



TRUST BOARD

Meeting to be held at 10.00am on Tuesday 13<sup>th</sup> December 2011  
Conference Room, 220 Waterloo Road London SE1 8SD

Peter Bradley  
Chief Executive Officer

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AGENDA

			TAB
1.	<b>Welcome and apologies for absence</b> Apologies received from:		
2.	<b>Declarations of Interest</b> To request and record any notifications of declarations of interest in relation to today's agenda or gifts and hospitality received	RH	
3.	<b>Minutes of the Part I meeting held 29<sup>th</sup> November 2011</b> To approve the minutes of the meeting held on 29 <sup>th</sup> November 2011	RH	TAB 1
4.	<b>Matters arising</b> Actions from previous meetings	RH	TAB 2
5.	<b>Report from Sub-Committees</b> To receive a report from the following Committee: Finance and Investment Committee on 28 <sup>th</sup> November 2011	RH	TAB 3
6.	<b>Chairman's Report</b> To receive a report from the Trust Chairman on key activities	RH	TAB 4
7.	<b>Update from executive directors</b> To receive reports from Executive Directors on any additional key matters		TAB 5
	7.1 Chief Executive Officer, to receive a summary report on performance and key issues including the events on 30 <sup>th</sup> November 2011	PB	
	7.2 Director of Finance to receive a presentation on financial performance	MD	
8.	<b>Clinical quality and patient safety report</b> To receive the monthly report on clinical quality and patient safety to month 8	FM	TAB 6

**STRATEGIC AND BUSINESS PLANNING**

9.	<b>CommandPoint Update</b> To receive an update on CommandPoint	PS	TAB 7
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## FOUNDATION TRUST PROCESS

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| 10. | <b>Foundation Trust Update</b><br>To receive a report on the current position with the application | SA | Oral |
|-----|--|----|------|

## GOVERNANCE

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|-----|--|----|--------|
| 11. | <b>Charitable Funds Annual Accounts 2010/11</b><br>To approve the Charitable Funds Annual Accounts for 2010/11   | CS | TAB 8  |
| 12. | <b>7<sup>th</sup> July 2005 London Bombings Progress Update</b><br>To receive update on progress made against the action plan arising from the 7 <sup>th</sup> July 2005 London Bombings | MF | TAB 9  |
| 13. | <b>Standing Orders and Standing Financial Instructions</b><br>To approve the amendments of the Standing Orders and Standing Financial Instructions                                       | SA | TAB 10 |
| 14. | <b>Report from Trust Secretary</b><br>To receive the report from the Trust Secretary on tenders received and the use of the Trust Seal   | SA | TAB 11 |
| 15. | <b>Any other business</b>  |    |        |
| 16. | <b>Questions from members of the public</b>  |    |        |
| 17. | <b>Date of next meeting</b><br>The next meeting of the Trust Board is on Tuesday 24 <sup>th</sup> January 2012.  |    |        |
| 18. | <b>Forward Planner</b><br>A copy of the forward planner is included in the pack for information.   | SA | TAB 12 |

**LONDON AMBULANCE SERVICE NHS TRUST**

**TRUST BOARD MEETING  
Part I**

DRAFT Minutes of the meeting held on Tuesday 29<sup>th</sup> November 2011 at 10:00 a.m.  
in the Conference Room, Fielden House, 28 London Bridge Street, London SE1 9SG

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**Present:**

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

**In Attendance:**

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

**Members of the Public:**

Lynne Strother	Patients Forum
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**Minute 131 only:**

Ken Beedle	Communications, Northrop Grumman
Megan Mitchell	Communications, Northrop Grumman
Russ Obert	Northrop Grumman
Ed Sturns	Northrop Grumman
Karen Williams	Chief Executive, Northrop Grumman

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**123. Welcome and Apologies**

- 123.1 Apologies had been received from Peter Bradley and Caroline Silver.
- 123.2 The Chair welcomed Martin Flaherty to the meeting, following his 18 month secondment to the National Ambulance Service in Ireland and Great Western Ambulance Service. The Chair also welcomed Anna Starling, NHS management trainee, who was observing today's meeting.

**124. Minutes of the Part I meeting held on 27<sup>th</sup> September 2011**

- 124.1 The minutes of the Part I meeting held on 27<sup>th</sup> September 2011 were approved subject to an amendment to paragraph 110.1.

**125. Matters Arising**

- 125.1 The Trust Board discussed the following matters arising:

- 125.2 **112.5:** The Chair reported that he had been discussing the NAO report on an ongoing basis with the Chief Executive and had agreed that this action should also include the Public Accounts Committee. The Chair commented that the Association of Ambulance Chief Executives also needed to develop an agenda in response to this report.
- 125.3 **116.2:** The Chair reported that Chris Hartley-Sharpe had given him an update on Community First Responders. This had been added to the Strategy Review and Planning Committee forward planner for 28<sup>th</sup> February 2012.

## **126. Report from Sub- Committees**

### Audit Committee on 4<sup>th</sup> October 2011 and 25<sup>th</sup> November 2011

- 126.1 Roy Griffins had chaired the Audit Committee meeting on 4<sup>th</sup> November and a written report had been provided to the Trust Board on the key items discussed. The Chair asked whether the Audit Committee was satisfied with the progress made in the development of local risk registers. Sandra Adams responded that the local risk registers were now in place for all departments and operational areas. The next stage was to undertake a quality assurance exercise to ensure the consistency of the registers and to monitor the actions identified to mitigate risks.
- 126.2 Brian Hockett reported that the Audit Committee had also met last week and had discussed the following:
- The top rated risks and progress against actions;
  - The update on progress against the internal audit plan;
  - The update on the last meeting of the Quality Committee, provided by the Chair of the Quality Committee;
  - Progress made in the implementation of the Government Banking System and an overview of cash management;
  - The Annual Audit Committee report for 2010/11 which had been presented to the Trust Board for noting at today's meeting.
- 126.3 Mike Dinan added that the Audit Committee had been unable to approve the Charitable Funds Annual Accounts for 2010/11 as staffside had not been in attendance at the Charitable Funds Committee and therefore the meeting had not been quorate.
- 126.4 The Chair asked whether the Audit Committee was satisfied with how the committee was operating from a governance perspective and whether there were any causes for concern. Brian Hockett responded that the committee's links with the Quality Committee were good, largely due to Beryl's attendance at meetings. Both RSM Tenon and the Audit Commission provided a good audit service, although there were some concerns about what would happen next year when the Audit Commission would cease to exist.
- 126.5 Roy Griffins commented that he was satisfied with the role of the Audit Committee, particularly as some of the burden had been alleviated with the establishment of the Finance and Investment Committee. His concerns were more around the continuing agenda to be managed by the Quality Committee.
- 126.6 The Chair noted these comments and suggested that the Trust Board take stock of the governance arrangements at a future Strategy Review and Planning Committee meeting.

### Strategy Review and Planning Committee on 1<sup>st</sup> November 2011

- 126.7 The Chair reported that the Strategy Review and Planning Committee meeting on 1<sup>st</sup> November

had been a useful meeting, which had helped to highlight some of the key issues discussed today. The Chair suggested that it might be useful to find more opportunities for the Strategy Review and Planning Committee to meet next year.

#### Quality Committee held on 10<sup>th</sup> November 2011

126.8 Beryl Magrath reported that, at the last meeting of the Quality Committee, a number of risks had been identified:

- Risk to patients and staff of late shift finish times. This issue would be picked up by the Clinical Quality, Safety and Effectiveness Committee;
- PRF management at station level. This was particularly concerning as the PRF was the only record that staff had attended patients;
- Risks to patients with addresses on the High Risk Register. The Governance and Compliance Team were in the process of identifying risks associated with the High Risk Register;
- Category C performance. The Medical Directorate had undertaken a review of response times for Category C4 patients, which had not highlighted any issues. This however remained a risk;
- Delivery to staff of priority training commitments and lack of attendance at training sessions;
- CPI audit feedback was poor in South and East Areas, although better in the West Area;
- CIP monitoring was not available to the Quality Committee and therefore the Committee was unable to comment on the effect on patient care;
- Outcome data remained an issue. This was key to the LAS demonstrating its increasing contribution to healthcare in London;
- Risk of non-achievement of next year's proposed CQUINs;
- Board understanding of Monitor's Quality Risk Framework. The Quality Committee requested an additional board development session to focus on this.

126.9 Beryl reported that the Quality Committee had received a short presentation on a patient story, which highlighted the risk of infection when using any invasive procedure. The Quality Committee had agreed that it would be beneficial for the Trust Board to receive a patient story at each of its meetings. The Chair agreed that this was a good idea and would help to focus Trust Board discussions. Steve Lennox agreed to follow this up. He suggested that the Quality Committee and the Clinical Quality, Safety and Effectiveness Committee should also receive patient stories, although not at every meeting.

**ACTION:** SL to look into options for presenting patient stories at Trust Board meetings.

**DATE OF COMPLETION:** 13<sup>th</sup> December 2011

126.10 Beryl reported that assurance could be drawn from the following:

- Compliance against the Information Governance Toolkit had improved from 61% to 71%;
- Murziline Parchment had been appointed as the non-executive director with responsibility for security management;
- Local risk registers had been developed;
- The Emergency Preparedness and Business Continuity Group were reviewing the preparation for a possible flu epidemic and industrial action;
- The management of the backlog of serious incidents was progressing well. The Quality Committee will receive a summary of trends from incidents and complaints at a future meeting.

126.11 It was agreed that the minutes of the Quality Committee meetings should be made available to the

Trust Board.

**ACTION:** FG to circulate the minutes of the Quality Committee meeting on 15<sup>th</sup> November to members of the Trust Board and to ensure that they are included in the Trust Board packs in future.

**DATE OF COMPLETION:** 13<sup>th</sup> December 2011

- 126.12 Sandra Adams reported that RSM Tenon would be undertaking an independent assessment of quality governance. The board development session would need to be held before the end of the year, as it would count towards the evidence for this review. The plan was to bring the outcome of this review to the Trust Board in January.

**ACTION:** FG to add the outcome of the independent assessment of quality governance to the forward planner for the January Trust Board meeting.

**DATE OF COMPLETION:** 13<sup>th</sup> December 2011

- 126.13 Caron Hitchen agreed to finalise a date for the Trust Board development session on quality governance.

**ACTION:** CH to finalise date for the Trust Board development session on quality governance.

**DATE OF COMPLETION:** 13<sup>th</sup> December 2011

- 126.14 There followed a discussion about the issue of outcome data and how this was essential for the LAS to be able to provide evidence of its contribution to patient outcomes and the wider healthcare system. The Chair commented that it was indicative of the whole system not being joined up and asked whether we could give more weight to these issues. It was suggested that this should be discussed at a future SRP meeting.

**ACTION:** FG to add the issue of outcome data to the forward planner for the Strategy Review and Planning Committee.

**DATE OF COMPLETION:** 13<sup>th</sup> December 2011

- 126.15 Murziline Parchment asked whether the Trust had approached the King's Fund to find out how they obtained data. Fiona Moore responded that the difficulties were with matching data with LAS data. Beryl Magrath commented that it might be worthwhile calling back those patients who had received hear and treat.

## **127. Chairman's Report**

- 127.1 The Chair reported that he had attended the Metropolitan Police Service Olympic sub-committee and had been asked to give assurance that the LAS was in good shape for next year's Olympic Games.

- 127.2 The Chair had also attended a rideout with South East Coast Ambulance Service and had visited an A&E department in the area. The Chair noted that there were many similarities between the LAS and South East Coast Ambulance Service, however he thought that patient experience at some A&E departments was below standard. Steve Lennox added that he had visited 12 A&E

departments and had observed a wide range of patient experience. This had resulted in actions for both the A&E departments and the LAS. The Chair commented that the whole process of patient handover at A&E departments needed improvement. There was good practice but this needed to be shared and standardised.

## 128. Update from Executive Directors

### Report from the Chief Executive Officer

128.1 Martin Flaherty reported the following:

- Performance was above trajectory for October and stood at 77.7% as of this morning;
- Category A demand continued to be high and was up by 11% on last year, whilst overall demand had decreased;
- The Category A trajectory was 70% for December, 77% for January and February and 70% for March 2012.

128.2 Jessica Cecil noted that the increase in Category A demand had been sustained for some months now and asked what the plan would be if this became business as usual. Martin Flaherty commented that commissioning negotiations focussed on overall demand and did not take into account Category A demand. The rise in Category A demand was being experienced nationally and therefore this point needed to be emphasised with the commissioners.

128.3 Murziline Parchment noted that use of the Demand Management Plan (DMP) was reported in the report from the Chief Executive Officer, however there was no indication of how often it would need to be deployed before it represented a risk to the organisation. Murziline also asked whether it was possible going forward to plan the use of the DMP. Fionna Moore responded that the DMP was developed last December to respond to the winter pressures caused by severe weather. It was deployed extensively in December 2010 but was used very little until October this year. The increased usage of the DMP this year had prompted the decision to defer student training. This had resulted in the DMP being used much less frequently in recent weeks.

128.4 Martin Flaherty stated that the DMP should be used only for unforeseen temporary increases in demand. Performance planning needed to be robust and the default position should be that the DMP was only deployed in extreme circumstances.

128.5 The Chair commented that it would be useful for the Trust Board to have a graph which showed hours produced against use of the DMP as there was clearly a direct correlation between the two.

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

**DATE OF COMPLETION:** 24<sup>th</sup> January 2012

128.6 Roy Griffins commented that he found the Report from the Chief Executive very detailed and that it would be helpful if the front sheet drew attention to any points of concern and any successes. Roy reminded the Trust Board of the proposal made by the SRP for the balanced scorecard to become the Trust Board's primary review document. The Chair agreed to discuss this with Peter Bradley.

**ACTION:** RH to discuss with Peter Bradley the decision to use the balanced scorecard as the primary review document for the organisation and how this would be taken forward in practice.

**DATE OF COMPLETION:** 13<sup>th</sup> December 2011

128.7 Beryl Magrath stated that she was concerned about the low level of PDRs completed, particularly for operational staff. Caron agreed that this was an issue and that the aim this year had been to improve PDR completion by 10%. The HR team had discussed with operational managers how this could be addressed. Caron stated that she wanted to maintain the quality of PDRs, otherwise staff would not benefit from the process.

#### Report from the Director of Finance

128.8 Mike Dinan reported the following:

- The Trust reported a surplus of £226k for the month against a planned surplus of £205k;
- Year to date, the Trust was reporting a £1477k surplus against plan of £2654k;
- The financial risks remained the same, although there was an increased risk of needing more overtime hours due to increased pressure on the system.

128.9 Beryl Magrath asked Mike Dinan how confident he was that the HMRC would repay the VAT on the sale and lease back of ambulances. Mike responded that he was reasonably confident that the Trust would receive this money.

128.10 Mike Dinan agreed to circulate the appendix on CQUIN risks to members of the Trust Board.

**ACTION:** MD to circulate the appendix on CQUIN risks to member of the Trust Board.

**DATE OF COMPLETION:** 13<sup>th</sup> December 2011

128.11 The Chair summarised the conversation by stating that the report gave the Trust Board assurance that the Trust was on track, although there were some risks. The position was comparable to that of last month's.

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

129.1 Fiona Moore reported the following:

- A Rule 43 report had been issued to NHS Direct and the LAS relating to passing information between the two parties. As a result, staff were reminded about the procedure for assessing patients for wound infections;
- Work was continuing on the review of the High Risk Register. The group reviewing the remaining addresses on the register was still concerned about the accuracy of the data and therefore this had delayed any letters being sent out. This issue would be discussed further by the Senior Management Group;
- All consultation meetings had taken place and key clinical messages had been delivered to staff, particularly around cardiac, trauma and stroke care and the use of appropriate care pathways;
- The Medical Directorate was looking to simplify the questioning tool used by clinical advisors for patients in labour;
- There had been no controlled drugs incidents since the last report although one incident relating to the incorrect administration of a vaccine was reported.

129.2 The Trust Board noted this report.

### **130. LAS Objectives – Month 7 Progress Report**

130.1 The Trust Board had been provided with an update on progress against the LAS Objectives for



2011/12. Martin Flaherty reported that seven of the objectives were on track and two had been identified as not being delivered in 2011/12. These were:

- Implementation of NHS Pathways;
- Successfully achieve NHS Foundation Trust status.

130.2 Jessica Cecil asked whether the implementation of NHS Pathways would be put on hold indefinitely or just for this year. Lizzy Bovill responded that SMG had reviewed the CQUIN and had made a decision, from a patient safety perspective, that NHS Pathways was not a suitable tool to implement in Clinical Telephone Advice. Work was being undertaken to assess the impact of implementing NHS Pathways into the 999 system. Jessica Cecil asked whether this would impact upon LAS' ability to position itself as the coordinator of the wider NHS system. Lizzy Bovill reported that this would not be affected as long as the LAS could connect to the Directory of Service. It did, however, impact upon the LAS becoming a 111 provider.

130.3 Martin Flaherty added that South East Coast Ambulance Service and South West Ambulance Service had experienced difficulties in implementing NHS Pathways and therefore it was questionable whether this was the right tool.

130.4 In response to a question about 111, Lizzy Bovill reported that tender submissions to Croydon and East London and the City had been unsuccessful due to a higher price per call. This was due to the inner London high cost of living allowance and agenda for change terms and conditions. It was noted that North East Ambulance Service had been successful in their bid for 111 provision, but it was recognised that they did not have to pay the high cost of living allowance and they had been using NHS Pathways for some time.

130.5 The Chair noted that there had been some slippage against a number of the objectives and asked whether this was indicative of the difficulties of managing an 18 objective agenda. He therefore advised the Senior Management Group to prioritise objectives and take stock mid-year on which objectives could realistically be achieved.

130.6 Murziline Parchment suggested that the Report from the Chief Executive Officer should only cover progress against the objectives and additional issues as an exception.

## **131. CommandPoint Update**

131.1 Peter Suter reported the following:

- The first stage of the transition to go-live commenced on schedule and a technical dry run was completed successfully on the night of 28<sup>th</sup>/29<sup>th</sup> November;
- A live run had been planned for next week, but this had been postponed due to the fact that functional faults had been found during testing. This would instead be replaced by an additional technical dry run;
- Version 1.2 of the system had been delivered on schedule. Scenario based testing on the system identified a number of issues, which were discussed by the project board. Due to the level of faults, the project board agreed that staff could not be trained on this version of the software. This would inevitably have a knock-on effect on the overall timetable, but the project board believed that this was the right decision;
- Replanning activity had taken place since the project board meeting, which had identified six priorities, focussed on achieving go live in March 2012;
- Four risks had been identified which had a rating of 25. Three of which should be mitigated once replanning was complete and testing commenced. The Trust Board should however be aware of risk 149 of not being able to accept go live on 14 March due to operational performance pressures;
- The revised plan maintains the original go live date of 14<sup>th</sup> March, but recommends that the

Trust Board consider a contingency plan eg that an additional live run takes place on 14<sup>th</sup> March and the final live run takes place on 28<sup>th</sup> March. The later implementation date had the advantage of spreading the impact on performance over two years;

- The Trust Board was also recommended to seek assurance on the ability of CTAK to maintain service throughout this period.

- 131.2 Karen Williams reported that she agreed with the six priorities identified. She had been pleased with the scenario based testing and recommended that this was undertaken on the next version of the software. Northrop Grumman had repaired the four critical faults which had been identified on the night of 8<sup>th</sup> June and since then had been working to deliver additional enhancements. The next build would be delivered next week. Ed Sturns added that the plan was on track, although he was disappointed at not being able to meet the live run as planned next week. He was however satisfied with the scenario based testing.
- 131.3 Murziline Parchment asked what impact there would be on training. Peter Suter responded that the LAS would need to work with Northrop Grumman to ensure that the system was fit for purpose for training. The training plan would commence on 2<sup>nd</sup> January 2012, but this did not allow for any contingency.
- 131.4 Brian Hockett asked whether the recovery period would be shorter if implementation was later than planned. Peter Suter responded that it might give some benefit, but it would not make a significant difference.
- 131.5 It was noted that the Queen's Diamond Jubilee celebrations would take place eight weeks after the proposed implementation date and Brian Hockett asked whether this timescale would be sufficient to recover 100% efficiency. Peter Suter responded that this timeframe should be sufficient.
- 131.6 Jessica Cecil stated that she wanted assurance from Northrop Grumman that they were working collaboratively with LAS and did not consider that the LAS had made unreasonable demands of them. Jessica stated that she would prefer not to use the term 'enhancements' as this implied that they were discretionary when in fact they were core to the system.
- 113.7 Beryl Magrath asked about the morale of the staff and whether training would have an impact on this. Peter Suter responded that the project board had spent a significant amount of time discussing training and had agreed the importance of ensuring the training was right to ensure that it did not have a negative impact on staff.
- 113.8 Beryl asked how much the additional training had cost the Trust. Peter Suter stated that all additional costs were being tracked and for commercial reasons he did not want to state them publicly. He would discuss this privately with Beryl outside of the meeting.

**ACTION:** PS to discuss with Beryl Magrath the cost of additional training.

**DATE OF COMPLETION:** 13<sup>th</sup> December 2011

- 113.9 Martin Flaherty commented that a number of high priority faults had been identified on version 1.2 of the system which had meant that it had been necessary to postpone training. As a result, the overall critical timeline had been delayed. In light of this, Martin asked what Northrop Grumman was doing to ensure the quality of version 1.3 of the system was exactly where it needed to be. Ed Sturns responded that Northrop Grumman had reviewed the processes for testing and implementing changes. This had resulted in an independent review of the system and scenario based testing. Ed acknowledged that it was disappointing to find faults in the system at this late stage, but there was sufficient time to rectify them prior to final go live. Three senior users from LAS had visited Northrop Grumman to test functions including auto-dispatch, a process that had

proved successful.

- 113.10 Mike Dinan stated that he was disappointed with the latest version of the software which for him highlighted concerns with Northrop Grumman as a supplier. Karen Williams responded that Northrop Grumman had enhanced its testing and that this opinion was supported by Dr Neil Seigal.
- 113.11 The Chair stated that it was very disappointing to find ourselves in this position. The project commenced in 2008 and yet the LAS was still in the position of having to demand essentials to the system. The project was taking longer than was ever anticipated. The Chair reiterated the point that the LAS would not compromise patient safety and the successful support of major events in London next year. The Trust Board had causes for concern and would need to make fundamental decisions over the course of the next few weeks. It was particularly concerning to find that version 1.2 of the software had faults to the extent that training had to be deferred.
- 113.12 Peter Suter stated that the recommendations put forward to the Trust Board did not need to be agreed today, but could be discussed at a future meeting.

### **132. Foundation Trust Update**

- 132.1 Sandra Adams reported that the Integrated Business Plan and the Long Term Financial Model had been submitted to NHS London on 4<sup>th</sup> November. They had identified a number of discrepancies between the two documents, which had resulted in a delay to the application of one month. Sandra and Mike were asked to meet with NHS London to undertake a page turn review of the documents and the LAS and SHA have been working over the past two weeks to address any remaining issues. Version 9 of the IBP was submitted to NHS London yesterday. Sandra was now awaiting feedback by the end of this week as to whether there were any remaining issues which could potentially further delay the application.
- 132.2 Sandra stated that the next step was to prepare for the Monitor stage. RSM Tenon had agreed to undertake the independent review of quality governance. The Trust Board would be asked to approve the constitution and governance rationale at today's meeting.
- 132.3 The Chair expressed his gratitude to everyone who had worked on the IBP and LTFM to make the required changes.

### **133. Constitution and Governance Rationale**

- 133.1 Sandra Adams reported that the constitution and governance rationale had been updated following comments made at the Strategy Review and Planning Committee. She had also asked Capsticks to review the documents and she had cross-referenced them with the constitutions of other NHS trusts. Sandra had circulated the updated documents prior to the Trust Board meeting and had received support for the proposed changes.
- 133.2 Sandra added that the revised Standing Orders and Standing Financial Instructions were due to be approved by the Trust Board next month. Capsticks recommended that the Trust establish short order standing orders which allow for greater flexibility for making amendments, without recourse to the Council of Governors.
- 133.3 The Trust Board approved the Constitution and Governance Rationale.

### **134. Minutes of the Annual General Meeting on 27<sup>th</sup> September 2011**

- 134.1 Murziline Parchment noted that a question had been asked of Steve Lennox regarding engagement with disability groups and asked whether there were plans to engage these groups in the development of the Equality and Inclusion Strategy. Caron Hitchen responded that the Trust had

consulted with the Employers' Forum for Disability and would consult with the Learning Disability Group.

- 134.2 The minutes of the Annual General Meeting on 27<sup>th</sup> September 2011 were agreed by the Trust Board, subject to an amendment to paragraph 7.1.

**135. Senior Management Group Effectiveness Review**

- 135.1 The Chair reported that the internal audit on Senior Management Group effectiveness had been commissioned by the Audit Committee. This had been a useful exercise and some of the recommendations made could be considered for the Trust Board.
- 135.2 Sandra Adams reported that the review and the report took some considerable time to complete. The areas identified for improvement had already been picked up by the Senior Management Group, but this document gave assurance that an action plan was in place to address these issues. The Senior Management Group was also planning to undertake a self-assessment exercise.
- 135.3 It was agreed that an update on progress made against the action plan should be added to the Strategy Review and Planning Committee forward planner.

**ACTION:** FG to add an update on progress made against the action plan for the SMG effectiveness review to the forward planner of the Strategy Review and Planning Committee.

**DATE OF COMPLETION:** 13<sup>th</sup> December 2011

**136. Annual Audit Committee Report 2010/11**

- 136.1 Roy Griffins noted that the Annual Audit Committee report for 2010/11 had been approved by the Audit Committee at its last meeting on 25<sup>th</sup> November 2011.
- 136.2 The Trust Board noted the Annual Audit Committee report for 2010/11.

**137. Report from the Trust Secretary**

- 137.1 The Trust Board noted the report from the Trust Secretary.

**138. Forward Planner**

- 138.1 Roy Griffins asked whether the Trust Board would receive an update on CommandPoint at its meeting on 24<sup>th</sup> January 2012. Peter Suter confirmed that the Trust Board would receive an update, but that the timetable would not be at a stage where it was possible to give the Trust Board a sufficient level of assurance for agreement for go live. The Chair suggested that the Trust Board might therefore need to consider holding an exceptional meeting to discuss CommandPoint.

**139. Any other business**

- 139.1 Caron Hitchen reported that the LAS had reached an agreement with UNISON regarding emergency cover arrangements for the day of national strike action on 30<sup>th</sup> November 2011. This would protect patients in those categories that we deem to be an emergency. A bulletin had been sent to staff this morning explaining these arrangements and management had received a briefing.
- 139.2 The Chair asked whether the Trust would be able to maintain its essential core emergency response throughout the day. Caron responded that this was the anticipation although

acknowledged that the day would be difficult and the Trust would be under significant pressure. However, she believed that a satisfactory agreement had been reached with the unions to provide this core emergency response.

**140. Questions from members of the Public**

140.1 Lynn Strother acknowledged that the Trust faced significant difficulties but acknowledged the good work that was going on. The Chair agreed that the Trust Board also needed to recognise the positive aspects and the Trust's achievements, particularly in times of emergency.

**141. Date of next meeting**

141.1 The next meeting of the Trust Board will take place on Tuesday 24<sup>th</sup> January 2012.

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Signed by Trust Chairman

DRAFT

**ACTIONS**  
 from the Meeting of the Trust Board of Directors of  
**LONDON AMBULANCE SERVICE NHS TRUST**  
 held on 27<sup>th</sup> September 2011

<u>Meeting Date</u>	<u>Minute Date</u>	<u>Action Details</u>	<u>Responsibility</u>	<u>Progress and outcome</u>
03/02/11	<u>19.1</u>	<p><b><u>Questions from members of the public</u></b></p> <p>AP to look into publicising case studies of patients who had received better clinical care as a result of being referred to an appropriate care pathway.</p>	AP	<p>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.</p>
28/06/11	<u>67.3</u>	<p><b><u>Chairman's Report</u></b></p> <p>RH to discuss world cities benchmarking with FM.</p>	RH/FM	<p>The Chairman was yet to meet with Fiona 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.</p>
27/09/11	<u>109.9</u>	MD to circulate the CQUINs and their worth to members of the Trust Board.	MD	

<u>Meeting Date</u>	<u>Minute Date</u>	<u>Action Details</u>	<u>Responsibility</u>	<u>Progress and outcome</u>
27/09/11	<u>112.5</u>	RH/PB to meet to discuss whether there was anything further the Trust could be doing to meet the recommendations made by the NAO report.	RH/PB	The Chair had been discussing the NAO report with Peter Bradley on a regular basis and had agreed that this action should also include the Public Accounts Committee. The Association of Ambulance Chief Executives also needed to develop an agenda in response to the report.
29/30/11	<u>126.9</u>	SL to look into options for presenting patient stories at Trust Board meetings.	SL	
29/30/11	<u>126.11</u>	FG to circulate the minutes of the Quality Committee meeting on 15 <sup>th</sup> November to members of the Trust Board and to ensure that they are included in the Trust Board packs in future.	FG	
29/30/11	<u>126.12</u>	FG to add the outcome of the independent assessment of quality governance to the forward planner for the January Trust Board meeting.	FG	Action complete.
29/30/11	<u>126.13</u>	CH to finalise date for the Trust Board development session on quality governance.	CH	
29/30/11	<u>126.14</u>	FG to add the issue of outcome data to the forward planner for the Strategy Review and Planning Committee.	FG	Added to SRP on 28 <sup>th</sup> February 2012. Action closed.
29/30/11	<u>128.5</u>	MF to provide the Trust Board with a graph which showed hours produced against use of the DMP.	MF	
29/30/11	<u>128.6</u>	RH to discuss with Peter Bradley the decision to use the balanced scorecard as the primary review document for the organisation and how this would be taken forward in practice.	RH	
29/30/11	<u>128.10</u>	MD to circulate the appendix on CQUIN risks to member of the Trust Board.	MD	

<u>Meeting Date</u>	<u>Minute Date</u>	<u>Action Details</u>	<u>Responsibility</u>	<u>Progress and outcome</u>
29/30/11	<u>313.8</u>	PS to discuss with Beryl Magrath the cost of additional training.	PS	
29/30/11	<u>135.3</u>	FG to add an update on progress made against the action plan for the SMG effectiveness review to the forward planner of the Strategy Review and Planning Committee.	FG	Added to SRP on 28 <sup>th</sup> February 2012. Action closed.





**LONDON AMBULANCE SERVICE TRUST BOARD**

**DATE: 13<sup>TH</sup> DECEMBER 2011**

**PAPER FOR NOTING**

<b>Document Title:</b>	<b>Chairman's report on Finance and Investment committee</b>
<b>Report Author(s):</b>	<b>Richard Hunt</b>
<b>Lead Director:</b>	<b>N/A</b>
<b>Contact Details:</b>	
<b>Why is this coming to the Trust Board?</b>	<b>To receive an update on the key items reviewed and discussed at the Finance and Investment Committee meeting on 28<sup>th</sup> November</b>
<b>This paper has been previously presented to:</b>	<input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Other
<b>Recommendation for the Trust Board:</b>	<b>To note progress in the development of this meeting. The role of the finance and Investment Committee continues to evolve ready for the future status of being a Foundation Trust.</b>

**Executive Summary**

The following was discussed and full details are available from the minutes of the meeting.

1. The committee noted current progress on the previously approved business cases for:
  - a) Sale and lease back/remount update of the vehicle fleet
  - b) West area workshop project following further feedback from the SHA
2. Consideration of new business cases with approval granted to proceed to the next stage for:
  - a) the dual control room project
  - b) acquisition of 22 ambulances in 2012/13 – the first tranche of fleet renewal in that year.
  - c) to note the proposal for the acquisition of 30 FRUs based on a new vehicle specification.
3. The committee received a report on the cash and liquidity position following the fresh requirements from the Department of Health
4. A brief discussion took place on the proposed commercial position with regard to commissioning intentions and contracting for 2012/13
5. The committee received a report on the bids for pilot running of the 111 contract for Croydon and East London. The LAS was not successful in either of these tenders and the committee noted the need to discuss this in more detail at a further strategy review meeting.

The next meeting is due to be held on 17<sup>th</sup> January 2012 with a routine report to the board meeting on 24<sup>th</sup> January 2012.

**Attachments**

None.

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**Strategic Goals 2010 – 13**

This paper supports the achievement of the following corporate objectives:

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

**Risk Implications**

This paper supports the mitigation of the following strategic risks:

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

**NHS Constitution**

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- 7. The NHS is accountable to the public, communities and patients that it serves.

**Equality Impact Assessment**

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:



## LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 13<sup>TH</sup> DECEMBER 2011

### PAPER FOR NOTING

<b>Document Title:</b>	<b>Chairman's report</b>
<b>Report Author(s):</b>	<b>Richard Hunt</b>
<b>Lead Director:</b>	
<b>Contact Details:</b>	
<b>Why is this coming to the Trust Board?</b>	<b>To update the board on recent activity</b>
<b>This paper has been previously presented to:</b>	<input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Other
<b>Recommendation for the Trust Board:</b>	<b>To note the report</b>
<b>Executive Summary</b> <ul style="list-style-type: none"><li>• Following the recent board meeting, met with Northrop Grumman, including Sir Nigel Essenhigh to review plans for Go Live 2 in the light of software issues associated with the most recent release.</li><li>• On Wednesday 30<sup>th</sup>, in the office to support management team during a very difficult day.</li><li>• Held meeting of the Ambulance Trust Chairs to discuss picture on 111 tenders, how to restructure representation with the ASN and AACE plus other issues of common interest with a view to developing a fresh agenda for 2012.</li><li>• Commenced review of board agenda and structure of reports with a view to amending the approach ready for early 2012. This follows discussions at the board meeting held on 29 November.</li></ul>	
<b>Key issues for the Trust Board</b> <p>To understand the issues arising from Wednesday 30<sup>th</sup> November.</p>	
<b>Attachments</b> <p>None.</p>	

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**Equality Impact Assessment**

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:



**LONDON AMBULANCE SERVICE TRUST BOARD**

**DATE: 13<sup>TH</sup> DECEMBER 2011**

**PAPER FOR NOTING**

<b>Document Title:</b>	<b>Clinical Quality and Patient Safety report</b>
<b>Report Author(s):</b>	<b>Dr Fiona Moore</b>
<b>Lead Director:</b>	<b>Dr Fiona Moore</b>
<b>Contact Details:</b>	
<b>Why is this coming to the Trust Board?</b>	<b>For information and noting</b>
<b>This paper has been previously presented to:</b>	<input type="checkbox"/> Strategy Review and Planning Committee <input checked="" type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input checked="" type="checkbox"/> Other <b>Elements of this report have been discussed at CQSEC, Quality Committee CARSG and SMG</b>
<b>Recommendation for the Trust Board:</b>	<b>That the Board considers and notes this report</b>
<b>Executive Summary/key issues for the Trust Board</b>	
<p><b>Safety:</b></p> <ol style="list-style-type: none"> <li>Four CAS alerts since the November report. Implications of one alert being assessed by the Estates Department.</li> </ol> <p><b>Clinical and cost effectiveness:</b></p> <ol style="list-style-type: none"> <li>The use of the Demand Management Plan (DMP) in November is presented. Excluding use on 30<sup>th</sup> November, during the period of Industrial Action, DMP in place for fewer hours than October, and at much lower levels.</li> <li>Executive summary of cycle 6 of the National Clinical Performance indicators reported.</li> </ol> <p><b>Governance:</b></p> <ol style="list-style-type: none"> <li>Limited assurance provided on the management of medicines, including both Controlled and General Drug issues. No incidents relating either to Controlled Drugs or General Drugs to report.</li> </ol> <p><b>Care Environment and Amenities</b></p> <ol style="list-style-type: none"> <li>Improved rates of staff vaccination against seasonal flu compared with 2010.</li> </ol>	
<p><b>Attachments</b> Executive summary from cycle 6 of the National Clinical Performance Indicators.</p>	

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- To be efficient and productive in delivering our commitments and to continually improve

**Risk Implications**

This paper supports the mitigation of the following strategic risks:

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

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**Equality Impact Assessment**

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:



## LONDON AMBULANCE SERVICE TRUST BOARD (pt 1)

13 DECEMBER 2011

### PAPER FOR DECISION

<b>Document Title:</b>	<b>CommandPoint Update</b>
<b>Report Author(s):</b>	<b>Peter Suter, Director of Information Management and Technology</b>
<b>Lead Director:</b>	<b>Peter Suter, Director of Information Management and Technology</b>
<b>Contact Details:</b>	<b>Peter.suter@lond-amb.nhs.uk</b>
<b>Why is this coming to the Trust Board?</b>	<b>To provide an update of progress on the CommandPoint project.</b>
<b>This paper has been previously presented to:</b>	<input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Group <input type="checkbox"/> Risk Compliance and Assurance Group
<b>Recommendation for the Trust Board:</b>	<b>That the Trust Board considers;</b> <ul style="list-style-type: none"><li>• <b>Directing an additional live run to be added at the end of the current schedule on 27/28 March. This would become the new stay live date.</b></li><li>• <b>A review meeting w/c 13 February.</b></li></ul>
<b>Executive Summary:</b>  Two technical cut-over exercises have been successfully completed with CommandPoint. There is a plan to deliver a full go live within the current 14 March timeframe, however there is no contingency within the plan. Key dates have been mapped for the Trust Board to progressively gain assurance in January & February 2012, or invoke the contingency plan with CTAK in time for the Olympics.	
<b>Key issues for the Trust Board</b>  Recommendations as detailed.	
<b>Attachments</b>  None.	

**Strategic Goals 2010 – 13**

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**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

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**Equality Impact Assessment**

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:  
None.





## LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 13<sup>TH</sup> DECEMBER 2011

### PAPER FOR APPROVAL

<b>Document Title:</b>	<b>Charitable Funds Annual Report and Accounts 2010/11</b>
<b>Report Author(s):</b>	<b>Michael John, Financial Controller</b>
<b>Lead Director:</b>	<b>Mike Dinan, Director of Finance</b>
<b>Contact Details:</b>	<a href="mailto:Michael.john@lond-amb.nhs.uk">Michael.john@lond-amb.nhs.uk</a>
<b>Why is this coming to the Trust Board?</b>	<b>Compliance with Standing Orders</b>
<b>This paper has been previously presented to:</b>	<input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input checked="" type="checkbox"/> Other Charitable Funds Committee
<b>Recommendation for the Trust Board:</b>	<b>To approve the Charitable Funds Annual Report and Accounts 2010/11</b>
<b>Executive Summary</b> <p>The purpose of this report is to present the Annual Report and Audited Accounts of the London Ambulance Service NHS Trust Charitable Fund for 2010/11 and the Annual Governance Report (AGR) to the Charitable Funds Committee.</p> <ul style="list-style-type: none"><li>As the corporate trustee's of the LAS charity, we have a statutory requirement to publish, an annual report and accounts to include the annual report; the primary financial statements and notes; a statement on the trustee's responsibilities and audit opinion and report.</li><li>The minimum content for the annual report is set out in the Charities SORP 2005.</li><li>The financial statements are in accordance with the Charities Act 1993.</li><li>The Trust is required to submit the Charities annual report and audited accounts to the Charity Commission on or before 31<sup>st</sup> January 2012.</li><li>The Audit Commission our external auditors gave the annual accounts a clean opinion.</li><li>The total incoming resources were £11k; this was £2k lower than last year.</li><li>The total resources expended were £72k; this was £1k higher than last year.</li><li>The net incoming/ (outgoing) resources were (£61k); this was £3k higher than year.</li><li>The value of investments decrease by £69k.</li></ul>	
<b>Key issues for the Trust Board</b>	
<b>Attachments</b> <ul style="list-style-type: none"><li>Charitable Funds Annual Report 2010/11</li><li>Charitable Funds Annual Accounts 2010/11</li><li>Annual Governance Report 2010/11</li></ul>	

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**Equality Impact Assessment**

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:



**LONDON AMBULANCE SERVICE TRUST BOARD**

DATE: 13<sup>TH</sup> DECEMBER 2011

**PAPER FOR NOTING**

<b>Document Title:</b>	<b>Update on progress with 7/7 Action Plan</b>
<b>Report Author(s):</b>	<b>Jason Killens, Deputy Director of Operations</b>
<b>Lead Director:</b>	<b>Martin Flaherty, Deputy Chief Executive</b>
<b>Contact Details:</b>	
<b>Why is this coming to the Trust Board?</b>	<b>For information and noting</b>
<b>This paper has been previously presented to:</b>	<input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Other
<b>Recommendation for the Trust Board:</b>	<b>To note the report</b>
<p><b>Executive Summary</b></p> <p>The 7th July 2005 Action Plan has been reviewed by SMG on December</p> <p>The plan contains 29 agreed actions and progress is as follows:</p> <p>20 Actions are now signed off as complete</p> <p>8 actions have been subject to some delay and revised delivery dates are being agreed with the COO. Of these 5 are related to technical changes which will be brought live once Command Point has been implemented and which cannot be delivered separately in the current CTAK environment.</p> <p>The remaining action involved the appointment of a full time training position within Emergency Planning and it has been agreed that given the current CIP challenges this will be dropped and the work delivered through an alternative approach.</p> <p>Further detail and debate will be facilitated in Part 2 of the Board meeting should it be required.</p>	
<p><b>Attachments</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul>	

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**Equality Impact Assessment**

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:



**LONDON AMBULANCE SERVICE TRUST BOARD**

**DATE: 13<sup>TH</sup> DECEMBER 2011**

**PAPER FOR APPROVAL**

<b>Document Title:</b>	<b>Standing Orders, Reservation and Delegation of Powers of the Trust Board Directors; Standing Financial Instructions</b>
<b>Report Author(s):</b>	<b>Sandra Adams</b>
<b>Lead Director:</b>	<b>Sandra Adams/Mike Dinan</b>
<b>Contact Details:</b>	<b>Sandra.adams@lond-amb.nhs.uk</b>
<b>Why is this coming to the Trust Board?</b>	<b>For approval following amendments to the previous versions dated September 2010 (SOs) and July 2010 (SFIs)</b>
<b>This paper has been previously presented to:</b>	<input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Other
<b>Recommendation for the Trust Board:</b>	<b>To agree to the highlighted changes and to approve the documents for publication on the Trust website</b>
<p><b>Executive Summary</b></p> <p>Both documents were updated and approved by the Trust Board in 2010. Since then there have been a number of changes to board committees with the inclusion of the Finance and Investment Committee and changes to terms of reference for the Audit, Quality and Remuneration and Nominations committees. These are the main amendments within the Standing Orders.</p> <p>The Standing Financial Instructions have been updated to include the Government Banking System and to reflect the updated terms of reference for the Remuneration and Nominations committee (specifically pages 30/31 SFI 11.1.3). SFI 22 has been updated to make specific reference to Section 10, Appendix IX of the Standing Orders concerning the acceptance of gifts, and to the Trust's Anti-Bribery policy.</p> <p>Amendments are highlighted throughout both documents.</p>	
<p><b>Key issues for the Trust Board</b></p> <p>Both documents are key governance documents determining the rules and conduct of the Trust Board and the organisation. With the introduction of the Bribery Act 2010 it is important that the Trust Board and Trust employees uphold the highest standards of business conduct.</p>	
<p><b>Attachments</b></p> <p>Standing Orders, Reservation and Delegation of Powers of the Trust Board Directors – December 2011;            Standing Financial Instructions – December 2011</p>	

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**Equality Impact Assessment**

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:



## LONDON AMBULANCE SERVICE TRUST BOARD

13<sup>TH</sup> DECEMBER 2011

### Compliance with Standing Orders and Standing Financial Instructions

<b>Document Title:</b>	<b>Trust Secretary Report</b>
<b>Report Author(s):</b>	<b>Sandra Adams</b>
<b>Lead Director:</b>	<b>Sandra Adams</b>
<b>Contact Details:</b>	<b>Sandra.adams@lond-amb.nhs.uk</b>
<b>Why is this coming to the Trust Board?</b>	<b>Compliance with Standing Orders</b>
<b>This paper has been previously presented to:</b>	<input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Group <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Other
<b>Recommendation for the Trust Board:</b>	<b>To be advised of the tenders received and entered into the tender book and the use of the Trust Seal since 22<sup>nd</sup> November and to be assured of compliance with Standing Orders and Standing Financial Instructions</b>
<b>Executive Summary</b>  No tenders have been received since 22 <sup>nd</sup> November 2011.  There has been one entry to the Register for the Use of the Trust Seal: <ul style="list-style-type: none"><li>Lease for Unit 4 Deptford Trading Estate – between Brixton Limited and London Ambulance Service NHS Trust.</li></ul>	
<b>Key issues for the Trust Board</b>  This report is attended to inform the Trust Board about key transactions thereby ensuring compliance with Standing Orders and Standing Financial Instructions.	
<b>Attachments</b>  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 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: