London Ambulance Service NHS
NHS Trust

TRUST BOARD

Meeting to be held at 10.00am on Tuesday 29th November 2011
Conference Room, Fielden House, 28 London Bridge Street, London SE1 9SG

Peter Bradley
Chief Executive Officer

****

AGENDA

			TAB
1.	**Welcome and apologies for absence** Apologies received from: Peter Bradley, Chief Executive Officer Caroline Silver, Non-Executive Director		
2.	**Minutes of the Part I meeting held on 27th September 2011** To approve the minutes of the meeting held on 27th September 2011	RH	TAB 1
3.	**Matters arising** Actions from previous meetings	RH	TAB 2
4.	**Report from Sub-Committees** To receive a report from the following Committees		
	4.1 Audit Committee held on 4th October 2011 and 25th November 2011	CS	TAB 3
	4.2 Strategy Review and Planning Committee meeting held on 1st November 2011	RH	
	4.3 Quality Committee held on 10th November 2011	BM	
5.	**Chairman's Report** To receive a report from the Trust Chairman on key activities	RH	TAB 4
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	MF	TAB 5
	6.2 Director of Finance to include an update progress made against the Cost Improvement Programme	MD	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.	**LAS Objectives – Month 7 Progress Report** To receive an update on progress against the LAS objectives	MF	TAB 8
9.	**CommandPoint Update** To receive an update on CommandPoint	PS	TAB 9

FOUNDATION TRUST PROCESS

10.	**Foundation Trust Update** To receive a report on the current position with the application	SA	TAB 10
11.	**Constitution and Governance Rationale** To approve the Constitution and Governance Rationale	SA	TAB 11

GOVERNANCE

12.	**Minutes of the Annual General Meeting on 27th September 2011** To approve the minutes of the Annual General Meeting on 27th September 2011	RH	TAB 12
13.	**Senior Management Group Effectiveness Review** To note the findings of the review by RSM Tenon of the effectiveness of the Senior Management Group	SA	TAB 13
14.	**Annual Audit Committee Report 2010/11** To note the Annual report from the Audit Committee	BH	TAB 14
15.	**Report from Trust Secretary** To receive the report from the Trust Secretary on tenders received and the use of the Trust Seal	SA	TAB 15
16.	**Forward Planner** To note the forward planner for the Trust Board and the Strategy Review and Planning Committee	SA	TAB 16
17.	**Any other business**		
18.	**Questions from members of the public**		
19.	**Date of next meeting** The next meeting of the Trust Board is on Tuesday 13th December 2011		

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD MEETING
Part I

DRAFT Minutes of the meeting held on Tuesday 27th September 2011 at 10:00 a.m.
in the Conference Room, LAS HQ, 220 Waterloo Road, London SE1 8SD

****

Present:	
Richard Hunt	Chairman
Peter Bradley	Chief Executive Officer
Jessica Cecil	Non-Executive Director
Mike Dinan	Director of Finance
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
Murziline Parchment	Non-Executive Director
Beryl Magrath	Non-Executive Director
Fionna Moore	Medical Director
Caroline Silver	Non-Executive Director
In Attendance:	
Sandra Adams	Director of Corporate Services
Lizzy Bovill	Deputy Director of Strategic Development
Francesca Guy	Committee Secretary (minutes)
Peter McKenna	Assistant Director of Operations West
Angie Patton	Head of Communications
Peter Suter	Director of Information Management and Technology
Richard Webber	Director of Operations
Members of the Public:	
Neil Kennett-Brown	North West London Commissioning Partnership
Louise Wilson	Emergency Medical Dispatcher
Minute 111 only	
Paul Cassidy	Ambulance Operations Manager - Control Services
Jonathan Nevison	Project Manager, CommandPoint
Russ Obert	Northrop Grumman
Ed Sturms	Northrop Grumman
Anna McArthur	Communications Manager, LAS

****

104. Welcome and Apologies

104.1 The Chairman welcomed Murziline Parchment to the meeting, who had recently been appointed to the Trust Board as a non-executive director. The Chairman stated that he looked forward to Murziline's contribution to the Trust Board.

104.2 The Chairman welcomed Peter McKenna who was attending the meeting on behalf of Richard Webber. Richard was currently in Libya to coordinate the transfer of conflict victims to the UK for treatment and rehabilitation.

104.3 The Chairman also welcomed Louise Wilson, who was observing the meeting and Neil Kennett-Brown.

105. Minutes of the Part I meeting held on 23rd August 2011

105.1 The minutes of the Part I meeting held on 23rd August 2011 were approved.

106. Matters Arising

106.1 The following matters arising were discussed:

106.2 **102/10:** The Trust Board agreed that the development of governance arrangements for the LAS Foundation Trust was part of an ongoing process and therefore this action should be closed. It was noted that the Trust Board had yet to approve the constitution and therefore this should be added to the Trust Board forward planner.

> **ACTION:** FG/SA to add the LAS Foundation Trust constitution to the Trust Board forward planner.
>
> **DATE OF COMPLETION:** 1st November 2011

106.3 **161/10:** Peter Bradley suggested that the Trust Board should review the balanced scorecard in detail at a future Strategy Review and Planning meeting.

> **ACTION:** FG/SA to add a review of the balanced scorecard to the forward planner of the Strategy Review and Planning Committee.
>
> **DATE OF COMPLETION:** 1st November 2011

106.4 **19.1:** Angie Patton reported that it had been difficult to access case studies of patients who had received better clinical care as a result of being referred to an appropriate care pathway, but that it was still on her agenda. It was suggested that she contact Gary Bassett and report back at the next SRP.

106.5 **66.7:** Mike Dinan reported that he would be presenting a proposal to the next meeting of the Audit Committee on plans to address the tracking and servicing of equipment. This would be linked to the discussion about unnecessary loss and damage to equipment.

106.6 **67.3:** The Chairman was yet to meet with Fionna Moore to discuss some initial benchmarking on an international basis with other cities' ambulance services. Further update to be provided at the next board meeting.

107. Report from Sub- Committees

Finance and Investment Committee

107.1 The Chairman reported that the Finance and Investment Committee had now met three times and it continued to establish the agenda and general approach suitable for this committee. The Chairman was keen that the Committee's advised role was clearly separate from that of the Audit Committee, not simply an extension of the Trust Board. The Finance and Investment Committee's role would be to examine the financial position in detail and to review capital projects, investment projects and lease agreements.

107.2 At its last meeting, the Finance and Investment Committee agreed the financial proposals for the vehicle remount and received an update on the West Area Workshop. The Committee discussed and reviewed the downside scenarios in relation to the integrated business plan, which would inform today's discussion. The Committee also received an update from Patient Transport Services

to understand its longer term outlook and discussed the treasury management policy.

107.3 The Chairman advised that the meeting was robust and challenging and that the role of the Finance and Investment Committee would become more significant once the Trust was authorised as a Foundation Trust.

Quality Committee

107.4 Beryl Magrath noted that this report to the Trust Board had been presented in a different format to highlight the key risks that were discussed by the Quality Committee.

107.5 At its last meeting, the Quality Committee reviewed the Quality Risk Profile (QRP) and noted that the Trust had received a red rating for fraud and security management. This highlighted the need for the Trust Board to reappoint a non-executive director with responsibility for security management. It was suggested that this should be undertaken at the next Strategy Review and Planning Committee meeting alongside a review of committee membership.

ACTION: FG/SA to add the appointment of a non-executive director with responsibility for security management and a review of committee membership to the forward planner for the Strategy Review and Planning Committee.

DATE OF COMPLETION: 1st November 2011

107.6 The Quality Committee also discussed the following:

- Risks associated with late finishes. A detailed review of this was delegated to the Clinical Quality, Safety and Effectiveness Committee;
- The Clinical Quality Dashboard; noted that the key risks were CPI completion and feedback, pain relief for STEMI patients and lost property;
- The Audit Recommendations Progress Report. The Committee noted that diagnostic packs were being trialled to address the issue of loss and damage to medical devices;
- Attitude and behaviour complaints. Steve Lennox had agreed to draw up an action plan to address this;
- The review of the High Risk Register and the governance arrangements in place to manage this going forward. The Quality Committee noted that the Area Governance Committees would monitor the register in their areas and new entrants would be approved by the Clinical Quality, Safety and Effectiveness Committee;
- Risks relating to clinical negligence, employer liability claims and motor claims.

107.7 Roy Griffins commented that the Quality Committee had also discussed the relationship between the Quality Committee and its sub-committees, in particular the Risk, Compliance and Assurance Group (RCAG). The Quality Committee had expressed some concern that the assurance being brought for review by the RCAG was not as effective as it could be and that this should be addressed moving forward. It was agreed that this discussion should be reflected in the minutes of the Quality Committee.

ACTION: FG to ensure that the discussion at the Quality Committee regarding the relationship with the Committee's sub-committees should be reflected in the minutes of the meeting.

DATE OF COMPLETION: 1st November 2011

107.8 Peter Bradley added that the Quality Committee had also discussed the integrated risk report and had agreed that it was an important document which brought together key information from across

the Trust and identified trends and key risks areas.

107.9 The Chairman commented that he had found this report from the Quality Committee very useful. It was reassuring to note that the key issues that were repeated throughout the Trust Board papers had been picked up by the Quality Committee and reflected in this report.

108. Chairman's Report

108.1 The Chairman reported that he had held meetings with PCT Chairs as part of his continuing focus on building relationships with external stakeholders. He had found these meetings a useful opportunity to promote the LAS' perspective on commissioning and other key developments.

108.2 The Chairman had also met with Mike Spyer, Chairman of NHS London, and had discussed the LAS' financial position and progress against the Cost Improvement Programme. They had also discussed CommandPoint and the Chairman had emphasised the fact that, although the plan was to progress towards implementation within this financial year, CTAK was fully operational and would provide a contingency for next year if necessary.

108.3 The Chairman reported that East of England Ambulance Trust was in the process of implementing a new CAD system and was doing so in a step by step basis across all three of their control rooms.

108.4 The Chairman and Peter Bradley had met with Margaret Hodge MP and had asked her for her views on how commissioning would work in the future. This was an area of concern for all ambulance trusts and the Chairman had also met with Dame Barbara Hakin, together with colleagues from other services to understanding thinking and current plans on how ambulance services would be commissioned in the future. Neil Kennett-Brown commented that the current thinking was that ambulance trusts would be commissioned by one commissioning group on behalf of the others. This was still an area of development and the LAS view was that a clear "lead commissioner" arrangement would be required.

109. Update from Executive Directors

Chief Executive Officer

109.1 Peter Bradley reported the following:

- It had been a difficult few weeks in terms of performance, partly due to the level of training activity and 25% increase in Category A incidents. Performance needed to improve over the coming weeks to allow for winter pressures and the implementation of CommandPoint;
- The overall number of incidents attended had dropped by 2 to 3% as a result of increased use of Clinical Telephone Advice. The Demand Management Plan had also been employed during periods of high demand;
- This month showed an improved financial position and progress had been made against the Cost Improvement Programme. He was confident that by month 6, the Trust would be halfway to achieving the full year's CIP target.
- Good progress had been made with the Foundation Trust Historical Due Diligence refresh. Work was continuing to refine the downside scenarios in order to prepare for the Board to Board meeting with the SHA on 7th October;
- The executive team had agreed a way forward for the implementation of CommandPoint, following the discussions at the last Trust Board meeting. The Trust Board would be asked for its approval of this proposal at today's meeting;
- A bid for 111 would be submitted by the end of the week;
- A series of consultation meetings with staff had taken place. A number of issues had been raised including late finishes, stress, missing equipment and difficulties in accessing appropriate care pathways;

- Richard Webber was currently in Libya to coordinate, on behalf of the whole of England, the transfer of conflict victims to the UK for treatment and rehabilitation. This role was fully-funded by the Foreign and Commonwealth Office;
- Following the Call Connect trial, the LAS had made recommendations to the Department of Health, which had unfortunately been turned down;
- A number of serious incidents were highlighted in the Chief Executive Officer's report. Work had continued to strengthen the serious incident reporting and investigation process.

109.2 Jessica Cecil noted the increase in Category A patients and the increased use of the Demand Management Plan and asked what implications there were if this became business as usual. Peter Bradley responded that the LAS would not see an increase in staffing for at least another 6 to 12 months and in the intervening period the Demand Management Plan would need to be used with care and alongside strengthened clinical support in the Control Room. The Trust was undertaking further analysis of Category A patients and response times to ensure that this practice was clinically safe.

109.3 Beryl Magrath asked whether the increase in sickness absence was related to the reported decrease in staff morale, as indicated by feedback from the recent consultation meetings. Caron Hitchen responded that sickness absence in A&E Operations was the best that it had ever been and therefore she did not think that there was any correlation. However, there had been an increase in long-term sickness and this would be investigated further to understand the cause.

109.4 Beryl Magrath noted the increased use of FRUs and asked whether a policy was in place regarding newly-qualified paramedics operating as single responders. Caron Hitchen responded that newly-qualified paramedics would be utilised on ambulances initially to ensure that more experienced paramedics were available to work as single responders.

109.5 In response to a question about NHS Pathways, Lizzy Bovill stated that the LAS was currently reviewing the software, although the plan was still to implement NHS Pathways in 2013 as a replacement for MPDS.

109.6 Brian Huckett noted that the plan was for the Clinical Response Model to recommence on 15th November and asked whether this was dependent on Call Connect. Peter Bradley confirmed that the CRM would continue without Call Connect.

109.7 Murziline Parchment noted that rest break allocation was significantly below target and asked whether the new arrangements would have an impact and whether it would have a knock on effect on capacity and performance. Peter Bradley responded that the plan was to allocate rest breaks within a longer time frame which would have less of an impact on resources available. The revised policy had been approved by the Senior Management Group and was currently out to consultation with the unions. Caron Hitchen added that the target for rest break allocation was based on a legal requirement. Peter Bradley stated that there was a wider issue around crew staff having insufficient time to conduct vehicle checks and to take rest breaks and often crew staff were finishing late. It was suggested that the Trust Board consider this issue at a future Strategy Review and Planning Committee meeting.

ACTION: FG/SA to add "late finish and rest break allocation" to the forward planner for the Strategy Review and Planning Committee.

DATE OF COMPLETION: 1st November 2011

Director of Finance

109.8 Mike Dinan reported the following:

- The Trust was reporting a surplus of £753k against plan of £2165k. The Financial Recovery Plan had been put in place and he was confident that the year end forecast would be achieved;
- Progress against the Cost Improvement Programme had shown an improved position on last month. £5.6 million had been delivered so far;
- The key financial risks were achievement of CQUINs, achievement of the Cost Improvement Programme and control of overtime. There was a continuing challenge to balance performance and quality.

109.9 Beryl Magrath commented that it would be useful for Trust Board members to have a list of CQUINs and what they were worth.

ACTION: MD to circulate the CQUINs and their worth to members of the Trust Board.

DATE OF COMPLETION: 1st November 2011

109.10 The Chairman commented that the Trust Board had previously expressed a level of concern about the financial position and that it was pleasing to note that the actions that had been put in place to recover the position had started to have an impact. He acknowledged that the recent civil unrest in London and the increase in Category A patients had placed additional pressures to be managed on the Trust.

109.11 Mike Dinan commented that the Trust was in surplus earlier in the year than ever before and planned to make a larger surplus than in previous years. Overall, the Trust was therefore in a position of relative strength.

109.12 Caroline Silver was concerned about how much of the recovery was due to the improved depreciation rate as a result of the delay in the implementation of CommandPoint. Caroline suggested that it would be useful to look at in-year downside scenarios such as continued spikes in demand.

109.13 Steve Lennox added that the quality dashboard should be looked at alongside the financial update. This was discussed at the recent Senior Management Team meeting and it was noted that there was a slight deterioration, but that it was not significant enough to attribute to the Cost Improvement Programme.

110. Clinical Quality and Patient Safety Report

110.1 Fionna Moore reported the following:

- The use of the Demand Management Plan had been included in this report as requested by the Trust Board;
- Useful feedback had been received from the recent consultation meetings including concerns from A&E support staff on the current dispatch model, late finishes and missing equipment. Feedback had been provided on improvements in cardiac, stroke and trauma care;
- The need to reduce time on scene with stroke patients and patients who had been stabbed or shot was being emphasised at the consultation meetings;
- Staff had been asked to provide feedback on difficulties accessing appropriate care pathways;

- The first set of National Ambulance Clinical Indicators were published in August and were now available on the Department of Health website;
- Work was continuing to review the High Risk Register. Issues around the High Risk Register were being highlighted at the consultation meetings, in particular the need for staff to undertake a dynamic risk assessment of each call;
- Arrangements had been put in place for administering the flu vaccine to staff.

110.2 Beryl Magrath asked what risks were associated with the use of the Demand Management Plan. Fionna Moore responded that the Demand Management Plan had a number of levels of escalation and that the severity of risk increased for level C and above. Level C would be employed only in conjunction with increased clinical support in the control room and a clinical floor walker. The number of time the Demand Management Plan was escalated above level C was minimal. The Chairman added that assurance around use of the Demand Management Plan was a key focus and noted that the Quality Committee had this passed to the Clinical Quality, Safety and Effectiveness Committee to ensure satisfactory monitoring.

111. <u>CommandPoint Update</u>

111.1 The following people joined the meeting for this agenda item only:

Paul Cassidy, Ambulance Operations Manager - Control Services, LAS
Jonathan Nevison, Project Manager, LAS
Russ Obert, Northrop Grumman
Ed Sturms, Northrop Grumman
Anna McArthur, Communications Manager, LAS

111.2 Peter Suter reported that, following the last Trust Board meeting, the executive team was asked to develop further options for Go Live 2 and agree the final proposal for approval by the Trust Board. The executive team had agreed option 1 as presented at the last Trust Board meeting but with an earlier go live date of before 16th March 2012. It had been agreed that the scope of version 1.3 could be reduced by 8 specified items which would support the earlier implementation date. The first live run event would take place in early December, which would commence the implementation period. Ed Sturms stated that Northrop Grumman had reviewed the plan and agreed the timeline. It was ambitious but Northrop Grumman believed that it was achievable. The Trust Board was asked for approval to proceed on this basis.

111.3 Jessica Cecil noted that two serious incidents had been declared as a result of Go Live 1 and asked how the learning from these would be integrated into the plan going forward and how Carrie Armitage would be used to provide additional external assurance. Peter Suter responded that the second serious incident report was in the process of being finalised and that he believed that all the recommendations would be satisfied within the scope of the revised plan. He would keep in regular contact with Carrie Armitage and Brian Huckett who would provide additional assurance reports. Following a change of senior staff in the Control Room, Richard Webber would be asked to attend the project board as the senior user.

111.4 Caron Hitchen asked whether the change in approach to Go Live 2 was supported by the recommendations arising from the serious incident. Peter Suter responded that this approach was not specifically related to the learning from the serious incident, but more to the learning points arising from Go Live 1. The actual switchover to CommandPoint was successful on 8th June, which supported the plan to undertake a series of live run events.

111.5 Sandra Adams commented that she sensed some hesitation on the part of Northrop Grumman and wanted assurance that they would support the revised timeline. Ed Sturms responded that there was a lot to do before 5th December, which included training staff in the Control Room. There were also some concerns about additional pressures of the holiday period. However, Northrop Grumman

was confident that this deadline would be achieved and that the go live date of mid-March would be achieved. Northrop Grumman was on track to deliver version 1.2 of the system on 28th October 2011.

111.6 Paul Cassidy stated that he supported the implementation plan although acknowledged that it would be logistically difficult. The trainers would not receive refresher training before 20th November and therefore he was currently modelling how to ensure staff were trained whilst maintaining the level of resources required in the Control Room to meet the performance trajectory. The series of cutovers would help to boost user confidence and would provide a much more informed picture of how the system would operate in a live environment. It would also mean that a greater number of staff would be used in the testing of the system.

111.7 The Chairman asked for clarification about whether version 1.2 of the system, which would be delivered on 28th October, would address the core problems associated with 8th June. Ed Sturms responded that the software delivered in July had already addressed these problems.

111.8 Roy Griffins commented that the option put forward for Go Live 2, as outlined in the paper to the Trust Board, was different to option 1 discussed at the last Trust Board meeting and the language should reflect this. The Chairman agreed with this comment and stated that, as outlined in the paper, the implementation period for Go Live 2 would commence in December 2011. The Chairman stated that, in the event that further unexpected core problems were discovered, the LAS would continue to run with CTAK until there was an opportunity to commence with the system change.

111.9 Neil Kennett-Brown asked what Martin Flaherty's role would be in Go Live 2 and also wanted assurance that the Trust had considered the fact that December to March was the busiest period. Peter Suter responded that Martin Flaherty led the operation overall on the night of 8th June and a discussion would need to be had as to what his role would be for Go Live 2. Peter acknowledged that the implementation timetable coincided with winter pressures, but stated that the Trust wanted to see CommandPoint implemented prior to the 2012 London Olympics.

111.10 The Chairman summarised the discussion by stating that the go live process would commence in December 2011 with an extended transitional period which would see the final go live in mid-March 2012. There was an expectation from the Trust Board that these deadlines would be met. The Trust Board approved this approach.

112. <u>Response to National Audit Office Report</u>

112.1 Peter Bradley gave a presentation on the National Audit Office report *Transforming NHS Ambulance Services*. The key recommendations made in the report were:

- Reduce sickness absence rates and reliance on overtime
- Reduce double dispatch and cancellations en route
- Hospitals to improve clinical handover times
- Increase levels of hear and treat and see and treat
- Improve comparative data to improve benchmarking
- Increase the level of joint working between services
- Focus on outcomes not just targets
- Clarify responsibilities – commissioning and improving efficiency

112.2 Peter gave an overview on LAS's performance against each of these recommendations:

- The LAS was performing well with regards to sickness absence rates and was second best amongst NHS ambulance services nationally. Reliance on overtime had shown a significant drop from £20.6 million in 08/09 to £10.1 million forecast for 2011/12;

- The percentage of double-dispatch was high in comparison to other ambulance trusts, but this was inevitable given the fact that the Trust covered a small geographical area and had a large number of vehicles. The LAS also had to respond to incidents such as the recent civil disturbances in London. There had however been a drop in double dispatch and cancellations in recent weeks as a result of the Call Connect trial;
- There had been an increasing focus on clinical handover and the average handover time to green had shown a decrease;
- The LAS was performing well with regards to see and treat and details of this service was now included on the Trust's website. The LAS had the second-highest rate nationally of conveyance to A&E. This was partly as a result of the fact that the LAS operated in an urban environment with a high number of acute trusts within the area and that there was an expectation amongst patients to be conveyed to hospital. The LAS also had the oldest ambulance workforce and the oldest population and therefore it was more difficult to make this type of cultural change;
- Progress had been made with regards to benchmarking against other ambulance trusts, particularly following the publication of the national quality indicators;
- Joint working had improved with regular national meetings with all director groups and local meetings with the Metropolitan Police Service, the London Fire Brigade and Transport for London. The Stakeholder Engagement Strategy also included FT members, MPs, the Mayor's Office and the Greater London Authority.

112.3 Lizzy Bovill commented that the LAS was also working with the commissioners to discuss how they could support the Trust to deliver the recommendations made in the National Audit Office report. This included reviewing what actions other ambulance services had taken.

112.4 The Chairman stated that it was encouraging to see how the LAS compared with other ambulance services nationally. It was agreed that this presentation should be circulated to members of the Trust Board.

ACTION: PB to circulate his presentation on the response to the NAO report to members of the Trust Board.

DATE OF COMPLETION: 1st November 2011

112.5 It was agreed that the Chairman would discuss with Peter Bradley whether there was anything additional that the Trust could be doing to meet these recommendations.

ACTION: RH/PB to meet to discussed whether there was anything further the Trust could be doing to meet the recommendations made by the NAO report.

DATE OF COMPLETION: 1st November 2011

112.6 Neil Kennett-Brown commented that this was a good news story for both the LAS and the wider health system. A reduction in conveyance to A&E departments led to direct savings for the NHS.

112.7 The Chairman commented that the LAS needed to be better at briefing the public on the type of service delivered by a modern ambulance service and its ability to deliver the clinical agenda. The LAS needed to market itself better with a focus on communications to the "customer" base.

113. <u>Foundation Trust Update</u>

113.1 Sandra Adams reported that she had received a letter yesterday from NHS London following the

Safety and Quality Assurance Gateway Review and suggested that this would be useful for Trust Board members to review in preparation for the Board to Board meeting.

ACTION: SA to circulate the letter from NHS London regarding the Safety and Quality Assurance Gateway Review.

DATE OF COMPLETION: 7th October 2011

113.2 Sandra reported that the first stage of the Historical Due Diligence refresh took place last week and the Trust had received a number of amber ratings, most notably for financial recovery, the Cost Improvement Programme and CommandPoint. However, progress had been made with issues that were highlighted in earlier iterations of the Historical Due Diligence process.

113.3 Sandra reported that a new timeline had been agreed which would see the LAS submitting an application to the Department of Health on 1st December 2011 and to Monitor on 1st February 2012 at the earliest.

113.4 A Members' Event was held on 14th September which had been well-attended and had received good feedback. This event had highlighted the need to communicate key messages to the public around the use of appropriate care pathways, which would need to be discussed more fully at an SRP.

113.5 The Chairman noted that two further board development sessions were scheduled for this afternoon, following the AGM and on Sunday 2nd October. He and Caron Hitchen would discuss the content of the sessions.

114. <u>Board Assurance Framework and Corporate Risk Register</u>

114.1 Sandra Adams reported that the Board Assurance Framework and Corporate Risk Register were dynamic documents which were regularly reviewed by the Risk, Compliance and Assurance Group, the Quality Committee and the Audit Committee. Section C of the Board Assurance Framework, which detailed key sources of assurance, had been updated from the previous quarter to reflect discussions at recent board development sessions and to include the Finance and Investment Committee.

114.2 Sandra noted that there were two key risks to bring to the Trust Board's attention and these were:

- Service performance affected by inability to match resource to demand (265). Performance was particularly falling at shift changeover times;
- Failure to clinically assess comprehensively may result in inappropriate conveyance or treatment (22).

114.3 Sandra commented that these risks reflected much of today's discussion and actions were in place to address both of these.

114.4 Jessica Cecil noted that risk 245 in relation to the Hazardous Area Response Team (HART) needed to be kept up to date. Sandra responded that HART had been subject to two internal audits, the latter of which had confirmed that progress had been made. HART had also been referred to in the Trust's Statement on Internal Control for 2010/11.

114.5 Roy Griffins commented that it would be useful for the Audit Committee and SMG to review the Board Assurance Framework and Corporate Risk register prior to the Trust Board. Sandra responded that this was the aim for next year.

115. Patient Experiences Department Annual Report 2010/11

115.1 The Trust Board agreed, given the time constraints, that the Patient Experiences Department annual report for 2010/11 should be discussed at a Strategy Review and Planning Committee meeting. Lizzy Bovill suggested that this should be linked to a discussion on the Quality Strategy.

ACTION: FG to add Patient Experiences Department Annual Report to the forward planner for the Strategy Review and Planning Committee.

DATE OF COMPLETION: 1st November 2011

116. Corporate Social Responsibility Annual Report 2010/11

116.1 Trust Board members agreed that this was a good report which pulled together various initiatives from across the organisation. The Chairman commented that he would like to see corporate social responsibility become higher on the Trust Board's agenda as it grew in stature.

116.2 Murziline Parchment commented that she would be interested in understanding more about the Community First Responders as this could represent a marketing opportunity for the Trust, similar to that of the Metropolitan Police Service. The Trust Board agreed to have a presentation on Community First Responders at a future Strategy Review and Planning Committee meeting.

ACTION: FG to add Community First Responders and our evolving social and corporate responsibility policy to the forward planner.

DATE OF COMPLETION: 1st November 2011

117. KA34 Compliance Statement

117.1 The Trust Board approved the KA34 Compliance Statement.

118. Report from the Trust Secretary

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

119. Forward Planner and dates for 2012

119.1 The Trust Board noted the forward planner and the dates for 2012.

120. Any other business

120.1 There were no items of other business.

121. Questions from members of the Public

121.1 There were no questions from members of the public.

122. Date of next meeting

122.1 The next meeting of the Strategy, Review and Planning Committee is on Tuesday 1st November 2011.

ACTIONS

from the Meeting of the Trust Board of Directors of

LONDON AMBULANCE SERVICE NHS TRUST

held on 27th September 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**	**The Strategy Review and Planning Committee, with delegated authority from the Trust Board, approved the Constitution and Governance Rationale. The Trust Board is asked to formally ratify this decision at its meeting on 29th November 2011. Action closed.**
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**	**The Strategy Review and Planning Committee discussed the Balanced Scorecard at its meeting on 1st November and agreed that it should be the primary performance review document to be trialled at the Trust Board meeting on 29th November 2011. Action closed.**

Meeting Date	Minute Date	Action Details	Responsibility	Progress and outcome
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**	**Angie Patton reported that it had been difficult to access case studies of patients who had received better clinical care as a result of being referred to an appropriate care pathway, but that it was still on her agenda. It was suggested that she contact Gary Bassett and report back at the next SRP. Outstanding.**
28/06/11	**66.7**	**Report from Sub- Committees** RW/MD to update the Trust Board on plans to address the tracking and servicing of equipment.	**RW/MD**	**Mike Dinan updated the Audit Committee that a PID for an asset tracking system would be submitted to the programme board next week and would be considered in conjunction with the Make Ready tender.**
28/06/11	**67.3**	**Chairman's Report** RH to discuss world cities benchmarking with FM.	**RH/FM**	**The Chairman was yet to meet with Fionna Moore to discuss some initial benchmarking on an international basis with other cities' ambulance services. Further update to be provided at the next board meeting.**
28/06/11	**73.6**	**Foundation Trust Update** RH to write a letter to the Secretary of State confirming the new timescale to achieve Foundation Trust status.	**RH**	**The Chair noted that he would write to the Secretary of State following the board to board meeting to confirm the new timescale to achieve FT status. Action closed.**

Meeting Date	Minute Date	Action Details	Responsibility	Progress and outcome
23/08/11	**90.2**	**Report from Quality Committee** PB to update the Trust Board on action taken to address equipment availability.	**PB**	**Presentation given to the Strategy Review and Planning Committee at its meeting on 1st November 2011. Action closed.**
27/09/11	**106.2**	FG/SA to add the LAS Foundation Trust constitution to the Trust Board forward planner.	**FG/SA**	**Added to SRP agenda on 1st November and Trust Board agenda on 29th November. Action closed.**
27/09/11	**106.3**	FG/SA to add a review of the balanced scorecard to the forward planner of the Strategy Review and Planning Committee.	**FG/SA**	**Discussed at SRP meeting on 1st November 2011. Action closed.**
27/09/11	**107.5**	FG/SA to add the appointment of a non-executive director with responsibility for security management and a review of committee membership to the forward planner for the Strategy Review and Planning Committee.	**FG/SA**	**Agreed at SRP meeting on 1st November 2011. Action closed.**
27/09/11	**107.7**	FG to ensure that the discussion at the Quality Committee regarding the relationship with the Committee's sub-committees should be reflected in the minutes of the meeting.	**FG**	**Action closed.**
27/09/11	**109.7**	FG/SA to add "late finish and rest break allocation" to the forward planner for the Strategy Review and Planning Committee.	**FG/SA**	**Added to SRP forward planner for 28th February 2012. Action closed.**
27/09/11	**109.9**	MD to circulate the CQUINs and their worth to members of the Trust Board.	**MD**	
27/09/11	**112.4**	PB to circulate his presentation on the response to the NAO report to members of the Trust Board.	**PB**	**Action closed.**
27/09/11	**112.5**	RH/PB to meet to discuss whether there was anything further the Trust could be doing to meet the recommendations made by the NAO report.	**RH/PB**	
27/09/11	**113.1**	SA to circulate the letter from NHS London regarding the Safety and Quality Assurance Gateway Review.	**SA**	**Action closed.**
27/09/11	**115.1**	FG to add Patient Experiences Department Annual Report to the forward planner for the Strategy Review and Planning Committee.	**FG**	**Action closed.**
27/09/11	**116.2**	FG to add Community First Responders and our evolving social and corporate responsibility policy to the forward planner.	**FG**	**Added to SRP forward planner for 28th February 2012. Action closed.**

London Ambulance Service NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 29TH NOVEMBER 2011

PAPER FOR NOTING

Document Title:	**Report from the Quality Committee held on 10th November 2011**
Report Author(s):	**Beryl Magrath**
Lead Director:	**Beryl Magrath, non-executive director**
Contact Details:	**c/o 020 7783 2045**
Why is this coming to the Trust Board?	**To understand the topics of discussion at the Quality Committee and the issues as well as gaining assurance from the committee**
This paper has been previously presented to:	☐ Strategy Review and Planning Committee ☐ Senior Management Group ☐ Quality Committee ☐ Audit Committee ☐ Clinical Quality Safety and Effectiveness Committee ☐ Risk Compliance and Assurance Group ☐ Learning from Experience Group ☐ Other
Recommendation for the Trust Board:	**To take assurance from the report on the governance of quality and safety**

Executive Summary

Risk Areas Identified:

- Risk to patients and staff of late shift finish times
- PRF management at station level
- Missing documentation linked to the above
- Risks to patients with addresses on the High Risk Register(also highlighted in July)
- Category C performance times
- Introduction of infection through an invasive procedure (Patient story)
- Delivery to staff of priority training commitments-attendance issues
- CPI audit feedback poor in South and East Areas
- CIP monitoring not available to QC, who are thus unable to comment on the effect on patient care
- Outcome data remains an issue
- Risk of non-achievement of next year's proposed CQUINs
- Board understanding of Monitor's Quality Risk Framework.

The Board can receive assurance for the following:

- LAS compliance with the Information Governance toolkit compliance. The LAS has improved with overall compliance from 61% to 71%.
- The appointment of Murziline Parchment as the NED with special responsibility for security, should improve the red RAG rated local security management in the QRP.
- The final local risk register has now been set up to comply with NHSLA level 1. The next stage to comply with level 2 is to ensure that all risk registers are actively reviewed and monitored.

- The Emergency Preparedness and Business Continuity Group are reviewing the preparation for a possible 'flu epidemic and industrial action.
- The management of the backlog of serious incidents is progressing well. The QC will receive a summary of trends from incidents and complaints.

Members of the QC watched a short video of a patient's story provided by the Director of Health Promotion and Quality. They would like to commend this and recommend that the Board consider how best the patient experience of care by the LAS can be brought to the Board's attention.

Assurance about quality governance

The committee discussed the quality governance framework produced by Monitor which has been subject to review by the Strategy Review and Planning Group (and the SDC) on a number of occasions in the past two years. An independent assessment is being commissioned to commence in late December/early January 2012 however committee members were keen for the board to undertake a self assessment prior to this and had asked Caron Hitchen to arrange this. This was likely to require two hours from board members and could take the shape of a board development session prior to the end of December.

Attachments

No attachment for this item

****

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 NHS
NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 29TH NOVEMBER 2011

PAPER FOR NOTING

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

Executive Summary

Since the last Trust Board, I have had meetings with Linda Mills, Gary Salisbury and Sir Nigel Essenhigh of Northrop Grumman, attended two Kings Fund Board Leadership Programme meetings, the speaker at one of these was Dame Ruth Carnall. I also attended two Olympics meetings; one of which was the main National Olympic oversight group; and the other an MPA sub-committee meeting, at which I provided an update on our current Olympic position.

I did a rideout from Hanwell and followed this by attending a Consultation meeting. I had a separate rideout with South East Coast Ambulance Foundation Trust to see how other Trusts work. In order to be allowed to go out with SE Coast, I had to attend a two hour session, which included CPR training. I also had to send feedback and sign an indemnity form.

Following our Board to Board meeting with the SHA, I had a meeting with Professor Mike Spyer, Chair of NHS London and attended an NHS London Board Development Day. Finally, I attended a dinner given by the Chairman of the Police Committee of the City of London Corporation.

Key issues for the Trust Board

Attachments
None.

****

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 NHS
NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 29 NOVEMBER 2011

PAPER FOR NOTING

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

Executive Summary

- Cat A performance for October was above trajectory at 75.4% and November is showing strong performance at 78.6% (1st to 21st) against a trajectory of 75%. YTD Cat A performance has improved to 76.3%
- YTD Category A8 demand increased to 11.7% whilst overall demand has decreased to 2.8%
- LAS has responded to 18,549 more patients within 8 minutes between April & October
- To help manage peaks in demand and manage associated risks, the Demand Management Plan has been utilised on a number of occasions
- Call answering performance remains strong and CTA have had their best month in October saving 1,441 ambulance journeys
- There has been a 25% reduction in vehicle cancellations since introduction in August of new dispatch regime for calls other than Red 1s
- There has been a 15% growth (April to Oct) in hospital breaches. NHS London has 'handover' flagged with hospitals as an area of concern and is managing accordingly
- Targets for Cardiac arrest (ROSC) STEMI and Stroke were all met. Analgesia delivery for STEMI patients is not meeting guidelines
- The trust has seen a slow increase in PDR delivery and further improvement is needed.

- Deferment of Student Paramedic courses to release more hours to operations over winter and in the run up to the Olympics has caused some difficulties. Staff are working hard to minimise any adverse impact on those involved.
- Good media coverage has been given to our coordination of the first 50 Libyan patients coming to the UK for treatment.

Attachments

- HR data pack
- Performance data pack
- Balanced Scorecard

****

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 NHS TRUST
TRUST BOARD MEETING 29 NOVEMBER 2011
CHIEF EXECUTIVE'S REPORT

1. COMMISSIONING AND BUSINESS DEVELOPMENT

The LAS has successfully achieved reduced conveyance pan London to 72% in line with the CQUIN trajectory and also achieved under 71% in 2/3 required areas by the end of quarter 2. In addition our trajectory for referring fallers to GPs has been achieved and the CPI for non conveyed. The performance notice issued following September has now been lifted following the agreement of a remedial action plan with our commissioners. Areas of concern for the CQUIN are End of Life Care and NHS Pathways in CTA as this may not be an appropriate triage tool from a patient experience and clinical perspective.

In addition we continue to work with NHS London on supporting the delivery of the 111 pilots, which unfortunately have now been delayed until after Christmas due to concerns with the procurement process. Previous governance concerns with the passing of calls from 111 to 999 services for an ambulance have now been resolved and it has been agreed that patients requiring an ambulance will receive the same response regardless of whether their entry point was 111 or 999

Finally we are currently working to agree CQUIN areas for 12/13. These are likely to include continuing our current work to reduce conveyance to emergency departments and increase hear and treat in line with our QIPP plans. LAS have also suggested ensuring GPs are informed of all patients we treat but do not convey, improved management of diabetic patients and alcohol initiatives as three new areas for 2012/13. These areas received an enthusiastic response at the recent Clinical Quality Group with GP representatives from across London as they are in line with London priorities and we hope to build on these in coming negotiations.

2. INTEGRATED BUSINESS PLAN (IBP) DELIVERY PROGRAMME

The three programmes which make up the IBP Delivery Programme are progressing (Patient Care [SRO Steve Lennox]; Value for Money [SRO Mike Dinan]; Workforce and OD [SRO Caron Hitchen]). Work is continuing to engage clinical leads in on-going clinical quality assurance of CIP projects. Points of note are:

Patient Care Programme –
Implementation of ACPs: Falls referrals to GPs have increased to 853 for September 2011. The new PRF code cards have been printed and the new coding system went live in mid-October.
Implementation of NHS Pathways: An options paper to deliver NHS Pathways has been prepared for SMG.
CommandPoint: NG have produced the designs for the interim build 65 and project team members have been out to the USA to test them.

Control Rooms (Bow as a 'hot' control): Revised plans to deliver the Bow control room have been proposed to Control Services along with revised costings following SMG decision that Bow as a dual control room should go-live post Olympics.
FT Application: Following a successful 'Board to Board' an action plan for the submission of the FT application has been drawn up.

Value for Money Programme –

Manage Unsocial Hours Payment - Has been delivered.
Support Service Headcount Reduction – Various projects have been merged under this heading with a view to removing 43 posts from the establishment by March 2012.

Workforce and OD Programme –

NWoW - The roll out for the training officers' clusters has been agreed and a further 14 will be released on the 5th December. A further CIO will be appointed in Croydon.
CRM - Go-live in November postponed due to: the risk of impacting upon CommandPoint testing; clinical risk; insufficient skill mix in the South East to fully support the model. An options paper is to be developed for CRM implementation.
External Engagement - A proposal for the Delivery projects of how to approach external engagement is to be taken to the Delivery Board meeting in December

3. BALANCED SCORECARD (see attached information pack)

Care for Patients

Targets for Outcomes from Cardiac Arrest (ROSC), acute STEMI and Stroke were all met, with the Medical Directorate reporting that we are making some improvements in the delivery of the care bundle for STEMI patients. The element of the care bundle that is of greatest concern is the delivery of analgesia (Entonox/Morphine) to STEMI patients. This needs to be encouraged in line with JRCALC guidelines. Additionally, the submission of 12 lead ECG's is variable and needs to be improved as this allows for accurate data capture and for informing the patient's continuing care.

Targets for Outcomes from Trauma are critically behind due to a lack of resources. An action plan is in place, with three posts advertised internally in early November.

The Mental Health (MH) Pathways (CQUIN 6A) action plan is monitored monthly at the MH committee and is on track for delivery, but there is a risk to the delivery of training and implementation of the assessment tool due to the complexity of the delivery and the time frame, a training plan is now in draft form but it will depend on the pragmatism of the commissioner in deciding if this meets the requirements of the CQUIN. The development of Mental Health protocols for direct access to MH crisis teams (CQUIN 6B) is also on track for delivery, with visits to seven of the mental health providers completed.

Reducing conveyance rate to A&E services (CQUIN 1) showed an overall increase on August's figure, with this being the fourth month at a plateau level; whilst currently ahead of the trajectory, there needs to be significant improvement to mitigate the risk of failing to meet targets.
CQUIN 2A actuals have been met and CQUIN 2A trajectory met all months up to and including August 2011. September also achieved the requisite CQUINs for the month with the highest ever number of PSIAM saves achieved in September at 3859,

with fewer calls transferred to NHSD than in the previous 4 months, but still within the monthly CQUIN target.

Nationally, there is a trend of fewer calls going to NHSD in the month of September. For the Trust, the level of DMP interventions restricts the numbers going to NHSD and a risk log is being compiled.

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

Good for Staff

The figure for non operational staff receiving PDR sessions continues to increase, but too slowly; although some of the larger directorates operate PDRs on a rolling 12 month basis, this completion rate remains below that required to ensure achievement of the 90% target by year end.

Cancellations of planned Olympic training and CSR have impacted on the % of staff attending training courses. Training has been rescheduled and we are continuing to maintain the student paramedic target and the milestone will be checked and readjusted prior to next report.

This month 4 x CSR 2 courses have been cancelled (48 places) which has impacted the annual priority training commitments delivered. CSR 1 has also been facilitated locally for operational managers. Attendance is low historically due to small target group available to be booked. However keeping the spread of courses and limiting number of course attendees provide flexibility to both managers and resilience for cover.

Since April this year, we have undertaken 571 PDRs across the Service. The data to calculate the percentage of operational staff who have had two workplace performance reviews is difficult to capture with increasing abstractions and performance pressures. However, we have done very well in PPEd and APEd mentoring; all university students have undertaken sessions with their allotted mentors and this mentor pool is increasing every year.

60% of NWOW training has been delivered to date across the 5 live NWOW complexes (12,360 hours delivered from 20,431 planned).

It has been suggested that the results of the staff “Temperature Checks” could be included in the Balanced Scorecard (C07 – Improve Staff Satisfaction) to measure staff responses on training and support.

Value for Money

Estates strategy objectives are 20% complete across five projects, with the current status of the projects as: the HART buildings (West) is complete as at September 2011; a business case for Workshop West is to be resubmitted to the SHA for

approval; a feasibility study and budgetary costs for the Bow Control Room has been completed, with Operations to produce the business case to secure funding; the New Generation Ambulance Station user brief has been submitted to SMG for approval; and a brief is being drawn up for the HQ replacement project. The Estates team has submitted revised monthly targets for this Performance Indicator from September 2011.

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

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

Improve Engagement – Service Experience

The Learning from Experience report will be presented in November. It includes outcomes of improved user experience in three areas:
Internal safety and quality: We have strengthened our controlled drugs management processes, we now have a controlled drugs officer as a statutory position, our medicines management group has improved systems and processes for managing the supply and security of controlled drugs and we have implemented a peer audit process where one Station audits another.
Patient Safety - Death in Custody: As a result of two Serious Incidents and Rule 43s, we now have joint processes in place with the Metropolitan Police Service for the notification of patients taken ill whilst in custody, and there is a joint group that meets to discuss improvements to processes.
Governance: The governance and management of Serious Incidents has been strengthened with the aim of improving the quality of the recommendations and actions taken, with the intention of improving Service Experience.

Infection Control

Audit of clinical practice continues to demonstrate improvement although there is variation across the service which is more pronounced when using external auditors. The West and the East continue to demonstrate that they are focussing on sustaining these improvements. Audit will become more challenging in the coming months as the temporary deployment of a compliance lead into the infection control team has ended. The operational areas will now need to ensure the level of auditing is maintained.

Overall infection control has now been awarded an amber rating due to concerns expressed by the infection, prevention & control committee regarding mandatory training. Figures across the service are currently below the target level and whilst there has been an over provision of training planned for this winter there is concern that demand may impact on the uptake of training.

Overall, infection control practice remains in a stronger position.

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 September and October and the first 17 days of November 2011.

	Cat A8	Cat A19
Key Standard	75%	95%
September	73.5%	99.2%
October	75.4%	99.3%
* November (1st to 17th)	78.8%	99.5%

The Trust achieved the National Key Standard for Category A performance for the month of October ending on 75.4%, above the agreed trajectory, with the YTD Category A performance sitting at 76.3%. Category A life-threatening incident demand continues to be higher than the Trust's expectations. October's Category A activity was up 13.8% in-comparison to last year, this equates to an additional c4,024 more incidents. Total incident demand for October decreased by 4.9% YTD Category A incident demand increased to 11.7%, which equates to c23,475 more life-threatening incidents whilst overall incident demand has decreased by 2.8%. It is worth noting that the Trust has arrived at 18,549 more patients in 8 minutes or less from April to October.

Fifteen Ambulance complexes achieved above the 75% for the month of October, with a further five complexes achieving 74% or above. The month of October saw all six PCT clusters achieve above the minimum 73% threshold as agreed with the commissioners. October is the first month since June that hospital breaches (Cases where the hospital arrival to handover time has exceeded 1 hour) have surpassed that of last October's breaches, whilst NCL & SEL have both breached their Q3 threshold. The Trust recorded a total of 139 breaches for October, SEL contributed to 76 of these breaches, which equates to 55% of the overall total. April to October the Trust has recorded 649 breaches. This is an overall growth of 84 breaches or 15% growth. It is worth noting that SEL have breached in-total 311, times which equates to 48% of the total breaches, followed by NWL 135 times or 21% of the combined breaches.

On the 10th August 2011 the Trust trialled dispatching using a new process. The process did not change the dispatch regime for Red 1 calls but dispatch was delayed for other calls by up to a minute so that what was wrong with the patient was known. The objective of the change was to utilise resources more efficiently whilst enhancing patient care. One of these efficiencies reduced the average daily cancellations from c4,000 per day. I am pleased to report that the Trust has seen a 25% reduction since August, and this has stabilised at c3,000 per day.
AEU utilisation decreased from 80.8% in September to 79.6% in October whilst FRV utilisation increased from 42.2% in September to 43.9% in October. This is due to the daily increase in the average incidents per day which has increased the FRU workload.

Call Answering (Graph 5, 6, 54 & 55)
Call handling performance has remained excellent over a number of months now, such that YTD performance sits at 95.37% compared to 94.45% over the same period last year on a call volume circa 8% higher this year.
Huge emphasis has been placed on the delivery of call handling performance and it is to the credit of the teams in EOC that 4 of them now find themselves outperforming last year with the 5th seeing significant catching up occur.
EOC is soon to introduce a common set of KPI's spanning all 5 teams that will see the quality and optimal efficiency aligned.

Rest Breaks (Graph 12)
Rest breaks given for the month of October finished at 32%, an increase of 3% in-comparison to September, and marginally short of last October. This is still disappointing and awaits resolution of the rest break policy review to see a step change occur.

Call Taking Resolution (Graph 31, 61 & 62)
The Trust passed a total of 4,775 calls to NHS Direct for the month of October, which equates to 154 per day which is a marginal increase in-comparison to September's 153. Clinical Telephone Advice processed a total of 5,859 calls through PSIAM, saving 1,441 ambulance journeys, this equates to 24.6% of total calls processed in October. I am pleased to inform that this makes October 2011 the highest number of saved journeys. On the 24th October between 09:00 and 16:00 hours NHSD upgraded their CAS software meaning our staff reverted back to the telephone handshake.

Demand Management Plan (Graph 31,36,37,38 & 39)
The Demand Management Plan (DMP) is a procedure for managing unforeseen over capacity where demand outstrips supply. The plan is different to the Resource Escalatory Plan (REAP) in that this is designed to create more capacity through the restriction of planned activity where front line staff are not deployed to their routine shifts.

DMP progressively restricts responses to calls where capacity (supply) is insufficient to provide routine levels of service to national patient waiting time standards. There are seven levels to DMP and as escalation occurs through the plan (having met the required triggers and having been appropriately authorised) it restricts or stops responses to lower category calls with the aim of maintaining service to the most seriously ill or injured patients at all times.

Where capacity is proving insufficient to meet demand it therefore allows the Trust to follow a structured clinically driven approach to do the best for the most by using the telephone triage process to identify calls where it is not appropriate in the prevailing circumstances to send an ambulance resource.

Patient safety is central to the plan when it is activated whereby calls identified for a "no send" are reviewed by a clinician in the call taking area and dispatch areas and where necessary upgraded or assigned for dispatch where clinical priorities indicate

this is necessary. The use of the plan has become more common place with reducing staffing levels and so information as to its frequency, duration and level of implementation are now incorporated in this report.

During the month of October the Trust implemented the Trust's Demand Management Plan (DMP) for 182 hours a reduction of 62 hours in-comparisons to September's 244 hours.
DMP in October saw Stage C utilised for a total of 46 hours in-comparison to September's 72 hours, Stage D increased in Octobers covering 14 hours as compared to Septembers when it was in place for 4 hours. At stage C we do not respond to C4 callers between the ages of 5 to 69 and at stage D this is extended to C3 calls.

Resourcing (Graph 14, 15, 16, 17 & 18)
The Trust produced 127,338 ambulance hours resourcing for October which was 9,213 hours less than for the same period last year; a 6.7% reduction. FRU hours produced for September increased by 16.4% to 60,792 hours compared to 52,214 hours for the same period last year. The Trust produced 26,481 ambulance hours for Urgent Care vehicles in October this year, exceeding the hours produced last year by 4,068.

Actual planned overtime spend for October was 36,424 hours. This is a considerable increase compared to the same period last year when we spent circa 20K hours on planned overtime. The main driver for this was our large staff abstraction rate due to SP2 Paramedic training.

Hospital Handover/Turnaround (Graphs 22, 23 & 24)
The Trust continues to work with commissioners and acute hospital trusts to reduce both the average patient handover to green and average hospital turnaround times in order to increase the resources available to respond to calls.

For Sept '10 the pan London average hospital turnaround time was 32.3 mins and for Sept '11 31.5 mins. The average arrival to patient handover times for the same period was 13.9 mins and 16.1 mins respectively. Similarly the average patient handover to green time was 18.8 mins in Sept '10 and 15.5 mins in Sept '11 which continues the downward trend in average time. As a result of our ongoing concerns and representations about the increase in the arrival to patient handover, NHS London has now raised this as an area of concern and appointed a Senior Responsible Officer to oversee an improvement plan. Acute trusts are now being held to their submitted recovery plans with trajectories.

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

Handover to Green within 15 minutes - trajectory 54% - performance 54.8%
Handover to Green within 30 minutes – trajectory 95% - performance 94.6%
Data completeness – trajectory 80% - performance 87.5%

Control Services (Graph 6,47,48,50 & 51)
A significant amount of Control Services input continues with the development and ultimate reintroduction of CommandPoint in to the Control Room. Control Services staff have a pivotal role in supporting the testing regime leading up to CommandPoint's reintroduction and the Control Services SMT has supported this by releasing staff to testing.

The revision to the dispatch model in EOC that took place on the 28th August has bedded in well and indications are that there has been no discernible impact on Category A delivery. As with call handling Category A8 and A19 sits higher YTD than last (up 0.63% on A8) on a volume 11.7% higher equating to a numerical increase of Category A volume of over 24000. All 5 teams are performing better YTD than they were this time last year but the SMT remain committed to establishing a culture of continuous improvement.

Fleet & Logistics (Graph 52 & 53)
The number of days lost due to vehicles being off the road (VOR) increased from 1.75 to 1.82 days from September to October. Looking at the breakdown, Fleet VOR has reduced by 0.05 days and On-Duty increased by 0.1 days. Against the same period in 2010, Fleet VOR has fallen by 0.1 days and On-Duty VOR has increased by 0.34 days.

Vehicle Sourcing reduced from 84% in September to 74% for October, however in comparison with the same period last year there is still a s31% improvement. The fall ties in with an increase in produced man hours thus increasing the Peak vehicle Requirement (PVR). This challenged vehicle sourcing as there was an increase in the amount of overtime given at short notice giving little time to move vehicles to stations.

Vehicles servicing performance remained strong with 92% of AEUs (91% in September) and 84% of FRUs (78% in September) within their service intervals at the end of the period.

Make Ready performance fell slightly during the period and Deep Cleaning performance was at 89% (within their cleaning period) for AEUs (86% in September) and 89% for FRUs (89% in September). This was despite the provider being informed that they were no longer part of the part of the bidding process for the new vehicle preparation contract.

A total of 20,000 additional blankets are now in place (both LAS Red and fleecy disposables) ready to be distributed to stations to meet increased winter demands. Winter tyres have been fitted to 50% of the AEU and FRU fleets, with the rest expected to be fitted by the end of November. The programme to roll out the issue of Personal Issue fuel cards begins during November and is expected to be complete early in the New Year.

Emergency Preparedness

During the past few months we have seen a very busy period for events with several demonstrations, large scale football matches and a significant number of firework displays.

We continue to make progress on the revised major incident plan and action cards are nearing completion. A series of exercise have taken place during the past couple of months which have been to test our response to emerging threats, the Olympics and command and control.

The planning for New Years Eve is well underway and making good progress. The Department of Health recently published an extreme weather plan and the EP team are currently reviewing our adverse weather planning in light of this document and to ensure our preparedness.

5. PATIENT TRANSPORT SERVICE

Commercial

Lewisham Healthcare has announced that it is awarding the Facilities Management Contract to Initial PLC. G4S will be providing the Patient Transport Service as a subcontractor to Initial under this contract. Sodexo as the lead partner with the LAS, on this bid, are currently seeking feedback so that we can learn from the experience.

Announcement of the successful providers onto the Managed Service Provision Framework as part of the London Procurement Programme is imminent. This has been delayed following the decision by Lewisham Healthcare and St Georges Hospital, withdrawing from the exercise.

PTS has agreed with the Olympics team that it will provide transport for the deployment of staff to venues throughout the build up to and duration of the Olympics and Paralympics.

Operations

Resource availability

Sickness levels have remained high and this continues to be managed in accordance with the Managing Attendance Procedure. The effects of this have been mitigated to some degree by the realignment of rotas in the East and introduction to day lines of staff from Central Services. As a consequence, PTS has continued to reduce its requirement for agency staff, third party vehicles and overtime, albeit that the savings achieved have not been as great as forecast.

Rotas

In line with agreed plans, new rotas were instigated in East of London on 1 October 2011. These are currently being reviewed, however, initial indications are that it is providing increased flexibility of resourcing and subsequent reduction in overtime.

Re-organisation

The re-organisation of Central Services night and weekend staff was completed on 1 October 2011 in line with the CIP. All staff have now taken up duties on a relevant day rota line after following a due consultation process.

Bariatric Vehicles

To increase the range of bariatric patients which we can attend, PTS are currently trialling a wider bariatric stretcher supplied by Ferno. A number of PTS crews are being trained between 18th to 30th November with the trial expected to commence from 1 December for a period of 2 months.

Performance

Activity for October fell by a further 500 journeys on the previous month to 15,361.

Quality for arrival time was maintained at Septembers level and there was an increase in the other two measures to:

- Arrival Time: 91%
- Departure Time: 94%
- Time on Vehicle: 96%

6. HUMAN RESOURCES

Workforce information

Highlights from the attached workforce information report are:

Sickness absence

The fall in sickness absence for the Trust as a whole August to September – 5.11% (adjusted) to 5.02% was due to the decrease in long term absence; short term absence increased slightly. The YTD figure has also fallen slightly as a result, but at 5.12% remains just above the target for 2011/12 of 5% or below. As reported previously, many of the long term absences are attributable to serious illness, so we cannot expect rapid improvements. The RAG rated audits continue to show that, in the main, all absence is being managed appropriately and in accordance with the Managing Attendance Policy (MAP).

Sickness in the Areas remained static August to September, and at 5.34% was above the Trust total for the month and at 5.18% just above the Trust YTD figure. There was marked disparity between the Areas (August's figures in brackets); East at 6.23% (5.08%), South at 5.67% (5.62%) and West at 4.19% (5.23%).

In September sickness rose in Control Services 5.80% (4.83%), YTD 5.92% (5.91%). An increase was seen in both short-term and long-term sickness, month on month and compared to the same time last year.

Although another reduction was seen August to September PTS sickness remained high 6.18% (7.17%) Short-term absence increased slightly and long-term absence fell. All cases are being managed appropriately through the MAP.

Details, other than percentages for sickness, in support services directorates are not available for September.

Unauthorised Absences

Unauthorised absences continue to be a cause for concern. Management action in Control Services, including overtime bans for repeat offenders, continues.

Vacancies and Turnover

Vacancy level for A&E front line staffing is reported at 71wte as at 31 October 2011.

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

PDR completion

The report shows completion rates YTD (to October). Even taking into account that the figures show some improvement and that some PDR completion is undertaken on a rolling year basis rather than at the beginning of the financial year, this figure remains a matter for concern.

The Director of HR and OD has written to all senior managers reminding them of their responsibility in this respect and SMG members have again been reminded to ensure that their managers undertake PDR completion at the appropriate time for their staff and register the activity electronically.

Health Safety and Risk – incident reporting

Manual Handling Update

The numbers of lifting, handling and carrying incidents remain low compared to 2010/11. This is across all 3 areas, with the West Area having the lowest amount of reported Manual Handling incidents in September 2011. (East Area: 18, South Area: 14, West Area; 3). The West Area has very low levels of incident reporting in general and we conclude that this figure of 3 incidents indicates that their incident forms have still not been fully received.
The chair transporter trial is ongoing with the North East and East Central sectors now being complete. The North West, West and South-West are partially complete. Currently the trial is being undertaken in the south at the Oval complex.

Abusive Behaviour Update

The numbers of incidents where staff are verbally abused or threatened rose slightly in September 2011, but still remains consistently below the number reported in 2010/11. (East Area: 24, South Area: 21, West Area; 18)

Physical Assault and Security Update

The numbers of reported physical abuse dropped to the average for 2010/2011. The East Area saw a rise in the levels of reported Physical Assault figures but only to the average over the last 6 months, with the South Area seeing a drop in reported assaults. (East Area: 21, South Area: 9, West Area; 10).

There were no prosecutions relating to assaults during work, however we have recently seen the sentencing at Nottingham Crown Court over the manslaughter of James Hodginson, a trainee paramedic. The 19-year old male who was responsible was sentenced to 30 months in jail after punching Mr Hodgkinson during an unprovoked attack in Nottingham, where James was socialising with friends after a cricket test match.

Health and Safety Training Update

During September 2011 there were 5 delegates trained on the Managing Safety and Risk Course. There were an additional 12 delegates trained in two Managing Safety and Risk courses during October 2011. One course has already been cancelled in November 2011 due to insufficient delegate numbers, but two courses are planned over the next 2 months, with 11 delegates booked so far.

10 delegates were trained in the BTech Manual Handling Refresher course in October.

EBS Reporting Trial

The pilot is still ongoing in the participating complexes.
For City and Hackney complex, the levels of reporting via the electronic form compared to paper continue to rise. Despite a drop in overall incidents reported in August 2011, the levels of reporting via the Airwaves project are good. An issue involving the recording of relevant LA 277's as high risk addresses, reported within the pilot, is currently being investigated. Interim arrangements are now in place to overcome this issue and a permanent resolution is in the process of agreement.

Health and Safety Consultation Arrangements

The inaugural meeting of the restructured Corporate Health and Safety Group was held on 15th September re-establishing the corporate group.

Training and Education

The main area of activity has been the deferment of Student Paramedics programmes for the period from 14 November 2011- April 2012. This has involved a lot of planning and movements of students and staff, some of which is ongoing. The outcome of this is a significant improvement in resource availability over the winter months. The impact this has had and will continue to have on students and staff however cannot be underestimated. The team are working with operational colleagues on an ongoing basis to deal personally with concerns and issues. Work continues in relation to the plans for the Olympics period.

Plans are progressing to introduce interim cluster arrangements which involves Clinical Tutors and resourced training officers working together to deliver cluster based education at Complex. This change has also involved a significant amount of work to roll out in both the planning and communication for the changes to staff. The Cluster model will go live in December with the transfer of all relevant work to the teams from January. The aim will be to deliver more training and education (especially Core Skills Refresher) locally thus improving access and attendance.

Work continues on the introduction of Higher Education pathways for Paramedic Registration. The Open University (OU) Paramedic course pre entry phase has been launched for Emergency Medical Technicians in November we funded 100 people on

the OU Y178 (pre-entry) programme. We will advertise a second phase of recruitment shortly for the course starting in March. This activity will be followed in April with recruitment to the Foundation Degree programme for both staff groups.

Partnership working

The three Trades Unions with formal recognition under the Trust's Partnership agreement, Unison, GMB and Unite, have all now declared that in the recent ballots a majority of those voting were in favour if industrial action in the form of strike action. NHS staff will therefore be participating in co-ordinated industrial action across the Public Sector in protest against the proposed changes to Public Sector pension arrangements. This is a national dispute based upon Government policy, and is neither provoked by nor targeted at specific employers or Sectors.

Across the NHS including ambulance Trusts, discussions with Unions at national, regional and local levels have focused on actions to mitigate the impact of industrial action on patients. That Trades Unions have a legitimate right to protest and to take industrial action, supported by the ballot mandate, is accepted and recognised. However, health unions also accept that patient care and patient safety must be maintained and protected, and so have instructed local activists to engage in discussions locally as to how best this might be achieved. This includes a request to the Unions for exemption of some staff groups from participating in strike action, based upon maintenance of critical functions and services.

Contingency plans have been developed, and the day of action itself, 30 November, will be managed as a major incident with a Gold cell established to monitor and manage the situation. Staffing on the day will be closely monitored, and approval of new requests for annual leave for that day was halted on 14 November to avoid further abstractions.

Of particular concern is the impact of strike action elsewhere, especially in schools, particularly in view of the vote by members of the union representing Head Teachers in favour of strike action. Since that announcement, the planning assumption has been that schools will be closed, and staff due to work on 30 November have been alerted to this and asked to make alternative arrangements.

As before, throughout the planning process links with other NHS bodies in London have been maintained via the NHS London IR reference group, and more recently regular national ambulance HR Director conference calls to share intelligence and to seek consistency of approach, including in terms of exemptions and patient care.

All formal joint consultative arrangements have continued throughout this period.

Staff Engagement

The annual national NHS staff survey has been issued to all eligible staff. The final date for responses is in December, and results are normally published around March. The second "temperature check" survey, in September, included in its on-line version a question about the extent to which staff are prepared to play their part to help the Trust to achieve its future plans and make savings. Of 376 respondents to this question, 67% agreed or strongly agreed that they would do so.

7. COMPLAINTS, PALS ENQUIRIES AND SERIOUS INCIDENTS

Current Status

Since the September Trust Board, five Serious Incidents have been declared and five closed with NHS London. In addition, seven Serious Incident reports were submitted for approval by SMG on the 14th November of which one was approved without amendment, two require minor amendments and were approved subject to those being completed. The remainder require further executive discussion and review before being signed off.

New Declared Incidents

1. A delay related to the CommandPoint failure on 8th June 2011 was re-visited by the Serious Incident Group.
2. Operational texts destined for a FRU mobile phone were received by a member of the public.
3. A delay in responding to a patient at a leisure centre who went into cardiac arrest and later died. A legal case and a complaint have been received.
4. A call to a patient in labour at an address incorrectly flagged as High Risk, where the crew waited for the police to arrive.
5. Concerns about the Control Services ring-back policy which resulted in a patient being found collapsed and unconscious after taking an overdose.

Closed Declared Incidents

1. Delayed response to a patient, whose relative was advised that had the ambulance arrived earlier, the patient may have survived.
2. 999 telephone system failure.
3. Call to a patient who was on the Trust's High Risk Register, where crew waited for the police to arrive.
4. Patient with abdominal pain not conveyed, later call found the patient deceased.
5. An ambulance caught fire and another similar incident taken into consideration in the investigation.

All declared serious incident reports are submitted to SMG for review prior to approval.

Serious Incidents considered but not declared

12 additional Serious Incidents were considered by the Serious Incident Group in Q2 2011 but not declared with NHS London. All of the twelve undeclared cases were raised through the incident reporting process, with two cases also being referred by the Coroner's office.

1. Two cases related to ambulances not being sent and calls being referred to NHS Direct. One case is subject to the Coroner's Rule 43.

2. Two cases related to delays in sending ambulances during periods of high demand.

3. Two cases related to medical device equipment not being available - the "EZIO Kit".

4. Two cases related to conveyance to hospital, one of which was referred by another Trust and one where the ambulance Satellite Navigation system failed causing a delay.

5. One case related to a member of the public receiving SMS text messages intended for a Fast Response Unit. This case happened prior to the declared case above.

6. One case was a complaint about the clinical assessment by the attending crew, where the complainant felt that they did not provide sufficient help.

7. One case related to the St John‟s Ambulance Service dispatch system and coordination with the LAS dispatch process during the Bank Holiday carnival.

8. One case related to a delay in notifying the Coastguard of a patient who had fallen into the Thames.

Themes

Response:
5 incidents (3 declared, 2 not declared) on delay in ambulance arriving, 1 incident (not declared) on ambulance not sent (referral to NHS Direct) and 2 incidents re conveyance (1 declared, 1 not declared)

High Risk Addresses
NHS London has sent a notification about management of the High Risk Register dated 10th November.

Summary
Forty-one complaints were received in October compared to 26 the previous month but equal to or below those in each month from May-July 2011. The main cause for complaint last month concerned delays (19) in response to a call particularly where a call was triaged at a lower emergency level. A further 9 complaints were received about staff attitude and behaviour and a further 4 concerned treatment. The total number of complaints received in 2011/12 stands at 381 which, if averaged out to estimate the full year to 31st March 2012, suggests an overall rise in the level of complaints against the service compared to 2010/11 (estimated 653 vs 460).

The patient experiences team are working hard to improve the completion rate for complaints working to performance indicators of 25, 30 and 40 days. Throughput for the period July to September improved to 65% completion within the required timeframe against a figure of 34% for the 1st quarter.

In terms of PALS activity, 308 enquiries were received and responded to during October compared to 340 the previous month. This is the second lowest level of PALS activity since May. The majority of contacts related to information and enquiries and then lost property which is consistent with the previous month and the trend during 2010/11.

One complaint was upheld by the Health Service Ombudsman however the Trust has challenged the outcome of their investigation and will be meeting with the Ombudsman's team to review this further.

8. COMMUNICATIONS AND ENGAGEMENT

Reputation and issues management

Coordination of evacuation of Libyan patients: Sky News accompanied paramedics to meet the first of 50 Libyan patients who were flown to the UK for treatment and rehabilitation. In late September, the news channel broadcast the arrival of 15-year old Abdul Malik Elhamdi who was left with shrapnel embedded in his legs after he and a friend played with a bomb they found in their school playground. Sky filmed as staff transferred Abdul to the ambulance and took him to St Mary's hospital in London for treatment. An interview with Richard Webber, Director of Operations, followed on LBC, as well as local newspaper coverage.

Assaults on staff: Proactive media handling this month resulted in BBC London radio and BBC online running a story about physical assaults on ambulance staff after NHS Protect released national figures showing they have increased (in London from 346 assaults in 2009/10 to 470 in 2010/11).

An interview with Deputy Director of Operations Jason Killens ran through the morning on BBC London radio, with a longer item in the evening also featuring Student Paramedic Helen Parsons who spoke about her experience of being attacked by a patient and the successful prosecution through the courts. A number of local papers have since covered this story.

Success of trauma network: The Service worked with NHS London and the London Trauma team to highlight the successful first year of the capital's major trauma centres; 58 seriously-injured patients who were expected to die survived because they were taken to specialist centres by ambulance crews, where they received treatment from expert clinicians. BBC London TV featured the story with the focus being on a patient reunion featuring two members of staff. There was also local newspaper coverage.

Alcohol-related incidents: Proactive media management relating to the number of alcohol-related incidents attended by the Service in 2010/11 generated coverage in the Evening Standard and a number of local newspapers in late September, as well as on LBC radio.

Media

A&E support staff: The Camden New Journal recently carried a negative story about the Service's use of A&E support staff on their front page after speaking to a whistleblower from Camden and Islington complex. Assistant Director of Operations Peter McKenna submitted a letter in response, which was published the following week. In the same edition was another negative article, and a letter critical of the Service from a member of staff. Following the publication of these articles, Peter McKenna, Ambulance Operations Manager Natasha Wills and an A&E support crew met with the Camden New Journal journalist which led to a more positive story in the paper.

At around the same time, the Telegraph and the Daily Mail ran articles on the use of A&E support staff/emergency care assistants by ambulance services nationally to replace paramedics.

Use of taxis by the Patient Transport Service (PTS): Following an FOI request, BBC online ran a story about ambulance trusts using taxis for PTS journeys. It mentioned the significant reduction the Service has made in using taxis, but highlighted that the two most expensive journeys were from London.

Filming

BBC See Hear: Hard-of-hearing Motorcycle Paramedic Richard Webb-Stevens was interviewed for BBC See Hear. In the 10-minute item in October he talked about appropriate use of the ambulance service and the work the Service's Deaf Forum is doing to improve access for deaf and hard-of-hearing patients.

Social media

A number of incidents generated activity on Twitter recently, specifically from journalists.

3 November – Shooting in Forest Hill:

- BBC tweeted our statement - BBC News - One person dead, one injured in shooting in Dulwich, south London, says Ambulance Service. Details soon http://t.co/rF3aLLkC
- Picked up some local journalists as followers – Crime Editor at Eve Standard, a couple of BBC journalists.
- 25retweets – where followers pass on our tweets to their friends
- Over 50 new followers overnight

11 November – Staff assaults:

- 64 new followers overnight and lots of messages of support
- Mentioned by Eddie Nestor & BBC London online
  Concerned messages from followers included:
  - RT Ldn_Ambulance Physical assaults on our staff have gone up this year http://tinyurl.com/bpf4rrj ^not okay.
  - Sad to hear RT @ldn_ambulance: Physical assaults on our staff have gone up this year http://tinyurl.com/bpf4rrj

Staff obituaries

Judy Brown: Senior HR Manager Judy Brown, who joined the Service in 2007, died unexpectedly in October. The Chief Executive and colleagues attended her funeral in Leatherhead earlier this month.

James Hodgkinson: Colleagues of Waterloo-based Student Paramedic James Hodgkinson joined his family and friends at his funeral service in Suffolk in October. James, who joined the Service in 2009, was seriously injured in July while in Nottingham and died in hospital nine days later.

On Friday 4 November, a man was sentenced to 30 months in prison for his manslaughter. The level of sentencing was covered in the Daily Mail and Daily Mirror as well as a range of local and regional newspapers.

Remembrance: Four members of staff joined Assistant Director of Operations John Hopson to represent the Service at the Garden of Remembrance at St Paul's on 7 November.

Ten members of the Ceremonial Unit plus two other members of staff laid a wreath at the cenotaph on Remembrance Sunday. They were joined by London Ambulance Service Retirement Association members who also laid a wreath.

Proactive media coverage of note (23 Sept – 18 Nov 2011)

Media	Issue		Readership/viewers/listeners
International TV			
Sky News	Arrival of first Libyan patient to UK	23 Sept 3 min bulletins through day	2,091,000
National TV			
BBC 2 – See Hear programme	Item re use of the ambulance service	1pm – 19 Oct 10 min	Unknown
Regional TV			
BBC London TV	Trauma network – reunion with patient and staff	Evening news 2.45 mins	850,000
Regional radio			
BBC London radio	Staff assaults	Short news bulletins @ 6am, 6.30am, 7am Six minute item – live @ 5.20pm	148,000 148,000
LBC radio	Arrival of first Libyan patient to UK	Bulletins through day	550,000
LBC radio	Rise in alcohol-related calls	Mention only	550,000
Regional newspapers			
Evening standard	Rise in alcohol-related calls	27 Sept Page 12	700,000
Regional online			
BBC London online	Trauma network		Unknown
BBC London online	Staff assaults		Unknown

Patient and Public Involvement:

- On 12th October the Foundation Trust team organised an event for members (An Evening With Us) on the topic of "Engagement Matters". This was an opportunity to showcase a range of patient involvement and public education initiatives, including knife crime, road safety, the Community Involvement Officer role and the Tower Hamlets Project. Feedback from the event was extremely positive.

- Members of the PPI and Public Education team also took part in a Foundation Trust event, as facilitators, in September (Members Meet). This event was aimed

at FT members who may wish to stand as governors, and focused on how we are changing our responses to patients.

- The PPI Committee met in October 2011 and included updates from the Patients' Forum (specifically about HealthWatch) and the Head of PPI & Public Education. The committee was provided with up to date information about current PPI & Public Education activity and about the plans for the Foundation Trust and FT membership. The committee also discussed the need for a new action plan from 2012 and the priority for resources in 2012/13.

Public Education:

- The fifth Public Education Staff Development Programme was held over seven days in September and October. Ten members of staff took part, some with core public education roles, others who are operational staff. This programme provides participants with the skills and knowledge to deliver high quality public education work. Once again, feedback from the programme was very positive; the next one will be run in the autumn of 2012.

Community Involvement Officers:

- It has been agreed by the Delivery Board that nine more Community Involvement Officers will be recruited early in the next financial year.

- The next Community Event will be held in the Camden & Islington area, early in 2012. This is being organised by the Community Involvement Officer for Camden & Islington, and will give us the opportunity to engage with the communities there and convey some of our key messages.

Other PPI and public education activities:

Over 700 PPI and public education events or activities have been recorded since January 2011 to date. These include:

- School visits
- Health awareness days and health promotion events
- Open days and fun days
- Junior Citizen schemes
- Visits to learning disability groups
- HeartStart sessions
- Knife crime events
- Events for older people
- Olympic events
- Hosting visitors from abroad (Norway, Australia)
- Visits to deaf groups
- Involving FT members in the design of leaflets

Peter Bradley CBE
Chief Executive Officer
21 November 2011

London Ambulance Service NHS
NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 29TH NOVEMBER 2011

PAPER FOR NOTING

Document Title:	**Balanced Scorecard – October 2011**
Report Author(s):	**Christine Kane, Governance and Compliance**
Lead Director:	**Sandra Adams, Director of Corporate Services**
Contact Details:	
Why is this coming to the Trust Board?	**As requested by the Strategy Review and Planning Committee**
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 balanced scorecard**

Executive Summary

The Strategy Review and Planning Committee reviewed the balanced scorecard and agreed that, recognising the importance of the data contained within the scorecard, it should become the primary review document for the Trust Board. A fuller report on the key headlines is contained within the Report from the Chief Executive Officer.

Attachments

Balanced Scorecard – October 2011

****

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:

Balanced Scorecard Progress Report October 2011

CO1 - SQU03_03 - Outcome from Cardiac Arrest - ROSC	**All targets for the latest available figures have been met, although information for the percentage of patients with ROSC who get appropriate therapeutic hypothermia have consistently not been provided**													
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011	
C1.1.1 ROSC time of arrival at hospital (Utstein comparator group)	50	43	50	68	50	66	50	52	50	68	50		50	
C1.1.2 ROSC time of arrival at hospital (overall)	24	27	24	31	24	31	24	30	24	31	24		24	
C1.1.3 % of patients with ROSC who get appropriate therapeutic hypothermia	1		1		1		1		1		1		1	
C1.1.4 % patients with presumed cardiac aetiology who have a return of spontaneous circulation (ROSC) sustained to hospital (LAS overall)	24	27	24	33	24	32	24	31	24	33	24		24	
CO1 - SQU03_05 - Outcome from acute STEMI														
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011	
C1.2.1 % of STEMI patients taken to specialist cardiac centres, primary angioplasty commences within 150 minutes (PPCI)	84	92	84	86	84		84		84		84		84	
C1.2.2 % of patients with STEMI who receive an appropriate care bundle	63	75	63	78	63	72	63	69	63	62	63		63	
CO1 - SQU03_06 - Outcome from Stroke														
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011	
C1.4.1 % of FAST positive patients who arrive at hyperacute stroke centre within 60 minutes	58	64	58	58	58		58		58		58		58	
C1.4.2 % of stroke patients who receive appropriate care bundle	95	96	95	91	95		95		95		95		95	
CO1 - SQU03_06 - Outcome from Trauma														
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011	
C1.3.1 % of appropriate patients taken to major trauma centres	90	96	90		90		90		90		90		90	

Balanced Scorecard Progress Report October 2011

CO1 - SQU03_07 - Outcome from Cardiac Arrest - Survival to discharge													
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011
C1.5.1 Outcome from cardiac arrest - survival to discharge (overall survival rate)	8	7	8	12	8		8		8		8		8
C1.5.2 Outcome from cardiac arrest - survival to Discharge Utstein Comparator Group Survival Rate	22	21	22	44	22		22		22		22		22
C1.5.3 Number of defibrillators in public places	575	579	580	588	585	598	590	600	595	672	600	682	605
C1.5.4 Number of people trained by the Trust under the community responder scheme	536	545	545	554	554	571	563	585	572	585	581	606	590
C1.5.5 Number of people trained to use defibrillators	6713	6766	6755	6892	6797	6930	6839	7032	6881	7120	6923	7213	6965

CO2 - Appropriate Care - End of Life Care Pathways													
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011
C2.8.3 End of Life care target - 50% processed in 72 hours	75	60	75	50	75		75		75	89	75		75
CO2 - Appropriate Care - Patient Specific Protocols													
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011
C2.8.4 Patient Specific Protocols target -75% processed within 48 hrs	80		80	70	80		80		80	90	80		80
CO2 - Appropriate Care - End of Life Care Pathways													
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011
C2.8.3 End of Life care target - 50% processed in 72 hours	75	60	75	50	75		75		75	89	75		75
CO2 - Appropriate Care - Patient Specific Protocols													
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011
C2.8.4 Patient Specific Protocols target -75% processed within 48 hrs	80		80	70	80		80		80	90	80		80

Balanced Scorecard Progress Report October 2011

CO2 - CQUIN-01 - Reducing conveyance rate to A/E services	**Overall increase of 0.2% on August's figure. This is the 4th month at a plateau value, and whilst currently ahead of the trajectory, if there continues to be no significant improvements, there is a considerable risk that no further targets will be met.**													
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011	
C2.3.1 % of patients not conveyed to an ED	74	74	73	73	73	72	73	72	72	72	72	72	71	
CO2 - CQUIN-2A - Hear & Treat resolution (no convey) via CTA & NHS Direct	**The increasing use of the Trust's Demand Management Plan (DMP) saw Clinical Telephone Hear and Treat volumes increase. This had a detrimental effect on the number of calls passed to NHSD as EOC call handlers closed 647 calls upon receipt that may well have been appropriate for transfer. This increased from EOC DMP saves of 229 in August 2011 and total H&T calls for September rose to 6377. A further 241 calls were assigned to Waterloo Cars**													
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011	
C2.4.1 The number of incidents resolved through CTA	755	1187	755	1463	755	2016	780	2104	810	1756	840	1871	870	
C2.4.2 The number of incidents resolved through NHSD	4278	4748	4278	4325	4278	4305	4420	4422	4590	4360	4760	3859	4930	
C2.4.3 The number of incidents resolved through % Vehicles Saved	5033	6211	5033	5788	5033	6321	5200	6526	5400	6116	5600	6377	5800	
CO2 - CQUIN-2B - Implementation of NHS Pathways in CTA														
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011	
C2.5.1 Formal LAS sign-off & Commitment to implement NHS Pathways by April 2011	It is known that this is not achievable but awaits formal ratification													
C2.5.2 Action Plan to achieve NHS Pathways in CTA and ambulance dispatch by May 2011	It is known that this is not achievable but awaits formal ratification													
C2.5.3 Live call receiving from NHS Pathways (111 pilots) to enable immediate ambulance dispatch Sept 2011	Control Services are ready to receive such calls													
C2.5.4 CTA implemented NHS Pathways triage tool (PSIAM phased out) by Feb 2012	It is known that this is not achievable but awaits formal ratification													
C2.5.5 LAS enabled to search & use the DOS by Feb 2012	Until Pathways decision is formalised and the project group re-focused on this task - it is unclear whether this will be achieved													
C2.5.6 Agreement to move to NHS Pathways to replace AMPDS by April 2013	We await guidance from SMG as to whether this is the direction that the Trust wishes to take.													

Balanced Scorecard Progress Report October 2011

CO2 - CQUIN-3 - CPI non-conveyed	**Aspects of care within Non-conveyed CPI where the Service achieved less than 95% compliance were: Documentation that a copy of the PRF was left on scene; Documentation that the patient was left with a responsible adult; Was the appropriate referral made where necessary?; Where capacity was in doubt, was the capacity tool used?; First set of observations recorded and time logged and other relevant observations, and Second set of observations recorded and time logged and other relevant observations.**												
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011
C2.6.1 Completion of non-conveyed CPI	85	85	85	89	85	82	85	88	85	79	85	85	85
C2.6.2 Compliance to care for non-conveyed patients	94	90	94	94	94	93	95	94	95	94	95	94	95
CO2 - CQUIN-4 - Falls & Older People referrals to GP													
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011
C2.7.1 Number of of falls referred to GP	378	125	378	389	378	583	662	697	662	710	662	853	945
CO2 - CQUIN-5A - End of Life Care Pathways	**Without CommandPoint - unable to create an 'EOLC' flag, and there are also issues identifying EOLC lists**												
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011
C2.8.1 EOLC patients held on LAS systems - Number of EOL plans held					0						50		
CO2 - CQUIN-5B - End of Life Care Pathways	**Early development - working on links with CSD and ability to flag addresses/patient**												
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011
C2.8.2 EOLC patients held on LAS systems - Number of incidents where specific feedback from crews/control on application of EOLC agreed pathway													
CO2 - CQUIN-6A - Mental Health Pathways	**The Mental Health (MH) Pathways (CQUIN 6A) action plan is monitored monthly at the MH committee and is on track for delivery, but there is a risk to the delivery of training and implementation of the assessment tool due to the complexity of the delivery and the time frame, a training plan is now in draft form but it will depend on the pragmatism of the commissioner in deciding if this meets the requirements of the CQUIN.**												
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011
C2.9.1 Mental Health service improvement plan, including outcome of MH review													
CO2 - CQUIN-6B - Mental Health Pathways	**The development of Mental Health protocols for direct access to MH crisis teams (CQUIN 6B) is also on track for delivery, with visits to seven of the mental health providers completed.**												
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011
C2.9.2 Development of Mental Health protocols for direct access to MH crisis teams											2		

Balanced Scorecard Progress Report October 2011

CO2 - CQUIN-7A - Whole system clinical issue resolution	**Project Status information not provided**													
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011	
C2.10.1 Establish effective whole system clinical group														
CO2 - CQUIN-7B - Whole system clinical issue resolution	**Project Status information not provided**													
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011	
C2.10.2 Whole system clinical incident reporting & resolution														

Balanced Scorecard Progress Report October 2011

CO2 - SQU03_01 - Call abandonment rate														
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011	
C2.1.1 Number of calls abandoned before call answered	0.12	0.10	0.12	0.10	0.12	0.10	0.12	0.10	0.12	0.10	0.12	0.10	0.12	
CO2 - SQU03_02 - Re-contact rate following discharge of care														
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011	
C2.2.1 Calls closed with telephone advice where recontact is within 24 hours		2		3	15	3		3		4.4		5.8		
C2.2.2 Treated and discharged at scene where recontact is within 24 hours		2		4	6	4		4		4.4		4.5		
C2.2.3 Calls from patients for whom a locally agreed frequent caller procedure is in place		0		0	3	1		3		3.1		2.9		
C2.2.4 Number of patients with a frequent caller procedure in place							40	33				42		
CO3 - HQU03_01 - Category A 8 minute response time	**Extreme high demand owing to unseasonable heat wave in October**													
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011	
C3.4.1 Achievement of Cat A (8 minutes)	75	78	75	76	75	74	75	77	75	78	75	73	75	75
CO3 - HQU03_02 - Category A 8 and 19 min response time [Activation & Utilisation]	**Work is in progress with EOC PIMs to improve the FRU mobilisation from station target. The High call demand attributable to extreme high temperatures also meant that FRU utilisation rose above milestone target and was responsible for low production of AEU utilisation.**													
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011	
C3.5.1 % of Category A activation within 45 seconds	60	61	60	64	60	63	60	64	60	50	60	44	60	50
C3.5.2 FRU mobilisation <134 sec Average	136	136	136	136	136	134	136	61	136	68	136	87	136	79
C3.5.3 Ambulance mobilisation <208sec Average	209	209	209	153	209	168	209		209		209		209	109
C3.5.4 FRU mobilisation from station less than 25%	25	24	25	23	25	23	25	23	25	26	25	23	25	28
C3.5.5 AEU mobilisation from station less than 30%	30	17	30	17	30	16	30	16	30	21	30	17	30	22
C3.5.6 FRU utilisation of 40%	40	41	40	44	40	47	40	45	40	38	40	43	40	42
C3.5.7 Ambulance utilisation of 55%	55	84	55	84	55	88	55	84	55	76	55	84	55	89
C3.5.8 Achievement of Cat A (19 minutes)	95	99	95	99	95	99	95	99	95	99	95	99	95	99

Balanced Scorecard Progress Report October 2011

CO3 - HQU03_02 - Category A 8 and 19 min response time [Staffing]	**Staffing hours produced were 131,717 (All), 131,716 for frontline AEU, 62,855 for FRU and 27,399 for UC. The percentage of vehicles off the road has consistently not met targets and was 4.9% in October. Job cycle time has been at 68 minutes for the past two months, but information on REAP levels has not been provided to add context.**												
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011	
C3.6.1 Job cycle time (incl. hospital turnaround) 66 minutes	66	66	66	66	66	67	66	66	66	66	66	68	66	68
C3.6.2 Proportion of the year below REAP level 1 & 2 combined	75	0	75	75	75	6	75	8	75	10	75		75	
C3.6.3 VOR 2	3.5	4.3	3.5	4.1	3.5	4.5	3.5	4.7	3.5	4.1	3.5	4.6	3.5	4.9
C3.6.4 Staffing total hours produced as per contract (All)	100	120	100	124	100	124	100	107	100	104	100	103	100	110
C3.6.5A Staffing total hours produced as per contract (AEU)	100	109	100	105	100	111	100	91	100	89	100	86	100	93
C3.6.5F Staffing total hours produced as per contract (FRU)	100	112	100	114	100	106	100	96	100	93	100	97	100	101
C3.6.5U Staffing total hours produced as per contract (UC)	100	124	100	136	100	124	100	122	100	118	100	119	100	127
CO3 - SQU03_08 - Time to answer call														
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011	
C3.1.1 % Calls answered in 5 seconds	95	94	95	94	95	93	95	96	95	97	95	96	95	95.2
CO3 - SQU03_09 - Time to arrival														
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011	
C3.2.1 % Time to arrival of ambulance-dispatched health professional for life-threatening calls (CAT A 8 min)	5.8	5.6	5.9	5.7	6.2	5.9	6.1	5.6	5.9		5.7		5.9	5.6

Balanced Scorecard Progress Report October 2011

CO3 - SQU03_10 - Calls closed with CTA or managed without transport to A&E													
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011	
C3.3.1 % of complexes with new Clinical Response Model in place	3		3		3		3		3		3		3	
C3.3.2 Achievement of Cat C1 (20 minutes)	90	84	90		90	82	90	86	90		90		90	82
C3.3.3 Achievement of Cat C2 (20 minutes)	90	88	90		90	84	90		90		90		90	83
C3.3.4 Meet agree C3 response target (CTA or face/face assessment 20 minutes)	90		90	90	90	88	90	86	90	88	90	83	90	93
C3.3.5 Meet agreed C4 response target CTA 60 minutes	90		90	97	90	96	90	95	90	97	90	93	90	
CO4 - Meet Health & Safety Target	**The number of incident reports submitted within 7 days of incident is still below the milestone. Overall: East Area (63.6%, 118 forms), South Area (58.0%, 69 forms), West Area (47.0%, 47 forms). Overall the health of the reporting system has improved: The median reporting interval is at 6 days for the entire trust (down from 10 in September 2011 and 13 in April 2011) with an Inter-quartile Range (measure of the variation of 7 days (down from 15 in September 2011 and 17 in April 2011). In addition the maximum reporting internal has come down to 23 days from as high as 139 days in April 2011. S&R to issue another bulletin about compliance with HS011.**												
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011	
C4.1.1 Meet Health & Safety target - % H&S incidents reported within 7 days	53	40	56	43	58	43	61	50	63	57	66	62	69	59
CO4 - Meet Patient Report Form completion target														
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011	
C4.2.1 Meet patient report form completion target - % PRFs processed at MI within 7 days	95	98	95	98	95	99	95	99	95	99	95	99	95	97

Balanced Scorecard Progress Report October 2011

Good for Staff

CO5 - Increase in staff confidence levels (Non-Operational)	**This figure continues to increase, but too slowly. Although some of the larger directorates operate PDRs on a rolling 12 month basis, this completion rate remains below that required to ensure achievement of the 90% target by year end.**													
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011	
C5.1.1 % of non-operational staff receiving PDR sessions per annum	90		90		90	17	90	26	90	30	90		90	
CO5 - Increase in staff confidence levels (Operational)	**Since April this year, we have undertaken 571 PDRs across the Service. The data to calculate the percentage of operational staff who have had two workplace performance reviews is difficult to capture with increasing abstractions and performance pressures. However, we have done very well in PPEd and APEd mentoring; all university students have undertaken sessions with their allotted mentors and this mentor pool is increasing every year.**													
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011	
C5.1.2 % of operational staff receiving PDR sessions per annum	90	41	90		90	370	90		90		90	15	90	
C5.1.3 % of operational staff who have a workplace performance review twice per year	90	87	90		90	25	90		90		90	10	90	
C5.1.4 % of operational staff who have two CPI feedback sessions per year	95	62	95	89	95	84	95	83	95	86	95	86	95	
C5.1.6 CPI Completed as % of plan	80	81	80	83	80	77	80	85	80	78	80	84	80	
C5.1.7 CPI compliance with guidelines as a % of all	95	95	95	95	95	95	95	95	95	95	95	96	95	

Balanced Scorecard Progress Report October 2011

CO5 - Increase in staff skill levels	**60% of NWOW training has been delivered to date across the 5 live NWOW complexes (12,360 hours delivered from 20,431 planned). Cancellations for planned Olympic training and CSR have impacted on the % of staff attending training courses and training has been rescheduled. We are continuing the schedule maintaining the student paramedic target and the milestone will be checked and readjusted prior to next report. This month 4 x CSR 2 courses have been cancelled (48 places) which has impacted the annual priority training commitments delivered. CSR 1 has also been facilitated locally for operational managers. Attendance is low historically due to small target group available to be booked. However keeping the spread of courses and limiting number of course attendees provides flexibility to both managers and resilience for cover.**														
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011		
C5.2.1 Total NW0W training hours delivered								10204		11176		12360		12798	
C5.2.2 % of staff attending training courses against places available	80	89	80	90	80	80	80	80	80	79	80	72	80	75	
C5.2.3 Number of student paramedics who have completed their training	37		9		72	30	92	31	136	37	188	25	211	28	
C5.2.4 Proportion of annual priority training commitments delivered	80	0	80	0	80	42	80	38	80	72	80	63	80	63	
CO6. Implement Equality & Inclusion	**The report on the Trust's Equality and Inclusion Strategy, with updates to the strategy in line with the Equality Act 2010, is still waiting to go to SMG. The Updated Strategy will then need to be published prior to January 31 2012, which is the deadline for public bodies to publish relevant equalities information demonstrating compliance with the Act.**														
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011		
C6.1.1 Implement Equality & Inclusion Action Plan											90				
CO7. Improve staff satisfaction	**The Staff Survey has been sent out both electronically and on paper.**														
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011		
C7.1.1 ANNUAL MEASURE Staff satisfaction score															
C7.1.2 ANNUAL MEASURE Staff engagement score															
C7.1.3 Improve overall satisfaction score regarding work/life balance															

Balanced Scorecard Progress Report October 2011

Value for Taxpayers

CO8. Facilities (CAD System)														
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011	
C8.7.1 CAD core system availability	100	100	100	100	100	100	100	100	100	100	100	100	100	
C8.7.2 Target availability CAD environment as a whole	99	96	99	99	99	99	99	99	99	100	99	99	99	
CO8. Facilities (Estates)	**HART buildings (West) Complete September 2011 Workshop West. Business case to be re-written and is to be submitted to SHA. Bow Control Room. Feasibility study completed with budget costs. Ops to produce business case and secure funding. Options for relocating support staff at Bow to be developed. Brief for operational use of Bow to be finalised. New Generation Ambulance Station. User brief produced and to be agreed by SMG. Resources to produce business cases needs to be agreed. HQ replacement. Project mandate to be prepared for approval by SMG**													
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011	
C8.1.3 Estates capital spend as % of plan	2		3		15		28		42		55		69	25
C8.1.4 % completion of Estates strategy objectives completed	0		0		0		0		20		20	20	20	
CO8. Carbon Reduction Plan	**Progress has been made in respect of the 10/11 baseline; work is currently being undertaken to sense check the figures against actual spend in 2010/11. We are behind schedule but in regular contact with Carbon Trust; liaison is currently reviewing the draft baseline and comment is awaited. Work is ongoing to identify future projects and existing Trust strategies that will deliver reduction in our carbon footprint. The NHSCM Project Board will review when it meets in 18th November.**													
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011	
C8.4.1 100% completion of carbon reduction management plan by 31 March 2012		0		0	10	10	20	20	30	25	40	30	50	40
CO8. More efficient use of fleet	**The average vehicle availability is steady at the target level**													
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011	
C8.3.1 % AEU fleet available to operations	88	96	88	96	88		88		88	96	88		88	88

Balanced Scorecard Progress Report October 2011

CO8. Financial (EBITDA)	**The year to date I&E position is a surplus of £1,250k, behind plan by £1.2m due to overspend on A&E Overtime and reduction in RTA and PTS Income. A recovery plan has been developed to ensure the Trust remains on track financially for the rest of the year. The Trust is expected to meet its Capital Resource Limit (CRL) for the year and is forecasting to meet the External Financing Limits for the year. Monitor Financial Risk Rating forecast is for performance equivalent to a rating of 4.**													
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011	
C8.2.11 Liquidity Ratio	15	7	15	7	15	4	15		15	11	15	-8	15	
C8.2.12 Net Surplus/(Deficit) - after Impairments	1.00	0.97	1.00	0.89	1.00	0.87	1.00		1.00	0.99	1.00	0.99	1	
C8.2.13 Return on Assets (RoA)	5.60	7.66	5.60	6.58	5.60	6.27	5.60		5.60	2.61	5.60	6.52	6	
C8.2.14 To process at least 95% of bills by value within 30 days	95	89	95	89	95	89	95		95	89	95	89	95	
C8.2.15 To process at least 95% of bills by volume within 30 days	95	85	95	85	95	85	95		95	85	95	85	95	
C8.2.3 Capital Resource Limit (CRL)	10	9	10	9	10	9	10		10	9	10	9	10	
C8.2.4 Control Surplus/ (Deficit)	2713	2718	2713	2493	2713	2412	2713		2713	2736	2713	2736	2713	
C8.2.5 Cumulative Net surplus	551	776	526	776	503	105	324		288	753	257	1250	189	
C8.2.6 EBITDA %	8.2	8.1	8.2	7.5	8.2	6.0	8.2		8.2	6.4	8.2	6.6	8.2	
C8.2.7 External Financing Limit (EFL)											260k	260k		
CO8. Reduction in the cost base	**The Trust is expected to deliver a CIP of £15.9m for the year. At month 6 the trust is behind plan.**													
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011	
C8.5.1 CIP forecast vs plan - year end target is 18m	15	14800	15	14089	15	16	15		15	16	15		15	
C8.5.2 YTD CIP Achieved (000's)	1129	834	1129	1102	1129	0	1246		1246	5654	1246		1287	
C8.6.4 PTS Profitability	31		60		89		118		147		176		205	

Balanced Scorecard Progress Report October 2011

CO9. Trust performance maintained during major events	**Extreme high demand owing to unseasonable heat wave in October**													
PI Name	Apr 2011		May 2011		Jun 2011		Jul 2011		Aug 2011		Sep 2011		Oct 2011	
C9.1.1 No decrease in CAT A (8 minute) response times during planned major events	75	76	75	76	75	74	75	77	75	78	75	73	75	75
C9.2.1 No decrease in CAT A (8 minute) response times during unplanned major incidents	65	76	65	76	65	74	65	77	65	78	65	73	65	75
C9.3.1 No decrease in CAT A (8 minute) response times during the Olympics & Paralympics	75	76	75	76	75	74	75	77	75	78	75	73	75	75

CO10. SQU03_04 Service Experience

The Learning from Experience report will be presented in November. If includes outcomes of improved use experience in three areas:

Internal safety and quality: We have strengthened our controlled drugs management processes, in that we now have a controlled drugs officer as a statutory position, our medicines management group has improved systems and processes for managing the supply and security of controlled drugs and we have implemented a peer audit process where one Station audits another.

Patient Safety - Death in Custody: As a result of two Serious Incidents and Rule 43s, we now have joint processes in place with the Metropolitan Police Service for the notification of patients taken ill whilst in custody, and there is a joint group that meets to discuss improvements to processes.

Governance: We have strengthened our governance around Serious Incident reporting and investigation with the aim of improving the quality of the recommendations and actions taken, with the intention of improving Service Experience.

London Ambulance Service
NHS Trust

HR Summary for Trust Board

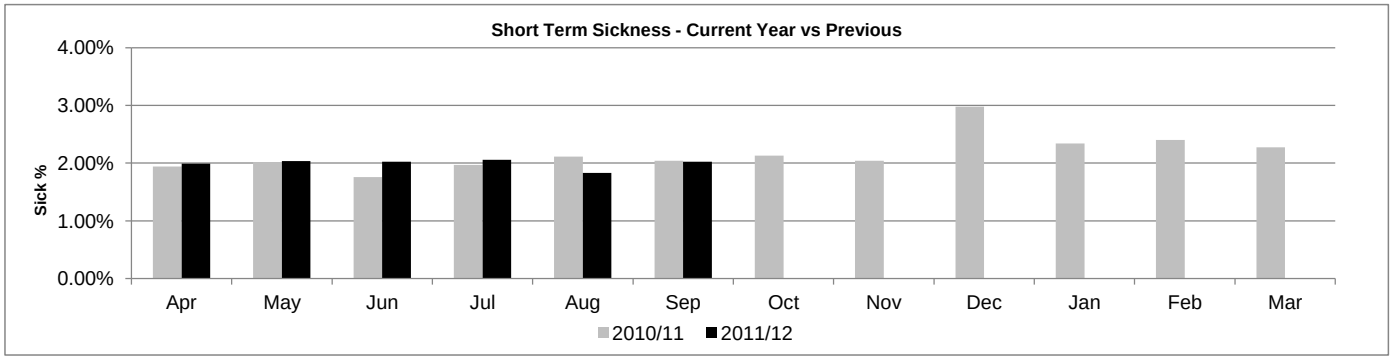
November 2011

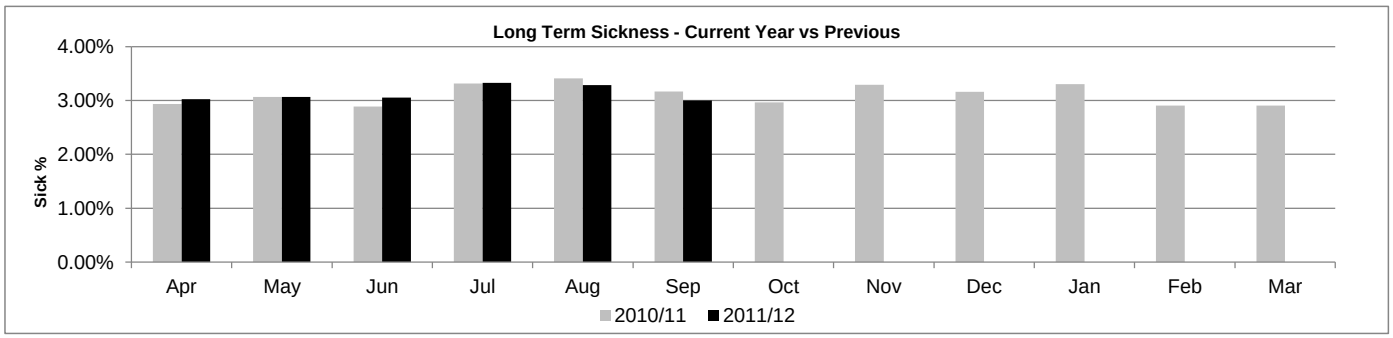
Workforce Report

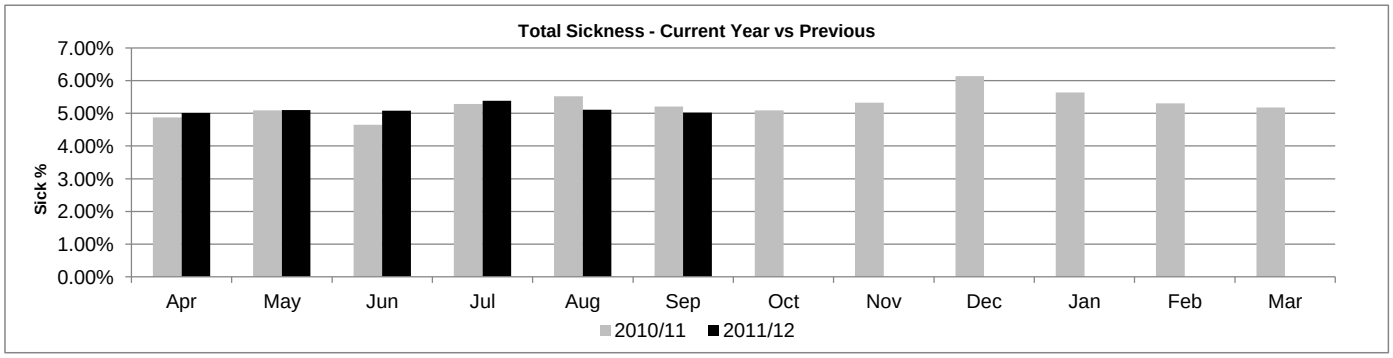
Current Month Nov-11 **Sickness Month** Sep-11

Trust Summary

Sickness Absence







Sickness 2010/11	5.28%	**Current WTE**	4607.14
YTD Sickness	5.12%	**Current Headcount**	4823.00

NB Secondments and Acting Up Included in Totals

Total Sickness	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2010/11	4.87%	5.09%	4.65%	5.29%	5.52%	5.20%	5.09%	5.33%	6.13%	5.64%	5.30%	5.18%
2011/12	5.01%	5.10%	5.08%	5.39%	5.11%	5.02%	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	167.00	161.00	192.00	171.00	164.00	161.00	0.00	0.00	0.00	0.00	0.00

Narrative

Sickness

The slight fall in sickness absence for the Trust as a whole August to September was due to the decrease in long term absence; short term absence increased slightly. The YTD has also fallen slightly, but remains just above the target for 2011/12 of 5% or below. As reported previously, many of the long term absences are attributable to serious illness, so we cannot expect to see rapid significant improvement. The RAG rated audits continue to show that, in the main, all absence is being managed appropriately and in accordance with the Managing Attendance Policy (MAP).

Unauthorised Absences

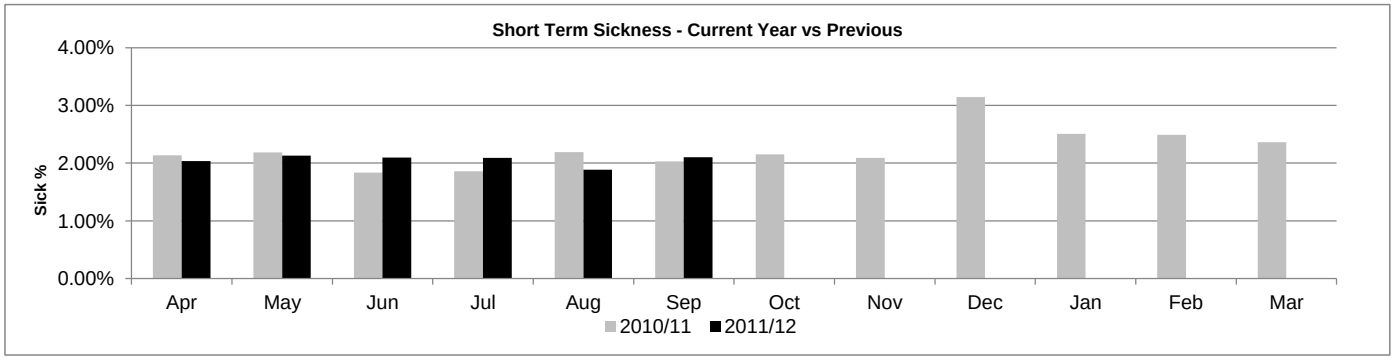
This figure shows the number of instances when staff have reported unable to attend work at short notice for reasons other than their own sickness or when they have not reported for work. Depending on the reason, the absence may be converted into annual leave or un/paid special leave or remain an unpaid unauthorised absence. Disciplinary action may result. The figure for October shows a (slight) decrease - for the third month in a row, and is still lower than the previous year. These figures are actuals, and therefore will be affected by the differences in the number of staff in post.

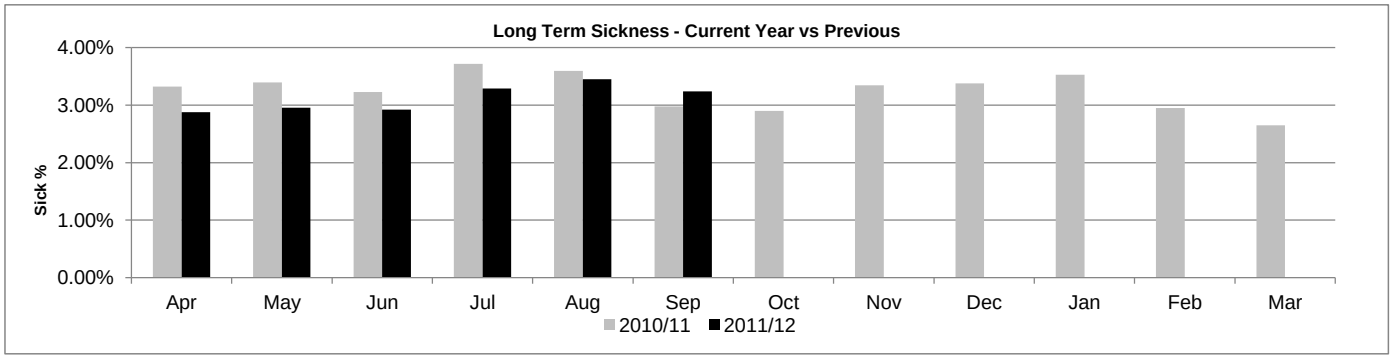
Workforce Report

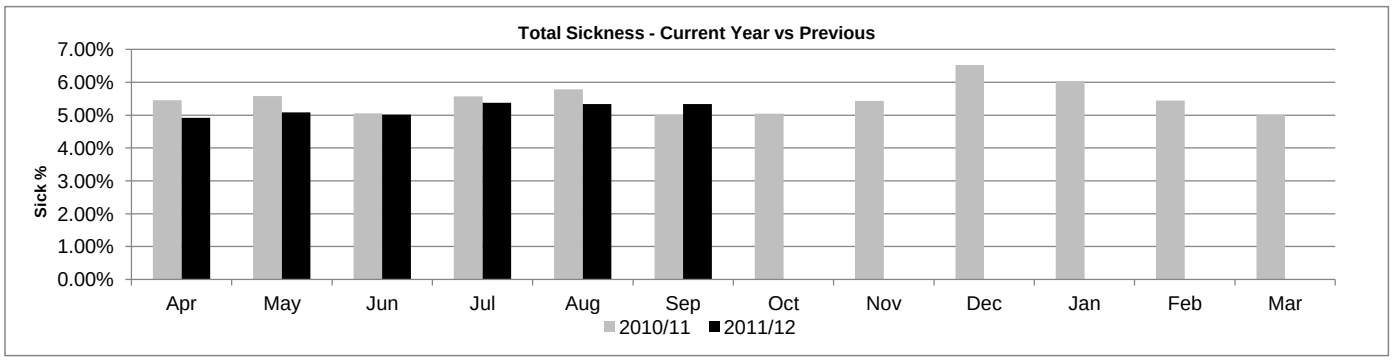
Current Month Nov-11 **Sickness Month** Sep-11

A&E Operations Areas

Sickness Absence







Sickness 2010/11	5.50%	**Current WTE**	3243.80	**NB Secondments and Acting Up Included in Totals**	
YTD Sickness	5.18%	**Current Headcount**	3393.00		

Total Sickness	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2010/11	5.45%	5.58%	5.06%	5.58%	5.79%	5.00%	5.05%	5.44%	6.52%	6.04%	5.44%	5.01%
2011/12	4.91%	5.08%	5.02%	5.38%	5.34%	5.34%	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	144.00	136.00	162.00	137.00	150.00	133.00	0.00	0.00	0.00	0.00	0.00

Narrative

Sickness

Sickness in the Areas reamined static August to September, and was again above the Trust total for the month and YTD. During September 32 people reached the four week long-term sickness trigger - only five in West; five people were referred for hearings; three people on long-term sickness resigned; a total of 114 long-term sickness cases were active; 48 people returned to work following long-term absences - only eight in East; 64 members of staff were subject to formal warnings under the Managing Attendance Policy (MAP). On the last day of September a total of 165 members of staff were absent due to sickness, compared with 162 on the last day of August.

Audits of application of the MAP have raised no cause for concern. Three Complexes received amber audits in September due to actions not being undertaken within agreed timeframes.

Unauthorised Absences

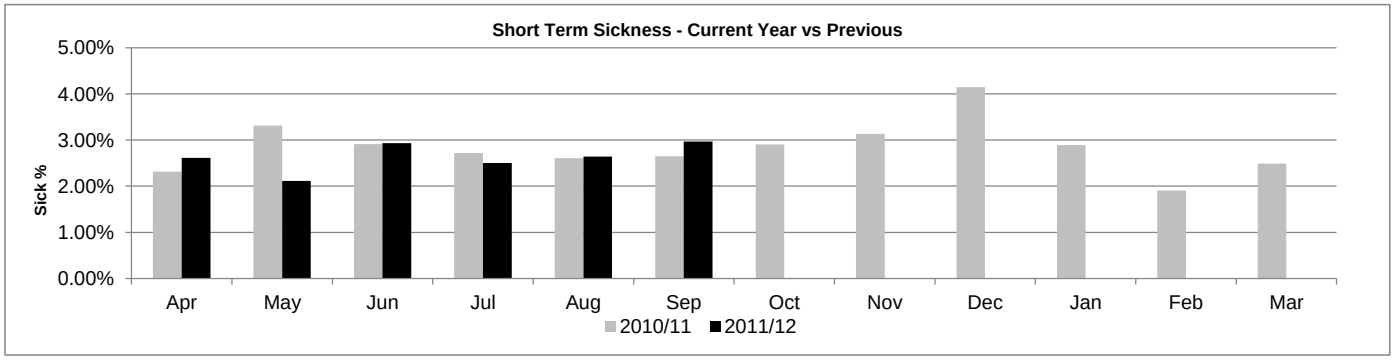
The total figure for U/As for October decreased; East 43 from 44; South 44 from 55; West 46 from 51.

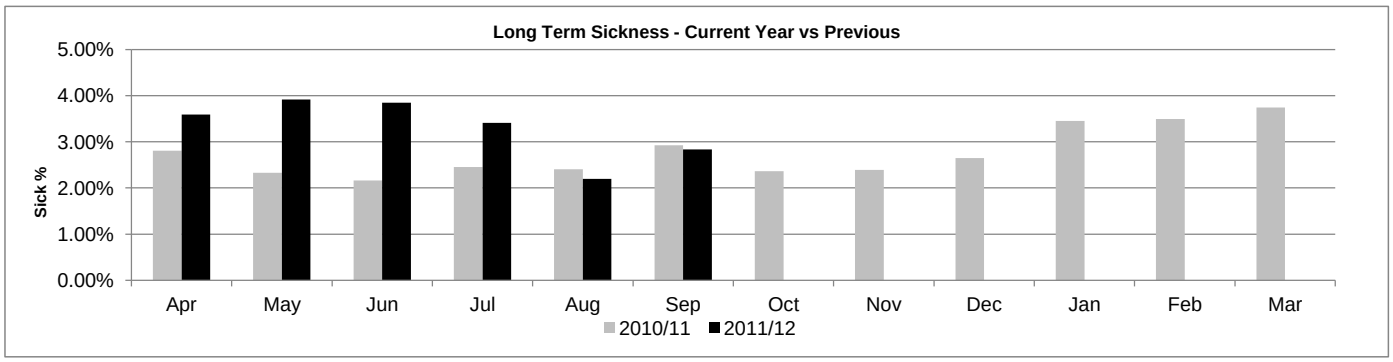
Workforce Report

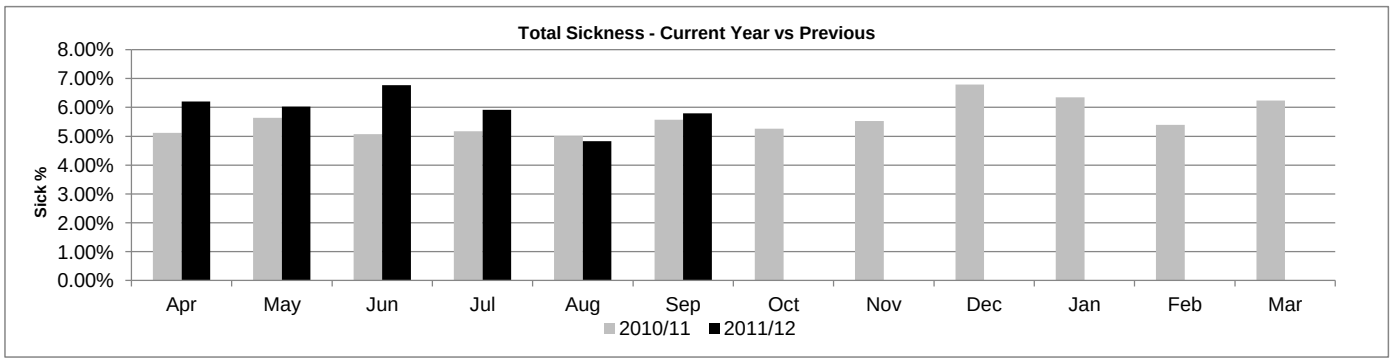
Current Month Nov-11 **Sickness Month** Sep-11

Control Services

Sickness Absence







Sickness 2010/11	5.60%	**Current WTE**	429.77
YTD Sickness	5.92%	**Current Headcount**	455.00

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	6.20%	6.03%	6.77%	5.91%	4.83%	5.80%	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	25.00	30.00	34.00	14.00	28.00	0.00	0.00	0.00	0.00	0.00

Narrative

Sickness

In September there was a 1% increase in sickness in Control Services, with increases in both short-term sickness and long-term sickness, month on month and compared to the same time last year. Nine members of staff returned to work following long term absence and one member of staff was referred for a capability hearing. In September we had 22 active long term sickness cases. We had three cases reach the four week trigger. A total of 20 staff were subject to formal warnings under the MAP. The total number of staff off due to sickness on the last day of September was 32 (August 36).

Great effort continues to be made to reduce sickness absence in Control Services. The new arrangments for conducting sick audits continue; two watches received an Amber rating; two watches Green; D Watch received a Red rating as did CTA, but all outstnadin actions are now completed.

Unauthorised absence

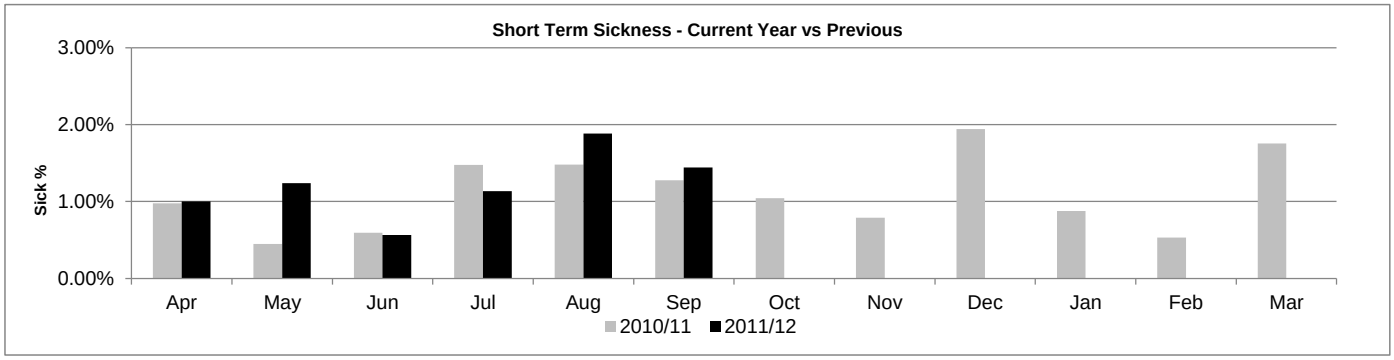
Management attention to U/As, including overtime bans for repeat offenders , continues.

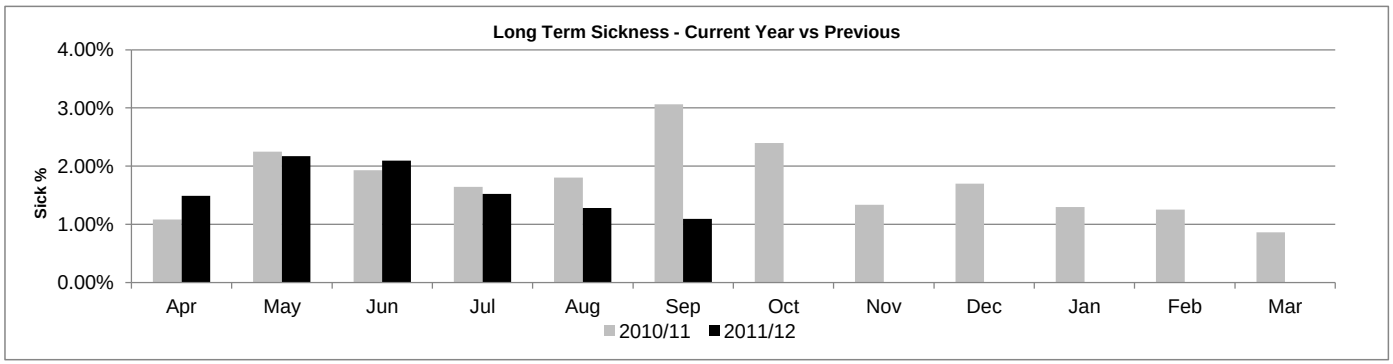
Workforce Report

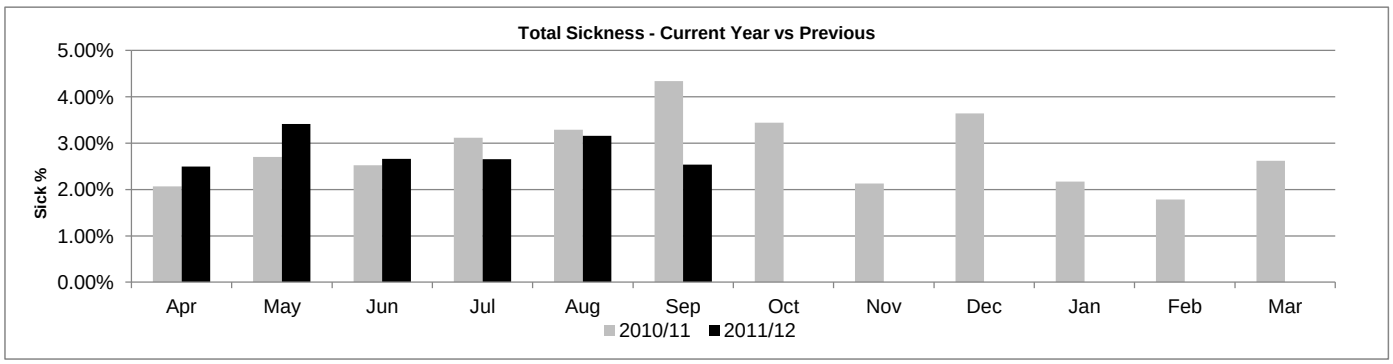
Current Month Nov-11 **Sickness Month** Sep-11

Human Resources & Organisation Dev Directorate

Sickness Absence







Sickness 2010/11	2.77%	**Current WTE**	177.09	**NB Secondments and Acting Up Included in Totals**
YTD Sickness	2.83%	**Current Headcount**	188.00	

Total Sickness	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2010/11	2.06%	2.70%	2.52%	3.12%	3.29%	4.34%	3.44%	2.13%	3.64%	2.17%	1.79%	2.62%
2011/12	2.49%	3.41%	2.66%	2.66%	3.16%	2.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

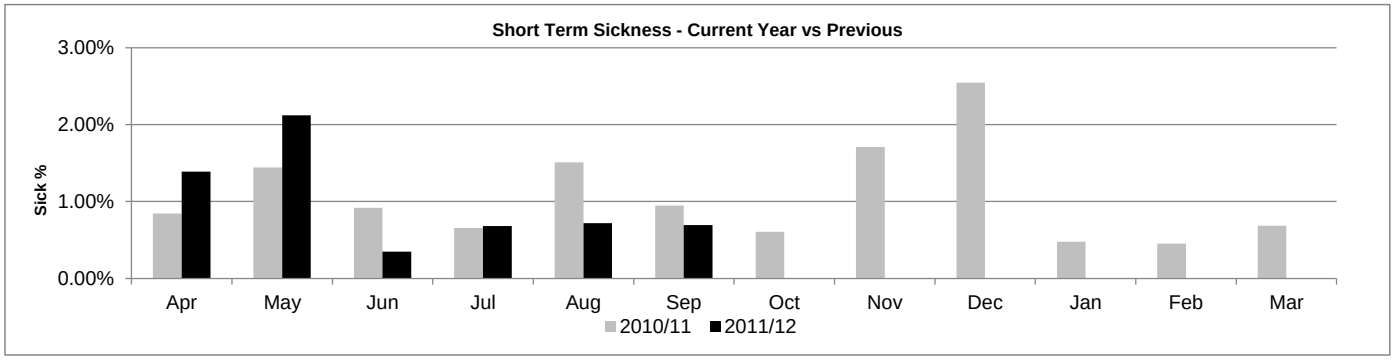
Narrative

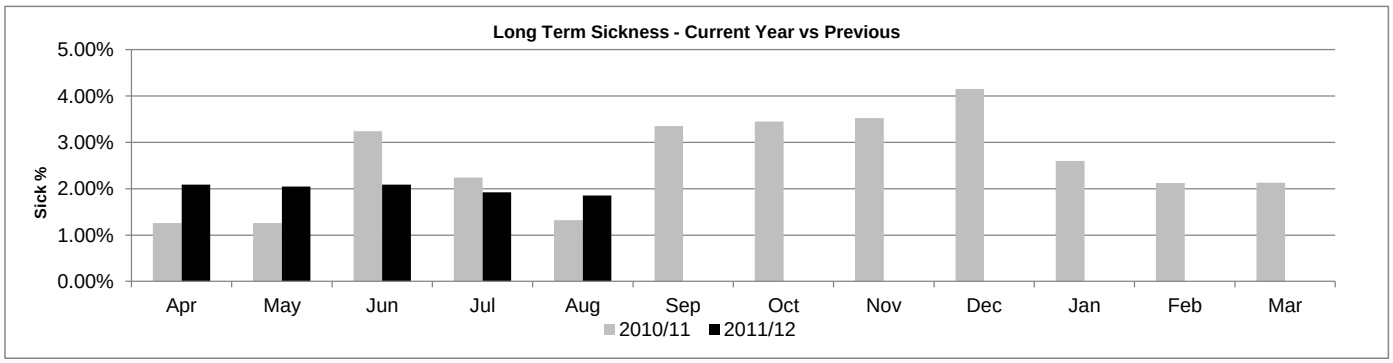
Workforce Report

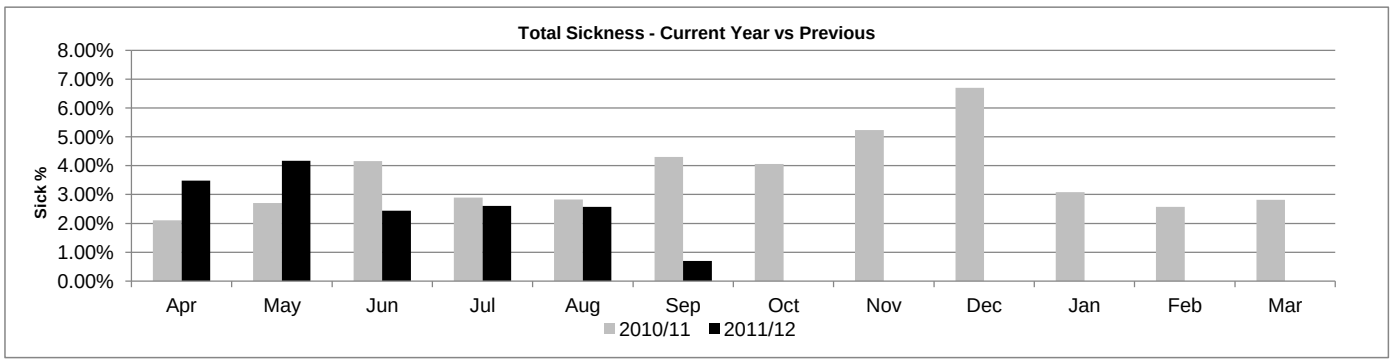
Current Month Nov-11 **Sickness Month** Sep-11

Finance & Business Planning Directorate

Sickness Absence







Sickness 2010/11	3.61%	**Current WTE**	51.93	**NB Secondments and Acting Up Included in Totals**
YTD Sickness	2.64%	**Current Headcount**	54.00	

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	3.48%	4.17%	2.43%	2.61%	2.57%	0.69%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

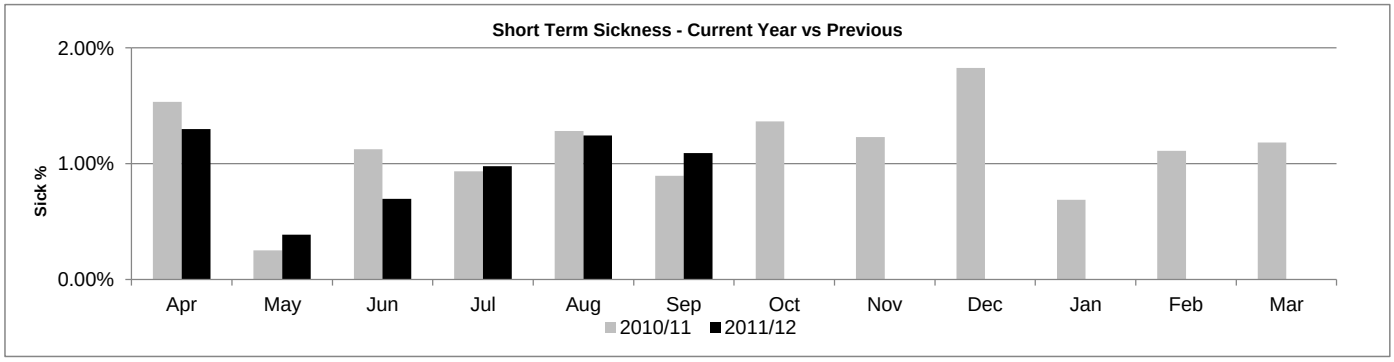
Narrative

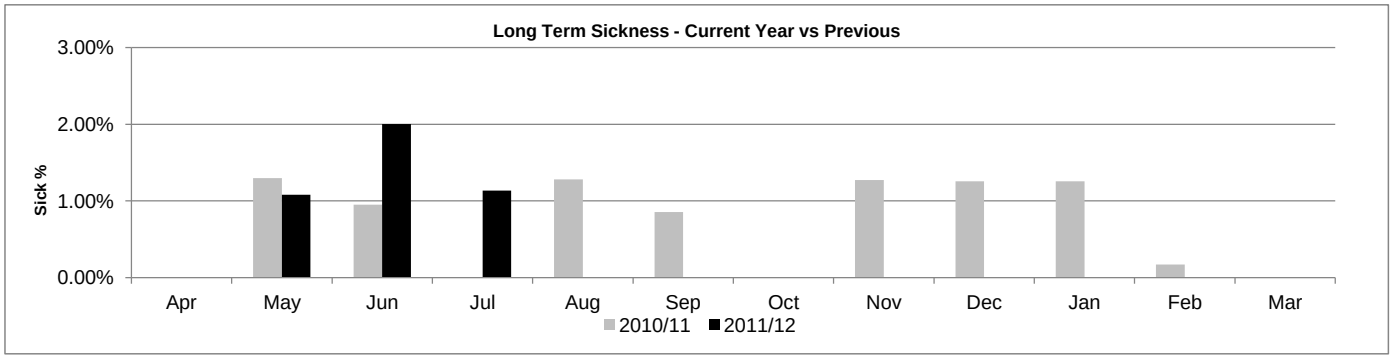
Workforce Report

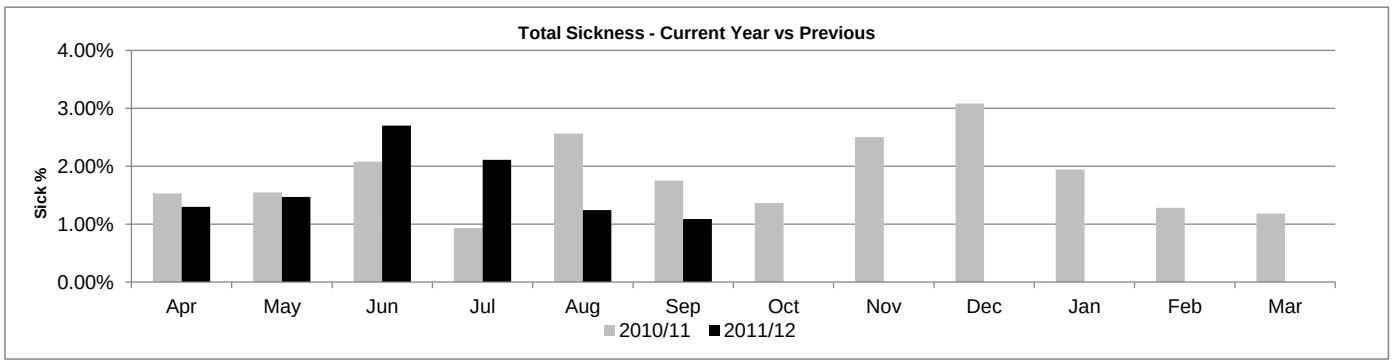
Current Month Nov-11 **Sickness Month** Sep-11

Information Management & Technology Directorate

Sickness Absence







Sickness 2010/11	1.81%	**Current WTE**	79.47
YTD Sickness	1.65%	**Current Headcount**	81.00

NB Secondments and Acting Up Included in Totals

Total Sickness	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2010/11	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	1.30%	1.47%	2.70%	2.11%	1.24%	1.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

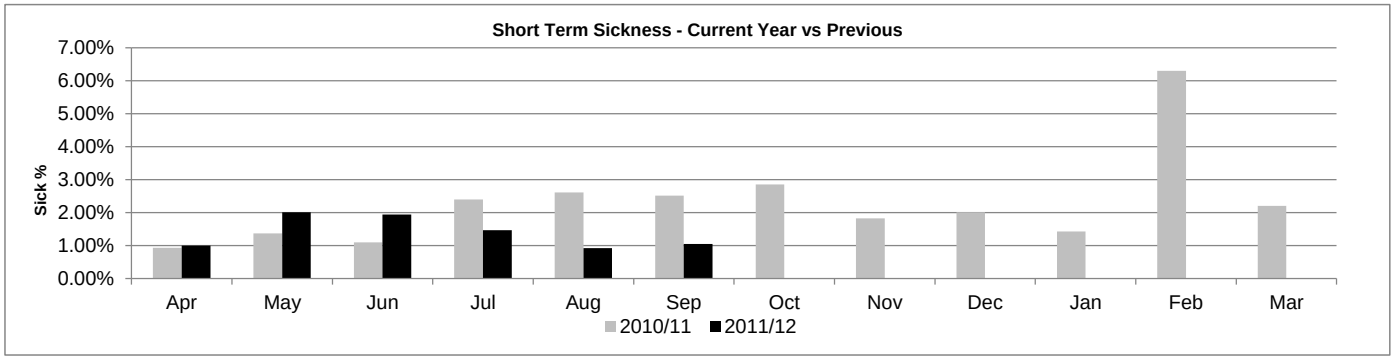
Narrative

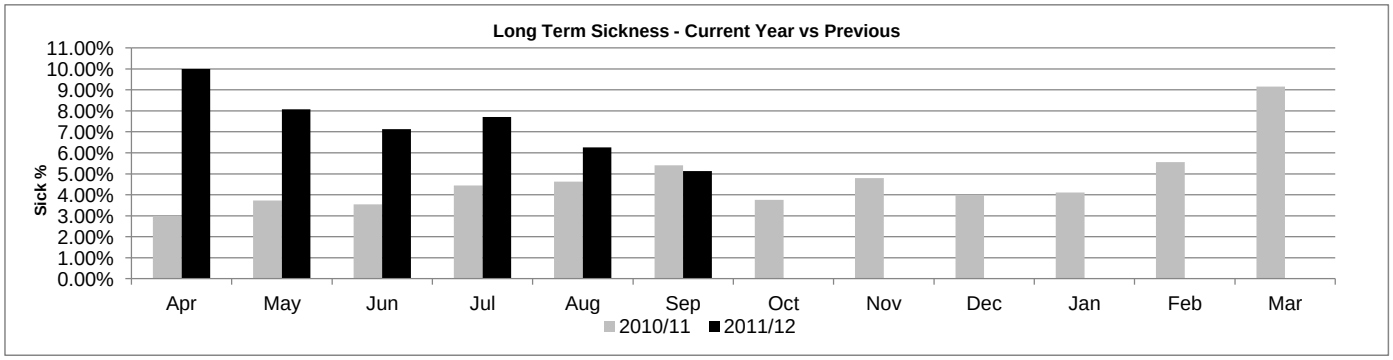
Workforce Report

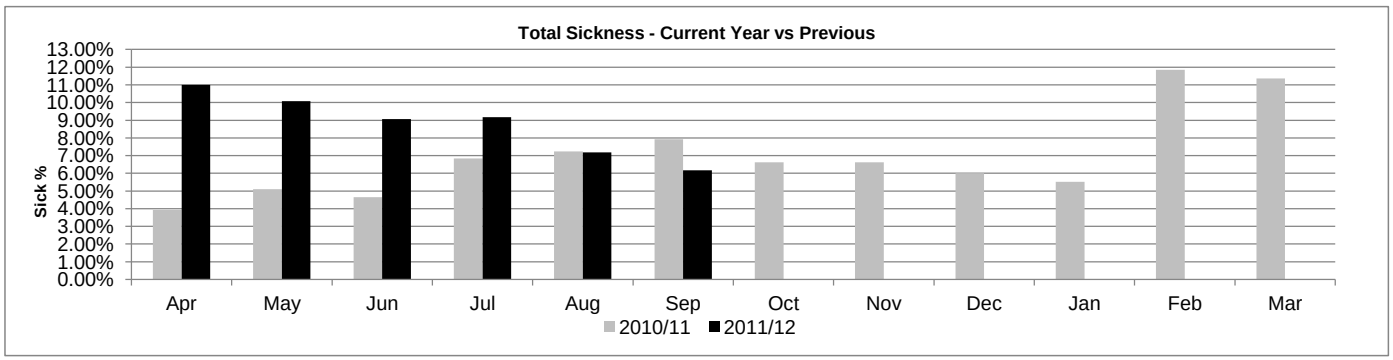
Current Month **Nov-11** **Sickness Month** **Sep-11**

Patient Transport Service

Sickness Absence







Sickness 2010/11	6.78%	**Current WTE**	155.31	**NB Secondments and Acting Up Included in Totals**
YTD Sickness	8.78%	**Current Headcount**	163.00	

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	11.00%	10.08%	9.06%	9.18%	7.18%	6.18%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Narrative

Although still high, sickness in September continued to fall. The bulk of absence remains long term and all of the cases 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.

East: 2 x long term (up from 1 last month); 1 x short term (down from 3 last month). 1 member of staff wasplaced on a formal warning. Of the long term sick, 1 is now being managed through the capability process, although he wouldn't be returning due to his illness. 1 is now awaiting OHD and interview with HR to discuss a phased return to work.

West: 10 x long term (down by 1 from last month) of which 2 returned during September. 1 awaiting capability hearing, 2 retiring in November, 1 awaiting managment decision on whether to refer for capability as staff member will not return to work. All being closely managed.
10 x short term (up from 4) which is really disappointing. 2 have triggered formal referral, 1 has triggered informal warning, 1 awaiting knee operation. Again all being closely managed. Unfortunately, despite ithgt management, sickness in the West has not greatly improved, particularly in terms of long term, or projected long term absence with a number of staff moving from short to long.

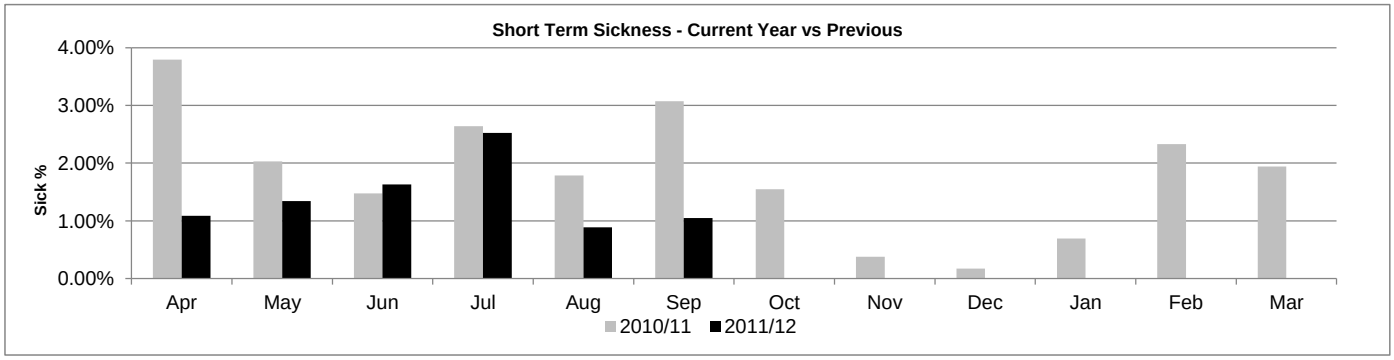
Managers: 0 x Long Term 1 x short term (Remains the same)

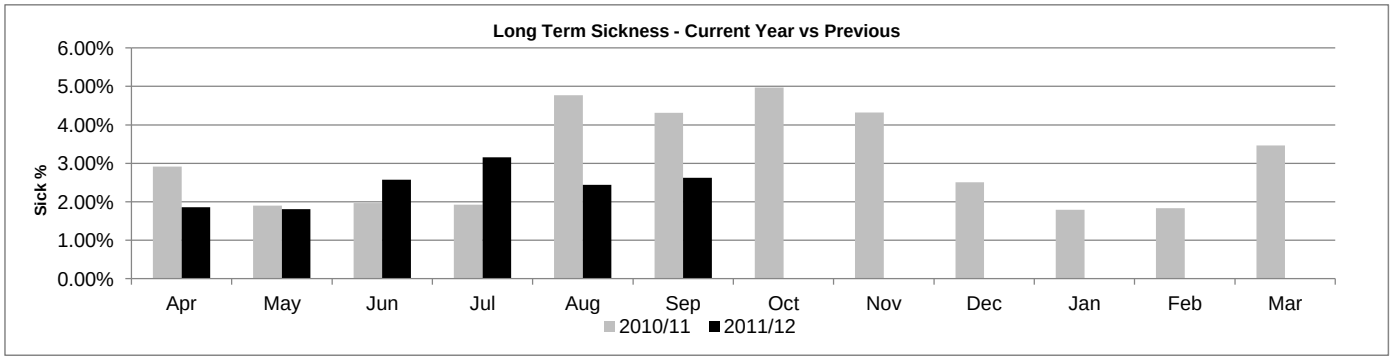
Workforce Report

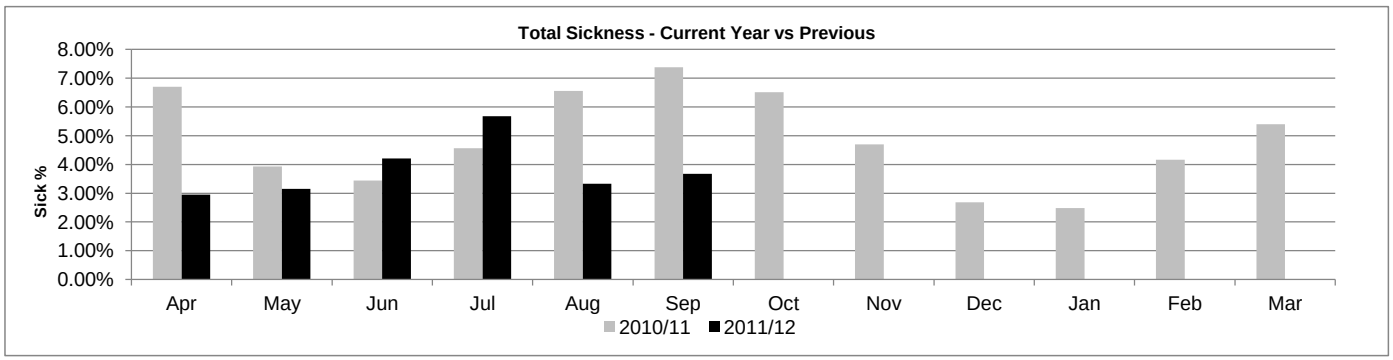
Current Month Nov-11 **Sickness Month** Sep-11

Operational Support

Sickness Absence





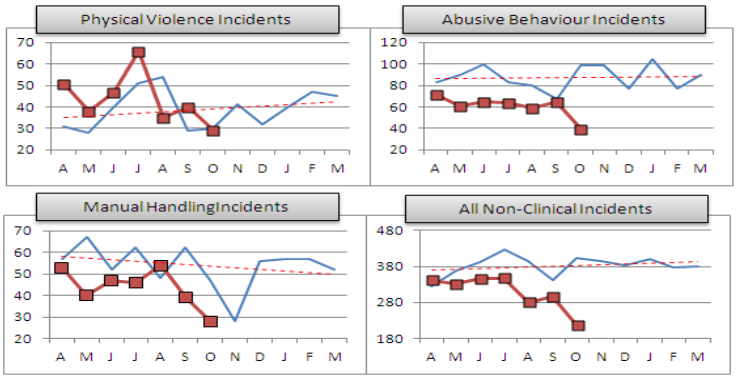


Sickness 2010/11	4.88%	**Current WTE**	114.43
YTD Sickness	3.85%	**Current Headcount**	115.00

NB Secondments and Acting Up Included in Totals

Total Sickness	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2010/11	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	2.95%	3.15%	4.21%	5.68%	3.32%	3.67%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Narrative



Note: Due to the delay in receiving incidents, the figures for October 2011 are artificially low by an expected 39%. Due to this the commentary will centre on September 2011, but the data is presented above. The full figures for October will be reported in the December SMG Update.

Manual Handling Update

The numbers of lifting, handling and carrying incidents remain low compared to 2010/11. This is across all 3 areas, with the West Area having the lowest amount of reported Manual Handling incidents in September 2011. (East Area: 18, South Area: 14, West Area; 3). The West Area has very low levels of incident reporting in general and we conclude that this figure of 3 incidents indicates that their incident forms have still not been fully received.

The chair transporter trial is ongoing with the North East and East Central sectors now being complete. The North West, West and South-West are partially complete. Currently the trial is being undertaken in the south at the Oval complex.

Abusive Behaviour Update

The numbers of incidents where staff are verbally abused or threatened rose slightly in September 2011, but still remains consistently below the number reported in 2010/11. (East Area: 24, South Area: 21, West Area; 18)

Physical Assault and Security Update

The numbers of reported physical abuse dropped to the average for 2010/2011. The East Area saw a rise in the levels of reported Physical Assault figures but only to the average over the last 6 months, with the South Area seeing a drop in reported assaults. (East Area: 21, South Area: 9, West Area; 10).

There were no prosecutions relating to assaults during work, however we have recently seen the sentencing at Nottingham Crown Court over the manslaughter of James Hodginson, a trainee paramedic. The 19-year old male who was responsible was sentenced to 30 months in jail after punching Mr Hodgkinson during an unprovoked attack in Nottingham, where James was socialising with friends after a cricket test match.

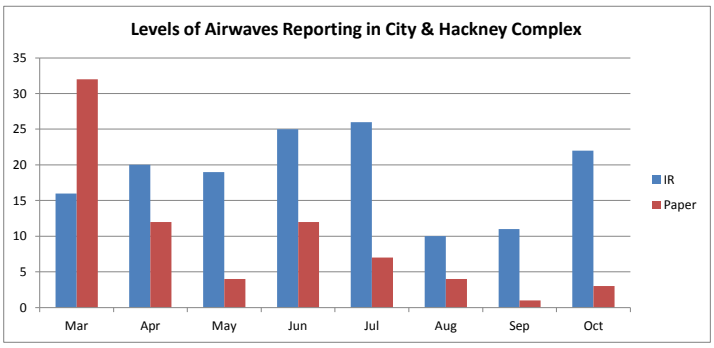
Health and Safety Training Update

During September 2011 there were 5 delegates trained on the Managing Safety and Risk Course. There were an additional 12 delegates trained in two Managing Safety and Risk courses during October 2011. One course has already been cancelled in November 2011 due to insufficient delegate numbers, but two courses are planned over the next 2 months, with 11 delegates booked so far.

10 delegates were trained in the BTech Manual Handling Refresher course in October.

EBS Reporting Trial

The pilot is still ongoing in the participating complexes.
For City and Hackney complex, the levels of reporting via the electronic form compared to paper continue to rise. Despite a drop in overall incidents reported in August 2011, the levels of reporting via the Airwaves project are good.



HSE Update Visit

Since Tony Crabtree and Jason Killens met with John Crookes (HSE Inspector) in August, an offer was extended for HSE to attend and present at Decembers Senior Managers Conference. A response is still awaited.

Health and Safety Consultation Arrangements

The Corporate Health and Safety Group met on15th September, at which the new Operational Health and Safety Partnership Forum was discussed, together with the format that the Group will take with regards to reported data and communication structures.

All data accurate on the 8th November 2011.

Workforce Report

Current Month **Nov-11**

Trust Summary

Vacancies & Turnover

	Funded WTE	Inpost WTE	Variance
Trust Total	4704.72	4622.04	-82.68
Directorate			
A&E Operations	3424.95	3441.65	+16.70
Chief Executive	16.61	15.61	-1.00
Control Services	437.28	428.84	-8.44
Corporate Services Directorate	53.93	51.93	-2.00
Finance & Business Planning Directorate	58.20	48.93	-9.27
Health Promotion & Quality	3.60	2.00	-1.60
Human Resources & Organisation Dev Directorate	183.12	156.97	-26.15
Information Management & Technology Directorate	91.53	80.47	-11.06
Medical Directorate	24.20	17.87	-6.33
Operational Support	129.86	115.43	-14.43
Patient Transport Service	166.44	154.54	-11.90
Trust Board	6.00	6.00	+0.00

	Est.	In Post	Var.
T/L Paramedic	193.19	202.05	+8.86
Paramedic	1227.00	1176.53	-50.47
Student Paramedic 4	4.00	76.00	+72.00
Student Paramedic 3	304.00	427.00	+123.00
Student Paramedic 2	348.00	35.00	-313.00
Student Paramedic 1	0.00	0.00	+0.00
EMT 2-4	796.18	897.00	+100.82
EMT 1	19.62	18.60	-1.02
A&E Support	355.00	345.92	-9.08
CTA	54.43	51.70	-2.73
Total	**3301.42**	**3229.80**	**-71.62**

Turnover

2010/11	7.1%	Apr-10 to Mar-11
2011/12	7.3%	12 Months up to Oct-11

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
No. Leavers (Headcount)												
2010/11	44.00	32.00	11.00	27.00	28.00	34.00	22.00	52.00	18.00	26.00	24.00	34.00
2011/12	22.00	36.00	33.00	28.00	34.00	30.00	21.00	0.00	0.00	0.00	0.00	0.00
No. Starters (Headcount)												
2010/11	10.00	6.00	28.00	21.00	13.00	70.00	37.00	62.00	6.00	24.00	25.00	23.00
2011/12	6.00	7.00	7.00	21.00	7.00	32.00	49.00	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 **Nov-11**

Trust Summary

Employee Relations Data

	Attendance	Grievances	Capabilities	Discipliary (Clinical)	Discipliary (Non Clinical)
Current Case Total	631 (569)*	20 (17)	2 (1)	4 (3)	35 (14)

Current Employment Tribual Cases	11 (12)

Current Suspensions	5 (4)

Narrative

* The figure for the previous month appears in brackets.

Attendance
The figures and the audit results mentioned previously continue to demonstrate t the focus on attendance management has been sustained.
Grievances
As reported previously , it must be expected that as managers increase the focus on all facets of performance this figure will be higher than previously seen. Nevertheless, given the number of employees, this number remains low.
Disciplinaries
Last month's figures did not include the new case for September, so the increase includes new cases for two months. The ratio of clinical to non-clinical cases continues to show that clincial issues are rarely dealt with under the disciplinary procedure.
Employment Tribunals
We received the judgement for one case, which the Trust won We are still awaiting judgement on one case. No new cases have been lodged.

Workforce Report

Current Month **Nov-11**

Trust Summary

PDR Completion Rates

Area / Directorate / Dept	No. to be done in Year	No. Done	No. Done (Previous Month)	% Complete	% Complete (Previous Month)
A&E Operations East	976	107	*96*	11.0%	*9.8%*
A&E Operations South	1313	45	*41*	3.4%	*3.1%*
A&E Operations West	1138	89	*78*	7.8%	*6.9%*
Chief Executive	16	12	*6*	75.0%	*37.5%*
Control Services	454	152	*0*	33.5%	*0.0%*
Corporate Services Directorate	53	31	*31*	58.5%	*58.5%*
Deputy Director Operations	150	20	*20*	13.3%	*13.3%*
Finance & Business Planning Directorate	55	19	*18*	34.5%	*32.7%*
Health Promotion & Quality	2	1	*1*	50.0%	*50.0%*
Human Resources & Organisation Dev Directorate	169	97	*85*	57.4%	*50.3%*
Information Management & Technology Directorate	80	34	*30*	42.5%	*37.5%*
Medical Directorate	22	8	*9*	36.4%	*40.9%*
Operational Support	116	13	*14*	11.2%	*12.1%*
Patient Transport Service	163	7	*7*	4.3%	*4.3%*
Trust Board	6	5	*5*	83.3%	*83.3%*
Urgent Care Service	113	2	*2*	1.8%	*1.8%*
Total	**4826**	**642**	***443***	**13.3%**	***9.2%***

NB: Figures based on appraisers' input into database

London Ambulance Service NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

M07 October

PAPER FOR REVIEW

Document Title:	**M07 October - Financial Review**
Report Author(s):	Andy Bell
Lead Director:	Mike Dinan
Contact Details:	Michael.Dinan@lond-amb.nhs.uk
Why is this coming to the Trust Board?	Monthly Trust Financial Review
This paper has been previously presented to:	Senior Management Group
Recommendation for the Trust Board:	• The committee is asked to comment on the information included within the month 7 report and the actions being taken to safeguard the trusts' position against plan.

Executive Summary/key issues for the Trust Board

The Trust reported a surplus of £226k for the month against a plan surplus of £205k. The Capital and Cash position remain on track. Financial risk of £3.8m has been identified at Month 7.

YTD the Trust is reporting a £1,477k surplus against plan of £2,645k. This is £1,168k behind plan and a Financial Recovery Plan has been developed which incorporates the existing CIP to deliver the required annual surplus of £2.7m.

EBITDA in Month 7 is £2.7m behind plan mainly due to overspend on A&E overtime and reduction in PTS and RTA income.

CIP is £562k behind the year to date plan. Specific actions are being taken by SMG to recover the position by year end.

The Department of Health has set the CRL for 2011/12 at £9,112k. The Trust is planning to under spend on its allocated capital funding by £697k. The YTD position is a favourable variance of £2.9m mainly due to sale and leaseback of ambulances and delay in CommandPoint.

The Year end cash position is forecast to be £5.3m. The YTD position is a favourable variance of £1.8m against plan due to advance receipt of CBRN Income.

Result

The LAS made a surplus of £226k for the month.

Ytd, the surplus is £1,477k compared to budget of £2,645k.

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

Forecast EBITDA is £3.9m below budget at 6.8% of income or £19.0m. This compares to £17.2m for 2010/11.

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

The CIP is forecast to deliver savings of £15.4m.

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

Income

For the month, overall income was £23,349k. This was £18k up on m6 and £62k ahead of forecast.

- Q1 income impacted by application of £800k penalty for 2010/11 (£267k per month)
- Ytd income also reduced by £95k per month for a reduction in expected RTA income

Ytd, total income is down £1,326k vs budget.

- Impact of A&E penalty (£800k) and RTA income (£665k)
- PTS income down £375k vs budget

For 2011/12, the forecast income is £280,908k which is £2,072k below budget

- 2010/11 penalty £804k
- RTA £1,258k
- PTS £510k
- Run rate of £23.2m per month is expected to be reasonably consistent. The increase forecast in m12 relates to the final CQUIN payment of £1.8m. A related provision of £1m for underachievement of the CQUIN is included in forecast expense.
- No additional income forecast at this stage for August unrest in London (Cost £80k). This activity is not in the commissioned baseline of the LAS. A bid has been made to relating to a non recurrent fund run by London PCTs.
- No penalties forecast for A&E income

Expense

For the month, total operating expense was £21,848k (m6 £21,517k) and total expense was £23,123k (m6 £22,833k).

- Payroll expense have fallen by £42k and was £23k above forecast at £17m
- A&E overtime is 31k more than m6 and broadly in line with forecast
- Agency expense has increased by £26k. This arises from accrual corrections.
- Corporate Support expense are broadly in line with last month.

Ytd, total operating expense was £158k above budget.

- Pay cost is £1,851k over budget but £2,460k below the same period in 2010/11.
- Overtime spend of £3,736k over budget. This is driven both higher than planned abstractions for training and continued slippage in hospital handover times by London Acute hospitals.
- The LAS has reduced its element of time at hospital by 3.5 minutes to a current average of 15.2 minutes in the same period.
- Another driver of increased pay expense is increase in key activity
    - Call volume is up 5% over the same period in 2010/11 compared to plan of 2.8%.
    - CatA activity is 10.8% over the same period last year (plan 3.5%)
    - Overall incident activity is down 2% (Planned increase 1.8%)
    - CatA activity is a disproportionate driver of cost, given the higher clinical risk. At present the LAS is absorbing this additional clinical activity.
- Non pay is £446k below budget where the both the specific CIP activity and general cost controls are delivering sustained reductions.
- Depreciation, Dividend and Interest expense is £1,168k below budget mainly due to slippage in the capital plan.
- Average monthly operating expense is £21,704k and total expense £23,027k

For 2011/12, the forecast total operating expense is £262m which is in line with budget and £2m below 2010/11.

- Forecast average payroll expense is £17m per month for the remaining 5 months of 2011/12. This is line with the current run rate.
- Overtime spend has been re-profiled in line with the updated workforce plan.
- Forecast total payroll expense is £1.7m below payroll cost for 2010/11.
- Non Pay expense is forecast to be £0.7m below budget and adjusting for income provisions £1.0m below 2010/11
- Forecast monthly average non pay cost of £4.6m for rest of the year is in line with the current run rate (£4.6m) and the CIP.

Depreciation, Dividend & Interest expense is forecast to be £3.0m below budget.

- Depreciation is forecast to be £1.8m below budget due to the delay in implementing CommandPoint
- Slippage in the rest of the capital plan (Estates and Fleet) is also included in the forecast.

Cost Improvement Programme (CIP)

Ytd, the CIP delivered is £8.0m which is £562k below plan.

- Slippages in rest breaks (£235k), Agency (£184k) and Unidentified (£652k)
- Non Pay Savings (£418k) and IM&T Savings (£42k) ahead of plan

Forecast CIP is expected to exceed the plan by £591k.

- Rest break slippage of £502k caused by current operating pressures
- Agency under plan by £196k with further SMG attention to attempt to recover position
- PTS CIP plan critical to turnaround plan
- Support Service pay on track to deliver planned savings underpinned by vacancy freeze
- Annual Leave accrual monitored by senior finance team to ensure delivery of required CIP

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

Balance Sheet & Cash flow

Capital Employed by the LAS of £114m is unchanged from m6. Forecast capital employed is £115m.

Trust on track to deliver a return on assets of 6.6% for the year in line with plan of 6.6%

The capital plan is under spent by £2,866k on its capital plan by m7. This is caused by a delay in CommandPoint, IT hardware replacement, and the sale and leaseback on ambulances.

Forecast capital expenditure of £8.4m is projected to be below the plan or CRL of £9.1m.

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

Cash balances were £10.0m at the end of m7. The forecast cash balance for m12 remains £5.3m. Key elements of the forecast include:

- Delivery of forecast EBITDA (£18.9m)
- Capital plan delivered
- Completion of Sale & Leaseback transactions for existing leased vehicles

Better Payment Practice Code (BPPC)

Ytd performance for supplier payments is Non NHS (91%) and NHS (97%) which is behind the required 95%. This metric is being tracked by the department to improve performance.

Financial Risks

Key financial risks remain

- Unachieved CQUIN – see appendix A
- Failure to deliver the CIP
- Overtime control
- VAT reclaim
- Personnel Radiological Protective Suits (CBRN)

A worse case scenario has been developed identifying a £3.8m risk to the current forecast.

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

Financial Recovery Plan (FRP)

Additional Income

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

Forecast Pay (£17.0m) and Non Pay (£4.8m) expense were delivered in m7.

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

Conclusion

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

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

CRL will be achieved.

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

Mike Dinan

Director of Finance

November 2011

London Ambulance Service NHS
NHS Trust

Trust Board - Financial Review

Month Ending 31st October 2011 - (Month 7)

Report Contents

LAS Financial Review - Financial Snapshot

APPENDIX 1

Month Ending 31st October 2011 - (Month 7)

NHS Trust Statutory Financial Duties	Forecast	Commentary
Income & Expenditure against plan	↓	Assessment based on achievement of the YTD financial plan
External Financing Limit (EFL)	↔	Assessment based on achievement of the YTD financial plan
Capital Resource Limit (CRL)	↓	Assessment based on achievement of the YTD financial plan
Return on Assets	↑	Assessment based on achievement of the YTD financial plan
CIP	↓	The Trust is expected to deliver a CIP of £15.4m for the year. At month 7 the trust is behind plan.

Income and Expenditure

The year to date I&E position is a surplus of £1,477k, behind plan by £1.2m due to overspend on A&E Overtime and reduction in RTA and PTS Income. Recovery plan has been developed to ensure the Trust remains on track financially for the rest of the year.

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.

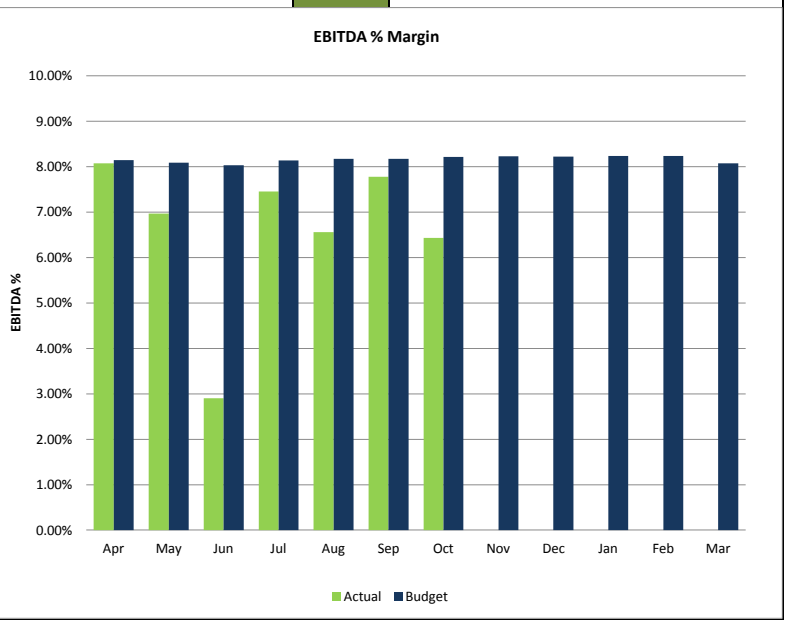
Financial Risk Rating

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	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 less than 3% of Income (0.7%)
Forecast Outturn Performance (Forecast I&E Surplus Margin)	3	G	Forecast surplus with variance from plan of less than 3% of Forecast Income (0.001%)
Underlying Financial Position (Underlying I&E Surplus Margin)	3	G	Underlying breakeven or surplus position is on track
Better Payment Practice Code (95% bills paid within 30 days)	2	A	Bills paid within 30 days for the year to date to 97% of NHS suppliers and 91% 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	Commentary
Achievement of plan (EBITDA achieved compared to plan)	3	A	Better than 70% 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 6.8%)
Financial Efficiency (Return on assets and I&E margin)	4	G	Return on Assets is forecast at 6.64% and I&E surplus margin is forecast at 1%
Liquidity (Liquid assets / operating expenditure	3	A	Liquid asset cover less than15 days, assumes 30 day working facility
Overall	4	G	**The Trust is targeting a score of 4 for 2011/12**

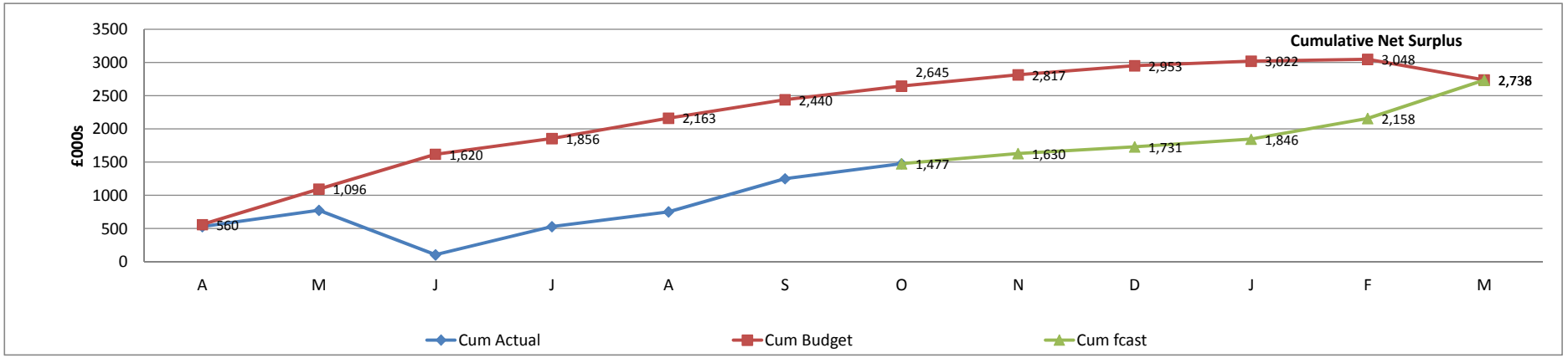
Income & Expenditure	Current Month Actual £000	Current Month Budget £000	Current Month Variance £000	Year to Date Actual £000	Year to Date Budget £000	Year to Date Variance £000	Annual Forecast £000	Annual Budget £000
Income								
A&E	(20,852)	(20,853)	(1)	(145,167)	(145,972)	(805)	(251,283)	(252,088)
HART/CBRN	(1,264)	(1,234)	31	(8,676)	(8,635)	41	(14,844)	(14,803)
Olympics	(114)	(114)	(0)	(796)	(796)	0	(1,365)	(1,365)
PTS	(530)	(568)	(38)	(3,600)	(3,975)	(375)	(6,305)	(6,815)
Other	(588)	(659)	(71)	(4,426)	(4,613)	(187)	(7,111)	(7,908)
Total Income	**(23,349)**	**(23,427)**	**(78)**	**(162,666)**	**(163,992)**	**(1,326)**	**(280,908)**	**(282,979)**
Pay Expenditure								
Frontline	10,652	10,986	334	74,450	76,054	1,604	127,367	131,527
Other	5,253	5,494	241	36,892	38,466	1,574	63,978	65,909
Overtime	945	395	(549)	7,314	3,578	(3,736)	12,018	5,337
Agency	177	19	(159)	1,445	152	(1,293)	2,176	250
Total Pay	**17,026**	**16,894**	**(133)**	**120,101**	**118,250**	**(1,851)**	**205,539**	**203,023**
Medical Consumables	509	497	(12)	3,371	3,478	107	5,732	5,963
Vehicle	899	893	(6)	7,737	6,248	(1,488)	12,748	10,712
Fuel & Oil	497	496	(1)	3,406	3,470	64	5,842	5,949
Accommodation and Estates	1,010	1,062	52	7,074	7,646	572	12,521	12,934
Other	1,907	1,601	(305)	10,241	11,432	1,191	19,561	21,564
Finance Costs	337	451	114	2,618	3,157	539	4,472	5,412
Depreciation	938	1,329	391	6,641	7,665	1,024	11,757	14,684
Total Non Pay	**6,096**	**6,329**	**232**	**41,088**	**43,097**	**2,009**	**72,633**	**77,218**
Total Expenditure	**23,123**	**23,223**	**100**	**161,189**	**161,347**	**158**	**278,173**	**280,241**
EBITDA	**(1,501)**	**(1,985)**	**(484)**	**(10,736)**	**(13,467)**	**(2,731)**	**(18,965)**	**(22,834)**
(Surplus) / Deficit	**(226)**	**(205)**	**21**	**(1,477)**	**(2,645)**	**(1,168)**	**(2,736)**	**(2,738)**



LAS Financial Review - Financial Summary

APPENDIX 2

Month Ending 31st October 2011 - (Month 7)



	Month Act	Month Budget	Month Variance	%	Ytd Act	Ytd Budget	Diff	%	Ytd 1011	Diff	%	2011/12 Fcast	2011/12 Budget	Diff	%
Income															
A&E	21,551	21,671	(120)	-0.6%	150,205	151,696	(1,491)	-1.0%	150,154	51	0.0%	259,816	261,901	(2,085)	-0.8%
Other	1,798	1,757	41	2.4%	12,460	12,296	165	1.3%	14,999	(2,539)	-16.9%	21,092	21,078	14	0.1%
Total	23,349	23,427	(78)	-0.3%	162,666	163,992	(1,326)	-0.8%	165,154	(2,488)	-1.5%	280,908	282,979	(2,071)	-0.7%
Operating Expense															
Pay	17,026	16,894	(133)	-0.8%	120,101	118,250	(1,851)	-1.6%	122,561	2,460	2.0%	205,539	203,023	(2,516)	-1.2%
Non Pay	4,821	4,549	(273)	-6.0%	31,829	32,275	446	1.4%	32,139	310	1.0%	56,404	57,122	718	1.3%
Total	21,848	21,442	(405)	-1.9%	151,930	150,525	(1,405)	-0.9%	154,700	2,770	1.8%	261,944	260,145	(1,799)	-0.7%
EBITDA	1,501	1,985	(484)	-24.4%	10,736	13,467	(2,731)	-20.3%	10,454	282	2.7%	18,965	22,834	(3,870)	-16.9%
EBITDA %	6.4%	8.5%	-2.0%		6.6%	8.2%	-1.6%		6.3%	0.3%		6.8%	8.1%	-1.3%	
Depreciation, Dividend & Interest	1,275	1,780	505	28.4%	9,259	10,822	1,563	14.4%	9,412	153	1.6%	16,229	20,096	3,867	19.2%
Net Surplus/(Deficit)	226	205	21	10.4%	1,477	2,645	(1,168)	-44.2%	1,042	435	41.8%	2,736	2,738	(3)	-0.1%
Net Margin	1.0%	0.9%	0.1%		0.9%	1.6%	-0.7%		0.6%	-0.6%		1.0%	1.0%	0.0%	
Impairments	0	0	0	#DIV/0!	0	0	0	#DIV/0!	0	0	#DIV/0!	0	0	0	#DIV/0!
Net Surplus after Impairment	226	205	21	10.4%	1,477	2,645	(1,168)	-44.2%	1,042	435	41.8%	2,736	2,738	(3)	-0.1%
Income															
Non Current Assets					144,099	143,882	217	0.2%	140,717	3,382	2.4%	141,319	143,882	(2,563)	-1.8%
Cash					9,964	8,152	1,812	22.2%	4,209	5,755	136.7%	5,250	5,250	0	0.0%
Working Capital					(15,110)	(5,383)	(9,727)	180.7%	5,529	(20,639)	-373.3%	(11,295)	(5,383)	(5,912)	109.8%
Non Current Liabilities					(24,857)	(28,403)	3,546	-12.5%	(41,811)	16,954	-40.5%	(19,918)	(28,403)	8,485	-29.9%
Capital Employed					114,096	118,248	(4,152)	-4%	108,644	5,452	5.0%	115,356	115,346	10	0%
Average Capital Employed					114,096	118,248	(4,152)	-3.5%	108,486	5,611	5.2%	115,356	118,248	(2,892)	-2.4%
Return on Assets												6.64%	6.55%	0.1%	1.3%

LAS Financial Review - Income & Expense Trend

APPENDIX 3

Month Ending 31st October 2011 - (Month 7)

	Apr-11 Actual	May-11 Actual	Jun-11 Actual	Jul-11 Actual	Aug-11 Actual	Sep-11 Actual	Oct-11 Actual	Nov-11 Fcast	Dec-11 Fcast	Jan-12 Fcast	Feb-12 Fcast	Mar-12 Fcast	2011/2012 Fcast	2011/2012 Budget	Diff	%
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	
Income	**(23,354)**	**(22,690)**	**(23,060)**	**(23,479)**	**(23,403)**	**(23,331)**	**(23,349)**	**(23,299)**	**(23,265)**	**(23,265)**	**(23,285)**	**(25,129)**	**(280,908)**	**(282,979)**	**(2,071)**	**-0.7%**
Payroll (£k)																
A&E Frontline	10,733	10,675	10,640	10,584	10,628	10,539	10,652	10,644	10,616	10,586	10,554	10,517	127,367	131,527	4,159	3.2%
A&E Overtime	857	648	1,075	1,062	972	862	831	780	845	830	508	1,037	10,307	4,957	(5,349)	-107.9%
A&E Management	1,240	1,257	1,205	1,204	1,209	1,211	1,237	1,234	1,236	1,232	1,232	1,233	14,730	14,301	(429)	-3.0%
EOC	975	977	959	947	956	948	919	923	986	981	969	957	11,498	12,053	555	4.6%
Operational Support	288	296	311	315	332	316	317	317	317	317	317	317	3,760	4,210	450	10.7%
PTS	390	388	388	381	389	378	356	367	358	370	366	366	4,497	4,611	114	2.5%
Corporate Support	2,286	2,369	2,399	2,390	2,466	2,470	2,424	2,547	2,529	2,538	2,543	2,532	29,493	30,733	1,240	4.0%
Other Overtime	130	146	193	136	147	141	114	132	152	132	122	168	1,711	380	(1,331)	-350.4%
Agency	217	237	308	174	128	203	177	156	145	145	143	143	2,176	250	(1,926)	-770.4%
Total	**17,115**	**16,993**	**17,477**	**17,193**	**17,228**	**17,068**	**17,026**	**17,100**	**17,184**	**17,131**	**16,755**	**17,269**	**205,539**	**203,023**	**(2,516)**	**-1.2%**
Non Pay																
Staff Related	441	630	578	546	511	512	597	565	568	497	680	601	6,725	5,943	(782)	-13.2%
Consumables, Medical Equip & Drugs	479	430	548	491	423	491	509	471	471	471	471	479	5,732	5,963	231	3.9%
Vehicle Leasing	123	253	328	241	259	261	262	238	238	238	238	238	2,918	1,480	(1,438)	-97.1%
Fuel & Oil	504	492	476	550	470	417	497	490	495	485	480	485	5,842	5,949	107	1.8%
Vehicle Maintenance	619	647	702	483	571	775	623	710	632	632	632	631	7,657	7,609	(48)	-0.6%
Vehicle Insurance	179	138	370	322	378	189	13	116	116	117	117	117	2,173	1,623	(551)	-33.9%
3rd Party Transport	42	70	61	98	72	114	67	60	60	47	47	47	785	585	(200)	-34.2%
Accommodation & Estates	1,080	913	1,011	1,009	991	1,059	1,010	1,087	1,087	1,085	1,085	1,103	12,521	12,934	414	3.2%
IT & Telecoms	564	628	609	530	579	495	744	658	662	662	675	655	7,462	7,928	465	5.9%
Finance & Legal	152	(270)	(10)	87	243	190	163	128	118	118	159	1,229	2,308	4,524	2,216	49.0%
Consultancy	58	69	86	41	43	33	61	52	62	52	34	4	594	672	78	11.6%
Other	112	115	153	139	100	(89)	276	140	139	179	165	257	1,686	1,912	226	11.8%
Subtotal	**4,354**	**4,116**	**4,913**	**4,537**	**4,639**	**4,448**	**4,821**	**4,715**	**4,648**	**4,582**	**4,783**	**5,847**	**56,404**	**57,122**	**718**	**1.3%**
Depreciation																
Fleet	476	477	475	454	443	451	397	419	419	497	497	497	5,499	6,658	1,159	17.4%
IT	140	140	140	140	140	140	150	150	150	155	155	155	1,760	3,528	1,769	50.1%
Other	347	348	348	348	348	348	391	391	391	413	413	413	4,497	4,497	0	0.0%
Subtotal	**962**	**965**	**963**	**943**	**931**	**939**	**938**	**961**	**961**	**1,065**	**1,065**	**1,065**	**11,757**	**14,684**	**2,927**	**19.9%**
Financial																
Dividend	319	319	319	319	319	319	319	319	319	319	319	319	3,832	3,832	0	0.0%
Interest	72	51	59	63	61	59	18	51	52	52	51	51	640	1,580	940	59.5%
Subtotal	**392**	**370**	**378**	**383**	**380**	**378**	**337**	**371**	**371**	**371**	**370**	**371**	**4,472**	**5,412**	**940**	**17.4%**
Total Expense	**22,823**	**22,445**	**23,732**	**23,054**	**23,179**	**22,833**	**23,123**	**23,146**	**23,163**	**23,150**	**22,973**	**24,551**	**278,173**	**280,241**	**2,069**	**0.7%**
Net Surplus	**(531)**	**(245)**	**671**	**(424)**	**(223)**	**(498)**	**(226)**	**(153)**	**(101)**	**(115)**	**(312)**	**(578)**	**(2,736)**	**(2,738)**	**(3)**	**0**
Cumulative Surplus	**(531)**	**(776)**	**(105)**	**(529)**	**(753)**	**(1,250)**	**(1,477)**	**(1,630)**	**(1,731)**	**(1,846)**	**(2,158)**	**(2,736)**	**(2,736)**	**(2,738)**		

LAS Financial Review - Worst Case Scenario

APPENDIX 4

Month Ending 31st October 2011 - (Month 7)

	2011/2012 Base Case Fcast	2011/2012 Worst Case Fcast	Diff	%	2011/2012 Budget
	£000	£000	£000		£000
Income	**(280,908)**	**(279,802)**	**(1,106)**	**0.4%**	**(282,979)**
Payroll (£k)					
A&E Frontline	127,367	127,367	0	0.0%	131,527
A&E Overtime	10,307	10,688	(381)	-3.7%	4,957
A&E Management	14,730	14,730	0	0.0%	14,301
EOC	11,498	11,498	0	0.0%	12,053
Operational Support	3,760	3,760	0	0.0%	4,210
PTS	4,497	4,497	0	0.0%	4,611
Corporate Support	29,493	29,493	0	0.0%	30,733
Other Overtime	1,711	1,711	0	0.0%	380
Agency	2,176	2,176	0	0.0%	250
Total	**205,539**	**205,920**	**(381)**	**-0.2%**	**203,023**
Non Pay					
Staff Related	6,725	6,825	(100)	-1.5%	5,943
Consumables, Medical Equip & Drugs	5,732	5,732	0	0.0%	5,963
Fuel & Oil	5,842	5,842	0	0.0%	5,949
Vehicle Maintenance	7,657	8,257	(600)	-7.8%	7,609
Vehicle Insurance	2,173	2,173	0	0.0%	1,623
3rd Party Transport	785	785	0	0.0%	585
Accommodation & Estates	12,521	12,521	0	0.0%	12,934
IT & Telecoms	7,462	7,537	(75)	-1.0%	7,928
Finance & Legal	2,308	3,863	(1,555)	-67.3%	4,524
Consultancy	594	594	0	0.0%	672
Other	1,686	1,686	0	0.0%	1,912
Subtotal	**56,404**	**58,734**	**(2,330)**	**-4.1%**	**57,122**
Depreciation					
Fleet	5,499	5,499	0	0.0%	0
IT	1,760	1,760	0	0.0%	0
Other	4,497	4,497	0	0.0%	14,684
Subtotal	**11,757**	**11,757**	**0**	**0.0%**	**14,684**
Financial					
Dividend	3,832	3,832	0	0.0%	3,832
Interest	640	640	0	0.0%	1,580
Subtotal	**4,472**	**4,472**	**0**	**0.0%**	**5,412**
Total Expense	**278,173**	**280,883**	**(2,711)**	**-1.0%**	**280,241**
Net (Surplus)/ Deficit	**(2,736)**	**1,081**	**(3,817)**	**(0)**	**(2,738)**

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

LAS Financial Review - CIP Summary

APPENDIX 5

Month Ending 31st October 2011 - (Month 7)

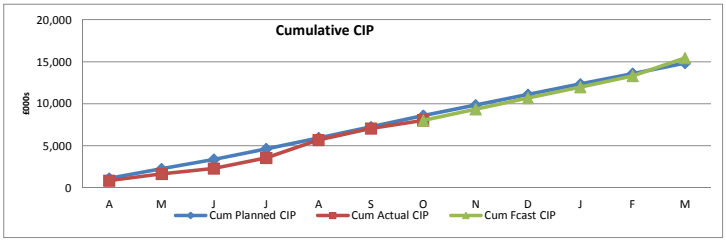
Key CIP Programs	Performance Ytd Position Act £000	Plan £000	Diff £000	%	Forecast 2011/12 Fcast £000	Plan £000	Diff £000	%	Status Current	Forecast
Front Line staffing - Process Management	3,025	3,026	(1)	100.0%	5,187	5,187	(0)	100.0%	↔	↔
Front Line staffing - Resource Management	121	356	(235)	34.0%	298	800	(502)	37.2%	↓	↓
Fleet optimisation	53	112	(59)	47.5%	250	251	(1)	99.7%	↓	↔
Support Services - Pay	408	360	48	113.3%	714	617	97	115.8%	↑	↑
Support Services - Agency	1,205	1,389	(184)	86.8%	2,185	2,381	(196)	91.8%	↓	↓
Support Services - Non Pay	2,342	1,924	418	121.7%	3,915	3,740	175	104.7%	↑	↑
Support Services - IM&T	564	522	42	108.0%	967	895	72	108.0%	↑	↑
PTS	112	52	60	213.6%	418	268	150	155.9%	↑	↑
Subtotal	**7,830**	**7,740**	**90**	**101.2%**	**13,934**	**14,139**	**(205)**	**98.6%**	↑	↓
Unidentified	206	858	(652)	24.0%	697	669	28	104.1%	↓	↑
Other - Annual Leave Policy	0	0	0	0.0%	800	32	768	2500.0%	↔	↑
Total	**8,036**	**8,598**	**(562)**	**93.5%**	**15,431**	**14,840**	**591**	**104.0%**	↓	↑

KEY:

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

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

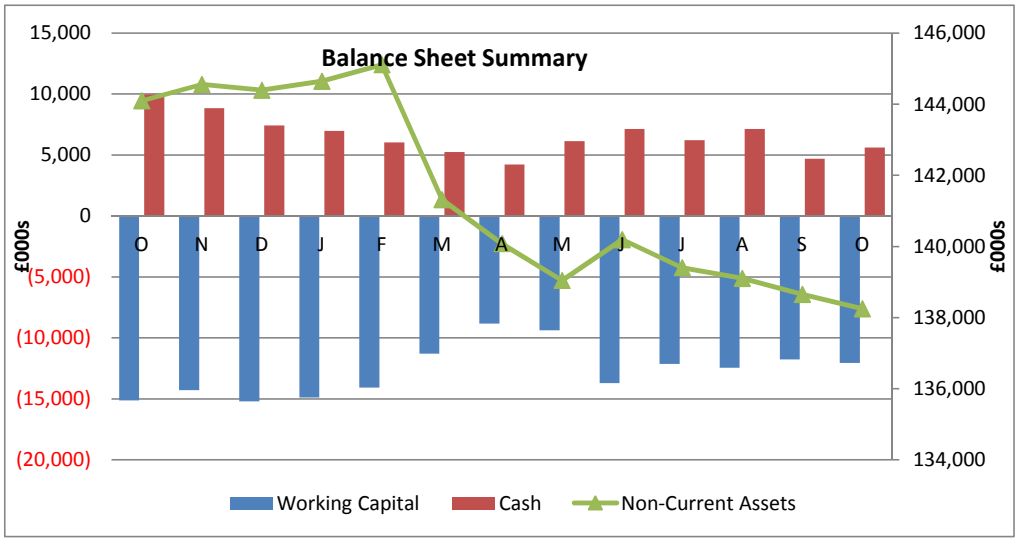
Other :
- Included in Other is £800k further CIP to be identified relating to Year-End Agreement with PCT. This is expected to be achieved in Month 12 through amendments in annual leave policy.

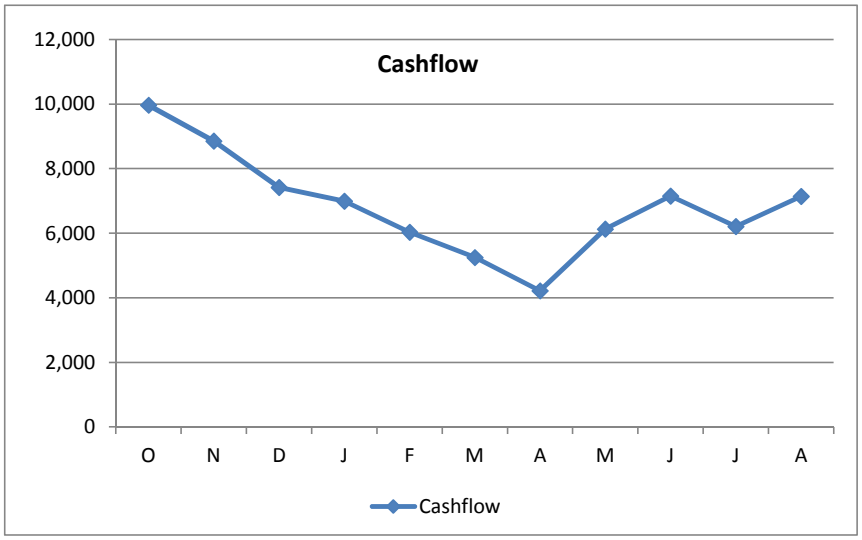


LAS Financial Review - Balance Sheet & Cashflow

APPENDIX 6

Month Ending 31st October 2011 - (Month 7)





Trade Debtors	A&E £-245k > 60 days (-14.87%),September £-242k > 60 days (-16.78%) PTS £508k > 60 days (30.81%), September £519k > 60 days (35.99%)
Trade Creditors	NHS PSPP - This month (97%), September (77%), Ytd (80%) Non NHS PSPP - This month (91%), September (84%), Ytd (89%)

Key Balance Sheet Items				
	Current		**Year End**	
	£000s		**£000s**	
Cash	9,964		5,250	
Working Capital	(15,110)		(11,295)	

	Oct-11 £'000s Actual	Nov-11 £'000s Actual	Dec-11 £'000s Fcast	Jan-12 £'000s Fcast	Feb-12 £'000s Fcast	Mar-12 £'000s Fcast	Apr-12 £'000s Fcast	May-12 £'000s Fcast	Jun-12 £'000s Fcast	Jul-12 £'000s Fcast	Aug-12 £'000s Fcast	Sep-12 £'000s Fcast	Oct-12 £'000s Fcast
Non-Current Assets	144,099	144,558	144,396	144,647	145,111	141,319	140,082	139,046	140,194	139,407	139,106	138,653	138,252
Current Assets	23,126	21,525	17,727	16,913	15,826	18,479	17,510	19,419	18,502	17,561	18,494	14,172	15,083
Total Assets	**167,225**	**166,083**	**162,123**	**161,560**	**160,937**	**159,798**	**157,592**	**158,465**	**158,696**	**156,968**	**157,600**	**152,825**	**153,335**
Current Liabilities	(28,272)	(26,963)	(25,500)	(24,807)	(23,858)	(24,524)	(22,120)	(22,659)	(25,064)	(23,490)	(23,796)	(21,224)	(21,515)
Net Current Assets/(Liabilities)	**(5,146)**	**(5,438)**	**(7,773)**	**(7,894)**	**(8,032)**	**(6,045)**	**(4,610)**	**(3,240)**	**(6,562)**	**(5,929)**	**(5,302)**	**(7,052)**	**(6,432)**
Total Assets less Current Liabilities	**138,953**	**139,120**	**136,623**	**136,753**	**137,079**	**135,274**	**135,472**	**135,806**	**133,632**	**133,478**	**133,804**	**131,601**	**131,820**
Total Non-Current Liabilities	24,857	24,871	22,273	22,288	22,302	19,918	19,838	19,894	17,442	17,400	17,448	14,967	14,908
Total Assets Employed	**114,096**	**114,249**	**114,350**	**114,465**	**114,777**	**115,356**	**115,634**	**115,912**	**116,190**	**116,078**	**116,356**	**116,634**	**116,912**
Total Taxpayers' Equity	**114,096**	**114,249**	**114,350**	**114,465**	**114,777**	**115,356**	**115,634**	**115,912**	**116,190**	**116,078**	**116,356**	**116,634**	**116,912**
Cashflow	**9,964**	**8,852**	**7,421**	**6,991**	**6,036**	**5,250**	**4,219**	**6,128**	**7,149**	**6,208**	**7,141**	**4,699**	**5,610**

LAS Financial Review - Capital Summary

APPENDIX 7

Month Ending 31st October 2011 - (Month 7)

Projects	Ytd Position Month 5				Capital plan 2011/12				Status
	Act £000	Plan £000	Diff £000	%	Act £000	Plan £000	Diff £000	%	2011/12
Capital programme - Information Technology	2,517	3,057	540	18%	4,245	3,845	(400)	-10%	↓
Capital programme - Estates	1,069	1,035	(34)	-3%	2,040	1,500	(540)	-36%	↓
Capital programme - Fleet	2,832	3,408	576	17%	7,738	8,265	527	6%	↑
Capital programme - Equipment	0	0	0	#DIV/0!	1,504	0	(1,504)	#DIV/0!	↓
Capital programme - Disposals NBV	(8,377)	(6,738)	1,639	24%	(9,487)	(6,738)	2,749	41%	↑
Capital programme - Unallocated funds	1,196	1,340	144	11%	2,374	2,240	(134)	-6%	↓
Total	(764)	2,102	2,866	136%	8,415	9,112	697	8%	↑

KEY:

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

>The Trust will terminate two of the Bank of Scotland finance leases in October 2011 and December 2011 and purchase the ambulances outright from the leasing company. The disposal has generated a favourable variance of £2,151k on the capital programme.

LAS Financial Review - Income Summary

APPENDIX 8

Month Ending 31st October 2011 - (Month 7)

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								
20,852	20,853	0.0%	PCT Commissioned	145,167	145,972	(805)	-0.6%	251,283	252,088	(805)	-0.3%
642	642	0.0%	CBRN	4,474	4,495	(21)	-0.5%	7,685	7,706	(21)	-0.3%
56	176	-67.9%	RTA	564	1,229	(665)	-54.1%	848	2,106	(1,258)	-59.7%
21,551	**21,671**	-0.6%	**Subtotal**	**150,205**	**151,696**	**(1,491)**	-1.0%	**259,816**	**261,901**	**(2,085)**	-0.8%
			Specialised Services								
622	591	5.2%	HART	4,202	4,140	62	1.5%	7,159	7,097	62	0.9%
3	3	3.3%	HEMS	24	23	1	3.3%	41	39	1	3.3%
626	**595**	5.2%	**Subtotal**	**4,226**	**4,163**	**63**	1.5%	**7,200**	**7,137**	**64**	0.9%
			Information Services & Research								
92	92	0.3%	EBS	647	645	2	0.3%	1,108	1,106	1	0.2%
8	18	-57.0%	Research	12	126	(114)	-90.6%	49	216	(167)	-77.3%
100	**110**	-9.1%	**Subtotal**	**659**	**771**	**(112)**	-14.6%	**1,157**	**1,322**	**(166)**	-12.5%
			Patient Transport Services								
530	568	-6.7%	PTS	3,600	3,975	(375)	-9.4%	6,305	6,815	(510)	-7.5%
77	66	16.4%	BETS & SCBU	472	461	12	2.5%	801	789	12	1.5%
(4)	20	-120.7%	A&E Long Distance	126	140	(14)	-9.7%	240	240	0	0.0%
			NHS London								
102	104	-2.0%	MPET	715	729	(14)	-2.0%	1,225	1,250	(25)	-2.0%
0	0	#DIV/0!	Other Education	0	0	0	#DIV/0!	0	0	0	#DIV/0!
114	114	0.0%	Olympics 2012	796	796	0	0.0%	1,365	1,365	0	0.0%
216	**218**	-0.9%	**Subtotal**	**1,511**	**1,525**	**(14)**	-0.9%	**2,590**	**2,615**	**(25)**	-0.9%
			Commercial								
57	83	-31.8%	Stadia	581	583	(3)	-0.5%	997	1,000	(3)	-0.3%
55	52	6.1%	BAA	387	365	22	6.1%	663	625	38	6.1%
5	1	473.8%	Training	21	7	15	222.5%	23	11	12	105.7%
118	**136**	-13.8%	**Subtotal**	**989**	**955**	**34**	3.6%	**1,684**	**1,636**	**47**	2.9%
136	44	211.5%	**Other**	877	306	571	186.4%	1,115	525	590	112.5%
23,349	**23,427**	-0.3%	**Total**	**162,666**	**163,992**	**(1,326)**	-0.8%	**280,908**	**282,979**	**(2,072)**	-0.7%

LAS Financial Review - Rolling Balance Sheet

APPENDIX 9

Opening — Closing

Month Ending 31st October 2011 - (Month 7)

	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	
	£'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*	*Forecast*	
Non-Current Assets														
Intangible assets	15,491	15,491	15,491	15,491	15,491	15,491	15,491	15,491	15,491	15,491	15,491	15,491	15,491	
Property, Plant and Equipment	120,290	120,656	120,801	121,359	122,130	124,352	123,150	122,098	123,231	122,428	122,111	121,694	121,277	
Trade and Other Receivables	8,318	8,411	8,104	7,797	7,490	1,476	1,441	1,457	1,472	1,488	1,504	1,468	1,484	
Total Non-Current Assets	144,099	144,558	144,396	144,647	145,111	141,319	140,082	139,046	140,194	139,407	139,106	138,653	138,252	
Current Assets														
Inventories	2,664	2,664	2,664	2,664	2,664	2,664	2,664	2,664	2,664	2,664	2,664	2,664	2,664	Trade Debtors
NHS Trade Receivables	2,973	2,868	2,765	2,665	2,567	2,551	2,613	2,613	2,613	2,613	2,613	2,613	2,613	A&E £-245k > 60 days (-14.87%),September £-242k > 60 days (-16.78%)
Non NHS Trade Receivables	0	0	0	0	0	0	0	0	0	0	0	0	0	PTS £508k > 60 days (30.81%), September £519k > 60 days (35.99%)
Other Receivables	4,002	3,702	1,522	1,322	1,372	4,911	4,911	4,911	2,973	2,973	2,973	1,093	1,093	
Accrued Income	216	212	208	204	200	196	196	196	196	196	196	196	196	
Prepayments	3,307	3,227	3,147	3,067	2,987	2,907	2,907	2,907	2,907	2,907	2,907	2,907	2,907	
Investments	0	0	0	0	0	0	0	0	0	0	0	0	0	
Cash and Cash Equivalents	9,964	8,852	7,421	6,991	6,036	5,250	4,219	6,128	7,149	6,208	7,141	4,699	5,610	
Current Assets	23,126	21,525	17,727	16,913	15,826	18,479	17,510	19,419	18,502	17,561	18,494	14,172	15,083	
Non-Current Assets Held for Sale	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Current Assets	23,126	21,525	17,727	16,913	15,826	18,479	17,510	19,419	18,502	17,561	18,494	14,172	15,083	
Total Assets	167,225	166,083	162,123	161,560	160,937	159,798	157,592	158,465	158,696	156,968	157,600	152,825	153,335	
Current Liabilities														
Bank Overdraft	0	0	0	0	0	0	0	0	0	0	0	0	0	Trade Creditors
Non NHS Trade Payables	6,455	6,443	6,374	6,301	6,495	6,741	6,734	6,903	6,903	6,903	6,903	6,903	6,903	NHS PSPP - This month (97%), September (77%), Ytd (80%)
NHS Trade Payables	389	379	369	359	349	339	339	339	339	339	339	339	339	Non NHS PSPP - This month (91%), September (84%), Ytd (89%)
Other Payables	9,062	8,993	8,928	8,806	8,548	8,677	8,491	8,491	8,491	8,491	8,491	8,491	8,491	
PDC Dividend Liabilities	319	638	957	1,276	1,595	0	316	632	948	1,264	1,580	0	316	
Capital Liabilities	188	115	44	667	903	2,455	24	174	2,359	859	909	809	809	
Accruals	3,864	3,714	3,564	3,414	3,264	3,114	3,114	3,114	3,114	3,114	3,114	3,114	3,114	
Deferred Income	5,822	4,658	3,494	2,330	1,166	0	0	0	0	0	0	0	0	
DH Capital Loan Principal Repayment	622	622	622	622	622	1,244	1,244	1,244	1,244	1,244	1,244	622	622	
Borrowings	751	601	348	232	116	1,154	1,058	962	866	476	416	146	121	
Provisions for Liabilities & Charges	800	800	800	800	800	800	800	800	800	800	800	800	800	
Total Current Liabilities	28,272	26,963	25,500	24,807	23,858	24,524	22,120	22,659	25,064	23,490	23,796	21,224	21,515	
Net Current Assets/(Liabilities)	(5,146)	(5,438)	(7,773)	(7,894)	(8,032)	(6,045)	(4,610)	(3,240)	(6,562)	(5,929)	(5,302)	(7,052)	(6,432)	
Total Assets less Current Liabilities	138,953	139,120	136,623	136,753	137,079	135,274	135,472	135,806	133,632	133,478	133,804	131,601	131,820	
Non-Current Liabilities														
DH Capital Loan Principal Repayment	6,831	6,831	6,831	6,831	6,831	5,587	5,587	5,587	5,587	5,587	5,587	5,587	5,587	
Borrowings	9,748	9,748	7,135	7,135	7,135	5,981	5,981	5,981	3,468	3,468	3,468	927	927	
Other Financial Liabilities	0	0	0	0	0	0	0	0	0	0	0	0	0	
Provisions for Liabilities & Charges	8,278	8,292	8,307	8,322	8,336	8,350	8,270	8,326	8,387	8,345	8,393	8,453	8,394	
Total Non-Current Liabilities	24,857	24,871	22,273	22,288	22,302	19,918	19,838	19,894	17,442	17,400	17,448	14,967	14,908	
Total Assets Employed	114,096	114,249	114,350	114,465	114,777	115,356	115,634	115,912	116,190	116,078	116,356	116,634	116,912	
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	34,927	34,927	34,927	34,927	34,927	34,927	34,927	34,927	34,927	34,927	34,927	34,927	34,927	
Donated Asset Reserve	0	0	0	0	0	0	0	0	0	0	0	0	0	
Other Reserves	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	
Retained Earnings	17,072	17,225	17,326	17,441	17,753	18,332	18,610	18,888	19,166	19,054	19,332	19,610	19,888	
Total Taxpayers' Equity	114,096	114,249	114,350	114,465	114,777	115,356	115,634	115,912	116,190	116,078	116,356	116,634	116,912	

LAS Financial Review - Rolling Cashflow

Cashflow Statement

Month Ending 31st October 2011 - (Month 7)

APPENDIX 10

	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12
	£'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*	*Forecast*
Operating Activities													
Operating surplus/(deficit)	652	523	472	487	682	949	687	687	687	687	687	687	687
Depreciation and amortisation	938	961	961	1,065	1,065	1,065	1,226	1,226	1,226	1,226	1,226	1,226	1,226
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	(16)	(52)	(51)	(51)	(51)	(47)	(77)	(77)	(77)	(77)	(77)	(77)	(77)
Dividend Paid	0	0	0	0	0	(1,914)	0	0	0	0	0	(1,896)	0
(Increase)/Decrease in Inventories	(19)	0	0	0	0	0	0	0	0	0	0	0	0
(Increase)/Decrease in NHS Trade Receivables	(116)	105	103	100	98	16	(62)	0	0	0	0	0	0
(Increase)/Decrease in Long Term Receivables	(13)	0	400	400	400	555	35	(16)	(15)	(16)	(16)	36	(16)
(Increase)/Decrease in Non NHS Trade Receivables	(95)	(93)	(93)	(93)	(93)	5,459	0	0	0	0	0	0	0
(Increase)/Decrease in Other Receivables	1,931	300	2,180	200	(50)	(3,539)	0	0	1,938	0	0	1,880	0
(Increase)/Decrease in Accrued Income	(85)	4	4	4	4	4	0	0	0	0	0	0	0
(Increase)/Decrease in Prepayments	(78)	80	80	80	80	80	0	0	0	0	0	0	0
Increase/(Decrease) in Trade Payables	821	(12)	(69)	(73)	194	246	(7)	169	0	0	0	0	0
Increase/(Decrease) in Other Payables	(75)	(96)	(92)	(149)	(285)	102	(206)	(20)	(20)	(20)	(20)	(20)	(20)
Increase/(Decrease) in Payments on Account	0	0	0	0	0	0	0	0	0	0	0	0	0
Increase/(Decrease) in Accruals	(290)	(150)	(150)	(150)	(150)	(150)	0	0	0	0	0	0	0
Increase/(Decrease) in Deferred Income	(1,164)	(1,164)	(1,164)	(1,164)	(1,164)	(1,166)	0	0	0	0	0	0	0
Increase/(Decrease) in Provisions & Liabilities	(21)	14	15	15	14	14	(80)	56	61	(42)	48	60	(59)
Net Cash inflow/outflow from operating activities	2,370	420	2,596	671	744	1,674	1,516	2,025	3,800	1,758	1,848	1,896	1,741
Cashflows from Investing Activites													
Interest received	14	18	16	15	17	13	4	4	4	4	4	4	4
(Payments) for property, plant & equipment	(246)	(1,400)	(1,177)	(1,000)	(1,600)	(1,735)	(2,455)	(24)	(174)	(2,359)	(859)	(909)	(809)
Proceeds from disposal of property, plant & equipment	(88)	0	0	0	0	0	0	0	0	46	0	0	0
(Payments) for intangible assets	(484)	0	0	0	0	0	0	0	0	0	0	0	0
Proceeds from disposal of intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	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	(804)	(1,382)	(1,161)	(985)	(1,583)	(1,722)	(2,451)	(20)	(170)	(2,309)	(855)	(905)	(805)
Net Cash inflow/outflow before financing	1,566	(962)	1,435	(314)	(839)	(48)	(935)	2,005	3,630	(551)	993	991	936
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	0	(622)	0	0	0	0	0	(622)	0
Loans received from Salix Finance	0	0	0	0	0	0	0	0	0	0	0	0	0
Capital element of finance lease	(2,961)	(150)	(2,866)	(116)	(116)	(116)	(96)	(96)	(2,609)	(390)	(60)	(2,811)	(25)
Net Cashflow inflow/(outflow) from financing	(2,961)	(150)	(2,866)	(116)	(116)	(738)	(96)	(96)	(2,609)	(390)	(60)	(3,433)	(25)
Increase/(decrease) in cash & cash equivalents	(1,395)	(1,112)	(1,431)	(430)	(955)	(786)	(1,031)	1,909	1,021	(941)	933	(2,442)	911
Cash, cash equivalents and bank overdrafts at 311012	9,964	8,852	7,421	6,991	6,036	5,250	4,219	6,128	7,149	6,208	7,141	4,699	5,610

LAS Financial Review - Financial Risks

APPENDIX 11

Month Ending 31st October 2011 - (Month 7)

Key Financial Risks	Gross Risk				Net Value £000	Status	Comment
	Value £000	Impact	Likelihood	Rating			
1. Penalty Charge - Category A Target	10,104	5	2	10	0	G	For October we were above the commissioned target (75%). The Trust is on track YTD and is expected to meet the annual performance target by year end. Cat A8 Cluster level quarterly performance is on track and does not present significant exposure and there is no risk associated with Cat A19.
2. CQUIN	3,730	3	4	12	856	A	M7 highlights slippage on A1 ACP conveyance, 3 CPI non-conveyed, 5a EOLC and 6a Mental health plan. The overall risk has fallen from previous months.
6. CIP Delivery	14,840	5	3	15	965	A	M7 CIP is behind plan
7. Economic Cost Pressures (Fuel, Rates, etc)	250	3	3	9	0	G	M7 ytd on track
8. Low Emmission Zone	1,200	3	4	12	600	A	The Trust is currently opening a tender exercise and it appears that the implementation cost will be treated as revenue
9. EOC	542	3	4	12	75	G	Risk arising from increased EOC Overtime
12. A&E Operational	3,028	4	4	16	381	A	Operational financial risk arising from increased A&E overtime.
13. PTS Profitability	1,000	3	3	9	250	A	Contract have been tendered and the outcome remains uncertain. Non contract income targets is not being met.
14. VAT	850	3	4	12	590	A	HMRC have rejected the Vat reclaim on our recent transaction on Sale and Lease back of Ambulances. The Trust has appealled against this decision
15. CBRN Equipment	225	3	5	15	100	G	The Trust needs to extend the warranty of its CBRN equipment which is expiring this financial year.
Total	54,159				3,817		

* The net value of the financial risks listed in this Appendix has been used in developing the Worst Case scenario forecast in Appendix 4

KEY:	
G	**Green - Minimal or No Financial Risk at Present**
A	**Amber - Moderate level of risk requiring attention**

London Ambulance Service NHS
NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 29TH NOVEMBER 2011

PAPER FOR NOTING

Document Title:	**Clinical Quality and Patient Safety report**
Report Author(s):	**Dr Fionna Moore**
Lead Director:	**Dr Fionna Moore**
Contact Details:	
Why is this coming to the Trust 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. No outstanding CAS alerts.
2. Further update provided on the review of implementing changes to the High Risk Register procedure. Some overall reduction in the total number of addresses, but concerns remain that the information available for some of these addresses is inadequate. This will be brought back to SMG in December.
3. Further progress in implementing safeguarding measures. Safeguarding lead appointed and level 3 training delivered

Clinical and cost effectiveness:

1. CPI performance now 84% for September (target 95%). 16 Complexes achieved 100% completion. The importance of completion of PRFs for patients who are not conveyed was being emphasised at the CEO's Consultation meetings and the October figures show an improvement
2. Update on cardiac research projects
3. The use of the Demand Management Plan (DMP) in October is presented. DMP in place for fewer hours than September, but a higher level was implemented.
4. Highlights from the clinical measures of the National Ambulance Clinical Indicators published in September are presented. The full set is now available on both the DH and LAS websites.
5. Clinical messages delivered at the CEO's meetings include improved care for cardiac, stroke and trauma patients. The meetings provided the opportunity to highlight clinical imperatives around reducing on scene times for acute strokes and central penetrating

trauma

6. Executive summary of the audit of the maternity pathway used in Clinical Telephone Advice to triage patients in early normal labour, along with the flowchart developed.

Governance:

1. Limited assurance provided on the management of medicines, including both Controlled and General Drug issues. No incidents relating to Controlled Drugs to report, however one incident around the incorrect administration of a vaccine is reported, as are concerns around the availability of paramedic drug packs at Romford Complex.

Care Environment and Amenities

1. Sustained improvement in reporting against the Infection Control Scorecard. Improved rates of staff vaccination against seasonal flu compared with 2010.

Attachments

Executive summary from the audit of the of the Clinical Telephone Advice given to patients triaged by the Medical Priority Dispatch System as '24B1' Labour (delivery not imminent, ≥5months/20 weeks) along with the flowchart used.

****

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 NHS TRUST

Trust Board 29th November 2011

Clinical Quality and Patient Safety Report

Safety

1.1 Update on Serious Incidents (SIs)

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

The learning from a recent Rule 43 issued to NHS Direct and the LAS, relating to passing information in a patient with severe cellulitis, who subsequently died, will been shared with staff through the December edition of the Clinical Update.

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

15 Alerts have been received from the MHRA for the period 12th September- 17th November 2011. Only one alert, relating to reusable laryngoscope handles required action and this has been completed. The Trust will be introducing fully disposable laryngoscopes from next year. The alert relating to IV cannulae (September report) has been actioned.

1.3 High Risk Register (HRR)

Work is continuing to review existing addresses on the High Risk Address Register. There are now a total of **658** addresses on the Register (a small reduction from the previous report).

Category 1: 136
Category 2: 281
Category 3: 170
Category 4: 71

The group reviewing these addresses continue to have concerns about the accuracy of the information available. This has delayed any letters being sent out and the issue will be returned to SMG for further consideration.

A strong message was given to front line staff at the recent Consultation meetings, highlighting the risk both to the LAS, and potentially to patients who might have no relationship with a previously flagged address, as well as to the staff attending a call.

The need for a dynamic risk assessment on each of these calls was emphasised, as well as caution on putting forward additional addresses without very robust evidence.

1.4 Safeguarding

The three current safeguarding work streams continue to make progress.

1) The learning disability committee are progressing the action plan and have delivered on a number of action points. The committee is now evolving into a body of expertise for a hub and spoke model where the committee members act as a hub and the Community Involvement Officers/Other Clinicians act as a spoke. The main block within the action plan is regarding the identification of disability on the PRF. The Trust is awaiting national guidance due in January 2012 on how we can best capture information regarding the protected groups (including disability).

2) The Named Professional for Safeguarding Children has been appointed. Lysa Walder from Croydon complex takes up the post at the end of November. This significantly strengthens the Trusts' compliance with external expectations. Lysa's early objectives will focus on developing the local champions at complex level and then reviewing education. Senior clinicians from the Medical Directorate have completed level 3 safeguarding training, further strengthening our compliance. The Board will need a development session on safeguarding in due course.

3) The work of the mental health committee is growing. The increased focus on mental health has attracted work and interest and there are a number of improvement projects being delivered through this committee. There is an overarching objective to change the Trust's approach to mental health by considering it as a safeguarding issue. Education is key to this and an education plan has been drafted and going through the approval process. A Clinical Advisor Post in Mental health is currently in the process of being recruited into.

Clinical and Cost Effectiveness

2.1 Clinical Performance Indicator completion and compliance

The overall Team Leader CPI completion rate for October was the highest for 2011, at 86%. 18 out of 27 Complexes had a CPI completion rate of between 95% and 100%. Compliance against all clinical care standards, in October 2011, was 95% or higher. The Trust target is 100%.

Diagram 1. CPI completion March to October 2011

Area	May	June	July	August	Sept.	Oct.
East	88%	89%	81%	72%	79%	84%
South	83%	73%	80%	83%	90%	84%
West	79%	71%	94%	77%	82%	90%
LAS	**83%**	**77%**	**85%**	**78%**	**84%**	**86%**

Diagram 2. CPI Compliance September 2011

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

Diagram 3. CPI Compliance October 2011

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

CPI compliance for non-conveyed patients improved to 95% in October, the highest score in 2011. This achievement has occurred at a point where CARU are 3 months into a 6 month Non-Conveyed Awareness Campaign, involving the Communications Department. Compliance to CPI standards for non-conveyed patients has also been highlighted at all the Consultation meetings.

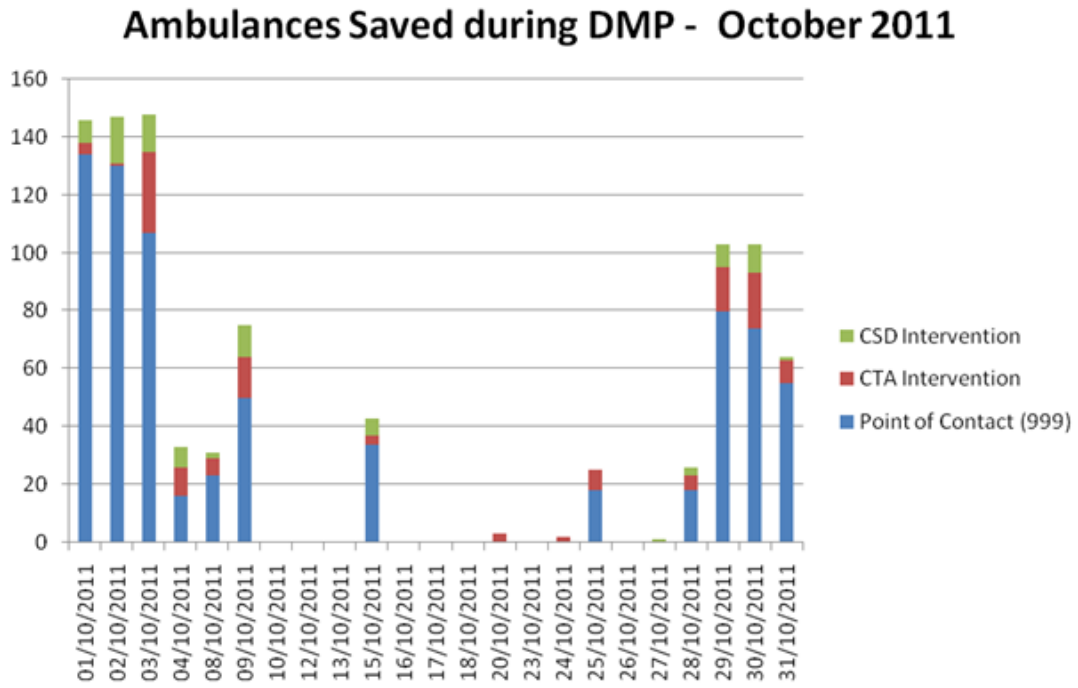
2.2 Demand Management Plan (DMP)

The purpose of DMP is to provide the Trust with structured risk mitigating options to respond to demand at times when it exceeds the capacity of the service to provide a timely response. It provides a framework in which Control Services are able to respond to periods of high pressure, due to unforeseen demands, poor resourcing or on occasion where capacity does not exist to absorb unexpected patient demand.
DMP enables the LAS to prioritise higher MPDS category calls, to ensure those patients with the most serious conditions or in greatest need continue to receive a response. Escalating stages of DMP (A-H) decreases the response to lower call categories. The risk is mitigated by increased clinical involvement in the Control Room, with clinical 'floor walkers' available to assist call handlers, and by ringing calls back to provide advice, to re-triage and on occasion to negotiate alternative

means of transport or follow up. It is also mitigated by regular senior clinical and operational review as the plan is escalated. There is a significant level of clinical risk related to the stage of the DMP invoked.
During October 2011, DMP was invoked 18 times at stages B, C and D.

Stage **B** was in place 25 times for a total duration of **107.25 hours** (versus 35 times / 141 hours in Sept.)
Stage **C** was in place 12 times for a total duration of **36 hours** (versus 13 times / 55.5 hours in Sept.)
Stage **D** was in place 4 times for a total duration of **10.75 hours**

Total Saves	
Unknown Stage	96
Total B Saves	56
Total C Saves	490
Total D Saves	310
Total E Saves	0
Total F Saves	0
Total G Saves	0
Total H Saves	0
TOTAL SAVES	**952**



On the 1st-2nd October, DMP was in place at stages B-D for 19 hours continuously.

2.3 Clinical Update

Cardiac Care

Cardiac related research projects

- Adenosine (para SVT study):

The Adenosine research project on the pre hospital management of supraventricular tachycardias started in November 2010. To date, 22 patients have been recruited in to the study, up from 18, with 6 randomised to receive the drug. There have been no adverse incidents to date. A total of 74 paramedics have now been trained, following a third and final training day

- DANCE Study (NSTEACS):

Dance study is still very slow to recruit patients. Training was delayed at Oval, Friern Barnet and Fulham complexes however this has now commenced. Concerns have been expressed from Hammersmith alleging that because we are not delivering DANCE patients they may have to close the acute CCU admissions part of the acute cardiac care section

- Pre hospital cooling:

Rhino-chill feasibility study on hold pending training. This and the feasibility study on the use of Protocol C have been delayed pending authority to implement a training package.

- Publications

DART/Parisian cohort study has been accepted for publication in the journal 'Resuscitation'
SMART CPR primary manuscript has been submitted to Circulation and is undergoing peer review.

- Data downloads

Currently downloads are at 4%, a drop of 2%

An Area specific slide presentation will be delivered to the ADO's of each Area, along with an audit of the availability of FR2 data cards and card readers. Professor Chamberlain has agreed to lead on training a group of Team Leaders to interpret data downloads. This would allow them to undertake focussed reviews with their teams and potentially highlight the benefits that access to this information can bring. This issue was brought to the attention of the Patient Care Programme board at its last meeting.

2.4 Ambulance Clinical Quality Indicators (September 2011)

STEMI care bundle:	**50.5 % (lowest)**
STEMI 150:	88.3%
ROSC:	31% (highest)
ROSC Utstein:	66% (highest)
Survival to discharge:	13.2% (highest)
STD Utstein:	40.8% (2^{nd} highest)
Stroke 60:	65.6%
Stroke care bundle:	91%

2.5 Emergency Oxygen Therapy

'Audit of UK Ambulance Services following implementation of JRCALC 2009 Oxygen Guidelines.' The results of this audit have been accepted as a poster presentation at the winter meeting of the British Thoracic Society. Joanne Smith, Clinical Adviser, is first author and will present the poster with Dr Ronan O'Driscoll.

2.6 CEO Consultation Meetings

All 25 Complex based Consultation meetings, 3 Control Services, 1 CTA and 1 meeting with students at University of Hertfordshire have now taken place. The feedback from all the meetings is being analysed so that an action plan can be implemented to address five of the most commonly raised concerns.

The key clinical messages delivered were around improvements in cardiac, trauma and stroke care; the importance of minimising on scene time with patients who have suffered an acute stroke or central penetrating trauma; the importance of considering alternative care pathways, rather than automatic conveyance to the Emergency Department; a new and hopefully simplified coding system for destinations, and the risks around attending flagged, or 'high risk' addresses.

The December edition of the Clinical Update reinforces many of these messages.

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

A clinical audit of the Clinical Telephone Advice given to patients triaged by the Medical Priority Dispatch System as '24B1' Labour (delivery not imminent, ≥5months/20 weeks)

The executive summary of this audit, and the flow chart used by Clinical Telephone Advisers is included under Appendix 1. The objective of using the flow chart is to enable a much more detailed risk assessment of women in apparently normal early labour, with the intention of either upgrading the call, or determining if it is safe to advise the patient to make their own way to hospital. As a result of the audit the flow

chart will be refined in the hope that it is more user friendly, compliance with its use is higher and it can be made less risk averse.

3. Governance

3.1 Update on Medicines Management

No reportable Controlled Drugs incidents since last report to the Board. There have been no further Unannounced Visits by the Metropolitan Police.

No CAS Alerts for medicines that affects the London Ambulance Service (LAS) since last report to the Board.

There has been one incident involving a drug error, made during the Flu Vaccination Programme. This error occurred when the paramedic running the Flu Vaccine Clinic administered two Hep B Vaccines to two different members of staff, instead of administering the Flu Vaccine. This incident has led to the paramedic undergoing re-training and also being advised to self refer to the HPC. The root cause of the mistake was an absolute lack of checking the two vaccines that were withdrawn from the Vaccine Fridge. There appears to have been no harm to the staff concerned, both were informed and given advice and assistance at the time.

An untoward incident report from Romford Complex relating to a shortage of paramedic drug bags has prompted an investigation, the results of which will be fed back to the Medicines Management Group and the Clinical, Quality, Safety and Effectiveness Committee. In the short term the number of paramedic drug bags at this Complex has been increased.

The latest meeting of the Medicines Management Group was held on 19th October 2011. This meeting was well attended but again there was no Staff Side Representation, (apologies were given – no deputy available). At this meeting the main issues discussed were:

Paracetamol and Ibuprofen tablets to be placed into the Technician Drugs Bag - A strip of paracetamol tablets, and a strip of ibuprofen tablets are to be placed into the Technician Drugs Bag, (cost approx 18p – 20p per strip of 8 tablets). The guidance will be that the patient is to be administered a single dose in those circumstances where the patient genuinely does not have access to supplies. JRCALC Guidelines on dosages will apply, which in any event follow those of the British National Formulary.

IV Paracetamol – consideration as an addition to the pain treatment ladder – As this is now to be in the new JRCALC Guidelines, the need for a PGD is now obviated[1]. However there is a significant cost per dose, (£5.50 per 1g in 100ml), attached to the introduction of this drug. Once the JRCALC Guideline is published

[1] If a PGD had been used it would have meant that LAS would be legally obliged to spend at least six hours on a training package for the use of a PGD. Waiting for the JRCALC guideline is deemed acceptable as this means that the training time can be cut to 2 hours maximum, as the education will be mainly around how to set up and use an IV given from a glass bottle, rather than about PGDs *per se*.

hopefully in April 2012, 100 doses will be purchased and used on one Complex only to try and ascertain the frequency of use and thus the potential impact on the drugs budget. The Complex chosen is Fulham, as they expressed an interest in assisting with this last year.

Tranexamic Acid – consideration as an adjunct in the treatment of serious haemorrhage – Following publication in 2010 of the CRASH 2[2] trial, the use of antifibrinolytics in pre-hospital care has been brought to the forefront of interventions under consideration by Ambulance Services world-wide, and by the LAS in particular. It is a relatively inexpensive drug at £3.10p per patient, (1 gm tranexamic acid in 100ml 0.9% saline infused over 10min). It is proposed that the drug be placed in paramedic drug bags for use only in serious trauma patients.

[2] Effects of tranexamic acid on death, vascular occlusive events, and blood transfusion in trauma patients with significant haemorrhage (CRASH-2): a randomised, placebo-controlled trial: www.thelancet.com Vol 376 July 3, 2010

4. Patient Focus

Nothing further to report

5. Accessible and Responsive Care

Nothing further to report

6. Care Environment and Amenities

6.1 Infection Prevention and Control

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

To date, circa 1,200 staff have received the influenza vaccination. The vaccination programme is well ahead of the position at this point in 2010

7. Public Health

Nothing further to report.

Recommendation

That the Board notes the report.

Fionna Moore
Medical Director
21st November 2011

Appendix 1

A clinical audit of the Clinical Telephone Advice given to patients triaged by the Medical Priority Dispatch System as '24B1' Labour
(delivery not imminent, ≥5months/20 weeks)

September 2011

Authors:
Frances Sheridan, Clinical Audit Officer
Joanna Day, Clinical Audit Manager

Executive Summary

Background

In March 2009 the Department of Health Emergency Call Prioritisation Advisory Group (ECPAG) agreed to the London Ambulance Service NHS Trust (LAS) trialling a new maternity pathway aimed at increasing the effectiveness of patient triage. This trial involves Emergency Medical Dispatchers (EMDs) re-categorising the response for all calls triaged with a determinant code of '24B1 - Labour (delivery not imminent ≥5months/20 weeks)' from a Department of Health (DH) Category B response (LAS amber response) to a Category C response (LAS green response).
During the trial, when a 999 call is assigned a '24B1' determinant code, the LAS aim to assign a Clinical Telephone Advice (CTA) staff member to call the patient back. The CTA staff member asks the patient a series of questions guided by the Maternity Pathway Questioning Tool, developed to help identify any patients that are experiencing complications or that have risk factors associated with their pregnancy. If the CTA staff member identifies a patient that requires a more urgent response, they are able to upgrade the call.
The objective of this clinical audit was to assess compliance to the CTA Maternity Pathway Questioning Tool by CTA staff, and to assess the response given to women in labour triaged as '24B1'. It was agreed that the LAS would report back to ECPAG and the Directors of Clinical Care for the Ambulance Services (DOCCs) with the trial findings so that a decision could be reached as to whether the triage system could be permanently adopted by the LAS.

Methodology

A retrospective clinical audit was undertaken of 177 calls from October 2010 that were triaged by the LAS as '24B1' by EMDs using the Medical Priority Dispatch System (MPDS).
CTA staff listened to the calls, and compliance was then scored against the Maternity Pathway Questioning Tool. A clinical review by the LAS Consultant Midwife was required for 22 calls because some were upgraded despite not presenting with a symptom explicitly stated on the Maternity Pathway Questioning Tool and others were not upgraded when indicated. A clinical review of the Patient Report Forms (PRFs) corresponding to the calls that were upgraded with a red response was conducted by three members of the LAS Medical Directorate. This assessed whether

the ambulance crew that attended the patient had found them to be in a condition that was posing an immediate threat to life.

Results

70% of patients were not asked all the relevant or necessary questions. Of the 33 individual questions on the Maternity Pathway Questioning Tool, there was a large variation in the frequency each question was asked. The percentage of time each applicable question was asked ranged from 51% to 97%.
42% of calls were upgraded to a red response following a call back by a CTA staff member; 25% were upgraded to an amber response, and 33% retained the green response. The clinical review found that six calls were sent an incorrect response and that only 9% of patients who were allocated a red 3 response needed a rapid transfer to hospital; only one patient was transferred to hospital on blue lights, indicating that the ambulance crew determined the patient's condition to be life threatening or birth imminent.
It took an average of 14 minutes and 37 seconds for a patient triaged as '24B1' to receive a call back from a CTA staff member. Eight patients waited over 30 minutes to receive a call back from a CTA staff member. The condition of five of these patients was considered to be life threatening or birth imminent whilst speaking to a CTA staff member.

Recommendations and Actions

1. Consideration should be given to reviewing, shortening, and clarifying the way CTA staff should be using the Maternity Pathway Questioning Tool.

Action: The LAS Consultant Midwife should review the Maternity Pathway Questioning Tool and clarity should be given to CTA staff on the use of the tool through training and a user guide.

2. An initial screening tool should be developed that can be used by senior CTA staff members prior to the Maternity Pathway Questioning Tool.

Action: The LAS Consultant Midwife should develop a screening tool.

3. A quality assurance process should be developed for calls where CTA staff use the Maternity Pathway Questioning Tool.

Action: The LAS Consultant Midwife should develop a quality assurance process.

4. The LAS should share the executive summary of this clinical audit with ECPAG and DOCCs.

Action: The LAS Medical Directorate should share the executive summary of this clinical audit with ECPAG and DOCCs.

5. The results of this clinical audit should be fed back to the MPDS Working Group and to the Emergency Operations Centre (EOC).

Action: The Clinical Audit and Research Unit (CARU) should feedback the results of this clinical audit to EOC via the LAS Quality Assurance Manager. The LAS Quality Assurance Manager should feedback the results of this clinical audit to the MPDS Working Group.

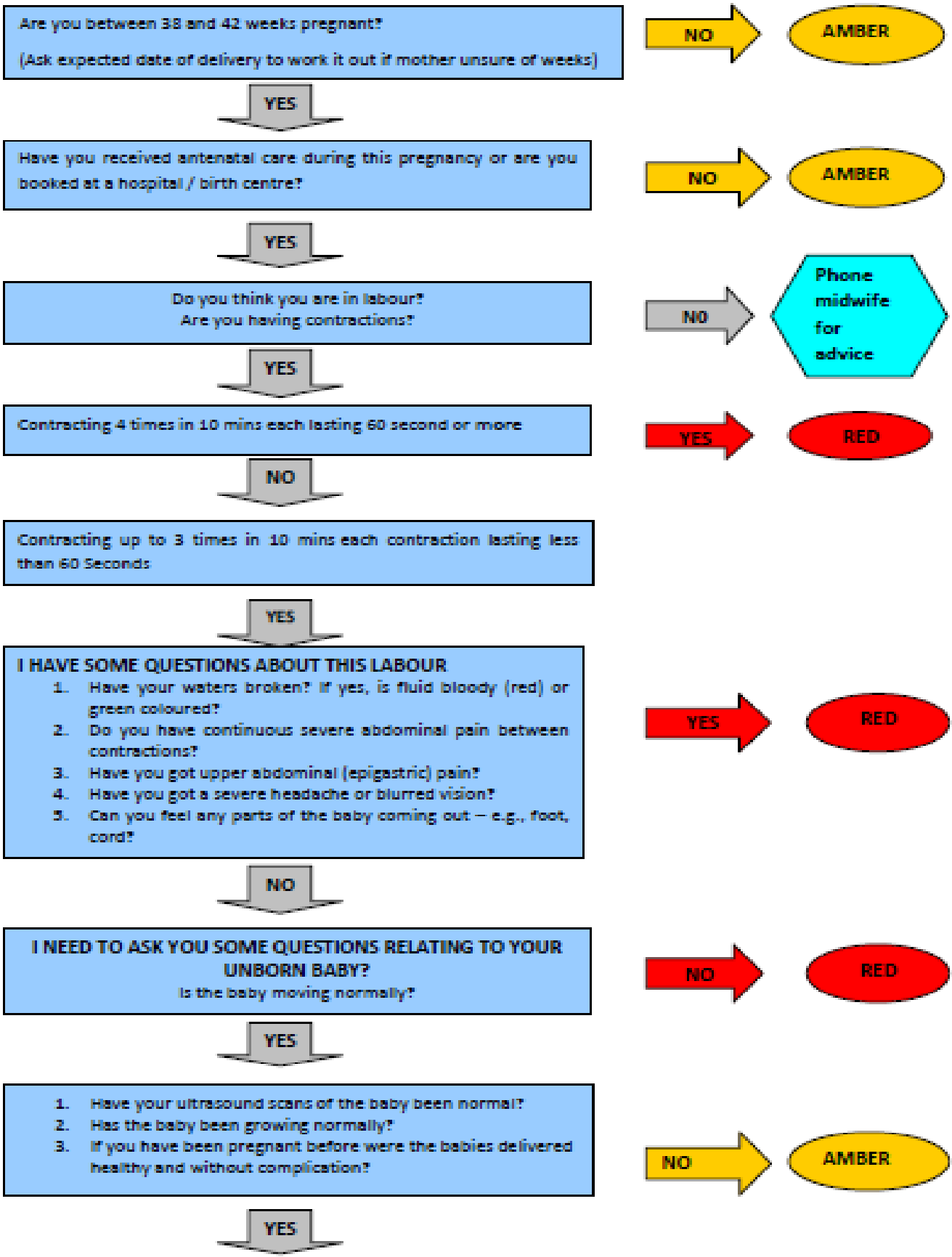
6. A questionnaire should be sent to CTA staff asking for their views on the usability of the Maternity Pathway Questioning Tool.

Action: The LAS Consultant Midwife and LAS Deputy Medical Director should design and send a questionnaire to CTA staff.

7. A re-audit should be conducted following the implementation of the above recommendations, which assesses the sensitivity of the tool and whether it is safe to continue re-categorising these calls.

Action: CARU should conduct a re-audit.

Appendix 1 – Maternity Pathway Questioning Tool



I NEED TO ASK SOME QUESTIONS ABOUT THE PREGNANCY AND YOUR HEALTH?

1. If this is your second or subsequent baby, was your last labour quicker than 60 minutes?
2. Have you been told you have any problems with the placenta? e.g., low lying/previous abruption?
3. Have you had a previous caesarean section/uterine rupture?
4. Do you have any bleeding disorders? e.g., haemophilia?
5. Do you have high blood pressure?

YES → RED

NO

1. Are you expecting more than one baby?
2. Are you on any blood thinning medication e.g., fragmin?
3. Have you been told your baby is lying in an abnormal position e.g., breech, transverse?
5. How old are you? (< 18 yrs or > 42 yrs = YES)?
6. Do you have unstable diabetes or epilepsy?
7. Do you have any heart problems that are causing concern?

YES → AMBER

NO

1. Have you been feeling generally unwell?
2. Have you had any infections during your pregnancy such as GBS?
3. Have you had any infections during your pregnancy except common colds and tummy bug?
4. Do you have problems with your immune system e.g., due to medication you take, Chemotherapy or HIV?

YES → AMBER

NO

I NEED TO ASK YOU SOME QUESTIONS ABOUT YOUR HOME SITUATION

1. Do you have family or friends living nearby to help you?
2. If you have other young children is there someone to look after them?

NO → AMBER

YES

3. Has a social worker been helping you during this pregnancy?

YES → AMBER

NO

- You have been assessed as a low priority to need an ambulance.
- You need to make arrangements to get yourself to hospital, is this possible?
- If this is not possible, please call your midwife / labour ward / birth centre for advice as you are not a priority at this present time.
- If anything changes or you are instructed to by your midwife please call 999 immediately.
- If you have any suspicion that the baby is going to be born immediately please call 999.

London Ambulance Service NHS
NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 29TH NOVEMBER 2011

PAPER FOR NOTING

Document Title:	**LAS Objectives 2011/12 – Month 7 progress report**
Report Author(s):	**SMG members**
Lead Director:	**Peter Bradley, Chief Executive**
Contact Details:	**Peter.bradley@lond-amb.nhs.uk**
Why is this coming to the Trust Board?	**To report on the progress made against the key objectives for 2011/12**
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 progress made by month 7 (October) 2011 against the key objectives.**

Executive Summary

The executive team identified 18 key objectives for focus in 2011/12 to work towards achieving the 3 strategic goals:

- To improve the quality of care we provide to patients
- To deliver care with a highly skilled and representative workforce
- To deliver value for money.

These objectives are monitored each month by the Senior Management Group (SMG) identifying the progress being made in-year and any slippage that has occurred and the impact this may have against the overall objective.

Of 18 objectives, 7 are on track to be delivered against their timeline. Two have been identified as not being delivered in 2011/12 due to a number of factors: 'Implementation of NHS Pathways' and 'Successfully achieve NHS foundation trust status'. The reasons for the delay against each of these are given in the attached report.

Key issues for the Trust Board

What action does the Trust Board need to take with the information provided?
To identify any issues that would further support the delivery of objectives in 2011/12.

Are there any areas which are a cause for concern?
A number of areas are identified that require SMG support and are linked to capacity within the Trust to be able to deliver this year.

What are the key actions to mitigate any concerns?
These are identified against specific objectives.

How does the Trust Board draw assurance?
From the 7 objectives that are on track for delivery against their timelines; from the monthly monitoring in place and the mitigating actions identified that will support delivery of the objectives.

Attachments
LAS objectives - Month 7 progress report

****

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 NHS
NHS Trust

MONTH 7 UPDATE (31 OCTOBER 2011)

Our plans for the future

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

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

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

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

Strategic goal	Key corporate objectives
Improve the quality of care we provide to patients	To improve the experience and outcomes for patients who are critically ill or injured
	To improve the experience and provide more appropriate care for patients with less serious illnesses and injuries
	To meet response time targets routinely
	To meet all other quality, regulatory, and performance targets
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
	To improve the diversity of our workforce
	To create a productive and supportive working environment where staff feel safe, valued and influential
Deliver value for money	To use resources more efficiently and effectively
	To maintain service performance during major events, both planned and unplanned, including the 2012 Games
	To improve engagement with key stakeholders

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

During **2011/12** we will focus on the following areas of work to achieve our goals:

Strategic goal: To improve the quality of care we provide to patients

1. **Make demonstrable progress with implementing appropriate care pathways to ensure patients receive the right clinical care in the right place at the right time:**
   - **Reduce percentage of incidents that result in a patient being conveyed to hospital from 74% to 67.5%.RW**

     SOME SLIPPAGE: 

     The A&E conveyance target to be achieved by end-December 2011 is 71% Pan-London and at least three clusters on 70%. A&E conveyance has reduced from 74% at end of March 11 to 72.2 % at the end of October. This is 0.6% above the trajectory to achieve the CQUIN target for the for the year end

     Simplified coding changes should were launched in October but uptake has been slower than expected and additional advertising has been undertaken to promote use. A mechanism has been established to feed back to commissioners any issues staff have with using pathways.

     Significant CQUIN funds are associated with delivering this objective and failure will result in loss of income which has already been identified as a financial pressure to SMG and the Board.

     SMG support; ensuring training capacity to deliver ACP training is maintained, ensuring it is a constant and consistent message to all staff

2. **Increase number of 999 calls resolved by telephone advice from 5,000 a month to 6,300. FM/RW**

   ON TRACK TO BE DELIVERED: 

   The Trust resolved 6709 calls in June, 6601 in July and 6116 for the month of August. August had a below trajectory number of calls resolved by hear and treat (- 284), however overall workload of the LAS was down 7% and this was reflected in CTA workload. June and July had call resolution significantly above trajectory.
   The changes to Category C has provided greater flexibility in triaging calls which has seen a positive impact on hear and treat, saving additional ambulance journeys.

   SMG SUPPORT – further review of NHSD suitable calls to see if we can increase call types.

3. **Publish a monthly clinical quality dashboard which incorporates the national indicators for measuring our service quality and clinical outcomes with other ambulance services and includes a range of indicators that are important for patients and drive service improvements. SL**

   ON TRACK TO BE DELIVERED 

   Quality dashboard now in place and being used but some indicators still to come on line. The next phase is to agree the RAG rating guidance for the indicators.

SMG Support; Clinical audit is an essential component of the data collection for the clinical indicators. Some of the indicators will require direct observational audit (such as infection control). These audits will need to continue even at high REAP levels. SMG support will be required for clinical audit.

4. **Implement, NHS Pathways (or suitable alternative product), into clinical telephone advice by February 2012 and have approved (by November 2011) a business case and implementation plan for the introduction of NHS Pathways into the 999 call taking system by PS/LB**

Implementation of NHS Pathways:

Decision taken at SMG on 9th November that NHS Pathways is not a suitable tool to implement in CTA. There are two main reasons for this. Firstly there is no link with AMPDS, therefore the triage algorithm would be re-started once a call is passed from EOC call handling, a situation that is clinically undesirable. Secondly NHS Pathways is not the stand alone system and has to be integrated into another system, preferably the CAD which is not possible until CommandPoint is implemented. While options are still being investigated, there will be an associated cost without obvious benefits.

WILL NOT BE DELIVERED

Business Case

Business case is now with commissioners for implementation of NHS Pathways in 999 during 2013 - will be delivered on time.

ON TRACK TO BE DELIVERED BY DUE DATE

SMG SUPPORT: None required at this stage.

5. **Successfully tender to be a key partner in the provision of 111, the non-emergency health number, in London. LB/PS**

SOME SLIPPAGE - MAY NOT BE DELIVERED

Continue to work closely with NHS London and sectors on the development of 111 services across the Capital. Issues identified with passing calls from 111 to 999 to ensure clinical appropriateness and management under DMP conditions have now been resolved. Tender submissions to Croydon and ELC were unsuccessful due to price per call is outside financial business case from NHS London.

NO IDENTIFIED SUPPORT REQUIRED FROM SMG AT THIS STAGE.

6. **Achieve the agreed CQUINs and KPIs as set out in the contract with commissioners**

ALL WILL BE DELIVERED

On track for all KPIs.
CQUINs – Non conveyance to ED - some slippage.
Mental health - mostly on track; action plan now developed and approved by Clinical Quality Group.
End of Life, some slippage, based on difficulty with gaining access to End of Life care plans.
Missed first milestone on CQUIN for non conveyance but on track for October.
Fallers referred to GP on track but milestone less achievable in Q3

SMG SUPPORT; Continue to support messages re conveyance to appropriate care pathways and ensure KPI performance maintained.

7. **Demonstrate improvements to the quality of our service as a direct result of learning from serious incidents and patients' experiences. SA/FM**
ON TRACK TO BE DELIVERED 

The Learning from Experience group reviewed the Q2 integrated report on complaints, incidents, PALS and claims at the November meeting and this will be reviewed by SMG in December. Gaps are still emerging in processes to take action plans forward and monitor their implementation and impact and this needs further discussion with SMG colleagues. Complaints appear to be increasing (CEO TB report November) and there needs to be a review of the management of Category C calls and the use of DMP and the impact of these on the patient experience.

SMG have discussed the report and SL will take forward some work on staff attitude and behaviour as this has the most common complaint from the public in the past.

Work is ongoing in monitoring progress with SI investigations, recommendations and actions and the LfE group will monitor the impact/outcome of these on the patient experience.

Examples of learning that will improve the patient experience:

- The Trust has continued work to improve governance processes involving the High Risk Register (HRR), following three Serious Incidents. During 2011/12, substantial progress has been made revising HRR policy and practice guidelines (OP/10). A review of every entry on the HRR continues to be undertaken. The Clinical Quality, Safety and Effectiveness committee are now responsible for monitoring compliance with the HRR and associated policies and procedures.
- Awareness of the HRR has been promoted at every Consultation meeting in 2011. Frontline staff have been advised to undertake a dynamic risk assessment at each call, using information provided by EOC and details recorded on the HRR, to determine if it may be safe to proceed without police.
- Control Services issued a bulletin outlining the process for exchanging information with other agencies. This was undertaken as a direct result of a Rule 43 Report issued to two other Ambulance Trusts.
- As a result of the SI declared by the Trust following the failure of Command Point, a revised policy has been drafted outlining fall back procedures for Control Services.

SMG SUPPORT REQURED – agreement on how to be more robust in the management of SI action plans; discussion about Category C calls and delays in responding.

Strategic goal: Deliver care with a highly-skilled and representative workforce

8. **Deliver against all actions within the staff engagement strategy for the year, as well as the key areas for action from the staff survey results. This includes; roll out of the Team brief, introduction of a new staff suggestion scheme; conducting three "temperature check" surveys and sharing the results widely and ensuring that staff survey commitments are published in June 2011 from all complexes/directorates with access to a local report, with updates on progress against these commitments to be provided in November 2011. CH**

ON TRACK TO BE DELIVERED 

SMG SUPPORT REQUIRED: to provide updates on local staff survey action plans. Remaining support function Directors to actively support the expansion of the team brief process in their directorates.

Progress includes:

Team brief has been introduced to the 4 Directorates/Departments of:

- Human Resources & Organisation Development
- Finance
- Fleet & Logistics
- Rollout to the remaining support directorates has been agreed

- Ideas submitted through the staff suggestion scheme are being considered and responses will be provided to all those who have submitted suggestions
- The temperature check survey has been published and we await the results.
- Annual staff survey preparations complete for October distribution with electronic questionnaires being sent to some departments.

9. **Deliver at least 10% more appraisals (PDRs) and appropriate workplace assessments in areas that are below 90 per cent of staff. Ensure that the quality of the PDRs undertaken is improved through training and simplification of the PDR process. Improvements will be measured through the staff survey results. CH**

SOME SLIPPAGE BUT WILL BE DELIVERED 

SMG SUPPORT REQUIRED: to ensure that their teams have a plan to complete PDRs for their teams and that they record completion using the new electronic tool.

A new electronic reporting tool has been introduced to better capture and report on PDR completion across the Trust.

The PDR process has been reviewed and redesigned and is currently undergoing consultation with implementation due in Quarter 3.

10. **Implement actions and any changes from our equality and inclusion strategy following confirmation of the public duty requirements**. **CH**

ON TRACK TO BE DELIVERED 

SMG SUPPORT REQUIRED: None at present

Specific public duty requirements published in September. Associated updates to the Equality and Inclusion Strategy will be approved in October. The Trust is now preparing the reporting requirements in January 2012 and will be undertaking a "data refresh" for staff and is also preparing to introduce the national compliance tool "Equality Delivery System" which is due to be launched in November.

11. **Create an integrated programme plan to deliver on New Ways of Working, the clinical response model, the clinical career pathway, the complex estates programme, and the A&E management restructure and implement the agreed year one deliverables**. **RW/CH**

ON TRACK TO BE DELIVERED 

SMG SUPPORT REQUIRED: General support and commitment to the projects. Ensure visibility on interdependencies and provide support for working through these.

A Delivery Board has been established to manage this group of projects and has met twice with relevant actions identified to sequence and progress projects appropriately.

Strategic goal: Provide value for money

12. **Successfully achieve foundation trust status. SA**

CANNOT NOW BE DELIVERED 

The Board to Board with the SHA took place on 7th October and work has continued to deal with the multitude of questions and actions required before DH stage. The SHA's CMG found inconsistencies in the IBP and LTFM and have delayed the application by 1 month. Work continues to satisfy their requirements for this. The HDD refresh resulted in Amber for financial position, downside case and mitigations, and CommandPoint. Progress against previous reviews shows a move to amber/green and green and a move from red to amber for downside case and mitigations.
On the revised timeline our application should be reviewed by the DH committee in late February 2012 and be passed to Monitor on 1st March.

NO SMG SUPPORT REQUIRED

13. **Implement a plan with no adverse impact on clinical safety to implement the new call handling and dispatch system, CommandPoint. PS**

ON TRACK TO BE DELIVERED 

SMG SUPPORT REQUIRED:

- Continued overall support.
- Agreement and support to lock down dispatch rules by 20 October. These will then be used in all the system tests. The failure of not using the actual dispatch rules in testing, and the late delivery of the final rules was a contributory factor in the problems of 8th June 2011.
- Flexibility over the use of the Conference room as this will be needed for extended periods during the live run events.

14. **Achieve financial targets and deliver the 2011/2012 cost improvement programme. MD**

SOME SLIPPAGE - WILL BE DELIVERED. 

NO SMG SUPPORT REQUIRED.

15. **Improve operational support including the optimal availability of vehicles, equipment and supplies which will be measured by achievement of agreed trajectories reported to Trustboard, a reduction in VOR to 3.5%, increased staff satisfaction evidenced by feedback from staff and see a fall in reported equipment shortages. RW**

SOME SLIPPAGE - WILL BE DELIVERED 

SMG SUPPORT REQUIRED – Support to agree the proposed restructure of the VRC/CSU/ADUs.

AEU VOR remains marginally above 4%, the Trust has now seen delivery of 23 new AEU UVM vehicles, which will help to relieve the pressure of fleet availability. The consultation process is ongoing to restructure the VRC/CSU/ADUs to bring clearer focus and ownership on all aspects of VOR and o give the on duty operational AOM clear accountability for this.

The vehicle equipment pack is in the process of being rolled out across the Trust. To date feedback received indicates that where the system has been fully implemented there is greatly reduced occurrences of equipment being unavailable to crews. CEO consultation meetings are ongoing, and when complete, we will be able to assess the feedback from staff on the impact of the ongoing work to reduce equipment shortages.

16. **Deliver Bow control room ready to staff and operate similar to that at Waterloo. RW/PS**

SOME SLIPPAGE - WILL BE DELIVERED

CommandPoint timetable (live by mid March) will prohibit two live control rooms to be operational by end of financial year. However technical changes and building works should be completed, so that the rooms will be ready for use as soon as the CommandPoint Implementation has been completed, and control Services are in a position to deploy staff.

SMG SUPPORT REQUIRED:

- Agreement to specification and allocation of necessary budget.
- Procurement support in order to achieve the necessary timetable.

17. **Continue to plan for the 2012 Olympic and Paralympics Games by delivering on plans to ensure that we have an appropriately trained and resourced workforce to meet both the requirements inside Olympic Venues and to ensure core services are maintained to the public of London outside of the venues MF**

ON TRACK TO BE DELIVERED.

NO SMG SUPPORT REQUIRED AT THIS STAGE

18. **Develop a plan to strengthen relationships with key stakeholders through meeting London MPs, local authority leads and all GPs consortia. Provide regular activity reports and key feedback issues to the Board PB/AP/LB**

SOME SLIPPAGE – WILL BE DELIVERED.

Meetings have been arranged and undertaken with MPs, GLA and GPs. FM and PB secured presentation on GP council. RH has met all Cluster Chairs. GP engagement plan will be implemented in Q3.SL has met 7/9 Directors at all the mental health Trusts on a 1:1 basis specifically asking for feedback on our services and sharing our mental health action plan.

NO SMG SUPPORT REQUIRED AT THIS STAGE

London Ambulance Service NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD (pt 1)

29 NOVEMBER 2011

PAPER FOR NOTING

Document Title:	**CommandPoint Update**
Report Author(s):	**Peter Suter, Director of Information Management and Technology**
Lead Director:	**Peter Suter, Director of Information Management and Technology**
Contact Details:	**peter.suter@lond-amb.nhs.uk**
Why is this coming to the Trust Board?	**To provide an update of progress on the CommandPoint project and seek direction in light of recent problems with software delivery.**
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
Recommendation for the Trust Board:	▪ **To consider the contents of the report in relation of the overall timetable and consider the fuller update that will be given verbally at the meeting.** ▪ **To note risk 149 and give direction on this.**

Executive Summary:

Approval was given at the last Board meeting for an iterative approach to Go Live 2 of CommandPoint. The first component is Live Run 1 (technical rehearsal) that remains on track for 28/29 November. However due to functional faults found during testing, the first live run exercise planned for 5 December has been postponed. Work is currently underway to re-plan this. The full impact, at time of writing this report is not yet fully understood.

Key issues for the Trust Board

Delay in live run 1 planned for 5 December and overall impact on the project.

Attachments

CommandPoint Project Update: November 2011

****

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: NOVEMBER 2011

1. INTRODUCTION

1.1 The objective of this paper is to provide an update of progress on the CommandPoint Project.

1.2 Approval was given at the last Board meeting for an iterative approach to Go Live 2 of CommandPoint. The first component is Live Run 1 (technical rehearsal) that remains on track for 28/29 November. However due to functional faults found during testing, the first live run exercise planned for 5 December has been postponed. Work is currently underway to re-plan this. The full impact, at time of writing this report is not yet fully understood.

2. SUMMARY OF PROGRESS SINCE LAST REPORT

2.1 In September the Trust Board approved the recommendation to go live with V1.3 of CommandPoint by 16 March 2012. The approach, to what is known as 'Go Live 2', will be an iterative process. There will be a series of live run events where CommandPoint will be brought live, before service is restored back to CTAK. Each event will increase the live run time for CommandPoint in order to build confidence in the functionality and stability of the system. The first of these live runs will use software release V1.2 allowing the earliest possible opportunity to prove the system in a live environment.

2.2 A detailed plan has been produced for the installation and full testing of the final software releases, table top exercises, dry runs, technical rehearsals and the live run events. These will be overlaid by classroom based end user training. Advance bookings have been made for the conference room that once again will be the technical hub. Plans for the Gold Command structure are being finalised, with the Head of Control Services being the Gold Commander for each event.

2.3 The 116 additional items demanded by the LAS for full system go live constitutes a major release of the overall CommandPoint product. The delivery is via a number of software builds. Initial builds 61 & 62 were delivered on schedule and tested satisfactorily. Build 63 did cause some concern with faults that were found and this was subject to detailed discussion with NG. It is also reasonable to identify that the functional changes within Build 63 were more complicated.

2.4 Build 65 (there is no Build 64) completes the development on Version 1.2, delivering 99 of the 116 items. In order to assist with pre-release assurance, three members of staff (a senior EOC manager and two subject matter experts from the project) visited NG to pre-test the product and advise on any issues identified. The software was delivered to site, on schedule on 28 October.

2.5 The first stage of LAS testing SAT(Site Acceptance Testing) was successful. However, during the second stage of testing, SBT (Scenario Based Testing) there were a number of Priority 2 faults identified and high priority 3 faults. SBT is a new test sequence introduced by the LAS with the aim of stressing the system functionally with live use type scenarios. This testing has proved successful in identifying faults that would not have previously been discovered.

2.6 In order to meet the 5 December timeline there is no spare capacity within the plan to allow for additional bug fixes and appropriate testing. On 15 November the Project Board reviewed the SBT results and after detailed discussion took the decision to postpone the training course scheduled to start on 21 November. The functional areas that contained the faults (identified during SBT) were such that they would have a serious negative impact on training. The implication of this is that the live run on 5 December cannot go ahead as the work required to rectify the faults and repeat the test cycle will not allow staff to be trained in time. For completeness, it should also be reported that the view of the Senior Users is that the actual

CommandPoint system is impressive and will, when fully functioning provide operational benefit to the Control Room.

2.7 At the time of writing this report, re-planning activities are underway. A fuller update will be given verbally at the Trust Board meeting.

3. MANAGEMENT INFORMATION

3.1 When CommandPoint went live in June, there was an acknowledgement that some Management Information reports and tools would either change or be discontinued. Since 8 June, and in the background to the main CommandPoint rebuild activities, work has continued to improve the MI suite of tools and services. The overall aim is to create a completely CommandPoint compliant MI environment with a specific focus on;

- Making changes that enhance existing MI services.
- Making changes ahead of CommandPoint; therefore new services will be fed by CTAK data.
- Ensuring MI Tools used by staff do not change when CommandPoint is implemented. This will be particularly helpful in supporting performance management during live running.
- Separating MI changes from CommandPoint go live activities.
- Ensuring that all Blackberry reports remain consistent.

3.2 The MI work is on schedule to be completed by the end of November, with the new dash board and new map based tools currently being dual run in live operations.

4. RISKS

4.1 For reference the latest version of the risk register is appended to this report. I would like to bring to the Board's attention risk 149 that is rated 25. The risk is that of not being able to accept go live on 14 March due to operational performance pressures. To clarify this, assuming that the system is ready for live use by 14 March, there may not be enough of a CAT A performance lift to allow for the inevitable drop when the system goes live.

4.2 The Trust Board could simply accept this risk or mitigate it by replacing 14 March with a final live run and setting 21 or 28 March as the proposed date when the system would ideally stay live. This is raised with for awareness at this time. The current project risk summary is attached at Appendix 1.

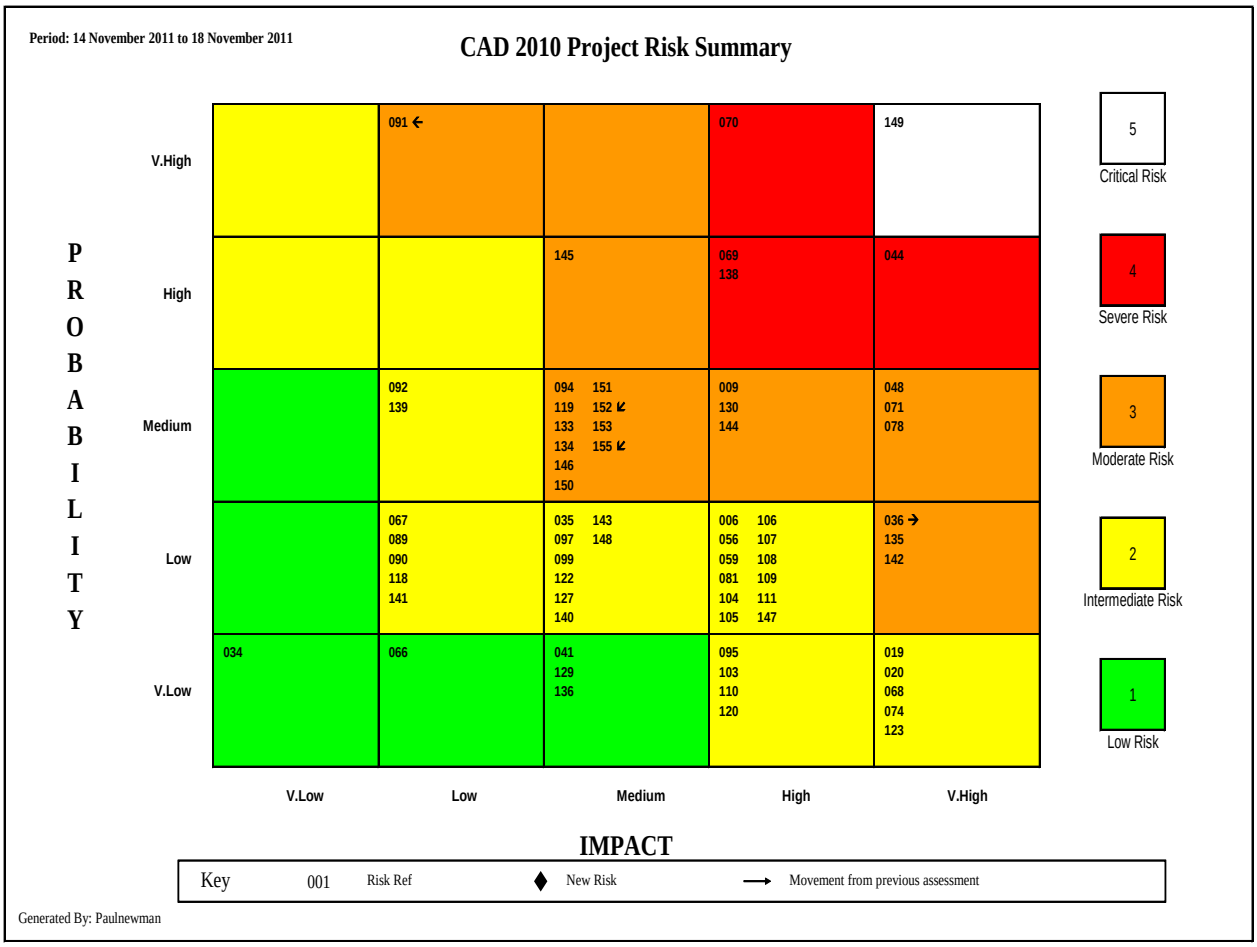
5. RECOMMENDATIONS

5.1 To consider the contents of the report in relation of the overall timetable and consider the fuller update that will be given verbally at the meeting.

5.2 To note risk 149 and give direction on this.

Project Executive
Director of Information Management & Technology

APPENDIX 1: PROJECT RISK SUMMARY



Assessment criteria

Impact

Very High(5): >25% over budget or schedule / does not meet primary objective
High(4): 10-25% over budget or schedule / does not meet secondary objective
Medium (3): 5-10% over budget or schedule / reduction in scope or benefit requiring approval
Low (2): <5% over budget or schedule / minor reduction in scope or benefit
Very Low (1): Insignificant impact on cost or schedule / negligible reduction in scope or benefit

Probability

Very High (5): The risk is more likely to occur than not
High (4): The risk is likely to occur
Medium (3): There is a reasonable chance of the risk occurring
Low (2): The risk is unlikely to occur
Very Low (1): The risk is only likely to occur in exceptional circumstances

HEADLINE RISK INFORMATION (NOVEMBER WEEK 2)

	Week	Month (Cum)		Open Risks
Open Risks	67			1
Closed Risks (Not including those awaiting closure)	78			4
New risks /re-opened risks	1	2		21
Risks Reviewed with Risk Owner	8	61		36
Risks changed evaluation score		0		5
Overall significance increased		3		
Overall significance decreased	1	4		67
Risks reviewed and changes made to Responses and Actions	5	54		

London Ambulance Service NHS
NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 29TH NOVEMBER 2011

PAPER FOR NOTING

Document Title:	**Foundation Trust update**
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?	**To provide assurance to the Board on 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 Committee ☐ Risk Compliance and Assurance Group ☐ Learning from Experience Group ☐ Other
Recommendation for the Trust Board:	**To note the progress being made towards submission of the formal application to the Department of Health in early 2012**

Executive Summary

The Integrated Business Plan and Long Term Financial Model were submitted to NHS London within the agreed timeframe of 4th November 2011 and were then considered by their internal meeting on 9th November. A number of discrepancies were identified between these two key documents that required further work. This resulted in a delay for the application of approximately one month.

The LAS and SHA have been working together over the past two weeks to address the remaining items and the IBP/LTFM presented in the Part II meeting for approval have incorporated the agreed workings.

The timeline for the LAS application now is for the SHA internal meetings on 5th and 13th December 2011 and then to the Department of Health on 1st January 2012.

The constitution and governance rationale are presented as a separate item for formal approval by the Trust Board.

Key issues for the Trust Board

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

To note the delay of 1 month and the action taken by the executive team to ensure the revised timeline can be met.

Are there any areas which are a cause for concern?

Any remaining areas for concern will be reported to the Trust Board on 29th November 2011.

What are the key actions to mitigate any concerns?
Close working between the LAS and SHA teams has resolved the remaining discrepancies and queries to ensure that the revised timeline can be met and the documents being presented to the Trust Board for approval are accurate and consistent.

How does the Trust Board draw assurance?
From the continual efforts of the executive to finalise the key documents that will support the application going forward.

Attachments
No attachments for this item

****

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 – on the integrated business plan
☐ No

Key issues from the assessment:
None

London Ambulance Service NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 29TH NOVEMBER 2011

PAPER FOR APPROVAL

Document Title:	**Governance rationale and constitution for the London Ambulance Service NHS Foundation Trust**
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 approval as a key supporting document of the 2012/13-2016/17 Integrated Business Plan**
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 formally approve the governance rationale and constitution**

Executive Summary

The governance rationale and constitution are key components of the Trust's application to become an NHS foundation trust. The governance arrangements described within these documents were developed from the public consultation process in 2009 and have been the subject of much discussion by Board members over the past two years. Amendments have been made where previously agreed by the Trust Board and more recently by the Strategy Review and Planning Group prior to submission to the SHA of Version 8.0 of the Integrated Business Plan on 4th November 2011.

Key issues for the Trust Board

What action does the Trust Board need to take with the information provided?
To formally approve the documents following the detailed discussion at the Strategy Review and Planning Group on 1st November 2011 and the subsequent amendments agreed by email on 4th November 2011.

Are there any areas which are a cause for concern?
All areas of concern have been addressed.

What are the key actions to mitigate any concerns?
Amendments have been made to the rationale through discussion with the Trust Board thereby addressing and mitigating the remaining concerns.

How does the Trust Board draw assurance?
From having held extensive discussion during the past two years contributing to the development of

the governance rationale and constitution that will be in place when the London Ambulance Service becomes an NHS foundation trust in 2012.

Attachments

Governance rationale
Constitution – November 2011 (9)

****

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 NHS
NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 29TH NOVEMBER 2011

PAPER FOR APPROVAL

Document Title:	**Minutes of the Annual General Meeting on 27th September 2011**
Report Author(s):	**Francesca Guy, Committee Secretary**
Lead Director:	**Sandra Adams, Director of Corporate Services**
Contact Details:	**francesca.guy@lond-amb.nhs.uk**
Why is this coming to the Trust Board?	**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:	**To approve the minutes of the Annual General Meeting on 27th September 2011.**

Executive Summary

Attached are the minutes of the Annual General Meeting which took place on 27th September 2011. The Trust Board is asked to approve the minutes, following which they will be published on the LAS website.

Attachments

Minutes of the Annual General Meeting on 27th September 2011.

****

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 NHS
NHS Trust

ANNUAL GENERAL MEETING

Held on Tuesday, 27th September 2011 at 2.00pm
Robens Suite, 29th Floor, Guys Tower, Guys Hospital, London SE1 9RT

Present:

London Ambulance Service Trust Board

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

London Ambulance Service members of staff

Sandra Adams	Director of Corporate Services
Lizzy Bovill	Deputy Director of Strategic Development
Tony Crabtree	Assistant Director, Employee Support Services
John Downard	Head of Software Development and Support
Francesca Guy	Committee Secretary (minutes)
Gill Heuchan	Assistant Director, Professional Education Development
Peter McKenna	Assistant Director of Operations, West
Angie Patton	Head of Communications
Shirley Rush	Membership Manager
Peter Suter	Director of Information Management and Technology
Louise Wilson	Emergency Medical Dispatcher

Patients' Forum

Malcolm Alexander	Vice Chair, Patients' Forum
Lord Dutton	Patients' Forum
Michael English	Patients' Forum/Foundation Trust member
Mike McConnell	Patients' Forum/Chair of Patient Assembly at Croydon University
Mark Mitten	Patients' Forum/Foundation Trust member
Natalie Teich	Patients' Forum
Kay Winn-Cannon	Patients' Forum

Foundation Trust members

Garnet Bartram	Foundation Trust member
Mrs M Ejegi	Foundation Trust member
Margaret Laurie	Foundation Trust member
Graham Mandelli	Foundation Trust member
David Peers	Foundation Trust member
Richard Rees	Foundation Trust member
Shivakuru Selvathurai	Foundation Trust member
Professor H Singh	Foundation Trust member

Daniel Swann	Foundation Trust member
A C Thompson	Foundation Trust member
Brian Tutte	Foundation Trust member
Mr Vaghela	Foundation Trust member
Mrs Vaghela	Foundation Trust member
Members of public	
Richard Derecki	Scrutiny Manager
Simon Hughes	Member of Parliament
Kelly McCann	Olympics Commissioning Manager

1.	**Apologies for absence**
1.1	Apologies had been received from: Jessica Cecil, Non-Executive Director, London Ambulance Service Richard Webber, Director of Operations, London Ambulance Service Baroness Tessa Blackstone, Chair, Great Ormond Street Hospital NHS Trust Jane Atkinson, Chair, North East London NHS Foundation Trust Stuart Bell, Chief Executive, South London and Maudsley NHS Foundation Trust Dr Jane Collins, Chief Executive, Great Ormond Street Hospital NHS Trust Dame Jacqueline Doherty, Chief Executive, West Middlesex Hospital NHS Trust Michael Fox, Chair, St Ann's Hospital NHS Trust Martin Henderson, St John Ambulance, London District Maria Kane, Chief Executive, St Ann's Hospital Joe Liddane, Chair, Whittington Health NHS Trust David Mellish, Chair, Oxleas NHS Foundation Trust Richard Murley, Chair, University College London Hospital NHS Foundation Trust Sir Robert Naylor, Chief Executive, University College London Hospital NHS Foundation Trust Stephen O'Brien, Chair, Barts and the London NHS Trust Michael Parker, Chair, Kings College Hospital NHS Trust Sir Hugh Taylor, Chair, Guy's and St Thomas' NHS Foundation Trust John Anderson, Foundation Trust member Victoria Borwick, Foundation Trust member Noor Dahri, Foundation Trust member D J Davies, Foundation Trust member Thomas Douglas, Foundation Trust member John F Garner, Foundation Trust member Jim Kanter, Foundation Trust member Mrs F Landau, Foundation Trust member Madeleine Long, Foundation Trust member John Newman, Foundation Trust member Mary Reale, Foundation Trust member Miss Elizabeth Tittensor, Foundation Trust member J Wright, Foundation Trust member P R Wright, Foundation Trust Member Diane Abbott, Member of Parliament Heidi Alexander, Member of Parliament Rushanara Ali, Member of Parliament Tom Brake, Member of Parliament James Brokenshire, Member of Parliament Jeremy Corbyn, Member of Parliament Jon Cruddas, Member of Parliament Rt Hon Ian Duncan-Smith, Member of Parliament Clive Efford, Member of Parliament

	David Evennett, Member of Parliament Greg Hands, Member of Parliament Glenda Jackson, Member of Parliament Alan Keen, Member of Parliament Teresa Pearce, Member of Parliament Rt Hon John Randall, Member of Parliament Nick Raynsford, Member of Parliament Stephen Timms, Member of Parliament Theresa Villiers, Member of Parliament Angela Watkinson, Member of Parliament Seton During, Patients' Forum Joseph Healy, Patients' Forum Barry Silverman, Patients' Forum Richard Berry, Health and Public Services Committee, London Assembly Neil Kennett-Brown, LAS Commissioner
2.	**Minutes of the Annual Public Meeting held on 28th September 2010**
2.1	The minutes of the Annual Public Meeting held on 27th September 2011 were agreed.
3.	**Welcome from Richard Hunt CBE, Chairman of the London Ambulance Service NHS Trust**
3.1	The Chair opened by welcoming everyone to the meeting and gave an introduction to the day's agenda.
4.	**Presentation of the 2010/11 Annual Report by Peter Bradley, Chief Executive of the London Ambulance Service NHS Trust**
4.1	Peter Bradley, Chief Executive Officer, gave an overview of the year 2010/11 and made the following comments: ▪ 2010/11 had been a busy and challenging year for the London Ambulance Service (LAS), with almost 1 million calls answered. Despite this, the LAS achieved the national target of reaching 75% of Category A patients within 8 minutes; ▪ During the year, the LAS continued to work with vulnerable groups, including patients with mental health difficulties, rough sleepers, elderly fallers and patients with alcohol-related conditions; ▪ Quality indicators had been developed in order to monitor the quality of service provided by the LAS; ▪ Progress had been made in the treatment of trauma, cardiac and stroke patients and in the use of appropriate care pathways. The LAS was also delivering more telephone advice to those patients with less serious illnesses and injuries. This made more resource available to respond to patients who were critically ill or injured; ▪ The inquest into the 7th July 2005 London Bombings took place this year and the LAS had learnt some valuable lessons; ▪ The Trust planned to save £53 million over the next three years. This would be challenging and would inevitably necessitate a change in the way in which the service operated.
4.2	Peter Bradley summed up his presentation by thanking staff, the Senior

	Management Group and the Trust Board for their contribution over the year. With approximately 700 student paramedics employed by the LAS, the workforce was now the most highly-qualified it had ever been. The LAS was also the busiest ambulance trust in the world and received visitors from around the world, which highlighted its status as a world-class ambulance service.
5.	**Presentation of the 2010/11 Annual Accounts by Michael Dinan, Director of Finance of the London Ambulance Service NHS Trust**
5.1	Mike Dinan, Director of Finance, reported that the LAS had achieved four out of five of its statutory financial duties for the year 2010/11, including making a £740k surplus. The LAS did not achieve the target to pay 95% suppliers within 30 days although did aspire to this target in the future.
5.2	Mike explained that the LAS received £250 million funding from Primary Care Trusts for the year 2010/11, which equated to £30 per head of population. This demonstrated that the LAS provided excellent value for money, particularly when compared with income received per head of population by other ambulance trusts, the London Fire Brigade and the Metropolitan Police Service. The majority of funding was spent on pay and the average cost per day was £750k.
6.	**Presentation of the 2010/11 Quality Account by Steve Lennox, Director of Health Promotion & Quality of the London Ambulance Service NHS Trust**
6.1	Steve Lennox, Director of Quality and Health Promotion, gave an update on the Quality Account for 2010/11 which was published on the LAS website. The Quality Account reviewed progress against five priorities, which were as follows: 1. **Improve cardiac care** Improvements had been made to cardiac care, which resulted in an increase of the LAS survival rate (eg where a cardiac arrest is witnessed by LAS staff) of 9.3%. The overall survival rate remained stable at 8%. 2. **Implement stroke and trauma strategies** During 2010/11, four Trauma Networks were implemented across London, each with a trauma centre and a number of trauma units. In April 64.0% of stroke patients arrived at a Hyper Acute Stroke Unit within 60 minutes and 91.3% received an appropriate care bundle; 3. **Make demonstrable progress with implementing appropriate care pathways** In 2010/11 the LAS developed two major appropriate care pathways: a Stroke Pathway and a Major Trauma Pathway. The LAS also developed a range of local pathways that prevent the need to take patients to Accident and Emergency. The implementation of appropriate care pathways was also included in the LAS' objectives for 2011/12 to ensure that further progress would be made; 4. **Develop and publish a clinical dashboard to better inform the public about quality of care** In 2010/11 the LAS developed a Quality Strategy which set out the format of the quality dashboard, which includes indicators from the Department of Health and additional indicators which had been developed internally. This would be further developed in 2011/12; 5. **Improve operational support including the optimal availability of vehicles, equipment and supplies** Improvements had been made in vehicle and equipment availability, although further progress was expected in 2011/12.

6.2	Steve Lennox explained that there were four priorities for 2011/12, which were: 1. **Improving mental health care** 2. **End of life care** 3. **Care of patients who have fallen** 4. **Develop and publish a clinical dashboard to better inform the public about quality of care**
6.3	As well as these priorities, the Trust would also continue to keep a reporting eye on last year's priorities.
6.4	The Chair summarised the presentation by stating that the Trust had been on a journey over the year and he was proud of the improvements made to the service. However this did not result in complacency and the Trust would continue to focus on improving efficiency over the coming year. The Chair was keen to share learning with ambulance trusts in other world cities.
7.	**Questions from members of the public**
	1. *Mike McConnell from the Patients' Forum asked what efforts had been made to obtain arrival to handover times from acute trusts and whether this data could be made available online.* Lizzy Bovill responded that this information was received from the commissioners and was shared on a weekly basis with the Chief Executive Officers of acute trusts. Croydon in particular was doing a lot of work to improve handover times. 2. *Mike McConnell asked about the proposal to add an additional minute to call handling and response times* Lizzy Bovill responded that this proposal had as yet not been accepted by the Department of Health. Any proposal that was accepted would not have an impact on Category A patients, whose response would remain the same. Peter Bradley responded that ambulance cancellations was a significant issue for the Trust and the Call Connect trial had taken place in order to identify ways to address this. 3. *Lord Dutton asked whether cycle response units and motorcycle response units, which were frequently used in parades, would be able to access patients in a crowd.* Peter Bradley responded push bikes and motorcycles were used by the Trust due to the fact that they could navigate more easily through congested areas. He did not therefore see this as a problem. 4. *Lord Dutton asked why no disabled groups or patients had been consulted in the development of the Quality Strategy.* Steve Lennox responded that he had approached a number of disability groups, but they had not taken up the invitation. This was a valid point however and would be taken on board for future years. 5. *Richard Rees asked whether there were any costs associated with conveying patients to trauma centres, given that they were longer journeys.* Fionna Moore responded that crews used a decision tree to identify patients who

	required conveying to a trauma centre, which resulted in the conveyance of 11 patients on average per day to trauma centres. The average conveyance time was 16 minutes and never longer than 45 minutes and therefore any additional cost to the organisation was relatively small. It could even be argued that there was an overall saving as patients did not require a secondary transfer. Mike Dinan reiterated the point that the number of patients conveyed to trauma centres was relatively small and therefore any additional costs could be absorbed. However, this would continue to be monitored. 6. *A question was asked regarding the sale and lease back of ambulance vehicles and what the reasons were for this decision.* Mike Dinan responded that this decision was based on the current investment context and although was the right decision at the time, might not be appropriate for future years. The Chair added that a Finance and Investment Committee had been established, whose role was to scrutinise and challenge investment and funding decisions. 7. *Malcolm Alexander stated that last year the Patients' Forum had submitted recommendations to the Quality Account and wanted assurance that these comments had been taken on board.* Steve Lennox responded that these comments had been discussed in his one to one meeting with Malcolm and the key themes had been incorporated into the Quality dashboard. 8. *Malcolm Alexander asked about the CommandPoint recovery plan and whether it would be in place by the time of the London 2012 Olympics.* The Chair responded that the implementation of CommandPoint was a major project for the LAS and although it had been delayed, the current system was fully functional and would continue to be used in the intervening period. The first implementation on 8th June 2011 had been supported by excellent planning and was handled in an exemplary way to ensure minimal disruption to the service. The Trust had learnt valuable lessons from the first implementation and the Trust Board had discussed and agreed the plan going forward. Peter Suter added that the plan was to repair the faults that were discovered on 8th June and to make further enhancements to the system. The Trust Board had agreed today to a plan which would see a phased implementation process to commence in December 2012 with a final implementation date in March 2012. During this period, a series of live-runs would be undertaken to test how the system would operate in a live environment. If necessary, the fallback position would be to use the current system CTAK until after the Olympics. 9. *Malcolm Alexander asked whether there were any plans for the LAS to work with partners to become a provider of 111 as part of a new integrated emergency care system for London.* Lizzy Bovill responded that the LAS was in a good position to become a provider of 111 and the expectation was that the Trust would be bidding for this work. Different parts of London would be introducing the service at different times. The Chair added that the LAS already provided telephone advice and therefore would be an excellent provider of the 111 service.

	10. A comment was made about the fact that the Quality Account had not been provided in hard copy format. Steve Lennox commented that all LINKs were invited to comment on the Quality Account and only two had requested a paper copy. However, this comment would be noted and considered for future years. *11. A question was asked about the surplus for 2010/11 and whether this was high* Mike Dinan responded that the Trust made £740k surplus in the year 2010/11 and that this was reasonable and in line with what had been agreed at the start of the year. It would not be financially viable for the Trust not to make a surplus. *12. A question was asked about whether crew staff had sufficient time to clean ambulances and replace blankets in between patients.* Steve Lennox responded that crew staff had as long as they required to undertake these duties. *13. Lord Dutton asked whether there had been any publicity of the 111 non-emergency contact number.* Peter Bradley responded that this service had not yet been rolled out England-wide and therefore it had not yet been publicised. The LAS would be keen to ensure that it was advertised once it became live. In response to an additional question about the 111 non-emergency contact number, the Chair confirmed that this would be a free service which would sit alongside the existing 999 emergency number. *14. Richard Derecki of the London Assembly asked whether there was any possibility of move away from performance targets.* Peter Bradley responded that this year had seen the removal of the Category B target, which had allowed the service to focus on outcome measures rather than purely response times. The Chair closed the meeting by thanking everyone for joining the meeting and by thanking those members of staff who gave presentations.

London Ambulance Service NHS
NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 29TH NOVEMBER 2011

PAPER FOR NOTING

Document Title:	**Senior Management Group Effectiveness Review**
Report Author(s):	**RSM Tenon**
Lead Director:	**Sandra Adams, Director of Corporate Services**
Contact Details:	**sandra.adams@lond-amb.nhs.uk**
Why is this coming to the Trust Board?	**As requested by the Audit Committee**
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 SMG Effectiveness Review**

Executive Summary

Following a request by the Audit Committee Chair, RSM Tenon undertook an internal audit on the Senior Management Group (SMG) and its effectiveness. The scope of the review was as follows:

- the extent to which the SMG is operating in accordance with its terms of reference;
- the relationship between SMG and the Trust Board and other key Trust Committees such as the Audit Committee;
- the quality of the outputs from SMG;
- the relationship between SMG and the Assistant Directors Group;
- the extent to which SMG is being utilised appropriately by the Trust.

The review included attendance at an SMG meeting, interviews with members of SMG and Associate Directors Group (ADG), an interview with the Trust Chair and a desktop review of documentation.

Key issues for the Trust Board

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

To note the Senior Management Group Effectiveness Review.

Are there any areas which are a cause for concern?

RSM Tenon's findings were that the SMG was already operating effectively and in accordance with its terms of reference. However some suggestions were made on how processes could be made more effective, in particular the reporting arrangements between the SMG and its sub-groups and the management of SMG meetings and away days.

What are the key actions to mitigate any concerns?
The action plan is included in the report.

How does the Trust Board draw assurance?
The SMG is an executive sub-committee of the Trust Board and is responsible for advising the Trust Board on key policy and service issues and recommending policy proposals for Trust Board decision.

The review was not scoped to provide assurance but rather to suggest actions which would further improve the effectiveness of the SMG. Management comments are included against each of the recommendations which set out how SMG intends to take the recommendations forward. RSM Tenon received an update on progress in September 2011 and was satisfied that considerable progress had been made. Progress against the recommendations will continue to be monitored via the Audit Recommendations Progress report which is submitted to the Audit Committee, the Quality Committee, the Risk, Compliance and Assurance Group and the Senior Management Group.

Attachments
Internal Audit Report: Senior Management Group Effectiveness Review

****

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 NHS
NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 29TH NOVEMBER 2011

PAPER FOR NOTING

Document Title:	**Audit Committee Annual Report 2010/11**
Report Author(s):	**Francesca Guy, Committee Secretary**
Lead Director:	**Sandra Adams, Director of Corporate Services**
Contact Details:	**francesca.guy@lond-amb.nhs.uk**
Why is this coming to the Trust Board?	**In accordance with the NHS Audit Committee Handbook and principles of good governance**
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 Audit Committee Annual Report 2010/11**

Executive Summary

In line with best practice in other sectors, *The NHS Audit Committee Handbook* recommends that the Audit Committee should prepare a report to the Trust Board that sets out how the Committee has met its terms of reference. This should cover the following:

- That the system of risk management in the organisation is adequate in identifying risks and allowing the Board to understand the appropriate management of those risks;
- That the Committee has reviewed and used the Board Assurance Framework and believes that it is fit for purpose and that the comprehensiveness of the assurances and the reliability and integrity of the sources of assurance are sufficient to support the Board's decisions and declarations;
- That there are no areas of significant duplication or omission in the systems of governance in the organisation that have come to the Committee's attention and not been resolved adequately.

In addition, the report should highlight to the Trust Board the main areas that the Committee has reviewed and any particular concerns or issues that it has addressed.

The attached report is based on the governance review document that was submitted to the Strategy Review and Planning Committee in July.

Key issues for the Trust Board

What action does the Trust Board need to take with the information provided?
To note the Audit Committee Annual Report 2010/11.

Are there any areas which are a cause for concern?
The Audit Committee is operating in accordance with its terms of reference, however a number of actions were identified following the governance review that was undertaken earlier this year.

What are the key actions to mitigate any concerns?
Following the governance review, these actions were identified:

- To ensure that the Quality Committee has appropriate input into internal audit planning process at an early stage;
- To refine working arrangements with the newly-established Finance and Investment Committee;
- To continue focus on audit follow up;
- To ensure that the Committee meets with both internal audit and external audit separately at least 1 to 2 times a year;
- To work with finance and internal audit to understand fully the risk/benefit analysis of potential outsourcing.

The forward planner for the Audit Committee has been updated to reflect these actions.

How does the Trust Board draw assurance?

- Reports to the Trust Board from the Chair of the Audit Committee
- Audit Committee forward planner
- Audit Committee Terms of Reference
- Governance Review for 2011/12

Attachments

Audit Committee Annual Report 2010/11

****

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 NHS
NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

29TH NOVEMBER 2011

Compliance with Standing Orders and Standing Financial Instructions

Document Title:	**Trust Secretary Report**
Report Author(s):	**Sandra Adams**
Lead Director:	**Sandra Adams**
Contact Details:	**Sandra.adams@lond-amb.nhs.uk**
Why is this coming to the Trust Board?	**Compliance with Standing Orders**
This paper has been previously presented to:	☐ Strategy Review and Planning Committee ☐ Senior Management Group ☐ Quality Committee ☐ Audit Committee ☐ Clinical Quality Safety and Effectiveness Group ☐ Risk Compliance and Assurance Group ☐ Other
Recommendation for the Trust Board:	**To be advised of the tenders received and entered into the tender book and the use of the Trust Seal since 20th September 2011 and to be assured of compliance with Standing Orders and Standing Financial Instructions**

Executive Summary

Four tenders have been received, opened and entered into the tender book since 20th September 2011:

- Provision of financial services
  Tenders received and opened via Bravo Solutions on 26th September 2011:
  Anglia Support Partnership
  ELFS Shared Services (part of Calderstone Partnership NHS Foundation Trust)
  NHS Shared Business Services
  Unit 4 Business Software Limited.
- Provision of 24-hour technical support service to the LAS control room
  Tenders received and opened via Bravo Solutions on 18th October 2011:
  Capita Secure Information Systems LTD
  Communication & Technical Services LTD
  SERCO Limited.
- NHS Foundation Trust Election Management & Consultancy
  Tenders received and opened via Bravo Solutions on 20th October 2011:
  Electoral Reform Services
  UK Engage.
- Vehicle Preparation (previously a component of Make Ready)
  Tenders received and opened via Bravo Solutions on 24th October 2011:
  Healthcare Initial
  MITIE Cleaning and Environmental Services.

  The amounts of each tender can be made available to the Trust Board in Part II of the Trust Board meeting.

There have been two entries to the Register for the Use of the Trust Seal:

- Signing of the Deed for the Sale of Park Royal Ambulance Station –between London Ambulance Service NHS Trust and Dawnday Limited;
- Leases of the 1st and 3rd floor, Fielden House, 28-42 London Bridge Street, London SE1 – between Fielden House Investment Limited and the London Ambulance Service NHS Trust.

Key issues for the Trust Board

This report is attended to inform the Trust Board about key transactions thereby ensuring compliance with Standing Orders and Standing Financial Instructions.

Attachments

N/A

****

Strategic Goals 2010 – 13

This paper supports the achievement of the following corporate objectives:

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

Risk Implications

This paper links to the following strategic risks:

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

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?
Yes
No

Key issues from the assessment: