London Ambulance Service **NHS**

NHS Trust

TRUST BOARD

Meeting to be held at 09.00am on Tuesday 28th June 2011
Conference Room, LAS Headquarters, 220 Waterloo Road, London SE1 8SD

Peter Bradley
Chief Executive Officer

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<u>AGENDA</u>

			TAB
1.	**Welcome and apologies for absence**		
2.	**Minutes of the Part I meeting held on 24th May 2011** To approve the minutes of the meeting held on 24th May 2011		TAB 1
3.	**Matters arising** Actions from previous meetings	All	TAB 2
4.	**Report from Sub-Committees** To receive a report from the following Committees		
	4.1 Quality Committee on 24th May 2011	BM	Oral
	4.2 Audit Committee on 6th June 2011	CS	
5.	**Chairman's Report** To receive a report from the Trust Chairman on key activities	RH	TAB 3
6.	**Update from executive directors** To receive reports from Executive Directors on any additional key matters		
	6.1 Chief Executive Officer, including balanced scorecard, serious incidents and performance reports	PB	TAB 4
	6.2 Director of Finance	MD	TAB 5
	6.3 Balanced Scorecard on Infection Prevention and Control	SL	TAB 6
7.	**Clinical quality and patient safety report** To receive the monthly report on clinical quality and patient safety	FM	TAB 7

STRATEGIC AND BUSINESS PLANNING

8.	**2010/11 Annual Report and Accounts** To approve the 2011/12 Annual Report and Accounts	MD	TAB 8
9.	**Cost Improvement Programme 2011/12** To receive an update on progress against the Cost Improvement Programme for 2011/12	MD	To follow
10.	**Response to the Coroner's Rule 43 Report from the 7/7 London Bombings inquests** To approve the response to the Coroner's Rule 43 Report from the 7/7 London Bombings inquests	RW	TAB 10

FOUNDATION TRUST PROCESS

| 11. | **Foundation Trust Update** | SA | TAB 11 |
| | To receive a report on the current position with the application | | |

GOVERNANCE

12.	**Draft Constitution for the London Ambulance Service NHS Foundation Trust**	SA	TAB 12
	To approve the draft constitution that will be implemented upon FT authorisation		
13.	**Quality Account 2010/11**	SL	TAB 13
	To approve the Quality Account 2010/11		
14.	**2010/11 Annual Infection Prevention and Control Report**	SL	TAB 14
	To review and delegate final approval to the Quality Committee		
15.	**2010/2011 Safeguarding Report**	SL	TAB 15
	To review and delegate final approval to the Quality Committee		
16.	**Board Assurance Framework and Corporate Risk Register**	SA	TAB 16
	To discuss the Quarter 1 documents		
17.	**Terms of Reference for the Nominations and Remuneration Committee**	SA	TAB 17
	To approve the terms of reference for the Nominations and Remuneration Committee		
18.	**Research Capabilities Statement**	FM	TAB 18
	To approve the Research Capabilities Statement		
19.	**CommandPoint Update**	PS	TAB 19
	To receive an update on CommandPoint		
20.	**Report from Trust Secretary**		TAB 20
	To receive the report from the Trust Secretary on tenders received and the use of the Trust Seal		
21.	**Forward Planner**	SA	TAB 21
	To review the forward planner for the Trust Board and agree items for future meetings		

22. **Any other business**

23 **Questions from members of the public**

24 **Date of next meeting**
The next meeting is of the **Strategy Review and Planning Committee** on Tuesday 26th July 2011 at 10am.
The next meeting of the **Trust Board** is on Tuesday 23rd August 2011 at 10am.

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD MEETING
Part I

DRAFT Minutes of the meeting held on Tuesday 24th May 2011 at 10:00 a.m.
in the Conference Room, LAS HQ, 220 Waterloo Road, London SE1 8SD

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Present:

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

In Attendance:

Sandra Adams	Director of Corporate Services
Carrie Armitage	
Lizzy Bovill	Deputy Director of Strategic Development
Francesca Guy	Committee Secretary (minutes)
John Hopson	Assistant Director Of Operations (EOC)
Alan Leckenby	Northrop Grumman
Jonathan Nevison	Project Manager, CommandPoint
Russ Obert	Northrop Grumman
Angie Patton	Head of Communications
Peter Suter	Director of Information Management and Technology
Richard Webber	Director of Operations

Members of the Public:

Joseph Healy	Patients Forum

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44. Welcome and Apologies

44.1 No apologies had been received.

45. Minutes of the Part I meeting held on 29th March 2011

45.1 The minutes of the meeting held on 29th March 2011 were approved, subject to two amendments:

- Carrie Armitage and Alan Leckenby to be moved to "in attendance";
- Action 27.16 to be changed to "SL to give a presentation to the Patients Forum on infection control".

46. Matters Arising

46.1 The following matters arising were considered:

46.2   **25.2:** This action was complete.

46.3   **25.7:** Sandra Adams commented that the CIP needed to be factored into the Quality Committee forward planner as a regular item. This would be discussed at today's Quality Committee meeting.

46.4   **27.10:** This action was complete.

46.5   **27.16:** This action was complete.

46.6   **34.1:** Sandra Adams reported that the election timetable was stated in the model constitution and remained at 40 days. The LAS would work with prospective governors in the run-up to the election to ensure that they were as prepared as possible for the nominations process.

46.7   **40.1:** The Chair would review the forward planner with Sandra Adams.

46.8   <u>Staff Survey</u>

Caron Hitchen gave an overview of the key findings of the staff survey for 2010/11. The biggest improvements had been seen in questions relating to PDR and training. Areas where scores had worsened included the quality of PDRs, staff feeling pressure to come to work despite not feeling well enough and staff motivation. Caron noted that there were also some problem scores with regards to violence and harassment from patients which was above the national average for other ambulance trusts.

46.9   Caron reported that following the publication of the results, local reports and actions plans had been disseminated and each directorate had been asked to identify three to five commitments. Some key themes had emerged, particularly around supporting e-learning, improving staff communications and increasing access to mentoring or work shadowing. The Staff Engagement Steering Group would be taking this work forward.

46.10   Caroline Silver noted that the overall response rate was relatively low, particularly from A&E Operations, and questioned therefore whether the results were an accurate reflection of staff opinion. Caron Hitchen responded that this survey would be followed up with a 'temperature check' survey of 10 key questions which would provide more up to date information. Peter Bradley reported that the survey would be available online next year and it was hoped that this would encourage completion.

46.11   There followed a discussion about the fact that many staff had indicated that they felt under pressure to come to work despite not feeling well enough. Caron Hitchen commented that on the whole it was the staff themselves, rather than their managers, who applied pressure to come to work and this could be seen as an indication of their commitment to the organisation.

46.12   The Chair suggested that the staff survey results and actions should be discussed at a future Strategy Review and Planning Committee meeting.

> **ACTION:** FG to add the staff survey to the forward planner for the Strategy Review and Planning Committee.
>
> **DATE OF COMPLETION:** 28th June 2011

47. Report from Sub- Committees

Quality Committee meeting on 27th April 2011

47.1   The Trust Board noted the report from Beryl Magrath on the key points arising from the Quality Committee meeting on 27th April 2011.

47.2   Beryl Magrath reported that currently the Emergency Bed Service did not have a facility to record calls. The procurement of the recording equipment had been approved by the Finance and Investment Committee but it was unlikely to be implemented before the end of the year. The call-recording facility would improve security and would decrease the time spent on referrals.

47.3   Beryl Magrath reported that the Quality Committee discussed its role and would review the terms of reference to ensure that its remit was contained within a manageable level.

47.4   The reporting of infection prevention and control activity was currently escalated to the Trust Board as this was an area of concern. The Quality Committee had been monitoring this in detail and was able to report that improvements had been made, particularly with regards to blanket use and hand hygiene.

47.5   Peter Bradley commented that the most pressing quality issue currently was the reporting of serious incidents and the follow up on action plans. This would be brought back to the Quality Committee and the Trust Board at a future meeting for discussion.

> **ACTION:** Progress on improving the Serious Incident reporting and follow up processes to be discussed at Quality Committee and then Trust Board.
>
> **DATE OF COMPLETION:** 23rd August 2011

47.6   Audit Committee meeting on 17th May 2011

Caroline Silver reported that the Audit Committee had focussed on the preparation of the Trust's 2010/11 Annual Report and Accounts. This was the first time that the Committee had met prior to the accounts being finalised and this practice would be continued going forward. Caroline noted the following:

- The audit was making good progress and there were no adjustments of materiality to be made to the accounts;
- The Trust was currently meeting the majority of its targets, with the exception of the payment of invoices. This was common amongst NHS Trusts and, although improvements needed to be made, the Audit Committee was not unduly concerned;
- Working capital needed to be managed more carefully, particularly once the Trust became a Foundation Trust;
- The accrual of annual leave needed attention in future years.

47.7   Caroline added that the Audit Committee had recommended that the Trust Board also receive a report from the Finance and Investment Committee and that the Audit Committee receive the minutes of each meeting. The Chair responded that the Finance and Investment Committee had been established and had now met twice and would be providing a report to the Trust Board in future.

47.8   With regards to the governance structure, Caroline stated that the Audit Committee was satisfied that it received appropriate information from the Quality Committee and that there was a good overlap between the roles of the Quality Committee, Finance and Investment Committee and Audit

Committee. The next meeting of the Audit Committee was on 6th June 2011.

47.9   The Chair added that the Trust Board needed to ensure that the overlaps in the governance structure were not unnecessary and this would be addressed through the governance review.

48.   **Chairman's Report**

48.1   The Chair reported the following:

- The Chair had attended a meeting at the London Assembly, the transcript of which had been circulated to the Trust Board. The Chair noted that this meeting had provided a good opportunity to state the LAS's view;
- He had chaired two meetings of the Ambulance Trusts Chairs meeting. It was agreed that this group would continue to meet four times a year as it was important to retain the national focus, particularly as ambulance trusts moved towards Foundation Trust status;
- The Chair had met with the Chair of NHS London and had expressed his concern at the change in the timetable for the Foundation Trust process. There had been a good exchange of views and the advice was to write to Andrew Lansley once the date of the Board to Board meeting had been finalised;
- The Chair had visited the ambulance service in Paris and had been particularly interested in the differences between a paramedic-led and doctor-led service. It was important to exchange information between 'world' cities, even though the services might operate differently.

48.2   The Chair drew attention to a blog written by Joseph Healy, Chair of the Patients' Forum, which suggested that the Trust was ignoring equal opportunities both in terms of employment and representation on the Trust Board. The Chair emphasised that the Trust Board recognised that more progress needed to be made in this area but that did not mean that the issue was being ignored. The Trust Board currently had one vacancy for a non-executive director and applications from all sectors of the community would be welcomed.

49.   **Update from Executive Directors**

Chief Executive Officer

49.1   Peter Bradley reported the following:

- Agreement on the A&E contract for 2011/12 had been reached and the contract with the Department of Health had been renewed for a further year;
- The LAS involvement in the Royal Wedding had been successful as a result of careful planning and preparation. Peter Bradley expressed his gratitude to Richard Webber and Jason Killens for their involvement;
- The five year cost improvement plan had been agreed. There was confidence that the Trust could deliver the savings, but would require external support;
- The 7/7 London Bombings verdict had been given and contained seven recommendations which related to the work of the LAS. The coroner had complimented LAS staff for their actions on the day of the incident;
- The Foundation Trust application was proceeding and it was hoped that there would not be a further delay;
- The London Assembly's Health and Public Services Committee had undertaken a review of the LAS. The Chair and Peter Bradley had been questioned on the challenges facing the service. The final outcome of the review was awaited;
- The National Audit Office report was due to be published on 8th June;
- Five members of staff had been released to support East Midland Ambulance Trust with

performance;
- The name of the Ambulance Trust Group was being changed to the Association of Ambulance Chief Executives.

49.2   The Chair noted the size of the agenda across the NHS and thanked staff for their work in delivering this. He stated that it was important to not lose sight of the core business, which was just as important as the bigger projects.

49.3   Roy Griffins thanked Fionna Moore and Jason Killens for their involvement in the 7/7 London Bombings inquests.

49.4   Roy Griffins commented that he had found the board development session on the CIP very useful and felt that there had been a good exchange of ideas.

49.5   Roy Griffins noted that the growth in incidents was not reflected in the IBP. Richard Webber responded that the service needed to increase the number of patients who received telephone advice. He estimated that approximately 50 – 60 calls per day could be resolved in this way which would absorb the additional demand. Peter Bradley commented that the LAS struggled to get beyond the current level of telephone advice and non-conveyance and there was much more scope to increase these.

49.6   Beryl Magrath noted that the Trust's performance was currently 2% behind trajectory for Category A. Peter Bradley responded that it was not clear why this was the case, although it was thought to be due in part to the fact that staffing was lower due to the high levels of clinical training underway in frontline operations.

Director of Finance

49.7   Mike Dinan reported the following:

- The in month position for the Trust was a £531k surplus against a budgeted surplus of £551k;
- The CIP had been taken out of the departmental budgets;
- The key pay cost pressure was an overspend in frontline overtime. This was due to the additional bank holidays and the Royal Wedding;

49.8   Mike reported that a more comprehensive report would be provided for the Trust Board for month 2, but at present there were no causes for concern.

Balanced Scorecard on Infection Prevention and Control

49.9   Steve Lennox reported that the detail of the balanced scorecard had been discussed by the Quality Committee. Steve noted that there were now some amber ratings for hand hygiene and blanket usage was now close to 100% compliance, but acknowledged that this could be due in part to the recent warm weather. Steve recommended that, in light of these improvements, the infection prevention and control report was de-escalated from the Trust Board.

50.   Clinical Quality and Patient Safety Report

50.1   Fionna Moore reported the following:

- Five new serious incidents had been declared since the last report to the Trust Board, the details of which were included in the paper. All of the serious incidents were currently under investigation;
- The High Risk Register procedure and its implementation was currently being reviewed.

The revised procedure would require good evidence for inclusion on the register and appointed champions would ensure that the policy was well-known at complex level;

- CPI completion rate had increased, particularly in the East area, although the non-conveyed clinical indicator required more attention;
- The LAS undertook its first research conference and had received positive feedback;
- The LAS had won an award for the ISRAS study for the highest recruitment to a single study;
- There had been two recent incidents relating to medicines management, one of which involved a possible break in at Bounds Green Ambulance Station where four ampoules of morphine sulphate were stolen. The LAS would continue to work closely with the Metropolitan Police Service on medicines management;
- The recent Foundation Trust membership event had focussed on stroke care.

50.2   The Chair noted that five new serious incidents had been declared and asked whether this was a cause for concern. Fionna Moore responded that the serious incidents had not identified a specific trend, although a number of issues regarding mental health had been highlighted and picked up by Steve Lennox. Patient handover was also a recurring theme for both the LAS and hospitals. The Serious Incidents panel would continue to review incidents and draw out any key themes, which would provide key learning points for the service.

50.3   Beryl Magrath congratulated the LAS on its first research conference and stated that she had attended the conference and had been proud to be part of the service.

50.4   Beryl asked what the timescale was for completing the review of the High Risk Register. Fionna Moore responded that she would report back to the Trust Board on the progress made, but the Trust had a duty to write to all patients included on the register and therefore this might take some time.

50.5   Brian Huckett asked what the audit process was for adding addresses to the High Risk Register. Fionna Moore responded that crews completed a LA277 following an incident of verbal or physical abuse. The form would then be reviewed by station management and submitted to Management Information. Fionna recognised that the audit process was less robust at complex level than it ought to be, but that this would be addressed in the review of the High Risk Register procedure. Richard Webber added that local management was required to review the register every six months.

50.6   Beryl Magrath asked whether there was any risk attached to the non-conveyed CPI and what improvements needed to be seen in this area. Fionna Moore responded that there was an issue with crews recording in the free text section the advice given to the patient and that this issue would be addressed.

50.7   Beryl Magrath noted that the LAS was ranked 11th out of 12 ambulance trusts in the administration of pain relief and asked whether this had been communicated to staff. Fionna Moore responded that this had been highlighted in the clinical update section of the LAS News. There was an ongoing debate about the appropriate use of morphine, which in Fionna's opinion, was not reflected in the CPI.

50.8   The Trust Board noted the Clinical Quality and Patient Safety Report.

51.   CommandPoint Update

51.1   Peter Suter asked the Trust Board to give authority to proceed with transition to CommandPoint as planned and delegate authority to the Deputy Chief Executive to oversee the transition on behalf of the Trust Board.

51.2   Peter Suter gave an update on progress and stated the following:

- The project was currently on track for go-live on 8th June 2011;
- All system testing had been completed satisfactorily and all planned training had been completed;
- A series of dry run events had been planned to practise all aspects of the transition. Dry run D simulated live running in Bow with E watch (the first live use dry run with staff operating CommandPoint) which involved mirroring live calls taken in Waterloo and inputting them into CommandPoint at Bow. This had proved very successful and would be conducted for all watches.

51.3   Peter Suter drew attention to risk 105 and reported that live testing of the Met CAD interface had not yet been undertaken, although this would be addressed prior to go-live. This was the only risk to bring to the attention of the Trust Board.

51.4   Peter Suter gave an update on actions to address issues and reported that MDT updates were on track but would require a final check the day before go live (issue 117). With regards to issue 120, the Northgate XC Routing Server had been tested but that additional assurance would be sought on final readiness to go live.

51.5   With regards to outstanding bugs, Peter Suter reported that priority 2 bugs would be fixed prior to go live and he was confident that these issues would be resolved. John Hopson added that with regards to priority 3 bugs, work was underway to correct these and workarounds had been developed and tested in the dry runs. The workarounds had also been documented and referenced in user guides. John added that priority 4 bugs were largely cosmetic and therefore it would be safe to go live with these bugs.

51.6   Alan Leckenby reported that he continued to work closely with Peter Suter and team and that he was pleased with the working relationship that had developed over the course of the project. It had been an integrated process which had proved very successful. An independent risk review had taken place and 7 out of 9 risks had been mitigated. Of the remaining 2, work was ongoing to address these prior to go live. Alan reported that Northrup Grumman staff would be supporting cutover both in London and in Chantilly.

51.7   Carrie Armitage reported that she had been asked to undertake a comparison between the CommandPoint project and the call-taking system implemented in 1992. A significant difference in 1992 was the employment of a small software house which had been asked to write a bespoke system. In contrast, Northrup Grumman was a world-wide organisation who had experience with dealing with governmental organisations and more specifically ambulance dispatch systems. In 1992 the software had gone live with bugs, whereas the CommandPoint project had a process in place to deal with bugs prior to go live. Carrie added that she thought that the implementation of CommandPoint was a chance for the LAS to set the record straight. Carrie commented that it was inevitable that there would be some teething problems, but that overall the project would be a success.

51.8   Brian Huckett reiterated earlier comments that the project had been managed well. The final implementation would now be handed over to Martin Flaherty to make the final decision on the night of go live, in respect of external circumstances and any incidents which might arise.

51.9   Martin Flaherty commented that he was delighted to be involved in the CommandPoint project and had spent some time on site last Friday reviewing the system and discussing the cutover plans in detail. He had also met with Richard Webber to discuss the level of confidence amongst staff to proceed with go live on 8th June. Martin explained that a readiness checklist had been drawn up and that he would chair a meeting on 6th June to go through each point in detail. Martin supported proceeding with the implementation on 8th June.

51.10 Richard Webber reported that Operations had spent considerable time talking to staff in control about any concerns that they might have about the change. As a result, significant additional training had been arranged to ensure that all staff were confident in using the new system. Management Information systems had been put in place to monitor performance in the following weeks. Peter Suter added that Operations had responded quickly to any questions raised and had focussed on performance to ensure that it was where it needed to be following implementation.

51.11 Mike Dinan commented that it was inevitable that there would be some performance dips following implementation particularly on the first few Friday nights, however it was important that everyone had the courage to stick with the new system.

51.12 Sandra Adams asked what assurances were in place around patient safety, what risks had been identified and what actions were in place to mitigate these risks. Peter Suter responded that Gold Command would be focussed on maintaining patient safety and a doctor would be available on call on the night of go live. John Hopson added that a performance cell would be formed 24 hours a day for the first couple of weeks and reconvened where necessary for a further 60 days. Richard Webber commented that the new system was much more stable and would provide for more robust and consistent patient care.

51.13 Caron Hitchen asked when the ability to cut back to CTAK would be removed. Peter Suter responded that 30 – 60 days following implementation, Trust Board approval would be sought to decommission CTAK. He stated that beyond this timescale, there was a risk of staff being unable to remember how to operate CTAK.

51.14 Martin Flaherty commented that he would agree with the Chair and Peter Bradley on how to update the Trust Board on progress.

51.15 The Chair summarised the discussion by stating that the Trust was in as good a shape as it needed to be prior to implementation. The Trust Board gave authority to proceed with transition to CommandPoint as planned and delegated authority to the Deputy Chief Executive to oversee the transition on behalf of the Trust Board.

52. 2010/11 Annual Report and Accounts

52.1 Mike Dinan reported that the 2010/11 Annual Report and Accounts had been reviewed by the Audit Committee. The Audit Committee had fed back some comments on the annual report, which they felt needed to better reflect the work of the Trust. Peter Bradley commented that the annual report was a statutory document which was different from the annual review, but nevertheless, the Audit Committee's comments would be taken on board and progressed by Angie Patton and her team.

52.2 With regards to the annual accounts, Mike Dinan reported that the Audit Commission had not raised any concerns and currently they were on track for sign off.

53. Cost Improvement Programme 2011/12

53.1 Mike Dinan reported the following:

- All CIP projects had been allocated into one of the IBP Delivery Programmes;
- All CIPs had been removed from budgets;
- The majority of Project Managers had been identified;
- All projects had been entered onto Performance Accelerator and dashboards had been developed to report the progress of the CIP.

53.2

Mike Dinan added that progress against the CIP would be reviewed on a monthly basis and it was suggested that the Finance and Investment Committee look at the detail of the plan and the Quality Committee review the clinical and quality aspects.

53.3

The Chair noted that one of the benefits of the Foundation Trust process had been the additional time to understand the essence of the CIP. The Trust Board would continue to review the CIP and ensure that it was heavily scrutinised on an ongoing basis. Peter Bradley added that the CIP needed more visibility within the organisation but that this was improving.

53.4 Peter Bradley suggested that a report was brought to the Trust Board on staff suggestions for money saving.

54. Future Financial Services Outline Business Case

54.1 Mike Dinan reported that this was the first of the Value for Money reviews. The SMG had discussed this and had agreed, subject to approval from the Trust Board, to proceed with testing the market to understand whether this was a viable option. Mike added that a third of ambulance trusts used external financial services with others outsourcing some elements.

54.2 Caron Hitchen added that staffside would be advised of this intention, particularly as they were nervous of procuring services outside of the NHS. Peter Bradley commented that the communication to staff was important and needed to be considered carefully.

55. Quality Account 2010/11

55.1 Steve Lennox reported that the draft Quality Account was presented to the May Trust Board meeting to provide the opportunity for Board members to comment. The final report would be published on the NHS Choices website and therefore the main audience was patients.

55.2 Steve reported that the Quality Account was currently out to consultation and had been sent to patient groups and other stakeholders for feedback. The feedback would need to be published word for word in the final document and there was an opportunity to make some additions to the report.

55.3 The Chair asked that the report be circulated to the Trust Board for approval prior to the next meeting.

> **ACTION:** SL to circulate the Quality Account 2010/11 to the Trust Board for approval prior to the next meeting.
>
> **DATE OF COMPLETION:** 28th June 2011

55.4 Neil Kennett-Brown commented that the Category C group had held some very good discussions which should be reflected in the report.

55.5 Caroline Silver commented that the annual report, annual review and the Quality Account had all been produced in different formats and did not look like they were from the same organisation. Angie Patton commented that the annual review document sat alongside the LAS News and the branding for these publications was strong. Steve Lennox added that the Quality Account was an online document and therefore had adapted the branding for this type of publication, but would take on board Caroline's comments for future publications.

55.6 Joseph Healy thanked the Trust particularly for the work in mental health and falls, which were of particular interest to the Patients' Forum. He also thanked Steve Lennox for presenting this

information in a way that was easily accessible to all.

56. Service Improvement Programme Closure Report

56.1 Sandra Adams noted that the full closure report had been submitted to the Senior Managers Group. Sandra commented that it had been useful to review the lessons learnt, particularly with regards to project management. The report identified areas of success and the vast majority of the programme had been delivered as expected.

56.2 Sandra reported that the SMG had also reviewed the transition arrangements and had identified those projects which would flow through to the IBP Delivery Programme.

56.3 Peter Bradley stated that the project management approach to the Service Improvement Programme had been first class and commended Martin Brand and his team.

56.4 Beryl Magrath commented that this report had provided a useful reminder of the significant work that had been undertaken.

57. Foundation Trust Update

57.1 Sandra Adams reported that she was looking to reschedule the Board to Board meeting with the SHA for the 28th June and was currently waiting for confirmation from NHS London. A list of documents which would be required to prepare for the Board to Board meeting was being drawn up.

57.2 The timeline had been agreed with NHS London and a significant amount of work needed to be completed by 3rd June 2011. A meeting was arranged for 6th June to discuss and clarify the financial model.

57.3 Sandra reported that the postponement of the Board to Board meeting by one month meant that the Trust was looking at becoming authorised in March 2012, if all went to plan. The Chair added that there would be difficulties if the meeting was delayed any further as this would be approaching holiday season.

58. Report from the Trust Secretary

58.1 The Trust Board noted that tenders had been received for the refurbishment of the new Hazardous Area Response Team west site at Isleworth and the Risk Management System. There had been one entry to the register for the use of the Trust Seal for a lease renewal for Unit 28 Bermondsey Trading Estate.

59. Forward Planner

59.1 The Chair noted that he and Sandra Adams were looking to review the forward planner and asked members of the Trust Board to ensure that they put forward any items that they wished to be discussed.

59.2 The following items were put forward for inclusion in the Trust Board forward planner:

- Summary of serious incidents;
- Dates of the Finance and Investment Committee meetings;
- Staff survey action plans;
- Q2 of the Cost Improvement Plan;
- New Ways of Working;
- Estates Strategy;

- Clinical Response Model;
- A&E restructure;
- Clinical management structure.

ACTION: SA/FG to incorporate the above into the forward planner for the Trust Board.

DATE OF COMPLETION: 28th June 2011

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60. Questions from members of the public

60.1 Neil Kennett-Brown acknowledged the progress that the Trust had made, which was encouraging particularly as it was working hard to deliver a complex agenda. Neil Kennett-Brown expressed the opinion that the way in which the organisation had handled itself had been exemplary, particularly during inquests into the 7/7 London Bombings and the announcement of the Cost Improvement Programme. Neil commented that the new outcome indicators were very positive and would help the organisation to demonstrate that the LAS led this work. Neil stated that, in his opinion, the organisation was fit for the future.

61. Any other business

61.1 There were no items of other business.

62. Date of next meeting

62.1 The next meeting of the Trust Board is at 10.00 on Tuesday 28th June 2011.

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Signed by the Chair

ACTIONS
from the Meeting of the Trust Board of Directors of
LONDON AMBULANCE SERVICE NHS TRUST
held on 24th May 2011

Meeting Date	Minute Date	Action Details	Responsibility	Progress and outcome
20/09/09	102/10	**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**	**Final documents to come to the Trust Board on 28th June 2011**
30/11/10	138/10	**Update from Chief Executive Officer** Caron Hitchen agreed to find out more information on the causes of sickness amongst Patient Transport Staff.	**CH**	**Included in the workforce report for 28th June 2011.**
14/12/10	161/10	**Balanced Scorecard** It was agreed that the Trust Board would have a workshop on the balanced scorecard in January or February.	**CMc**	**Dates to be confirmed**
03/02/11	19.1	**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**
29/03/11	25.7	**Quality Committee & Cost Improvement Programme** MD to ensure that the Quality Committee was incorporated into the monitoring of the Cost Improvement Programme.	**MD**	**To add to the agenda for the Quality Committee on 6th July**
29/03/11	27.10	CH to send a copy of the staff survey report to Joseph Healy.	**CH**	**Complete**
29/03/11	27.16	SL to give a presentation to the Patients Forum on blanket use.	**SL**	**Complete**

29/03/11	31.4	**Cost Improvement Plan** SA to review the timescales for the voting process as stated in the governance rationale and constitution.	**SA**	**This has been reviewed. Election timetable is stated in the model constitution and remains at 40 days. The LAS will work with prospective governors in the run-up to the elections to ensure they are as prepared as possible for the nominations process. Complete**
29/03/11	40.1 **And 59.**	**Forward Planner** SA and RH to review the Trust Board forward planner for the year ahead and into 2012.	**RH/SA/FG**	**Forward Planner updated from May meeting**
24/05/11	46.12	**Staff Survey** FG to add the staff survey results and action plans to the forward planner for the Strategy Review & Planning Committee	**FG**	**On the forward planner for 26th July 2011**
24/05/11	47.5	**Quality Committee** Progress on improving the Serious Incident reporting and follow up processes to be discussed at Quality Committee and then Trust Board.	**SA**	**On the forward planner for 23rd August 2011**
24/05/11	55	**Quality Account 2010/11** SL to circulate the Quality Account 2010/11 to the Trust Board for approval prior to the next meeting	**SL**	**Agenda for 28th June 2011 Complete**

London Ambulance Service **NHS**
NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

28TH JUNE 2010

PAPER FOR NOTING

Document Title:	**Chairman's report**
Report Author(s):	**Richard Hunt**
Lead Director:	
Contact Details:	
Why is this coming to the Trust 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 Group ☐ Risk Compliance and Assurance Group ☐ Other
Recommendation for the Trust Board:	

Executive Summary

During the course of the last three months, I have attended Trust Board development sessions, visited the GLA to attend the scrutiny meeting with Peter Bradley, met Jo Webber from the Ambulance Service Network, and Sir Nigel Essenhigh from Northrop Grumman (twice). I have also visited South Central ambulance Service in Bicester to discuss possible ambulance service co-operation, visited Victoria Borwick from the GLA and Caroline Hewitt, SE London Sector cluster chair.

Key issues for the Trust Board

Attachments

****

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:

☐ There is a risk that we fail to effectively fulfil care/safety responsibilities

| ☐ There is a risk that we cannot maintain and deliver the core service along with the performance expected |
| ☐ There is a risk that we are unable to match financial resources with priorities |
| ☐ There is a risk that our strategic direction and pace of innovation to achieve this are compromised |

NHS Constitution

This paper supports the following principles that guide the NHS:

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

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?
☐ Yes
☐ No

Key issues from the assessment:

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 28 JUNE 2011

PAPER FOR NOTING

Document Title:	Chief Executive's Report
Report Author(s):	SMG for Peter Bradley
Lead Director:	CEO
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

- LAS has been successful in tendering to Connecting for Health to become an authorised NHS Pathways training provider.

- The Balance Scorecard Performance indicators have now been activated on the Performance Accelerator software which will allow improved monitoring once brought fully on line. Some data loading challenges are being worked through

- CAT A performance remains above 75% but is below the projection for this quarter

- CAT A incident demand exceeds expected growth

- Discussions with staff side on rest breaks are being concluded ahead of implementing changes in July / August

- Resources other that A&E staff - including CTA, NHSD & Urgent Care have seen a rise in calls dealt with.

- Overtime spend is nearly 40% lower than this month last year

- Handover and Turnaround times remain a key focus for Trust managers and concerns have been raised with Commissioners

- Make Ready initial bid tenders close with two suppliers showing enthusiastic interest.

- PTS is waiting to hear results on 10 outstanding LPP bids

- Sickness absence has risen slightly to 5.26%. A&E operational areas were nearer the year's target reporting 5.06% for April.

- The PTS sickness level of 12.34% is being actively managed and improvement is expected

- Meeting frequency with Staff Council is to be increased and communication channels with senior reps is to be improved to assist with successful implementation of CIP

- Details of Serious Incident action plans are included along with progress on resolution

- Since January over 400 patient involvement and education activities have been undertaken

Key issues for the Trust Board

There are a number of other issues that I would like to mention to the Board

The NAO Transforming NHS Ambulance Services report raises a number of issues for ambulance services and I suggest we discuss the main findings and recommendations at a future SRP meeting of the Board. (I will be attending a Public Accounts Committee as witness along with Sir David Nicholson and David Flory on 29th of June).

Last week we published *Taking Healthcare to the Patient 2*, which reviews progress of ambulance services across England over the last six years and I have also made six recommendations for the future. Copies of the report will be made available to Board members

Both the CommandPoint issue and the postponement of the Board to Board with NHS London have been frustrating , however we are absolutely committed to making sure we work through the issues associated with both and we appreciate the support of the Board at this time.

The Finance Director will cover in his reports both the month two position and progress with our Cost Improvement Programme and I am concerned that we aren't where we want to be with either. I would like to assure the Board that I and the team are giving both our full attention and we will get back on track.

Finally my report covers serious incidents declared in May & June and currently under investigation. Serious incidents are inevitable in an organisation that receives almost 1.5 millions 999 calls a year. Our attention over recent months has been to make the process of reporting Serious Incidents more robust through a weekly review system with Directors. Our attention now is on improving the investigation process and ensuring lessons that are identified are shared widely across the Trust so we learn from incidents.

Attachments

- Balanced Scorecard

- Performance data pack

****

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

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☐ 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 NHS TRUST
TRUST BOARD MEETING 28 JUNE 2011
CHIEF EXECUTIVE'S REPORT

1. COMMISSIONING AND BUSINESS DEVELOPMENT

Strategic Development

We have recently received confirmation from Connecting for Health that the tender we submitted in April to become an authorised NHS Pathways training services provider was successful. We are now in discussions with Connecting for Health to finalise the formal agreement and draw up a training schedule to train and accredit our nominated trainers.

Once accredited, we will be able to train our own staff in the use of NHS Pathways, this is a computer-based clinical decision support tool that is being adopted by an increasing number of users across England. Once our staff are trained, we will proceed with the implementation of NHS Pathways in our Urgent Operations Centre where our call handlers will provide appropriate advice and guidance over the telephone to patients who are deemed suitable to be dealt with in this way in accordance with established DH criteria. Increased use of this 'hear and treat' service will help reduce the pressure on our mobile resources and the pressures experienced in A&E departments and other parts of the urgent and emergency healthcare system.

In addition to training our own staff in the use of NHS Pathways, we will be in a position to participate in forthcoming tenders for the provision of NHS Pathways training services to organisations planning to implement the software as their chosen clinical decision support tool. There are already some 18 organisations that have made the decision to move to NHS Pathways and who will need training. NHS Pathways is a key component of the Single Point of Access 111 project which will interface with the Directories of Services currently being populated by PCTs and their service providers.

The training and support of frontline staff in the use of appropriate care pathways continues. The purpose is to provide patients with the highest standards of patient care by conveying them to the most clinically appropriate service for their needs or by referring them to the right healthcare professional or service provider. We are already seeing significant increases in the numbers of uninjured fallers and older people who are referred to their GPs when clinically appropriate rather than being routinely taken to A&E. This approach provides patients with the most appropriate treatment and ensures that our and the wider London healthcare system resources are used more effectively. Increased use of appropriate care pathways is a major element of our agreed incentive plan (CQUIN) in the 2011/12 A&E contract.

2. Integrated Business Plan (IBP) Delivery

The IBP Delivery Programme has been initiated with the first programme board meetings held for the constituent sub-programmes: Patient Care (SRO Steve Lennox); Workforce and OD (SRO Caron Hitchen); and Value for Money (SRO Mike Dinan). Work is progressing to scope those projects which are not already live with clear identification of milestones and contribution to SMART target achievement. Currently there are fourteen initiatives under the Patient Care Programme, thirteen under the Workforce and OD Programme and thirty seven under the Value for Money Programme.

Performance Accelerator is to be used in future for performance management, both reporting of project progress and benefits realisation. SMG will be paying particular attention to those projects which contribute to achievement of the LAS Objectives for 2011/12 or cost base reduction as part of the CIP (not all CIP projects are in the Value for Money Programme as some also contribute to Patient or Workforce objectives). The implications for project scheduling of the postponement of Command Point go-live is being worked through, for example in relation to NHS Pathways.

3. BALANCED SCORECARD

In April 2011, an exercise was performed to confirm and approve new Balanced Scorecard Performance Indicators for 2011-12 with SMG, and there are now 106 performance indicators which have been mapped to new Department of Health (DoH) KPIs and 21 performance indicators supporting schedule 18 of the Commissioning National Contract have been added. The exercise proved to be challenging in terms of the time taken to gather the information, agree the indicators and to load the final scorecard into the Performance Accelerator application. This has now been prototyped and available data retrospectively loaded for the first two months of the year, and will be fully operational on Monday 20th June. It is expected that the scorecard values will be up to date before the end of June and that a preview report will be presented to an SMG diary meeting in June.

The new scorecard has been restructured to provide separate dashboards for DoH KPIs (HQU & SQU indicators) and Commissioners' Clinical Quality Indicators, so that we can see at a glance how we are measuring against targets which may incur financial penalties and those which provide incentives. The example dashboard in Figure 1 provides the current status of indicators under Corporate Goal "Care for Patients", broken down into CQUINS and SQU indicators, and Figure 2 example shows the Balanced Scorecard for the Clinical Quality Indicators.
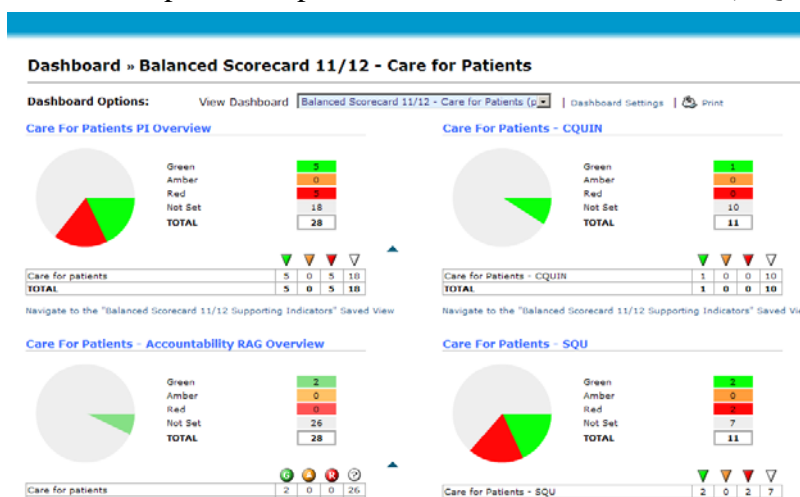

Figure 1

The review exercise has identified data challenges in the acquisition of correctly formatted data from a variety of internal and external sources. This will be addressed with the Management Information team in June to see if we can rationalise the number of steps taken to load the information into the Performance Accelerator application. A report on the outcome of these discussions will be presented at the next Trust Board meeting.

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 April and May and the first 19 days of June 2011.

	Cat A8	Cat A19
Key Standard	**75%**	**95%**
Apr 2011	**77.8%**	**99.3%**
May 2011	**76.5%**	**99.4%**
June (to 19th)	**75.9%**	**99.3%**

I can report that for the months of April and May the Trust delivered above the National key standard of 75% with the YTD A8 currently sitting at 76.9%. However, it is disappointing to note that the Trust did not achieve the 79.5% trajectory for the months of April and May which was intended to allow for a forecast dip in performance when Command Point was implemented.

Category A incident demand continues to grow above Trust expectations. April experienced an overall growth of 11.6% which equates to an additional 3,139 more incidents in-comparison to last April with May seeing a slightly lower increase of 9.9%. Category A YTD growth is now sitting at 8.9% , however there has been an overall decrease of 1% for all incidents attended.

Call Answering (Graph 5 & 6)

The percentage of calls answered within 5 seconds for the first 2 months (April&May2011) stands at 93.6%; slightly short of the 95% target, with May returning a months performance of 93.9%. However call handling for Monday through Thursday day and nights sat at 98 and

96.7% respectively. The fall –off in performance is witnessed over the weekends, specifically the evenings. Of note, is the fact that when we relocated activity to Bow on May 3rd due to the Flood in call handling – service levels were maintained at 99%. The failure to meet the desired performance levels is due to several reasons:

- Increased call volume – 407 more calls per day
- Launch of New Dispatch Model (NDM) meant that during the bedding in process the ability to flex resource through combining dispatch sectors in control was reduced.
- Full complement of staff requiring maintenance training on every shift
- Additional CommandPoint training opportunities: dispatch refresher courses, Watch dry-runs at Bow
- Additional Resourcing required to support events
- A need to review the call-taking Rosters which are not yet optimally structured to meet incoming demand

Although the average call handling time has remained consistent with the previous quarter, there are still opportunities for enhanced focus and management of the call taking function and there will be renewed focus and scrutiny from the Watch AOMs on this aspect of performance.

Rest Breaks (Graph 12)

The rest break plan recently introduced in control services designed to manage the allocation of rest breaks during duty periods has begun to realise on the day improvements with less vehicles being lost at shift end for no break given. Whilst this is not reflected in this months board pack and does not indicate an increase in the totality of breaks completed, improvements are being seen in the number of breaks being offered due to smarter distribution of breaks being allocated.

The Trust has continued to consult with staff side over changes to the current rest break arrangements for operational staff and have now set a deadline for the completion of consultation as the end of June 2011. This follows numerous discussions as part of the Operational Partnership Forum and its constituted subgroups dating back to November 2009. The proposals upon which we are consulting surround two changes to the current arrangements and these include changes to the location at which rest breaks can be taken and changes to the administration of rest breaks during duty periods. We have notified staff side that we plan to implement changes to the current arrangements in July/August this year. We believe that the additional flexibilities will result in a significant improvement in breaks allocated and greatly reduce performance fall off at shift change.

Call Taking Resolution (Graph 31)

The month of May saw an increase in the number of calls resolved by telephone advice from a total of 5,107 in April to 5,512 in May. The number of calls handled by LAS clinicians increased from 4,625 in April to 5,818 with the number of calls resolved following a completed PSIAM assessment increased from 947 to 1,187.

The Trust continues to pass more calls each month to NHS Direct owing to the now preferred method of utilising the transfer of calls via the web enabled link. Contacts increased from

5,047 to 5326 and resolved over 80% of calls passed to them. This saved LAS resources being sent to an additional 4325 patients, an increase of 165 from April.

UOC resources were sent to significantly more calls in May as staff familiarise themselves with the New Dispatch Model incorporated into EOC on the 4th. The workload for these vehicles rose from 10,008 in April to 11,685 in May; and we are now reviewing the types of calls attended by these crews following some concerns expressed internally.

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

The Trust produced 121,703 ambulance hours resourcing for May this year which was 12,609 hours less than for the same period last year; a 9.4% reduction. FRU hours produced for May increased by 15.6% to 59,244 hours compared to 51,221 hours for the same period last year. As predicted appetite for covering FRUs has improved as we have drawn into 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 25,801 ambulance hours for Urgent Care vehicles in May this year, exceeding the hours produced last year by 3,421.

Actual planned overtime spend for May was 22,299 hours. This is a decrease of 39% compared to the same period last year when we spent circa 37K hours on planned overtime. This has been a considerable achievement taking into account our strategic intent not to offer any more overtime incentive scheme, balanced against a large staff abstraction rate due to SP2 Paramedic training.

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

The Trust continues to work relentlessly 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. Both of these seem to have plateaued, but work continues to reduce them further. On the 30th May 2010 the Trust average patient handover to green time was 19.3 minutes and for the weekending 29th May 2011 the Trust achieved 15.7 minutes, still the lowest time we have seen since the increased focus on this area, with 6 Complexes below the 15 minutes target - all of which are in the West, a further 6 complexes have average times ranging from 15.1 to 15.5 mins just outside the target.

On the weekending the 30th May 2010 the average hospital turnaround time was reported at 32.2 minutes. For the week ending the 29th May 2011 the Trust reported 32.2 minutes, so there has been no overall improvement and this remains above the target recommended previously of 28 minutes.
It is disappointing to report that the average arrival to patient handover continues to increase. From weekending the 30th May 2010 the Trust has seen a cumulative increase from 13.3 minutes to 16.8 minutes for weekending 29th May 2011 - an increase of 3.5 minutes. The increase in average arrival to patient handover is getting further from the 12 minutes target, which is inhibiting the achievement of the necessary frontline efficiencies. We have raised this as a concern with commissioners and it is apparent that this is in turn being raised as a significant area of concern with acute trusts across London.

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

Clearly of note was the cut-over to CommandPoint and it running for 5 hours before we went back to paper on June 8th. This is covered in more detail in the separate CommandPoint report. It is worth noting though that the sense of all concerned was one of disappointment. All staff had welcomed the challenge and risen to it – such that the same two watches are keen to be the ones for the re-launch.

All CommandPoint training was completed to plan. In addition, every Watch was afforded the opportunity to "dry-run" CommandPoint from Bow- which generated incredibly positive feedback. Additional dispatch courses were made available for those staff that felt less confident and maintenance training content was amended dynamically in line with staff feedback.

The New Dispatch Model (NDM) has operated well since its launch on May 4th, attracting positive comments from Control and Road staff alike. There is, of course, some learning arising and the model is being continually adapted in light of those; for example focus on the correct tasking of urgent care crews. Radio communications with crews (and speed of response) have, in particular, benefited from the split of complexes across desks.

Alongside NDM, was the launch of dynamic performance review which sees us analyse every missed CAT A call and identify the root cause at the time. The percentage attributable to dispatch error has been managed down since this started and performance feedback offered directly to staff. It can be seen that running times are the most significant contributor to breaches – which demonstrates the criticality of AAC and Blue8 software. New jointly agreed local standby points are yet to be uploaded and we are hopeful that when they feature in Blue8 we will make further improvements in deployment.

Fleet & Logistics (Graph 52 & 53)

Within the Vehicle Resource Centre (VRC), there has been an introduction of a new way of working where the VRC Co-ordinators are looking after their own operational area. This is still being bedded in and where shortfalls have been identified, training has been given. As we have now been running with frontline Ambulances assigned to station for some time, there is a review ongoing to check that vehicles are still deployed in the optimum way. This may result in some further reassignment of vehicles and a greater proportion of the fleet assigned to station, which follows comments raised by staff.

The personal fuel card trial at two complexes in the East continues and there has been no negative feedback, and no lost cards to date. The next step is to extend the trial to the whole of the East Area. However the wish is to ensure that we have good governance in place before doing this and so a framework of best practice is being produced prior to implementation.

There has been a shortlist of applicants for the Make Ready tenders. To date 3 site visits have taken place and so far they have all been productive with companies showing a high level of enthusiasm for the contract. Unfortunately one prospective bidder has pulled out of the

competition due to time lines and other commitments. The closing date for initial bids is the 27th June.

The Make Ready hospital trial continues to operate. Issues with staffing and quality of service are persisting, but the trial continues to prove itself as a viable addition to night time Make Ready. As the trial moves on, it seems clearer that it is possibly not going to be able to replace Make Ready completely, at least not in the contracts current guise, but it is being pushed in the tender as a value adding element of the service that should be carefully considered as part of the upcoming bids.

Deep cleaning continues to maintain a high level of success when compared to previous months / years. Tracking around 90% (higher in the West) it sits well above the KPI of 85% with further efforts being made on the FRU and PTS fleet.

Emergency Preparedness

Operational Commanders courses continue to take place. The Olympic training programme has now commenced with a day of the programme dedicated to Emergency Preparedness and these well now continue weekly through to December.

Work with multi-agency partners continues to develop and regular training and exercises are taking place at local, regional and national levels. A multi-agency exercise took place on the 7th June to look as aspects of our response to firearms incidents. The exercise went well and allowed the opportunity to test out arrangements, with a structured debrief scheduled to take place in the coming weeks to capture the lessons identified.

Work continues to finalise the Major Incident Plan and action cards for publication. A launch event will be arranged to update managers of the changes when the document is complete with the Rule 43 recommendations from the 7/7/ inquests incorporated.

The work on the new HART West site continues and is due for completion by mid September which will see all of the staff located together at Isleworth.

5. **PATIENT TRANSPORT SERVICE**

Commercial

We continue to wait to hear further on the submitted bids to the following Trusts under LPP Phase 3. We believe the delay in awarding on these bids is due to the continuing uncertainty re the current reorganisation of the NHS:

- Epsom & St Helier University Hospitals NHS Trust
- Richmond and Twickenham PCT
- Sutton and Merton PCT
- Croydon PCT
- Wandsworth Teaching PCT (currently held by LAS)
- Chelsea & Westminster Hospital NHS Foundation Trust
- Guy's and St Thomas' NHS Foundation Trust (High Dependency Transfers only)
- Royal Free Hampstead NHS Trust
- Royal Marsden NHS Foundation Trust
- Whittington Hospital NHS Foundation Trust

We presented to Guy's and St Thomas' NHS Foundation Trust (High Dependency Transfers only) on the 19th May 2011 having made their shortlist for presentations.

Outside of the LPP the following work is being undertaken:

Following our successful bid to provide PTS to Queen Mary Roehampton Hospital on behalf of their PFI Provider Sodexo we have been working closely them and their current provider M&L in our implementation plan to ensure smooth transition of the contract.   Transfer to LAS would take place at the end of July 2011 and the current provider M&L staff (12) would TUPE into the LAS at that time.

We have completed documentation for a bid for PTS for Lewisham Hospital on behalf of their potential PFI Provider Sodexo.

We have expressed our interest in a new tender issued on OJEC for London Barts NHS Trust for High Dependency Transfers only.

We have been advised that the next phase of the London Procurement Program will begin in August 2011 LPP Phase 4 and will involve approx 15 Trusts.

Operations

- Rotas

We continue the process of reviewing and implementing new rotas for PTS staff working in East London. The purpose of the changes is to ensure better utilisation of vehicles and staff, as well introduce a consistent, pan-London, working pattern. Benefits should include the elimination of third party usage, reduction in overtime and implementation of PROMIS to bring about better recording. PTS staff in West London are all now working on new 5 day rotas.

- Vehicles

During May we have received extensive feedback on the three Bariatric vehicles operated by PTS in relation to their utilisation, response times and capabilities and we are currently reviewing the vehicles and equipment used, based on this feedback to identify areas of further improvements to ensure their capabilities meets the growing demands that are being placed on the Service. In the first four months of the year they have completed a total of 138 journeys, 82 from PTS contracts and 56 for A&E.

- Communications

During May our Work Based Trainer has been delivering the next module of refresher training to all road staff on Wheelchair Harnessing & Securing.

- Performance

Activity in May rose to 14,090 patient journeys. Overall activity continues to be lower as a result of the Bank and Public Holiday weekends with only 20 working days in the month, and the effects of tight activity control from all Trusts in response to current financial constraints, as compared to previous highest month's activity of 16,589 patient journeys achieved in March 2011.

The quality standards for May 2011 were:

• Arrival Time: 91%
• Departure Time: 94%
• Time on Vehicle: 95%

6. **HUMAN RESOURCES**

Workforce information

Highlights from the attached workforce information report are:

Sickness absence

Sickness absence reported in April is 5.26% compared to 5.18% in March. The Trust has set a target to achieve an absence level of 5% for the year.

It is encouraging to see that A&E operational Areas overall achieved a sickness absence level of 5.06% for the month of April, with both East and West Areas reporting below target levels at 4.51% and 4.57% respectively.

PTS remains high at 12.34% in April with a number of long term absences which are currently being managed through the MAP. The numbers of "live" long term absences have reduced since the reporting period and it is therefore anticipated that future reports will reflect a decrease in absence levels accordingly.

The national benchmarking report for sickness absence across all Ambulance Trusts for the full year 2010/11 will be available at the end of June and will be reported to the next Trust Board.

Vacancies and Turnover

Management Information are finalising the reconciliation of ESR establishment following the changes agreed through budget setting and associated Cost Improvement. Accurate figures should therefore be reported from next month.

From weekly operational staff in post figures, it can however be reported that as at 6.6.11, frontline staffing was 3257 wte against an establishment of 3301 (vacancy level of 44.wte). We have an anticipated recruitment of c60-65 university paramedics in late autumn.

Turnover in May was in line with the same period last year and year to date levels are slightly lower than last year though within normal range.

Employee Relations

The level of "live" attendance cases has continued to rise with 569 staff being actively managed. Future reports will also indicate the number at a progressed stage (final warning). Other activity remains stable.

PDR completion

Whilst May does show some improvement in completion rates in most areas, this is not significant and it is not clear that the new electronic reporting tool is yet being fully utilised. Managers have received a second reminder to record all completed PDRs using the new electronic system.

The system will also help in providing managers and SMG with completion reports in order to ensure that appropriate action is taken.

It should be noted that some PDR completion is undertaken on a rolling year rather than fiscal year and will therefore not be recorded until later in the year.

Health Safety and Risk – incident reporting

The electronic incident reporting pilot has delivered a significant increase in levels of incident reporting at the ambulance complex which has been central to supporting the pilot, and the speed of reporting has also significantly improved. Results at surrounding complexes within the pilot area have been less positive, and work is underway to understand why this might be with a view to re-launching the pilot at these complexes. It is likely to be a matter of local communication and engagement rather than any particular staff resistance to the concept or methodology. A view will then need to be taken on further roll-out and how this might be aligned to the introduction of any new Risk Management System.

The Trust-wide health and safety consultative arrangements are now being re-established following the training of Trade Union representatives to the agreed level. The Corporate Health and Safety Group meets on 30 June, and the new Operational Health and Safety Partnership Forum should be established in July.

Training and Education

The main area of activity in May has been to continue to deliver the Paramedic skills elements of training to the significant numbers of Student Paramedics. There are currently between 100-120 students per day are moving through this part of the programme. In the year to date 46 paramedics have qualified and are in the process of registering.

The three daily modules delivering Core Skills Refresher (CSR) training have been agreed with delivery of CSR 1 and 2 re-commencing in June. CSR 3 programme development work has commenced in preparation for future delivery.

Work continues on the introduction of Higher Education pathways for Paramedic Registration and we will be launching the Open University (OU) Paramedic courses for A&E Support and Emergency Medical Technicians imminently. Further work is being undertaken to identify if the OU can also provide modules for existing Paramedics to gain a Higher Education award.

Partnership working

At this challenging time, Partnership working is being strengthened as far as possible by ensuring that communication channels with management, the Trade Unions and senior representatives are maintained and enhanced. The Joint Secretaries continue to meet regularly, every two weeks whenever possible, and the frequency of meetings of the Staff Council is to be increased. Additional meetings will also be arranged should this be necessary.

As previously reported, we will continue to work with staff side in implementing the CIP and considering any potential alternative areas for cost savings which may be identified.

Wellbeing

Initial feedback on the new provider of occupational health services, Guys and St Thomas', continues to be positive in the main. Work will be undertaken to identify joint health and wellbeing initiatives which can be taken forward in partnership with occupational health.

The Staff Support team has been strengthened by the appointment of a senior counsellor.

We continue to be actively involved in pan-London and other health and wellbeing networks. The Assistant Director, Employee Support Services is a member of the NHS London Heath and Wellbeing group and also involved in networks established by NHS Employers. A pan-London Wellbeing reference group is chaired by the Staff Support Services Manager. This ensures we access relevant best practice from others both in London and nationally together with promoting the work and profile of the LAS.

Staff Engagement

The pilot Team Briefing system which was launched in Human Resources and Finance Directorates, and extended to Fleet and Logistics from May 2011, is now to be evaluated to inform the next phase of implementation.

A staff suggestion scheme, "If I could change one thing…" has been agreed and is being launched.

A range of staff engagement information and materials has been published on the Pulse (intranet). This includes the first of a series of regular "temperature check" surveys, which will enable us to track staff views and feelings in real time on some of the key measures in the annual NHS staff survey. All Complexes and directorates have also been encouraged to confirm a number of commitments to staff, based upon their local staff survey results, and these are published on the staff engagement pages.

7. COMPLAINTS, PALS ENQUIRIES AND SERIOUS INCIDENTS

Introduction

This report provides an update on the Trust's position with regards to serious incidents, complaints and PALS activity, specifically focussing on activity during May 2011. To provide some context I have included a running total of activity to date along with a comparison with 2010/2011.

Summary
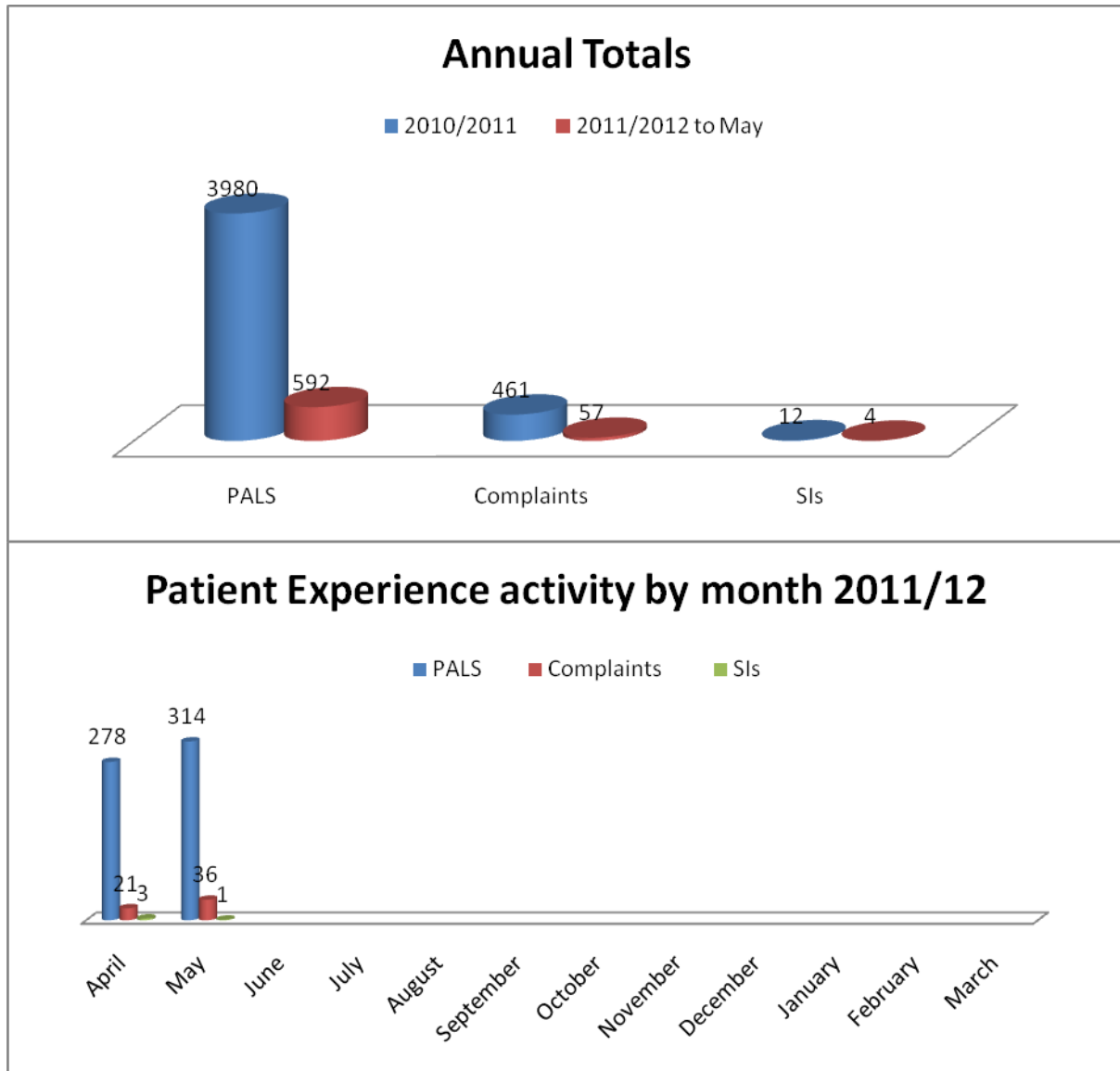
To date figures for PALS and complaints are lower, on average, than the same period last year. However, the number of serious incidents (SIs) may exceed those declared during 2010/11.

Complaints

Complaints by subject 2011	May
Treatment	8
Delay	9
Non-conveyance	7
Road handling	6
Non-physical abuse	4
Aggravating Factors	0
Conveyance	0
Not our service	1
Patient Injury or Damage to Property	1
Clinical Incident	0
Totals:	**36**

Complaints remain stable in terms of volume and complaint subjects.

PALS

PALS by Subject and Received May 2011	Total
Information/Enquiries	205
Lost Property	57
Appreciation	10
Communication	9
Delay	4
Incident Report - A&E	4
Conveyance	3
Policy/ Procedure	3
Clinical	2
External Incident Report - LAS Crew	2
Helpline Request	2
Incident Report - GP Surgery	2
Patient Injury or Damage to Property	2
Access	1
Non-physical abuse	1
Incident Report - Community Health (Midwife/DN)	1
Incident Report EOC	1
Incident Report - LAS Equipment	1
Incident Report - Hospital Midwife	1
Non-conveyance	1
Other	1
Road Traffic Collision/RTC	1
Totals:	**314**

PALS activity increased over April - there were 21 working days in May. Only 1 PALS enquirer was referred to the Ombudsman as an outcome. 143 PALS enquiries were closed

within 24 hours. Lost property enquiries remain stable - none resulted in compensation during May.

Serious Incidents

ID	StEIS	Description	Incident Date	Received	Case Officer	Comments
2011/2012 to June						
39067	2011-10487	CommandPoint failure resulting in the Trust moving to fallback position for a longer period	08/06/11	09/06/11	Steve West	
39064	2011-10648	Delay in activation to patient in cardiac arrest	08/06/11	09/06/11	Trevor Hubbard	
35359	2010-8126	High risk register – delay in crew attending to the patient who subsequently died	16/6/10	1/11/10	Gary Bassett	Included here as not previously reported to the Trust Board
38892	2011-9121	FT members email addresses - data loss incident	04/05/2011	16-May-2011	Carmel Dodson-Brown	Query whether this should be downgraded
38353	2011-7943	Delay in attending RTC patient	22/04/11	28-Apr-2011	Paul Ward	
38113	2011-6682	External SI raised at UCH - vehicle en route to Cat A call appeared to run out of petrol	09/04/11	11-Apr-2011	Trevor Hubbard	
38111	2011-7092	SUI consideration. 3 x 999 calls. Address on high risk register. Patient found deceased.	07/04/11	11-Apr-2011	Peter McKenna	

Work is underway to further strengthen the governance processes for serious incident management and to improve the timeliness of investigations, reporting and action being taken. The Learning from Experience group co-ordinates monitoring of serious incidents and is holding an additional meeting in June to review all those currently under investigation. The Trust is managing 20 serious incident investigations as at the time of writing and the SMG approved 3 final reports and action plans in June 2011. These are summarised below. The intention is to have managed all serious incidents that are currently under

investigation/outstanding to final report and submission to NHS London by 30 September 2011.

Serious incident reports approved for submission to NHS London

ID	StEIS	Description	Incident Date	Received	Case Officer	Comments
36890	2011-2437	Data loss relating to PTS – theft of laptop		08/02/11	Carmel Dodson-Brown	Approved by SMG 15/06/11. Information Commissioner notified.
36414	2011-1445	Patient left at home after failure of crew to undertake clinical assessment. Patient died.	09/01/11	10/01/11	Mark Whitbread	Approved by SMG subject to final revision. To be given to the family. Likely Coroner's case.
17138	2010-2782	Investigation into the management of an incident in 2007 that was not declared an SI at the time	70/07/07	24/02/10	Gary Bassett/Jason Killens	Approved by SMG 15/6/11

8. COMMUNICATIONS AND ENGAGEMENT

PPI and Public Education activity report

Patient and Public Involvement:

- An event for Foundation Trust members was held at St. Thomas' Hospital in May, and was well attended by a number of members who are considering standing as governors of the Foundation Trust. Two workshops were held during the event. One asked for people's views about how best the LAS can engage with its members and governors in the future, and how they could help the Trust achieve its objectives. The other focused on the Estates Strategy. Feedback from the event was very positive.

Public Education:

- An eight-day Public Education Staff Development Programme took place during May, with 11 participants. Feedback was extremely positive and another programme is being planned for the autumn. This programme provides participants with opportunities to improve their skills and knowledge, in order to make the most of their involvement in public education activities.

- The Head of PPI & Public Education is working with the Director of Quality & Health Promotion to produce a joint Prevention Strategy, which will cover both health promotion and public education.

Other PPI and public education activities:

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

- Visits to schools for pre-school, infant, junior and secondary ages.
- Junior Citizen schemes.
- Visits to groups of guides and cubs.
- A 'safer citizen scheme' for deaf and hearing impaired children.
- Careers talks and careers days.
- Heartstart training including 'train the trainer' sessions for hospital volunteers, staff at health centres, nursing students, leisure centres and voluntary organisations.
- Basic Life Support sessions for staff in primary schools and as part of the Tower Hamlets Project.
- Defibrillator familiarisation training at the Palace Theatre.
- Hosting a visit at HQ for Norwegian paramedic tutors.
- Stroke seminar for Foundation Trust members.
- Community event in Forest Gate.
- LFB open day.
- Talks for groups interested in stroke and diabetes.
- Talks for members of pensioners' forums and care home staff.

Reputation and issues management

Introduction of new 999 call handling system: Following the technical issues experienced when the Service introduced CommandPoint, interviews were given by Deputy Director of Operations Jason Killens to BBC London television and radio. After the Service reverted back to using its existing computer system the next morning, Director of Operations Richard Webber was interviewed live on LBC. The story also appeared in the Evening Standard, The Guardian and some specialist, technical news websites.

Media

Publication of NAO report: Transforming NHS ambulance services: The Service attracted media attention from regional TV and radio following the publication of a National Audit Office report into ambulance services. The report said that ambulance services could work more cost effectively, and the media picked up on the issue of double or multiple dispatch suggesting it was a waste of money. Chief Executive Peter Bradley spoke to BBC London (television and radio) and ITV London, while Deputy Director of Operations Jason Killens was interviewed by ITV London. The Service's full response can be found on www.londonambulance.nhs.uk.

Fire on the Strand: A fire on the Strand, where staff treated two patients for minor injuries, generated widespread media coverage. The use of Twitter to provide live updates about the incident received recognition from national journalists and resulted in higher than average visitors to the Service's website to view incident statements.

Firefighters trained in use of defibrillators: Performance Improvement Manager Paul Gates was interviewed by LBC, BBC London TV and ITV London about the completed four-year roll out of immediate emergency care training to fire fighters. Service clinicians trained LFB instructors to teach their frontline staff life-saving skills including the use of defibrillators and provision of oxygen.

Filming and documentaries

ITV Tonight programme – health and safety: At the time of submission of this report, an episode of ITV's Tonight programme was due to be broadcast looking at the impact of health and safety legislation on emergency services. One of the cases expected to be featured is that of a patient who died at home following a 999 call to the Service in 2009, where there was a delay in attending him because of a staff member's concerns for their own safety. The Service wasn't asked to be interviewed, but gave a statement explaining the findings of the investigation that was subsequently carried out.

External scrutiny

Review of the London Ambulance Service by the London Assembly's Health and Public Services Committee: Finance Director Mike Dinan and Medical Director Fionna Moore gave evidence at a meeting of the Health and Public Services committee at the end of May as it continued to look at how the Service is meeting current and future operational, financial and organisational challenges. The focus of discussion was on the Service's recently

announced cost improvement programme which aims to save £53m over the next five years. The Mayor's Health Advisor Pam Chesters also attended and was asked about the potential role for the Mayor in overseeing the London Ambulance Service.

Assembly members visited the London Ambulance Service headquarters following the meeting to see firsthand how 999 calls are managed and to look at facilities and equipment that would be used in a major incident.

Peter Bradley CBE
Chief Executive Officer

20 June 2011

London Ambulance Service
NHS Trust

Information Pack for Trust Board

May 2011

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

Graph 1
Average number of Total incidents per day

6 fewer incidents per day (Apr-May) 11/12

2010/2011   2011/2012
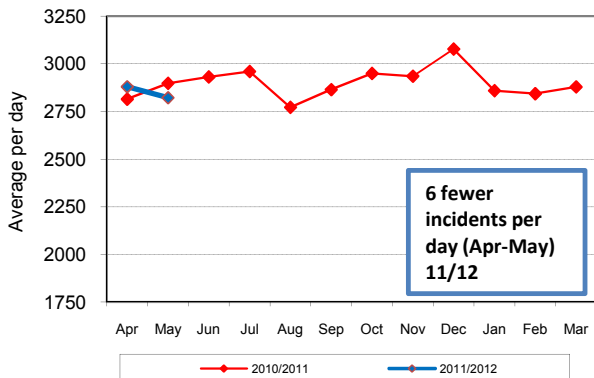
Graph 2
Average number of Cat A incidents per day

97 more incidents per day (Apr-May) 11/12

2010/2011   2011/2012
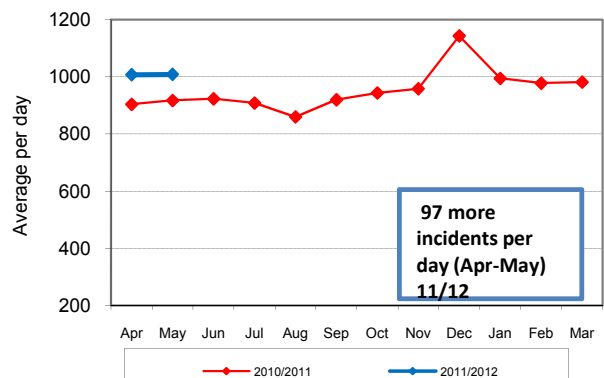
Graph 3
Average number of Cat C incidents per day

717 more incidents per day (Apr-May) 11/12

2010/2011   2011/2012
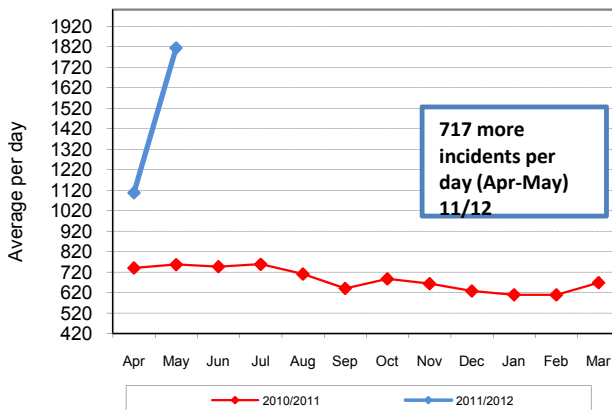
Graph 4
No of incidents conveyed

10/11 Conveyances   10-11 incidents
11/12 Conveyances   11-12 incidents
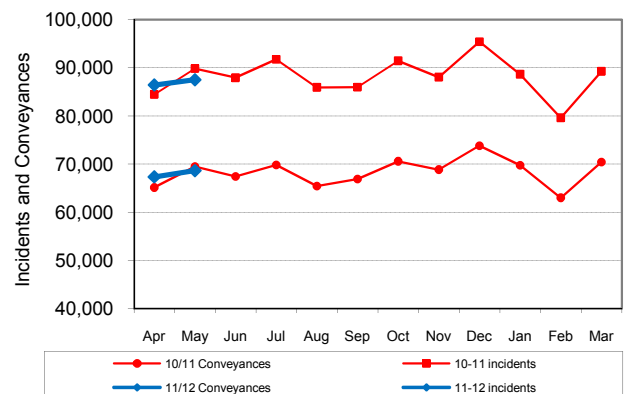
Graph 5
Average number of 999 calls received per day

407 more calls per day (Apr-May) 10/11

2010/2011   2011/2012
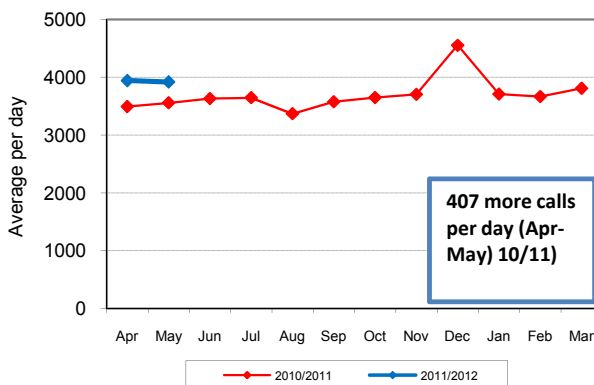
Graph 6
Percentage of calls answered within 5 seconds
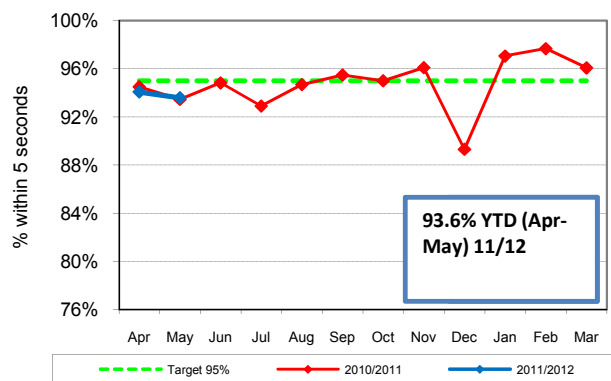
93.6% YTD (Apr-May) 11/12

Target 95%   2010/2011   2011/2012

London Ambulance Service NHS Trust
Accident and Emergency Service
Performance - May 2011

Graph 7
Category A 8 minute performance

76.68% YTD
11/12 (Apr -
June 16th)

Target 75% 2010/2011 2011/2012

Graph 8
Category A 19 minute performance

99.34% YTD
(Apr - Jun
16th) 11/12

Target 95% 2010/2011 2011/2012

Graph 9
Category C1 20 minute performance

83.30% YTD
(Apr - Jun
16th) 11/12

Target 95% 2011/2012

Graph 10
Category C2 30 minute performance

86.77% YTD
(Apr - Jun 16th)
11/12

2011/2012

Graph 11
Cat C incidents 60 Minute Performance

Target 95% 2011/2012

Graph 12
Rest Breaks Given

Target 80% 2010/2011 2011/2012
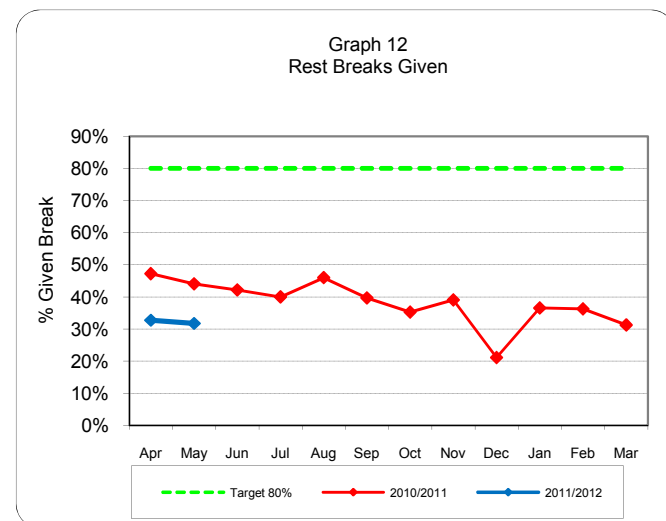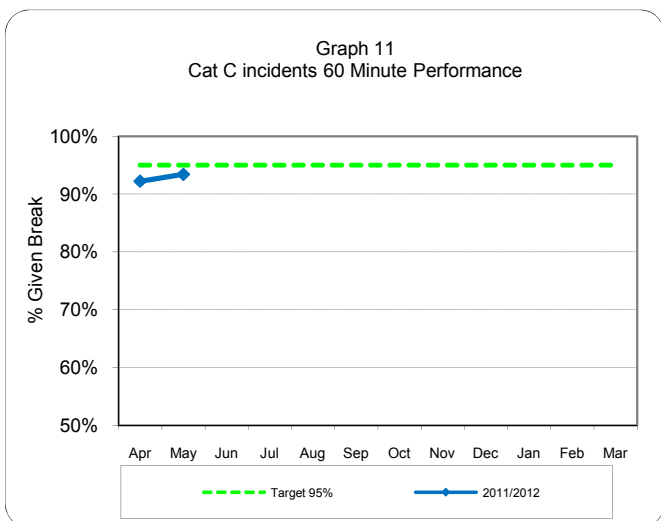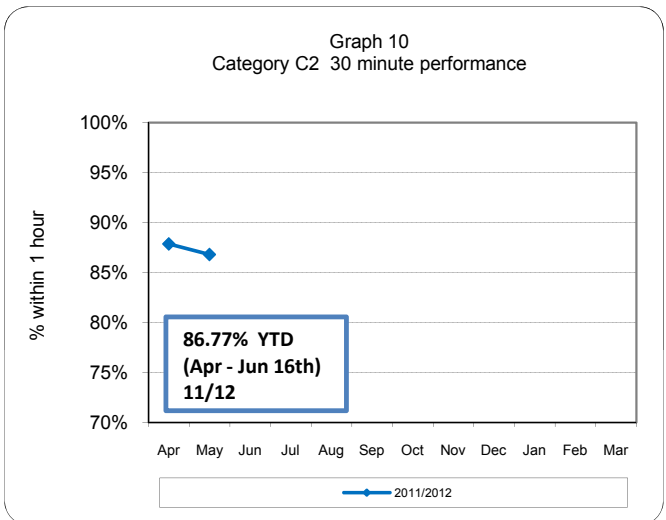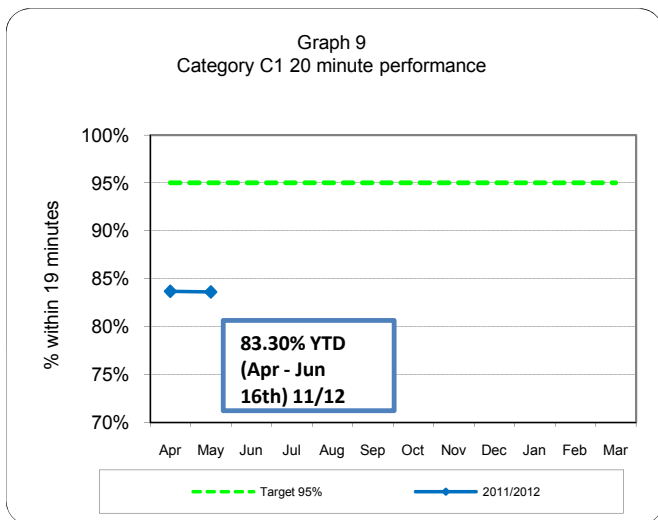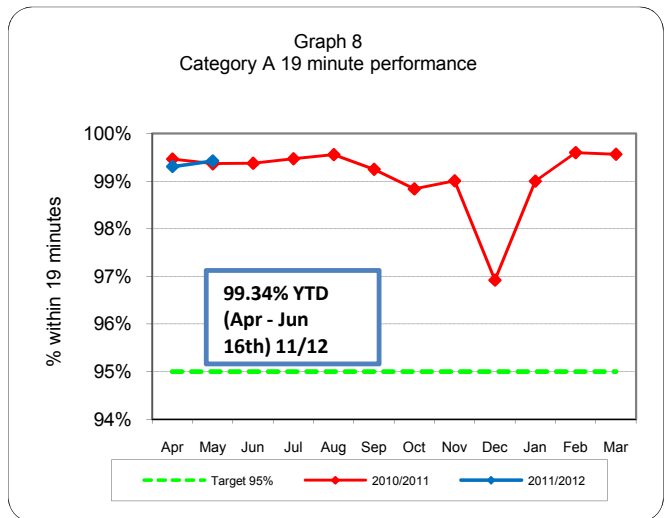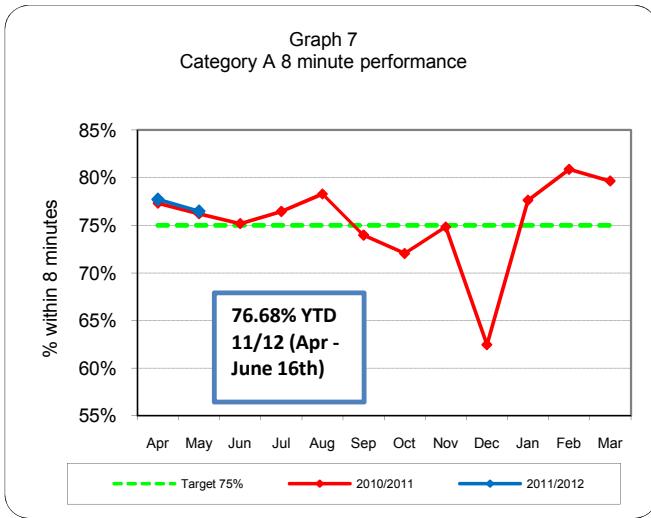
London Ambulance Service NHS Trust
Accident and Emergency Service
Performance - May 2011

Graph 13
Category A 8 minute performance
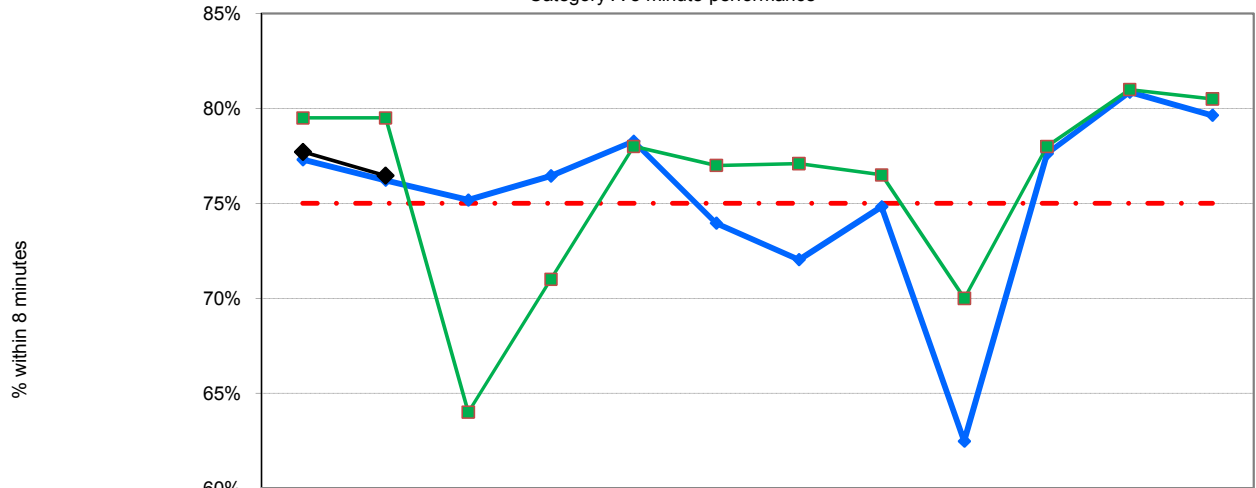
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target 75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
2010/2011	77.3%	76.2%	75.2%	76.4%	78.3%	74.0%	72.0%	74.8%	62.5%	77.6%	80.9%	79.6%
Cat A trajectory (11/12)	79.5%	79.5%	64.0%	71.0%	78.0%	77.0%	77.1%	76.5%	70.0%	78.0%	81.0%	80.5%
2011/2012	77.7%	76.5%										

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

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

Graph 14
Ambulance Hours average available per day

Average per day

4600
4400
4200
4000
3800
3600
3400
3200

Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar

- - - Funded Amb Hrs 2010/11   ◆ 2010/2011
◆ 2011/2012   ▲ Funded Amb Hours 2011/12
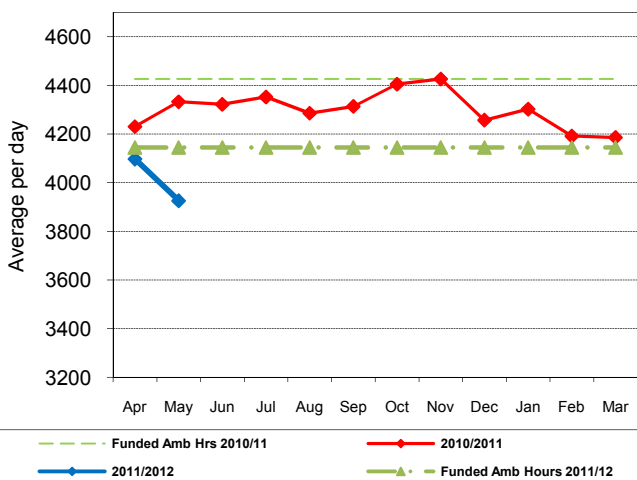
Graph 15
FRU hours average available per day

Average per day

2250
2000
1750
1500
1250
1000
750

Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar

▲ Funded FRU Hours   ◆ 2010/2011   ◆ 2011/2012
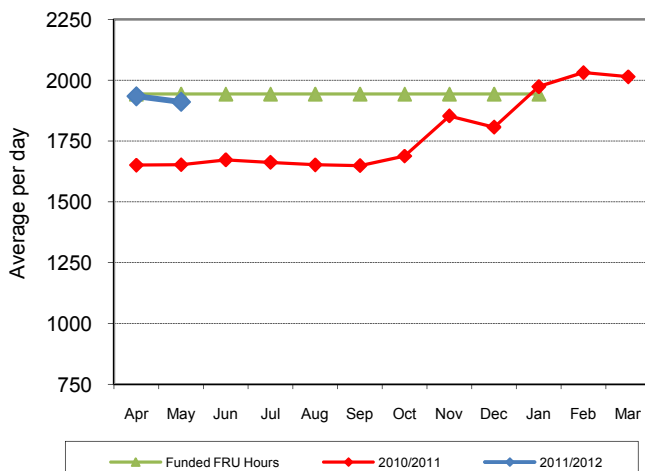
LAS hours in the day Compliant to ORH

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

75%   75%   79%   83%   75%   75%   92%
67%   46%   46%   63%   75%   54%   79%   75%
38%   33%   21%   21%   46%   67%   42%   38%
25%   7%   21%   38%   13%   4%

5/4/09 19/4/09 3/5/09 17/5/09 31/5/09 14/6/09 28/6/09 12/7/09 26/7/09 9/8/09 23/8/09 6/9/09 20/9/09 4/10/09 18/10/09 1/11/09 15/11/09 29/11/09 13/12/09 27/12/09 10/1/10 24/1/10 7/2/10 21/2/10 7/3/10 21/3/10 4/4/10 18/4/10 2/5/10 16/5/10 30/5/10 13/6/10 27/6/10 11/7/10 25/7/10 8/8/10 22/8/10 5/9/10 19/9/10 3/10/10 17/10/10 31/10/10 14/11/10 28/11/10 12/12/10 26/12/10 9/1/11 23/1/11 6/2/11 20/2/11 6/3/11 20/3/11 3/4/11 17/4/11 1/5/11 15/5/11 29/5/11

- ◆ - Wednesday   - ◆ - Sunday

Graph 17
UOC Hours average available per day

Average per day

900
800
700
600
500
400
300
200
100
0

Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar

▲ Funded UCS Hours   ◆ 2010/2011   ◆ 2011/2012
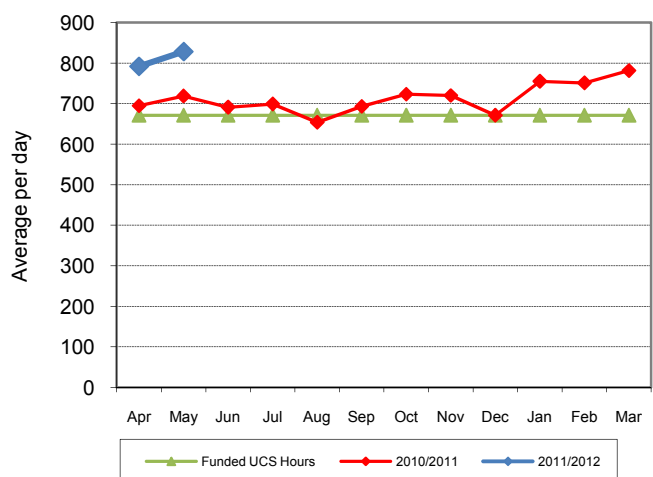
Graph 18
All Vehicle Hours average available per day

Average per day

8500
8000
7500
7000
6500
6000
5500

Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar

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

- · - Funded Total Hrs 2010/11   ◆ 2010/2011
◆ 2011/2012   ■ Funded Total Hrs 2011/12
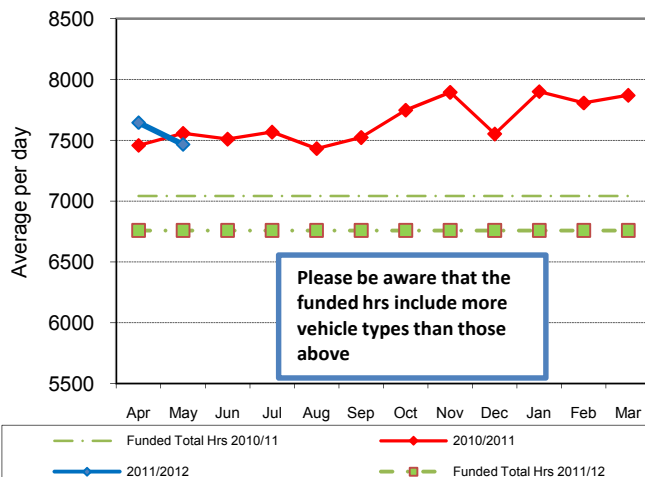
includes other vehicle types other than those above

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

Graph 19
FRU Utilisation
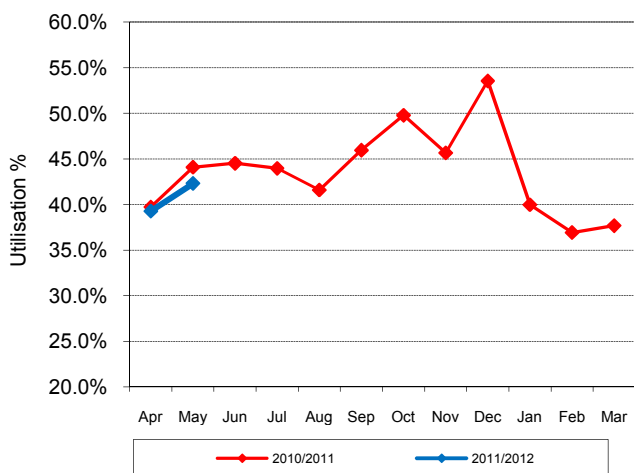
Graph 20
Ambulance Utilisation
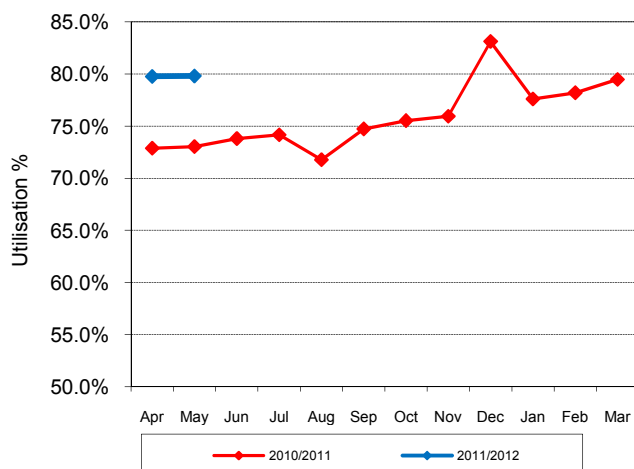
Graph 21
EOC hours staffed per day
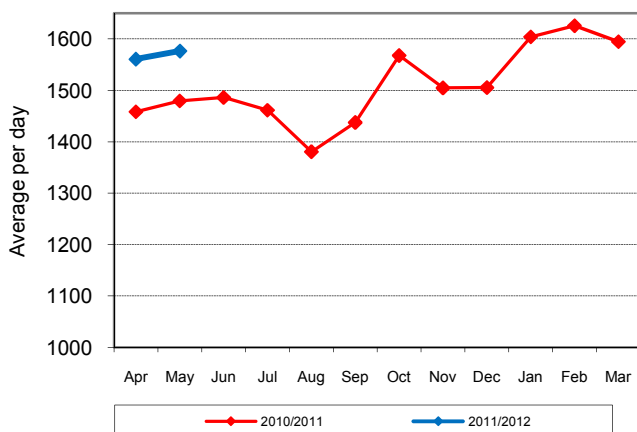
Graph 22
Average hospital turnaround time
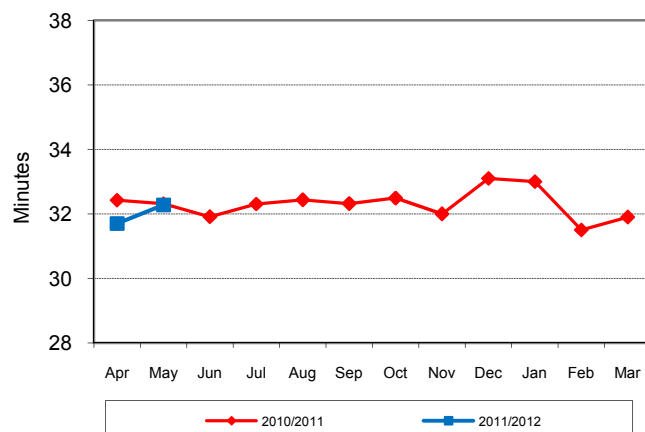
Graph 23
Average Arrival at Hospital to Handover (Mins)
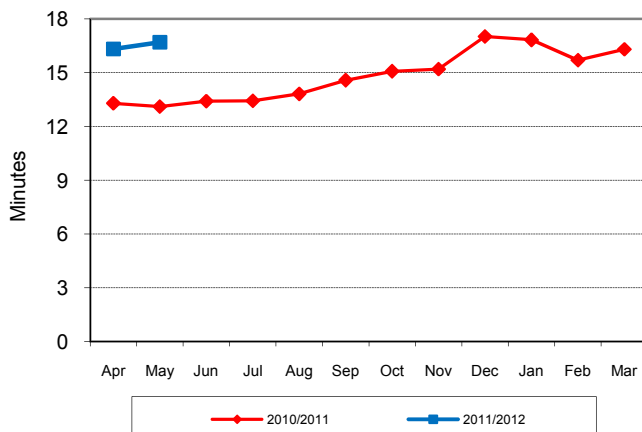
Graph 24
Average Handover to Green (Mins)
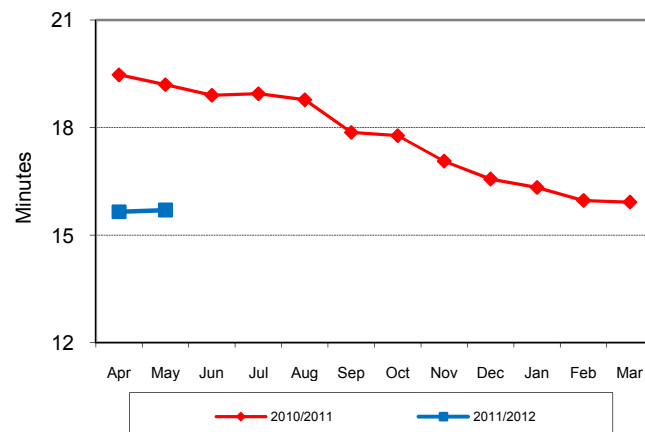
London Ambulance Service NHS Trust
Patient Transport Service
Activity and Performance - May 2011

Graph 25
Arrival at Hospital Against Appointment Time

Legend: 2009-2010, 2010-2011, 2011-2012
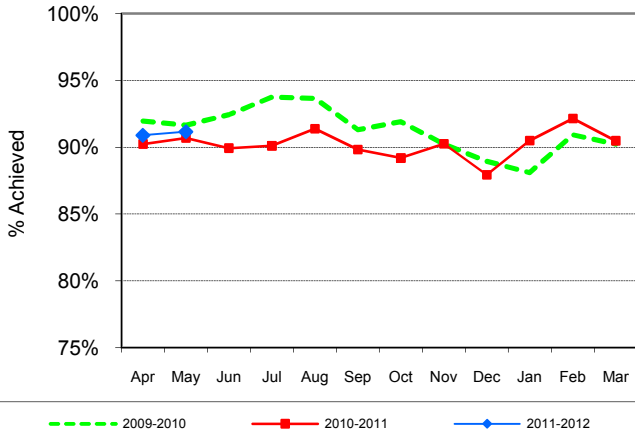
Graph 26
Departure Against Ready Time

Legend: 2009-2010, 2010-2011, 2011-2012
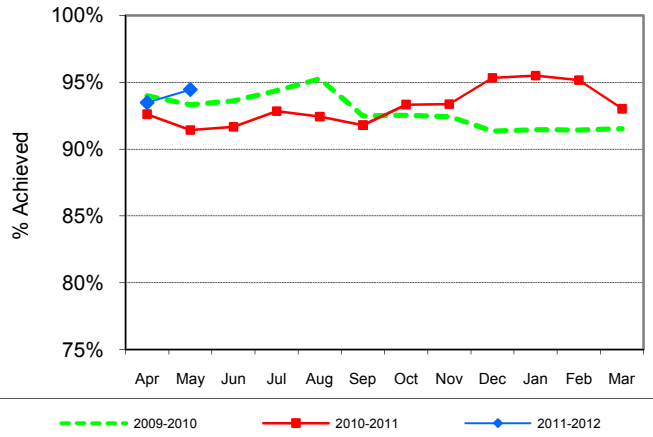
Graph 27
Time spent on Vehicle

Legend: 2009-2010, 2010-2011, 2011-2012
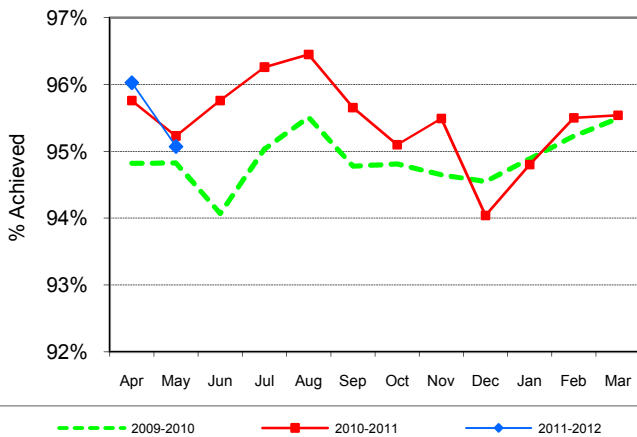
Graph 28
PTS Total Activity

Legend: 2009-2010, 2010-2011, 2011-2012
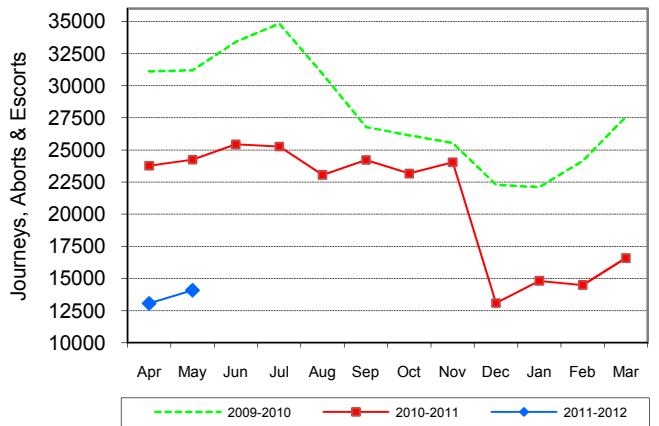
Graph 29
Deep Clean - PTS (17 weeks) - LAS

Legend: % PTS Deep Cleaned - LAS, % PTS Deep Cleaned - LAS 11/12, Deep Clean Target
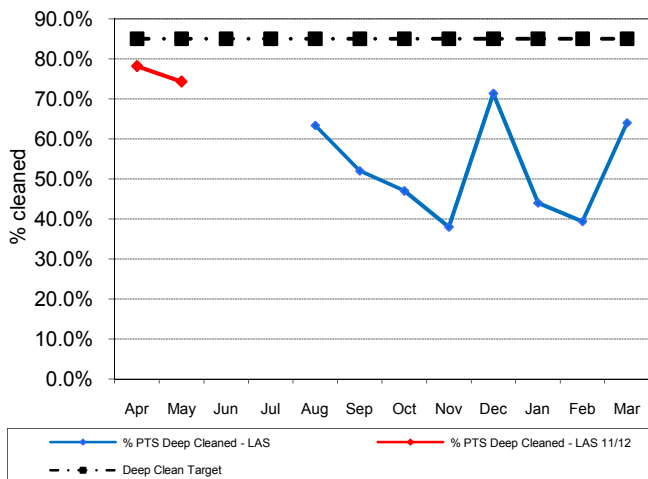
London Ambulance Service NHS Trust
Accident and Emergency Service
UOC Effectiveness - May 2011

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

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

Legend: Cat A, Cat B, Cat C, Non Urgent
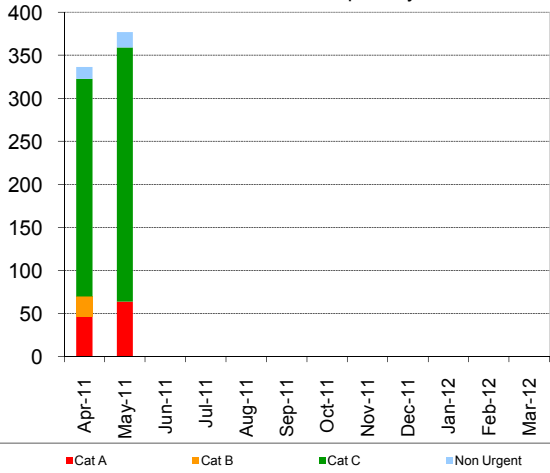
Graph 31
CTA/NHSD/DMP Ambulances saved

Legend: NHSD 10/11, CTA 10/11, NHSD 11/12, CTA 11/12, DMP (CSD) saved 10/11, DMP (CSD) saved 11/12, Total Saved
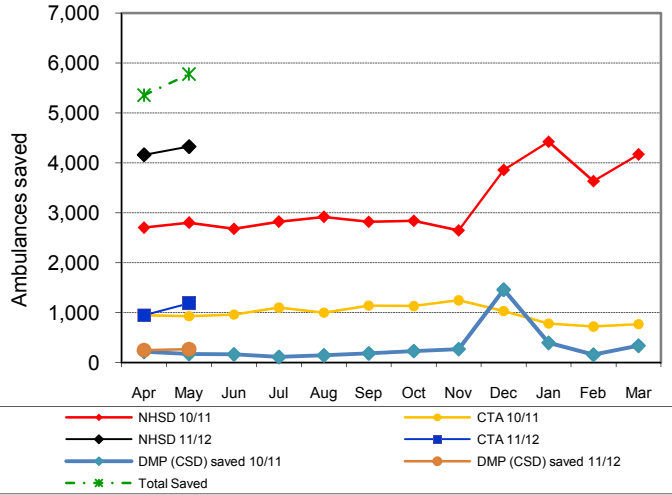
Graph 32
UOC Utilisation

Legend: 2010/2011, 2011/2012
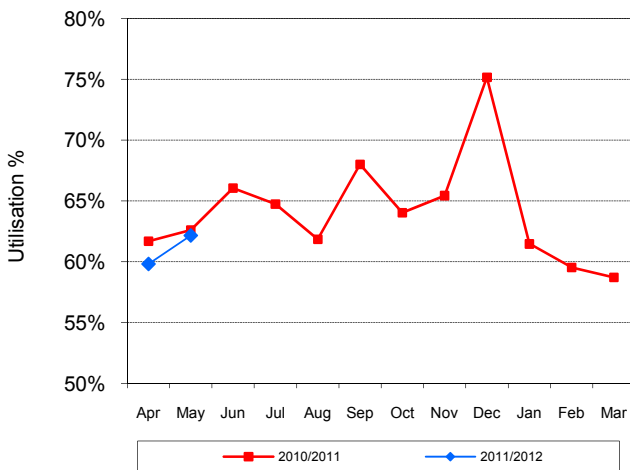
Graph 33
C4 resolution - May 2011

Other (C4), 354, 1%
CTA saved, 1187, 5%
NHSD saved, 4325, 18%
UOC (C4), 5968, 25%
Front Line (C4), 11773, 50%
VAS /Private /PTS (C4), 153, 1%
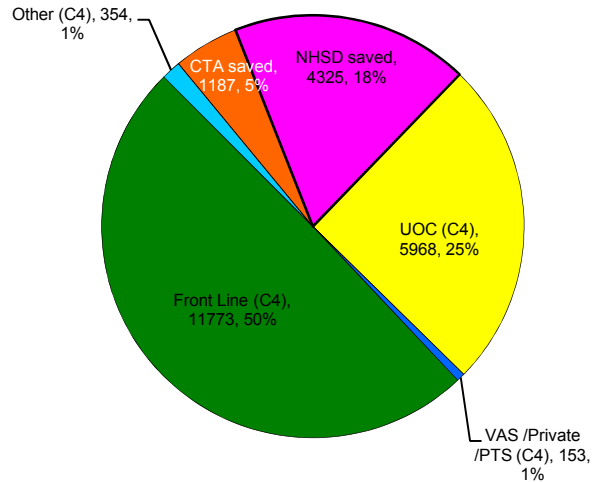
Graph 34
Safeguarding children and adults

Legend: 2010/2011, 2011/2012
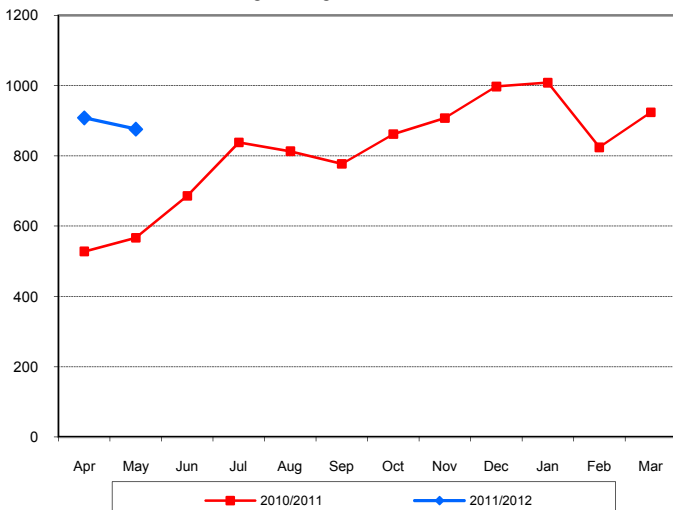
Graph 35
Patients conveyed to Non A&E Departments - LAS
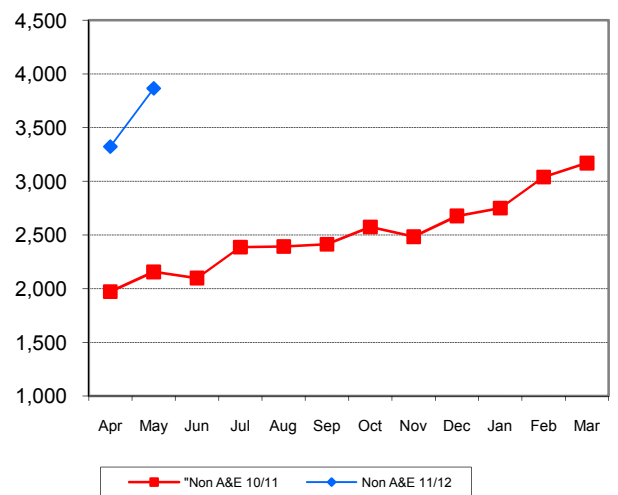
Legend: "Non A&E 10/11, Non A&E 11/12

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

Graph 47
AEU Lost Days - LAS
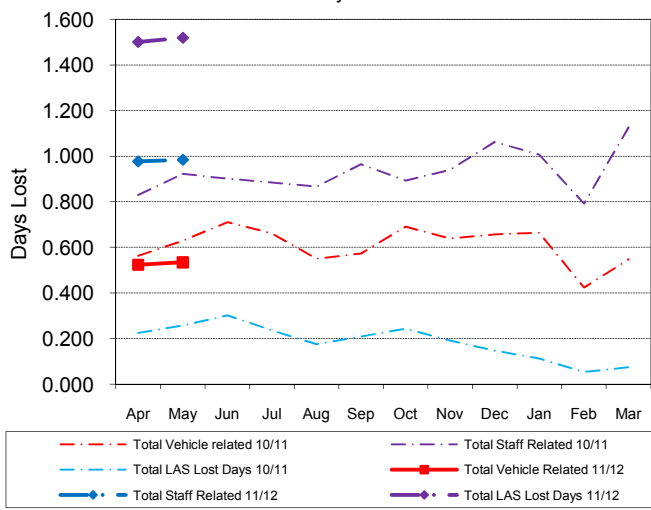
Graph 48
AEU Lost Days - Fleet Breakdown
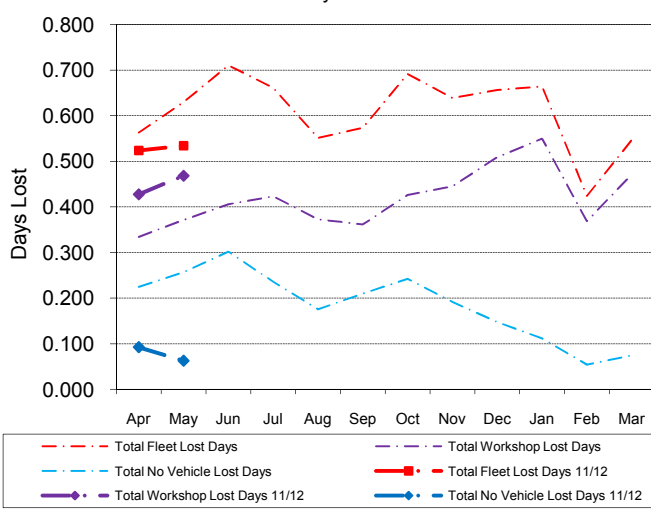
Graph 49
VOR - LAS
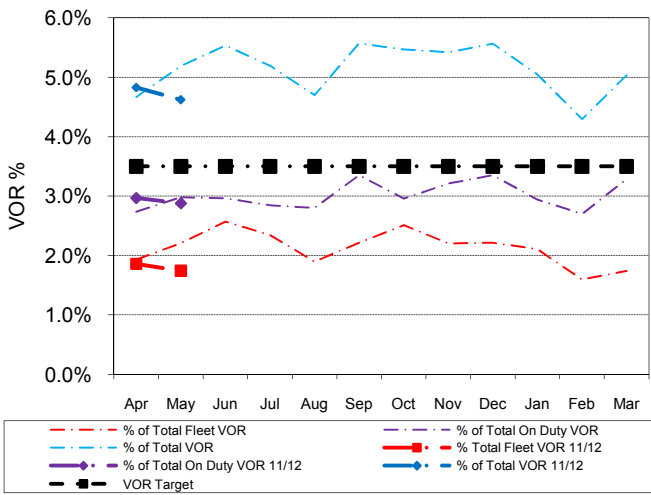
Graph 50
Vehicles Sourced -% within 30mins of shift start
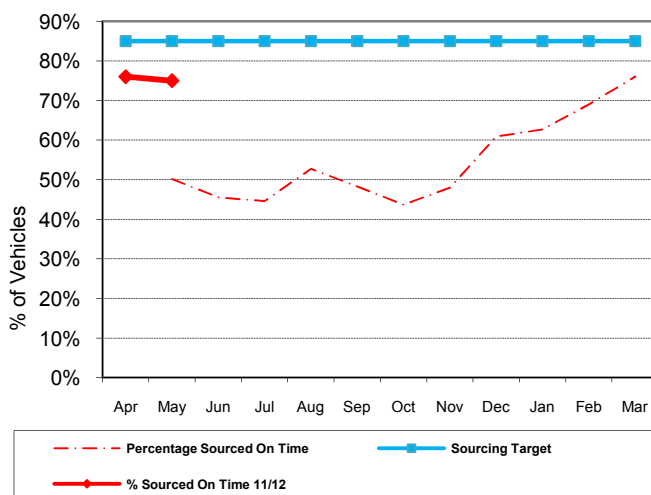
Graph 51
Servicing Performance - LAS
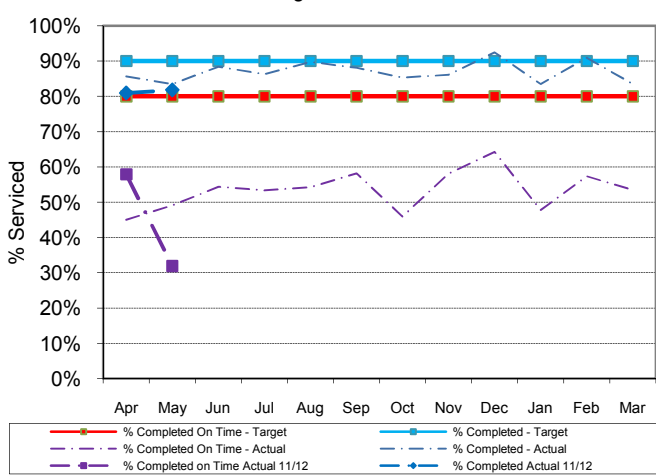
London Ambulance Service NHS Trust
Accident and Emergency Service
SMG Pack - Fleet and Logistics - May 2011

Graph 52
Deep Clean - AEU(8 weeks) - LAS

Legend:
- % A&E Deep Cleaned - LAS
- % A&E Deep Cleaned 11/12
- Deep Clean Target
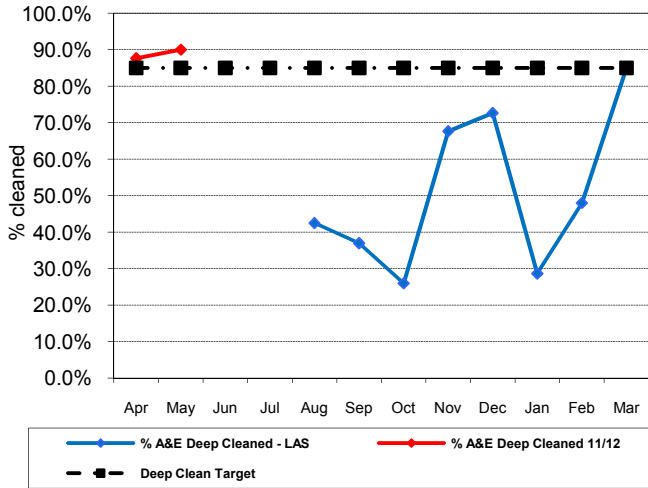
Graph 53
Deep Clean - FRU (13 weeks) - LAS

Legend:
- % FRU Deep Cleaned - LAS
- % FRU Deep Cleaned - LAS 11/12
- Deep Clean Target
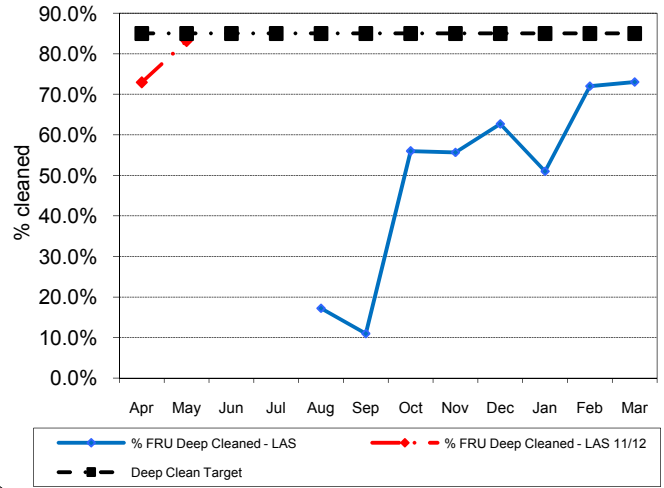
London Ambulance Service
NHS Trust

HR Summary for Trust Board

June 2011

Workforce Report

Current Month Jun-11   **Sickness Month** Apr-11

Trust Summary

Sickness Absence
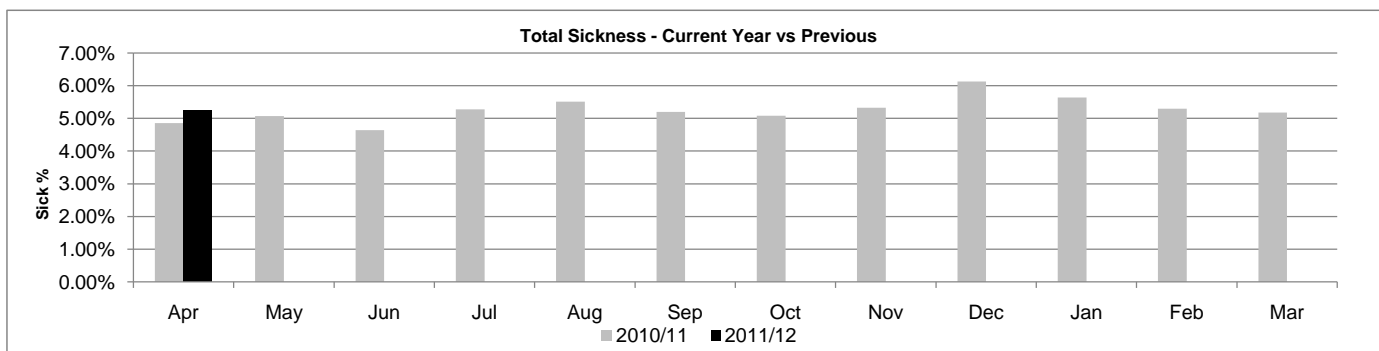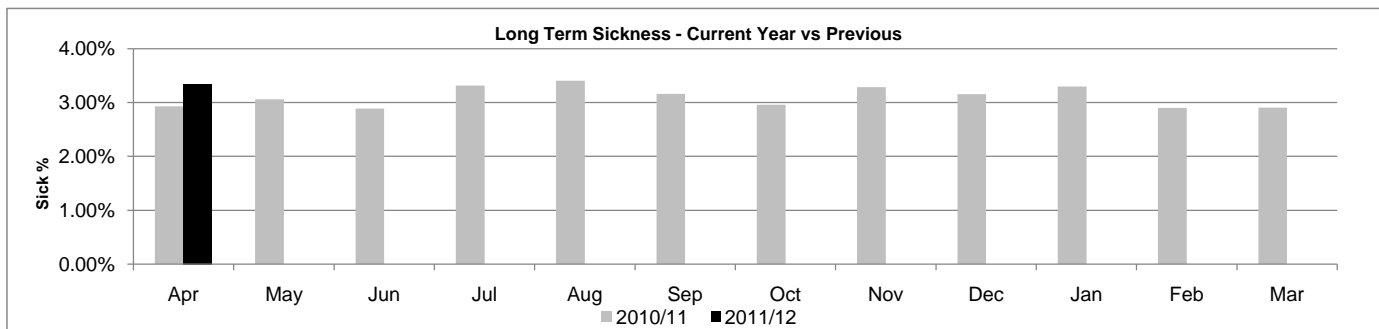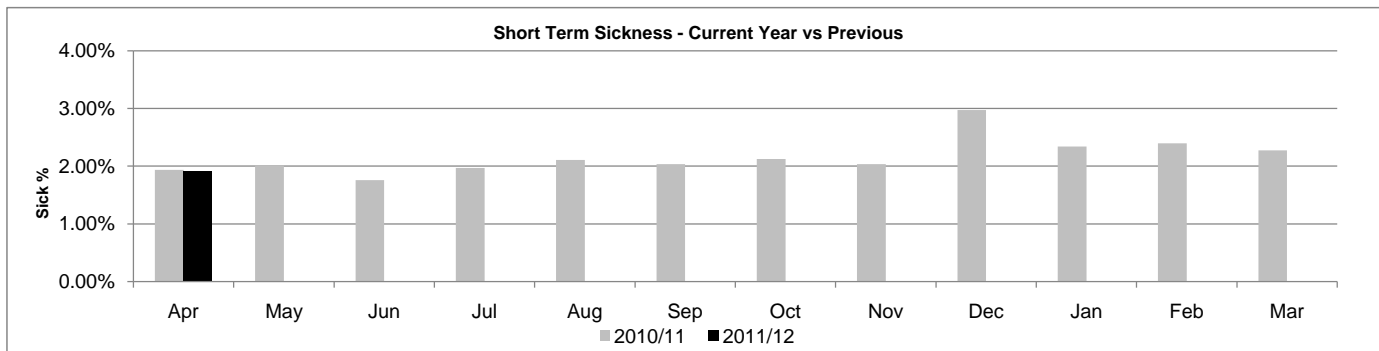
Short Term Sickness - Current Year vs Previous

Long Term Sickness - Current Year vs Previous

Total Sickness - Current Year vs Previous

Sickness 2010/11	5.27%	**Current WTE**	4703.91	**NB Secondments and Acting Up Included in Totals**
YTD Sickness	5.26%	**Current Headcount**	4922.00	

Total Sickness	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2010/11	4.86%	5.07%	4.64%	5.28%	5.51%	5.20%	5.08%	5.32%	6.13%	5.64%	5.30%	5.18%
2011/12	5.26%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Unauthorised Absence	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2010/11	263.00	210.00	167.00	178.00	136.00	197.00	169.00	197.00	388.00	190.00	142.00	175.00
2011/12	163.00	168.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Narrative

Sickness

Sickness across the Trust began the year with a slight increase (0.08%) on last year's closing figure, and above the target of 5% or below for 11/12. The trend is that in most directorates/Areas, a proportion of short-term sickness cases have extended to long-term. As will be seen from the more detailed analysis to follow, the RAG rated audits continue to show that, in the main, all absence is being managed appropriately. Where ratings have not been green, this has been due largely to managers not adhering to the very strict requirements for contact during long-term absence or late sheduling of review meetings, rather than any non-application of warnings when MAP triggers are met.

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 an unpaid absence. Disciplinary action may result. It is disappointing to see a rise February to March. These figures are actuals, therefore the year on year figure will be affected by the growth/differences in the establishment.

Workforce Report

Current Month   Jun-11   **Sickness Month**   Apr-11

A&E Operations Areas

Sickness Absence

Short Term Sickness - Current Year vs Previous

■ 2010/11   ■ 2011/12

Long Term Sickness - Current Year vs Previous

■ 2010/11   ■ 2011/12

Total Sickness - Current Year vs Previous

■ 2010/11   ■ 2011/12

Sickness 2010/11	5.50%		**Current WTE**	3300.59			**NB Secondments and Acting Up Included in Totals**					
YTD Sickness	5.06%		**Current Headcount**	3453.00								

Total Sickness	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2010/11	5.45%	5.57%	5.06%	5.58%	5.79%	5.00%	5.05%	5.44%	6.52%	6.04%	5.44%	5.01%
2011/12	5.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Unauthorised Absence	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2010/11	247.00	193.00	148.00	163.00	115.00	167.00	141.00	174.00	340.00	148.00	108.00	147.00
2011/12	141.00	145.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Narrative

Sickness
Reported sickness in April in A&E Operations overall remains static with both East and West however reporting below target at 4.51% and 4.57% respectively. South Area is above target at 5.87 for April.

Audits of application of the MAP have raised no cause for concern and demonstrate application of the policy.

Unauthorised Absences
The figure for UAs remained unchanged from the previous month though is significantly reduced from April 2010 accross all Areas reflecting the focus on this particular issue. Management action regarding UAs continues to form part of the attendance audits.

Workforce Report

Current Month   Jun-11   **Sickness Month**   Apr-11

Control Services

Sickness Absence
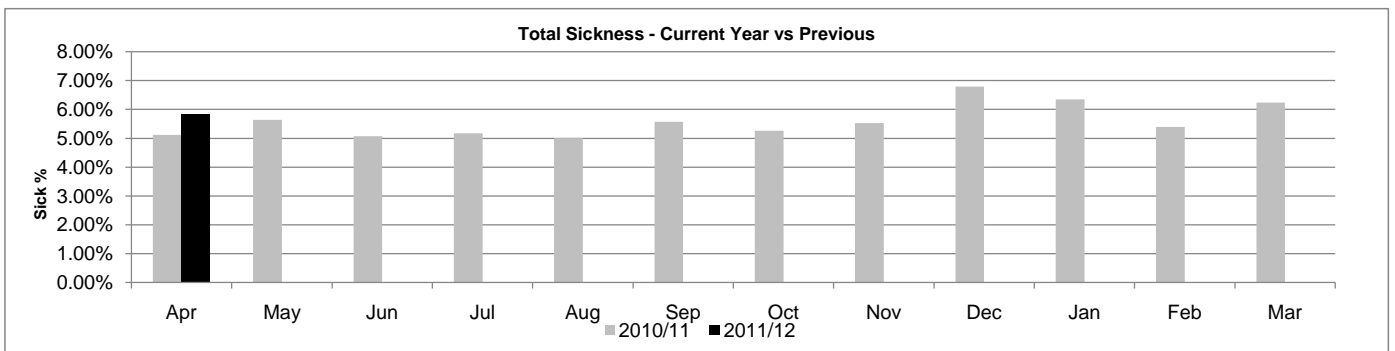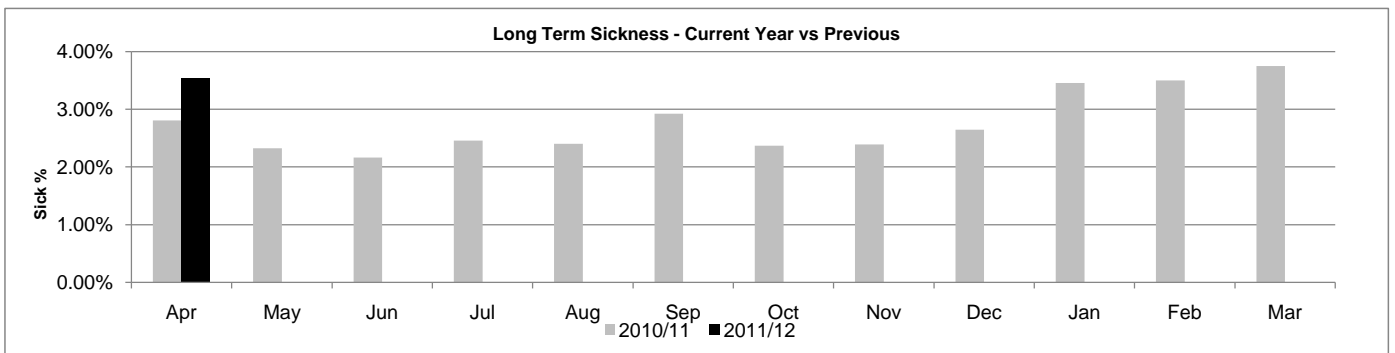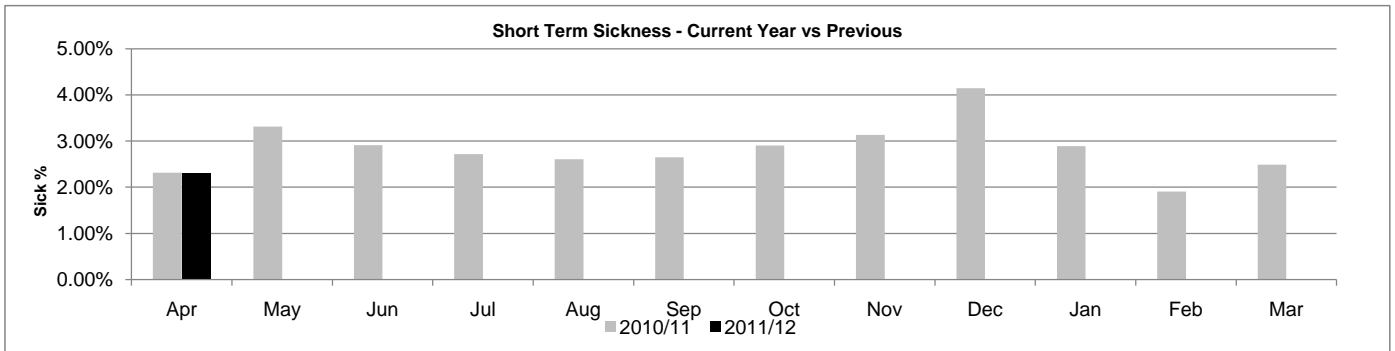
Short Term Sickness - Current Year vs Previous

Long Term Sickness - Current Year vs Previous

Total Sickness - Current Year vs Previous

Sickness 2010/11	5.60%	**Current WTE**	429.90
YTD Sickness	5.83%	**Current Headcount**	454.00

NB Secondments and Acting Up Included in Totals

Total Sickness	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2010/11	5.12%	5.64%	5.07%	5.17%	5.01%	5.57%	5.27%	5.52%	6.79%	6.35%	5.40%	6.23%
2011/12	5.83%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Unauthorised Absence	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2010/11	16.00	17.00	19.00	15.00	21.00	30.00	28.00	23.00	48.00	42.00	34.00	28.00
2011/12	22.00	23.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Narrative

Sickness

Both short- and log-term sickness fell March to April and was below the figures for the same month last year.

The managment of sickness absence remains very tight overall as evidenced by the results of the monthly audit results.

Unauthorised Absences

UAs have remained more or less static for three months and above the rate for the previousl year. The audit of management action is undertaken as part of the overall monthly attendance audits (see above).

Workforce Report

Human Resources & Organisation Dev Directorate

Sickness Absence

Short Term Sickness - Current Year vs Previous

Long Term Sickness - Current Year vs Previous

Total Sickness - Current Year vs Previous
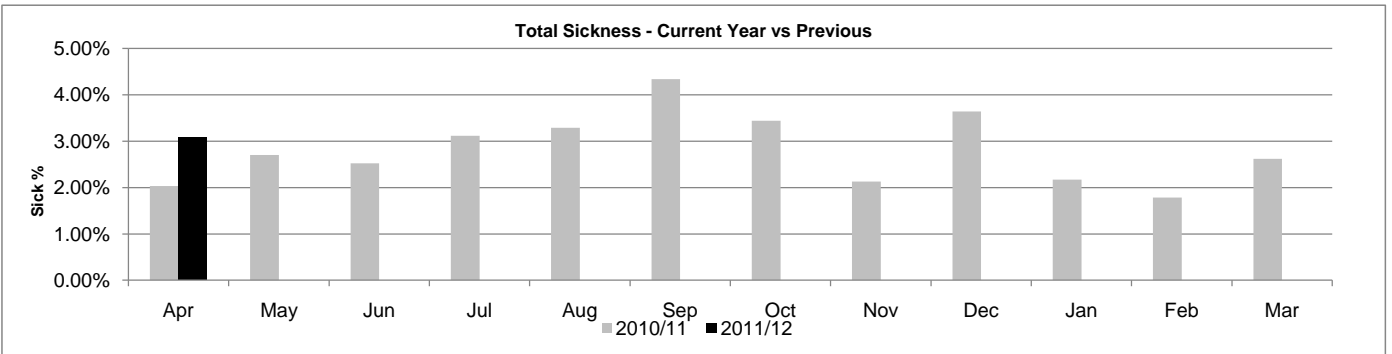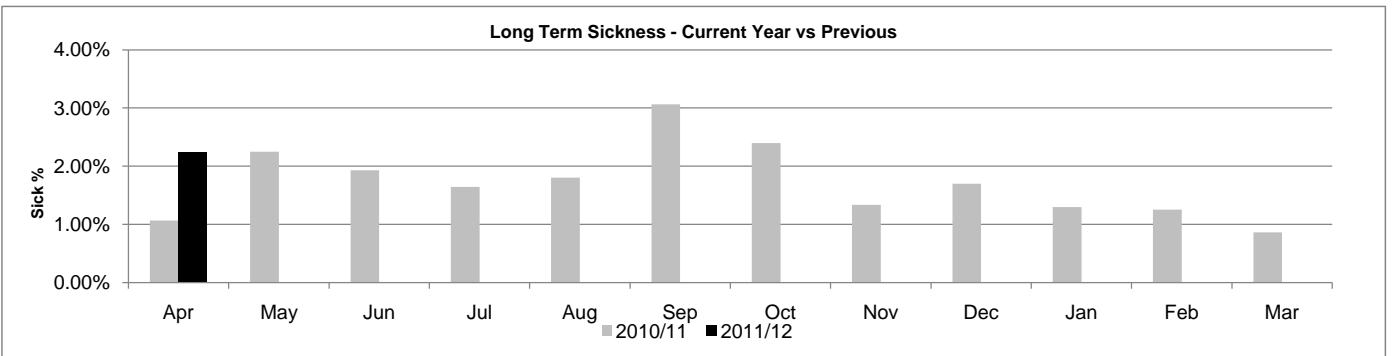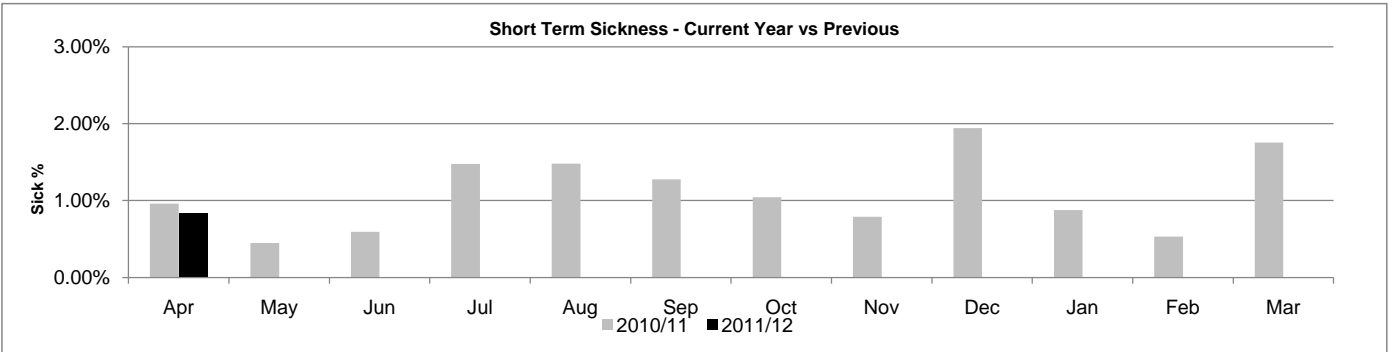
Sickness 2010/11	2.76%	**Current WTE**	222.28	**NB Secondments and Acting Up Included in Totals**
YTD Sickness	3.08%	**Current Headcount**	233.00	

Total Sickness	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2010/11	2.03%	2.70%	2.52%	3.12%	3.29%	4.34%	3.44%	2.13%	3.64%	2.17%	1.79%	2.62%
2011/12	3.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Narrative

A small increase was seen in the overall sickness figure March to April, with the short/long-term balance reversing as two people moved from short to long term absence. One person on long-term absence has since resigned.

Workforce Report

Current Month	Jun-11	**Sickness Month**	Apr-11

Finance & Business Planning Directorate

Sickness Absence

Short Term Sickness - Current Year vs Previous

Long Term Sickness - Current Year vs Previous

Total Sickness - Current Year vs Previous
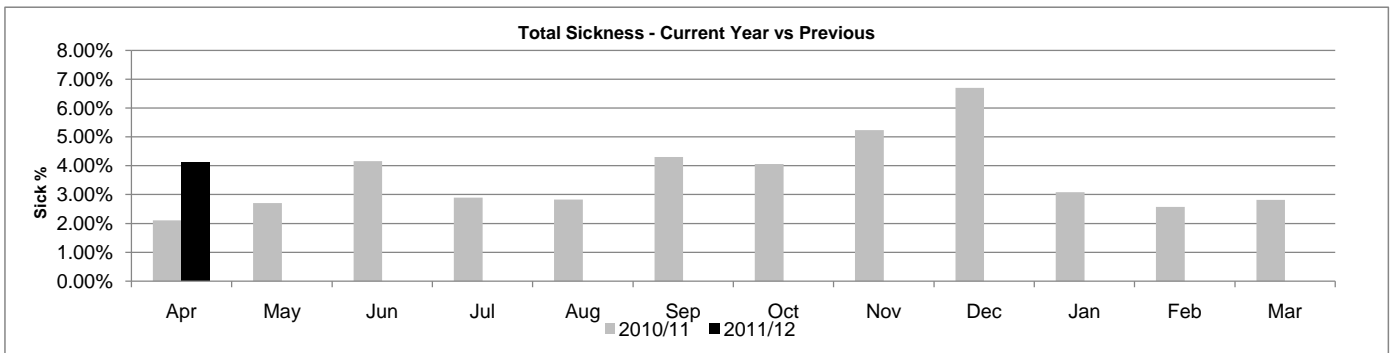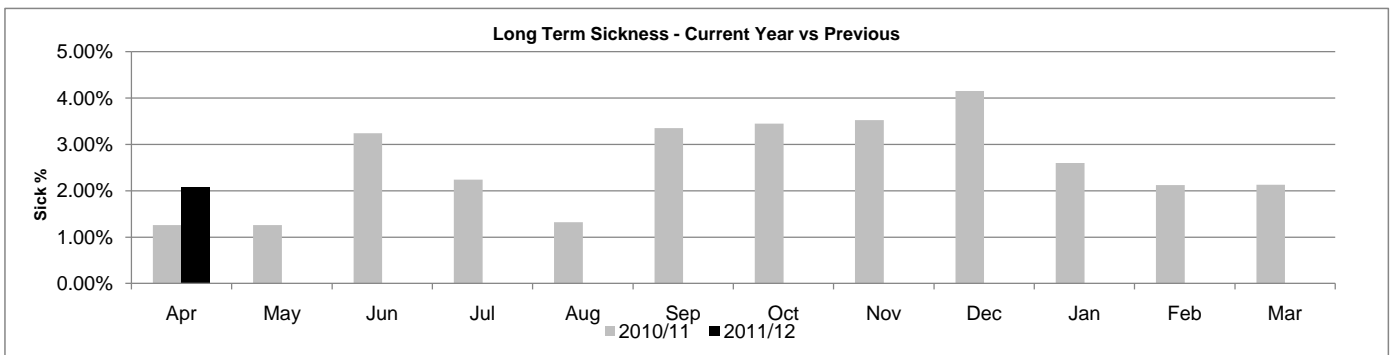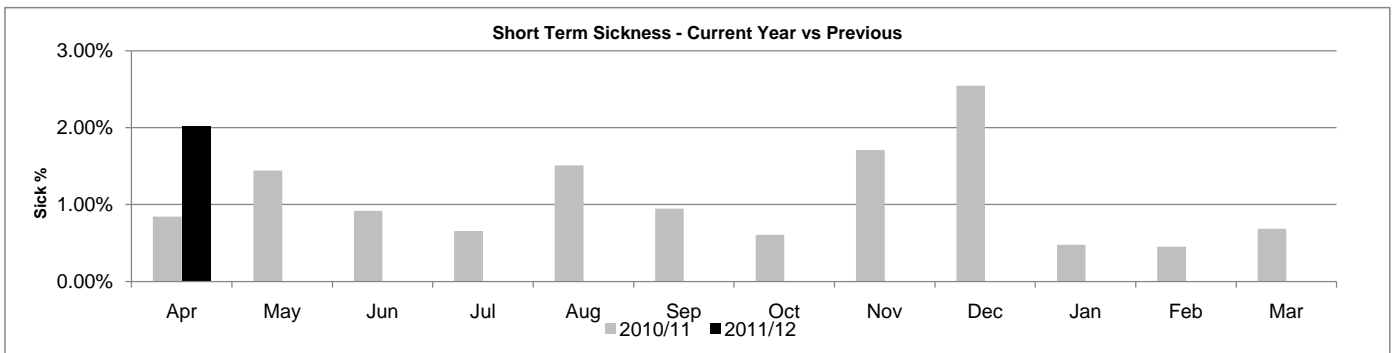
Sickness 2010/11	3.61%	**Current WTE**	47.93	**NB Secondments and Acting Up Included in Totals**
YTD Sickness	4.10%	**Current Headcount**	50.00	

Total Sickness	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2010/11	2.10%	2.70%	4.16%	2.89%	2.83%	4.30%	4.06%	5.23%	6.70%	3.08%	2.58%	2.82%
2011/12	4.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Narrative

An increase in short-term absence is responsible for the over 1% increase in the sickness rate in Finance March to April - one person being hospitalised for a week.

Meetings with staff on long-term absence and their representatives continue.

Workforce Report

Current Month	**Jun-11**	**Sickness Month**	**Apr-11**

Information Management & Technology Directorate

Sickness Absence

Short Term Sickness - Current Year vs Previous

Long Term Sickness - Current Year vs Previous

Total Sickness - Current Year vs Previous
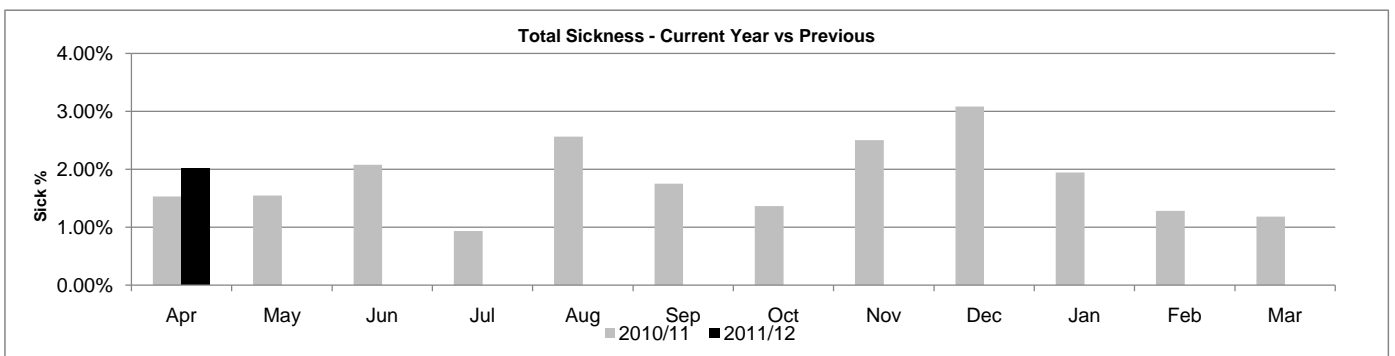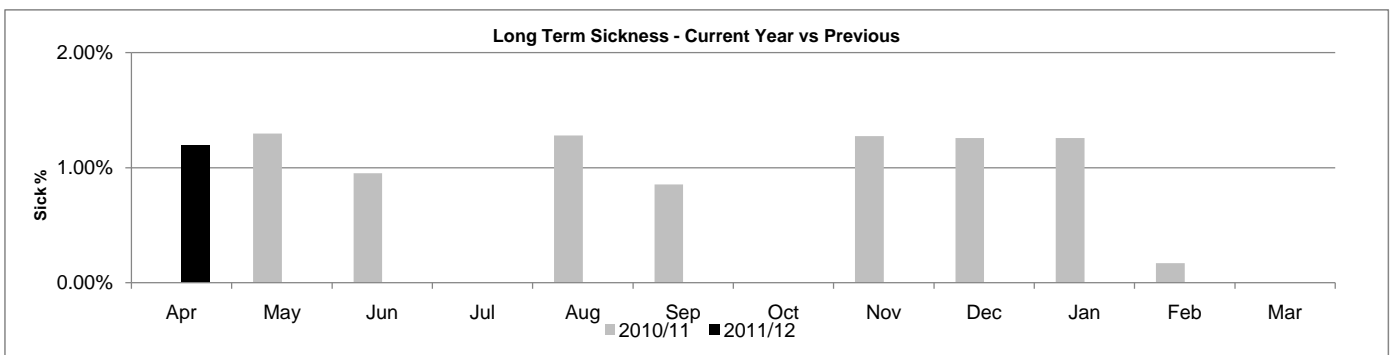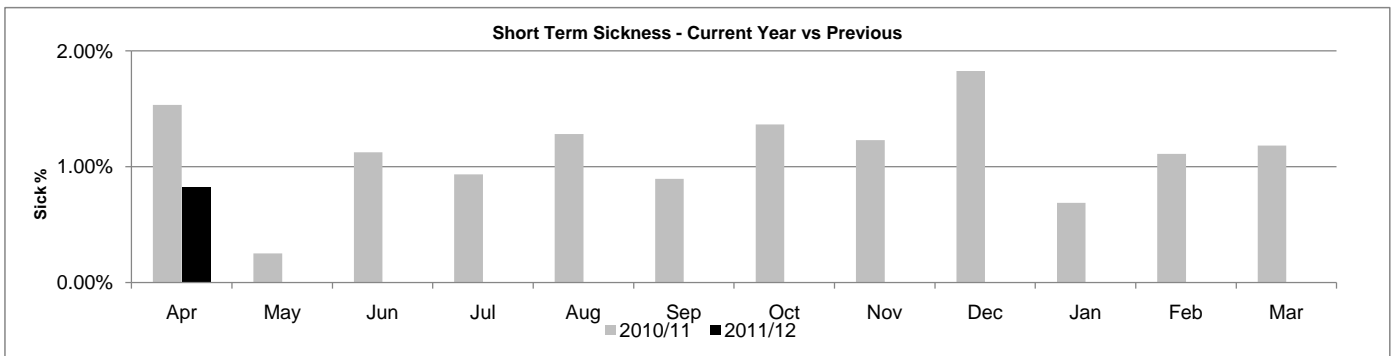
Sickness 2010/11	1.81%	**Current WTE**	83.53	**NB Secondments and Acting Up Included in Totals**
YTD Sickness	2.02%	**Current Headcount**	85.00	

Total Sickness	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2010/11	1.53%	1.55%	2.08%	0.93%	2.56%	1.75%	1.36%	2.50%	3.08%	1.95%	1.28%	1.18%
2011/12	2.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Narrative

In IM&T the short/long-term split has reversed March to April as cases of short-term absence become long-term. All absence is being managed in accordance with MAP.

Workforce Report

Current Month	Jun-11	Sickness Month	Apr-11

Patient Transport Service

Sickness Absence

Short Term Sickness - Current Year vs Previous

Long Term Sickness - Current Year vs Previous

Total Sickness - Current Year vs Previous
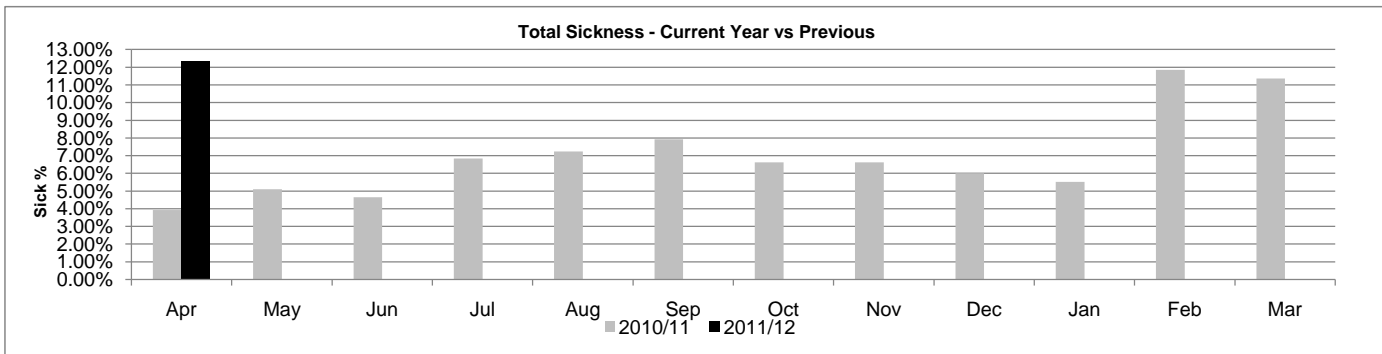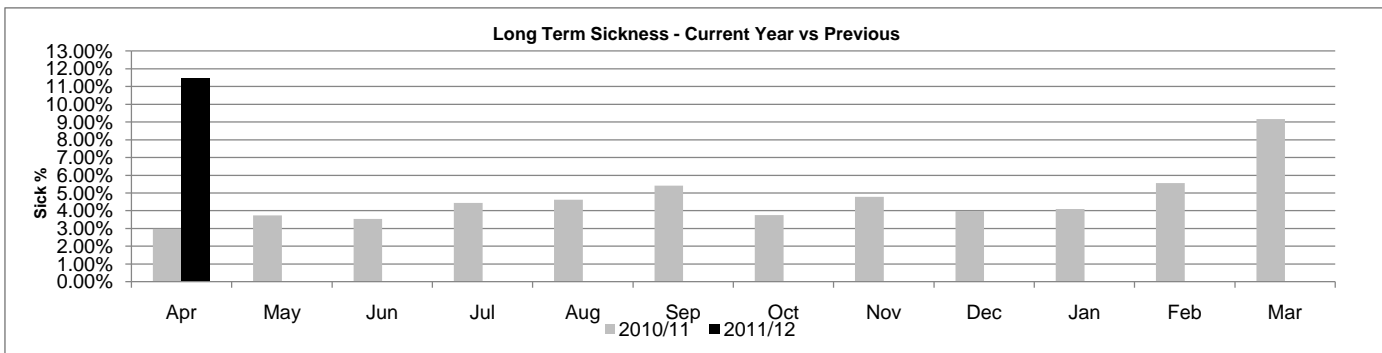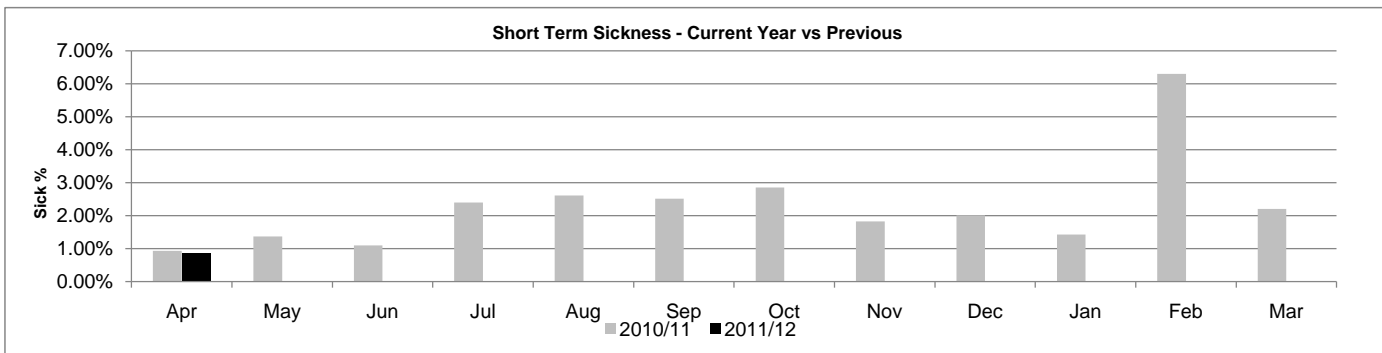
Sickness 2010/11	6.78%	Current WTE	157.74	NB Secondments and Acting Up Included in Totals
YTD Sickness	12.34%	Current Headcount	165.00	

Total Sickness	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2010/11	3.92%	5.10%	4.64%	6.84%	7.23%	7.93%	6.62%	6.61%	6.00%	5.52%	11.86%	11.36%
2011/12	12.34%	0.00%	0.00%	0.00%	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 is as follows:

East: 4 x long-term (down from 7) - 3 of these cases are expected not to return, either through resignation or retirement. 2 x short-term (down from 6)

West: 5 x long-term (down from 11) - 3 of these cases returned in May. 0 x Short Term (down from 3)

Managers: 1 x long-term - returned in May 1 x short-term

The short-term sickness is being well managed with currently only three staff off at time of reporting.

Workforce Report

Current Month	Jun-11	**Sickness Month**	Apr-11

Operational Support

Sickness Absence

Short Term Sickness - Current Year vs Previous

Long Term Sickness - Current Year vs Previous

Total Sickness - Current Year vs Previous
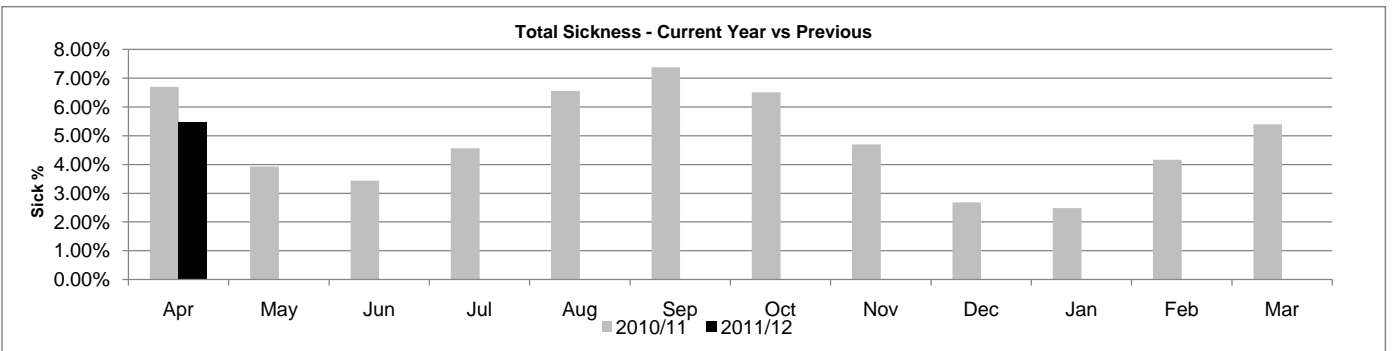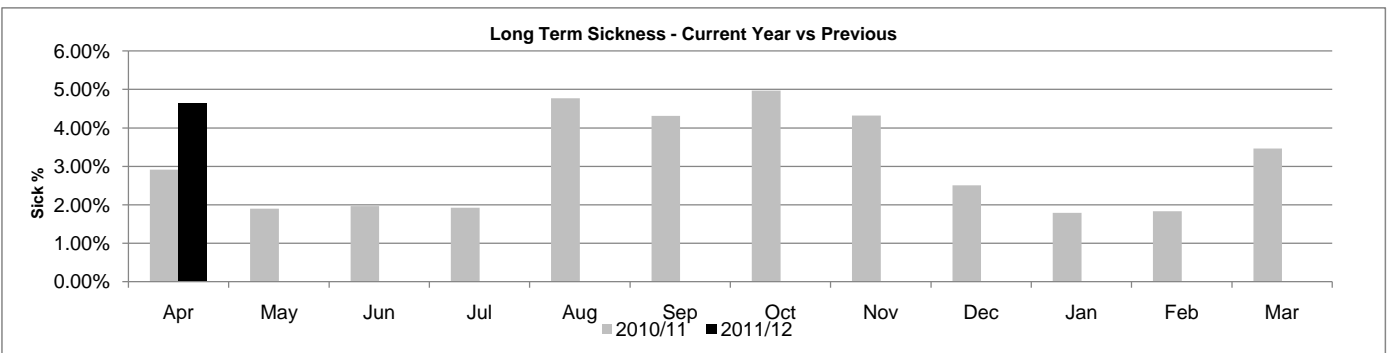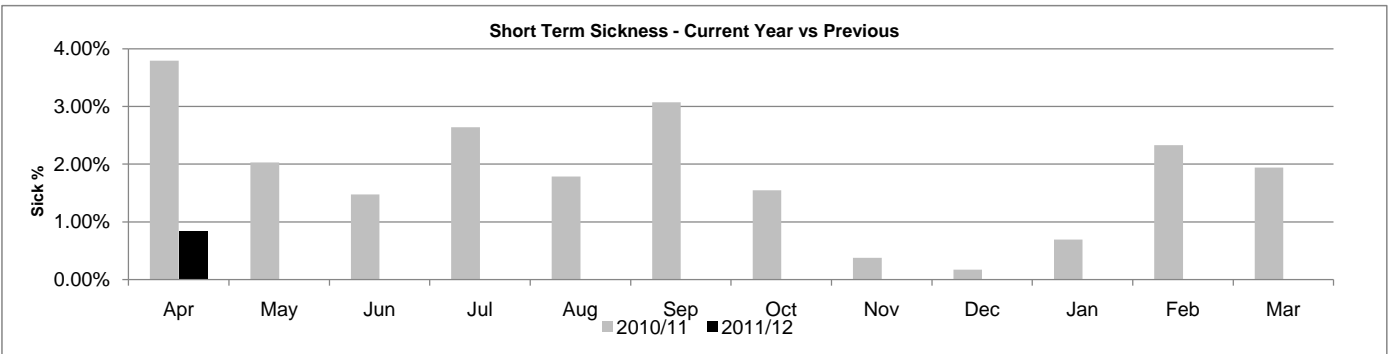
Sickness 2010/11	4.88%	**Current WTE**	107.43	**NB Secondments and Acting Up Included in Totals**
YTD Sickness	5.49%	**Current Headcount**	108.00	

Total Sickness	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2010/11	6.70%	3.93%	3.44%	4.57%	6.55%	7.38%	6.52%	4.70%	2.68%	2.48%	4.17%	5.40%
2011/12	5.49%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Narrative

Overall the figures March to April remained static with the balance shifting from short- to long-term.

All cases being managed in accordance with MAP.

Workforce Report

Current Month   **Jun-11**

Trust Summary

Health & Safety Issues

Manual Handling Injuries - Current Year vs Previous

Non Physical Abuse - Current Year vs Previous

Physical Violence - Current Year vs Previous
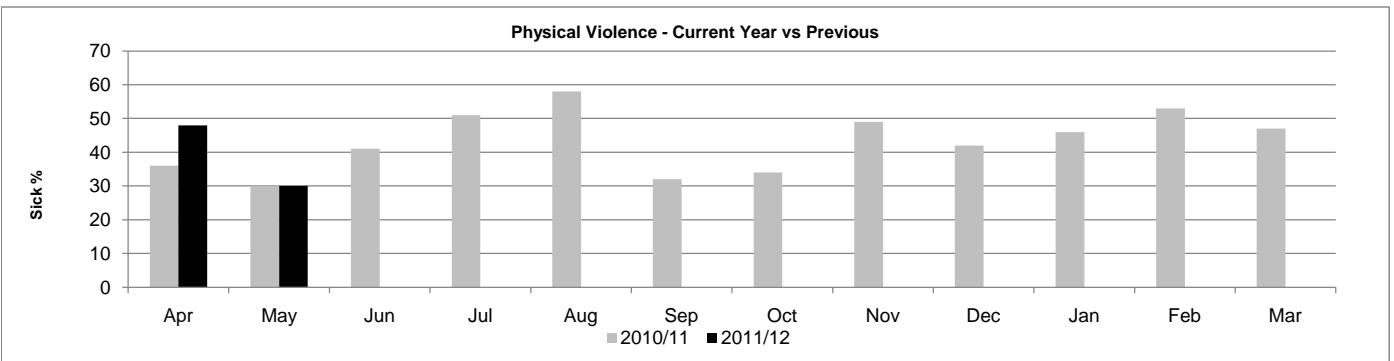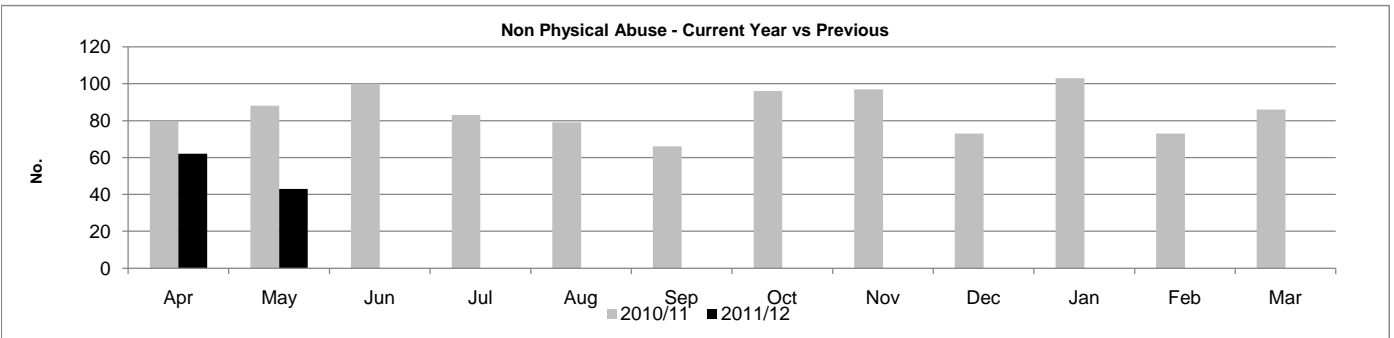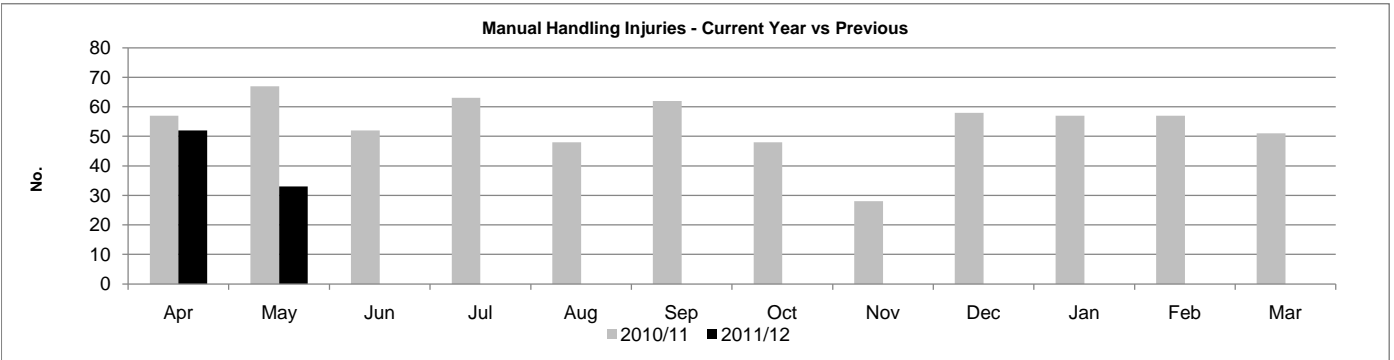
Narrative

> **The table above are accurate as of the 10th June 2011**
>
> **MANUAL HANDLING**
> - The numbers of reported manual handling incidents is low compared to 2010/11, however this is still within statistical tolerance.
> - There have been 3 records below the average, but this does not at this point give cause for concern.
>
> **NON PHYSICAL ABUSE**
> - The numbers of reported incidents of non-physical abuse is very low compared to 2010/11. This is not outside of tolerance, but will be investigated due to the variance present if this continues into the next reporting period.
>
> **PHYSICAL VIOLENCE**
> - The numbers of reported incidents of physical abuse is comparable to 2010/11 with nothing extraordinary to report.
> - There was one successful prosecution during the reporting period, where a female crew member had her finger bitten to the bone severing a tendon. The assailant was prosecuted on the 5th May 2011 and received a 36 week sentence(18 month suspended) and 180 hours of community service.
>
> **EBS REPORTING PILOT TRIAL**
> - During the reporting period a trial was conducted where crews from the East Central sector contacted EBS via their airwave radio's whenever they needed to report an incident. The pilot trial has all but concluded, and despite some problems with the in-house designed Excel reporting form causing some incidents to become temporarily misplaced on a few occasions, the trial has been an overall success with increased reporting in the complexes that played an active part. Crews reported high levels of satisfaction with the system.

Workforce Report

Current Month   **Jun-11**

Trust Summary

Vacancies & Turnover

	Funded WTE	Inpost WTE	Variance
Trust Total	4651.20	4679.79	+28.59
Directorate			
A&E Operations Areas	3225.98	3320.84	+94.86
Chief Executive	16.61	15.61	-1.00
Control Services	437.28	423.44	-13.84
Corporate Services Directorate	49.93	48.93	-1.00
Finance & Business Planning Directorate	58.20	48.93	-9.27
Health Promotion & Quality	2.00	2.00	+0.00
Human Resources & Organisation Dev Directorate	196.17	205.08	+8.91
Information Management & Technology Directorate	87.53	81.42	-6.11
Medical Directorate	24.20	20.21	-3.99
Operational Support	129.86	109.43	-20.43
Patient Transport Service	153.44	155.74	+2.30
Trust Board	6.00	6.00	+0.00

Turnover

2010/11	7.1%	Apr-10 to Mar-11	
2011/12	6.7%	12 Months up to May-11	

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
No. Leavers (FTE)												
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	31.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
No. Starters (FTE)												
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	6.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

Workforce Report

Current Month   **Jun-11**

Trust Summary

Employee Relations Data

	Attendance	Grievances	Capabilities	Discipliary (Clinical)	Discipliary (Non Clinical)
Current Case Total	569 (541)*	12 (13)	2 (2)	2 (2)	23 (21)

Current Employment Tribual Cases	11 (15)		**Current Suspensions**	9 (7)

<u>**Narrative**</u>

*   The figure for the previous month appears in brackets
Attendance
This count is the highest to date and demonstrates that the focus on attendance management remains a high priority.

Capabilities
The low level of this figure remains a cause for concern.

Disciplinary
The ratio of clinical to non-clinical fell even further.

Employment Tribunals
No new cases; one withdrawn; three settled - two of which were long standing equal payclaims.

Suspensions

Workforce Report

Current Month   **Jun-11**

Trust Summary

PDR Completion Rates

Area / Directorate / Dept	No. to be done in year	No. done	% Completed	% For last month
West	1038	16	1.5%	0.0%
South	1339	13	1.0%	0.0%
East	1073	60	5.6%	1.9%
Control Services	453	1	0.2%	0.0%
Sub Total	3903	90	2.3%	0.5%
PTS	165	0	0.0%	0.0%
IM&T	86	10	11.6%	1.1%
Operational Support	111	6	5.4%	0.0%
Medical	25	2	8.0%	8.0%
Communications	22	10	45.5%	0.0%
Corporate Services	49	0	0.0%	0.0%
HR and OD	207	29	14.0%	6.7%
Finance & Business Planning incl Estates	49	12	24.5%	0.0%
Sub Total	714	69	9.7%	3.5%
Total	4617	159	3.4%	0.8%

NB: Figures based on appraisers' input to database

LONDON AMBULANCE SERVICE TRUST BOARD

M02 May

PAPER FOR REVIEW

Document Title:	M02 May - 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 Board is asked to comment on the information included within the month 2 report and the actions being taken to safeguard the trusts' position against plan. • The Board is asked to approve the three fully mitigated financial risks being removed from the financial risk register. • The Board is asked to approve the amendment of the Olympics budget for income and expenditure in line with funding approved at £1.365 million.

Executive Summary/key issues for the Trust Board

- The Month 2 position for the Trust is £245k surplus against plan surplus of £526k. The Capital and Cash position remain on track. Financial risk of £8.1m has been identified.

YTD the trust is reporting a £776k surplus against a plan surplus of £1,077k. This is 301k behind plan and action will need to be taken to bring expenditure on track.

- Income reduced as a result of reduction in PTS and RTA Income.

- A&E Overtime remains above budget due to continuing operational pressures. This is currently being partly offset by a favourable variance in A&E Frontline Staff.

- A&E Management and EOC Overtime remain above budget. Management action is needed to bring the spend to an acceptable level.

- The Trust entered into a new leasing arrangement for 71 of its A&E ambulances resulting in an increase in vehicle leasing of £130k.

The CIP Program is behind plan at month 2 yet expected to deliver £15.6m savings (Page 8).

Capital funding is forecast to be £9.28m. This is below the CRL but in line with Trust permissions on Capital spend . The principle reason for the underspend is due to the restructure of vehicle leases so that they were not capitalised. This amounted to £6.6m of the underspend

The Year end cash position is £5.3m.

LONDON AMBULANCE TRUST
MONTH 2 FINANCE & CONTRACTUAL PERFORMANCE REPORT
FOR THE PERIOD ENDING 31st MAY 2011

Summary

This report outlines the year to date finance and contract performance position for the Trust for the period ending 31st May 2011.

Statutory Duties

Year to date performance, forecast outturn against the Trusts' Statutory Duties and Monitor Foundation Trust Metrics are shown in the table in **Appendix 1** of the board finance pack.

Key Income & Expenditure and Activity Issues

At month 02 the Trust's outturn shows a surplus of £0.776 million against budget of £1.077 million with a forecast year end surplus of £2.5 million against a plan of £2.7 million see **Appendix 1**. The £2.7 million reflects the surplus agreed with NHS London and commissioners.

Worst case forecast see **Appendix 5** would give risk to £0.953 million deficit, if current performance continued and no action was taken.

The key risks outlined during budgeting are monitored in **Appendix 13**. The following risks have been mitigated or seen significant movement since budget setting.

- Olympics income – agreed with commissioners
- HART income – agreed with commissioners
- MPET income – agreed with NHS London

The above fully mitigated risk will be removed from the finance risk register in subsequent monthly.

Cost Improvement Programme (CIP)

A summary of CIP delivery, to date, is shown in **Appendix 6.** This indicates that there is some slippage in delivering the non-pay component of the originally agreed programme.

An additional CIP has been added to cover the cost of the year end agreement with commissioners (£800k). This will be delivered by reducing the cost of the annual leave accrual at the end of the financial year.

The delivery on the cost improvement programme is a key business risk for the trust. Action needs to be taken to identify the unidentified savings targets in budget and progress the implementation of existing schemes to bring the programme back on track.

To ensure the best possible platform to move into 2012/13 and as part of the current years' delivery and next and future years' planning, achievement of the plan must be seen as critical to the role and success of the Trust and moving toward foundation trust status.

Overview

- The Trust has revenue income target of £283.1 million. Service Level Agreements to the Value of £263.0 million (92.9% of income) have been signed with commissioners.

- Year to date (Y.T.D) financial performance is a surplus of £0.776 million. This is £0.301 million behind the year to date planned surplus of £1.077 million. The main element of the planned surplus is the run-rate for the 2011/12 year end outturn of £2.7 million. Action will need to be taken to control expenditure or accelerate the cost improvement plan to recover the trusts position.

- The year-end forecast outturn, as at month 2, is £2.5 million against a control total of £2.7 million surplus. The £2.7 million is in accordance with the control total agreed with NHS London. Achievement of this target will be a key element of the Trust's performance assessment for Financial Management by the Strategic Health Authority. The £2.7 million is subject to audit and will become part of the Trusts retained earnings in future periods. A worst case scenario highlights a forecast out turn of £0.953 million if no action is taken.

Main A&E Contract Performance

- NWL AC (on behalf of all 31 PCTs across London) signed the 2011/12 contract for £252.6 million (HCAS £0.5 million received via DH central allocation to SHA and passed to lead commissioner).

  The main financial risk (see **Appendix 13** risk 1) in the contract arise from Cat A performance of 75% against 8 min (1% contract value/1% sector level performance against 73.5% target) and 19 min target (2% contract value) – a maximum 4% financial penalty risk. As at the 31st May the Trust is on track to achieve Cat A 8 mins. with a year to date trajectory of 76.4% and Cat A 19 mins. year to date trajectory of 99.4%.

  Trust under performance against these targets is mitigated if activity rises above 0.2% of agreed contract levels for the first 1% and then if the number of black breaches (patient waiting over an hour) across each sector is breach 7 times the number of A&E departments in the sector for the second 1%.

  The financial risk position for key performance indicators at Month 2 is as follows:

  KPI 1: A8 performance, 1% of contract value. Month 2 achievement was 76.4%. This is below trajectory (80%). May 2011 activity was significantly below May 2010.

  KPI 2: A8 performance by cluster, 1% of contract value. This is a quarterly performance target.

  KPI 3: A19 performance, 2% of contract value. Month 2 achievement was 99.4% against a target of 95%. There is no financial risk.

  All other KPIs have no financial penalties.

- Commissioning Quality and Innovation (CQUIN) (1.5% of contract value) as follows:

  - Reducing Conveyance to A&E services – 0.4% of Contract Value
  - Pan-London target of 67.5% by year-end and with a Sector level Threshold of 70% to enable payment (incorporating steady trajectories to achievement)
  - LAS usage of Hear & Treat – 0.6% of Contract Value

- 0.3% to achieve LTFM combined CTA and NHSD no send volume as per LTFM
- 0.3% NHS Pathways and 111 implementation - NHS Pathways usage in CTA, work with 111 providers to develop link (not fund) and agree a letter of commitment to implement in 999 by end of 2012/13 if clinically safe
- CPI Non-Conveyed – 0.1% of Contract Value
- Falls & Older People referrals to GP's - 0.1% of Contract Value
- End Of Life Care Pathways – 0.1% of Contract Value
- Mental Health Pathways – 0.1% of Contract Value
- Whole System Clinical Issue Resolution – 0.1% of Contract Value

The trusts performance against CQUIN targets at month 2 is set out below:

CQUIN performance report 1112 A&E Contract				May 2011	YTD	
May 2011		LAS Incident growth		-3.80%	-0.80%	

	CQUIN	Time frame	Target	Performance	Risk	Potential incentive	Financial exposure
1	Conveyance rate, Pan-London	end-Q2	72.0%	end-Q2	3.35% of CQUIN	£125K	High
	Conveyance rate, up to 3 Clusters	end-Q2	71.0%	end-Q2	3.0% of CQUIN	£112K	High
	Conveyance rate, Pan-London	end-Q3	71.0%	end-Q3	4.45% of CQUIN	£166K	High
	Conveyance rate, up to 3 Clusters	end-Q3	70.0%	end-Q3	3.0% of CQUIN	£112K	High
	Conveyance rate, Pan-London	end-Q4	67.5%	end-Q4	8.9% of CQUIN	£332K	High
	Conveyance rate, up to 6 Clusters	end-Q4	70.0%	end-Q4	4.2% of CQUIN	£157K	High
	FULL-YEAR INCENTIVE: Ave Pan-London rate for Q2, Q3 & Q4	YEAR-END	70.8%	YEAR-END	20.0% of CQUIN	£748K	High
2A	Hear and Treat	end-Q1	5033 pm	end-Q1	5% of CQUIN	£187K	Medium
	Hear and Treat	end-Q2	up to 5600	end-Q2	5% of CQUIN	£187K	Medium
	Hear and Treat	end-Q3	up to 6000	end-Q3	5% of CQUIN	£187K	Medium
	Hear and Treat	end-Q4	up to 6300	end-Q4	5% of CQUIN	£187K	Medium
	FULL-YEAR INCENTIVE: Monthy average for the whole year	YEAR-END	5826	YEAR-END	15% of CQUIN	£560K	Medium
2B	Commit to implement NHS Pathways in CTA	end-Apr 11	evidence	PB letter to CEOs	2% of CQUIN	£75K	Confirmed
	Action plan to implement NHSP in CTA	end-May 11	evidence	Submitted	2% of CQUIN	£75K	Submitted
	Live call receiving from NHSP to enable ambulance dispatch	end-Sep 11	evidence	end-Q2	4% of CQUIN	£150K	Medium
	NHSP in live use in CTA (PSIAM phased out)	end-Feb 12	evidence	end-Feb 12	6% of CQUIN	£225K	Medium
	LAS enabled to search and use DOS	end-Feb 12	evidence	end-Feb 12	4% of CQUIN	£150K	Medium
	Action plan for full implemetation of NHSP by April 2013	end-Nov 11	evidence	end-Nov 11	2% of CQUIN	£75K	Medium
3	CPI non-conveyed 94% compliance, 85% date completeness	end-Q1	94% & 85%	end-Q1	1.67% of CQUIN	£62K	Medium
	CPI non-conveyed 95% compliance, 85% date completeness	end-Q2, Q3, Q4	95% & 85%	end-Q2, Q3, Q4	1.67% x 3 of CQUIN	£186K	Medium
4	Falls and older people referred to GP	end-Q1, Q2, Q3, Q4	378 up to 1134	end-Q1, 2, 3, 4	1.67% x 4 of CQUIN	£250K	Low
	FULL-YEAR INCENTIVE: Monthy average for the whole year	YEAR-END	709.0%	YEAR-END	6.66% of CQUIN	£250K	Low
5A	End of Life Care Pathways - Process	end-Q1	clear process	end-Q1	0.33% of CQUIN	£12K	Low
	Achievement of EOLC trajectory	end-Q2	50.0%	end-Q2	0.5% of CQUIN	£17K	High
	Achievement of EOLC trajectory	end-Oct 11	60.0%	end-Oct 11	0.5% of CQUIN	£17K	High
	Achievement of EOLC trajectory	end-Nov 11	70.0%	end-Nov 11	0.83% of CQUIN	£31K	High
	Achievement of EOLC trajectory	end-Jan 12	80%	end-Jan 12	1.17% of CQUIN	£44K	High
	FULL-YEAR INCENTIVE: Pro-rata pay for partial achievement	end-Jan 12	Pro-rata	end-Jan 12	1.0% of CQUIN	£35K	High
5B	End of Life Care Pathways - Audit	end-May 11	audit process	Submitted	0.33% of CQUIN	£12K	Submitted
	Audit reporting	end-Jun 11	evidence	end-Jun 11	0.17% of CQUIN	£6K	Low
	Audit finding Q2	end-Q2	70%	end-Q2	0.83% of CQUIN	£31K	Medium
	Audit finding Q3	end-Q3	75%	end-Q3	0.83% of CQUIN	£31K	Medium
	Audit finding	end-Feb 12	80%	end-Feb 12	1.17% of CQUIN	£44K	Medium
	FULL-YEAR INCENTIVE: Pro-rata pay for partial achievement	end-Jan 12	Pro-rata	end-Jan 12	1.0% of CQUIN	£35K	Medium

	CQUIN	Time frame	Target	Performance	Risk	Potential incentive	Financial exposure
6A	Mental Health plan agreed by CQG	end-May 11	evidence	Submitted	0.33% of CQUIN	£12K	Submitted
	MH provisional metric s agreed and tracked	end-May 11	evidence	Submitted	0.33% of CQUIN	£12K	Submitted
	MH plan updated following London MH review	end-Jul 11	evidence	TBA	0.33% of CQUIN	£12K	High
	MH revised metrics updated and tracked	end-Aug 11	evidence	TBA	0.33% of CQUIN	£12K	High
	MH plan delivered and monitored by CQG	end-Oct 11	evidence	TBA	1.0% of CQUIN	£37K	High
	MH plan delivered and monitored by CQG	end-Feb 12	evidence	TBA	1.0% of CQUIN	£37K	High
6B	Plan to establish protocol with MH provider	end-Jun 11	evidence	TBA	0.67% of CQUIN	£25K	High
	Protocol established with up to 8 providers	end-Feb 12	evidence	TBA	2.64% of CQUIN	£99K	Medium
7A	Whole system clinical issue resolution - Draft TOR agreed	end-Apr 11	evidence	Submitted	0.33% of CQUIN	£12K	Confirmed
	Schedule of meetings established	end-Apr 11	evidence	Submitted	0.33% of CQUIN	£12K	Confirmed
	First meeting takes place	end-May 11	evidence	Submitted	0.33% of CQUIN	£12K	Submitted
	Work plan agreed	end-Jun 11	evidence	end-Jun 11	0.33% of CQUIN	£12K	Low
	Review of policies on frequent callers	end-Jul 11	evidence	end-Jul 11	0.67% of CQUIN	£25K	Low
	Review of policies for referral, treatment and discharge	end-Sep 11	evidence	end-Sep 11	0.67% of CQUIN	£25K	Low
	Review of policies for referral, traige with MPS	end-Oct 11	evidence	end-Oct 11	0.67% of CQUIN	£25K	Low
7B	WS clinical incident reporting process agreed with CQG	end-Jun 11	evidence	end-Jun 11	0.5% of CQUIN	£19K	Low
	Regular reports produced bi-monthly for CQG engagement	end-Jul 11	evidence	end-Jul 11	0.33% of CQUIN	£12K	Low
	Agreement of priority areas for WS working	end-Jun 11	evidence	end-Jun 11	0.5% of CQUIN	£19K	Low
	Quarterly review against key themes	end-Q2, Q3, Q4	evidence	end-Q2, Q3, Q4	0.5% x 3 of CQUIN	£57K	Low
	CQG sign-off of final CQUIN plan for 12/13	end-Feb 12	evidence	end-Feb 12	0.5% of CQUIN	£19K	Low
	TOTAL				1.5% of contract value	£3.73M	
					High risk	£2.019M	
						54%	

Khaled Kassem-Toufic

CQUINs

The table above highlight a number of areas of high risk of non achievement. The financial values of high risk CQUINs amount to 54% of the total CQUIN contract value. This would utilise the whole 50% provision for non achievement of CQUIN and reduce anticipated income by 4%. This has therefore been highlighted as a red risk on the financial risk register in **Appendix 13** (risk 2).

CQUIN 1

Conveyance figures for May are not yet available but are expected to show improvement over April 2011.

CQUIN 5A

End of Life trajectories are based on estimates and will need to be reviewed once evidence is available.

CQUIN 6A

A mental health action plan has been submitted but has not been agreed by commissioners.

The forecast outturn position in relation to the A&E contract is reported as £251.2 million. The 800k variance will be returned to commissioners in line with the year end agreement at the end of quarter one. An additional cost improvement programme has been developed (improved annual leave management) which is estimated to deliver savings of approximately £1 million. This has been added to the month 2 cost improvement programme.

The A&E contract represents a key business and financial risk as outlined in the finance risk schedule in **Appendix 13**.

Hazardous Area Response Team (HART) Contract

- HART funding is received via NWL AC as lead commissioners with a contract value of £6,644k, against an income budget of £7,097k the balance of income is due directly from DH.

Chemical Biological Radiological and Nuclear (CBRN) Income

- This income stream is received from the DH via the central bundle to the SHA and is allocated to the Trust via NWL AC as its lead commissioner. The trust has budgeted for £7,706k. The amount of funds available has yet to be confirmed although the central bundle has been top sliced by 8 million. This gives rise to a risk that the Trust income may be less than budgeted. This has been reflected in the financial risk schedule in **Appendix 13**.

PTS Contracts

- At month 2 PTS achieved £497k against an income budget of £567k. Variable income was up £6k, with non-contract income increasing by £15k. This can be attributed to May being a longer working month than April (18 compared to 20 days). Internal income was down £10k in the month as fewer journeys are passed to PTS by A&E.

Multi Professional Education & Training

- This income stream is received from NHS London's education commissioning team to support Paramedic training. The trust has budgets for £1,350k. Subsequently we have received confirmation that we will receive £1,150k which gives rise to a financial risk of £100k. The training department are adjusting their expenditure plans in line with expected income.

Olympics

- The Trust anticipated £2,037k of Olympics funding in 2011/12. Since the Board approved the 2011/12 budget the Olympics business case financial estimates have been amended and the amount of income requested in 2011/12 has reduced to £1,365k - expenditure will also reduce. The business case and funding for 2011/12 has been approved by DH. We request the Board's approval to adjust both income and expenditure budgets in line with the approved funding.

Misc

- The Trust has budgeted for over £5,091k of misc income including £1,606k of road traffic accident income and £1,000k of stadia income. Other misc include includes BAA, research and clinical transfer funds.

  Road Traffic Accident income at month 2 is lower than budget by 79k. This trend will be monitored closely over the next few months. At month 2 a number of cases were marked on the Department of Health website as withdrawn. The Department of Health have been contacted and have recommended a report which highlights the amounts paid and should therefore be more accurate data source.

A&E Expenditure

Appendix 4 contains an overview of the Trusts expenditure trend month by month. The Trusts has a budget of £33.6 million for payroll costs arising as at month 2 we have spent £34.1 million. An over spend of just under £0.5 millions year to date. The main areas of over spend are A&E Management which is over established, EOC overtime and agency spend.

In 2011/12 the budget includes £4,553k for overtime.

Non-pay expenditure is below budget with the exception of vehicle costs and depreciations which are both impacted by the year end change in accounting treatment for a number of ambulance leases. It is forecast that actual depreciation will fall at the end of quarter one and remain within budget until year end, this will off set the additional spend on the operating lease through the vehicle line. It is forecast there will be an overspend of £243k at year end.

PTS Financial Performance

The summary PTS contribution position can be found in **Appendix 1**.

The position for month 2 was a negative contribution of £62k against a target of £13k contribution. This variance is driven by payroll costs arising from a delay in reconfiguring operations and slippage on non-contract income target.

A number of contracts are in a rollover position for 2011/12 and remain unsigned. These are contract previous award via tender where the contract term has expired.

The contribution arising from both the Whipps Cross and St Andrews Broomfield are under management review and action is expected shortly. A small number of other contracts are also being renegotiated.

We were recently awarded preferred bidder status for the Queen Mary's Roehampton contract. We are closer to finalising due diligence on this transfer, and when this is concluded it will provide additional income of approximately 418k.

Corporate Financial Performance

Appendix 11 provides a breakdown of the expenditure position for the Trust's Corporate functions at month 2. Expenditure overspends are shown in brackets – (). Only variances above budget of £50k detailed below.

- **A&E Sector Services** – The year to date position is an over spend of £606k. A vacancy freeze is in place.

- **Control Services** - The year to date position is an over spend of £86k. This arises from overtime. This was flagged as a financial risk during business planning.

- **Operational Support** –The year to date over spend is reported as £60k. The over spends arises from slippage in agreeing the new make ready contract, over spends on the RAC contract and over establishment. A vacancy freeze is in place.

- **IM&T** – The year to date over spend is £61k. This over spend arises from budget profile mis-alignment in relation to the command point project and delays in recharging phone calls to operational areas.

At the end of quarter one a reconciliation of vacant posts for which no recruitment approval has been sought or received by SMG will be undertaken and confirmation sought on the status of all agency staff members. It is proposed to remove the funding for these posts from budget holders' budgets and return available funding to reserves.

At month 2 the trust has spent 454k year to date on agency staffing against a budget of £42k and 128k on external consultancy against a budget of £105k.

Reserves

The Trust held £2,000k of uncommitted reserves against the financial risks arising from CQUIN non delivery or financial penalties. These reserves can be seen in **Appendix 4** - finance row within month 12 forecast. As outlined under A&E income - performance is not on track to deliver these measures at month 2. It is therefore necessary to maintain the full reserve to cover the projected shortfall in CQUIN income.

Better Payment Practice Code (BPCC)

The BPPC is a measure of the duty of NHS organisations to pay 95% of its non-NHS creditors within 30 days of receipt of invoices. It is a **corporate** financial performance metric reported regularly to NHS London and to the DH, and can only be delivered by team effort across the Trust as a whole. The measure is reported in the Trust's Annual Accounts. The table in **Appendix 1** shows the cumulative position for the Trusts, for the end of May. This shows that the Trust is **behind target**.

The year to date BPPC performance is 89% and 94% respectively for non-nhs and nhs suppliers.

Cash Flow Forecast

The Trusts rolling cash flow forecast for the next 12 months can be found in **Appendix 12**.

The better than planned cash position is attributable to the sale and lease back transaction in April and a number of PCTs paying their HART funding for the year in April and May rather than monthly over the year.

Capital Expenditure

Appendix 8 outlines the Trust's capital expenditure against budget. The Trust is anticipating a capital allocation of £10.793 million.

As can be seen, capital expenditure year to date is ahead of plan at -£4.578 million against a plan of £0.772 million. The proceeds from the sale and lease back of £6.088 million is a one off item anticipated to happen in month 12 but which have been recognised at month 2.

If this items is eliminated year to date expenditure would be £1.510 million against £0.772 million.

There are four main areas of year to date over spend:

- Command point – year to date over spend of 113k. Due to budget phasing.
- IMT – year to date over spend of 247k on M.D.Ts. Due to budget phasing.
- Fleet – year to date over spend on ambulances (150k) and other fleet vehicles related to emergency preparedness (150k). Both expenditure areas are forecast to remain within their overall budget at year end.

There is no residual year to date issue in relation to capital. Over all the forecast is to remain within budget.

Balance Sheet

The Trust's balance sheet can be found in **Appendix 11**.   There are no significant issues to bring to the attention of the Board in the month 2 balance sheet.

In April, the value of property, plant and equipment has fallen due to the completion of the sale and lease back of 72 A&E ambulances with Singer Healthcare Finance Ltd. The new ambulance lease is expected to be an operating lease.

Conclusions

- The May Finance report shows that the Trust is forecast to achieve a surplus of £2.5 million against a target surplus of £2.7 million for the current financial year. The worst case scenario highlights a deficit of £0.953 million. The report highlights some

key challenges around A&E contract performance in delivering this total. The trust will need to take action to control expenditure and develop addition cost improvement programmes over the next months to bring its financial position back on track.

- The year to date position or 'run-rate' is below plan at £0.301 million at £0.776 million against a target of £1.077 million. An action plan is being put in place to control expenditure and develop additional cost improvement initiatives.

- There are a number of financial risks to the trusts year end position. The forecast out turn incorporates the impacts of high and medium risks. The two key business risks are the cost improvement programme and performance against core contract.

- At the end of May a total of £2.0 million has been lodged in uncommitted reserves for 2011/12 against financial risks. CQUIN performance is currently a red risk. It is anticipated the reserve will need to be utilized to offset CQUIN under performance.

- At the end of May the cost improvement programme is £1.2 million behind plan with a forecast out turn £0.6 million behind plan. Action needs to be taken to bring the plan back on track.

- The Trust is meeting all of its statutory financial duties. There are no issues to raise on the cash flow forecast.

- The balance sheet is satisfactory and no significant risks are raised.

Recommendations

- The Board is asked to comment on the information included within the month 2 report and the actions being taken to safeguard the trusts' position against plan.
- The Board is asked to take action to support the delivery of the full cost improvement programme.
- The Board is asked to approve the three fully mitigated financial risks being removed from the financial risk register.
- The Board is asked to approve the amendment of the Olympics budget for income and expenditure in line with funding approved at £1.365 million.

Michael Dinan
Executive Director of Finance
June 2011

London Ambulance Service NHS
NHS Trust

Trust Board - Financial Review

Month Ending 31st May 2011 - (Month 2)

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LAS Financial Review - Financial Snapshot

Month Ending 31st March 2011 - (Month 02)

NHS Trust Statutory Financial Duties	Forecast	Direction of Travel	Commentary
Income & Expenditure Breakeven	↔	→	Assessment based on achievement of the financial plan for the year
External Financing Limit (EFL)	↔	→	Assessment based on achievement of the financial plan for the year
Capital Resource Limit (CRL)	↔	→	Assessment based on achievement of the financial plan for the year
Return on Assets	↓	→	Assessment based on achievement of the financial plan for the year
CIP	↓	←	The Trust is expected to deliver a CIP of £15.6m for the year. At month 2 the trust is behind plan.

Income and Expenditure

The year to date I&E position is a surplus of £776k, behind plan by £301k mainly due to lower RTA and PTS income and overspend on Overtime and A&E Management.

Capital

The Trust is forecasting to meet its Capital Resource Limit (CRL) for the year.

Cash

The Trust is forecasting to meet the External Financing Limit (EFL) for the year.

Financial Risk Rating

Monitor Financial Risk Rating forecast is for performance equivalent to a rating of 4. Monitor assesses financial risk on a scale from 1 (high risk) to 5 (low risk).

NHS Financial Performance Framework	Forecast Score	Status	Direction of Travel	Commentary
Initial Planning (Planned I&E Surplus Margin)	3	G	→	The planned I&E surplus is in line with SHA expectations
Year to Date Performance (YTD I&E Surplus Margin)	3	G	→	Year to date Operating Surplus is at variance to plan by 0.1% of Income
Forecast Outturn Performance (Forecast I&E Surplus Margin)	3	G	→	Forecast surplus with variance from plan of 0.08%
Underlying Financial Position (Underlying I&E Surplus Margin)	3	G	→	Underlying breakeven or surplus position
Better Payment Practice Code (95% bills paid within 30 days)	2	A	→	Bills paid within 30 days for the year to date to 94% of NHS suppliers and 89% non NHS suppliers
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
LAS Trust Management Costs (% of Total LAS Income (Excl. MPET))	N/A	G	→	Management costs (excluding MPET) is 6.73% of Income
Overall	3	G	→	Trust is rated as Performing

Monitor Financial Risk Rating	Forecast Score	Status	Direction of Travel	Commentary
Achievement of plan (EBITDA achieved compared to plan)	5	G	→	Greater than 85% achievement against planned EBITDA margin
Underlying Performance (EBITDA margin)	3	A	→	The EBITDA margin required is 5% for 3 and 9% for 4 (current forecast is 7.7%)
Financial Efficiency (Return on assets and I&E margin)	4	G	→	Return on Assets is forecast at 6.53% and I&E surplus margin is forecast at 1%
Liquidity (Liquid assets / operating expenditure)	1	R	→	Liquid asset cover less than10 days, assumes 30 day working facility
Overall	4	G	→	The Trust is targeting score of 4 for 2011/12

Income & Expenditure	Current Annual Plan £000	Current Month Actual £000	Budget £000	Variance £000	Year to Date Actual £000	Budget £000	Variance £000
Income							
A&E	252,088	20,319	20,853	(534)	41,172	41,706	(535)
HART/CBRN	14,803	1,273	1,234	39	2,446	2,467	(21)
Olympics	1,396	111	116	(5)	228	233	(5)
PTS	6,815	497	568	(71)	931	1,136	(205)
Other	8,047	489	671	(181)	1,268	1,341	(73)
Total Income	283,149	22,690	23,442	(752)	46,044	46,883	(839)
Pay Expenditure							
Frontline	(132,245)	(10,675)	(10,852)	177	(21,408)	(21,678)	270
Other	(64,946)	(5,287)	(5,433)	146	(10,465)	(10,866)	401
Overtime	(4,933)	(794)	(512)	(282)	(1,781)	(1,023)	(758)
Agency	(250)	(237)	(21)	(216)	(454)	(42)	(412)
Total Pay	(202,373)	(16,993)	(16,817)	(176)	(34,109)	(33,610)	(499)
Medical Consumables	(6,017)	(430)	(501)	71	(910)	(1,003)	93
Vehicle	(10,702)	(1,037)	(892)	(146)	(1,959)	(1,784)	(175)
Fuel & Oil	(5,949)	(492)	(496)	4	(996)	(991)	(5)
Accommodation and Estates	(12,814)	(913)	(1,101)	188	(1,993)	(2,203)	210
Other	(22,315)	(1,243)	(1,751)	508	(2,612)	(3,503)	890
Finance Costs	(5,412)	(370)	(425)	54	(762)	(850)	88
Depreciation	(14,829)	(965)	(932)	(33)	(1,928)	(1,864)	(64)
Total Non Pay	(78,038)	(5,451)	(6,098)	647	(11,159)	(12,197)	1,037
Total Expenditure	(280,411)	(22,445)	(22,915)	471	(45,268)	(45,806)	538
EBITDA	22,979	1,581	1,883	(302)	3,466	3,790	(324)
Surplus / (Deficit)	2,738	245	526	(281)	776	1,077	(301)

EBITDA % Margin

LAS Financial Review - Financial Summary

Month Ending 31st May 2011 - (Month 2)

Cumulative Net Surplus

Cum Actual — Cum Budget — Cum fcast

Chart values:
- Cum Budget: 551, 1,077, 1,580, 1,904, 2,191, 2,449, 2,638, 2,793, 2,914, 2,967, 2,977, 2,738
- Cum Actual: 1,939
- Cum fcast: 2,102, 2,233, 2,328, 2,356, 2,354, 2,493

	Month Act £000	Month Budget £000	Month Variance	%	Ytd Act £000	Ytd Budget £000	Diff £000	%	Ytd 1011 £000	Diff £000	%	2011/12 Act £000	2011/12 Budget £000	Diff £000	%
Income															
A&E	21,037	21,671	(634)	-2.9%	42,667	43,342	(675)	-1.6%	42,846	(179)	-0.4%	260,959	261,901	(942)	-0.4%
Other	1,653	1,771	(118)	-6.7%	3,377	3,541	(164)	-4.6%	4,707	(1,329)	-28.2%	21,000	21,248	(248)	-1.2%
Total	22,690	23,442	(752)	-3.2%	46,044	46,883	(839)	-5687.9%	47,552	(1,508)	-3.2%	281,960	283,149	(1,189)	-0.4%
Operating Expense															
Pay	16,993	16,817	176	1.0%	34,109	33,610	499	1.5%	34,729	(621)	-1.8%	203,282	202,373	909	0.4%
Non Pay	4,116	4,742	(626)	-13.2%	8,470	9,483	(1,013)	-10.7%	9,443	(974)	-10.3%	57,074	57,797	(723)	-1.3%
Total	21,109	21,559 -	449	-2.1%	42,578	43,093	(515)	-8475.2%	44,173	(1,594)	-3.6%	260,356	260,170	186	0.1%
EBITDA	1,581	1,883	(302)	-16.1%	3,466	3,790	(324)	-1268.1%	3,379	86	2.6%	21,604	22,979	(1,375)	-6.0%
EBITDA %	7.0%	8.0%	40.2%	-13.3%	7.5%	8.1%	-1%	-1550.4%	7.1%	0.4%	5.9%	7.7%	8.1%	-0.5%	-5.6%
Depreciation, Dividend & Interest	1,335	1,357	(21)	-1.6%	2,690	2,713	(24)	-0.9%	2,814	(124)	-4.4%	19,111	20,241	(1,130)	-5.6%
Net Surplus/(Deficit)	245	526	(281)	-53.4%	776	1,077	(301)	-458.2%	566	210	7.0%	2,493	2,738 -	245	-9.0%
Net Margin	1.1%	2.2%	37.4%	-51.8%	1.7%	2.3%	-0.6%	-475.9%	1.2%	0.5%	5.9%	0.9%	1.0%	-0.1%	-8.6%
Impairments	0	0	0	#DIV/0!	0	0	0	#DIV/0!	0	0	#DIV/0!	0	0	0	#DIV/0!
Net Surplus after Impairment	245	526	(281)	-53.4%	776	1,077	(301)	-458.2%	566	210	#DIV/0!	2,493	2,738 -	245	-9.0%
Income															
Non Current Assets					143,709	143,882	(173)	-0.1%	140,717	2,992	2.1%	142,767	143,882	(1,115)	-0.8%
Cash					9,897	5,250	4,647	88.5%	4,209	5,688	135.1%	5,250	5,250	0	0.0%
Working Capital					(12,717)	(5,383)	(7,334)	136.2%	5,529	(18,246)	-330.0%	(8,943)	(5,383)	(3,560)	66.1%
Non Current Liabilities					(27,492)	(28,403)	911	-3.2%	(41,811)	14,319	-34.2%	(23,960)	(28,403)	4,443	-15.6%
Capital Employed					113,397	115,346	(1,949)	-2%	108,644	4,753	4.4%	115,114	115,346	(232)	0%
Average Capital Employed					113,397	115,346	(1,949)	-1.7%	108,486	4,912	4.5%	115,114	115,346	(232)	-0.2%
Return on Assets					6.58%	6.78%	#DIV/0!	-2.9%	0.52%	0	1161.2%	6.53%	6.73%	-0.2%	-2.9%

APPENDIX 3

Month Ending 31st May 2011 - (Month 2)

ACTIVITY (INCIDENTS)

RESOURCE(WTE)

COST (£000S)
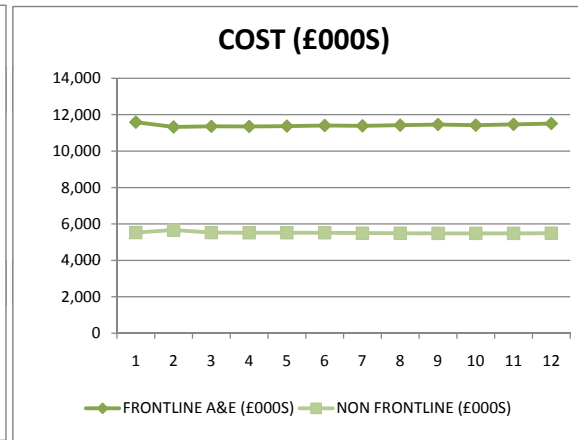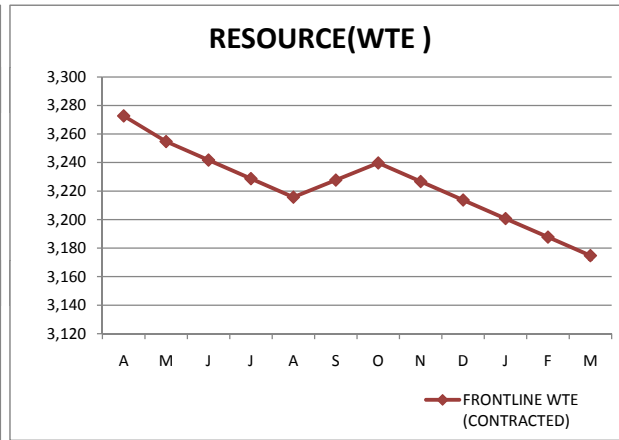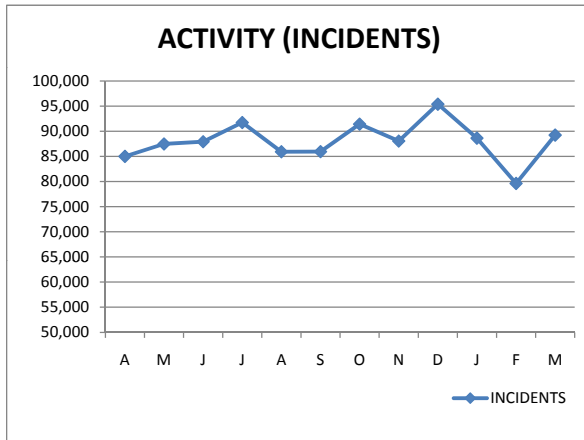
	April	May	June	July	August	September	October	November	December	January	February	March	
ACTIVITY													**TOTAL**
INCIDENTS	85,000	87,476	87,919	91,741	85,925	85,944	91,423	88,051	95,391	88,634	79,612	89,238	88,030
RESOURCE													**AVERAGE**
FRONTLINE WTE (CONTRACTED)	3,273	3,255	3,242	3,229	3,216	3,228	3,240	3,227	3,214	3,201	3,188	3,175	3,224
RESOURCE													**AVERAGE**
NON FRONTLINE WTE (CONTRACTED)	1,419	1,422	1,543	1,553	1,564	1,549	1,534	1,544	1,554	1,564	1,574	1,587	1,534
NON FRONTLINE WTE (WORKED)	1,452	1,466	1,502	1,512	1,523	1,508	1,493	1,503	1,513	1,522	1,532	1,545	1,506
NON FRONTLINE WTE (PAID)	1,490	1,503	1,548	1,559	1,570	1,555	1,540	1,550	1,560	1,570	1,580	1,593	1,551
TOTAL LAS WTE	**4,692**	**4,677**	**4,784**	**4,782**	**4,780**	**4,777**	**4,774**	**4,771**	**4,768**	**4,765**	**4,762**	**4,762**	**4,591**
COST													**TOTAL**
FRONTLINE A&E (£000S)	10,733	10,675	10,877	10,904	10,924	10,953	11,057	11,093	11,131	11,164	11,209	11,254	131,975
FRONTLINE OVERTIME (£000S)	857	648	480	450	450	450	330	330	330	258	258	258	5,098
TOTAL FRONTLINE COST	**11,590**	**11,323**	**11,357**	**11,354**	**11,374**	**11,403**	**11,387**	**11,423**	**11,461**	**11,421**	**11,466**	**11,512**	**137,073**
NON FRONTLINE (£000S)	5,395	5,524	5,492	5,490	5,489	5,490	5,460	5,457	5,454	5,453	5,451	5,463	65,617
NON FRONTLINE OVERTIME (£000S)	130	146	32	32	32	32	32	32	32	32	32	32	592
TOTAL NON FRONTLINE COST	**5,525**	**5,670**	**5,524**	**5,521**	**5,520**	**5,522**	**5,491**	**5,489**	**5,486**	**5,484**	**5,483**	**5,494**	**66,210**
RATIOS													
FRONTLINE / NON FRONTLINE WTE	2.3	2.3	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.0	2.0	2.0	2.1
INCIDENTS PER FRONTLINE WTE	26.0	26.9	27.1	28.4	26.7	26.6	28.2	27.3	29.7	27.7	25.0	28.1	27.3
INCIDENTS PER WTE	18.1	18.7	18.4	19.2	18.0	18.0	19.2	18.5	20.0	18.6	16.7	18.7	19.2
FRONTLINE PAY COST PER INCIDENT	136.4	129.4	129.2	123.8	132.4	132.7	124.6	129.7	120.1	128.9	144.0	129.0	1,557.1
TOTAL PAY COST PER INCIDENT	201.4	194.3	192.0	183.9	196.6	196.9	184.6	192.1	177.7	190.7	212.9	190.6	2,309.2
% OVERTIME TO TOTAL PAYROLL	6.1%	4.9%	3.1%	2.9%	2.9%	2.9%	2.2%	2.2%	2.2%	1.7%	1.7%	1.7%	2.9%

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LAS Financial Review - Income & Expense Trend

APPENDIX 4

Month Ending 31st May 2011 - (Month 2)

	Apr-10 Actual	May-10 Actual	Jun-10 Fcast	Jul-10 Fcast	Aug-10 Fcast	Sep-10 Fcast	Oct-10 Fcast	Nov-10 Fcast	Dec-10 Fcast	Jan-11 Fcast	Feb-11 Fcast	Mar-11 Fcast	2011/2012 Actual	2011/2012 Budget	Diff	%
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	
Income	(23,354)	(22,690)	(23,167)	(23,433)	(23,433)	(23,433)	(23,433)	(23,433)	(23,433)	(23,433)	(23,433)	(25,283)	(281,960)	(283,149)	1,189	-0.4%
Payroll (£k)																
A&E Frontline	10,733	10,675	10,877	10,904	10,924	10,953	11,057	11,093	11,131	11,164	11,209	11,254	131,975	132,245	(270)	-0.2%
A&E Overtime	857	648	480	450	450	450	330	330	330	258	258	258	5,098	4,553	545	12.0%
A&E Management	1,240	1,257	1,171	1,167	1,168	1,170	1,174	1,175	1,177	1,179	1,180	1,181	14,239	14,078	161	1.1%
EOC	975	977	1,019	1,014	1,008	1,002	1,007	1,000	993	987	981	983	11,948	12,053	(106)	-0.9%
Operational Support	288	296	347	351	351	352	352	352	352	352	352	354	4,101	4,210	(109)	-2.6%
PTS	390	388	409	409	409	409	359	359	359	360	360	360	4,572	4,611	(40)	-0.9%
Corporate Support	2,286	2,369	2,410	2,413	2,416	2,421	2,432	2,434	2,436	2,439	2,442	2,450	28,948	29,993	(1,045)	-3.5%
Other Overtime	130	146	32	32	32	32	32	32	32	32	32	32	592	380	212	55.9%
Agency	217	237	136	136	136	136	136	136	136	136	136	134	1,810	250	1,560	624.0%
Total	17,115	16,993	16,881	16,875	16,895	16,925	16,879	16,912	16,947	16,906	16,949	17,006	203,282	202,373	909	0.4%
Non Pay																
Staff Related	441	630	573	484	482	471	485	485	485	485	473	473	5,966	6,078	(113)	-1.9%
Consumables, Medical Equip & Drugs	479	430	491	491	491	491	491	491	491	491	491	491	5,824	6,017	(193)	-3.2%
Vehicle Leasing	123	253	241	241	241	241	241	241	241	241	241	241	2,783	1,466	1,318	89.9%
Fuel & Oil	504	492	496	496	496	496	496	496	496	496	496	496	5,954	5,949	5	0.1%
Vehicle Maintenance	619	647	634	634	634	634	634	634	634	634	634	634	7,610	7,613	(3)	0.0%
Other Automotive	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#DIV/0!
Vehicle Insurance	179	138	135	135	135	135	135	135	135	135	135	135	1,669	1,623	47	2.9%
3rd Party Transport	42	70	49	49	49	49	49	49	49	49	49	49	599	585	14	2.4%
Accommodation & Estates	1,080	913	1,101	1,073	1,073	1,073	1,052	1,052	1,052	1,034	1,050	1,050	12,605	12,814	(210)	-1.6%
IT & Telecoms	564	628	659	659	675	675	671	671	671	671	671	671	7,885	8,011	(125)	-1.6%
Finance & Legal	152	(270)	(25)	242	242	242	240	240	240	258	242	1,847	3,649	5,027	(1,378)	-27.4%
Consultancy	58	69	52	52	52	52	49	49	49	49	49	49	631	608	23	3.9%
Other	112	115	168	168	168	168	167	167	167	167	167	167	1,898	2,006	(108)	-5.4%
Subtotal	4,354	4,116	4,574	4,724	4,739	4,727	4,710	4,710	4,710	4,710	4,698	6,302	57,074	57,797	(723)	-1.3%
Depreciation																
Fleet	476	477	0	0	0	0	0	0	0	0	0	0	952	0	952	#DIV/0!
IT	140	140	0	0	0	0	0	0	0	0	0	0	280	0	280	#DIV/0!
Other	347	348	932	1,076	1,076	1,076	1,221	1,221	1,221	1,330	1,330	1,376	12,554	14,829	(2,275)	-15.3%
Subtotal	962	965	932	1,076	1,076	1,076	1,221	1,221	1,221	1,330	1,330	1,376	13,786	14,829	(1,042)	-7.0%
Financial																
Dividend	319	319	293	328	328	328	328	328	328	328	328	328	3,885	3,832	53	1.4%
Interest	72	51	132	132	132	132	132	132	132	132	132	132	1,440	1,580	(140)	-8.9%
Subtotal	392	370	425	460	460	460	460	460	460	460	460	460	5,325	5,412	(88)	-1.6%
Total Expense	22,823	22,445	22,811	23,135	23,169	23,188	23,269	23,303	23,338	23,405	23,436	25,144	279,467	280,411	(944)	-0.3%
Net Surplus	(531)	(245)	(355)	(299)	(264)	(245)	(164)	(130)	(96)	(28)	3	(139)	(2,493)	(2,738)	245	(0)
Cumulative Surplus	(531)	(776)	(1,131)	(1,430)	(1,694)	(1,939)	(2,102)	(2,233)	(2,328)	(2,356)	(2,354)	(2,493)	(2,493)	(2,738)		

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LAS Financial Review - Worst Case Scenario

Month Ending 31st May 2011 - (Month 2)

	2011/2012 Base Case Actual	2011/2013 Worst Case Actual	Diff	%	2011/2012 Budget	2010/2011 Fcast
	£000	£000	£000		£000	£000
Income	**(281,960)**	**(280,652)**	**1,307**	**-0.5%**	**(283,149)**	**(281,597)**
Payroll (£k)						
A&E Frontline	131,975	130,475	(1,500)	-1.1%	132,245	126,816
A&E Overtime	5,098	6,912	1,814	35.6%	4,553	10,757
A&E Management	14,239	14,640	401	2.8%	14,078	14,539
EOC	11,948	11,608	(340)	-2.8%	12,053	11,879
Operational Support	4,101	3,618	(483)	-11.8%	4,210	3,558
PTS	4,572	4,543	(29)	-0.6%	4,611	5,852
Corporate Support	28,948	29,211	263	0.9%	29,993	27,307
Other Overtime	592	1,508	916	154.6%	380	1,578
Agency	1,810	2,394	584	32.3%	250	5,153
Total	**203,282**	**204,908**	**1,626**	**0.8%**	**202,373**	**207,447**
Non Pay						
Staff Related	5,966	5,966	0	0.0%	6,078	6,980
Consumables, Medical Equip & Drugs	5,824	5,824	0	0.0%	6,017	6,667
Vehicle Leasing	2,783	2,865	82	2.9%	1,466	1,579
Fuel & Oil	5,954	5,954	0	0.0%	5,949	5,581
Vehicle Maintenance	7,610	7,610	0	0.0%	7,613	7,704
Other Automotive	0	0	0	#DIV/0!	0	0
Vehicle Insurance	1,669	1,669	0	0.0%	1,623	1,737
3rd Party Transport	599	599	0	0.0%	585	681
Accommodation & Estates	12,605	12,605	0	0.0%	12,814	12,296
IT & Telecoms	7,885	7,885	0	0.0%	8,011	8,043
Finance & Legal	3,649	4,159	510	14.0%	5,027	2,321
Consultancy	631	631	0	0.0%	608	1,862
Other	1,898	1,898	0	0.0%	2,006	1,637
Subtotal	**57,074**	**57,665**	**592**	**1.0%**	**57,797**	**57,088**
Depreciation						
Fleet	952	952	0	0.0%	0	0
IT	280	280	0	0.0%	0	0
Other	12,554	12,554	(0)	0.0%	14,829	11,592
Subtotal	**13,786**	**13,786**	**(0)**	**0.0%**	**14,829**	**11,592**
Financial						
Dividend	3,885	3,832	(53)	-1.4%	3,832	3,772
Interest	1,440	1,414	(26)	-1.8%	1,580	1,171
Subtotal	**5,325**	**5,246**	**(79)**	**-1.5%**	**5,412**	**4,943**
Total Expense	**279,467**	**281,606**	**2,139**	**0.8%**	**280,411**	**281,071**
Net Surplus/ (Deficit)	**(2,493)**	**953**	**3,446**	**0**	**(2,738)**	**(526)**
Cumulative Surplus	**(2,493)**	**953**			**(2,738)**	**(526)**

LAS Financial Review - CIP Summary

Month Ending 31st May 2011 - (Month 2)

Key CIP Programs	Performance				Forecast				Status	
	Ytd Position				2011/12					
	Act	Plan	Diff	%	Act	Plan	Diff	%	Current	Forecast
	£000	£000	£000		£000	£000	£000			
Front Line staffing - Process Management	864	864	(1)	99.9%	5,186	5,187	(1)	100.0%	↔	↔
Front Line staffing - Resource Management	(0)	0	(0)	#DIV/0!	800	800	(0)	100.0%	↔	↔
Fleet optimisation	(0)	0	(0)	#DIV/0!	251	251	(0)	99.9%	↔	↔
Support Services - Pay	102	103	(1)	98.7%	616	617	(1)	99.8%	↔	↔
Support Services - Agency	188	397	(209)	47.4%	2,172	2,381	(209)	91.2%	↔	↓
Support Services - Non Pay	345	495	(150)	69.6%	2,841	2,970	(128)	95.7%	↔	↓
Support Services - IM&T	137	149	(13)	91.6%	882	895	(13)	98.6%	↔	↔
PTS	0	3	(3)	0.6%	265	268	(3)	98.9%	↔	↔
Subtotal	**1,635**	**2,011**	**(377)**	**81.3%**	**13,014**	**13,369**	**(355)**	**97.3%**	↔	↓
Unidentified	(5)	240	(244)	-1.9%	1,194	1,439	(244)	83.0%	↔	↓
Other - Annual Leave Policy	(528)	5	(533)	-9822.5%	32	32	0	100.0%	↓	↔
Total	**1,102**	**2,256**	**(1,154)**	**49%**	**14,241**	**14,840**	**(599)**	**96.0%**	↓	↓

KEY:

CIP Target being exceeded	↑
CIP Target not being achieved	↓
CIP on Target	↔

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 (amounting to £533k in M02). This is expected to be achieved in Month 12 through amendments in annual leave policy.
- Also included £1.4m of unidentified CIP.

Cumulative CIP

— Cum Planned CIP   — Cum Actual CIP   — Cum Fcast CIP
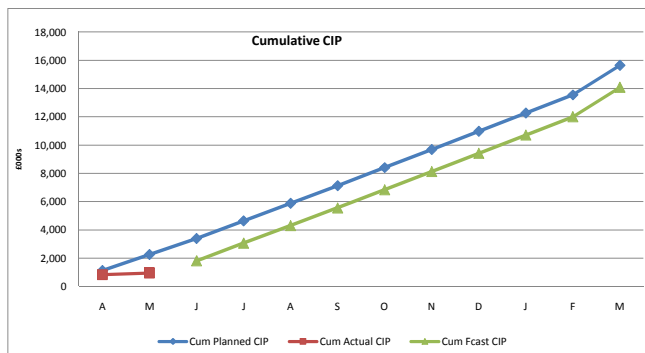
LAS Financial Review - Balance Sheet & Cashflow

Month Ending 31st May 2011 - (Month 02)

Balance Sheet Summary — Working Capital, Cash, Non Current Assets

Cashflow
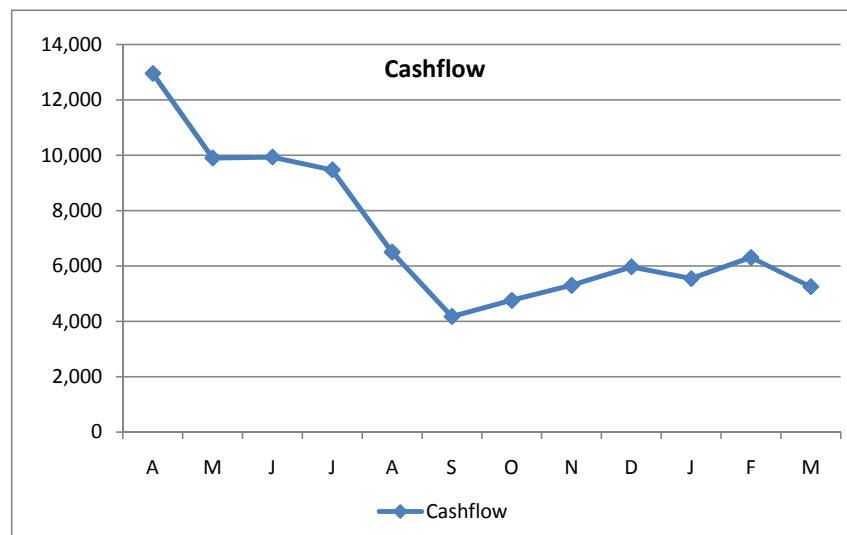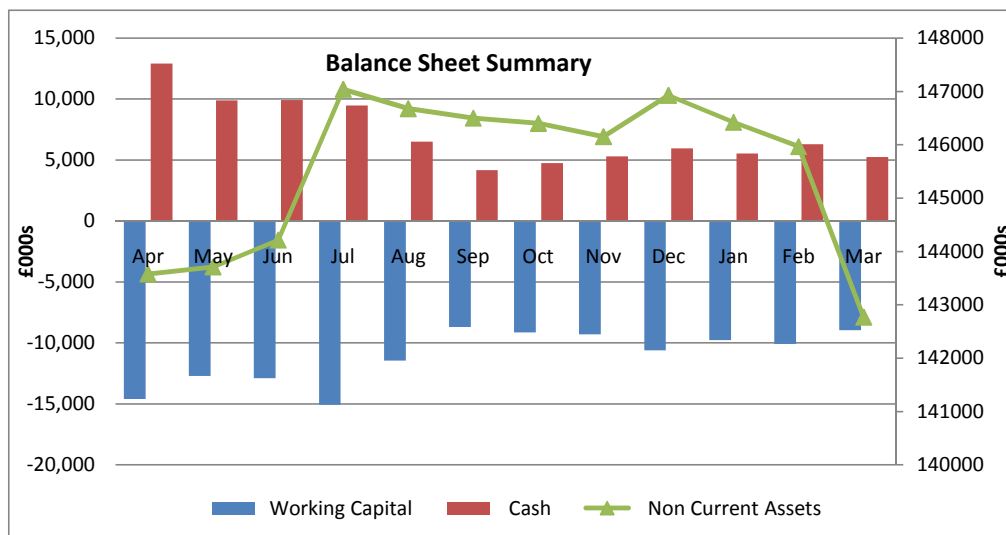
Trade Debtors	A&E £185k > 60 days (9.03%), Apr £146k > 60 days (3.37%)
	PTS £311k > 60 days (15.16%), Apr £251k > 60 days (5.82%)
Trade Creditors	NHS PSPP - This month (94%), Apr (92%), Ytd (94%)
	Non NHS PSPP - This month (88%), Apr (89%), Ytd (89%)

Key Balance Sheet Items		
	Current	Year End
	£000s	£000s
Cash	9,897	5,250
Working Capital	(12,717)	(8,943)

	Apr-11 £'000s Actual	May-11 £'000s Actual	Jun-11 £'000s Actual	Jul-11 £'000s Actual	Aug-11 £'000s Actual	Sep-11 £'000s Actual	Oct-11 £'000s Actual	Nov-11 £'000s Actual	Dec-11 £'000s Actual	Jan-12 £'000s Actual	Feb-12 £'000s Actual	Mar-12 £'000s Actual	Apr-12 £'000s Actual
Non-Current Assets	143,578	143,709	144,211	147,039	146,677	146,499	146,401	146,153	146,927	146,421	145,965	142,767	141,530
Current Assets	29,623	27,675	28,729	28,334	25,400	23,115	22,983	22,815	22,765	21,633	21,683	22,866	24,487
Total Assets	**173,201**	**171,384**	**172,940**	**175,373**	**172,077**	**169,614**	**169,384**	**168,968**	**169,692**	**168,054**	**167,648**	**165,633**	**166,017**
Current Liabilities	(31,312)	(30,495)	(31,686)	(33,930)	(30,359)	(27,641)	(27,357)	(26,800)	(27,417)	(25,861)	(25,448)	(26,559)	(26,745)
Net Current Assets/(Liabilities)	**(1,689)**	**(2,820)**	**(2,957)**	**(5,596)**	**(4,959)**	**(4,526)**	**(4,374)**	**(3,985)**	**(4,652)**	**(4,228)**	**(3,765)**	**(3,693)**	**(2,258)**
Total Assets less Current Liabilities	**141,889**	**140,889**	**141,254**	**141,443**	**141,718**	**141,973**	**142,027**	**142,168**	**142,275**	**142,193**	**142,200**	**139,074**	**139,272**
Total Non-Current Liabilities	28,738	27,492	27,502	27,392	27,403	27,413	27,303	27,314	27,325	27,215	27,225	23,960	23,880
Total Assets Employed	**113,151**	**113,397**	**113,752**	**114,051**	**114,315**	**114,560**	**114,724**	**114,854**	**114,950**	**114,978**	**114,975**	**115,114**	**115,392**
Total Taxpayers' Equity	**113,151**	**113,397**	**113,752**	**114,051**	**114,315**	**114,560**	**114,724**	**114,854**	**114,950**	**114,978**	**114,975**	**115,114**	**115,392**
Cashflow	**12,913**	**9,897**	**9,928**	**9,469**	**6,498**	**4,176**	**4,757**	**5,302**	**5,965**	**5,546**	**6,309**	**5,250**	**6,809**

LAS Financial Review - Capital Summary

APPENDIX 8

Captal programme	Ytd Position Month 2				Capital plan 2011/12				Status
	Act £000	Plan £000	Diff £000	%	Act £000	Plan £000	Diff £000	%	2011/12
Capital programme - Information Technology	883	449	(434)	-96%	3,963	3,845	(118)	-3%	↓
Capital programme - Estates	66	23	(43)	-188%	1,554	1,500	(54)	-4%	↓
Capital programme - Fleet	561	300	(262)	-25%	8,261	8,265	4	0%	↔
Capital programme - Proceeds from Disposals	(6,088)	0	6,088	0%	(6,738)	(5,057)	1,681	-33%	↑
Capital programme - Unallocated funds	0	0	0	0%	2,240	2,240	0	0%	↔
Total	(4,578)	772	5,350	693%	9,280	10,793	1,513	14%	↑

KEY:

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

LAS Financial Review - Income Summary

Month Ending 31st May 2011 - (Month 2)

Month Act	Month Budget	%		Ytd Act	Ytd Budget	Diff	%	2011/2012 Fcast	2011/2012 Budget	Diff	%
£000	£000			£000	£000	£000		£000	£000	£000	
			Emergency Delivery								
20,319	20,853	-2.6%	PCT Commissioned	41,172	41,706	(535)	-1.3%	251,287	252,088	(801)	-0.3%
621	642	-3.3%	CBRN	1,263	1,284	(21)	-1.6%	7,685	7,706	(21)	-0.3%
97	176	-44.8%	RTA	232	351	(119)	-33.9%	1,987	2,106	(119)	-5.6%
21,037	**21,671**	-2.9%	**Subtotal**	**42,667**	**43,342**	**(675)**	-1.6%	**260,959**	**261,901**	**(942)**	-0.4%
			Specialised Services								
652	591	10.2%	HART	1,183	1,183	0	0.0%	7,097	7,097	0	0.0%
3	3	3.3%	HEMS	7	7	0	3.3%	40	39	0	0.5%
655	**595**	10.2%	**Subtotal**	**1,190**	**1,189**	**0**	0.0%	**7,137**	**7,137**	**0**	0.0%
			Information Services & Research								
93	92	0.4%	EBS	185	184	1	0.4%	1,106	1,106	1	0.1%
11	18	-38.4%	Research	(45)	36	(81)	-225.9%	135	216	(81)	-37.7%
104	**110**	-5.9%	**Subtotal**	**140**	**220**	**(81)**	-36.5%	**1,241**	**1,322**	**(80)**	-6.1%
			Patient Transport Services								
497	568	-12.4%	PTS	931	1,136	(205)	-18.0%	6,610	6,815	(205)	-3.0%
62	66	-5.8%	BETS & SCBU	109	132	(23)	-17.1%	767	789	(23)	-2.9%
42	20	112.4%	A&E Long Distance	68	40	28	68.8%	268	240	28	11.5%
602	**654**	-7.9%	**Subtotal**	**1,108**	**1,307**	**(200)**	-15.3%	**7,645**	**7,844**	**(200)**	-2.5%
			NHS London								
(16)	112	-114.2%	MPET	204	225	(21)	-9.3%	1,245	1,350	(104)	-7.7%
0	0	#DIV/0!	Other Education	0	0	0	#DIV/0!	0	0	0	#DIV/0!
111	116	-4.4%	Olympics 2012	228	233	(5)	-2.2%	1,390	1,396	(5)	-0.4%
95	**229**	-58.4%	**Subtotal**	**432**	**458**	**(26)**	-5.7%	**2,636**	**2,745**	**(110)**	-4.0%
			Commercial								
52	83	-37.3%	Stadia	147	167	(20)	-11.8%	980	1,000	(20)	-2.0%
55	52	6.1%	BAA	111	104	6	6.1%	631	625	6	1.0%
3	1	238.1%	Training	4	2	2	113.0%	14	11	2	18.8%
111	**136**	-18.8%	**Subtotal**	**262**	**273**	**(11)**	-4.1%	**1,625**	**1,636**	**(11)**	-0.7%
86	47	83.6%	**Other**	247	94	153	162.8%	717	564	153	27.1%
22,690	**23,442**	-3.2%	**Total**	**46,044**	**46,883**	**(839)**	-1.8%	**281,960**	**283,149**	**(1,189)**	-0.4%

LAS Financial Review - Divisional Summary

Month Ending 31st May 2011 - (Month 2)

Month Act £000	Month Budget £000	Diff £000	%		Ytd Act £000	Ytd Budget £000	Diff £000	%	2011/2012 Act £000	2011/2012 Budget £000	Diff £000	%
 (pie charts: A&E 65%, Control 9%, Ops Support 7%, Corporate 16%, PTS 3% | A&E 64%, Control 9%, Ops Support 7%, Corporate 18%, PTS 3% | A&E 62%, Control 8%, Ops Support 6%, Corporate 21%, PTS 2%)

Month Act	Month Budget	Diff	%		Ytd Act	Ytd Budget	Diff	%	2011/2012 Act	2011/2012 Budget	Diff	%
14,651	14,294	(357)	-40%	**A&E Sector Services**	29,135	28,530	(606)	2.1%	174,079	174,114	34	0.0%
2,056	1,981	(75)	4%	**Control Services**	4,054	3,968	(86)	2.2%	22,787	22,801	14	-0.1%
1,486	1,441	(44)	3%	**Operational Support**	2,943	2,882	(60)	2.1%	17,098	17,099	1	0.0%
18,193	17,717	(476)	3%	**Total Operations**	36,132	35,380	(752)	2.1%	213,965	214,014	49	0.0%
575	575	1	0%	**Patient Transport Services (PTS)**	1,144	1,150	6	-0.5%	6,764	6,669	(94)	1.4%
(138)	447	586	-131%	**Chief Executive**	215	894	679	-76.0%	4,740	5,389	648	-12.0%
386	408	22	-5%	**Corporate Services**	686	816	129	-15.9%	4,141	4,913	772	-15.7%
133	164	31	-19%	**Strategic Development**	277	328	51	-15.7%	1,935	1,986	51	-2.6%
1,236	1,462	226	-15%	**Finance & Estates**	2,700	2,923	224	-7.7%	20,048	19,662	(387)	2.0%
824	922	98	-11%	**Human Resources & Training**	1,643	1,875	232	-12.4%	10,512	10,854	342	-3.2%
1,106	1,084	(22)	2%	**IM & T**	2,229	2,168	(61)	2.8%	15,785	15,277	(508)	3.3%
10	11	1	-7%	**Healthcare Promotion & Quality**	21	22	2	-7.8%	132	134	2	-1.3%
120	125	5	-4%	**Medical**	222	250	27	-11.0%	1,445	1,513	67	-4.5%
3,677	4,624	946	-20%	**Total Corporate Directorates**	7,992	9,276	1,284	-13.8%	58,739	59,728	989	-1.7%
22,445	22,915	471	-2%	**- Total LAS**	45,268	45,806	538	-1.2%	279,467	280,411	944	-0.3%

APPENDIX 11

Month Ending 31st May 2011 - (Month 2)

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	
	£'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	14,575	14,646	14,646	14,646	14,646	14,646	14,646	14,646	14,646	14,646	14,646	14,646	14,646	
Property, Plant and Equipment	121,319	121,371	121,859	124,673	124,297	124,157	124,045	123,783	124,543	124,074	123,605	124,021	122,819	
Trade and Other Receivables	7,684	7,692	7,706	7,720	7,734	7,696	7,710	7,724	7,738	7,701	7,714	4,100	4,065	
Total Non-Current Assets	143,578	143,709	144,211	147,039	146,677	146,499	146,401	146,153	146,927	146,421	145,965	142,767	141,530	
Current Assets														
Inventories	2,579	2,581	2,581	2,581	2,581	2,581	2,581	2,581	2,581	2,581	2,581	2,581	2,581	Trade Debtors
NHS Trade Receivables	3,617	1,716	2,702	2,729	2,729	2,729	2,729	2,729	2,729	2,729	2,729	2,914	2,976	A&E £185k > 60 days (9.03%), Apr £146k > 60 days (3.37%)
Non NHS Trade Receivables	0	0	0	0	0	0	0	0	0	0	0	0	0	PTS £311k > 60 days (15.16%), Apr £251k > 60 days (5.82%)
Other Receivables	4,484	5,693	5,730	5,767	5,804	5,841	5,878	5,915	5,952	5,989	6,026	9,482	9,482	
Accrued Income	1,769	1,847	1,847	1,847	1,847	1,847	1,597	1,347	1,097	847	597	348	348	
Prepayments	3,611	5,291	5,291	5,291	5,291	5,291	4,791	4,291	3,791	3,291	2,791	2,291	2,291	
Investments	0	0	0	0	0	0	0	0	0	0	0	0	0	
Cash and Cash Equivalents	12,913	9,897	9,928	9,469	6,498	4,176	4,757	5,302	5,965	5,546	6,309	5,250	6,809	
Current Assets	28,973	27,025	28,079	27,684	24,750	22,465	22,333	22,165	22,115	20,983	21,033	22,866	24,487	
Non-Current Assets Held for Sale	650	650	650	650	650	650	650	650	650	650	650	0	0	
Total Current Assets	29,623	27,675	28,729	28,334	25,400	23,115	22,983	22,815	22,765	21,633	21,683	22,866	24,487	
Total Assets	173,201	171,384	172,940	175,373	172,077	169,614	169,384	168,968	169,692	168,054	167,648	165,633	166,017	
Current Liabilities														
Bank Overdraft	0	0	0	0	0	0	0	0	0	0	0	0	0	Trade Creditors
NHS Trade Payables	8,120	5,733	6,167	6,363	6,393	6,382	6,364	6,362	6,362	6,362	6,350	6,252	8,245	NHS PSPP - This month (94%), Apr (92%), Ytd (94%)
Non NHS Trade Payables	234	178	178	178	178	178	178	178	178	178	178	178	178	Non NHS PSPP - This month (88%), Apr (89%), Ytd (89%)
Other Payables	7,666	8,908	8,861	8,858	8,866	8,879	8,859	8,873	8,887	8,870	8,888	8,911	8,725	
PDC Dividend Liabilities	319	638	931	1,259	1,587	0	328	656	984	1,312	1,640	0	316	
Capital Liabilities	350	662	1,420	3,890	700	936	1,109	959	1,981	861	861	1,792	24	
Accruals	4,861	5,197	5,147	5,097	5,047	4,997	4,947	4,897	4,847	4,797	4,747	4,688	4,688	
Deferred Income	5,632	5,163	5,163	4,663	4,163	3,663	3,163	2,663	2,163	1,663	1,163	663	663	
DH Capital Loan Principal Repayment	1,244	1,244	1,244	1,244	1,244	622	622	622	622	622	622	1,244	1,244	
Borrowings	2,086	1,972	1,775	1,578	1,381	1,184	987	790	593	396	199	2,031	1,862	
Provisions for Liabilities & Charges	800	800	800	800	800	800	800	800	800	800	800	800	800	
Total Current Liabilities	31,312	30,495	31,686	33,930	30,359	27,641	27,357	26,800	27,417	25,861	25,448	26,559	26,745	
Net Current Assets/(Liabilities)	(1,689)	(2,820)	(2,957)	(5,596)	(4,959)	(4,526)	(4,374)	(3,985)	(4,652)	(4,228)	(3,765)	(3,693)	(2,258)	
Total Assets less Current Liabilities	141,889	140,889	141,254	141,443	141,718	141,973	142,027	142,168	142,275	142,193	142,200	139,074	139,272	
Non-Current Liabilities														
DH Capital Loan Principal Repayment	6,831	6,831	6,831	6,831	6,831	6,831	6,831	6,831	6,831	6,831	6,831	5,587	5,587	
Borrowings	13,362	12,205	12,205	12,205	12,205	12,205	12,205	12,205	12,205	12,205	12,205	10,174	10,174	
Other Financial Liabilities	0	0	0	0	0	0	0	0	0	0	0	0	0	
Provisions for Liabilities & Charges	8,545	8,456	8,466	8,356	8,367	8,377	8,267	8,278	8,289	8,179	8,189	8,199	8,119	
Total Non-Current Liabilities	28,738	27,492	27,502	27,392	27,403	27,413	27,303	27,314	27,325	27,215	27,225	23,960	23,880	
Total Assets Employed	113,151	113,397	113,752	114,051	114,315	114,560	114,724	114,854	114,950	114,978	114,975	115,114	115,392	
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	2	2	2	2	2	2	2	2	2	2	2	2	2	
Other Reserves	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	
Retained Earnings	15,380	15,626	15,981	16,280	16,544	16,789	16,953	17,083	17,179	17,207	17,204	17,343	17,621	
Total Taxpayers' Equity	113,151	113,397	113,752	114,051	114,315	114,560	114,724	114,854	114,950	114,978	114,975	115,114	115,392	

APPENDIX 12

	M	J	J	A	S	O	N	D	J	F	M	A	
	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	Total
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
	Actual	*Forecast*	*Forecast*	*Forecast*	*Forecast*	*Forecast*	*Forecast*	*Forecast*	*Forecast*	*Forecast*	*Forecast*	*Forecast*	
Operating Activities													
Operating surplus/(deficit)	616	780	759	724	705	624	590	556	488	457	601	687	7,587
Depreciation and amortisation	965	932	1,076	1,076	1,076	1,221	1,221	1,221	1,330	1,330	1,376	1,226	14,050
Impairments and reversals	0	0	0	0	0	0	0	0	0	0	0	0	0
Transfer from the donated asset reserve	0	0	0	0	0	0	0	0	0	0	0	0	0
Interest Paid	(58)	(117)	(117)	(117)	(117)	(117)	(117)	(117)	(117)	(117)	(115)	(77)	(1,303)
Dividend Paid	0	0	0	0	(1,915)	0	0	0	0	0	(1,970)	0	(3,885)
(Increase)/Decrease in Inventories	(2)	0	0	0	0	0	0	0	0	0	0	0	(2)
(Increase)/Decrease in NHS Trade Receivables	1,901	(986)	(27)	0	0	0	0	0	0	0	(185)	(62)	641
(Increase)/Decrease in Long Term Receivables	(8)	(14)	(14)	(14)	38	(14)	(14)	(14)	37	(13)	37	35	42
(Increase)/Decrease in Non NHS Trade Receivables	0	0	0	0	0	0	0	0	0	0	0	0	0
(Increase)/Decrease in Other Receivables	(1,209)	(37)	(37)	(37)	(37)	(37)	(37)	(37)	(37)	(37)	121	0	(1,421)
(Increase)/Decrease in Accrued Income	(78)	0	0	0	0	250	250	250	250	250	249	0	1,421
(Increase)/Decrease in Prepayments	(1,680)	0	0	0	0	500	500	500	500	500	500	0	1,320
Increase/(Decrease) in Trade Payables	(2,387)	434	196	30	(11)	(18)	(2)	0	0	(12)	(98)	1,993	125
Increase/(Decrease) in Other Payables	12	(63)	(19)	(8)	(3)	(36)	(2)	(2)	(33)	2	2	(206)	(356)
Increase/(Decrease) in Payments on Account	0	0	0	0	0	0	0	0	0	0	0	0	0
Increase/(Decrease) in Accruals	336	(50)	(50)	(50)	(50)	(50)	(50)	(50)	(50)	(50)	(59)	0	(173)
Increase/(Decrease) in Deferred Income	(469)	0	(500)	(500)	(500)	(500)	(500)	(500)	(500)	(500)	(500)	0	(4,969)
Increase/(Decrease) in Provisions & Liabilities	(89)	10	(110)	11	10	(110)	11	11	(110)	10	10	(80)	(426)
Net Cash inflow/outflow from operating activities	(2,150)	889	1,157	1,115	(804)	1,713	1,850	1,818	1,758	1,820	(31)	3,516	12,651
Cashflows from Investing Activites													
Interest received	24	1	1	1	1	1	1	1	1	1	4	4	41
(Payments) for property, plant & equipment	(705)	(662)	(1,420)	(3,890)	(700)	(936)	(1,109)	(959)	(1,981)	(861)	(861)	(1,792)	(15,876)
Proceeds from disposal of property, plant & equipment	0	0	0	0	0	0	0	0	0	0	650	0	650
(Payments) for intangible assets	(71)	0	0	0	0	0	0	0	0	0	0	0	(71)
Proceeds from disposal of intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0
(Payments) for investment with DH	0	0	0	0	0	0	0	0	0	0	0	0	0
(Payments) for other financial assets	0	0	0	0	0	0	0	0	0	0	0	0	0
Net Cash inflow/outflow from investing activities	(752)	(661)	(1,419)	(3,889)	(699)	(935)	(1,108)	(958)	(1,980)	(860)	(207)	(1,788)	(15,256)
Net Cash inflow/outflow before financing	(2,902)	228	(262)	(2,774)	(1,503)	778	742	860	(222)	960	(238)	1,728	(2,605)
Cashflows from Financing Activites													
Public Dividend Capital Received	0	0	0	0	0	0	0	0	0	0	0	0	0
Public Dividend Capital Repaid	0	0	0	0	0	0	0	0	0	0	0	0	0
Loans received from DH	0	0	0	0	0	0	0	0	0	0	0	0	0
Loans principal repaid to DH	0	0	0	0	(622)	0	0	0	0	0	(622)	0	(1,244)
Loans received from Salix Finance	0	0	0	0	0	0	0	0	0	0	0	0	0
Capital element of finance lease	(114)	(197)	(197)	(197)	(197)	(197)	(197)	(197)	(197)	(197)	(199)	(169)	(2,255)
Net Cashflow inflow/(outflow) from financing	(114)	(197)	(197)	(197)	(819)	(197)	(197)	(197)	(197)	(197)	(821)	(169)	(3,499)
Increase/(decrease) in cash & cash equivalents	(3,016)	31	(459)	(2,971)	(2,322)	581	545	663	(419)	763	(1,059)	1,559	(6,104)
Cash, cash equivalents and bank overdrafts at 010410	12,913												
Cash, cash equivalents and bank overdrafts at 310311	9,897	9,928	9,469	6,498	4,176	4,757	5,302	5,965	5,546	6,309	5,250	6,809	(6,104)

LAS Financial Review - Financial Risks

Month Ending 31st May 2011 - (Month 2)

Key Financial Risks	Gross Risk				Net	Status	Comment
	Value £000	Impact	Likelihood	Rating	Value £000		
1. Penalty Charge - Category A Target	10,104	5	2	10	0	G	M2 performance is on trajectory.
2. CQUIN	3,730	4	2	8	2,018	R	M2 performance highlights on A1 ACP conveyance, 5a EOLC, and 6a Mental health plan
3. CBRN Income	7,706	4	1	4	771	A	Letter from DoH confirms amount.
4. HART Income	7,097	4	2	8	0	G	Contract signed with commissioners - financial risk closed
5. MPET Income	1,350	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	0	5	3	15	0	R	Month 2 CIP is behind plan
7. Economic Cost Pressures (Fuel, Rates, etc)	250	3	3	9	0	G	M2 ytd on track
8. Low Emmission Zone	1200	3	4	12	0	A	Awaiting confirmation from GLC that LAS has one year implementation extension
9. EOC/Command Point	500	3	4	12	576	A	M2 over £100k year to date overspend
10. Olympics Funding	1365	3	2	6	0	G	DH and Commissioners have agreed funding for 2011-12 and 12-13. Financial Risk closed.
11. Depreciation	1197	3	1	3	243	A	Finance & Investment committee approved lease amendments. Residual risk arises from difference between operating lease costs and deprecation.
12. A&E Operational	3028	4	3	12	715	A	Operational financial risk arising from reduced overtime and A&E proposed restructure incorporating unsocial hours from 21% to 25%.
13. PTS Profitability	917	3	3	9	700	A	Contract have been tendered and the outcome remains uncertain.
Total	38,444				5,022		

KEY:

G	**Green - Minimal or No Financial Risk at Present**
A	**Amber - Moderate level of risk requiring attention**
R	**Red - Significant Level of risk requiring corrective action**

London Ambulance Service **NHS**

NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 28 JUNE 2011

PAPER FOR NOTING/APPROVAL

Document Title:	**Infection Control Balance Scorecard**
Report Author(s):	**Steve Lennox**
Lead Director:	**Steve Lennox**
Contact Details:	**02077832299**
Why is this coming to the Trust Board?	**Escalated issue**
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:	The balance scorecard is a live scorecard and will be distributed on the day of the board meeting. On presentation to the Quality Committee it was agreed that the scorecard was showing sustained improvements with deep clean and blanket use showing considerable improvement and hand hygiene making steady improvements. Therefore, the committee recommend deescalating the scorecard at Board level but asking the Quality Committee to maintain the necessary detailed assurance.

Executive Summary

The scorecard is showing signs of sustained improvements.

Key issues for the Trust Board

To de escalate to the quality committee.

Attachments

Scorecard will be distributed at the Board meeting

****

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
This paper supports the following principles that guide the NHS:

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

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?
☐ Yes
✔ No

Key issues from the assessment:

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 28TH JUNE 2011

PAPER FOR NOTING/APPROVAL

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 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 **Elements of this report have been discussed at CQSEC, Quality Committee CARSG and SMG**
Recommendation for the Trust Board:	That the Board considers and notes this report

Executive Summary/key issues for the Trust Board

Safety:
1. 2 new SIs declared, 1 relating to the implementation of CommandPoint and the other to a delay in attending a patient who suffered an out of hospital cardiac arrest;
2. Further update provided on the review of implementing changes to the High Risk Register procedure.

Clinical and cost effectiveness:

1. CPI performance now at 81% for the last month (April): target 95%. 10 Complexes achieved 100% and 13 achieved 95%. Feedback targets for the year to date not achieved (month 1)
2. Clinical update on cardiac care, stroke, trauma, emergency oxygen therapy, as well as an update on medical student programmes and the triage arrangements under consideration in the event of a Mumbai type attack.
3. Summary of progress against reporting on the national quality indicators, due August 2011.

Governance:

1. Limited assurance provided on the management of medicines, including both Controlled and General Drug issues. No incidents relating to Controlled Drugs, or other drugs to report.

Patient involvement:

1. Report on the FT membership event on stroke, and presentation to the Patients' Forum on

the Emergency management of Sickle Cell Disease.

Attachments
N/A

****

Strategic Goals 2010 – 13
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☒ 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 NHS TRUST

Trust Board 28th June 2011

Clinical Quality and Patient Safety Report

Safety

1.1 Update on Serious Incidents (SIs)

Three new SIs have been declared since my last report in May. One of these relates to problems around the introduction of CommandPoint on 8th June 2011. One relates to delays in attending a patient in cardiac arrest on 8th June 2011. The other relates to the inadvertent sharing of the email addresses of a large number of FT members through advertising the Stroke event taking place on 24th May. Although no clinically identifiable information was divulged the Information Commissioner's advice was that this incident should be reported and investigated as an SI.
.

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

The Central Alerting System (CAS) is contributed to by the Medicines and Healthcare Products Regulatory Agency (MHRA), the National Patient Safety Agency (NPSA) and the Chief Medical Officer. When a CAS alert is issued the LAS is required to inform the MHRA of the actions that it has taken to comply with the alert. If no action is deemed necessary a "nil" return is still required.

25 alerts were received from 10th May – 14th June 2011. All alerts were acknowledged; one, relating to alcohol skin preparation pads is being assessed for relevance.

1.3 High Risk Register

The High Risk Register remains a significant risk to the Trust. The Head of Management Information has headed a review of the implementation of the new procedure which will evidence reasons for inclusion on the register. Progress is as follows:

1. All stations have been visited and trained in the new procedure.

2. There remain approx 100 reviews from 11 stations to be completed and returned to Management Information. The stations have a target of the end of June to complete their reviews.

3. Ten out of twenty five complexes have visited Bow to complete the last review stage (ie review any addresses added in the last year and a final check of any older addresses) before letters are sent out to all the addresses for their

complex. Five stations are booked for their final reviews and ten are to be arranged.

The ten complexes that are ready for letters to be sent are:

- Homerton
- Tower Hamlets
- Newham
- Chase Farm
- Romford
- Isleworth
- Fulham
- Pinner
- Camden
- Greenwich

4. There are currently **796** addresses on the register. Of those 796 the figures split by category as follows:

Category 1: 134
Category 2: 298
Category 3: 137
Category 4: 38

The outstanding 189 are for reviews that are waiting to be sent back from station or for new entries which have not been categorised.

Key for categories

"1" is the most serious type of incident where a member of staff has actually been the subject of physical violence;

"2" is where there has been (a) a specific threat of use of a weapon or (b) where there has been verbal abuse with intimidation or (c) where there has been verbal abuse aggravated by being based on the grounds of race, religion or sexual orientation;

"3" is where a member of staff has been verbally abused;

"4" is where a medical condition was a major factor in the incident (procedure says that for Cat 4 address appropriate care management must always be agreed with other health and social care managers).

5. Most complexes have High Risk Register champions who are working closely with Management Information (MI).

6. Writing to the addresses will commence in July. MI will be working closely with Patient Experiences and Communications to ensure that the process runs as smoothly as possible.

Clinical and Cost Effectiveness

2.1   Clinical Performance Indicator completion and compliance

The current target for CPI completion is **95%.** The most recent figures (April) show an overall completion rate of **81%.** In addition thirteen Complexes achieved over 95%, and ten achieved 100%. The East Area was the highest performer and the only Area to meet the 95% completion target for any CPI in April.

The West Area started 2011-12 with the most Complexes achieving an overall completion rate of 100% during April.
HART, along with **Newham, New Malden, Oval, Tower Hamlets** and **Wimbledon Complexes,** had a good start to the financial year, with particularly high increases in CPI completion rate in April compared with their average for the year 2010-11.
In contrast, completion rates at the start of this financial year for **Barnehurst, Bromley, Hanwell, Hillingdon** and **St. Helier Complexes** were of particular concern, with particularly large decreases in CPI completion rate in April compared with their average for the year 2010-11.

Diagram 1. CPI completion November 2010 to March 2011

Area	Dec.	Jan	Feb	March	April
East	87%	71%	83%	92%	94%
South	62%	69%	64/%	79%	69%
West	83%	83%	77%	82%	83%
LAS	**76%**	**74%**	**74%**	**84%**	**81%**

The LAS, and the South Area, provided a high level of care to patients with 'Difficulty in Breathing' in April. In addition to the LAS and the South Area, the East Area also provided good patient care to Stroke patients.

Each Area should also be commended for delivering a high level of care to patients in Cardiac Arrest, with ACS, or having a Glycaemic Emergency. General documentation measured in the 1 in 20 CPI was also correct at least 95% of the time. Each Area, and therefore the LAS as a whole, has also improved since this time last year in these areas of patient care.

Care provided to Non Conveyed patients needs to improve across the LAS, as this remained low in April, following the trend in previous years.

Fulham, Greenwich, Hanwell, New Malden and **Tower Hamlets Complexes** were the only Complexes to achieve a high level of patient care for all CPIs, while the highest possible level of patient care was provided to those patients in Cardiac Arrest and having a Glycaemic Emergency by **Hanwell** and **New Malden Complexes**, and **HART** and **Hanwell** and **Hillingdon Complexes**, respectively.

In terms of delivering feedback; neither the LAS as a whole, nor any of the Areas, met their expected target in April. Along with **HART, Friern Barnet, Fulham, Newham** and **Pinner Complexes** met their expected feedback session target this month. **St. Helier** and **Wimbledon Complexes** did not undertake any feedback sessions this month.

2.2 Clinical Update

2.2.1 Cardiac Care

Cardiac related research projects

Adenosine
The Adenosine research project on the pre hospital management of supraventricular tachycardias started in November; a total of 60 paramedics from East Area Complexes (Newham, Romford and Whipps Cross) were trained by Professor Richard Schilling (London Chest Hospital. Thus far 8 patients recruited; 5 to A&E and three receiving the drug. No adverse events to date. There will be one further training day within the next few months

DANCE study (NSTEACS):
Very slow progress to date as we are only conveying patients into Harefield Hospital. 9 patients have been recruited. Kings College Hospital will be the next Heart Attack Centre to come on board with the training of the Team Leaders taking place on Friday 10th June.

Pre hospital cooling:
Confirmation has been received that ethical approval is not required to undertake the feasibility trial using the cooling system 'RhinoChill'. Our plan is to discuss this with the management team at Oval complex within the next week followed by meetings at Kings' to seek their support. Our aim is to have the trial up and running with in the next three months.

Cardiac arrest:
Return of spontaneous circulation (ROSC)
CQUINs target ROSC (at any point) is 30%: March 2011 36%
ROSC sustained to hospital: March 2011 27%
Above target

<u>Issues to note</u>: Downloads of data from defibrillators remains extremely low (March 2011 7%)

New Malden Complex recorded the highest individual download percentage; **67%** of cases were accompanied by a matched FR2 download.

Resuscitation Guidelines:

The roll out of the up dated resuscitation guidelines is going well with one or two exceptions. There have been no major issues received from Team Leaders or staff

2.2.2 Stroke

Summary from Stroke Care Pack (December 2010)[X:\Clinical Audit & Research Unit\Stroke reports](X:\Clinical Audit & Research Unit\Stroke reports)

During December 2010 the LAS attended 767 stroke patients. This is an increase of 93 patients from the previous month.
• 97% of patients were conveyed to an appropriate facility. Of those, 92% of patients were taken directly to a HASU with a further 5% of patients appropriately transported to the nearest ED.
• The average response time was 9 minutes for patients who were allocated a Category A response and 16 minutes for a Category B response.
• The average journey time from scene to hospital was 19 minutes.
• In 94% of patients, either the time of the onset of stroke symptoms or 'time unknown' was recorded on the PRF.
• 100% of stroke patients had their blood pressure measure, 99% had their blood glucose assessed and 91% had oxygen saturation levels recorded.
• For 94% of stroke patients a pre-alert call was placed when conveying the patient to a HASU within the thrombolysis window

In conclusion, the stroke project is running well; data is pretty constant at 95% of patients to correct destination on clinical audit over the audited period. In addition:
- PRUH is now on line (limited capacity at six beds, but should be helping stroke performance in the South East)
- St Thomas' HASU will remain open for the time being (capacity review possibly due in October)
- LAS will be collaborating with UCL Partners who have won the tender to carry out an economic evaluation of the London stroke model.

ISRAS trial (ROSIER) progressing well –data collection has now been completed and the analysis is under way.

2.2.3 Trials relating to falls

SAFER2 (NIHR funded multicentre study evaluating the impact of falls protocols).

The LAS faces a significant risk to its reputation over this study. We continue to lag behind the other study sites in initiating the pilot study. This is due to difficulties in persuading staff to undertake the additional training, despite offering 12 hours overtime per trial paramedic (for a four or five hour course) as an incentive to get staff

either released and backfilled, or to come in, in their own time. There has also been a delay in releasing the paramedic appointed as Research Support Officer, despite this being a fully funded post. Recruitment for a replacement for the project Researcher is underway.

2.2.4   Trauma

Details available in the Trauma Care pack for October 2010 available on X:\Clinical Audit & Research Unit\Trauma reports\May '10 - March '11

Clinical issues:
- Data collection for major trauma is running 6 months behind.
- All four Major Trauma Centres are now open 24/7; St Mary's W2 is seeing a significantly greater volume than anticipated.

Issues to note: Crew documentation of Major Trauma Centre (MTC) destination codes is extremely poor. For example, in October only 114 PRFs, out of a total of 331 used a MTC destination code correctly. 22 PRFS documented a MTC code instead of an A&E code for patients who had not suffered major trauma injuries. Only 25 of the 280 major trauma PRFs had a MTC destination code. This is a major factor in the delayed reporting.

2.2.5   Emergency Oxygen Therapy

Audit of UK Ambulance Services following implementation of JRCALC 2009 oxygen guidelines.

The LAS worked closely with the British Thoracic Society in developing guidelines for the use of emergency oxygen therapy. These Guidelines were published in 2008. Dr Ronan O'Driscoll who chairs the Guidelines group suggested we survey other ambulance services to see what the uptake of these guidelines has been.

A survey was recently conducted to ascertain whether ambulance services across the country have revised their practice in line with the JRCALC 2009 oxygen guidance (released in response to the BTS Emergency Oxygen guidance). Questions were asked regarding staff training, equipment available and audit. 12 services stated that they had implemented the new guidance across their trusts and all 15 had either trained their staff or commenced training. There was a degree of variation in the types of masks carried, all carry high concentration masks, and most carry nasal cannulae and venturi masks. Of concern, only 5 services limited nebulisation to 6 minutes for COPD patients as recommended in the BTS guidance. Admittedly, the '6 minute' recommendation was not mentioned in the 2009 JRCALC update although it is confirmed that this recommendation will be alluded to in the 2011 version. Only 5 services had completed or planned audit relating to oxygen use. In addition, a survey carried out by SWAST identified that none of the UK ambulance services used air cylinders, air compressors or metered dose inhalers.

2.2.6 Update on Pan London Pre Hospital care Modules for Medical Students (June 2011)

The London Pre Hospital Care Programme continues to run very successfully and is structured to run throughout the student's course; this is facilitated by the way the Barts and the London Medical School organise their special study interest [SSC] over 5 years [year 1 of which is educational meetings only]. There is a student handbook, with learning objectives, learning records, progress reports and an academic forum as well as mentoring and an Educator involved with the students. In addition they have access to some observer shifts on the HEMS car.

The programme at Imperial College School of Medicine (ICSM) is based on a different premise with a three week speciality choice module [SCM] in year 5. We approached the Medical School Education Committee and gained their agreement to a voluntary based module where the students ride out with their paramedic mentors in their own time during their final year; as well as having specifically tailored activities in the three designated weeks, which hopefully will include one shift on the HEMS car

They also have a handbook, objective setting and appraisal, learning objectives and special record forms as well as Academic meeting at Fulham. They are involved in teaching ambulance staff and in an audit project. Ms Peta Longstaff, (AMD West Area) is acting as their educator

The pilot has involved three students; we plan to offer four more places starting in the autumn, based at different stations. There are some services unique to West London, for example the service at Heathrow Airport which would be interesting and informative for the Pre Hospital Care students. Two of the 3 pilot students are not St John Ambulance members and have been advised to join which they are in the process of doing

The Kings College medical student Pre Hospital Care Programme is in its early stages. Two interested 2nd year medical students have been involved with a paramedic, John Denton. Prior to consultation with Ms Longstaff and Dr Cosmo Scurr the Medical School did not realise that they needed input from a consultant supervisor with a pre hospital care interest and experience; they are in the process of meeting with suitable consultants and enquiring about insurance arrangements with their medical school; as well as addressing the other issues around training and learning objectives.

2.2.7 Demand Management Plan

Following the changes to the Category B targets the Demand Management Plan has been amended to reflect the new call categories. It continues to be used on an infrequent basis to manage clinical risk when demand has outstripped resources.

A major amendment is under development to reflect the changes once CommandPoint is introduced

.

2.3   Summaries of clinical audit or research projects that are currently being undertaken by the Clinical Audit & Research Unit:
.
Progress on delivering DH Clinical Quality Indicators: CARU

The deadline for the first submission of indicators relating to Cardiac Arrest, STEMI and Stroke patients on UNIFY2 is **21st August 2011 for incidents from April 2011.** The reporting deadline for these areas provides for a three month time lag to allow Ambulance Services sufficient time to capture data from PRF's, hospitals and national registries.[1]. CARU's progress against the four indicators for which it is responsible is as follows:

SQU03_03: Cardiac Arrest – ROSC
   a) Overall – complete (reported in latest Cardiac Care Pack)
   b) Utstein – complete

SQU03_05: STEMI
   a) Thrombolysis received within 60 minutes of call – not applicable (data will be reported if patients receive thrombolytic therapy in hospital and not PPCI)
   b) Primary angioplasty commenced within 150 minutes of call – expected delivery 20th August
   c) Care bundle delivered – complete

SQU03_06: Stroke
   a) FAST positive patients eligible for thrombolysis arriving at HASU within 60 minutes of call – expected delivery 31st June (will be reported in Stroke Care Pack)
   b) Care bundle - expected delivery 31st June (as above)

SQU03_07: Cardiac Arrest – Survival to discharge
   a) Overall - expected delivery 20th August
   b) Utstein - expected delivery 20th August

Risks and Issues
STEMI data for b) is entirely reliant on hospitals entering data on MINAP. Currently, issues are experienced with the availability of data as cases are not always entered within 3 months. Additionally, it is not always possible to match MINAP data to LAS records (as matching is based on the LAS CAD number and therefore depends on the hospital entering this correctly), and times entered by hospitals are not always accurate. A meeting has been arranged by Steve West with MINAP to discuss this and the Assistant Head of CARU will be attending. A further issue remains that capacity within CARU is limited to one member of staff responsible for STEMI data, and the time required to manually capture this data, plus the time taken to extract and validate the data from MINAP exceeds this resource. To ensure delivery for the first submission in August, and as an interim measure, additional resources within the team will be used. However, this is not a long term solution and the issue of capacity will need to be addressed.

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[1] This time lag does not apply to all other Clinical Quality Indicators.

Stroke data capture is currently behind by three months due to the volume of data exceeding the current capacity within CARU. From July onwards, we should expect this data to be available at the end of the following month (e.g. data from incidents in June will be reported in the Stroke Care Pack on 31st July). This will mean that we will be ahead of the UNIFY2 deadline by two months.

There is no requirement for hospitals to provide the LAS with outcomes for cardiac arrest patients but we have agreements, albeit tenuous, from the majority of hospitals in London to supply data although no one staff member in each hospital is tasked to do this as part of a job responsibility. However, the process is well established and has meant that we currently are able to source 97% of outcomes. To collect this level of data, it takes 14 months and, as such, there is a risk that we will not receive data within the three month time lag provided for submission to UNIFY2. To ensure that we are able to receive data, monthly requests will be made to hospitals (previously this was quarterly to avoid overburdening hospitals with numerous requests) and an escalation plan will be initiated via the Medical Directorate where no hospital response is received.

Governance

3. **Update on Medicines Management.**

The Medicines Management Group last met on 18th May 2011.

Incidents involving Controlled Drugs (CD) and other drugs. Central Alert System (CAS)

Since my last report there has been no reported incident involving controlled drugs (CD), no incidents involving other drugs and no alerts via the CAS system involving drugs.

Patient Focus

The Medical Directorate assisted the FT membership team in the London Ambulance Service Emergency Stroke Care Event 'An evening with us' on Tuesday 24th May, demonstrating our progress in identifying stroke patients and conveying those with the resent onset of symptoms. As with the cardiac care evening a patient who suffered a stroke told their story. This was linked to the LAS and London Stroke Network strategy including a presentation on stroke prevention and the role of the ambulance service.

The Medical Director, Senior Clinical Adviser and Head of Patient and Public Involvement attended a meeting of the Patients' Forum on 13th June to deliver a presentation on the LAS' response to patients with Sickle Cell Disease. As a result links have been made with the JRCALC Guidelines Subcommittee, so that feedback on the new Guidelines can be obtained. The Sickle Cell Society has offered to become involved in providing the patient's perspective in the LAS' teaching on this subject.

Accessible and Responsive Care

Nothing further to report

Care Environment and Amenities

Infection Prevention and Control Update

This item is covered under a separate agenda item.

Public Health

Nothing further to report

Recommendation

That the Board notes the report

Fionna Moore,
Medical Director

18th June 2011

London Ambulance Service NHS
NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

28TH JUNE 2011

PAPER FOR NOTING

Document Title:	2010/11 Annual Report and Accounts
Report Author(s):	Aiden Brisland/Michael John
Lead Director:	Michael Dinan, Finance Director
Contact Details:	020 7783 2041
Why is this coming to the Trust Board?	To be approved by the Trust Board
This paper has been previously presented to:	☐ Strategy Review and Planning Committee ☐ Senior Management Group ☐ Quality Committee X Audit Committee ☐ Clinical Quality Safety and Effectiveness Group ☐ Risk Compliance and Assurance Group ☐ Other
Recommendation for the Trust Board:	The Trust Board is asked to approve the annual report and accounts for 2010/11.

Executive Summary
- As an NHS organisation, we have a statutory requirement to publish, as a single document, an annual report and accounts to include the annual report; the remuneration report; a statement of the Accounting Officer's responsibilities; a statement on internal control; the primary financial statements and notes and the audit opinion and report.
- The minimum content for the annual report is set out in the Department of Health's NHS Finance manual (Manual for accounts chapter 2).
- The annual review, based on the format of the Ambulance News newspaper, will be produced for the Service's wider stakeholder base and this will be published prior to the AGM in September.
- Both the annual report and the annual review will be presented at the AGM in September.

Key issues for the Trust Board

Attachments
2010/11 Annual Report and Accounts

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Strategic Goals 2010 – 13

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Risk Implications
This paper supports the mitigation of the following strategic risks:

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

NHS Constitution
This paper supports the following principles that guide the NHS:

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☐ 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
X No

Key issues from the assessment:

London Ambulance Service NHS
NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

28TH JUNE 2011

PAPER FOR NOTING

Document Title:	Audited Annual Accounts & Annual Governance Report (AGR)
Report Author(s):	Michael John
Lead Director:	Michael Dinan
Contact Details:	0207 7783 2041
Why is this coming to the Trust Board?	To be approved by the Trust Board
This paper has been previously presented to:	☐Strategy Review and Planning Committee ☐Senior Management Group ☐Quality Committee X Audit Committee ☐ Clinical Quality Safety and Effectiveness Group ☐ Risk Compliance and Assurance Group ☐ Other
Recommendation for the Trust Board:	The Trust Board is asked to approve the annual accounts for 2010/11.

Executive Summary

The London Ambulance Service NHS Trust Annual Accounts were submitted by auditors to the Department of Health at 1.00pm on the 9th June ahead of the national submission deadline at 9 am 10th June 2011.

A high level summary of the points to note in the annual accounts is included within these papers.

Key issues for the Trust Board

Attachments
Executive overview, Audited Accounts and Annual Governance Report.

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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:

☐	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
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Equality Impact Assessment

Has an Equality Impact Assessment been carried out?
☐ Yes
X No

Key issues from the assessment:

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 28TH JUNE 2011

PAPER FOR NOTING/APPROVAL

Document Title:	**Response to the Coroner's Rule 43 from the 7/7 London Bombings Inquests**
Report Author(s):	**Jason Killens**
Lead Director:	**Richard Webber**
Contact Details:	
Why is this coming to the Trust Board?	**For Approval**
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:	

Executive Summary

This is a draft response to the Coroner's Rule 43 report and recommendations from 7th July 2005. It is based on detailed discussions held between the LAS Medical Directors, Fiona Moore and Fenella Wrigley, Deputy Director of Operations, and other Senior LAS staff, including Emergency Planning staff, our Legal team, and others. These individuals have met on several occasions, including on 26 May and 1 June, following the Coroner's verdict on Friday 6 May 2011.

On 1 June a dedicated meeting was held regarding the 'triage' process, learning, and any associated potential training requirements. There was also a multi-agency workshop at City Hall on Monday 6 June to develop an agreed approach and response to Rule 43 recommendations that were directed towards the London Resilience Team. The organisations which attend the workshop included ourselves, the London Fire Brigade, the Metropolitan Police, City Of London Police, British Transport Police, Transport for London and Network Rail.

Key issues for the Trust Board

Attachments

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Strategic Goals 2010 – 13

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☐ 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
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Equality Impact Assessment

Has an Equality Impact Assessment been carried out?
☐ Yes
☐ No

Key issues from the assessment:

LONDON AMBULANCE SERVICE TRUST BOARD

28TH JUNE 2011

PAPER FOR NOTING

Document Title:	**Update on the foundation trust application**
Report Author(s):	**Sandra Adams**
Lead Director:	**Sandra Adams, Director of Corporate Services**
Contact Details:	**Sandra.adams@lond-amb.nhs.uk**
Why is this coming to the Trust Board?	**For the Trust Board to note the progress being made towards becoming 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 Group ☐ Risk Compliance and Assurance Group ☐ Other
Recommendation for the Trust Board:	To note the progress made and the next key milestones

Executive Summary

We continue to make progress towards submission of the formal application, including the submission of the Integrated Business Plan and supporting documents to NHS London in early June.

NHS London have completed the initial review of safety and quality assurance and have asked for a formal gateway review which will inform the Board to Board meeting. The review meeting is scheduled to take place in early July.

The Board to Board meeting scheduled for 28th June was postponed by NHS London as not all of the Trust's board members were able to attend. This was extremely disappointing given the amount of preparation by board members and the robustness of the governance arrangements supporting a strong unitary Board. A further date is to be arranged however there is now a strong risk that the timeline for submission to the Department of Health may not be met.

Key documents supporting the application and progressing the actions from the due diligence process are covered elsewhere on the Trust Board agenda.

Key issues for the Trust Board

- All key documents were submitted to NHS London within the agreed timeframe of late May/early June. Further work has been requested on downside scenarios and this will be submitted once the Board has had the chance to review;
- The review of assurance on safety and quality has resulted in a full gateway review to be undertaken in early July. This will be in the form of a presentation focussing on how the Trust embeds safety and quality governance with a focus on safeguarding, infection prevention, and serious incident reporting and learning;
- NHS London require the Audit Committee chair to be present at the Board to Board. This is not specified in any of the FT guidance available to Trusts and this will be fed back formally.

The Trust is has robust governance arrangements in place and operates a unitary board with deputising support in the event that a key individual is not available.

- The tripartite agreement signed by the Trust (LAS), NHS London and the Department of Health (DH) supports the LAS application being submitted to the DH on 1st September. There is a risk that the Board to Board with NHS London will not be reconvened in time for this timeline to be met.
- The Board have continued to meet for the 'Friday' development sessions and a further session on safety and quality is to be reconvened prior to the Board to Board.

Attachments
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Strategic Goals 2010 – 13
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- ☒ To be efficient and productive in delivering our commitments and to continually improve

Risk Implications
This paper supports the mitigation of the following strategic risks:

- ☐ There is a risk that we fail to effectively fulfil care/safety responsibilities
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Equality Impact Assessment

Has an Equality Impact Assessment been carried out?
- ☐ Yes
- ☒ No

Key issues from the assessment:

LONDON AMBULANCE SERVICE TRUST BOARD

28TH JUNE 2011

PAPER FOR APPROVAL

Document Title:	**London Ambulance Service NHS Foundation Trust Constitution**
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?	**For approval as part of the FT application process**
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 approve the Constitution that will be implemented upon authorisation as a foundation trust

Executive Summary

Applicants for foundation trust status are required to be legally constituted and to meet the requirements of Schedule 7 of the 2006 NHS Act. The Constitution is one of the core documents submitted with the Integrated Business Plan and reflects the governance rational that is also submitted.

The attached Constitution has been reviewed by Capsticks and their comments have been incorporated. The document mirrors the description of the future governance arrangements provided in the governance rational that was noted by the Trust Board on 29th March 2011.

The Constitution is being presented for approval without the Standing Orders for the Board of Directors as these are under review and will be presented in short and long form to a future meeting.

Key issues for the Trust Board

The Constitution is a key component of the FT application and demonstrates that the Trust is going to be legally constituted upon authorisation. The draft has been submitted to NHS London with the IBP. The constitution reflects the detail provided within the governance rationale and will be a key document reviewed by Monitor in future.

Short order Standing Orders for the Council of Governors have been incorporated in the attached document however the long and short form Standing Orders for the Board of Directors are still being reviewed. Once authorised as an FT, any changes to the constitution, including to Standing Orders, will have to be approved by Monitor unless legislation changes (as proposed in the current Health Bill). The Council of Governors will also have a key role to play in approving any changes. Having short form standing orders makes this process easier to manage and means that any changes can be incorporated without always having to seek Monitor approval.

The Trust Board is asked to approve the draft Constitution and to note that the Standing Orders for the Board of Directors will be ready for approval in September.

Attachments
Draft constitution plus annexes 5 and 6 relating to the Council of Governors

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Strategic Goals 2010 – 13
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Equality Impact Assessment

Has an Equality Impact Assessment been carried out?
☐ Yes
☒ No

Key issues from the assessment:

LONDON AMBULANCE SERVICE NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 28 JUNE 2011

PAPER FOR NOTING/APPROVAL

Document Title:	**Quality Account**
Report Author(s):	**Steve Lennox**
Lead Director:	**Steve Lennox**
Contact Details:	**Stephen.lennox@lond-amb.nhs.uk**
Why is this coming to the Trust Board?	**For discussion**
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 approve the Quality Account
Executive Summary: **This is the final version of the Quality Account. A draft was presented at the May Board meeting. The assurance process obligates us to share a draft report with stakeholders and incorporate their comments within the final version that is published on NHS Choices web site and submitted to the Secretary of State. These comments are included in the final version.** **The Quality Account was presented to the April Quality committee for approval prior to circulation to stakeholders.**	
Key issues for the Trust Board: The quality priorities for 2011-2012. Mental health, End of Life, Appropriate Care Pathways and the Quality dashboard.	
Attachments The Report	

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Equality Impact Assessment

Has an Equality Impact Assessment been carried out?
☐ Yes
✓ No

Key issues from the assessment:

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 28 JUNE 2011

PAPER FOR NOTING/APPROVAL

Document Title:	**Infection Control Annual Report**
Report Author(s):	**Steve Lennox**
Lead Director:	**Steve Lennox**
Contact Details:	**02077832299**
Why is this coming to the Trust Board?	**Escalated issue**
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:	Due to the scheduling of committees the annual Infection Control Report has not progressed through the committee structure but it needs to be presented to Trust Board within a reasonable timescale for the year end. It is suggested the Board ask the Quality Committee to approve the report at the July meeting and it is presented to Trust Board for information.

Executive Summary

The Trust Board are familiar with infection control performance and the balance scorecard is presented separately. This report outlines the progress made by the infection control team during 2010/11 and highlights the main priorities for 2011/12.

The action plan is presented in the appendix for information
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Key issues for the Trust Board

None. The committee is asked to note the report

Attachments

Scorecard will be distributed at the Board meeting

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Strategic Goals 2010 – 13
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Equality Impact Assessment

Has an Equality Impact Assessment been carried out?
☐ Yes
✓ No

Key issues from the assessment:

London Ambulance Service **NHS**

NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 28 JUNE 2011

PAPER FOR NOTING/APPROVAL

Document Title:	**Safeguarding Annual Report 2010/11**
Report Author(s):	**Steve Lennox**
Lead Director:	**Steve Lennox**
Contact Details:	**02077832299**
Why is this coming to the Trust Board?	**Annual report**
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:	Due to the scheduling of committees the annual Safeguarding Report has not progressed through the committee structure but it needs to be presented to Trust Board within a reasonable timescale for the year end. It is suggested the Board ask the Quality Committee to approve the report at the July meeting and it is presented to Trust Board for information.

Executive Summary
The report focuses on the statutory responsibilities and the additional activity of the safeguarding committee. The report reflects good progress with safeguarding and the development of the new balance scorecard will further strengthen assurance.

Key issues for the Trust Board
Other than the need to recruit a named professional, which is being progressed, and the need to recommence level 1 training there are no other significant issues at this time.
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Attachments

None

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Strategic Goals 2010 – 13

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Equality Impact Assessment

Has an Equality Impact Assessment been carried out?
☐ Yes
✓ No

Key issues from the assessment:

London Ambulance Service NHS
NHS Trust

Annual Safeguarding Report
2010/11

1.0   Introduction & Background

1.1   The Trust has three current work streams under the broad heading of Safeguarding. These are; Adults, Children, and People with learning Disabilities. In 2011 the Trust will be introducing Mental Health as a fourth safeguarding work stream.

1.2   At the time of writing all the statutory responsibilities are focussed on the safeguarding of children but adults is close to mirroring children in that the recommendations will become statutory very soon.

1.3   The statutory responsibilities for the Trust can be summarised as follows;

   i.   To have named professionals in place for children
   ii. To ensure staff are trained
   iii. To cooperate locally and with other providers
   iv. To share information and intelligence
   v.   Attend Local Safeguarding Children Boards
   vi. CRB and ISA recruitment checking
   vii. To ensure we have policies and procedures in place
   viii. To ensure staff are competent in recognising signs of abuse

1.4   This report is biased in reporting on the statutory elements of children but also includes elements of adult safeguarding. A separate report on learning disability was presented to the Trust Board on 3 February 2011.

1.5   There is considerable guidance governing safeguarding and this is evolutionary in nature as it evolves to accommodate the learning arising from new cases. However, the London Safeguarding Procedures are the main set of guidance governing safeguarding.

1.6   The most recent legislative changes to health and social care include The Munro Review of Child Protection: Interim Report, The Child's Journey. Published in February 2011. This is the second report from Professor Eileen Munro's independent child protection review. The report outlines recommendations for reforming safeguarding and addresses areas such as inspection, performance monitoring, referral

and assessment. Amongst the Munro recommendations is a proposal that Ofsted should no longer play any role in evaluating SCRs. This is a recommendation that the Trust had raised with the London Safeguarding Children Board. A number of other procedural changes will take place during 2011/12.

1.7   In March 2011 the Department of Health published "Safeguarding Adults; the role of Health Service Managers and their Boards". This raised the profile of safeguarding Adults and made six specific recommendations;

- Use the safeguarding principles to shape strategic and operational safeguarding arrangements.
- Set safeguarding adults within the services' strategic objectives.
- Use integrated governance systems and processes to prevent abuse occurring and respond effectively where harm does occur.
- Work with the local Safeguarding Adults Board, patients and community partners to create safeguards for patients.
- Provide leadership to safeguard adults.
- Ensure accountability and use learning within the service and the partnership to bring about improvement.

2.0   Safeguarding Arrangements

2.1   The safeguarding committee drives the Trusts' action plan and the committee meets every two months. Early in 2011 the committee also started to consider the learning arising from incidents in order to ensure this learning is disseminated through the organisation. In addition, this learning will be published on the Trust's web site The attendance record for safeguarding is enclosed as appendix I

2.2   The Trust has a number of roles within the organisation that have a specific safeguarding remit.

- Executive Lead: Steve Lennox, Director of Health Promotion & Quality
- Named Professional: Steve Lennox, Director of Health Promotion and Quality (nurse). This is an interim arrangement until the position is recruited into.
- Lead Manager: Gary Bassett, Head of Patient Experience
- Educational lead: Gary Ralph, Practice Learning Manager

Safeguarding

- Lead Doctor; Fionna Moore, Medical Director (as an Ambulance Trust we are not required to have a named doctor)
- Lead for referrals: Alan Hay, Emergency bed Services Manager

2.3 There are a number of roles within the Patient Experience team and at complex level that have a specific remit in leading, championing or managing safeguarding for the Trust.

2.4 The Trust needs to recruit a new named professional as this role can not be undertaken by a Board member. The Trust has received guidance from NHS London and the senior management team has agreed to recruit into the post. This has been placed on the safeguarding action plan.

3.0 Safeguarding Governance Arrangements

3.1 The Safeguarding Committee reports to the Clinical Quality, Safety, and Effectiveness Committee and makes a short report at every meeting The Clinical Quality, Safety, and Effectiveness Committee reports safeguarding to the Quality Committee unless there is a direct report from the Safeguarding Committee to the Quality Committee. This has been the case in several months of the 2010-2011 reporting period.

3.2 The Safeguarding Committee covers both adults and children. Although the dominance of the work is regarding children as this is where the stronger emphasis of legislation rests. Interestingly it is the safeguarding of adults that is the more dominant issue in clinical practice.

3.3 The designated nurse from our commissioning team is a member of the Safeguarding Committee and the Executive Lead has also met directly with the Trust's Commissioner.

3.4 The Coalition Government has published its Vetting and Barring Scheme Review, but until new legislation to implement the changes is introduced, the current safeguarding responsibilities remain. This includes the legal duty for the Trust to inform the Independent Safeguarding Authority (ISA) if our organisation dismisses or removes a member of staff/volunteer from working with children and/or vulnerable adults because they have harmed a child or vulnerable adult. We have had no cases of this nature in 2010-2011. In addition, the Trust has an obligation to inform the Local Authority Designated

Officer. The Trust needs to record the responsibilities for doing this within current policy and this action is recorded on the safeguarding action plan.

Partnership Working

3.5   It is a statutory requirement for us to attend Local Safeguarding Children Boards and our attendance is currently being mapped across London. It is clear we are attending a number of Boards and the Executive Lead is now attending the Westminster Board. The Trust has not yet completed the mapping of the Trust's attendance and this will feature on the new dashboard for safeguarding.

3.6   It is not yet statutory for partners to attend Local Adults Safeguarding Boards or the equivalent Learning Disability Partnership Forums. However, the legislation is likely to change in 2011 regarding Safeguarding Adults Boards and the Trust will be giving this some thought during 2011.

4.0   Education & Training

4.1   There is a mixed position with education and training. Overall the Trust is doing well but at the time of writing the annual report there is an absence of Level 1 safeguarding training. This means none of the Trust's support staff are receiving safeguarding training. A plan is in place to address this and it is anticipated training will commence in July 2011.

4.2   However, the Trust is in a strong position in regards to level 2 training with over 60% of the clinical workforce being trained at this level in 2010-2011. The target is for 80% of clinical staff to have received level 2 training. The requirement is for clinical staff to be trained every three years. The Trust currently over provides this training by asking the staff to undertake it annually as part of the Clinical Skills Refresher training. This is good practice.

4.3   The Trust has not trained all the clinical staff that need level 3 training but a significant number have received the training. The Emergency Bed Management team have received the necessary training but the Medical Directorate, who give the high level advice, require training. The designated nurse has agreed to undertake further sessions on the Trust's behalf. This has been placed on the safeguarding action plan.

Safeguarding

4.4   Finally, the Board needs awareness training. This will be addressed in 2011.

5.0   Raising Awareness

5.1   One important aspect of Safeguarding is the need to raise awareness. Clearly when the Trust appoints a named professional the Trust will be in a stronger position as the service will have a champion. However, the Trust has undertaken a number of activities within the year to raise awareness. These are as follows:
  - both polices and guidance in relation to children and adults have been revised during 2011/11.
  - the learning from serious case reviews has been disseminated via clinical updates and case example themes published on the Trust website
  - The Trust also published the requisite Safeguarding Children Declaration

6.0   Audit

6.1   The Trust undertook an extensive audit of practice regarding the under 2s. Work was undertaken to identify an audit of instances where children aged under two years of age were attended as a result of a 999 call but were not conveyed to hospital. This work primarily involved clinical assessment issues. A pilot audit tested the suitability of the clinical audit standards in place. As a result, an expert working group involving senior consultant paediatricians, paediatric emergency consultants, general practitioners, paramedics, clinical researchers and emergency medical consultants was established to inform clinical practice and the most appropriate audit criteria.

6.2   As a result, a decision was taken to convey all patients under the age of two to hospital. This will equate to around four to six additional children pan-London being conveyed to an emergency department per day. The expert consensus is that this balance of risk is reasonable and appropriate. New guidance has also been issued regarding the management of children aged between 2 and 5.

7.0   Quality

7.1   The Trust has undertaken a number of initiatives to improve quality. Quality controls in referrals have been introduced (this is reported in

section 9) and a number of other initiatives have also been developed. These are as follows:

- The Trust is piloting a balance scorecard for safeguarding. This will be used as a barometer for practice and the first pilot is attached as appendix II.
- In September 2010 the Trust developed a safeguarding action plan to drive improvements and changes.
- The Safeguarding Committee has stronger representation from Operations with the addition of the Assistant Director of Operations (East) onto the committee
- In January 2011 the Trust welcomed a review from NHS London which highlighted areas of good practice and areas where improvements could be made. These have been addressed or added to the safeguarding action plan.
- The Trust now has two external members (Metropolitan police & Designated Nurse) and a patient representation on the Safeguarding Committee.
- The Trust is making an attempt to improve the feedback given following a referral to the local authority.

8.0   Supervision

8.1   This is an area for further focus in 2011/12 and features within the safeguarding action plan. While it is difficult to supervise all aspects of practice in a service that is dependent upon lone working the Trust needs to ensure staff have access to higher advice and support when necessary. The Trust is currently adapting the Operational Workplace review to consider safeguarding practice. Also, the Clinical Advice Desk and the Quality & Clinical Directorate (formerly the Medical Directorate) can give higher level advice and support. However, the appointment of a named professional is instrumental in the Trust making further improvements in this area.

9.0   Referrals

9.1   This year has seen the first signs of a stabilisation in what has been a steady increase in referral rates (for both children and adults) for several years. This year saw 2,246 child protection referrals and 7,491 vulnerable adult referrals. This represents 0.7% of total call volume, a rise from 0.4% in 2009/10, and 0.25% the previous year.

Safeguarding

9.2   A system has been introduced whereby all referrals delayed in receipt (i.e. Emergency Bed Services received the referral more than a couple of hours after the incident) are identified by call-handlers and individually followed up with safeguarding leads in the complexes. These delays are also reported through area governance meetings, where safeguarding is now a standing agenda item. Delays remain fairly steady at approximately 5% to 7% a month, and are mostly caused by problems with faxing or crews returning the referrals via routine admin.

9.3   Call handlers also provide initial quality assurance of the referrals, addressing issues of legibility or coherence immediately upon receipt, and facilitating clarification direct with crews where possible with the objective of optimising the information available to social services colleagues.

9.4   The Trust has not yet implemented the direct telephone referral system. A number of obstacles remain to be overcome but it is anticipated that it will be introduced in 2011/12.

9.5   A long-standing information governance issue to do with storage of the paper forms will shortly be addressed when the Trust moves to having the forms scanned and stored electronically. They are indexed by a new database which also allows detailed reports profiling activity by borough, complex etc.

9.6   It remains a challenge that we receive virtually no feedback from social services colleagues on the outcomes of referrals despite clear guidance that this is best practice. A reporting mechanism has been set up to provide borough colleagues with information about this problem with the intention of working together to improve performance in this area. This has been placed on the Trust's safeguarding action plan.

10.0   Incidents

10.1   The patient experiences department works with external agencies such as local authorities and other Trust departments, in order to ensure that the Trust is compliant with its statutory responsibilities set out in the Children Act 2004 and duties under the No Secrets guidance.

Safeguarding

10.2   During 2010/11, the Trust received 512 contacts to assist with multi-agency work to safeguard children and adults and to investigate child deaths.

10.3   The following graph illustrates how the 512 contacts is broken down.

Graph 1. Breakdown in category of safeguarding referrals 2010/11
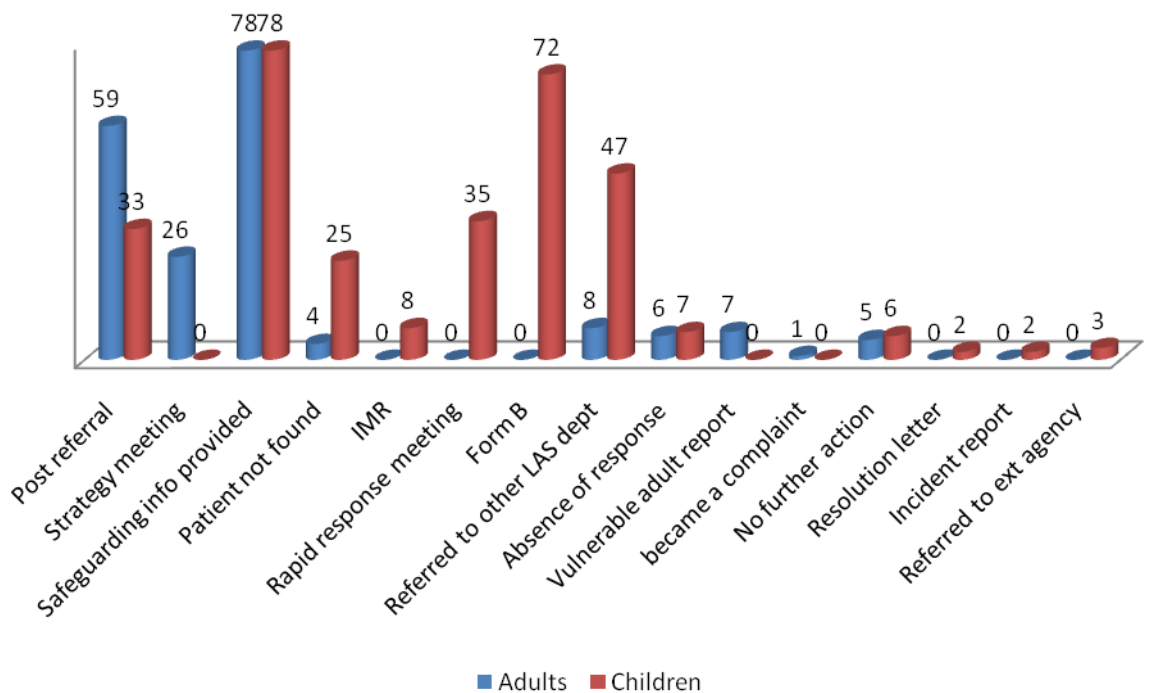
10.4   Of the 512 enquires that were dealt with last year 11 resulted in lessons to be learnt for the Trust. Out of these 11 cases 3 were lessons regarding good practice and 8 were lessons where corrective action was required.

10.5   4 of these 8 were regarding attending staff not completing a safeguarding referral. As previously reported referrals are increasing. However, this is an important risk and is identified on the corporate risk register. The auditing of missed referrals is an action on the safeguarding action plan for 2011/12.

10.6   Other lessons were at the individual level and each incident was discussed with the members of staff concerned. Additionally a safeguarding case study was published in a clinical update that shared the learning more widely with clinical staff.

Safeguarding

10.7 As previously reported from April 1 all incidents are now tracked in the safeguarding action plan and the implementation of the recommendations is also tracked through the action plan. In addition, an Assistant Director of Operations now attends the safeguarding committee and their brief is to report on the implementation of recommendations.

10.8 The Trust fully cooperates with all the external agencies requiring a contribution to case reviews.

10.9 When appropriate, learning is also shared with the National Ambulance Safeguarding Group and there is a proposal to develop a community of practice facility for this purpose.

11.0 Serious Incidents

11.1 There were no serious incidents regarding safeguarding in 2011/12.

12.0 Employment Practice

12.1 All appropriate Trust employees have undergone a CRB check. The Trust undertakes an enhanced CRB check and ISA checks on appropriate recruitment and role changes.

12.2 All staff received a letter informing them of their safeguarding responsibilities during the course of the year. This is now considered part of all staff member's job descriptions.

13.0 Priorities for 2011/12

13.1 The details of the safeguarding priorities are outlined in the safeguarding action plan in appendix III. However, the work streams are summarised as follows:
- Improve staff recognition of safeguarding issues
- Redesignation of the named professional role
- Improve partnership working
- Improve education and training compliance at level 1 and 3
- Improve supervision for staff
- Improve governance arrangements (mainly regarding local authority feedback)
- Improvements to employment practice (wholly focussed on referrals to local authority designated officer)

Safeguarding

- Review and update current procedures
- Undertake annual safeguarding audit
- Improve assurance regarding current taxi contract

14.0   Summary of Statutory Responsibilities

14.1   The following summarises the Trust's position against the statutory responsibilities highlighted within the introduction.

14.2   To have named professionals in place for children
The Trust is compliant in the fact that there is a named professional. However, this is not sustainable and plans are in place to recruit into the role.

14.3   To ensure staff are trained
The Trust is complaint with level 2 and 3 training but not compliant with level 1 training. There are plans to address this in 2011/12

14.4   To cooperate locally and with other providers
The Trust fully cooperates with other providers

14.5   To share information and intelligence
The Trust shares all necessary information.

14.6   Attend Local Safeguarding Children Boards
The Trust has significantly improved its position but the Trust is unaware at present if local representation is regularly maintained.

14.7   CRB and ISA recruitment checking
All appropriate staff receive enhanced checks on recruitment

14.8   To ensure we have policies and procedures in place
All policies and procedures are in place and were reviewed in 2010/11

14.9   To ensure staff are competent in recognising signs of abuse
The fact that the Trust is fully compliant with level 2 training suggests staff have been trained. Audit is part of our audit plan for 2011/12.

Safeguarding

Appendix I

Safeguarding Committee Attendance

Safeguarding

London Ambulance Service
Safeguarding Group Members

Surname	First name	Position	14.01.11	11.03.11	20.05.11	15.07.11	16.09.11	18.11.11
Lennox	Steve	Director of Health promotion & Quality	√	√	√			
Ralph	Gary	Practice Learning Manager	√	A	√			
Vander	Margaret	Head of PPI & Public Education	√	√	√			
Rideout	Cathy	Ambulance Operations Manager	√	A	√			
Walder	Lysa	Emergency Care Practitioner	A	√	√			
Faulkner	Mark	Clinical Advisor	√	A	√			
Strother	Lynn	Patients Forum Representative	√	√	√			
Sugg	Lyn	LAS Deployment to London Organising Committee for the ODA	√	√	√			
Hay	Alan	EBS Emergency Bed Service Manager	√	√	√			
Brownjohn	Nicky	Westminster PCT	√	A	√			
Basset	Gary	Head of Patient Experiences	√	√	√			
Millard	Katy	ADO – East	-	A	√			
Dodson-Brown	Carmel	Assistant Director of Corporate Services	-	A	√			
Gray	Maria	Met Police			√			
Sinden	Levi	Deputy Head of Patient Experiences			√			

Safeguarding

Appendix II

Safeguarding Balance Scorecard

Safeguarding

DRAFT

	Complex	Referrals Numbers (Child)	Numbers (Adult)	Quality (referrals delayed in receipt)		Feedback received from Local Authority		Level 1 Training Compliance	Level 2 Training Compliance	Level 3 Training Compliance	LSCB Rep	Champion	Overall Enquiries (inc IMR)	IMR	Complaints	Non Referred Cases
West	Brent	4	31	1	2.9%	1	2.9%		59%				2	0	0	
West	Camden	4	10	1	7.1%	1	7.1%		43%				1	0	0	
West	Friern Barnet	3	16	3	15.8%	0	0.0%		62%				3	0	0	
West	Fulham	4	19	0	0.0%	1	4.3%		72%				3	0	0	
West	Hanwell	7	15	1	4.5%	1	4.5%		71%				7	0	0	
West	Hillingdon	5	9	4	28.6%	1	7.1%		43%				1	0	0	
West	Isleworth	16	18	6	17.6%	2	5.9%		58%				5	0	0	
West	Pinner	5	12	7	41.2%	0	0.0%		64%				0	0	0	
East	Chase Farm	7	16	3	13.0%	2	8.7%		94%				2	0	0	
East	Edmonton	9	36	3	6.7%	1	2.2%		61%				2	0	0	
East	Homerton	12	32	4	9.1%	2	4.5%		69%				3	0	0	
East	Islington	5	20	5	20.0%	1	4.0%		87%				0	0	0	
East	Newham	4	26	6	20.0%	2	6.7%		69%				1	0	0	
East	Romford	8	22	3	10.0%	1	3.3%		62%				7	0	0	
East	Tower Hamlets	7	37	4	9.1%	2	4.5%		83%				1	0	0	
East	Whipps Cross	16	43	8	13.6%	2	3.4%		69%				2	0	0	
South	Barnehurst	10	32	1	2.4%	5	11.9%		94%		Gareth Bartlett		0	0	0	
South	Bromley	5	23	1	3.6%	4	14.3%		63%		Tracy Pidgeon		2	0	0	
South	Croydon	20	46	0	0.0%	2	3.0%		75%				4	0	0	
South	Deptford	4	14	0	0.0%	0	0.0%		80%				7	0	0	
South	Greenwich	8	30	7	18.4%	7	18.4%		118%		Antony Wilkinson		1	0	0	
South	New Malden	7	21	4	14.3%	1	3.6%		71%				1	0	0	
South	Oval	3	16	1	5.3%	0	0.0%		123%				3	0	0	
South	St Helier	8	29	1	2.7%	0	0.0%		80%				6	0	0	
South	Waterloo	3	23	3	11.5%	1	3.8%		97%		Steve Lennox		2	1	0	
South	Wimbledon	4	12	2	12.5%	1	6.3%		67%				3	0	0	
	LAS TOTAL	188	608	79	11.1%	41	5.0%		62%				69			

Unknown		28	100	0	0.0%	8	6.3%
Total incl. unknown		216	708	79	8.5%	49	5.3%

Safeguarding

Safeguarding

Appendix III

Safeguarding Action Plan

Safeguarding

Safeguarding

Summary of Workstreams and Status

3 February 2011 Workstream	R.A.G (Oct '10)	R.A.G. (Jan '11)	R.A.G (Mar 11)	R.A.G (May 11)
Workstream 1. Risk of staff not recognising safeguarding indicators and therefore failing to make a timely referral (Risk Register &CQC).	Not rated	🟩 Green	🟩 Green	🟩 Green
Workstream 2. Re-designation of Named Professional. (Commissioned Standards, CQC and SIT visit)	🟧 Amber	🟩 Green	🟩 Green	🟧 Amber
Workstream 3. Partnership Working. (Commissioned Standards, CQC & SIT visit)	🟧 Amber	🟧 Amber	🟧 Amber	🟩 Green
Workstream 4.Education and Training. (Commissioned Standards, CQC & SIT Visit)	⬜	🟩 Green	🟥 Red	🟥 Red
Workstream 5. Supervision. (Commissioned Standards & CQC)	🟧 Amber	🟧 Amber	🟧 Amber	🟧 Amber
Workstream 6. Clinical Governance and Risk Management. (Commissioned Standards, CQC & SIT Visit)	🟩 Green	🟩 Green	⬜ Grey	🟩 Green
Workstream 7. Employment Practice. (Commissioned Standards & CQC)	🟩 Green	🟩 Green	🟧 Amber	🟧 Amber
Workstream 8. Procedures and Guidance. (Commissioned Standards, CQC & SIT visit)	🟩 Green	🟩 Green	⬜ Grey	🟩 Green
Workstream 9.Annual Report. (Commissioned Standards & CQC)	🟩 Green	🟩 Green	🟧 Amber	🟧 Amber
Workstream 10. Audit. (Commissioned Standards, CQC & SIT visit)	Not rated	Not rated	🟧 Amber	🟧 Amber
Workstream 11.Serious Case Review Recommendations	⬜	🟩 Green	🟧 Amber	🟩 Green
Workstream 12. Unable to assure that the current taxi contract accommodates the guidelines for regulated activity (Risk Register)	⬜	🟩 Green	🟧 Amber	🟥 Red
Workstream 13. Learning from Incidents	⬜	⬜	🟩 Green	🟩 Green

Safeguarding

Workstream 1. Risk of staff not recognising safeguarding indicators and therefore failing to make a timely referral. (Risk Register, CQC & SIT visit)
Supporting Documentation

Objective	Current State	Action	Imp' Lead	Operational Lead and involved individuals	Date of Completion	Current Risk	Measure of Success	Evidence
1.1 To understand if training is improving clinical competence at patient side	No knowledge of the impact of training	~~Audit effectiveness of training through competency assessment~~ To consider how to evaluate competency	Keith Miller	Gary Ralph	July 2011		Knowledge of how training is improving clinical competence	TBD
1.2 To understand if clinical staff are observing the correct triggers for identifying safeguarding issues	1.2a Number of referrals being used as an indicator of practice. Referrals increasing but method not capturing any missed cases.	Use opportunity in bi annual Operational Workforce Review to capture safeguarding practice	Richard Webber	Peter McKenna Katy Millard Philip De Bruyn	May 2011		Recognition of safeguarding within supervision template	Serious Case Reviews
	1.2b Safeguarding now included in Operational Workplace review to identify any practice gaps but committee unaware how frequently these are performed	Operational Workplace Review figures to be brought to the committee	Richard Webber	Katy Millard	July 2011		Operational Workplace reviews undertaken frequently at all complexes	Figures available at safeguarding committee meeting
1.3 Need to raise awareness across Trust	Visiting SIT team thought awareness could be raised	Consider Clinical Update/Medical Directorate Bulletin	Steve Lennox	Mark Faulkner	May 2011			

Safeguarding

Update May 2011
1.1 Wording changed to reflect other opportunities for evaluating the competency development from training. Date agreed for scoping this work July.
1.2 Safeguarding now part of the operational workplace review. But need to monitor if OWRs are being completed (1.2b added).
1.3 Medical update being delivered in approximately three weeks. Update contains safeguarding information.

Safeguarding

Developed: November 2010

Workstream 2. Re-designation of Named Professional. (Commissioned Standards, CQC & SIT Visit) Supporting Documentation								
Objective	**Current State**	**Action**	**Imp' Lead**	**Operational Lead and involved individuals**	**Date of Completion**	**Current Risk**	**Measure of Success**	**Evidence**
2.1 To have a named professional that fulfils the full expectations of the role	Current named professional unable to fulfil all expectations of the role	Identify new opportunities and re designate the role	TBC	Steve Lennox	April 2011	■	Named professional able to fulfil the requirements of the role	
Update January 2011 Awaiting an impression from the Safeguarding Improvement visit in January before progressing further. **Update March 2011** Draft Job Description going to SMG (16 march) **Update April 2011** Agreed in principle but asked to wait until budget lines agreed and source of funding identified. **Update May 2011** **2.1** Raised by SHA as needing to see evidence that this is progressing. Steve will contact Mike Dinan to progress following SMG approval.								

Safeguarding

Workstream 3.Partnership Working. (Commissioned Standards & CQC)								
Supporting Documentation								
Objective	Current State	Action	Imp' Lead	Operational Lead and involved individuals	Date of Completion	Current Risk	Measure of Success	Evidence
3.1 To be able to demonstrate membership of LSBs	Membership erratic due to operational representation and number of Boards (32)	To develop a model for representation	TBC	Steve Lennox	~~April 2011~~ July 2011		Increasing number of LSB's have Trust representation	Attendance records at all LSBs
3.2 Participation in other groups managed outside the Trust	Currently attend meetings of relevance to the work of the Trust	Consider opportunities to widen partnership working	TBC	Steve Lennox	April 2011		Increased examples of partnership working	Records of attendance and events
3.3 Consider who should act as safeguarding champion	Visiting SIT team recommended the champion should be CIO or enthusiastic other	Map out current champions and revise list	TBC	Steve Lennox	July 2011		Active champion involvement	Map of champions

Update January 2011
Lead Director is currently mapping this for the service. REAP level 4 has hindered the data gathering but early suggestions indicate that the Trust has better coverage then initially thought.

Update March 2011
Not due until April 2011

Update April 2011
3.1 Balance Scorecard now starting to identify champions and LSCB representation. Needs fully mapping.
3.2 Following discussion it was agreed to close this action as we are now integrated at a number of meetings. Police representation present at our committee.
3.3 As 3.1 continue to map Champions on scorecard.

Safeguarding

Developed: November 2010

Workstream 4.Education and Training. (Commissioned Standards, CQC & SIT visit)

Supporting Documentation

Objective	Current State	Action	Imp' Lead	Operational Lead and involved individuals	Date of Completion	Current Risk	Measure of Success	Evidence
4.1 80% of staff identified as requiring level 1 training to have received training	Unable to report figures as a %	4.1a Cut data as a percentage and monitor through the safeguarding committee		Steve Lennox & Carmel Dodson Brown	May 2011		To be decided	
	No level 1 training being undertaken	4.1b Steve & Carmel to consider how to implement within the "all in 1" esp the on line training tool	Steve Lennox	Carmel – Dodson Brown	May 2011		Training implemented	Training records
	No level 1 training being undertaken	4.1c Agreed solution is to progress the on line training course via presentation at annual updates.	Steve Lennox	Carmel – Dodson Brown	July 2011		80% of staff trained	Training record
	Not currently included on induction	4.1d To include an introduction to safeguarding at induction.	Steve Lennox	Angie Patton	July 2011		100% of staff attending induction trained.	Attendance and timetable records

Safeguarding

4.2 80% of staff identified as requiring level 2 training to have received training	70% of staff trained at level 2	4.2a Need to identify what roles need level 2 training	Keith Miller	Gary Ralph			To be decided	
4.3 80% of staff identified as requiring level 3 training to have received training	Unable to report figures as a %	4.3a Cut data as a percentage and monitor through the safeguarding committee	Peter Bradley	Steve Lennox	July 2011		80% of staff requiring level 3 training to have been trained	Available figures
	Some gaps in training at level 3	4.3b To approach our designated nurse to request an additional session of level 3 training.	Peter Bradley	Steve Lennox	July 2011		80% of staff requiring level 3 training to have been trained	Attendance and timetable records
4.4 Board need appropriate level of safeguarding training	Current Board not all trained in safeguarding	Identify trainer and tome for suitable training	Peter Bradley	Caron Hitchin	July 2011		To be decided	
4.5 To include safeguarding on induction	Visiting SIT team identified that safeguarding not included on induction	To revise induction programme	Peter Bradley	Angie Patton	August 2011		All staff attending induction to receive training	Induction programme

Update January 2011
Current Level 2 training compliance at 70% for front line staff. However, the staff requiring level 1 and level 3 still needs to be identified so that a percentage can be identified

Update March 2011
Subgroup met to discuss safeguarding education. No level 1 currently being undertaken. Level 2 stronger. Action plan needs updating.

Update April 2011
SIT team identified the need to roll out level 1 training. On line tool may be useful. Steve & Carmel met to discuss options. Yet to be resolved.

Update May 2011
4.1 Safeguading Level 1 plan now in place so action points rewritten to reflect this. Rated RAG to reflect the gravity rather than the timeline.
4.2 Training now on balance scorecard. All clinical staff to have 80% (going to rise to 100%). Currently at 62% annually which is greater than 80% every three years.
4.3 expanded to cover the need to undertake an additional session

Safeguarding

4.4 Board level training not yet progressed due to difficulty with dates.
4.5 No feedback (action not due until August)

Safeguarding

Developed: November 2010

<table>
<tr><td colspan="9" style="background-color:#d9e2c4">Workstream 5. Supervision. (Commissioned Standards & CQC)

Supporting Documentation</td></tr>
<tr>
<th>Objective</th>
<th>Current State</th>
<th>Action</th>
<th>Imp' Lead</th>
<th>Operational Lead and involved individuals</th>
<th>Date of Completion</th>
<th>Current Risk</th>
<th>Measure of Success</th>
<th>Evidence</th>
</tr>
<tr>
<td>5.1 Supervision policy in place</td>
<td>No supervision guidance for staff requiring additional support</td>
<td>5.1 Write or amend existing policy</td>
<td>Caron Hitchen</td>
<td>Tony Crabtree</td>
<td>April 2011</td>
<td style="background-color:#f5a800"></td>
<td>Policy in place and available to staff</td>
<td>Written policy</td>
</tr>
<tr>
<td>5.2 Implement system for staff calling on supervision or for raising concerns</td>
<td>No system outside of current escalation process for staff to raise clinical concerns and issues</td>
<td>5.2a Introduce expertise within the clinical support desk</td>
<td>Fionna Moore</td>
<td>Fenella Wrigley</td>
<td>April 2011</td>
<td></td>
<td>Clinical Support desk being used for advice</td>
<td>Number of occasions</td>
</tr>
<tr>
<td></td>
<td>No system outside of current escalation process for staff to raise clinical concerns and issues</td>
<td>5.2b medical Directorate provide clinical opinion to staff (including the clinical support desk) therefore the medical directorate needs level 3 training</td>
<td>Peter Bradley</td>
<td>Steve Lennox & Fionna Moore</td>
<td>July 2011</td>
<td style="background-color:#f5a800"></td>
<td>All medical directorate staff trained in level 3 training</td>
<td>Training records</td>
</tr>
<tr>
<td></td>
<td>No system outside of current escalation process for staff to raise welfare concerns and issues</td>
<td>5.2c Identify Management Route within policy and Whistle Blowing option</td>
<td>Steve Lennox</td>
<td>Tony Crabtree</td>
<td>June 2011</td>
<td style="background-color:#f5a800"></td>
<td></td>
<td>Amended policy</td>
</tr>
</table>

Safeguarding

Update January 2011
Discussion with operational staff suggests that supervision and support is available. However, this needs structuring so staff know how to access the support.

Update March 2011
Update not due until April 2011

Update May 2011
5.1 No update from Tony.
5.2 (all) Discussion revealed that the support is available from the Clinical Support Desk. However, these need to be level 3 trained but as the turnover factor is high the fall back position is to ensure that all members of the medical directorate are level 3 trained.

Safeguarding

Workstream 6. Clinical Governance and Risk Management. (Commissioned Standards, CQC & SIT Visit) Supporting Documentation								
Objective	**Current State**	**Action**	**Imp' Lead**	**Operational Lead and involved individuals**	**Date of Completion**	**Current Risk**	**Measure of Success**	**Evidence**
6.1 To have systems in place to ensure all safeguarding SUIs are reported to the designated nurse	Compliant	None	None	None	-		-	-
6.2 Demonstrate implementation of action and learning from serious case review	Learning is disseminated but not able to evidence action taken	To include lessons learnt on the safeguarding action plan and track implementation	Steve Lennox	Gary Bassett	January 2011		Completed	Completed
6.3 Compliance with requests for records	Compliant	None	None	None	-		-	-
6.4 Clarify the expectations on safeguarding for each of the directors (arising from SIT Visit)	Visiting SIT team thought that the differences in roles were not clear	Amend job descriptions for Director of operations, medical Director and Director of Corporate Services	Peter Bradley	Steve Lennox	June 2011		Clarity of roles and responsibilities	Revised Job Descriptions

Safeguarding

6.5 Development of safeguarding dashboard	Visiting SIT team suggested the development of a dashboard would strengthen governance arrangements	Develop corporate dashboard	Peter Bradley	Steve lennox	June 2011		Dashboard being used.	Dashboard in place
6.6 Try and ensure local authority report outcome of referral back to trust	Visiting SIT team thought it reasonable that local authority should feedback outcome to the Trust	Contact local authorities to invite regular feedback and ask what happens to referrals (currently assume they are passed on)	Lizzy Bovill	Alan hay	August 2011		Improving % for receiving feedback	Information on the dashboard
Update January 2011 Compliant **Update March 2011** SUIs now going to be discusses alongside all new incidents at Safeguarding Committee **Update May 2011** **6.4** Needs progressing 6.5 Dashboard developed and shared at the meeting. 6.6 Report now produced that outlines the protocols by borough. Now need to see improved compliance.								

Safeguarding

Developed: November 2010

Workstream 7. Employment Practice. (Commissioned Standards & CQC)
Supporting Documentation

Objective	Current State	Action	Imp' Lead	Operational Lead and involved individuals	Date of Completion	Current Risk	Measure of Success	Evidence
7.1 Trust has system in place to ensure CRB checks were within the past 3 years	Compliant	None	None	None	-		-	-
7.2 Trust must include reference to safeguarding in all Job Descriptions	Reference is only made in the jobs leading the safeguarding agenda	To write to all clinical staff with notice of amendment	Caron Hitchen	Ann Ball	April 2011		All clinical staff received amendment notice	All clinical staff aware of their responsibilities
7.3 Trust must adhere to the London Safeguarding procedures for management of allegations of abuse	Allegations of abuse managed tightly internally but not always in collaboration with the Local Authority Designated Officer	Develop local protocol for informing a senior who can contact the Local Authority Designated Officer	TBC	Steve Lennox	April 2011		Protocol in place and Local Authority Designated Officer being contacted	Written evidence of referral
7.4 The Trust adheres to safer recruitment practice (enhanced checks)	Compliant	None	None	None	-		-	-

Update January 2011
Progressing. Actions not due until April 2011

Update May 2022
7.2 Completed
7.3 To be progressed.

Safeguarding

Workstream 8. Procedures and Guidance. (Commissioned Standards, CQC & SIT visit) **Supporting Documentation**								
Objective	**Current State**	**Action**	**Imp' Lead**	**Operational Lead and involved individuals**	**Date of Completion**	**Current Risk**	**Measure of Success**	**Evidence**
8.1 Ensure procedures and policies are accessible to staff	Compliant	None	None	None	-		-	-
8.2 Update policies and procedures	Visiting SIT team identified that the references within some documents were not out of date	Update and review current policies	Steve Lennox	Gary Bassett	May 2011			Updated policies
Update January 2011 None **Update May 2011** 8.2 Gary to update policies regarding referenced documents.								

Safeguarding

Developed: November 2010

Workstream 9.Annual Report. (Commissioned Standards & CQC) Supporting Documentation								
Objective	**Current State**	**Action**	**Imp' Lead**	**Operational Lead and involved individuals**	**Date of Completion**	**Current Risk**	**Measure of Success**	**Evidence**
9.1 Ensure Board is updated and annual report is submitted	Annual report required for each year. Only a holding report submitted for 2010	Full Board report after SHA review in January 2011	Peter Bradley	Steve Lennox	~~March 2011~~ July 2011		Board report	
Update January 2011 Report to be submitted following Safeguarding Improvement Visit. **Update March 2011** Annual Report is due now. Update May 2011 9.1 Report due. Now in development.								

Safeguarding

Developed: November 2010

Workstream 10. Audit. (Commissioned Standards, CQC & SIT visit) **Supporting Documentation**								
Objective	**Current State**	**Action**	**Imp' Lead**	**Operational Lead and involved individuals**	**Date of Completion**	**Current Risk**	**Measure of Success**	**Evidence**
10.1 Requirement to undertake an annual audit	Audit undertaken for 2009	~~Covered in workstream 1~~ Alan going to undertake audit into Croydon referrals with RSM Tennon (as below)	Lizzy Bovill	Alan Hay	~~March 2011~~ June 2011	🟧	Completed Audit of referrals from Croydon	Audit report
10. 2 To understand referral pattern in Croydon and develop a tool for wider roll out	Croydon referral pattern not understood	Undertake an audit which will act as a template for wider audit	Lizzy Bovill	Alan Hay	June 2011	🟩		
10.3 Develop a safeguarding audit schedule	Visiting SIT team suggested the development of an audit schedule	Develop an audit schedule	Peter Bradley	Steve lennox	July 2011	🟩	Audit schedule	Audits being undertaken
Update January 2011 In discussion **Update May 2011** **10.1** Audit will be covered by the proposed RSM Tennon audit into referrals form Croydon 10.2 Alan has met with RSM Tennon. Developing proposal 10.3 Not yet progressed.								

Safeguarding

Workstream 11.Serious Case Review Recommendations. Supporting Documentation								
Case	**Recommendation**	**Action**	**Imp' Lead**	**Operational Lead and involved individuals**	**Date of Completion**	**Current Risk**	**Measure of Success**	**Evidence**
Case 1. Member of staff attended a 999 call to their own family.	Implement new policy & Guidance	Implement new policy & Guidance		Gary Bassett	Completed		Completed	Completed
Case 2. Teenager presenting with eating disorder. Needed to be referred.	Raise awareness across service of the complexity of anorexia	Revise guidance and feedback to staff		Gary Bassett	Completed		Completed	Completed
Case 3 (28-11-08). Mother prevented crew from conveying patient	Clarification for crews	Disseminate the case as a case example across service	Steve Lennox	Gary Bassett	April 2011		Staff aware of case study	Medical Directorate Bulletin
Case 34863 (Fire) 1/12/2010 Discussed at committee 11 march 2011	Feed back issue of safeguarding referrals to attending staff		Steve Lennox	Katie Millard to feedback	May 2011			
	Case to be subject to an article published in Trust's in house magazine		Steve Lennox	Katie Millard to feedback	May 2011			
	Invite London Borough of Croydon Social Services, The Maudlsey and the police to discuss multi agency		Steve Lennox	Katie Millard to feedback	May 2011			

Safeguarding

	approach							

Update January 2011
The dissemination across the service for case 3 needs to take place.

Update March 2011
The dissemination of case 3 still needs to be progressed. New SCR added.

Update May 2011
Case 3. Being progressed. Publication of Medical Directorate Bulletin will deliver this action.

Safeguarding

Developed: January 2011

Workstream 12. Unable to assure that the current taxi contract accommodates the guidelines for regulated activity (Risk Register). Supporting Documentation								
Objective	**Current State**	**Action**	**Imp' Lead**	**Operational Lead and involved individuals**	**Date of Completion**	**Current Risk**	**Measure of Success**	**Evidence**
12.1 To comply with regulated activity guidelines for taxi use	Unable to identify if all drivers are registered with ISA	Registration with the Independent Safeguarding Authority needs stipulating in the contract			June 2011	🟥	Contract stipulates the correct requirements	Contract is clear
	Contract not currently monitored for safeguarding	Need to undertake contract monitoring			June 2011	🟧	Results demonstrate 100% compliance	Audit results demonstrate compliance
Update								

Safeguarding

Workstream 13. Incidents. Supporting Documentation								
Case	**Recommendation**	**Action**	**Imp' Lead**	**Operational Lead and involved individuals**	**Date of Completion**	**Current Risk**	**Measure of Success**	**Evidence**
Incident 36252 (Call taking supervision) Discussed 11 March 2011	Involved staff to have a reflective exercise.	Katy to feedback if this has been completed		Katy Millard	May 2011			
	Investigation to consider whether incident was reported in accordance with procedures	Katy to feedback if this has been completed		Katy Millard	May 2011			
	Whether the trainee supervisor and work based trainer training arrangements are sufficiently robust	Katy to feedback if this has been completed		Katy Millard	May 2011			
Incident 36581 (mother wanting baby taken to specific Trust) Discussed 11 March 2011	Organisational learning that staff feel vulnerable when faced with this scenario and need clinical & managerial support	Compile case scenarios that identify the recent cases and share these with clinical staff making it clear staff will be supported		Gary Bassett	May 2011			
		SL to write to the individuals involved in the case		Steve Lennox	May 2011			

Safeguarding

Update May 2011
Katy to feedback at next meeting.

Safeguarding

LONDON AMBULANCE SERVICE TRUST BOARD

28TH JUNE 2011

PAPER FOR NOTING

Document Title:	**Board assurance framework and corporate risk register**
Report Author(s):	**Sandra Adams**
Lead Director:	**Sandra Adams, Director of Corporate Services**
Contact Details:	**Sandra.adams@lond-amb.nhs.uk**
Why is this coming to the Trust Board?	Good governance practice – the Board should routinely review and discuss the key corporate risks and the assurance framework
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 note the updated risk register and board assurance framework and the movements made to mitigate and reduce risk

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.

As progress is being made with strengthening governance processes around incident reporting and serious incident management, the linkages between risks and reported incidents will be reviewed, for example by looking at the number of complaints and incidents relating to non-conveyance and the reasons for these occurring against risk number 22 – failure to undertake comprehensive clinical assessments may result in the inappropriate non-conveyance or treatment of a patient.

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. The Governance and Compliance Team are conducting a review of the Corporate Risk Register at the end of June with all risk owners. The updated risk register will be presented to the Risk Compliance and Assurance Group on the 11th July for discussion.

Key issues for the Trust Board

The assurance framework has been updated from the risks reviewed by the Risk Compliance and Assurance Group in May and is correct with reference to the risk register which was updated on 31st May 2011. There are 84 current risks on the register.

There are now 13 risks on the assurance framework, 3 of which are new – risk numbers 343, 344, 345 relating to safeguarding and finance. There are still areas of assurance and gaps in controls to be built in against each of these.

There is no movement from the top two risks on the register however implementation of actions leading to stronger controls and assurance has seen movement downwards (marginally) for risks 265, 250 and 298. Risk number 341 (MDTs) has been downgraded having reached the target rating.

Highlighted text in the BAF indicates new or updated information since March 2011.

Attachments
Board assurance framework, June 2011, and Risk register 31st May 2011

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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:

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

NHS Constitution
This paper supports the following principles that guide the NHS:

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

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?
☐ 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 May 2011. All apart from the first on the list have a target of Significant (8-12) or Medium (6) by the end of the year.

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.

Sandra Adams 17th June 2011

Board assurance framework
June 2011

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

Sandra Adams 17th June 2011

Board assurance framework
June 2011

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

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Board assurance framework
June 2011

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 safety responsibilities	Clinical training and development for frontline staff; failure of infrastructure such as fleet or equipment; compromising safety in our efforts to achieve performance targets	Unlikely to occur	Clinical effectiveness Key clinical skills training	Implementation of the clinical training and development strategy; adoption of reflective practice; Use of clinical performance indicators and benchmarking Fleet strategy New ways of working programme roll-out Electronic patient report form

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Board assurance framework
June 2011

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

Board assurance framework
June 2011

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

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Board assurance framework
June 2011

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

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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, non-conveyance, etc)	RICHARD WEBBER	1.	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 deliver the core service along with the performance expected**	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	3.	Risk ID: **265** Service performance may be adversely affected by the inability to match resources to demand. (See Board Assurance Framework section D)
	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	4. 5.	Risk ID: **317** There is a risk that the Trust may not achieve its Category A target in 2011/11. **318** There is a risk that the Trust may not achieve its Category B target in 2010/11. This risk

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Strategic Risks	Trust Board Risk Focus	Lead		Linked Risks
				has been removed from the register and BAF as the performance target no longer applies
3) **FINANCIAL RESOURCES** **There is a risk that we are unable to match financial resources with priorities**	A] COST IMPROVEMENT PROGRAMME (CIP) Programme for containing and reducing costs without negatively impacting on performance.	MICHAEL DINAN	6.	Risk ID: **272** There is a risk that the LAS may not achieve the full CIP.
	B] KEY PERFORMANCE INDICATORS (KPIs) Potential penalties that could be imposed on the trust if failure to meet the targets as agreed.	MICHAEL DINAN	7.	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**	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	8.	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

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Strategic Risks	Trust Board Risk Focus	Lead		Linked Risks
compromised				Target rating 1: Added to corporate register
	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	9.	**NEW RISK – description still under review and no rating given yet** **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,	STEVE LENNOX	10.	**Further work now required to link the statement to risks on the risk register and to assess any new and emerging risks.**

Strategic Risks	Trust Board Risk Focus	Lead		Linked Risks
	regional trauma networks, respiratory disease, public health, emergency preparedness and physical activity. All priority areas are represented in various work streams of the Trust.			

Section C – Key sources of assurance

Committee minutes and papers	External	Internal
Trust Board	Internal audit – RSM Tenon: annual audit plan; audit reviews and reports	Risk registers: Corporate/Trust-wide/Local Board assurance framework
Quality Committee	Care Quality Commission registration	Audit recommendations progress report Patient Experience report Minutes of RCAG, LfE, CQSEC
Audit Committee	NHS Litigation Authority level 1 assessment of risk management standards Head of Internal Audit Opinion External Audit opinion	Audit recommendations progress reports Statement on Internal Control
Risk Compliance & Assurance Group	NHS London quarterly governance returns	Audit recommendations progress report Risk register
Clinical Quality Safety & Effectiveness Committee	Commissioner contract reviews	Clinical risk register
Learning from Experience Group	CQC registration Ombudsman reports Coroner reports	Integrated risk management report Action plans and outcome reports from investigations

Senior Management Group		Risk registers
		Audit recommendations progress report
		Patient experiences report
		Performance reports

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	Corporate objective	Risk score	CQC map	Key controls	Assurance on controls			Action plan	Responsible officer	9 month RAG status	Year End f/cast
					Positive assurance	Gaps in controls	Gaps in assurance				
334 There is a risk that the implementation of CommandPoint will lead to a short term reduction in performance targets	C08 C03	20	N/A	CommandPoint Project Board; Reports to SMG and Trust Board; Planning assumption of the likely impact on performance and the plans in place to mitigate the level of impact	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**	None identified	None identified	Detailed audit of project and transition plans; Training plans; System testing and planning; Stakeholder briefing;	PS	H	H

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Board assurance framework
June 2011

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 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**	Sufficient stock of blankets	Audit results show compliance with single use is not consistent	Audit blanket usage. Options paper to agree strategic direction; PIMS to address issue of single use locally.	**SL**	H	M
269 Performance falls at staff changeover times	C04 C08 C03	20	16 13 14	92% front line rosters in place; Team leaders provide additional area cover from 14.00 to 20.00 each day;	92% rosters in place. Clear plan for remaining complexes; Introduction of new rest break allocation with initial positive results. **Risk reviewed 8/11/2010 9/12/2010**		Full roster reviews completed	Roster review project ongoing; Roll out NWoW; Introduction of new rest break allocation from May 11 to reduce losses at end	RW	H	M

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Board assurance framework
June 2011

					24/03/2011			of shift change.			
250 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**	Weekly audit returns to Logistics and Make Ready	Monitoring at area governance committees	Current processes to be reviewed. Additional PALS kits to be issued to Make Ready for swapping out on station Review PALS and PVR numbers; DSO/Team leader audits each quarter	RW Was FM	H	M
298 Fall back centre at Bow does not operate effectively potentially resulting in loss of service	C03	**20**	16	Partial Fall back test on 30th June 2010; Full test in October 2010; Audit of facilities ensuring mirror of operations.	Full test undertaken in October 2010. Fire debrief action tracker in place **Risk reviewed on 9/11/2010 29/03/2011**	Organise a full plan for Bow; Provide full training at FBC for relevant staff	Outcome of training not yet known	Full training for FBC staff; Organise full plan for Bow.	MD	**H**	M
265 Performance affected by inability to match resource to demand	C03 C05 C08	20	16	NWoW roll-out; Monitoring resource allocation	Monitoring KPIs; Introduction of team based working; Daily	None identified	Outcome of roster reviews and rest break allocation	Monitor KPIs; continue to implement roster reviews,	RW	H	M

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					monitoring; Initial results of rest break allocation are encouraging. **Risk reviewed 8/11/2010 9/12/2010 24/03/2011**			introduce and monitor; team working; New rest break allocation introduced in May 11			
22 Failure to clinically assess comprehensively may result in inappropriate conveyance or treatment	C01 C02 C05 C08	20	16 13 14	Enhanced patient assessment course for paramedics and reflective practice. Planned CPD and monitoring of uptake; Training Strategy Group monitor the level of training delivery; CPIs monitor level of assessment provided; LA52 reporting and review at CQSE; Operational workplace review to include rideouts; Closed round table reviews and reflective practice; Clinical	Incident reporting; Operational workplace reviews; CQSE papers and minutes; Reporting of incidents via EBS shows improved take-up with this on LA52s. **Risk reviewed 8/11/2010 28/03/2011**	Monitoring development of treat and refer pathways; Effectiveness of incident reporting system;	Review of effective-ess of incident reporting;	Monitor development of treatment pathways; Review the incident reporting system; Introduce reflective practice; Review and roll-out pilot scheme to report incidents via EBS	FM	H	S

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				updates from the Medical directorate; Development of treat and refer pathways alongside NWoW.							
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**	None identified	Level of funding to be confirmed	Review the risk on outcome of DH decision Internal audit to be undertaken of Olympic programme scoping	RW	H	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 **Risk reviewed 05/04/2011**			Review appropriate action to be taken eg changes to CTAK or review parameters of CommandPoint	CH	H	L
343 Staff not recognising safeguarding indicators and therefore failing to make a timely referral	C05 C04	16	7	Monitor controls centrally; safeguarding committee promotes practice guidance; guidance supported by updates; training	Safeguarding committee agenda and minutes; training records **Risk added in May 2011**		Effectiveness of training and level of competency	Audit effectiveness of training through competency assessment; Capture safeguarding practice in biannual operational workforce	SL	H	TBC

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				programme in place and uptake monitored				review			
329 As a result of the non-achievement of the contractual financial penalties will be levied on the Trust	C03	16		11-12 budget controls and plans; monthly finance reports to Trust Board and SMG; additional financial provision within the contract risk for 11/12	Daily performance tracking; review of financial risks by SMG and Trust Board. Weekly diary meeting reports.			Ongoing communication with commissioners	MD	H	M
344 Unable to assure that the current taxi contract accommodates the guidelines for regulated activity (safeguarding)	C04	16	7	Current contract stipulates all drivers must have CRB checks	**Risk added May 2011**			Stipulate in the contract that ISA registration is required. Contract monitoring. Add other sub-contractor providers to the risk description	SL	H	TBC
345 The Trust currently receives a sum of £7.7m non-recurrently to maintain CBRN response which covers 143 wte and the hours required for annual training. Funding may not continue.	C04	H			Funding received for 2011/12 **Risk added May 2011**	No formal agreement in place to ensure funding is recurrent in future		Gain assurance from DH and commissioners that funding will continue in future years; Build into downside scenarios.		H	TBC

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Risk ID	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
334	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	09 May 2011	Major	Certain	20	1. Detailed audit arrangements of project and transition plan to ensure success e.g. a gateway review process. 2. Detailed thorough training plan for staff. 3. Full user involvement with project e.g. ADO and DCEO and senior users of project board. 4. Thorough system testing and planning that is auditable. 5. Detailed planning for actual transition subject to scrutiny and evaluation. 6. Decision to go live will be made by the Trust Board ensuring they are satisfied that the system and transition plan are fit for purpose. 7. Ability to switch back to old system in the event of catastrophic failure of new system. 8. Board level commitment and focus of supplier organisation (Northrop Grumman) to ensure full success. 9. Key stakeholders briefed on plan, transition arrangements and anticipated reduction in performance. 10. Fully resourced plan to ensure technical and user support following transition through to the point where the system is deemed to have reached optimum performance.	1. P.Suter 2. Keith Miller 3. P.Suter 4. J.Nevision 5. J.Nevision 6. P.Suter 7. P.Suter 8. P.Suter 9. J.Nevision / P.Suter 10. J.Nevision / P.Suter	1. Feb 2011 "Ready for Service" Gateway Review. 2. Jan 2011 June 2011, plus continued training thereafter.	Assurance by CommandPoint Project Board reporting structure to SMG and Trust Board.				09/05/11 JN No further update beyond that provided. 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.
327	There is risk that the Trust does not follow Department of Health Guidelines for the re-use of linen.	***	6	Infection Control	12-Oct-09	Major	Certain	20	1. The Trust has an adequate supply of blankets, however these are not always available.	Chris Vale	15 June 2011	Major	Certain	20	1. Increase availability of blanakets for A&E crews. Completed 2. Improve collection of soiled blankets from hospitals and non-contract laundries. Completed 3. To understand the scale of the problem and to develop a sstrategic solution ot blanket usage: a) Audit blanket usage as part of hand hygiene auditing. b) Chris Vale developing options paper to agree strategic direction. c) PIMS to address compliance of single use locally. DIPC to present at conferences. Continue to audit.	1. Chris Vale 2. Chris Vale 3a. Trevor Hubbard 3b. Chris Vale 3c. Trevor Hubbard	1. 31/03/11 2. 31/03/11 3a 31/03/11 3b 31/05/11 3c 30/06/11	1. KPI measuring blankets collected delivered. 2. KPI measuring blanketss allocated/ delivered.	Minor	Possible	6	**Status update May 2011** 1. Additional linen and disposable blankets added to stocks and circulated. 2. New laundry provider appointed and increased activity being established to collect blankets. Reduction in blanket loss. 3a Unable to demonstrate compliance. 3b Options paper drafted. 3c Audit results show compliance with single use is not consistent.
269	At staff changeover times, LAS performance falls as it takes longer to reach 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	24 Mar 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.	1. M.Sommerville 2. J.Killens 3. C.Hitchen	1. Feb 2011 2. Aug 2010 3. Aug 2010	1. Monitoring of KPIs.	Major	Possible	12	the rota review project is ongoing; currently 80% of front line rosters have been implemented across the Trust. The Trust has four complexes outstanding, three is the South area, Croydon, St Helier and Oval and one in the East, Whipps Cross. Croydon rotas have been submitted and validated awaiting staff to vote on the proposed rosters. St Helier has

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250	There is a risk that out of date equipment (PALS PACK) may result in inability to treat children.	***	24	Logistics	25-Jul-06	Catastrophic	Likely	20	1. Additional PALS Packs being packed. 2. Ongoing vehicle audit and swap out of packs carried out. 3. Nightly checks have now been introduced by the Make Ready teams. 4. Weekly audits are now performed by Station Managers. 5. Continued monitoring of the audit returns	Chris Vale	30 March 2011	Major	Likely	16	1. Additional PALS packs to be swapped out in all operational areas. 2. DSO/Team Leaders to carryout quarterly audits. 3. Monitoring at Area Governance Groups. 4. Chris Vale to review the current processes in place with Jason Killens	1. K.Merritt 2. ADOs. 3. K.Merritt 4. C.Vale	1. Ongoing 2. Ongoing 3. Ongoing 4.Jan 2010	1.Weekly audit returns to Logistics and Make Ready contractors.	Minor	Likely	8	CV 21/03/11 Review of PVR and PALS kit numbers to be undertaken in April. Additional PALS kits will be issued to Make Ready for swapping out on ambulance stations.
298	The Fall Back Centre may not operate effectively during a relocation to Bow, resulting in a potential loss of service.		17	Business Continuity	21-May-08	Catastrophic	Likely	20	1. A partial fall back test was undertaken on 30th June 2010, and was successful. 2. An audit of the facilities at FBC has been undertaken to ensure the mirroring of operations.	Paul Williams	29 March 2011	Major	Likely	16	1. Perform a full fall back test in Oct2010. 3. Organise and implement full plan for Bow 2. Provide full training at FBC for all relevant staff. 3. Organise and implement full plan for Bow	1. J.Hopson 2. J.Hopson	1. Completed 2. On-going		Major	Unlikely	8	PW 29/3/11 HQ Fire Debrief Action tracker approved by SMG 23/03/11. Risk will be addressed with the action tracker.
265	Service Performance may be adversely affected by the inability to match resources to demand.	***	17	Operational	31-Jul-06	Major	Certain	20	1.NWoW has been introduced at two pilot sites (Barnehurst and Chase Farm) and will incorporate a more flexible but robust rota system. 2. The option of weekend rotas has been advertised to all frontline staff, whilst Sector Support rotas are in place and concentrate on weekend cover. DSO's and Team Leaders now have cover installed in their current rotas. Improvements have been made to dual sending with adjustments to the distance an FRU would be expected to travel, whilst still dispatching the nearest AEU. This will have an impact on both resources available to EOC and will produce shorter job cycle times. 3. The ORH 168 plans now enable the monitoring of resource allocation.	Richard Webber	24 Mar 2011	Major	Likely	16	1. Monitor pilot sites for NWOW. 2. Roll out of NWOW across the Trust. 3. Completion of recruitment exercise. 4. Roster reviews.	1.C.Hitchen 2. C.Hitchen 3. A.Bell 4. M.Sommerville	1. On-going 2. 2011 3. May 2010 4.Feb 2011	1. Monitoring of KPIs 2. Following the roster reviews, team based working is being introduced and is monitored by the Operations Team on a daily basis	Minor	Possible	6	RCAG (2010-08-23) risk should be removed from the risk register later in the year when the Trust had reached full establishment
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	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.	Fionna Moore	28 March 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	1. Incident reporting. 2. Operational workplace reviews.. 3. Regular reports to CQSE.	Moderate	Possible	9	

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320	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-10	Catastrophic	Likely	20	1. 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). 2. Continue to highlight the LAS's role in ensuring the Olympic Safety and Security Strategy is met and the subsequent requirement for funding. 3. Following DH funding decision, continue to engage with commissioners regarding 11/12 and 12/13.	Peter Thorpe	18 April 2011	Catastrophic	Possible	15	1. DH decision due in April 2011.	1-3. P.Thorpe/ A.Parry	1. April 2011	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	8	AP 2011-04-14 The financial element of the Outline Business Case was resubmitted in March 2011; this risk should therefore be reviewed pending DH's decision
31	There is a risk that the control and operational staff may fail to recognise serious maternity issues or fail to apply correct guidelines which may lead to serious adverse patient outcomes in maternity cases.	***	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	28 March 2011	Major	Possible	12	1. To evaluate the flow chart used to enable the safe triage of women in early labour. 2. To monitor the delivery of the CPD obstetrics module. 3. 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	1. Spring 2011 2. On-going (CTA now have maternity pathway to assist with triage) 3. Complete	1. Monitor processes at CQSE and Corporate Health and Safety Group. 2. Incident reporting.	Major	Unlikely	8	10/01/2011 - FW: Action 3 –Advice on recognition of possible placental abruption was included in the Clinical Update published in July 2010. Recommendations from the Obstetric Audit, and advice on management of the third stage of labour, and management of early miscarriages included in November 2010. GH: E-learning package (according to the Key Commitments) which was due for completion in December, would not have been delivered yet; responsibility for the delivery and associated monitoring is with Bill O'Neill. BO'N 1.4.11 The Obstetrics e-learing module is now available
312	There is a risk that the required drug/equipment may not be available in the drug pack which will lead to the patient not being treated appropriately.	***	24	Clinical	18-May-09	Catastrophic	Likely	20	1. Bulletin from Director of Operations to all staff reinforcing drug protocols 2. Letter from Director of Operations to AOMs reinforcing local management responsibilities 3. Trial scheme at 3 sites as part of review of drug pack procedure where the signing out and in of packs is regularly checked	Chris Vale	30 March 2011	Major	Possible	12	1. Reinforce weekly audit requirement. 2. Before roll out of amnesty cam be rolled out encouraging crew to return old//incomplete bags and then issued them with new bags, further clarificationis require on revised peak vehicle equipment requirements. 3. Introduction of managers drug packs in Autumn 2010 to reduce demand for tech packs 4 Additional Technician packs being prepared for roll out to stations in exchange for amnesty exercise when stations surrender out of date packs and bags removed from system. - rolled out during 2010/11.	1. C.Vale 2. K.Merritt 3.C Vale 4 C. Vale	1. Ongoing 2. Ongoing 3. Ongoing 4. Ongoing	1.Weekly audit returns to Logistics. 2 Trial audit at 3 sites as part of review of scheme Reviewed and reported at area governance meetings	Major	Unlikely	8	CV 21/03/11 This risk should be reduced. The risk of drugs not being in the drug packs is small. Procedures ensure that packs are checked by a second member of staff before being sent out and also a 10? Sample check is also carried out to ensure accuracy of packing and checking staff.

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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	20	1. Introduction of revised cleaning programme. 2. Infection control champions are in place. 3. Audits of vehicles and premises. 4. Swabbing of vehicles by LSS.	Trevor Hubbard	15 June 2011	Major	Possible	12	1. To ensure Trust is consistently compliant across the service: a) Find alternative processes to triangulate audit information. Completed b) Fully explore the opportunities within the PEAG initiative. c) Make Ready tender awarded	1a Trevor Hubbard 1b Trevor Hubbard 1c Trevor Hubbard	1a April 11 1b April 11 1c Nov 11	1a Comprehensive dashboard	Minor	Unlikely	4	**Status update May 2011** 1a Completed incorporated into the IPC dashboard 1b PEAG initiative progressing well. Volunteers trained. Awaiting CRB checks. 1c 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	20	1. LA52 incident reporting form 2. Risk management policy and strategy has been updated and implemented 3. Incident reporting policy is implemented 4. The Learning from Experience 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 by the PCMO.	Caron Hitchen	22 Nov 2010	Moderate	Possible	9	1. Complete the review of incident reporting and make recommendations to Corporate H&S and RCAG. 2. Implement the policies on investigating and learning from incidents, complaint, PALs and claims. 3. LfE to develop the integrated risk reports and monitor action taken, including feedback to staff on incidents reported and investigated. 4. 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	1. Tony Crabtree 2. Carmel Dodson- Brown 3.Sandra Adams 4.Sandra Adams 5.Carmel Dodson-Brown	1.-5. Feb-March 2011	1. 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	Risk updated following the recommendation from the internal audit report on Clinical Incidents and Near Misses. SA proposed changing target rating to moderate 3, possible 3 for target rating to increase it to a 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)			Business Continuity	11-Jan-11	Major	Likely	16	1. EOC Planning Group in place, reviewing options 2. CommandPoint Project Group	Steve Sale	5 April 2011	Major	Likely	16	1. Review appropriate action to be taken - changes to CTAK or review parameters of CommandPoint? - to be decided 2. New group to be set-up pending SMG approval. 3. A CRM workshop is taking place on the 7th April to reaffirm the Trusts intentions in regard to the CRM.	1. Steve Sale 2. Steve Sale 3. Steve Sale	1. Oct 2010 2. Complete 3. April 2011	1. 2. 3.	Negligble	Rare	1	SS 5/4/11 A decision was taken by CRM project board which has been ratified by SMG to again defer CRM until a date after 20th August 2011. To allow CommandPoint to settle in. The only other slot available to make the change has been utilised for the introduction of the new national performance standards.
343	There is a risk of staff not recognising safeguarding indicators and therefore failing to make a timely referral.			Clinical		Major	Likely	16	1) Monitor referrals centrally 2) Safeguarding committee promotes practice guidance 3) Practice guidance issues and supported by updates 4) Trainign programme in place 5) Monitor training uptake	Steve Lennox	16 May 2011	Major	Likely	16	1) Audit effectiveness of training through competency assessment 2) Capture safeguarding practice in bi annual Operational Workforce review	1) Gary Ralph 2) Peter McKenna, Katie Millard, Philip De Bruyn	Ongoing	Monitor at Safeguarding Committee				
9	There is a risk of RTA injury to persons travelling in an LAS A&E vehicles.	***	19	Health & Safety	13-Nov-02	Major	Likely	16	1. Authorisation to drive any service vehicle/lease car can only be provided by a qualified service trained driving instructor. 2. Introduction of advanced training for a number of DSO's in each Sector.	Richard Webber	05 Apr 2011	Major	Possible	12	1. Review adequacy of driving course and include training for specific vehicles (i.e. FRUs). 2. Ensure refresher training is provided following RTA's.	1. K.Miller 2. K.Miller 3. Jason Killens 4. Jason Killens	1. TBC 2. Ongoing 3. Ongoing 4. March 2011	1. Monitor processes at RCAG and Motor Risk Group. 2. Monitoring of RTA claims	Moderate	Possible	9	Action 1 - On the basis that the course had not been approved by the TSG, Richard requested that the courses were

London Ambulance Service NHS Trust
Risk Register as at 31st May 2011

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138	Failing to appreciate the significance of psychiatric illnesses will lead to mis-diagnosis.	***	8	Clinical	12-Nov-03	Major	Likely	16	1. The new 'Mental Health' module has been designed and has been included in the training plan for 2009/10. 2. An e-Learning Manager has been appointed and will start work wih the Trust in August 2009. This post will have responsibility for developing the mental health e-learning module.	Steve Lennox	18 March 2011	Major	Possible	12	1. To develop a mental health e-learning module. - training package is being assessed by external assessors	1. Bill O'Neill	1.Nov 2010	1. CPD completion records 2. Monitor processes at CQSE 3. Monitor package completion data on e-learmng site	Major	Unlikely	8	Module has now been signed off by subject matter experts, and roll-out of the e-learning facility has commenced
205	There is a risk of not being able to readily access and manage the training records of all operational members of staff due to records being kept on separate and remote sites outside of the current records management system. [as a result of limited capacity of the Fulham archive stoes, as well as records needing to be stored at other sites.]	***	11	HR	01-Jun-05	Major	Likely	16	1. Education and Development are to move to the scanning of training records. Plans from Estates for the development of the Fulham archive are awaited. 2. All staff are currently being migrated onto PROMIS with the aim of developing a centralised Learning Management System.	Bill O'Neill	23 Aug 2010	Major	Possible	12	1. Review the process of archiving training records within the DoE&D (funding currently being sought for this) 2. The introduction of a Trust-wide project to establish a centralised Learning Management System	1. P.Billups 2. J.Pigott	1. Dec 2010 2. Dec 2010	1. Part of organisation & development of people workstream. 2. Progress of project report to workstream board.	Major	Unlikely	8	23/08/2010 - risk wording revised
211	There is a risk that drug errors and adverse events may not be reported.	***	4	Clinical	08-May-06	Major	Likely	16	1. 23/02/09 - CQSE suggest PIMs give some thought to how this be managed - JK to report new action plan 2. 10/02/09 No evidence of any issue of significance from service users or stake holder feedback. Recommend matter be considered by Safety and Risk .	Fionna Moore	28 March 2011	Major	Possible	12	1. Complaints Manager to track back complaints to see how many have LA52's associated with them (drug errors and adverse events not being reported) 2. Further Medical Directors Bulletin to remind staff of importance of reporting drug errors and adverse events. 3. Article to be included in the Clinical Update highlighting the importance of	1. G.Bassett 2. D.Whitmore 3. F.Moore 4. M.Whitbread	1. On-going 2. On-going 3. Complete 4. complete Jan 2010	1. CPI checks 2. Incident Reporting	Major	Unlikely	8	
305	There is a risk that the management of morphine at Station level is not in accordance with LAS procedure OP/30 version 4 – Controlled Drugs.	***	24	Clinical	21-Oct-08	Major	Likely	16	1. Internal Audit carried out annually. 2. Procedure to be reinforced by bulletins from Director of Operations/Medical Director.	Fionna Moore	28 March 2011	Major	Possible	12	1. 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	1. Internal Audit 2. Independent Audit 3. LIN oversight of system	Major	Unlikely	8	New CD registers, and daily audit check sheets, also changing the CD code changer system
316	The non-reporting of faults in accordance with service procedures may result in the loss of vehicle availability.	***	17	Logistics	17-Aug-09	Major	Likely	16	1. LA400 (defect reporting sheet) has been replaced by a vehicle specific defect book. 2. Vehicle Resource Centre is now operating 24/7 and managing some Vehicles Off Road (VOR). 3. Process mapping of VOR process in EOC to be undertaken to understand the impact of the removal of the logger's role. 4. TRANMAN, Statutory Checks and Make Ready tender for new contract 5. RAC checking stations at weekends for unreported faults	Jason Killens	08 Nov 2010	Major	Possible	12	1. Enhancement of fleet workshop hours of working will reduce the risk of occurrence. 2. Outputs from process mapping to inform changes in management of VOR (if necessary). 3. OP014 and OP012 subject to review with intention of merging both	1. C.Vale 2. C.Vale 3. S.Kime	1. Complete 2. Complete 3. Jan 11 (ongoing as VOR reviews now being undertaken by D. Hutton and S.Melhuish)		Rare	Unlikely	8	risk to be reviewed once controls in place
323	There is a risk that the audit programme is not sufficiently robust to identify to identify infection control issues across the Trust.	***	6	Infection Control	17-May-10	Major	Likely	16	1. Quarterly reports to Area Operations. 2. Further training of infection control champions. 3. Continued awareness training by use of Trust-wide communications.	Trevor Hubbard	15 June 2011	Major	Possible	12	1. 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. Completed	1a Trevor Hubbard 1b Trevor Hubbard 1c Trevor Hubbard	1a May 11 1b May 11 1c April 11		Minor	Possible	6	Status Update May 2011 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.

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326	There is a risk that the inadequate facilities and lack of policy for the decontamination of equipment may increase the risk of infection.	***	6	Infection Control	17-May-10	Major	Likely	16	1. Introduction of single-use items. 2. Introduction of more robust cleaning programme for vehicles and premises. 3. Introduction of detergent and disinfectant wipes for equipment in between patient use.	Chris Vale	15 June 2011	Major	Possible	12	1. 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	1.Area Governance Meetings 2. Incident reports.	Minor	Unlikely	4	CV 21/03/11 Decontamination policy is still awaiting approval. Meeting of equipment and Decontamination Improvement Group will take place in April 2011. **Status update May 2011** 1a 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.
274	There is a risk that no Incident Control Room (ICR) back-up site will lead to service failure	***	17	Business Continuity	03-Jul-07	Major	Likely	16	1. The planned Event Control Room at Bow will double as back-up for the Incident Control Room. 2. Incident Control Room Back up now available at FBC Bow.	Paul Williams	28 March 2011	Major	Possible	12				1. Project group set up manages event control project	None / Insignificant	Rare	1	PW 28/3/11 ICR Back up now available at FBC Bow. Risk to be removed. A new Risk should then be developed for ECR not functioning properly (to be discussed with EPBCSG)
153	There is a risk that fuel prices may be in excess of sums held in budgets which may lead to overspend	***	19	Finance	06-Jan-04	Major	Likely	16	1. Monthly review as part of month end reporting process.	Michael Dinan	11 April 2011	Moderate	Possible	9	1. 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.Bell	1. Ongoing	Monitored at SMG and Trust Board	Moderate	Possible	9	
20	Inappropriate use/completion of the LA4H Single Response Handover form may lead to the loss of patient information.	***	8	Operational	14-Nov-02	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.	Richard Webber	Jan 2011	Moderate	Possible	9	1. CPI database monitored to check team leaders quality assurance on PRF completion. 2. Presentation of PRFs on computer to simplify process. 3. Presentation on Performance Indicators.	1. G.Virdi 2. G.Virdi 3. B.Bradley	1. Ongoing 2. Ongoing 3. Complete	1. Station audits. 2. Monitoring of completion rates.	Minor	Likely	8	Awaiting update from CARU
322	There is a risk that the Trust does not provide adequate infection prevention and control training to all staff which may lead to healthcare associated infections.	***	6	Infection Control	17-May-10	Major	Likely	16	1. Introduction of training programme for operational and non-operational staff. 3. Trust updates have been delivered to 1,600 staff including hand hygiene training 3. Use of Infection Control Communications Strategy to ensure that all staff are kept well-informed.	Trevor Hubbard	15 June 2011	Moderate	Possible	9	1. To be fully compliant with CQC expectations and all staff to have up to date infection control training: a) Ensure all staff receive all in one training or alternative form of update (core skills refresher and induction training) b) Monitor and implement hand hygiene training. c) Need to capture the training of contracted staff on the scorecard.	1a Carmel Dodson-Brown / Ian Bullamore 1b Steve Lennox 1c Gill Heuchen	1a March11 1b March 11 1c March 11 1c June 11		Minor	Unlikely	4	Status update May 2011 There was an over provision of training last year and all clinical staf have been trained in ANTT. Consider closing this risk on the risk register. Need to have a separate discussion regarding training with central infection control team. Hand Hygiene training about to commence. All in one training and induction training and Core Skills Refresher training available.

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325	There is a risk that the lack of displayed/available cleaning schedules may mean that the staff and public are not aware of cleaning protocols.	***	6	Infection Control	17-May-10	Major	Likely	16	1. Introduction of revised cleaning programme. 2. Infection control champions are in place.	Trevor Hubbard	15 June 2011	Moderate	Possible	9	1. 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 March 11 1b May 11		Minor	Unlikely	4	**Status update May 2011** 1a Completed. Part of quarterly audit tool. 1b costing needs to be determined and where funds will be identified approximate costs are £4,500.
173	There is a risk to staff, patients and the organisation of staff working excessive overtime/hours in breach of the Working Time Directive.	***	7	HR	05-Jan-05	Major	Likely	16	1. ProMis has a warning sign that is generated before the Coordinator continues to place a member of staff on a shift. The warning system highlights any contraventions of the Working Time Directive. 2. Regular ProMis reports are provided to operational managers and auditing is carried out by Station Management Teams who advise and take the appropriate measures with staff who try to compromise their own and patient safety. 3.The completion of the recruitment and training of student paramedics, coupled with the review of rosters due to compete in Summer 2010, should enable this risk to be revi=ewed and the rating reduced.	Gareth Hughes	1 April 2011	Major	Unlikely	8	1. Continued monitoring and review of working hours via PROMIS. 2. Review the WTD information. 3. 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. Complete 3. Mar 2011		Major	Rare	4	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 hours for an average of 17 weeks.
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	Logistics	17-Mar-03	Major	Likely	16	1. A comprehensive paper based system for recording the servicing of trolley beds has been in use for the last 11 years and this includes filing the records in the individual vehicle file on which the bed was presented. 2. A new Fleet Management software system (TRANMAN) has been introduced.. 3. Electronic Fleet system has been roled out across the Trust. 4. TRANMAN has been introduced allowing the electronic monitoring of trolley beds.	Chris Vale	10 Jan 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. Replacement of existing trolley beds with stryker trolley beds.	1. S.Melhuish 2. S.Melhuish 3. S Melhuish	1. Ongoing 2. Ongoing 3. Dec 2010	1. Asset tracking system. 2. TRANMAN 3 Centralised Servicing Plan	Minor	Unlikely	4	Risk downgrading 10/01/2011 from Sig9 to Mod6
329	There is a risk that as a result of the non-achievement of the contractual financial penalties will be levied on the Trust.	***		Finance	06-May-10	Catastrophic	Possible	15	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	11 April 2011	Catastrophic	Possible	15	1. Communications with commissioners.	1. M.Dinan	1. Ongoing.	1. Performance is tracked daily both centrally and by area. 2. Financial risks are reviewed by SMG and Trust Board.Diary meeting every Monday reporting where performance is reviewed and	Catastrophic	Unlikely	10	Communications have taken place with commissioners to identify financial offsets arising from higher than agreed levels of activity. Separate key financial risks as per LAS Financial Review top 15 risks schedule

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344	Unable to assure that the current taxi contract accommodates the guidelines for regulated activity (safeguarding)			Governance		Moderate	Almost Certain	15	1) Current contract stipulates all drivers must have CRB checks	Paul Webster	16 May 2011	Moderate	Almost Certain	15	1) Registration with the Independent safeguarding Authority needs stipulating in the contract 2) Contract monitoring	1) Paul Webster 2) Paul Webster						**RCAG 16/05/2011 suggested this risk needs to be widened to cover other subcontrator providers**
345	The Trust currently recieves a sum of £7.7m non recrring funding to maintain a CBRN (Decontamination) Response. There is a risk that the funding may not continue. The funding is used to fund 143 WTE and the hours required for annual CBRN training			Finance		Catastrophic	Possible	15	1. No agreement in place to ensure this funding to become recurrent funding.	Michael Dinan	16 May 2011	Catastrophic	Possible	15	1. Trust to attempt to gain assurances from DH that this funding will continue							
315	There is a risk of service failure during relocation to the FBC because effective arrangements for continuity have not been made between LAS and the Metropolitan Police.	***	17	Business Continuity	17-Aug-09	Catastrophic	Possible	15	1. Existing arrangements between MPS and LAS are not fit for purpose since the new MPS call management system was introduced. 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.	Richard Webber	04 Apr 2011	Catastrophic	Unlikely	10	1. 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. 2. Scoping work to be carried in terms of technology for Bow Control Room. 3. AOM workshops scheduled August 2010 to look at warm site at Bow.	1. Jason Killens 2. Jason Killens 3. Jason Killens	1. Ongoing 2. April 2012 3. TBA	1. Monthly Project Board meetings	Catastrophic	Rare	5	The Trust has been working on options for FBC with a loss of HQ given the MPS cant take our work as before. SMG have agreed in principle to make FBC a warm control room, the Trust will assign a Manager to make this a project and drive it forward in the next few weeks. PW 29/3/11 HQ Fire Debrief Action tracker approved by SMG 23/03/11. Risk will be addressed with the action tracker.
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	Moderate	Certain	15	1. Mark Whitbread is the Trust lead for the card readers project, 2. Card reading and transmission is performed by team leaders. Mark Whitbread stated that operational pressures, and therefore the availability of team leaders, may have an adverse affect on the number of cards read. 3. A performance update was incorporated in an AOM briefing session held at the Millwall Conference centre in March 2009. All AOMs were in attendance.	Fionna Moore	28 March 2011	Moderate	Possible	9	1. To encourage more routine downloading of information from data cards. 2. Monthly report to AOMs on areas of weak performance. 3. Message to be given out to Team Leaders Conferences. 4. To highlight the importance of clinical incident reporting in the Team Leader Clinical Update Course.	1. M.Whitbread 2. R.Webber 3. P.Billups 4. M.Whitbread	1. complete On-going 2. On-going 3. On-going 4. March 2011	1. Monitor processes at Clinical Governance Committee	Moderate	Unlikely	6	A number of new defibs will be introduced in the next 3 months - work is underway with IM&T to develop more robust solutions to assist with the downloads

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226	There is a risk that the identified risks associated with lone working are not being uniformly mitigated as a result of inconsistent application of the Lone Worker Policy.	***	17	HR	12-Jul-06	Moderate	Certain	15	1. The Lone Worker Policy has been reviewed. 2. The Trust received positive feedback from Bentley Jennison's audit on Lone Worker Policy: - all A&E operational Staff received Personal Safety conflict management training(1 day); - all Operational staff are issued with ECA mobile phones; - the Trust has a high risk address register; - 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	Tony Crabtree	1 Apr 2011	Moderate	Possible	9	1. 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 by 30/04/2011	1. Martin Nicholas	1. Dec 2010 End April 2011	1. Incident Reporting.	Moderate	Unlikely	6	23/08/2010 - risk wording revised
200	There is a risk of loss of physical assets due to the risk of fire.	***	21	Health & Safety	01-Jan-02	Catastrophic	Possible	15	1. Fire Marshall awareness training is undertaken as a module on a 1 day Safety and Awareness Course. 2. Fire Risk Assessments are undertaken by the Estates Department. 3. Fire Fighting equipment is sited at all strategic locations. 4. Premises Inspection Procedures require all premises to be inspected on a three monthly basis.	Martin Nelhams	29 Oct 2010	Major	Unlikely	8	1. Health and Safety Co-Ordinators (Estates) are undertaking Fire Marshall Awareness Training.	1. J.Selby	1. Mar 2010 - Ongoing	1. Record of fire marshall training is kept by J Selby. 2. Update on premises inspection reported to Corporate Health	Minor	Rare	2	
282	General failure of personnel to adequately 'back-up' IT may lead to the loss of data.	***	25	Business Continuity	03-Jul-07	Major	Possible	12	1. The move of business information from hard drives to network drives should have been completed but evidence has emerged that some gaps have been identified. 2. Part of the 2010/11 audit programme will test this facility and give assurances. 3. IM&T Infrastructure Team to review and take actions as appropriate.	Paul Williams	29 March 2011	Major	Possible	12	1. Audit to be carried out on the status of the move to network drives. 2. Ensure central data servers are backed up. 3. Fundamentally review how data is stored on local drives and potentially not backed up.	TBA	TBA		Major	Unlikely	8	EPBCSG to review this risk and agree on change of ownership.
293	There is risk that that Patient Specific Protocols (PSP) and palliative care, out of hours forms, etc. may not be triggered by the call taker when the patient's address is identified during 999 call.	***	17	Clinical	18-Feb-08	Major	Possible	12	1. The Senior Clinical Adviser has lead responsibility to PSPs. 2. The Clinical Support Desk has delegated responsibility for the accuracy of PSPs but do not have access to update them. 3. Input and maintenance are performed by Management Information who have introduced a range of control measures. 4. The introduction of CAD 2010 will allow automatic flagging and for a range of status flags to be used ,	Fionna Moore	28 March 2011	Major	Possible	12	1. The Senior Clinical Adviser should liaise with Management Information for the appropriate access to be provided to Clinical Support. 2. All relevant staff should be periodically reminded of the requirement to correctly trigger PSPs. 3. The introduction of Command Point	1. D.Whitmore 2. S.Hines 3. TBA	1. complete Sept 2009 2. Ongoing 3. June 2011	1. Incident reporting. 2. Complaints monitoring.	Major	Unlikely	8	Further advice issued to Control staff to ensure that locality information is checked and passed on to crew staff.
294	The Trust is unable to guarantee to provide a paramedic to attend every incident where one was requested.	***	17	Operational	18/02/2008	Major	Possible	12	1. Skill levels of staff have been identified so EOC can task appropriately skilled staff to these calls. 2. The General Broadcast system will be used to identify an available paramedic.	Richard Webber	04 Apr 2011	Major	Possible	12	1. Increase the number of paramedics employed by the Service. 2. Completion of paramedic education, arising form the recruitment campaign. 3. Report to SHA/LAS in terms of recruitment position	1. C.Hitchen 2. C.Hitchen 3. A.Bell	1. On-going 2. 2012 3. Ongoing	1. Monitoring the numbers of paramedics. 2. Monitoring of individual training.	Minor	Unlikely	8	We have more paramedics now than we ever have and have recruited c700 in the last 18 months to the student programme. We target paramedics to specific types of calls where there is a known and immediate benefit to the patient (MPDS card 9, 12 and 24) or where SUI investigations have told
296	Exposure of staff to carbon monoxide fumes whilst in incident premises.	***	17	Clinical	21-May-08	Major	Possible	12	1. A steering group to manage this risk has been formed with Jason Killens to act as chair. 2. The recommendations made within a report prepared by a member of staff from the HART team have been considered viable in some cases. The group will further scope the recommendations and where necessary and appropriate will drive their implementation.	Jason Killens	Jan 2011	Major	Possible	12	1. Steering group to develop management and monitoring procedure. To be managed through EP and BC steering group. 2. Action plan to be put in place following re-run of pilot in Dec 2010 with more strict controls around feedback and assessment of equipment.	1.J.Killens 2. J.Killens	1. Mar 2011 2. April 2011	1. Incident reporting.	Major	Unlikely	8	
306	There is a risk that failure to undertake Vehicle Daily Inspections before driving vehicles in relation to roadworthiness checks, as required by Road Traffic Act, may result in adverse traffic incidents.	***	20	Logistics	21-Oct-08	Major	Possible	12	1. Staff required to complete roadworthiness checks on form LA1. 2. Percentage of LA1 forms audited by Team Leaders for compliance	Chris Vale	Oct 2010	Major	Possible	12	1. A range of new policies have been produced which cover this issue and are currently with staff side for consultation. They will be discussed at the Operational Partnership Forum in November. They will be taken to ADG and SMG in December 2010 or January 2011 for publication in January 2011.	1. J. Killens	1. Jan 2011		Major	Unlikely	8	Get update from Jason Killens.

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330	There is a risk that the Trust may not have sufficient succession planning procedures in place to cover the anticipated loss of a significant number of Senior Operational Managers after the completion of the 2012	***		HR	06-May-10	Major	Possible	12	TBC	Caron Hitchen	04 Jan 2011	Major	Possible	12	1. This will form part of future workforce planning exercise associated with the integrated business plan and the cost improvement programme. Future workforce plans are not considered to be at risk from	1. C. Hitchen	TBC		Minor	Likely	8	Very Senior succession planning has been undertaken throught the SHA Talent Management process.
336	There is a risk that the Trust may breach the terms of its Care Quality Commission registration during the year, in the event of a detailed inspection, audit, SUI or system failure.	***	12	Governance	23-Aug-10	Major	Possible	12	1. Unconditional registration awarded - April 2010. 2. Ongoing monitoring of compliance through RCAG, CQSE and the Quality Committee. 3. Performance Accelerator 4. Monthly reviw of the Quality Risk Profile	Sandra Adams	20 Jan 2011	Major	Possible	12	1. Mapping of CQC regulations onto Performance Accelerator is underway 2. Reviewing outcomes for each requirement with the leads and mapping evidence to complete the provider compliance assessment tool	1. J.Dhaliwal 2. J.Dhaliwal 3. J.Dhaliwal 4. J.Dhaliwal	1. - 3. Oct 2010 - Complete 4. Jan 2011	Outcome of review process and self assessment. Reports to RCAG, Quality	Major	Unlikely	8	
152	There is a risk of new or unforseen cost pressures.	***	19	Finance	06-Jan-04	Major	Possible	12	1. Monthly Finance Review includes detailed forecast. 2. SMG/Trust Board review report monthly.	Michael Dinan	16 May 2011	Major	Possible	12	1. Further cost savings to be found or additional funding to be sought. 2. Continued colaboration with wider health care services.	1. M.Dinan	1. Ongoing	1. Monitored at SMG and Trust Board	Moderate	Unlikely	6	
309	Risk of fraudulent activity from staff, patients and contractors.	***	19	Finance	16-Feb-09	Major	Possible	12	1. An annual Counter Fraud work-plan is agreed with the Director of Finance and is approved by the Audit Committee. The work-plan ensures that time is allocated to the Local Counter Fraud Specialist to undertake work in the areas of the Counter Fraud Strategy, inclusive of Creating an Anti-Fraud Culture; Deterring Fraud; - Preventing Fraud; Detecting Fraud, - Investigating any allegations of fraud that are received against the Trust; - Applying Sanctions that can involve disciplinary, civil and/or criminal hearings; - Seeking redress - seeking to recoup money that has been obtained from the Trust by fraudulent means.	Michael Dinan	15 Nov 2010	Moderate	Possible	12	1. Promoting an anti-fraud culture amongst Trust staff by giving presentations, distributing Counter Fraud literature, holding fraud awareness events. 2. Creating deterrence by promoting successfully locally and nationally investigated fraud cases. 3. Preventing fraud by reviewing Trust policies and procedures. 4. Detecting fraud by undertaking Local Proactive Exercises into areas of concern. 5. Undertaking of a Fraud Risk Assessment.	1-5. N.Foad	As scheduled in the Local Counter Fraud Specialist Annual Work Plan for 2009 / 2010	1. Reported incidents.	Moderate	Unlikely	6	23/08/2010 (RCAG) - risk to be reworded for next RCAG 22/11/2010 (RSM Tenon would be providing the top ten risks from other ambulance trusts relating to fraud which NF would bring to RCAG to consider) We are still waiting for RSM Tenon to provide a draft risk assessment for us to use.
338	Staff working on cars (FRUs and CAUs) are at risk of accident due to the need to read and manually action the MDT whilst driving at speed through traffic.				11-Jan-11	Major	Possible	12	Staff are advised that driving safely is a priority over referring to the MDT.	Richard Webber	24 Mar 2011	Major	Unlikely	12	Work needs to be progressed in implementing the "speaking MDT" providing hands free functionality. This work is being developed but an implementation plan needs to be agreed and actioned.	Peter Suter			Major	Rare	4	
63	The risk of incurring liability through the re-use of "single use" equipment.	***	6	Infection Control	14-Nov-02	Major	Possible	12	1. Make Ready has improved the controls over single use equipment. 2. The infection Control Policy covers "single use" equipment. 3. Staff awareness has been increased by the use of Training Bulletins, RIB, posters etc. 4. "Single use" items are in place. Risk of re-use rather than disposal is unlikely.	Steve Lennox	15 June 2011	Major	Possible	12	1. 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	1. Incident reporting. 2. Complaints/ claims monitoring.	Moderate	Rare	3	
339	The potential lack of technician drug packs for use by operational staff causes a risk to providing clinical care for patients. Bags are not always available for use by staff at commencement of shift. This may lead to vehicles being deficient of drugs for all or part of a shift.				11-Jan-11	Moderate	Likely	12		Chris Vale	11 Jan 2011	Moderate	Likely	12	There have been recent improvements in the provision of packs through the issue of additional bags and the launch of the manager's drug packs.							2011-01-11 New risk approved at RCAG - risk owner needs to review existing controls, actions, completion date, assurances and target rating

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272	There is a risk that the LAS may not achieve the full CIP	***	19	Finance	03-Jul-07	Major	Possible	12	1. CIP has been agreed with SMG/ Trust Board. 2. Monthly monitoring via Performance Accelerator. 3. 37 CIP related projects are integrated with the standard programme management arrangements through the Integrated Business Plan.	Michael Dinan	11 April 2011	Moderate	Possible	9	1. Identify further savings.	1. M.Dinan	1. TBA	CIP reported monthly to SMG and the Trust Board. Action is taken accordingly.	Moderate	Possible	9	RCAG 10.01.11 suggested that this risk is merged with 150. Review wording, ratings, actions and controls. MD reviewed 11.04.11
165	Delivery of sub-optimal care for patients with age-related needs and failure to meet NSF milestones.	***	17	Clinical	04-Jan-05	Major	Possible	12	1. Action Plan (section 5 - Older People's Strategy) is in place through which the delivery of "sub optimal care for patients with age-related illnesses" is being addressed. 2. Older People's Strategy has been updated. 3. Referral Pathways Project in progress and is now part of the Healthcare for London workstream.	Lizzy Bovill	28 March 2011	Moderate	Possible	9	1. Development of referral pathways as our partnership work with commissioners. 2. Training for front-line staff on use of referral pathways (as part of 1.), is being developed. 3. Training for front line staff on use of referral pathways is being rolled out with	1. Lizzy Bovill 2. Emma Williams 3. Emma Williams	1. Apr 2011 2. Apr 2011 3. Apr 2011	1. Annual report to the CQSE.	Moderate	Unlikely	6	Risk to be re-worded and proposed to RCAG on 11/04/2011
179	Failure to meet responsibilities under all current legislation, including Race Relations Act, Disability Discrimination Act and Equality Act 2006.	***	16	HR	09-Feb-06	Moderate	Likely	12	1. The annual equality report for 2009/10 was approved by SMG and the Trust Board in May 2010. 2. The new Equality & Inclusion Strategy (2010-13) was approved by the Equality & Inclusion Steering Group, SMG and the Trust Board in May. This strategy supersedes the previous Race, Disability and Gender Equality Schemes and ensures the Trust's ongoing compliance with equalities legislation, including the Equality Act 2010. An update report on the Trust's progress against the new Equality & Inclusion Action Strategy Action Plan was approved by SMG in September 2010. 3. A new Equality & Inclusion Training Programme has been approved and will be commissioned following agreement of funding. 4. The new Equality Impact Assessment Proforma and guidance have been agreed, updated in accordance with the Equality Act 2010 and published on the Pulse and Trust website. Training on how to carry out equality impact assessments is being arranged. 4. A Staff Data Refresh exercise this year will enable the Trust to better profile its workforce and evaluate access to training and employment opportunities. 5. A new LGB Staff Forum and Disabled Staff/Carers Forum have been started and plans are underway to provide developmental days for a new BME Staff Diversity Forums and a Belief forum, with an option for staff to declare interest in taking part in any other appropriate Staff Diversity Forums. 6. The new Equality & Inclusion Steering Group, comprising all relevant Directors and Heads of Service as well as Staff Side Partners and representation from staff side and the Patients' Forum/LINCs has been	Caron Hitchen	2 November 2010	Moderate	Possible	9	1. Actions in the new Equality & Inclusion Strategy Action Plan for the rest of 2010-11 and 2011-13 to be implemented 2. All .Equality Impact Assessments contained in the new three-year Equality Impact Assessment Schedule (published as an appendix to the new Equality & Inclusion Strategy 2010-13) and must continue to be carried out to timescales and published on the Trust website. 3. New Equality & Inclusion Training to be commissioned and implemented. 4. Feedback from Stonewall, on the Trust's performance against the Stonewall Workplace Equality Index to be evaluated and incorporated in 2011 submission. 5. Developmental days to be held for the new Beliefand BME forums in December and March. Terms of reference and work programmes for the LGB and Disabled Staff/Carers' Forums to be agreed by Equality & Inclusion Steering Group. 6. Staff Data Refresh exercise to be carried out and publicized to staff.	1. J.Markey 2. All Directors and Heads of Service 3. J.Markey 4. J.Markey 5. J. Markey	1. March 2013 2. Timescales laid out in Equality Impact Assessment Schedule 3. Feb 2011 4. Feb 2011 5. March 2011 6. Dec 2010		Moderate	Unlikely	6	The Equality Act 2010, superseding all previous equalities legislation, was implemented on October 1 2010. The Government is currently consulting on the Public Sector Equality Duty, expected to be implemented from April 1 2011.
217	There is a risk that the Trust may not be able to contact a resource in a "Black Spot" area.	***	22	Operational	12-Jul-06	Moderate	Likely	12	1. Airwaves currently supplied to operational managers. Roll out for all other operational staff is ongoing.	Richard Webber	16 May 2011	Moderate	Possible	9	1. Introduce airwave radios across the Trust 2. Surveys now being carried out for remedial action, the only black spots that have been identified are for texting.	1. J.Hopson /P.Sykes 2. J.Hopson /P.Sykes	1. complete 2. February 2011		Moderate	Unlikely	6	RCAG 16/05/2011 reviewed possibility of archiving this risk but concluded it needs to remain until sufficient evidence of mitigation is available - LA52's received from EBS suggest there is still a problem with receprtion in certain areas

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247	Risk of not delivering benefits of the programme through non-delivery of project outcomes (to time cost and/or quality).	***	19	Corporate	25-Jul-06	Moderate	Likely	12	1. Senior Managers have been trained through MSP and PRINCE2 courses and programme and project management methodologies are being used to deliver project outputs and realise programme benefits. 3. Progress reports made to programme boards and SSG monthly, Trust Board bi-monthly 4. Each Programme maintains a risk and issues log and any new and appropriately graded risks are added to the corporate ris register.	Sandra Adams	20 Jan 2011	Moderate	Unlikely	9	Closure reports on the SIP to the Trust Board in May 2011 Governance arrangements to be established for the IBP Delivery Programme commencing 1st April 2011.	1. M.Brand	1. March 2013	1. Progress reports to programme boards and to the SMG, SSG and the Trust Board.	Moderate	Unlikely	6	The Trust Board has agreed to the closure of the SIP on 31st March 2011 and the establishment of the IBP delivery programme from 1st April. The IBP is the new strategic document for the LAS 2010 - 2015.
252	There is a risk that not updating Clinical Assessment skills and providing support when returning to work after extended periods away will affect patient care.	***	11	HR	25-Jul-06	Moderate	Likely	12	1. The Education and Development Department perform assessments for all staff referred to them.. 2. The guidance on "return to practice" was issued in 2008 to promote a consistent approach to supporting staff back to work after a lengthy absence, with an individual assessment of need. Implementation was due to be audited after 12 months to check that all returning staff who have been away for 12 months or more have had a return to work assessment of need and this has been implemented. 3. The clinical support interview is separate from general and welfare interview on return to work. Whilst staff are away from work they are offered and sent information to keep them up to date.	Caron Hitchen	04 Jan 2011	Moderate	Possible	9	1. An audit to be taken of staff being refferred to the department to ensure that all refferred staff recive appropriate levels of clinical support. Audit scheduled for September 2010. Clinical skills are assessed when staff return to work following prolonged basence. Clinical update in individual to needs identified. This risk should now be removed.	1. Keith Miller	1. Sept 2010	1. Monitoring of Clinical Incident Reports.	Moderate	Unlikely	6	A review has taken place in October 2010 which has shown that all staff who had been refferred to the department have recived an appropriate level of clinical update which is commensurate with the organisations return to practice policy. This risk has been demonstarted to no longer exist and should therefore be...
308	There is a risk that LAS staff may suffer emotional or physical injury as a result of being subject to physical or verbal assult, and this may adversely affect the delivery of the service that the LAS provides and/or the reputation of the LAS.	***	4	Health & Safety	01-Apr-11	Moderate	Likely	12	1. The interim Local Security Management Specialist (LSMS) has developed a draft Trust Security Management Plan in accordance with Counter Fraud and Security Management guidance.	Tony Crabtree	22 Nov 2010	Moderate	Possible	9	1) Submit and approve Trust 2010/11 Security Management plan to CFMS prior to implementation. This is a yearly requirement and will be an ongoing annual event 2.The delivery of Conflict Management training to be undertaken in-house.	Martin Nicholas	1. Complete 2. ongoing	1. Monitoring of Incident Reports.	Moderate	Unlikely	6	
186	There is a risk that the inconsistent management of Medical Devices may lead to a higher rate of failure, which would in turn have an adverse effect on the provision of clinical care.	***	24	Logistics	10-Feb-04	Major	Possible	12	1.Servicing schedules for medical devices are agreed with suppliers and carried out within the specified timescale. 2.Supplier records are made available to the Logistics Department. 3.There is also a system of record cards for all medical equipment held within the Logistics Department. 4. Policy of management of medical devices agreed by VEWG on 30/7/10.	Chris Vale	30 March 2011	Moderate	Possible	9	1. Analysis of LA52s for any training issues. 2. Management of Medical Devices Policy being submitted to the ADO Group and ADG for approval.	1. J.Selby 2. C.Vale	1. Ongoing 2. Dec 2010	1. Monitoring of service records for medical devices.	Minor	Unlikely	4	CV 23/03.11 Policy is still in draft form and awaiting final approval.
164	Policies and Procedures not adhered to due to lack of staff awareness and robust implementation plans.	***		Corporate	04-Jan-05	Moderate	Likely	12	NHSLA level one achieved in October 2010 Ongoing review of policies and procedures linked to NHSLA	Sandra Adams	20 Jan 2011	Moderate	Possible	9	To consider the use of the PA module for monitoring policies and procedures with timely reminders of review dates	1. S. Moore	1. Complete	NHSLA level 1 Review of incidents and comlaints to ascertain any breach of policy	Moderate	Rare	3	January 2010 - Compliance with the policy has still to be monitored.
222	The lack of frontline management at weekends may reduce the level of support/advice available to staff, and could result in a SUI.	***	1	Operational	13-Jun-06	Major	Possible	12	1. DSO annual leave is restricted to ensure 5 are always available pan-London. 2. Team Leaders are also available to respond to incidents in support of crew members. 3. This risk is reduced by safety training for crew staff and the advice to await the arrival of police in high risk situations. 4. A requirement for on duty Silver officer to respond where appropriate. 5. General broadcast to other vehicles where requirement for a manager is due to crew safety. 6. Clinical Support Desk is now in place and provides a route for staff to gain support and advice on a range of matters	Richard Webber	04 Apr 2011	Major	Unlikely	8	1. Agree new leave rules for DSOs. 2. Maintain full DSO establishment by topping up ADSO pool every 6 months. 3. A review of DSO rostering arrangements, to make cover more robust within the NWoW process 4. Complex Management Review - consultations	1. P.Woodrow 2. M.McTigue 3. J.Hopson 4. J.Killens	1. Ongoing 2. Ongoing 3. May 2010 4. July 2011	1. Analysis of incident reporting	Moderate	Unlikely	6	We are robustly working on leave arrangements, although with reduced overtime for managers and holding vacancies in management posts to support the CIP we will have some shortages. The work on the management restructure and super stations will enable us to strengthen out of hours management cover whilst reducing the overall management costs envelope.

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317	There is a risk that the Trust may not achieve its Category A target in the current financial year.	***	17	Operational	17-Aug-09	Major	Possible	12	1. The Trust has a comprehensive recovery plan in place. 2. The recruitment of c400 additional staff during 2009/10 is on track and has the aim of reducing utilisation and increasing performance. 3. Demand assumptions have already been breached this year and therefore a Demand Management Group has been set up.	Richard Webber	16 May 2011	Major	Unlikely	8	1. Deliver against all recovery plan actions. 2. Deliver against Operational Model 2009/10 aims and objectives (the projects). 3. Roster changes are being made to meet increased demand.	1. J.Killens 2. J.Killens 3. J.Killens	1. March 2011 2. Dec 2010 3. TBA	1. The Business Continuity (BC) Plan has been tested and is fit for purpose. 2. A BC and Emergency Preparedness Steering Group has been set up which will continue to test the BC plans.	Major	Rare	4	**RCAG 16/05/2011 risk to be re-graded in July 2011 following implementation of commandpoint.** The Trust achieved above the National Key Standard of responding to 75% of ambulance Category A Life-Threatening calls within eight minutes or less. It is proposed that the Net rating is reduced to fall inline with the Target rating of 4.
223	There is a risk, that due to operational pressures, the Trust will not be able to hold regular team meetings/briefings with frontline staff. This may have an adverse affect upon CPIs and the PDR process.	***	11	Operational	12-Jun-06	Moderate	Likely	12	1. NWoW is now in place at two complexes and incorporates a more robust rota allowing time for meetings. 2. PDR and CPI are also now in place, although these may be sidelined due to operational pressures.	Richard Webber	29 Mar 2011	Moderate	Unlikely	6	1. New rostering arrangements under NWOW will allow time for meetings.	1. J.Killens	1. May 2010		Minor	Unlikely	4	28/03/20111: On the 12th January 2011 the Clinical Response Model (CRM) which forms an integral part of the NWoW project has suspended both Barnehurst and Greenwich has returned back to the traditional dispatch regime. The Trust will continue to robustly provide all staff with PDR's and for team
208	Risk of staff not knowing their accountabilities for internal control and the principles of the Code of Conduct.	***	7	Governance	11-Apr-06	Moderate	Likely	12	1. The Code of Conduct is included in the Non-Executive and Executive Directors induction. 2. Standing Orders revised and reviewed by Trust Board in March 2010 3. Annual review of effectiveness to Board 4. Annual appraisal of NEDs and EDs 5. Governance Structure	Sandra Adams	20 Jan 2011	Moderate	Unlikely	6	1. Annual review for 2009/10 2. Preparation for Board to Board 3. Review Governance Structure	1. S.Adams 2. S.Adams 3. S.Adams	1. Sept 2010 2. Dec 2010 3. April 2011		Moderate	Rare	3	
181	There is a risk of injury to staff from slips, trips and falls on LAS premises during the course of their duties.	***	21	Health & Safety	09-Feb-03	Moderate	Likely	12	1. Premises inspections are undertaken every three months and are reviewed at meetings of the Corporate Health and Safety Group. 2. The one day Health & Safety Awareness course now covers premises inspections. 3. Slips, Trips and Falls Policy approved by CQSE June 2010	Tony Crabtree	1 Apr 2011	Minor	Unlikely	4	1. Revised policy issued October 2010. 2. Training requirements are defined within the training Needs Analysis. Compliance in terms of conetnt of training for different staff groups through corporat ean dlocal induction and through "all in one" for non-clinical staff should be audited. 3. review H&S Premises inspection reports 4 Local risk assessment responsibility is being rolled out that will enhance the existing quartely premises inspection. 5 All senior and line managers attend madatory H&Safety awareness training.	Keith Miller/Carole Livett John Selby	1. June 2010. 2. on-going - quarterly 3. May 2011 4.TBA 5.On- going	1. Health and Safety Inspection Reports.	Minor	Unlikely	4	
184	There is a risk of failure to meet Fleet Support requirements to Service vehicles without putting staff at additional risk of injury by the working of excess overtime.	***	20	Logistics	10-Feb-06	Major	Possible	12	1. Additional RAC assistance being used at weekends to reduce the number of vehicles off the road.. 2.Agreement to proceed with a large workshop in West of London and then to further review the configuration. New job description under discussion with Fleet Staff Side. Ongoing recruitment campaign in place for vehicle technicians.	Chris Vale	10 Jan 2011	Minor	Unlikely	4	1. To agree and implement appropriate fleet support levels 2. 7 day rotas are being considered by the Trust Staff Side. 3 7 day rota's in place at 10 Workshops - others close to agreement 4 West Workshop site to be agreed at Project Board on 18th August 2010	1. S.Melhuish 2. S.Melhuish 3. S Melhuish 4. C Vale	1. Ongoing 2. ongoing 3. Ongoing - Oct 2010 4. Sept 2010		Minor	Unlikely	4	Risk downgrading 10/01/2011 from Sig8 to Mod4
213	There is a risk of loss of computer data / information caused by unannounced or pre-warned electrical power cut.	***	21	Finance	16-May-06	Moderate	Likely	12	1. New UPS has been installed at LAS HQ and provides more resilience. Harmonics compensator also fitted which has produced more linear load. 2. The essential supply for Control Services is now backed up by the UPS and generator but remainder of HQ would lose power if a power outage.	Martin Nelhams	29 March 2011	Moderate	Rare	3	1. Ongoing monitoring via Estates quarterly reports	1. M.Nelhams	1. Ongoing	1. The generator and UPS are under the planned preventative maintenance schedule.	Moderate	Rare	3	**Risk has reached target rating but M Nelhams does not think this risk should be closed as it is a risk the Trust will always have to manage 23/3/2011.**

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335	There is a risk that service delivery will be compromised in the event of flooding.	***	17	Business Continuity	16-Feb-09	Catestrophic	Unlikely	10	1) London Strategic Flood Plan. 2) Environment Agency Flood Plan - Signed up to the Environment Agency early warning system. 3) RIB and exceptional bulletins to alert staff to dangers of entering floodwaters. 4) PPS -25 Development and Flood Risk (Government guidance on planning new development and making current buildings more flood resilient). 5) LAS Business Continuity Plans - individual stations have business continuity plans. 6) Mutual aid agreements with other service partners. 7) EA mapping. 8) BC Coordinator now in place in EPD.	Paul Williams	29 March 2011	Catastrophic	Unlikely	10	1. LAS flood plan being written (inlc. Severe weather plan) 2. Station Business Continuity Plans to include flooding contingencies. 3. Staff training to include Water Awareness not planned at present. HART Staff will all (x88) be trained by September 2011. 6 staff currently trained in inland water operations. 4. Post Pitt report guidance due in Autumn. 5. Kevin Brown updating station BC plans to include severe weather (including flooding).	TBA	TBA		Catastrophic	Rare	5	BC Coordinator now in place in EPD. Kevin Brown updating station BC Plans to include severe weather (including flooding) Water awareness Training not planned at present
342	There is a risk that a reconfiguration of the dispatch or call taking functions of the Emergency Operations Centre (EOC) (for instance to accommodate the disestablishment of the Fast Response Unit (FRU) Desk and Urgent Operations Centre (UOC) is not controlled by the Operations Change Management Group, resulting in a delay to the date of Go Live , causing a cost and a time overrun.			IM&T	11-Jan-11	Catestrophic	Unlikely	10	1) Ensure that Operations are aware of required timescales 2) Add as external dependency on CommandPoint Stage 6 Plan 3) Monitor progress of reconfiguration activities	Fiona Carleton	11 Jan 2011	Catestrophic	Unlikely	10	1) Monitor progress of reconfiguration activities	1) Steven Kime	1) May 2011	CommandPoint project will provide the following assurances on the risk: 1) CommandPoint Project Board monthly reviews 2) Risk Manager weekly reports 3) Risk manager and risk owner	Minor	Unlikely	6	**2011-01-11 New risk approved at RCAG however it needs to be reworded to consisely capture the risk, also the orginal risk ratings (5,4 - high) need to be reviewed as RCAG feels its too high** **minutes: Peter Suter** ~~explained that working~~
303	There is a risk of unavailability of critical patient care equipment on vehicles.	***	24	Logistics	21-Oct-08	Moderate	Possible	9	1. Equipment amnesty - audits carried out, about 20 vehicles were unequipped, all the rest were fully equipped, and this will be resolved via purchasing of additional equipment. 2. Daily assessment of vehicle equipment by make-ready, and follow-up to locate spare eqiupment 3. 74 sets of new equipment have also been issued in the last year, with new Mercedes Ambulances	Chris Vale	13 Dec 2010	Moderate	Possible	12	1. Purchase of 165 new vehicles and equipment will mitigate against this risk.	1. C.Vale	1. Nov 2010		Minor	Unlikely	4	This is part of the VDI policy being written. Update from Jason Killens. CV 21/03/11 Trial due to start in March 2011.
271	All staff may not be in possession of a valid driving licence for the category of vehicle they are required to drive.	***	17	Operational	14-Mar-07	Moderate	Possible	9	1. All staff have their driving license checked upon recruitment. 2. Anyone with more than 3 points will not be appointed. 3. Driving licence checks should be undertaken for all service drivers on a 6-monthly basis (TP023a/TP065). 4. All staff claiming mileage must declare whether they have a valid driving licence.	Michael Dinan	16 May 2011	Moderate	Possible	9	TBA The Motor Risk Group has a separate Risk Register, which has rated this risk differently from the rating in the Corporate Risk Register. The risk rating needs to match the one set by the Motor Risk Group. The Trust is working inconjuction with staff side viewing options on how best to robustly manage driving licence checks. The Trust is exploring an automated system to check licences directly with the DVLA.	J. Killens / G.Hughes	TBA (following review)	Internal Audit	Moderate	Unlikely	6	
331	There is a risk that the Trust will not achieve the target of reducing its carbon footprint by 10% by 2015 (based on 2007 carbon footprint)	***		HR	06-May-10	Moderate	Possible	9	1 Salix match funding agreement, which has funded a number of works that will reduce energy usage, thereby carbon footprint. 2. Replacement of LDVs in fleet. The replacement Mercade4s vehicle is more fuel efficient and its bodywork is mostly recyclable. 3. in addition there is a regular progress report to SMG/Trust Board on the implementation of the carbon reduction management action plan. 4. Draft KPIs relating to reducing Trust carbon footprint	Martyn Salter	19 Jan 2011	Moderate	Possible	9	1. Management action plan which will be overseen by Carbon Reduction Working Group reporting to SMG. 2. KPIs to be identified and agreed by CRWG/SMG to monitor progress. Work had been completed to ascertain data (2007) to set SMART targets and measure progress. 3. Pilot projects to be undertaken in the buildings that have half hour meters measuring electricity usage.	1.M.Salter 2.M.Salter 3.M. Salter 4.M.Salter 5.M.Salter	1. 2015 2. 31/03/11 3. Jan/Feb 2011 4. Dec 2011 5. Feb 2011	Regular reports to SMG	Moderate	Unlikely	6	There is a possibility that the workload of members of the CRWG will mean the implementation of the management action plan receives less support

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46	There is a risk of infection to staff due to sharps injury.	***	6	Infection Control	14-Nov-02	Moderate	Possible	9	1. Introduced the Safety Canulae trial in early 2009. Results to be monitored via Infection Control Steering Group. 2. In 2008 the overall number of LA52 reported needle stick incidents for Q3 (1st July - 30th Sept) was 9 near misses and 3 actual. This represents a reduction of reported incidents from Q2 of 12 actuals and 2 near misses. The new cannulae are now in use which should hopefully reduce the number of injuries. 3. H&S bulletin related to 'Disposal of Sharps' was issued in 2007/08. 4. This is part of the infection prevention and control action plan.	Trevor Hubbard	15 June 2011	Moderate	Possible	9	1. Minimise the risk of sharps injury: a) Participate in national ambulance audit 2011. b) Undertake a programme of staff awareness (and to incorporate new guidance from POSSH conference)	1a.T.Hubbard 1b T.Hubbard	1a 2011/112 1b Sep 11	1. Health and Safety Audits. 2. Clinical Quality Safety and Effectiveness Committee. 3. Incident reporting. 4. ICSG quarterly review 5. SUI of high risks cases.	Minor	Unlikely	4	**Status update May 2011** 1a Meeting with UKAP end of May 2011 1b Awaiting draft action plan from POSSH converence. This has also been added to the balance scorecard.
199	Risk to staff safety / vandalism/theft due to inability to adequately secure premises.	***	21	Finance	01-Jan-03	Moderate	Possible	9	1. Operational managers in conjunction with H&S representatives carry out quarterly health and safety premises inspections. If there is a perceived security issue it will be reported to Estates who will investigate and take appropriate action. Bulletin reminding staff to secure premises when leaving unattended. Periodic change simplex lock combination.	Michael Dinan	29 March 2011	Moderate	Unlikely	6	1. Ensure Quarterly H&S Premises Inspection is undertaken. 2. A Security Management Policy will be developed in the next three months.	1. M.Nelhams 2. M. Nicolas / Chris Vale / John Selby	1. Ongoing 2. 31 May 2011		Moderate	Unlikely	6	Suggest change of wording. Are there two risks here one for stations and one for annexes.
255	There is a risk of challenges with EU Procurement legislation.	***	19	Finance	25-Jul-06	Moderate	Possible	9	1. e-Procurement is in place for both the Supplies and the Estates Departments. 2. Training is provided to all new users. 3. Ordering for the fleet is still performed on a manual basis. 4. Current procurement strategy involving category management and spend analysis to ensure non compliant procurement is addressed. 5. Finance training provided for non finance managers. 6. Procurement have adopted Bravosolution e-tendering portal to ensure contract opportunities are advertised appropriately.	Michael Dinan	11 April 2010	Moderate	Unlikely	6	1. Working with Communication Department to Improve the procurement information on PULSE/LAS website	1. P.Candler	1. October 2010	1. Jan 2011	Moderate	Unlikely	6	P Candler/R Deakins to provide revised wording and propose change in scoring
328	There is a risk that paramedics are not trained in the use of aseptic no touch technique (ANTT).	***	6	Infection Control	17-May-10	Moderate	Possible	9	1. All Team Leaders have received ANTT training. 2. The principles of ANTT are now included in paramedic courses. 3. Training for all clinical staff for ANTT has now been completed.	Trevor Hubbard	15 June 2011	Minor	Possible	6	1. To be fully compliant with CQC expectations and all staff to have up to date infection control training: a) Ensure all staff receive all in one training or alternative form of update (core skills refresher and induction training) b) Monitor and implement hand hygiene training. c) Need to capture the training of contracted staff on the scorecard.	1a Carmel Dodson-Brown / Ian Bullamore 1b Steve Lennox 1c Gill Heuchen	1a March11 1b March 11 1c March 11 1c June 11		Minor	Unlikely	4	Status update May 2011 There was an over provision of training last year and all clinical staf have been trained in ANTT. Consider closing this risk on the risk register. Need to have a separate discussion regarding training with central infection control team. Hand Hygiene training about to commence. All in one training and induction training and Core Skills Refresher training available.
275	Loss of access to the Deptford Logistics Store may result in drug supplies being disturbed.	***	24	Business Continuity	03-Jul-07	Moderate	Possible	9	1. The Trust has arrangements for Frimley Park Hospital NHS Trust to supply drugs on a 24 hour basis if required but no formal arrangement is in place. 2. As there is no formal arrangement with Frimley Park no business continuity plan is in place for the supply of drugs. 3. London hospitals could supply drugs in an emergency.	Paul Williams	29 March 2011	Moderate	Unlikely	6	1. Supplies and Logistics to explore the need for a formal arrangement with Frimley Park by way of a service level agreement.	1. G.Davidson/ Chris Vale	1. Oct 2010 2. Oct 2010 3. Oct 2010		Moderate	Rare	3	PW 29/3/11 This risk should remain as is due to an SLA not being set up with Frimley Park as this would entail a tendering process.

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278	Staff are not trained in Business Continuity and are unaware of their responsibilities and/or their departmental arrangements in the event that the Business Continuity Plan is invoked.	***	17	Business Continuity	03-Jul-07	Moderate	Possible	9	1. Tabletop testing programme of departmental plans is ongoing and has so far included IM&T, Communications, Estates, Logistics, Finance, Purchasing and HR (Safety & Risk and Staff Support). 2. Business Continuity is now covered in the Corporate Induction Programme and the 3 year all in one refresher for support staff.	Paul Williams	29 March 2011	Moderate	Unlikely	6	1. Training and awareness plan to be produced. 2. Tabletop testing of departmental plans to be scheduled, when new plan complete. 3. Gold and Silver training included in training scheduled under development. 4. A handover meeting is scheduled for 21st September 2010 where future plans will be set out following the appointment of the Business Continuity/Flu Co-ordinator.	1. John Pooley 2. John Pooley 3. John Pooley 4. John Pooley	1. Ongoing 2. Ongoing 3. Ongoing 4. Complete		Moderate	Rare	3	1. Gold and silver training is subject to operational pressures. 2. PTS table-top testing to be performed in January 2010. 3. BCP only covers critical and vital support services. These actions will be reviewed by the Emergency Preparedness and Business Continuity Strategy Group on the 7th December.
284	Critical supplier failure due to bankruptcy, pandemic, industrial unrest etc. resulting in failure to provide vital services to LAS .	***	17	Business Continuity	03-Jul-07	Moderate	Possible	9	1. Stephen Moore and Paul Candler have met to discuss high risk areas and a revised supplier risk assessment has been produced. There is now an annual review of the Trust's main suppliers. 2. Purchasing have copies of business continuity statements from a number of suppliers 3. Paul Candler has written to the OGC to ascertain the checks they undertake when they tender as LAS uses a number of suppliers on the OGC list.	Paul Williams	29 March 2011	Moderate	Unlikely	6	1. To identify contingency plans for each contract, including alternative suppliers. The supplier is to provide an outline Contingency Plan with the tender response and shall be required to draw up a full contingency plan in conjunction with the LAS Authorised Officer prior to the commencement of the Contract. The Contingency Plan is to show how the Supplier proposes to allow for the continuance or earliest resumption of Services in the event of an emergency or	1. P.Candler 2. P.Candler	1. Complete 2.Complete		Moderate	Rare	3	These actions will be reviewed by the Emergency Preparedness and Business Continuity Strategy Group on the 7th December.
182	Not being able to escape from an LAS building in the case of fire or other emergencies.	***	21	Health & Safety	09-Feb-04	Moderate	Possible	9	1. Procedures are found on Pulse under Fire and Bomb Evacuation Procedure. 2. 'Statement of Fire Safety' is produced annually and is returned to NHS Estates. 3. Risk Action Plans have been produced from the Fire Risk Assessments. 4. Local Fire Marshals have been nominated. 5. Fire evacuation drills are undertaken twice yearly. 6. Fire alarm testing carried out on a weekly basis.	Martin Nelhams	29 Sept 2010	Minor	Unlikely	4	1. Health and Safety Co-Ordinators (Estates) are undertaking Fire Marshall Awareness Training.	1. J.Selby	1. Mar 2010 - Ongoing		Minor	Rare	2	
332	There is a risk that Trust and National infection control procedures may be compromised as ambulance mattress covers are not routinely changed after each patient.	***		Infection Control	Mar-10	Minor	Likely	8	1. The matress is disinfected between each patient.	Chris Vale	15 June 2011	Minor	Likely	8	1. Identify - procure suitable disposable mattress covers; finalise assessment and make recommendation. 2. Improve returns from laundry of sheets and covers; agree process for returning sheets with the provider. 3. Eliminate soft repairs being undertaken with tape: a) Establish the incidence of repairs being undertaken to soft furnishings with tape. b) Instruct workshops to ensure spare mattresses are available to swap.	1 Chris Vale 2. Chris Vale 3.a Chris Vale 3b Chris Vale	1. 31/05/11 2. 31/05/11 3.a 1/04/11 3b 1/04/11					Status Update May 2011 1. Chris reported that this had not be progressed due to costs. IPC Committee requested for this to be costed and presented to ADG. 2. New laundry provider identifying process to manage. This still needs management observation. improved but not able yet to close. 3a Chris reported that this had stopped but operationsl representatives stated this was not the case. Chris to continue to progress. 3b Workshops now able to swap mattresses out but tape still being used. Chris to action.

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346	The Trust is commited to having 2 full strenght HART's by April 2010. Due to recruitment difficulties, there is a risk that the West Team may not be at full strenght by that date			Finance		Major	Unlikely	8	1. Recruitment well under way with 33 out of the maximum 42 staff either in post, in training or recruited. Currently there are no national Course available for the outstanding staff not yet recruited	Michael Dinan	16 May 2011	Major	Unlikely	8	1. Continued recruitment plan							
281	HR Occupational Health has no formal fall back if contractors are unable to fulfil their contracts.	***	10	Business Continuity	03-Jul-07	Minor	Likely	8	1. Requirement identified at Staff Support Business Continuity test and to be pursued by Fatima Fernandes and Atos representative K.Woodcock.	Paul Williams	29 March 2011	Minor	Possible	6	1. Atos to provide a detailed business continuity plan.	1. F. Fernandes	1. Complete		Minor	Rare	2	1. Continuity plans have been received for Staff Support and Occupational Health. Service is to be re-tendered in 2010. PW 29/3/11 OH Services are no longer
280	There is a risk that emergency services are seriously degraded for an indeterminate period due to industrial unrest, public disorder etc. that prevents staff from working. (VAS and private ambulance companies could not be relied upon and police vehicles are no longer suitable to convey as in previous disputes).	***	17	Business Continuity	03-Jul-07	Major	Unlikely	8	1. The current decision is to develop bespoke plans in response to the prevailing circumstances at any given time. 2. A job description for the new role has been drafted and agreed and awaits AfC banding. The post, when filled, will assume responsibility for all areas of the Trust business continuity arrangements and the testing and exercising of each of the directorates plans. The post holder will develop new plans to tackle areas such as those noted in this risk.	Jason Killens	29 March 2011	Major	Rare	4	1. Business continuity is to be encompassed by the Emergency Preparedness Department during 2009/10. 2. Recruitment of Business Continuity Manager.	1. J.Killens 2. J.Killens	1.Complete 2.Complete		Major	Rare	4	BC Coordinator now in place within EPD. Bespoke plans for industrial action etc drawn up prior to known incident occuring and ammended as and when intelligence/ information is received. PW 29/3/11 Risk has reached target score and cannot be mitigated further.
304	There is a risk of non-functioning critical patient care equipment on vehicles.	***	24	Clinical	21-Oct-08	Moderate	Unlikely	6	1. Continued review of LA52 data.	Chris Vale	30 March 2011	Moderate	Unlikely	6	1. Review H&S LA52 data. 2. Purchase of new 12 lead defibrillators and shock boxes	1. D.Adams 2. C.Vale	1. Ongoing 2. Ongoing	1. Monitoring by CQSE.	Minor	Unlikely	4	CV 21/03/11 new VDI processes will require equipment checks and also Make Ready staff check equipment functionality when making vehicles ready.
341	There is a risk that the Trust will be unable to receive sufficient 'engineering information' from MDT devices, due to a delay in completing the roll out of MDT/2 to all necessary vehicles before CommandPoint Go Live, causing compromises to the capability to rectify any related faults that may occur.			IM&T	11-Jan-11	Minor	Unlikely	4	1)The Trust Board authorised a single tender Business Case in December 2010 and 570 MPC2s were ordered from Microbus, the first delivery has been receeived and further deliveries are scheduled during March, April and May. The roll out to the fleet continues and full deployment is expected by Summer 2011. 2) Conduct a business impact analysis on the CommandPoint project of not implementing the MDT2 ExpressQ software 3) Provide additional funds to procure the software and units. 4) Plan to design and test business process prior to	Peter Suter	16 May 2011	Minor	Unlikely	4	1) Upgrade the MDT1s at the same time as the implementation of MDT2s, to provide the CommandPoint project with a solution before Go Live.	1) John Downard	1) May 2011	CommandPoint project will provide the following assurances on the risk: 1) CommandPoint Project Board monthly reviews 2) Risk Manager weekly reports 3) Risk manager comment that both	Minor	Unlikely	6	**RCAG 16/05/2011 - risk reworded and re-graded.** Reduce impact to 2 (low will not stop go live), probability remains at 2. Complete the draft Assessment document (MI confirmation and Hosp Handover). Include reassurance comment that both
340	There is a risk to the CommandPoint Training schedule through travel disruption due to bad weather or industrial action by travel operatives, leading to reduced attendance or the cancellation or postponement of the training schedule.			IM&T	11-Jan-11	Moderate	Rare	3	1) Commenced investigations into considering offering the Tutors / WBT 1 the option of accommodation in London during periods of extreme weather. 2) Project Executive support requested.(From Peter Suter) 3) Project Finance approval requested (To Martyn Salter)	Peter Suter	16 May 2011	Moderate	Rare	3	1) To mitigate against the risk to training of travel disruption, consider offering the Tutors / WBT 1 the option of accommodation in London during periods of extreme weather to ensure that we are able to deliver the entire programme. 2) Investigate costs of hotels in the Waterloo/Southwark area.	1) Peter Suter 2) Keith Miller	1) Complete 2) Complete	CommandPoint project will provide the following assurances on the risk: 1) CommandPoint Project Board monthly reviews 2) Risk Manager weekly reports 3) Risk manager and risk owner regular reviews. 4) Risk manager and project manager regular reviews 5) Operational Change Management procedure and working group	Minor	Unlikely	3	**RCAG 16/05/2011 - risk re-worded and re-graded.** Training now over 60% through planned period. No travel disruption experienced. Weekend Underground upgrades have not affected the attendance. Contingency period only impacted by an additional course for non-attendance due to other factors and an additional Dispatcher refresher course.

London Ambulance Service **NHS**
NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

28TH JUNE 2011

PAPER FOR APPROVAL

Document Title:	**Terms of reference for the Nominations and Remuneration Committee**
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?	For formal approval
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 - Remuneration Committee 24th May 2011
Recommendation for the Trust Board:	To approve the terms of reference for a combined Nominations and Remuneration Committee

Executive Summary

The Code of Governance for NHS foundation trusts (Monitor, March 2010) sets out the main principle in section C.1 for appointments to the board of directors and this reflects the requirements of the 2006 Act. By bringing the nominations function formally into the governance structure we can meet the main principle that there should be 'a formal, rigorous and transparent procedure for the appointment of directors'. The attached document is based on our existing terms of reference for the Remuneration Committee which were reviewed and agreed in May 2010 and this was submitted to the Remuneration Committee on 24th May 2011 for discussion and approval.

Key issues for the Trust Board

At present there is no formal committee for the appointment and dismissal of executive directors and this was identified through the recent historical due diligence process as a requirement once the LAS is authorised as an NHS foundation trust. A recommendation was made that the terms of reference for the Remuneration Committee should be updated to reflect the nominations role and the attached document provides a draft terms of reference for a combined Nominations and Remuneration Committee.

On becoming an NHS foundation trust we would need to consider whether to have one committee responsible for the identification and nomination of executive and non-executive directors, or two. Our Governance Rationale states that we will establish a Nominations Committee for the appointment of executive directors and also a Nominations Committee for the process to appoint or remove non-executive directors. The latter would comprise two governors, two board directors and an independent assessor. The former comprises the non-executive directors, chaired by the Trust chairman or an independent director and this is reflected in the attached terms of reference.

Attachments

Draft terms of reference for the Nominations and Remuneration Committee

****

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: ☐ There is a risk that we fail to effectively fulfil care/safety responsibilities ☐ There is a risk that we cannot maintain and deliver the core service along with the performance expected ☐ There is a risk that we are unable to match financial resources with priorities ☒ There is a risk that our strategic direction and pace of innovation to achieve this are compromised
NHS Constitution This paper supports the following principles that guide the NHS: ☐ 1. The NHS provides a comprehensive service, available to all ☐ 2. Access to NHS services is based on clinical need, not an individual's ability to pay ☒ 3. The NHS aspires to the highest standards of excellence and professionalism ☐ 4. NHS services must reflect the needs and preferences of patients, their families and their carers ☐ 5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population ☒ 6. The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources. ☒ 7. The NHS is accountable to the public, communities and patients that it serves.
Equality Impact Assessment Has an Equality Impact Assessment been carried out? ☐ Yes ☒ No Key issues from the assessment:

London Ambulance Service NHS

NHS Trust

Draft Terms of Reference
May 2011
Nominations and Remuneration Committee

1. Authority

1.1 The Nominations and Remuneration Committee is constituted as a standing committee of the Trust Board of Directors (the Board). Its constitution and terms of reference shall be set out below and subject to amendment when directed and agreed by the Trust Board.

1.2 The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

1.3 The Committee is authorised by the Board at the Trust's expense:

    I.   to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary; and/or

    II.   within any budgetary restraints imposed by the Board of Directors, to appoint remuneration consultants, and to commission or purchase any relevant reports, surveys or information which it deems necessary to help fulfil its duties.

2. Purpose

The primary purpose of the Nominations and Remuneration Committee is to appoint and, if necessary, dismiss the executive directors, establish and monitor the level and structure of total reward for executive directors, ensuring transparency, fairness and consistency.

3. Duties

The Committee shall:

3.1 Appoint and, if necessary dismiss the Chief Executive of the Trust;

3.2 Make such recommendations to the Board on the remuneration and terms of service of the Chief Executive;

3.3 Appoint and, if necessary dismiss the executive directors, taking into account the advice of the Chief Executive. The Committee shall not make an appointment to an executive director position which the Chief Executive does not support, rather a further recruitment process shall commence for the role in question;

3.4 In consultation with the Chairman of the Board of Directors and the Chief Executive, determine the total individual remuneration package of each executive director, other than the Chief Executive. In doing so the Committee shall:

London Ambulance Service NHS Trust

I.   Ensure that the levels of remuneration are sufficient to attract, retain, reward and motivate executive directors of the quality required to run the Trust successfully with due consideration to:
  a) Judge where to position the Trust relative to other NHS Trusts, NHS foundation trusts and comparable organisations. Such comparisons, however, shall be used in caution in view of the risk of an upward ratchet of remuneration levels with no corresponding improvement in performance;
  b) Be sensitive to pay and employment conditions elsewhere in the Trust, especially when determining annual salary increases;

II.   Ensure that neither the Chief Executive nor any other executive director is involved in deciding his or her own employment arrangements, including their own remuneration; and

III. Ensure that where executive directors or senior management are involved in advising or supporting the Committee, care is taken to recognise and avoid conflicts of interest.

3.5   In consultation with the Chief Executive, agree and monitor the level and structure of remuneration for senior management, the definition of which shall be determined by the Committee;

3.6   Agree the policy for authorising claims for expenses from the Chairman of the Board of Directors and executive directors;

3.7   Ensure that all provisions regarding disclosure of remuneration, including pensions, are fulfilled;

3.8   Seek professional, independent advice on matters of pay and remuneration when necessary;

3.9   Be exclusively responsible for establishing the selection criteria, selecting, appointing and setting the terms of reference for any independent remuneration consultants who advise the Committee. Where remuneration consultants are appointed, a statement shall be made available of whether they have any other connection with the Trust; and

3.10 Obtain reliable, up-to-date information about remuneration in other Trusts and comparable organisations.

4. Responsibility

4.1   In developing recommendations for remuneration packages, the Committee will wish to ensure that they have:

  i. A clear statement of the responsibilities of the individual posts and their accountabilities for meeting objectives of the organisation;

  ii. Means of assessing the comparative size of the job by job evaluation;

  iii. Comparative salary information from the NHS, other public sector organisations including Trusts, and other industrial and service organisations;

Title: Nominations & Remuneration Committee TOR	Version: 2.0
Date: 31st May 2011	Page 2 of 4

iv. The Board should decide in advance its general policy on Directors' remuneration and terms of service and look to the Committee to ensure that its policy is applied consistently.

5. Membership and attendance

5.1 The Committee will comprise the Chairman of the Board of Directors, independent non-executive Directors;

5.2 The Chairman of the Committee shall be the Chairman of the Board of Directors.

5.3 The Chief Executive and Director of Corporate Services/Trust Secretary will normally be in attendance at meetings but will not be present for discussions about their own remuneration and terms of service.

6. Accountability

6.1 The Nominations and Remuneration Committee shall be accountable to the Trust Board.

7. Reporting responsibilities

7.1 The Committee Chairman shall report formally to the Board of Directors on its proceedings after each meeting on all matters within its duties and responsibilities.

7.2 The minutes of the relevant Board meetings are formally to record decisions taken.

7.3 The Committee shall produce an annual report of the Trust's remuneration policy and practices which shall form part of the Trust's annual report.

8. Administration

8.1 The Committee will meet as directed by the Board. Its proceedings will be formally minuted and it will be supported by the Director of Corporate Services/Trust Secretary.

9. Quorum

9.1 The quorate number of members shall be 3 non-executive directors plus the Chair or Deputy Chair.

9.2 In the absence of the Committee Chairman and/or an appointed Deputy, the remaining non-executive members present shall elect one of themselves to chair the meeting.

10. Frequency

10.1   Meetings shall be held at least twice a year and at such other times as the Chairman of the Committee shall require.

10.2   Meetings of the Committee shall be summoned by the Secretary of the Committee at the request of the Chairman and/or Chief Executive.

10.3   Minutes of the Committee shall be circulated to all members and to all members of the Board of Directors save where the minutes concern decisions relating to individual executive directors.

11. Review of Terms of Reference

11.1   The Trust Board shall review these terms of reference annually.

London Ambulance Service NHS
NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

28TH JUNE 2011

PAPER FOR NOTING

Document Title:	R&D Operational Capability Statement
Report Author(s):	Navin Puri/ Matthew Trivett
Lead Director:	Dr Fionna Moore
Contact Details:	Fionna.moore@lond-amb.nhs.uk
Why is this coming to the Trust Board?	The Board is accountable for the R&D Operational Capability Statement. This Statement must be approved at Board level.
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:	Comments/ Approval

Executive Summary

The Statement provides an operational overview of research capabilities by listing contact points and Internal Agreements used to manage research. This can be shared with networks, industry, researchers and sponsors to improve collaboration and effectiveness in research activities. The outcome is that the R&D Office does its work by reference to a Board approved R&D Operational Capability Statement.

Key issues for the Trust Board

Document will be in the public domain

Attachments

R&D Operational Capability Statement

****

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:

☐ There is a risk that we fail to effectively fulfil care/safety responsibilities
☐ There is a risk that we cannot maintain and deliver the core service along with the performance expected
☐ There is a risk that we are unable to match financial resources with priorities

☐ There is a risk that our strategic direction and pace of innovation to achieve this are compromised

NHS Constitution

This paper supports the following principles that guide the NHS:

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

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?
☐ Yes
☒ No

Key issues from the assessment:

NIHR Guideline B01
R&D Operational Capability Statement

Version History

Version number	Valid from	Valid to	Date approved	Approved by	Updated by
RDOCS 001	28/07/2011	28/07/2012	28/07/2011	Trust Board	Clinical Audit & Research Unit
RDOCS 002					

Contents

Organisation R&D Management Arrangements

Information on key contacts

Organisation Details	
Name of Organisation	London Ambulance Service NHS Trust
R&D Lead / Director (with responsibility for reporting on R&D to the Organisation Board)	Dr Rachael Donohoe, Head of Clinical Audit & Research/ Navin Puri, Acting Head of Clinical Audit & Research
R&D Office details:	
Name:	Clinical Audit & Research Unit
Address:	HQ Annexe, Ground Floor, 8-20 Pocock Street, London, SE1 0BW
Contact Number:	(020) 7783 2509
Contact Email:	CARU.Administrator@lond-amb.nhs.uk
Other relevant information:	

Key Contact Details e.g. Research Governance Lead, NHS Permissions Signatory contact details	
Contact 1:	
Role:	Head of Clinical Audit & Research/ Acting Head of Clinical Audit & Research
Name:	Dr Rachael Donohoe/ Navin Puri
Contact Number:	020 7783 2506
Contact Email:	rachael.donohoe@lond-amb.nhs.uk
Contact Email:	navin.puri@lond-amb.nhs.uk
Contact 2:	
Role:	Assistant Head of Clinical Audit & Research
Name:	Gurkamal Virdi
Contact Number:	020 7783 2509
Contact Email:	gurkamal.virdi@lond-amb.nhs.uk
Contact 3:	
Role:	Research Manager
Name:	Actively Recruiting (Interviews 28/07/2011)
Contact Number:	
Contact Email:	
Contact 4:	
Role:	Research & Development Co-ordinator
Name:	Matthew Trivett
Contact Number:	020 7783 2509
Contact Email:	matthew.trivett@lond-amb.nhs.uk
Contact 5:	
Role:	Cardiac & Stroke Researcher
Name:	Actively Recruiting

Contact Number:	
Contact Email:	
Contact 6:	
Role:	Research Facilitator
Name:	Apostolos Koutsokeras
Contact Number:	020 7783 2559
Contact Email:	apostolos.koutsokeras@lond-amb.nhs.uk

Add further contacts by selecting and then **copying** the five Excel **rows** (ie whole rows) above for Contact, role, name, number and email.
Then select the **blank row** under the table and 'insert copied cells'. (Please do not select and copy individual cells or groups of cells as this does not preserve formatting.)

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Information on staffing of the R&D Office

R&D Team		
R&D Office Roles (e.g. Governance, Contracts, etc)	Whole Time Equivalent	Comments indicate if shared/joint/week days in office etc
Head of Clinical Audit & Research	1	
Assistant Head of Clinical Audit & Research	1	
Research Manager	1	
R&D Co-ordinator	1	
Cardiac & Stroke Researcher	1	
Research Facilitator	1	
Clinical Audit Manager	1	
Clinical Audit & Research Administrator	1	1 day Research Administrator for SAFER2 project
Trauma Data Officer	1	
Clinical Audit Officer	1	
Clinical Audit Assistant	1	
Stroke Data Officer	1	
Stroke Data Assistant	1	
Cardiac Data Officer	1	
Cardiac Data Assistant	1	
CHD Data Officer	1	
Clinical Audit Facilitator	1	

Add lines in the table as required by selecting and then copying **a whole Excel row which is a part of** the table (note: select and copy the row **not** cells in the row).
Then select a **row** in the table and 'insert copied cells'. (Please do not select and copy individual cells or groups of cells as this does not preserve formatting.)
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Information on reporting structure in organisation (include information on any relevant committees, for example, a Clinical Research Board / Research Committee / Steering Committee.)

Reporting Structures
The London Ambulance Service NHS Trust Clinical Audit &Research Unit reports to the Clinical Audit & Research Steering Group (CARSG). The CARSG oversees all research activities taking place within the Trust. This group is chaired by the Medical Director of the Trust and includes both internal and external representatives. CARSG reports to the Clinical Quality & Safety Effectiveness Committee.

Governance Structure

Clinical Audit & Research Chair: Medical Director → Clinical Quality, Safety & Effectiveness Chair: Medical Director → Quality Committee Chair: Non-executive Director → Trust Board Chair: Trust Chair

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Then select a **row** in the table and 'insert copied cells'. (Please do not select and copy individual cells or groups of cells as this does not preserve formatting.)
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Information on Research Networks supporting/working with the Organisation.
Information on how the Organisation works with the Comprehensive Local Research Network (CLRN), Primary Care Research Network (PCRN), Topic Specific Clinical Research Networks (TCRN).

Research Networks	
Research Network (name/location)	Role/relationship of the Research Network eg host Organisation
London (NW) Comprehensive Local Research Network (CLRN)	Member Organisation
Thames Stroke Research Network	Member Organisation

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Information on collaborations and partnerships for research activity (e.g. Biomedical Research Centre/Unit, Other NHS Organisations, Higher Education Institutes, Industry)

Current Collaborations / Partnerships

Organisation Name	Details of Collaboration / Partnership (eg	Contact Name	Email address	Contact Number
Royal London	Collaboration for the ISRAS study	Dr Patrick Gompertz		
Royal Brompton & Harefield	Collaboration for the DANCE study	Dr Miles Dalby		
East Midlands Ambulance Service	Collaboration for the ASCQI study	Prof. A Niroshan Siriwardena		
Barts & The London	Collaboration for the PARA-SVT study	Prof. Richard Schilling		
Swansea University	Collaboration for the SAFER 2 study	Prof. Helen Snooks		
Kings College London	Collaboration for the PTSD study	Dr Jennifer Wild		
International Academies of Emergency Dispatch	Collaboration for the Identification of Stroke Symptoms in Fallers Study	Tracey Barron		
University of Glamorgan	Collaboration for the Psychosocial Tools Study	Prof. Richard Williams		
Aston University	Colaboration for the QSN Study	Dr Jan Illing		

Then select a **row** in the table and 'insert copied cells'. (Please do not select and copy individual cells or groups of cells as this does not preserve formatting.)
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Organisation Study Capabilities

Information on the types of studies that can be supported by the Organisation to the relevant regulatory standards

Types of Studies Organisation has capabilities in (please tick applicable)							
	CTIMPs (indicate Phases)	Clinical Trial of a Medical Device	Other Clinical Studies	Human Tissue: Tissue Samples Studies	Study Administering Questionnaires	Qualitative Study	OTHER
As Sponsoring Organisation	No	No	Yes	No	Yes	Yes	
As Participating Organisation	Yes	Yes	Yes	No	Yes	Yes	
As Participant Identification Centre	Yes	Yes	Yes	No	Yes	Yes	

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Then select a **row** in the table and 'insert copied cells'. (Please do not select and copy individual cells or groups of cells as this does not preserve formatting.)
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Which licences does the organisation hold which may be relevant to research?

Organisation Licences			
Licence Name Example: Human Tissue Authority Licence	Licence Details	Licence Start Date (if applicable)	Licence End Date (if applicable)
Not Applicable			

Add lines in the table as required by selecting and then copying **a whole Excel row which is a part of** the table (note: select and copy the row **not** cells in the row).
Then select a **row** in the table and 'insert copied cells'. (Please do not select and copy individual cells or groups of cells as this does not preserve formatting.)
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PCT ONLY: Information on the practices which are able to conduct research

Number/notes on General Practitioner (GP) Practices
Not Applicable

Add lines in the table as required by selecting and then copying **a whole Excel row which is a part of** the table (note: select and copy the row **not** cells in the row).
Then select a **row** in the table and 'insert copied cells'. (Please do not select and copy individual cells or groups of cells as this does not preserve formatting.)
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Organisation Services

Information on key clinical services contacts and facilities/equipment which may be used in studies for supporting R&D governance decisions across the organisation.

Clinical Service Departments					
Service Department	Specialist facilities that may be provided (eg number/type of scanners)	Contact Name within Service Department	Contact email	Contact number	Details of any internal agreement templates and other comments
Medical Directorate		Medical Director			
A&E Operations		Director of Operations Sector Service			
Control Services		Assistant Director of Operations Control Services			

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Information on key management contacts for supporting R&D governance decisions across the organisation.

Management Support e.g. Finance, Legal Services, Archiving					
Department	Specialist services that may be provided	Contact Name within Service Department	Contact email	Contact number	Details of any internal agreement templates and other comments
Legal	In house legal services	Head of Legal Services			
Management Information		Management Information Manager			
Finance	Financial Support for research based activities	Director of Finance & Business Planning			
Department Financial Analyst	Financial Support for research based activities	Financial Analyst			
Information Technology (IM&T)		Director of Information Management			
Human Resources	Support to Research Office for HR issues	Director of Human Resources			
Operations Directorate		Deputy Director of Operations			

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Then select a **row** in the table and 'insert copied cells'. (Please do not select and copy individual cells or groups of cells as this does not preserve formatting.)
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Organisation R&D Interests

Information on the areas of research interest to the Organisation

Organisation R&D Areas of Interest				
Area of Interest	Details	Contact Name	Contact Email	Contact Number
Prehospital	Improvement of patient care	Research Manager/ R&D Co-ordinator	caru.enquiries@lond-amb.nhs.uk	
Stroke	Improvement of patient care	Research Manager/ R&D Co-ordinator	caru.enquiries@lond-amb.nhs.uk	
Cardiac	Improvement of patient care	Research Manager/ R&D Co-ordinator	caru.enquiries@lond-amb.nhs.uk	
Mental Health	Improvement of patient care	Research Manager/ R&D Co-ordinator	caru.enquiries@lond-amb.nhs.uk	
Trauma	Improvement of patient care	Research Manager/ R&D Co-ordinator	caru.enquiries@lond-amb.nhs.uk	
Fallers	Improvement of patient care	Research Manager/ R&D Co-ordinator	caru.enquiries@lond-amb.nhs.uk	

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Information on Local / National Specialty group membership within the Organisation which has been shared with the CLRN

Specialty Group Membership (Local and National)					
National / Local	Specialty Group	Specialty Area (if only specific areas within	Contact Name	Contact Email	Contact Number
National Ambulance Research Steering Group	National Research	Pre-hospital			
Thames Research Network	Stroke Research	Stroke			

Add lines in the table as required by selecting and then copying **a whole Excel row which is a part of** the table (note: select and copy the row **not** cells in the row).

Then select a **row** in the table and 'insert copied cells'. (Please do not select and copy individual cells or groups of cells as this does not preserve formatting.)

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Organisation R&D Planning and Investments

Planned Investment			
Area of Investment (e.g. Facilities, Training, Recruitment, Equipment etc.)	Description of Planned Investment	Value of Investment	Indicative dates
Research Conference	Annual internal conference organised to promote research within the LAS	£8,000	annual
Training For Current Staff	All research staff are supported for appropriate training courses		ongoing
Training for Paramedics	All paramedics participating in research studies		ongoing

Add lines in the table as required by selecting and then copying **a whole Excel row which is a part of** the table (note: select and copy the row **not** cells in the row).

Then select a **row** in the table and 'insert copied cells'. (Please do not select and copy individual cells or groups of cells as this does not preserve formatting.)

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Organisation R&D Standard Operating Procedures Register

Standard Operating Procedures				
SOP Ref Number	SOP Title	SOP Details	Valid from	Valid to
1	Research Guidance Handbook	This document details the the Trust's Procedure for R&D approval, project monitoring and Final Reports.		

Add lines in the table as required by selecting and then copying **a whole Excel row which is a part of** the table (note: select and copy the row **not** cells in the row).
Then select a **row** in the table and 'insert copied cells'. (Please do not select and copy individual cells or groups of cells as this does not preserve formatting.)
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Information on the processes used for managing Research Passports

Indicate what processes are used for managing Research Passports
The LAS is fully compliant with the NHS HR Good Practice Resource Pack. Applicants are asked to liaise with the substantive employer to complete Version 2 of the Research Passport Form. The completed form and supporting documentation are presented to the NHS organisation for validation. On validation the NHS organisation will issue an HRC or LoA as appropriate for the research. The validated research passport will then be returned to the researcher.

Add lines in the table as required by selecting and then copying **a whole Excel row which is a part of** the table (note: select and copy the row **not** cells in the row).
Then select a **row** in the table and 'insert copied cells'. (Please do not select and copy individual cells or groups of cells as this does not preserve formatting.)
Go to top of document

Information on the agreed Escalation Process to be used when R&D governance issues cannot be resolved through normal processes

Escalation Process
If escalation were required this would be to the Chair of the Clinical Audit & Research Steering Group (Medical Director).

Add lines in the table as required by selecting and then copying **a whole Excel row which is a part of** the table (note: select and copy the row **not** cells in the row).
Then select a **row** in the table and 'insert copied cells'. (Please do not select and copy individual cells or groups of cells as this does not preserve formatting.)
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Planned and Actual Studies Register

The Organisation should maintain or have access to a current list of planned and actual studies which its staff lead or collaborate in.

Comments
The Clinical Audit & Research Unit keep an up to date study profile for each research project the London Ambulance Service is participating in. This is stored on the Trust's network drive.

Add lines in the table as required by selecting and then copying **a whole Excel row which is a part of** the table (note: select and copy the row **not** cells in the row).
Then select a **row** in the table and 'insert copied cells'. (Please do not select and copy individual cells or groups of cells as this does not preserve formatting.)
Go to top of document

Other Information

For example, where can information be found about the publications and other outcomes of research which key staff led or collaborated in?

Other Information (relevant to the capability of the Organisation)
The first point of contact for all research projects is the Clinical Audit and Research Unit. All enquiries should be directed to caru.enquiries@lond-amb.nhs.uk and will be forwarded to the appropriate contact within the Trust accordingly.   Publications are noted in the Clinical Audit and Steering Group meeting minutes and can be supplied on request.

LONDON AMBULANCE SERVICE TRUST BOARD

28 JUNE 2011

PAPER FOR DECISION

Document Title:	**CommandPoint Update**
Report Author(s):	Peter Suter
Lead Director:	Peter Suter
Contact Details:	Peter.suter@lond-amb.nhs.uk
Why is this coming to the Trust Board?	To provide an update on the events of 8 June, the failure to sustain operations on CommandPoint, subsequent work and future plans.
This paper has been previously presented to:	☐Strategy Review and Planning Committee X Senior Management Group ☐Quality Committee ☐ Audit Committee ☐ Clinical Quality Safety and Effectiveness Group ☐ Risk Compliance and Assurance Group
Recommendation for the Trust Board:	The Trust Board are asked to: • Provide direction on any specific aspects of the project for future consideration / inclusion that they wish. • Note the contents of this report.

Executive Summary

Transition to CommandPoint started as planned on Tuesday 7 June. Cut over was successfully achieved and the system went live at 05:00 on 8 June. However at 10:07 due to technical problems the control room reverted to paper. Full operations then returned to the existing system CTAK at 01:00 on 9 June.

The LAS and NG have established that there were four main areas of problems, three were performance related, one functional. NG are currently investigating the root cause of the problems and will be at the Trust Board to provide an update.

Detailed planning will be undertaken for testing and assurance of whatever fixes are implemented by NG. However, approval of plans for a future go live will be made by the Trust Board.

Key issues for the Trust Board
- To understand what happened and why.
- What assurances will be required for a future go live event.

Attachments
Trust Board Paper

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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
☐ There is a risk that we are unable to match financial resources with priorities
☒ There is a risk that our strategic direction and pace of innovation to achieve this are compromised

NHS Constitution

This paper supports the following principles that guide the NHS:

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

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?
☒ Yes
☐ No

Key issues from the assessment:
None.

COMMANDPOINT PROJECT UPDATE: JUNE 2011

1. OBJECTIVE

1.1 The objective of this paper is to provide an update on the events of 8 June, the failure to sustain operations on CommandPoint, subsequent work and future plans.

2. SUMMARY OF EVENTS.

2.1 Transition to CommandPoint started as planned on Tuesday 7 June. Around 23:00hrs the control room switched to paper operations and technical cutover from the existing system CTAK to CommandPoint commenced. A concern has always been that the actual cut over itself is a complex process, with the requirement to switch multiple interfaces and all EOC terminals between systems in a short timescale. However, the detail work ran as planned and at 05:00hrs on 8 June, the first live call was entered into CommandPoint. Auto despatch was switched on at 05:45.

2.2 The CommandPoint CAD experienced stable running (with all interfaces lives and functional) until approximately 7am, when isolated incidents began to be reported from the control room. A couple of workstations lost their CAD connection, some display monitors were flickering and some work stations slow running. There were also isolated incidents of inappropriate dispatch suggestions from the automatic dispatch function.

2.3 There was a CAD systems incident management process set up to deal with early prioritisation and problem management using a bespoke form completed by the training lead in the control room. Approximately 150 incidents were reported, most of them between 9am and 10am. At 10:07am the control room returned to paper as the CAD system dramatically slowed and became unusable.

2.4 At approximately 11:30 the situation was strategically reviewed by the Deputy Chief Executive, Director of Operations, Deputy Director of Operations and Director of IM&T. The CAD supplier NG (Northrup Grumman) had advised that given time, they felt it reasonable that they could resolve the problem to allow the Control Room to return to CommandPoint. The decision was made to remain on paper until 01:00 on Thursday 9 June, at which time an electronic system would be implemented, preferably CommandPoint, or a return to the existing system CTAK. At 20:00 hours there was a technical review from which it was evident that NG could not give appropriate assurance and the decision was therefore made to revert to CTAK. This took place as planned at 01:00hrs. CTAK has remained stable and in operation since.

3. INVESTIGATIONS

3.1 The LAS and NG have established that there were four main areas of problems, three were performance related, one functional. These were:

Performance:

- 100% CPU utilisation was reached before the cut-over was terminated.

- Intermittently, the software responsible for controlling communication between the server and workstations would fail and then restart resulting in a temporary disconnection for some of the workstations.

- Some workstation screens flashing.

Functional

- Issues with automatically assigning vehicles to incidents.

3.2   At the time of producing this report root cause analysis by NG has not been completed. Senior executives from NG will attend the Trust Board to provide an explanation on what the root causes were and the plan for resolution.

3.3   There has been extensive testing of the CommandPoint system - this has been previously reported to the Trust Board, details are a matter of record and are not repeated here. The system has also been used extensively for training staff since January. There have also been independent assessments of the project and verification of the readiness to go live. However throughout that entire process none of the core four problems described above have been witnessed. The investigation will also seek to understand why and how none of the extensive testing uncovered them.

3.4   A Serious incident has been opened that will look at the impact of the changes to call taking and dispatch, patient care and safety, fallback arrangements, operational command structure, the performance cell and lessons learnt. It will not deal with the technical aspects of the failure. The SI will be undertaken by Steve West, Director of Operations from Great West Ambulance Service. A second separate Serious Incident has been opened in relation to a specific patient issue. Debriefs of all staff are being conducted and an overall report will be compiled and lessons learnt fed into future go live planning.

4.   GOING FORWARD TESTING, ASSURANCE & CUTOVER

4.1   Once the root cause problems have been identified and repaired a full test sequence will be initiated. A detailed assurance plan will be developed by both NG & the LAS both in relation to the fixes implemented and the fitness of the system for live use. The Trust Board will require additional assurance in relation to future go live activities - options for this are currently being investigated.

4.2   Work will also be undertaken to re-evaluate the cut-over process in order to identify if there are any options to reduce the risks. Consideration will be given to a live drive run event where CommandPoint is brought live for a limited number of hours before CTAK is reinstated and the results evaluated. This approach however carries its own risks and will need to be carefully evaluated.

4.3   All fault logs that were collected during the five hours of operation are being evaluated from both a technical and functional perspective. Senior Users are reviewing all functional issues to ascertain if;

   • There are additional functional faults that require rectification
   • The agreed workarounds for known fault are still sufficient for operations to go live with.

4.4   This incident has damaged the confidence of a number of key stakeholders and this will have further implications for the project management overhead, as additional assurance will be required going forward. All decisions relating to test processes that may require interruption to normal operations will continue to be authorised by the SMG under the Direction of the CEO. It is not possible to estimate future timetable for a full go live at this   stage. It is clear however that the earliest any initial testing activities would take place would be the middle of July. Approval of plans for a future go live will be made by the Trust Board.

5. BUDGET

5.1 The project remains within budget, however there will be careful monitoring and reporting of the impact of this delay. High level details are provided in the table below.

£000s	FBC Approval (Issue 3.1)	Budget Adjustments	Revised Budget	Previous Years Spend	Current Year (2011/12)		Total Project	
					Spend	Forecast	Spend	Variance
Capital								
Northrop Grumman Costs	8,315	1,018	9,333	8,717	0	617	9,333	0
LAS Costs	5,897	(41)	5,855	5,125	160	357	5,642	213
Total Capital	14,212	977	15,189	13,842	160	974	14,975	213
Revenue								
Northrop Grumman Costs	1,493	(375)	1,118	1,118	0	0	1,118	(0)
LAS Costs	4,592	(1,252)	3,340	2,241	157	311	2,709	631
Total Revenue	6,085	(1,627)	4,458	3,359	157	311	3,827	631
Project Board Budget	**20,296**	**(650)**	**19,647**	**17,201**	**317**	**1,285**	**18,803**	**844**
Contingency	5,228	(792)	4,437	0	0	0	0	4,437
Total	**25,525**	**(1,441)**	**24,083**	**17,201**	**317**	**1,285**	**18,803**	**5,281**

6. RECOMMENDATIONS

6.1 The Trust Board are asked to:

- Provide direction on any specific aspects of the project for future consideration / inclusion that they wish.

- Note the contents of this report.

Peter Suter
Project Executive
Director of Information Management & Technology

LONDON AMBULANCE SERVICE TRUST BOARD

28TH JUNE 2011

PAPER FOR NOTING

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 note the tenders received and entered into the tender book and the use of the Trust Seal since 24th May 2011**

Executive Summary

One tender has been received, opened and entered into the tender book since 24th May 2011:

- Cleaning offices and ambulance stations
  Tenders received and opened via Bravo Solutions on 20th June 2011:
  ISS Facility Services Ltd
  Lakethorne Ltd
  MITIE Cleaning and Environmental Services.

There have been no entries to the Register for the Use of the Trust Seal.

Key issues for the Trust Board
To note the report

Attachments
N/A

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Strategic Goals 2010 – 13
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☐ 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

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☒ 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

28TH JUNE 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:	**0207 783 2045**
Why is this coming to the Trust Board?	**To ensure that key issues are discussed by the Trust Board and that Trust Board members are fully engaged with the agenda planning process.**
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 note the Trust Board forward planner for the coming year and to identify any areas for discussion for future agenda items
Executive Summary To note the Trust Board forward planner for the coming year and to identify any areas for discussion for future agenda items.	
Key issues for the Trust Board N/A	
Attachments Trust Board forward planner.	

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Equality Impact Assessment

Has an Equality Impact Assessment been carried out?
☐ Yes
☐ No

Key issues from the assessment:

TB FORWARD PLANNER

28 June 2011 **TB**	FT application update	CommandPoint Update		2010/11 Safeguarding Report (SL)	Report from CEO including balanced scorecard and performance reports
		Terms of reference for the Nominations and Remuneration Committee		2010/11 Annual Infection Prevention and Control Report (SL)	
		Foundation trust constitution and governance rationale		Serious incidents	
SMG 15 June	Cost Improvement Programme				Report from Finance Director
				Research Capabilities Statement (FM)	Report from Sub-Committees
				BAF and corporate risk register - Quarter 1 documents (SA)	Clinical Quality and Patient Safety Report
					Report from Trust Secretary
26 July 2011 **SRP**	Review of balanced scorecard			Bribery Act training (Hayley England)	
SMG 13 July	Cost Improvement Programme Q1 review			Governance Review	
	SIP closure report			Staff survey action plans	
23 Aug 2011 **TB**	FT application update			Serious Incident reporting	Report from CEO including balanced scorecard and performance reports
SMG 10 August	Q1 cost improvement plan			Key risks	Report from Finance Director
				Corporate Social Responsibility Report (CMc)	Report from Sub-Committees
				Patient Experience Annual Report (SA)	Clinical Quality and Patient Safety Report

TB FORWARD PLANNER

				KA34 Compliance Statement	Report from Trust Secretary
27 Sept 2011 **TB**	FT application update			Annual Trust Board effectiveness Review 2010/11	Report from CEO including balanced scorecard and performance reports
SMG 14 Sept				BAF and risk register	Report from Finance Director
				2009/10 Annual Equality Report	Report from Sub-Committees
					Clinical Quality and Patient Safety Report
					Report from Trust Secretary
1 November 2011 SRP awayday - all day	Review of balanced scorecard				
	Outsourcing				
	Presentation on NWoW, CRM, Estates, A&E management restructure and clinical management structure				
29 Nov 2011 **TB**				Q2 cost improvement plan	Report from CEO including balanced scorecard and performance reports
SMG 9 Nov				Patient and Complaints Experience Report	Report from Finance Director
				Key risks	Report from Sub-Committees
					Clinical Quality and Patient Safety Report
					Report from Trust Secretary
13 Dec 2011 **TB**				Charitable Funds Annual Report and Accounts 2010/11	Report from CEO including balanced scorecard and performance reports
SMG 7 Dec				BAF and corporate risk register	Report from Finance Director

TB FORWARD PLANNER

					Report from Sub-Committees
					Clinical Quality and Patient Safety Report
					Report from Trust Secretary