 staff attended a reception hosted by the Mayor of London Boris Johnson to thank the emergency services and Transport for London for their hard work during last month's public disorder.

#### Staff recognition

**Celebration of service:** Seventeen frontline staff who completed 20 years service were awarded the Queen's Ambulance Service Long Service and Good Conduct Medal at a ceremony in Westminster on 6 September. Six retirees with a combined 171 years of service were also honoured and a number of local newspapers have picked up on media releases about the event.

#### **Publications**

#### **Ambulance News and Annual Review**

The autumn edition of Ambulance News has now been sent to foundation trust members and key stakeholders. This year's Annual Review – a look back at the 2010/11financial year - was also sent out with this edition of the newspaper.

Peter Bradley CBE Chief Executive Officer

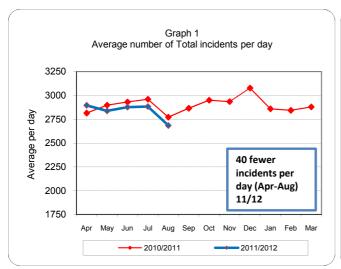
20 September 2011

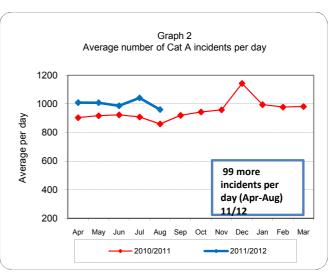


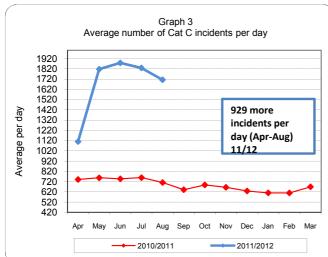
London Ambulance Service NHS Trust

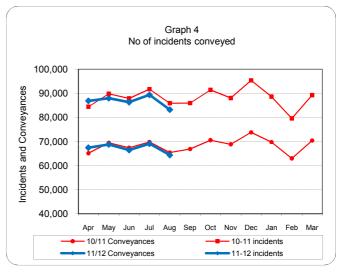
# Information Pack for Trust Board August 2011

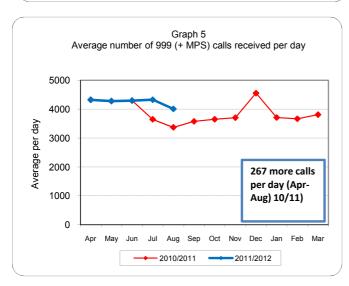
# London Ambulance Service NHS Trust Accident and Emergency Service Activity / Call Process -August 2011

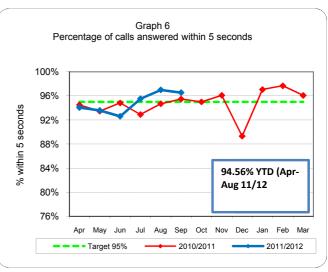




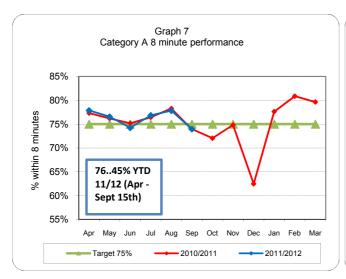


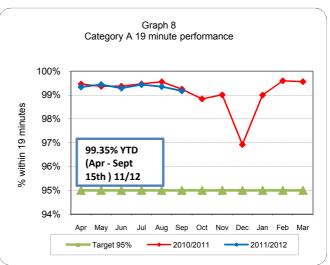


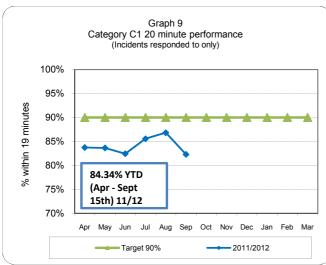


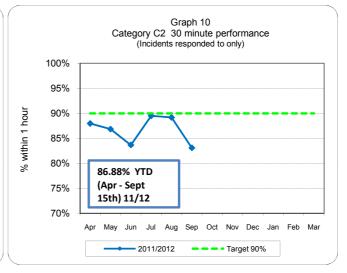


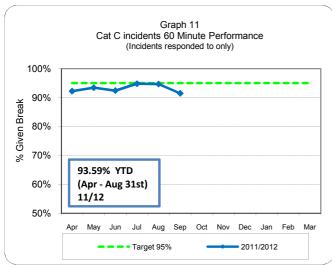
## London Ambulance Service NHS Trust Accident and Emergency Service Performance - August 2011

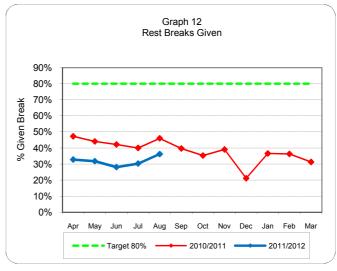




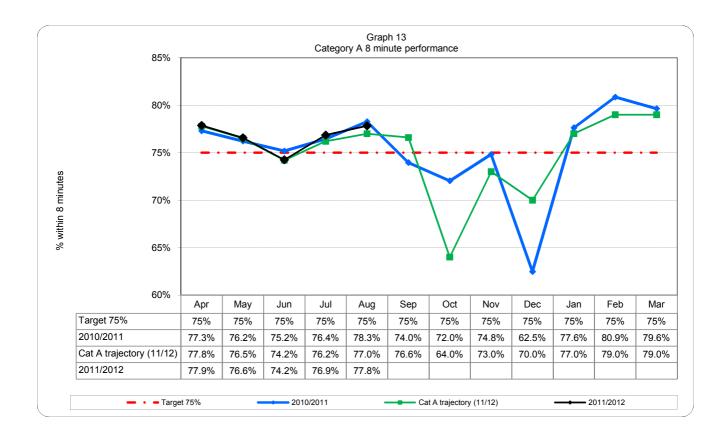




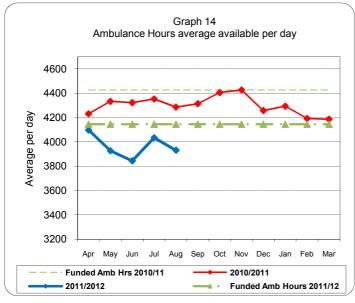


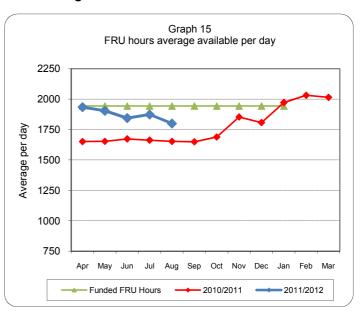


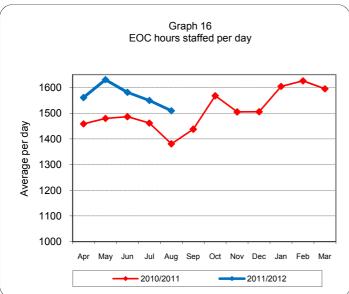
# London Ambulance Service NHS Trust Accident and Emergency Service Performance - August 2011

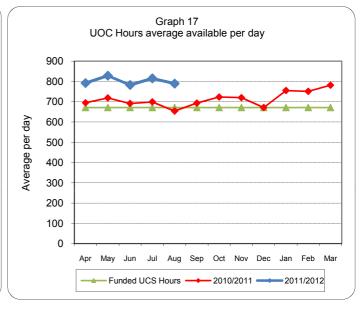


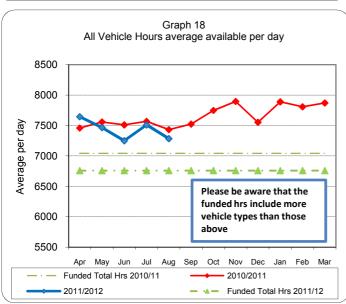
# London Ambulance Service NHS Trust Accident and Emergency Service Efficiency and Effectiveness - August 2011





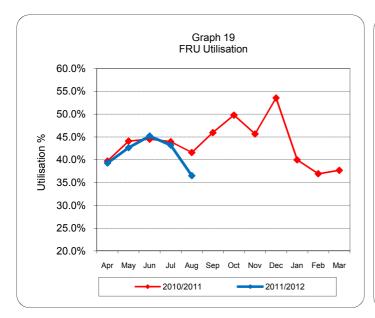


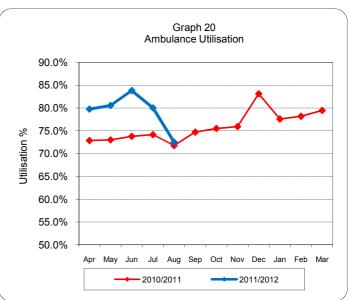


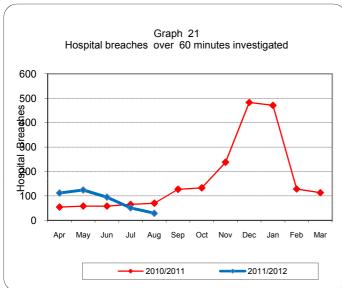


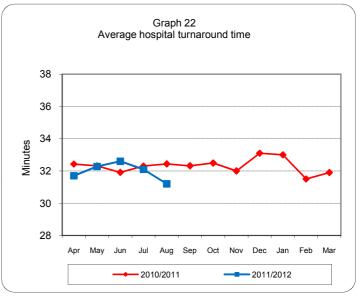
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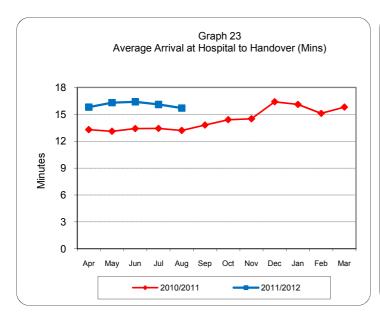
# London Ambulance Service NHS Trust Accident and Emergency Service Efficiency and Effectiveness - August 2011

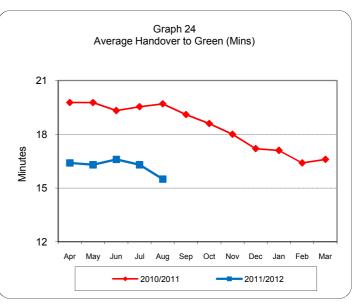




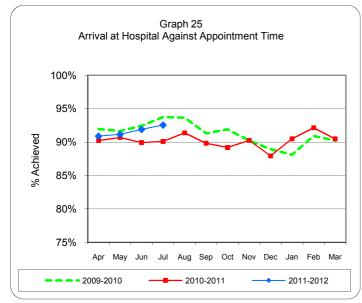


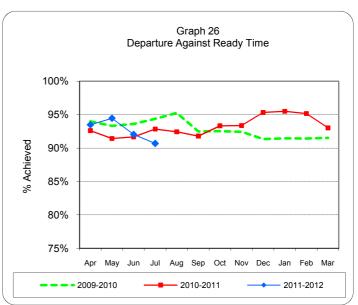


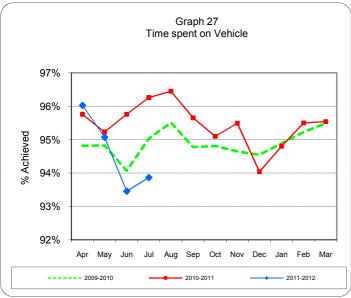


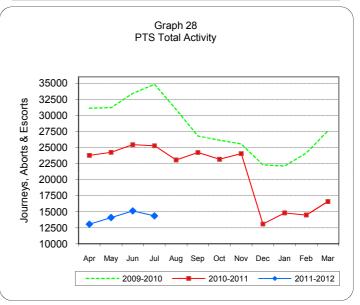


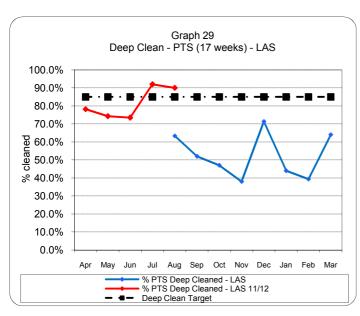
# London Ambulance Service NHS Trust Patient Transport Service Activity and Performance - August 2011





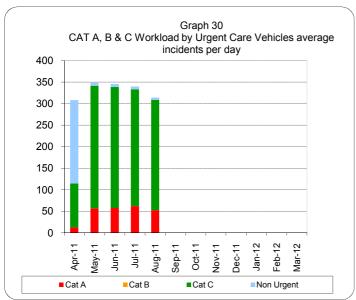


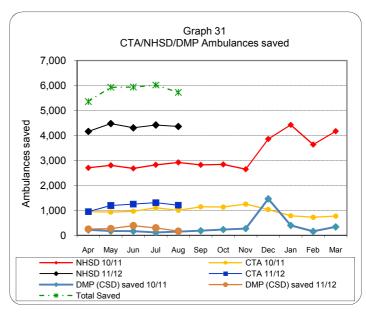


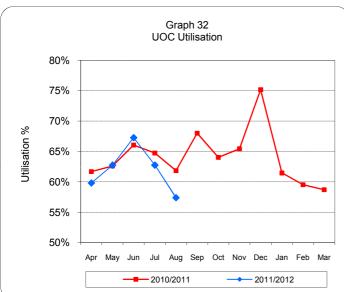


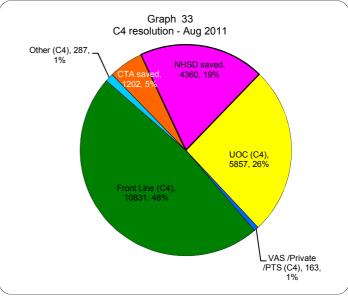
# London Ambulance Service NHS Trust Accident and Emergency Service UOC Effectiveness - August 2011

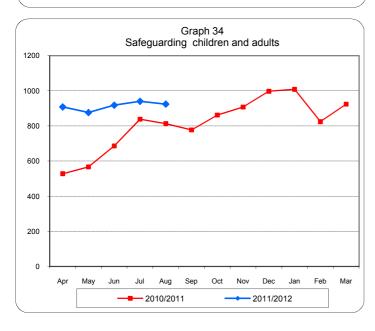
Incident information is based on responses where a vehicle has arrived on scene for dispatches occuring during UOC operational hours (0700 -02259)

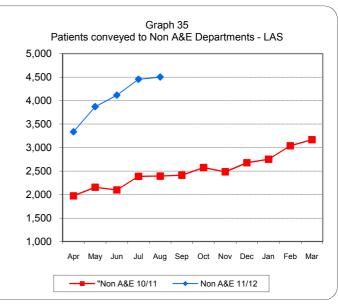




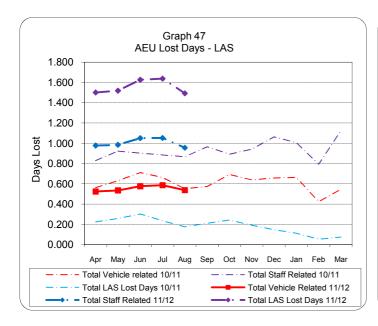


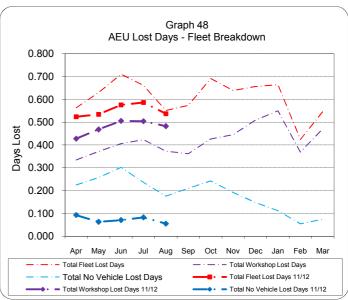


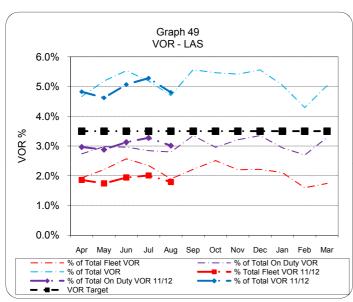


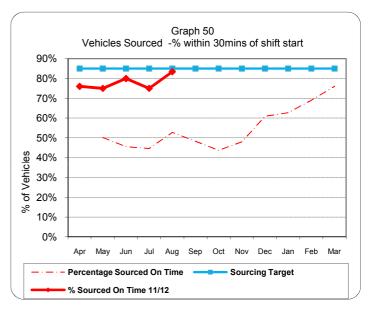


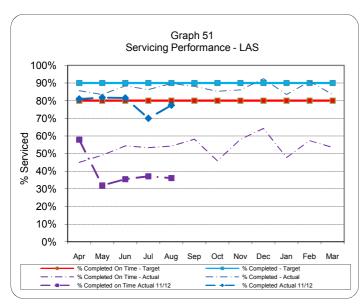
# London Ambulance Service NHS Trust Accident and Emergency Service SMG Pack - Fleet and Logistics - August 2011



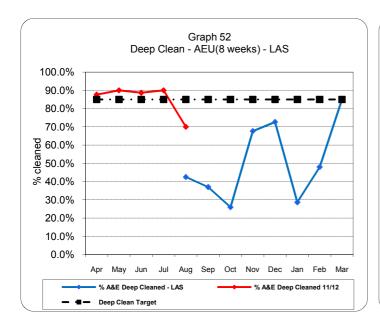


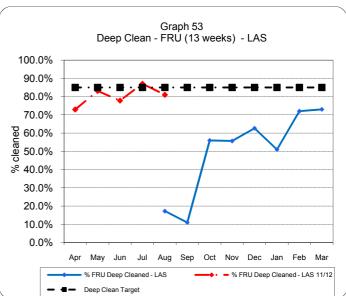


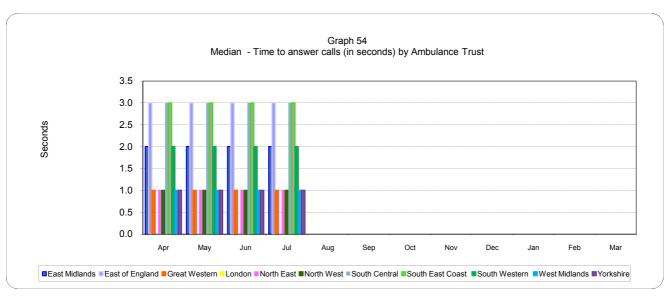


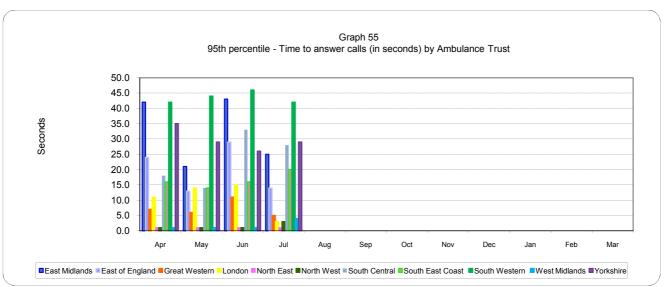


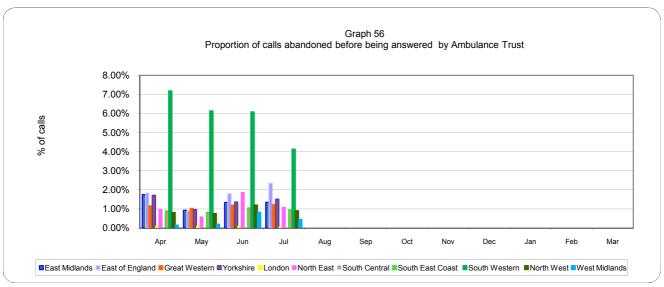
# London Ambulance Service NHS Trust Accident and Emergency Service SMG Pack - Fleet and Logistics - August 2011

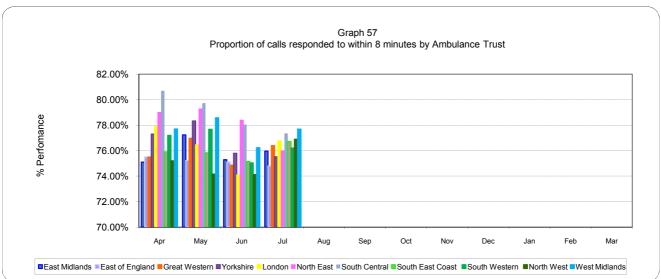


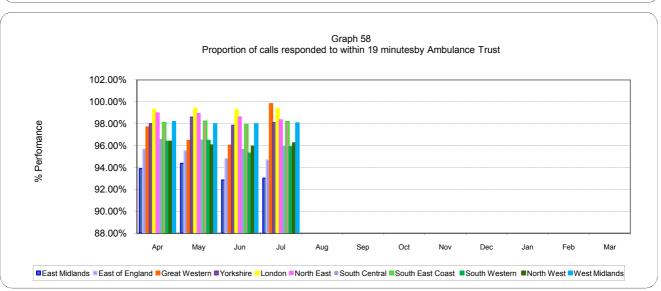


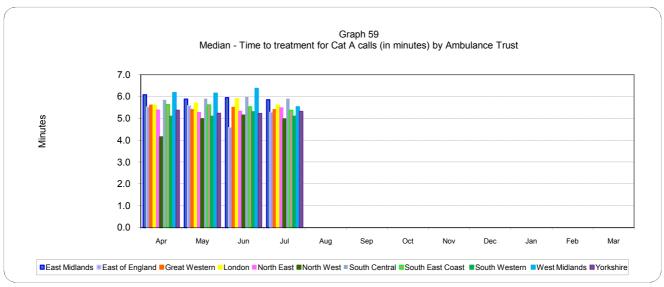


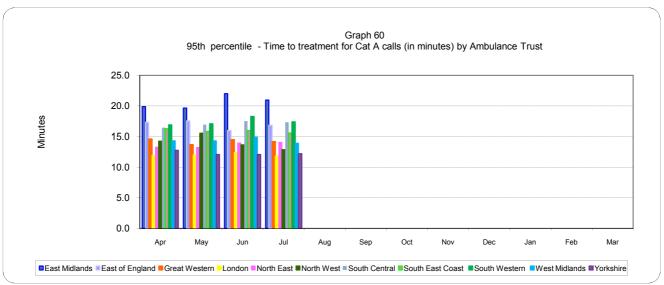


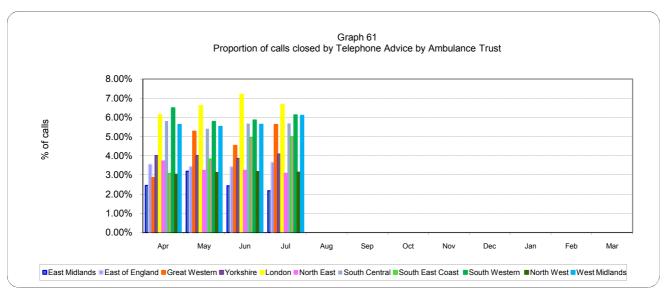


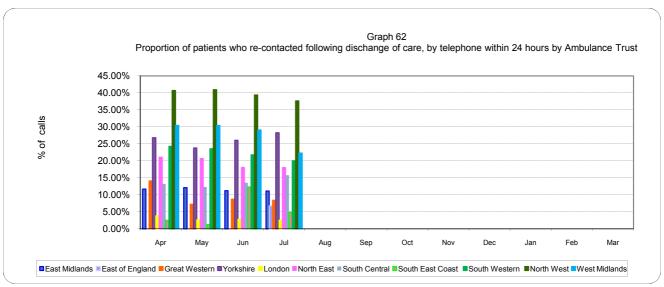


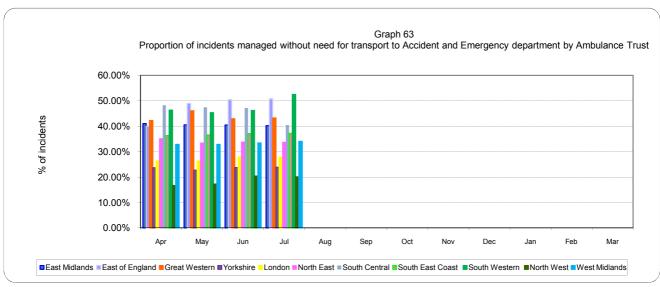


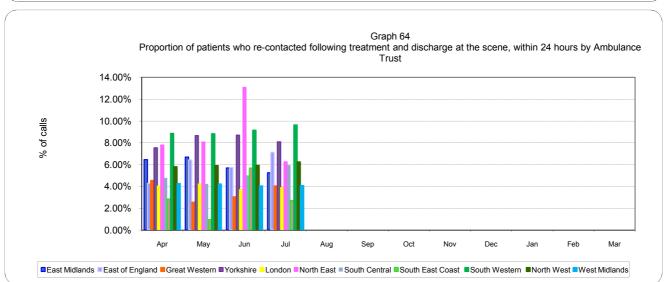














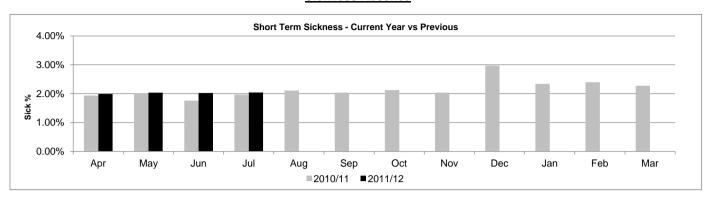
London Ambulance Service NHS Trust

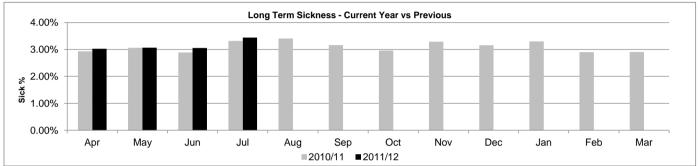
# HR Summary for Trust Board August 2011

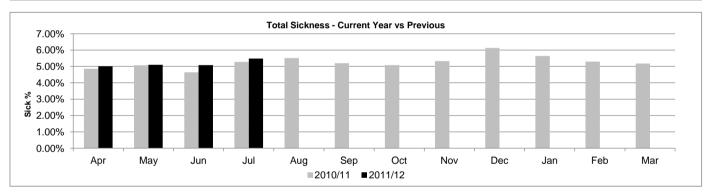
Current Month Aug-11 Sickness Month Jul-11

#### **Trust Summary**

#### **Sickness Absence**







Sickness 2010/11	
YTD Sickness	

5.27%		Current W7	4645.22				
5.17%	Current Headcount 486				l		
	•		•				
Apr	May	Jun	Jul	Aug			
1 0 001		1 0 101					

#### NB Secondments and Acting Up Included in Totals

Total Sickness 2010/11 2011/12

Λ	N4	Learn	11	A		0-4	Mari	7	1	Fala	
5.01%	5.10%	5.08%	5.48%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
4.86%	5.07%	4.64%	5.28%	5.51%	5.20%	5.08%	5.32%	6.13%	5.64%	5.30%	5.18%
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

Unauthorised Absence 2010/11 2011/12

Ар	r	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
26	3.00	210.00	167.00	178.00	136.00	197.00	169.00	197.00	388.00	190.00	142.00	175.00
16	3.00	167.00	160.00	192.00	169.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

#### **Narrative**

#### Sickness

The rise in sickness absence for the Trust as a whole June to July is attributable to long term absence. The YTD has risen and therefore remains above the target for 2011/12 of 5% or below. Many of the long term absences are attributable to serious illness, so we cannot expect speedy improvements. 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).

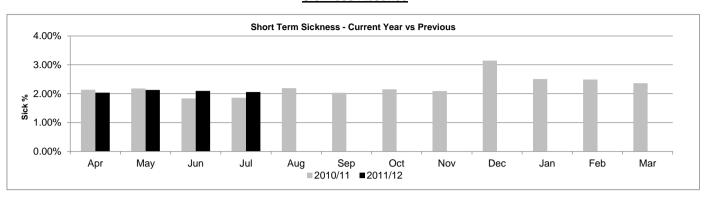
#### **Unauthorised Absences**

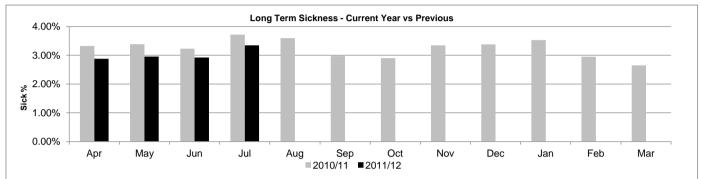
This figure shows the number of instances when staff have reported unable to attend work at short notice for reasons other than their own sickness or when they have not reported for work. Depending on the reason, the absence may be converted into annual leave or un/paid special leave or remain an unpaid unauthorised absence. Disciplinary action may result. The figure for Auguust show a decrease from the extraordinarily high level in July, but is still higher than the previous year. These figures are actuals, and therefore will be affected by the differences in the number of staff in post.

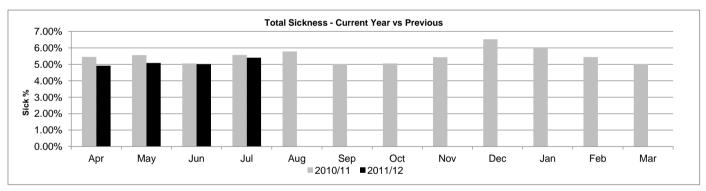
**Current Month** Sickness Month Jul-11 Aug-11

#### **A&E Operations Areas**

#### Sickness Absence







Sickness 2010/11	
YTD Sickness	

5.50%	Current WTE
5.11%	Current Headcount

3265.18	
0.447.00	
3417.00	

NB Secondments and Acting Up Included in Totals

**Total Sickness** 2010/11 2011/12

Unauthorised Absence
2010/11
2011/12

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
5.45%	5.57%	5.06%	5.58%	5.79%	5.00%	5.05%	5.44%	6.52%	6.04%	5.44%	5.01%
4.91%	5.08%	5.02%	5.40%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	•		•		•						
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Apı	iviay	Juli	Jui	Aug	Sep	Oct	INOV	Dec	Jan	ren	IVIC

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
247.00	193.00	148.00	163.00	115.00	167.00	141.00	174.00	340.00	148.00	108.00	147.00
141.00	144.00	135.00	162.00	135.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

#### **Narrative**

Although sickness in the Areas increased June to July, the figures remain below that for the previous year and the Trust total for the month of July and YTD. During July three people in Areas were given notice for capability (health); four people were referred for hearings; no-one on long-term sickness resigned; a total of 106 long-term sickness cases were active; 23 people returned to work following long-term absences; 60 members of staff were subject to formal warnings under the Managing Attendance Policy (MAP). On the last day of July a total of 173 members of staff were absent due to sickness, compared with 149 on the last day of June.

Audits of application of the MAP have raised no cause for concern. One Complex received a red audits in July because required actions reagrding lateness had not been undertaken; one Complex received an amber audit because current waringing had not been reviewed within the agreed timeframe.

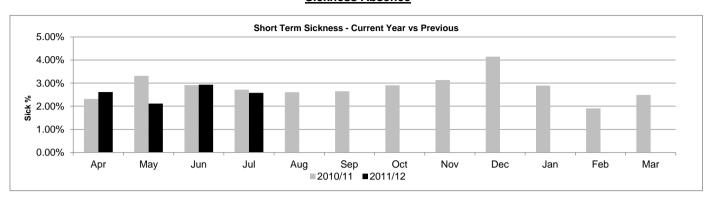
#### **Unauthorised Absences**

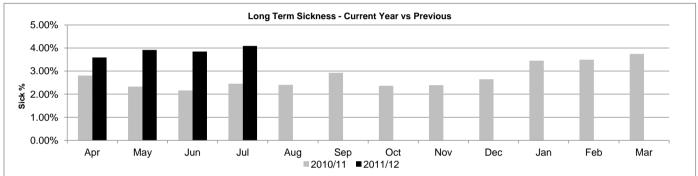
The figure for U/As for July has decreased, South showing the biggest drop following the spike there in June. As reported last month, a possible

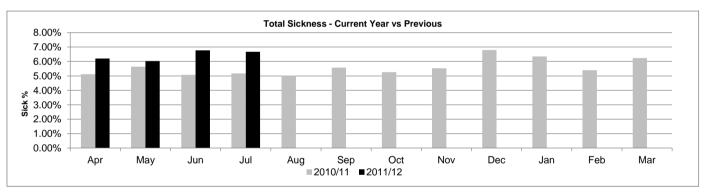
Current Month Aug-11 Sickness Month Jul-11

#### **Control Services**

#### Sickness Absence







Sickness 2010/11
YTD Sickness

5.60%	Current WTE	439.89
6.41%	Current Headcount	463.00

Jun

Jul

May

NB Secondments and Acting Up Included in Totals

Jan

Feb

Mar

Dec

Total Sickness 2010/11 2011/12

**Unauthorised Absen** 

	L
се	

Apr

5.12%	5.64%	5.07%	5.17%	5.01%	5.57%	5.27%	5.52%	6.79%	6.35%	5.40%	6.23%
6.20%	6.03%	6.77%	6.67%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
•		·	·		·		•	·			
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16.00	17.00	19.00	15.00	21.00	30.00	28.00	23.00	48.00	42.00	34.00	28.00
22.00	23.00	25.00	30.00	34.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Oct

Nov

Sep

# 2011/12 <u>Narrative</u>

2010/11

#### Sickness

Overall sickness remains high within Control Services. Whilst we saw a slight reduction in short-term sickness, in July long-term sickness has increased. Despite seven individuals returning to work in July and two reaching the end of their notice period having been dismissed for capability, we still have 31 active long-ter m sickness cases. Nine cases reached the four week trigger in July. A total of 17 staff are on formal (MAP) warnings and arrangements are being made for one member of staff to attend a capability hearing. Despite the increase in sickness the overall number of staff off due to sickness on the last day of July is down from 43 in June to 33.

Aug

Every effort is being made to reduce the long term sickness within Control Services. All five watches received a Green Sick Audit rating, CTA's audit was however Red. Actions plans are in place to address this and it is anticipated that there will be a marked improvement with regards CTA attendance over the coming months.

#### **Unauthorised Absence**

U/As have increased again. In the future, the management of U/As will be examined and scored as part of the attendance audit.

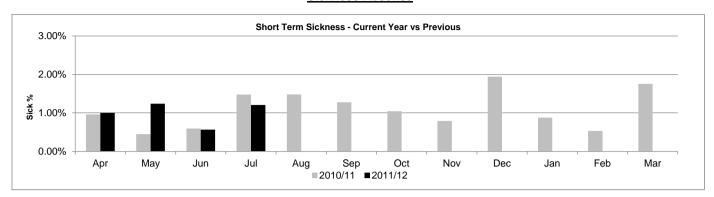
Aug-11

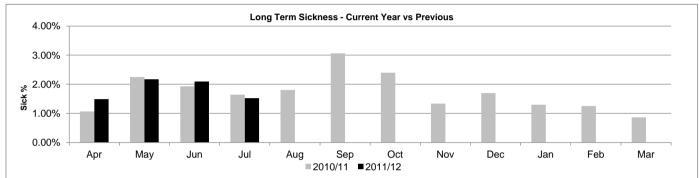
Sickness Month

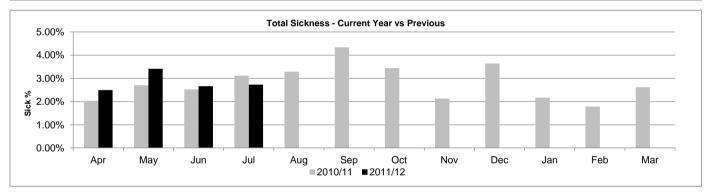
Jul-11

#### **Human Resources & Organisation Dev Directorate**

#### **Sickness Absence**







Sickness 2010/11 YTD Sickness

2.76%	
2.83%	

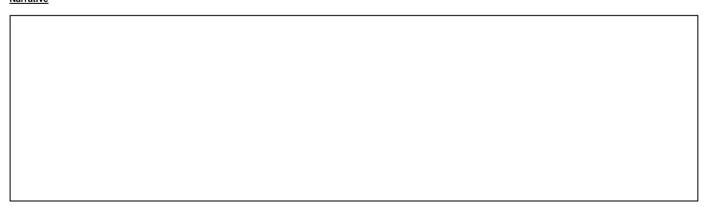
Current WTE
Current Headcount

179.28 190.00

NB Secondments and Acting Up Included in Totals

Total Sickness 2010/11 2011/12

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2.03%	2.70%	2.52%	3.12%	3.29%	4.34%	3.44%	2.13%	3.64%	2.17%	1.79%	2.62%
2.49%	3.41%	2.66%	2.73%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%



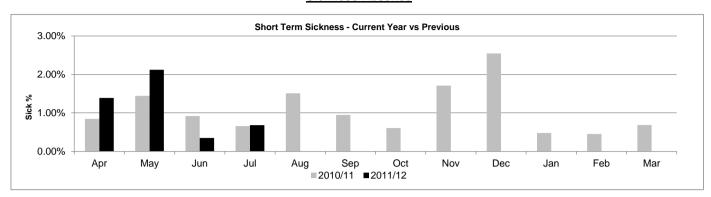
Aug-11

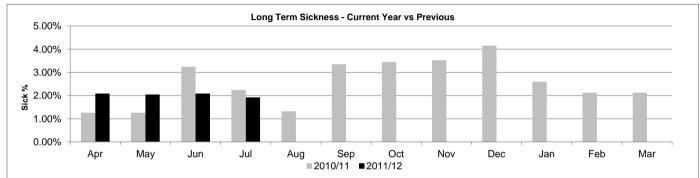
Sickness Month

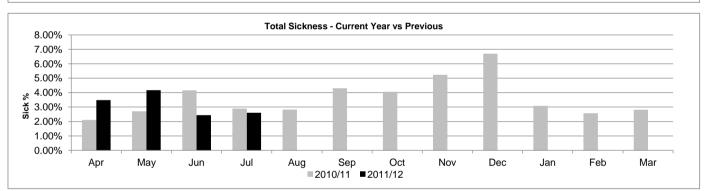
Jul-11

#### **Finance & Business Planning Directorate**

#### **Sickness Absence**







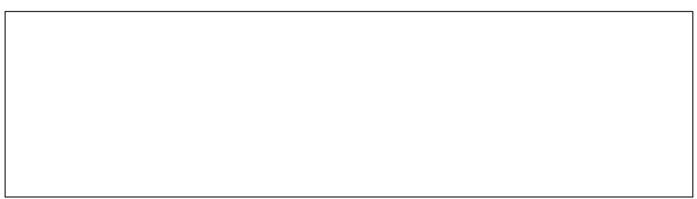
Sickness 2010/11 YTD Sickness 3.61% 3.17% Current WTE
Current Headcount

51.93 54.00

NB Secondments and Acting Up Included in Totals

Total Sickness 2010/11 2011/12

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2.10%	2.70%	4.16%	2.89%	2.83%	4.30%	4.06%	5.23%	6.70%	3.08%	2.58%	2.82%
3.48%	4.17%	2.43%	2.61%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%



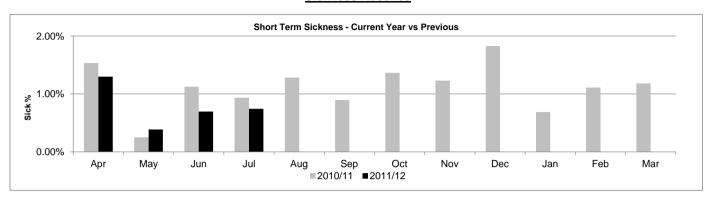
Aug-11

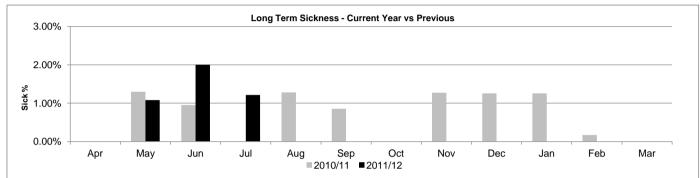
Sickness Month

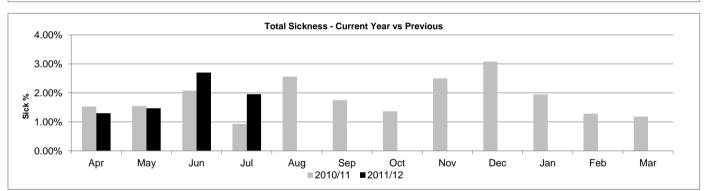
Jul-11

#### **Information Management & Technology Directorate**

#### **Sickness Absence**





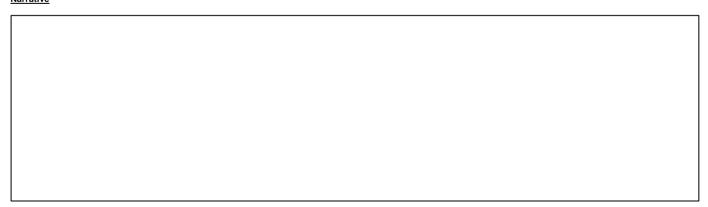


Sickness 2010/11 YTD Sickness 1.81% 1.85% Current WTE
Current Headcount

82.42 84.00 NB Secondments and Acting Up Included in Totals

Total Sickness 2010/11 2011/12

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
1.53%	1.55%	2.08%	0.93%	2.56%	1.75%	1.36%	2.50%	3.08%	1.95%	1.28%	1.18%
1.30%	6 1.47%	2.70%	1.96%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%



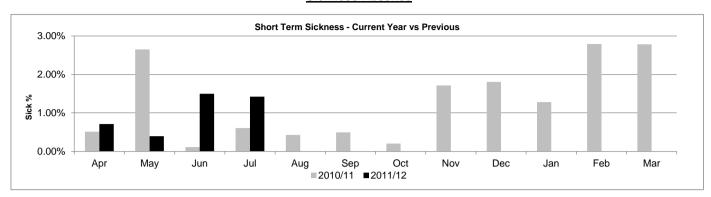
Aug-11

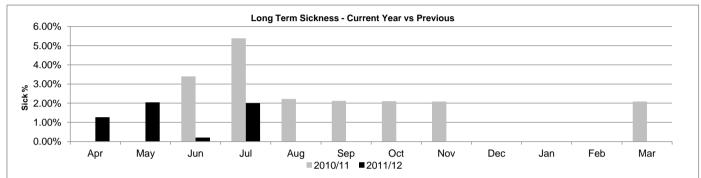
Sickness Month

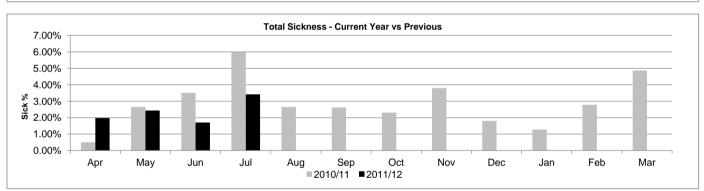
Jul-11

#### **Corporate Services Directorate**

#### **Sickness Absence**





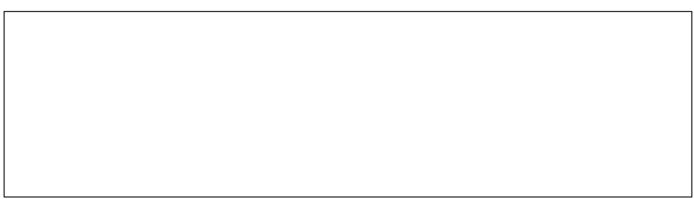


Sickness 2010/11 YTD Sickness 2.97% 2.40% Current WTE
Current Headcount

49.93 51.00 NB Secondments and Acting Up Included in Totals

Total Sickness 2010/11 2011/12

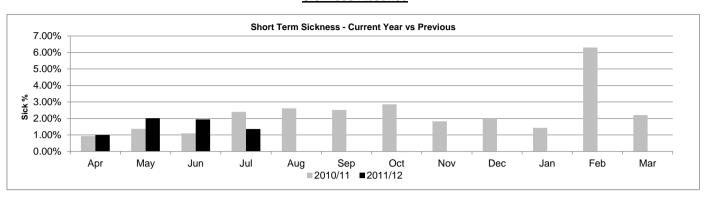
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
0.51%	2.65%	3.51%	5.99%	2.65%	2.62%	2.31%	3.80%	1.80%	1.28%	2.79%	4.87%
1.98%	2.44%	1.70%	3.42%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

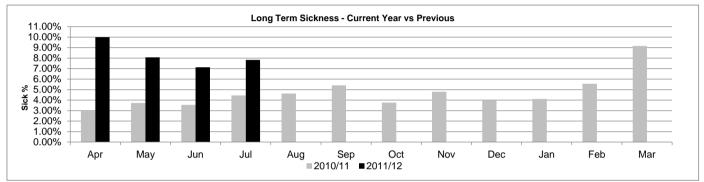


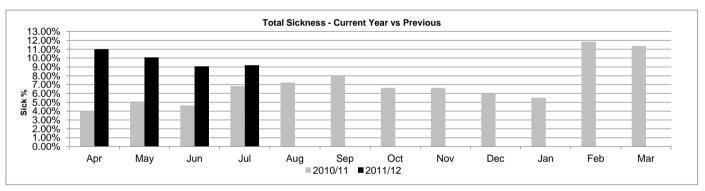
Current Month Aug-11 Sickness Month Jul-11

#### **Patient Transport Service**

#### Sickness Absence







Sickness 2010/11
YTD Sickness

Δ	N.4	Long	L. J.
9.83%		<b>Current He</b>	adcount
6.78%		Current W	E

NB Secondments and Acting Up Included in Totals

Total Sickness 2010/11 2011/12

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
3.92%	5.10%	4.64%	6.84%	7.23%	7.93%	6.62%	6.61%	6.00%	5.52%	11.86%	11.36%
11.00%	10.08%	9.06%	9.20%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

#### **Narrative**

Sickness remains high within PTS due to a high number of long term sick absences. All of these are being closely managed by the PTS Operations team and local HR Managers both on a weekly basis and at the Monthly audit with HR. We are taking action as soon as a trigger is reached and we are utilising the capability and failure to attend work processes in addition to MAP where appropriate. The breakdown of numbers is as follows:

158 91

168.00

East: 2 x long term (down from 4 last month); 1 x short term (static). The two long term sick cases are expected not to return, either through retirement or resignation.

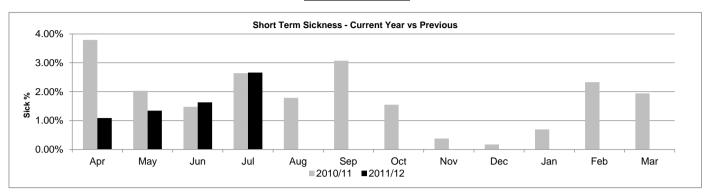
West: 7 x long term (down from 8); 3 x short term (up from 2). Unfortunately sickness in the West has not greatly improved, particularly in terms of long term, or projected long term absence ,with a number of staff moving from short to long.

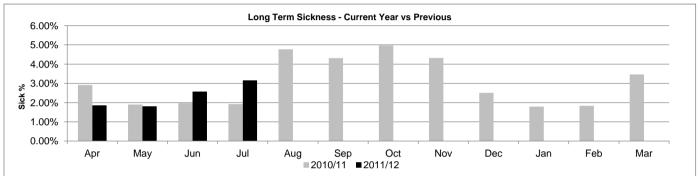
Managers: 0 x long term (down from 1) 1 x short term (static)

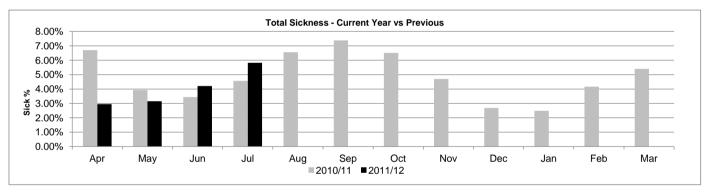
Current Month Aug-11 Sickness Month Jul-11

#### **Operational Support**

#### **Sickness Absence**







Sickness 2010/11 YTD Sickness

4.07%	4.88%	
	4.07%	

Current WTE
Current Headcount

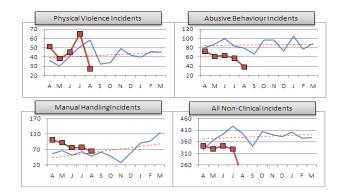
116.43 117.00

NB Secondments and Acting Up Included in Totals

Total Sickness 2010/11 2011/12

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
6.70%	3.93%	3.44%	4.57%	6.55%	7.38%	6.52%	4.70%	2.68%	2.48%	4.17%	5.40%
2.95%	3.15%	4.21%	5.82%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%





Note: Due to the delay in receiving incidents, the figures for September 2011 are not complete. The figures for August are artificially low by an expected 20% due to the same effect. The figures for September, and the full figures for August will be reported in the October SMG Update.

#### Manual Handling Update

The numbers of lifting, handling and carrying incidents remain low compared to 2010/11. This is across all 3 areas, with the West Area having the lowest amount of reported Manual Handling incidents in August 2011. (East Area: 17, South Area: 10,

The chair transporter trial is still ongoing and is now at Islington Complex until the end of September. Evaluations will commence in Brent during October. The mechanical issues with the dedicated vehicle's tail lift have been addressed.

The numbers of incidents where staff are verbally abused or threatened continues to fall consistently below the number reported in 2010/11. The largest change is in the West Area, which has fallen from 16 incidents in July 2011 to 9 in August 2011. (East Area: 15, South Area: 10, West Area; 9)

#### Physical Assault and Security Undate

The numbers of reported physical abuse is slightly higher compared to this point in 2010/11; the numbers of incidents rose in July but dropped significantly in August. It is believed that this is an artefact of the delay in report arrival at Safety and Risk The West Area saw a fall from 22 incidents in July 2011 to 9 incidents in August 2011, an effect followed in the other A&E Operational Areas (East Area: 9, South Area: 9, West Area; 9)

There was one court appearance during July. A man was sentenced to a 24 week prison sentence (suspended for 12 months) for severely spraining the wrist of a female student paramedic whilst she was treating him. The next court appearance that we are aware of is in Sentember 2011 for an assault on LAS staff

Following an assault on a student paramedic on the 30th July 2011, the assailant (who is also a frequent caller) appeared in court on the 9<sup>th</sup> September 2011 and was given a 6 week prison sentence for common assault and homophobic abuse

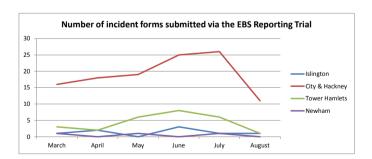
#### **Health and Safety Training Update**

During July 2011 there were 21 members of staff trained at an All-in-One course for non-operational staff held at Hannibal House. Members of the Health, Safety and Risk Department presented training in Fire Safety, Back awareness and safe lifting refresher, Display Screen Equipment (DSE) awareness, in addition to general Health and Safety awareness and Personal Safety Techniques/Physical Conflict Avoidance awareness

There were no planned or conducted Health and Safety courses in August 2011.

#### **EBS Reporting Trial**

The pilot is still ongoing in the participating complexes.
There have been some issues over inputting incident data and receipt of management investigation reports. There are also reported issues of Airwaves signal dropping out during the call. This is being managed by crew staff providing a call-back



#### HSE Update Visit

Tony Crabtree and Jason Killens met with John Crookes (HSE Inspector) on the 26th of August to review the position of the Trust with regards to the action plan which arose from the Improvement Notice and associated report issued in March 2010 (The Improvement Notice itself was removed within the designated three month period). This was a planned but informal follow-up meeting to review progress. The meeting was positive and Mr Crookes had no particular issues to bring forward or for further attention. The Trust and HSE have committed to an on-going dialogue, and arrangements are being made to meet Mr Crookes again in February/March 2012.

#### Health and Safety Consultation arrangements

The inaugural meeting of the revised Corporate Health and Safety Group has now been confirmed to be held on 15 September 2011. The new Operational Health and Safety Partnership Forum will then be established to complete the revised consultative arrangements.

Current Month Aug-11

# **Trust Summary**

# Vacancies & Turnover

	Funded WTE	Inpost WTE	Variance
Trust Total	4657.93	4618.53	-39.40
Directorate			
A&E Operations Areas	3225.76	3281.09	+55.33
Chief Executive	16.61	15.61	-1.00
Control Services	437.28	436.00	-1.28
Corporate Services Directorate	53.93	49.93	-4.00
Finance & Business Planning Directorate	58.20	53.93	-4.27
Health Promotion & Quality	2.00	2.00	+0.00
Human Resources & Organisation Dev Directorate	182.12	159.28	-22.84
Information Management & Technology Directorate	90.53	79.47	-11.06
Medical Directorate	24.20	20.21	-3.99
Operational Support	129.86	117.43	-12.43
Patient Transport Service	166.44	155.59	-10.85
Trust Board	6.00	6.00	+0.00

# **Turnover**

**2010/11** 7.1% Apr-10 to Mar-11 **2011/12** 7.4% 12 Months up to Aug-11

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

Current Month Aug-11

# **Trust Summary**

# **Employee Relations Data**

	Attendance	Grievances	Capabilities	Discipliary (Clinical)	Discipliary (Non Clinical)
Current Case Total	538 (677)*	19 (18)	1 (0)	2 (2)	14 (36)

Current Employment Tribual Cases	9 (8)		Current Suspensions	5 (4)	
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#### Narrative

#### **Attendance**

Although the validated figure shows a significant reduction July to August, if compared with the figure of 349 for January, it remains safe to say that the focus on attendance management has been sustained.

#### **Grievances**

This figures has not fallen following the validations. As reported last month, it must be expected that as managers increase the focus on all facets of performance this figure will continue rise. Nevertheless, given the number of employees, this number remains low.

# **Disciplinaries**

This figure has fallen following the validation exercise.

# **Employment Tribunals**

One new claim has been lodged, by a member of staff who already has a claim in progress.

<sup>\*</sup> The figure for the previous month appears in brackets. A check to validate the marked rise in a number of categories June to July has resulted in retifications. We have ensured that all closed cases are marked as such and therefore not included in the count.

Current Month Jul-11

# **Trust Summary**

# **PDR Completion Rates**

Area / Directorate / Dept	No. to be done in Year	No. Done	No. Done (Previous Month)	% Complete	% Complete (Previous Month)
A&E Operations East	983	83	67	8.4%	6.8%
A&E Operations South	1332	28	27	2.1%	2.0%
A&E Operations West	1136	61	53	5.4%	4.7%
Chief Executive	16	6	6	37.5%	37.5%
Control Services	461	0	0	0.0%	0.0%
Corporate Services Directorate	51	24	22	47.1%	43.1%
Deputy Director Operations	143	19	19	13.3%	13.3%
Finance & Business Planning Directorate	54	18	18	33.3%	33.3%
Health Promotion & Quality	2	1	1	50.0%	50.0%
Human Resources & Organisation Dev Directorate	171	78	75	45.6%	43.9%
Information Management & Technology Directorate	83	17	16	20.5%	19.3%
Medical Directorate	21	6	6	28.6%	28.6%
Operational Support	118	14	8	11.9%	6.8%
Patient Transport Service	158	4	3	2.5%	1.9%
Trust Board	6	5	5	83.3%	83.3%
Urgent Care Service	119	2	2	1.7%	1.7%
Total	4854	366	328	7.5%	6.8%

NB: Figures based on appraisers' input into database

PI Name	Δnr	2011	May	2011	lun	2011	hd	2011	Δυσ	2011	Commentary
Care for patients	Αþi	_011	way	_011	Juli	2011	Jul	_011	Aug	2011	
CO1 - SQU03_03 - Outcome from Cardiac Arrest - R	OSC										
C1.1.1 ROSC time of arrival at hospital (Utstein comparator group)		43	50	68	50	66	50	52	50		ROSC sustained to hospital rates are consistently at a good level with targets for ROSC time of arrival at hospital (overall and Utstein Comparator
C1.1.2 ROSC time of arrival at hospital (overall)	24	27	24	31	24	31	24	30	24		Group) and percentage of patients who have ROSC sustained to hospital were met
C1.1.3 % of patients with ROSC who get appropriate therapeutic hypothermia	1		1		1		1		1		
C1.1.4 % patients with presumed cardiac aetiology who have a return of spontaneous circulation (ROSC) sustained to be selfated 1/1.4 S. outcome from acute STEMI	24	27	24	33	24	32	24	31	24		
C1.2.1 % of STEMI patients taken to specialist cardiac centres, primary angioplasty commences within 150 minutes (PPCI)					84	92					GV 2011-09-02: Data collection is dependant on hospital entry onto MINAP. As such this measure will change as more data becomes available. In April, one hospital had not provided data on MINAP and other hospitals had not made amendments following identification of errors by CARU.
C1.2.2 % of patients with STEMI who receive an appropriate care bundle	63	75	63	78	63	72	63	69	63		GV 2011-09-02: 35% of patients received the full care bundle, with a further 34% classed as having valid exceptions to full provision. In total, 69% of patients were provided with the full care bundle or met the criteria for having valid exceptions to its provision.
CO1 - SQU03_06 - Outcome from Stroke											
C1.4.1 % of FAST positive patients who arrive at hyperacute stroke centre within 60 minutes	58	64	58	58	58		58		58		The data for the care bundle for stroke has been consistently high with targets for the percentage of FAST positive patients arriving at HASU within 60 minutes consistently met
C1.4.2 % of stroke patients who receive appropriate care bundle	95	96	95	91	95		95		95		GV: The decrease is due to changes in the definitions of the care bundle at a national level which have been applied from May data (and April CQI submission)
CO1 - SQU03_06 - Outcome from Trauma											
C1.3.1 % of appropriate patients taken to major trauma centres	90		90		90		90		90		GV 2011-09-02: Data capture is critically behind and an action is in place to remedy this. CARU are using resources within the team & restricted duties staff where available to process data. The reasons for delay are due to lengthy processes required to build a full picture of the number of major trauma cases as a result of poor coding on PRFs, incomplete logs from CCD resulting in the need for hospital data to supplement gaps. Until these issues are resolved CARU needs continued support in the form of additional resources.
CO1 - SQU03_07 - Outcome from Cardiac Arrest - S	urvival	to disch	narge								
C1.5.1 Outcome from cardiac arrest - survival to discharge (overall survival rate)	8	7	8		8		8		8		GV 2011-09-02: Data is based on small numbers (24/324). However, is in line with figures previously reported in LAS cardiac arrest annual reports.
C1.5.2 Outcome from cardiac arrest - survival to Discharge Utstein Commparator Group Survival Rate	22	21	22		22		22		22		GV 2011-09-02: Data is based on small numbers (12/56). However, is in line with figures previously reported in LAS cardiac arrest annual reports.
C1.5.3 Number of defibrillators in public places	575	579	580	588	585	598	590	600	595		
C1.5.4 Number of people trained by the Trust under the community responder scheme	536	545	545	554	554	571	563	585	572		
C1.5.5 Number of people trained to use defibrillators	6713	6766	6755	6892	6797	6930	6839	7032	6881		
CO2 - Appropriate Care - End of Life Care Pathways	S										
C2.8.3 End of Life care target - 50% processed in 72 hours		60	75	50	75		75		75	89	SH 09/09/11 More than 40 forms arrived between close of play Friday and the tuesday morning of the bank holiday weeken, causing a backlog in data entry
CO2 - Appropriate Care - Patient Specific Protocols			00	70	00		00		00	-	CU 00/00/41 20 of 21 considered C
C2.8.4 Patient Specific Protocols target -75% processed within 48 hrs	80		80	70	80		80		80	90	SH 09/09/11 28 of 31 completed. One patient died before the PSP was completed.

PI Name		2011	May	2011	Jun	2011	Jul	2011	Aug	2011	Commentary
CO2 - CQUIN-01 - Reducing conveyance rate to A/E	servic	es							_		
C2.3.1 % of patients not conveyed to an ED	74	74	73	73	73	72	73	72	72		Overall increase on June's figure by 0.1%. 11 complexes show a decrease in ED conveyance, 1 complex reaimed constant and 14 complexes showed an increase.
CO2 - CQUIN-2A - Hear & Treat resolution (no conv	ey) via	CTA & N	IHS Dire	ct							
C2.4.1 The number of incidents resolved through CTA	755	1187	755	1463	755	2016	780	2104	810		Total Hear and Treat July was 6601 (excluding complete CSD data) against a trajectory of 6200. Total CQUIN for CTA/NHSD for July 2011 was 5726
C2.4.2 The number of incidents resolved through NHSD	4278	4748	4278	4325	4278	4305	4420	4422	4590		against a trajectory of 5200 for the month
C2.4.3 The number of incidents resolved through % Vehicles Saved	5033	6211	5033	5788	5033	6321	5200	6526	5400		
CO2 - CQUIN-2B - Implementation of NHS Pathway	s in CTA	4									
C2.5.1 Formal LAS sign-off & Commitment to implement NHSPathways by April 2011											A feasibility study has been completed and data shared with Lizzy Bovill, Peter Suter and Richard Webber.Recommendations for next steps are
C2.5.2 Action Plan to achieve NHS Pathways in CTA and ambulance dispatch by May 2011											contained in the report
C2.5.3 Live call receiving from NHS Pathways (111 pilots) to enable immediate ambulance dispatch Sept											
C2.5.4 CTA implemented NHS Pathways triage tool (PSIAM phased out) by Feb 2012											
C2.5.5 LAS enabled to search & use the DOS by Feb 2012											
C2.5.6 Agreement to move to NHS Pathways to replace AMPDS by April 2013											
CO2 - CQUIN-3 - CPI non-conveyed											
C2.6.1 Completion of non-conveyed CPI	85	85	85	89	85	82	85	88	85	79	JD: Service at REAP level 4 01/08-15/08 and REAP level 3 15/08-22/08 therefore Team Leaders deployed to cover front line and unable to complete CPI audits during this time period.
C2.6.2 Compliance to care for non-conveyed patients	94	90	94	94	94	93	95	94	95	94	JD: Aspects of care within Non-conveyed CPI where the Service acheived less than 95% compliance were: Was the appropriate referral made where necessary; Documentation that a copy of the PRF was left on scene; Second set of observations recorded and time logged and other relevant observations; Documentation that the patient was left with a responsible adult, and First set of observations recorded and time logged and other relevant observations.
CO2 - CQUIN-4 - Falls & Older People referrals to G	Р										
C2.7.1 Number of of falls referred to GP	378	125	378	389	378	583	662	697	662		Significant increase on the referral rate for June - 10 complexes achieving in excess of 10% above CQUIN trajectory.
CO2 - CQUIN-5A - End of Life Care Pathways											
C2.8.1 EOLC patients held on LAS systems - Number of EOL plans held					0						Without CommandPoint - unable to create an 'EOLC' flag, also lissues dentifying EOLC lists - NHSL currently tendering for bespoke pan-London system; also engaging with initial 111 pilots (Hillingdon, LCW & ONEL, but with limited success)
CO2 - CQUIN-5B - End of Life Care Pathways											
C2.8.2 EOLC patients held on LAS systems - Number of incidents where specific feedback from											Early development - working on links with CSD and ability to flag addresses/patient
CO2 - CQUIN-6A - Mental Health Pathways											
C2.9.1 Mental Health service improvement plan, including outcome of MH review											The mental health action plan is monitored monthly at the mental health committee and is currently on track for delivery. The CQUIN milestones are different to the action plan as they are more outcome-focussed. At present we are on track for delivery but training and implementation of the assessment tool may not be delivered due t the complexity of the delivery and the timeframe. However, we will continue to drive these measures
CO2 - CQUIN-6B - Mental Health Pathways											
C2.9.2 Development of Mental Health protocols for direct access to MH crisis teams											Emma Williams and Steve Lennox are currently meeting with the mental health providers as brokers to developing agreements and have undertaken 5 visits. All Trusts are wholly supportive of the initiative. The project is currently on track for delivery

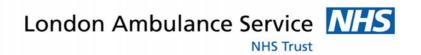
PI Name		2011	May	2011	Jun	2011	Jul	2011	Aug	2011	Commentary
CO2 - CQUIN-7A - Whole system clinical issue reso				ı							
C2.10.1 Establish effective whole system clinical group											Status Report not received
CO2 - CQUIN-7B - Whole system clinical issue reso	lution										
C2.10.2 Whole system clinical incident reporting & resolution											Status Report not received
CO2 - SQU03_01 - Call abandonment rate											
C2.1.1 Number of calls abandoned before call answered	0	0	0	0	0	0	0	0	0		pc 09/09/11 continue to acheive
CO2 - SQU03_02 - Re-contact rate following discha	rge of a	care									
C2.2.1 Calls closed with telephone advice where recontact is within 24 hour		2		3	15	3		3			Figures show that the Trust has low re-contact rates for calls closed with telephone advice, treated and discharged at scene, and from patients with
C2.2.2 Treated and discharged at scene where recontact is within 24 hours		2		4	6	4		4			locally agreed frequenct caller procedures in place
C2.2.3 Calls from patients for whom a locally agreed frequent caller procedure is in place		0		0	3	1		3			
C2.2.4 Number of patients with a frequent caller procedure in place							40	33			Frequent Caller plan is in draft and being piloted by PCAT till the 19.09.11 with a view to amended and rolling out final version by October 2011. Pl actual is calculated based upon the number of cases open per for the reporting month so is an additionally anomoly.
CO3 - HQU03_01 - Category A 8 minute response ti	me										
C3.4.1 Achievement of Cat A (8 minutes)	75	78	75	76	75	74	75	77	75	78	RH 07/09/2011 Achieved past trajectory
CO3 - HQU03_02 - Category A 8 and 19 min respon-	se time	[Activa	tion & Ut	ilisation	]						
C3.5.1 % of Category A activation within 45 seconds	60	61	60	64	60	63	60	64	60	50	
C3.5.2 FRU mobilisation <134 sec Average	136	136	136	136	136	134	136	61	136	68	
C3.5.3 Ambulance mobilisation <208sec Average	209	209	209	153	209	168	209		209		
C3.5.4 FRU mobilisation from station less than 25%	25	24	25	23	25	23	25	23	25	26	
C3.5.5 AEU mobilisation from station less than 30%	30	17	30	17	30	16	30	16	30	21	
C3.5.6 FRU utilisation of 40%	40	41	40	44	40	47	40	45	40	38	
C3.5.7 Ambulance utilisation of 55%	55	84	55	84	55	88	55	84	55	76	
C3.5.8 Achievement of Cat A (19 minutes)	95	99	95	99	95	99	95	99	95	99	
CO3 - HQU03_02 - Category A 8 and 19 min respons					,,,		,,,		70		
C3.6.1 Job cycle time (incl. hospital turnaround) 66		66.0	66.0	66.2	66.0	67.1	66.0	66.0	66.0	66.0	
C3.6.2 Proportion of the year below REAP level 1 & 2 combined		0.0	75.0	75.0	75.0	6.0	75.0		75.0		RH 08/07/2011 the Trust for the Month of June remained at REAP 3 and at one point REAP4 due to the high category A demand. This has now pushed the percentage down to 6%
C3.6.3 VOR 2	3.5	4.3	3.5	4.1	3.5	4.5	3.5	4.7	3.5	4.1	
C3.6.4 Staffing total hours produced as per contract (All)	100.0	119.7	100.0	123.8	100.0	124.0	100.0	106.7	100.0	103.5	
C3.6.5A Staffing total hours produced as per contract (AEU)	100.0	109.2	100.0	104.9	100.0	111.0	100.0	91.1	100.0	88.8	
C3.6.5F Staffing total hours produced as per contract (FRU)	100.0	111.6	100.0	114.0	100.0	106.0	100.0	96.4	100.0	92.6	
C3.6.5U Staffing total hours produced as per contract (UC)	100.0	123.8	100.0	136.0	100.0	124.0	100.0	122.4	100.0	118.4	
CO3 - SQU03_08 - Time to answer call											
C3.1.1 % Calls answered in 5 seconds	95	94	95	94	95	93	95	96	95	97	RH 07/09/2011 Continue to achieve
CO3 - SQU03_09 - Time to arrival											
C3.2.1 % Time to arrival of ambulance-dispatched health professional for life-threatening calls (CAT A 8 min)		5.6	5.9	5.7	6.2	5.9	6.1	5.6	5.9		
			•								

PI Name	Apr	2011	May	2011	Jun	2011	Jul	2011	Aug	2011	Commentary
CO3 - SQU03_10 - Calls closed with CTA or manage											,
C3.3.1 % of complexes with new Clinical Response	3		3		3		3		3		
C3.3.2 Achievement of Cat C1 (20 minutes)	90	84	90		90	82	90	86	90		SH02/08/11 Target not achieved due to month of July seeing high demand in Cat A life-threaning calls of c14.6% which has impacted on Cat C1
C3.3.3 Achievement of Cat C2 (20 minutes)	90	88	90		90	84	90		90		RH 08/07/2011 The month of June saw the Trust continuing to concentrate on Category A life-threatening calls due to the higher than expected category A demand.
C3.3.4 Meet agree C3 response target (CTA or face/face assessment 20 minutes)	90		90	90	90	88	90	86	90	88	SW 05/09/11 MI have produced the data retrospectively This measure includes calls from MPS but EXCLUDES Card 35 and AS3 non urgent request as the times for response are often over 60 minutes. July saw an increase of total C3 calls for calculation of 971. Work is underway by the
C3.3.5 Meet agreed C4 response target CTA 60 minutes	90		90	97	90	96	90	95	90	97	SW 05/09/11 MI have produced the data retrospectively This measure includes calls from MPS but EXCLUDES Card 35 and AS3 non urgent request as the times for response are often over 60 minutes. July saw an increase of total C4 calls for calculation of 996.
CO4 - Meet Health & Safety Target											
C4.1.1 Meet Health & Safety target - % H&S incidents reported within 7 days	53	40	56	43	58	43	61	50	63	57	AK 02-08-2011: The number of incident reports submitted within 7 days of incident are still below the milestone, but this is still out highest compliance to date. Overall: East Area (53.3%, 165 forms), South Area (56.3%, 73 forms), West Area (51.2%, 153 forms)
CO4 - Meet Patient Report Form completion target											
C4.2.1 Meet patient report form completion target - % PRFs processed at MI within 7 days	95.0	98.3	95.0	97.5	95.0	99.2	95.0	99.3	95.0	98.6	
Good for staff CO5 - Increase in staff confidence levels (Non-Oper	ational	) Caron									
C5.1.1 % of non-operational staff receiving PDR		Caron	90		90	17	90	26	90		08.07.11 Although improving, this figure remains below expected
sessions per annum	,,,		,,,		,,,		,,	20	,,		completion rate by July. Due to a systems failure the figures for August are not available. the next report will be for September.
CO5 - Increase in staff confidence levels (Operation		hard	00		00	070	-00		- 00		O/ DOMA
C5.1.2 % of operational staff receiving PDR sessions per annum	90	41	90		90	370	90		90		06/08/11 Since April the Service have undertaken 370 staff PDRs. The process of how this is captured has been redfined and all line managers can upload completed PDRs via the intranet, this remains a challenege operationally and competes now with CSR courses and numerous local incentives, large abstarctions and hence the challenge to produce good performance remains the greatest challenge.
C5.1.3 % of operational staff who have a workplace performance review twice per year	90	87	90		90	25	90		90		06/08/11  This target has not progressed, we may need to consider how this is being captured and consider any shift undertaken by a Team Leader with any staff to be included as an operational rideout?
C5.1.4 % of operational staff who have two CPI feedback sessions per year	95	62	95	89	95	84	95	83	95	86	JD: Service at REAP level 4 01/08-15/08 and REAP level 3 15/08-22/08 therefore Team Leaders deployed to cover front line and unable to undertake feedback sessions during this time.
C5.1.6 CPI Completed as % of plan	80	81	80	83	80	77	80	85	80	78	JD: Service at REAP level 4 01/08-15/08 and REAP level 3 15/08-22/08 therefore Team Leaders deployed to cover front line and unable to complete CPI audits during this time.
C5.1.7 CPI compliance with guidelines as a % of all CO5 - Increase in staff skill levels	95	95	95	95	95	95	95	95	95	95	Not Set
C5.2.1 Total NW0W training hours delivered								10204		11176	(HL 30.08.11) 55% of NWOW training delivered to date (11,176 hours delivered from a total of 20,431 hours to be delivered).
C5.2.2 % of staff attending training courses against places available	80	89	80	90	80	80	80	80	80	79	JH:2011-09-09:1% below existing target averaging for year still above target.
C5.2.3 Number of student paramedics who have completed their training	37		9		72	30	92	31	136	37	JH:2011-09-09: continuing schedule maintaining target.
C5.2.4 Proportion of annual priority training commitments delivered	80	0	80	0	80	42	80	38	80	72	JH:2011-09-09: 264 student places planned (1day course) uptake 189 attending on rostered training days across centres. 2 courses cancelled (24 student pplaces) due to insufficient staff numbers being allocated. This does

PI Name	Apr	2011	May	2011	Jun	2011	Jul	2011	Aug	2011	Commentary
CO6. Implement Equality & Inclusion											
C6.1.1 Implement Equality & Inclusion Action Plan  C07. Improve staff satisfaction											Ongoing implementation of actions in year 1/2 of Equality & Inclusion Strategy Action Plan; new Corporate Equalities Induction Training materials provided, Train the Trainer workshops provided and Equalities Induction session July 4: Positive Action Strategy approved by Equality & Inclusion Steering Group; Equality Analysis proforma and guidance, updated in line with Equality Act 2010; training on Equality Act 2010 and disability equality commissioned - to be rolled out from October 2011.  Some actions in the Equality & Inclusion Strategy Action Plan are delayed pending the outcome of the Public Sector Duty and Specific Regulations
C7.1.1 ANNUAL MEASURE Staff satisfaction score											Annual Measure
C7.1.2 ANNUAL MEASURE Staff engagement score											
C7.1.3 Improve overall satisfaction score regarding											-
Value for taxpayers											
CO8. Facilities (CAD System)											
C8.7.1 CAD core system availability	100	100	100	100	100	100	100	100	100	100	11/8 CTAK database index corruption recovery 36 mins disruption.
C8.7.2 Target availability CAD environment as a	99	96	99	99	99	99	99	99	99	100	Brief MPS CADlink disruption.
CO8. Facilities (Estates)											
C8.1.3 Estates capital spend as % of plan	2		3		15		28		42		
C8.1.4 % completion of Estates strategy objectives completed	95		95		95		95		95	20	HART buildings (West)Complete September 2011 Workshop West. Business case to be re written and approved by SHA Bow Control Room. Feasibility study completed with budget costs. Ops to produce business case and secure funding. SMG agreement needed on who moves in and out of Bow. New Generation Ambulance Station. User brief produced and to be agreed by SMG. Resouces to produce business cases needs to be agreed. HO replacement. Brief required The baseline targets are being redrawn based on an overall completion of 20% across the five projects in August, with a view to full completion of all projects by the end of the financial year. Estates will provide monthly status updates on performance against targets from September
CO8. Financial (EBITDA)											
C8.2.11 Liquidity Ratio	15	7	15	7	15	4	15		15		Figures provided separately by Finance
C8.2.12 Net Surplus/(Deficit) - after Impairments	1	1	1	1	1	1	1		1		
C8.2.13 Return on Assets (RoA)	6	8	6	7	6	6	6		6 95		_
C8.2.14 To process at least 95% of bills by value C8.2.15 To process at least 95% of bills by volume		89 85	95 95	89 85	95 95	89 85	95 95		95		_
C8.2.3 Capital Resource Limit (CRL)	10	9	10	9	10	9	10		10		-
C8.2.4 Control Surplus/ (Deficit)	2713	2718	2713	2493	2713	2412	2713		2713		_
C8.2.5 Cumulative Net surplus	551	776	526	776	503	105	324		288		_
C8.2.6 EBITDA %	8	8	8	8	8	6	8		8		-
C8.2.7 External Financing Limit (EFL)									-		-
C8.4.1 100% completion of carbon reduction management plan by 31 March 2012		0		0	10	10	20	20	30	25	CMc 02/09/11: Carbon Mgt plan submitted to Carbon Trust - project board set target of 25% reduction in carbon footprint by 2015. Draft of baseline tool circulated to Fleet & Estate colleagues for their input. 1st draft of projects that will deliver carbon reduction target written by the project team; this will be progressed over the next two months. The project team now includes reps from Procurement & Clinical. The project lead has participated in various webinars, and with colleagues from Estates attended 'cooling & air handling workshop' on 16/08/11.
CO8. More efficient use of fleet											
C8.3.1 % AEU fleet available to operations	88	96	88	96	88		88		88	96	96% of AEU fleet available to operations verses 88% target; the average vehicle availability is steady at the required level

PI Name	Apr	2011	May	2011	Jun	2011	Jul	2011	Aua	2011	Commentary
CO8. Reduction in the cost base									J		
C8.5.1 CIP forecast vs plan - year end target is 18m	15	14800	15	14089	15	16	15		15		Figures provided separately by Finance
C8.5.2 YTD CIP Achieved (000's)	1129	834	1129	1102	1129	0	1246		1246		
C8.6.4 PTS Profitability	31		60		89		118		147		
CO9. Trust performance maintained during major e	vents										
C9.1.1 No decrease in CAT A (8 minute) response	75	76	75	76	75	74	75	77	75	78	RH 07/09/2011 No known decrease
C9.2.1 No decrease in CAT A (8 minute) response times during unplanned major incidents	65	76	65	76	65	74	65	77	65	78	RH 07/09/2011 Civil Disturbance around 14 locations in London (Ealing, Camden, Hackney Stratford Wallham Forest, Chingford, Peckham Clapham, Brixton,Lewisham, Woolwich, Bromley and Croydon)
C9.3.1 No decrease in CAT A (8 minute) response	75	76	75	76	75	74	75	77	75	78	RH 07/09/2011 Not App
Improve Engagement with Key Stakeholders											
CO10. SQU03_04 Service Experience											
C10 - Service Experience											The Learning from Experiences group reviewed the Q1 report and identified a number of areas for future discussion, including the High Risk Register and mental health, on the basis that these will be fed through to other committees in the existing structure. The Integrated Report for Q1 will be reviewed by the Quality Committee in September. Further clarification on non-declared Serious incidents is that Patient Experiences, Legal Services and Safety & Risk will coordinate any investigations requiring more detailed analysis





# LONDON AMBULANCE SERVICE TRUST BOARD

# M05 August

#### PAPER FOR REVIEW

Document Title:	M05 August - Financial Review
Report Author(s):	Andy Bell
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:	The committee is asked to comment on the information included within the month 5 report and the actions being taken to safeguard the trusts' position against plan.

#### Executive Summary/key issues for the Trust Board

The Trust reported a surplus of £223k for the month against a planned surplus of £308k. The Capital and Cash position remain on track.

YTD the Trust is reporting a £753k surplus against plan of £2,165k. This is £1,412k behind plan and a Financial Recovery Plan has been developed which incorporates the existing CIP to deliver the required annual surplus of £2.7m.

EBITDA in Month 5 is £2.5m behind plan mainly due to overspend on A&E overtime and reduction in PTS and RTA income.

CIP delivered vs plan is at 95% (£285k) at m5. Specific actions are being taken by SMG to recover the position by year end.

The Department of Health has set the CRL for 2011/12 at £9,112k. The Trust is planning to fully utilise the allocated capital funding. The YTD position is a favourable variance of £220k due to Fleet Projects being ahead of plan.

The Year end cash position is forecast to be £5.3m. The YTD position is a favourable variance of £5.4m against plan due to advance receipt of CBRN Income

# <u>Result</u>

The LAS made a surplus of £223k for the month. This compared to a surplus of £425k for m4 and a forecast surplus of £203k for the month.

Ytd, the surplus is £753k compared to budget of £2,165k.

The forecast for the year is a surplus of £2,736. This is in line with the budgeted control total.

Forecast EBITDA is £2.5m below budget at 7.2% of income or £20.3m. This compares to £17.2m for 2010/11.

- Income shortfalls in A&E penalty (2010/11), RTA and PTS are primary drivers
- Non pay and depreciation gains offset an overspend in pay

The CIP is forecast to deliver savings of £15.6m.

The Trust is on track to achieve a Financial Risk Rating of 4.

### <u>Income</u>

For the month, overall income was £23,403k. This was £76k down on m4 and £74k up on forecast.

- Q1 income impacted by application of £800k penalty for 2010/11 (£267k per month)
- Ytd income also reduced by £74k per month for a reduction in expected RTA income

Ytd, total income is down £1,151k vs budget.

- Impact of A&E penalty (£800k) and RTA income (£414k)
- PTS income down £300k vs budget

For 2011/12, the forecast income is £280,362k which is £2,618k below budget

2010/11 penalty £803k
 RTA £1,175k
 PTS £970k

- Run rate of £23.2m per month is expected to be reasonably consistent. The increase forecast in m12 relates to the final CQUIN payment of £1.8m. A related provision of £1m for underachievement of the CQUIN is included in forecast expense.
- No additional income forecast at this stage for August unrest in London (Cost £80k). This
  activity is not in the commissioned baseline of the LAS. A bid has been made to relating to a
  non recurrent fund run by London PCTs.
- No penalties forecast for A&E income

### **Expense**

For the month, total operating expense was £21,868k (m4 £21,729k) and total expense was £23,179k (m4 £23,054k).

- Payroll expense was up £36k and was £30k below forecast at £17.2m
- A&E overtime was £90k below m4 and £34k below forecast
- Agency expense fell by £46k. Of this reduction, £30k related to correcting previous overaccruals.
- Corporate Support expense increased by £76k primarily due to a ytd recharge of £55k for training officers and other staff charged out to other entities which is reflected in other income.

Ytd, total operating expense was £999k above budget and total expense was £260k above budget.

- Pay cost is £1,573k over budget but £1,223 below the same period in 2010/11.
- Increased overtime spend of £2,699k (A&E Overtime £2,106k) over budget. This is driven both higher than planned abstractions for training and continued slippage in hospital handover times by London Acute hospitals.
- Compared to 2010/11, average patient handover times are more than 2 minutes on average worse. This equates to the LAS having to absorb c. £1.1m in additional, unfunded cost pressure. The LAS has reduced its element of time at hospital by 3.5 minutes to a current average of 15.4 minutes in the same period.
- Another driver of increased pay expense is increase in key activity
  - o Call volume is up 5% over the same period in 2010/11 compared to plan of 2.8%.
  - CatA activity is 10.8% over the same period last year (plan 3.5%)
  - Overall incident activity is down2% (Planned increase 1.8%)
  - CatA activity is a disproportionate driver of cost, given the higher clinical risk. At present the LAS is absorbing this additional clinical activity.
- Non pay is £574k below budget and £204k below 2010/11 where the both the specific CIP activity and general cost controls are delivering sustained reductions.
- Depreciation, Dividend and Interest expense is £739k below budget mainly due to slippage in the capital plan.
- Average monthly operating expense is £21,713k and total expense £23,046k

For 2011/12, the forecast total operating expense is £260m which is in line with budget and £6.4m below 2010/11.

- Forecast average payroll expense is £17m per month for the remaining 8 months of 2011/12. This is line with the current run rate.
- Overtime spend has been re-profiled in line with the updated workforce plan.
- Forecast total payroll expense is £6m below payroll cost for 2010/11.
- Non Pay expense is forecast to be £1.5m below budget and adjusting for income provisions £1.5m below 2010/11

• Forecast monthly average non pay cost of £4.7m for rest of the year is in line with the current run rate (£4.5m) and the CIP.

Depreciation, Dividend & Interest expense is forecast to be £2.5m below budget and £1.4 higher than 2010/11.

- Depreciation is forecast to be £415k below budget for 4 months due to the delay in implementing CommandPoint
- Slippage in the rest of the capital plan (Estates and Fleet) is also included in the forecast.

# **Cost Improvement Programme (CIP)**

Ytd, the CIP delivered is £5.6m which is £285k below plan.

- Slippages in rest breaks (£83k), Agency (£179k) and Unidentified (£524k)
- Non Pay Savings (£563k) ahead of plan

Forecast CIP is expected to exceed the plan by £805k.

- Rest break slippage of £447k caused by current operating pressures
- Agency over plan by £279k with further SMG attention to attempt to recover position
- PTS CIP plan critical to turnaround plan
- Support Service pay on track to deliver planned savings underpinned by vacancy freeze
- Unidentified CIP has specific costs identified by type which will be transferred to program in m6
- Annual Leave accrual monitored by senior finance team to ensure delivery of required CIP

The Director of Finance has implemented a continuous review of all of the existing CIP projects.

### **Balance Sheet & Cash flow**

Capital Employed by the LAS of £113m is unchanged from m4. Forecast capital employed is £115m.

Trust on track to deliver a return on assets of 6.84% for the year compared to a plan of 6.6%

The capital plan is underspent by £220k on its capital plan by m5. This is caused by a delay in CommandPoint, IT hardware replacement, and the sale and leaseback on ambulances.

Forecast capital expenditure of £8.9m is projected to be below the plan or CRL of £9.1m.

The Finance & Investment Committee and SMG continue to closely monitor capital spend.

Cash balances were £13.6m at the end of m5. The forecast cash balance for m12 remains £5.3m. Key elements of the forecast include:

- Delivery of forecast EBITDA (£20.3m)
- Capital plan delivered
- Completion of Sale & Leaseback transactions for existing leased vehicles

# **Better Payment Practice Code (BPCC)**

Ytd performance for supplier payments is Non NHS (89%) and NHS (80%) which is behind the required 95%. This metric is being tracked by the department to improve performance.

# **Financial Risks**

Key financial risks remain

- Unachieved CQUIN
- Failure to deliver the CIP
- Overtime control

A worse case scenario has been developed identifying a £5m risk to the current forecast.

Existing controls plus the application of the Financial Recovery Plan are expected to mitigate this risk.

# **Financial Recovery Plan (FRP)**

### Additional Income

- CQUIN delivery reviewed by SMG
- Bid (£80k) relating to unfunded activity resulting from recent unrest in London submitted to London PCT Non Recurrent Fund
- RTA review underway by senior finance team
- No additional income included in current forecast.

Forecast Pay (£17.2m) and Non Pay (£4.6m) expense were delivered in m5.

Further analysis is being completed for the non forecast items in the FRP.

# Conclusion

The trust is on track to deliver a surplus of £2.7m

- No performance penalties
- CIP delivered
- Overall pay controlled at £17m per month
- Non pay controlled at £4.7m per month

CRL will be achieved.

Cash flow forecast of £5m for m12 will be achieved.

Mike Dinan

**Director of Finance** 

Sept ember 2011





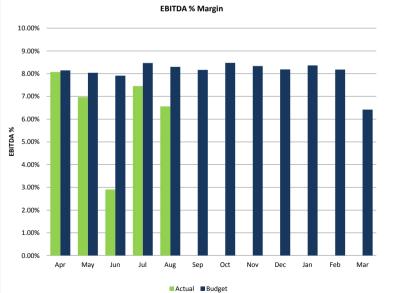
# **Trust Board - Financial Review**

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#### APPENDIX 1

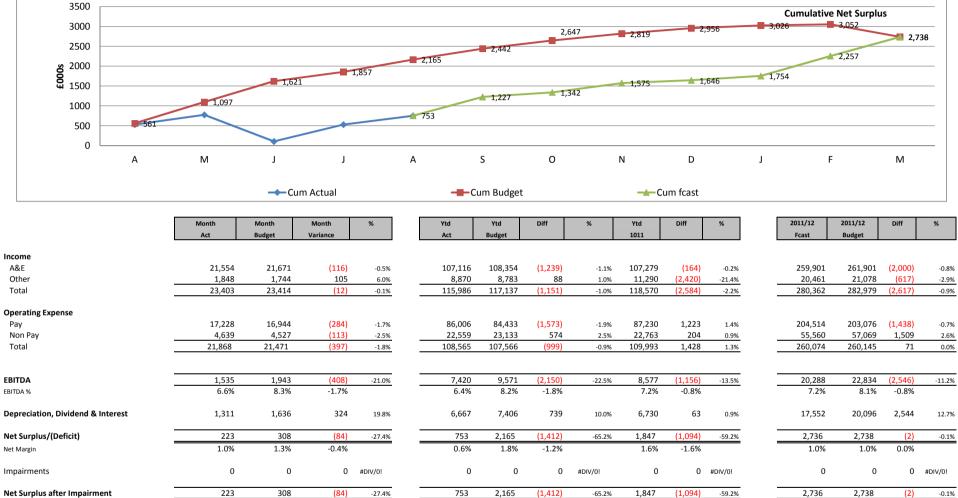
						IVIC	Jildi Lilding 31:	st August 2011 -	(Worth 3)			
NHS Trust Statutory Financial Duties	Forecast				Commentary				NHS Financial Performance Framework	Forecast Score	Status	Commentary
ncome & Expenditure against plan	<b>\</b>	Assessment bas	ed on achiever	nent of the YTD	) financial plan				Initial Planning (Planned I&E Surplus Margin)	3	G	The planned I&E surplus is in line with SHA expectations
external Financing Limit (EFL)	$\leftrightarrow$	Assessment bas	ed on achieven	nent of the YTD	) financial plan				Year to Date Performance (YTD I&E Surplus Margin)	3	G	Year to date Operating Surplus is at variance to plan less than 3% of Income (1.2%)
apital Resource Limit (CRL)	$\leftrightarrow$	Assessment bas	ed on achieven	nent of the YTD	) financial plan				Forecast Outturn Performance (Forecast I&E Surplus Margin)	3	G	Forecast surplus with variance from plan of less than 3% of Forecast Income (0.001%)
eturn on Assets	1	Assessment bas	ed on achiever	nent of the YTD	) financial plan				Underlying Financial Position (Underlying I&E Surplus Margin)	3	G	Underlying breakeven or surplus position is on track
IP	<b>\</b>	The Trust is exp			·	At month 5	the trust is be	hind plan.	Better Payment Practice Code (95% bills paid within 30 days)	2	A	Bills paid within 30 days for the year to date to 76% of NHS suppliers and 89% NHS suppliers
ncome and Expenditure									Balance Sheet Efficiency (Liquidity)	2	A	Current assets (stocks, debtors and cash) over current liabilities (amount owing one year) less than 1 but greater than 0.5
he year to date I&E positing one. Recovery plan has							eduction in RTA	A and PTS	LAS Trust Management Costs (% of Total LAS Income (Excl. MPET))	N/A	G	Management costs (excluding MPET) is 6.73% of Income
Capital									Overall	3	G	Trust is rated as Performing
he Trust is forecasting to	meet its Capi	al Resource Limit	(CRL) for the v	ear.					Monitor Financial Risk Rating	Forecast Score	Status	Commentary
Cash			, (=, ,						Achievement of plan (EBITDA achieved compared to plan)	3	A	Better than 70% achievement against planned EBITDA margin
he Trust is forecasting to	meet the Exte	ernal Financing Lin	mit (EFL) for the	year.					Underlying Performance (EBITDA margin)	3	A	The EBITDA margin required is 5% for 3 and 9% for 4 (current forecast is 7.2%)
inancial Risk Rating Monitor Financial Risk Rati	ing forecast is	for performance	equivalent to a	rating of 4. Mo	onitor assesses	financial risk o	on a scale		Financial Efficiency (Return on assets and I&E margin)	4	G	Return on Assets is forecast at 6.8% and I&E surplus margin is forecast at 1%
rom 1 (high risk) to 5 (low	risk).								Liquidity (Liquid assets / operating expenditure	3	A	Liquid asset cover less than 15 days, assumes 30 day working facility
									Overall	4	G	The Trust is targeting a score of 4 for 2011/12
		<b>Current Month</b>			Year to Date		,	Annual				
Income & Expenditure	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget			EBITDA 9	% Margin
	£000	£000	£000	£000	£000	£000	£000	£000				

		<b>Current Month</b>			Year to Date		Ann	ual
Income & Expenditure	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget
	£000	£000	£000	£000	£000	£000	£000	£000
Income								
A&E	(20,852)	(20,853)	(1)	(103,462)	(104,266)	(804)	(251,285)	(252,08
HART/CBRN	(1,254)	(1,234)	21	(6,209)	(6,168)	41	(14,844)	(14,80
Olympics	(114)	(114)	0	(569)	(569)	0	(1,365)	(1,36
PTS	(575)	(568)	7	(2,539)	(2,840)	(300)	(5,845)	(6,81
Other	(607)	(646)	(39)	(3,207)	(3,295)	(88)	(7,023)	(7,908
Total Income	(23,403)	(23,414)	(12)	(115,986)	(117,137)	(1,151)	(280,362)	(282,979
Pay Expenditure								
Frontline	10,628	10,881	254	53,259	54,199	940	127,916	131,80
Other	5,353	5,529	176	26,317	27,452	1,135	63,242	65,68
Overtime	1,120	515	(604)	5,366	2,667	(2,699)	11,312	5,33
Agency	128	19	(110)	1,064	115	(950)	2,043	25
Total Pay	17,228	16,944	(284)	86,006	84,433	(1,573)	204,514	203,07
Medical Consumables	423	494	71	2,371	2,485	114	5,854	5,96
Vehicle	1,208	900	(308)	5,613	4,463	(1,149)	12,615	10,71
Fuel & Oil	470	496	26	2,492	2,479	(13)	5,889	5,94
Accommodation and Estates	991	1,102	110	5,005	5,501	496	12,431	12,93
Other	1,548	1,536	(12)	7,079	8,206	1,127	18,772	21,51
Finance Costs	380	451	71	1,903	2,255	352	4,494	5,41
Depreciation	931	1,184	253	4,764	5,151	387	13,058	14,68
Total Non Pay	5,951	6,162	212	29,227	30,539	1,313	73,112	77,16
Total Expenditure	23,179	23,107	(72)	115,233	114,972	(260)	277,626	280,24
EBITDA								
(Surplus) / Deficit	(223)	(308)	(84)	(753)	(2,165)	(1,412)	(2,736)	(2,738



**APPENDIX 2** 

### Month Ending 31st August 2011 - (Month 5)



11	1	С	0	r	r	ıe

Non Current Assets Working Capital Non Current Liabilities Capital Employed Average Capital Employed Return on Assets

-13.5%	(1,156)	8,577	-22.5%	(2,150)	9,571	7,420
	-0.8%	7.2%		-1.8%	8.2%	6.4%
0.9%	63	6,730	10.0%	739	7,406	6,667
-59.2%	(1,094)	1,847	-65.2%	(1,412)	2,165	753
	-1.6%	1.6%		-1.2%	1.8%	0.6%
#DIV/0!	0	0	#DIV/0!	0	0	0
-59.2%	(1,094)	1,847	-65.2%	(1,412)	2,165	753
2.9%	4,057	140,717	0.6%	892	143,882	144,774
222.3%	9,357	4,209	66.4%	5,414	8,152	13,566
-417.4%	(23,076)	5,529	226.0%	(12,164)	(5,383)	(17,547)
-34.4%	14,391	(41,811)	-3.5%	983	(28,403)	(27,420)
4.4%	4,729	108,644	-4%	(4,875)	118,248	113,373
		108.486	-4.1%	(4,875)	118,248	113,373

2,/36	2,/38	(2)	-0.19
139,191	143,882	(4,691)	-3.39
5,250	5,250	0	0.09
(9,385)	(5,383)	(4,002)	74.39
(19,700)	(28,403)	8,703	-30.69
115,356	115,346	10	0%
115,356	118,248	(2,892)	-2.49
6.84%	6 57%	0.3%	4 19

# LAS Financial Review - Income & Expense Trend

### **APPENDIX 3**

	Apr-10 Actual	May-10 Actual	Jun-10 Actual	Jul-10 Actual	Aug-10 Actual	Sep-10 Fcast	Oct-10 Fcast	Nov-10 Fcast	Dec-10 Fcast	Jan-11 Fcast	Feb-11 Fcast	Mar-11 Fcast	2011/2012 Fcast	2011/2012 Budget	Diff	%
-	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	
Income	(23,354)	(22,690)	(23,060)	(23,479)	(23,403)	(23,295)	(23,214)	(23,224)	(23,190)	(23,190)	(23,210)	(25,054)	(280,362)	(282,979)	(2,617)	-0.9%
Payroll (£k)																
A&E Frontline	10,733	10,675	10,640	10,584	10,628	10,660	10,698	10,707	10,686	10,673	10,627	10,606	127,916	131,802	3,886	2.9%
A&E Overtime	857	648	1,075	1,062	972	852	809	720	820	691	331	1,238	10,075	4,957	(5,117)	-103.2%
A&E Management	1,240	1,257	1,205	1,204	1,209	1,225	1,229	1,229	1,230	1,226	1,226	1,226	14,705	14,078	(626)	-4.4%
EOC	975	977	959	947	956	929	972	999	995	987	980	973	11,650	12,053	404	3.4%
Operational Support	288	296	311	315	332	317	317	317	317	317	317	317	3,761	4,210	449	10.7%
PTS	390	388	388	381	389	380	300	299	295	291	291	290	4,081	4,611	531	11.5%
Corporate Support	2,286	2,369	2,399	2,390	2,466	2,421	2,456	2,460	2,441	2,453	2,458	2,447	29,046	30,733	1,688	5.5%
Other Overtime	130	146	193	136	147	140	64	64	54	54	54	54	1,238	380	(858)	-225.7%
Agency	217	237	308	174	128	158	145	145	134	134	132	132	2,043	250	(1,793)	-717.4%
Total	17,115	16,993	17,477	17,193	17,228	17,081	16,989	16,941	16,971	16,826	16,417	17,284	204,514	203,076	(1,438)	-0.7%
Non Pay																
Staff Related	441	630	578	546	511	530	560	436	548	420	466	434	6,101	5,943	(158)	-2.7%
Consumables, Medical Equip & Drugs	479	430	548	491	423	496	496	496	496	496	496	505	5,854	5,963	109	1.8%
Vehicle Leasing	123	253	328	241	259	237	237	237	237	237	237	237	2,862	1,480	(1,382)	-93.4%
Vehicle Maintenance	619	647	702	483	571	631	631	629	627	627	627	626	7,418	7,609	191	2.5%
Other Automotive	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#DIV/0!
Vehicle Insurance	179	138	370	322	378	135	135	135	135	135	135	135	2,335	1,623	(712)	-43.9%
3rd Party Transport	42	70	61	98	72	62	54	49	49	49	49	49	702	585	(117)	-20.0%
Accommodation & Estates	1,080	913	1,011	1,009	991	1,044	1,052	1,064	1,064	1,061	1,061	1,080	12,431	12,934	504	3.9%
IT & Telecoms	564	628	609	530	579	662	649	660	657	658	668	662	7,525	7,897	372	4.7%
Finance & Legal	152	(270)	(10)	87	243	184	121	161	141	181	182	1,224	2,396	4,506	2,111	46.8%
Consultancy	58	69	86	41	43	52	52	52	62	52	34	4	604	668	65	9.7%
Other	112	115	153	139	100	(91)	151	152	155	153	155	150	1,445	1,912	467	24.4%
Subtotal	4,354	4,116	4,913	4,536	4,639	4,422	4,621	4,560	4,665	4,554	4,589	5,590	55,560	57,069	1,509	2.6%
Depreciation																
Fleet	476	477	475	454	443	456	628	628	628	745	745	745	6,900	8,526	1,626	19.1%
IT	140	140	140	140	140	140	140	140	140	140	140	140	1,685	1,685	0	0.0%
Other	347	348	348	348	348	348	348	348	348	448	448	448	4,473	4,473	0	0.0%
Subtotal	962	965	963	943	931	945	1,116	1,116	1,116	1,334	1,334	1,334	13,058	14,684	1,626	11.1%
Financial																
Dividend	319	319	319	319	319	319	319	319	319	319	319	319	3,832	3,832	0	0.0%
Interest	72	51	59	63	61	54	54	54	48	49	48	48	662	1,580	919	58.1%
Subtotal	392	370	378	383	380	374	373	374	368	368	367	367	4,494	5,412	919	17.0%
Total Expense	22,823	22,445	23,732	23,054	23,179	22,822	23,099	22,991	23,119	23,081	22,707	24,575	277,626	280,241	2,615	0.9%
Net Surplus	(531)	(245)	671	(425)	(223)	(474)	(115)	(233)	(70)	(109)	(503)	(479)	(2,736)	(2,738)	(2)	0
Cumulative Surplus	(531)	(776)	(105)	(530)	(753)	(1,227)	(1,342)	(1,575)	(1,646)	(1,754)	(2,257)	(2,736)	(2,736)	(2,738)		

# **LAS Financial Review - Worst Case Scenario**

# **APPENDIX 4**

	2011/2012	2011/2012			2011/2012
	Base Case	Worst Case	Diff	%	Budget
	Fcast	Fcast			
	£000	£000	£000		£000
Income	(280,362)	(278,880)	(1,482)	0.5%	(282,979)
Payroll (£k)					
A&E Frontline	127,916	127,916	0	0.0%	131,802
A&E Overtime	10,075	11,175	(1,100)	-10.9%	4,957
A&E Management	14,705	14,705	0	0.0%	14,078
EOC	11,650	11,650	0	0.0%	12,053
Operational Support	3,761	3,761	0	0.0%	4,210
PTS	4,081	4,081	0	0.0%	4,611
Corporate Support	29,046	29,046	0	0.0%	30,733
Other Overtime	1,238	1,238	0	0.0%	380
Agency	2,043	2,043	0	0.0%	250
Total	204,514	205,614	(1,100)	-0.5%	203,076
Non Pay					
Staff Related	6,101	6,101	0	0.0%	5,943
Consumables, Medical Equip & Drugs	5,854	5,854	0	0.0%	5,963
Fuel & Oil	5,889	5,889	0	0.0%	5,949
Vehicle Maintenance	7,418	8,018	(600)	-8.1%	7,609
Other Automotive	0	0	0	#DIV/0!	0
Vehicle Insurance	2,335	2,335	0	0.0%	1,623
3rd Party Transport	702	702	0	0.0%	585
Accommodation & Estates	12,431	12,431	0	0.0%	12,934
IT & Telecoms	7,525	7 <i>,</i> 575	(50)	-0.7%	7,897
Finance & Legal	2,396	3,880	(1,484)	-62.0%	4,506
Consultancy	604	604	0	0.0%	668
Other	1,445	1,445	0	0.0%	1,912
Subtotal	55,560	57,694	(2,134)	-3.7%	57,069
Depreciation					
Fleet	6,900	7,143	(243)	-3.5%	0
IT	1,685	1,685	0	0.0%	0
Other	4,473	4,473	0	0.0%	14,684
Subtotal	13,058	13,301	(243)	-1.7%	14,684
Financial					
Dividend	3,832	3,832	0	0.0%	3,832
Interest	662	662	0	0.0%	1,580
Subtotal	4,494	4,494	0	0.0%	5,412
Total Expense	277,626	281,103	(3,477)	-1.2%	280,241
Net (Surplus)/ Deficit	(2,736)	2,223	(4,959)	(0)	(2,738)
	-				

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

# **LAS Financial Review - CIP Summary**

### APPENDIX 5

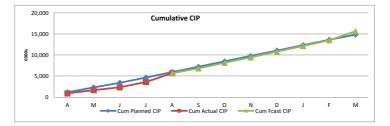
# Month Ending 31st August 2011 - (Month 5)

	Performance Ytd Position						orecast		Sta	tus
Key CIP Programs							011/12			
	Act £000	Plan £000	Diff £000	%	Fcast £000	Plan £000	Diff £000	%	Current	Forecast
	2000	2000	2000		2000	1 2000	2000			
Front Line staffing - Process Management	2,162	2,161	1	100.0%	5,189	5,187	2	100.0%	$\leftrightarrow$	$\leftrightarrow$
Front Line staffing - Resource Management	95	178	(83)	53.2%	353	800	(447)	44.2%	<b>1</b>	1
Fleet optimisation	7	56	(48)	13.2%	257	251	6	102.5%	<b>1</b>	$\leftrightarrow$
Support Services - Pay	287	257	29	111.5%	688	617	71	111.5%	1	1
Support Services - Agency	813	992	(179)	82.0%	2,102	2,381	(279)	88.3%	<b>1</b>	1
Support Services - Non Pay	1,864	1,301	563	143.3%	3,845	3,740	105	102.8%	1	$\leftrightarrow$
Support Services - IM&T	349	373	(24)	93.7%	874	895	(21)	97.7%	<b>1</b>	$\leftrightarrow$
PTS	0	8	(7)	4.2%	690	268	422	257.1%	1	1
Subtotal	5,578	5,326	252	104.7%	14,000	14,139	(140)	99.0%	$\leftrightarrow$	$\leftrightarrow$
-										
Unidentified	76	600	(524)	12.7%	846	669	177	126.5%	<b>1</b>	1
Other - Annual Leave Policy	0	13	(13)	0.0%	800	32	768	2466.3%	$\leftrightarrow$	1
Total	5,654	5,939	(285)	95.2%	15,646	14,841	805	105.4%	1	1
								KEY:		
								CIP Target being more th		1
								CIP Target achieved by m		1
								CIP on Target +	-/- 5% of plan	$\leftrightarrow$

# Front Line Staffing - Process Management :

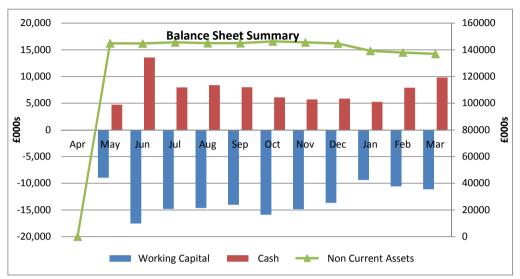
- CIP identified in this line only include the reduction of Frontline posts by 132wte. It does not include overspend on Overtime and over establishment of A&E Management.

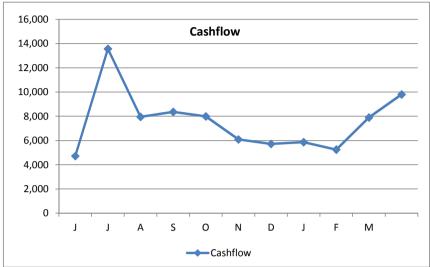
Other: - Included in Other is £800k further CIP to be identified relating to Year-End Agreement with PCT. This is expected to be achieved in Month 12 through amendments in annual leave policy.



# LAS Financial Review - Balance Sheet & Cashflow

### APPENDIX 6





Trade Debtors	A&E £481k > 60 days (32.47%),July£-83k > 60 days (86%)	Кеу	Balance Sheet Iter	ms	
	PTS £687k > 60 days (46.38%), July £563k > 60 days (5.87%)		Current	Year End	
			£000s	£000s	
Trade Creditors	NHS PSPP - This month (65%), July (94%), Ytd (76%)	Cash	13,566	5,250	
	Non NHS PSPP - This month (90%), July(92%), Ytd (89%)	Working Capital	(17,547)	(9,385)	

	Jul-11 £'000s	Aug-11 £'000s	Sep-11 £'000s	Oct-11 £'000s	Nov-11 £'000s	Dec-11 £'000s	Jan-12 £'000s	Feb-12 £'000s	Mar-12 £'000s	Apr-12 £'000s	May-12 £'000s	Jun-12 £'000s	Jul-12 £'000s
	Actual	Fcast											
Non-Current Assets	144,887	144,774	145,573	145,006	145,019	146,259	145,575	144,764	139,191	137,954	136,918	138,066	137,279
Current Assets	31,334	29,781	22,563	21,942	20,649	15,562	14,762	14,842	17,570	20,275	22,184	21,268	20,327
Total Assets	176,221	174,555	168,136	166,948	165,668	161,821	160,337	159,606	156,761	158,229	159,102	159,334	157,606
Current Liabilities	(35,578)	(33,762)	(29,419)	(28,224)	(26,697)	(25,378)	(23,893)	(22,645)	(21,705)	(22,975)	(23,514)	(25,920)	(24,346)
Net Current Assets/(Liabilities)	(4,244)	(3,981)	(6,856)	(6,282)	(6,048)	(9,816)	(9,131)	(7,803)	(4,135)	(2,700)	(1,330)	(4,652)	(4,019)
Total Assets less Current Liabilities	140,643	140,793	138,717	138,724	138,971	136,443	136,444	136,961	135,056	135,254	135,588	133,414	133,260
Total Non-Current Liabilities	27,493	27,420	24,870	24,762	24,776	22,178	22,070	22,084	19,700	19,620	19,676	17,224	17,182
Total Assets Employed	113,150	113,373	113,847	113,962	114,195	114,265	114,374	114,877	115,356	115,634	115,912	116,190	116,078
Total Taxpayers' Equity	113,150	113,373	113,847	113,962	114,195	114,265	114,374	114,877	115,356	115,634	115,912	116,190	116,078
Cashflow	4,720	13,566	7,951	8,362	7,992	6,092	5,716	5,868	5,250	7,893	9,802	10,823	9,882

### LAS Financial Review - Capital Summary

### APPENDIX 7

### Month Ending 31st August 2011 - (Month 5)

KEY:

						Status		
Act £000	Plan £000	Diff £000	%	Act £000	Plan £000	Diff £000	%	2011/12
1			1		1	Π	ı — I	
1,905	2,760	855	31%	3,93	3,845	(89)	-2%	<b>1</b>
584	629	45	7%	1,17	1,500	327	22%	1
3,038	1,462	(1,576)	-108%	7,76	8,265	499	6%	1
0	0	0	#DIV/0!	980	5 0	(986)	#DIV/0!	<b>1</b>
(6,678)	(6,738)	(60)	1%	(7,328	(6,738)	589	-9%	1
0	956	956	100%	2,37	2,240	(134)	-6%	<b>1</b>
(1,151)	(931)	220	24%	8,900	9,112	206	2%	<b>↑</b>
	1,905 584 3,038 0 (6,678)	1,905 2,760  1,905 2,760  584 629  3,038 1,462  0 0  (6,678) (6,738)  0 956	Nonth 5   Act   Plan   Diff   £000   £000   £000	Nonth 5   Act   Plan   Diff   %	Nonth 5	Nonth 5   2011   Act   Plan   Diff   %   E000   E	Nonth 5   2011/12   Act   Plan   Diff   5000   £0	Act £000         Plan £000         Diff £000         %           1,905         2,760         855         31%         3,934         3,845         (89)         -2%           584         629         45         7%         1,173         1,500         327         22%           3,038         1,462         (1,576)         -108%         7,766         8,265         499         6%           0         0         0         #DIV/0!         986         0         (986)         #DIV/0!           (6,678)         (6,738)         (60)         1%         (7,328)         (6,738)         589         -9%           0         956         956         100%         2,374         2,240         (134)         -6%

> The Trust is negotiating with the auditors the accounting treatment of Sale and lease back of ambulances with Singer Healthcare Finance Ltd. The Trust is hoping that the new lease will be treated as an operating lease.
> There is a new capital project for 80 defibrillators and it will be funded from the current under spend which is due to capital project slippage. This spend is to be reviewed by the Finance & Investment Committee in September. \*\*\*
> The Trust has exchanged contracts for the Sale of Park Royal and completion is scheduled for 21st September 2011.
> Command Point is currently been reviewed to determine any additional capital spend required before the next go live date.

 $<sup>\</sup>leftrightarrow$ Capital Program on Target Capital Program Overspend Capital Program Underspend Requires attention

# **LAS Financial Review - Income Summary**

### **APPENDIX 8**

Month	Month	%		Ytd	Ytd	Diff	%	2011/2012	2011/2012	Diff	%
Act	Budget			Act	Budget			Fcast	Budget	5000	
£000	£000			£000	£000	£000		£000	£000	£000	
			<b>Emergency Delivery</b>								
20,852	20,853	0.0%	PCT Commissioned	103,462	104,266	(804)	-0.8%	251,285	252,088	(804)	-0.3%
642	642	0.0%	CBRN	3,190	3,211	(21)	-0.7%	7,685	7,706	(21)	-0.3%
60	176	-65.9%	RTA	464	878	(414)	-47.2%	931	2,106	(1,175)	-55.8%
21,554	21,671	-0.5%	Subtotal	107,116	108,354	(1,239)	-1.1%	259,901	261,901	(2,000)	-0.8%
			Specialised Services								
612	591	3.5%	HART	3,019	2,957	62	2.1%	7,159	7,097	62	0.9%
3	3	3.3%	HEMS	17	16	1	3.3%	41	39	1	3.3%
615	595	3.5%	Subtotal	3,036	2,974	63	2.1%	7,200	7,137	64	0.9%
			Information Services & Research								
93	92	0.4%	EBS	463	461	2	0.4%	1,108	1,106	1	0.2%
5	18	-74.9%	Research	(24)	90	(114)	-126.4%	36	216	(180)	-83.5%
97	110	-11.9%	Subtotal	439	551	(112)	-20.3%	1,143	1,322	(179)	-13.5%
			Patient Transport Services								
575	568	1.2%	PTS	2,539	2,840	(300)	-10.6%	5,845	6,815	(970)	-14.2%
76	66	16.0%	BETS & SCBU	351	329	22	6.7%	812	789	22	2.8%
14	20	-31.9%	A&E Long Distance	118	100	18	18.2%	277	240	37	15.6%
			NHS London								
102	104	-2.0%	MPET	510	521	(10)	-2.0%	1,225	1,250	(25)	-2.0%
0	0	#DIV/0!	Other Education	0	0	0	#DIV/0!	0	0	0	#DIV/0!
114	114	0.0%	Olympics 2012	569	569	0	0.0%	1,365	1,365	0	0.0%
216	218	-0.9%	Subtotal	1,079	1,089	(10)	-0.9%	2,590	2,615	(25)	-0.9%
			Commercial								
57	83	-31.2%	Stadia	405	417	(11)	-2.7%	989	1,000	(11)	-1.1%
55	52	6.1%	BAA	276	260	16	6.1%	663	625	38	6.1%
1	1	26.1%	Training	14	5	9	194.7%	16	11	5	40.4%
114	136	-16.6%	Subtotal	696	682	14	2.0%	1,668	1,636	31	1.9%
141	31	358.8%	Other	612	219	393	179.6%	926	525	402	76.5%
23,403	23,414	-0.1%	Total	115,986	117,137	(1,151)	-1.0%	280,362	282,979	(2,618)	-0.9%

# LAS Financial Review - Rolling Balance Sheet

#### APPENDIX 9

	Opening											(	osing	
	4	5	6	7	8	9	10	11	12	13	14	15	16	
o <del>l</del> o				Month Ending	31st August 20	11 - (Month 5)								
(A)	<u>Jul-11</u>	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	<u>Jan-12</u>	Feb-12	Mar-12	Apr-12	May-12	<u>Jun-12</u>	<u>Jul-12</u>	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	
Non-Current Assets	Actual	Actual	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	
Intangible assets	14,842	14,927	14,927	14,927	14,927	14,927	14,927	14,927	14,927	14,927	14,927	14,927	14,927	
Property, Plant and Equipment	121,958	121,701	122,540	122,273	122,586	124,126	123,742	123,531	123,462	122,260	121,208	122,341	121,538	
Trade and Other Receivables	8,087	8,146	8,106 145,573	7,806 145,006	7,506 145,019	7,206 146,259	6,906 145,575	6,306	802	767 137,954	783	798 138,066	814 137,279	
Total Non-Current Assets	144,887	144,774	145,573	145,006	145,019	146,259	145,575	144,764	139,191	137,954	136,918	138,000	137,279	
Current Assets														
Inventories	2.590	2,589	2,589	2,589	2,589	2,589	2,589	2,589	2,589	2,589	2,589	2,589	2.589 Trade Debtors	
NHS Trade Receivables	12,274	2,882	4,371	3,863	3,364	2,481	2,481	2,483	2,333	2,395	2,395	2,395	2,395 A&E £481k >	60 days (32.47%),July£-83k > 60 days (86%)
Non NHS Trade Receivables	0	0	0	0	0	0	0	0	0	0	0	0	0 PTS £687k >	60 days (46.38%), July £563k > 60 days (5.87%)
Other Receivables	6,445	6,409	4,171	3,871	3,571	1,391	1,091	1,141	4,761	4,761	4,761	2,823	2,823	
Accrued Income	150	193	189	185	181	177	173	169	165	165	165	165	165	
Prepayments	4,505	3,492	3,292	3,072	2,952	2,832	2,712	2,592	2,472	2,472	2,472	2,472	2,472	
Investments	0	0	0	0	0	0	0	0	0	0	0	1	1	
Cash and Cash Equivalents	4,720	13,566	7,951	8,362	7,992	6,092	5,716	5,868	5,250	7,893	9,802	10,823	9,882	
Current Assets	30,684	29,131	22,563	21,942	20,649	15,562	14,762	14,842	17,570	20,275	22,184	21,268	20,327	
Non-Current Assets Held for Sale	650	650	0	0	0	0	0	0	0	0	0	0	0	
Total Current Assets	31,334	29,781	22,563	21,942	20,649	15,562	14,762	14,842	17,570	20,275	22,184	21,268	20,327	
Total Assets Current Liabilities	176,221	174,555	168,136	166,948	165,668	161,821	160,337	159,606	156,761	158,229	159,102	159,334	157,606	
Bank Overdraft	0	0	0	0	0	0	0	0	0	0	0	0	0 Trade Credito	ro
Non NHS Trade Payables	6,825	5,403	5,431	5,397	5,332	5,431	5,330	5,354	5,344	7,337	7,506	7,506		This month (65%), July (94%), Ytd (76%)
NHS Trade Payables	268	334	324	314	304	294	284	274	264	264	264	264		PP - This month (90%), July(92%), Ytd (89%)
Other Payables	9,135	9,267	8,843	8,704	8,584	8,497	8,336	8,064	8,311	8,125	8,125	8,125	8,125	1 1110 11101111 (0070), daily (0270), 110 (0070)
PDC Dividend Liabilities	1,276	1,595	0,0.0	319	638	957	1,276	1,595	0	316	632	948	1,264	
Capital Liabilities	215	201	111	460	489	516	466	639	781	24	174	2,359	859	
Accruals	4,970	4,207	4,107	3,957	3,807	3,807	3,807	3,807	3,807	3,807	3,807	3,807	3,807	
Deferred Income	9,288	9,128	7,824	6,520	5,216	3,912	2,608	1,304	0	0	0	0	0	
DH Capital Loan Principal Repaymer	t 1,244	1,244	622	622	622	622	622	622	1,244	1,244	1,244	1,244	1,244	
Borrowings	1,557	1,583	1,357	1,131	905	542	364	186	1,154	1,058	962	866	476	
Provisions for Liabilities & Charges	800	800	800	800	800	800	800	800	800	800	800	801	801	
Total Current Liabilities	35,578	33,762	29,419	28,224	26,697	25,378	23,893	22,645	21,705	22,975	23,514	25,920	24,346	
Net Current Assets/(Liabilities)	(4,244)	(3,981)	(6,856)	(6,282)	(6,048)	(9,816)	(9,131)	(7,803)	(4,135)	(2,700)	(1,330)	(4,652)	(4,019)	
Total Assets less Current Liabilities	140,643	140,793	138,717	138,724	138,971	136,443	136,444	136,961	135,056	135,254	135,588	133,414	133,260	
Non-Current Liabilities	. 0.004	0.004	0.004	0.004	0.004	0.004	0.004	0.004	F F07	5 507	F F07	F F07	F F07	
DH Capital Loan Principal Repaymer		6,831	6,831	6,831	6,831	6,831	6,831	6,831	5,587	5,587	5,587	5,587	5,587	
Borrowings	12,312 0	12,312 0	9,748 0	9,748 0	9,748 0	7,135 0	7,135 0	7,135 0	5,981 0	5,981 0	5,981 0	3,468 1	3,468	
Other Financial Liabilities  Provisions for Liabilities & Charges	8,350	8,277	8,291	8,183	8,197	8.212	8,104	8,118	8,132	8,052	8.108	8,168	8,126	
Total Non-Current Liabilities	27,493	27.420	24,870	24,762	24,776	22,178	22.070	22.084	19,700	19,620	19,676	17,224	17,182	
Total Assets Employed	113,150	113,373	113,847	113,962	114,195	114,265	114,374	114,877	115,356	115,634	115,912	116,190	116,078	
	,	,	,	,	,	,	,	,	,	,	,	,	,	
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	
Revaluation Reserve	35,672	35,672	35,672	35,672	35,672	35,672	35,672	35,672	35,672	35,672	35,672	35,672	35,672	
Donated Asset Reserve	0	0	0	0	0	0	0	0	0	0	0	0	0	
Other Reserves	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	
Retained Earnings	15,381	15,604	16,078	16,193	16,426	16,496	16,605	17,108	17,587	17,865	18,143	18,421	18,309	
Total Taxpayers' Equity	113,150	113,373	113,847	113,962	114,195	114,265	114,374	114,877	115,356	115,634	115,912	116,190	116,078	

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# LAS Financial Review - Rolling Cashflow

# **Cashflow Statement**

Month Ending 31st August 2011 - (Month 5)

#### APPENDIX 10

Part	APPENDIX 10												
Department   Dep		<u>Aug-11</u>		Oct-11	Nov-11	<u>Dec-11</u>	<u>Jan-12</u>	Feb-12	Mar-12	<u>Apr-12</u>	May-11	<u>Jun-11</u>	<u>Jul-11</u>
Departing purplim/(affect)		£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Depreciation and amonification   931   945   1,116   1,116   1,116   1,116   1,334   1,334   1,334   1,226		Actual	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
Depreciation and amonifisation   931   945   1,116   1,116   1,116   1,334   1,334   1,334   1,226	Operating Activities												
Impairments and reversals   0	Operating surplus/(deficit)	605	612	488	607	438	476		846	687		687	687
Transfer from the donated asset reserve   0   0   0   0   0   0   0   0   0	Depreciation and amortisation	931	945	1,116	1,116	1,116	1,334	1,334	1,334	1,226	1,226	1,226	1,226
Dividency Paid	Impairments and reversals	0	0	0	0	0	0	0	0	0	0	0	0
Dividend Paid   Cincrease   Diversorease in Inventiories   1	Transfer from the donated asset reserve	0	0	0	0	0	0	0	0	0	0	0	_
Charases  Decrease in Inventionies	Interest Paid	(67)	(57)	(57)	(57)	(47)	(46)	(46)	(44)	(77)	(77)	(77)	(77)
(Increase)  Decrease in NHS Trade Receivables   9,392   (1,489)   508   499   883   0   (2)   150   (62)   0   0   0   (Increase)  Decrease in Long Term Receivables   (54)   40   300   300   300   300   600   600   35   (16)   (15)   (16)   (16)   (Increase)  Decrease in Cher Receivables   36   2,238   300   300   2,180   300   (3,620)   0   0   0   1,338   30   0   (Increase)  Decrease in Other Receivables   36   2,238   300   300   2,180   300   (3,620)   0   0   0   1,338   30   0   (Increase)  Decrease in Cher Receivables   36   2,238   300   300   2,180   300   (3,620)   0   0   0   0   0   0   0   0   0	Dividend Paid	0	(1,914)	0	0	0	0	0	(1,914)	0	0	0	0
Control   Cont	(Increase)/Decrease in Inventories	1	0	0	0	0	0	0	0	0	0	0	0
(Increase)/Decrease in Non NHS Trade Receivables	(Increase)/Decrease in NHS Trade Receivables	9,392	(1,489)	508	499	883	0	(2)	150	(62)	0	0	0
Charcease   Decrease in Other Receivables   36   2,238   300   300   2,180   300   (50)   (3,620)   0   0   0   1,938   0	(Increase)/Decrease in Long Term Receivables	(54)	40	300	300	300	300	600	600	35	(16)	(15)	(16)
(Increase)/Decrease in Accrued Income (43) 4 4 4 4 4 4 4 4 4 4 4 4 0 0 0 0 0 0 0	(Increase)/Decrease in Non NHS Trade Receivables	(5)	0	0	0	0	0	0	4,904	0	0	0	0
Increase Decrease in Prepayments	(Increase)/Decrease in Other Receivables	36	2,238	300	300	2,180	300	(50)	(3,620)	0	0	1,938	0
Increase/(Decrease) in Trade Payables	(Increase)/Decrease in Accrued Income	(43)	4	4	4	4	4	4	4	0	0	0	0
Increase/(Decrease) in Other Payables   181	(Increase)/Decrease in Prepayments	1,013	200	220	120	120	120	120	120	0	0	0	0
Increase/(Decrease) in Payments on Account   Color	Increase/(Decrease) in Trade Payables	(1,422)	28	(34)	(65)	99	(101)	24	(10)	1,993	169	0	0
Increase/(Decrease) in Accruals   (763) (100) (150) (150) (150) (1,304) (1,3	Increase/(Decrease) in Other Payables	181	(451)	(166)	(147)	(114)	(188)	(299)	220	(206)	(20)	(20)	(20)
Increase/(Decrease) in Deferred Income	Increase/(Decrease) in Payments on Account	0	0	0	0	0	0	0	0	0	0	0	0
Increase   Increase	Increase/(Decrease) in Accruals	(763)	(100)	(150)	(150)	0	0	0	0	0	0	0	0
Net Cash inflow/outflow from operating activities   9,572   (1,234)   1,117   1,237   3,690   787   1,265   1,300   3,516   2,025   3,800   1,758	Increase/(Decrease) in Deferred Income	(160)	(1,304)	(1,304)	(1,304)	(1,304)	(1,304)	(1,304)	(1,304)	0	0	0	0
Cashflows from Investing Activities	Increase/(Decrease) in Provisions & Liabilities	(73)	14	(108)	14	15	(108)	14	14	(80)	56	61	(42)
Interest received	Net Cash inflow/outflow from operating activities	9,572	(1,234)	1,117	1,237	3,690	787	1,265	1,300	3,516	2,025	3,800	1,758
Payments   Grayments   Graym	Cashflows from Investing Activites												
Proceeds from disposal of property, plant & equipment (Payments) for intangible assets (85) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Interest received	21	20	20	19	15	15	15	13	4	4	4	4
(Payments) for intangible assets         (85)         0	(Payments) for property, plant & equipment	(688)	(1,874)	(500)	(1,400)	(2,629)	(1,000)	(950)	(1,123)	(781)	(24)	(174)	(2,359)
Proceeds from disposal of intangible assets 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Proceeds from disposal of property, plant & equipment	0	885	0	0	0	0	0	0	0	0	0	46
(Payments) for investment with DH         0	(Payments) for intangible assets	(85)	0	0	0	0	0	0	0	0	0	0	0
Payments   For other financial assets   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Proceeds from disposal of intangible assets	0	0	0	0	0	0	0	0	0	0	0	0
Net Cash inflow/outflow from investing activities         (752)         (969)         (480)         (1,381)         (2,614)         (985)         (935)         (1,110)         (777)         (20)         (170)         (2,309)           Net Cash inflow/outflow before financing         8,820         (2,203)         637         (144)         1,076         (198)         330         190         2,739         2,005         3,630         (551)           Cashflows from Financing Activites         Public Dividend Capital Received         0	(Payments) for investment with DH	0	0	0	0	0	0	0	0	0	0	0	0
Net Cash inflow/outflow before financing         8,820 (2,203)         637 (144)         1,076 (198)         330 190 2,739 2,005 3,630 (551)           Cashflows from Financing Activites         Public Dividend Capital Received         0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(Payments) for other financial assets	0	0	0	0	0	0	0	0	0	0	0	0
Cashflows from Financing Activites           Public Dividend Capital Received         0	Net Cash inflow/outflow from investing activities	(752)	(969)	(480)	(1,381)	(2,614)	(985)	(935)	(1,110)	(777)	(20)	(170)	(2,309)
Public Dividend Capital Received         0         <	Net Cash inflow/outflow before financing	8,820	(2,203)	637	(144)	1,076	(198)	330	190	2,739	2,005	3,630	(551)
Public Dividend Capital Repaid         0 <th< td=""><td>Cashflows from Financing Activites</td><td>,<u> </u></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	Cashflows from Financing Activites	, <u> </u>											
Loans received from DH       0        0       0       0       0       0       0       0       0       0       0       0       0       0       0       0        0       0       0       0       0       0       0       0 </td <td>Public Dividend Capital Received</td> <td>0</td>	Public Dividend Capital Received	0	0	0	0	0	0	0	0	0	0	0	0
Loans principal repaid to DH       0       (622)       0        0       0       0       0       0       0       0       0       0       0       0       0       0       0       0        0	Public Dividend Capital Repaid	0	0	0	0	0	0	0	0	0	0	0	0
Loans received from Salix Finance         0	Loans received from DH	0	0	0	0	0	0	0	0	0	0	0	0
Capital element of finance lease         26         (2,790)         (226)         (226)         (2,976)         (178)         (178)         (186)         (96)         (96)         (2,609)         (390)           Net Cashflow inflow/(outflow) from financing         26         (3,412)         (226)         (226)         (2,976)         (178)         (178)         (808)         (96)         (96)         (2,609)         (390)           Increase/(decrease) in cash & cash equivalents         8,846         (5,615)         411         (370)         (1,900)         (376)         152         (618)         2,643         1,909         1,021         (941)	Loans principal repaid to DH	0	(622)	0	0	0	0	0	(622)	0	0	0	0
Net Cashflow inflow/(outflow) from financing       26 (3,412)       (226)       (226)       (2,976)       (178)       (178)       (808)       (96)       (96)       (2,609)       (390)         Increase/(decrease) in cash & cash equivalents       8,846 (5,615)       411 (370)       (1,900)       (376)       152 (618)       2,643       1,909       1,021 (941)	Loans received from Salix Finance	0	Ó	0	0	0	0	0	Ó	0	0	0	0
Net Cashflow inflow/(outflow) from financing       26 (3,412)       (226)       (226)       (2,976)       (178)       (178)       (808)       (96)       (96)       (2,609)       (390)         Increase/(decrease) in cash & cash equivalents       8,846 (5,615)       411 (370)       (1,900)       (376)       152 (618)       2,643       1,909       1,021 (941)	Capital element of finance lease	26	(2,790)	(226)	(226)	(2,976)	(178)	(178)	(186)	(96)	(96)	(2,609)	(390)
Increase/(decrease) in cash & cash equivalents 8,846 (5,615) 411 (370) (1,900) (376) 152 (618) 2,643 1,909 1,021 (941)	Net Cashflow inflow/(outflow) from financing	26	(3,412)	(226)	(226)		(178)	(178)	(808)	(96)	(96)		(390)
Cash, cash equivalents and bank overdrafts at 310712 13,566 7,951 8,362 7,992 6,092 5,716 5,868 5,250 7,893 9,802 10,823 9,882	Increase/(decrease) in cash & cash equivalents	8,846	(5,615)	411	(370)	(1,900)	(376)	152	(618)	2,643	1,909		<u> </u>
	Cash, cash equivalents and bank overdrafts at 310712	13,566	7,951	8,362	7,992	6,092	5,716	5,868	5,250	7,893	9,802	10,823	9,882

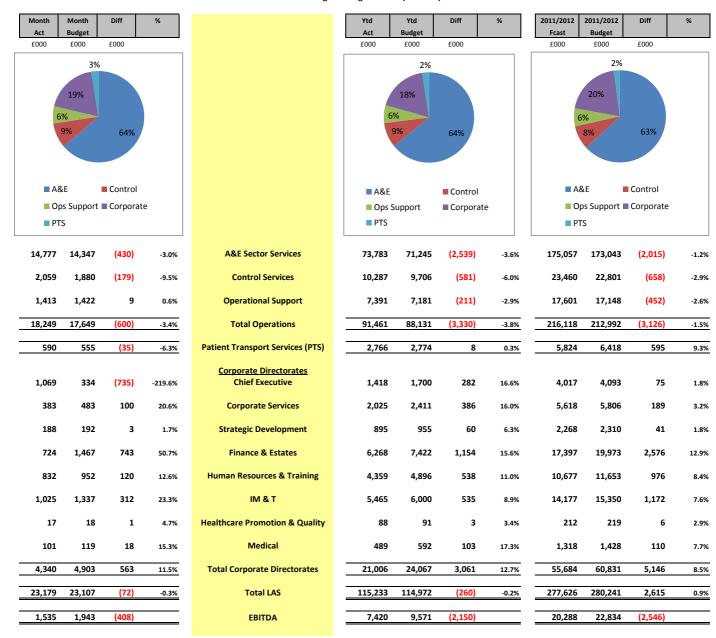
### Month Ending 31st August 2011 - (Month 5)

Key Financial Risks		Gross Ris		Net	Status	Comment
	Value £000	Impact Lik	celihood Rating	Value £000		
			<u> </u>			
Penalty Charge - Category A Target	10,104	5	2 10	0	G	For August we were above the commissioned target (75%) and above the new revised trajectory (76.3% YTD). Cat A8 Cluster level quarterly performance is on track and does not present significant exposure and there is no risk associated with Cat A19.
2. CQUIN	3,730	3	4 12	1,182	Α	M5 highlights slippage on A1 ACP conveyance, 5a EOLC, 6a Mental health plan and 6b protocol establishment with Health Providers.
5. MPET Income	1,250	3	1 3	0	G	Letter from NHSL confirms income - 100k less than budgeted. Expenditure will be managed within funds. Financial Risk Closed
6. CIP Delivery	14,841	5	3 15	1,484	R	M5 CIP is behind plan
7. Economic Cost Pressures (Fuel, Rates, etc)	250	3	3 9	0	G	M5 ytd on track
8. Low Emmission Zone	1,200	3	4 12	600	Α	Awaiting written confirmation from GLC that LAS has one year implementation extension. The Trust is currently opening a tender exercise and it appears that the implementation cost will be treated as revenue
9. EOC/Command Point	542	3	4 12	50	A	M5 circa £50k year to date overspend
11. Depreciation	1,197	3	1 3	243	Α	Finance & Investment committee approved lease amendments. Residual risk arises from difference between operating lease costs and deprecation.
12. A&E Operational	3,028	4	3 12	1,100	R	Operational financial risk arising from increased A&E overtime.
13. PTS Profitability	1,000	3	3 9	300	A	Contract have been tendered and the outcome remains uncertain. Non contract income targets is not being met.
Total	53,309			4,959	KEY:	
					G	Green - Minimal or No Financial Risk at Present
* The net value of the financial risks listed in this Appendix has been used in developments to the forecast in Appendix 4	eloping the Worst (	Case scenario	D		A	Amber - Moderate level of risk requiring attention
					R	Red - Significant Level of risk requiring corrective action

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### LAS Financial Review - Divisional Summary

### **APPENDIX 12**



# **LAS Financial Review - Establishment Summary**

# **APPENDIX 13**

	Month 5 Actual	Month 5 Budget	Diff	%		Month 4 Budget	Month 5 Budget	Diff	%
	WTE	WTE	WTE			WTE	WTE	WTE	
				% 10% 11%	3%	73%			
		■A&E	■ Control	<b>.</b> (	Ops Suppe	ort	Corporate	■ PTS	
A&E Sector Services	3,398.69	3,470.70	72.01	2.1%		3,470.69	3,470.70	0.01	0.0%
Control Services	499.91	513.64	13.73	2.7%		516.51	513.64	(2.87)	-0.6%
Operational Support	116.43	130.84	14.41	11.0%		130.86	130.84	(0.02)	0.0%
Total Operations	4,015.03	4,115.18	100.15	2.4%		4,118.06	4,115.18	(2.88)	-0.1%
Patient Transport Services (PTS)	161.47	166.33	4.86	2.9%		166.34	166.33	(0.01)	0.0%
Corporate Directorates Chief Executive	47.08	50.61	3.53	7.0%		49.61	50.61	1.00	2.0%
Corporate Services	43.93	47.93	4.00	8.3%		47.93	47.93	0.00	0.0%
Strategic Development	40.66	43.67	3.01	6.9%		43.67	43.67	0.00	0.0%
Finance & Estates	54.13	57.20	3.07	5.4%		57.20	57.20	0.00	0.0%
Human Resources & Training	166.60	179.24	12.64	7.1%		177.12	179.24	2.12	1.2%
IM & T	73.98	94.02	20.04	21.3%		94.03	94.02	(0.01)	0.0%
Healthcare Promotion & Quality	2.00	2.00	0.00	0.0%		2.00	2.00	0.00	0.0%
Medical	22.47	25.20	2.73	10.8%		25.20	25.20	0.00	0.0%
Total Corporate Directorates	450.85	499.87	49.02	9.8%		496.76	499.87	3.11	0.6%
Total LAS	4,627.35	4,781.38	154.03	3.2%		4,781.16	4,781.38	0.22	0.0%

 $<sup>^{\</sup>ast}\,$  Paid and Worked WTE as at Month 5 are 5,126.03wte and 4,939.23wte respectively





# LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 27<sup>TH</sup> SEPTEMBER 2011

### PAPER FOR NOTING

Document Title:	Clinical Quality and Patient Safety report
Report Author(s):	Dr Fionna Moore
Lead Director:	Dr Fionna Moore
Contact Details:	
Why is this coming to the Trust	For information and noting
Board?	
This paper has been previously	Strategy Review and Planning Committee
presented to:	⊠Senior Management Group
	Quality Committee
	Audit Committee
	☐ Clinical Quality Safety and Effectiveness Committee
	Risk Compliance and Assurance Group
	Learning from Experience Group
	Other     Other
	Elements of this report have been discussed at CQSEC,
	Quality Committee CARSG and SMG
Recommendation for the Trust	That the Board considers and notes this report
Board:	·

# Executive Summary/key issues for the Trust Board

# Safety:

- 1. Further update provided on the review of implementing changes to the High Risk Register procedure. Little overall reduction in the total number of addresses, but further refinement of the number within each of the categories.
- 2. Further progress in implementing safeguarding measures.

### Clinical and cost effectiveness:

- 1. CPI performance now 85% for July and 78% for August (target 95%). 13 Complexes achieved 100% completion in July. The importance of completion of PRFs for patients who are not conveyed is being emphasised at the CEO's Consultation meetings.
- 2. Concerns about the increasing frequency of use of the Demand Management Plan.
- **3.** The first set of National Ambulance Clinical Indicators were published in August and are now available on the DH website.
- **4.** Issues arising from feedback from the CEO's meetings include concerns from A&E Support staff on the current dispatching regimen, concerns about late finishes and missing equipment.

### Governance:

1. Limited assurance provided on the management of medicines, including both Controlled and General Drug issues. There has been one incident relating to Controlled Drugs concerning correct procedure not being followed for the removal of morphine from a safe. The LAS has replied formally to the Home Office Consultation on the Consolidation and

Review of the Misuse of Drugs Act.
Care Environment and Amenities
Sustained improvement in reporting against the Infection Control Scorecard.
Attachments
Details of the Non Conveyance Awareness Campaign.
******************************
Strategic Goals 2010 – 13
This paper supports the achievement of the following corporate objectives:
<ul> <li>☑ To have staff who are skilled, confident, motivated and feel valued and work in a safe environment</li> <li>☑ To improve our delivery of safe and high quality patient care using all available pathways</li> <li>☑ To be efficient and productive in delivering our commitments and to continually improve</li> </ul>
Risk Implications
This paper supports the mitigation of the following strategic risks:
<ul> <li>☐ That we fail to effectively fulfil care/safety responsibilities</li> <li>☐ That we cannot maintain and deliver the core service along with the performance expected</li> <li>☐ That we are unable to match financial resources with priorities</li> <li>☐ That our strategic direction and pace of innovation to achieve this are compromised</li> </ul>
NHS Constitution This paper supports the following principles that guide the NHS:
<ol> <li>The NHS provides a comprehensive service, available to all</li> <li>Access to NHS services is based on clinical need, not an individual's ability to pay</li> <li>The NHS aspires to the highest standards of excellence and professionalism</li> <li>NHS services must reflect the needs and preferences of patients, their families and their carers</li> <li>The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population</li> <li>The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.</li> <li>The NHS is accountable to the public, communities and patients that it serves.</li> </ol>
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 27th September 2011**

# **Clinical Quality and Patient Safety Report**

# **Safety**

# 1.1 Update on Serious Incidents (SIs)

Information on SIs is now provided within the Chief Executive's report. The national Directors of Clinical Care (DOCC) Group share the learning from SIs as well as discussing any Rule 43 requests made to their services at their monthly meetings.

# 1.2 Central Alerting System (CAS) formerly the Safety Alert Broadcasting System (SABS):

6 Alerts have been received from the MHRA for the period 12<sup>th</sup> August – 12<sup>th</sup> September 2011. Only one alert, relating to a specific type of IV cannula, is subject to an ongoing investigation by the LAS. Procurement have identified that a large number of these specific cannulas have been purchased by the Trust.

# 1.3 High Risk Register (HRR)

Work is continuing to review existing addresses on the high risk address register. There are now a total of **687** addresses on the Register (a small reduction from the previous report).

- Category 1 137
- Category 2 301
- Category 3 184
- Category 4 59

6 addresses are currently awaiting review and categorisation.

Issues around the HRR are being brought to front line staffs attention through the on going Consultation meetings. The major message being put forward is that staff need to undertake a dynamic risk assessment of each call, taking into account the grading of the alert and the information passed to the call handler.

# 1.4 Safeguarding

Delivery of the Trust's safeguarding action plans continues to be monitored by the Safeguarding Committee and the Clinical Quality, Safety & Effectiveness Committee. All three action plans (Safeguarding, Learning disability & mental health) demonstrate continued progress.

The Trust has undertaken a gap analysis on adult safeguarding. This is a DH initiative but NHS London is co-ordinating the London position. The assessment revealed a strong position against the expected standards but there were a number of gaps. Actions to address the gaps have been added to the safeguarding action plans which were discussed at the safeguarding committee on 16 September. These will be brought to the nest Senior Management Group for approval. A new safeguarding adults policy is also in development.

Safeguarding has featured in the update given to clinical staff at the 2011 consultation meetings. The emphasis is to raise the profile of safeguarding with mental health and learning disability patients. Safeguarding has also been strengthened within our integrated business plan.

# **Clinical and Cost Effectiveness**

# 2.1 Clinical Performance Indicator completion and compliance

CPI target completion for July 2011 was **95%**. The overall Team Leader CPI completion rate for July was 85%., representing a significant improvement on the June return. The West area achieved the highest completion rate (diagram 1.) with an increase of 23% on the previous month. Compliance rates are, in general, satisfactory.

Diagram 1. CPI completion January 2011 to July 2011

A ***							
Area	Feb	March	April	May	June	July	August
East	83%	92%	94%	88%	89%	81%	72%
South	64/%	79%	69%	83%	73%	80%	83%
West	77%	82%	83%	79%	71%	94%	77%
LAS	74%	84%	81%	83%	77%	85%	78%

Diagram 2. CPI Compliance July 2011

	Cardiac Arrest	Difficulty in Breathing	ACS (Including MI)	Stroke	Glycaemic Emergencies	Non- Conveyed	1 in 20 PRF
East	95%	94%	94%	96%	96%	<mark>93%</mark>	95%
South	96%	95%	96%	96%	96%	<mark>93%</mark>	96%
West	98%	<mark>94%</mark>	95%	95%	95%	94%	97%
LAS Total	96%	94%	95%	96%	96%	<mark>94%</mark>	96%

Diagram 3. CPI Compliance August 2011

	Cardiac Arrest	Difficulty in Breathing	ACS (Including MI)	Stroke	Glycaemic Emergencies	Non- Conveyed	1 in 20 PRF
East	97%	95%	95%	96%	97%	95%	97%
South	97%	<mark>94%</mark>	<mark>93%</mark>	95%	96%	<mark>93%</mark>	96%
West	97%	95%	96%	96%	96%	94%	97%
LAS Total	97%	94%	95%	95%	96%	94%	96%

There has been a minimal improvement in CPI compliance for non-conveyed patients to date. Overall the two areas of significant non-compliance are documenting a second set of observations and a copy of the PRF being left with the patient. In an attempt to raise CPI compliance in this area, CARU are rolling out a 6 month Non-Conveyed Awareness Campaign (Appendix 1), involving the Communications Department. It will involve greater communication with ADOs, AOMs, Team Leaders and crews in a number of ways, including use of the RIB, The Pulse, Clinical Update and LAS News. This issue is also highlighted in the presentation given at the Consultation meetings.

The other area of poor compliance is the difficulty in breathing CPI which centres on the recording of Peak Expiratory Flow Rate (PEFR).

# 2.2 Demand Management Plan (DMP)

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. The level of risk is related to the stage of the DMP invoked

During August and September the plan has been introduced with increasing frequency, related to limited resources in the evenings and at weekends. From the  $23^{rd}$  August  $-15^{th}$  September, DMP stages B and C have been invoked a total of 16 times.

# 2.3 Clinical Update

# **Cardiac Care**

# **ParaSVT Trial**

To date 18 patients have been recruited into the study, with 6 randomised to receive adenosine from LAS paramedics. No adverse incidents have been reported. The final training course for 25 paramedics to enrol in the study is planned for the 8<sup>th</sup> October 2011.

# 2.4 CEO Consultation Meetings

9 Consultation meetings have now taken place. The key message from A&E Support staff has been the types of emergency call that they are now being dispatched on, including Red 1 and Red 2 calls. Concern has been expressed that A&E Support crews are routinely being sent on calls for which they have very little clinical training and experience. We have sought to provide reassurance that the dispatch regimen

for this group of staff will change as of 3<sup>rd</sup> October and we anticipate a significant improvement thereafter.

Lack of small items of equipment, poorly equipped ambulances, crews getting off late, and the feeling of excessive pressure has been consistent across all sites.

Feedback has been provided on improvements in cardiac, stroke and trauma care, on progress with the use of alternative care pathways and the need to consider these whenever clinically appropriate.

The concept of the new National Ambulance Clinical Indicators has been introduced.

The messages delivered at the Consultation meetings have also been shared with Senior Managers and Managers at their recent conferences.

# 2.5 Summaries of clinical audit or research projects that are currently being undertaken by the Clinical Audit & Research Unit:

No reports for August/September 2011

### 3. Governance

# **Update on Medicines Management**

There has been no Central Alert System action required to be undertaken by the LAS since my last report.

There has been one minor incident involving morphine sulphate. A paramedic at Poplar station removed 2 vials of morphine from a safe, however failed to record this in the CD register. As a consequence the "loss" was discovered the next time the safe was accessed. The safe was locked out and a detailed local investigation started promptly in accordance with LAS Policy. The Met Police Controlled Drugs Liaison Officer and Home Office were contacted and informed. The investigation identified the cause of the error and a member of staff is now subject to an internal disciplinary procedure, which has yet to reach its conclusion.

The LAS has replied formally to the Home Office Consultation on the Consolidation and Review of the Misuse of Drugs Act. The LAS is supportive of this move, and is in fact already putting into practice those elements regarding procurement of controlled drugs, that this consultation wishes to make the rule, rather than guidance.

The LAS met with NHS Protect on 17<sup>th</sup> August 2011, to discuss how the LAS deal with controlled drugs, and also what the LAS would like to see in specific guidance to all Ambulance Services. NHS Protect will be collating the results of all their meetings and disseminate their recommendations in November 2011.

# 4. Patient Focus

Nothing further to report

# 5. Accessible and Responsive Care

Nothing further to report

# 6. Care Environment and Amenities

# 6.1 Infection Prevention and Control

An update on infection prevention and control is now provided in the Chief Executive's Report. Continued improvement in the Infection Control Dashboard, which is being highlighted to staff through the CEO's Consultation meetings.

# 7. Public Health

Nothing further to report.

# Recommendation

That the Board notes the report

Fionna Moore Medical Director 19<sup>th</sup> September 2011

Appendix 1

Non-Conveyed Awareness Campaign Timetable

Date	Action	Publication
9 September 2011 (deadline)	Submit content promoting awareness campaign (pre-launch)	RIB
13 September 2011	RIB published, containing content promoting awareness campaign (prelaunch)	RIB
16 September 2011 (deadline)	Submit content promoting awareness campaign (post-launch)	RIB
19 September 2011	Pulse 'ticker-tape' to be updated, with link to CARU Non Conveyed Awareness Campaign page	Pulse
20 September 2011	RIB published, containing content promoting awareness campaign (post-launch)	RIB
30 September 2011 (deadline)	Submit content - ACP/referral 'success story'	LAS News (Oct/Nov issue)
10 October 2011 (deadline)	Submit content promoting launch of awareness campaign	Clinical Update (December issue)
9 January 2012 (deadline)	Submit content promoting awareness campaign, specifically mentioning complexes with any early 'success stories' (based on 1st 3 months of data since campaign launch)	Clinical Update (February 2012 issue)
6 February 2012 (deadline TBC)	Submit content promoting 'highest improving complex' so far (Non Conveyed CPI)	LAS News (Apr/May 2012 issue)





# **LONDON AMBULANCE SERVICE TRUST BOARD (pt 1)**

# **27 SEPTEMBER 2011**

# PAPER FOR DECISION

Document Title:	CommandPoint Update
Report Author(s):	Peter Suter, Director of Information Management and
. , ,	Technology
Lead Director:	Peter Suter, Director of Information Management and
	Technology
Contact Details:	Peter.suter@lond-amb.nhs.uk
Why is this coming to the Trust	To provide an update of progress on the CommandPoint
Board?	Project & plans for Go Live 2
This paper has been previously	Strategy Review and Planning Committee
presented to:	Senior Management Group
	Quality Committee
	Audit Committee
	Clinical Quality Safety and Effectiveness Group
	Risk Compliance and Assurance Group
Recommendation for the Trust	To note the update an to approve the approach for Go
Board:	To note the update an to approve the approach for Go Live 2 and the proposed timeline
Board: Executive Summary	Live 2 and the proposed timeline
Board: Executive Summary  The objective of this paper is to provide	Live 2 and the proposed timeline  de an update on the CommandPoint project. Building upon
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Board: Executive Summary  The objective of this paper is to provide the experience from Go Live 1 on 8 June 1.	de an update on the CommandPoint project. Building upon une, it sets out the approach to Go Live 2.
Board: Executive Summary  The objective of this paper is to provide the experience from Go Live 1 on 8 June 1 (See Summary)  Key issues for the Trust Board	de an update on the CommandPoint project. Building upon une, it sets out the approach to Go Live 2.
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Board: Executive Summary  The objective of this paper is to provide the experience from Go Live 1 on 8 June 10 approve the approach for Go Live	de an update on the CommandPoint project. Building upon une, it sets out the approach to Go Live 2.
Board: Executive Summary  The objective of this paper is to provide the experience from Go Live 1 on 8 June 10 approve the approach for Go Live	de an update on the CommandPoint project. Building upon une, it sets out the approach to Go Live 2.  2 and the proposed timeline.

	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:		
$\boxtimes$	☐ 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		
lΗ	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		
ΙП			
	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.		
<u> </u>	Francista largest Accessment		
	Equality Impact Assessment		
	Has an Equality Impact Assessment been carried out?		
	· · · ·		
	Key issues from the assessment:		
	None.		
	<ul> <li>5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population</li> <li>6. The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.</li> <li>7. The NHS is accountable to the public, communities and patients that it serves.</li> <li>Equality Impact Assessment</li> <li>Has an Equality Impact Assessment been carried out?</li> <li>Yes</li> <li>No</li> <li>Key issues from the assessment:</li> </ul>		

# **COMMANDPOINT PROJECT UPDATE: SEPTEMBER 2011**

# 1. PURPOSE

1.1 The purpose of this paper is to provide an update on the CommandPoint project. Building upon the experience from Go Live 1 on 8 June, it sets out the approach to Go Live 2 and seeks approval to proceed.

# 2. GO-LIVE 1: 8 JUNE

- 2.1 On 24 May 2011, the Trust Board were asked to consider giving approval to go-live with CommandPoint, the new CAD system on 8 June. The Trust Board took assurance from;
  - · Regular reports to the Trust Board
  - NHS Gateway reviews
  - Independent assurance from external consultant
  - Independent assessment of lessons learnt from the Page report
  - Details of outstanding bugs, risks & issues
  - Project planning Readiness review checklist, detailed transition plans both technical and operational.
  - Assurance from Senior Users

After appropriate assessment, authority was given for go live under the direction of the Deputy Chief Executive, who had retained oversight on behalf of the Trust Board. As has been previously reported, five hours after the go live the new CommandPoint system failed leading ultimately to the fall back to the existing system, CTAK.

### 3. POST GO LIVE - PREPARATION FOR GO LIVE 2

- 3.1 As a result of the problems of 8 June, the CommandPoint supplier, Northrop Grumman undertook detailed analysis to identify the root cause of the failure. The main problem was the CPU (Central Processing Unit) overloading. This was caused by a failure in the programming to anticipate the loading of specific coding during live use. Senior executives from Northrop Grumman, including their Sector Vice President and Chief Engineer, have attended the Trust Board to provide both detailed explanations and assurances for future software releases.
- 3.2 A serious incident was declared by the LAS in order that any internal issues are fully identified. While this has not yet been finalised, there is an understanding of the key lessons and a full report will be presented to the Trust Board. Extensive de-briefs have been conducted with EOC staff, technical teams and the Gold group. All feedback has been compiled into a single lessons learnt log and action plans developed for each recorded element. All learning is being factored into the planning for Go-Live 2, as part of the assurance process a cross reference check list will be compiled.
- 3.3 Prior to 8 June, CommandPoint had undergone extensive testing. Despite this, the complexities of full live operational use were not adequately simulated in testing, and underlying system weaknesses not exposed. More will be done in the test environments, however a differential between live and test will always exist. A very early consideration after 8 June was that Go Live 2 should include a series of live run events. That is, short periods where CommandPoint is brought into live use before service is restored back to the existing CAD system. This was previously considered for the first go live but discounted on the grounds of the risk associated with the technical complexity of the cut over processes. However, the learning from 8 June was that the technical cut-over was successful. Therefore while there will be a risk associated with the action of the cut-over and cut back processes, on balance and given the overall experience of 8 June, a reasonable conclusion is that the benefits are greater. Finally in support of the whole test process, an external consultant has been engaged to audit and report separately. He was selected based on experience and recommended by the SHA.
- 3.4 Extensive work has been undertaken to assure the user perspective of future go live plans.

When CommandPoint went live there were known bugs with the system. These items were awaiting development by Northrop Grumman. They were scheduled to be delivered after go-live. The users had accepted the bugs and had planned operational mitigations so that they could sustain live operations. These were set out in the board paper on 24 May and confirmation given by Senior Users and Operational staff that they were acceptable.

- 3.5 The events of 8 June exposed users to these work arounds and new problems that arose the scenario that was anticipated. However, this was set against a very difficult background of unexpected fault conditions that made the working environment extremely difficult and quite understandably seriously damaged the confidence of the user community.
- 3.6 The project team fully recognise that restoring staff confidence is critical to ultimately successfully bringing CommandPoint live. This is a position fully supported by the Trust Board and Executive Team. In order to address this, all issues raised on 8 June (by users) were subject to a detailed assessment, led by Senior Users and involving control room staff. For clarity everything that was considered an issue of concern was specified as an individual item; the clarification between bug fix and enhancement was not the relevant factor they were items of concern.
- 3.7 Each item was assessed against the following three criteria;
  - User productivity
  - Patient safety
  - Crew safety

Each of the criteria were scored 1-3 (3 being high) then the sum taken to arrive at the total impact score. Senior Users made strong representation that everything scoring 5 and above should be resolved prior to Go-Live 2. This was accepted by the Project Board.

- 3.8 There have been many iterations and clarifications, but the final list is of 116 items. These have been divided in to two groups;
  - 99 items required for live running of up to 6 hours (i.e. suitable for early live runs)
  - 17 items required for full live running.
- 3.9 Northrop Grumman have responded positively for the need to deal with the 116 items as well as resolving the core systems faults. They are developing two versions of software; V1.2 to deliver the 99 items (28 October) and V1.3 (5 January) to deliver the final 17 items.
- 3.10 A detailed analysis has been undertaken of the training requirements. This will need to address both training fade (e.g. some staff will have completed their initial training in January 2011) and changed functionality on the system. The go live plan includes training for all users as well as dry run exercises for each watch.
- 3.11 In addition to the work directly on CommandPoint, there has been opportunity to complete other work streams that will ultimately provide additional support to the Emergency Operations Centre. Negotiations have been completed with the existing supplier Northgate Information Systems for a 24 x 7 maintenance contract for all the mapping services. This will fully complement the arrangements with Northrop Grumman for CommandPoint support. There has also been the opportunity to further review Management Information systems and enhancements have been made that will be of benefit once CommandPoint goes live.

# 4. GO LIVE OPTIONS.

- 4.1 In order to ensure that all options for go live were fully considered, the Trust Board requested that 4 go live options be developed. These were as follows;
  - Option 1 27 March (V1.3 software, core systems faults resolved, 116 items resolved)
  - Option 2 21 February (V1.2 software, core systems faults resolved, 99 items resolved)
  - Option 3 24 January (as option 2, but with no contingency in the plan)

- Option 4 7 December (V1.1 software, core systems faults resolved, approximately 40 items resolved)
- 4.2 Led by the CEO detailed reviews have been carried out, involving both operational and clinical assessments by the Executive Team. Ensuring clinical safety was a key factor in evaluating all of the options. Due consideration has also been given to the external pressures for an early go live, namely the Olympics, dual control rooms and the provision of 111 services. There has also been a review by all Trust Board members. The consensus was that;
  - Option 1 was required, but earlier than 27 March
  - The scope of V1.3 could be reduced by 8 specified items (that is from 17 items to 9 items) if that supported the required earlier go live date.
- 4.3 Building upon all of the issues previously described, the recommended approach is to make Go Live 2 an iterative process. This will in effect be a hybrid of the options in order to ultimately deliver the required Option1. This will take account of the closed periods around Christmas, winter pressures, and the overall requirement to go live at the earliest opportunity while maintaining clinical safety. The main release of software (V1.2) will be delivered at the end of October, this will allow testing and training activities to commence from early November. The plan will then be to commence the first live run of CommandPoint in early December. Given the early December live run is an ambitious target, there is a contingency to replace it with a dry run event (i.e. full operational test, but without actual live use) if necessary. Learning from this exercise will then inform further events. Through the period January to March, there will be iterations of testing, dry runs and live runs to build up overall confidence in the capability and reliability of the system. It is projected that live runs will be completed and full use of the system maintained by mid March. However, the final decision to stay live will be at the discretion of the Trust Board having fully assured themselves that it is operationally and clinically safe to do so.

# 5. **RECOMMENDATION**

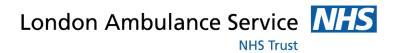
5.1 The Trust Board approve Option 1 as the preferred approach for Go Live 2, but with the caveat that this must be completed by 16 March. The scope of V1.3 could be reduced by 8 specified items (that is from 17items to 9 items) if that supported the required earlier go live date.

Peter Suter

Project Executive

Director of Information Management & Technology





# LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 27 SEPTEMBER 2011

### PAPER FOR NOTING

Document Title:	Recommendations from National Audit Office report: Transforming NHS Ambulance services and the subsequent hearing and report by the House of Commons Committee of Public Accounts Forty-sixth Report of Session 2010–12
Report Author(s):	Peter Bradley
Lead Director:	CEO
Contact Details:	LAS HQ
Why is this coming to the Trust Board?	For information, review and to agree any follow up action as result of my presentation to the Board
This paper has been previously presented to:	Strategy Review and Planning Committee Senior Management Group Quality Committee Audit Committee Clinical Quality Safety and Effectiveness Committee Risk Compliance and Assurance Group Learning from Experience Group Other
Recommendation for the Trust Board:	That the Trust Board note the contents of the cover sheet and comment on the presentation I will give at the Board meeting

# **Executive Summary**

On 10<sup>th</sup> of June the National Audit Office published its report titled Transforming NHS Ambulance Service for the DH. It concluded that whilst performing well against targets, better value could be had from the system and its main recommendations focused on the following areas:

- · Reducing sickness absence and high levels of overtime
- Reducing multiple dispatch
- Increasing the levels of hear & treat / see & treat
- Improving hospital handover times
- Increasing the level of joint working between services
- Improving benchmarking data

The report was heard at the House of Commons Public Accounts Committee on 29<sup>th</sup> of June and I, along with Sir David Nicholson, David Flory and Helen Medlock (SECAMB lead commissioner) gave oral evidence. Following the hearing the PAC has just published (16<sup>th</sup> September) its report and the main recommendations are attached here.

Although I went through the main NAO findings at a recent board away day, I thought it important to provide a further update to the Board following the release of the Public Accounts Committee report.	
The presentation focuses on the key recommendations and the LAS position against each.	
Key issues for the Trust Board	
The trust Board is asked to comment on my presentation	
Attachments	
Report Conclusion (presentation to be shown on the day)	
***************************************	
Strategic Goals 2010 – 13 This paper supports the achievement of the following corporate objectives:	
<ul> <li>☐ To have staff who are skilled, confident, motivated and feel valued and work in a safe environment</li> <li>☐ To improve our delivery of safe and high quality patient care using all available pathways</li> <li>☐ To be efficient and productive in delivering our commitments and to continually improve</li> </ul>	
Risk Implications This paper supports the mitigation of the following strategic risks:	
<ul> <li>☐ That we fail to effectively fulfil care/safety responsibilities</li> <li>☐ That we cannot maintain and deliver the core service along with the performance expected</li> <li>☐ That we are unable to match financial resources with priorities</li> <li>☐ That our strategic direction and pace of innovation to achieve this are compromised</li> </ul>	
NHS Constitution This paper supports the following principles that guide the NHS:	
<ol> <li>In the NHS provides a comprehensive service, available to all</li> <li>Access to NHS services is based on clinical need, not an individual's ability to pay</li> <li>The NHS aspires to the highest standards of excellence and professionalism</li> <li>NHS services must reflect the needs and preferences of patients, their families and their carers</li> <li>The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population</li> <li>The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.</li> <li>The NHS is accountable to the public, communities and patients that it serves.</li> </ol>	
Equality Impact Assessment	
Has an Equality Impact Assessment been carried out?  ☐ Yes ☐ No	
Key issues from the assessment:	

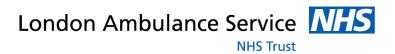
# Conclusions and recommendations

- Ambulance services provide a valuable service that is held in high regard for the
  care it provides for patients, but more could be done to improve efficiency and
  value for money. Wide variations exist in unit costs and efficiency across ambulance
  services. Better benchmarking and sharing of best practice could help to reduce these
  variations. Monitoring and interventions at a national level are needed to increase
  efficiency and achieve better outcomes and value for money. The recommendations
  set out below are intended to help the Department, commissioners, and ambulance
  services achieve these aims.
- 2. Under the NHS reforms, it is not clear who will be responsible for achieving efficiencies across ambulance services or intervening if an ambulance service runs into financial difficulties or fails to perform. The NHS Commissioning Board will be accountable for the continuation of '999' services in all situations, but individual trusts will be accountable to Parliament. However, the Department could not clarify who will be responsible for improving efficiency across ambulance services or taking action in cases of underperformance. The Department should clarify roles and accountabilities for the emergency care system and quickly develop an intervention regime to protect '999' services in situations where providers fail.
- 3. The Department was unable to tell us who will be responsible for commissioning ambulance services under the NHS reforms. Ambulance services are currently commissioned by primary care trusts. These trusts must commission the emergency care response to '999' calls from the ambulance service in their region, but the degree of choice in how they procure additional services, such as using paramedics in GP surgeries, is unclear. The Department must clarify how ambulance services will be commissioned and what choice commissioners will have over the providers of emergency and urgent care.
- 4. Performance information on ambulance services is not always comparable, making it difficult to benchmark services and identify the scope for efficiency improvements. Ambulance services will have to meet demanding efficiency targets in the next few years. Although they work closely together through various forums, there is still considerable variation between ambulance services in areas such as cost per incident, the staff skills mix in ambulance crews, sickness absence and back-office costs. In addition, ambulance services do not have a standard way of measuring the use made of ambulance crews while on duty (utilisation rate). The Department should set standard definitions for the data to be measured by each ambulance service to enable benchmarking, and certify the quality of data-generating systems. Commissioners should use this data as a basis on which to seek service efficiencies. Ambulance services should use it to share best practice and maximise efficiency.
- 5. Focusing on response time targets has improved performance but has also led to some inefficiencies. A focus on response time targets was needed to improve basic standards and achieve consistency across the country. But currently response times are measured from the moment the '999' call is received from BT, rather than after obtaining sufficient information on a patient's condition to determine the most

appropriate response. This has led to an over-commitment of vehicles and staff as ambulance services often send more than one team to an incident. This can waste resources and result in other patients not getting the most appropriate care. The Department introduced a wider range of clinical quality indicators in April 2011 and plans to review them in a year. The Department should review how response times are measured to ensure ambulance services have sufficient flexibility to identify the most appropriate response to calls before resources are deployed.

- 6. Delays in handing over patients from ambulances to hospitals lead to poor patient experience and reduced capacity in ambulance services. Over one-fifth of patient handovers from ambulance crews to Accident and Emergency staff at hospitals take longer than the 15 minutes recommended in guidance. If ambulances are queuing in hospitals, they are not available to take other calls. Commissioners should take a consistent approach to penalising hospitals that do not adhere to the guidance of 15 minute handovers and the Department should also develop a quality indicator for hospital trusts on hospital handover times.
- 7. Ambulance services do not collaborate sufficiently with other emergency services to generate efficiency savings. Although ambulance services collaborate with fire services and police forces in some areas, there is scope for a more systematic approach to sharing procurement and back office services across the emergency services. The Efficiency Reform Group should work with the departments responsible for fire, ambulance and police services to commission an independent review. The review should examine what efficiencies and enhanced service delivery could be achieved by increased joint-working across the emergency services and should look to maximise opportunities for co-location, for example in the empty regional fire centres.





### LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 27<sup>TH</sup> SEPTEMBER 2011

#### PAPER FOR INFORMATION

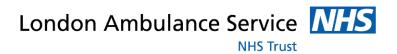
Document Title:	Update on progress with the Foundation Trust application		
Report Author(s):	Sandra Adams		
Lead Director:	Sandra Adams		
Contact Details:	Sandra.adams@lond-amb.nhs.uk		
Why is this coming to the Trust Board?	To inform board members of the progress being made with the formal application to become an NHS foundation trust		
This paper has been previously presented to:	□ Strategy Review and Planning Committee □ Senior Management Group □ Quality Committee □ Audit Committee □ Clinical Quality Safety and Effectiveness Committee □ Risk Compliance and Assurance Group □ Learning from Experience Group □ Other		
Recommendation for the Trust Board:	To take assurance that progress is being made with the application process		

### **Executive Summary**

- The Board to Board with NHS London is the next formal milestone in the application process and is scheduled for 7<sup>th</sup> October 2011. Should this proceed to plan the LAS application will be submitted to the Department of Health on 1<sup>st</sup> December 2011 and to Monitor on 1<sup>st</sup> February 2012 at the earliest.
- A refresh of HDD2 is underway and is in two stages: Stage 1 is document review and interviews prior to the B2B on 7<sup>th</sup> October; and stage 2 is a quick review of the Month 6 financial position to confirm whether the SHA will support our application to the DH on 1<sup>st</sup> December.
- Members of the executive team have met with the SHA team and commissioning cluster finance director during September to discuss the financial recovery plan, CIP, preparation/progress with downsides, and the latest position regarding CommandPoint.
- A number of board development sessions have been held during the month focussing on assurance, risk, CommandPoint, service developments, finance and performance.
- Updates are being made to Version 7.1 of the IBP and Version 7.2 will be kept as a working document prior to finalising Version 8 once Month 6 results are known and the LTFM has been updated. This will then be the version submitted to Trust Board for sign off in November and to the DH as part of our FT application on 1<sup>st</sup> December 2011.
- CommandPoint is still a key concern for the SHA and will be a key part of the challenge and questioning at the B2B.
- A Members' Event was held on 14<sup>th</sup> September with a presentation and round table discussions on Right Care, Right Place, Right time. This introduced the changing models of service such as hear and treat, see and treat, see and convey to alternatives to an emergency department. The session was well attended and there was lot of engagement and discussion at each table.

Key issues for the Trust Board
What action does the Trust Board need to take with the information provided?  No action required.
Are there any areas which are a cause for concern?  The outcome of the Board to Board meeting will determine the next stages and milestones of the application.
What are the key actions to mitigate any concerns?  Preparation for the Board to Board; remaining focussed on key risk areas.
How does the Trust Board draw assurance? Assurance can be taken from the revised timeline agreed with the SHA and the work underway to prepare for the Board to Board. Other assurances may be taken from items elsewhere on the Trust Board agenda. Assurance can also be drawn from the ongoing engagement with our FT members and the support this gives to our 5-year strategic plan.
Attachments No attachment provided
***************************************
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:
<ul> <li>☐ That we fail to effectively fulfil care/safety responsibilities</li> <li>☐ That we cannot maintain and deliver the core service along with the performance expected</li> <li>☐ That we are unable to match financial resources with priorities</li> <li>☐ That our strategic direction and pace of innovation to achieve this are compromised</li> </ul>
NHS Constitution This paper supports the following principles that guide the NHS:
<ul> <li>□ 1. The NHS provides a comprehensive service, available to all</li> <li>□ 2. Access to NHS services is based on clinical need, not an individual's ability to pay</li> <li>□ 3. The NHS aspires to the highest standards of excellence and professionalism</li> <li>□ 4. NHS services must reflect the needs and preferences of patients, their families and their carers</li> <li>□ 5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population</li> <li>□ 6. The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.</li> <li>□ 7. The NHS is accountable to the public, communities and patients that it serves.</li> </ul>
Equality Impact Assessment
Has an Equality Impact Assessment been carried out?  ☐ Yes ☐ No
Key issues from the assessment: The Integrated Business Plan has been impact assessed and there were no issues arising from this.





### LONDON AMBULANCE SERVICE TRUST BOARD

### 27<sup>TH</sup> SEPTEMBER 2011

#### **ASSURANCE**

Board assurance framework and corporate risk register		
Sandra Adams		
Sandra Adams, Director of Corporate Services		
Sandra.adams@lond-amb.nhs.uk		
Good governance practice – the Board should routinely review and discuss the key corporate risks and the assurance framework		
<ul> <li>☐ Strategy Review and Planning Committee</li> <li>☐ Senior Management Group</li> <li>☐ Quality Committee</li> <li>☐ Audit Committee</li> <li>☐ Clinical Quality Safety and Effectiveness Group</li> <li>☐ Risk Compliance and Assurance Group</li> <li>☐ Other</li> </ul>		
To take assurance from the updates to the board assurance framework and corporate risk register that risks are being identified, assessed, and action taken to mitigate and reduce wherever possible		

### **Executive Summary**

The risk register and board assurance framework are dynamic documents and are intended to provide assurance to the Trust Board that controls are in place to manage, mitigate and reduce risks facing the organisation. The register is reviewed and managed by the Risk Compliance and Assurance Group, reporting to the Quality Committee. The timing of meetings in this quarter has meant that the updated documents are being reviewed by the Trust Board before the Quality Committee – scheduling of meetings for 2012 is underway and should improve the timing of such reports in future.

The Trust Board reviews the assurance framework and risk register documents quarterly and should be able to take assurance from the movement across the risk register and the assurance framework on how risks are being managed, mitigated and reduced. Section C of the BAF identifies the key sources of assurance and has been updated from the previous quarter. It now includes the Finance & Investment committee.

The Governance and Compliance Team reviewed the Corporate Risk Register at the end of June with all risk owners and the updated risk register was comprehensively reviewed by the Risk Compliance and Assurance Group on the 11<sup>th</sup> July with a report made to the Quality Committee in September.

For this quarter's report the BAF includes those risks with a gross and net severity rating of >15 only thereby identifying 13 risks. The corporate risk register holds those risks with a gross severity rating of >15 and totals 34 risks. Of these, 15 have a target rating of low. This potentially indicates that the trust currently has 19 risks for which the risk appetite accepts that the target rating will be a medium severity rating of 8-14.

Highlighted text in the BAF indicates new or updated information since March 2011.				
Attachments Board assurance framework, September 2011, and Risk register 11 <sup>th</sup> July 2011				
***************************************				
Strategic Goals 2010 – 13 This paper supports the achievement of the following corporate objectives:				
<ul> <li>☒ To have staff who are skilled, confident, motivated and feel valued and work in a safe environment</li> <li>☒ To improve our delivery of safe and high quality patient care using all available pathways</li> <li>☒ To be efficient and productive in delivering our commitments and to continually improve</li> </ul>				
Risk Implications This paper supports the mitigation of the following strategic risks:				
<ul> <li>☑ There is a risk that we fail to effectively fulfil care/safety responsibilities</li> <li>☑ There is a risk that we cannot maintain and deliver the core service along with the performance expected</li> <li>☑ There is a risk that we are unable to match financial resources with priorities</li> <li>☑ There is a risk that our strategic direction and pace of innovation to achieve this are compromised</li> </ul>				
NHS Constitution This paper supports the following principles that guide the NHS:				
<ul> <li>✓ 1. The NHS provides a comprehensive service, available to all</li> <li>✓ 2. Access to NHS services is based on clinical need, not an individual's ability to pay</li> <li>✓ 3. The NHS aspires to the highest standards of excellence and professionalism</li> <li>✓ 4. NHS services must reflect the needs and preferences of patients, their families and their carers</li> <li>✓ 5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population</li> <li>✓ 6. The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.</li> <li>✓ 7. The NHS is accountable to the public, communities and patients that it serves.</li> </ul>				
Equality Impact Assessment				
Has an Equality Impact Assessment been carried out?  ☐ Yes ☐ No				
Key issues from the assessment:				

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

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

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

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

**Section D:** The principal risks with relevant controls, assurances, gaps and action planned, each mapped to the corporate objectives and the requirements of the Care Quality Commission. Principal risks as defined here are those that have a gross severity rating (likelihood x impact) of, and have been assessed with a net rating of, High/ >15 as at 11<sup>th</sup> July 2011. To avoid replicating the corporate risk register, only those risks with a gross and net severity rating of >15 have been incorporated in this quarter. Amended risks and those new to the BAF this quarter are highlighted.

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

### Section A

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

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

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

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

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

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

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

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

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

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

Section B: Risk focus areas

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

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

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

Section C – Key sources of assurance

Committee minutes and papers	External	Internal
Trust Board	Care Quality Commission	Corporate risk register;
	NHS London	Board assurance framework;
	London Assembly	Annual review of effectiveness of the
	Externally commissioned reports eg	Board and supporting committees;
	National Audit Office – Transforming	Statement on Internal Control;
	NHS Ambulance Services	Annual reports – safeguarding/infection
		prevention and control/complaints
		management/corporate social
		responsibility;
		Monthly board reports from the CEO,
		Director of Finance, Medical director,
		Trust Secretary
Quality Committee	Care Quality Commission registration;	Board assurance framework;
	DH Clinical Quality Indicators;	Corporate risk register;
	NHS London safety and quality	Audit recommendations progress
	assurance gateway review;	report;
	CQC quality risk profile.	Minutes of RCAG, LfE, CQSEC;
		Quality indicators dashboard;
		Integrated risk management report;
		PEAG;
A 11. 6	NUIG List at A at a second	Observational ride-outs.
Audit Committee	NHS Litigation Authority level	Audit recommendations progress
	assessment of risk management	reports;
	standards;	Statement on Internal Control;
	Head of Internal Audit Opinion;	Report from Chair of the Quality
	External Audit opinion.	Committee;
		ALE.
Risk Compliance & Assurance	Internal audit reports and	Audit recommendations progress
Group	recommendations;	report

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

### **Section D: Principal Risks**

Each of the principal risks has been mapped to at least one corporate objective and wherever possible to the Care Quality Commission's registration requirements. As shown in Section B, a number of the key risk areas for focus during 2010/11 are principal risks.

Principal risk and headline	Corpor ate objecti	Risk score	CQC map	Key controls	Assurance on controls			-			Action plan	Responsible officer	Half year RAG	Year End f/cas
	ve				Positive assurance	Gaps in controls	Gaps in assurance			status	t			
There is a risk that the implementation of CommandPoint will lead to a short term reduction in performance targets	C08 C03	20	N/A	CommandPoint Project Board; Reports to SMG and Trust Board; Planning assumption of the likely impact on performance and the plans in place to mitigate the level of impact	Minutes of: CommandPoint Project Board; Independent assurance to Non-Executive directors; Reports and Minutes for SMG and Trust Board. Risk register for CommandPoint; New risk – 23/8/2010 & reviewed 8/11/ 2010 and 11/11/2011 09/05/2011 11/7/2011	See actions	Assurance will be gained from the outputs of audit and the lessons learned from 8 <sup>th</sup> June	1. Detailed audit arrangement s of project and transition plan to ensure success e.g. a gateway review process. 2. Detailed thorough training plan for staff. 3. Full user involvement with project e.g. ADO and DCEO and senior users of project board. 4. Thorough system testing and planning that is auditable.	PS	Ι				

	Ocptoni	Del 2011		
			5. Detailed	
			planning for	
			actual	
			transition	
			subject to	
			scrutiny and	
			evaluation.	
			6. Decision	
			to go live will	
			be made by	
			the Trust	
			Board	
			ensuring	
			they are	
			satisfied that	
			Salistieu triat	
			the system	
			and	
			transition	
			plan are fit	
			for purpose.	
			7. Ability to	
			switch back	
			to old system	
			in the event	
			of	
			catastrophic	
			Catastrophic	
			failure of new	
			system.	
			8. Board	
			level	
			commitment	
			and focus of	
			supplier	
			organisation	
			(Northrop	
			Grumman) to	
			Giuiiiiiaii) lo	
			ensure full	
			success.	
			9. Key	
			stakeholders	
			briefed on	
			plan,	
	I	ı	F 121,	

1					Coptombol 2					
							transition arrangement s and anticipated reduction in performance. 10. Fully resourced plan to ensure technical and user support following transition through to the point where the system is deemed to have reached optimum performance.			
327 Re-use of linen/infection prevention and control guidelines	C04	20	8	Adequate supply of blankets, however these are not always available. Action plan; IP&C lead; Audit and monitoring via the dashboard	HCAI registration; Medical director's report; IP&C minutes. Regular audit and reporting on the dashboard. Increased availability of blankets. And improved collection; Additional linen and disposable	Audit results show compliance with single use is not consistent	To understand the scale of the problem and to develop a strategic solution to blanket usage:  1 a) Audit blanket usage as part of hand hygiene auditing.  1 b) Chris	SL	H	M

								1		
					blankets added to stocks and circulation; new laundry provider; Reduction in blanket loss; Risk reviewed October 2010; 4/2/2011 30/03/2011 15/06/2011 28/06/2011 Risk rating to be		Vale developing options paper to agree strategic direction. 1 c) PIMS to address compliance of single use locally. DIPC to present at conferences.			
269 Performance falls at staff changeover times	C04 C08 C03	20	16 13 14	Team leaders provide additional area cover from	Risk rating to be downgraded at RCAG in October.  86% rosters in place. Clear plan for remaining	Full roster reviews completed	present at conferences. Continue to audit.  Roster review project ongoing;	RW	П	M
				14.00 to 20.00 each day to bridge the evening changeover;	complexes; Introduction of new rest break allocation with initial positive results. Risk reviewed 8/11/2010 9/12/2010 24/03/2011 11/07/2011		Roll out NWoW; Introduction of new rest break allocation from May 11 to reduce losses at end of shift change.			

Out of date equipment impacts upon ability to treat children (wording needs review still)	C01	20	11 16	Additional PALS Packs; Vehicle audit and swap out of packs carried out. Nightly checks by the Make Ready teams. Weekly audits are now performed by Station Managers. Continued monitoring of audit returns	Weekly audit returns; Risk reviewed 2/11/2010 13/12/2010 30/03/2011 11/07/2011		Monitoring at area governance committees	DSO/Team leaders to carry out audit quarterly; additional PALS packs to be swapped out in all operational areas; monitoring by area governance groups	RW	H	M
Service performance affected by inability to match resource to demand	C03 C05 C08	20	16	NWoW in place at 2 sites and incorporating a more flexible rota system; DSO/Team leaders have cover within current rotas; Monitoring of resource allocation through ORH 168	Monitoring KPIs; Introduction of team based working; Daily monitoring; Risk reviewed 8/11/2010 9/12/2010 24/03/2011 29/06/2011		Outcome of roster reviews and rest break allocation	Monitoring KPIs; Introduction of team based working on a daily basis	RW	Н	M
Failure to clinically assess comprehensively may	C01 C02 C05 C08	20	16 13 14	Enhanced patient assessment course for	Incident reporting; Operational workplace	Monitoring developmen t of treat and refer	Review of effective-ess of incident	To monitor the development of treat and	FM	Н	S

	 	September 2			, , , , , , , , , , , , , , , , , , ,		
result in inappropriate	paramedics	reviews;	pathways;	reporting;	refer		
conveyance or	and reflective	CQSE papers	Effectivenes		pathways.		
treatment	practice and	and minutes;	s of incident		To review		
	includes a	Reporting of	reporting		the		
	supervision	incidents via	system;		effectiveness		
	element.	EBS shows			of the		
	Training	improved take-			existing		
	Strategy Group	up with this on			incident		
	monitor the	LA52s.			reporting		
	level of training	Risk reviewed			system. The		
	delivery;	8/11/2010			Incident		
	CPIs monitor	28/03/2011			reporting		
	level of				review		
	assessment				project led by		
	provided;				TC has		
	LA52 reporting				received		
	and review at				authority to		
	CQSE;				purchase		
	Operational				Datix Web.		
	workplace				To introduce		
	review includes				reflective		
	rideouts;				practice (as		
	Closed round				part of		
	table reviews				Module J		
	and reflective				programme).		
	practice;				Pilot scheme		
	Clinical				where crew		
	updates from				staff from 4		
	the Medical				identified		
	directorate;				complexes		
	Development				will contact		
	of treat and				EBU via their		
	refer pathways				airways		
	alongside				radio. EBU		
	NWoW. An				will record		
	enhanced				incidents		
	patient				directly onto		
	assessment				an electronic		
	component has				version of		
	been				the existing		
	introduced				LA52.		
	within the APL						
	within the APL						

			_		Deptember 2						
				Paramedic Course. The training has been subject to a major review and now includes a mentored period of operational duties.							
320 Insufficient funding may prevent the required planning and operational response for the London 2012 Olympic and Paralympic Games	C09	20	16	Continued lobbying of the DH and NWLCP for funding;	Confirmation of funding received for 2011/2 and 2012/13.  Risk reviewed 29/10/2010 25/1/2011 18/04/2011 07/07/2011	None identified			RW	Н	M
337 There will be a delay in establishing the Clinical Response Model due to changes that need to be made to interfacing projects (CommandPoint)	C01 C02 C03 C05 C08	16		CommandPoint project board; EOC planning group;	Agenda and minutes of project group and SMG Risk reviewed 05/04/2011 11/07/2011	Identifying action needed on CTAK or CommandP oint		Review appropriate action to be taken eg changes to CTAK or review parameters of CommandPo int	СН	Н	L
343 Staff not recognising safeguarding indicators and therefore failing to make a timely referral	C05 C04	16	7	Monitor referrals centrally; safeguarding committee promotes practice guidance; guidance	Safeguarding committee agenda and minutes; training records Risk added in May 2011 And reviewed on 11/07/11		Effectivene ss of training and level of competenc y	Audit effectiveness of training through competency assessment; Capture safeguarding practice in	SL	Н	М

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.	16	supported by updates; training programme in place and uptake monitored  Where possible, the trained EMDs are working alongside the new EMD in order to provide support and guidance.	Risk reviewed on 6/6/11		biannual operational workforce review  Review of CCD role being undertaken by AOM Andy Fitzsimons. Identify a cohort of EMDs form each Watch for training.	RW	Н	М
There is a risk that as a result of the non-achievement of the contractual financial penalties will be levied on the Trust.	15	Daily performance tracking. Review of financial risks monthly by SMG and Trust Board. Weekly SMG review at Diary meeting. Extra financial provisions included in the contract risk in	Risk reviewed on 07/07/11	atio	mmunic ons with nmission	MD	Н	M
345 The Trust is committed to having 2 full strength HART teams by April 2010. Due to	15	RSM Tenon re- audit confirming action taken	Risk reviewed on 07/07/11	in p	secure funding place on through the bured DH	LB	Н	М

				Coptombol 2					
recruitment difficulties, there is a risk that the West Team may not be at full strength by that date.					12/13 onwards				
Unable to assure that the current taxi contract accommodates the guidelines for regulated activity (safeguarding)	16	7	Current contract stipulates all drivers must have CRB checks	Risk added May 2011 and reviewed 30/6/11		Stipulate in the contract that ISA registration is required. Contract monitoring. Add other subcontractor providers to the risk description	SL	H	TBC

								Risk Re	egister as at	11th July 2	2011										
Risk Description	Assurance Framework Ref.	Corporate Objective	Risk Category	Date Opened	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
There is a risk that the implementation of CommandPoint will lead to a short-term reduction in performance targets	***		IM&T	12-Aug-10	Major	Certain	20	This has been fully discussed and accepted by SMG & Trust Board - actions defined and agreed. The planning assumption is that WILL happen - mitigaton is to reduce impact - not remove the risk.	Peter Suter	11 July 2011	Major	Certain	20	gateway review process.  2. Detailed thorough training plan for staff.  3. Full user involvement with project e.g. ADO and DCEO and senior users of project board.  4. Thorough system testing and planning that is auditable.  5. Detailed planning for actual transition subject to scrutiny and evaluation.	1. P.Suter 2. Keith Miller 3. P.Suter 4. J.Nevision 5. J.Nevision 6. P.Suter 7. P.Suter 8. P.Suter 9. J.Nevision / P.Suter 10. J.Nevision / P.Suter	1. Feb 2011 "Ready for Service" Gateway Review. 2. Jan 2011 June 2011, plus continued training thereafter.	Assurance by CommandPoint Project Board reporting structure to SMG and Trust Board.	Negligble	Rare		This risk is accepted and expected to manifest. Operations are running a performance cell from the night of go live to root cause every 8 min breach that will support operations in recovery. Paul Gates is setting this up.
There is risk that the Trust does not follow Department of Health Guidelines for the reuse of linen.		6	Infection Control	12-Oct-09	Major	Certain	20	The Trust has an adequate supply of blankets, however these are not always available.     Increased availability of blankets for A&E crews - Additional linen and disposable blankets added to stocks and circulated.     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	28 June 2011	Major	Certain	20	To understand the scale of the problem and to develop a sstrategic solution ot blanket usage:     Audit blanket usage as part of hand	1a. Trevor Hubbard 1b. Chris Vale 1c. Trevor Hubbard	1a. 31/03/11 1b. 31/05/11 1c. 30/06/11	KPI measuring blankets collected delivered.     KPI measuring blanketss allocated/ delivered.	Minor	Possible		SL to review controls and propose new net rating. 1a Unable to demonstrate compliance. 1b Options paper drafted. 1c Audit results show compliance with single use is not consistent.

									RISK RE	egister as at	11th July 2	2011										
Risk	lisk Description	Assurance Framework Ref.	Corporate Objective	œ	Date Opened	Gross Impact	g S	Gross Rating	Existing Controls (Already In Place)	Risk Owner	Date Risk Last Updated		Net Like-lihood	Net Rating		Action Owner		Assurance In Place (how do we gain assurance that the controls in place are effective)	Target Impact	Target Like-lihood	Target Rating	Comments
p	at staff changeover times, LAS erformance falls as it takes longer to each patients.		17	Clinical	08-Dec-06	Major	Certain	20	1.New rosters are being implemented Pan London that match demand and provide overlap, all rosters are being vetted for compliance by the project manager and AOM of resourcing.  2. Team Leaders now provide additional area cover (ACR) working from 14.00 to 20.00 each day to bridge the evening changeover period.  3. Director of Operations has put together a 15 point Operational plan "Operations Workstream 2009/10" covering a number of resourcing issues which will, once implemented, impact on changeover times and patient care. All the workstream initiatives have a workstream lead at either Assistant Director Operations (ADO) Assistance Chief Ambulance Officer (ACAO) or nominated Ambulance Operations Manager (AOM) level.	Richard Webber	11 July 2011	Major	Possible	16	1. Roster Reviews is a large project which will require an entire roster review across the service in line with the ORH recommendations. It is anticipated it will require a full time dedicated resource to undertake the project.  2. Implementation of "Operational Wokstream 2009/10."  3. Roll out of NWOW across the Trust.  4. Introduction of new rest break allocation introduced to reduce losses at shift change over.	1. P.Gates 2. J.Killens 3. C.Hitchen	1. Feb 2011 2. Aug 2010 3. Aug 2010	KPIs.	Major	Unlikely		Proposal to reduce rating to 8 was not agreed by RCAG on 11/07/2011 - need to wait until after the rest break agreement is complete (Sept 2011) The roster review project has seen 86% of roster implemented across the Trust (Mark Sommerville returning back to his Operational role). The project will solely be lead by Paul Gates over the duration. Bromley & Croydon main complex rotas have not been agreed and require further work (incorporate staff negotiations.) Oval staff are not accepting 03:00 finish; a meeting between Staff Side, HR and the AOM for formal resolution will be arranged in the near future. St Helier has now been finalised, waiting implementation date. Whipps Cross roster to be presented 17th June.
(F	There is a risk that out of date equipment PALS PACK) may result in inability to treat hildren.	AAA	24	Logistics	25-Jul-06	Catastr	Likely	20	Additional PALS Packs being packed.     Ongoing vehicle audit and swap out of packs carried out.     Nightly checks have now been introduced by the Make Ready teams.     Weekly audits are now performed by Station Managers.     Continued monitoring of the audit returns	Chris Vale	11 July 2011	Major	Likely	16	Additional PALS packs to be swapped out in all operational areas.     DSO/Team Leaders to carryout quarterly audits.     Monitoring at Area Governance Groups.     Make read to carry out audit of packs on the vehicles.	1. K.Merritt 2. ADOs. 3. K.Merritt 4. C.Vale	1. Ongoing 2. Ongoing 3. Ongoing 4. Aug 2011	returns to	Minor	Likely	8	Rewording proposal made to RCAG on 11/07/2011 was not agreed (There is a risk that equipment is not available or is out of date which may result in inability to treat children) - CV needs to provide a report on this for the next meeting. The number of PALS kits being returned for restocking has significantly increased as stations are returning out of date PALS kits. PALS kits will be put on ESP vehicles from mid-July for immediate exchange to reduce exchange times.
a	Service Performance may be adversely iffected by the inability to match resources o demand.	AAX	17	Operational	31-Jul-06	Major	Certain		1.NWoW has been introduced at two pilot sites (Barnehurst and Chase Farm) and will incorporate a more flexible but robust rota system.  2. The option of weekend rotas has been advertised to all frontline staff, whilst Sector Support rotas are in place and concentrate on weekend cover. DSO's and Team Leaders now have cover installed in their current rotas. Improvements have been made to dual sending with adjustments to the distance an FRU would be expected to travel, whilst still dispatching the nearest AEU. This will have an impact on both resources available to EOC and will produce shorter job cycle times.  3. The ORH 168 plans now enable the monitoring of resource allocation.		29 June 2011	Major	Likely	16	Monitor pilot sites for NWOW.     Roll out of NWOW across the Trust.     Completion of recruitment exercise.     Roster reviews.	1.C.Hitchen 2. C.Hitchen 3. A.Bell 4. M.Sommerville	2. 2011 3. May 2010	Monitoring of KPIs     Pollowing the roster reviews, team based working is being introduced and is monitored by the Operations Team on a daily basis	Minor	Possible	6	

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으로 Risk Description	Assurance Framework Ref.	Corporate Objective	Risk Category	Date Opened	Gross Impact	Gross Like-lihood	Gross Rating	Existing Controls (Already In Place)	Risk Owner	Date Risk Last Updated	Net Impact	Net Like-lihood	Net Rating	Further Actions Required	Action Owner	Date Action to be Completed	Assurance In Place (how do we gain assurance that the controls in place are effective)	Target Impact	Target Like-lihood	Target Rating	Comments
22 There is a risk that failure to undertake comprehensive clinical assessments may result in the inappropriate non-conveyance or treatment of patient.		4	Clinical	14-Nov-02	2 Major	Certain	20	1. An enhanced patient assessment course has been introduced for paramedics. The training has been subject to a major overhaul and now includes a supervision element. Reflective practice has also been adopted into the majority of assignments.  2. Planned CPD delivery will cover all relevant staff. However, this may be affected by operational pressures.  3. Training Services monitor the level of training delivery.  4. CPIs are used to monitor the level of assessments provided.  5. LA52 incident reporting is in place and reports are provided to the Clinical Quality Safety and Effectiveness Committee.  6. The Operational Workplace Review has been reviewed and will now include rideouts.  7. A system for clinical updates is in place.  8. A system of closed round tables is in place.  9. The development of treat and refer pathways is being continued alongside the New Ways of Working project.		31 May 2011	Moderate	Certain	15	1. 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.  2. To monitor the development of treat and refer pathways.  3. To review the effectiveness of the existing incident reporting system. The Incident reporting review project led by TC has received authority to purchase Datix Web.  4. To introduce reflective practice (as part of Module J programme).  5. Pilot scheme where crew staff from 4 identified complexes will contact EBU via their airways radio. EBU will record incidents directly onto an electronic version of the existing LA52.	1. K.Miller 2.J.Worthington 3. J.Selby 4.K.Miller 5. J. Selby	1. Complete 2. Ongoing 3. Ongoing 4. Complete 5. May 2011	reporting. 2. Operational workplace	Moderate	Possible		The Student Paramedic pathway contains a more robust assessment regime which focus's on holistic patient care and assessment. Student paramedics have acess to a practice placement educator to help them develop the requsite patient assessment skills and to provide real time feedback on clinical decision making. Action 3 - A tender evaluation of 2 providers has been under taken, with a decision expected asap Action 5 - The pilot has undergone a number of teething issuies , however in principle the proposal appears to be working well
There is a risk that insufficient funding will prevent the required planning and operational response prior to, during and after, the London 2012 Olympic and Paralympic Games.	***	26	Finance	17-May-1(	Catastr ophic	Likely	20	Continue to lobby the Department of Health, NHS London and the NWLCP for funding - decision due by end of April for 11/12 and 12/13 (financial element of Outline Business Case re-worked and re-submitted March 2011).     Continue to highlight the LAS's role in ensuring the Olympic Safety and Security Strategy is met and the subsequent requirement for funding.     Following DH funding decision, continue to engage with commissioners regarding 11/12 and 12/13.	Peter Thorpe	07 July 2011	Catastrop hic	Possible	15	Submit Outline Business Case to DH and commisioners for agreement.	1-3. P.Thorpe/ A.Parry	1. Complete - June 2011	e 1. Feedback from NHSL and forums where OBC presented 2. Ongoing dialogue with commissioners 3. Financial re- work of Outline Business Case undertaken in conjunction with commissioners; approved/ supported by DH/NHSL.	Major	Unlikely		PT to review net rating and propose downgrading. Have now received confirmation of funding.
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.	***	4	Clinical	14-Nov-02	Major	Certain	20	1. The Medical Director attends NPSA's Obstetric Pan London Forum. 2. Introduction of a flow chart to CTA to enable safe triage of women in early labour. 3. Consultant Midwife working with the LAS one day a week, providing advice to Control Services, Legal Services, Patient Experience, and Education and Development. 4. Reports on all the reported incidents concerning obstetric cases are presented to the Clinical Quality Safety and Effectiveness Committee. 5. A number of complexes have made local arrangements for midwives to deliver training sessions.	Fionna Moore	11 July 2011	Major	Possible	12	To evaluate the flow chart used to enable the safe triage of women in early labour.     To monitor the delivery of the CPD obstetrics module.     Articles on maternity care have been published in the Clinical Update in March and September 2009.	1. F.Wrigley/ A.Stallard 2. K.Miller/ Operations 3. A.Stallard			Major	Unlikely		FW to review and update the controls - the risk has potentially changed from the original issues - target rating also to be reviewed. The CQSE need to task a seperate piece of work around maternity SI's and then review the risk. Ongoing training through direct contact and articles in the Clinical Update.

							Risk	Register as at	11th July 2	2011										
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324 There is a risk that cleaning arrangements are insufficient to ensure that the environment for providing healthcare is suitable, clean and well maintained.	***	6	Infection Control	17-May-10	Major	Certain	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.	Trevor Hubbard	15 June 2011	Major	Possible	12	To ensure Trust is consistently compliant across the service:     a) Find alternative processes to triangulate audit information     b) Fully explore the opportunities within the PEAG initiative.     c) Make Ready tender awarded	Hubbard 1b. Trevor Hubbard 1c. Trevor Hubbard	1a. Complete - April 2011 1b. April 2011 1c. Nov 2011	1a. Comprehensive dashboard	Minor	Unlikely	rr rr iii	SL to update risk - lashboard and other eports means the risk ating could cotentially be reduced. Ia Completed ncorporated into the IPC dashboard b PEAG initiative orogressing well. /olunteers trained. waiting CRB checks. Ic Wording revised and date extended.
7 There is a risk that we do not capture errors and incidents, and do not therefore learn from these and improve service provison and working practices.	***	4	Health & Safety	13-Nov-02	Major	Certain	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 group is in place and starting to review integrated risk reports, patterns and trends. 5. Electronic reporting has been approved in principle. 6. A review of incident reporting is underway and led b the PCMO.		28 June 2011	Moderate	Possible		1. Complete the review of incident reporting and make recommendations to Corporate H&S and RCAG. 2. Implement the policies on investigating and learning from incidents, complaint, PALs and claims. 3. LfE to develop the integrated risk reports and monitor action taken, including feedback to staff on incidents reported and investigated. 4. Develop a plan of action and learning from the integrated reports. 5. Review and implement uniform coding within Datix for incidents, complaints, PALs and claims to facilitate integrated reporting. 6. Introduction new incident reporting webbased system. 7. Programme of rolling out local risks register accountability to Area and Directorates. 8. Pilot incident electronic reporting ongoing.	2. Carmel Dodson- Brown 3. Sandra Adams 4. Sandra Adams 5. Carmel Dodson-Brown 6. Carmel D-B	March 2011 6. 2011 7. 2011	Completion of the review and recommendations to RCAG and SMG for implementation. 2. Reports and minutes from Learning from Experience, RCAG and Quality Committee. Consistent coding and reporting across the risk indicators	Moderate	Rare	9	
337 There is a risk that there will be a delay in establishing the Clinical Response Model due to changes that need to be made to interfacing other projects (CommandPoint/CTAK)			Clinical	11-Jan-11	Major	Likely	1. EOC Planning Group in place, reviewing options     2. CommandPoint Project Group	Steve Sale	11 July 2011	Major	Likely	16	Review appropriate action to be taken - changes to CTAK or review parameters of CommandPoint? - to be decided     New group to be set-up pending SMG approval.     A CRM workshop is taking place on the 7th April to reaffirm the Trusts intentions in regard to the CRM.	Steve Sale     Steve Sale     Steve Sale     Steve Sale	1. Oct 2010 2. Complete 3. April 2011		Negligble	Rare	1	
343 There is a risk of staff not recognising safeguarding indicators and therefore failing to make a timely referral.			Clinical	16-May-11		Likely	1) Monitor referrals centrally 2) Safeguarding committee promotes practice guidanc 3) Practice guidance issues and supported by updates 4) Trainign programme in place 5) Monitor training uptake		2011		Likely	16	Audit effectiveness of training through competency assessment     Capture safeguarding practice in bi annual Operational Workforce review	1) Gary Ralph 2) Peter McKenna, Katie Millard, Philip De Bruyn		Monitor at Safeguarding Committee	Major	Unlikely	s to	SL to review risk, core skills refresher raining is being rolled but, could potentially educe risk rating.
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.	***	***	Operational	11-Jul-11	Major	Likely	1. Review of CCD role being undertaken by AOM And Fitzsimons.     2. Currently, where possible, the trained EMDs are working alongside the new EMD in order to rpovide support and guidance.	ly Richard Webber	04 June 2011	Major	Likely	16	To identify a chort of EMDs from each watch and provide necessary training for them in order to fulfill the role.     Review of the role of CCD EMDs.	1. AF / FW/ GC 2. AOM Control Services			Major	Unlikely	8	

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	There is a risk of RTC injury to persons travelling in an LAS A&E vehicles.	***		Health & Safety	13-Nov-02			16	1. Authorisation to drive any service vehicle/lease car can only be provided by a qualified service trained driving instructor.  2. Introduction of advanced training for a number of DSO's in each Sector.  3. Team Leaders complete an Operation ride out report, within which is a section categorised as self driving demonstrated (G123).  4. The Trust displays notices internally stipulating safety features and the use of safety equipment when travelling;  • A&E Op's and Health Safety bulletins  • Motor Vehicle notices are displayed reminding staff and passengers to wear seat belts/harnesses at all times.  • Improved visibility whilst Ambulance's reverses - camera switching.		28 June 2011	Major	Possible		1. Review adequacy of driving course and include training for specific vehicles (i.e. FRUs). 2. Ensure refresher training is provided following RTA's. 3. Develop robust system for tracking individual accident rates, including lease car drivers. 4. Expand about benefits of regular reassessing of all service drivers that will be implemented early next year 5. Update on Operational Policies being actioned by Jason Killens.	1. K.Miller 2. K.Miller 3. Jason Killens 4. Jason Killens 5. Jason Killens	1. July 2011 2. Ongoing 3. Ongoing 4. June 2011 5. Ongoing	Monitor processes at RCAG and Motor Risk Group.     Monitoring of RTA claims     ADO's to implement a robust system		Possible		Motor Risk Group need to review this risk. Action 1 - On the basis that the course had not been approved by the TSG, Richard requested that the courses were not run until a transition plan was in place. This now also sits with the TSG for approval Action 2 Refresher training occurs on the occasions when the department is informed that a staff member has been involved in an RTC. Action 3 The Trust has developed an internal programme that enables the Trust to monitor/review individual historic data by an individual including lease car drivers. The electronic form LA420 Road Traffic Accident Reporting is the foundation of this process. An internal Non
	Failing to appreciate the significance of psychiatric illnesses will lead to misdiagnosis.	***	8	Clinical	12-Nov-03	Major	Likely	16	The new 'Mental Health' module has been designed and has been included in the training plan for 2009/10.     An e-Learning Manager has been appointed and will start work with the Trust in August 2009. This post will have responsibility for developing the mental health elearning module.	Steve Lennox	30 June 2011	Major	Possible	12	To develop a mental health e-learning module - training package is being assessed by external assessors	1. Bill O'Neill	1. Complete - Nov 2010	CPD completion records     Monitor processes at CQSE     Monitor package completion data on e-learming site	Major	Unlikely		This risk needs to be taken to the mental health committee and re-worded.  Module has now been signed off by subject matter experts, and rollout of the e-learning facility has commenced
	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 stoes, as well as records needing to be stored at other sites.]		11		01-Jun-05		Likely	16	Education and Development are to move to the scanning of training records. Plans from Estates for the development of the Fulham archive are awaited.     All staff are currently being migrated onto PROMIS with the aim of developing a centralised Learning Management System.	Bill O'Neill	30 June 2011	Major	Possible		Review the process of archiving training records within the DoE&D (funding currently being sought for this)     The introduction of a Trust-wide project to establish a centralised Learning Management System	2. R. Habib		Part of organisation & development of people workstream.     Progress of project report to workstream board.	Major	Unlikely		New scanner ordered to enable the electronic capture of training records. Revised processes will be developed for integration within the new Oracle Learning Management (OLM) system, along with NWoW and other related service developments.     Project Board established to manage the introduction of OLM. The Project Initiation Document is currently being prepared.
	There is a risk that drug errors and adverse events may not be reported.	****	4	Clinical	08-May-06	Major	Likely	16	CQSE suggest PIMs give some thought to how this be managed - JK to report new action plan     No evidence of any issue of significance from service users or stake holder feedback. Recommend matter be considered by Safety and Risk.	Fionna Moore	06 June 2011	Major	Possible	12	Complaints Manager to track back complaints to see how many have LA52's associated with them (drug errors and adverse events not being reported)     Further Medical Directors Bulletin to remind staff of importance of reporting drug errors and adverse events.     Article to be included in the Clinical Update highlighting the importance of	1. G. Bassett 2. D.Whitmore 3. F.Moore 4. M.Whitbread	2. On-going	CPI checks     Incident     Reporting	Major	Unlikely		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

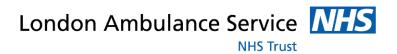
										egister as at	11th July 2	2011										
Risk	Description	Assurance Framework Ref.	Corporate Objective	Risk Category	Date Opened	Gross Impact	Gros	Gross Rating	Existing Controls (Already In Place)	Risk Owner	Date Risk Last Updated		Net Like-lihood	Net Rating	Further Actions Required		Date Action to be Completed	the controls in place are effective)	Та	Target Like-lihood	Target Rating	Comments
morph accore	is a risk that the management of hina at Station level is not in dance with LAS procedure OP/30 olled Drugs.	***	24	Clinical	21-Oct-08	Major	Likely	16	Internal Audit carried out annually.     Procedure to be reinforced by bulletins from Director of Operations/Medical Director.	Fionna Moore	06 June 2011	Major	Possible		Independent audit to be carried out throughout the Trust - 1st visit took place in June 2010, 2nd visit took place Oct 2010 2. Trial of CD audit scheme in South, looking to roll-out trust-wide	1. D.Whitmore 2. D.Whitmore	1. Complete 2. June 2011	Internal Audit     Independent     Audit     Independent     Independent     Independent     Independent     Independent     Independent	Major	Unlikely		All the current measures remain in place. In raddition there was a Medical Directors Bulletin issued re CDs on 4th January 2011. DSW has met with the Met Pol CDLO and the next round funannounced visits are poing planned. DSW will be attending the Area Business Meetings to raise awareness of CD ssues, starting with the West Area Business Meeting on 28th June 2011.
with s loss o	non-reporting of faults in accordance service procedures may result in the of vehicle availability.	· ************************************		Logistics	17-Aug-09		Likely	16	1. LA400 (defect reporting sheet) has been replaced by a vehicle specific defect book. 2. Vehicle Resource Centre is now operating 24/7 and managing some Vehicles Off Road (VOR). 3. Process mapping of VOR process in EOC to be undertaken to understand the impact of the removal of the logger's role. 4. TRANMAN, Statutory Checks and Make Ready tender for new contract 5. RAC checking stations at weekends for unreported faults. 6. Enhancement of fleet workshop hours of working will reduce the risk of occurrence. 7. Outputs from process mapping to inform changes in management of VOR.		11 July 2011	Major	Possible		OP014 and OP012 subject to review with intention of merging both		1. Aug 2011		Rare	Unlikely	H a a u F c	RW to ensure that the policies go to SMG and that this risk is updated accordingly. Risk to be reviewed once controls in place
not su	is a risk that the audit programme is ufficiently robust to identify to identify ion control issues across the Trust.	***	6	Infection Control	17-May-10	Major	Likely	16	Quarterly reports to Area Operations.     Further training of infection control champions.     Continued awareness training by use of Trust-wide communications.	Trevor Hubbard	15 June 2011	Major	Possible		Strengthen current audit process (also introduce new audit measures - separate workstream)     a) Audit needs adapting to make it more relevant locally.     b) Create an Escalation Plan     c) Develop an internal audit programme with RSM Tenon.	1a. Trevor Hubbard 1b. Trevor Hubbard 1c. Trevor Hubbard	1a. May 11 1b. May 11 1c. Complete - April 11		Minor	Possible		SL needs to review this risk.  1a The audit has been revised and tested and declared not fit. It has since been revised and now being tested again. 1b Not yet delivered. Date renegotiated. 1c Had meetings with RSM Tenon to discuss robustness of aud process rather than assist with audit.  Meetings progressed and concluded.
and la	e is a risk that the inadequate facilities ack of policy for the decontamination uipment may increase the risk of ion.	***	6	Infection Control	17-May-10	Major	Likely	16	Introduction of single-use items.     Introduction of more robust cleaning programme for vehicles and premises.     Introduction of detergent and disinfectant wipes for equipment in between patient use.	Steve Lennox	28 June 2011	Major	Possible		to have a decontamination policy that meets CQC expectations:     a) To have a written policy submitted to IP&CC in February 2011.     b) Establish Equipment Decontamination Improvement Group at Logistics Support Unit with Terms of Reference.     c) Monitor decontamination compliance	1a. Chris Vale 1b. Karen Merritt 1c. Trevor Hubbard	1a. Feb 11 1b. May 11 1c. Sep 11	Area Governance Meetings     Incident reports.	Minor	Unlikely	t a a a a a a a a a a a a a a a a a a a	SL needs to review this risk. a Policy complate and available as draft - Awaiting approval. 1b Karen and Trevor to meet to discuss case for group. 1c Not due for delivery until Sep 11.
exces	e is a risk that fuel prices may be in ss of sums held in budgets which may to overspend	水水中	19	Finance	06-Jan-04	Major	Likely	16	Monthly review as part of month end reporting process.	Michael Dinan	11 July 2011	Moderate	Possible		Prices will continue to be closely monitored by the Finance Department for 2010/11. The move to an all diesel fleet will further mitigate against fuel costs.	1. A.Beil	1. Ongoing	Monitored at SMG and Trust Board	Moderate	Possible	r	Proposal to archive risk was not agreed by RCAG on 11/07/2011 - MD to review this risk.

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2	Inappropriate use/completion of the LA4H Single Response Handover form may lead to the loss of patient information.	***	8	Operational	14-Nov-02	2 Major	Likely	16	1. Team Leaders audit PRFs to provide information for Clinical Performance Indicator (CPI) reviews. CPI reviews are carried out monthly and are published by Sectors.  2. 07/10/08 - 95% compliance was achieved for PRF completion. Feedback sessions were undertaken in July 2008 (expected target 1904/ achieved 1895).  3. Simplified PRF produced for completion by FRU staff. Team leaders advise staff on the importance of PRF completion. Team leaders are in turn monitored on the inspection of PRFs. Monthly CPI reports are sent out by CARU to all Complexes informing them of their PRF completion levels. These results are then discussed at area business meetings.  4. Presentation on Performance Indicators.		29 June 2011	Moderate	Possible	on a contract of the contract	CPI database monitored to check team leaders quality assurance on PRF completion.     Presentation of PRFs on computer to simplify process.	1. G.Virdi 2. G.Virdi	Ongoing     Ongoing	Station audits.     Monitoring of completion rates.	Minor	Likely		RW to review the risk rating.
32	There is a risk that the Trust does not provide adequate infection prevention and control training to all staff which may lead to healthcare associated infections.	***	6	Infection Control	17-May-10	) Major	Likely	16	Introduction of training programme for operational and non-operational staff.     Trust updates have been delivered to 1,600 staff including hand hygiene training     Use of Infection Control Communications Strategy to ensure that all staff are kept well-informed.	Trevor Hubbard	15 June 2011	Moderate	Possible		To be fully compliant with CQC expectations and all staff to have up to date infection control training:     a) Ensure all staff receive all in one training or alternative form of update (core skills refresher and induction training)     b) Monitor and implement hand hygiene training.     c) Need to capture the training of contracted staff on the scorecard.	Ian Bullamore	1a March11 1b March 11 1c March 11 1c June 11	Reports from the central training register	Minor	Unlikely		SL to review this risk. There was an over orovision of training last year and all clinical staff nave been trained in ANTT. Consider closing this risk on the risk register. Need to have a separate discussion regarding training with central infection control earn. Hand Hygiene training about to commence. All in one training and core Skills Refresher raining available.
32	5 There is a risk that the lack of displayed/available cleaning schedules may mean that the staff and public are not aware of cleaning protocols.	***	6	Infection Control	17-May-10	) Major	Likely	16	Introduction of revised cleaning programme.     Infection control champions are in place.	Trevor Hubbard	15 June 2011	Moderate	Possible		Cleaning schedules will be displayed in relevant areas:     a) Make part of quarterly audit     b) Make cleaning schedule into a format that is not easy to remove.	1a Trevor Hubbard 1b Trevor Hubbard 1c Trevor Hubbard	1a Complete - March 11 1b May 11	Audits of sites by contractor and IPC lead	Minor	Unlikely		SL to review this risk.  Ia Completed. Part of quarterly audit tool.  Ib costing needs to be determined and where runds will be identified approximate costs are £4,500.
177	There is a risk to staff, patients and the organisation of staff working excessive overtime/hours in breach of the Working Time Directive.	A SA	7	HR	05-Jan-05	Major	Likely	16	ProMis has a warning sign that is generated before the Coordinator continues to place a member of staff on a shift. The warning system highlights any contraventions of the Working Time Directive.     Regular ProMis reports are provided to operational managers and auditing is carried out by Station Management Teams who advise and take the appropriate measures with staff who try to compromise their own and patient safety.     The completion of the recruitment and training of student paramedics, coupled with the review of rosters due to compete in Summer 2010, should enable this risk to be revi=ewed and the rating reduced.		28 June 2011	Major	Unlikely	8	Continued monitoring and review of working hours via PROMIS.     Review the WTD information.     Further enhancements are envisaged with the roll out of GRS in 2011.	1. G.Hughes 2. T.Crabtree 3. G.Hughes/A Khan	1. Ongoing 2. Sep 2011 3. July 2011		Major	Rare		CH to review risk wording and potentially reduce risk to target rating. The report has been run and those staff that have worked in excess of the WTR guidelines have been asked to slow down and improve their work life balance. AK 1/4/11 A service wide report was sent to all AOMs highlighting staff that had exceeded WTR nours for an average of 17 weeks.

으 용 용 문 문	Assurance nework Ref. Corporate	Objective	sk Category	ate Opened	Gross Impact	ss Like-lihood	ross Rating	Existing Controls (Already In Place)	Risk Owner	Date Risk Last Updated		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	arget Impact	Like	arget Rating	Comments
72 There is a risk that inconsistent action relating to the maintenance and repair of trolley beds, due to inadequate record keeping, may result in adverse clinical incidents.	***	24 L	ogistics	17-Mar-03		o Š		1. A comprehensive paper based system for recording the servicing of trolley beds has been in use for the last 11 years and this includes filing the records in the individual vehicle file on which the bed was presented.  2. A new Fleet Management software system (TRANMAN) has been introduced  3. Electronic Fleet system has been roled out across the Trust.  4. TRANMAN has been introduced allowing the electronic monitoring of trolley beds.  5. Replacement of existing trolley beds with stryker trolley beds.		28 June 2011	Moderate	Unlikely	6	Continous monitoring of the systems to ensure they are being managed and incidents reported.  2 Enforcement of 8 weekly vehicle servicing schedulles required to ensure beds are serviced on time.  3. Comprehensive review of TRANMAN records to be undertaken.	1. S.Melhuish 2. S.Melhuish 3. Peter Mann	2. Ongoing 3. Sep 2011	place are effective)  1. Asset tracking	Minor	Unlikely		/ehicle Group need to eview this risk.
There is a risk that as a result of the non- achievement of the contractual financial penalties will be levied on the Trust.	***	F	inance	06-May-10	Catastr ophic	Possible		1. 11/12 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 11/12.	Michael Dinan	07 July 2011	Catastrop	Possible	15	Communications with commissioners.	1. M.Dinan	1. Ongoing.	Performance is tracked daily both centrally and by area.     Financial risks are reviewed by SMG and Trust Board. Diary meeting every Monday reporting where performance is reviewed and	hic	Unlikely	t c iii a a s r F	MD to review this risk and reword. Communications have aken place with commissioners to dentify financial offsets arising from higher than agreed levels of activity. Separate key financial isks as per LAS Financial Review top 15 isks schedule
345 The Trust is committed to having 2 full strength HART's by April 2010. Due to recruitment difficulties, there is a risk that the West Team may not be at full strength by that date.		F	Finance	16-May-11	Catastr ophic	Possible		No agreement in place to ensure this funding to become recurrent funding.     2. 2011/12 contract reflects this work, if there is a shortfall PCTs are liable.	Michael Dinan	07 July 2011	Catastrop hic	Possible	15	Trust to attempt to gain assurances from DH that this funding will continue	1. Lizzy Bovill	1.	1. Service Line Reporting	Catastrop hic	Unlikely		.B to update risk and ating.
Unable to assure that the current taxi contract accommodates the guidelines for regulated activity (safeguarding)		G	Governance	16-May-11	Moderat e	Almost Certain		Current contract stipulates all drivers must have CRB checks	Steve Lennox	30 June 2011	Moderate	Almost Certain	15	Registration with the Independent safeguarding Authority needs stipulating in the contract     Contract monitoring	1) Paul Webster 2) Paul Webster					F r c c r	SL to report back to RCAG regarding this isk and the ISA remit over this. Suggested this risk leeds to be widened to cover other subcontrator providers

								egister as at		.011										
Risk Description	Assurance Framework Ref.	Corporate Objective	Risk Category	Date Opened	Gross Impact	Gross Like-lihood	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	the controls in place are effective)	Target Impact	Target Like-lihood	Target Rating	Comments
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	Business Continuity	17-Aug-09	Catastr ophic	Possible	<ol> <li>1. Existing arrangements between MPS and LAS are not fit for purpose since the new MPS call management system was introduced.</li> <li>2. In the event of a loss of HQ, call dispatch would take place from Emergency Control Vehicles until the Fall Back Centre (FBC) was fully operational.</li> </ol>		01 July 2011	Catastrop hic	Unlikely	10	MPS have informed the LAS that the fallback arrangement with them would not work. Paul Tattam and Lee Brooks have submitted papers to Jason Killens and discussions have taken place at SMG regarding this risk.     Scoping work to be carried in terms of technology for Bow Control Room.     Consider having fall back control room at Bow operating as a warm site to aid a swift switchover when required.	Jason Killens     Jason Killens	1. Ongoing 2. April 2012 3. March 2012	Monthly Project Board meetings	Catastrop hic	Rare		No interim arrangements n place.
207 Risk of staff not being able to download information from Defibrillators and 12 lead ECG monitors leading to incomplete patient records.	***	5	Clinical	04-Apr-06	Moderat e	Certain	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 is 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.	s,	31 May 2011	Moderate	Possible	9	To encourage more routine downloading of information from data cards.     To highlight the importance of clinical incident reporting in the Team Leader Clinical Update Course.     Roll out of the 147 LP1000 AED's and all complexes have been issued with new data readers for these units     Physio Control to attend the T/L conference to confirm how downloading should be completed	M.Whitbread     M.Whitbread     M.Whitbread     M.Whitbread	1. Complete - Ongoing 2. March 2011 3. 2011 4. 2011	1. Monitor processes at Clinical Quality Saftey and Effectiveness Committee	Moderate	Unlikely	d d is - t t e e	The last audit of defib downloads showed that only 11% were being done, Team Leader the ssues were:  Not enough time i.e. being allocated vehicles etc,  Not enough FR2 data cards,  IM&T issues including card reader(s) not working.
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.	***	17		12-Jul-06	е	Certain	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; - FRU, MRU and ECP 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.	Tony Crabtree	28 June 2011	Moderate	Possible		Lone Worker Policy to be combined with Violence Prevention Procedure and Policy The Loneworker Policy is now to be incorporated within a Security Management Policy together with the Violence Prevention Procedure and Policy	Nicholas	1. July 2011	Reporting.	Moderate	Unlikely	6	
200 There is a risk of loss of physical assets due to the risk of fire.	***	21	Health & Safety	01-Jan-02	Catastr ophic	Possible	<ol> <li>Fire Marshall awareness training is undertaken as a module on a 1 day Safety and Awareness Course.</li> <li>Fire Risk Assessments are undertaken by the Estate Department.</li> <li>Fire Fighting equipment is sited at all strategic locations.</li> <li>Premises Inspection Procedures require all premises to be inspected on a three monthly basis.</li> <li>Local Induction Training requires managers to identif fire precaution to all new staff.</li> <li>Updates of health and safety issues are provided at the Estates Meeting monthly.</li> <li>Estates department annual assurance of Trusts fire safety compliance.</li> </ol>	s y	28 June 2011	Major	Unlikely	8	Health and Safety Co-Ordinators (Estates) are undertaking Fire Marshall Awareness Training.	1. J.Selby	1. Mar 2010 - Ongoing	Record of fire marshall training is kept by J Selby.     Update on premises inspection reported to Corporate Health and Safety Group Quarterly.     Annual return to DOH including a fire risk statement signed off by Peter Bradley.	Minor	Rare	k e J ii c k F c	CH proposed risk to be recategorised to estates  JS to review this risk in terms of vehicles - currently only looks at buildings. Risk to be reviewed once the associated SI has been completed.





### LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 27<sup>TH</sup> SEPTEMBER 2011

Assurance on compliance with Statutory Instrument 2009 No.309

Document Title:	Annual Report of Patient Experiences 2010/11
Report Author(s):	Gary Bassett and Levi Sinden
Lead Director:	Sandra Adams
Contact Details:	gary.bassett@lond-amb.nhs.uk
Why is this coming to the Trust Board?	To advise the Trust Board about the activity     within the patient experiences department during     2010/11
	2. To comply with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
This paper has been previously	Strategy Review and Planning Committee
presented to:	Senior Management Group
	Quality Committee
	Audit Committee
	Clinical Quality Safety and Effectiveness Committee
	Risk Compliance and Assurance Group
	<ul><li>☐ Learning from Experience Group</li><li>☐ Other</li></ul>
Recommendation for the Trust	To receive assurance on the management and
Board:	governance arrangements of complaints and other patient experience activity within the LAS
Evenutive Cummon:	

#### **Executive Summary**

The report outlines the activity for the Patient Experience Department during 2010/11. The Trust Board should be assured by the governance and management arrangements in place for complaints and Patient Advice and Liaison Service (PALS) enquiries. During 2010/11 20 complaints were referred to the Health Service Ombudsman with just one taken forward to investigation which compares very favourably with other ambulance trusts. This is the first such investigation in 3 years.

The annual report draws comparisons with activity in 2009/10 and most notably the 3% increase in PALS enquiries and complaints in 2010/11. A total of 6494 complaints and PALS cases were received in 2010/11. PALS enquiries not resolved within two days have to be managed as a complaint and out of 5984 enquiries in 2010/11 just 51 have had to be managed as complaints.

Taken into context, the Trust received 1485 letters of thanks and appreciation in the same period.

Much of the activity reported was been incorporated in the integrated risk report for 2010/11 which has already been reviewed by the Learning from Experience group and the Quality Committee. In addition the annual report incorporates case studies which always give a more detailed perspective on the work dealt with by department. The report includes emerging trends with an increase in complaints concerning staff attitude and behaviour. There has been a reduction in the number of complaints about referrals to NHS Direct which was a key cause of unhappiness in

2009/10 but with improved communication to patients/callers at the time of the call about the reason for referral experience appears to have improved.

The department co-ordinated the serious incident management process during 2010/11 and out of 85 incidents discussed, 15 were then declared as serious and reported to NHS London. The Trust Board is aware of the efforts being made to improve the timeliness and quality of SI investigation and reporting and to monitor the learning emerging from such cases. The Patient Experiences team have worked hard to co-ordinate SI activity and have been supported by Governance & Compliance in recent months.

The Patient Centred Action team (PCAT) manages the frequent callers to the LAS. These are often patients with complex needs who place repeated 999 calls whether they are individual callers or through residential care and nursing homes, hostels and so on. 252 referrals were received in 2010/11 compared to 136 the previous year, out of which 34 resulted in the development of care plans and 48 required some form of intervention for example through referral to another agency.

A total of 173 requests under the Freedom of Information Act were managed during the year with only 21 refused with exemptions applied. These included:

- Information for future publication
- Prejudice to effective conduct of public affairs
- Personal information
- Commercial interests.

The department also handle enquiries from Solicitors which attract a fee for the service. In 2010/11 this work generated £36,000 for the Trust.

### **Key issues for the Trust Board**

### What action does the Trust Board need to take with the information provided?

To review the information contained within the annual report and raise any issues of concern or where assurance may not be evident.

#### Are there any areas which are a cause for concern?

The Trust Board may wish to monitor emerging trends in complaints over the coming year as the Trust implements key operational and strategic changes, for example the increased use of hear and treat and referral through appropriate care pathways.

### What are the key actions to mitigate any concerns?

Quarterly monitoring of complaint and PALS activity to identify trends and to review these against the relevant action plan or corporate objective for example as well as the risk register.

### How does the Trust Board draw assurance?

99% of PALS enquiries are managed and responded to within 2 days

Only 4% of complaints were referred onto the Health Service Ombudsman for potential investigation out of which only 1 was then taken forward and is the subject of ongoing discussion between the Trust and the Ombudsman's office currently.

Improvements are being made to the management and governance of serious incidents and our ability to extract the learning outcomes.

### **Attachments**

Annual report of the Patient Experiences department 2010/11

\*

	Strategic Goals 2010 – 13
	This paper supports the achievement of the following corporate objectives:
	3 1 ,
	To have staff who are skilled, confident, motivated and feel valued and work in a safe environment
$\square$	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:
	2   2   2   2   2   2   2   2   2   2
	That we fail to effectively fulfil care/safety responsibilities
一同	That we cannot maintain and deliver the core service along with the performance expected
一	That we are unable to match financial resources with priorities
ΙĦ	That our strategic direction and pace of innovation to achieve this are compromised
	учин эм
	NHS Constitution
	This paper supports the principles that guide the NHS and enshrined within the NHS Constitution.
	Equality Impact Assessment
	Has an Equality Impact Assessment been carried out?
ΙП	Yes
	No
-	
	Key issues from the assessment:
	· <b>y</b>



# Patient Experiences Department Annual Report 2010/11

# Annual Report 2010/11

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## Annual Report 2010/11

# 1 Introduction

This report will illustrate the activity managed by the department during 2010/11, providing a comparison with 2009/10, identifying trends and highlighting case examples of improvements that have occurred as a result of the department's input.

The work streams under the department's responsibility are as follows:

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

As service-users and stakeholders have become increasingly aware of the range of these responsibilities, together with a number of external drivers in relation to some of the work streams indicated, this has affected substantial increases to work load; the most notable example is in relation safeguarding activity (+56% year on year).

The period was also 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.

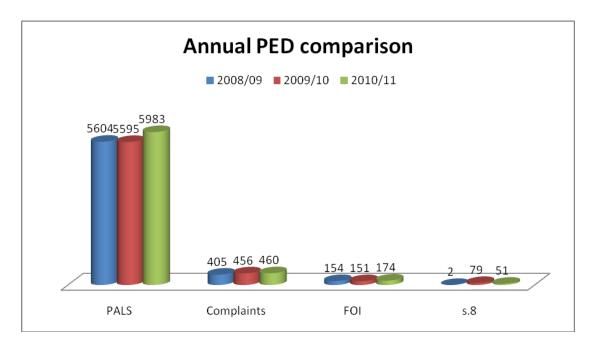
# 2. Overview

# Summary of complaints, PALS and FOI requests

The total number of PALS and complaints cases received was 6494, which breaks down to 5983 PALS enquiries, and 511 complaints, a total increase of 8.6% on the previous year. Fifty-one complaints represent approaches to PALS where an element of dissatisfaction has been expressed and which has taken longer than 2 days to resolve.

Enquiries under the Freedom of Information Act (2000) also showed an increase (+12%) against the previous year.

Due to the nature of the case management system used to record PED activity, the chart below includes cases which fall under PALS, safeguarding, incident reporting, and solicitor requests; the management of 'frequent callers' are also generically categorised within the PALS module. These work streams are discussed separately and in more detail within the report.



## Summary of agency referrals

There has been an increase in both internal and external agency incident reports, the former representing onward referrals of incidents initially reported by ambulance staff to the Safety & Risk team that involve external agencies.

# 2.1 PALS

The total number of PALS enquiries received during 2010/11 was 6034 ( $5983 + 51 \times 88$  cases) compared to 5674 in 2009/10. This represents a 5.9% increase on the previous year.

## Annual Report 2010/11

The most common enquiries are requests for general information, seeking the hospital destination of a relative, reporting lost property and requests for medical records.

Such requests need to be interrogated for the respective reasons: to adhere to the requirements of the Data Protection Act (1998); to consider whether financial recompense is payable under the complaints procedure; and to serve as a further audit mechanism of the call management and the care and treatment provided.

Nine categories of subject accounted for 87% of PALS enquiries with general information and enquiries and requests for medical records by far the highest areas. In comparison with 2009/10 activity, there has been a reduction in enquiries about delays, conveyance and non-conveyance, and lost property. There have been increases in enquiries about communication, social services, and frequent callers.

PALS by Subject (primary) and Area	South	East	West	HQ	EOC	PTS	Others	Total
Access	14	7	9	9	4	0		47
Aggravating Factors	1	1	1	0	0	0		3
Appreciation	11	13	13	3	1	0		51
Physical Violence	0	2	1	0	0	0		4
Clinical Equipment	1	3	1	2	1	0		8
Clinical	34	47	29	15	14	1		146
Communication	26	27	22	5	14	3		104
Conveyance	10	11	13	2	3	6		50
Delay	20	41	19	0	25	0		114
Non-physical abuse	16	6	14	4	4	0		50
Dignity and Privacy	2	3	4	0	0	0		9
Explanation of Events	8	6	10	3	2	0		31
Non - Clinical Equipment	1	0	0	0	0	0		1
External Incident	1	0	0	0	0	0		
Report - LAS Crew	1	1	0	0	0	0		2
External Incident Report - EOC	0	0	0	0	6	0		6
Frequent Callers	83	91	49	0	0	0		228
Helpline Request	1	0	0	0	0	15 6		157
Information								
Technology	0	0	0	0	1	0		2
Information/Enquiri	F 44	270	44.4	27	00	10		2246
es	541	379	414	1	88	19		2216
Incident Report - A&E	7	8	6	0	0	0		22
Incident Report -		0	0		0	U		
Community Health (Midwife/DN)	1	1	0	0	0	0		2

# Annual Report 2010/11

Totals:	1679	1498	1293	371	207	196	790	6034
Statement	16	21	17	1	2	0		59
Request for Witness								
SUI Capacity Plan	0	0	0	0	0	0		1
Considerative	21	18	12	4	6	1		64
SUI Group			"		<del>  -</del>			
Social Services	149	152	89	5	2	2		422
Services Referral	30	17	9	0	0	0		68
Safeguarding Other Agencies - Social								
Referral	1	1	0	0	0	0	1	2
Agencies - MPS	1	1		0	0	0		2
Safeguarding Other								
Referral	6	1	6	0	0	0	1	13
Agencies - Hospital	_		_					
Safeguarding Other								
Agencies	4	12	8	1	1	0		31
Safeguarding Other								
Children	6	5	2	0	0	0		15
Safeguarding								
Safeguarding Adults	2	2	2	0	0	0		7
Collision/RTC	2	2	3	6	0	0		23
Road Traffic	0	1	-	"	"	0		1
Authority	0	1	0	0	0	0		1
Policy/ Procedure Referred to Local	10	8	6	22	12	1		69
Damage to Property	1	5	1	0	0	1	1	12
Patient Injury or	1	_	1			1		12
Other	12	5	8	4	3	0		43
Non-conveyance	1	0	2	0	10	2	+	17
Medical Records	385	394	341	4	6	1	1	1192
Lost Property  Medical Pacards	238		+		0			685
		194	166	9		3		
Incident Report - Social Care	2	2	0	0	0	0		4
Other	1	4	5	1	0	0	1	11
Incident Report -			_					4.4
Hospital Midwife	0	1	1	0	0	0		2
Incident Report -								
MPS	4	2	1	0	0	0		7
Incident Report -								
Mental Health Trust	2	1	3	0	0	0		6
Incident Report -		0	+ +	0	0	U		3
Incident Report - LAS Equipment	2	0	1	0	0	0		3
	2	0	4	0	0	0		6
Surgery								
Incident Report - GP								

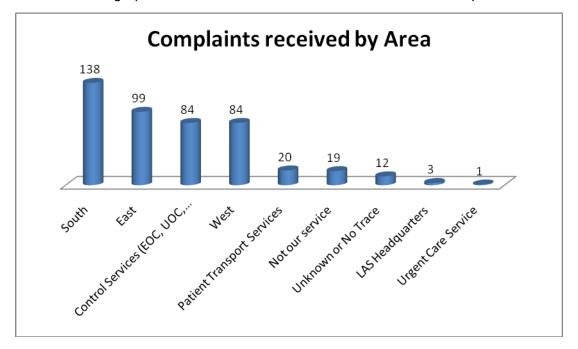
## Annual Report 2010/11

# 2.2 Complaints

During 2010/11, 511 complaints were received of which 20 proceeded to the Health Service Ombudsman. The Ombudsman subsequently investigated 1 case; the outcome of which is now under discussion with their office. This investigation essentially resulted from a difference of clinical opinion between the Medical Directorate and the clinical advisor to the Ombudsman as to the care provided to a patient. The LAS has one of the lowest referral rates to the Health Service Ombudsman.

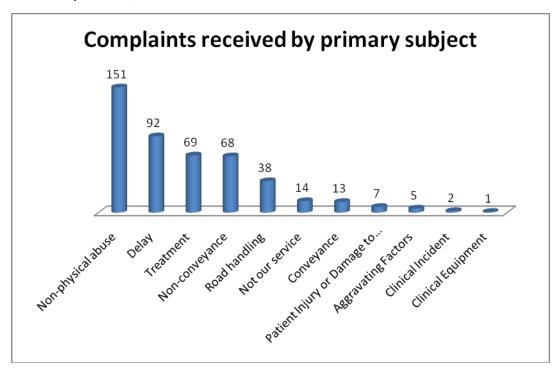
The relationship with Independent Complaints Advocacy Service (ICAS) continues to develop positively and ICAS now provide a representative on several Trust committees and groups.

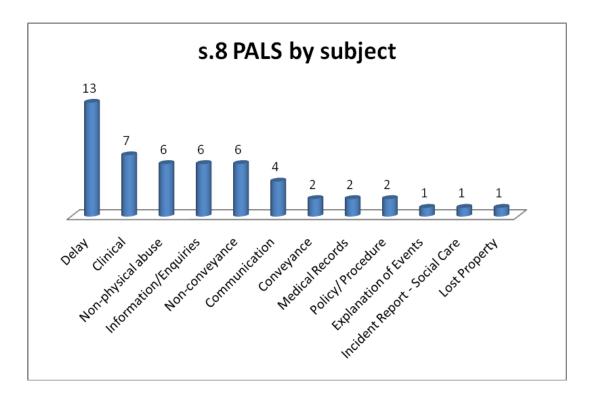
The chart below identifies the volume of complaints by area. The South Area has the highest volume of complaints; this may in part be explained by the larger geographic area and demographics. Themes and trends across all areas are comparable.



The chart below illustrates the primary causes of each complaint. The most frequently cited subject is poor attitude and behaviour which is in keeping with the findings across the NHS in the Health Service Ombudsman's annual report. The evidence supports a view that poor communication is often accompanied by poor clinical care. Naturally, a complainant or enquirer to PALS can raise more than one issue and this is not reflected by primary subject in isolation..

## Annual Report 2010/11





The table below illustrates the volume of complaints by subject and Area. The Emergency Operations Centre is indicated as responsible for complaints about delays and non-conveyance as they undertake dispatch and/or Clinical Telephone Advice. However, much depends on the available resourcing, an operational responsibility.

# Annual Report 2010/11

Complaints by subject and area	East	EOC	HQ	Not our service	PTS	South	Urgent Care Services	Unknown	West	Total
Aggravating Factors	2	0	0	0	1	2	0	0	0	5
Clinical Equipment	0	0	0	0	0	0	0	0	1	1
Clinical Incident	0	0	0	0	0	1	0	1	0	2
Conveyance	5	0	0	0	1	3	0	0	4	13
Delay	20	37	0	2	6	15	0	1	11	92
Non- conveyance	7	33	0	1	3	14	1	5	4	68
Not our service	0	0	0	12	1	1	0	0	0	14
Non- physical abuse	35	10	2	1	7	56	0	1	39	151
Patient Injury or Damage to Property	5	0	0	0	0	2	0	0	0	7
Road handling	6	0	1	3	1	15	0	2	10	38
Treatment	19	4	0	0	0	29	0	2	15	69
Totals:	99	84	3	19	20	138	1	12	84	460

s.8 PALS by Area	Total
Control Services (EOC, UOC, CTA etc)	17
South	15
West	9
East	7
Patient Transport Services	2
HART	1
Totals:	51

Total complaints managed: 511

## Annual Report 2010/11

# 3. Emerging Trends

The most evident trend in 2010/11 was an increase in negative reports about staff attitude and behaviour when patients have been challenged about the validity of their 999 call. This is perhaps not surprising given the changes to service provision increasingly moving away from the dispatch response model in favour of telephone advice and referral to appropriate care pathways.

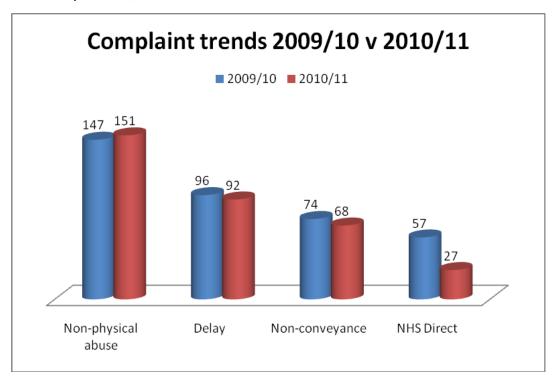
Pleasingly, there has been a noticeable reduction in complaints about patients being referred to NHS Direct. This may be attributed to increasing public awareness of this mechanism although more can still be done to improve public understanding of how the Trust manages demand.

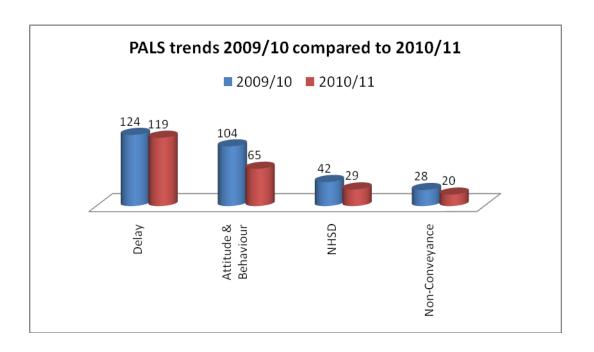
Although caution should be exercised given the subjectivity and variance in recording, complaints about non-conveyance continue at a similar level which may demonstrate a correlation between the increases in telephone advice in general and patients' expectations.

Towards the end of the year, as the effects of NHS and local authority budget restrictions began to take effect, it became further apparent that additional demand to the ambulance service would be likely to occur as alternative health and especially social care services were restricted or no longer available. This in turn is likely to result in a pro-rata increase in complaints.

Unsurprisingly, complaints about delays in ambulance dispatch continue to mainly reflect times at which 999 demand is very high.

# Annual Report 2010/11





#### 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 governance forums as well as the quarterly reporting to Clinical Quality Safety & Effectiveness Committee, Safeguarding Group and Learning from Experience Group, and monthly reporting to the Senior Management 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. Regrettably, some Trusts remain focussed on meeting arbitrary deadlines rather than ensuring a comprehensive response which has in some cases meant that we have had little alternative but to write to the complainant under separate cover. There has been one instance of our not being invited to contribute at all by one hospital Trust and we have sought reassurances about this for the future. Liaison with NHS Direct continues to be problematic.

# 4. Serious Incidents (SI)

85 incidents were considered and 15 serious incidents declared during 2010/11:

_							
- 11	es	cr	П	n		^	n
-	63	u	ш	u	441	u	

Paramedic's rucksack stolen containing patient records.

Ambulance caught fire.

Delay in handing a patient over to an appropriate clinician.

Patient was not conveyed. - 2nd ambulance called 16 minutes later. The patient died

Concerns about the care provided to a patient who subsequently died.

Trust property including drug packs stolen.

A fire broke out at HQ in an electrical area of the basement that houses the uninterruptible power supplies (UPS) for the control room. As a result a complete failure of control room systems occurred and EOC was moved to the fall back control room.

A failure of the 999 telephone system caused disruption for up to 8 minutes.

Delay in attending a patient who subsequently died.

Concerns about call management.

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Patient was not conveyed to hospital on the first occasion ambulance staff attended and later died.

High Risk Register management practice in relation to a patient who subsequently died.

Of the 85 incidents considered, the sources were as indicated below:

Source of potential SI	Total
From internal sources	64
From external sources including other NHS Trusts	17
Complaints	4

It is feasible that a Serious Incident can be declared simultaneously with any permutation of a complaint, Safeguarding Serious Case Review and legal action (for example a Coroner's hearing) about the same incident. This is why it is important to have in place an integrated system.

# 5. Safeguarding

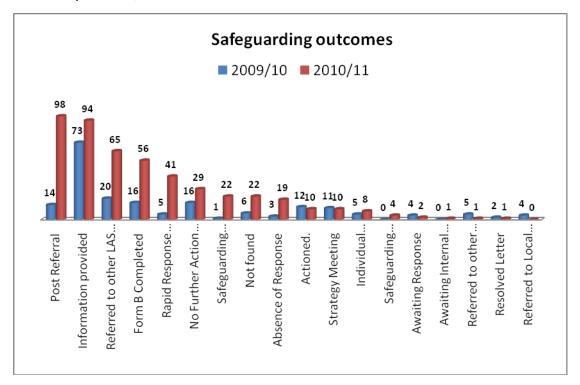
# Policy and practice developments

PED is 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 section of the Trust's annual report.

# **Activity**

This reflects enquires to the department, most often from social care staff or local Safeguarding Children/Adults Boards. 511 referrals were received in 2010/11 compared with 220 in 2009/10 (+56% increase)

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

## **Lessons learnt**

As well as ensuring individual feedback to any staff involved, arrangements were made to disseminate any 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<sup>1</sup>

# 6. Patient Centred Action Team (PCAT)

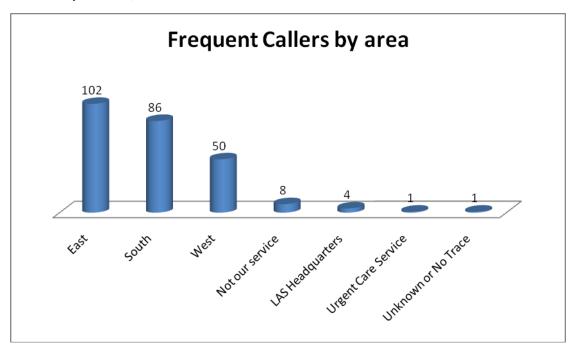
The Patient Centred Action Team is responsible for the management of 'frequent callers', cohorts of patients with complex needs who place repeated 999 calls. As well as individuals, PCAT work with residential care and nursing homes, hostels, etc.

During 2010/11 252 referrals were received compared with 136 in 2009/10, which represents an increase of +85%. The outcomes of those referrals closed during 2010/11 are highlighted below.

34 cases involved intense care plans being devised; 48 cases some degree of intervention and 83 cases interrogated and resolved without escalation.

<sup>&</sup>lt;sup>1</sup>http://www.londonambulance.nhs.uk/health\_professionals/safeguardingchild\_protection/safeguarding\_children\_declarat/learning\_from\_safeguarding\_iss.aspx

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The abolition of PCTs has made inter-agency liaison more difficult although networks are being maintained thorough the PCT clusters.

## **PCAT Case Studies**

- 1. A small residential care home for older people called 999 about an 89 year old resident who was in cardiac arrest. Upon arrival (response time 6 minutes) the ambulance staff could hear, and later observed, attempts at CPR compressions being carried out at incorrect rate and rhythm. Care home staff said they were following the advice they had been given. LAS took over CPR and the patient was 'blued' into hospital. Sadly, the patient later died in hospital. The Quality Assurance report concluded that the call handler had followed the correct protocols and had explained CPR appropriately. However there was evidence that the instructions were not followed. In parallel with this incident the Social Work Liaison Officer, through his involvement as LAS' representative at the London Safeguarding Adults Network, had become aware that there were some safeguarding concerns in relation to this establishment. Furthermore, the Patient Centred Action Team had, coincidently, highlighted the frequency of 999 calls made from the care home, something which was being discussed with local PCT colleagues. An approach was made to the care home outlining our concerns and offering support with CPR training. Liaison was also established with the local Adult Safequarding Team and CQC. As a result, together with the Community Defib team, a training programme was implemented
- 2. Ambulance staff attended a patient at a nursing home managed by a large provider but experienced difficulty in gaining access to the home and a poor handover was facilitated. A training session to improve awareness of 'Dealing

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with Emergencies' was arranged for all the care home staff. During the first of two presentations it became apparent that there was a lack of knowledge of basic life saving techniques, including CPR. Care staff were of the mistaken view that only nurses were allowed to carry out CPR. Subsequently the home engaged an external provider to offer CPR training to all care home staff.

- 3. A patient presented with Sickle Cell Disease. As a result of his condition and a suspected history of drug abuse he had a marked cognitive impairment. He also had a very poor short term memory and there is evidence that he lacks capacity in respect of his ability to score or manage the pain he experiences. As a result he often panics and calls 999 when experiencing pain as he thinks he is in Sickle Crisis. This amounted to 287 x 999 calls in 12 months. Safeguarding issues have also arisen in relation to his father's handling of his finances. The Local Authority Adult safeguarding team were alerted and discussions coordinated with a consultant haematologist and other health and social care professionals. It was apparent that the patient is in need of a much more intensive package of care than was previously the case and that his health and wellbeing would be best served if he were placed in a residential or very sheltered accommodation. Because of his cognitive impairment, this patient presents as if he had a learning difficulty but despite this his condition does not fit the strict criteria for receiving a service from the Learning Disability services. As a vulnerable adult he should have been assessed and an appropriate service commissioned from whichever service is best equipped to meet this assessed need regardless of criteria. Any issues of eligibility could be overcome through an individually commissioned package of care. Learning Disabilities team have, in the past, maintained that he does not fit their criteria as his impairment was not from birth. However they have, as a result of the pressure applied by all those involved now accepted responsibility. Medical Directorate are also involved in endeavouring to negotiate a Patient Specific Protocol with the Haematologist as there are issues regarding the use of Entonox.
- 4. A patient with a history of schizophrenia frequently calls 999 saying she is hearing voices telling her to self harm. She has called 999 over 500 times in the past year. Contact was made with the local Mental Health Assertive outreach team and case discussions ensued with other professionals and the patient. Her flat is unkempt and the Mental Health team have had it 'blitz cleaned' a number of times. LFB have also attended when her microwave oven caught fire. There was some reluctance from the consultant psychiatrist to share clinical information to enable us a risk assessment of potential alternative pathways although we now have in place a protocol to call the MH Home Treatment team when the patient calls 999. It is clear that the patient should be offered alternative accommodation where she would get more support that is possible in her present flat. There is evidence that her capacity to live independently has been fully assessed and a physical health check is needed. The Assistant Medical Director has written to the Assertive Outreach Team to support them in pressing the local Housing service to find the patient a move to a supported environment.

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- 5. A patient with a history of mental health issues made 195 x 999 calls since May 2010. The patient becomes very abusive and has been deemed to have capacity. Following our intervention, the police are now pursuing prosecution based on the evidence and supporting material we provided about the patient's 999 activity
- 6. A patient with learning difficulties & behavioural problems has made 184 x 999 calls since May 2010. The patient presents as having had an anxiety attack. A case conference was held and a care plan put in place involving utilisation of behavioural specialist services. Since that time, no further 999 calls have been received, the patient also having learned to use colouring and drawing as an anxiety management strategy.

# **Freedom of Information**

The tables below indicate activity by source and primary department. It should be noted that the latter is somewhat unreliable given that an enquiry can affect the involvement of multiple Trust departments. All request responses were completed within the 20 day time frame.

# By Source

Source	On Time
Ambulance Person	1
Clinician	6
Commercial	52
Employee	8
Journalist	29
Member of the Public	30
MP	7
Student/Academic	27
Solicitor	1
Voluntary Agency	4
Relative	2
Other	7
Grand Total	174

# **By Subject**

Primary Subject	On Time
Fleet	8
Management Information	89
Other	22
Various - Personal Records	8
Various - Policy/Procedure	44
Estates	2
Fleet	8
Other	22
Grand Total	174

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Exemptions have been applied on 21 occasions; Section 12 (Fee Limit) has been applied on 26 occasions (See below). Please note: An exemption and/or a fee limit may be applied to particular elements within the same request, or to a request as a whole.

Exemptions applied	Number
Section 22: Information intended for future publication	6
Section 36: Prejudice to the effective conduct of public affairs	4
Section 40: Personal Information (DPA)	9
Section 43: Commercial Interests	2
Total	21

Other restrictions applied	Number
Fee Limit – where costs of providing the information is estimated to	
exceed the appropriate limit (18 hours/£450)	26
Vexatious – where a request seeks information of a frivolous nature,	
may be likely to cause distress or irritation without justification or is	
aimed at disrupting the work of an authority or harassing individual	
staff.	7
Grand Total	34

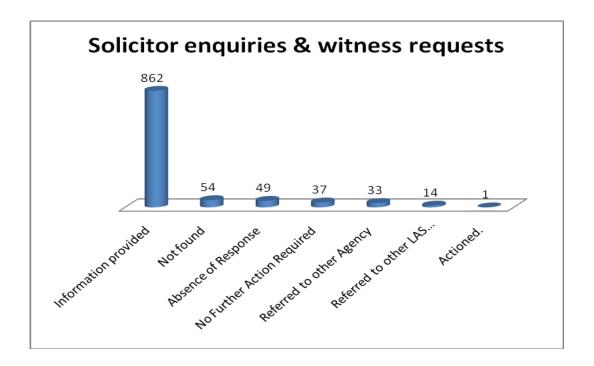
# **Outcomes**

Outcomes	Number
Information provided	92
Information available elsewhere	3
Information not held	9
No information provided	21
Information partially delivered	44
Transferred to another public authority	3
No response for additional information	2
Grand Total	174

From April 2011. PED will no longer have responsibility for this work stream

# **Solicitor enquiries**





An increase to the fee levied in relation to the main service, the provision of records, has realised significant income to the Trust with £36,000 generated in 2010/11. This is projected to increase to £60,000 in 2011/12.

# **Appendix A – Case Studies**

- 1. Concerns were raised by the family of a patient who was found in a collapsed state, not breathing. Although almost a year had elapsed between the incident and their contacting PED, the family had a number of questions about the decision of the attending ambulance staff to cease resuscitation attempts. A review by the Medical Directorate found that the attending staff acted within clinical guidelines. A full explanation of these and the Recognition of Life Extinct protocol was provided as well and answers to specific questions posed by the family.
- 2. A patient was unhappy about his rough handling by members of ambulance staff. He was experiencing chest pain and breathing problems after having smoked cannabis and felt this had influenced the crew's approach. The patient was later diagnosed as having a pneumothorax (collapsed lung). The incident raised a number of learning points regarding the side effects of smoking cannabis, the presentation of pneumothorax and specific features of cannabis and 'crack' cocaine use. The Medical Directorate undertook to produce an article on these matters for inclusion in a Clinical Update.
- 3. A patient's mother was alarmed that her daughter was not conveyed to hospital following a 999 call and at the terminology used in the assessment record. The ambulance staff were under the impression that the patient had declined to attend hospital. The patient did not however fully understand the reason why she was asked to sign the assessment record. The staff involved undertook a reflective practice exercise with particular emphasis on how their remarks about the likely waiting time at hospital could influence a patient's decision. This issue has also been referred to the Trust's *Learning from Experience Group*.
- 4. An acute hospital was concerned at a patient being brought there so far from home; the crew had explained that the patient would ordinarily have been taken to a closer hospital but the latter was experiencing significant delays in accepting patient handover. .An explanation was offered that NHS London capacity management and closure policy determines that if there are significant delays at handover at an Emergency Department then in the interest of patient safety and clinical care the patient should be diverted to the surrounding emergency departments until delay pressures have eased. The crew were however advised of the importance of alerting Clinical Support Desk of such occurrences.
- 5. A patient had been prescribed pain-relief medication but advised by an A&E doctor to request an ambulance if he needed further pain management. On doing so, the patient felt that one of the ambulance crew was especially adversarial and dismissive of his symptoms and an unfortunate exchange occurred. After liaison with local managers and the Medical Directorate, it

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was concluded that matters could have been prevented from escalating in the way they did had the ambulance staff demonstrated better communication from the outset and applied critical thinking around the administration of pain relief. Arrangements were made for the crew to attend further training. An approach was also made to the hospital discharge team in relation to devising emergency care arrangements' for the patient.

- 6. A delay occurred in sending an ambulance to a patient who was 16 weeks pregnant and suffering from abdomen and back pain. The patient was eventually taken to hospital by her husband but sadly experienced a miscarriage. On review it was identified that the 999 call was incorrectly triaged. A referral had been made to NHS Direct and after an enhanced assessment; the patient was referred back for an ambulance to be arranged. Unfortunately in the face of significant demand the Trust was operating the Demand Management Plan which still involved patients in these circumstances being advised to make their own way to hospital. A meeting was arranged with the Trust's Consultant Midwife to further explain this clinical presentation and the Trust's demand management mechanisms.
- 7. A patient's relative was unhappy with the management of a 999 call made for her brother who is hearing impaired and without speech. The patient's communication difficulties were made quite clear during the initial 999 call but CTA attempted to discuss the patient's presenting symptoms with him on three occasions. An ambulance was not dispatched for over three hours in the absence of any information about the patient's presentation. The quality assurance review identified that the caller should not have been referred to CTA and that both Talk Type and SMS messaging facilities were available. The incident was raised with Control Services to remind staff of these tools.
- 8. A 999 call placed when a young patient fell from a horse was initially triaged as a lower priority emergency. The level of the Demand Management Plan in place at that time resulted in the caller being asked to travel to hospital by independent means. The patient was complaining of severe pain across her bladder and a further 999 call was made which was triaged at a higher level of priority and an ambulance was dispatched. The Quality Assurance evaluation found that technically, the second 999 call had been over-triaged. The call handler, an experienced member of staff, erred on the side of caution in triaging the call in a manner that resulted in an ambulance being dispatched. This was held as an example of exercising judgement with patient safety in mind.
- 9. The second ambulance crew to attend a patient within the space of two hours raised an alert. The patient had been undergoing investigations for meningitis and self-discharged from hospital the day before. She declined to be conveyed to hospital and her GP surgery was contacted accordingly. The GP was unable to visit until some hours later and the patient called 999 again later that day. It transpired that the patient and her family had not fully

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understood the advice offered by the first ambulance crew or why the patient had been asked to sign the assessment record that she had declined to attend hospital. This issue has been referred to the Trust's *Learning from Experience Group*.

- 10. An elderly patient called 999 with symptoms of repeated fainting episodes. The call was categorised at a lower emergency priority level and the patient advised that NHS Direct or a Clinical Advisor would call him back. The patient was not contacted for three hours; when he rang back the call was upgraded to higher priority in view of the delay, although the patient's condition had not changed. The patient was conveyed to hospital where he was found to have suffered a cardiac event. It transpired that the call had been erroneously documented as having being completed. Control Services managers were asked to remind staff of the importance of being vigilant in ensuring that defined call management procedures are correctly adhered to and to consider failsafe monitoring processes..
- 11. Relatives with Power of Attorney in relation to a resident at a care home claimed that a DNAR Order was in place. However, the family, GP and care home staff were unable to produce any documentary record of this and the ambulance crew continued the resuscitation attempt. We were able to clarify the care provided and alert the GP Surgery and care home to accepted national DNAR practice.
- 12. There was a delayed response to an elderly patient who had fallen at a respite care facility, sustaining an injury to her forearm. The call was categorised as a lower emergency priority and although the caller was advised that NHS Direct or a Clinical Advisor would call back, regular contact was not maintained by the Emergency Operations Centre. The patient waited four hours before receiving hospital care. Control Services were asked to remind staff of the importance of maintaining contact with the patient in accordance with protocol. The Trust group monitoring the service provided to patients triaged at a lower priority were also advised of the incident.
- 13. There was a delay in ambulance dispatch to a patient with a known medical history who had called 999 following a fall at home. The call was categorised as a lower emergency priority and the patient advised that a Clinical Telephone Advisor would call back. After waiting 3 hours without any further contact from Clinical Telephone Advice, the patient managed to get herself up from the floor and cancelled the ambulance. The calls were correctly categorised and contact was regularly maintained within the 30 minutes protocol, the delay being as a consequence of significant demand and less than optimum resourcing. An explanation and apology were offered with an alert to the local authority Social Services department/Falls Prevention Team.
- 14. The relatives of a PTS patient were unhappy with what they regarded as the unhelpful manner of PTS staff. The patient had booked her own transport, explained that she had her own wheelchair and required a two person crew. However mention was not made of approximately 30 steps that would need to

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be negotiated. When PTS staff arrived they proposed to remove the patient via a different exit using a ramp but matters became somewhat fraught. PTS booking procedures were reviewed to include any important additional information and the PTS staff involved undertook de-escalation training as part of 'Customer Awareness' training.

- 15. An acute Trust was approached about a number of issues relating to the care provided to a maternity patient including that by an ambulance crew, the patient being unhappy with being asked a series of questions during her contractions and that a 'dirty' paramedic bag had been placed inside the infant's cot. An explanation of the triage assessment process was provided. The Trust's Infection Prevention and Control lead confirmed that paramedic bags are made from a material called micrAgard which features an antibacterial film which prevents bacteria adhering to the material and thus the opportunity for cross-infection is minimal.
- 16. An Acute Trust sought guidance regarding the use of ambulance reversing and tail lift alerts outside office hours as this was disrupting staff and residents living close to the hospital. As a result a Trust-wide bulletin was issued asking staff to use discretion to turn off the warning alarm when attending hospitals during night time hours.
- 17. Ambulance staff raised concerns at the delays that ensued in the handover of a maternity patient who is a wheelchair-user following the hospital introducing an additional triage system. It was suggested that in order to ensure patient safety it may be more practical for all transfers to be directed to the Labour Ward for assessment by the midwifery team. PED arranged for midwifery managers to meet with the local ambulance complex management team to agree changes to the local operational process.
- 18. An ambulance crew attended the impending birth of a baby whose delivery was compromised and requested the urgent attendance of a midwife to the scene. The maternity unit advised that they were unable to assist as the patient was not resident within their catchment area. We were able to request the acute Trust amend future practice to provide midwifery support in adherence with the Local Supervising Authority guidelines where a patient presents as an obstetric emergency,
- 19. During a hospital transfer, the ambulance electric systems failed and the hospital medical team were alarmed that the ambulance staff were unfamiliar with both the re-setting procedure and use of the tail lift. A second vehicle was dispatched to transfer the patient. Apologies were offered for the vehicle fault and arrangements made for a Clinical Tutor to facilitate refresher training. They crew also met with their management team to discuss how their management of the incident could have been improved.
- 20. Staff attending a woman in labour, where birth was imminent, advised the scheduled maternity unit that the baby's birth was complicated by malpresentation and requested the urgent presence of a midwife at the scene. Arrangements were made via EOC for a midwife to meet with the ambulance vehicle at reception. The midwife failed to turn up despite the provision of a

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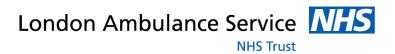
vehicle; the crew were left alone with this difficult delivery. A report was filed with the Acute Trust concerned agreeing to a number of actions to prevent reoccurrence.

- 21. A family member called 999 when a patient incurred a head injury after falling from height. Although they were offered post dispatch instructions a delay occurred in an ambulance being dispatched. Despite several 999 calls, the caller was consistently advised that 'help was on its way'. After an hour, the caller was eventually advised that an ambulance was not as yet available and that he may have to convey his father to hospital by other means. We were asked to consider feedback that the caller would have preferred to have been advised of the situation at the time of his initial call rather than to have waited as long as he did under a false impression. This issue was referred to Control Services governance forum for consideration of the instructional advice offered to callers.
- 22. Guidelines at a new maternity complex at an Acute Trust encouraged reception staff to undertake a handover from ambulance staff on their arrival with a patient in labour. The Acute Trust Head of Midwifery was advised that as women were being encouraged to call 999 in the event of an obstetric emergency, handover should be facilitated by a clinician.
- 23. A patient called 999 after a bone became stuck in her throat. The call was triaged as a lower emergency priority and referred to NHS Direct. The patient was advised to attend the nearest A&E although the hospital suggested was not the closest to the patient; NHS Direct later explained that they did not have access to technology to identify the closest hospital. This matter was referred to the Control Service leads with responsibility for liaison with NHS Direct.
- 24. A manager believed that she was refused an ambulance when she dialled 999 on behalf of a colleague. The colleague was experiencing severe back pain and because the caller believed that an ambulance would not be dispatched, immediately after the first call concluded she rang again and knowingly falsely advised that the patient had become unconscious. The quality assurance review indicated that the caller was not refused an ambulance and that both calls were fully compliant with MPDS and LAS protocols. A full explanation of the triage system including National Academies of Emergency Dispatch (NAED) guidance in relation to pain was provided. NB: Although a single episode at present, this represents a worrying development in that people can be expected to manipulate presenting symptoms where they believe an ambulance will not be immediately dispatched.
- 25. Inappropriate comments were made by midwifery staff in front of a patient about bed availability which caused the patient additional anxiety. Or staff raised their concerns with the Acute Trust who welcomed our approach and explained that the midwife involved would attend an interactive customer care workshop, 'Caring Dimensions', which has been designed to offer best practice in patient interface communication.

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- 26. A patient who presented with abdominal pain was deeply upset at what she experienced as being the validity of her 999 call being questioned by the attending ambulance staff. The patient explained that her expectations were to be assessed by ambulance staff and conveyed to hospital rather than be directed to her GP. Explanations about changes to service provision were made available and the crew were encouraged to reflect on their communication interface.
- 27. An incident occurred in a large care home where a crew were presented with a wholly inadequate 'Do Not Resuscitate' form which was unsigned and not fully completed. In partnership with the local complex Community Involvement Officer, a safeguarding alert was raised with the local authority Safeguarding Adults team. The investigation is ongoing.





# LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 27<sup>TH</sup> SEPTEMBER 2011

## **Good governance practice**

2010/11
Christine McMahon
Sandra Adams
christine.mcmahon@lond-amb.nhs.uk
To receive assurance on the Trust's contribution towards good corporate citizenship through corporate social responsibility
□ Strategy Review and Planning Committee □ Senior Management Group □ Quality Committee □ Audit Committee □ Clinical Quality Safety and Effectiveness Committee □ Risk Compliance and Assurance Group □ Learning from Experience Group □ Other
To be aware of the commitment the Trust takes in demonstrating corporate social responsibility which includes the efforts being made to reduce the carbon footprint.

## **Executive Summary**

We are required to produce an annual report on how we are reducing our carbon footprint and we now incorporate this into a full report on our corporate social responsibility (CSR), presented within the framework of good corporate citizenship. Elements of this are included in the Annual Report and Accounts. This supports the achievement of our strategic goal of 'improving the quality of care we provide to patients' by recognising that our actions impact on the wider community.

# **Key issues for the Trust Board**

Examples of CSR initiatives include:

- Raising £35,000 for the charity MERU through a number of activities that members of staff across the Trust are able to participate in;
- Participating in education and outreach activities which promote health and well being with diverse members of the London community;
- Delivering defibrillator training, recruiting community responders and training members of the public in basic life support;

We are making progress in the reduction of the Trust's carbon footprint through a number of initiatives:

- Use of software to despatch vehicles to the optimum position thereby reducing time to patient and shortening vehicle travelling time;
- Design of vehicles ensuring that they are recyclable, well serviced and used appropriately.
- Introduction of Clinical Telephone Advice and the use of Appropriate Care Pathways to deliver the appropriate care, at the appropriate time at the appropriate place, aiming to reduce the

number of vehicles despatched.

There is still some way to go to achieve the intended outcomes and it should be noted that our fuel consumption per patient response increased from 11.3kg in 2009/10 to 11.5kg Emission CO2e in 2010/11. This is due to an increase in daily average mileage, for example having to take patients to specialist centres, and the use of active area cover with vehicles on standby with engines on, and the increase in the number of responses with vehicles despatched and then stood down.

The Trust is part of the Carbon Trust's NHS Carbon Management Programme running across 3 years and designed to support us achieving our target of reducing our carbon footprint by 10% by 2015.

## **Attachments**

Annual report for Corporate Social Responsibility 2010/11

*******************************	
	Strategic Goals 2010 – 13 This paper supports the achievement of the following corporate objectives:
$\boxtimes$	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
	NHS Constitution This paper supports the following principles that guide the NHS:
	<ol> <li>The NHS provides a comprehensive service, available to all</li> <li>Access to NHS services is based on clinical need, not an individual's ability to pay</li> <li>The NHS aspires to the highest standards of excellence and professionalism</li> <li>NHS services must reflect the needs and preferences of patients, their families and their carers</li> <li>The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population</li> <li>The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.</li> <li>The NHS is accountable to the public, communities and patients that it serves.</li> </ol>
	Equality Impact Assessment
	Has an Equality Impact Assessment been carried out? Yes No
	Key issues from the assessment:

#### **London Ambulance Service NHS Trust**

# **Corporate Social Responsibility**

## Annual report 2010-2011

# 1. Introduction

Good corporate citizenship refers to the way in which NHS organisations can embrace sustainable development and promote health through their day to day activities. It was first identified as a priority in "Choosing Health: Making Healthy Choices Easier" (2004).

The London Ambulance Service NHS Trust (LAS) supports a number of activities and initiatives which demonstrate its commitment to being a good "corporate citizen." The aim of this short paper is to provide an outline of those activities and initiatives over the last year.

The report divides the Trust's corporate social responsibility activities into those which are mostly internal (e.g. carbon reduction activities) and external (e.g. public education activities).

#### 2. Internal

2.1 The following are examples of how the Trust can demonstrate its promotion of health through its day to day activities. In 2010/11 the Trust published its Quality, Initiative, Productivity Prevention (QIPP) Plan which describes how the Trust will seek to be more responsive to patients with long term conditions; reducing unnecessary admissions to hospital, enabling, where possible, patients to remain at home rather than be admitted to hospital and improving, through the use of personal care plans and working with other health care professionals, the experience of terminally ill patients.

Also in 2010/11 the Trust appointed a Director of Health Promotion and Quality. Working collaborately with other health care professionals and local authorities the Trust aims to promote health in addition to responding to emergency and urgent calls. For example, when attending a patient presenting with diabetic complications we can take into consideration the wider health context of raised blood pressure and smoking history and identify the risk of a stroke and make appropriate recommendations. This can be integrated into our assessment process. In addition, members of staff are encouraged to raise concerns they may have in regard to vulnerable members of the public, such as the elderly and children which are then relayed to the appropriate local authority for investigation.

# 2.2 Chief executive's charity

In 2009 staff voted the Medical Engineering Resource Unit (MERU) as the Chief Executive's charity. MERU will benefit from two years of LAS fundraising activity.

The charity designs and manufactures bespoke pieces of equipment for disabled children and young adults, mainly from London and the South East, from birth to the age of 24. These are unique pieces that fill a need specific to each person. The equipment is provided free of charge.

Between 50 and 100 projects are completed each year, including a small range of items that are reproduced to fill a gap in the market where a recurring problem has been identified.

A Charity Fundraising Committee has been set up (including members of front-line staff) to support and co-ordinate fundraising for the charity. Activities have taken place throughout the LAS to raise money. In 2010/11 members of staff raised approximately £35,000 for MERU through various events. For example, in September 2010 a one day golf tournament raised £1,765.00; in December 2010 the LAS Choir gave its first carol concert and raised £967.47. In addition, during the year there was a number of 'dress down Fridays' that raised £1,000.

## 2.3 Pennies from Heaven

Staff have been invited to donate to MERU via the Pennies from Heaven scheme. This is a quick and simple way to make contributions to the charity, and works by staff agreeing to be paid their salary "rounded down" to the nearest full pound, with any additional 'pennies' being deducted automatically from staff's pay and directed to the charity. In 2010/11 this contributed £2,275.32 to the charity MERU.

# 2.4 Places at the Virgin London Marathon

The LAS has guaranteed places for staff each year to take part in the London Marathon (20 places for the 2010 Marathon). Priority is given to staff that have been unsuccessful in the main public ballot. Staff running for the LAS in 2010 were required to run for MERU, with a minimum fundraising target of £400 each, and they actually raised £11,797.00.

# 2.5 Work experience

Although the Trust no longer provides formal work experience placements, the Public Education Team continues to work with students in Barking & Dagenham on the annual "Insight into Management" scheme. This involves 6<sup>th</sup> form students working together in teams on real projects, supported by host organisations.

In 2009/10 a group of students helped the Trust to evaluate its "Go Walk" campaign<sup>1</sup>. This was followed up in 2010/11 with a group of students looked at healthcare provision in the Barking & Dagenham area, from the perspective of different members of the community (e.g. the young, and older people), and from healthcare professionals such as GPs and pharmacists. They designed a questionnaire to help them find out what people knew about different pathways, the benefits of using them, and what could be done to increase

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<sup>&</sup>lt;sup>1</sup> Go Walk campaign, undertaken in June 2009, where teams of staff competed to complete the greatest number of steps each day. More than 600 members of staff took part in the challenge

their usage. They found that most people were unaware of the healthcare pathways available and recommended that more information be made available about them. Discussions are underway to plan a project for a similar group of students in the coming year.

# 2.6 Cycling

The IM&T Department, based at London Bridge, encourage staff to cycle between meetings in the HQ area (between Waterloo, Blackfriars and London Bridge).

In March 2009 the Trust launched its own Cycle Loan Scheme, allowing staff to obtain a bicycle through the LAS and pay the money back in instalments. To date 210 members of staff have taken this up. In a recent survey approximately 9.5% of staff stated that cycling was one of their means of getting to work.

In 2010 the Cycle Response Unit (CRU) celebrated its 10<sup>th</sup> Anniversary since first being piloted in 2000. The LAS has several reasons for their use such as cost effectiveness, mobility, rapid response, special event cover, reducing emissions and being an environmentally friendly mode of transport. During the course of the ten years the use of cycles to respond to 999 calls has greatly increased. In 2010/11 the CRU attended 12,864 patients, of which nearly half were treated on scene and did not require conveying to hospital by an ambulance. It has been estimated that the CRU has saved the LAS approximately £90,000 in fuel costs (approximately 6,000 ambulance journeys), and approximately 216 tonnes of CO2.

# 2.7 Recycling

All LAS sites now have recycling bins, for items such as paper, cans, plastic bottles, cups etc. We have also extended recycling at HQ to include glass, batteries and toner and print cartridges. Waste recycling volumes have been steadily increasing and in 2010/11 we achieved 56%, an improvement on the 49% recycled in 2009/10.

In 2010/11 there were a number of recycling initiatives trialled at local sites; one ambulance stations has a wormery that is use to recycle food waste whilst one of the offices uses a kitchen top caddy to recycle food waste. In one office desk bins have been abolished and the amount of recycled material has doubled. During 2011/12 these local initiatives will be promoted with other stations/offices encouraged to follow suit.

## 2.8 Procurement

The Procurement Strategy for 2010 to 2013 has been approved by SMG and the Trust Board, and incorporates the following sections:

 Equality and Inclusion in procurement: the procurement department is committed to ensuring its practices support the Trust's Equality and Inclusion Policy to enable it to meet its duties under equality and antidiscrimination legislation. As part of this commitment, the procurement department and its processes will ensure there is a consistent approach to equality within all contracts and procurement activity across the Trust.

- Supplier diversity: the Trust is committed to fostering a diverse supplier base and its aim is to ensure that businesses of diverse backgrounds and ownership have the opportunity to become valued suppliers of the Trust.
- Corporate and Social Responsibility: the Trust is committed to sustainable
  procurement by ensuring that social, economic and environmental issues
  are considered during all stages of a procurement process and as part of
  the whole life of a contract. When business cases are written for the
  purchase of any equipment the whole life costs are considered, including
  the eventual disposable costs and issues, for example when a business
  case was written in 2010/11 for the purchase of 65 ambulances.
- The procurement department will follow the guidance of the Official Government Commerce (OGC) detailed in "Make Equality Count" and "Office of Government Commerce & Department for Environment, Food & Rural Affairs Joint Note on environmental issues in purchasing 2003."
- In 2010/11 the Trust trialled recycled printing paper/toner cartridges; the outcome of the trial was the introduction in 2011/12 of recycled cartridges throughout the Ambulance Service; saving approximately £60,000 per year. In addition recycled paper has been introduced into the stationery catalogue which will replace the standard photocopier paper.

# 2.9 Operational developments

A number of operational changes within the LAS have reduced its fuel consumption and had other positive effects on the environment. These changes include the expansion of the cycle response team and motorcycle response team, the increased use of Clinical Telephone Advice, and the referral of some Category C patients to NHS Direct, all of which can save unnecessary ambulance journeys.

In 2010/11 the LAS estimates that 50,058 vehicle sends were saved through provision of CTA and referral to NHS Direct, thereby reducing vehicle journeys and associated fuel, pollution and congestion issues.

The work to manage 'frequent callers' has also contributed to the positive impacts described above. By calling case conferences of all those involved in the care of patients who often call 999, the Trust is able to secure agreement and funding for suitable care plans for those patients, again reducing the number of ambulance journeys. In 2010/11 there were 34 frequent callers for whom an intensive care plan was initiated with a further 48 frequent callers receiving support which addressed their health and social care needs.

#### 2.10 Carbon reduction

The LAS Trust Board approved a carbon reduction policy, management action plan and communication plan in March 2010. The management action plan was overseen by the Carbon Reduction Working Group which met a number of times during the 2010/11; there were regular progress reports on the implementation of the action plan to the Senior Management Group.

The carbon reduction policy and action plan outline the Trust's commitment to making improvements in environmental performance and preventing pollution. They state the Trust's aim to meet the requirements of current environmental regulations, laws and codes of practice as a minimum standard, and to reach the NHS target (set out in the NHS Carbon Reduction Strategy) to reduce its 2007 carbon footprint by 10% by 2015.

A number of initiatives have been undertaken to reduce the Trust's carbon footprint.

- Changes to how we provide help to patients (e.g. Clinical Telephone Advice):
- The use of software (least vehicle moves) in the Control room which despatches vehicles in their optimum position, reducing time to the patient and shorten the vehicle travelling time.
- Better designed vehicles (e.g. body work, fuel consumption, use of materials which can be recycled); our fuel consumption per patient response was approximately 11.3kg C02e/ incident in 2009/10 and 11.5kg C02e in 2010/11;
- Use of improved technology (e.g. telephone or video-conferencing, remote access);
- The new lease car policy includes a carbon monoxide limit, so that staff entitled to a lease car cannot obtain a high-polluting vehicle.
- The implementation of a number of projects which were match funded by SALIX<sup>2</sup> will reduce the Trust's carbon footprint. The Trust has been able to access external funding of £170,380; the estimated carbon saving achieved in 2010/11 was 259 tonnes through these initiatives.
- Since April 2010 25% of the Trust's electricity is supplied from a certifiable green sources - Land fill Gas technologies and Wind and Small Scale Hydro.
- The further roll out of inventory managed by the Logistics team has reduced stock and, by ensuring a decrease in the disposal of out of date stock, reduce wastage. There was a decrease in stock accounted for on the Trust's balance sheet of 7.5% (09/10 £2,783m and 10/11 £2,571in 2010/11.
- Communications exercise re. 'switch off and shut down,' i.e. staff to be reminded to turn off lights, air conditioning, PCs, printers etc. More work will be done around this in 2011/12 following up on the Information Management & Technology team's preliminary pilot in 2009/10 gathering baseline data.

In the spring of 2010/11 the Trust successfully applied to participate in the Carbon Trust's NHS Carbon Management Programme which will be a three year programme designed to assist the Trust achieve its target of reducing its carbon footprint by 10% by 2015. The governance arrangements have been revised with the establishment of a Project Board, chaired by the Board Champion, the Director of Finance, and a Project Team led by the Corporate Processes Programme manager.

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<sup>&</sup>lt;sup>2</sup> SALIX is an independent social enterprise, a not for profit company limited by guarantee. The LAS successfully applied for three year joint funding for a number of works that are cost effective in saving CO2 and will enable any further energy saving technologies to work at their best.

## 3. External

# 3.1 Disaster relief and overseas support

In the past many LAS staff have volunteered to help others overseas following disaster or particular hardship. To be able to provide a safe and organised response, (should we be asked), the LAS is currently working with colleagues in other parts of the country, and the Department of Health, to investigate the feasibility of providing a team of suitably trained staff, ready to respond at very short notice to official requests for aid following a disaster. It is anticipated that an ambulance team would respond alongside our Fire Service colleagues in this specialist role.

The LAS has again this year hosted a number of delegations and visitors from other countries, who have been keen to learn about how the ambulance service runs in London. We have hosted visits from, Europe, Scandinavia, South Africa, Canada, Australian services and New Zealand.

The LAS maintains a special relationship with 'Ambulance Access for All' based in Mumbai India and we have been pleased to support the expansion of their services. A team of their senior managers attended an Olympic planning conference hosted by the LAS ahead of the 2010 Commonwealth Games in Delhi.

#### 3.2 The Prince's Trust

The Prince's Trust is the UK's leading charity working with disadvantaged young people. The Prince's Trust helps them to develop the skills and confidence they need to break down barriers and move forward with their lives.

Since 2009, the LAS has worked with the Prince's Trust by providing staff to work on a secondment basis with them, taking part in their TEAM Programme. The TEAM Programme is a 12-week personal and social development programme for 16-25 year olds, aiming to support them to progress into training, education and employment.

LAS secondees work with the TEAM Programme either for the full period of the programme or on a 20-day placement during the period of the programme. This provides significant opportunities for staff development as well as supporting this very important programme and the young people themselves.

Having supported four cohorts of secondees since 2009. An informationsharing event was held in May 2010 so that individual learning could be shared and plans made to improve the scheme. The recommendations from the event led to a more efficient administration process and more direct involvement with the secondees Line Managers and the Princes Trust.

Anecdotal evidence from all is this is an important relationship that the LAS should continue with for the benefit of all key stakeholders.

# 3.3 Annual trip to Disneyland, Paris

Each autumn a party of children with serious illnesses and conditions is taken to Disneyland, Paris, on a trip ("the Magical Taxi Tour") organised by the Worshipful Company of Hackney Carriage Drivers. The LAS supports this trip by providing ambulance vehicles and staff, to provide emergency care and transport if required on the journey or during the stay in Paris.

# 3.4 Tackling health inequalities

The Trust's Patient & Public Involvement (PPI) Action Plan, the Public Education Strategy and the Equality & Inclusion Strategy and Action Plan all aim to tackle health inequalities. A prioritisation system has been developed for PPI activities, ensuring that projects and activities are targeted at communities with the greatest need. In the forthcoming year the Director of Health Promotion & Quality will lead on a new Health Promotion policy, which will also focus on reducing health inequalities.

Examples of specific projects which aim to reduce health inequalities include the Tower Hamlets Project, which includes the provision of basic life support training to women with babies and young children, health information sessions for residents in social housing estates, and a plan to introduce community first responders in those areas.

A new Learning Disability group has been established, to pull together all the work underway aimed at improving health outcomes for people with learning disabilities. Staff training packages have been devised with the involvement of people with learning disabilities, as well as people with other disabilities, in preparation for the London 2012 Olympic Games. People with learning disabilities were also involved in the development of a booklet designed to help them get help when they are ill.

Deaf people are known to suffer particular health problems (e.g. depression), and the Trust continues to take a leading role in the implementation of the national 999 text messaging service.

## 3.5 Community Defibrillation Programme

The Community Defibrillation Team works in partnership with the British Heart Foundation to place defibrillators in public places (stations, tourist attractions etc.), maintain them, and train the staff in the host organisations. To date, 570 defibrillators have been placed in the community, and over 6,671 members of the public have been trained (by the LAS) to use them. The team also provides refresher training for members of the public as defibrillator users require refresher training on an annual basis.

# 3.6 Community Resuscitation Training

The Community Resuscitation Training team provides basic life support training to community groups across London, free of charge. They have trained more than 10,000 people in the last year.

#### 3.7 Community First Responders

Community First Responders can provide an initial response to some 999 calls in more 'remote' communities, where it may take an ambulance longer to arrive. There are now 527 Community First Responders across London, operating in 39 different areas. They are mainly based in outer London, in more sparsely-populated areas.

Other ways of using volunteers from communities are currently being explored, for example the possibility of having volunteers who are wheelchair-users based in the control rooms.

#### 3.8 Public Education

During the year, the Trust led or took part in a wide range of public education events and activities. Over 400 staff from across the LAS are listed as being interested in taking part in these activities, and there is a long waiting list for the public education staff development programme. The Patient & Public Involvement and Public Education Co-ordinators lead on the development of public education materials and resources, including guidance notes, give-away items, presentation materials and other promotional materials. All these materials and resources are available for staff to download or view on the pulse.

Between April 2010 and March 2011, there were over 700 public education events or activities recorded on the database. These included:

- Visits to schools and colleges.
- o Visits to care homes and voluntary sector groups (e.g. pensioners' forums).
- The stroke awareness ("know your blood pressure") day, where blood pressure checks were carried out across London. See the case study below.
- Visits to groups of scouts, guides, cubs and brownies.
- o Junior Citizen Schemes.
- Community fairs, open days and health events.
- Knife and gun crime prevention events and activities (e.g. Prison Me No Way, Knife Awareness Project).
- o Road safety events and activities (e.g. Safe Drive Stay Alive).
- Alcohol awareness events and activities.
- Visits to religious groups and other community groups (e.g. Somali, Jewish, Polish, Tamil and Urdu).
- Personal safety events.
- Basic life support training, including "learn to save a life in five minutes" at Heathrow Airport.
- A visit to a travellers' site in West London.
- Meetings with voluntary sector organisations to help the Trust develop its quality indicators.

**Case study:** Free blood pressure checks were given to 2,173 Londoners as part of the Service's biggest ever health promotion event in April 2010. Nineteen health fairs were held on one day across London to raise awareness of the danger of undiagnosed high blood pressure, which is the biggest risk factor for causing a stroke.

Of the members of the public who received checks, 1,666 were found to have normal blood pressure, 502 were found to have high blood pressure and were referred to their GP, and five were taken to hospital.

Staff also taught people the simple FAST test to increase their ability to identify a stroke in others.

A total of 96 staff took part in the event (76 A&E frontline, 4 control, 5 management and 11 admin and support). Fifty-eight of them (60%) responded to a survey after the event; every one of the respondents said that it was a worthwhile initiative for the Service to organise, that they believed that the local community benefited from the day, and that they personally benefited from being involved.

#### 4. Equality & inclusion

In May 2010 the LAS Trust Board approved a three-year generic Equality & Inclusion Strategy, and will receive annual progress reports on the implementation of the SMART action plan. In 2010/11 a number of active forums were established as support groups for various members of staff: LAS Pride (for lesbian, bi-sexual and gay members of staff); Enable (for disabled members of staff and/or carers) and a Deaf Awareness forum. appropriate, new policies or policies under review are shared with the forums on a consultative basis. In addition, forum members represent the Trust at appropriate external engagement activities e.g. the London Gay Pride event. One of the objectives identified in the Equality Inclusion Strategy is that the Trust aims to be in the top 100 employers on the Stonewall Workplace Equality Index; between 2010 and 2011 the Trust moved from 299th (out of a total of 350 employers) to 169<sup>th</sup> (out of a total of 378 employers) through changes it has made to be a more inclusive employer. In 2010 Stonewall conducted a confidential survey of lesbian, bi-sexual and gay members of staff in which members of staff expressed positive views on working for the LAS. All policies, strategies, services and projects receive an Equality Analysis in order to ensure that they will not have a detrimental impact on members of staff or the public and wherever possible a positive impact can be ensured.

#### 5. Good Corporate Citizen Assessment Model

The website <a href="https://www.corporatecitizen.nhs.uk">www.corporatecitizen.nhs.uk</a> allows organisations to take a self-assessment to monitor their progress on sustainable development. In conjunction with a number of colleagues representing different departments across the Trust a self-assessment exercise was undertaken against the criteria, which included activity undertaken in respect of travel; procurement; facilities management; workforce; community engagement and buildings. The exercise showed that the Trust was making significant progress against all the areas considered, although naturally there was still room for improvement.

In 2010/11 an action plan for sustainability development management was developed following the self-assessment exercise. This work is continuing

within the more formal programme of the Carbon Trust's NHS Carbon Management Programme.

#### 5. Conclusion

This paper provides an overview of the Trust's activities which relate to its corporate social responsibility during 2010/11.

This demonstrates that the Trust is taking a number of important steps in addressing its responsibilities as a good corporate citizen, which can be built on for the future.

Christine McMahon Project Manager – Carbon management July 2011





# **LONDON AMBULANCE SERVICE TRUST BOARD**

#### **27 SEPTEMBER 2011**

#### **PAPER FOR NOTING**

Document Title: KA34 Compliance Rules.					
Report Author(s):	Peter Suter / Sue Meehan				
Lead Director:	Peter Suter				
Contact Details:	Peter.suter@lond-amb.nhs.uk				
Why is this coming to the Trust	For governance purposes to report how performance				
Board?	data is recorded and calculated.				
This paper has been previously	Strategy Review and Planning Committee				
presented to:	Senior Management Group				
	Quality Committee				
	Audit Committee Clinical Quality Safety and Effectiveness Group				
	Risk Compliance and Assurance Group				
	☐ Nisk Compliance and Assurance Group				
Recommendation for the Trust Board:	The Trust Board are asked to note the contents of this report.				
Executive Summary	•				
This paper describes the rules on how the LAS captures, records and calculates performance information. It also includes information on how various systems are synchronised and other general issues associated with measurement of performance standards. The paper incorporate LAS compliance with the guidance issued by the DH Information Centre for the KA34 yearly return (version 11/12 final guidance) and the new clinical indicators. It also confirms that LAS reporting procedures conform with the additional operational clarification provided by the National Directors (Operations Group (NDOG) and also the detailed guidance agreed with the National Ambulance Information Group (NAIG) for the clinical indicators (incorporated into the clinical indicators guidance). There are five appendices to this paper:					
Appendix1: Glossary of Terms					
Appendix 2: Technical specifica	tions				
Appendix 3: KA34 Guidance 11	/12				
Appendix 4: NDOG Operational	Clarification				
Appendix 5: MPS matrix					
The basis of the document remains the same as in previous years.					
Key issues for the Trust Board To note the compliance statement at section 2 for the year 10/11. To note how the data is recorded and calculated.					
Attachments None.					

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	Strategic Goals 2010 – 13
	This paper supports the achievement of the following corporate objectives:
	To have staff who are skilled, confident, motivated and feel valued and work in a safe environment To improve our delivery of safe and high quality patient care using all available pathways To be efficient and productive in delivering our commitments and to continually improve
	Risk Implications
	This paper links to the following strategic risks:
	There is a risk that we fail to effectively fulfil care/safety responsibilities
	There is a risk that we cannot maintain and deliver the core service along with the performance expected
lH	
닏	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
lĦ	4. NHS services must reflect the needs and preferences of patients, their families and their carers
H	5. The NHS works across organisational boundaries and in partnership with other organisations in the
ш	interest of patients, local communities and the wider population
-	
Ш	
	sustainable use of finite resources.
	7. The NHS is accountable to the public, communities and patients that it serves.
-	Equality Impact Assessment
	Equality Impact Assessment
	Has an Equality Impact Assessment been corried out?
	Has an Equality Impact Assessment been carried out?
	Yes
Ш	No
	Key issues from the assessment:
	None.

#### COMPLIANCE WITH DEPARTMENT OF HEALTH DATA REPORTING REQUIREMENTS

**KA34 AND CLINICAL INDICATORS 2011/12** 

#### 1 Background

This paper describes the rules on how the LAS captures, records and calculates performance information. It also includes information on how various systems are synchronised and other general issues associated with measurement of performance standards. The paper incorporates LAS compliance with the guidance issued by the DH Information Centre for the KA34 yearly return (version 11/12 final guidance) and the new clinical indicators. It also confirms that LAS reporting procedures conform with the additional operational clarification provided by the National Directors of Operations Group (NDOG) and also the detailed guidance agreed with the National Ambulance Information Group (NAIG) for the clinical indicators (incorporated into the clinical indicators guidance). There are five appendices to this paper:

Appendix1: Glossary of Terms

Appendix 2: Technical specifications Appendix 3: KA34 Guidance 11/12

Appendix 4: NDOG Operational Clarification

Appendix 5: MPS matrix

Clinical Performance Indicators 11/12 is available from the following website

 $\underline{www.dh.gov.uk/en/Publications and statistics/Statistics/Performance data and statistics/Ambulance Quality Indicators/index.htm$ 

If there are any changes to the KA34 and clinical indicator reporting rules this paper will be re-issued accordingly

#### 2 Compliance with KA34 20010/11 Guidance

The 10/11 compliance paper was presented and approved by the Trust board in June 2010. The compliance details, as specified within the paper, were met.

#### 3 Computer Aided Despatch systems

The Computer Aided Despatch (CAD) system currently used by the LAS is known as CTAK, this is due to be replaced by CommandPoint during 2011/12. Differences between the two CAD systems are noted in the report.

#### 4 Clock synchronisation

The Computer Aided Despatch systems both use Network Time Protocol (NTP) to synchronise their internal clock to internal NTP servers which receive a combination of time references from the Global Positioning System (GPS) space-based global navigation satellite system and public time servers on the Internet. The combination provides resilience with a precision is between 15 and 3 microseconds. This is a constant procedure (i.e. not a scheduled process) as the servers have permanent access to the GPS receiving devices and the Internet for this protocol.

The current SatNav software allows the MDT clock to be set accurately down to milliseconds. The MDT synchronises the clock every time it starts up, this is every time it has been switched off manually or when it switches off automatically because it hasn't been used for more than 30 minutes. It also synchronises every hour on the hour.

#### 5 Call connect time

The call connect time is taken from when the call hits the telephone switch. Both CTAK and CommandPoint detect the call arrival and time stamp it instantly. This process is an accepted industry standard. The time stamp is stored by the Calling Line Identity (CLI) process.

#### 6 Clock start times (call connect)

#### Calls generated by a 999 call

The clock start time (call connect) is when the call is presented to the control room telephone switch. This is time stamped in CTAK.

This is the start time used for Category A and C calls.

#### • Running calls (LAS emergency responder who comes across an incident)

The clock start time for running calls is when the LAS responder contacts the control room to inform them that they are dealing with a running call. The time is when the call is answered either from telephone or radio by EOC. The time is taken from the clocks on the EOC wall, synchronised to the national (MSF) time standard currently broadcast from Anthorn in Cumbria (formerly Rugby). There are no seconds displayed.

#### Calls taken during CAD downtime

The time is taken from the clocks on the EOC wall, synchronised to the national time standard currently broadcast from Anthorn in Cumbria (formerly Rugby). There are no seconds displayed.

#### 7 Arrival times

- Arrival times for all categories of calls are generated from automatic status reporting at scene based on a vehicle being within 200m of the original incident location (NDOG).
- If the automatic status reporting time is not available, then the MDT "red at scene" button press time is used. If neither of these times is available the PRF time is used.
- PRF times are used for those calls that are not generated from a 999 call e.g. "footprint" calls. These calls will be added into the database manually within Management Information, based entirely on data from the PRF.
- Currently the LAS does not operate the front end model where they wait for confirmation from the initial responder that an ambulance is required. An ambulance routinely forms part of the initial response and is not requested as described in the KA34 guidance.

"Category A: ......Presenting conditions, which require a fully equipped ambulance vehicle to attend the incident, must have an ambulance vehicle arrive within 19 minutes of the request for transport being made in 95% of cases, unless the control room decides that an ambulance is not required".

#### 8 Changing incident attributes such as AMPDS code or system generated time stamps

There are no facilities in the CTAK software to make any changes to the record once the call taker completes the call. A call can be upgraded or downgraded if further information is supplied regarding a call. This up/down grading is recorded <u>but it doesn't overwrite the</u> original categorisation.

In CommandPoint the determinant is recorded from ProQA, and the category of the call for the purpose of performance reporting comes from this field. If required calls would be upgraded or downgraded by changing the Event Type, which would change the priority level within CommandPoint, but this would not affect the category used for performance reporting. If ProQa is re-launched after the call has been completed then it is possible to change the determinant, however for reporting purposes this would be ignored. It is not possible to change timestamps within CommandPoint.

#### 9 MPS calls

Incidents received through the MPS link are time stamped when the call hits the LAS server. The calls are categorised in accordance with the matrix in Appendix 5 as there are no AMPDS codes. For performance purposes they are categorised as either Category A for R1/2 calls or Category C for C1/2/3 calls

#### 10 Calls during CAD downtime

Calls taken during CAD downtime are manually allocated an AMPDS code. However, this code is not entered into the performance database and all calls are categorised as <u>Category C2.</u>

#### 11 Cross border calls

The KA34 return states the following:

"Each NHS Ambulance Service is responsible for reporting on the performance of all emergency calls for which it receives the initial call. This includes calls received by a Service that relate to incidents occurring outside its recognised boundary and calls relating to incidents within or outside its boundary that are subsequently transferred to another Service for response.

An Ambulance Service should not report, or report on the performance relating to any incident where another Ambulance Service received the initial call, even if the call was transferred to and dealt with by that Ambulance Service. Trusts responsible for dealing with any cross-border calls should advise the trusts who received the initial call of all appropriate clock start times for performance reporting purposes."

Calls transferred to the LAS from other ambulance services are excluded from the performance calculations.

#### 12 KA34 and Clinical Indicators Return

There have been two major changes for 2011/12 – category B has been removed and replaced with a new set of 11 clinical quality indicators. The clinical quality indicators are reported monthly and incorporate information previously reported annually on the KA34. The indicators are evolving during the year and are subject to change. The data that the indicators are derived from follows the same validation rules as applied in previous years and described below.

The IM&T Management Information Department is responsible for providing the statistical returns and ensuring that the LAS complies with the Department of Health Guidance (KA34 and clinical quality indicators) and NDOG and NAIG guidance. There is a two stage process of conformance checking the data in terms of validation and verification as defined in the following two sections:

#### Stage 1: Data Validation - for data to be valid it must obey given rules.

CAT A & CAT C calls recorded in the performance database must conform to the rules (i.e. what a CAT A & CAT C call is) as defined in the 11/12 KA34 and Clinical Indicators guidance. Category C calls are further split into four sub groups C1-4. By this process of checking;

- Test calls will not be counted.
- Equipment pick-up calls will not be counted.
- Critical inter-hospital transfer calls made by a health care professional that have not gone through AMPDS will be categorised as Category A.
- Non-critical inter-hospital transfer calls made by a health care professional that have not gone through AMPDS will be categorised as Category C4.
- Calls made by a healthcare professional that have not gone through AMPDS (that should be Card 35) will be categorised as a Category C4.
- Running calls (hence do not go through AMPDS) will be categorised as Category A. (NDOG).
- The KA34 guidance explicitly allows certain types of calls to be re-categorised as Cat C4 for reporting purposes. Clearly this approach was to acknowledge the difficulty of hitting a response time in certain circumstances. In particular;
  - Hang-ups before coding is complete (i.e. before the determinant is obtained)
  - Caller not with patient and unable to give details
  - o Caller refuses to give details (the definition of refuses is taken from the Oxford English dictionary to mean unwillingness or inability)

Current LAS dispatching regimes allow calls to be despatched immediately on basic information, reducing the impact of these problems. Therefore in the spirit of the guidance this rule is only applied to these three types of calls not met within the target.

- Where a call is via a translation bureau (e.g. language line or hearing impaired access service), the rule defined above applies. In addition each call suitable for recategorisation to Cat C4 will be individually validated to ascertain if there were delays in obtaining the call details. Only those calls where there is clearly a delay associated with the caller's inability to give details will be re-categorised as Cat C4.
- City police arrival times are added to the database for Category A calls as an approved first responder equipped with a defibrillator (KA34).

All calls within the performance database will be validated in this way.

# Stage 2: Data Verification – the process to ensure that valid data is correct and accurate.

With regard to the KA34 and Clinical Quality Indicators, this is to ensure that the stated times are accurate and can be substantiated from a defined source. The process will be to verify the database in the following sequence:

<u>Stage 2.1: Zero response</u> - the following groups of **Category A** calls will have a zero response applied to them.

- Static defibrillator locations including hospitals, GP surgeries. airports, railway and underground stations, prisons, police stations, leisure centres, museums, theatres, stores and other locations where a healthcare professional is at the location of the incident, equipped with a defibrillator and deemed clinically appropriate to respond by the trust (KA34, NDOG).
- Events all calls within event footprints and calls attended by designated event call signs (NDOG).
- Running calls (NDOG).
- Transported transfer calls to meet helicopters or other modes of transport where a
  health care professional is already on board, arriving with a patient to be transferred on
  to a hospital (NDOG).
- BETS calls –calls to a hospital to collect and transfer a baby to another hospital (KA34, NDOG).

#### Stage 2.2: RVPs – rendezvous point

For Cat A a RVP location is a pre-arrival rendezvous point deemed appropriate for the safety of the ambulance crew.

- Arrival times are adjusted to be the arrival at RVP (KA34).
- Arrival times to calls where the crew waits for the police are adjusted to be the arrival at RVP (KA34).
- Where there is a call to an incoming aircraft, train, coach or boat providing the ambulance service approved response is at the RVP by the ETA of the aircraft, train, coach or boat the response will be zeroed (NDOG).

#### Stage 2.3: Automatic Time stamp

All remaining Cat A calls that have been automatically time stamped will not be further verified regardless of whether they meet the target (Cat A 8 minute). The basis for this decision is that as there is no human intervention in this process, the room for error is deemed negligible.

#### Stage 2.4: Manual Time stamp

All remaining Cat A calls that are either MDT button pressed or manually entered (for whatever reason) will be further verified. This will be irrespective of whether or not they are within the performance target and manually adjusted if errors are found. The basis for this decision is to remove possible errors introduced by human intervention.

#### Records will be kept of any adjustments that are made.

Compliance with Department of Health Data Reporting Requirement – KA34 & Clinical Indicators 2011/12

#### Recommendation.

The Trust Board to note the contents of this paper.

Sue Meehan Head of Management Information

Peter Suter Director of IM&T

September 2011

#### **APPENDIX 1: GLOSSARY OF TERMS**

#### **CLI Calling Line Identity**

Details of the telephone number are passed from the caller, via the telephone company (e.g. BT) to the LAS.

#### **KA34**

DH guidance for completion of KA34.

#### LAS emergency responder

Emergency vehicle (includes car or bike), approved LAS first responder equipped with a defibrillator.

#### MSF ("Rugby time")

UK national time standard transmitted by the atomic clock run by the National Physical Laboratory in Teddington, but transmitted from a site near Anthorn, Cumbria. This clock is one of the synchronised official UTC clocks. The wall clocks in EOC are synchronised using this signal.

#### **NDOG**

Best practice set of guidelines agreed by the National Directors of Operations Group.

#### **NTP Network Time Protocol**

This is the system by which internet servers synchronise each other to UTC. Every computer connected to the internet can synchronise its clock with this signal, using a number of public time servers run by the American military. All our servers are using this method to keep in synch.

#### **UTC Universal Time Co-ordinated**

The internationally agreed time standard set by synchronised atomic clocks run by several countries.

# **APPENDIX 2: TECHNICAL SPECIFICATIONS**

	T	T	T	T	T
Time stamp	Definition	CAD database field	Clock used	How synchronised	KA34 compliant
Call connected CTAK	When the call arrives on the telephone switch	cti_eisec.time_arrived	CTAK server	CTAK servers use the NTP protocol to synchronise their internal clock to internal NTP servers receiving time references from GPS receivers and time servers on the Internet. The precision is between 15 and 3 microseconds.	Yes
Call connected Command Point	When the call arrives on the telephone switch	CAD_ROW_DBASQ.as qdate	Command Point Server	NTP using the LAS NTP stratum 1 servers (using GPS as stratum 0 clock for synchronisation)	Yes
Call answered CTAK	When the call is answered by the call taker	Incidents recv. start_time	CTAK server	Same as call connected CTAK	Not Applicable
Call answered Command Point	When the call is answered by the call taker	CAD_ROW_DBASQ.an swerdate	Command Point Server	Same as call connected CommandPoint	Not applicable
Arrived at scene (Auto status)	When the vehicle arrives within 200m of the incident using AVLS	Log record	CTAK server	Same as below	Yes
Arrived at scene (MDT)	This is when the crew press the MDT button to indicate the resource has arrived at the patient's location	log_entry.param1 where record_type=6 and param=3	MDT	MDTs synchronise with the SatNav clock when they start up and then every hour on the hour. The accuracy is within milliseconds. The SatNav uses GPS time.	Yes



#### Appendix 3



#### AMBULANCE SERVICES:

#### DATA REPORTING REQUIREMENTS FOR THE COMPLETION OF KA34, 2011-12 knowledge for care

#### 1. INTRODUCTION

- 1.1 The information obtained from the KA34 is analysed by individual ambulance service providers to show volume of service and performance against required standards; including clinical quality indicators. This information is published each month by the Information Centre for Health and Social Care (IC), with a further conclusive annual bulletin being published. The most recent annual statistical bulletin "Ambulance services, England: 2010-11", is available on the IC website. (<a href="www.ic.nhs.uk/statistics-and-data-collections/audits-and-performance/ambulance">www.ic.nhs.uk/statistics-and-data-collections/audits-and-performance/ambulance</a>)
- 1.2 The KA34 reporting template for 2011-12 is enclosed at the end of this guidance document. It is planned to publish information derived from the returns made by the ambulance services on an annual basis.

Important note: The principal changes to the guidance for 2011-12 reporting are:

A) Removal of the Category B, 19-minute ambulance response time requirement. This has meant that the term 'Category B' has been removed and the guidance and collection form has been amended to reflect this.

To note: that some re-numbering of sections has been required to allow changes to be made to this guidance.

- 1.3 NHS Ambulance Trusts use different types of technical solutions to quickly identify the location of a caller, to dispatch an emergency response and to record electronically the various stages of the call management cycle, including the stopping of the clock.
- 1.4 It is expected that ambulance services will have robust governance arrangements, including data management protocols, in place to assure their Board and independent auditors that all performance data submitted as part of this return is measured and recorded in accordance with this guidance.

#### 2. AMBULANCE RESPONSE TIME REQUIREMENTS

- 2.1 National response times standards for emergency and urgent ambulance services have been set since 1974. The NHS Executive Review of Ambulance Performance Standards introduced revised standards following publication in July 1996. The following revised targets were issued to ambulance services in Executive Letter EL(96)87, as amended by the Department of Health's letters to all Chief Executives dated 10 September 2004, 28 September 2004 and 2 March 2006, and most recently via the NHS Operating Framework 2011-12.
- **2.1.1 Category A:** presenting conditions, which may be immediately life threatening and should receive an emergency response within 8 minutes irrespective of location in 75% of cases. Presenting conditions, which require a fully equipped ambulance vehicle to attend the

incident, must have an ambulance vehicle arrive within 19 minutes of the request for transport being made in 95% of cases, unless the control room decides that an ambulance is not required.

**2.1.2 Category C:** presenting conditions which are not immediately life threatening. For these calls the response time standards are not set nationally but are locally determined.

#### 3. DEFINITIONS FOR COMPLETION OF KA34

#### 3.1 Part 1 - Emergency calls:

- 3.1.1 Ambulance services use two approved call prioritisation systems (the Medical Priority Dispatch System and NHS Pathways) to map codes that comprise of categories A, and C. The call determinates under all categorisation codes are reviewed annually and, if appropriate, revised lists are issued accordingly (see Department of Health weblink to Annexed list at end of this quidance document).
- **3.1.2** Although the vast majority of calls can be categorised using the Annexed list, some calls remain that the Annex does not deal with:
  - (a) Duplicate or multiple calls to an incident where a response has already been activated. <u>All</u> of these calls should be categorised in the same way as the original call that activated the response
  - (b) Hang-ups before coding is complete
    Caller not with patient and unable to give details
    Caller refuses to give details
    Hoax calls where response not activated
    Response cancelled before coding is complete (e.g. patient recovers)

All of these should be counted as category C calls

- **3.1.3** Once a category (A or C) is determined and a response is activated, the priority given should not subsequently be altered <u>for reporting purposes</u>. For operational reasons, a service may subsequently upgrade or downgrade the category, but reporting should remain against the code that was in place within the CAD record prior to the arrival of a first response arriving on scene.
- **3.1.4** In line 01 on KA34, <u>all</u> emergency calls are to be counted, even if multiple calls are received for a single incident (see also 2.1.4)

#### 3.2 Resolving Category C calls through telephone advice

- 3.2.1 Where a call is determined as Category C and the most appropriate response is through clinical advice to be provided over the phone (with no ambulance response required), and calls are dealt with by a healthcare professional accountable to the Trust or passed to another organisation working with the Trust through an agreed contract or Service Level Agreement (agreed and governed through the Trust Board) and recorded in line 07 of the KA34 return. Calls defined under section 3.1.2 of this guidance should be excluded when recording in line 07.
- 3.2.2 Only successfully completed calls that have been dealt with by the healthcare professional, to whom the call was transferred to, should be recorded in line 07 of the KA34 return. A successfully completed call is one where advice has been given with any appropriate action

being agreed with the patient and where no further response is required from the ambulance service.

#### 3.3 Incidents

3.3.1 For purposes of reporting performance, each incident responded to should be counted only once (except for line 01), regardless of how many ambulances or other emergency responses are despatched to the incident.

#### 3.4 Patient Destinations and Patient Journeys

3.4.1 Each patient conveyed is counted as an individual patient destination. Similarly, each patient who is treated at the scene of an incident without requiring onward conveyance is counted as an individual treatment at the scene.

#### Part 2 – Emergency Patient Destinations:

- 3.4.2 **Disaggregation of emergency patient destinations** include only those patients conveyed as a result of a 999 call made by a member of the public or organisation, or as a result of being categorised as an emergency following a referral by a health care professional.
- 3.4.3 **Emergency patient journeys to Type 1 and 2 A&E** (as defined in the NHS Data Dictionary) include those emergency patient journeys provided by the Trust where a patient is transported to a Type 1 or Type 2 A&E department only.
- 3.4.4 Emergency patient journeys to a destination other than Type 1 and 2 A&E include those emergency patient journeys provided by the Trust where a patient is transported to all other destinations other than Type 1 or 2 A&E departments. An example of this could be conveying a patient to a minor injuries unit or a Walk-in Centre, a specialist stroke or cardiac centre, GP service or any other health or social care service.
- 3.4.5 **Treatment at the scene** include those patients who were treated at the scene by the ambulance service and as a result of that treatment did not require onward transportation for further treatment. If, as part of that treatment, the ambulance trust staff arranged, for example, an appointment for the patient at a GP surgery or a follow-up home visit from a health professional that should also be counted as treatment at the scene. Responses where ambulance trust staff attended an incident and advice was given but no clinical intervention was necessary with no onward transportation required, then that should also be included as treatment at the scene.

#### Part 3 – Patient Journeys: Non-urgent

- 3.4.6 The following provides a more detailed clarification of what should be included in Part 3 'Patient Journeys: Non-Urgent' section of the KA34 return:
- 3.4.7 **Special patient journeys** include those patient journeys provided by the Trust where punctuality is of paramount importance and late arrival beyond the prescribed time could be detrimental to the patient's medical condition. An example of this is a transfer between hospitals where a serious or critically ill patient requires specialist facilities not available at the transferring hospital and where treatment is required en route.
- 3.4.8 **Planned/ non-emergency patient journeys -** include all other patient journeys by the Trust. These are for any patients not given emergency or special priority (e.g. most journeys for outpatient appointments, hospital admissions and discharges of a routine nature, including transport to and from other healthcare facilities).

#### 3.5 Timing of emergency response times – clock start and stop

- 3.5.1 In order to calculate the response time the "clock starts" when the call is presented to the control room telephone switch. This will be the case for all calls received on control room telephone lines; from dedicated 999 lines or otherwise. For calls that are electronically transferred to the computer aided dispatch (CAD) system from another CAD the clock starts immediately when that call record is first received by an ambulance trust system.
- **3.5.2** The "clock stops" when the first emergency response vehicle arrives at the scene of the incident. To clarify, a legitimate clock stop position can include the response arriving at a pre-arrival rendezvous point when one has been determined as appropriate for the safety of ambulance staff in agreement with the control room. For example, a rendezvous point could be agreed for the following situations:
  - Information has been received relating to the given location that the patient is violent and police or other further assistance is required.
  - Information has been received that the operational incident because of its nature is unsafe for ambulance staff to enter.
- **3.5.3** A response within 8 minutes means 8 minutes 0 seconds (i.e. 480 seconds) or less. Similarly, 19 minutes means 19 minutes 0 seconds or less.

#### Category A 19-minute transport request

- **3.5.4** Whichever is the earlier, the clock starts when either
  - the initial responder makes a request for transport to the control room, or
  - the information received from the 999 caller indicates that transport is needed, in which case the clock starts as per 3.5.1.

#### 3.6 Emergency response

- **3.6.1** For the purposes of the Category A 8-minute standard, an emergency response may only be by:
  - An emergency ambulance; or
  - A rapid response vehicle equipped with a defibrillator to provide treatment at the scene; or
  - An approved first responder equipped with a defibrillator, who is accountable to the
    ambulance service; or when a healthcare professional is at the location of the incident,
    equipped with a defibrillator and deemed clinically appropriate to respond by the trust. A
    first responder is not a substitute for an ambulance response and an ambulance response
    should be dispatched to all calls attended by an approved first responder.
- **3.6.2** For the purposes of the Category A 19-minute standard, transport is defined as a fully equipped ambulance vehicle (car or ambulance) able to transport the patient in a clinically safe manner.

#### 3.7 Cross-border Calls

- **3.7.1** A cross-border call/incident should be reported by only one Ambulance Service.
- 3.7.2 Each NHS Ambulance Service is responsible for reporting on the performance of all emergency calls for which it receives the initial call. This includes calls received by a Service that relate to incidents occurring outside its recognised boundary and calls relating to incidents within or outside its boundary that are subsequently transferred to another Service for response.

- 3.7.3 An Ambulance Service should not report, or report on the performance relating to, any incident where another Ambulance Service received the initial call, even if the call was transferred to and dealt with by that Ambulance Service. Trusts responsible for dealing with any cross-border calls should advise the Trusts who received the initial call of all appropriate clock start times for performance reporting purposes.
- **3.7.4** Where an NHS Ambulance Service asks another NHS Ambulance Service to undertake a call on its behalf, the responsibility for dealing with the call in the most appropriate way passes to the Ambulance Service once it has accepted it.

#### 4. COMPLETING THE KA34 RETURN

### 4.1 Part 1: Emergency calls

#### Line 01 on KA34: Total number of emergency calls

- **4.1.1** Record in column 1 on KA34 the total number of emergency calls where the incident is classified as immediately life-threatening (Category A), in column 2 on KA34 the total number of emergency calls where the incident is classified as category C.
- **4.1.2** If there have been multiple calls to an incident, all calls should be recorded in this line. Include non-urgent transport requests, which, after interrogation and the agreement of the caller, are treated as either Category A, or C calls.

#### Lines 02 to 07 on KA34: Emergency responses

- 4.1.3 In **Line 02** on KA34 record the total number of incidents, which resulted in an emergency response arriving at the scene. **If there have been multiple calls to a single incident, only one incident should be recorded.** A separate entry should be made for each of the categories A and C.
- 4.1.4 In **Line 03** on KA34 record the total number of Category A incidents, which resulted in an emergency response arriving at the scene of the incident within 8 minutes. A response within eight minutes means eight minutes zero seconds or less. Note that this detail is not required for category C incidents.

# RESPONSE PERFORMANCE FOR CATEGORY A INCIDENTS AT 8 MINUTES IS CALCULATED AS FOLLOWS:

Emergency responses within 8 minutes (Line 03)

Total number of incidents with an emergency responses (Line 02)

- 4.1.5 In **Line 04** on KA34, record the total number of calls where, following the arrival of a rapid response vehicle or an approved responder at the scene, the control room **subsequently** decided that a fully equipped ambulance vehicle would not be required for category A calls. Note that this detail is not required for category C.
- 4.1.6 In **Line 05** on KA34, record the total number of incidents that resulted in the arrival of a fully equipped ambulance vehicle (car or ambulance) able to transport the patient. Note that this detail is not required for category C.

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**NOTE:** The number of emergency incidents resulting in the arrival of an emergency response (line 02) can be split into:

- (i) those where an emergency response arrived and the control room subsequently decided that a fully equipped ambulance vehicle (car or ambulance) was not needed (line 04 on KA34),
- (ii) those where a fully equipped ambulance vehicle (car or ambulance) able to transport the patient was needed (line 05 on KA34).

For Category A, the total of lines 04 and 05 on KA34 should therefore equal the number recorded in line 02 on KA34.

4.1.7 In **Line 06** on KA34, record the total number of incidents that resulted in the arrival of an ambulance response within 19 minutes, as per section 3.6.2 . For Category A incidents, the timing starts when a request for transport is made (see 3.5.4). Note that this detail not required for category C

**NOTE:** only the first ambulance response to arrive at the scene of the incident should be included in lines 05 or 06 where more than one ambulance response has been despatched.

# RESPONSE PERFORMANCE FOR CATEGORY A INCIDENTS AT 19 MINUTES IS CALCULATED AS FOLLOWS:

Total number of incidents with an ambulance response arriving within 19 minutes (Line 06)
Total number of incidents with ambulance response arriving (Line 05)

- 4.1.8 In **line 07** on KA34, record the total number of successfully completed Category C calls that have been resolved by a designated healthcare professional providing telephone advice (see section. 3.2.)
- 4.2 Parts 2 and 3: Emergency Patient Destinations and Patient Journeys
- 4.2.1 Count each patient conveyed as an individual patient destination (part 2) or as an individual patient journey (part 3).

#### Part 2: Emergency Patient Destinations

- 4.2.2 Record the number of patient journeys separately for Categories A and C arising from emergency and urgent calls into the following three destination categories (see section 3.4.2):
  - Patient journeys to Type 1 and 2 A&E
  - Patient journeys to a destination other than Type 1 and 2 A&E.
  - Treatment at the scene

#### Part 3: Patient Journeys - Non-urgent

**4.2.3** Record here the total number of patient journeys other than emergency, include special and planned journeys.

Compliance with Department of Health Data Reporting Requirement – KA34 & Clinical Indicators 2011/12

#### **ANNEX**

The call categorisation codes that comprise Categories A and C are set out at

www.dh.gov.uk/en/Healthcare/Urgentandemergencycare/DH\_113435

The code lists are reviewed annually by the Emergency Call Prioritisation Advisory Group (ECPAG) and, if appropriate, revised lists will be issued accordingly.

#### **TEMPLATE OF FORM: Ambulance Services KA34**

		1	2
		Category A: Immediately Life Threatening Calls	Category C: Locally Managed <b>Non</b> - Immediately Life Threatening Calls
Part 1	- Emergency Calls		
	01. Total number of emergency calls		
	02. Number of calls resulting in an emergency response arriving at the scene of the incident		
	03. Number of calls resulting in an emergency response arriving at the scene of the incident within 8 minutes		
	04. Number of calls where following the arrival of an emergency response no ambulance is required		
	05. Number of calls resulting in an ambulance able to transport the patient arriving at the scene of the incident		
	06 Number of calls resulting in an ambulance arriving at the scene of the incident within 19 minutes		
	07. Number of calls resolved through telephone advice only		
Part 2	? - Emergency Patient Destinations		
	08. Total number of emergency patient journeys to Type 1 and 2 A&E destinations		
	09. Total number of emergency patient journeys to a destination other than Type 1 and 2 A&E		
	10. Total number of patients treated at the scene only		
		Special Journeys	Planned Journeys
rt 3 - F	Patient Journeys: Non-urgent		
	11. Total number of special/ planned journeys		
	ecord in the box below any factors to ded the figures from the previous yea		ntly increased or
any tha	inks for taking the time to complete	Alt in a company	

#### **APPENDIX 4: NDOG OPERATIONAL CLARIFICATION**

Stopping the clock for category A and B calls in a consistent way in all English Ambulance Services.

#### Background -

When the Directors of Operations and performance leads met on the 19<sup>th</sup> January 2007 it was apparent that ambulance services were treating some operational incidents in a different way regarding clock start/stop.

Organisations were reporting clock start and stop within the guidance issued by the DH; however they were often presented with other Operational incidents which required a common and consistent approach around clock start/stop.

The Director of Operations and Performance leads for Ambulance Services have therefore recommended in this document a number of clock start/stop points for ambulance Trusts to put in place with immediate effect.

The group also recommended that existing performance data for ambulance Trusts is retrospectively adjusted from 1<sup>st</sup> July 2006 to reflect the suggested clock start/stop points in this document.

#### Suggested Clock start/stop-

Please note: that 01 refers to validated ambulance service response/responder at the location given by the caller and therefore call within the 8/19 minute standard will be met.

#### 1. Patients in Transit

This refers to patients travelling in bound to a location by train, coach, boat and aircraft and providing the ambulance service approved response is at the RVP of the location given by the estimated time of arrival of the patient the clock starts when the patient arrives and is stopped with a 01 code.

#### 2. Special Events

When the NHS Ambulance Service has been asked to provide medical cover at a special event and has trained personnel at the location of the event in the use of a defibrillator, the 01 code may be applied to all calls received within the event itself. Those calls which fall outside of the perimeter of the special event are to be responded to normally by the local ambulance service.

Calls which arise from a special event should be entered on a Patient Report Form and retrospectively prioritised before being entered into the CAD system. The CAD record must be made within 36 hours of the event closing.

#### 3. Inter-hospital transfers

When a request is received through the 999 system to transfer a patient from one Healthcare facility to another and the ambulance service has confirmed that the centre requesting the transfer has a defibrillator at the location and someone is trained in its use, MPDS card 33 should be used and the 01 code applied to the call.

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#### 4. GP surgeries/Walk in Centres/Minor Injury Units

As above, but without the use of card 33.

#### 5. Prisons/Secure Detention Units

If the ambulance service receives a call through the 999 system to attend a Prison or secure unit the clock stops when the ambulance response arrives at the agreed RVP.

If the ambulance service have trained personnel within the unit and have provided a defibrillator and have confirmed at the time of the call that both are present then the 01 code can be applied to the call.

#### 6. Running Calls

To default to a Category A and the 01 code is applied.

Hayden Newton National Ambulance Performance Implementation Lead 20<sup>th</sup> January 2007.

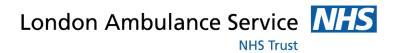
# **Appendix 5 MPS Matrix**

# Proposed MPS Matrix for Call Categorisation

Ambulance Request								
Breathing	Conscious	Chest Pain	Stab/Shot	Severe Bleed	Under 2yrs	Stand By	Information	Category
No								Red1
Yes/Unk	No							Red2
Yes/Unk	Yes/Unk	Yes						Red2
Yesiunk	Yes Unk	No/Unk	YES					C1 EM
Yes Unk	Yeslunk	No/Unk	No/Unk	Yes				C1 EM
Yes Unk	YesUnk	No/Unk	No/Unk	No/Unk	Yes			C2 EM
YesiJnk	YesiUnk	No/Unk	No/Unk	No/Unk	No/Unk			C3 EM
		Na Daii	ent Details			Yes		C3 EM
		140	Yes	C3 EM				

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# LONDON AMBULANCE SERVICE TRUST BOARD

#### 27<sup>TH</sup> SEPTEMBER 2011

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

Document Title:	Trust Secretary Report						
Report Author(s):	Sandra Adams						
Lead Director:	Sandra Adams						
Contact Details:	Sandra.adams@lond-amb.nhs.uk						
Why is this coming to the Trust Board?	Compliance with Standing Orders						
This paper has been previously presented to:	Strategy Review and Planning Committee Senior Management Group Quality Committee Audit Committee Clinical Quality Safety and Effectiveness Group Risk Compliance and Assurance Group Other						
Recommendation for the Trust Board:  To be advised of the tenders received and entered into tender book and the use of the Trust Seal since 22 <sup>nd</sup> A 2011 and to be assured of compliance with Standing C and Standing Financial Instructions							
<ul> <li>Executive Summary         One tender has been received, opened and entered into the tender book since 22<sup>nd</sup> August 2011:     </li> <li>FRU Base Vehicles         Tenders received and opened via Bravo Solutions on 22<sup>nd</sup> August 2011:         BMW Group International         Ford Motor Company Limited         Hyundai Motor UK Limited         Volkswagon Group UK Limited         Volvo Car UK Limited     </li> <li>The amounts of each tender can be made available to the Trust Board in Part II of the Trust Board meeting.</li> </ul>							
<ul> <li>There have been two entries to the Register for the Use of the Trust Seal:</li> <li>Unit B, Union Whard, Orchard Place, London E14 0JW between Clearstorm Ltd and London Ambulance Service NHS Trust on 2<sup>nd</sup> September 2011; and</li> <li>ICT Services Agreement between LAS and Northgate Information Solutions UK Limited and the London Ambulance Service NHS Trust (seal not required but Deed signed) on 15<sup>th</sup> September 2011.</li> </ul>							
	Key issues for the Trust Board This report is attended to inform the Trust Board about key transactions thereby ensuring compliance with Standing Orders and Standing Financial Instructions.						

Attachments N/A								
*****************************								
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								
<ul> <li>☐ That we are unable to match financial resources with priorities</li> <li>☐ That our strategic direction and pace of innovation to achieve this are compromised</li> </ul>								
That our strategic direction and pace or innovation to achieve this are compromised								
Equality Impact Assessment								
Has an Equality Impact Assessment been carried out? Yes No								
Key issues from the assessment:								





# **LONDON AMBULANCE SERVICE TRUST BOARD**

# 27<sup>TH</sup> SEPTEMBER 2011

#### **PAPER FOR NOTING**

Document Title:	Trust Board Forward Planner					
Report Author(s):	Sandra Adams, Director of Corporate Services					
Lead Director:	Sandra Adams, Director of Corporate Services					
Contact Details:	sandra.adams@lond-amb.nhs.uk					
Why is this coming to the Trust	To ensure that key issues are discussed by the Trust					
Board?	Board and that Trust Board members are fully engaged					
	with the agenda planning process.					
This paper has been previously	Strategy Review and Planning Committee					
presented to:	Senior Management Group					
	Quality Committee					
	Audit Committee					
	Clinical Quality Safety and Effectiveness Group					
	Risk Compliance and Assurance Group					
	☐ Other					
Recommendation for the Trust	To note the Trust Poord forward planner for the coming					
Board:	To note the Trust Board forward planner for the coming year and to identify any areas for discussion for future					
Board.	agenda items					
Executive Summary	agonia nomo					
Attached are the Trust Board forward	planners for the remainder of 2011 and for 2012. Please					
note that the Trust Board meetings fo						
note that the Trust Board meetings for 2012 have been arranged on the following dates.						
	2012 have been arranged on the relieving dates.					
24 <sup>th</sup> January 2012, 10.00 – 13.00	2012 Have been arranged on the relieving dates.					
28 <sup>th</sup> February 2012, 10.00 – 13.00 (S	rategy Review and Planning Committee)					
28 <sup>th</sup> February 2012, 10.00 – 13.00 (Start Property 2012, 10.00 – 13.00	rategy Review and Planning Committee)					
28 <sup>th</sup> February 2012, 10.00 – 13.00 (Si 27 <sup>th</sup> March 2012, 10.00 – 13.00 (Strate) 24 <sup>th</sup> April 2012, 10.00 – 13.00 (Strate)	rategy Review and Planning Committee)					
28 <sup>th</sup> February 2012, 10.00 – 13.00 (Si 27 <sup>th</sup> March 2012, 10.00 – 13.00 (Strate) 22 <sup>nd</sup> April 2012, 10.00 – 13.00 (Strate) 22 <sup>nd</sup> May 2012, 10.00 – 13.00	rategy Review and Planning Committee)					
28 <sup>th</sup> February 2012, 10.00 – 13.00 (State) 27 <sup>th</sup> March 2012, 10.00 – 13.00 24 <sup>th</sup> April 2012, 10.00 – 13.00 (Strate) 22 <sup>nd</sup> May 2012, 10.00 – 13.00 26 <sup>th</sup> June 2012, 10.00 – 13.00	rategy Review and Planning Committee) gy Review and Planning Committee)					
28 <sup>th</sup> February 2012, 10.00 – 13.00 (State) 27 <sup>th</sup> March 2012, 10.00 – 13.00 24 <sup>th</sup> April 2012, 10.00 – 13.00 (Strate) 22 <sup>nd</sup> May 2012, 10.00 – 13.00 26 <sup>th</sup> June 2012, 10.00 – 13.00 24 <sup>th</sup> July 2012, 10.00 – 13.00 (Strate)	rategy Review and Planning Committee) gy Review and Planning Committee)					
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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 **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** 

Key issues from the assessment:

☐ Yes ☐ No

Has an Equality Impact Assessment been carried out?

#### TB FORWARD PLANNER

Date	Strategic and Business Planning	Items for approval (eg Policies and Business Cases)	Performance and Other	Governance	Standing Items	Apologies	Committee dates
1 November 2011 SRP	Review of balanced scorecard			Board statements and self			
awayday - all day				declarations			
	Outsourcing			Rule 43 report			
	Winter Planning (LB)						
	Unncessary loss and damage						
	to equipment and action to be						
	taken (PB)						
	Presentation on NWoW, CRM,						
	Estates, A&E management						
	restructure and clinical						
	management structure						
29 Nov 2011	Winter Planning (LB)			Q2 cost improvement plan	Report from CEO		RCAG 10th Oct
ТВ					including balanced		
					scorecard and		
					performance reports		
SMG 9 Nov				Patient and Complaints	Report from Finance		CQSE 26 Oct
				Experience Report	Director		
				Key risks	Report from Sub-		Qual 10th Nov
					Committees		
					Clinical Quality and		Audit 7th Nov
					Patient Safety Report		
					Report from Trust		LFE 15th Nov
					Secretary		
							Finance & Investment
							28th November
13 Dec 2011			7/7 progress report	Charitable Funds Annual	Report from CEO		
тв				Report and Accounts	including balanced		
				2010/11	scorecard and		
					performance reports		
SMG 7 Dec				BAF and corporate risk	Report from Finance		
				register	Director		
					Report from Sub-		
					Committees		
					Clinical Quality and		
					Patient Safety Report		
					Report from Trust		
					Secretary		



#### **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
24th January Trust Board	Report from the Trust Chairman  Report from CEO including balanced scorecard and performance reports  Report from Director of Finance  Report from Sub- committees  Clinical Quality and Patient Safety Report		2012/13 Financial Plan and Cost Improvement Programme	2012/13 Annual Business Plan  2012/13 Corporate Objectives  FT Update including timeline and assurance and preparation for Monitor's assessment stage	Annual Equality Report 2010/11 Report from Trust Secretary Trust Board Forward Planner	TBC
28 February  Strategy, Review and Planning Committee	Report from the Trust Chairman  Report from CEO including balanced Scorecard and performance reports  Report from Director of Finance  Report from Sub- committees  Clinical Quality and Patient Safety Report	Safeguarding Declaration 2011/12	2012/13 Financial Plan and Cost Improvement Programme	2012/13 Annual Business Plan  2012/13 Corporate Objectives  FT Update including preparation for Monitor interviews and review	Report from Trust Secretary Trust Board Forward Planner	TBC

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
27 March Trust Board	Report from the Trust Chairman  Report from CEO including balanced Scorecard and performance reports  Report from Director of Finance  Report from Sub- committees  Clinical Quality and Patient Safety Report		2012/13 Financial Plan and Cost Improvement Programme	2012/13 Annual Business Plan  2012/13 Corporate Objectives  FT Progress Report	Report from Trust Secretary  Trust Board Forward Planner  BAF and Corporate Risk Register – Quarter 4 documents  Annual Review of Standing Orders and Standing Financial Instructions  Risk Management Strategy and Policy review	TBC
24 April Strategy, Review and Planning Committee	Report from the Trust Chairman  Report from CEO including balanced Scorecard and performance reports  Report from Director of Finance  Report from Sub- committees  Clinical Quality and Patient Safety Report			FT Progress Report including draft Board Statements and Working Capital Review	Report from Trust Secretary Trust Board Forward Planner	TBC

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
22 May Trust Board	Report from the Trust Chairman  Report from CEO including balanced Scorecard and performance reports  Report from Director of Finance  Report from Sub- committees  Clinical Quality and Patient Safety Report	Quality Account 2010/11	Annual Report and Accounts 2010/11	FT Progress Report and Board Statements	Report from Trust Secretary  Trust Board Forward Planner	TBC
26 June Trust Board	Report from the Trust Chairman  Report from CEO including balanced Scorecard and performance reports  Report from Director of Finance  Report from Sub- committees  Clinical Quality and Patient Safety Report	Annual Safeguarding Report 2011/12  Annual Infection Prevention and Control Report 2011/12		FT Progress Report	Report from Trust Secretary  Trust Board Forward Planner  BAF and Corporate Risk Register –  Quarter 1 documents	TBC

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
24 July Strategy, Review and Planning Committee	Report from the Trust Chairman  Report from CEO including balanced Scorecard and performance reports  Report from Director of Finance  Report from Sub- committees  Clinical Quality and Patient Safety Report				Report from Trust Secretary  Trust Board Forward Planner	TBC
21 August Trust Board	Report from the Trust Chairman  Report from CEO including balanced Scorecard and performance reports  Report from Director of Finance  Report from Sub- committees  Clinical Quality and Patient Safety Report				Report from Trust Secretary  Trust Board Forward Planner  Annual Trust Board Effectiveness Review 2011/12  Annual Equality Report 2011/12  Annual Corporate Social Responsibility Report 2011/12  Annual Patient Experiences Report 2011/12  KA34 Compliance Statement	TBC

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
25 September Trust Board	Report from the Trust Chairman  Report from CEO including balanced Scorecard and performance reports  Report from Director of Finance  Report from Sub- committees  Clinical Quality and Patient Safety Report				Report from Trust Secretary  Trust Board Forward Planner  BAF and Corporate Risk Register – Quarter 2 documents	TBC
23 October Strategy, Review and Planning Committee	Report from the Trust Chairman  Report from CEO including balanced Scorecard and performance reports  Report from Director of Finance  Report from Sub- committees  Clinical Quality and Patient Safety Report				Report from Trust Secretary  Trust Board Forward Planner	TBC

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
27 November Trust Board	Report from the Trust Chairman  Report from CEO including balanced Scorecard and performance reports  Report from Director of Finance  Report from Sub- committees  Clinical Quality and Patient Safety Report		Charitable Funds Annual Accounts 2011/12		Report from Trust Secretary  Trust Board Forward Planner	TBC
11 December Trust Board	Report from the Trust Chairman  Report from CEO including balanced Scorecard and performance reports  Report from Director of Finance  Report from Sub- committees  Clinical Quality and Patient Safety Report				Report from Trust Secretary  Trust Board Forward Planner  BAF and Corporate Risk Register –  Quarter 3 documents	TBC