London Ambulance Service NHS
NHS Trust

TRUST BOARD

Meeting to be held at 10.00am on Tuesday 30th November 2010
Conference Room, LAS Headquarters, 220 Waterloo Road, London SE1 8SD

Peter Bradley
Chief Executive Officer

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AGENDA

			TAB
1.	**Welcome and apologies for absence**		
2.	**Minutes of the Part I meeting held on 28th September 2010** To approve the minutes of the meeting held on 28th September 2010		TAB 1
3.	**Matters arising** Actions from previous meetings	All	TAB 2
4.	**Report from sub-committees** To receive a report from the following committees:		
	4.1 Audit Committee on 8th November 2010	CS	To Follow
	4.2 Quality Committee on 24th November 2010	BM	Oral
5.	**Chairman's Report** To receive a report from the Trust Chairman on key activities	RH	Oral
6.	**Update from executive directors** To receive reports from Executive Directors on key matters		
	6.1 Chief Executive Officer	PB	TAB 4
	6.2 Finance Director including Cost Improvement Plan	MD	TAB 5
7.	**Clinical quality and patient safety report** To receive the monthly report on clinical quality and patient safety	FM	TAB 6

STRATEGIC AND BUSINESS PLANNING

8.	**Emergency Preparedness Strategy** To approve the Emergency Preparedness Strategy	RW	TAB 7
9.	**Service Improvement Programme** To note progress made with the Service Improvement Programme	PB	TAB 8

FOUNDATION TRUST PROCESS

10.	**Feedback from Historical Due Diligence assessment** To note the outcome of the process and to consider the next steps to prepare for the foundation trust application	SA	TAB 9
11.	**Integrated Business Plan and Long Term Financial Model** To note the progress made in developing the Integrated Business Plan and the Long Term Financial Model following the external review by NHS London	SA/ MD	TAB 10
12.	**Membership Strategy** To approve the NHS Foundation Trust Membership Strategy	SA	TAB 11

GOVERNANCE

13.	**Board Assurance Framework and Corporate Risk Register** To review the Board Assurance Framework and Corporate Risk Register	SA	TAB 12
14.	**Safeguarding Update** To receive an update on safeguarding	SL	TAB 13
15.	**Charitable Funds Annual Report and Accounts for year-ending 31st March 2010** To approve the Charitable Funds Annual Report and Accounts for year ending 31st March 2010	CS	TAB 14
16.	**Q2 Governance and Finance Declaration** To note the submission made to NHS London	SA	TAB 15
17.	**Report from Trust Secretary** To note the report from the Trust Secretary	SA	TAB 16
18.	**Forward Planner** To review the Trust Board forward planner and agree items for future meetings	SA	TAB 17
19.	**Questions from members of the public**		
20.	**Any Other Business**		
21.	**Date of next meeting** **The next public Trust Board meeting will be held on Tuesday 14th December 2010** *There will be a further meeting of the Trust Board from 14.00 – 16.00 on 30th November 2010 to receive the formal report from Grant Thornton on the outcome of Due Diligence stage one.*		

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD MEETING
Part I

Minutes of the meeting held on Tuesday 28th September 2010 at 10:00 a.m.
in the Conference Room, LAS HQ, 220 Waterloo Road, London SE1 8SD

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Present:

Richard Hunt	Chair
Peter Bradley	Chief Executive Officer
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
Sarah Waller	Non-Executive Director
Nigel Walmsley	Non-Executive Director

In Attendance:

Sandra Adams	Director of Corporate Services
Lizzy Bovill	Deputy Director of Strategic Development
Jessica Cecil	Associate Non-Executive Director
Gemma Fletcher-Smith	Project Officer
Francesca Guy	Committee Secretary (minutes)
Alan Hay	Northrop Grumman
John Hopson	Assistant Director of Operations (EOC)
Jason Killens	Deputy Director of Operations
Angie Patton	Head of Communications
Peter Suter	Director of Information Management and Technology

Members of the Public:

Joseph Healy	Chair of Patients Forum
Diane Kaye	Member of the Public
Vanessa Kaye	Member of the Public

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112/10. **Welcome and Apologies**   **Action**

Apologies had been received from Richard Webber, Jason Killens was attending on his behalf.

The Chair welcomed Steve Lennox to his first meeting of the Trust Board. Steve Lennox had recently joined the Trust as Director of Quality and Health Promotion.

113/10. **Minutes of the Part I meeting held on 31st August 2010**

The minutes of the meeting held on 31st August 2010 were agreed.

114/10. **Matters Arising**

The following matters arising were discussed:

54/10: Matters Arising: Caron Hitchen reported that Health and Safety had been added to the forward planner for November 2010.

72/10: Wellbeing Strategy: Caron Hitchen reported that she had circulated the budget for the Wellbeing Strategy to members of the Trust Board. This action was therefore now complete.

97/10: Matters Arising: Mike Dinan reported that the age profile of the fleet would be included as part of the update to the IBP. **MD**

102/10: IPB and Foundation Trust application timeline: Sandra Adams reported that she had responded to the SHA regarding the application timeline. Sandra Adams agreed to circulate a copy of the letter to members of the Trust Board. **SA**

115/10. **Formal Reports from the sub-committees**

Charitable Funds Committee on 31st August 2010

Caroline Silver reported the following:

- The Charitable Funds Committee met yearly to review the actions of the Charitable Funds Sub-group and to keep under review the basis by which funds were dispensed to staff. The Committee membership included representatives from the Trust Board and staffside;
- The Fund's investment portfolio had changed since the last meeting to adhere to an ethical investment policy which, in particular, eliminated investments in tobacco companies;
- The annual audit of the fund had been delayed and was now due to take place in October/November 2010. This would not affect the submission of the accounts to the Charity Commission in March 2011;
- The Committee noted that the income for the year had been £13k and had made a deficit of £58k. This was in keeping with the Committee's objective to gradually erode the funds over the course of several years;
- The Committee had approved the budget for the coming year.

Quality Committee on 7th September 2010

Beryl Magrath reported the following:

- The first quarter infection control audits showed an improvement in completion across all areas;
- Options to supply fob watches to staff were being explored in order to comply with the bare below the elbow policy.
- The Quality Committee noted that the corporate risk register had undergone a full review and that all risks had been assigned mitigating actions;
- The Learning from Experience Group had received a report on integrated reporting process which had been developed in order to draw together information and outcomes from incidents, complaints, claims and PALS. A key challenge was the lack of consistency in coding used across the organisation which the Governance and Compliance team was currently addressing;
- CQC would be developing quality and risk profiles for all healthcare and adult social care providers to gather quality risk information from each provider. A profile would be produced for each individual trust with a RAG rating;

- The Quality Committee received an update on progress made in delivering the action plan which had been developed in response to the recommendations arising from the inquest into the death of Paul Coker. One action had shown slippage, which was the distribution of the DVD 'Death in Police Custody and London Ambulance Service medical advice'. This was pending permission from the police to produce further copies of the DVD. A summary report had also been given to the Lord Chancellor to which the LAS contributed;
- The Quality Committee received an update on the extended trial of the clinical response model which would be conducted initially at Barnehurst with the intention of rolling out to two further complexes (Greenwich and Bromley);
- Peter Bradley gave an update on the Clinical Indicators Dashboard which every ambulance trust would be required to produce. The dashboard would measure performance in the areas of patient safety, clinical outcomes and patient experience;
- The Quality Committee agreed its workplan for the next year.

The Chair asked about the relationship between the Audit Committee and Quality Committee and whether this had been established. Beryl Magrath responded that she and Caroline Silver met regularly and that the relationship was being established.

Brian Huckett asked about the overall timeframe for the extended trial for the clinical response model. Caron Hitchen responded that they were currently resolving some remaining issues in the Control Room with the intention of commencing the pilot in October 2010. The evaluation and final report would include recommendations for roll-out. Any potential impact on the implementation of CommandPoint would need to be considered.

Audit Committee on 13th September 2010

Caroline Silver reported the following:

- The Audit Committee reviewed the corporate risk register and focussed on the ten key risks. The Committee noted the progress made in updating the risk register;
- The Committee received an update from the Chair of the Quality Committee. Beryl Magrath's attendance at Audit Committee meetings provided an important link to the Quality Committee as did Roy Griffin's membership of both committees;
- The Committee received a report from the Local Counter Fraud Specialist;
- The external auditors gave an update in relation to the recent government announcement to abolish the Audit Commission by 2012/13. The auditors assured the Committee that the relationship with LAS would be maintained throughout this period;
- The external auditors had issued an unqualified opinion on the financial statements;
- Four internal audit reports had been finalised since the last meeting. The Audit Committee discussed the internal audit plan which had been mapped to the strategic risks and the strategic goals;
- The Audit Committee discussed the governance structure and in particular the fundamental role of the Quality Committee;
- The Audit Committee received an update on the review of the audit and risk reporting process;
- The Audit Committee agreed the Audit Committee Annual Report for 2009/10.

Caroline Silver noted that the next meeting was on 8th November and this meeting would be used to discuss the Long Term Financial Model. It was likely that this meeting would be observed by Grant Thornton as part of the foundation trust process.

Mike Dinan commented that the closing down of the Audit Commission was a concern and that the Audit Committee might want to consider appointing alternative external auditors in the following financial year.

116/10. <u>Chairman's Report</u>

The Chair reported that he had met with the following:

- The CEO of NHS Direct and he had visited an NHS Direct call-centre in Beckenham;
- Eric Roberts and Phil Thomson from UNISON. There were no significant issues to be raised, but the meeting was welcomed by the attendees;
- The Patient Experience team and the team at Cody Road. Progress had been made in developing the new control room and with the work to support the 2012 Olympics;
- The Ambulance Service Network who had discussed a response to the recent Government health white paper. A consolidated response would be submitted prior to the deadline;
- Northrop Grumman to discuss progress with the implementation of CommandPoint;
- Marie Gabriel, Chair of Newham PCT and Sian Bates, Chair of Richmond and Twickenham PCT. Both were positive about their relationship with LAS.

Sarah Waller asked whether the future amalgamation of PCTs would affect the LAS in any way. Peter Bradley responded that it should not have an adverse impact on LAS and would help to consolidate LAS' stakeholders.

117/10. <u>Update from Executive Directors</u>

<u>Chief Executive Officer</u>

Peter Bradley reported the following:

- September had been a busy month for the Trust, particularly with the Papal visit and the Notting Hill Carnival. As such the performance trajectory for Category B for September would not be achieved. This would need to be recovered in order to remain on track for the rest of the year;
- The NHS staff survey would be circulated this week;
- The Trust needed to reduce overtime hours, which posed an additional challenge to meeting performance targets;
- LAS was working closely with Savoy Ventures Ltd to protect staff terms and conditions in the transfer of Patient Transport Services in south London;
- Recent consultation meetings had been well-attended and had received constructive feedback;
- Ipsos MORI had undertaken a stakeholder perceptions audit. Angie Patton would present the results to the Trust Board at its awayday in November;
- Recent media coverage had linked the clinical response model to public funding cuts;
- The Trust was on track to meet the 13 key training commitments published in January 2010. Positive feedback had been received from staff;
- The review of the balanced scorecard was underway. The final version would be presented to the Trust Board in the next few weeks;
- Focus continued on the development of the IBP and long term financial model;
- Consultation on the rest break agreement with staff side continued.

Beryl Magrath raised a query regarding the collection of PDR data in relation to the balanced scorecard. Caron Hitchen responded that currently the data was being collected manually. Peter Bradley added that the SMG would continue to monitor this closely.

The Chair noted the significant increase in safeguarding referrals as detailed in graph 33 of the information pack to the Trust Board. Fionna Moore responded that this was a reflection of new reporting arrangements which would see a month on month increase in the number of referrals. These figures included referrals of vulnerable adults.

Joseph Healy reported that there had been a recent article in Private Eye regarding Savoy Venture Ltd. Mike Dinan commented that LAS would only be able to challenge the procurement process.

<u>Director of Finance</u>

Mike Dinan noted the following:

- The in month position was a £338k surplus against a planned surplus of £38k. The Trust currently expected to achieve a forecast position of £526k surplus against a planned outturn of £502k surplus;
- The current identified financial risk for the Trust was £4.8 million;
- The current cash position was £2.2 million;
- MPET funding had not yet been received, despite having issued an invoice;
- Financial risks had not yet been provided for. The key financial risks were category B target, patient handover and the delivery of the cost improvement plan.

The Trust Board asked for further clarification on the forecast figure for agency spend and what was contained within this figure.   **MD**

There followed a discussion about preparation for Foundation Trust status. The Trust Board asked for clarity on whether the Trust would be held to each line of the budget or the overall budget total.   **MD**

118/10. **Clinical Quality and Patient Safety Report**

Fionna Moore reported that since the Clinical Quality and Patient Safety Report had been written, an additional Serious Untoward Incident had been reported. Peter Suter reported that on 20th September the Trust had experienced an 8 minute disruption to 999 calls and call-taking had lost a third of its capacity. An SUI had been announced and an investigation was underway which would analyse every call lost.

Fionna Moore reported the following:

- CEO consultation meetings included a clinical update and an update on patient safety;
- An audit on the care of obstetrics patients had generally positive results, but had identified a number of areas for improvement;
- There had been one Controlled Drugs incident since the last report to the Trust Board whereby a member of staff inadvertently left two ampoules of morphine in a uniform shirt. These were broken when the shirt was washed. The introduction of morphine pouches should eliminate these types of incidences in the future.

119/10. **Winter Surge Planning Framework 2010/11**

Jason Killens reported that the assurance process had been reviewed last year by the SHA and the LAS was one of three trusts to receive a green RAG rating. The framework had since been reviewed and further strengthened. Arrangements were currently in the process of being stress-tested. Lizzy Bovill reported that this would align with the call-taking over-capacity plan.

In response to a question from Mike Dinan, Lizzy Bovill confirmed that the Winter Surge Planning Framework would not require additional resourcing to implement. Lizzy Bovill confirmed that the framework had been discussed and approved by SMG at its last meeting on 15th September 2010.

The Trust Board approved the Winter Surge Planning Framework for 2010/11.

120/10. <u>**Update on 7/7 Action Plan**</u>

Jason Killens reported that, in preparation for the 7/7 London Bombings inquests, the action plan which had been drawn up immediately following the incident had been revisited. The majority of those actions were at green, but a number were considered to be outstanding. A short-life action plan had been developed to progress these actions and would be monitored by the SMG and the Emergency Preparedness Group.

Jason Killens reported that the inquest would take approximately six months and would deal with each scene in turn.

The Trust Board noted the 7/7 London Bombings action plan.

121/10. <u>**Response to the White Paper: Equity and Excellence: Liberating the NHS**</u>

Peter Bradley commented that there were eight sections to comment on for ambulance trusts. For each section, Peter Bradley proposed to make the following response:

1. LAS was in favour of lead GP consortia for ambulance commissioning rather than commissioning by individual GP consortia;
2. LAS was supportive of the move away from process targets to outcome measures;
3. LAS was supportive of the development of 111 non-emergency contact number;
4. LAS was supportive of the proposal for all trusts to become a Foundation Trust;
5. LAS was supportive of a tariff-based system of funding;
6. LAS was supportive of the proposal for Monitor to become the economic regulator for the healthcare system;
7. LAS was supportive of the establishment of the Department of Public Health and of the role the LAS could play in the development of a healthcare strategy;
8. Ambulance services should be central to emergency planning.

Peter Bradley commented that, if the Trust Board was supportive of his proposals, he would draft a response to the Department of Health.

Sarah Waller asked whether there was anything within the white paper regarding training to which the ambulance service could respond. Peter Bradley agreed to look at this, although he did not think there was.   **PB**

There followed a discussion about commissioning. Peter Bradley was of the opinion that national commissioning would not allow for the flexibility required and commissioning by individual GP consortia would fragment the system and create a lack of consistency in the system.

The Chair commented that part of Steve Lennox's new role as the Director of Quality and Health Promotion would be to engage with the GP consortia. The 'any willing provider' ethos was particularly concerning.

122/10. **CommandPoint Update**

Peter Suter reported that the purpose of this paper was to update the Trust Board on the current status of the CommandPoint project and to seek approval from the Trust Board on the actual transition date of 8th June 2011. In response to comments from Trust Board members, Peter Suter confirmed that this took into account training and transition plans and would allow enough time for the system to embed prior to the 2012 Olympics.

Brian Huckett added that he was impressed by the project management of the implementation of CommandPoint and the assurance given by Carrie Armitage. Brian Huckett commented that the working relationship with Northrop Grumman was also good. Brian Huckett gave his endorsement of the proposed go-live date of 8th June 2011.

Peter Suter commented that the implications of the roll-out of the clinical response model would need to be considered. It was recognised that it was necessary to implement both CommandPoint and the clinical response model and that these would need to be aligned. The CommandPoint system could not be changed for at least six months after the go-live date. Alan Hay assured the Trust Board that these external risks had been managed.

The Trust Board approved the actual transition date of 8th June 2011.

123/10. **Integrated Business Plan and Long Term Financial Model**

Mike Dinan outlined the key components of the long term financial model which had been developed in conjunction with the Trust Board:

- The growth forecast showed the number of calls received growing faster than the number of incidents and a rise in the number of responses per crew staff;
- A&E income was shown as decreasing by 1.1% per year over the course of 5 years;
- Olympic staff were shown as separate from core staffing. The forecast showed fewer frontline staff in five years' time;
- The growth in productivity was significant with a rise in the number of responses per crew staff, a reduction in price per call and per incident and a reduction in the number of multiple sends;
- The long term financial model also included a fleet plan and a capital plan, which were based on affordability.

The Chair noted the progress made in developing the long term financial model and welcomed the presentation in storyboard format. The Chair noted that the key components of the long term financial model were the increase in productivity, the reduction in staffing over time and tighter control on spend.

Nigel Walmsley asked whether there was any risk of growth assumptions being challenged. Peter Bradley responded that two ambulance trusts which had already had their foundation trust application accepted had forecast a growth rate of 3-4%.

Caron Hitchen commented that the savings to other parts of the NHS was a powerful message and should be emphasised in the storyboards.

MD/SA

Roy Griffins asked whether 'Healthcare for London' and 'Taking Healthcare to the Patient' were policies of the previous government. He suggested adding a sentence to state that the LTFM was based on the assumption that the basic tenets of this policy were still valid. **MD/SA**

Peter Bradley commented that there would be a further discussion on e-PRF and costing.

Sandra Adams reported that the IBP would be updated to integrate the LTFM prior to being sent to the SHA on Friday. **SA**

Subject to the comments above, the Trust Board approved the draft Integrated Business Plan and Long Term Financial Model.

124/10. Governance Rationale and membership strategy

Sandra Adams responded that the governance rationale formed part of the IBP to be submitted to the Secretary of State as part of the formal application to become and NHS Foundation Trust. The governance rationale was based on a template produced by the Department of Health. The key points to consider were:

- A paragraph had been added regarding senior directors to reflect the non-voting directors who regularly were invited to attend Trust Board meetings. This was also reflected in the constitution;
- Staff membership to include staff employed by other trusts eg members of staff in the Medical Directorate;
- Recommendation for first past the post election for public and staff governors. It was recommended that governors serve two terms of 3 years or a maximum of six years in total.

Sandra Adams explained that the governance rationale would need to be sent in draft form to the SHA on Friday together with the IBP.

Roy Griffins asked for clarification on point 32 regarding the relationship between the Board of Directors and the Council of Governors. Sandra Adams responded that it was crucial to maintain a good relationship between these two groups and the Trust Board would need to decide how it would engage and work with governors. For example, the Trust Board might want to consider governor representation on the Quality Committee or the Clinical Quality, Safety and Effectiveness Committee.

Additional comments made were:

- Numbers and terminology needed to be made consistent throughout the document;
- There was uncertainty about the roles of the Council of Governors and the non-executive directors and how they related to each other;
- LAS was different to other foundation trusts in that it had a wider constituency base. This would need to be considered in the development of the governance rationale;
- The directors remained accountable for the strategic direction of the Trust and therefore needed to ensure their role reflected this responsibility;
- With regards to the executive directors, it might be necessary to stipulate the number of directors or skills required, rather than specific job titles as these were subject to change.

Sandra explained that the role of the Council of Governors was the appointment and, where necessary, the removal of the Chair and the non-executive directors. This replaced the current role of the NHS Appointments Commission. A Nominations Committee would be set up which comprised governors, non-executive directors and executive directors. For the appointment of non-executive directors, the Chair would be on the Committee.

There was a general consensus that, at this stage, the governance rationale and constitution should contain the minimum requirements to allow greater flexibility. The terms of reference for the Trust Board and Council of Governors could be used to further clarify their roles.

Sandra Adams agreed to revise the governance rationale based on the comments made and circulate it to the Trust Board members.   **SA**

125/10. Annual Trust Board Effectiveness Review

The Trust Board noted the results of the annual effectiveness review of the Trust Board.

It was agreed that this together with the results of the Ipsos MORI stakeholder perceptions audit would be discussed in more detail at the next Strategy, Review and Planning meeting.   **FG/SA**

126/10. Audit Committee Annual Report

The Trust Board noted the Audit Committee Annual Report for 2009/10.

127/10. Being Open Policy

Sandra Adams reported that the Being Open Policy required Trust Board approval. It was proposed that an additional paragraph was added to the policy to link to the Whistleblowing Policy.

The Trust Board approved the Being Open Policy.

128/10. Standing Financial Instructions

The Trust Board approved the revised Standing Financial Instructions.

129/10. Forward Planner

The Trust Board noted the forward planner.

The following items were agreed for the next Strategy Review and Planning meeting:

- Ipsos MORI Stakeholder Perceptions audit;
- Board effectiveness review.   **SA/FG**

130/10. Questions from members of the public

There were no questions from members of the public.

131/10 Any other business

Sandra Adams reported that since the papers had been sent to the Trust Board, the seal had been used once for the lease and license for units 14-15 of the clocktower estate.

132/10. <u>**Date of next meeting**</u>

Tuesday 1st November 2010, Trust Board awayday
Tuesday 30th November 2010, Trust Board meeting

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Signed by the Chair

ACTIONS
from the Meeting of the Trust Board of Directors of
LONDON AMBULANCE SERVICE NHS TRUST
held on 28th September 2010

Meeting Date	Minute Date	Action Details	Responsibility	Progress and outcome
20/09/09	101/09	**LAS Foundation Trust Membership Strategy** Discussion and final decision about union representation on the Council of Governors.	SA	Open
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	Open
31/08/10	97/10	**Matters Arising** The Chair asked that the Trust Board be provided with an age profile of the fleet.	MD	
31/08/10	102/10	**Integrated Business plan and Foundation Trust Application Timeline** Number of Trust sites/locations to be added to the IBP storyboards	SA/EH	Complete
28/09/10	117/10	**Director of Finance** The Trust Board asked for further clarification on the forecast figure for agency spend and what was contained within this figure.	MD	
28/09/10	117/10	**Director of Finance** Trust Board asked for clarity on whether the Trust would be held to each line of the budget or the overall budget total.	MD	
28/09/10	121/10	**Response to the White Paper: Equity and Excellence: Liberating the NHS** Sarah Waller asked whether there was anything within the white paper regarding training to which the ambulance service could respond. Peter Bradley agreed to look at this, although he did not think there was.	PB	Complete

28/09/10	123/10	**Integrated Business Plan and Long Term Financial Model** Caron Hitchen commented that the savings to other parts of the NHS was a powerful message and should be emphasised in the storyboards.	**SA**		**Complete**
28/09/10	123/10	**Integrated Business Plan and Long Term Financial Model** Roy Griffins asked whether 'Healthcare for London' and 'Taking Healthcare to the Patient' were policies of the previous government. He suggested adding a sentence to state that the LTFM was based on the assumption that the basic tenets of this policy were still valid.	**SA**		**Complete**
28/09/10	123/10	**Integrated Business Plan and Long Term Financial Model** Sandra Adams reported that the IBP would be updated to integrate the LTFM prior to being sent to the SHA on Friday.	**SA**		**Complete**
28/09/10	124/10	**Governance Rationale and membership strategy** Sandra Adams agreed to revise the governance rationale based on the comments made and circulate it to the Trust Board members.	**SA**		**Complete**
28/09/10	125/10	**Annual Trust Board Effectiveness Review** It was agreed that this together with the results of the Ipsos MORI stakeholder perceptions audit would be discussed in more detail at the next Strategy, Review and Planning meeting.	**SA/FG**		**Complete**
28/09/10	129/10	**Forward Planner** The following items were agreed for the next Strategy Review and Planning meeting: • Ipsos MORI Stakeholder Perceptions audit; • Board effectiveness review.	**SA/FG**		**Complete**

LONDON AMBULANCE SERVICE TRUST BOARD

30TH NOVEMBER 2010

PAPER FOR NOTING

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

- Work continues with commissioners regarding this year's payments and next years CQUIN incentives. This remains a significant concern to the Trust

- Response time performance remains a significant challenge

- Hospital turnaround times remain a challenge with increasing numbers of I hour breaches

- The clinical response model trial is underway in Barnehurst and further roll-out plans in SE London area are detailed.

- LAS is fully involved in London's development of a single point of access '111'.

- Four staff members have started on our talent management programme

- Further increases in vehicle utilisation leading to performance challenges for Cat A & B

- Savoy Ventures will take over the SWLHT contract from 1st December with 30 staff likely to be TUPE'd to the new provider

- The service has complied with the H&S Execs improvement notice to the satisfaction of the inspector

- Detail is given regarding the 7/7 Coroner's inquest

- Six Serious Untoward Incidents have been reported and investigated in 2010

- A small fire at HQ required the transfer of the EOC to fall-back control at Bow

Key issues for the Trust Board

- Performance remains challenging and all efforts are focused on building on the improvements of the last few weeks

- Negotiations continue regarding contractual penalties and CQUIN payments for 2010/11

- We are working with other health partners across London to mitigate winter/seasonal pressures and maintain patient safety

- Managing our finances well during what will be a tough final 4 months of the financial year

Attachments

- Balanced Score Card

- Performance data pack

Strategic Goals 2010 – 13
This paper supports the achievement of the following corporate objectives:

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

Risk Implications
This paper 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
x No

Key issues from the assessment:

LONDON AMBULANCE SERVICE NHS TRUST
TRUST BOARD MEETING 30 NOVEMBER 2010
CHIEF EXECUTIVE'S REPORT

1.   COMMISSIONING AND BUSINESS DEVELOPMENT

LAS are currently undertaking a number of meetings with the commissioners from North West London Commissioning Partnership, our host commissioners, regarding contractual penalties and CQUIN payments for 2010/11. These conversations are being held in the context of the increasing use of appropriate care pathways and the reduction in conveyance to emergency departments, and the associated costs, over this winter. In addition, dialogue has begun regarding next year's contract and the potential areas we would wish to develop CQUIN incentives (commissioning for quality and innovation). These are likely to include expanding our learning from the end of life care work currently being undertaken within Lambeth and Southwark; continuing to develop more appropriate ways to manage uninjured, elderly fallers and improved provision for those with mental health problems.

A scoping document is currently being refined regarding LAS' contribution and participation in the development of 111 (the London urgent care service) in conjunction with operations, the medical directorate and IM&T. This will include developing a directory of service, as outlined within the Integrated Business Plan, to support the increased use of appropriate care pathways for both telephone advice, and for operational staff, to ensure patients are offered the right care at the right time. The pan London work is being led by NHS London and LAS have seconded Paul Woodrow, Assistant Director of Operations, in to this team to support the development of the strategy and the business case. We continue to work closely with the NHS London team and with NHS Direct to ensure that we are fully engaged in all the opportunities this new service may offer.

It is proposed that the board have a full discussion regarding business planning and the associated cost improvement programme at the board meeting on December 14th following further discussions regarding our contract for 2011/12 and the publication of the Operating Framework. This discussion will also involve the identification of any potential clinical risks that could be associated with the cost improvement programme and the organisations' plans to mitigate these and the appropriate board assurance processes.

2.   Service Improvement Programme (see separate Board report)

The service improvement programme (SIP2012) is progressing satisfactorily with all but 4 out of the 67 initiatives proceeding according to plan. The four which are identified as being of 'red' status (i.e. not on track and cause for concern) are:

- Clinical Development, Leadership and Workforce Programme - learning management system;
- Performance and Service Delivery Programme - e-PRF; inventory management;
- Olympics - Infrastructure and support (Silvertown Olympic complex).

These projects are the subject of SMG and programme level attention to bring them back on track.

3. BALANCED SCORECARD

Attached (at the end of this report) is a chart detailing progress to date in respect of the Corporate Objectives. The monthly balanced scorecard has now expanded to reflect the work undertaken in respect of the five year SMART targets included within the Integrated Business Plan.

To assist in interpretation:
Corporate objectives overview – supporting indicators associated with individual corporate objectives.
Act – is the actual for August
Plan – is the target set for the month
RAG – is the allocated manager's forecast for year end
Ind – indicates whether the target has been achieved – red means no, green yes.
Direction of arrow indicates trend (this month compared to previous month)

All but one of the supporting indicators have been updated; please note that the clinical supporting indicators are a few months in arrears but an action plan is in place to ensure that the reports are no more than 2 months in arrears where possible. If the variance is 'red' ie the monthly milestone target has not been achieved colleagues are asked to provide explanatory commentary. The symbol ▷ ? indicates that monthly milestones/targets have not yet been set. Only one supporting indicator is still outstanding ie. "% of NWOW staff attending NWOW training". This will be reported on when the NWOW training plan has been finalised.

There are a number of supporting indicators currently shown on the report which can not be meaningfully measured on a monthly basis e.g. the three elements of the corporate objective 6 concerning diversity in the workforce; progress reports will be provided via the outcome indicator report which will be presented at a future meeting of the Trust Board. They appear on the current version of the Balanced Scorecard report for information only.

An email was sent to Non Executives on the 15th November 2010 informing them that they had been set up as Users on Performance Accelerator, and explaining how they could review the Balanced Scorecard in advance of the November Trust Board meeting. A 'live' demonstration of the Balanced Scorecard is scheduled for the Trust Board on 30th November.

3. SERVICE DELIVERY

Accident & Emergency service performance and activity (see attached information pack)

The table below sets out the A&E performance against the key standards for this financial year (2010/11), the complete validated performance for September and October and the un-validated performance for the first 22 days of November.

	CAT A8	CAT A19	CAT B19	CAT C60
Standard	**75%**	**95%**	**95%**	**90%**
2010/11 yr to date	75.4%	99.3%	91.7%	91.2%
September	73.6%	99.2%	92.0%	87.7%
October	71.9%*	98.8%*	90.4%*	89.4%*
November (to 22nd)	75.0%*	99.1%*	88.4%*	88.5%*

Estimated prior to data validation

It is worth noting that the Trust has made significant improvements over last year in terms of the numbers of patients reached within the target times. For the first 7 months of this year, the LAS reached 6,500 more Category A patients in 8 minutes, 18,500 more Category B patients in 19 minutes and 25,500 more Category C patients within 60 minutes. A total of over 50,000 more patients reached within the performance standards so far this year.

Notwithstanding this, the Trust did not achieve Category A performance for the second consecutive month, which is of concern. Of the 26 complexes, only 4 achieved 75% for Category A and in terms of PCT Category A performance, only 5 PCTs achieved above 75%. A significant piece of recovery work is underway to get Category A back above 75% on a monthly basis. The Trust also did not meet the necessary levels of performance for Category B.

Demand (incidents) on the LAS has continued to remain above the predicted growth level of 3.5% and at the end of October showed a year to date growth of 5.5%. This means that the LAS has responded to 4,600 more patients a month than last year. As a result of rising demand early in October, the Trust moved to REAP level 3 restricting non core activity to increase operational staffing in order to enable the maintenance of core services as activity rose. October saw a daily average of 943 Category A calls (over 4% above last year) with some days in excess of 1,000. Category B demand increased quite significantly with a daily increase to 1324 as compared to last year when we responded to 1192 a day- an increase of 132 calls per day or 11%. Category C workload saw a more modest reduction of 58 calls per day, which did not compensate for the overall growth in A and B workload.

The number of 999 calls received per day continues to remain below that of last year, with the YTD position at a reduction of 4.4%. This has aided us in delivering Emergency call answering within 5 seconds which has remained strong at 95.5% for September and 95.0% for October. This is particularly pleasing considering the additional pressures placed upon Control during the 3 days spent working from Bow with a reduced number of call taking positions. The fall back to Bow following the UPS fire also generated some really valuable learning for Control Services and has resulted in some changes to the way the Control room operates at Waterloo.

A total of 265,958 Ambulance Hours resourcing were produced for September and October this year which was 12,305 hrs more than for the same period last year; nearly a 5% increase in ambulance staffing. FRU hours produced for September and

October decreased by 2% to 101,793 hrs compared to 103,991 hrs for the same period last year.

Actual overtime spend for September and October 2010 was 61,420 hrs, which is a 39% decrease when compared to the same period last year when we spent c101,500 hrs on planned overtime. This is as a direct result of the increase in staffing and means that we are much less reliant on overtime uptake and that the cover is being provided more in line with the demand profile. However there is still a lack of appetite for staff to work on FRUs and this is one of the reasons that production on FRUs fell in this period. We are also working to rectify the daily fluctuations in staffing which are in part due to limited relief cover mid-week.

Progress continues against the implementation plan for new rosters and we now have 64% of the new rosters implemented. There are a further 20% agreed with a start date of the 4th January. The final 16% of rotas are currently under negotiation and we anticipate closure of this project by the end of January.

It is pleasing to be able to report that as well as putting out 5% more hours of Ambulance cover, there have been 1,646 sessions of training delivered in this period covering various mandatory training updates which is a significant achievement. This number includes some EMT4-Patient assessment training, LUL (London Underground Ltd) Trackside Training, manual handling training, CBRN re-licensing, Conflict Management training and training for 176 new Practice Placement Educators to support new staff.

Ambulance Utilisation has increased even further and for September and October was at nearly 74%. This is a worsening of the position from previous months and is getting further from the ideal of 55%. Utilisation of FRUs has also increased even further and for October stands at 52%, which is the highest it has ever been. The result of attaining levels in excess of 10% above the ORH recommendations has meant that we have had insufficient available capacity to maintain Cat A performance. As a consequence we have temporarily reduced some of the B workload on the cars to increase availability and will keep this area under close scrutiny.

The number of rest breaks given saw a further decline in September to 35% which is very disappointing. Improvements are reliant upon a reduction in utilisation and the outcome of the work to change the rest break agreement, which it is imperative otherwise this target will remain somewhere off where it should be which has both performance and financial consequences.

At the end of October UOC staff became integrated into EOC and are now working on the sector desks, which is important as this new process needs to be embedded prior to CommandPoint training commencing in January. The second phase seeing the full integration of all sector resources is currently under discussion with staff representatives.

The first phase of the Clinical Response Model (CRM) began on 20th October. The concept is aimed at only dispatching a Car to all calls with an Ambulance only dispatched immediately on Category A calls. For all other calls an on-scene patient assessment should take place first with an Ambulance only sent when requested by the car on scene who has confirmed that a patient does require transportation. The first main station to go live was Barnehurst and it will be followed by Greenwich at the end of November. We anticipate Bromley going live in early January which will mean that the CRM pilot will cover all of South East London and is scheduled to run for 3 months, following which an evaluation will be completed. In order to support this

model the automated dispatch was disabled in the Barnehurst area and there was a relatively significant drop in performance. We have reinstated the electronic performance and the control room staff are closely monitoring the situation to ensure that we can maximise the benefits of the project which are around reducing unnecessary hospital conveyances, accessing more care in the community and reducing double sends.

Work has continued to progress the usage of Appropriate Care Pathways (ACPs). There are now 36 care pathways agreed with Minor Injuries Units, Urgent Care Centres and Walk-In-Centres that LAS staff can convey patients to and thus relieve pressure on the A&E departments. There are another 18 that are still to be finalised. Training and familiarisation for frontline staff in the use of ACPs has commenced and will continue throughout Q3. The number of patients currently taken to these centres by the LAS is only 7 per day and the aim is to increase this significantly by the end of December. We are also working towards an agreement with NHS Direct to increase the number of Category C referrals that we pass to them by up to 200 calls a week, thus further reducing ambulance responses.

Planning has continued for the winter period and we are currently finalising plans to provide an Alcohol recovery treatment area at Liverpool Street Station as we have in previous years. For a two week pilot in November, LAS have joined with City of Westminster and NHS North West London to open the Soho Walk-In-Centre from 2100 hours until 0700 hours on Friday and Saturday nights with the aim of avoiding patients being conveyed to A&E Departments with suitable patient groups. The pilot draws on the dedicated alcohol demand management work that LAS has led for many years in central London and if successful could see patients who are simply drunk or with minor injuries being conveyed to the walk in centre rather than a local emergency department.

We have developed a Web hosted system for A&E departments that lets them know about Ambulances on route to the Hospital. Both the departments and crews can then update the system that shows the specific times of the elements of the hospital handover. The proof of concept phase was undertaken at Charing Cross and Whipps Cross Hospitals. Northwick Park, Queens at Romford , St Thomas' and Newham Hospitals have now been added and there has been positive feedback received so far. There are plans in place for a pan London roll out during November, with South East London the priority due to the imminent temporary closure of Queen Mary Sidcup Emergency Department.

LAS have also been working with the LAS and Whole Systems Transformation programme to implement a new capacity management tool across London. This is now live and is enabling LAS and the whole health economy to have sight of live capacity information from all the acute sites in London. As a result we are now able to proactively manage capacity issues and reduce the need for hospital redirections and closures which result in delayed patient care as well as reduced LAS performance. LAS continue to support the new ED capacity management policy as it settles in and is working to ensure that both the policy and CMS are used dynamically to manage emergency demand across London.

The Average Hospital turnaround time has plateaued at just over 32 minutes. Whilst this is a 2 minute reduction on this time last year, it is disappointing to note that there has been little progress made this year. There is a worrying trend of increased delays in ambulance handover time with some acute Trusts indicating that winter surge capacity has already been exhausted. Over the last few weeks we have seen the average hospital arrival to handover time increase by 2 minutes and for October there

were 133 delays for patients in excess of one hour. The peak day of the week for these delays is a Monday and often surrounding Trusts are also under pressure and we are finding this is preventing redirections from being implemented. The result is that LAS crews remain at the hospital unable to hand patients over and we hold calls that present a clinical risk to the patients we have yet to respond to. We are confident that the extra focus in this area as a result of CMS, daily SHA led teleconferences and the Web based portal going live pan London will start to reduce the hospital handover issues.

The patient handover to green time part of the handover is showing a downward trend, reducing from over 19 minutes in August to around 17 minutes for the last 3 weeks- a reduction of over 6 minutes from a year ago. The target of 15 minutes is still a key focus in operations and we have already seen 1 complex, Camden, achieve this over the last 4 weeks.

In order to improve the availability of blankets over the winter, the Logistics department is undertaking a number of initiatives including putting additional blankets into the system between November and February, at a rate of approximately 2000 per month, and changing the laundry provider to achieve a more reliable service and retrieve more LAS blankets from hospital laundry contractors. The roll out of upgraded Lifepak 15 defibrillators will start in December when vehicle charging units are delivered. One hundred additional Lifepak 1000 AED machines have been purchased and will be rolled out to FRUs with the Lifepak 15s, which will free up FR2 machines for ambulances. Managers drug packs have been rolled out to all responding managers, 40 Paramedic and 21 General drugs packs have also been issued.

In mid September the UK hosted a state visit for His Holiness Pope Benedict XVI, which was a 4 day trip that included Scotland, London and Birmingham. The Holy Father spent two days in London and attended a number of engagements. The LAS provided a series of resources for medical cover at the gatherings and command and control arrangements during the visit. This included a dedicated vehicle and crew that followed the Holy Fathers convoy and programme whilst in London. The LAS provided national co-ordination and links with the Foreign and Commonwealth Office and chaired national conference calls with Scotland and West Midlands Ambulance Services, the Scottish, West Midlands and London Strategic Health Authorities and the nominated acute trusts for the three regions. This ensured a co-ordinated approach, information sharing and opportunity to learn as the visit progressed. The event passed with no significant issues.

The EPU has completed three 1 day operational manager updates on emergency planning which have been well received and meet the agreed National Occupational Standards. The first of the training workshops for Control Services staff in working in the Incident Control Room took place on Saturday the 13th of November and others are scheduled to take place in the next 6 weeks. This will ensure that each watch have a number of staff trained in operating the Incident Control Room. The first of the MERIT training workshops took place on the 19th November which saw doctors from BASICS and London hospitals and LAS Paramedics train together to provide medical emergency response teams to major incident scenarios.

The Trust underwent an Emergency Preparedness audit in late September and a number of recommendations were identified which has resulted in an action plan being developed to address the issues. The Emergency Planning and Business Continuity Strategy Group are monitoring the progress and this will be reported to SMG on a regular basis with updates given to the Board. The Trust is also due to

receive a Business Continuity Audit in the next week and the findings of the report will be reported in due course. A five year strategy has been produced for Emergency Preparedness and is due to be discussed at this board meeting.

Serious Untoward Incidents

Six serious untoward incidents have been reported, investigated and completed since January 2010 and the full reports have been reviewed by the Quality Committee this month.

STEIS 0634: incident date 1/1/10 – delay in 999 call being answered. The patient subsequently died. The main contributory factor was of demand in excess of that predicted. An action plan is in place for full completion by December 2010 and of the 8 items, 5 have been completed to date.

STEIS 0887: incident date 21/1/10 – data loss incident when rucksack stole from student paramedic's vehicle. The main contributory factor was of staff unfamiliar with procedures. An action plan is in place for completion by December 2010 and of the 6 items, 1 has been completed.

STEIS 3011: incident date 1/3/10 – patient having an adverse allergic reaction: 3 x 999 calls, 2 as lower priority and then reclassified to higher priority on the 3rd. The patient subsequently died at hospital.
The main contributory factors concerned demand management/prioritisation/allocation. An action plan is in place with 3 items, 1 of which has been completed, for full completion by April 2011.

STEIS 3839: incident date 21/1/10 – call triaged as low priority referred to GP deputising service. 2nd 999 call received ambulance response and patient taken to hospital. Local authority later called for vulnerable adult case review. The main contributory factor was of failure to appreciate the need for robust governance of information within the call management system (although this needs further review). An action plan is in place for completion by April 2011 and of the 3 items none have been completed to date.

STEIS 3851: incident date 15/3/10 – HSE Improvement Notice which has previously been reported to the Trust Board. The Notice was lifted on 17/6/10 and an action plan is being implemented.

STEIS 4875: incident date 25/3/10-delayed response and delays on scene. Maternal death. The main contributory factor concerned the environment and an action plan is in place for completion by December 2010. Of the 5 items none have been completed to date.

I can confirm that the correct processes have been followed and the reports are of satisfactory quality and supported by an action plan, however further work is required to improve the style and consistency of the reports, and the timeliness of their production and the overall governance issues in terms of how we manage investigations, reports and action plans, and how we report to internal committees for discussion and sign off prior to submission to NHS London and our commissioners. SUIs will be discussed at the Quality Committee in November and a further report will be presented at the January board to give full assurance on the process.

Fire incident at HQ.

Shortly before midnight on Monday 11 October, fire broke out at HQ in an electrical area of the basement that houses the uninterruptible power supplies (UPS) for the control room. The fire, that was contained within the UPS control equipment cabinet appears to have been caused by electrical component failure.

As a result a complete failure of control room systems occurred (due to a loss of power) and shortly after midnight the business continuity plan was invoked to move the whole Emergency Operations Centre to the fall back control (FBC) at Bow. During this time call taking reverted to paper with despatch using Airwave radios. Operational and support staff worked through the night and into the following morning to ensure all systems and services were safely switched across to operate from Bow. The whole recovery operation took approximately 12 hours with full services restored by about midday. Minor issues continued to be resolved during the afternoon. Full operations continued as normal.

During the day on Tuesday 12 October, a new replacement UPS was identified, shipped to site and installation completed on Wednesday 13 October shortly before 16:00hrs. Based upon already developed schedules, a detailed plan was developed to return full control from FBC to EOC. This was executed as planned overnight with full control returned to EOC by 06:00 on Thursday 14 October. Part of the plan involved returning FBC to paper for about 2 hours at midnight.

It is worth noting that a live full-scale switch over on this scale has never been undertaken. Previous work has been limited to pre-planned tests, all completed within one operational over-night shift. There was a large scale exercise planned exercise for 19 October, the following week to the incident. This was subsequently postponed until all lessons from the de-briefs have been understood and appropriate actions taken. The UPS that caught fire had been serviced in the two weeks prior to the incident. In terms of overall management the trust implemented standard major incident plans utilising a Gold control structure that worked well for coordinating all operational and support services throughout the incident.

5. **PATIENT TRANSPORT SERVICE**

Commercial

South London Healthcare Trust has now signed the PTS contract with Savoy Ventures Limited. This contract will transfer to the new provider on 1 December 2010.

As part of the third phase of the London Procurement Programme, the LAS has submitted bids for the following contracts:

* Chelsea & Westminster Hospital NHS Foundation Trust
* Croydon PCT
* Guy's and St Thomas' NHS Foundation Trust (High Dependency Transfers only)
* Richmond & Twickenham PCT (currently held by the LAS)
* Royal Marsden NHS Foundation Trust
* Royal Free Hampstead NHS Trust
* Royal Marsden NHS Foundation Trust

- St Georges Healthcare NHS Trust
- Sutton & Merton PCT (currently held by LAS)
- Epsom & St Helier University Hospitals NHS Trust
- Wandsworth Teaching PCT (currently held by LAS)
- Whittington Hospital NHS Foundation Trust

The presentation phase is expected between December 2010 and January 2011.

Operations

The transfer of the South London Healthcare NHS Trust contract has affected 76 individuals based at Greenwich, Barnehurst, Shire Lane and Headquarters.

Due to the protracted nature of this transfer the LAS has been able to transfer some of these staff internally to roles such as A&E Support, PTS Driver, EMD and Logistics. It is expected that on the 1 December, 31 staff will now transfer across to the new provider

During December the PTS fleet based on this contract will be re-distributed allowing for the decommissioning of the PTS LDV and white Movanoes which are now outside their original lease terms.

Performance and Quality

Quality measures remain fairly consistent, although arrival time has dropped below 90% in October. This is in part to transfers of staff during the closure of the South London contract.

- Arrival time: 89%
- Departure time: 93%
- Time on Vehicle: 95%

PTS completed 23,163 journeys during October 2010.

6. **HUMAN RESOURCES**

Frontline consultation meetings

As Board members will be aware the Chief Executive and Medical Director held 26 frontline staff consultation meetings during September and October. In excess of 1200 staff attended the meetings and a number of key themes emerged:
- Lack of ambulance availability – sitting around with no vehicle to use
- Lack of equipment – blankets, BM kits, tympanics and radios
- Late finishes
- Working out of area (and then finishing late)
- Being sent the wrong way to calls (technology issue/mast sites)
- Arriving at calls without adequate information on the MDT
- Lack of rest breaks and the rest break window
- No time to check vehicle before getting a call at the beginning of shift

- The number of cancellations to calls while en route
- Delays in the radio being answered (mainly in the south)
- A&E support staff having to wait with patients (often for a long time)
- A&E support staff having to resign if they are successful with student paramedic application
- Lack of available PPEds to work with student paramedics and general concern over development during the course
- Student paramedics not having a job at the end of their course
- Relationships between EOC staff and frontline staff.

The SMG will, at its next away day in December, consider these key issues and agree a plan to respond to each.

Workforce Plan implementation

The A&E funded establishment for 2010/11 is 3433. Vacancies as at the 31 October 2010 are reported at 117 wte. against this establishment.

Forecasted recruitment activity provides for 60wte A&E Support staff between November and March (including 2 additional training courses introduced in January and February). Taking anticipated leavers into account this would leave the Trust with approximately 117wte potential vacancies at year end against a maximum planned of 120.

Thirteen A&E Support staff will commence Student Paramedic training on 22 November following an assessment and selection process. With the shortened initial training which takes account of training already received, these students will be operational by the end of March 2011.

Recruitment to the Emergency Operations Centre is now complete with sufficient staffing to meet the requirements of CommandPoint implementation. No further recruitment training will be undertaken until after CommandPoint go-live.

Workforce information

The attached workforce report shows the regular workforce information giving sickness levels, staff turnover and A&E staff in post against funded establishment.

Sickness levels in September are reported at 5.15%. This is a slight improvement on August which was reported at 5.52%.

Year to date absence however, is currently 5.09% against a target of 4.5%.

PTS absence has again increased from 7.23% to 8.04%. Non operational areas have shown a consistent upward trend particularly over the last four months reported, rising from 3.22% in June to 5.18% in September. Directors have been alerted to this trend and will be working with HR support to identify areas requiring specific action and management.

Staff turnover remains stable and in line with workforce planning projections at 5.59% for the year as at October 2010.

We are currently reviewing the workforce report that we present to the Board and we plan to improve the information presented and the layout for the January 2011 meeting.

Training and Education

The Trust is on track to meet the 13 key training commitments published in January 2010. In particular, 1,582 front line staff have accessed training in Core Skills Refresher (CSR) as at 31 October 2010. This is against a plan of 1,330 for the whole year.

In addition, the Trust continues with its:
- 3 year training programme of over 700 Student Paramedics
- Provision of 144 places for Emergency Medical Technicians to become Paramedics
- A&E Support training
- Call Taking and Dispatch training

Alongside provision of these central activities, development work is continuing to facilitate the transition of all pre-registration programmes to a Higher Education qualification and create access to post registration programmes for existing paramedics to "top up " their qualification to achieve a Foundation Degree/Diploma.

Provision of the "All in One" refresher day for mandatory training of non clinical staff continues with 50 staff having attended to date and 165 managers have attended safety and risk awareness refresher training..

The Trust has selected four participants to its Talent Management programme. All four completed a rigorous selection process and have attended a two day induction to the programme. Each participant is being mentored through their 2 year development plan by a Director of the Trust.

New Ways of Working

The second wave of the New Ways of Working Workstream was launched in July 2010, across a further five complexes, including Bromley, Greenwich, Camden, Friern Barnet and Islington Complexes. Progress in the following key areas has been made:

Clinical development:
Clinical Tutors have been successfully recruited at Bromley, Camden and Islington. Both Greenwich and Friern Barnet expect to have Clinical Tutors in post by December 2010. Training needs analysis has commenced on each complex, to inform individual clinical training plans.

Leadership development:
Complex management teams continue to receive personal support in leading and supporting staff with implementation. The first staff complex engagement questionnaire has been conducted and results analysed to provide a baseline of staff perception and response prior to NWOW implementation.

Team based working:
All complexes have established team based working forums and initial meetings have begun to explore options for their complex.

Estates and IM&T:
All complexes have commenced work on identifying and estates and IM&T requirements. Islington complex relocated at the end of October, and the new station has a brand new training facility to accommodate clinical development on Complex.

Communications and staff engagement:
Staff forums have been established on each Complex, allowing staff to engage, shape and lead on NWOW implementation. An extensive range of communication activities have been undertaken across all complexes including; personal letters to staff, NWOW notice boards, suggestion boxes and NWOW newsletters.

External linkages:
Local management teams continue to work on local appropriate care pathways, whilst awaiting the recruitment to the Community Involvement Officers (CIO) on Complex which is currently underway.

Health, Safety and Risk

Health and Safety Executive Inspection and Report

Following the formal inspection undertaken by the Health and Safety Executive in March 2010, an Improvement Notice was served on the Trust relating primarily to arrangements for refresher/update training in manual handling. HSE also issued a full report and a number of recommendations for action. A small steering group was established to co-ordinate the Trust's response. An action plan was developed to record progress against the recommendations.

The Improvement Notice was lifted in line with the notified timescale, in June 2010. The majority of the required actions have been or are close to being progressed. Jason Killens and Tony Crabtree visited HSE to update on progress in June and September. The Inspector has confirmed that he is happy with the progress made against his findings and comments. He has also indicated that he is now receiving little or nothing in the way of approaches directly from staff wishing to raise concerns about health and safety issues.
Some key outcomes are:
- An extensive programme of manual handling refresher training for operational staff has commenced, over 1000 places offered within the first three months alone.
- The trial and evaluation of alternative carry chair and chair transporter (stair climber) has commenced.
- Health and safety courses for managers have been and continue to be available, and all have been notified of the requirement to attend.
- Letters were sent to all managers advising them of the visit, the outcome and reminding them of and confirming their responsibilities for health and safety management. For operational managers, this also requires a port folio of evidence is established showing that these responsibilities have been discharged.
- A similar requirement is being considered for other managers.

- Initial Health and Safety e-bulletin advising and updating staff on a number of issues has been published via RIB, and will be repeated not less than quarterly.

- An annual health and safety plan has been drafted and will be presented to a future Trust Board/SMG meeting.

It has been agreed that the Inspector will visit again informally some time around March 2011, when it is anticipated that he will again ride out with a crew and spend some time talking to staff, to form a view on progress made. No further formal action has been indicated for the foreseeable future.

Health and Safety Partnership arrangements

It has been identified that, in order to fully implement the recently agreed consultative and partnership arrangements for health and safety, additional Trade union-accredited training will be required for numbers of representatives. Discussions have commenced with the Trade Unions to agree what is required and how this can be facilitated, ensuring that representatives involved in corporate groups are up to date in their knowledge and trained to the level specified in the joint consultative agreement. This means that the revised Corporate Health and Safety Group is unlikely to meet until the New Year. Instead, a Health and Safety update report will be taken to the next meeting of the Staff Council in December. In the meantime, local Health and Safety meetings continue with the Joint Secretaries of the Staff Council including any corporate issues in its monthly schedule of meetings.

The chair transporter evaluation continues, with staff in 3 sectors having been involved to date.

Incident reporting

As part of the review of incident reporting arrangements all ambulance complexes in the South Area are now scanning LA52 incident reports and sending them electronically to the Safety and Risk Department. This has resulted in a marked decrease in the delay between an incident occurring and the report reaching the Safety and Risk team.

Current indications are that during October 2010, the average across the Trust for receipt of the incident forms was:
- South - 8.9 days
- East -16.8 days
- West -15.3 days.
If this pattern continues, consideration will be given to extending scanning across the Trust. However the proposed trial in early 2011 involving telephone/radio reporting to a central point, may supersede this as it should facilitate almost real-time reporting in most cases.

Reporting levels of adverse incidents over a 24 month period against the key categories of Clinical, Manual Handling, Physical and Non-Physical Abuse Incidents trends are included in the graph below. This should be considered in the context of increases in the number of front line staff employed of 775 wte and incidents of 8000 (September 2009 compared with September 2008).

A more detailed analysis of the data will be presented at the January Board meeting.
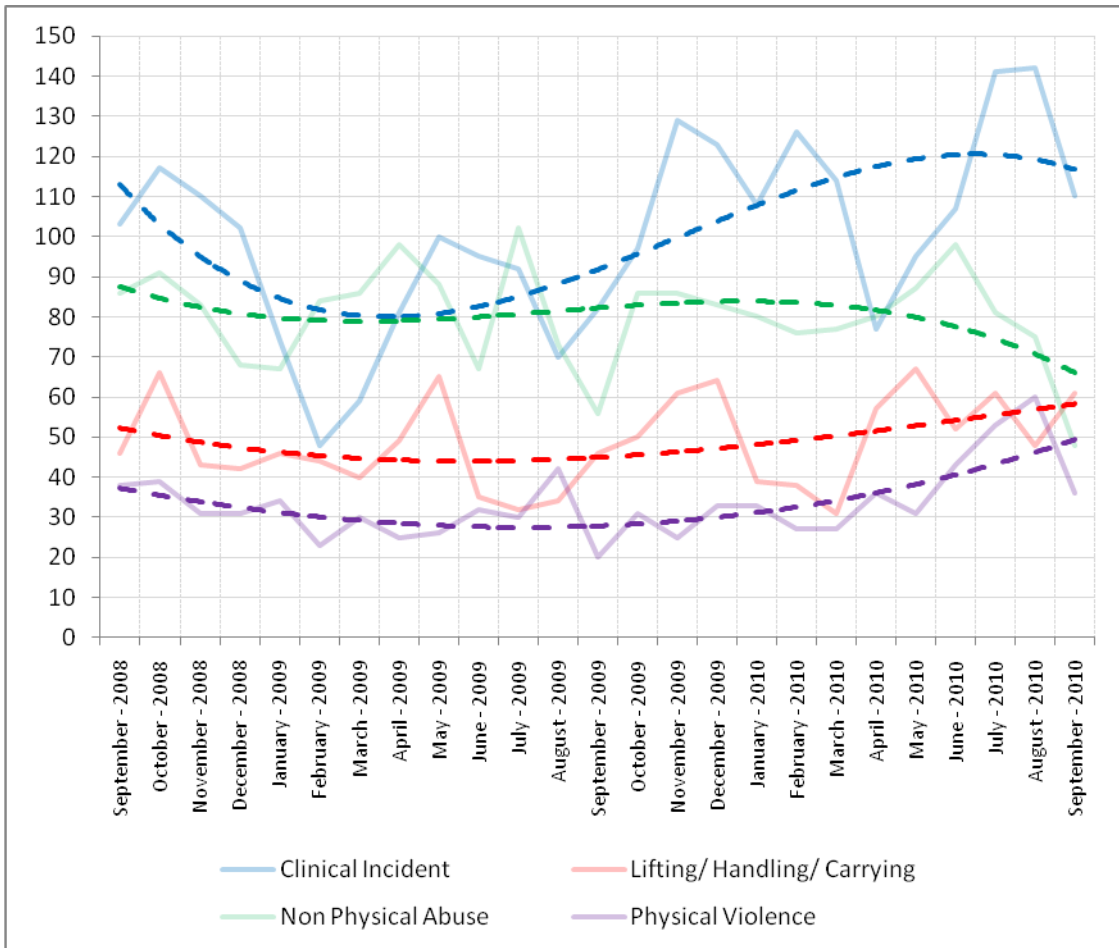
Appeals against dismissal and Employment Tribunals

Since the last Trust Board meeting, no appeals against dismissal or Employment Tribunal cases have been heard.

Monthly Trust Sickness Levels

Financial Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2007/08	5.73%	5.73%	6.10%	6.25%	6.05%	5.80%	6.33%	6.47%	6.34%	6.61%	6.32%	5.66%
2008/09	4.79%	4.49%	4.64%	4.96%	5.41%	5.26%	5.12%	5.50%	5.89%	5.01%	4.87%	4.44%
2009/10	4.27%	4.07%	4.19%	4.70%	4.39%	4.03%	4.38%	5.01%	4.99%	5.24%	4.99%	4.98%
2010/11	4.87%	5.08%	4.65%	5.29%	5.52%	5.15%						

Trust Sickness Levels 2007 - 2011
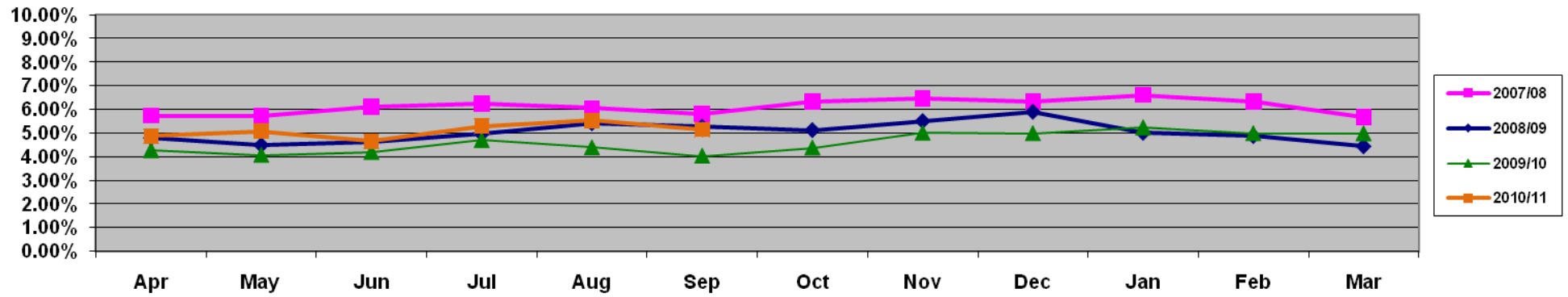
A&E Ops Sickness Levels

	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Calendar YTD	Financial YTD
A&E Operational Areas	4.96%	5.65%	5.55%	5.66%	5.36%	5.46%	5.45%	5.57%	5.06%	5.58%	5.79%	4.99%	5.42%	5.41%
Control Services	4.20%	5.09%	6.14%	7.10%	6.72%	6.89%	5.12%	5.64%	5.07%	5.17%	5.01%	5.10%	5.60%	5.18%
PTS	6.72%	7.03%	6.01%	5.39%	5.39%	4.42%	3.92%	5.10%	4.64%	6.84%	7.23%	8.04%	5.88%	5.93%
Non Operational Sickness	3.04%	3.61%	3.55%	3.43%	3.48%	3.12%	2.95%	3.24%	3.22%	4.09%	4.46%	5.18%	3.57%	3.80%
Trust Total	**4.38%**	**5.01%**	**4.99%**	**5.24%**	**4.99%**	**4.98%**	**4.87%**	**5.08%**	**4.65%**	**5.29%**	**5.52%**	**5.15%**	**5.01%**	**5.09%**

A&E Operations Sickness Levels
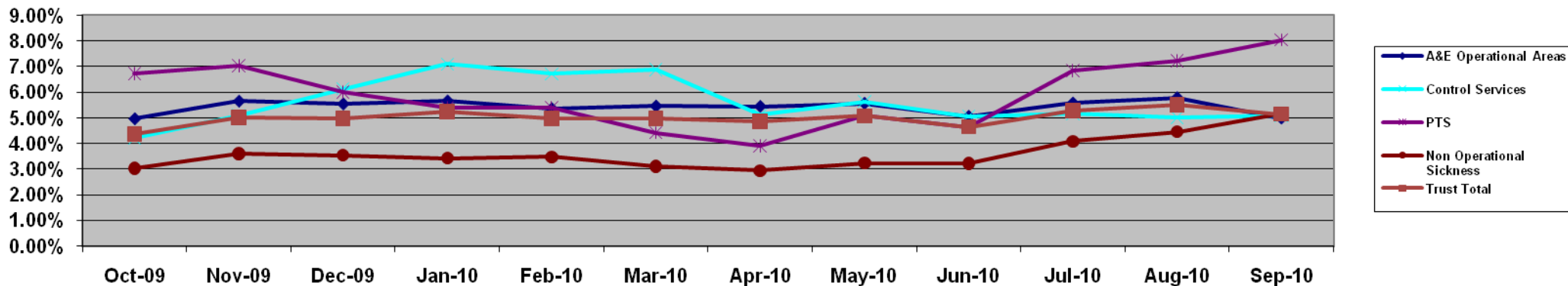
Staff Turnover

Staff Groups	Nov-08/Oct-09	Dec-08/Nov-09	Jan-09/Dec-09	Feb-09/Jan-10	Mar-09/Feb-10	Apr-09/Mar-10	May-09/Apr-10	Jun-09/May-10	Jul-09/Jun-10	Aug-09/Jul-10	Sep-09/Aug-10	Oct-09/Sep-10	Nov-09/Oct-10
A & C	9.55%	8.70%	8.62%	9.36%	9.38%	9.28%	9.48%	8.86%	9.51%	10.14%	9.68%	8.24%	8.50%
A & E	4.36%	4.28%	4.29%	4.22%	4.29%	4.61%	4.93%	5.12%	5.02%	5.28%	5.07%	5.25%	5.08%
CTA	4.35%	3.92%	4.35%	3.77%	4.00%	3.57%	3.64%	3.45%	3.64%	1.79%	1.75%	0.00%	0.00%
EOC Watch Staff	8.87%	8.91%	8.78%	8.70%	8.54%	8.78%	9.16%	9.48%	8.15%	7.69%	7.31%	7.13%	5.99%
Fleet	3.45%	1.79%	1.72%	1.79%	5.56%	8.77%	8.62%	10.53%	10.53%	10.53%	12.07%	12.28%	12.28%
PTS	6.25%	6.84%	6.47%	5.65%	6.14%	6.67%	7.59%	7.62%	7.21%	7.73%	10.29%	11.50%	13.02%
Resource Staff	8.51%	7.84%	8.51%	8.00%	6.12%	3.77%	5.66%	7.84%	7.55%	7.41%	7.55%	5.66%	5.88%
SMP	4.92%	4.42%	4.26%	3.37%	3.16%	2.31%	2.74%	2.29%	2.31%	2.30%	2.73%	2.94%	3.56%
Trust Total	**5.28%**	**5.12%**	**5.09%**	**4.95%**	**4.99%**	**5.18%**	**5.54%**	**5.64%**	**5.50%**	**5.69%**	**5.65%**	**5.67%**	**5.59%**

A & E Establishment as at October 2010

Position Titles	Staff in post(Fte)	Funded Est.	Variance		Leavers Month	Leavers FYD
Team Leader Paramedic	185.45	183.00	-2.45		0.00	3.00
ECP	61.23	64.17	2.94		0.00	2.00
Paramedic	948.15	885.74	-62.41		3.00	23.38
EMT 2-4	1053.59	1152.93	99.34		2.20	26.13
Student Paramedic 1	2.00	398.84	13.84		0.00	12.00
Student Paramedic 2	383.00				1.00	13.00
Student Paramedic 3	300.00	297.63	-3.37		0.00	0.00
Student Paramedic 4	1.00				0.00	0.00
EMT 1	20.61	319.17	-15.75		0.00	0.00
A&E Support	284.31				3.00	10.31
A&E Support Trainee	30.00				0.00	0.00
EMD1	94.45	101.83	7.38		0.00	10.00
EMD2	147.80	89.63	-58.17		0.00	1.00
EMD3	71.76	70.89	-0.87		0.00	0.00
EMD Allocator	72.83	67.66	-5.17		0.00	1.00
CTA	46.53	50.01	3.48		0.00	0.00
Total	**3702.71**	**3681.50**	**-21.21**		**9.20**	**101.82**

7. COMMUNICATIONS AND ENGAGEMENT

PPI and Public Education activity report

- There are over 500 PPI and public education events and activities recorded for 2010 so far, and over 300 members of LAS staff have registered an interest in doing public education work. Recent public education activities have included:

  - careers events, employment fairs and freshers' fairs
  - fire safety days and fire station open days
  - talks to groups of older people, and to Polish and Tamil women's groups
  - basic life support sessions in Tower Hamlets, for members of the Patients' Forum and for Muslim leaders
  - Safe Drive Stay Alive
  - Prison Me No Way
  - knife crime events
  - Junior Citizen events
  - community safety and road safety days
  - fetes, fairs and community events, including Wimbledon Common Rangers' open day, East Ham health fun day, Stratford Summer Festival and a Junior Lions' fun day at Millwall FC
  - school and pre-school visits
  - scout, brownie and beaver group visits
  - talks to a cardiac support group, St. Mungo's, and residents of the Westway travellers' site
  - the Learn to Save a Life in five minutes scheme at Heathrow airport
  - information sessions for residents of housing estates in Tower Hamlets
  - patient involvement in the design of new ambulance interiors

- The Head of PPI and Public Education is leading on the patient experience evaluation for the Clinical Response Model. This will start with a questionnaire, but could be developed further with focus groups or one-to-one interviews if any issues or trends are identified.

Feedback from Committees:

- At the PPI Committee reports were received from the Patients' Forum, the Head of PPI and Public Education, the PPI & Public Education Co-ordinator and the FT Membership Manager.

  One point of interest was that, under new legislation, Local Involvement Networks are to be replaced by Health Watch organisations. There are two members of staff in the PPI and Public Education team on short-term placements, one focusing on the Tower Hamlets Project and the other on activities with young people, particularly knife crime.

- The Public Education Strategy Steering Group discussed the process for recruitment to the next development programme, as there are over 40 members of staff on the waiting list. There was an update about the five complexes who had done the most public education work in the last quarter (Silvertown, Greenwich, Newham, Wimbledon and Chase Farm).

- At the Materials sub-group of the Public Education Strategy Steering Group, there was an update about the development of resources for teachers which are to be

placed on the website. There was also some discussion about an information sheet for people with learning disabilities, which is currently being produced.

Media

London bombings inquests: National media reported the evidence of some of the first members of staff to appear as witnesses at the inquests, in relation to the scene of the Aldgate incident. All staff went outside the court building after giving their evidence to allow the camera people and photographers to film and photograph them for use in any news reports.

At the time of writing, further witnesses were due to appear to give evidence about their involvement in the response to the bombing at Edgware Road.

The Service has also been referred to in the media on other days when staff have not been giving evidence, with headlines and reports based on comments and testimony from other witnesses. Further detail is given a little later in my report

Alcohol-related calls to under 18s: To tie in with Alcohol Concern's Alcohol Awareness Week in October the Service released alcohol-related call figures for under 18s. The week focussed on alcohol abuse amongst youngsters and Service figures were picked up by the Evening Standard and a number of local papers. Sky News interviewed Team Leader Brian Hayes about the issue and Deputy Director of Operations Jason Killens spoke live to Radio 5 Live and BBC News 24.

September performance against Category A target: Following a release from the GMB union about performance figures for September, the Evening Standard ran a misleading article in November under the headline '999 crews fail to meet response targets in two thirds of London'. A statement provided by the Service was paraphrased and no opportunity was given to respond on a number of other points raised within the article. The story was also covered by the Haringey Independent, the Richmond & &Twickenham Times and the Wanstead & Woodford Guardian – all of which were provided with localised statements.

Student protest: There was widespread media interest in the Service's response to the recent student protest in the capital, and casualty figures were issued regularly throughout the incident.

Five-year-old girl dials 999: The story of a five-year-old girl who dialled 999 when her mum collapsed at home generated positive coverage in the Evening Standard after a reunion was arranged with the mum and daughter and the EMD who answered the call. The story also made front page of the News Shopper who arranged a separate reconstruction photo shoot.

Other media issues: Local papers including the Hounslow Chronicle and Surrey Comet picked up on the story about off-duty Paramedic James Curtis who stopped and helped people injured in the train crash in Oxshott, Surrey. He was the first member of emergency services on scene and has been praised by South East Coast Ambulance Service managers.

The Croydon Guardian covered allegations of a teenage boy who claimed a crew refused to help him when he approached them after he was assaulted. And the theft of equipment from a first response car parked at Hillingdon ambulance station was reported on the front page of the Uxbridge Gazette. The official launch of a scheme to provide life-saving

training to passengers at Heathrow secured coverage in the Evening Standard and local papers.

7/7 Inquest

This update follows the report to the Trust Board in September 2010 and has been compiled with information from the Inquests' website http://www.independent.gov.uk/7julyinquests/

The Inquests into the 52 deaths of members of the public killed in the London bombings on 7 July 2005 resumed on 11 October 2010. In week one after legal submissions on behalf of the properly interested persons the Inquests heard evidence from witnesses who were passengers at Aldgate. In week two the train operator at Aldgate and witnesses from British Transport Police gave evidence about the immediate aftermath and the emergency response to the explosions. The Coroner Lady Justice Hallett said that evidence about generic issues would be heard in the New Year. In week three on 29 October 2010 Paramedic, Anthony Cumner, the first witness from LAS was called to give evidence. Anthony Cumner and Andrea Ray were in the first ambulance to arrive at Aldgate. Initially despatched to Liverpool Street at 09.04 and then diverted to Aldgate Mr Cumner estimated the time of arrival at Aldgate was 09.10. Mr Cumner took the role of 'Silver Medic' or Ambulance Incident Officer until Jonathan Edmondson, Emergency Planning Manager, arrived at 09.18. Mr Cumner reported that there was a major incident and made an initial assessment that five ambulances were required. Mr Cumner was questioned about the welfare debrief he attended at Millwall and the issues about communications and equipment that were raised in the debrief. When asked about the things that went well Counsel for some of the families said that "*great bravery and commitment shown on the part of individual members of your service*" should be added to the list.

In week four, on 2 November Paramedic, Tony Parnell, gave evidence on the role of the paramedic and 'Bronze Medic'. Mr Parnell declared a major incident at Aldgate and was asked if there were problems in contacting Control on the radio; he said that there were not. There were also questions about the administration of oxygen to critically ill patients, the type of stretchers carried on the Emergency Equipment Vehicle, and why a major incident was declared at Aldgate by three different people. Jonathan Edmondson also declared a major incident.

Steven Jones, Motorcycle Paramedic, followed in evidence. Mr Jones initially went to Liverpool Street following a report that smoke was coming out of the station. Mr Jones was asked about the role of 'Bronze Triage' and the assessments he conducted of injured passengers on the train. Lady Justice Hallett raised the issue of whether the use of the triage system, and the fact that the first members of staff to go down to the train didn't take any equipment with them, could have caused a delay in the treatment of patients as it wouldn't have been known how long it was going to take for other staff to arrive. Mr Jones said that he took the triage cards but quite deliberately did not take any medical equipment so as not to be drawn into treating patients. The short time taken to triage gave longer term benefit in providing information out what injuries had occurred and what equipment was needed. When asked whether there was a delay in opening the door on the Emergency Equipment Vehicle he said that it was maybe a minute or two. There were also questions about other major incidents Mr Jones had attended and whether any lessons from the Soho bombing were evident in the 7 July London bombings? Mr Jones answered that there was a recommendation that crews would have extra training on first

responders' actions at a major incident. He confirmed that he had not attended that training.

Craig Cassidy, Paramedic, followed Dr David Lockey of the Royal London Hospital. Mr Cassidy was flagged down by a police officer outside Aldgate Station on the way to a call to Liverpool Street, and recorded that he was the first fast responder on scene. There were questions about the equipment carried down to the train and Mr Cassidy confirmed that he took a portable defibrillator, oxygen and airway bag, and the paramedic bag. When asked if he left the train when a fire crew or police officer shouted to evacuate as they believed there was a secondary device Mr Cassidy said that he stayed and continued to look after three patients.

On 3 November, Paramedic, Alan Treacy, gave evidence. Mr Treacy was deployed to Liverpool Street and then diverted to Aldgate. There were questions about the equipment taken down into the tunnel at Aldgate and the treatment provided to patients. After answering questions about the treatment given to Carrie Taylor Lady Justice Hallett said *Thank you very much, Mr Treacy. I'm sure it's of great comfort to people like Mr and Mrs Taylor, and indeed others, to know that you bravely risked your life to go and try and help their daughter and the other desperately injured people.*

Some witnesses have had their witness statement read in Court, and the first statement from an LAS witness was read on 3 November.

On 4 November, Jonathan Edmondson, Emergency Planning Manager for the LAS in 2005 and currently with Kensington and Chelsea PCT, gave evidence following two witnesses from the London Fire Brigade. Mr Edmondson was asked if his "suggestion" that a major incident should be declared would have been treated differently than if he had said that a major incident was declared? Mr Edmondson said that he believed it would not have made a difference, as Control would have still have asked how many ambulances were required. Mr Edmondson added that since the 7 July London bombings the system had changed so that if a major incident was declared a minimum number of ambulances would be sent. There were questions about triaging and Mr Edmondson explained that triaging was a system intended "to do the most for the most".

Mr Edmondson was told that he would be recalled in February 2011 to give evidence to the Inquests on generic and command and control issues.

In week five, evidence was heard about the emergency response and immediate aftermath at Edgware Road from witnesses who survived their injuries from the bombing.

The next witnesses from the LAS to give evidence were expected to be called on 22nd, 23rd and 25th November. A further update will be provided to the next meeting of the Trust Board.

Peter Bradley CBE
Chief Executive Officer

22 November 2010

London Ambulance Service
NHS Trust

Information Pack for Trust Board

October 10

**Please be aware there I have only updated a performance measures for Nov (1st-22nd)

London Ambulance Service NHS Trust
Accident and Emergency Service
Activity / Call Process - October 2010

Graph 1
Average number of Cat A, B & C incidents per day

149 more incidents per day (Apr- Oct) 10/11

Legend: 2009/2010, 2010/2011

Graph 2
Average number of Cat A incidents per day

33 more incidents per day (Apr - Oct) 10/11

Legend: 2009/2010, 2010/2011

Graph 3
Average number of Cat B incidents per day

10 more incidents per day (Apr - Oct) 10/11

Legend: 2009/2010, 2010/2011

Graph 4
Average number of Cat C incidents per day

106 more incidents per day(Apr - Oct) 10/11

Legend: 2009/2010, 2010/2011

Graph 5
Average number of 999 calls received per day

-162 fewer calls per day (Apr - Oct) 10/11

Legend: 2009/2010, 2010/2011

Graph 6
No of incidents conveyed

Legend: 09/10 Conveyances, 10/11 Conveyances, "09-10 Incidents", 10-11 incidents

London Ambulance Service NHS Trust
Accident and Emergency Service
Performance - October 2010

Graph 7
Category A 8 minute performance

75.36%% YTD 10/11 (Apr - Nov 22nd)

Target 75% • 2009/2010 • 2010/2011
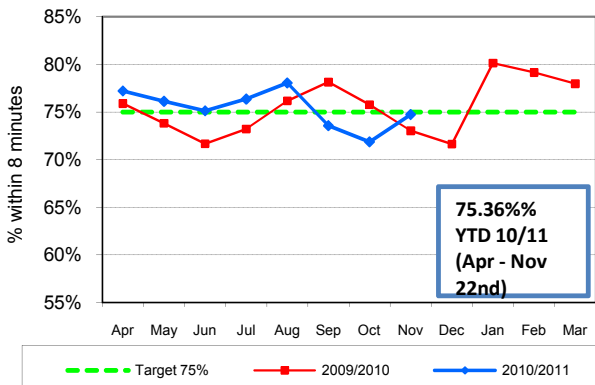
Graph 8
Category A 19 minute performance

99.28% YTD (Apr - Nov 22nd)10/11

Target 95% • 2009/2010 • 2010/2011

Graph 9
Category B 19 minute performance

91.63% YTD (Apr - Nov 22nd)10/11

Target 95% • 2009/2010 • 2010/2011
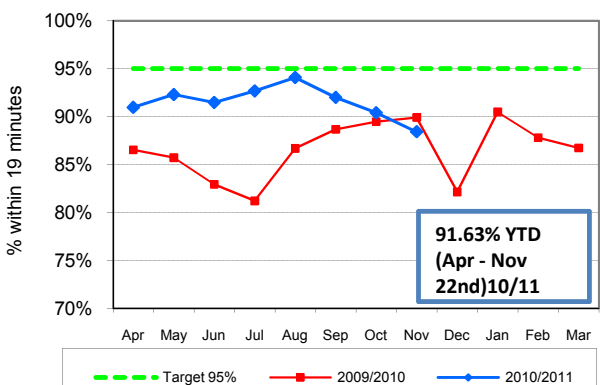
Graph 10
Category C incidents (excluding card 35) responded to within 1 hour (call connect to arrive scene)

91.16 YTD (Apr - Nov 22nd)10/11

2009/2010 • 2010/2011
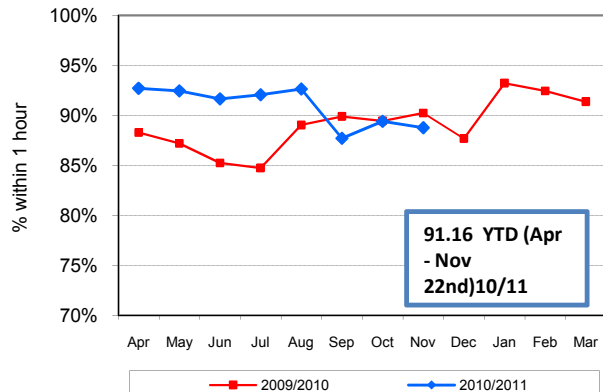
Graph 11
Percentage of calls answered within 5 seconds

94.395% YTD (Apr - Oct) 10/11

Target 95% • 2009/2010 • 2010/2011
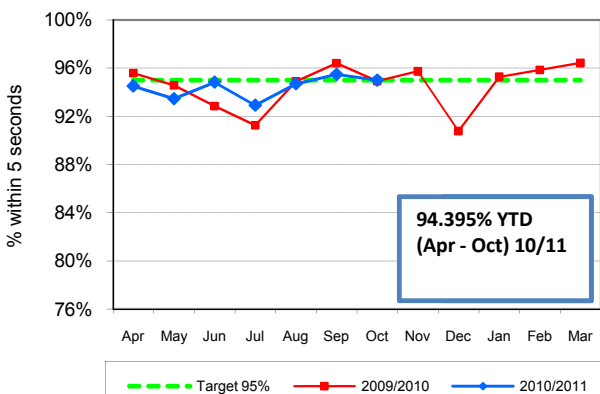
Graph 12
Rest Breaks Given
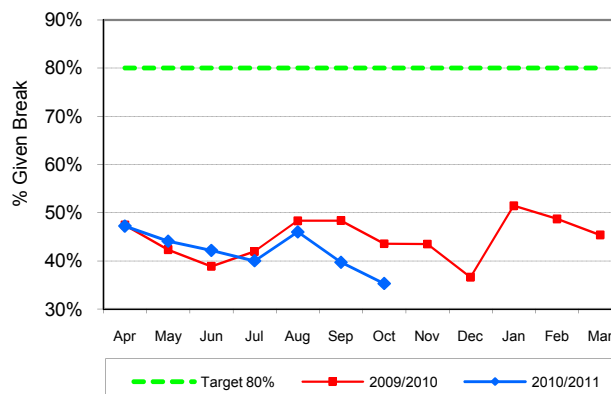
Target 80% • 2009/2010 • 2010/2011

London Ambulance Service NHS Trust
Accident and Emergency Service
Performance - October 2010

Graph 13
Category A 8 minute performance

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target 75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
2010/2011	77.2%	76.1%	75.1%	76.4%	78.0%	73.57%	71.88%	74.74%				
Cat A trajectory (10/11)	77.0%	78.0%	76.0%	77.0%	78.0%	79.0%	77.0%	77.0%	75.0%	77.0%	76.0%	76.0%
2009/2010	75.9%	73.8%	71.7%	73.2%	76.2%	78.1%	75.8%	73.0%	71.6%	80.1%	79.2%	78.0%

Legend: — · — Target 75% — 2010/2011 — Cat A trajectory (10/11) — 2009/2010
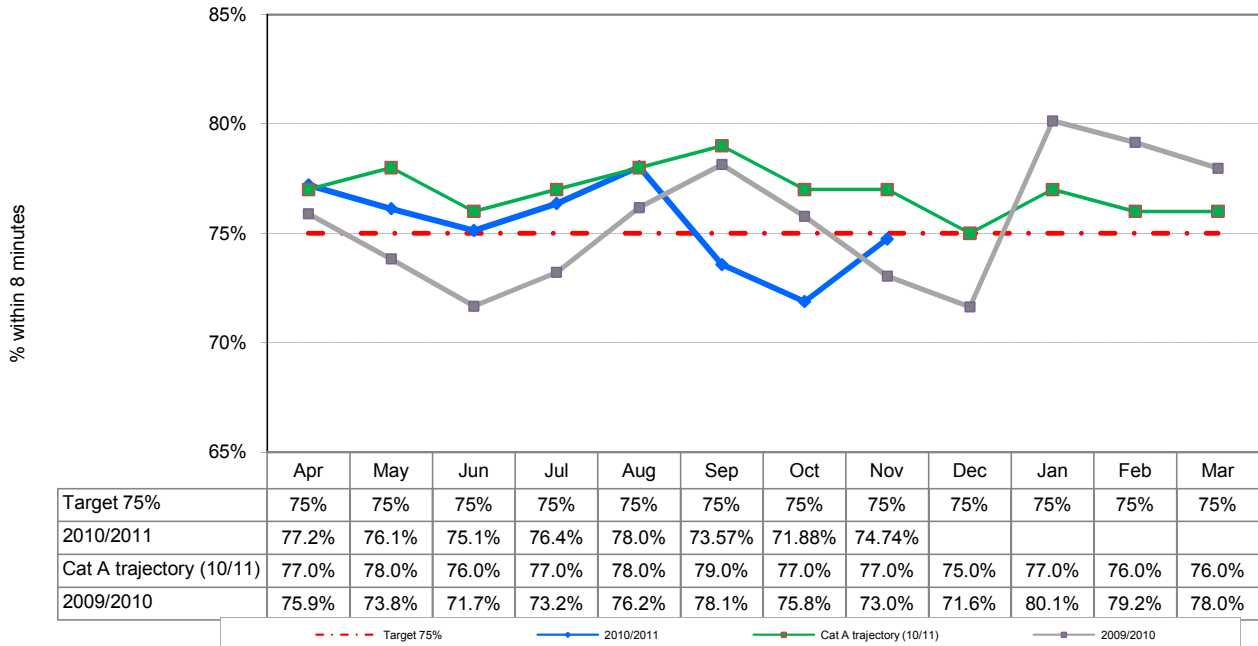
**Please be aware there is no data for CTA/NHSD

Graph 14
Category B 19 minute performance

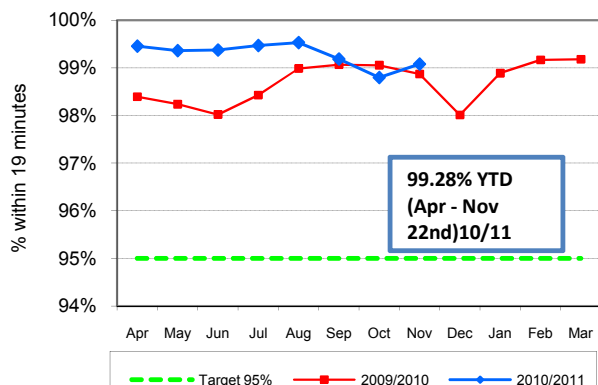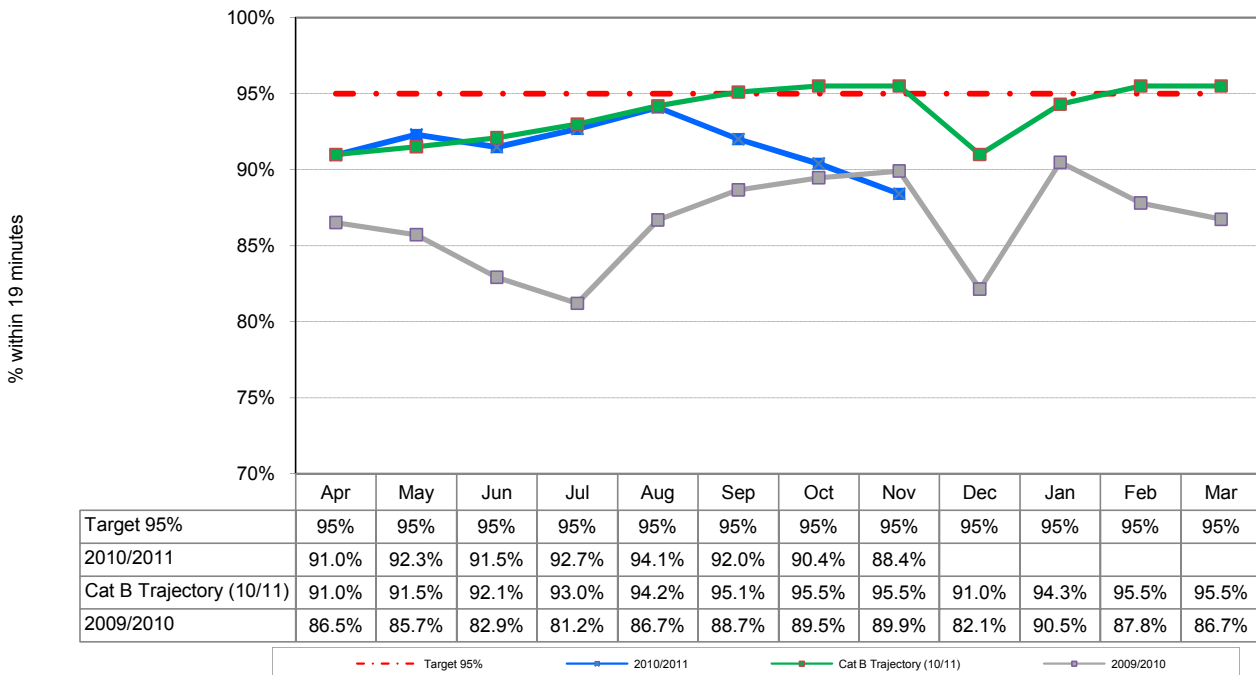|	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target 95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
2010/2011	91.0%	92.3%	91.5%	92.7%	94.1%	92.0%	90.4%	88.4%				
Cat B Trajectory (10/11)	91.0%	91.5%	92.1%	93.0%	94.2%	95.1%	95.5%	95.5%	91.0%	94.3%	95.5%	95.5%
2009/2010	86.5%	85.7%	82.9%	81.2%	86.7%	88.7%	89.5%	89.9%	82.1%	90.5%	87.8%	86.7%

Legend: — · — Target 95% — 2010/2011 — Cat B Trajectory (10/11) — 2009/2010

London Ambulance Service NHS Trust
Accident and Emergency Service
Efficiency and Effectiveness - October 2010

Graph 15
Ambulance Hours average available per day

Legend: 2009/2010 — Funded Amb Hours — 2010/2011
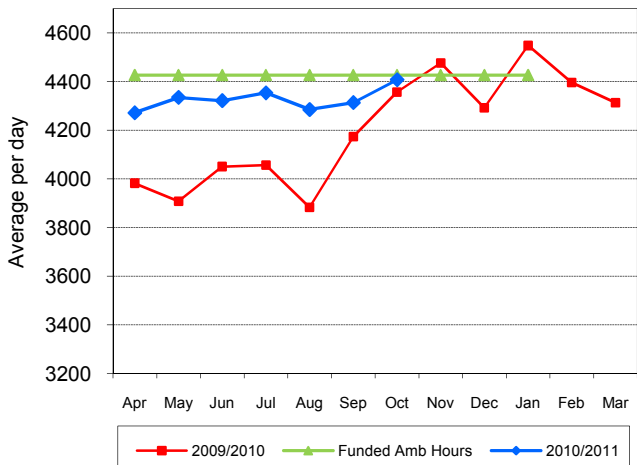
Graph 16
FRU hours average available per day

Legend: 2009/2010 — Funded FRU Hours — 2010/2011
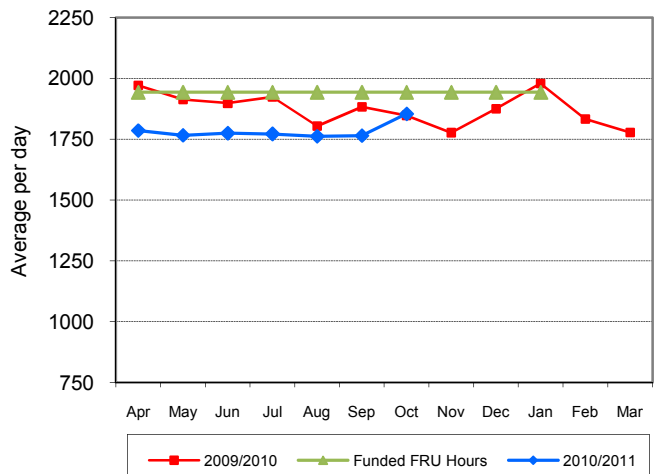
LAS hours in the day Compliant to ORH

Legend: Wednesday — Sunday
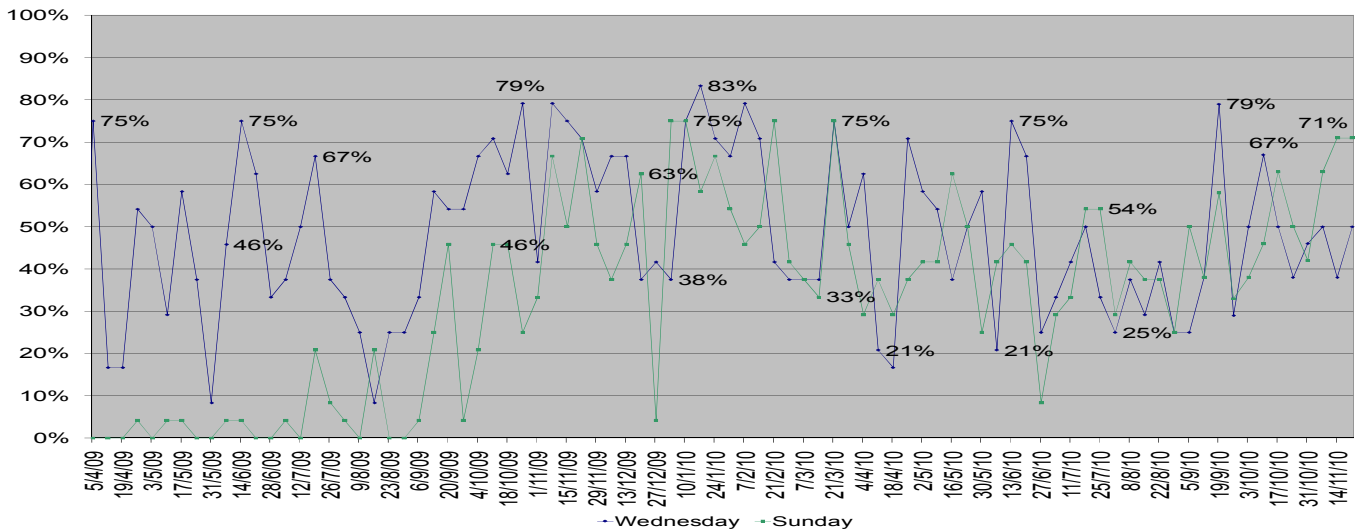
Graph 17
UOC Hours average available per day

Legend: 2009/2010 — Funded UCS Hours — 2010/2011
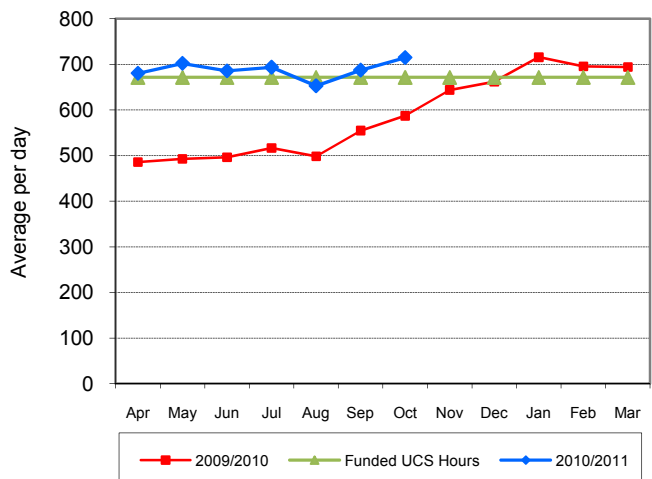
Graph 18
All Vehicle Hours average available per day

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

Legend: 2009/2010 — Funded Total Hours — 2010/2011
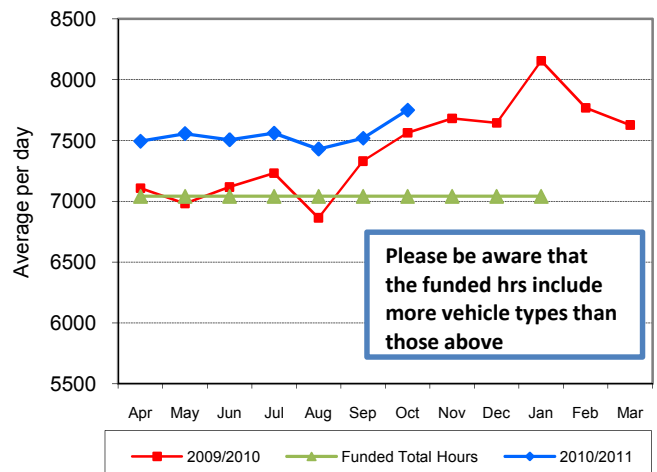
includes other vehicle types other than those above

London Ambulance Service NHS Trust
Accident and Emergency Service
Efficiency and Effectiveness - October 2010

Graph 19
FRU Utilisation
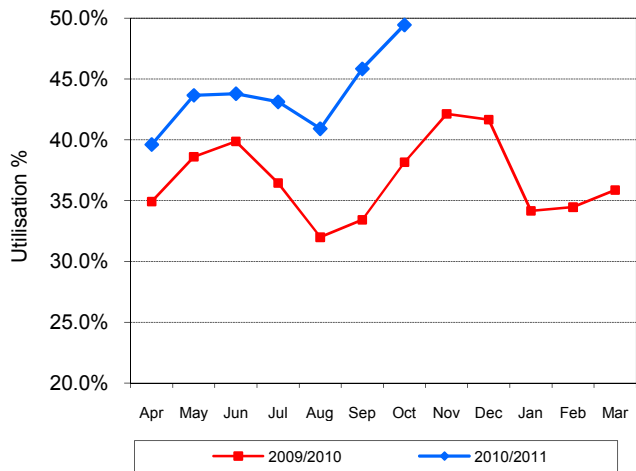
Graph 20
Ambulance Utilisation
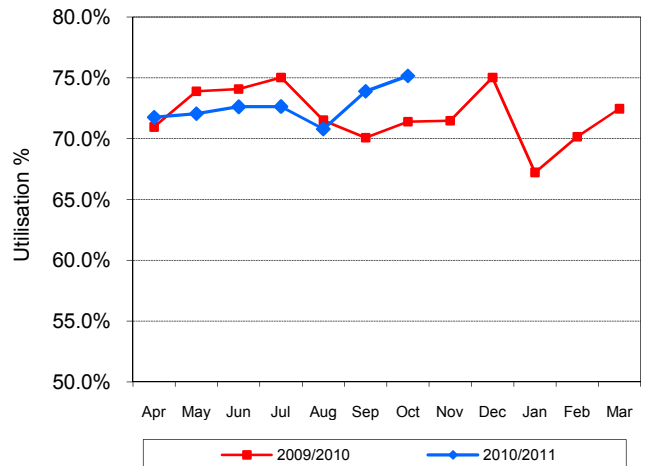
Graph 21
EOC hours staffed per day
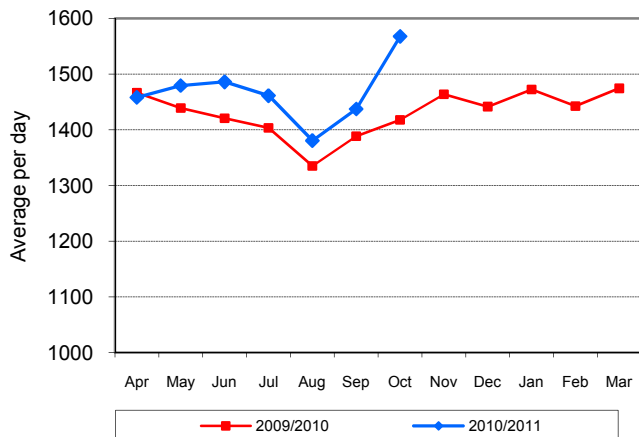
Graph 22
Average hospital turnaround time

114 seconds better YTD (Apr Oct) 09/10 - 10/11 - PRF's being keyed
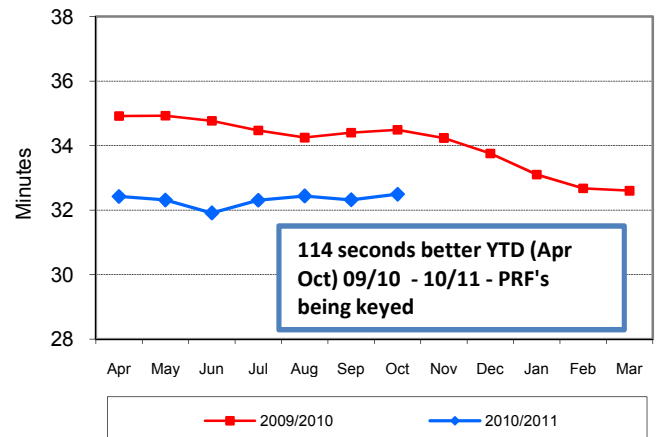
Graph 23
Average Arrival at Hospital to Handover (Mins)
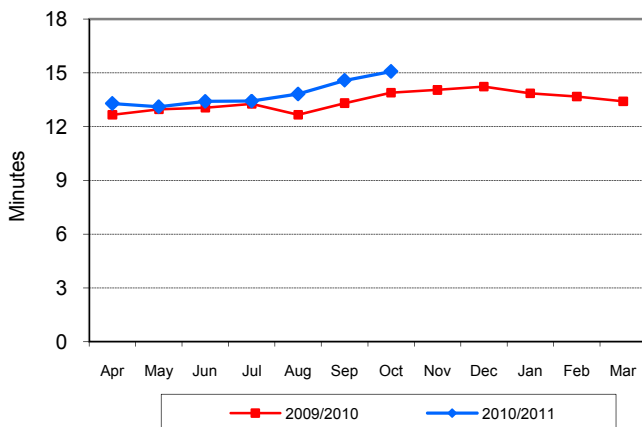
Graph 24
Average Handover to Green (Mins)
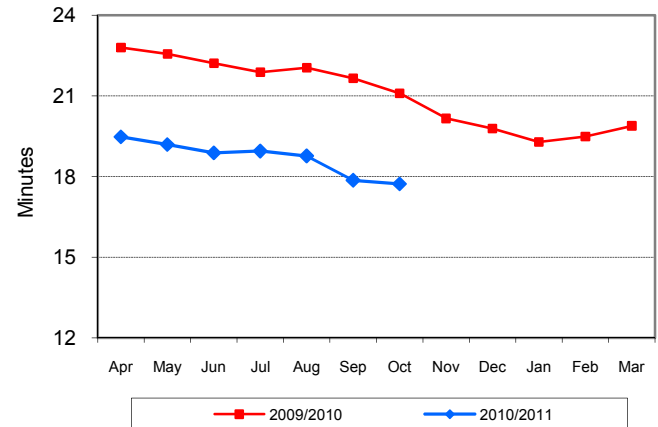
London Ambulance Service NHS Trust
Patient Transport Service
Activity and Performance - October 2010

Graph 25
Arrival at Hospital Against Appointment Time
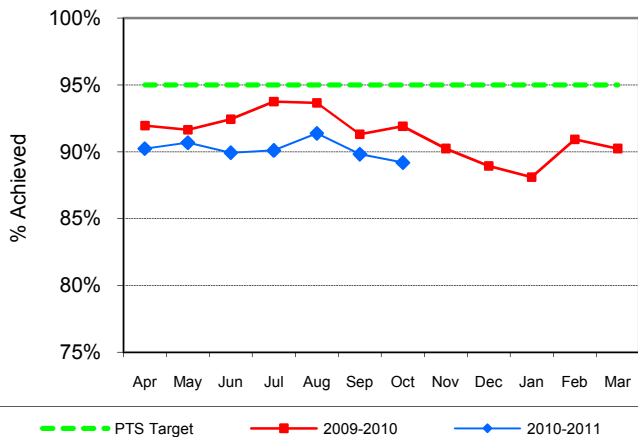
Graph 26
Departure Against Ready Time
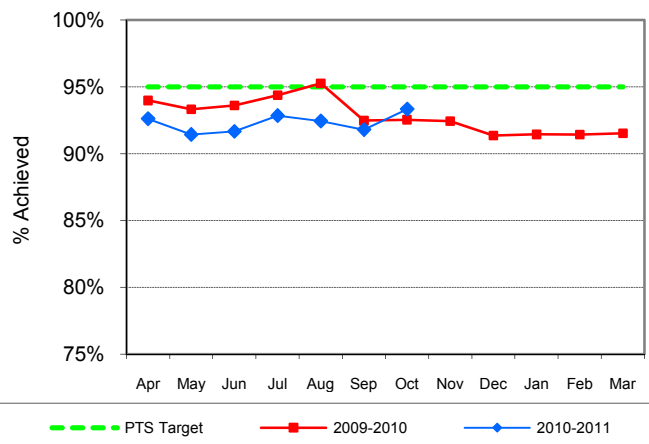
Graph 27
Time spent on Vehicle
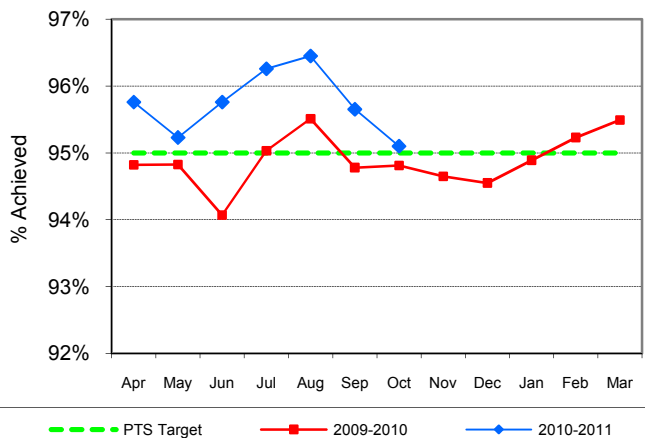
Graph 28
PTS Total Activity
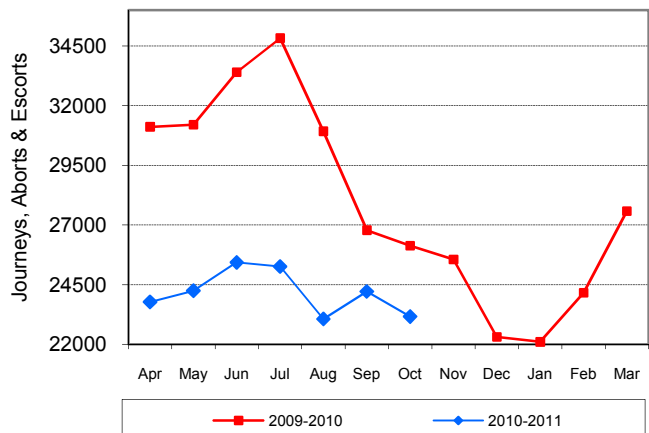
London Ambulance Service NHS Trust
Accident and Emergency Service
UOC Effectiveness - October 2010
Incident information is based on responses where a vehicle has arrived on scene for dispatches occuring during UOC operational hours (0700 -02259)

Graph 29
CAT A, B & C Workload by Urgent Care Vehicles average incidents per day

Legend: Cat A, Cat B, Cat C, Non Urgent
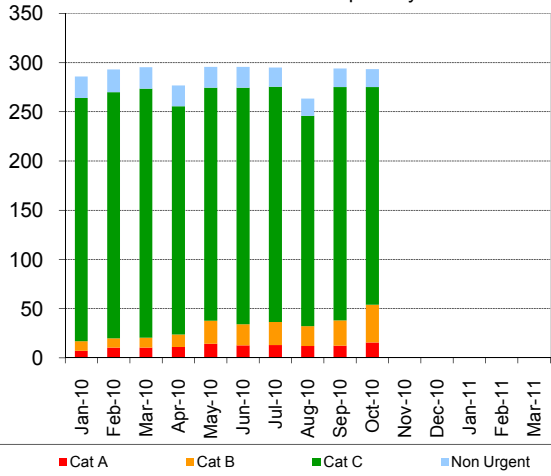
Graph 30
CTA/NHSD Ambulances saved

Legend: NHSD 09/10, CTA 09/10, NHSD 10/11, CTA 10/11
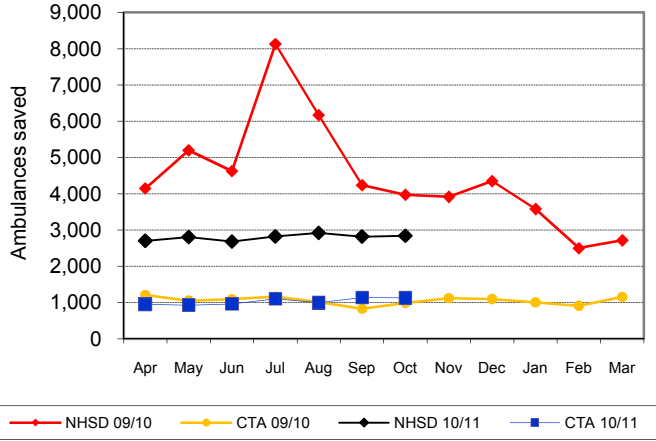
Graph 31
UOC Utilisation

Legend: 2009/2010, 2010/2011
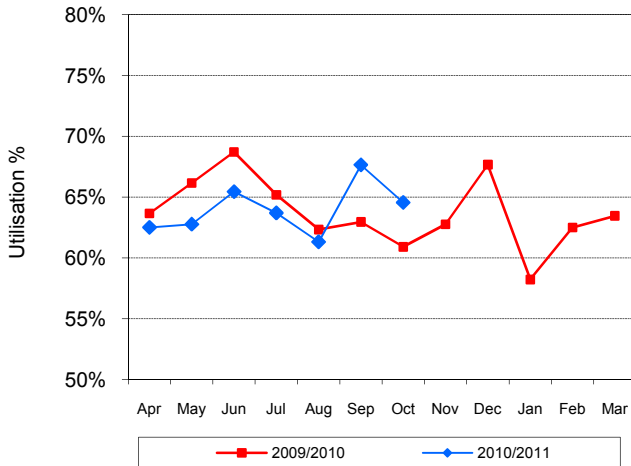
Graph 32
Green resolution - September 2010

VAS/Private/PTS Responses (Greens), 8, 0%
EOC Responses (Greens), 6706, 38%
CTA saved, 1138, 7%
UOC Responses (Greens), 6757, 39%
NHSD saved, 2818, 16%
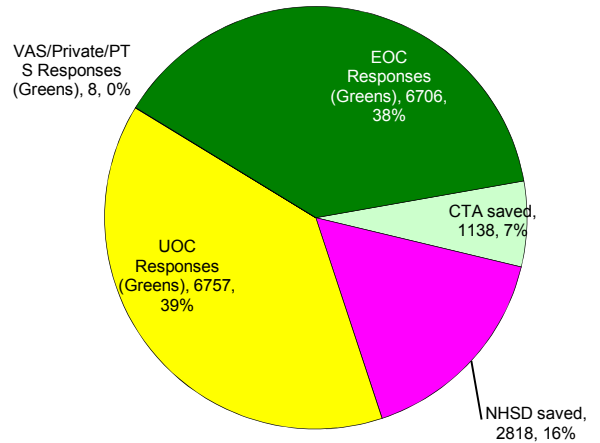
Graph 33
Safeguarding children and adults

Legend: 2009/2010, 2010/2011
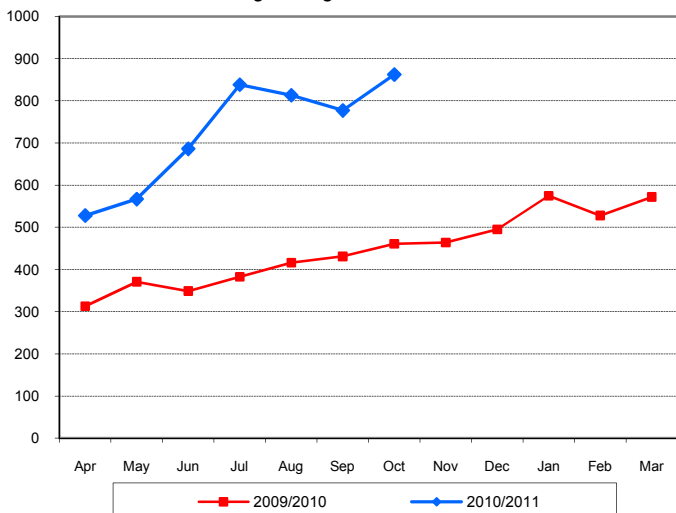
Graph 34
Patients conveyed to Non A&E Departments - LAS

Legend: "Non A&E 09/10, Non A&E 10/11
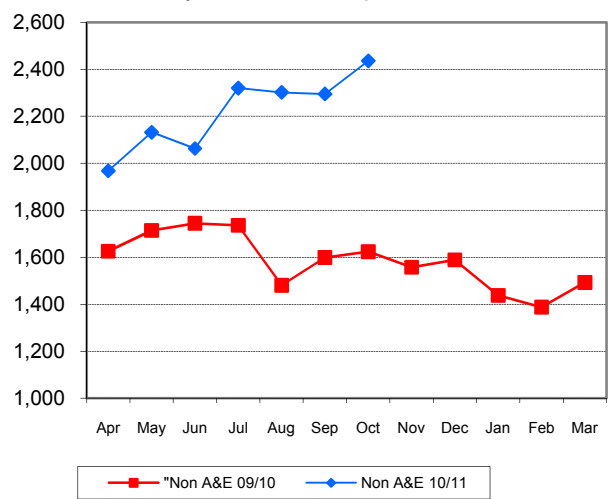
Balanced Scorecard Supporting Indicators

Accountability		PI	May 10			Jun 10			Jul 10			Aug 10			Sep 10			Oct 10			Nov 10			Dec 10			Jan 11			Feb 11			Mar 11			PI Actual
Owner	Sponsor	PI Target Name	G	Actual	V	G	Actual	V	G	Actual	V	G	Actual	V	G	Actual	V	G	Actual	V	G	Actual	V	G	Actual	V	G	Actual	V	G	Actual	V	G	Actual	V	Commentary
Care for patients																																				
CO1. % of FAST positive patients taken to appropriate specialist centres																																				
Gurkamal Virdi	Fionna Moore	% of FAST positive patients taken to appropriate specialist centres	0	57	▷G	90	95	▽G	90	95	▷G	90		▷?	90		▷?	90		▷?	90		▷?	90		▷?	90		▷?	90		▷?	90		▷?	2010-11-19 GV: 71% of FAST positive patients were conveyed to a HASU, a further 24% of FAST positive patients were appropriately transported to the nearest A&E. Therefore, 95% of patients were conveyed to an appropriate facility. This is encouraging as phase 2 of the stroke pathway went live on 19th July and it is evident from this data that more patients are being conveyed to a HASU.
CO1. Improved outcome following STEMI																																				
Gurkamal Virdi	Fionna Moore	% of STEMI patients taken to specialist cardiac centres	90		▷?	90		▷?	90	91	▷G	90	93	△G	90	90	▽G	90		▷?	90		▷?	90		▷?	90		▷?	90		▷?	90		▷?	GV 2010-11-05: In September, 90% of patients were taken directly to a Cath Lab with a further 9% of patients appropriately transported to A&E. Therefore 99% of patients were conveyed to an appropriate facility.
CO1. Increase in survival rates for trauma patients																																				
Gurkamal Virdi	Fionna Moore	% of appropriate patients taken to major trauma centres	90	96	▽G	90	99	△G	90		▷?	90		▷?	90		▷?	90		▷?	90		▷?	90		▷?	90		▷?	90		▷?	90		▷?	GV 2010-11-05: For June 2010, 99% of major trauma patients were appropriately conveyed to a MTC or a local trauma unit (A&E). This exceeds the target set for the LAS of 90% conveyance of major trauma patients to an appropriate facility. NB: data capture is currently 4 months in arrears; a plan is in place to ensure that a target of 1 month in arrears will be achieved by year end.
CO1. Survival rate for out of hospital cardiac arrest																																				
Gurkamal Virdi	Fionna Moore	% patients with presumed cardiac aetiology who have a return of spontaneous circulation (ROSC)	23		▷?	23		▷?	23	23	▷G	23	26	△G	23	25	▽G	23		▷?	23		▷?	23		▷?	23		▷?	23		▷?	23		▷?	
Gurkamal Virdi	Fionna Moore	Number of defibrillators in public places	10	4	▽R	17	7	▽R	17	9	△R	17	12	△R	20	14	▽R	25	22	△R	30		▷?	34		▷?	40		▷?	45		▷?	53		▷?	CHS 08/11/10. Plans are in place to completely recover this situation, and the number below target is already starting to reduce.
Gurkamal Virdi	Fionna Moore	Number of people trained by the Trust under the community	20	24	△G	30	24	▽R	40	24	▽R	40	42	△G	50	54	△G	60	78	△G	70		▷?	75		▷?	85		▷?	95		▷?	100		▷?	
Gurkamal Virdi	Fionna Moore	Number of people trained to use defibrillators	100	100	△G	150	164	△G	160	210	△G	160	235	△G	210	315	△G	260	362	▽G	300		▷?	320		▷?	370		▷?	420		▷?	483		▷?	
CO2. Increased use of appropriate care pathways																																				
Emma Williams	Lizzy Bovill	% of complexes with new Clinical Response Model in	0		▷?	0		▷?	0		▷?	0		▷?	0		▷?	1		▷?	2		▷?	2		▷?	3		▷?	3		▷?	3		▷?	-
Emma Williams	Lizzy Bovill	Number of of falls referred to established pathway	100	114	△G	100	120	△G	100	131	△G	100	113	▽G	100	137	△G	100		▷?	100		▷?	100		▷?	100		▷?	100		▷?	100		▷?	
Emma Williams	Lizzy Bovill	Number of patients referred to a community provider	200	989	△G	200	1015	△G	200	1088	△G	200	1174	△G	200	1101	▽G	200		▷?	200		▷?	200		▷?	200		▷?	200		▷?	200		▷?	
Emma Williams	Lizzy Bovill	The % of total incidents resolved through CTA, NHSD SW	33		▷?	33		▷?	33		▷?	33		▷?	33		▷?	33	4.3	▷R	33		▷?	33		▷?	33		▷?	33		▷?	33		▷?	CMC 1511/10: NB: resolved by CTA + resolved by NHSD + Cases not conveyed year to date fig is 27.03%
CO2. Increased use of appropriate care pathways PART 2																																				

Balanced Scorecard Supporting Indicators

Lead	Owner	Indicator	T	A	T	A	T	A	T	A	T	A	T	A	T	A	T	A	T	A	T	A	T	A	Comments
Stephen Hines	Fionna Moore	End of Life care target - 50% processed in 72	50		50		50		50		50	98	50	70	50		50		50		50		50		SH 11/10/10 Four days with no address flagging due to an IT issue. 30 palliative care patients not reported to us due to an IT issue at Lambeth PCT
Stephen Hines	Fionna Moore	Patient Specific Protocols target - 75% processed within 48 hrs SH	75		75		75		75		75	77	75	100	75		75		75		75		75		SH 11/10/10 all 1st letters went out within 48 hours of arriving with the team. 2 requests went elsewhere in the Service, causing a delay in processing.

CO3. Meet locally agreed Category C response target

Lead	Owner	Indicator	T	A	T	A	T	A	T	A	T	A	T	A	T	A	T	A	T	A	T	A	T	A	Comments
Jason Killens	Richard Webber	Meet locally agreed Category C (30 minute callback) response target	90	97	90	96.6	90	96	90	97.5	90	96.6	90	0	90		90		90		90		90		RH 07/11/2010 PSIAM has been upgraded but due to data issue MI are currently unable to abstract the data. Therefore I am unable to comment or RAG this criterion. (CMC: actual of '0' recorded, and based on performance ytd 'amber' RAG set).
Jason Killens	Richard Webber	Meet locally agreed Category C (60 minute ambulance response target)	90	93	90	91.7	90	92.1	90	92.6	90	89	90	89.4	90		90		90		90		90		RH 07/11/2010 The Trust did not achieve the 90% milestone falling marginally short by -0.6% ending the Month of October on 894%. The Trust remains on target to achieve the Category C target, YTD sitting at 91.37%.

CO3. Meet the Category A (8 and 19 minutes) response time target

Lead	Owner	Indicator	T	A	T	A	T	A	T	A	T	A	T	A	T	A	T	A	T	A	T	A	T	A	Comments
Jason Killens	Richard Webber	% Calls answered in 5 seconds -----	95	93	95	94.82	95	92.9	95	93.6	95	95.3	95	95.8	95		95		95		95		95		CPD 02/11/10 Achieving target set
Jason Killens	Richard Webber	% of Category A activation within 45 seconds ------	60	45	60	45.3	60	45.6	60	45.5	60	63.4	60	60.84	60		60		60		60		60		JB 10/11/10 Achieving Target Set
Jason Killens	Richard Webber	Achievement of Cat A (19 minutes) ----- CD	95		95		95		95	77.9	95	99.1	95	98.7	95		95		95		95		95		CPD 02/11/10 Achieving target set
Jason Killens	Richard Webber	Achievement of Cat A (8 minutes) ----- CD	78	76	76	75.12	77		78	99.51	79	73.4	77	71.7	77		75		77		76		76		CPD 05/11/10 Poor FRU production against the 100 units per day, this has been addressed and will be rectified. School holidayd during month. Number of HH students were at a p[eek of transition from SP2 to SP3.
Jason Killens	Richard Webber	AEU mobilisation from station less than 30% ----	30		30		30		30	25	30	29	30	25	30		30		30		30		30		CPD 08/11/10 Achieving target set
Jason Killens	Richard Webber	Ambulance mobilisation <208sec Average --	208		208		208	114	208		208	140	208	234	208		208		208		208		208		CPD 02/11/10 By reducing the mobilisation from station will in turn reduce the mobilisation average.
Jason Killens	Richard Webber	Ambulance utilisation of 55% -	55	72	55	72.6	55	71.7	55		55	76.8	55	77.6	55		55		55		55		55		CPD 02/11/10 by ensuring the staffing of all resources is adequate will reduce the utilisation
Jason Killens	Richard Webber	FRU mobilisation <134 sec Average	134		134		134	85.9	134	107	134	101	134	105	134		134		134		134		134		CPD 02/11/10 Achieving target set
Jason Killens	Richard Webber	FRU mobilisation from station less than 25% -------	25		25		25	26	25	28	25		25	25	25		25		25		25		25		CPD 05/11/10 Target Met
Jason Killens	Richard Webber	FRU utilisation of 40% ------ CD	40	44	40	43.8	40	42.5	40		40	46.2	40	47.8	40		40		40		40		40		CPD 05/11/10 Increased FRU utilisation due to increased Cat A demand and reduced FRU manning.
Jason Killens	Richard Webber	Job cycle time (incl. hospital turnaround) 51 minutes ----- CD	51		51		51		51		51	64	51	65	51	66	51		51		51		51		CPD 05/11/10 Increased clincal assessment is being expected to ensure that patient is transport appropriately and we are experincing increased hospital issues.
Jason Killens	Richard Webber	Proportion of the year below REAP level 1 & 2 combined --- CD	75		75		75		75		75	85	75	78.1	75		75		75		75		75		CPD 11/08/10 25 weeks out of 32 we have been at level 2 or below
Jason Killens	Richard Webber	Staffing total hours produced as per contract (AEU) ---- GH	100		100		100		100		100	88.6	100	99.5	100		100		100		100		100		GH 06-11-2010 The 100% milestone for AEU is an average of 4426hrs per day. During October we produced an average of 4405 per day which is 99.5%. This was a really good month for production with 2 weeks over 30.5K hrs and two over 31K hrs. Only one day in the month was below 4k hrs. Whilst productions has improved the next step is to even out compliance.

Balanced Scorecard Supporting Indicators

Jason Killens	Richard Webber	Staffing total hours produced as per contract (All) ----- GH	100	▷?	100	▷?	100	▷?	100	▷?	100	87.9 R	100	96.8 G	100	▷?	100	▷?	100	▷?	100	▷?	100	▷?	GH 06-11-2010 total hrs required are 4426(DCA), 1943 (FRV) and 671 (UC) =Total 7040hrs. in October we produced 4405(DCA) 1688(FRV) and 728 (UC) = Total 6821. Therefore the PI is 96.8%. Improvement is required in FRV hrs
Jason Killens	Richard Webber	Staffing total hours produced as per contract (FRU) ----- GH	100	▷?	100	▷?	100	▷?	100	▷?	100	90.8 R	100	86.8 R	100	▷?	100	▷?	100	▷?	100	▷?	100	▷?	GH 06-11-2010 FRV hrs produced were 255 hrs down per day this month. There is still a reluctance of staff to work on FRV. Most shifts are covered on overtime. There has been a reduction in ACR as well as specialised cars being deployed which are not working under Fred. (this has been changed in November)
Jason Killens	Richard Webber	Staffing total hours produced as per contract (UC) ----- GH	100	▷?	100	▷?	100	▷?	100	▷?	100	87.1 R	100	108 G	100	▷?	100	▷?	100	▷?	100	▷?	100	▷?	GH 06-11-2010 The target for UC staffing is an average of 671hrs per day. In October we produced 728hrs per day therefore this is green
Jason Killens	Richard Webber	VOR % ----- CV	12	▷?	12	▷?	12	▷?	12	▷?	12	11 G	12	10 G	12	4.9 G	12	▷?	12	▷?	12	▷?	12	▷?	

CO3. Meet the Category B (19 minutes) response time target

Jason Killens	Richard Webber	% Category B activation of 90 seconds - JB (PW)	70	66 R	70	69.5 R	70	70.3 G	70	72.7 G	70	71.44 G	70	68.93 R	70	▷?	70	▷?	70	▷?	70	▷?	70	▷?	JB 10/11/10 Some Slippage. Potentially due to Amber Trial ending. Also, fire in EOC, Half Term and Halloween would have impacted on demand.
Jason Killens	Richard Webber	Achievement of Cat B (19 minutes) -		92 ▷?		91.48 ▷?	86	92.7 G	86.5	93.97 G	93	92.1 R	90	90.3 G	91.5	▷?	94		95		95		95	▷?	CPD 02/11/10 Achieving target set

CO4. Meet Health & Safety target

John Selby	Caron Hitchen	Meet Health & Safety target - H&S incidents reported within 7 days	35	34 R	35	30.72 R	35	33.6 R	35	35.93 G	35	55.5 G	38	33.1 R	40	▷?	43	▷?	45	▷?	48	▷?	53	▷?	AK 01/11/10: There was a reduction in the number of email submissions which resulted in a decrease in the number reported within 7 days. In addition, several were emailed several days after the incident date, again pushing down the figure. Despite this, the south sector saw an improvement in reporting figures, as Croydon and Oval have begun submitting emails. West saw a large rise in average reporting, due largely to several late submissions from Friern Barnet complex. East = 16.8 days (+43%), HQ = 2.0 days (-74%), South = 8.9 days (-26%), West = 15.3 days (-169%)

CO4. Meet Infection control target - Compliance on Infection Control Audit

Trevor Hubbard	Fionna Moore	Compliance with guidelines as % of all	85	84 R	85	86.1 G	85	▷?	85	92.5 G	85	85.6 G	85	90 G	85	▷?	85	▷?	85	▷?	85	▷?	85	▷?	
Trevor Hubbard	Fionna Moore	Infection control audits as per plan - complexes to undertake infection control audit, quarterly returns will be received over the 3 month period	20	23 G	36	36 G	20	7 R	20	2 R	36	52 G	20	9 R	20	▷?	36	▷?	20	▷?	20	▷?	36	▷?	TH 2010-11-06: Only 9 audits received in first month of Q3. the measurement of returns/compliance in 10/11 willl provide a benchmark for settting the 2011/12 monthly milestones for the quarterly returns. To date there has been a good level of returns received and the expectation is that the target for the quarter will be achieved by 31st Jan. 2010.

CO4. Meet patient report form completion target

Jason Killens	Richard Webber	Meet patient report form completion target - % PRFs received within 7 days	95	▷?	95	▷?	95	▷?	95	99.3 G	95	98.9 G	95	98.7 G	95	▷?	95	▷?	95	▷?	95	▷?	95	▷?	CPD 02/11/10 Achieving target set

Good for staff

CO5. Increase in staff confidence levels

Jason Killens	Richard Webber	% of non-operational staff receiving PDR sessions per annum ----- AB	90	▷?	90	▷?	90	▷?	90	▷?	90	▷?	90	72 G	90	▷?	90	▷?	90	▷?	90	▷?	90	▷?	AB 05.11.10 Although behind plan, it is expected that all eligible non-operational staff will receive a PDR

Balanced Scorecard Supporting Indicators

Jason Killens	Richard Webber	% of operational staff receiving PDR sessions per annum ---- AK	10	▷?	20	▷?	30	▷?	30	▷?	40	39 ▷?	50	34 ▽R	60	▷?	60	▷?	70	▷?	80	▷?	90	▷?	AK 02/11/10 continuing issues arise with the difficulyt of inputting this data onto the website - this month showed that the South area had acheieved 423 PDRs but Promis was showing only 139. This highlights a gap in the process and capacity planning on complexes.
Jason Killens	Richard Webber	% of operational staff who have a workplace performance review twice per year ---- AK	10	▷?	20	▷?	30	▷?	30	▷?	40	10 ▷?	50	11 ▽R	60	▷?	60	▷?	70	▷?	80	▷?	90	▷?	AK 02/11/10: Huge variances across the areas; Data suggests that there is greater focus on this at NWOW sites, however the appetite for training seems to overide both PDR and OWR. East = 153 staff South = 102 staff
Jason Killens	Richard Webber	% of operational staff who have two CPI feedback sessions per year --	95	116 △G	95	108 ▽G	95	102 ▽G	95	113 △G	95	115 △G	95	▷?	95	▷?	95	▷?	95	▷?	95	▷?	95	▷?	
Jason Killens	Richard Webber	Complexes with NWoW in place ----- HL	2	▷?	2	▷?	2	▷?	2	▷?	2	▷?	2	▷?	2	2 ▷G	2	▷?	2	▷?	2	▷?	7	▷?	Chase farm NWOW implementation closed, business as usual from May 2010. Barnehurst have a couple of outstanding elements i.e. estates work, which are currently underway.
Jason Killens	Richard Webber	CPI Completed as % of plan ---- JD	75	89 ▽G	75	74 ▽R	75	80 △G	75	89 △G	75	89 ▷G	75	▷?	75	▷?	75	▷?	75	▷?	75	▷?		▷?	
Jason Killens	Richard Webber	CPI compliance with guidelines as a % of all ---- JD + CD	95	94 ▷R	95	94 ▷R	95	95 △G	95	94 ▽R	95	94 ▷R	95	▷?	95	▷?	95	▷?	95	▷?	95	▷?	95	▷?	CPD 19/11/10 . From information supplied from CARU, the LAS as a whole scored below 95% on 2 key CPI criteria, these were Difficulty in Breathing and Non Conveyed. This target was missed by a small margin of 2%. Team Leaders do address non compliance with the member of staff directly at the time of the CPI audit.Area CG meetings will also review the area compliance and therefore escalate within their areas any particular concerns.

CO5. Increase in staff skill levels

Ann Ball	Caron Hitchen	% of NW0W staff attending NWoW training days ----		▷?		▷?		▷?		▷?		▷?		▷?		▷?		▷?		▷?		▷?		▷?	_
Ann Ball	Caron Hitchen	% of staff attending training courses against places available JH +	70	84 △G	70	79 ▽G	70	76.5 ▽G	70	68.5 ▽R	70	70 △G	70	79 △G	70	▷?	70	▷?	70	▷?	70	▷?	70	▷?	JH 10-11-2010. Currently monitoring EMT 4 Patient Assessment course the uptake for this month was 14%. This is due to two courses being cancelled.
Ann Ball	Caron Hitchen	Number of (not qualified) Student paramedics in training ---- AB	664	704 ▷G	664	704 ▷G	664	704 ▷G	664	704 ▷G	664	695 ▽G	664	686 ▽G	664	▷?	664	▷?	664	▷?	664	▷?	664	▷?	
Ann Ball	Caron Hitchen	Proportion of annual priority training commitments delivered ---- JH + GH	111	▷?	111	▷?	111	▷?	111	▷?	111	236 ▷G	111	161 ▽G	111	▷?	111	▷?	111	▷?	111	▷?	109	▷?	jh2010-11-03 pi=161 actual attendees on CSR from 194 planned

CO6 ANNUAL MEASURE. Increase representation of staff from minority ethnic

Ann Ball	Caron Hitchen	(ANNUAL) Increased proportion of BME		▷?		▷?		▷?		▷?		▷?		▷?		▷?		▷?		▷?		▷?		▷?	_
Ann Ball	Caron Hitchen	(ANNUAL) Increased proportion of BME		▷?		▷?		▷?		▷?		▷?		▷?		▷?		▷?		▷?		▷?		▷?	_
Ann Ball	Caron Hitchen	(ANNUAL) Increased proportion of BME		▷?		▷?		▷?		▷?		▷?		▷?		▷?		▷?		▷?		▷?		▷?	_

CO7. Trust sickness levels

Ann Ball	Caron Hitchen	Reduce sickness levels across the Trust	4.5	5.1 ▽R	4.5	4.65 △R	4.5	5.22 ▽R	4.5	5.47 ▽R	4.5	5.15 △R	4.5	▷?	4.5	▷?	4.5	▷?	4.5	▷?	4.5	▷?	4.5	▷?	AB 04.11.10 Slightly down on Aug (5.52%) but up on Sept 09 (4.03%) Financial YTD = 5.21%. Attendance audits continue to show adherence to policy. Trust figure heavily dependent upon A&E.

Balanced Scorecard Supporting Indicators

CO7. Improve clinical leadership through NWoW implementation

Owner	Lead	Indicator					4	4 G	8	8 G	14	14	14	14	14	Comments
Helen Lew	Caron Hitchen	Proportion of NWoW complexes with full establishment of clinical tutors (team leaders to be included when numbers confirmed) HL					4	4 G	8	8 G	14	14	14	14	14	HL 04.11.10: Barnehurst has x1WTE CT vacancy and recruitment underway. Camden recruited x1 WTE CT (ahead of schedule).

CO7. Lower vacancy rates to 4%

Owner	Lead	Indicator														Comments
Ann Ball	Richard Webber	Control Services staff vacancy %	3	3	3	3	3.97 R	3	6.1 R	3	5.4	3	3	3	3	3	AB 03.11.10: 27.25 wte above establishment. Additional CTAK course - 12 wte - to commence 8th Nov.
Ann Ball	Richard Webber	Front-line staff vacancy %	4	4	4	4	4.95 R	4	5 R	4	4.3	4	4	4	4	4	AB 03.11.10 147 wte vacancies of which 120 are planned. Additional A&E Support courses (30 places) are now planned for Jan and Feb.
Ann Ball	Richard Webber	Support services vacancy %	3	3	3	3	3	3	0 G	3	3	3	3	3			AB 03.11.10 RAG rating not possible until establishment reconciliation exercise undertaken

Value for taxpayers

CO8. ANNUAL MEASURE Resources ALE

Owner	Lead	Indicator														Comments
Martyn Salter	Michael Dinan	ANNUAL ALE score of Excellent	15	25	35	40	50	60	70	75	80	90	100				-

CO8. More efficient use of fleet

Owner	Lead	Indicator														Comments
Jason Killens	Richard Webber	% AEU fleet available to operations	88	88	88	88	89 G	88	90 G	88	89 G	88	88	88	88	88	
Jason Killens	Richard Webber	Fleet plan - mercedes in fleet	1	10	21	30	30 G	39	39 G	51	51 G	63	72	81	89	89	

CO8. Reduce carbon footprint

Owner	Lead	Indicator														Comments
Christine McMahon	Michael Dinan	% of carbon reduction					50	56 G	60	63 G	65	75	80	90	100		

CO8. Reduction in the cost base (CIP)

Owner	Lead	Indicator														Comments
Andrew Bell	Michael Dinan	CIP forecast vs plan - year end target is £18m				G	18439	18233 R	18439	18439 G	18439 G G	18439 G	18	18	18		
Andrew Bell	Michael Dinan	CIP realised (£)	1620	2430	4125	5820	5616 R	7516	8517 G	9336	9929 G	11157	12978	##	##	##	

CO8. Resources Estates

Owner	Lead	Indicator														Comments
Martin Nelhams	Michael Dinan	% completion of Estates strategy objectives completed	100	100	100	100	100	100	33 G	100	100	100	100	100			MN 19/11/10: The Estate strategy is still in a draft formatt and there has been no public consultation. No further work on the controls rooms project has been undertaekn. The Business case for the West workshop is due ot go the TB in Novmeber. HART East is due for completion Feb 2011. The site for HART west has been secured and the specification for refurbishment has been completed. A project board for the Enfield/Haringey super station has been established.
Martin Nelhams	Michael Dinan	Estates capital spend as % of plan		30	38	34 R	47	50 G	56	58 G	65	74	82	91	100		

CO8. Resources Financial

Owner	Lead	Indicator														Comments
Andrew Bell	Michael Dinan	Capital Cost Absorption rate															not available yet - this is a work in progress.
Andrew Bell	Michael Dinan	Capital Resource Limit (CRL)	18.42	18.42	18.42	18.42	16.99 G	18.42	15909 R	18.42	16246 R	18.42	18.42	18	18	18	AJB 2010/11/18: Capital spend is within agreed limits (Milestone needs to be updated)
Andrew Bell	Michael Dinan	Control Surplus/ (Deficit)	502	502	502	502	526 G	502	526 G	502	526 G	502	502	502	502	502	

Balanced Scorecard Supporting Indicators

Andrew Bell	Michael Dinan	Cumulative Net surplus	935	316 ▼R	1166	▷?	1300	▷?	1338	1848 △G	1213	1646 ▽G	1074	1042 ▼R	948	▷?	826	▷?	713	▷?	607	▷?	502	▷?	AJB 2010/11/18: This is in line with trust projections (Milestone needs to be updated)
Andrew Bell	Michael Dinan	EBITDA %	9.13	7.3 △R	8.8	▷?	8.69	▷?	8.54	7.23 △R	8.33	7 ▼R	8.2	6 ▼R	8.11	▷?	8.04	▷?	8	▷?	8	▷?	8	▷?	AJB 2010/11/18: Trust has overspent against plan in both pay and non pay areas and this has been offset by savings in financial cost areas (e.g. depreciaition charges)
Andrew Bell	Michael Dinan	External Financing Limit (EFL)	260000	▷?	260000	▷?	260000	▷?	260000	260000 ▷G	260000	260000 ▷G	260000	260000 ▷G	260000	▷?	3E+05	▷?	##	▷?	##	▷?	##	▷?	
Andrew Bell	Michael Dinan	Liquidity Ratio	1.5	▷?	1.5	▷?	1.5	▷?	1.5	▷?	1.5	1 ▷G	1.5	1 ▷G	1.5	▷?	1.5	▷?	1.5	▷?	1.5	▷?	1.5	▷?	AJB 2010-11-18: The trusts liquidity ratio is lower than the prescribed ideals (2 to 1 or 1.5 to 1) but the nature of how the business is paid on a monthly basis drives this level of liquidity.
Andrew Bell	Michael Dinan	Net Surplus/(Deficit) - after Impairments	502	▷?	502	▷?	502	▷?	502	526 ▷G	502	526 ▷G	502	526 ▷G	502	▷?	502	▷?	502	▷?	502	▷?	502	▷?	
Andrew Bell	Michael Dinan	Return on Assets (RoA)	3.42	▷?	3.42	▷?	3.42	▷?	3.42	▷?	3.42	3 ▷R	3.42	3 ▷R	3.42	▷?	3.42	▷?	3.4	▷?	3.4	▷?	3.4	▷?	AJB 2010/11/18: RoA is behind current Trust plan position.
Andrew Bell	Michael Dinan	To process at least 95% of bills by value within 30 days	95	▷?	95	▷?	95	▷?	95	89 ▷R	95	90 △R	95	91 △R	95	▷?	95	▷?	95	▷?	95	▷?	95	▷?	AJB 2010/11/18: This is in line with trust projections but below national target.
Andrew Bell	Michael Dinan	To process at least 95% of bills by volume within 30 days	95	▷?	95	▷?	95	▷?	95	▷?	95	84 ▷R	95	85 △R	95	▷?	95	▷?	95	▷?	95	▷?	95	▷?	AJB 2010/11/18: This is in line with trust projections but below national target.

CO8. Resources IM&T

John Downard	Peter Suter	CommandPoint - CAD 2010 Milestones - % Complete	42	▷?	42	▷?	50	▷?	42	42 ▷G	59	59 ▷G	59	59 ▷G	59	▷?	67	▷?	75	▷?	83	▷?		▷?	
John Downard	Peter Suter	Target availability CAD environment as a whole	99	97 ▼R	99	98.88 △G	99	98.4 ▼R	99	99.41 △G	99	99.89 △G	99	97.1 ▼R	99	▷?	99	▷?	99	▷?	99	▷?	99	▷?	JD 8/11/10: Disruption to service due to HQ UPS fire incident. Avaya CLI unavailable for 11.5 hours, also 2.8 hours without MPS CADlink.
John Downard	Peter Suter	Target availability CTAK core functionality	99.8	100 ▼R	99.8	99.95 △G	99.8	99.8 ▽G	99.8	99.93 △G	99.8	99.96 △G	99.8	98.99 ▼R	99.8	▷?	99.8	▷?	100	▷?	100	▷?	100	▷?	JD 8/11/10 Disruption to service due to HQ UPS fire incident. CTAK unavailable for a total of 7.5 hours.

LONDON AMBULANCE SERVICE TRUST BOARD

30TH NOVEMBER 2010

PAPER FOR NOTING

Document Title:	Month 7 (October 2010) 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?	Review of Trust Financial position
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:	Note the report

Executive Summary

1. The m7 result for the trust was a loss of £603k compared to a forecast loss of £284k.
2. The year to date result for the Trust is s surplus of £1,042k compared to a plan of £1,072k
3. The forecast result for 2010/11 remains a surplus of £526k

Key issues for the Trust Board
Key drivers in the m7 results include:
- Total expenditure in m7 was £23.8m compared to a forecast spend of £23.5m
- A&E overtime was overspent by £454k in m7 due to an under-accrual in m6 (£163k) relating to cover for consultation meetings and the papal visit and a £300k overspend in month caused additional shift overrun hours and additional hours relating to the LFB dispute
- Non pay spend was £180k lower than forecast to offset some of the increased overtime spend
- In the forecast, overtime spend has been re-profiled to increase hours available in November & December. Additional costs savings have been agreed by SMG to ensure delivery of the financial forecast.
- The identified financial risk for the Trust is £1.5m. Of this, £700k has been included in the forecast to cover a net penalty/withheld CQUIN expense relating to the main A&E contract. This has yet to be agreed with PCT commissioners.
- The CIP programme is currently on track to deliver £18.3m savings. Of the original CIP plan, £13.6m will be delivered as planned which by itself would be the largest CIP ever delivered by the LAS.
- Capital forecast is £16.5m which in line with the agreed capital plan (CRL)
- Current cash position is £2.7m
- PTS result ytd is a surplus of £419k which is line with the forecast.

Attachments
Finance Report

Strategic Goals 2010 – 13
This paper supports the achievement of the following corporate objectives:

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

Risk Implications
This paper links to the following strategic risks:

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

x   1. The NHS provides a comprehensive service, available to all
x   2. Access to NHS services is based on clinical need, not an individual's ability to pay
x   3. The NHS aspires to the highest standards of excellence and professionalism
x   4. NHS services must reflect the needs and preferences of patients, their families and their carers
x   5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population
x   6. The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.
x   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?
x   Yes – at programme level through the March 2008 EIA public consultation event at the Oval and as applicable at individual project level

Key issues from the assessment:
Various –there are many different projects within the overall service improvement programme

London Ambulance Service NHS
NHS Trust

Trust Board - Financial Review

Month Ending 31st October 2010 - (Month 7)

Report Contents

LAS Financial Review - Financial Summary

Month Ending 31st October 2010 - (Month 7)

Month M07 October				Summary	Ytd M07 October				2010/11			
Act £000	Plan £000	Diff £000	%		Act £000	Plan £000	Diff £000	%	Fcast £000	Plan £000	Diff £000	%
				Income								
21,436	21,578	-142	-0.7%	A&E	150,154	151,043	-889	-0.6%	258,544	258,931	-387	-0.1%
1,795	1,847	-52	-2.8%	Other	14,999	12,931	2,068	16.0%	22,779	22,167	611	2.8%
23,231	**23,425**	**-194**	**-0.8%**	**Total**	**165,153**	**163,974**	**1,179**	**0.7%**	**281,322**	**281,098**	**224**	**0.1%**
				Operating Expense								
17,466	16,914	552	3.3%	Pay	122,561	117,903	4,658	4.0%	207,272	203,292	3,980	2.0%
5,005	4,772	233	4.9%	Non Pay	32,138	32,624	-486	-1.5%	56,932	55,386	1,546	2.8%
22,471	**21,686**	**785**	**3.6%**	**Total**	**154,699**	**150,528**	**4,172**	**2.8%**	**264,203**	**258,678**	**5,525**	**2.1%**
759	**1,739**	**-980**	**-56.3%**	**EBITDA**	**10,454**	**13,446**	**-2,992**	**-22.3%**	**17,119**	**22,420**	**-5,301**	**-23.6%**
3.27%	7.42%	-4.16%	-56.0%	EBITDA %	6.33%	8.20%	-1.87%	-22.8%	6.09%	7.98%	-1.89%	-23.7%
1,362	1,878	-516	-27.5%	**Depreciation, Dividend & Interest**	9,412	12,372	-2,961	-23.9%	16,593	21,918	-5,326	-24.3%
-603	**-139**	**-464**	**333.5%**	**Net Surplus/(Deficit)**	**1,042**	**1,074**	**-32**	**-2.9%**	**526**	**502**	**24**	**4.8%**
-2.59%	-0.59%	-2.00%	337.1%	Net Margin	0.63%	0.65%	-0.02%	-3.6%	0.19%	0.18%	0.01%	4.8%
0	0	0	#DIV/0!	Impairment	0	0	0	#DIV/0!	0	0	0	#DIV/0!
-603	**-139**	**-464**	**333.5%**	**Net Surplus/ (Loss) After Impairment**	**1,042**	**1,074**	**-32**	**-2.9%**	**526**	**502**	**24**	**4.8%**
				Average Capital Employed	109,572	109,578	-6	0.0%	109,895	109,578	317	0.3%
				Return on Assets	5.33%	5.85%	-0.51%		5.33%	5.85%	-0.51%	

LAS Financial Review - Financial Performance Indicator

Month Ending 31st October 2010 - (Month 7)

Key Financial Performance Targets	Performance Ytd Position				Forecast 2010/11				Status		
	Act £000	Plan £000	Diff £000	%	Fcast £000	Plan £000	Diff £000	%	Current (YTD)	Trend	Forecast
1. EBITDA *Monitor*	10,454	13,446	(2,992)	-22.3%	17,119	22,420	(5,301)	-23.6%	↓	↑	↓
2. EBITDA % *Monitor*	6.33%	8.20%	-1.87%	-23%	6.09%	7.98%	-1.89%	-23.7%	↓	↓	↓
3. Control Surplus/(Deficit) *NHSL*	1,042	1,074	(32)	-3%	526	502	24	4.8%	↔	↑	↔
4. Net Surplus/(Deficit) - after Impairments *Monitor/DH*	1,042	1,074	(32)	-3%	526	502	24	4.8%	↔	↑	↔
5. Cost Improvement Program (CIP) *NHSL*	9,929	9,336	593	6%	18,439	18,439	(0)	0.0%	↑		↔
6. Return on Assets (RoA) *Monitor - Net Surplus less PDC, Impairment & Gains/(loss) on disposal / Ave. Total Assets employed (less interest bearing borrowings*	5.33%	5.85%	-0.51%	-9%	5.33%	5.85%	-0.51%	-8.8%	↓		↓
8. Capital Resource Limit (CRL) *DH*	10,744	10,744	0	0%	16,246	18,419	(2,173)	-11.8%	↔		↓
9. External Financing Limit (EFL) *DH*	(260)	(260)	0	0%	(260)	(260)	0	0.0%	↔		↔
10. Liquidity Ratio *Monitor - Numbers of Days liquid asset cover for Trust Total Operating Expenditure*	69.80	100.00	(30)	-30%	40.76	100.00	(59.24)	-59.2%	↓		↓
11. To process at least 95% of bills by value within 30 days *DH*	91%	95%	-4%	-5%	90%	95%	-5%	-5.3%	↔		↓
12. To process at least 95% of bills by volume within 30 days *DH*	85%	95%	-10%	-11%	86%	95%	-9%	-9.5%	↓		↓
13. LAS Trust Management Costs *DH - Calculated as % of Total LAS Income (Excl. MPET)*	6.8%	7.0%	-0.2%	-2%	6.8%	7.0%	-0.2%	-2.4%	↔		↔

- The Reduction against plan of EBITDA % is largely due to increasing Operating cost pressures particularly in non frontline pay and non pay items such as vehicle maintenance, subsistence and make ready. This has eroded the trusts actual EBITDA margin.
- The LAS Trust Management costs have been calculated on the basis of the 0910 year end exercise. Additional data such as audit fee, contracted out services and consultancy charges have been incorporated at 0910 levels.

KEY

↓	Target below expected levels attention required
↑	Target exceeded
↔	Target within tolerable range

Cumulative Net Surplus — (Cum Actual, Cum Budget, Cum fcast)
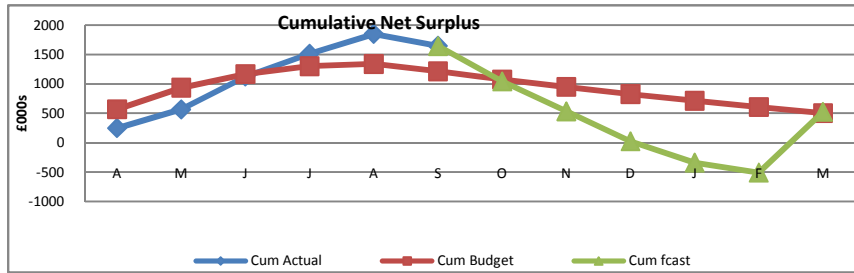
The Trust is currently on track to achieve it's year end surplus position of £526k. The sharp increase in surplus in March is the achievement of £1.8m worth of witheld CQUIN revenue

Key Financial Trends — (Income, Pay, Non Pay, Depreciation & Financial)
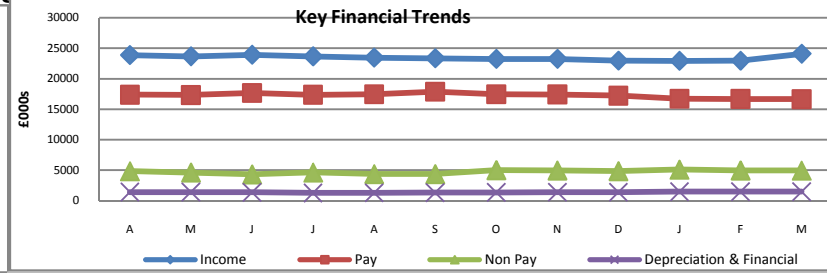
Key Financial Trends are broadly stable with planned decrease in income in Q2 due to the loss of MPET and steady increases in depreciation as the asset base grows

Cumulative CIP — (Cum Planned CIP, Cum Actual CIP, Cum Fcast CIP)
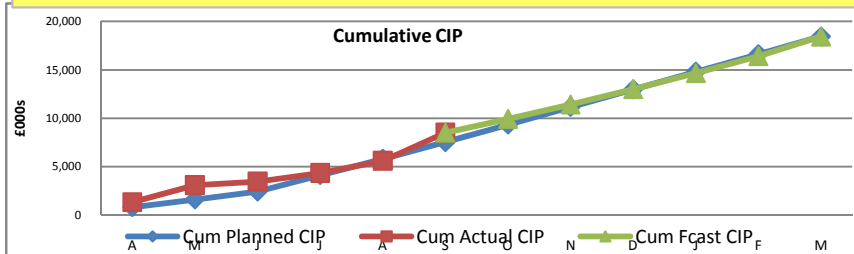
The Trust is in line to achieve it's CIP but there is a risk around structural change CIPs such as reduction of agency staff and reducing subsistence payments. However, additional savings against budget due to lower than expected spend on A&E staffing has offset this.

Balance Sheet Summary — (Other working capital, Cash, Fixed Assets)
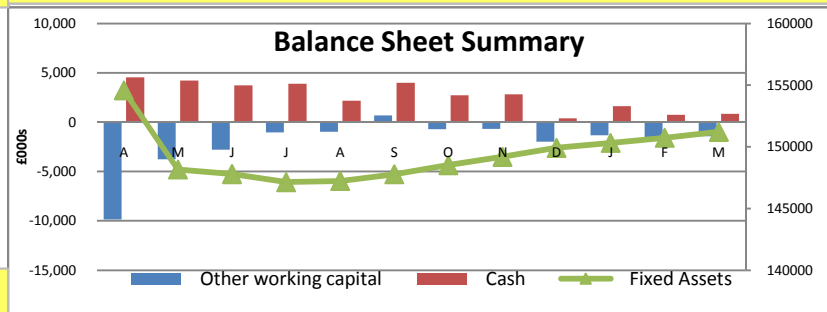
The Balance sheet remains in line with expected forecast.

Other Trend Information

	April	May	June	July	August	September	October	November	December	January	February	March	Average
A&E Cost Analysis													
A&E Cost per Head per month (£s)	1.7	1.8	1.8	1.8	1.7	1.9	1.8	1.8	1.8	1.7	1.7	1.7	1.8
EOC Cost Per Call & Response per month (£s)	4.5	4.7	4.4	4.4	4.2	4.6	4.7	4.5	4.4	4.0	4.3	4.3	4.4
A&E Cost Per Incident (£s) per month	169.5	171.5	171.4	159.2	174.1	184.5	168.9	167.7	160.3	162.4	178.0	156.8	168.9
A&E Cost Per Day (£000s)	479.2	481.4	496.4	468.9	468.2	512.3	491.9	498.4	484.4	463.9	507.8	457.2	484.5
Activity Analysis													
Incidents per WTE per month	17.8	18.4	18.5	19.4	17.7	17.6	19.0	18.7	19.8	18.7	17.0	19.2	18.6
Responses per Incident per month	1.5	1.3	1.5	1.3	1.5	1.5	1.4	1.3	1.2	1.4	1.6	1.5	1.4
Calls per WTE per month	24.5	26.2	28.3	28.7	31.2	26.9	25.5	27.9	27.6	29.7	26.3	23.9	27.6
Staffing													
% Overtime to Total Payroll	6.9%	6.9%	7.0%	6.3%	6.7%	7.7%	6.8%	6.2%	6.1%	3.3%	3.3%	3.4%	0.1
Total Frontline Staff WTE	3,447	3,410	3,407	3,398	3,377	3,374	3,402	3,415	3,403	3,392	3,379	3,378	3,403
Total Control Services Staff WTE	472	470	465	476	488	501	506	503	499	496	493	490	488
Total Operatioanl Support Staff WTE	93	93	92	92	93	95	96	95	95	95	95	95	94
Total Management Staff WTE	222	216	210	221	224	223	219	221	220	219	218	217	220
Total Other Corporate Support Staff WTE	523	531	533	528	528	529	526	524	526	526	525	524	527
Total LAS Staff WTE	4,756	4,720	4,706	4,715	4,709	4,722	4,749	4,758	4,743	4,728	4,710	4,704	4,731
Ratio of Non Corporate Staff to Corporate Staff	8.1	7.9	7.8	7.9	7.9	7.9	8.0	8.1	8.0	8.0	8.0	8.0	8.0

LAS Financial Review - Income & Expense Trend

Month Ending 31st October 2010 - (Month 7)

	Apr-10 Actual	May-10 Actual	Jun-10 Actual	Jul-10 Actual	Aug-10 Actual	Sep-10 Actual	Oct-10 Actual	Nov-10 Fcast	Dec-10 Fcast	Jan-11 Fcast	Feb-11 Fcast	Mar-11 Fcast	2010/2011 Fcast	2010/2011 Budget	Diff	%
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	
Income	(23,877)	(23,675)	(23,912)	(23,655)	(23,451)	(23,353)	(23,231)	(23,253)	(22,957)	(22,920)	(22,946)	(24,093)	(281,322)	(281,098)	(224)	0.1%
Payroll (£k)																
A&E Frontline	10,478	10,460	10,535	10,488	10,468	10,598	10,601	10,695	10,685	10,675	10,645	10,622	126,953	132,786	(5,833)	-4.4%
A&E Overtime	1,048	1,039	1,049	950	1,042	1,238	1,045	960	970	473	475	478	10,768	5,485	5,283	96.3%
A&E Incentive	3	1	0	0	1	0	2	0	0	0	0	0	7	0	7	#DIV/0!
A&E Management	1,227	1,218	1,175	1,241	1,212	1,214	1,228	1,191	1,191	1,191	1,191	1,184	14,463	13,334	1,129	8.5%
EOC	950	951	952	959	989	1,017	1,007	977	999	991	983	976	11,750	10,555	1,195	11.3%
Operational Support	297	291	251	289	298	298	301	308	308	308	308	308	3,564	4,023	(459)	-11.4%
PTS	562	543	527	517	531	525	508	540	415	415	415	415	5,916	5,168	748	14.5%
Corporate Support	2,218	2,236	2,400	2,252	2,284	2,280	2,185	2,285	2,297	2,303	2,309	2,309	27,359	29,186	(1,826)	-6.3%
Other Overtime	161	158	189	146	135	138	148	128	83	83	83	83	1,536	765	771	100.7%
Agency	448	442	582	533	503	556	440	337	279	279	279	279	4,956	1,991	2,965	149.0%
Total	17,390	17,339	17,662	17,375	17,464	17,865	17,466	17,421	17,227	16,718	16,690	16,654	207,272	203,292	3,980	2.0%
Non Pay																
Staff Related	530	492	655	600	507	605	551	638	641	566	564	564	6,910	6,893	18	0.3%
Consumables, Medical Equip & Drugs	488	631	626	666	370	559	647	513	588	526	560	513	6,689	5,971	718	12.0%
Vehicle Leasing	78	96	120	202	172	138	135	137	127	127	127	127	1,587	2,447	(861)	-35.2%
Fuel & Oil	454	471	454	463	422	433	487	476	465	465	465	465	5,521	6,026	(505)	-8.4%
Vehicle Maintenance	397	804	557	561	613	864	760	666	663	667	506	535	7,595	6,057	1,538	25.4%
Other Automotive	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#DIV/0!
Vehicle Insurance	175	223	221	229	166	(126)	159	202	162	162	162	162	1,898	1,577	321	20.4%
3rd Party Transport	102	49	64	86	69	59	57	59	41	41	41	41	710	351	359	102.1%
Accomodation & Estates	991	1,094	1,028	1,057	953	1,105	1,043	942	951	951	951	950	12,015	11,707	308	2.6%
IT & Telecoms	723	717	377	656	624	359	599	850	841	828	826	829	8,229	8,958	(728)	-8.1%
Finance & Legal	751	(144)	(1)	162	239	149	216	264	169	177	172	167	2,322	779	1,543	198.0%
Consultancy	12	(4)	42	119	108	73	67	57	57	430	430	430	1,820	1,972	(152)	-7.7%
Other	131	184	174	(174)	131	152	282	153	150	153	150	150	1,636	2,648	(1,012)	-38.2%
Subtotal	4,830	4,614	4,318	4,628	4,374	4,371	5,005	4,956	4,856	5,095	4,954	4,934	56,932	55,386	1,546	2.8%
Depreciation																
Fleet	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#DIV/0!
IT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#DIV/0!
Other	992	992	967	877	868	885	950	971	971	1,058	1,058	1,058	11,646	15,283	(3,638)	-23.8%
Subtotal	992	992	967	877	868	885	950	971	971	1,058	1,058	1,058	11,646	15,283	(3,638)	-23.8%
Financial																
Dividend	314	314	314	294	309	340	314	314	314	314	314	314	3,772	4,588	(816)	-17.8%
Interest	101	99	92	97	98	96	97	99	99	99	99	99	1,175	2,047	(872)	-42.6%
Subtotal	415	414	406	391	407	435	412	413	413	413	413	413	4,947	6,635	(1,688)	-25.4%
Total Expense	23,628	23,358	23,353	23,271	23,112	23,556	23,833	23,761	23,467	23,284	23,115	23,059	280,796	280,596	200	0.1%
Net Surplus	(250)	(316)	(559)	(384)	(338)	203	603	508	510	364	169	(1,034)	(526)	(502)	(24)	0
Cumulative Surplus	(250)	(566)	(1,125)	(1,510)	(1,848)	(1,645)	(1,042)	(535)	(25)	339	507	(526)	(526)	(502)		

LAS Financial Review - Financial Risks

Month Ending 31st October 2010 - (Month 7)

Key Financial Risks	Gross Risk				Net	Status	Comment
	Value £000	Impact	Likelihood	Rating	Value £000		
1. Overactivity	5,102	4	3	12	(2,309)	G	m7 ytd activity up 5.5% - up to 5% additional activity is calculated to mean an additional £1.82m income plus and additional 0.4% @ £120 per incident (marginal rate) = £0.49m
2. Penalty Charge - Category B Target	4,955	4	4	16	1,600	A	m7 performance on trajectory. Net penalty based on both proportionality & calibration. Still to be confirmed subsequent to agreement with commissioners
3. CQUIN	3,716	4	2	8	1,400	R	m7 performance on trajectory. Net penalty based on both proportionality & caliberation
10. CBRN Income	7,565	4	2	8	189	A	Net based on 5% slippage
11. HART Income	7,565	4	2	8	189	A	Net based on 5% slippage. Core funding received awaiting confirmation on POD and Training
12. MPET Income	2,500	4	2	8	0	G	Letter from NHSL confirms amount. No slippage planned
10. CIP Delivery	17,583	4	3	12	440	A	m7 ytd on track.
11. Economic Cost Pressures (Fuel, Rates, etc)	1,000	3	3	9	0	G	m7 ytd on track
12. PTS Profitability	350	3	3	9	0	G	m7 ytd on track
Total	65,151				1,509		

KEY:

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

LAS Financial Review - CIP Summary

Month Ending 31st October 2010 - (Month 7)

Key CIP Programs	Performance Ytd Position				Forecast 2010/11				Status		
	Act £000	Plan £000	Diff £000	%	Fcast £000	Plan £000	Diff £000	%	Current	Forecast	
1. A&E Incentive	3,021	3,029	(7)	99.8%	3,021	3,029	(7)	99.8%	⟷	⟷	Delivered
2. Agency Cost	(368)	1,890	(2,258)	-19.5%	1,287	4,252	(2,965)	30.3%	↓	↓	All agency staffing reviewed by SMG. Agreed plan to remove all Non vacancy agency staff (except those specifically funded by projects). SMG are reviewing this monthly.
3. A&E Subsistence	(46)	748	(794)	-6.2%	264	1,682	(1,419)	15.7%	↓	↓	In order to meet the current subsistence outturn target Subsistence needs to be reduced by £62k per month from an average of £200k per month - this is approximately a saving of a third
4. Third Party Transport	726	819	(93)	88.6%	1,844	1,844	1	100.0%	↓	⟷	Underachievement on 3rd Party YTD is offset by additional income generated by PTS ECJs of approx £100k per month. Therefore the CIP is being achieved.
5. Non Frontline Payroll	348	505	(157)	69.0%	1,048	1,605	(557)	65.3%	↓	↓	37 posts have been identified and removed. A change to the date for CommandPoint implementation has deferred reduction in EOC posts
6. Non Pay / Procurement	3,724	2,346	1,377	158.7%	6,131	6,028	103	101.7%	↑	⟷	On Track
7. Pay - Other	2,524	0	2,524	#DIV/0!	4,844	0	4,844	#DIV/0!	↑	↑	Additional Vacancies held against A&E Staffing above projection due to lower levels of permanent recruitment than expected.
8. Other	0	0	0	#DIV/0!	0	0	0	#DIV/0!	⟷	⟷	
Total	9,929	9,336	593	106%	18,439	18,439	(0)	100.0%	⟷	⟷	Trust on Target to deliver planned total

KEY:

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

Projects	Ytd Position 7				Forecast 2010/11				Status 2010/11
	Act £000	Plan £000	Diff £000	%	Act £000	Plan £000	Diff £000	%	
1. CommandPoint	741	1,987	1,245	63%	2,263	3,406	(1,143)	-34%	↓
2. IM&T - Other	1,021	842	(179)	-21%	1,568	1,444	124	9%	↔
3. Fleet - DCA	3,411	3,963	552	14%	5,990	6,794	(804)	-12%	↓
4. Fleet - FRU	91	77	(14)	-18%	132	132	0	0%	↔
5. Fleet - Other	178	1,302	1,124	86%	2,309	2,232	77	3%	↔
6. Estates - West Workshop	0	12	12	FALSE	20	20	0	0%	↔
7. Estates - HART East	23	368	345	94%	631	631	0	0%	↔
8. Estates - Hart West	0	0	0	0%	0	0	0	0%	↔
9. Estates - Other	1,294	961	(333)	-35%	1,910	1,647	263	16%	↑
10. Clinical Equipment	0	0	0	0%	0	0	0	0%	↔
11. Other Projects	0	0	0	0%	0	0	0	0%	↔
12. Fleet - Finance Lease	0	4,076	4,076	100%	6,987	6,987	0	0%	↔
13. Disposals	(5,946)	(3,848)	2,098	-55%	(6,596)	(6,596)	0	0%	↔
14. Unallocated Funds	0	1,005	1,005	100%	1,031	1,722	(691)	-40%	↓
Total	813	10,744	9,931	92%	16,246	18,419	(2,173)	-12%	↓

• The forecast for Estates - West Workshop has decreased by £120k because of delay in confirming chosen site
• CAD Forecast has increased by £315k due to under forecast in M6
• Sale and lease back Ambulances - The Trust is looking to change the auditor's view that the accounting treatment should be a finance lease.

Capital Program on Target
Capital Program Underspend -
Capital Program Overspend -

LAS Financial Review - Summary I&E & Balance Sheet

Month Ending 31st October 2010 - (Month 7)

	Month Act	Month Budget	%	Ytd Act	Ytd Budget	Diff	%	Ytd 0910	Diff	%	2010/2011 Fcast	2010/2011 Budget	Diff	%
	£000	£000		£000	£000	£000		£000	£000		£000	£000	£000	
Income														
A&E	21,436	21,578	-0.7%	150,154	151,043	(889)	-0.6%	146,193	3,961	2.7%	258,544	258,931	(387)	-0.1%
Other	1,795	1,847	-2.8%	14,999	12,931	2,068	16.0%	17,022	(2,023)	-11.9%	22,779	22,167	611	2.8%
Total	23,231	23,425	-0.8%	165,153	163,974	1,179	13802.1%	163,216	1,938	1.2%	281,322	281,098	224	0.1%
Operating Expense														
Pay	17,466	16,914	3.3%	122,561	117,903	4,658	4.0%	118,620	3,941	3.3%	207,272	203,292	3,980	2.0%
Non Pay	5,005	4,772	4.9%	32,138	32,624	(486)	-1.5%	33,911	(1,773)	-5.2%	56,932	55,386	1,546	2.8%
Total	22,471	21,686	3.6%	154,699	150,528	4,172	3508.4%	152,531	2,168	1.4%	264,203	258,678	5,525	2.1%
EBITDA	759	1,739	-56.3%	10,454	13,446	(2,992)	-549.4%	10,684	(230)	-2.2%	17,119	22,420	(5,301)	-23.6%
EBITDA %	3.3%	7.4%	-56.0%	6.3%	8.2%	-2%	-538.5%	6.5%	-0.2%	-3.3%	6.1%	8.0%	-1.9%	-23.7%
Depreciation, Dividend & Interest	1,362	1,878	-27.5%	9,412	12,372	(2,961)	-23.9%	9,310	102	1.1%	16,593	21,918	(5,326)	-24.3%
						-								
Net Surplus/(Deficit)	- 603	- 139	333.5%	1,042	1,074 -	32	-3505.6%	1,374 -	332	-3.2%	526	502	24	4.8%
Net Margin	-2.6%	-0.6%	337.1%	0.6%	0.7%	0.0%	-2855.2%	0.8%	-0.2%	-3.3%	0.2%	0.2%	0.0%	4.8%
Impairments	0	0	#DIV/0!	0	0	0	#DIV/0!	0	0	#DIV/0!	0	0	0	#DIV/0!
Net Surplus after Impairment	- 603	- 139	333.5%	1,042	1,074 -	32	-3505.6%	1,374 -	332	#DIV/0!	526	502	24	4.8%
Balance Sheet														
Non Current Assets				149,195	152,901	(3,706)	-2.4%	131,406	17,789	13.5%	152,145	152,901	(756)	-0.5%
Cash				2,716	2,979	(263)	-8.8%	5,141	(2,425)	-47.2%	836	2,979	(2,142)	-71.9%
Working capital				(691)	(9,903)	9,212	-93.0%	(1,538)	847	-55.1%	(1,366)	(9,903)	8,536	-86.2%
Non Current Liabilities				(40,857)	(36,399)	(4,459)	12.2%	(41,767)	910	-2.2%	(40,136)	(36,399)	(3,738)	10.3%
Capital Employed				110,363	109,578	785	1%	93,242	17,121	18.4%	111,479	109,578	1,901	2%
Average Capital Employed				109,572	109,578	(6)	0.0%	54,391	55,181	101.5%	109,895	109,578	317	0.3%
Return on Assets				5.33%	5.85%	#DIV/0!	-8.8%	2.5%	0	111.1%	5.33%	5.85%	-0.5%	-8.8%

LAS Financial Review - Balance Sheet

Month Ending 31st October 2010 - (Month 7)

	Mar-10 £'000s Actual	Apr-10 £'000s Actual	May-10 £'000s Actual	Jun-10 £'000s Actual	Jul-10 £'000s Actual	Aug-10 £'000s Actual	Sep-10 £'000s Actual	Oct-10 £'000s Actual	Nov-10 £'000s Forecast	Dec-10 £'000s Forecast	Jan-11 £'000s Forecast	Feb-11 £'000s Forecast	Mar-11 £'000s Forecast	
Non-Current Assets														
Intangible assets	12,639	12,604	12,604	12,182	12,244	12,273	12,851	13,014	13,014	13,014	13,014	13,014	13,014	
Property, Plant and Equipment	131,434	125,054	124,671	124,427	124,450	124,959	125,210	125,689	126,408	126,810	127,230	127,707	128,639	
Trade and Other Receivables	10,503	10,513	10,527	10,534	10,544	10,548	10,458	10,492	10,492	10,492	10,492	10,492	10,492	
Total Non-Current Assets	154,576	148,171	147,802	147,143	147,238	147,780	148,519	149,195	149,914	150,316	150,736	151,213	152,145	
Current Assets														
Inventories	2,783	2,728	2,701	2,686	2,672	2,739	2,746	2,718	2,718	2,718	2,718	2,718	2,718	**Trade Debtors**
NHS Trade Receivables	3,122	10,903	9,332	2,886	2,438	11,542	5,421	5,620	5,622	5,592	5,588	5,591	2,706	A&E £2,366k > 60 days (42.46%), Sep £1,014k > 60 days (17.40%)
Non NHS Trade Receivables	0	0	0	0	0	0	0	0	0	0	0	0	0	PTS £820k > 60 days (14.72%), Sep £701k > 60 days (12.02%)
Other Receivables	8,202	6,595	7,308	8,237	7,554	7,599	7,669	7,637	7,246	6,746	6,746	6,746	3,746	
Accrued Income	1,897	4,503	4,641	6,138	8,302	4,477	5,224	5,395	5,395	5,395	5,395	5,395	2,847	
Prepayments	3,249	1,933	2,775	4,200	3,670	3,355	3,474	2,993	2,993	2,993	2,993	2,993	2,994	
Investments	0	0	0	0	0	0	0	0	0	0	0	0	0	
Cash and Cash Equivalents	5,141	4,533	4,208	3,737	3,903	2,169	3,977	2,716	2,828	400	1,611	741	836	
Current Assets	24,394	31,195	30,965	27,884	28,539	31,881	28,511	27,079	26,802	23,844	25,051	24,184	15,847	
Non-Current Assets Held for Sale	650	650	650	650	650	650	650	650	650	650	650	650	0	
Total Current Assets	25,044	31,845	31,615	28,534	29,189	32,531	29,161	27,729	27,452	24,494	25,701	24,834	15,847	
Total Assets	179,620	180,016	179,417	175,677	176,427	180,311	177,680	176,924	177,366	174,810	176,437	176,047	167,992	
Current Liabilities														
Bank Overdraft	0	0	0	0	0	0	0	0	0	0	0	0	0	**Trade Creditors**
NHS Trade Payables	336	340	321	242	347	220	228	668	680	575	804	687	250	NHS PSPP - This month (76%), Sep (93%), Ytd (85%)
Non NHS Trade Payables	7,682	6,786	10,241	8,779	6,727	5,745	6,263	6,359	6,359	7,029	7,699	8,039	4,359	Non NHS PSPP - This month (89%), Sep (87%), Ytd (85%)
Other Payables	6,854	8,782	9,036	9,020	8,757	8,881	9,106	9,101	10,383	9,531	9,617	9,765	8,367	
PDC Dividend Liabilities	200	514	828	1,142	1,436	1,745	30	344	658	972	1,286	1,600	0	
Capital Liabilities	8,610	4,873	3,190	586	360	416	544	892	1,082	955	933	718	770	
Accruals	1,217	5,044	1,828	2,022	4,646	4,243	2,961	3,071	3,071	3,071	3,071	3,071	2,621	
Deferred Income	124	91	306	80	198	4,701	4,165	3,375	2,595	1,930	1,266	601	10	
DH Capital Loan Principal Repayment	1,244	1,244	1,244	1,244	1,244	1,244	622	622	622	622	622	622	0	
Borrowings	3,503	3,398	3,213	2,713	2,528	2,483	1,983	1,272	1,167	722	510	404	0	
Provisions for Liabilities & Charges	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Current Liabilities	29,770	31,072	30,207	25,828	26,243	29,678	25,902	25,704	26,617	25,407	25,808	25,507	16,377	
Net Current Assets/(Liabilities)	(4,726)	773	1,408	2,706	2,946	2,853	3,259	2,025	835	(913)	(107)	(673)	(530)	
Total Assets less Current Liabilities	149,850	148,944	149,210	149,849	150,184	150,633	151,778	151,220	150,749	149,403	150,629	150,540	151,615	
Non-Current Liabilities														
DH Capital Loan Principal Repayment	8,075	8,075	8,075	8,075	8,075	8,075	8,075	8,075	8,075	8,075	8,075	8,075	8,075	
Borrowings	21,560	21,560	21,560	21,560	21,560	21,620	21,620	21,620	21,620	21,620	21,620	21,620	21,620	
Other Financial Liabilities	0	0	0	0	0	0	0	0	0	0	0	0	0	
Provisions for Liabilities & Charges	10,888	10,982	10,932	11,011	10,967	11,018	11,116	11,162	11,199	10,363	10,322	10,402	10,441	
Total Non-Current Liabilities	40,523	40,617	40,567	40,646	40,602	40,713	40,811	40,857	40,894	40,058	40,017	40,097	40,136	
Total Assets Employed	109,327	108,327	108,643	109,203	109,582	109,920	110,967	110,363	109,855	109,345	110,612	110,443	111,479	
Financed By Taxpayers' Equity														
Public Dividend Capital	60,885	60,885	60,885	60,885	60,885	60,885	60,885	60,885	60,885	60,885	62,516	62,516	62,516	
Revaluation Reserve	35,914	35,487	35,487	35,487	35,911	35,911	35,911	35,911	35,911	35,911	35,911	35,911	35,911	
Donated Asset Reserve	4	4	4	4	4	4	4	3	3	3	3	3	3	
Other Reserves	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	
Retained Earnings	12,943	12,370	12,686	13,246	13,201	13,539	14,586	13,983	13,475	12,965	12,601	12,432	13,468	
Total Taxpayers' Equity	109,327	108,327	108,643	109,203	109,582	109,920	110,967	110,363	109,855	109,345	110,612	110,443	111,479	

LAS Financial Review - Cashflow

Cashflow Statement
Month Ending 31st October 2010 - (Month 7)

	Apr-10 £'000s Actual	May-10 £'000s Actual	Jun-10 £'000s Actual	Jul-10 £'000s Actual	Aug-10 £'000s Actual	Sep-10 £'000s Actual	Oct-10 £'000s Actual	Nov-10 £'000s Forecast	Dec-10 £'000s Forecast	Jan-11 £'000s Forecast	Feb-11 £'000s Forecast	Mar-11 £'000s Forecast	Total £'000s
Operating Activities													
Operating surplus/(deficit)	664	730	1,000	395	745	233	(192)	(95)	(97)	49	244	1,451	5,127
Depreciation and amortisation	992	992	967	877	868	885	950	971	971	1,058	1,058	1,057	11,646
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	(1)	0	0	0	0	0	(1)
Interest Paid	(114)	(115)	(109)	(113)	(113)	(113)	(113)	(114)	(114)	(114)	(114)	(112)	(1,358)
Dividend Paid	0	0	0	0	0	(2,055)	0	0	0	0	0	(1,917)	(3,972)
(Increase)/Decrease in Inventories	55	27	15	14	(67)	(7)	28	0	0	0	0	0	65
(Increase)/Decrease in NHS Trade Receivables	(7,781)	1,571	6,446	448	(9,104)	6,121	(199)	(2)	30	4	(3)	2,885	416
(Increase)/Decrease in Long Term Receivables	0	0	0	0	0	90	(34)	0	0	0	0	0	56
(Increase)/Decrease in Non NHS Trade Receivables	0	0	0	0	0	0	0	0	0	0	0	0	0
(Increase)/Decrease in Other Receivables	1,607	(713)	(929)	683	(45)	(70)	32	391	500	0	0	3,000	4,456
(Increase)/Decrease in Accrued Income	(2,606)	(138)	(1,497)	(2,164)	3,825	(747)	(171)	0	0	0	0	2,548	(950)
(Increase)/Decrease in Prepayments	1,316	(842)	(1,425)	530	315	(119)	481	0	0	0	0	(1)	255
Increase/(Decrease) in Trade Payables	4	(19)	(79)	105	(127)	8	440	12	(105)	229	(117)	(437)	(86)
Increase/(Decrease) in Other Payables	5,182	3,720	(7,020)	(2,406)	(905)	151	(86)	1,268	(196)	742	474	(5,091)	(4,167)
Increase/(Decrease) in Payments on Account	0	0	0	0	0	0	0	0	0	0	0	0	0
Increase/(Decrease) in Accruals	3,827	(3,216)	194	2,624	(403)	(32)	110	0	0	0	0	(450)	2,654
Increase/(Decrease) in Deferred Income	(33)	215	(226)	118	4,503	(536)	(790)	(780)	(665)	(664)	(665)	(591)	(114)
Increase/(Decrease) in Provisions & Liabilities	94	(50)	79	(44)	51	98	46	37	(836)	(41)	80	39	(447)
Net Cash inflow/outflow from operating activities	3,207	2,162	(2,584)	1,067	(457)	3,907	501	1,688	(512)	1,263	957	2,381	13,580
Cashflows from Investing Activites													
Interest received	27	29	31	30	29	31	30	29	29	29	29	27	350
(Payments) for property, plant & equipment	(3,737)	(2,331)	(3,327)	(1,126)	(1,321)	(1,008)	(1,081)	(1,500)	(1,500)	(1,500)	(1,750)	(1,937)	(22,118)
Proceeds from disposal of property, plant & equipment	0	0	5,909	380	0	0	0	0	0	0	0	650	6,939
(Payments) for intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0
Proceeds from disposal of intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	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	(3,710)	(2,302)	2,613	(716)	(1,292)	(977)	(1,051)	(1,471)	(1,471)	(1,471)	(1,721)	(1,260)	(14,829)
Net Cash inflow/outflow before financing	(503)	(140)	29	351	(1,749)	2,930	(550)	217	(1,983)	(208)	(764)	1,121	(1,249)
Cashflows from Financing Activites													
Public Dividend Capital Received	0	0	0	0	0	0	0	0	0	1,631	0	0	1,631
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)	(1,244)
Loans received from Salix Finance	0	0	0	0	60	0	0	0	0	0	0	0	60
Capital element of finance lease	(105)	(185)	(500)	(185)	(45)	(500)	(711)	(105)	(445)	(212)	(106)	(404)	(3,503)
Net Cashflow inflow/(outflow) from financing	(105)	(185)	(500)	(185)	15	(1,122)	(711)	(105)	(445)	1,419	(106)	(1,026)	(3,056)
Increase/(decrease) in cash & cash equivalents	(608)	(325)	(471)	166	(1,734)	1,808	(1,261)	112	(2,428)	1,211	(870)	95	(4,305)
Cash, cash equivalents and bank overdrafts at 010410	5,141												
Cash, cash equivalents and bank overdrafts at 310311	4,533	4,208	3,737	3,903	2,169	3,977	2,716	2,828	400	1,611	741	836	(4,305)

LAS Financial Review - Income Summary
Month Ending 31st October 2010 - (Month 7)

	Month Act £000	Month Budget £000	%		Ytd Act £000	Ytd Budget £000	Diff £000	%	2010/2011 Fcast £000	2010/2011 Budget £000	Diff £000	%
Emergency Delivery												
PCT Commissioned	20,708	20,863	-0.7%		144,958	146,041	(1,084)	-0.7%	249,666	250,357	(691)	-0.3%
CBRN	640	620	3.2%		4,495	4,343	152	3.5%	7,706	7,445	261	3.5%
RTA	87	94	-7.3%		702	659	43	6.5%	1,172	1,129	43	3.8%
Subtotal	**21,436**	**21,578**	-0.7%		**150,154**	**151,043**	**(889)**	-0.6%	**258,544**	**258,931**	**(387)**	-0.1%
Specialised Services												
HART	560	581	-3.6%		3,922	4,068	(146)	-3.6%	6,974	6,974	0	0.0%
HEMS	3	3	3.2%		23	23	0	0.2%	39	39	0	0.1%
Subtotal	**564**	**584**	-3.5%		**3,945**	**4,091**	**(146)**	-3.6%	**7,013**	**7,013**	**0**	0.0%
Information Services & Research												
EBS	93	92	0.4%		643	645	(2)	-0.3%	1,102	1,106	1	-0.4%
Research	12	13	-6.1%		150	91	59	64.3%	245	156	88	56.5%
Subtotal	**105**	**105**	-0.4%		**793**	**736**	**57**	7.7%	**1,346**	**1,262**	**89**	6.7%
Patient Transport Services												
PTS	790	598	32.1%		5,285	4,187	1,098	26.2%	8,072	7,177	894	12.5%
BETS & SCBU	62	80	-22.7%		443	559	(117)	-20.8%	812	959	(147)	-15.4%
A&E Long Distance	46	46	-0.1%		150	321	(171)	-53.2%	290	550	(260)	-47.2%
Subtotal	**898**	**724**	24.0%		**5,878**	**5,067**	**811**	16.0%	**9,174**	**8,687**	**487**	5.6%
NHS London												
MPET	(12)	213	-105.8%		2,640	1,488	1,152	77.5%	2,681	2,550	131	5.2%
Other Education	0	0	#DIV/0!		0	0	0	#DIV/0!	0	0	0	#DIV/0!
Olympics 2012	62	70	-10.8%		457	487	(30)	-6.2%	786	835	(49)	-5.8%
Subtotal	**50**	**282**	-82.4%		**3,097**	**1,975**	**1,122**	56.8%	**3,468**	**3,385**	**83**	2.4%
Commercial												
Stadia	61	77	-20.9%		552	536	16	2.9%	952	919	33	3.6%
BAA	52	52	0.0%		365	365	0	0.0%	625	625	0	0.0%
Training	3	1	105.9%		28	9	19	215.1%	28	15	13	83.8%
Subtotal	**115**	**130**	-11.3%		**944**	**909**	**35**	3.8%	**1,604**	**1,559**	**45**	2.9%
Other	64	22	191.8%		342	153	189	123.9%	174	262	(88)	-33.6%
Total	**23,231**	**23,425**	-0.8%		**165,153**	**163,974**	**1,179**	0.7%	**281,322**	**281,098**	**229**	0.1%

LAS Financial Review - Expense Summary

Month Ending 31st October 2010 - (Month 7)

Month Act	Month Budget	%		Ytd Act	Ytd Budget	Diff	%	Ytd 0910	Diff	%	2010/2011 Fcast	2010/2011 Budget	Diff	%
£000	£000			£000	£000	£000		£000	£000		£000	£000	£000	
			Income											
21,436	21,578	-0.7%	A&E	150,154	151,043	(889)	-0.6%	146,193	3,961	2.7%	258,544	258,931	(387)	-0.1%
1,795	1,847	-2.8%	Other	14,999	12,931	2,068	16.0%	17,022	(2,023)	-11.9%	22,779	22,167	611	2.8%
23,231	**23,425**	**-0.8%**	**Total**	**165,153**	**163,974**	**1,179**	**0.7%**	**163,216**	**1,938**	**1.2%**	**281,322**	**281,098**	**224**	**0.1%**
			Payroll (£k)											
10,601	11,117	-4.6%	A&E Sectors	73,630	76,452	(2,821)	-3.7%	66,883	6,748	10.1%	126,953	132,786	(5,833)	-4.4%
1,045	456	129.4%	A&E Overtime	7,411	3,179	4,232	133.1%	9,040	(1,629)	-18.0%	10,768	5,485	5,283	96.3%
2	0	#DIV/0!	A&E Incentive	7	0	7	#DIV/0!	2,654	(2,647)	-99.7%	7	0	7	#DIV/0!
1,228	1,106	11.0%	A&E Management	8,515	7,789	726	9.3%	7,577	938	12.4%	14,463	13,334	1,129	8.5%
1,007	853	18.2%	EOC	6,824	6,289	535	8.5%	6,264	560	8.9%	11,750	10,555	1,195	11.3%
301	336	-10.5%	Operational Support	2,025	2,342	(317)	-13.5%	1,957	68	3.5%	3,564	4,023	(459)	-11.4%
508	432	17.7%	PTS	3,714	3,009	705	23.4%	3,878	(164)	-4.2%	5,916	5,168	748	14.5%
2,185	2,403	-9.0%	Corporate Support	15,856	17,151	(1,295)	-7.6%	14,211	1,645	11.6%	27,359	29,186	(1,826)	-6.3%
148	64	132.1%	Other Overtime	1,075	447	628	140.7%	1,617	(542)	-33.5%	1,536	765	771	100.7%
440	149	195.5%	Agency	3,504	1,246	2,258	181.2%	4,539	(1,035)	-22.8%	4,956	1,991	2,965	149.0%
17,466	**16,914**	**3.3%**	**Total**	**122,561**	**117,903**	**4,658**	**4.0%**	**118,620**	**3,941**	**3.3%**	**207,272**	**203,292**	**3,980**	**2.0%**
			Non Pay											
551	522	5.6%	Staff Related	3,939	4,283	(345)	-8.0%	4,117	(179)	-4.3%	6,910	6,893	18	0.3%
647	497	30.3%	Consumables, Medical Equip & Drugs	3,988	3,487	502	14.4%	4,105	(117)	-2.9%	6,689	5,971	718	12.0%
135	204	-33.9%	Vehicle Leasing	941	1,429	(488)	-34.1%	367	575	156.7%	1,587	2,447	(861)	-35.2%
487	502	-3.0%	Fuel & Oil	3,184	3,516	(331)	-9.4%	2,651	533	20.1%	5,521	6,026	(505)	-8.4%
760	499	52.4%	Vehicle Maintenance	4,558	3,563	995	27.9%	3,544	1,014	28.6%	7,595	6,057	1,538	25.4%
159	130	22.1%	Vehicle Insurance	1,045	926	120	12.9%	961	84	8.7%	1,898	1,577	321	20.4%
57	14	307.3%	3rd Party Transport	487	281	205	73.0%	1,309	(822)	-62.8%	710	351	359	102.1%
1,043	938	11.3%	Accomodation & Estates	7,271	7,019	252	3.6%	7,268	3	0.0%	12,015	11,707	308	2.6%
599	730	-17.9%	IT & Telecoms	4,056	5,307	(1,251)	-23.6%	5,345	(1,289)	-24.1%	8,229	8,958	(728)	-8.1%
216	364	-40.7%	Finance & Legal	1,372	54	1,318	2429.2%	1,590	(217)	-13.7%	2,322	779	1,543	198.0%
67	160	-58.2%	Consultancy	417	1,171	(754)	-64.4%	1,096	(680)	-62.0%	1,820	1,972	(152)	-7.7%
282	212	33.3%	Other	880	1,589	(709)	-44.6%	1,557	(677)	-43.5%	1,636	2,648	(1,012)	-38.2%
5,005	**4,772**	**4.9%**	**Subtotal**	**32,138**	**32,624**	**(486)**	**-1.5%**	**33,911**	**(1,773)**	**-5.2%**	**56,932**	**55,386**	**1,546**	**2.8%**
			Depreciation											
0	0	#DIV/0!	Fleet	0	0	0	#DIV/0!	0	0	#DIV/0!	0	0	0	#DIV/0!
0	0	#DIV/0!	IT	0	0	0	#DIV/0!	0	0	#DIV/0!	0	0	0	#DIV/0!
950	1,325	-28.3%	Other	6,531	8,502	(1,971)	-23.2%	6,791	(260)	-3.8%	11,646	15,283	(3,638)	-23.8%
950	**1,325**	**-28.3%**	**Subtotal**	**6,531**	**8,502**	**(1,971)**	**-23.2%**	**6,791**	**(260)**	**-3.8%**	**11,646**	**15,283**	**(3,638)**	**-23.8%**
			Financial											
314	382	-17.8%	Dividend	2,200	2,676	(476)	-17.8%	1,960	240	12.3%	3,772	4,588	(816)	-17.8%
97	171	-42.9%	Interest	680	1,194	(514)	-43.0%	559	122	21.8%	1,175	2,047	(872)	-42.6%
412	**553**	**-25.5%**	**Subtotal**	**2,881**	**3,870**	**(990)**	**-25.6%**	**2,519**	**362**	**14.4%**	**4,947**	**6,635**	**(1,688)**	**-25.4%**
23,833	**23,564**	**1.1%**	**Total Expense**	**164,111**	**162,900**	**1,211**	**0.7%**	**161,841**	**2,270**	**1.4%**	**280,796**	**280,596**	**200**	**0.1%**

LAS Financial Review - Divisional Summary

Month Ending 31st October 2010 - (Month 7)

Month Act £000	Month Budget £000	%		Ytd Act £000	Ytd Budget £000	Diff £000	%	2010/2011 Fcast £000	2010/2011 Budget £000	Diff £000	%
			Operations								
			A&E Sector Services								
14,770	**14,296**	**23%**	- Subtotal	**99,527**	**96,973**	**(2,553)**	2.6%	**171,014**	**168,937**	**(2,077)**	1.2%
			Control Services								
1,987	**1,619**	**23%**	- Subtotal	**13,391**	**11,967**	**(1,424)**	11.9%	**22,881**	**20,066**	**(2,815)**	14.0%
			Operational Support								
1,569	**1,278**	**23%**	- Subtotal	**11,410**	**9,432**	**(1,978)**	21.0%	**18,671**	**15,821**	**(2,850)**	18.0%
			Total Operations								
18,325	**17,192**	**7%**	- Subtotal	**124,328**	**118,372**	**(5,955)**	5.0%	**212,566**	**204,824**	**(7,742)**	3.8%
			Patient Transport Services (PTS)								
711	**554**	**28%**	- Subtotal	**4,865**	**4,048**	**(816)**	20.2%	**8,141**	**6,819**	**(1,323)**	19.4%
			Corporate Directorates								
236	**191**	**23%**	- Subtotal	**1,663**	**1,360**	**(303)**	22.3%	**2,540**	**2,319**	**(221)**	9.5%
			Corporate Services								
259	**267**	**-3%**	- Subtotal	**1,884**	**1,967**	**84**	-4.3%	**3,542**	**3,303**	**(239)**	7.2%
			Service Development								
87	**75**	**16%**	- Subtotal	**649**	**591**	**(57)**	9.7%	**961**	**965**	**4**	-0.4%
			Finance & Estates								
1,494	**2,256**	**-34%**	- Subtotal	**10,207**	**12,822**	**2,615**	-20.4%	**16,501**	**23,112**	**6,611**	-28.6%
			Human Resources & Training								
1,142	**1,206**	**-5%**	- Subtotal	**9,661**	**10,475**	**814**	-7.8%	**15,305**	**16,868**	**1,563**	-9.3%
			IM & T								
1,151	**1,325**	**-13%**	- Subtotal	**7,749**	**9,769**	**2,020**	-20.7%	**15,920**	**16,399**	**479**	-2.9%
			Commmunications								
94	**130**	**-28%**	- Subtotal	**778**	**927**	**148**	-16.0%	**1,146**	**1,579**	**433**	-27.4%
			Medical								
114	**121**	**-5%**	- Subtotal	**718**	**835**	**117**	-14.1%	**1,290**	**1,438**	**149**	-10.3%
			Total Corporate Directorates								
4,797	**5,818**	**-18%**	- Subtotal	**34,919**	**40,479**	**5,561**	-13.7%	**60,088**	**68,953**	**8,865**	-12.9%
			Total LAS								
23,833	**23,564**	**1%**	- Total LAS	**164,111**	**162,900**	**(1,211)**	0.7%	**280,796**	**280,596**	**(200)**	0.1%

LONDON AMBULANCE SERVICE TRUST BOARD

30TH NOVEMBER 2010

PAPER FOR NOTING

Document Title:	**Clinical Quality and Patient Safety Report**
Report Author(s):	Dr Fionna Moore
Lead Director:	Dr Fionna Moore
Contact Details:	LAS HQ
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 Group ☐ Risk Compliance and Assurance Group ☒ Other **Elements of this report have been discussed at CQSEC, CARSG and SMG**
Recommendation for the Trust Board:	That the Board considers and notes the report

Executive Summary/key issues for the Trust Board

Safety: 3 new SIs declared, 2 relating to partial failure of Control Room Services, 1 relating to the theft of LAS equipment and drug bags.

Clinical and cost effectiveness:

1. CPI performance now at 89% for the last month (September). Target 95%. Feedback targets for the year to date exceeded.
2. Update on the clinical issues addressed with staff through the annual Chief Executive's Consultation Meetings provided. Progress made on enabling staff to access information within Medical Director's Bulletins and Clinical Updates.
3. Report on Clinical Audit and Research on progress on managing stroke and major trauma provided
4. Update on Infection Prevention and Control provided.

Governance:

1. Limited assurance provided on the management of medicines, including both Controlled and General Drug issues. 3 incidents relating to Controlled Drugs reported.

Care environment and amenities:

Infection Prevention and Control:
Director of Health Promotion and Quality has taken over the role of Director of Infection Prevention and Control .

3 priorities identified for the current work plan

Attachments

Main report with 3 appendices (Interim Clinical Audit report on stroke and major trauma care ; Clinical Updates and Medical Director's Bulletins)

****

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:

LONDON AMBULANCE SERVICE NHS TRUST

Trust Board 30th November 2010

Clinical Quality and Patient Safety Report

Safety

1.1   Update on Serious Untoward Incidents (SIs)

Three new SIs have been declared since my last report in September 2010. Two relate to the partial failure of Control Room services. Both incidents have been covered in the Chief Executive's report. No adverse clinical outcomes have been identified as a result of delays in call handling. The third, initially reported on 4th November, relates to the discovery of LAS equipment and a significant number of drug bags at premises occupied by a former employee. The investigations (both criminal and internal) are still ongoing as to the exact circumstances of the thefts.

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

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

21 alerts were received from 13th September – 15th November 2010. All alerts were acknowledged; one, relating to a manual wheelchair manufactured by Invacare, required action.

Clinical and Cost Effectiveness

2.1   Clinical Performance Indicator completion

The current target for CPI completion is **95%.** The most recent figures (September) show that the dramatic improvement achieved in March and April has been sustained. The target of 95% has not been achieved and the raising of the REAP level to 3 is likely to impact on the October and November figures. However in September 12 Complexes met the 95% target. (diagram 1)

For the year 2010 to date, Team Leaders across the LAS have delivered 3369 feedback sessions, exceeding their target for the year so far (2937). Both the South and West Areas have exceeded their targets (based on each member of staff receiving two feedback sessions per year).

Diagram 1. CPI completion April to September 2010/2011

Area	April	May	June	July	August	Sept.
East	86%	77%	78%	83%	89%	89%
South	94%	94%	70%	73%	85%	91%
West	98%	93%	76%	86%	94%	88%
LAS	93%	89%	74%	80%	89%	89%

2.2 Chief Executive's Consultation Meetings

The Chief Executive's yearly Consultation Meetings with staff commenced on 1st September. A Medical Director's Update is included, focusing on areas where clinical care has significantly changed, and those where improvements and changes are needed. Issues concerning patient and staff safety have also been discussed.

To date all the proposed meetings with the exception of one final meeting with Control Room staff have been completed. The clinical issues raised have generally followed the themes reported previously.

One issue raised has been the number and frequency of bulletins sent out by the Medical Directorate. To improve access to this information and to ensure staff can identify when a bulletin has been issued during their leave or time off, all Medical Director's Bulletins and Clinical Updates are now numbered and indexed, and more clearly signposted on the Pulse. The list of topics covered is included in Appendix 2 and 3 of this report.

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

.
A summary of the findings on stroke and major trauma care in May and June 2010 is included under Appendix 1

2.4 Safeguarding update

An update is presented under agenda item 16 of the Trust Board report.

Governance

3. Medicines management update

3.1 Medicines Management Group (MMG)

The primary functions of the MMG are to ensure that high quality patient care is being delivered by the London Ambulance Service NHS Trust through effective use and management of medicines. The MMG also looks at all aspects of the introduction of proposed new drugs, as well as reviewing existing drugs.

The third meeting of the MMG for 2010 / 11 took place on 20th October 2010. The main discussions concerned the governance structures for Controlled Drugs and General Drugs, the introduction of a pre-filled saline syringe for flushing cannulae and the feasibility trial of using IV paracetamol. Although the third actual meeting it was probably the first effective meeting with a better and more representative attendance.

The Chairman of the MMG attended, by invitation, the meeting of the Ambulance Pharmacists Network (APN) on 3rd November. This was to understand more of the working of the APN, rather than to attend on a regular basis. (LAS already has a presence via our Pharmacy Adviser, Mr Steven Cook).

3.2 Controlled Drugs

Three controlled drugs incidents have been reported to the Westminster PCT Controlled Drugs Local Intelligence Network (LIN), in the current reporting period (Oct – Dec).

One incident involves the loss of two ampoules of morphine at Barnehurst Station. The exact circumstances of the loss are unknown as the loss was noticed when the paramedic went to sign her morphine in found it was missing. It is believed she lost it during the shift. It is unknown when, where or how.

The second loss of two ampoules occurred at Becontree Station. This was a "temporary" loss due to a possible counting error two days prior to the loss being reported. (There was at the time a second possibility, where two ampoules had rolled out of sight – and were thus not counted).

The third incident involves the theft of a number of paramedic drug bags over a long period of time by a member of staff from Barnehurst Complex who was dismissed in September 2010. The investigations (both criminal and internal) are still ongoing as to the exact circumstances of the theft(s). This has been reported as a Serious Untoward Incident (SI) to NHS London (see section 1 this report).

All incidents have also been discussed with the NHS Counter Fraud Specialist for Controlled Drugs and the Met Police Controlled Drugs Liaison Officer. Policies have been deemed appropriate, but individual adherence to the policy lax.

The paperwork and audit trails for controlled drugs continue to improve and the trial in the South Area is due to complete in mid-November. It will be evaluated and then rolled out to the other two Areas with any requisite amendments. This trial is looking predominantly at increased audit as well as numbering individual ampoules which are in turn placed in a numbered plastic moulded container.

3.3 General and Paramedic Drug Bags

A review of the storage / issue of the paramedic drug bags was already under way before the theft of the paramedic drug bags detailed above was discovered. The LAS is currently exploring vehicle based drug kits that combine both the general and paramedic drug kits into one. This work is ongoing and the Chairman of the MMG is looking to bring forward the next meeting to either 15th or 22nd December 2010, to implement improvement in this area. This meeting will also discuss and take forward the points detailed below. This particular piece of work is probably the most important area of work of the MMG at the current time.

3.4 Specific Drugs / Devices for Medicines Management

Pre-filled saline syringes: There is an anecdotal wastage of both normal saline flush ampoules and normal saline 500ml bags used for preparing saline flush. There is a product on the market, a pre-filled saline syringe used for the flushing of medicines through a cannula. The device may cut down cost if issued and used correctly via the drug bag system. It will generate less waste packaging reduce infection due to less handling of products. This option is being costed to compare preparing a normal flush with a pre-filled syringe compares.

Glucagon: The MMG is looking at whether reducing the number of glucagon units from 2 to 1 in the general drug kit is justified. There is some concern that glucagon is being overused / misused in favour of other more appropriate glycaemic agents. This requires audit of the use of glucagon and may therefore take some time.

10% Dextrose + Normal Saline packaging: There is a possible solution to enable the packaging of normal saline and 10% dextrose to be different and thus reduce the chance of the wrong fluid(s) being infused. This solution is being explored via the Ambulance Pharmacist Network and a possible joint working between the LAS, West Midlands and East of England Ambulance Services.

Patient Focus

The Patient Experience Report is included under agenda item 13 of the Trust Board report.

Accessible and Responsive Care

Nothing further to report

Care Environment and Amenities

6.1   Infection Prevention and Control Update

The Director of Health Promotion and Quality is now the designated Director of Infection Prevention and Control and has identified three main priorities for the current work programme;
1) Gathering of assurance documentation for Performance Accelerator
2) Hand Hygiene Audits
3) Development of a Health Care Associated Infection (HCAI) Action Plan.

6.2   Assurance Documentation

A deadline was set for 19th November for all information to be uploaded onto the Trust's Performance Accelerator. The Ambulance Operations Manager for Infection Control and the Director are now identifying any gaps in assurance and are commissioning additional evidence so that the Trust can demonstrate full compliance to any potential Care Quality Commission inspection.

6.3   Hand Hygiene Audits

A number of clinical interventions can increase the risks of acquiring an infection and the most significant control is good hand hygiene. The Trust is introducing a new

process for auditing Hand Hygiene that involves a number of Acute Trusts. These organisations will observe our staff as part of their own Accident & Emergency hand Hygiene audits and pass the results regarding the Ambulance Trust staff onto the Ambulance Operations Manager and the Infection Control Champions.

Once the process is in place the plan is to evolve the auditing process to incorporate a number of additional items and these results will be used alongside the quarterly station audits to identify any areas needing additional infection control support.

6.4   Action Plan

The Infection Control Steering Group is being rebranded as the Infection Prevention and Control Committee and the membership is currently under review. A patient representative has been identified as a regular attendee at the committee. In addition, a HCAI Action Plan is being created to guide the work programme of the committee. The Action Plan will address care Quality Commission Outcomes, identified risks and advancing clinical practice.

Public Health

Nothing further to report

Recommendation

That the Board notes the report

Fionna Moore,
Medical Director

19th November 2010

Appendix 1

Clinical Audit & Research Summary Report for the Trust Board

Stroke and Major Trauma Care: Key Findings from May and June 2010

Authors: Gurkamal Virdi (Assistant Head of Clinical Audit & Research), Holly Lynn (Stroke Data Officer) and David Miller (Trauma Data Officer), Clinical Audit and Research Unit, Medical Directorate.

The Clinical Audit and Research Unit (CARU) has developed two audit systems that enable the LAS to assess the care given to stroke and major trauma patients including the utilisation of direct pathways to specialist Hyper Acute Stroke Units (HASU) and Major Trauma Centres (MTC). This report presents the key findings from the first reports from May and June. More information on the treatment of stroke and major trauma patients can be found within the monthly Stroke Care Packs and Major Trauma Care Packs which are released across the Service and externally to our stakeholders.

Stroke

The stroke system examines information on patients where a stroke is suspected following a clinical assessment known as the Face, Arm and Speech test (FAST) by the attending ambulance crew. During May and June 2010, the LAS attended 1,120 patients that were identified as having a face, arm or speech deficit and where the crew suspected a stroke.

The national stroke strategy, published in December 2007, highlighted that every stage of the journey for a suspected stroke patient is time critical and, therefore, a rapid response to the emergency 999 call is imperative. As a result, changes were made to the Advanced Medical Priority Dispatch System (AMPDS) to ensure that suspected stroke calls received a Category A or, as a minimum, a Category B response. In addition, the introduction of version 12 of AMPDS allowed more 999 calls to be identified as potential stroke-related emergencies, as the FAST is undertaken at the point of the call by the Emergency Medical Dispatcher. During May and June, a chief complaint of stroke was allocated to 56% (n=6210 of emergency calls triaged using AMPDS. The remainder of calls were classed under a generic sick person complaint, unconscious/ fainting, falls and other. 66% (n=411) of patients received a Category A response and 33% (n=208) a Category B response with just 1% (n=2) receiving a Category C response. The response time from 999 call to arrival on scene for these patients was well within the current targets, with an average of 8 minutes for a Category A call and 9 minutes for Category B calls.

During May and June, it was appropriate for a patient to be conveyed to a HASU with a pre-alert (blue call) if the onset of symptoms was less than three and a half hours old. Patients whose symptoms began outside of this time frame or where the time of onset was unknown were transported to the nearest ED under normal driving conditions. 94% of patients were conveyed in compliance to this policy, which exceeds the target set of 90%.

Of the patients conveyed to a HASU (n=620), a pre-alert call was made for 100% of cases to ensure that the HASU had capacity and the stroke team were notified of the imminent arrival of a stroke patient.

The stroke network in London has been designed so that the LAS can convey a patient to a HASU within 30 minutes of leaving the scene (when travelling on blue lights). The average journey time from scene to hospital was 15 minutes which is well within this time frame. Furthermore, when examining the range of journey times, only 6% of patients conveyed to a HASU had a journey time greater than 30 minutes.

Patient Report Form (PRF) documentation shows that the assessment and treatment of stroke patients is of a high standard. The time of onset of stroke symptoms was documented on 83% of PRFs, 99% of patients had their blood pressure measured and 98% had a blood glucose assessment.

Major Trauma

The major trauma audit system has been developed following the opening of MTCs in London in April. Patients that are likely to benefit from conveyance to one of the four MTCs, instead of the nearest ED, are identified by ambulance crews using the major trauma decision tree triage tool.

During May and June, the LAS treated a total of 550 patients who triggered the major trauma decision tree, an average of nine patients per day. Of these, 96% of patients were conveyed to an appropriate facility in May, rising to 99% in June. The average time from 999 call to arrival on scene across all call categories was 8 minutes, crews then spent an average of 37 minutes on scene. Despite the potentially longer journeys when patients are conveyed to a MTC, the mean journey time in across May and June was 16 minutes. This compares favourably with the maximum journey time considered acceptable of 45 minutes to reach a MTC.

As per the major trauma decision tree, 28% of patients were triaged as appropriate for conveying to a MTC due to a decreased level of consciousness or poor vital signs, 43% were triaged to a MTC as a result of the anatomy of the patients' injuries, 9% due to the mechanism of injury and 2% were related to special patient considerations. In addition, 9% of patients were 12 years or under so were conveyed to a MTC as a paediatric case and 9% were conveyed to a MTC on the advice of the Helicopter Emergency Medical Service or the Clinical Coordination Desk.

The pain management of all major trauma patients is an important element of their overall clinical care by the LAS. A pain assessment or a valid exception was recorded before and after treatment for 68% of patients in May and June. A further, 11% of patients had only an initial assessment of their pain severity recorded and 2% of patients only had the severity of their pain assessed after treatment. Therefore, no pain assessment or exceptions were recorded for 19% of patients. Pain relief was given or a valid reason for not administering pain relief was documented in 78% of cases where only LAS crews were present at the scene of an incident. Therefore, no pain relief was given or a valid exception documented in 22% of cases. Improvements need to be made in the pain management of this patient group and staff must ensure that they provide complete documentation of the assessment and treatment provided and any exceptions that prevented an element of care being delivered to the patient.

Future reporting

As part of the ongoing data collection, outcomes information will be sourced from hospital and national data systems and reported in an annual report following the end of the financial year. This will allow the LAS to assess the impact of the new pathways and pre-hospital care for our patients.

Appendix 2

Topics in the Clinical Updates included in LAS News 2007 - 2010

Issue 1 September 2007	Cardiac Arrest Survival Stroke Care Clinical Incident Reporting Technician Drug Pack changes (Naloxone, Hydrocortisone) Cath lab coding Needlestick injuries Transfer of patients with reduced LOC On Call Adviser Rhythm Strips

Issue 2 October 2007	Measles
	Acute Stroke Units
	Drug packs
	Guideline Updates
	       Retained Placenta & cannualtion
	       Chlorphenamine IM
	       Hydrocortisone by EMT's
	Introduction of oramorph
	Patient's own medication
	Epilepsy & buccal midazolam
	Boots BM machines

Issue 3 November 2007	Case study feverish child/meningitis
	ROLE
	Metoclopramide
	Withdrawal of lumiracoxib
	Atrovent
	ALS
	       Safe to give drugs whilst defib charging
	       First paramedic on scene has primacy
	       Fluid (500ml) as flush for drugs

Issue 4 Dec 2007	Causes of abdominal pain in pregnancy
Issue 5 January 2008	Case Study Renal failure and hypo K^+ Positional restraint asphyxia Patients insulin Illness Codes ECG & Hyperglycaemia Handover of documentation Guidance for Palliative care resuscitation
Issue 6 February 2008	Clopidogrel PALS kit no longer drugs & BVM Paramedic drugs pack & naloxone
Issue 7 March 2008	Suspension trauma Hypothermia Resus trial CPAP trial Monitoring of patients on route to cath lab
Issue 8 April 2008	ROLE
Issue 9 May 2008	Palliative Care
Issue 10	ECG of the month only (update is incorrectly labelled as 'May 2008')

June 2008	
Issue 11 July 2008	CO poisoning Case study CO poisoning Introduction of Oromorph Buccal Midazolam
Issue 12 August 2008	BTS guidelines
Issue 13 October 2008	Appropriate use of the LA277 Pain relief in STEMI patients Importance of handing in your 12 lead ECG Suspension trauma Toxbase
Issue 14 November 2008	Journal of paramedic practice ROLE Monitoring of STEMI patients Intoxicated patients with abnormal clinical signs London Street Rescue Treatment of LVF Advanced Decisions Aide Memoire cards
Issue 15 December 2008	Oral morphine when to withhold Return of drugs packs Sub cut injections Addisonian Crisis End of Life care & ROLE Clopidogrel AAA Havens rape support centres Measuring ETCO2 Defining Neonate
Issue16 January 2009	Norovirus Cervical injury in the elderly Clopidogrel Flu Vaccine Case Study COPD Frontal lobe epilepsy Readmission of neonates Clinical Support Desk Running calls & PRFs
Issue 17 March 2009	Smart CPR Resuscitation Q & A Working with Maternity Services in London Caring for the Newborn SUDICA Clozapine A Patients View – Atypical seizures
Issue 18 June 2009	Posterior STEMI Clopidogrel Diazepam Sudden Adult Death Meningitis rashes Morphine & Abdo pain Lower back pain Message in a bottle Changes to LA4

Issue 19 September 2009	Glucose 10% Monitoring STEMI Patients Swine Flu Sub Cut injections Athens account Atrial Fib LBBB Resuscitation Queries New AED & 12 Lead Changes to STEMI Criteria Posterior ECG Right sided ECG Feverish illness in children MHRA Advice BBA & midwives Buccal/intranasal midazolam
Issue 20 Dec 2009	McIlroy Funnel ROLE Narcan Mental health Mephedrone Furosemide Type 2 diabetes – hypoglycaemia Sepsis Elderly falls STEMI and analgesia Vulnerable children Changes to resuscitation guidelines
Issue 21 March 2010	Cardiac arrest survival 2008/9 Wound closure Flu An increased pulse rate – a cause for concern? Major Trauma The Clinical Coordination Desk Airway management in trauma Stroke, TIAs, ABCD2 scoring, ROSIER and ISRAS
Issue 22 June 2010	JRCALC National Clinical Guidelines correction of typographical error "Rectal Diazepam" Spotting the sick child Benzylpenicillin use in the Service Spinal injuries in older patients Placental abruption Headaches Anthrax in IV drug users
Issue 23 October 2010	Febrile convulsion and the flu vaccination Taking Patient Medication to hospital When to do an ECG Not for resuscitation (guidance on DNA-CPR) New Adhesive tape COPD Critical Transfers LBBB and cath lab GCS

| | Legal Highs
Obstetrics Audit
Fundal massage
Management of miscarried foetus
Chicken Pox | |
| | | |

Appendix 3
MEDICAL DIRECTORS BULLETINS 2002 to 2010

November 2002	Epinephrine 1:1000 for life – threatening asthma	MDB 01
April 2003	Severe acute respiratory syndrome	MDB 02
May 2003	Police use of TASERS	MDB 03
August 2003	Inherited bleeding disorders	MDB 04
November 2003	Water for injection Benzylpenicillin & IM injections	MDB 05
December 2003	Glucagen Drugs Management systems	MDB 06
January 2004	Peha Haft dressings, Caps off needles following throracocentesis	MDB 07
September 2004	Closure of central Middlesex to blue calls of paediatric patients	MDB 08
April 2005	Voluntary suspension of Valdecoxib	MDB 09
December 2004	Advice on the use of Celecoxib	MDB 10
October 2004	Withdrawal of Rofecoxib	MDB 11
May 2005	Contaminated Heroin	MDB 12
May 2005	Lifescan blood glucose meters	MDB 13
May 2005	Mucous extractors Care of IV cannulation equipment and sites On line clinical advice	MDB 14
June 2005	Age ranges for defibrillation	MDB 15
August 2005	Right ventricular infarcts	MDB 16
November 2005	Radial pulse for estimating systolic blood pressure Routine screening for early diabetes	MDB 17
November 2005	Transportation of patients connected to intra – aortic balloon pumps	MDB 18

December 2005	Falciparum malaria in travellers returning from the Gambia	MDB 19
January 2006	Important advice regarding positional & restraint asphyxia	MDB 20
February 2006	Changes in the supply of morphine	MDB 21
March 2006	Sudden unexpected death in infancy	MDB 22
March 2006	Transport of STEMI to cath lab	MDB 23
April 2006	Drawing up needles Care of asthmatic patients	MDB 24
May 2006	Chief medical officer briefing – paroxetine	MDB 25
June2006	Cook IO needles Care asthmatic patients	MDB 26
July 2006	Sickle cell patient held record	MDB 27
August 2006	Investigation into maternal deaths at Northwick Park	MDB 28
September 2006	Ipratropim Bromide	MDB 29
November 2006	Suspected stroke / TIA	MDB 30
November 2006	Use of Lignocaine London wide direct admission to cardiac cath labs FR2 in manual mode	MDB 31
December 2006	Spinal cord injuries	MDB 32
January 2007	Stronger than normal heroin	MDB 33
January 2007	National Clinical Guidelines general information Oxygen therapy Role Consent and capacity Drugs treatment Metoclopramide Aspirin Benzylpenicillin Fluid administration in adults Fits Peak flow meters Trauma Children	MDB 34
February 2007	Use of term suspended to describe cardiac arrest	MDB 35

February 2007	Faulty nebulisation masks	MDB 36
March 2007	New guidelines on intubation	MDB 37
June 2007	Clinical update feverish illness in children	MDB 38
July 2007	Bad crack cocaine	MDB 39
August 2007	Closure of heart attack centre	MDB 40
August 2007	Stroke care direct admission for FAST positive patients to UCLH	MDB 41
September 2007	Bleach bombs	MDB 42
September 2007	Medical devices alert - syringes	MDB 43
September 2007	Medtronic LP500 AEDs	MDB 44
September 2007	Cardiac arrest survival	MDB 45
November 2007	Laryngoscope blades	MDB 46
January 2008	12 Lead ECG & LBBB	MDB 47
February 2008	Advanced airway management	MDB 48
February 2008	Patients with suspected stroke /TIA brain attacks	MDB 49
April 2008	Changes to packaging of salbutamol and ipratropium bromide (Atrovent)	MDB 50
April 2008	Changes to packaging of salbutamol and ipratropium bromide (Atrovent) (2)	MDB 51
May 2008	Contaminated batches of heroin and ecstasy	MDB 52
June 2008	Loss of morphine ampoules	MDB 53
July 2008	St Mary's Cath Lab	MDB 54
September 2008	Royal Free Hospital stroke unit & cath lab	MDB 55
September 2008	Introduction of the BTS oxygen guidlines	MDB 56
December 2008	Detergent hand wipes for single responders	MDB 57
December 2008	Clopidogrel	MDB 58

January 2009	Acute brain attack with positive FAST (Bexley PCT catchment area)	MDB 59
January 2009	North Middlesex stroke unit	MDB 60
February 2009	SUDICA (sudden unexpected death in children and adults)	MDB 61
February 2009	Medical Device alert blood collection tubes	MDB 62
28 April 2009	Swine Influenza A (H1N1) outbreak in Mexico and USA	MDB 63
29 April 2009	Swine Influenza A (H1N1) Update	MDB 64
30 April 2009	Swine Influenza A (H1N1) - Update 3	MDB 65
1 June 2009	No penetrating trauma to Central Middlesex Hospital	MDB 66
1 June 2009	Drug clarification update: Chlorphenamine Aspirin Saline and 10% glucose Bonjela medication warning Drug chart detailing which grades of staff can administer drugs currently in use in the Service	MDB 67
19 June 2009	Swine Flu – update 4	MDB 68
22 June 2009	Primary transfer of burns patients	MDB 69
22 Jul 2009	Oropharyngeal airways	MDB 70
Aug 2009	Changes to gynaecology services at Central Middlesex Hospital	MDB 71
Dec 2009	Possible contaminated heroin at risk of causing anthrax in IVDUs	MDB 72
8 Jan 2010	Loss of morphine ampoules	MDB 73
22 Jan 2010	Outbreak of norovirus	MDB 74
26 Jan 2010	Pan-London Stroke referral pathways	MDB 75
5 Feb 2010	Clinical Equipment Update: ET tubes, bougies Bag and mask Stiff neck collars Equipment being withdrawn from use	MDB 76

18 Feb 2010	Ambu Spur3 bag and mask	MDB 77
17 Mar 2010	Oxygen alert cards for COPD	MDB 78
15 April 2010	Treatment of Taser patients	MDB 79
8 Jun 2010	Future direction of airway management in the LAS	MDB 80
13 July 2010	New safety cannulae	MDB 81
13 July 2010	Stroke referral pathways – phase twp	MDB 82
30 July 2010	Glucagen shortage	MDB 83
18 August 2010	EZ-IO intraosseous device	MDB 84
02 September 2010	Paediatrics update	MDB 85
08 September 2010	Chemical incidents and suicide by chemicals	MDB 86
28 September 2010	Post cardiac arrest patients to cardiac catheter labs	MDB 87

LONDON AMBULANCE SERVICE TRUST BOARD

30TH NOVEMBER 2010

PAPER FOR NOTING

Document Title:	**Emergency Preparedness Strategy 2010-2015**
Report Author(s):	John Pooley
Lead Director:	Richard Webber
Contact Details:	
Why is this coming to the Trust Board?	For Noting, the Ambulance Chief Executives Group approved National EP Strategy requires all trust to have an Emergency Preparedness Strategy and should be agreed by its Trust Board
This paper has been previously presented to:	☐Strategy Review and Planning Committee ☒Senior Management Group ☐Quality Committee ☐ Audit Committee ☐ Clinical Quality Safety and Effectiveness Group ☐ Risk Compliance and Assurance Group ☒ Other Emergency Preparedness Strategy Group
Recommendation for the Trust Board:	The trust board is asked to approve the Emergency Preparedness Strategy 2010-15

Executive Summary

This strategy sets out the framework for the development of Emergency Preparedness (EP) across the London Ambulance Service NHS Trust (LAS) over the five year period from 2010 – 2015. This strategic framework builds on the existing emergency plans and Business Continuity Management (BCM) arrangements that have been established and provides a firm platform for further developing and underpinning the Trust's aims.

The LAS EP Strategy 2010 – 2015 ('the Strategy') will identify clear pathways and processes to ensure that the Trust (and the wider health economy) is both well prepared and resilient to disruptive challenges such as major incidents or severe interruption to critical business functions and activities. It will support the Department of Health (DH) statement of NHS organisations being *"individually resilient, collectively robust"* in terms of EP capabilities.

The core purpose of 'the Strategy' is designed to ensure the following:

- Compliance with the Civil Contingencies Act 2004.
- Trust Emergency Preparedness is supported by robust commissioning, funding and financial management.
- Trust Emergency Preparedness is performance and project managed.
- Business Continuity Management is established, maintained and valid across the Trust.
- Valid Emergency Preparedness plans and procedures are in place.
- All Trust staff educated in Emergency Preparedness.
- Appropriate and fully operational Emergency Preparedness resources and equipment.
- The Trust to be fully compliant with Chemical, Biological, Radiological and Nuclear (CBRN) and incidents involving Hazardous Materials (HAZMAT) requirements.

The LAS EP Strategy will work alongside and support all current Trust Board approved strategies and will be subject to regular audit and review to ensure it is capable of supporting future Trust and NHS developments, both on a regional and national basis. It will enable the Trust to become and remain an organisation that is crisis prepared.

Key issues for the Trust Board
Following the recent National Emergency Preparedness Board - Emergency Preparedness Audit and the internal RSM Tension audit for HART a number of key issues have been identified which require addressing, most are linked to documentation. The Emergency Preparedness and Business Continuity Steering Group, Audit Committee and Senior Management Group will monitor progress against the identified actions.

Attachments
1. LAS Emergency Preparedness Strategy 2010-2015 V.2.1
2. Annex A – Emergency Preparedness Department Structure
3. Annex C – Equality Impact Assessment

****

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:
- The aim is to provide a strategic framework for the development, delivery and management of emergency preparedness with in the trust.
- To ensure that sufficient resources and information is available for implementation
- To develop EP health promotion programmes with the wider NHS and stakeholders to assist with reducing the consequences of major incidents through effective preparedness.
- To ensure that the trust meets its requirements to warn and inform the public during a major incident or emergency situations.

London Ambulance Service
NHS Trust

NHS

Emergency Preparedness Strategy

2010 - 2015

Building and Maintaining Organisational Resilience

Recommended by	
Approved by	
Approval Date	
Version Number	2.1
Review Date	29/09/11
Responsible Director	
Responsible Manager (Sponsor)	Head of Emergency Preparedness
For use by	All Trust Employees

CHANGE RECORD FORM

Version	Date of change	Date of release	Changed by	Reason for change
1	01/04/10	01/04/10	J. Pooley	Document creation
1	30/04/10	30/04/10	J. Pooley	Final draft version
1	10/05/10	10/05/10	J. Pooley	SMG Approved
1			J. Pooley	Trust Board Noted
2	23/09/10	23/09/10	J. Pooley	CQC Changes
2	29/09/10	29/09/10	J. Pooley	Recommended to EP Strategy Group
2.1	16/11/10	16/11/10	L Lehane	Final updates and changes
2.1			J. Pooley	SMG Approved
2.1			J. Pooley	Trust Board Noted

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1.0 Introduction

This strategy sets out the framework for the development of Emergency Preparedness (EP) across the London Ambulance Service NHS Trust (LAS) over the five year period from 2010 – 2015.

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The core purpose of 'the Strategy' is designed to ensure the following:

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The LAS EP Strategy will work alongside and support all current Trust Board approved strategies and will be subject to regular audit and review to ensure it is capable of supporting future Trust and NHS developments, both on a regional

and national basis. It will enable the Trust to become and remain an organisation that is crisis prepared.

2.0 Strategic Context

2.1 National Context

2.1.1 *Taking Healthcare to the Patient*' presents a vision for pre-hospital care and emergency transport services, and identifies the national strategy for ambulance services. This strategy offers Ambulance Trusts a vision which reaches beyond emergency care and patient transport and towards a mobile healthcare delivery service.

2.1.2 A key objective of the 'Taking Healthcare to the Patient' strategy and the re-configuration of Ambulance Trust's in 2006 was to enable enhanced emergency preparedness planning and capabilities.

2.2 Civil Contingencies Act 2004

2.2.1 The Civil Contingencies Act 2004 (CCA) has defined Ambulance Trusts as Category One Responders in terms of civil protection duties within the United Kingdom (UK). The CCA provides legislation for collaborative working alongside multi agency partners such as the Police, British Transport Police (BTP), Fire and Rescue Services (FRS), Primary Care Trusts (PCTs), Local Authorities (LA), Environment Agency (EA), Maritime and Coastguard Agency(MCA) and the Health Protection Agency (HPA).

2.2.2 The CCA now underpins all our emergency preparedness requirements both internally and externally as the CCA demands the need for Integrated Emergency Management (IEM) between all agencies to ensure effective preparedness and resilience (including sustainability).

2.2.3 Part 1 of the CCA defines the definition of an emergency as:-

"An event or situation which threatens serious damage to human welfare in a place in the UK, or war or terrorism which threatens serious damage to the security of the UK" (HM Government 2005).

2.2.4 Category 1 responders are the main organisations involved in most emergencies at a local level for example the emergency services.

2.2.5 Category 2 responders are likely to be involved in emergencies in some way for example, utilities, and transport companies.

2.2.6 LAS civil protection duties as a Category 1 responder are:-

- Risk Assessment (Community Risk Register)
- Business Continuity Management
- Emergency Planning
- Warning and informing the public in an emergency
- Cooperation with other responders
- Information sharing with other responders

2.2.7 A set of risks excluded from the CCA are subject to other legislation namely the Control of Major Accident Hazards (COMAH) Regulations 1999, the Pipelines Safety Regulations 1996 and the Radiation Emergency Preparedness and Public Information Regulations 2001 (REPPIR).

Department of Health Emergency Planning Guidance 2005

2.2.8 In addition to the statutory duties of the CCA, further emergency preparedness actions are required of all National Health Service (NHS) organisations by the DH Emergency Planning Guidance 2005.

Civil Contingencies Audit of English Ambulance Trusts 2007

2.2.9 In line with the principles agreed by the Ambulance Chief Executives Group (ACEG), an audit of EP and compliance with the legislative duties of the CCA was undertaken nationally. LAS was assessed during September 2007.

2.2.10 The findings of the audit team were made available and included an assessment of the LAS EP capabilities since its formation. Some of those findings have been used as a benchmark to establish the required direction and improvements across LAS to support national capabilities.

National Ambulance Emergency Preparedness Board (EPB)

2.2.11 LAS is a key member of the National Ambulance EPB, lead by an Ambulance Chief Executive Officer (CEO) on behalf of the national Ambulance Chief Executives Group (ACEG). This forum was redefined during 2007; with the strategic leads from all ambulance services (including the devolved administrations) the EPB identifies and gives

direction to national developments in EP and links into the National Strategic Health Authority EP Leads Groups.

National Capability Survey (NCS)

2.2.12 LAS is required to contribute to the Government's bi-annual NCS process to assist in determining the preparedness and capability status of the UK.

Care Quality Commission – CQC (6D)

2.2.13 LAS is required to demonstrate compliance with CQC outcome 6, cooperate with other providers – ensure personalised care through adequate coordination of services (Element 6D) which encompasses maintaining valid emergency plans and engagement with multi agency groups and compliance with the CCA.

Protecting Critical National Infrastructure

2.2.14 The Emergency Services and Health capabilities are critical elements of the national infrastructure of the UK. Protection of those elements is essential to ensure the security, preparedness and resilience of the nation.

Home Office Model Response

2.2.15 This national model provides aspirations for all emergency responders in the event of incidents affecting the UK; it provides targets for health services alongside multi agency partners.

National Occupational Standards for Civil Contingencies

2.2.16 The Civil Contingencies Secretariat (CCS) is currently developing national occupational standards (NOS) for professionals engaged in developing emergency plans. LAS will seek to ensure that the managers responsible for developing and managing Emergency Preparedness achieve national levels of competence.

Emergency Planning Society – Chartered Institute status in 2012

2.2.17 The Emergency Planning Society (EPS) is seeking to achieve Chartered Institute status in 2012 adding further professionalism and governance to this field of work. The Trust will ensure that managers tasked with developing and managing Emergency Preparedness receive support and workforce development to achieve accreditation with the future EPS status. This will assist in demonstrating governance arrangements.

2.3   Regional Context

2.3.1   London Ambulance Service (LAS) provides emergency ambulance and Patient Transport Services (PTS) to a resident population of between 7 & 9 million, in diverse communities covering the whole of London.

2.3.2   The transient population increases towards 9 million throughout the working day. Our area of operation consists of 32 boroughs, many royal residences, parliament and the seat of government. We are host to international venues and historical attractions as well as the population on the transport networks that run through the capital.

2.3.3   LAS currently employs over 4,500 staff, managed across 70 ambulance stations, 3 Areas and 1 central Headquarters. We handle around 1.5 million emergency calls per year.

2.3.4   The London area includes some of the most affluent areas of England but also some areas of greatest health need and greatest health inequality. In overall terms, health indicators for the London compare reasonably with other regions and against the national average, and this is true of all age groups; the resident population includes many vulnerable groups.

2.3.5   The London region contains a significant number of areas of 'high risk' in terms of Emergency Preparedness and civil protection. Current key sites include:

- 16 x major sports stadiums (up to and above 5,000 capacity. Including the national stadium at Wembley, Twickenham Rugby Ground and Lords Cricket Ground)
- In excess of 400 sporting events per year and rising towards the Olympics in 2012
- 2 x International Airports
- 18 x Top Tier COMAH Sites
- 275 x Underground stations (2.5 Million passengers per day)
- 14 x Major Railway Stations
- 500 x Major tourist hotels
- 7 x Prisons
- 33 Acute Trust Hospitals

2.3.6   The region also attracts events throughout the year such as major outdoor concerts and festivals. Notification of these events range from ad hoc to several weeks through to 12–18 months in advance. These also include the following events which take place every year:

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- State opening of Parliament
- Trooping the colour
- Remembrance Sunday
- Lord Mayor's Show
- New Year's Eve celebrations
- Notting Hill Carnival
- London Marathon

NHS London Emergency Planning Leads

2.3.7 The Strategic Health Authority (SHA) – NHS London (NHSL) oversees the EP arrangements across the London.

2.3.8 LAS is represented on the NHSL EP Leads Group by the Head of Emergency Preparedness contributing to regional health resilience.

Multi Agency Strategic Coordinating Groups

2.3.9 There is one multi agency Strategic Coordinating Group (SCG) across London which requires LAS participation in response to any major incident. This is managed through the Metropolitan Police at Scotland Yard.

Multi Agency Local and Regional Resilience Forum

2.3.10 There is one London Regional Resilience Forum (LRRF) for London and in the event of a major emergency situation such as a Flu Pandemic outbreak a Regional Civil Contingencies Committee (RCCC) may be established.

2.3.11 LAS representation across the region in terms of CCA is:

- LRRF/RCCC   Director of Operations
- SE London LRF   AOM and Emergency Planning Advisor
- NC London LRF   AOM and Emergency Planning Advisor
- NW London LRF   AOM and Emergency Planning Advisor
- SW London LRF   AOM and Emergency Planning Advisor
- NE London LRF   AOM and Emergency Planning Advisor
- C London LRF   AOM and Emergency Planning Advisor

2.3.12 Within each LRF and the LRRF, there are a number of 'working groups' that have been established to deliver and manage Emergency Preparedness.

2.4   Organisational Context

2.4.2   The challenges of 'organisational culture' and understanding of EP is significant across all forms of industry. The Trust was identified by the 2007 national audit as 'being the best placed in many areas to take EP forward' with commitment and buy in from the Trust Board and Senior Management Team (SMG).

2.4.3   As any organisation seeks to increase productivity and efficiency, there will always be an inherent danger of the resilience of that organisation being compromised.

2.4.4   The Trust remains in an evolving process with clearly identifiable strategic direction and targets to achieve. The Trust's EP Strategy will provide under-pinning support to all directorates in delivering services and the continuation of critical services during any disruptive challenge.

3.0   LAS Vision

3.1   London Ambulance Service Statement of Purpose

'Taking health care to patients and patients to health care'

We will achieve this by leading and shaping the treatment and transport of the ill or injured in London when and where they need it. We will fulfil our responsibilities as the only 24 hour provider of access to NHS services covering the entire London region by delivering an effective and responsive ambulance service.

3.2   London Ambulance Service Vision & Values

Our Vision is:

A world-class ambulance service for London staffed by well-trained, enthusiastic and proud people who are all recognised for contributing to the provision of high-quality patient care.

3.3 Our values are:

<u>Clinical Excellence</u>

We will demonstrate total commitment to the provision of the highest standard of patient care. Our services and activities will be ethical, kind, compassionate, considerate and appropriate to patients' needs.

<u>Respect and Courtesy</u>

We will value diversity and will treat everyone as they would wish to be treated, with respect and courtesy.

<u>Integrity</u>

We will observe high standards of behaviour and conduct, making sure we are honest, open and genuine at all times and ready to stand up for what is right.

<u>Teamwork</u>

We will promote teamwork by taking the views of others into account. We will take a genuine interest in those who we work with, offering support, guidance and encouragement when it is needed.

<u>Innovation and Flexibility</u>

We will continuously look for better ways of doing things, encourage initiative, learn from mistakes, monitor how things are going and be prepared to change when we need to.

<u>Communication</u>

We will make ourselves available to those who need to speak to us and communicate face to face whenever we can, listening carefully to what is said to us and making sure that those we work with are kept up to date and understand what is going on.

<u>Accept Responsibility</u>

We will be responsible for our own decisions and actions as we strive to constantly improve.

<u>Leadership and Direction</u>

We will demonstrate energy, drive and determination especially when things get difficult, and always lead by example.

4.0 Building and Maintaining Organisational Resilience

4.1 Development of the strategy

4.1.1 The Strategy' has been developed in consultation with the Trust's Emergency Preparedness Team (EPU), taking into account the relevant legislation, guidance and national documents in addition to the strategic direction of the Trust.

4.1.2 In line with existing audit and review processes, 'the Strategy' will be further developed in consultation with internal and external stakeholders and partners.

4.1.3 'The Strategy' is supported by an LAS EP Programme which will enable the identification of key targets and milestones in the delivery of the objectives.

4.1.4 Feedback on the consultation process and a summary of the key elements of the EP strategy will be communicated internally and externally (to key health partners such as NHSL)

4.2 Benchmarking our baseline capabilities

4.2.1 This strategy sets out a framework that is not based on aspirational targets but on providing a baseline level of EP capability that will establish a benchmark. Achieving and remaining at that level will require a sustained approach across all departments and NHS and multi agency stakeholders.

4.3 Strategy requirements:

A. Support and underpin the service in meeting the 'Statement of Vision & Values 'and the Strategic Aims' of the Trust.

What do we want to achieve?

A1.   Promote the function of the Trust EP

A2.   Engagement with all Directorates and involvement in relevant service modernisation developments.

How will we achieve it?

- Establish and maintain effective working relationships with all directorates; managers, staff, stakeholders, partner agencies and agents of the Trust.
- Maintain multi agency EP cooperation and information sharing.
- Contribute to Service Development and key business decision - making processes and working groups.
- Identify and provide effective communication processes on any local, regional and national EP developments that may impact on the Trust.
- In partnership with the Trust Information Management and Technology (IM&T) Directorate, develop web based EP information programme.
- Support all other directorates in their strategy requirements.

Measures of Success

- Key business development milestones and achievements.
- Organisational resilience and recovery from disruptive challenges.
- Staff trained in Emergency Preparedness and tested through exercise.
- Immediate and effective responses to major incidents across our operational area including high quality patient care and transport.
- Participation in the production of Community Risk Registers including assessments and emergency plans for 'key risk sites.
- Efficient, responsive and productive EP function (Key Performance Indicators).
- Appropriate and responsive resources to deal with major incidents across the Trust.
- Functional web based EP information programme available to all Trust staff.

B.   Trust EP is supported by robust commissioning, funding and financial management.

What do we want to achieve?

B1.   Commissioners commitment and support to deliver a full robust EP programme.

B2.   Trust approved EP strategy in place including full costing for 2010-2015.

B3.   Secured funding to deliver the EP strategy, both internal and external.

B4.   Established process to recover any external income e.g. events and exercises.

B5.   Established financial reporting process in place.

How will we achieve it?

- Reporting structures through the Operations Directorate to SMG and Trust Board.
- Establish and maintain effective working relationships with all directorates, managers, staff, stakeholders, partner agencies and other agents of the Trust.
- Engagement with Trust Commissioners, NHSL and the DH.
- Contribute to Service development and key business decision making processes and working groups.
- Effective budget management and compliance with Trust Financial Instructions.
- Work in partnership with the Trust's Finance Team to develop and produce robust business cases as appropriate.
- Identification of and compliance with Cost Improvement Programmes (CIP).
- Maximum use of resources and equipment to contribute to Trust efficiency saving initiatives.

Measures of Success

- Balanced budgets.
- Investment in EP including appropriate recurrent funding for existing and new projects as required.
- Contribution to Trust CIP.
- Utilisation of external revenue for re-investment in Trust EP capability requirements.
- Appropriate investments in Trust EP capability.

C.   Trust EP is performance and project managed

What do we want to achieve?

C1.   Comply with all external requirements to agreed timescales.

C2.   Comply with all internal requirements to agreed timescales.

C3.   Comply with all directorate requirements to agreed timescales.

C4.   Comply with SHA/National capabilities requirements to agreed timescales.

How will we achieve it?

- Develop and implement internal project and programme management mechanism.
- Ensure responsibility and accountability of Trust EPU in delivery and maintenance of EP function, plans and arrangements.
- Develop and implement internal Key Performance Indicators (KPI) processes.
- Contribute to and comply with external KPI processes such as NHSL, Health Care Commission and National Capability Survey (NCS).
- Comply with and support Trust strategies, policies and procedures.
- Contribution to Cost Improvement Programmes (CIP)
- Participate and comply with relevant audit processes.

Measures of Success

- Achievement of key milestones and targets.
- Regional and national performance indicators.
- Audit reports and outcomes.
- Financial and resource management.

RECOVERY ACTIONS

D.   Business Continuity Management is established, maintained and valid across the Trust.

What do we want to achieve?

D1.   Fully audited Trust BCM programme.
D2.   BCM education programme for the Trust.
D3.   All directorates to have undertaken Business Impact Analysis (BIA).
D4.   HQ and Directorates' BCM strategies in place.
D5.   HQ and Directorates BCM plans in place.
D6.   Exercised, maintained and reviewed BCM plans.
D7.   Ensure Trusts BCM arrangements comply with local, regional and national capabilities.

How will we achieve it?

- Ensure Trust BCM Programme is subject to annual audit and review.
- Compliance with British Standard BS NHS 25999-1.

- Ensure Trust Emergency Preparedness Department is fully competent in BCM.
- Provide and where appropriate, deliver annual BCM training and exercise programmes for all staff.
- Establish effective working relationships with all internal directorates and departments.
- Efficient, responsive and productive EP function.
- Ensuring suppliers and contractors have adequate BCM arrangements in place to support Trust core functions and developments.
- In partnership with all Trust Directorates and departments, identify any internal and external issues (including local, regional and national developments) that may impact on the Trust's BCM arrangements.
- Assist in the development of robust departmental BIA and BCM Plans.
- Assist in the identification and development of robust business case processes to provide functional BCM resources to support response and recovery strategies.
- Monitor and assist in the maintenance of departmental and corporate BCM records.
- In partnership with external multi agency stakeholders, develop and maintain Memorandums of Understanding (MOU) such as mutual aid during BCM challenges.
- Ensure lessons identified from internal or external events involving BCM are presented to the Trust so that they may assist in organisational learning.

Measures of Success

- Trust EP Audit and Review records.
- External audit reports and outcomes.
- Trained and exercised staff in BCM functions and responses.
- Training and exercise records.
- Fully tested and exercised BCM Plans and arrangements.
- Demonstrable compliance with British Standards BS NHS 25999-1 and BS NHS 25999-2 .
- Early and effective organisational response to and recovery from disruptive challenges.
- Lessons identified/learned log.
- Organisational development and 'new business' success supported by robust internal BCM arrangements.
- Functional web based EP information Programme available to all Trust staff.

E.   Valid EP plans and procedures are in place.

What do we want to achieve?

E1.   Procedures in place for the storage, retrieval and disposal of all EP documents.
E2.   Fully audited existing plans, procedures and arrangements in place.
E3.   Adaptable EP plans that incorporate lessons identified from EP events and organisational restructures.
E4.   All plans and procedures to reflect and support geographical and community risk assessment challenges of the Trust.
E5.   All plans and procedures support local, regional and national capabilities.
E6.   All plans and procedures support response, sustainability and recovery phases of all major incident types.
E7.   A consistent approach in place for the design, development, maintenance and approval of Trust plans and procedures.
E8.   Undertake training needs analysis (TNA) of all trust staff (including any agents acting on the Trust's behalf), relevant to the arrangements contained within the plans and emerging risks and threats.
E9.   All identified training delivered.
E10.   All internal plans and procedures to have been exercised, tested and evaluated and be compliant with relevant legislation.

How will we achieve it?

- Fully qualified, competent and functional Trust EPU.
- Efficient, responsive and productive EP function.
- Fully functional and audited EP Programme.
- Effective EP project management including key performance indicators.
- Consistent and standardised mechanisms for the development, production and maintenance of all emergency plans and arrangements.
- Fully audited and maintained (valid) Major Incident Plan.
- Consistent and standardised mechanisms for the development and delivery of training and exercise programmes, both individual and organisational.
- SMG and Trust Board approval of appropriate plans and arrangements.
- Establish and maintain effective working relationships with all directorates, managers, staff, stakeholders, partner agencies and other agents of the Trust.

- Cooperation with Local, Regional and National Resilience Forums in the development and maintenance of Community Risk Registers.
- Development of generic and specific multi agency plans.
- Completion of EP Training Needs Analysis (TNA) for all staff by 2012.
- Fully functional and audited EP education, training and exercise programmes including annual SMG events.
- EP communication methods including radios, pagers and other forms are robust (tested and adequate to appropriate requirements) and fit for purpose.
- Establish and maintain competent Medical Emergency Response Incident Teams (MERIT) and Medical Incident Officer (MIO) capabilities in partnership with the NHSL and PCT's.
- Fully qualified, competent and exercised 'on call' command team.
- Functional and maintained database of EP training/exercise programmes.
- Participation in the development of multi agency training and exercise programmes including exercise design to ensure LAS aims and objectives are taken into account.
- Effective and robust event planning and management processes.
- Fully maintained and appropriate resources and equipment to provide immediate and effective response to any major incident in the London area.
- Identification and development of robust business case processes in partnership with the Trust's Finance Team to provide functional EP resources to support response and recovery strategies.
- Effective utilisation of LAS lessons identified/learned log.
- Consistent mechanisms for ensuring individual and organisational learning takes place including debrief and outcome report schedules.
- In partnership with external multi-agency stakeholders, develop and maintain Memorandums of Understanding (MOU) such as mutual aid.

Measures of Success

- Trust EP Audit and Review records.
- External audit reports and assessments.
- Immediate and effective responses to all major incidents in the London area.
- Outcomes of live incident responses.
- Trained and exercised staff in all EP functions and responses.
- Training and exercise records.
- Multi agency exercise reports.
- Fully tested, exercised and maintained EP Plans and arrangements.
- Lessons identified/learned log.
- Community Risk Registers and LRF/LRRF sub group minutes and reports.

- Functional web based EP information Programme available to all Trust staff.

F.   All Trust staff educated in Emergency Preparedness.

What do we want to achieve?

F1.   Undertake training needs analysis (TNA) throughout the Trust.
F2.   Develop Trust EP education and development programme (internal and external).
F3.   Deliver and evaluate EP education and development programme.
F4.   Ensure all external (local, regional and national) training requirements are incorporated into the Trusts EP educational and development programme.
F5.   Updated records of all EP training programmes for all relevant staff.
F6.   Continuous TNA for all emerging risks and threats including CBRN and HAZMAT.
F7.   A robust process in place to ensure lessons identified are captured following real events and exercises including internal/external debriefs.
F8.   All lessons identified (where practicable) are communicated and addressed within Trust's EP arrangements.
F9.   Fully audited EP Health Promotion Programmes.
F10. Engagement and ongoing commitment in wider EP Health promotion Programmes.

How will we achieve it?

- Develop, introduce and process trust wide TNA for all staff.
- Ensure all staff receive education and development from basic induction training and information to formal sessions for appropriate level.
- Design, deliver and audit internal training and exercise programmes including agents of the Trust.
- Develop and deliver (in partnership with the Trust's Finance Team) workshops for Trust managers in event planning and management.
- In partnership with the Trust's IM&T and HR Directorates, assist in the design and maintenance of web based, e-learning and information programmes.
- Assist in the design, delivery and audit of external multi agency training and exercise programmes.
- Maintain database records for all EP related training and exercise programmes including annual SMG events.
- Ensure EPU and relevant managers are trained in the delivery of structured debrief sessions.

- Deliver and manage Trust wide incident debrief sessions and assist in the development and production of appropriate reports and lessons identified within agreed timescales.
- Maintain and communicate relevant lessons identified to the Trust to assist in individual and organisational learning.
- Establish and maintain effective partnerships with NHSL, the Ambulance EPB, Department of Health and the Health Protection Agency for the development of EP related awareness programmes for the public and health service users.

Measures of Success

- Immediate and effective response to all major incidents in the London area.
- Trust EP Audit and Review records.
- External audit reports and assessments.
- Outcomes of live incident responses.
- Trained and exercised staff in all EP functions and responses.
- Training and exercise records.
- Multi agency exercise reports.
- Fully tested, exercised and maintained EP Plans and arrangements.
- Lessons identified/learned log.
- Community Risk Registers and LRF/LRRF sub group minutes and reports.
- Functional web based EP information Programme available to all Trust staff.

G. Appropriate and fully operational EP resources and equipment.

What do we want to achieve?

G1. All geographical areas fully supported as per EP requirements and needs.
G2. All EP resources and equipment reflect and support national capabilities.
G3. All EP resources and equipment support response, sustainability and recovery phases of all incident types (including event cover).
G4. Established approach for the utilisation of EP resources and equipment, to assist in the response, sustainability and recovery phases of all major incident types.
G5. Fully tested and exercised EP resources and equipment.
G6. Fully audited database of existing EP resource and equipment capabilities against known emerging risks and threats.
G7. Share information and intelligence with our partners and across the Trust.
G8. Participation in the development and evaluation of new EP resources and equipment.

How will we achieve it?

- Fully audited, maintained and prepared resources and equipment (in partnership with Fleet) appropriate to the environment, geography and event.
- Resources and equipment capable of responding to and dealing with mass casualty situations.
- Database of all EP assets and resources.
- Maintain working relationships with multi agency partners including local, regional and national groups.
- In partnership with external multi agency stakeholders, develop and maintain MOU (mutual aid) during major incident.
- Participate in the design and development of national equipment and resources in partnership with the Ambulance EPB.
- In partnership with the Trust's Finance Team, develop business cases where appropriate to enhance capabilities.
- Ensure event cover and management is supported by appropriate resources such as functional equipment.
- EP communication methods including radios, pagers and other forms are robust (tested and adequate to appropriate requirements) and fit for purpose.

Measures of Success

- Immediate and effective response to all major incidents in the London area.
- Trust EP Audit and Review records.
- External audit reports and assessments.
- Outcomes of live incident responses.
- Fully functional resources and equipment.
- Training and exercise records.
- Multi agency exercise reports.
- Fully tested, exercised and maintained EP Plans and arrangements.
- Lessons identified/learned log.
- Community Risk Registers and LRF/LRRF sub group minutes and reports.
- Functional web based EP information Programme available to all Trust staff.
- Appropriate and adequate resources available to support external events over and above core resource stocks.

H. **The Trust to be fully compliant with Chemical, Biological, Radiological and Nuclear (CBRN) and incidents involving Hazardous Materials (HAZMAT) requirements.**

What do we want to achieve?

H1. All CBRN and HAZMAT capabilities are supported geographically and risk assessed by the Trust and meet local and regional requirements.
H2. All CBRN and HAZMAT resources and equipment reflects and supports national capabilities.
H3. All CBRN and HAZMAT resources and equipment support response, sustainability and recovery phases of all relevant incident types (including event cover).
H4. A consistent approach in place for the utilisation of CBRN and HAZMAT resources and equipment to assist in the response, sustainability and recovery phases of all relevant incident types (including event cover).
H5. Fully trained and exercised CBRN and HAZMAT staff, resources and equipment.
H6. Fully audited database of CBRN and HAZMAT Trust and multi agency capabilities against known emerging risks and threats.
H7. Updated CBRN and HAZMAT training records for all relevant staff.
H8. Share information and intelligence with our partners and across the Trust.
H9. Participation in the development and evaluation of new CBRN and HAZMAT resources and equipment.
H10. Interoperable CBRN and HAZMAT capabilities in place between LAS and NHS London.

How will we achieve it?

▪ Ensure appropriate funding arrangements are maintained for CBRN training, exercising and resources including DH and commissioners where applicable.
▪ Comply with any identified requirements of external funding arrangements.
▪ Maintain existing and where appropriate develop new plans and arrangements including MOU for mutual aid to support CBRN/HAZMAT capabilities.
▪ Maintain EP records and databases of trained and exercised staff and tested resources.
▪ Ensure the delivery of annual training updates for decontamination providers across the Trust.

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- Increase (where appropriate) and maintain the required number of decontamination providers to provide a capable and sustainable response to CBRN/HAZMAT incidents.
- Establish and maintain Trust participation in multi agency training and exercise events for CBRN/HAZMAT.
- Assist in development of generic multi agency plans.
- Establish and maintain existing methods of intelligence sharing with multi agency partners and ensure appropriate information is communicated into the Trust and with other health partners if necessary.
- Ensure wider NHSL capabilities compliment both LAS and national requirements.
- Further develop and manage Hazardous Area Response Teams (HART) including Urban Search and Rescue (USAR) capabilities.

Measures of Success

- Immediate and effective response to all CBRN/HAZMAT incidents in the London area.
- Trust EP Audit and Review records.
- External audit reports and assessments.
- Outcomes of live incident responses.
- Trained and exercised staff in all EP functions and responses.
- Training and exercise records.
- Multi agency exercise reports.
- Fully tested, exercised and maintained EP (CBRN/HAZMAT) plans and arrangements.
- Lessons identified/learned log.
- Community Risk Registers and LRF/LRRF sub group minutes and reports.
- Functional web based EP information Programme available to all Trust staff.

5.0 Delivering the Strategy

5.1 Performance and Programme Management

5.1.1 The development and introduction of robust project management techniques will be established to deliver the EP Strategy over the five year period of its life span.

5.1.2 In addition a key performance indicator (KPI) process will be established to monitor the progress of the objectives.

5.1.3   Trust EP will also be subject to scrutiny by NHS London.

5.1.4   The Trust will receive regular updates on EP.

5.1.5   Investment to deliver the strategy will come from existing Trust budgets and where appropriate, will be supported by external funding from exercise programmes and event planning.

5.1.6   Further investment requirements that are identified will be sought through appropriate Trust Programme Board and business case processes.

5.2   Audit and Review Arrangements

5.2.1   The LAS EP Strategy will be subject to regular audit and review against service direction and developments and any lessons identified following major incidents, public inquiry and national reports, business continuity challenges and emergency exercises.

5.3   Responsibilities

5.3.1   Trust Board

- The Trust Board has the responsibility for approving any EP related strategy and policy that the organisation wishes to implement.

- The Trust Board will nominate a Non Executive Director with the responsibility for reviewing EP within the Trust in partnership with the Director of Operations.

- Members of the Trust Board may identify any relevant EP issues that impact on the Trust through engagement on any local, regional or national forums.

5.3.2   Chief Executive Officer (CEO)

- The CEO is personally accountable for the Trust's EP arrangements under the CCA and DH Emergency Planning Guidance 2005 including the quality and safety of care delivered by the organisation during a major incident. The CEO will influence national direction through engagement at the ACEG Forum and with the DH and regional NHSL.

5.3.3   Director of Operations

- The Director of Operations has lead responsibility for the Trust's EP arrangements as the accountable executive director. The Director of Operations will influence national direction through engagement at the National Director of Operations Group (NDOG) and other regional and national forums

5.3.4 Emergency Preparedness Strategy Group

- The Emergency Preparedness Strategy Group has the responsibility for making recommendations for the approval of any Trust EP Plans and arrangements, related strategy and/or policies that the Trust requires implementing to SMG. Strategy group members will assist in identification of any EP related developments on a regional and national basis through engagement on relevant forums.

5.3.5 Trust Senior Management Group (SMG)

- The Trust's SMG has the responsibility for making any final recommendations for the approval of any Trust EP Plans and arrangements, related strategy and/or policies that the Trust requires implementing. SMG members will assist in identification of any EP related developments on a regional and national basis through engagement on relevant forums.

5.3.6 Head of Emergency Preparedness

- The Trust's Head of Emergency Preparedness is responsible for overseeing and proposal of any relevant draft EP Strategy and related policies and plans, and for assisting in the performance management of the Trust EP function.

- The Head of Emergency Preparedness will influence any EP direction through engagement on local, regional and national forums.

5.3.7 Emergency Planning Manager

- The Emergency Planning Manager will be responsible for the development, introduction, management and maintenance of the Emergency planning team, EP Plans and Special Operation arrangements across the Trust.

- In addition the Emergency Planning Manager will (where appropriate) influence and support any EP direction through engagement on local, regional and national forums

5.3.8 Business Continuity/Flu co-ordinator (BC/Flu co-ordinator)

- The Business Continuity/Flu co-ordinator will ensure that the delivery of a robust set of arrangements for recovery from disruptive challenges are developed and maintained across all departments.

- In addition, the Business Continuity/Flu co-ordinator will ensure the Trust integrates with our partner agencies at local, regional and national levels to ensure resilience and BCM remains a key component of day to day business planning.

5.3.8 Emergency Planning Advisors (EPA)

- The EPAs will be responsible for the development, introduction, management and maintenance of EP Plans and arrangements across the area and where appropriate on a Trust wide level. In addition, the EPAs will be responsible for the delivery and maintenance of relevant EP training and exercise programmes.

- The EPAs will influence and support any EP direction through engagement on local, regional and national forums

5.3.9 Emergency Preparedness Admin/Support Staff

- Emergency Preparedness Support Staff attached to the EPU will provide support in establishing and maintaining any relevant records, plans and procedures including engagement and communication with other departments as and when necessary.

5.3.10 Assistant Directors of Operations

- The Assistant Directors of Operations will ensure that all EP arrangements for their area are robust and fit for purpose. The Assistant Directors of Operations will influence and support any EP direction through engagement on local, regional and national forums either on behalf of the Director of Operations.

5.3.11 Medical Director

- The Medical Director will assist in the development and maintenance of robust and resilient arrangements under the Trust's Major Incident Plan including the provision of direction and support to MERIT and MIO capabilities. The Medical Director will influence any EP direction through engagement on local, regional and national forums.

5.3.12 AOMs

- AOMs will ensure that all EP arrangements for their respective complexes are in place, valid and maintained.

5.3.13 Trust Directorates and Departments

- All directorates and departments will assist in and maintain robust EP arrangements to ensure the Trust is both prepared and resilient.

5.3.14 Trust Managers

- All managers will assist in and contribute to maintaining robust EP arrangements to ensure the Trust is both prepared and resilient.

5.3.15 Individual staff

- All Trust staff should be aware of the Trust's EP arrangements including their roles and responsibilities during a major incident.

5.3.16 Agents of the Trust including suppliers/contractors and Voluntary Aid Societies (VAS)

- All agents of the Trust must be aware of the Trust's major incident arrangements including their role and responsibilities during a major incident to support the Trust in delivering critical functions.

- Where practicable the agents, suppliers and contractors should have their own valid BCM arrangements in place to support the Trust in delivering critical functions.

5.3.17 Department of Health Emergency Preparedness Division

- Will set and establish national direction and guidance where appropriate on all health EP requirements in conjunction with other government departments.

5.3.18 NHS London (NHSL)

- Will assist in establishing and maintaining resilience arrangements across London including ensuring Trust processes for EP and influencing national direction where appropriate.

5.3.19 Lead Primary Care Trusts (PCT) for Emergency Preparedness

- Will assist in the development, management and maintenance of EP arrangements across London and influencing national direction where appropriate.

5.3.20 Health Protection Agency (HPA)

- Will assist in the development and maintenance of health EP arrangements across London and influencing national direction where appropriate. The HPA will assist in the development and delivery of health EP promotion programmes as and when appropriate including the provision of expert advice when required.

References:

HM Government (2005): Emergency Preparedness: Guidance on Part 1 of the Civil Contingencies Act 2004.

List of Abbreviations	
BIA	Business Impact Analysis
CBRN	Chemical, Biological, Radiological and Nuclear
CCA	Civil Contingencies Act 2004
CCS	Civil Contingencies Secretariat
CIP	Cost Improvement Programme
COMAH	Control Of Major Accident Hazards Regulations 1999
DH	Department of Health
SMG	Executive Management Team
EP	Emergency Preparedness
EPB	Emergency Preparedness Board
EPA	Emergency Planning Advisor
EPS	Emergency Planning Society
EPU	Emergency Preparedness Unit
HART	Hazardous Area Response Team
HAZMAT	Hazardous Materials (accidental release)
HQ	Headquarters
KPI	Key Performance Indicators
LRF	Local Resilience Forum
MERIT	Medical Emergency Response Incident Teams
MIO	Medical Incident Officer
MOU	Memorandum of Understanding
NCS	National Capability Survey
NHSL	National Health Service London (SHA)
NOS	National Occupational Standards
LAS	London Ambulance Service NHS Trust
PCT	Primary Care Trust
RCCC	Regional Civil Contingencies Committee
LRRF	London Regional Resilience Forum
SCG	Strategic Coordinating Group
SHA	Strategic Health Authority (NHSL)
TNA	Training Needs Analysis
VAS	Voluntary Aid Societies
USAR	Urban Search And Rescue

6.0   Appendices

6.1   LAS EP Structure - see **Annex A**

LAS EP Programme - see **Annex B**

6.3   LAS EP Strategy Equality Impact Assessment – see **Annex C**

Annex C - Equality Impact Assessment Report 2010

Name of Policy, Service or Function Emergency Preparedness Strategy 2010 - 2015
Equality Impact Assessment carried out by John Pooley
Date of Equality Impact Assessment 12 March 2010

Step 1: Description and Aims of Policy, Service or Function

Overall aims

The aim of the strategy is to provide a strategic framework for the development, delivery and management of Trust Emergency Preparedness (EP) arrangements over the five year period 2010 -2015.

Key elements of policy, service, process

- The EP arrangements, plans and procedures will affect service users in a major incident situation.
- Warning and informing the public in a major incident / emergency situation.
- Immediate response to any major incident across London may involve all community groups.

Who does the policy, service or function affect?

- All service users and members of the public.
- Employees of the Trust.
- Agents of the Trust including suppliers and contractors.
- Professional stakeholders including multi agency partners and wider health economy.
- 'Vulnerable groups' such as people with disabilities, gender and race specific groups.

How do you intend to implement the policy or service change (if applicable)?

- Approval of the Trust Board.
- Ensure sufficient resources and information is available for implementation.
- Develop EP health promotion programmes with the wider NHS and other stakeholders to assist in reducing the consequences of major incidents through effective preparedness.

Step 2: Data Gathering

Summary of data available and considered

- Community Risk Registers across London.
- Plan development processes.

Outcomes of data analysis

Equality Group	Evidence of Impact
Gender	The strategy has a positive effect on gender representation by providing no discriminatory practices.
Race/Ethnicity	The strategy has a positive effect on race/ethnicity by providing no discriminatory practices but encompasses consideration of needs in developing emergency plans.
Disability	The strategy has a positive effect on disabilities by providing no discriminatory practices but encompasses consideration of needs in developing emergency plans.
Sexual Orientation	The strategy has a positive effect on sexual orientation by providing no discriminatory practices but encompasses consideration of needs in developing emergency plans.
Religion or belief	The strategy has a positive effect on religion or beliefs by providing no discriminatory practices but encompasses consideration of needs in developing emergency plans.
Age	The strategy has a positive effect on age by providing no discriminatory practices but encompasses consideration of needs in developing emergency plans.
General (Human Rights)	The strategy has a positive effect on age by providing no discriminatory practices but encompasses consideration of needs in developing emergency plans including the needs of visitors to the UK that may be affected by a major incident situation.

Step 3: Consultation

Summary of consultation methods

Internal:- Staff, Directors, Managers

External:- NHSL, PCT EP Leads, multi agency partners (Local Resilience Forum) and national ambulance EP lead colleagues

Outcomes of consultation

Equality Group	Evidence of Impact
Gender	Positive feedback and no discrimination identified.
Race/Ethnicity	Positive feedback and no discrimination identified.
Disability	Positive feedback and no discrimination identified.
Sexual Orientation	Positive feedback and no discrimination identified.
Religion or belief	Positive feedback and no discrimination identified.
Age	Positive feedback and no discrimination identified.
General (Human Rights)	Positive feedback and no discrimination identified.

Step 4 & 5 : Impact Grid

Relevant Equality Area	Areas of impact identified	Is the impact positive or negative?	Key issues for action [Will form basis of action plan]
Gender	All strategy elements work towards developing EP arrangements for all types of service users without prejudice.	Positive	Ensure all subsequent arrangements remain positive and without prejudice. Maintain engagement with multi agency partners.
Race/Ethnicity	All strategy elements work towards developing EP arrangements for all types of service users without prejudice but considers community needs, local, regional, national and international visitors.	Positive	As above
Disability	All strategy elements work towards developing EP arrangements for all types of service users without prejudice but considers arrangements for vulnerable groups.	Positive	As above
Sexual Orientation	All strategy elements work towards developing EP arrangements for all types of service users without prejudice.	Positive	As above
Religion or belief	All strategy elements work towards developing EP arrangements for all types of service users without prejudice but considers community needs, local, regional, national and international visitors.	Positive	As above
Age	All strategy elements work towards developing EP arrangements for all types of service users without prejudice but considers community needs, local, regional, national and international visitors.	Positive	As above
General (Human Rights)	All strategy elements work towards developing EP arrangements for all types of service users without prejudice but considers community needs, local, regional, national and international visitors.	Positive	As above

Step 6: Action Plan

Name of Policy or Service: LAS NHS Trust Emergency Preparedness Strategy 2010 - 2015

Issue identified and equalities group or communities affected	Action to be taken	By When	Who By	Expected outcome	Progress
All	Ensure all subsequent arrangements remain positive and without prejudice. Maintain engagement with multi agency partners. Ensure alternative format versions are available upon request.	2013	Emergency Preparedness Department	All strategy and EP arrangements remain robust and cover all user groups	Forms part of audit and review process to ensure plans remain valid

Summary of decisions and recommendations

Continue to monitor all EP plans, arrangements and procedures.
Ensure alternative format versions are available on request.
Continued participation in Local Resilience Forum (LRF), London Regional Resilience Forum (LRRF) and other relevant national forums.

Step 7: Monitoring arrangements

Community Risk Registers.
Audits and reports including lessons learned and public inquiries following major incidents.
Audit of plans and arrangements.

Step 8: Date of next Equality Impact Assessment

March 2011

LONDON AMBULANCE SERVICE TRUST BOARD

30TH NOVEMBER 2010

PAPER FOR NOTING

Document Title:	**Update on the Service Improvement Programme 2012**
Report Author(s):	Martin Brand
Lead Director:	Sandra Adams
Contact Details:	martin.brand@lond-amb.nhs.uk
Why is this coming to the Trust Board?	a) To report on progress made with the programme and to highlight those projects that have moved to business change or benefits realisation; b) To note the progress within specific programmes.
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:	a) To note progress with the business changes being made and the benefits being realised from project delivery within the Service Improvement Programme 2012 b) To note the progress within specific programmes

Executive Summary

A review of business changes made or being made and benefits being realised from projects in the service improvement programme progressed during 2010/11.

Key issues for the Trust Board

    a) A number of projects are now having a direct benefit on the business and operations of the Trust, including:

- Implementation of the workforce plan – immediate contributions seen through student paramedics enabling the Trust to meet ORH modelling requirements and contributing towards operational performance; long term benefits include improved clinical skill mix and a change in organisational structure. Programme director: Caron Hitchen.
- New ways of working – Clinical development as a business change: improved patient care experience measured through the % of staff able to provide the care they aspire to has improved from 46% to 72% in two years. Staff confidence to use skills and make decisions has increased from 42% to 67% in the same period. Programme director: Caron Hitchen.
- Roster review – immediate benefits shown whilst rosters are being implemented (see b) below) are the improvements in operational performance and opportunities for training. Programme director – Mike Dinan.
- Patient Record Form (PRF) improvement – the business change is one of improving compliance with PRF submission procedures leading to >90% compliance in most complexes on most days. Programme lead – Mike Dinan.

    b) The Board is asked to note the following specific programme reports:

<u>Clinical Development, Leadership and Workforce</u>

- <u>OD & People</u>: The Clinical Response Model (CRM) went live on the 20th October but due to increased demand across the Trust performance in the Barnehurst area has been sub-optimal leading to a decision to only operate the model in relation to Category C and Category B Amber calls, and to remove the operational footprint to enable resources from outside to be used. This will be constantly reviewed but these arrangements are unlikely to change until Greenwich can be brought on line in December 2010.
- Of the original 70 nominations for the <u>talent management programme</u> 6 candidates were invited to interview and a final 4 asked to be in the first cohort of the programme. Each candidate has been assigned a mentor from the Senior Management Group and has taken part in the two-day induction.

<u>Performance and Service Delivery</u>

- <u>Production</u>: <u>Roster reviews</u>: 54 out of 69 stations have either had their rotas implemented or have a date for go live.
- <u>Distribution</u>: <u>Urgent Care Dispatching</u>: A lot of time has been spent on the consultation work preparing for Urgent Operations Centre to move back into the Emergency Operations Centre.
- <u>Infrastructure</u>: <u>Vehicle fleet procurement</u>: MacNeillie's ambulance production has stabilised at 2~3 units per week. All 24 vehicles held by the UVM administrators are now sited at MacNeillie. There are concerns over the warranty conditions of 12 part builds that would compromise the Trust's position and are the subject of discussions. A draft output specification for the future Fast Response Unit (FRU) vehicle has been completed from the 200 responses from the FRU questionnaire and other areas of work have been identified e.g. the clinical development team need to review the appropriate equipment required.
- <u>Event control rooms (ECR)</u>: The ECR is nearing completion with infrastructure, desks and computer hardware all in place. Operational testing plans have been reviewed with resource plans in progress of development.
- <u>FT</u>: <u>Legally constituted & representative: Good business strategy</u>: At the start of the month there were 4,552 public members and 4,327 staff members. A recruitment plan has been drafted and shared with the Membership Group, this includes increased face-to-face recruitment with recent activity at walk-in centres and health centres across London.

Attachments

Introduction and reports on the Clinical Development, Leadership and Workforce and Performance and Service Delivery Programmes.

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Strategic Goals 2010 – 13
This paper supports the achievement of the following corporate objectives:

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

Risk Implications
This paper links to the following strategic risks:

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

x   1. The NHS provides a comprehensive service, available to all

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

x   Yes – at programme level through the March 2008 EIA public consultation event at the Oval and as applicable at individual project level

Key issues from the assessment:
Various –there are many different projects within the overall service improvement programme

LONDON AMBULANCE SERVICE

TRUST BOARD MEETING, 30th November 2010

SERVICE IMPROVEMENT PROGRAMME 2012 UPDATE

1.   Purpose

To update the Trust Board with progress in implementing the Service Improvement Programme (SIP2012) focusing on the business changes and benefits.

2.   Overview of programme structure

The service improvement programme is the implementation mechanism to achieve the necessary changes in the London Ambulance Service required to realise the Vision and strategic goals. The purpose of this is to ensure that the Trust serves the people of London by providing appropriate care for all its patients whether they have a need for emergency or urgent care, meeting performance targets sustainably while achieving financial balance. The structure of SIP2012 is as follows:

- **Clinical Development, Leadership and Workforce Programme** - led by the Director of Human Resources and Organisation Development, focused on patients and staff, covering New Ways of Working, Organisation Development and People, Healthcare for London, clinical developments and new service development arising from Foundation Trust status;

- **Performance and Service Delivery Programme** - led by the Director of Finance covering performance in its widest sense and the tangible infrastructure and operating systems which enable staff to provide patient care;

- **Preparing for the Olympics** - led by the Director of Operations.

These programmes are managed according to the principles of the Office of Government Commerce methodologies Managing Successful Programmes (MSP) and PRINCE2. Accordingly they have a three stage project lifecycle of enabler delivery, business change and realisation of benefits.

4.   Business changes and benefits arising from 2010/11 projects

The Trust Board requested at its' September 2010 meeting an update on the business changes and benefit arising from those projects identified as having moved on from the enabler stage of the project lifecycle. The projects within the Olympics Programme are all currently in the enabler stage so the remainder of this report focuses on the other two programmes. A tabular form is used to make the material more accessible and concise.

5.   Recommendation

That the Trust Board <u>notes</u> the progress made with the Service Improvement Programme 2012.

Clinical Development, Leadership & Workforce Programme

ORGANISATION DEVELOPMENT & PEOPLE WORKSTREAM		
Projects	**Business Change**	**Benefits**
Workforce Plan Implementation	Recruitment of additional 400 student paramedic (706 in total) achieved. All student paramedics have now competed their initial 26 week training and have operational placements. The first few cohorts of student paramedics will be qualifying before March 2011. Additional cohorts of student paramedics (from the existing A&E support pool) have been recruited to 2010/11 – numbers are 14 from an anticipated 40.	Immediate benefits to the organisation have been the contribution of the student paramedics to meeting ORH modelling requirements, thereby contributing towards operational performance. Long term benefits to be realised are: • Improved clinical skill mix through a critical mass of newly qualified paramedics • A change in organisational culture to meet those goals set out in the SIP
Coaching & Mentoring	The delivery of the first cohort of the programme has run from June 2010 and will end by January 2011; this has consisted of a	The benefits to staff of the delivery of this programme are over 576 hours of targeted coaching delivered by accredited coaches

	number of leaning events and coaching interactions totalling over 60 hrs for the coach. All 12 coaches are senior managers or directors and during the programme will have coached 3 individuals for 8 hours each. A second cohort is to be run from February 2011.	from within the LAS on specific performance goals. The benefit of this to the organisation should manifest itself in improved personal and therefore organisational performance, as well as overall staff engagement and satisfaction.
Staff Engagement Project	The agreed approach to business change management has been to deliver the majority of the action plan.	The specific benefit to be realised will be captured through the staff survey and the score for staff engagement – the baseline position is 3.15 and the anticipated increase will be 3.50 by 2014/15 (linking in with the SMART Targets). Less easily measured is the impact of this project on staff motivation, productivity etc…

NEW WAYS OF WORKING WORKSTREAM		
Projects	**Business Change**	**Benefits**
Chase Farm	**Clinical development (business change):** Two dedicated Clinical Tutors in post Personalised clinical training plan for each member of staff. Delivery of NWOW training based on staff development training plan. Delivery of NWOW training on complex, as part of protected training days. Clinical Tutors leading on Operational Workplace reviews and linking in with staff personal development plans. **Leadership development:** Management vacancies fulfilled.	**Benefits for our patients / service users / public:** Improved patient care experience (measured as % of staff able to provide care they aspire to) - Substantial improvement from 2008 (46%) to 2009 (72%) **Benefits to our staff:** Improved staff confidence to use skills/make decisions (measured as % of staff who feel training has helped them do their job better) - Large increase from 2008 (42%) to 2009 (67%)

	Personalised development in place for each member of management team.	
Barnehurst	Delivery of development interventions (for management team) to enhance leadership skills and ensure effective change management skills. **Team based working:** TBW model developed by the complex. Teams created with a dedicated Team Leader. Protected training days incorporated into rotas. **External linkages:** Dedicated Community Involvement Officer in post (part of the management team). Significant engagement with local health and social care providers including setting up local ACP. Engagement with the community including borough events, community first responder, junior citizen etc. **Communications and staff engagement** Extensive staff engagement through-out NWOW implementation including staff forums established for staff to shape, lead and drive NWOW for their complex	**Benefits for our patients / service users / public:** More engagement with the community (measured as number of borough events attended) - Substantial improvement from 2008 & 2009 (average 0.1 events) compared to average of 4.4 events attended in 2010 **Benefits for our staff:** Improved communication (measured as % of staff that feel involved in changes that affect their work) - Significant increase from 2008 (9%) to 2009 (27%)

HEALTHCARE FOR LONDON WORKSTREAM		
Projects	**Business Change**	**Benefits**
Stroke	On-going monitoring of patients taken to HASUs	Since May 2010 a monthly stroke pack has been put together that captures the stroke patients who were

		identified as FAST positive and taken to an appropriate specialist centre (those under 3hrs transported directly to a HASU, those over to A&E).
		• May – 94% of patients (58% to HASUs) • June – 98% of patients (56% HASUs)
Major Trauma	On-going monitoring of patients taken to appropriate trauma units.	Since May 2010 a monthly major trauma pack has been put together that captures those patients that were conveyed to an appropriate major trauma centre or local trauma unit (A&E). • May – 96% of patients • June – 99% of patients

Performance and Service Delivery Programme

TECHNOLOGY WORKSTREAM		
Projects	**Business Change**	**Benefits**
LARP	Digital radio communications for front line staff.	On track to deliver key benefit of cost savings of decommissioning analogue radios and exploitation of Airwave technology. Elements of delivery include annual savings of £155k in BT costs, estimated £250k in maintenance of analogue radios and £70k in radio mast rental. A consequent benefit from this is the potential to exploit airwave capabilities.
Data Warehouse	Portal for use by Management Information for corporate needs (e.g. A&E targets, Pathway usage)	Improved data mining and reporting capabilities for the Trust. A consequent benefit (reduction in legacy reporting) should be realised in the next 6-9months once legacy reports are decommissioned further embedding and

Projects	Business Change	Benefits
		encouraging usage of the Data Warehouse.
TEASHIP	Enables emergency text access to the service for hearing impaired people.	Currently delivering benefit although at a low rate utilisation at around 2 users per month

OPERATIONS (PRODUCTION) WORKSTREAM

Projects	Business Change	Benefits
Rota Review	Implement rotas with maximum of 50 Hours of training built into Rota. Match ambulance and FRU availability with demand profile.	Rotas are still being implemented however immediate benefits are the output of: • Improved rotas in line with commissioners' expectations. • Improved CAT A & B performance. • Improved opportunities for training.
Mobile Office	Laptop provision for DSOs (an enabler for two projects: DSO mobile office and Collision Investigation)	• Flexibility for DSOs to deal with staff and patient welfare issues outside of the office environment. • More effective control of processes. • Simpler, more efficient, effective processes. • More effective management, sharing & communication of information. • Increased availability of response resources (crew and vehicles) • Reduced cost of overheads Some of the DSOs (a minority) have found the kit useful for getting data while out of the office, but the general comment was they would like a standard mangers' laptop and found the waterproof keyboard too difficult to use for any significant amount of work.
Single Responders	1. Rationalise dispatch regimes for all single responders across the Trust. 2. Introduce a team of individual	• Motorcycle Responders and Cycle Responders (with the exception of the Heathrow unit) now all share a common dispatch regime. • The Single Responder Desk is staffed by a dedicated

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| | allocators for single responders.
3. Develop and introduce a performance management framework that will:
   a. Reduce dual sends (for Red calls);
   b. Ensure effective tasking;
   c. Drive up utilisation and improve the efficiency of single responders. | allocator 24/7.
• Improved communication between the SRD and Sector desks meaning that the frequency of multiple single responders arriving on scene at a red call has reduced. (only while desk was open)
• There is now a better understanding of effective tasking, bringing knowledge into line with the standards expected within KA34.
• Performance of key resources dispatched by the SRD is being recorded and reported at substantially above Trust norms.
• Informal reports indicate a c.10% increase in workload and 9% increase in vehicle cancellations (source: CRU West End Report Dec 2009).

These benefits are no longer being realised because the Single responder desk was closed in July 2010. The overarching intention of the decision to close the desk was to improve the skill mix available to EOC by returning the SRD Allocators to core Allocator duties and return operational clinicians to face to face contact roles. |
| **Resourcing to ORH plan across 168 Hours** | Implementation of Rotas to meet ORH Plan | Allow LAS to monitor and track the ability to have resources in the right place at the right time. |

OPERATIONS (DISTRIBUTION) WORKSTREAM		
Projects	**Business Change**	**Benefits**
Ambulance activation reduction (30secs)/ FRU activation reduction (15 secs)	• To examine the current trends in ambulance (AEU) and fast response unit (FRU) response times, and reduce these by 30 seconds for AEU and 15 seconds for FRU. • To process map ambulance and FRU provision, dispatch process and mobilisation to isolate areas for immediate and longer term improvement.	Reduced mobilisation times to 153.2 seconds for Ambulances and to 132.7 seconds for FRU's.

	• To move the Trust towards overall activation times of 209 seconds for ambulances and 136 seconds for FRU's.	

OPERATIONS (INFRASTRUCTURE) WORKSTREAM		
Projects	**Business Change**	**Benefits**
Logistics & Fleet Review	• Drafting and approval of the 3 year Operational Support Strategic Plan. • Other key areas of work being delivered include the establishment of Key Performance Indicators, the establishment of a corporate HQ for the Department, and the restructure of the Logistics operation.	• Completion of 3 year strategic plan – future direction outlined. • Provided umbrella for projects – enabled overview of various workstreams. • Improved monitoring of performance. • Establishment of corporate HQ – co-location of managers and staff to improve co-ordination and communication. Benefits from Subsidiary Projects • Vehicle Procurement – new ambulances and PTS vehicles to support performance. • Real Time Fleet Information – introduction of TRANMAN across all Fleet Workshops to improve oversight and improved administration. • Fleet Review – agreement of strategy and roll out of 7 day, extended hours rotas across Workshops. • Inventory Control – cost savings at pilot sites. • Vehicle Resource Centre – establishment of Centre maximised

		available resources to support achievement of performance objectives. • Review of Make Ready – work carried out supported drafting of specifications for new scheme.

CORPORATE PROCESSES WORKSTREAM		
Projects	**Business Change**	**Benefits**
Incident Data Recorders Phase II	New procedures for investigation of road traffic collisions tightening up on collision adjudication.	Difficult to quantify any reduction in collision costs due to upward pressure on costs as industry-wide costs are rising and collision numbers are increasing from increasing call rates and higher proportion of new staff on the road.
PRF Improvement	Reminding and improved compliance with PRF submission procedures.	Improved missing PRF rates evidenced (most complexes on most days now >90% compliance.)
Intelligent Trust	Use of SharePoint in pilot area for project management.	Lost due to removal of IM&T support.
Asset Tracking	Project closed due to failure to deliver.	None.
Projects Not Closed but in Business Change		
Electronic Expenses	Use of web-based reporting of expenses live in areas rolled out – roll out plan continues.	Reduced processing time and resource required in payroll (100+ hours per month across service modelled from reduced task completion timings) Reduced volume of paper used.
Performance Measurement Phase III	Use of web-based reporting of integrated governance for ALE.	Improved ALE scores.

Projects Not Closed Due for Business Change by end Q4	Business Change	Benefits
Incident Reporting (LA52)	Electronic form and incident desk reporting by radio for pilot study.	Reduced VOR for pilot area. Improved IR submission timescales for pilot area.
Vehicle Off Road Process Improvement	Pro-active problem management approach to VOR resolution with mechanical and duty VOR.	Reduced VOR resolution times. Increased fleet utilisation.
RTC reporting	New procedures for reporting collisions and third-party details for prompt notification to insurers.	Reduction in average cost of claim.
Agency Staff Process Improvement	New procedures for booking temporary staff, temporary staff owned by recruitment.	Improved controls and reduction in Agency Staff spend.
Staff Administration Phase II	New procedures for common Trust-wide sickness reporting New Trust-wide leave card in ProMis.	Reduction in late notification of staff sickness to Payroll Reduced sickness overpayments Improved availability of leave records.
Starters Movers and Leavers	Implement re-designed leavers forms. Changes to new starter processes to capture ID better.	Reduced late notification of leavers to Payroll. Reduced leaver overpayments. Improved security resilience.

LONDON AMBULANCE SERVICE TRUST BOARD

30TH NOVEMBER 2010

PAPER FOR NOTING

Document Title:	**Feedback from the Historical Due Diligence process undertaken in November 2010**
Report Author(s):	Joanne Guy, Grant Thornton
Lead Director:	Sandra Adams
Contact Details:	Sandra.adams@lond-amb.nhs.uk
Why is this coming to the Trust Board?	**To advise the Trust Board of the outcome of the historical due diligence process and to understand the implications for the future FT application and timetable.**
This paper has been previously presented to:	☐Strategy Review and Planning Committee ☐Senior Management Group ☐Quality Committee ☐ Audit Committee ☐ Clinical Quality Safety and Effectiveness Group ☐ Risk Compliance and Assurance Group ☐ Other
Recommendation for the Trust Board:	To note the outcome of the process and to consider the next steps to prepare for the FT application

Executive Summary

- Grant Thornton UK LLP are contracted by Monitor, the independent regulator for NHS foundation trusts, to undertake a 3-stage due diligence process with trusts applying to become NHS foundation trusts;
- The 1st stage process – historical due diligence – commenced on 8th November and the assessors left site on 12th November.
- The draft report was received on 22nd November and subsequently discussed at a clearance meeting with the Chairman, Chief Executive, Director of Finance and Director of Corporate Services on 23rd November.
- Grant Thornton will present their final report on the outcome of the 1st stage, together with recommendations and an action plan, to the Trust Board on 30th November 2010.

A summary of the initial feedback is as follows:

- Corporate Governance - The revised governance arrangements have only been in place since April and may need a little time to become embedded to ensure that they provide the Board with sufficient assurance particularly with regard to the interface between the Audit and Quality Committees. We may wish to consider establishing a finance or investment committee which would be helpful in the context of the future financial challenges of the organisation;
- Clinical Response Model (CRM) - the CRM is a central plank of the strategy for delivering on quality, performance and financial objectives. As yet there is limited evidence that the anticipated benefits will be delivered and assurance will be needed around the impact on these areas as the pilots begin to be rolled out;
- The Olympics - this will need to be highlighted as it is such a large anomaly during the period under review, the key will be to get the funding tied down and robust demand

- modelling in place to identify the impact on core service provision in the context of the agreed funding;
- Cost Improvement Programmes (CIP) - The Trust does not yet have a detailed CIP programme to support the assumptions in the model and has historically met its target through non recurrent schemes. The proposed programme is relatively large and will need to be delivered in a very challenging financial environment. The current arrangements will need considerable further development before the stage 2 and stage 3 reviews in order to demonstrate that the plans are deliverable. This also links to risks around the financial position of the local healthcare economy which is likely to be fragile;
- IT - Command Point represents a significant risk to the organisation in respect of quality, performance and reputation. There appears to be good assurance around the management of the project however given the importance of the project to the resilience of the organisation and its ability to meet objectives this would necessarily be highlighted as a key risk to the organisation;
- Liquidity Issues - the impact of low levels of cash result in an Financial Risk Rating of 2 in a number of years in the model compared with a Monitor minimum of 3;
- Standards and Targets - while monitoring is excellent, historic non delivery of Category B is likely to be flagged as red/amber however it is noted that the target may go. The impact of CIP and the Clinical Response Model on the delivery of Category A will need to be linked;
- Audit - The Auditors have highlighted the need for further embeddedness of the controls at a local level to address some cultural non compliance, drug control was highlighted as a specific example that has proved to be intractable. Information Governance was highlighted as an area where the Trust may struggle to demonstrate compliance with the minimum standards in the current year;
- Estates Planning - the strategy will need to be updated to reflect the IBP and issues around resilience regarding the control room arrangements need to be adequately covered particularly given the difference between the costed business case and current provisioning.

Key issues for the Trust Board
- The Trust is on course to meet its proposed authorisation date however we will wish to discuss the proposed action plan and any impact on our timetable for application with NHS London;
- Specific items are required for completion by the time the 2nd stage commences which is currently scheduled for January 2011. Other items will need to be in place by the time of 3rd stage or the Working Capital review stage which is undertaken when our application is with Monitor.

Attachments
No paper attached.

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Strategic Goals 2010 – 13
This paper supports the achievement of the following corporate objectives:

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

Risk Implications
This paper links to the following strategic risks:

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

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

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

Equality Impact Assessment

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

Key issues from the assessment:

LONDON AMBULANCE SERVICE TRUST BOARD

30TH NOVEMBER 2010

PAPER FOR NOTING

Document Title:	**Development of the Integrated Business Plan and Long Term Financial Model**
Report Author(s):	Sandra Adams/Mike Dinan
Lead Director:	As above
Contact Details:	Sandra.adams@lond-amb.nhs.uk
Why is this coming to the Trust Board?	To advise the Trust Board of the developments with both documents and to understand the key stages of the foundation trust application
This paper has been previously presented to:	☐Strategy Review and Planning Committee ☐Senior Management Group ☐Quality Committee ☐ Audit Committee ☐ Clinical Quality Safety and Effectiveness Group ☐ Risk Compliance and Assurance Group ☐ Other
Recommendation for the Trust Board:	To note the progress made in developing the Integrated Business Plan (IBP) and the Long Term Financial Model (LTFM) following the external review by NHS London

Executive Summary
- Version 3 of the Integrated Business Plan was submitted to NHS London's foundation trust team for external review and feedback. Feedback was received on 11th October comprising a high level overview and more detailed commentary.
- The feedback was reviewed by the Board at the Strategy Review & Planning group's awayday on 2nd November along with the internal action plan that would support the next version of the IBP.
- Version 4 of the IBP will be reviewed in Part 2 of the Trust Board meeting on 30th November and will then be available for the public board meeting on 14th December. This is due to the number of issues within version 4 that require board discussion in confidence and also to take account of the recommendations arising from the historical due diligence process that will be reported on 30th November.

Key issues for the Trust Board
- All board members will receive version 4 of the IBP in draft form for discussion in part two;
- Feedback from Grant Thornton on 30th November will inform the next update to the IBP and LTFM;
- Discussions are ongoing with commissioners regarding scenario modelling and income assumptions for the 5-year period.

Attachments
No attachment

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Strategic Goals 2010 – 13
This paper supports the achievement of the following corporate objectives:

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

Risk Implications
This paper links to the following strategic risks:

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

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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

30TH NOVEMBER 2010

PAPER FOR APPROVAL

Document Title:	**Membership Strategy**
Report Author(s):	Shirley Rush
Lead Director:	Sandra Adams
Contact Details:	Shirley.rush@lond-amb.nhs.uk
Why is this coming to the Trust Board?	**Formal approval of a key document supporting the NHS foundation trust application**
This paper has been previously presented to:	☐Strategy Review and Planning Committee ☐Senior Management Group ☐Quality Committee ☐ Audit Committee ☐ Clinical Quality Safety and Effectiveness Group ☐ Risk Compliance and Assurance Group ☐ Other
Recommendation for the Trust Board:	To approve the Membership Strategy

Executive Summary

- Becoming a Foundation Trust will enable patients, members of the public and staff to have an opportunity for increased involvement in the development and delivery of emergency services by the London Ambulance Service (LAS). For our patients and the population of London this involvement will build on our existing patient and public involvement and public education strategies and established relationships with community groups.
- This document describes our strategy to attract, engage, retain and develop a significant representative and diverse membership for London Ambulance Service NHS Foundation Trust. As a public benefit organisation we believe that membership will enable us to deliver health care services more effectively for our patients and the community of London.

Our membership objectives are:

- To achieve a membership consisting of the range of diverse communities of London's population and workforce.
- To focus on the development of our membership base and member-relations activities in order to achieve a representative membership for our maiden year as an FT i.e.2011/12.
- A Governing Council reflecting a quality membership.
- As an FT we will maintain our compliance with our constitution. This will be achieved by a range of initiatives which will include inputs from our Communications and Governance teams.
- To build our Patient and Public Involvement Strategy and our Public Engagement Strategy so that our members feel involved, engaged and real partners in our future as a public benefit corporation.
- To maintain a membership services function that achieves full compliance with regulatory requirements, including a well-managed membership database and progressive

mechanisms to support membership development.

- To ensure the opportunity to become a member of the LAS is accessible to all of the eligible community
- To ensure we take every opportunity to promote membership
- Members will be informed of activities and plans, listened to and their views taken into account as the Trust develops plans and delivers its services now and in the future.

The Council of Governors will have a key role in supporting, leading and developing our membership. The effectiveness of the Council of Governors will be measured against how it can execute its role and responsibilities which are:

- Advisory: advising the Board or Directors on the strategic approach of the LAS
- Guardianship: to act as guardian of the LAS on behalf of the local communities that constitutes the population of London.

The strategy describes the key milestones for membership recruitment, engagement and communication, as well as specific goals for the Council of Governors across the first 12 – 18 months.

Key issues for the Trust Board

The membership strategy was reviewed and agreed by the Trust Board in September 2009. This has been updated and supports key elements of the governance rationale approved by the Trust Board on 28th September 2010, but requires formal approval at this month's meeting. The Membership Strategy is a supporting strategy for the Integrated Business Plan and the London Ambulance Service application to become an NHS foundation trust.

Attachments

Membership Strategy

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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

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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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NHS Constitution

This paper supports the following principles that guide the NHS:

- ☒ 1. The NHS provides a comprehensive service, available to all
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- ☒ 7. The NHS is accountable to the public, communities and patients that it serves.

Equality Impact Assessment

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

Key issues from the assessment:

London Ambulance Service NHS Trust

NHS Foundation Trust

Membership Strategy

LOOKING AFTER LONDONERS

Contents

1. The London Ambulance Service as an NHS Foundation Trust

Becoming a Foundation Trust will enable patients, members of the public and staff to have an opportunity for increased involvement in the development and delivery of emergency services by the London Ambulance Service (LAS). For our patients and the population of London this involvement will build on our existing patient and public involvement and public education strategies and established relationships with community groups.

This document describes our strategy to attract, engage, retain and develop a significant representative and diverse membership for London Ambulance Service NHS Foundation Trust. As a public benefit organisation we believe that membership will enable us to deliver health care services more effectively for our patients and the community of London.

Who We Are

We provide an emergency healthcare service for over seven and a half million people living in London, as well as visitors and commuters to the city. Our service extends over an area of approximately 620 square miles, from Heathrow in the west to Upminster in the east, and from Enfield in the north to Purley in the South.

We are the only London-wide NHS trust, have more than 4,000 staff and an annual turnover of around £260 million. As an integral part of the NHS in London, we work very closely with hospitals and other healthcare providers, as well as other emergency services.

We understand that the process of building a meaningful membership needs time and resources. We are committed to achieving the objectives set out in this document and recognise that this is a long term commitment and investment. It is a learning process for all of us in these early stages, for the public, our staff, our future governors, our partners and our members themselves.

The LAS faces unique membership challenges in developing its membership that are different as an ambulance service from the acute hospital sector. As London's mobile health service these include engagement with a large transient population (800,000) including commuters who visit and leave the capital daily. The LAS has set out its initial response to these challenges in the foundation framework provided by this strategy. It is recognised that a flexibly evolving and multi-faceted approach will need to be part of the vision for our member engagement. The Trust has sought to address these challenges throughout the strategy.

2.   Objectives for membership and framework

The membership has a major role in supporting the achievement of the Trust's objectives with a focus on growing an inclusive culture of public engagement within the organisation.

The Trust will set realistic targets, reflecting the need to develop and implement best practices in order to become an exemplar Foundation Trust membership organisation.

Becoming a member of a Foundation Trust offers an individual the opportunity to act as a guardian overseeing the Trust's strategic vision. The needs and health concerns of London's communities will inform the Trust's stated vision. The membership as guardian will determine how we can develop patient-centred services that improve directly our patient's experience.

Our membership objectives are:

- To achieve a membership consisting of the range of diverse communities of London's population and workforce.
- To focus on the development of our membership base and member-relations activities in order to achieve a representative membership for our maiden year as an FT i.e.2011/12.
- A Governing Council reflecting a quality membership
- As an FT we will maintain our compliance with our constitution. This will be achieved by a range of initiatives which will include inputs from our Communications and Governance teams.
- To build our Patient and Public Involvement Strategy and our Public Engagement Strategy so that our members feel involved, engaged and real partners in our future as a public benefit corporation.
- To maintain a membership services function that achieves full compliance with regulatory requirements, including a well-managed membership database and progressive mechanisms to support membership development.
- To ensure the opportunity to become a member of the LAS is accessible to all of the eligible community
- To ensure we take every opportunity to promote membership

Members will be informed of activities and plans, listened to and their views taken into account as the Trust develops plans and delivers its services now and in the future.

However, people will wish for different levels of involvement and engagement and we will recognise, respect and respond to this. For those who wish to be more actively involved there is the opportunity to become a Governor.

Membership does not provide any special access to our services or treatment provided for healthcare purposes. Membership is free and members will not receive any payment.

Our membership will be built on a framework that will consist of the following:

- Membership will be open to anyone aged 16 or above.
- Seven public constituencies based on London's healthcare commissioning sectors.
- A staff constituency comprising two classes: front line and support
- A Council of Governors consisting of governors elected by our members or appointed by local and partner organisations, such as local authorities and primary care trusts, and the staff council of the London Ambulance Service.
- An accurate and informative members register, managed by an external supplier which will be held on a secure and confidential database, which will be managed in accordance with the Data Protection Act 1998.

Members will be able to:

- become actively involved in our work and help shape our future plans

- get a better understanding about what we do, and help promote our work

- be consulted on any major changes that we are proposing to our services

- receive regular information about what we are doing

- attend open days, seminars and events

- take part in focus groups and surveys

- elect governors to represent your views on our Council of Governors

- stand for election as a governor.

Council of Governors

The Council of Governors will have a key role in supporting, leading and developing our membership. The effectiveness of the Council of Governors will be measured against how it can execute its role and responsibilities which are:

- Advisory: advising the Board or Directors on the strategic approach of the LAS
- Guardianship: to act as guardian of the LAS on behalf of the local communities that constitutes the population of London.

To enable the Council of Governors to be effective in their role the Trust will provide induction, training and development.

Members
Staff, People who use services, Public. The "stakeholders" of the organisation.

Elect representatives to form the Council of Governors

Consult with and inform members

Council of Governors
Chaired by the Trust Chairman, made up of the elected representatives of its members and nominated representatives of the Trust's Partnership organisations. The Council holds the Board of Directors to account for the Trust's performance, and represents the interests of the 'stakeholders'

Holds the Board of Directors to account for the performance of the Trust

Submit forward plans for approval

Board of Directors
Includes the Trust Chairman, Chief Executive, Executive Directors and Non-Executive Directors; has responsibility for running the Trust. Sets the strategic direction for the Trust and holds the executive to account for the day to day business.

3.   Defining the membership community

We need to ensure that our membership numbers are manageable, can be resourced appropriately, and most importantly, reflect the diverse communities we serve.   We aim to have a public membership of approximately 6,000 by the time we become a Foundation Trust in 2011/12. By the end of our first year as an NHS Foundation Trust we aim to have increased our public membership to 8,000. We have 7 public constituencies each represented by two elected Governors (one for the outside London area).   We will be working to ensure that members are distributed across these areas as shown in appendix 1 (page 16).

There will be eight membership constituencies – 7 public and 1 staff (divided into two classes).

3.1 The public constituencies

Public membership is available for any individual member of the public aged 16 and over and resident in a London borough or county in the surrounding SHA boundaries ie East of England: Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk; South East Coast: Surrey, Sussex and Kent; South Central: Oxfordshire, Buckinghamshire, Berkshire, Hampshire and the Isle of Wight.. Members will be invited to join by completing a registration form; this will ensure that we have a group of members who have made a positive choice.

We will have 7 public constituencies, 6 are based on the health sectors of London and one is for members 'Outside London'. See appendix 5 (page 21)

The following tables and graphs (Figure 1 – 6) show the population profile by size, ethnicity, social grade, age and gender.

The table in Figure 1 below shows area breakdown, Governor representation, population size and percentage.

Area	Governors	No of boroughs	Population size	% Population
North West London (NWL) Including Ealing, Harrow, Brent. Hillingdon, Hounslow, Hammersmith & Fulham, Westminster and Kensington & Chelsea	2	8	1,732,020	24.15
North Central London (NCL) Including Barnet, Enfield, Camden, Islington, Haringey	2	5	1,178,447	16.43
Outer North East London (ONEL) Including Waltham Forest, Redbridge, Barking & Dagenham and Havering	2	4	845,168	11.78
Inner North East London (INEL) including City & Hackney, Tower Hamlets and Newham	2	3 plus City	650,006	9.06
South East London (SEL) including Lambeth, Southwark, Lewisham, Greenwich, Bromley and Bexley	2	6	1,488,199	20.75
South West London (SWL) including Richmond, Kingston, Wandsworth, Sutton, Merton and Croydon	2	6	1,278,251	17.83

Total London	12	32 plus City	7,172,091	100
Outside London	1	126	13,383,317	100
GRAND TOTAL	13	158	20,555,408	

Figure 1 (Source: 2001 Census)

London is a diverse city with 300 languages spoken and 90 different ethnic communities[1]. Sixteen of the 20 most ethnically-diverse local authorities in England are in London[2]. As shown in Figure 2, London's population is predominantly White, with an increasing Black, Asian and Minority Ethnic (BAME) population. Since the 2001 Census, the BAME population proportion is estimated to have increased from 29 per cent to 35 per cent in 2010[3].

There are also similarities in diversity across each commissioning sector, with obvious peaks in ethnicity in certain areas. For example, Inner North East London has a higher footprint of Bangladeshi than other sectors while there is a higher presence of White ethnicity in all other sectors. As a general trend, east London as a whole has a higher percentage BAME population than west London.
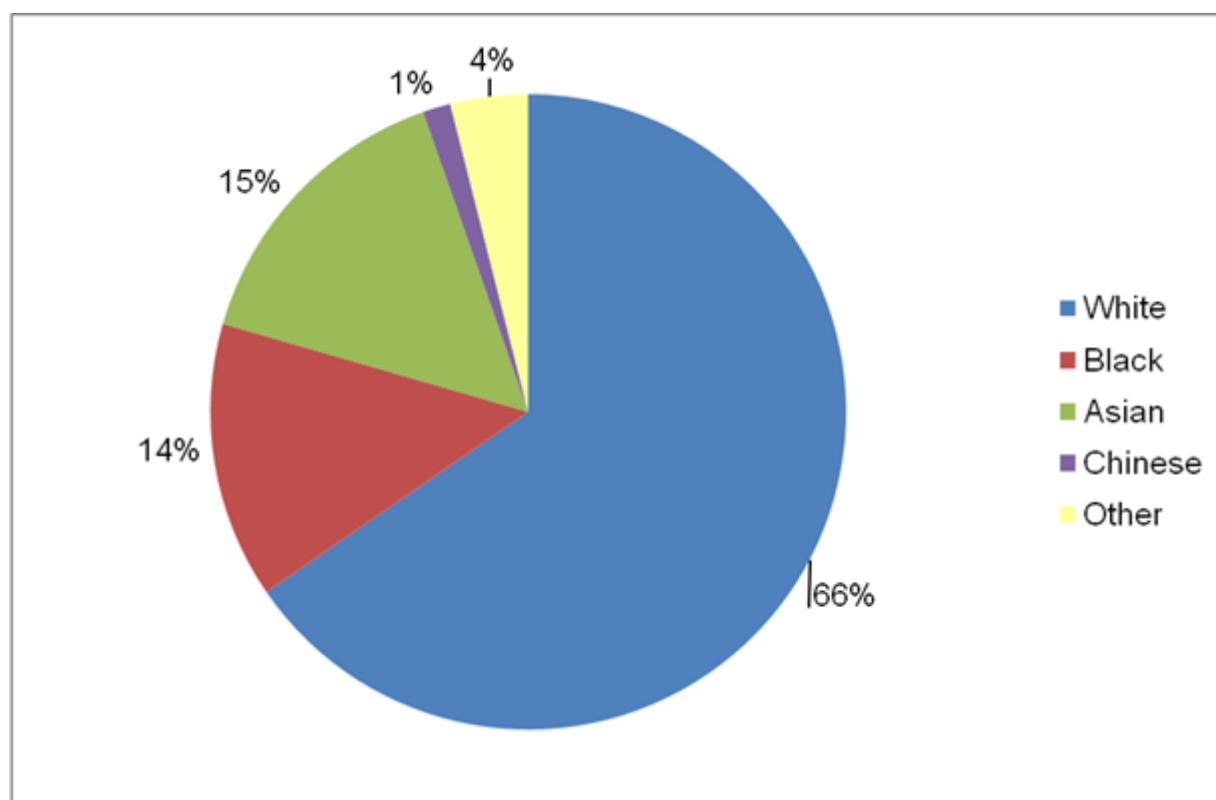
Figure 2   Ethnicity profile of London-wide population, 2010[4]

Map of London showing the London boroughs with the highest and lowest proportion of people from a minority ethnic group.

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[1] Source: NHS London (2007) *Healthcare for London: A Framework for Action.*
[2] Ibid.
[3] Source: Greater London Authority (2010) 2009 Round Ethnic Group Projections – SHLAA (revised).
[4] Source: Greater London Authority (2010) *2009 Round Ethnic Group Projections – SHLAA (revised).*

Top 6 indicated:
1 Newham (60% from a minority ethnic group)
2 Brent (55%)
3 Tower Hamlets (49%)
4 Ealing (41%)
5 Harrow (41%)
6 Hackney (41%)

None of the London boroughs have minority ethnic populations in the lowest category shown on the map of United Kingdom (0% to 4%).

Lowest proportions in London are in boroughs of Havering, Bromley, and Bexley (between 4 and 9%)
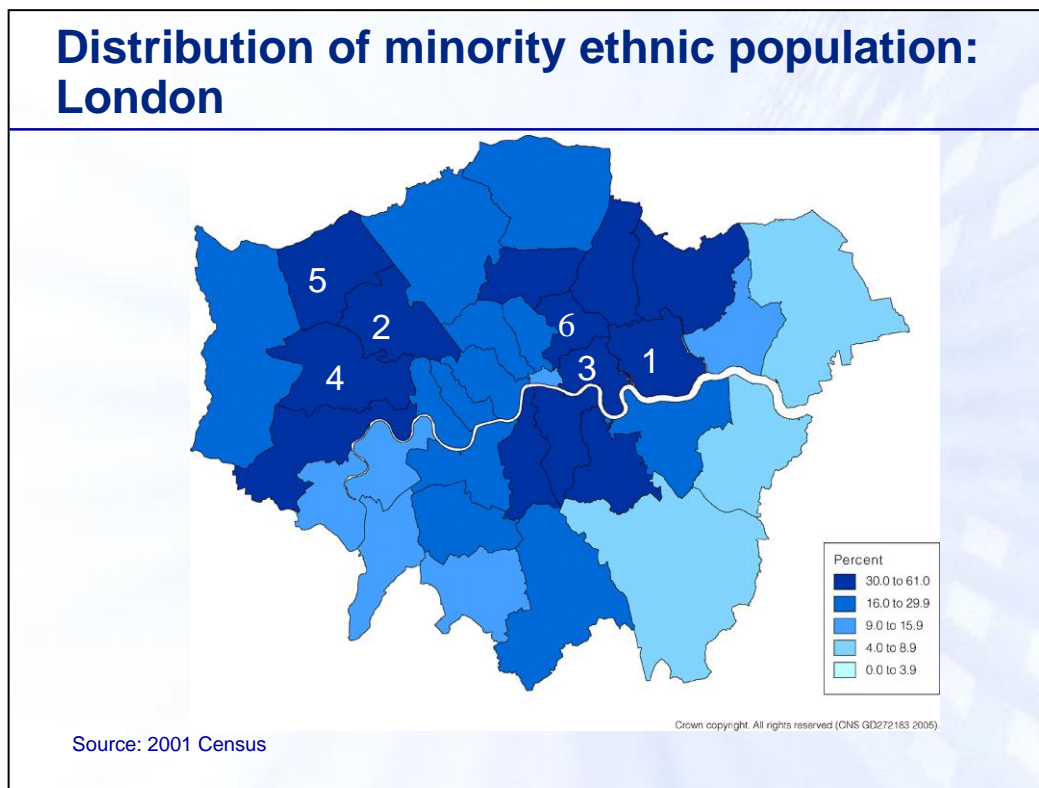
Figure 3 (Source 2001 Census)

Socio economic profile by population of London
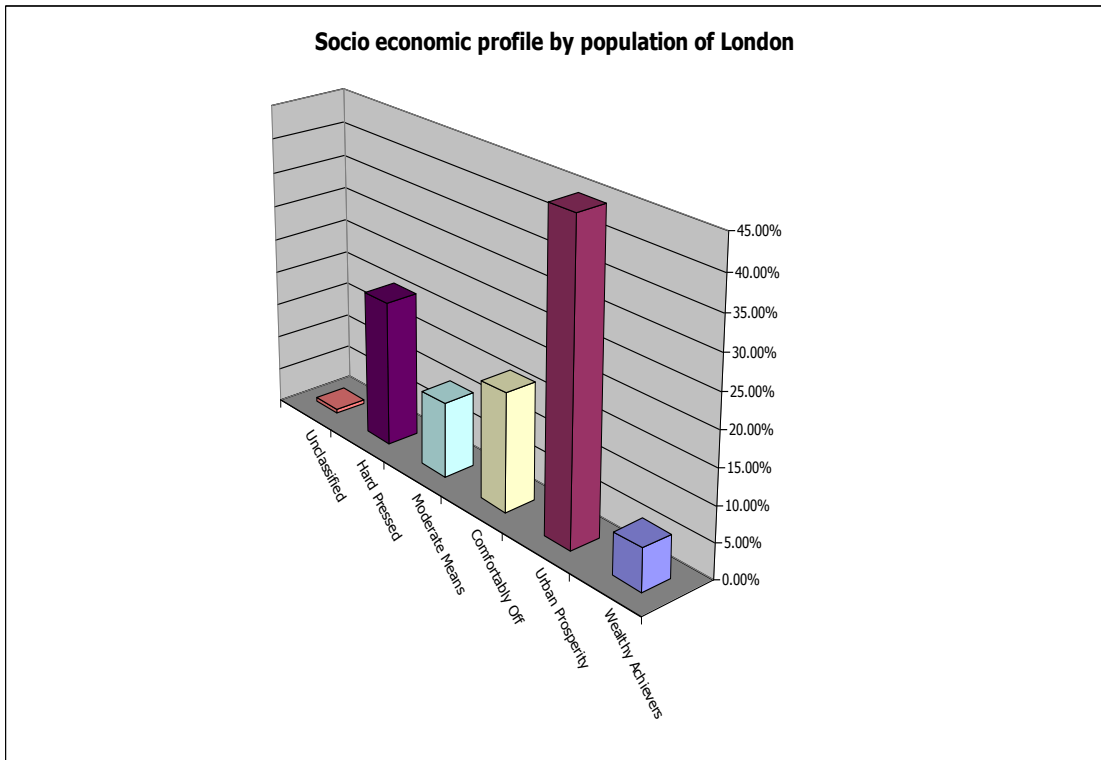
Figure 4 (Source: 2001 Census)

Age banding of London population (Male)
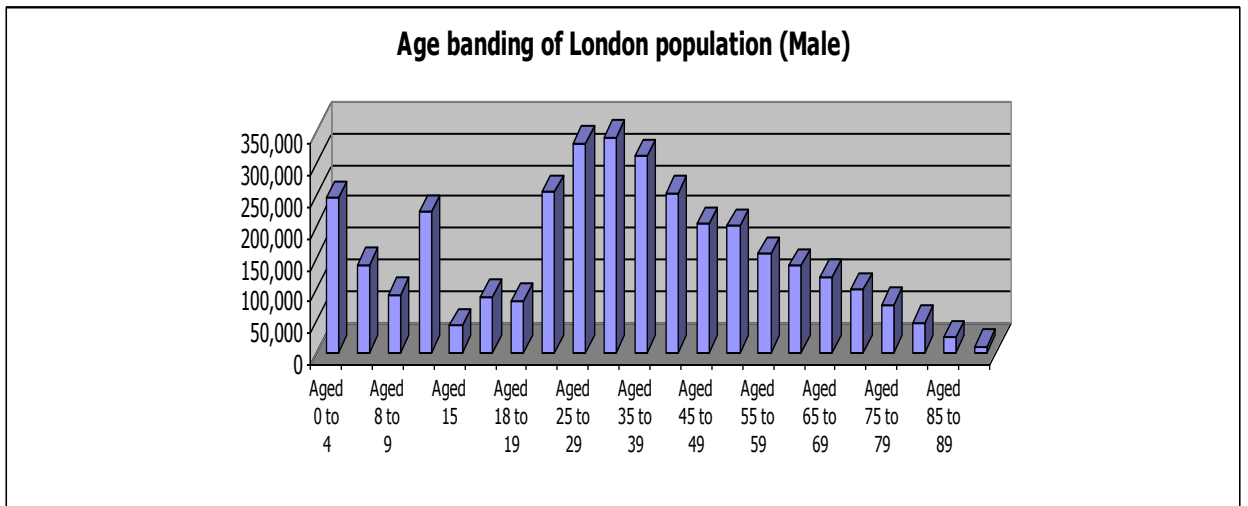
Age banding of London population (Female)
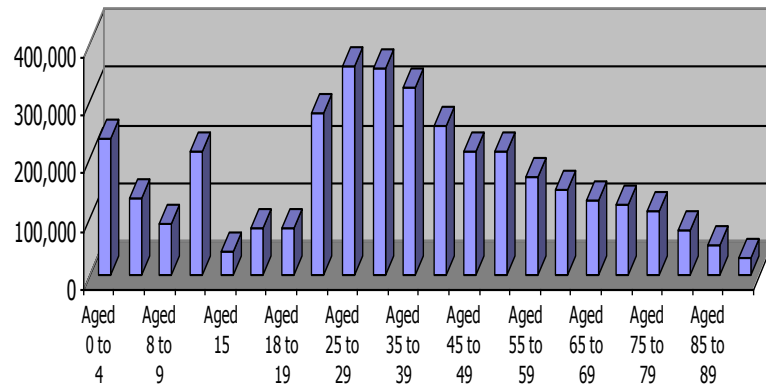
The staff constituency

The staff constituency is divided into two classes: front line and support staff, to reflect the make-up of the workforce. Staff will be allocated to the class that best fits the description of their role within the LAS.

The Trust plans an inclusive approach to staff membership using the opt-out method, whereby all existing and new staff appointments with a minimum of 12 months service automatically become a member. If an individual employee does not want to become a member they can opt out but they will not be eligible to join another constituency while continuing to work for the Trust. Staff can opt back into membership at any time.

When a member of staff leaves LAS employment their membership of the staff constituency will be terminated. If they remain a resident within the geographical area served by the Trust they will be invited to become public members.

If a member of the public constituency becomes employed by the LAS their membership will revert to staff membership.

Longer-term temporary staff and contractors can join the staff category as long as they have worked for us for at least 12 months. Volunteers and staff with a contract of employment of less than 12 months cannot be staff members, but can join us as public members if they meet the residential criteria.

A staff member may be asked to temporarily cease membership activities during any period of suspension under the Trust's code of conduct and associated staff policies and professional codes.

The staff constituency will have approximately 4,500 members and will be represented by three Governors on the Council, two for front line staff and one for support staff.

4. Resourcing the membership development

We recognise that the membership strategy can only be effective over the long term if it is properly resourced.

Director of Corporate Services

The Director of Corporate Services/Trust Secretary has the director level responsibility for membership. The membership services function is established within the Corporate Services Directorate and is supported by a dedicated Membership Manager. The Director of Corporate Services will provide guidance and support to the Council of Governors and the Chair of the Trust especially in managing the relationship between the Council of Governors and the Board of Directors.

Financial support for membership and Governor activity is a priority for the Trust and resources are already committed towards the staffing of the membership function, provision of externally commissioned specialist services, and information and activities to support and engage members. Non-pay costs associated with membership governance such as elections, support for Council of Governor meetings, Governor's "surgeries", cover for staff governors, reimbursement for travel of Governors, Members' meetings and events will also be budgeted for and funded.

Currently, the Trust has an internal membership office, as part of the Foundation Trust Application Programme.

Membership Manager

The management and development of the membership is the responsibility of the Membership Manager.

The Membership Manager links proactively with Trust staff and other agencies involved in community engagement and patient and public involvement activities in order to maximise all potential partnerships with local communities and groups, and takes up all opportunities to recruit members and raise awareness of the benefits of membership.

Membership responsibilities will include:

- Setting up systems and processes for the day-to-day management of the membership
- Responding to members' information requirements and any problems or queries they may have about our services
- Ensuring the Trust engages members effectively and actively involving them in Trust business
- Ongoing recruitment of members
- Targeting under-represented groups
- Ensuring effective communication with all members exploiting electronic communication to save costs where appropriate
- Conducting Governors' induction and training
- Running elections using an external provider
- Maintaining ongoing communications with Governors
- Arranging Governor meetings
- Ensuring effective information flows and communication between Governors, members and Trust management
- Assisting Governors to produce a membership development strategy which will be evaluated and analysed in their annual report.

The **Head of Communications** manages the Trust's external and internal media relationships and will provide support in handling public relations issues and production of the members' newsletter.

The Trust contracted an external provider in February 2009 to maintain its membership database for an initial period of two years. The contract will be

reviewed prior to this period and we will evaluate the costs and benefits of maintaining the database internally.

The Trust will review continually the adequacy of its membership support function to ensure that it continues to meet the demands of a growing and increasingly engaged membership, future elections, and the needs of Governors when they are elected.

5. Building the membership base

Staff governors will be encouraged to promote membership and its benefits to new comers through induction days. Once employees are eligible to join as staff members they will receive a letter informing them of the opportunity to opt out if they so wish. This approach will be supported by a programme of staff communications and engagement to highlight the opportunities of NHS Foundation Trust status. This programme will include reference to the benefits of becoming an FT. On leaving the Trust staff will be invited to join our public constituency.

With regard to the public constituency, we will build on existing links with all our stakeholders and take every new opportunity to promote membership.

This will include:

- Local Involvement Networks (LINks)
- Public events
- Patient Experience contacts
- Schools and Events Team contacts and groups
- Community Resuscitation Training Team contacts
- Community Responders
- Patient Transport Services
- Patient & Public Involvement Team contacts
- Community Involvement Officers
- LAS Patient's Forum

Member Constituency	2009/10	2010/11	2011/12
Public	4,000	6,000	8,000
Staff	4,350	4,400	4,500

Whilst the Trust wishes to recruit members in sufficient numbers to adequately represent the local population, the priority is to recruit and support a membership that is engaged and interested in the Trust's activities and in developing its plans.

The management team will:

- Recognise members as a valuable resource in the planning and delivery of services
- Take advantage of trust events as a means to recruit members
- Encourage staff to be active members
- Encourage and support managers to promote the FT message and recruit members through their local area networks as part of their outreach remit

The Council of Governors, within the first 12 months, will:

- Develop an action plan for maintaining and building up the growing membership
- Identify initiatives for raising the profile of membership with staff, service users and communities.
- Seek to achieve a membership that is representative of the diverse communities we serve
- Keep staff, service users, and local communities and the wider public informed about our work in order to promote understanding, partnership working and the recruitment of new members
- Work with partner organisations across local, health and social care communities to promote a co-ordinated approach when communicating with patients and the public

The Council of Governors, within the first 18 months will:

- Review the profile of the membership against demographic information on the communities we serve, and utilise the results to inform future membership recruitment
- Review support arrangements for membership

6. Managing active membership

The effective engagement of members is crucial to our success as a Foundation Trust. We will want to develop activities to make the most of our members and keep them involved, as much as they want to be, with the Trust.

Member activities will include:

- Participating in patient focus groups and other feedback activity
- Standing as a Governor
- Taking part in Governor elections
- Attending Council of Governor meetings
- Attending annual members meeting
- Involvement in special interest/focus groups about service improvement
- Health promotion and education events for their community
- Responding to surveys about service development proposals
- Constituency meetings with Governors

- Members' newsletter contributions

Our member registration forms include a menu of involvement options, enabling us to identify the level of engagement that members are seeking. This allows us to ensure that we can contact the right people quickly when a new initiative is underway regarding any of the above activities. The Council of Governors will receive an annual report on the membership including numbers joining, leaving, demographic analysis and targets for greater involvement.

Governors will play a key role in the success of members' engagement as they are the link between the trust and the members.

The management team will:

- Keep members up-to-date with service development plans through regular newsletters
- Keep the Foundation Trust website updated and active
- Consult members on strategic plans and development plans (eg policy development)
- Invite members to attend events on health issues
- Support members through the election process
- Provide Council of Governors the opportunity to review the annual accounts, auditor's reports and annual report at a general meeting
- Provide Council of Governors the opportunity to express a view about the Trust's forward plans for the NHS FT

The Council of Governors, within the first 12 months, following authorisation by Monitor will:

- Develop an action plan for determining members' interests and involving them in the work of the trust
- Encourage the contribution of members in the planning and delivery of services
- Promote constructive working relationships and dialogue between public members and our staff

The Council of Governors, with the first 18 months, will:

- Map the level of involvement and influence of members in the planning and delivery of services, and utilise the result to inform the membership development strategy in the future
- Review the action plan for members involvement

7. Communicating with members

The Trust is keen to assist all members, Governors, managers and staff as effectively as possible in the development of the organisation and its services. It is essential to establish appropriate and meaningful two-way dialogue. Communications will be in 'Plain English', avoiding the use of jargon, and will

provide information in appropriate and accessible formats to meet the needs of members that are relevant and timely, as well as delivered in their preferred format.

The Head of Communications will lead the development of all communication with members in liaison with the Director of Corporate Services. Our communication and contact with all of London is important to us and we will continue to develop facilities that enable effective engagement.

There will be a planned series of communications throughout the year, hard copy newsletters, event invitations, details of special interest groups etc.

We will use as many feedback mechanisms as possible to encourage members to participate fully in the Trust – hard copy response, e-mail, contact centre, members' website pages etc in accessible formats.

Membership register

A register of public and staff members will be maintained by the Trust. This information about members will be held on a secure and confidential database, which will be managed in accordance with the Data Protection Act 1998. The register will be managed by an external supplier on behalf of the Trust through an agreed and closely monitored contract agreement.

Newsletters

Based on guidance and experience from our consultation event programme delivered at venues in every London borough, we will offer members the means to find out about our service now and our plans for the future. The Trust plans to produce quarterly newsletters, which can be used to spread our public awareness message and educate the public on the range of our services.

Annual General Meeting

This is an opportunity for members to meet their representatives and senior staff and to ask questions. It provides a good opportunity for the Foundation Trust to promote itself. A member who understands the work of the Trust and feels involved and valued is more likely to recruit other members.

Task and Finish Groups

From time to time there may be a need to develop task and finish groups on particular issues and patient and public views can be obtained through the membership.

Working groups/committees

There may be opportunities in the future to invite members, with the appropriate skills, to join a committee or working groups.

eComms

The Trust will encourage the use of electronic media (email, website etc) to communicate with members and encourage them to respond by email. However, hard copy will be available to members, as other Foundation Trusts have found this to be the most popular medium.

The management team will:

- Provide communication channels for members to include:
    - Newsletters (x4) throughout the year
    - Email updates
    - Membership section on website
- Encourage members to vote in elections
- Consult with members and future strategies and plans
- Provide appropriate mechanisms for members and consult with members about future strategies and governors' arrangements
- Organise membership events and meetings presenting items of interest

The Council of Governors, in the first 12 months, will:

- Identify ways and means to inform members about the Trust
- Evaluate the success of their communication approaches with members
- Maintain and develop the programme of events and seminars
- Participate in a well attended annual meeting of the Council

The Council of Governors, in the first 18 months, will:

- Evaluate the success of our communication with our members so that the Head of Communications can use any constructive feedback to develop our Communications Strategy and update our Membership Recruitment Action Plan.

8.   Playing a key community role

The Trust is fully committed to being a good corporate citizen; we will endeavour to ensure that we contribute to all the communities in London that we serve. Our aim is to encourage interest and understanding of the London Ambulance Service and promote good relationships.

The Service has strong existing links into the community through a range of initiatives and workstreams including Community First Responders, the Events and Schools team and the Community Resuscitation Training team. The Trust's Public Education Strategy sets out how these links will be developed through increased coordination, recording, evaluation and support. As a foundation trust we will seek to recruit and engage members through all these activities.

The London Ambulance Service has a Patient & Public Involvement Action Plan for 2008-2012, which sets out the current and future priorities for PPI activity. Our approach is to prioritise groups which will benefit most from our involvement in their communities.

The Patient & Public Involvement Manager is responsible for development and implementation of these strategies and ensuring that patients and the public are made aware of and are involved with the work of the Trust.

Some examples of our PPI activity are provided in the sections below.

The Prince's Trust

As part of our commitment to working in the community, the Trust is supporting The Prince's Trust on a programme which helps young people aged between 16 and 25 return to education, gain employment or access to training.

London Ambulance Service staff will be seconded for 12-14 weeks to work with young people involved in the programme, which aims to boost the confidence, motivation and develop the skills of vulnerable young people so they can move on with their lives.

Tower Hamlets Project

Trust staff are involved in a number of projects in the Tower Hamlets area specifically aimed at reducing health inequalities affecting the Bangladeshi community. One such project is teaching emergency life support to young Bengali families. These classes were set up because there is a higher infant mortality rate in this community than any other. The LAS already offers emergency life support in other parts of London through the community resuscitation team.

The Trust also worked with Tower Hamlets Primary Care Trust to produce a health information pack, "Get the Right Treatment." This provided information about which services should be accessed in a variety of situations, and won a London Health & Social Care award.

Through the project in Tower Hamlets, we also aim to engage with children and young people through a range of activities, including skills training and drama.

Children and Young People

The Trust works closely with other emergency services and organisations to deliver public education activities for young people, including knife and gun crime awareness events and the Safe Drive Stay Alive Campaign, a powerful theatre education project involving all the emergency services, exploring the circumstances and consequences of a road traffic collision.

Working in association with Junior Citizens Schemes, the LAS participates in events across London which are aimed at seven to 10-year-olds, educating them about first aid and gives them advice on how to make a 999 call.

Community Involvement Officers

As part of the Trust's organisational development programme (New Ways of Working) a new role of Community Involvement Officer (CIO) has been introduced. The CIO role is to support local management teams to develop valuable local relationships including patients, residents, voluntary organisations and other health and social care partners. There are two CIO posts at present, but this number will increase until we have 26 posts, one for each group of local ambulance stations.

Olympics Planning

The Olympic Games Planning Office (OGPO) plans to work closely with patients, the public and partners to ensure that key messages are delivered and that feedback from these stakeholder groups is contributing to planning work going forward. The Trust is also working closely with the Olympic Delivery Authority (ODA), London Organising Committee for the Olympic Games (LOCOG) and the Olympic Security Directorate (OSD) on issues for delivering the Olympics in 2012 without compromising the care delivered to Londoners, such as transport plans, occupational health and first responder schemes and a medical model of care.

The Trust intends that its engagement with LINks will provide an opportunity for increased networking possibilities, with greater engagement with community and social care organisations. Having relationships with 33 LINks in London will also form a strong basis for recruiting members as well as enabling our members to become more actively involved in their local areas. It is envisaged that these relationships will be made at a strategic level as well as at a local level through each station complex.

The management team will:

- Provide opportunities for local communities to become actively engaged with the Trust:
- Maximise opportunities for joint partnership working
- Consult with partners and communities regarding strategies and plans

The Council of Governors, in the first 12 months, will:

- Develop appropriate mechanisms London wide for engaging with their local communities

- Maximise opportunities for promoting membership and relationships with communities and local people
- Participate in local events to promote Trust membership

The Council of Governors, in the first 18 months, will:

- Review effectiveness of local mechanism for engaging and involving communities groups

9. Working with other membership organisations and partners

The Trust is will appoint Governors from five voluntary sector partner organisations and is currently considering the following organisations as representative of some of the major groups of patients we work with: Age Concern London, British Heart Foundation, Diabetes UK, Mind and The Stroke Association. We will also invite nominated representatives from a PCT and a local authority.

Strong partnerships have been made and developed with aspirant ambulance trusts through membership and project management networks, where colleagues regularly share best practice and learning.

The Trust has also developed links with other local foundation trusts and worked together to maximise opportunities for recruiting local people.

The management team will:

- Establish and continue working relationships with other foundation trusts around membership issues, for example setting up a membership managers network
- Involve other membership organisations, such as LINks, in membership and promote Governor elections to these groups
- Consult with partners and communities regarding strategies and plans

The Council of Governors, in the first 12 / 18 months, will:

- Agree joint approaches, where relevant, on matters such as recruitment and events

10. Evaluating success

Although the Membership Strategy is initially put forward by the Trust, the Council of Governors is the most appropriate body to take on the role of developing, monitoring and evaluating it. The Council will need to hold under continuous review the Membership Strategy so that it remains meaningful, accessible and relevant to all of our diverse membership community.

The Council of Governors will evaluate the strategy annually and report on it at an annual meeting with the Board of Directors.

The Council of Governors might wish to evaluate progress in implementing this strategy by:

- Confirming appropriate cross-sectional community representation
- Reviewing the composition of the membership (and focusing recruitment on areas where there is under representation)
- Reviewing the strategy annually ensuring it meets its aims
- Seeking feedback directly from members and governors (and specifically whether members feel they have a real say in the way the organisation is run)
- Monitoring the number of members who have participated in elections
- Setting up a membership engagement sub-committee enhancing the role and function of the Trust's Patient and Public Involvement Committee. The principal objective of the Membership Engagement subcommittee will be to monitor the implementation of this strategy and action plans defined to measure annual progress with our membership approach and targets.
- Assess Council's performance in developing a meaningful membership strategy

11. Membership recruitment to date

To date we have recruited 4,500 public members through a range of activities. Recruitment started in February 2009 in conjunction with our 14 week consultation process.

The following graph demonstrates how members have been recruited.
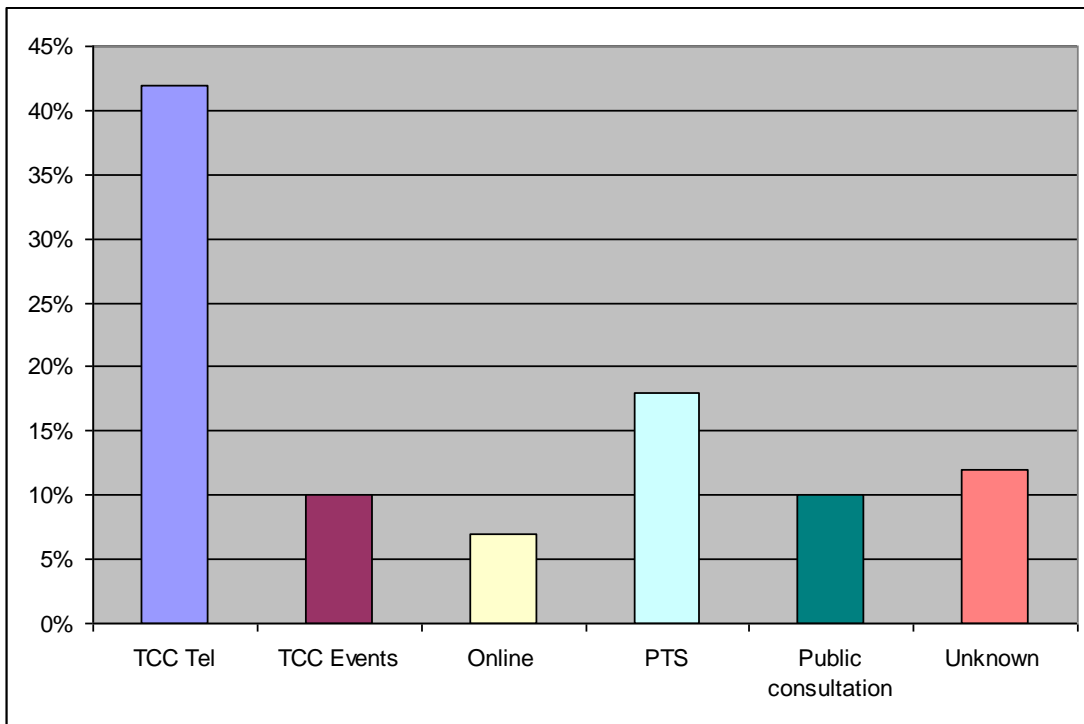
TCC Tel – Telephone recruitment campaign

TCC Events- Face-to-face recruitment campaign

PTS – Mailings to Patient Transport Services patients

The following figures show the public membership profiles in relation to age, ethnicity, social grade, gender and constituency.

1. Public membership age profile
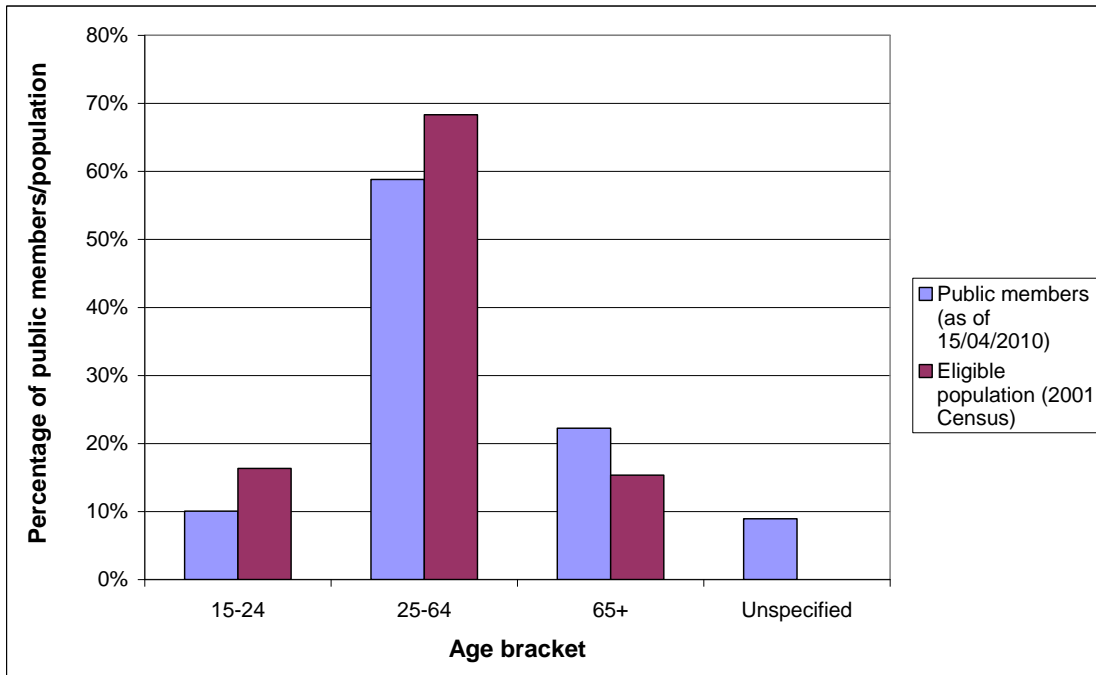
2. Public membership ethnicity profile
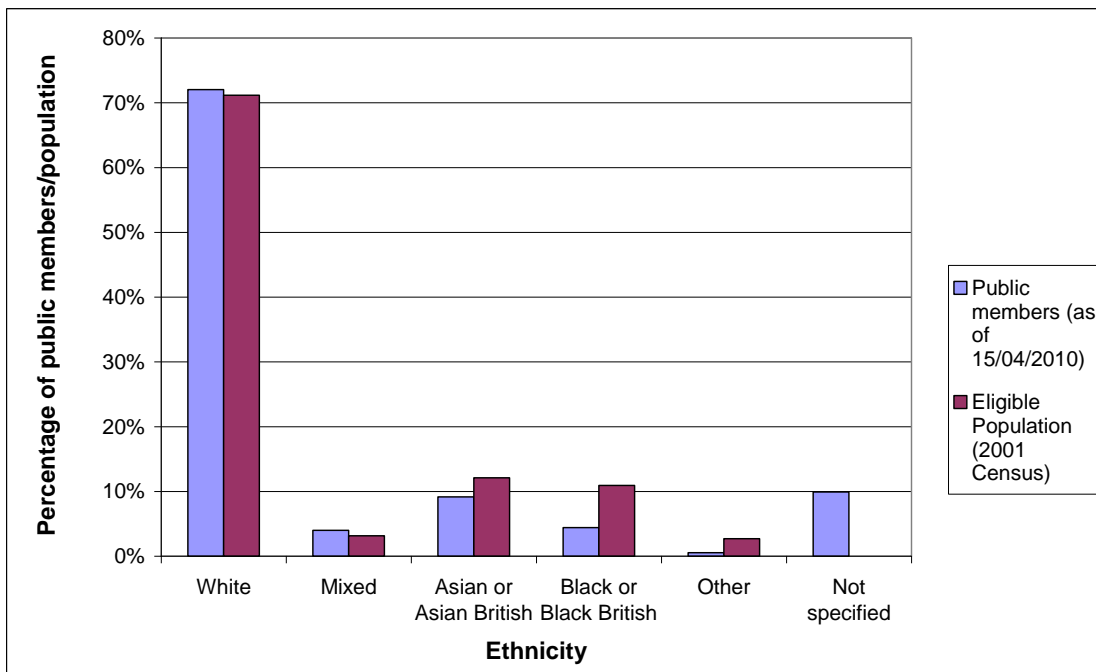
3. Public membership social grade profile
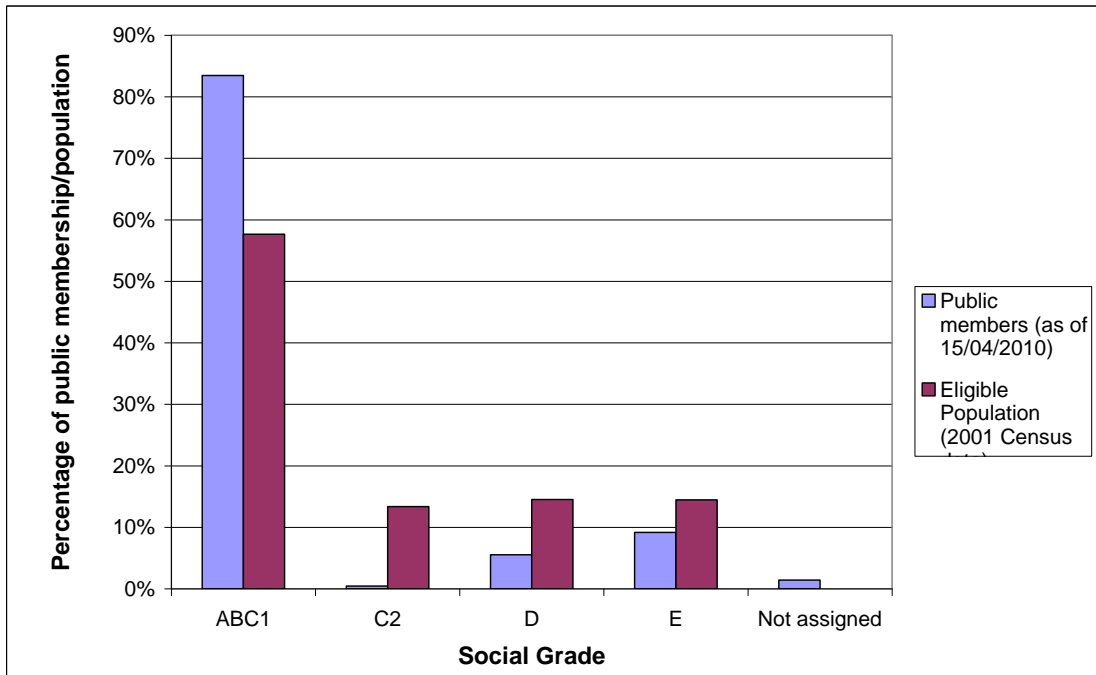
4. Public membership gender profile
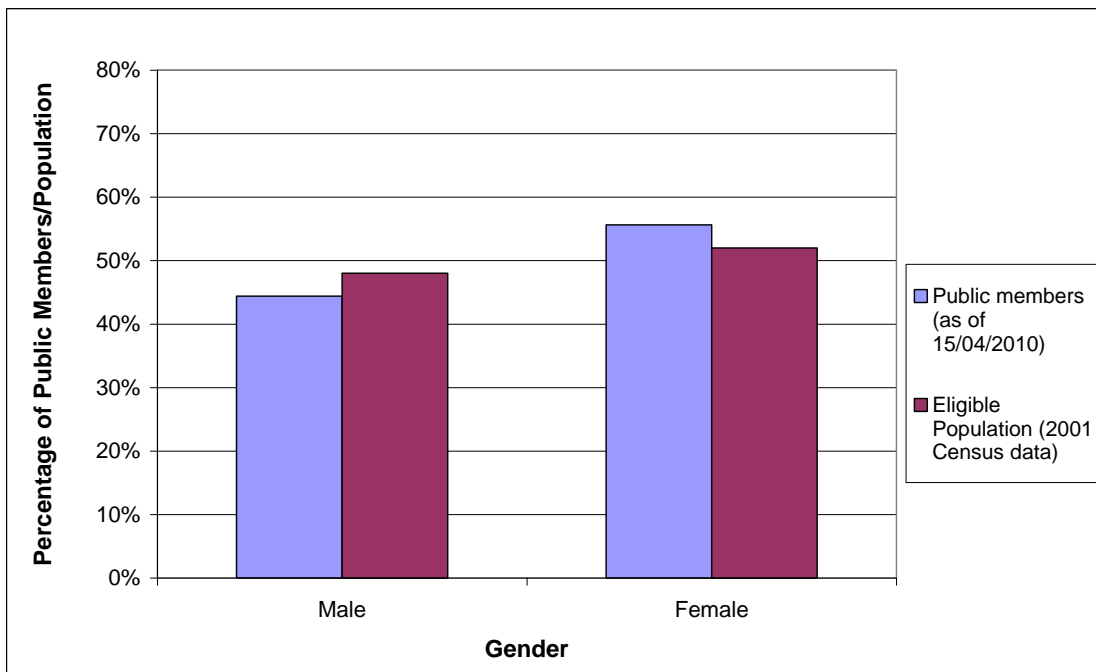
5. Public membership constituency profile
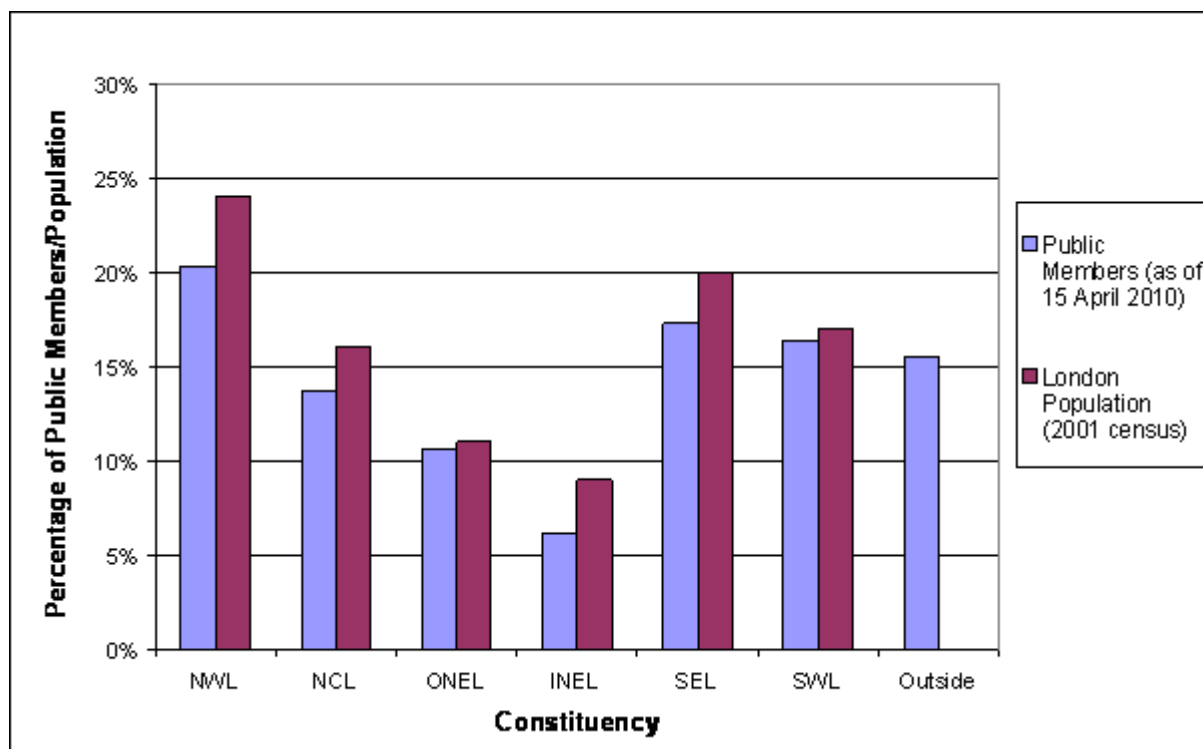
(Constituency abbreviations: NWL - North West London; NCL – North Central London;
ONEL – Outer North East London; INEL – Inner North East London;
SEL – South East London; SWL – South West London; Outside – Outside London)

From these graphs we can see that we are slightly underrepresented in the following categories. The 2009/10 recruitment plan will address this underrepresentation through targeted activity in increase membership from these groups.

- Black or Black British (under by approx 6%),
- C2 social grade persons (under by approx 12%)
- Male persons (under by appox 6%), and
- People North West London (4%), from the Inner North East London (3%) and North Central London (4%).

12. Plans for future membership recruitment

Amembership recruitment plan is produced annually and is designed to deliver the target figures for member recruitment and address any underrepresentation of groups as shown above

These will include:

- recruitment targeted at specific groups or areas
- continued use of our existing contact with London's population

- engaging staff and volunteers in recruiting public members
- engaging local community groups, including youth organisations, and large local businesses
- engaging health and social care community partner organisations
- engaging with local education providers, including the universities
- using local media to promote the campaign
- face-to-face promotional visits
- exploiting electronic media to maximise membership recruitment at minimum cost. (eg using e-vite to sign up new members online, website quizzes to attract people from the home-page)

After authorisation we will support the Council of Governors to develop means to recruit and retain our members.

We will analyse our register of members to identify gaps in representation of London's communities based on the most recent demographic information available to us and take appropriate action to address any gaps.

Governors & Public constituencies
🔴**2** **North West London** Ealing, Harrow, Brent, Westminster, Kensington & Chelsea, Hammersmith & Fulham, Hounslow and Hillingdon
🟡**2** **North Central London** Barnet, Enfield, Haringey, Islington and Camden
🟢**2** **Outer North East London** Barking & Dagenham, Havering, Redbridge and Waltham Forest
🟣**2** **Inner North East London** City of London, Hackney, Newham and Tower Hamlets
🔵**2** **South East London** Bexley, Bromley, Greenwich, Lewisham, Southwark and

Lambeth	
❷ **South West London** Richmond & Twickenham, Wandsworth, Kingston, Sutton, Merton and Croydon	
❶ **Outside London** East of England: Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk South East Coast: Surrey, Sussex and Kent South Central: Oxfordshire, Buckinghamshire, Berkshire, Hampshire and Isle of Wight	

LONDON AMBULANCE SERVICE TRUST BOARD

30TH NOVEMBER 2010

PAPER FOR NOTING

Document Title:	**Corporate Risk Register and Board Assurance Framework**
Report Author(s):	Jasjit Dhaliwal/Sandra Adams
Lead Director:	Sandra Adams
Contact Details:	Sandra.adams@lond-amb.nhs.uk
Why is this coming to the Trust Board?	The Trust Board has corporate responsibility and accountability for the management of risk and, in keeping with meeting good corporate governance practice, should routinely review the corporate risk register and the board assurance framework.
This paper has been previously presented to:	☐Strategy Review and Planning Committee ☐Senior Management Group ☒Quality Committee ☐ Audit Committee ☐ Clinical Quality Safety and Effectiveness Group ☒ Risk Compliance and Assurance Group ☐ Other
Recommendation for the Trust Board:	• To note the highest risks on the corporate register and the actions being taken to manage and mitigate these. • To review the board assurance framework and to note the work undertaken to develop the key risks for focus in-year. • To note the requirement for increased reporting of risk to the Trust Board.

Executive Summary

1. **Corporate risk register**
   - The register was reviewed by the Risk Compliance and Assurance Group on 22nd November and agreement made to the following: deletion of risks 301 and 232 now that actions have been completed and the level of risk reduced; re-wording of risks 308 and 7 to better reflect the actual risk to the organisation;
   - 6 new risks were considered for addition to the corporate register however these require further work and will be considered again in January 2011.
   - There are no changes to the top 9 risks (those with High gross and net ratings) on the register however 250, 314, and 298 will be reviewed at the next meeting of the RCAG in January. Some updates are required on 334 (assurance) and 269 (action completion dates).
   - Risks 333, 292, and 249 were noted as reaching the target rating and would be deleted from the corporate register but remain on the trust register for monitoring in the event of further changes.

2. **Board Assurance Framework (BAF)**
   - The BAF was last reviewed by the Trust Board in March 2010 and has since been updated to reflect the Integrated Business Plan and the work that has been underway to

develop the 5-year strategy. The BAF now shows the Trust Vision, strategic goals and corporate objectives, strategic risks, the focus areas agreed by the Trust Board for 2010/11, key sources of assurance, and the principal risks.

- The 10 risk focus areas have been developed during the year and, as shown in section B, are mapped to existing risks on the corporate register or have been identified as new risks (8, 9 & 10). The new risks were reviewed by the RCAG on 22nd November and further work is required on their descriptions and ratings. This will be completed in January 2011.
- The 9 principal risks (section D) are those at the top of the corporate risk register with a risk severity rating of High (described on page 1 of the BAF). Each of these has been mapped to the corporate objectives and the requirements of the Care Quality Commission (except 334 CommandPoint), and each shows the relevant controls already in place and the assurance of their effectiveness, as well as the gaps identified and the action required to mitigate the risk. Each risk is assigned to a lead Director.

3. **Board review**
- The recent reviews by NHS London and Grant Thornton have recommended that the Trust Board review the corporate risk register and board assurance framework more frequently than the current process of twice a year.
- The proposal is that the corporate risk register and BAF are submitted to the Trust Board quarterly with an update on the key risks, including the risk focus areas, at every meeting including the Strategy Review & Planning group.
- This will need to be carefully managed to avoid duplication within the governance structure but this will be achievable.

Key issues for the Trust Board
- The top 9 risks facing the organisation have been reviewed and updated since September 2010 and the Risk Compliance and Assurance Group confirmed this on 22nd November 2010.
- The Quality Committee will have reviewed the corporate risk register and board assurance framework on 24th November and will be in a position to give assurance to the Trust Board on the management of risk.
- The board assurance framework has been reviewed and updated to meet the recommendations of Internal Audit and to reflect the work underway to develop the Integrated Business Plan and 5-year strategy.
- In accordance with recommended corporate governance practice the Trust Board will review the corporate risk register and board assurance framework quarterly and will receive an update on the principal risks and any additions to the corporate register on a monthly basis. This will be carefully managed within the governance structure to ensure that assurance is provided through the Quality and Audit Committees as appropriate.

Attachments
Corporate risk register dated 15th November 2010
Board Assurance Framework dated 23rd November 2010.

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Strategic Goals 2010 – 13
This paper supports the achievement of the following corporate objectives:

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

Risk Implications
This paper links to the following strategic risks:

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

NHS Constitution

This paper supports the following principles that guide the NHS:

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

Equality Impact Assessment

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

Key issues from the assessment:

Board assurance framework
November 2010

The Board Assurance Framework (BAF) comprises the principal risks facing the Trust in 2010/11 and looking ahead within the strategic period 2010-15 thereby mirroring the integrated business plan. The BAF is structured as follows:
Section A: Trust Vision – strategic goals – corporate objectives – strategic risks
Section B: The key risks identified by the Trust Board for focus in 2010/11
Section C: Key sources of assurance common to most corporate risks
Section D: The principal risks with relevant controls, assurances, gaps and action planned, each mapped to the corporate objectives and the requirements of the Care Quality Commission. Principal risks as defined here are those that have a gross severity rating (likelihood x impact) of, and have been assessed with a net rating of, High/ >15 at the mid-point of 2010/11. All apart from the first on the list have a target of Significant (8-12) or Medium (6) by the end of the year.

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

Sandra Adams 23rd November 2010

Section A

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

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

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

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

Sandra Adams 23rd November 2010

Board assurance framework
November 2010

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

Sandra Adams 23rd November 2010

Board assurance framework
November 2010

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

Strategic Risk	Causes	Likelihood of risk occurring	Risk focus	Mitigating actions
1. There is a risk that we fail to effectively fulfill care and safety responsibilities	Clinical training and development for frontline staff; failure of infrastructure such as fleet or equipment; compromising safety in our efforts to achieve performance targets	Unlikely to occur	Clinical effectiveness Key clinical skills training	Implementation of the clinical training and development strategy; adoption of reflective practice; Delivering CPD Fleet strategy New ways of working programme roll-out Electronic patient report form
2. There is a risk that we cannot maintain and deliver the core service along with the performance expected	Funding levels within the local health economy and a focus on 'more for less'; continued increase in demand and expectations for the service; lack of capacity within the healthcare system.	Possible	Demand management Performance delivered against trajectories	Strong cost improvement programme Clinical response model Partnership working within the local health economy to manage capacity and direct responses accordingly – Coordinating Healthcare in London Service Development

Sandra Adams 23rd November 2010

Board assurance framework
November 2010

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

Sandra Adams 23rd November 2010

Board assurance framework
November 2010

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

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Section B: Risk focus areas in 2010/11

Strategic Risks	Trust Board Risk Focus 2010/11	Lead		Linked Risks
1) **CARE AND SAFETY** **There is a risk that we fail to effectively fulfil care/safety responsibilities**	A] CLINICAL EFFECTIVENESS The overall performance rating of an NHS trust is made up of a number of performance indicators, clinical audit, how we collect information and outcomes. (eg: 1:20 PRF checks, completion of paperwork and quality of clinical treatment, following protocols, non-conveyance, etc)	RICHARD WEBBER	1.	Risk ID: **22** There is a risk that failure to undertake comprehensive clinical assessments may result in the inappropriate non-conveyance or treatment of patients. (See Board Assurance Framework section D)
	B] KEY CLINICAL SKILLS TRAINING Clinical skills are defined as any action performed by staff involved in direct care of patients which impacts on clinical outcomes in a measurable way and includes - Cognitive or 'thinking' skills (clinical reasoning and decision making) - Non technical skills (team working and communication) - Technical skills (clinical examination and invasive procedure) [release from general duties for training, running planned programme whilst considering new obligations]	CARON HITCHEN & RICHARD WEBBER	2.	Risk ID: **314** There is a risk that front line staff may not be able to attend CPD training due to recurring operational pressures which may impact on the quality of patient care. (See Board Assurance Framework section D)

Board assurance framework
November 2010

Strategic Risks	Trust Board Risk Focus 2010/11	Lead		Linked Risks
2) **CORE SERVICE DELIVERY AND PERFORMANCE** **There is a risk that we cannot maintain and deliver the core service along with the performance expected**	A] DEMAND MANAGEMENT Utilising resources appropriately in relation to demand to ensure patients consistently get the right response (eg pressures include; unknown service charges, increased calls, major events, etc) [may need to engage in capacity review]	RICHARD WEBBER	3.	Risk ID: **265** Service performance may be adversely affected by the inability to match resources to demand. (See Board Assurance Framework section D)
	B] PERFORMANCE DELIVERED AGAINST TRAJECTORIES Trajectories and standards help us identify where we are on track to deliver – connects policy goals with operations and tells us if we are succeeding (eg: CATA, CATB, etc)	RICHARD WEBBER	4. 5.	Risk ID: **317** There is a risk that the Trust may not achieve its Category A target in 2010/11. **318** There is a risk that the Trust may not achieve its Category B target in 2010/11.
3) FINANCIAL RESOURCES **There is a risk that we are unable to match financial resources with priorities**	A] COST IMPROVEMENT PROGRAMME (CIP) Programme for containing and reducing costs without negatively impacting on performance.	MICHAEL DINAN	6.	Risk ID: **272** There is a risk that the LAS may not achieve the full CIP.
	B] KEY PERFORMANCE INDICATORS (KPIs) Potential penalties that could be imposed on the trust if failure to meet the targets as agreed.	MICHAEL DINAN	7.	Risk ID: **329** There is a risk that as a result of the non-

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Strategic Risks	Trust Board Risk Focus 2010/11	Lead		Linked Risks
				achievement of the KPIs, contractual financial penalties will be levied on the Trust.
4) STRATEGIC DIRECTION **There is a risk that our strategic direction and the pace of innovation to achieve this are compromised**	A] CLINICAL RESPONSE MODEL As a primary response to a large majority of 999 calls, paramedics will carry out face to face patient assessments, to utilise the appropriate patient pathways and identify the most appropriate method of transport.	CARON HITCHEN	8.	**NEW RISK** [Risk description being updated following RCAG discussion on 22/11/2010]
	B] SINGLE POINT OF ACCESS The aim of the SPA is to; provide a proactive, timely response to triage and manage new referrals, provide an urgent assessment for people who need a same day response, manage referrals from GPs, hold up to date capacity information of the availability for community services, be the central point to collect information and monitor referrals.	LIZZY BOVILL	9.	**NEW RISK** [Risk description being updated following RCAG discussion on 22/11/2010]
	C] HEALTH POLICY A formal statement or procedure which defines priorities and the parameters for action in response to health need, available resources and other	STEVE LENNOX	10.	**NEW RISK** [Risk description being updated following RCAG discussion on 22/11/2010]

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Strategic Risks	Trust Board Risk Focus 2010/11	Lead		Linked Risks
	political pressures. (arise from a systematic process of building support for public health action that draws upon available evidence, integrated with community preferences, resource availability)			

Section C – Key sources of assurance

Committee minutes and papers	External	Internal
Trust Board	Internal audit – RSM Tenon: annual audit plan; audit reviews and reports	Risk registers: Corporate/Trust-wide/Local
Quality Committee	Care Quality Commission registration	Audit recommendations progress report
Audit Committee	NHS Litigation Authority level 1 assessment of risk management standards	
Risk Compliance & Assurance Group	NHS London quarterly governance returns	
Clinical Quality Safety & Effectiveness Committee	Commissioner contract reviews	
Learning from Experience Group		
Senior Management Group		

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Board assurance framework
November 2010

Section D: Principal Risks

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

Principal risk and headline	Corporate objective	Risk score	CQC map	Key controls	Assurance on controls			Action plan	Responsible officer	6 month RAG status	Year End f/cast
					Positive assurance	Gaps in controls	Gaps in assurance				
334 Short-term impact of CommandPoint on performance targets	C08 C03	20	N/A	CommandPoint Project Board; Reports to SMG and Trust Board; Planning assumption of the likely impact on performance and the plans in place to mitigate the level of impact	Minutes of: CommandPoint Project Board; Independent assurance to Non-Executive directors; Reports and Minutes for SMG and Trust Board. Risk register for CommandPoint; **New risk – 23/8/2010 & reviewed 8/11/2010**	None identified	None identified	Detailed audit of project and transition plans; Training plans; System testing and planning; Stakeholder briefing;	PS	H	H
327 Re-use of linen/infection prevention and control guidelines	C04	20	8	Adequate supply of blankets, however these are not always available. Action plan ; IP&C lead; Audit .	HCAI registration; Medical director's report; IP&C minutes. **Risk reviewed October 2010**	Sufficient stock of blankets	Compliance with policy	Linen exchange trial; Laundry contract to be tendered. Regular audit to be in place.	**SL**	H	M
269 Performance falls at staff changeover	C04 C08 C03	20	16 13 14	Monitoring rest break compliance; Additional area	Operations workstreams plan 09/10; Monitoring	Rest break agreement reviewed and	Resource to manage roster project;	Roster review project; Roll out	RW	H	S

times				cover by Team Leaders;	KPIs; 42 rosters in place by November 2010. Risk reviewed 8/11/2010	implemented	% roster reviews completed	NWoW			
250 Out of date equipment impacts upon ability to treat patients	C01	20	11 16	Additional PALS Packs; Vehicle audit and swap out of packs carried out. Nightly checks by the Make Ready teams. Weekly audits are now performed by Station Managers. Asset Tracking System signed off by the Director of Finance. Introduction of new seals.	Weekly audit returns; **Risk reviewed 2/11/2010**	DSO/Team leader quarterly audits	Monitoring at area governance committees	Continued monitoring of the audit returns. Additional PALS packs to be swapped out in all operational areas. PALS Packs to be included in asset tracking process. Monitoring at Area Governance Groups.	FM	H	S
314 Operational pressures prevent front line staff attending CPD training which may impact on quality of patient care	C05	20	16 13 14	CPD plans. Recruitment of student paramedics. Training plans. Monitoring uptake.	Monitoring CPI; completion rates; training at complex level. CPD performance monitoring; Monitoring incidents. Two thirds of rosters have	*Requires updating*	One third of rosters still need dedicated training time.	CPD and clinical training plan; Target team leaders; Set achievement targets for ADOs to release staff for CPD. 2 hours	CH	H	S

12

					dedicated training time. **Risk reviewed 8/11/2010**			training per person		**H**	**S**
298 Fall back centre at Bow does not operate effectively potentially resulting in loss of service	C03	**20**	16	Partial Fall back test on 30th June 2010; Full test in October 2010; Audit of facilities ensuring mirror of operations.	Full test undertaken in October 2010. **Risk reviewed on 9/11/2010**	*To be identified*	*To be identified*	Full training for FBC staff; Organise full plan for Bow.	MD	**H**	**S**
265 Performance affected by inability to match resource to demand	C03 C05 C08	20	16	NWoW pilot sites with robust rota system; Monitoring resource allocation	Monitoring KPIs; Introduction of team based working; Daily monitoring; **Risk reviewed 8/11/2010**	None identified	Outcome of roster reviews	Monitor pilot sites; roll out NWoW across the Trust; Complete recruitment; Roster reviews	RW	H	M
22 Failure to clinically assess comprehensively may result in inappropriate conveyance or treatment	C01 C02 C05 C08	20	16 13 14	Enhanced patient assessment course for paramedics and reflective practice. Planned CPD and monitoring of uptake; Mentored period of operational duties; CPIs to monitor level of assessment provided; LA52 reporting and review at	Patient assessment included in paramedic APL course; Incident reporting; Operational workplace reviews; CQSE papers and minutes; **Risk reviewed 8/11/2010**	Monitoring development of treat and refer pathways; Operational pressures may impact on CPD delivery.	Review of effective-ess of incident reporting;	Monitor development of treatment pathways; Review the incident reporting system; Introduce reflective practice; Introduce pilot scheme to report incidents via EBS	FM	H	S

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				CQSE; Closed round table reviews and reflective practice; Clinical updates from the Medical directorate.							
320 Insufficient funding may prevent the required planning and operational response for the London 2012 Olympic and Paralympic Games	C09	20	16	Stakeholder engagement; LAS role in 2012 Olympics confirmed with funding support. Business case re-submitted.	Ongoing dialogue with stakeholders. **Risk reviewed 29/10/2010**	None identified	Outcome of CSR review and DH funding	Ambulance Service Working Group with NHS London, DH and NWLCP in 2010. Further exploration of options for workforce and vehicles specifically consideration of pre-planned aid. Contribution to DH modeling of the 'Games-effect' in 2012. Review level of risk once the outcome of the CSR and the business case are known.	**RW**	H	S

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Risk ID	Risk Description	Assurance Framework Ref.	Corporate Objective	Risk Category	Gross Impact	Gross Like-lihood	Gross Rating	Existing Controls (Already In Place)	Risk Owner	Date Risk Last Updated	Net Impact	Net Like-lihood	Net Rating	Further Actions Required	Action Owner	Date Action to be Completed	Assurance In Place (how do we gain assurance that the controls in place are effective)	Target Impact	Target Like-lihood	Target Rating	Comments
334	There is a risk that the implementation of CommandPoint will lead to a short-term reduction in performance targets	***		IM&T	Major	Certain	20	This has been fully discussed and accepted by SMG & Trust Board - actions defined and agreed. The planning assumption is that WILL happen - mitigaton is to reduce impact - not remove the risk.	Peter Suter	08 Nov 2010	Major	Certain	20	1. Detailed audit arrangements of project and transition plan to ensure success e.g. a gateway review process. 2. Detailed thorough training plan for staff. 3. Full user involvement with project e.g. ADO and DCEO and senior users of project board. 4. Thorough system testing and planning that is auditable. 5. Detailed planning for actual transition subject to scrutiny and evaluation. 6. Decision to go live will be made by the Trust Board ensuring they are satisfied that the system and transition plan are fit for purpose. 7. Ability to switch back to old system in the event of catastrophic failure of new system. 8. Board level commitment and focus of supplier organisation (Northrop Grumman) to ensure full success. 9. Key stakeholders briefed on plan, transition arrangements and anticipated reduction in performance. 10. Fully resourced plan to ensure technical and user support following transition through to the point where the system is deemed to have reached optimum performance.	1: P.Suter 2: Keith Miller 3: P.Suter 4: Nick Evans 5: Nick Evans 6: P.Suter 7: P.Suter 8: P.Suter 9: Nick Evas / P.Suter 10: P.Suter / Nick Evans	TBA					23/08/2010 new risk added at RCAG - action completion dates, assurances and target rating to be reviewed with risk owner.
327	There is risk that the Trust does not follow Department of Health Guidelines for the re-use of linen.	***	6	Infection Control	Major	Certain	20	1. The Trust has an adequate supply of blankets, however these are not always available.	Trevor Hubbard	Oct 2010	Major	Certain	20	1. Procurement obtaining quotes for the tender. 2. Establish new laundry contract	1. T.Hubbard 2. T.Hubbard	1. Nov 2010 2. May 2011	1. Tender and review process for new contract when in place.	Minor	Possible	6	12/08/2010: Issue was subject to a rec by CQC and LAS could be subject to an improvement notice if not resolved. Impact = Major: a) quality/complaints/audit domain, non compliance with national standards with significant risk to patients if unresolved and critical report, b) statutory duty/inspections domain in respect of improvements notices and or critical reports. Likelihood = Certain: situation is currently unresolved and therefore if we had another visit from the CQC at this time we would be in breach of the supply and provision of linen and laundry reflecting national guidance (Health Service
269	At staff changeover times, LAS performance falls as it takes longer to reach patients.	***	17	Clinical	Major	Certain	20	1.New rosters are being implemented Pan London that match demand and provide overlap, all rosters are being vetted for compliance by the project manager and AOM of resourcing. 2. Team Leaders now provide additional area cover (ACR) working from 14.00 to 20.00 each day to bridge the evening changeover period. 3. Director of Operations has put together a 15 point Operational plan "Operations Workstream 2009/10" covering a number of resourcing issues which will, once implemented, impact on changeover times and patient care. All the workstream initiatives have a workstream lead at either Assistant Director Operations (ADO) Assistance Chief Ambulance Officer (ACAO) or nominated Ambulance Operations Manager (AOM) level.	Richard Webber	08 Nov 2010	Major	Possible	16	1. Roster Reviews is a large project which will require an entire roster review across the service in line with the ORH recommendations. It is anticipated it will require a full time dedicated resource to undertake the project. 2. Implementation of "Operational Wokstream 2009/10." 3. Roll out of NWOW across the Trust.	1. M.Sommerville 2. J.Killens 3. C.Hitchen	1. Feb 2011 2. Aug 2010 3. Aug 2010	1. Monitoring of KPIs.	Major	Possible	12	Roster reviews are currently taking place Pan London, Currently 42 roster have been implemented across the Trust with a further 11 starting new and agreed rosters on the 4th January 2011.

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250	There is a risk that out of date equipment (PALS PACK) may result in inability to treat children.	***	24	Logistics	Catastrophic	Likely	20	1. Additional PALS Packs being packed. 2. Vehicle audit and swap out of packs carried out in Feb/March 2009. 3. Nightly checks have now been introduced by the Make Ready teams. 4. Weekly audits are now performed by Station Managers. 5. The Asset Tracking System has now been signed off by the Director of Finance. 6. Introduction of new seals reduces the incidents of packs requiring exchange. 7. Continued monitoring of the audit returns	Chris Vale	02 Nov 2010	Major	Likely	16	1. Additional PALS packs to be swapped out in all operational areas. 2. DSO/Team Leaders to carryout quarterly audits. 3. Monitoring at Area Governance Groups.	1. K.Merritt 2. ADOs. 3. K.Merritt	1. Ongoing 2. Ongoing 3. Ongoing	1.Weekly audit returns to Logistics and Make Ready contractors.	Minor	Likely	8	RCAG (2010-05-17) suggested risk to be reviewed and merged with 312 - C.Vale commented that these risks are different and need to be kept separate.
314	There is a risk that the front line staff may not be able to attend CPD training due to recurring operational pressures, which may impact on the quality of patient care.	***	4	HR	Major	Certain	20	1. CPD (700 hours) has been delivered to those members of staff who were most out of date. 2. Staff are accessing some training in their own time 3. Recruitment of student paramedics will see significant increases in staffing levels and a decrease in the number of uncovered shifts, but difficulties are anticipated until at least the summer of 2010.	Caron Hitchen	08 Nov 2010	Major	Likely	16	1. Target Team leaders in the first instance with a course covering the initial 2 modules delivered on the ECP course (patient assessment and clinical decision making). 2. Set achievable targets for ADOs to release existing members of staff for CPD and monitor uptake. ADOs to be held accountable for releasing staff. 3. Training Plan to be submitted to the SMG. 4. New rosters will include dedicated training time. (2/3 complete on 08/11/2010)	1. Jason Killens 2. Jason Killens 3. Caron Hitchen 4. Jason Killens	1. Complete 2. TBA 3. Complete 4. TBA	1.Monitoring of reported clinical incidents 2.CPI completion rates. 3. CPD performance monitoring. 4. Training provided at complex level.	Major	Unlikely	8	
298	The Fall Back Centre may not operate effectively during a relocation to Bow, resulting in a potential loss of service.		17	Business Continuity	Catastrophic	Likely	20	1. A partial fall back test was undertaken on 30th June 2010, and was successful. 2. An audit of the facilities at FBC has been undertaken to ensure the mirroring of operations.	Paul Williams	09 Nov 2010	Major	Likely	16	1. Perform a full fall back test in Oct2010. 3. Organise and implement full plan for Bow 2. Provide full training at FBC for all relevant staff. 3. Organise and implement full plan for Bow	1. J.Hopson 2. J.Hopson	1. October 2010 2. On-going		Major	Unlikely	8	
265	Service Performance may be adversely affected by the inability to match resources to demand.	***	17	Operational	Major	Certain	20	1.NWoW has been introduced at two pilot sites (Barnehurst and Chase Farm) and will incorporate a more flexible but robust rota system. 2. The option of weekend rotas has been advertised to all frontline staff, whilst Sector Support rotas are in place and concentrate on weekend cover. DSO's and Team Leaders now have cover installed in their current rotas. Improvements have been made to dual sending with adjustments to the distance an FRU would be expected to travel, whilst still dispatching the nearest AEU. This will have an impact on both resources available to EOC and will produce shorter job cycle times. 3. The ORH 168 plans now enable the monitoring of resource allocation.	Richard Webber	08 Nov 2010	Major	Likely	16	1. Monitor pilot sites for NWOW. 2. Roll out of NWOW across the Trust. 3. Completion of recruitment exercise. 4. Roster reviews.	1.C.Hitchen 2. C.Hitchen 3. A.Bell 4. M.Sommerville	1. On-going 2. 2011 3. May 2010 4.Feb 2011	1. Monitoring of KPIs 2. Following the roster reviews, team based working is being introduced and is monitored by the Operations Team on a daily basis	Minor	Possible	6	RCAG (2010-08-23) risk should be removed from the risk register later in the year when the Trust had reached full establishment

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22	There is a risk that failure to undertake comprehensive clinical assessments may result in the inappropriate non-conveyance or treatment of patient.	***	4	Clinical	Major	Certain	20	1. An enhanced patient assessment course has been introduced for paramedics. The training has been subject to a major overhaul and now includes a supervision element. Reflective practice has also been adopted into the majority of assignments. 2. Planned CPD delivery will cover all relevant staff. However, this may be affected by operational pressures. 3. Training Services monitor the level of training delivery. 4. CPIs are used to monitor the level of assessments provided. 5. LA52 incident reporting is in place and reports are provided to the Clinical Quality Safety and Effectiveness Committee. 6. The Operational Workplace Review has been reviewed and will now include rideouts. 7. A system for clinical updates is in place. 8. A system of closed round tables is in place. 9. The development of treat and refer pathways is being continued alongside the New Ways of Working project.	Fionna Moore	08 Nov 2010	Moderate	Certain	15	1. An enhanced patient assessment component has been introduced within the APL Paramedic Course. The training has been subject to a major review and now includes a mentored period of operational duties. 2. To monitor the development of treat and refer pathways. 3. To review the effectiveness of the existing incident reporting system. The Incident reporting review project led by TC has received authority to purchase Datix Web. 4. To introduce reflective practice (as part of Module J programme). 5. Set up a pilot scheme where crew staff from 4 identified complexes will contact EBU via their airways radio. EBU will record incidents directly onto an electronic version of the existing LA52.	1. K.Miller 2.J.Worthington 3. J.Selby 4 .K.Miller 5. J. Selby	1. Complete 2. Ongoing 3. Ongoing 4. Complete 5. TBA	1. Incident reporting. 2. Operational workplace reviews.. 3. Regular reports to CQSE.	Moderate	Possible	9	sent to MW for update
320	There is a risk that insufficient funding will prevent the required planning and operational response prior to, during and after, the London 2012 Olympic and Paralympic Games.	***	26	Finance	Catastrophic	Likely	20	1. Continue to lobby the Department of Health, NHS London and the NWLCP for funding. 2. Continue to engage with the above stakeholders to finalise requirements (operational/financial) for 2011/12 and 2012/13 through exploration of available options. 3. Continue to highlight the LAS's role in ensuring the Olympic Safety and Security Strategy is met. 4. LAS participation in Ambulance Service Working Group with NHS London, DH and NWLCP in 2010. 5. Ongoing exploration of options for workforce and vehicles specifically consideration of pre-planned aid. 6. Contribution to DH modelling of the 'Games-effect' in 2012 and subsequent Operational Research in Health Limited modelling. 7. Review of financial workings contained in Outline Business Case for post-election budget and next Comprehensive Spending Review (CSR) period	Peter Thorpe	29 Oct 2010	Catastrophic	Possible	15	1. CSR announcements made in October 2010 awaiting confirmation of DOH on funding issues.	1-3. P.Thorpe/ A.Parry	1.-3. Jan-March 2011	1. Feedback from NHSL and forums where OBC presented 2. Ongoing dialogue with commissioners 3. Our financial submission was reworked with NHS London and NW London commissioning partners and included in CSR submission.	Major	Unlikely	8	RCAG (2010-08-23) A business case for funding the 2012 Olympics had been resubmitted and therefore this risk would need to be reviewed pending the outcome of the business case
31	There is a risk that the control and operational staff may fail to recognise serious maternity issues or fail to apply correct guidelines which may lead to serious adverse patient outcomes in maternity cases.	***	4	Clinical	Major	Certain	20	1. The Medical Director attends NPSA's Obstetric Pan London Forum. 2. Introduction of a flow chart to CTA to enable safe triage of women in early labour. 3. Consultant Midwife working with the LAS one day a week, providing advice to Control Services, Legal Services, Patient Experience, and Education and Development. 4. Reports on all the reported incidents concerning obstetric cases are presented to the Clinical Quality Safety and Effectiveness Committee. 5. A number of complexes have made local arrangements for midwives to deliver training sessions.	Fionna Moore	25 Oct 2010	Major	Possible	12	1. To evaluate the flow chart used to enable the safe triage of women in early labour. 2. To monitor the delivery of the CPD obstetrics module. 3. Articles on maternity care have been published in the Clinical Update in March and September 2009.	1. F.Wrigley/ A.Stallard 2. K.Miller/ Operations 3. A.Stallard	1. complete Aug 2009 2. On-going (CTA now have maternity pathway to assist with triage) 3. Complete	1. Monitor processes at CQSE and Corporate Health and Safety Group. 2. Incident reporting.	Major	Unlikely	8	Risk to be proposed for deletion at next RCAG. 1. Low number of cases but is still a high risk to the Trust. 2. This risk will be subject to 6-monthly review. 3. RCAG agreed that this risk should be monitored by the CQSE.
312	There is a risk that the required drug/equipment may not be available in the drug pack which will lead to the patient not being treated appropriately.	***	24	Clinical	Catastrophic	Likely	20	1. Bulletin from Director of Operations to all staff reinforcing drug protocols 2. Letter from Director of Operations to AOMs reinforcing local management responsibilities 3. Trial scheme at 3 sites as part of review of drug pack procedure where the signing out and in of packs is regularly checked	Chris Vale	Oct 2010	Major	Possible	12	1. Reinforce weekly audit requirement. 2. Before roll out of amnesty cam be rolled out encouraging crew to return old//incomplete bags and then issued them with new bags, further clarificationis require on peak vehicle equipment requirements. 3. Introduction of managers drug packs in Autumn 2010 to reduce demand for tech packs 4 Additional Technician packs being prepared for roll out to stations in exchange for amnesty exercise when stations surrender out of date packs and bags removed from system. - rolled out during 2010/11.	1. C.Vale 2. C Vale 3.C Vale 4 C. Vale	1. Ongoing 2. Ongoing 3. Ongoing 4. Ongoing	1.Weekly audit returns to Logistics. 2 Trial audit at 3 sites as part of review of scheme	Major	Unlikely	8	RCAG (2010-08-23): CV to review risk, the following risk appears to be a separate issue and not rewording to"there is a risk that drug packs will not be available leading to a significant clinical risk" propose as new risk to RCAG on 22-10-2010

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324	There is a risk that cleaning arrangements are insufficient to ensure that the environment for providing healthcare is suitable, clean and well maintained.	***	6	Infection Control	Major	Certain	20	1. Introduction of revised cleaning programme. 2. Infection control champions are in place. 3. Audits of vehicles and premises. 4. Swabbing of vehicles by LSS.	Trevor Hubbard	Oct 2010	Major	Possible	12	1. Review audit process to ensure better compliance 2. National review of NPSA documents from National Ambulance IPC Group 3. Advert to European Journal for tender	1. T.Hubbard 2. T.Hubbard 3. C. Oakley	1. Ongoing 2. Dec 2010 3. Nov 2010	1. Vehicle and premises audits reported centrally. 2. Quarterly audit programme. 3. Monitoring of the cleaning contract	Minor	Unlikely	4	
7	There is a risk that failure to reduce reported incidents through information not being shared with all relevant departments & committees	***	4	Health & Safety	Major	Certain	20	1. LA52 incident reporting form 2. Risk management policy and strategy has been updated and implemented 3. Incident reporting policy is implemented 4. The Learning from Experience group is in place and starting to review integrated risk reports, patterns and trends. 5. Electronic reporting has been approved in principle. 6. A review of incident reporting is underway and led by the PCMO.	John Selby	12 Nov 2010	Moderate	Possible	9	1. Complete the review of incident reporting and make recommendations to Corporate H&S and RCAG. 2. Implement the policies on investigating and learning from incidents, complaint, PALs and claims. 3. LfE to develop the integrated risk reports and monitor action taken, including feedback to staff on incidents reported and investigated. 4. Develop a plan of action and learning from the integrated reports. 5. Review and implement uniform coding within Datix for incidents, complaints, PALs and claims to facilitate integrated reporting	1. Tony Crabtree 2. Carmel Dodson- Brown 3.Sandra Adams 4.Sandra Adams 5.Carmel Dodson-Brown	1.-5. Feb-March 2011	1. Completion of the review and recommendations to RCAG and SMG for implementation. 2. Reports and minutes from Learning from Experience, RCAG and Quality Committee. Consistent coding and reporting across the risk indicators	Moderate	Rare	3	Risk updated following the recommendation from the internal audit report on Clinical Incidents and Near Misses
35	The loss of Patient Report Forms may result in the inappropriate access to patient related information.	***	25	Operational	Major	Certain	20	1. The PRF Project report recommendations were approved by SMG in August 2008. MI have subsequently tightened up their internal processes for handling PRFs and guidelines for handling PRFs have been circulated to station administrators. 2. The PRF Project Board has been reconstituted and Peter Mckenna has been tasked with implementing the recommendations. 3. Complex management teams can now view their missing PRFs online. 4. PRFs are locked in a secure metal case to minimise losses and to secure patient details. The PRFs are collated by Team Leaders. Bentley Jennison audited the Trust regarding PRF security.	Richard Webber	05 Nov 2010	Minor	Possible	6	1. The PRF Project Board has been reconstituted and will implement the report recommendations. 2. An ePRF project is to be set up by the Director of Operations.	1. P.McKenna 2. P.deBruyn	1. Complete 2. 2012	1. Internal Audit Report	Minor	Possible	6	23/08/2010 - Risk grading reviewed, downgraded from Sig12 to Mod6, With controls enhanced further (PRF Project Board, Project Report recommendations implemented, online overview, security measures), the likelihood of this occurring has been reduced.
333	There is a risk of that delays in procuring replacement Trust e-mail Filters will result in failure of Trust IT systems and loss of Trust information and perpetuation of Fraud.	***	CO8	IM&T	Major	Likely	16	The existing e-mail filters are still operational and are maintained but with reduced effectiveness as they are not updated. Software spam filtering has been enabled on our Exchange servers, which is automatically updated, but this is not as effective as the dedicated hardware appliances. On Sunday 19th September, new barracuda Filters were installed which entirely mitigates this risk.	Vic Wynn	01 Oct 2010	Major		16	1. Escalation of procurement process	1. Robert Clifford	1. TBA (ASAP target 24/08/10)	1. Continual monitoring of the Client reporting.	Major	Rare	4	On Sunday 19th September, new barracuda Filters were installed which entirely mitigates this risk.
9	There is a risk of RTA injury to persons travelling in an LAS A&E vehicles.	***	19	Health & Safety	Major	Likely	16	1. Authorisation to drive any service vehicle/lease car can only be provided by a qualified service trained driving instructor. 2. Introduction of advanced training for a number of DSO's in each Sector. 3. Team Leaders complete an Operation ride out report, within which is a section categorised as self driving demonstrated (G123). 4. The Trust displays notices internally stipulating safety features and the use of safety equipment when travelling; • A&E Op's and Health Safety bulletins • Motor Vehicle notices are displayed reminding staff and passengers to wear seat belts/harnesses at all times. • Improved visibility whilst Ambulance's reverses - camera switching.	Richard Webber	09 Nov 2010	Major	Possible	12	1. Review adequacy of driving course and include training for specific vehicles (i.e. FRUs). 2. Investigate benefits of a reward scheme. 3. Ensure refresher training is provided following RTA's. 4. Develop robust system for tracking individual accident rates, including lease car drivers. 5. Expand about benefits of regular reassessing of all service drivers that will be implemented early next year	1. K.Miller 2. R.Webber 3. K.Miller 4. Jason Killens 5. Jason Killens	1. Ongoing 2. Ongoing 3. Ongoing 4. Ongoing 5. March 2011	1. Monitor processes at RCAG and Motor Risk Group. 2. Monitoring of RTA claims 3. ADO's to implement a robust system	Moderate	Possible	9	The Trust is in consultation with staff side on a bunch of new driving policies that will strengthen the driving licence checking process and provider greater assurance that staff have valid and suitable licences to drive. We are exploring an automated system to check licences directly with DVLA.

London Ambulance Service NHS Trust
Risk Register as at 15th November 2010

Risk ID	Risk Description	Assurance Framework Ref.	Corporate Objective	Risk Category	Gross Impact	Gross Likelihood	Gross Rating	Existing Controls (Already In Place)	Risk Owner	Date Risk Last Updated	Net Impact	Net Likelihood	Net Rating	Further Actions Required	Action Owner	Date Action to be Completed	Assurance In Place (how do we gain assurance that the controls in place are effective)	Target Impact	Target Likelihood	Target Rating	Comments
316	The non-reporting of faults in accordance with service procedures may result in the loss of vehicle availability.	***	17	Logistics	Major	Likely	16	1. LA400 (defect reporting sheet) has been replaced by a vehicle specific defect book. 2. Vehicle Resource Centre is now operating 24/7 and managing some Vehicles Off Road (VOR). 3. Process mapping of VOR process in EOC to be undertaken to understand the impact of the removal of the logger's role. 4. TRANMAN, Statutory Checks and Make Ready tender for new contract 5. RAC checking stations at weekends for unreported faults	Jason Killens	08 Nov 2010	Major	Possible	12	1. Enhancement of fleet workshop hours of working will reduce the risk of occurrence. 2. Outputs from process mapping to inform changes in management of VOR (if necessary). 3. OP014 and OP012 subject to review with intention of merging both	1. C.Vale 2. C.Vale 3. S.Kime	1. Complete 2. Complete 3. Jan 11 (ongoing as VOR reviews now being undertaken by D. Hutton and S.Melhuish)		Rare	Unlikely	8	risk to be reviewed once controls in place
305	There is a risk that the management of morphine at Station level is not in accordance with LAS procedure OP/30 version 4 – Controlled Drugs.	***	24	Clinical	Major	Likely	16	1. Internal Audit carried out annually. 2. Procedure to be reinforced by bulletins from Director of Operations/Medical Director.	Fionna Moore	25 Oct 2010	Major	Possible	12	1. Independent audit to be carried out throughout the Trust - 1st visit took place in June 2010, 2nd visit due to take place (unannounced) 2. Trial of CD audit scheme in South, looking to roll-out trust-wide	1. D.Whitmore 2. D.Whitmore	1. Ongoing 2. June 2011	1. Internal Audit 2. Independent Audit 3. LIN oversight of system	Major	Unlikely	8	
211	There is a risk that drug errors and adverse events may not be reported.	***	4	Clinical	Major	Likely	16	1. 23/02/09 - CQSE suggest PIMs give some thought to how this be managed - JK to report new action plan 2. 10/02/09 No evidence of any issue of significance from service users or stake holder feedback. Recommend matter be considered by Safety and Risk .	Fionna Moore	25 Oct 2010	Major	Possible	12	1. Complaints Manager to track back complaints to see how many have LA52's associated with them (drug errors and adverse events not being reported) 2. Further Medical Directors Bulletin to remind staff of importance of reporting drug errors and adverse events. 3. Article to be included in the Clinical Update highlighting the importance of incident reporting. 4. To highlight the importance of clinical incident reporting in the Team Leader Clinical Update Course.	1. G.Bassett 2. D.Whitmore 3. F.Moore 4. M.Whitbread	1. On-going 2. On-going 3. Complete 4. complete - Jan 2010	1. CPI checks 2. Incident Reporting	Major	Unlikely	8	
205	There is a risk of not being able to readily access and manage the training records of all operational members of staff due to records being kept on separate and remote sites outside of the current records management system. [as a result of limited capacity of the Fulham archive stoes, as well as records needing to be stored at other sites.]	***	11	HR	Major	Likely	16	1. Education and Development are to move to the scanning of training records. Plans from Estates for the development of the Fulham archive are awaited. 2. All staff are currently being migrated onto PROMIS with the aim of developing a centralised Learning Management System.	Bill O'Neill	23 Aug 2010	Major	Possible	12	1. Review the process of archiving training records within the DoE&D (funding currently being sought for this) 2. The introduction of a Trust-wide project to establish a centralised Learning Management System	1. P.Billups 2. J.Pigott	1. Dec 2010 2. Dec 2010	1. Part of organisation & development of people workstream. 2. Progress of project report to workstream board.	Major	Unlikely	8	23/08/2010 - risk wording revised
138	Failing to appreciate the significance of psychiatric illnesses will lead to mis-diagnosis.	***	8	Clinical	Major	Likely	16	1. The new 'Mental Health' module has been designed and has been included in the training plan for 2009/10. 2. An e-Learning Manager has been appointed and will start work wih the Trust in August 2009. This post will have responsibility for developing the mental health e-learning module.	Steve Lennox	08 Nov 2010	Major	Possible	12	1. To develop a mental health e-learning module. - training package is being assessed by external assessors	1. Bill O'Neill	1.Nov 2010	1. CPD completion records 2. Monitor processes at CQSE 3. Monitor package completion data on e-learming site	Major	Unlikely	8	Module has now been signed off by subject matter experts, and roll-out of the e-learning facility has commenced
318	There is a risk that the Trust may not achieve its Category B target in the current financial year.	***	17	Operational	Major	Likely	16	1. The Trust has a comprehensive recovery plan in place. 2. The recruitment of c400 additional staff during 2009/10 is on track and has the aim of reducing utilisation and increasing performance. 3. Demand assumptions have already been breached this year and therefore a Demand Management Group has been set up.	Richard Webber	08 Nov 2010	Major	Possible	12	1. Deliver against all recovery plan actions. 2. Deliver against Operational Model 2009/10 aims and objectives (the projects). 3. Roster changes are being made to meet increased demand.	1. J.Killens 2. J.Killens 3. J.Killens	1. March 2011 2. Dec 2010		Rare	Unlikely	8	23/08/2010 - risk wording revised

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301	Non-completion or loss of the LA4H Single Responder Handover form may lead to the loss of patient information.	***		Operational	Major	Likely	16	1. The PRF Project report recommendations were approved by the SMG in August 2008. (PRFs include LA4H forms). 2. The PRF Project Board has now been reconstituted and Peter Mckenna has been tasked with the implementation of the recommendations. 3. All complex management teams can now review their missing PRFs online.	Richard Webber	08 Nov 2010	Major	Possible	12	1. AOMs to discuss PRF issues at local management meetings, 2. PRFs and LA1s to be collated by crew staff at the end of each shift. 3. All crews to be notified that it is mandatory to submit PRFs and LA1s at the end of each shift. 4. Notification to staff via RIB.	1. P.Mckenna 2. P.Mckenna 3. P.Mckenna 4. P.Mckenna	1.-4 Complete		Major	Unlikely	8	**Proposed for closing at RCAG 22/11/2010**
323	There is a risk that the audit programme is not sufficiently robust to identify to identify infection control issues across the Trust.	***	6	Infection Control	Major	Likely	16	1. Quarterly reports to Area Operations. 2. Further training of infection control champions. 3. Continued awareness training by use of Trust-wide communications.	Trevor Hubbard	Oct 2010	Major	Possible	12	1. Monitoring and improving compliance of audits 2. Reporting monthly on balanced scorecard. Compliance and completion measured and is improving. 3. Development of internal audit programme with RSM Tenon	1. T.Hubbard 2. T. Hubbard 3. T. Hubbard/ S.Lennox/ F.Wood	1. Ongoing 2. Ongoing 3. Ongoing	1. Monitoring of audit returns. 2. Ad hoc auditing by governance department and IPC lead	Minor	Possible	6	
326	There is a risk that the inadequate facilities and lack of policy for the decontamination of equipment may increase the risk of infection.	***	6	Infection Control	Major	Likely	16	1. Introduction of single-use items. 2. Introduction of more robust cleaning programme for vehicles and premises. 3. Introduction of detergent and disinfectant wipes for equipment in between patient use.	Trevor Hubbard	Oct 2010	Major	Possible	12	1. Introduction of Trust-wide policy (policy to be submitted to the next ICSG meeting in january 2010) 2. Monitoring of compliance with Trust practice	1. C Vale/ T.Hubbard/ I.Bullamore 2. C.Vale		1.Area Governance Meetings 2. Incident reports.	Minor	Unlikely	4	Decontamination policy to be submitted to ICSG on 4-11-2010
274	There is a risk that no Incident Control Room (ICR) back-up site will lead to service failure	***	17	Business Continuity	Major	Likely	16	1. The planned Event Control Room at Bow will double as back-up for the Incident Control Room.	Paul Williams	09 Nov 2010	Major	Possible	12	1. An Event Control Room will be set up at Bow. Building work will be completed and tested ready for use by December 2010.	1. John Pooley	1. Dec 2010	1. Project group set up manages event control project	None / Insignificant	Rare	1	Event Control Room (ECR) to be operational from Friday 12th October 2010 and will act as fall back ICR from that date. When signed off, the risk score should be adjusted to None/ Rare/ 1. A new Risk should then be developed for ECR not functioning properly (to be discussed with EPBCSG)
153	There is a risk that fuel prices may be in excess of sums held in budgets which may lead to overspend	***	19	Finance	Major	Likely	16	1. Monthly review as part of month end reporting process.	Michael Dinan	Oct 2010	Moderate	Possible	9	1. Prices will continue to be closely monitored by the Finance Department for 2010/11. The move to an all diesel fleet will further mitigate against fuel costs.	1. A.Bell	1. Ongoing	Monitored at SMG and Trust Board	Moderate	Possible	9	

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20	Inappropriate use/completion of the LA4H Single Response Handover form may lead to the loss of patient information.	***	8	Operational	Major	Likely	16	1. Team Leaders audit PRFs to provide information for Clinical Performance Indicator (CPI) reviews. CPI reviews are carried out monthly and are published by Sectors. 2. 07/10/08 - 95% compliance was achieved for PRF completion. Feedback sessions were undertaken in July 2008 (expected target 1904/ achieved 1895). 3. Simplified PRF produced for completion by FRU staff. Team leaders advise staff on the importance of PRF completion. Team leaders are in turn monitored on the inspection of PRFs. Monthly CPI reports are sent out by CARU to all Complexes informing them of their PRF completion levels. These results are then discussed at area business meetings.	Richard Webber	05 Nov 2010	Moderate	Possible	9	1. CPI database monitored to check team leaders quality assurance on PRF completion. 2. Presentation of PRFs on computer to simplify process. 3. Presentation on Performance Indicators.	1. G.Virdi 2. G.Virdi 3. B.Bradley	1. Ongoing 2. Ongoing 3. Complete	1. Station audits. 2. Monitoring of completion rates.	Minor	Likely	8	
325	There is a risk that the lack of displayed/available cleaning schedules may mean that the staff and public are not aware of cleaning protocols.	***	6	Infection Control	Major	Likely	16	1. Introduction of revised cleaning programme. 2. Infection control champions are in place.	Trevor Hubbard	Oct 2010	Moderate	Possible	9	1. Chemex audit of North East in October and North West in November. 2010.	1. T.Hubbard	1. Nov/Dec 2010	1. Audits of sites by contractor and IPC lead	Minor	Unlikely	4	
322	There is a risk that the Trust does not provide adequate infection prevention and control training to all staff which may lead to healthcare associated infections.	***	6	Infection Control	Major	Likely	16	1. Introduction of training programme for operational and non-operational staff. 3. Trust updates have been delivered to 1,600 staff including hand hygiene training 3. Use of Infection Control Communications Strategy to ensure that all staff are kept well-informed.	Trevor Hubbard	Oct 2010	Moderate	Possible	9	1. Monitoring of staff training numbers. 2. Provision and recording of ad hoc training.	1. I.Bullamore 2. I.Bullamore	1. Ongoing 2. Ongoing	1. Reports from the central training register.	Minor	Unlikely	4	**Proposed for re-grading at RCAG 22/11/2010**
72	There is a risk that inconsistent action relating to the maintenance and repair of trolley beds, due to inadequate record keeping, may result in adverse clinical incidents.	***	24	Logistics	Major	Likely	16	1. A comprehensive paper based system for recording the servicing of trolley beds has been in use for the last 11 years and this includes filing the records in the individual vehicle file on which the bed was presented. 2. A new Fleet Management software system (TRANMAN) has been introduced.. 3. Electronic Fleet system has been roled out across the Trust. 4. TRANMAN has been introduced allowing the electronic monitoring of trolley beds.	Chris Vale	Oct 2010	Moderate	Possible	9	Continous monitoring of the systems to ensure they are being managed and incidents reported. 2 Enforcement of 8 weekly vehicle servicing schedules required to ensure beds are serviced on time. 3. Replacement of existing trolley beds with stryker trolley beds.	1. S.Melhuish 2. S.Melhuish 3. S Melhuish	TBA	1. Asset tracking system. 2. TRANMAN 3 Centralised Servicing Plan	Minor	Unlikely	4	
292	Person-identifiable information transferred internally between departments and systems and externally to third parties or stored on portable media such as laptops and PDAs may not be secure.	***	25	IM&T	Major	Likely	16	1. Access controls to systems are in place. 2. Policies and Procedures such as TP/009 Access to Health Records and TP/017 Health Records Used, Generated and Stored by the LAS are in place. 3. Governance & Information Security presentation is part of Corporate Induction programme. 4. Secure shredding of documents now takes place on site. 5. An Information Security Policy has been written.	Peter Suter	05 Nov 2010	Major	Unlikely	8	1. Encryption of all laptops, PDAs and USB keys is to be introduced. 2. User awareness and training to be further developed. 3. Further information governance e-learning training will be rolled out from January 2011	1. B. Olaoy 2. B. Olaoy / S.Moore 3. B. Olaoy / S.Moore	1.Complete 2.On-going 3. On-going	1. Internal Audit Q2 2010	Major	Unlikely	8	23/08/2010 - Risk grading reviewed, downgraded from High16 to Sig8, Actions completed and risk mitigated down to target rating.
173	There is a risk to staff, patients and the organisation of staff working excessive overtime/hours in breach of the Working Time Directive.	***	7	HR	Major	Likely	16	1. ProMis has a warning sign that is generated before the Coordinator continues to place a member of staff on a shift. The warning system highlights any contraventions of the Working Time Directive. 2. Regular ProMis reports are provided to operational managers and auditing is carried out by Station Management Teams who advise and take the appropriate measures with staff who try to compromise their own and patient safety. 3.The completion of the recruitment and training of student paramedics, coupled with the review of rosters due to compete in Summer 2010, should enable this risk to be revi=ewed and the rating reduced.	Gareth Hughes	08 Nov 2010	Major	Unlikely	8	1. Continued monitoring and review of working hours via PROMIS. 2. Review the WTD information.	1. G.Hughes 2. T.Crabtree	1. Ongoing 2. Feb 2011		Major	Rare	4	The report has been run and those staff that have worked in excess of the WTR guidelines have been asked to slow down and improve their work life balance

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249	There may be a loss of FRU cover due to inappropriate tasking.	***	17	Operational	Major	Likely	16	1. FRED/FREDA are now both operating to reduce dual sends and inappropriate tasking. 2. EOC performance targets are fully monitored from information provided on a daily basis by MI. 3. FRUs are expected to be activated on 60% of Category A calls and to respond in 8 minutes 85% of the time. The figures for July 2009 were 75% and 82% respectively. 4. The risk of dual-sends has been reduced by concentrating FRUs on RED calls only. 5. Dispatch rules have been changed so that a response is now sent once an address has been received. An FRU may be despatched depending on the seriousness of the call.	Richard Webber	05 Nov 2010	Minor	Possible	6	1. Continued monitoring of performance levels.	P.Webster	1. Ongoing		Minor	Possible	6	23/08/2010 - Risk grading reviewed, downgraded from Sig12 to Mod6 Controls are in place (FRED/FREDA dual sends reduced, EOC performance targets, change in dispatch rules) and continuously monitored.
329	There is a risk that as a result of the non-achievement of the contractual financial penalties will be levied on the Trust.	***		Finance	Catastrophic	Possible	15	1. Communications have taken place with commissioners to identify financial offsets arising from higher than agreed levels of activity.	Michael Dinan	Oct 2010	Catastrophic	Possible	15	1. Communications with commissioners.	1. M.Dinan	1. Ongoing.	1. Performance is tracked daily both centrally and by area. 2. Financial risks are reviewed by SMG and Trust Board.Diary meeting every Monday reporting where performance is reviewed and recover plans are discussed. 3. Monthly meetings with PCT commissioners were performance is reviewed against targets and agreement is reached and findings are documented. 4. Performance is reported to the SHA monthly	Catastrophic	Unlikely	10	Communications have taken place with commissioners to identify financial offsets arising from higher than agreed levels of activity. Separate key financial risks as per LAS Financial Review top 15 risks schedule
315	There is a risk of service failure during relocation to the FBC because effective arrangements for continuity have not been made between LAS and the Metropolitan Police.	***	17	Business Continuity	Catastrophic	Possible	15	1. Existing arrangements between MPS and LAS are not fit for purpose since the new MPS call management system was introduced. 2. In the event of a loss of HQ, call dispatch would take place from Emergency Control Vehicles until the Fall Back Centre (FBC) was fully operational.	Richard Webber	05 Nov 2010	Catastrophic	Unlikely	10	1. MPS have informed the LAS that the fallback arrangement with them would not work. Paul Tattam and Lee Brooks have submitted papers to Jason Killens and discussions have taken place at SMG regarding this risk. 2. Scoping work to be carried in terms of technology for Bow Control Room. 3. AOM workshops scheduled August 2010 to look at warm site at Bow.	1. Jason Killens 2. Jason Killens 3. Jason Killens	1. Ongoing 2. TBA 3. TBA		Catastrophic	Rare	5	The Trust has been working on options for FBC with a loss of HQ given the MPS cant take our work as before. SMG have agreed in principle to make FBC a warm control room, the Trust will assign a Manager to make this a project and drive it forward in the next few weeks.
226	There is a risk that the identified risks associated with lone working are not being uniformly mitigated as a result of inconsistent application of the Lone Worker Policy.	***	17	HR	Moderate	Certain	15	1. The Lone Worker Policy has been reviewed. 2. The Trust received positive feedback from Bentley Jennison's audit on Lone Worker Policy: - all A&E operational Staff received Personal Safety conflict management training(1 day); - all Operational staff are issued with ECA mobile phones; - the Trust has a high risk address register; - FRU, MRU and ECP risk assessments are regularly reviewed; - appointed FRU coordinators at each at main stations ensure staff are aware of locally known hazards; - all operational vehicle have MDT and radio facilities; - Violence Prevention and Lone worker policies highlight specific procedures for reducing foreseeable hazards to staff.	Tony Crabtree	05 Nov 2010	Moderate	Possible	9	1. Lone Worker Policy to be combined with Violence Prevention Procedure and Policy	1. Martin Nicolas	1. Dec 2010	1. Incident Reporting.	Moderate	Unlikely	6	23/08/2010 - risk wording revised

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207	Risk of staff not being able to download information from Defibrillators and 12 lead ECG monitors leading to incomplete patient records.	***	5	Clinical	Moderate	Certain	15	1. Mark Whitbread is the Trust lead for the card readers project, 2. Card reading and transmission is performed by team leaders. Mark Whitbread stated that operational pressures, and therefore the availability of team leaders, may have an adverse affect on the number of cards read. 3. A performance update was incorporated in an AOM briefing session held at the Millwall Conference centre in March 2009. All AOMs were in attendance.	Fionna Moore	5 Nov 2010	Moderate	Possible	9	1. To encourage more routine downloading of information from data cards. 2. Monthly report to AOMs on areas of weak performance. 3. Message to be given out to Team Leaders Conferences. 4. To highlight the importance of clinical incident reporting in the Team Leader Clinical Update Course.	1. M.Whitbread 2. R.Webber 3. P.Billups 4. M.Whitbread	1. complete 2. On-going 3. On-going 4. March 2011	1. Monitor processes at Clinical Governance Committee	Moderate	Unlikely	6	A number of new defibs will be introduced in the next 3 months - work is underway with IM&T to develop more robust solutions to assist with the downloads
200	There is a risk of loss of physical assets due to the risk of fire.	***	21	Health & Safety	Catastrophic	Possible	15	1. Fire Marshall awareness training is undertaken as a module on a 1 day Safety and Awareness Course. 2. Fire Risk Assessments are undertaken by the Estates Department. 3. Fire Fighting equipment is sited at all strategic locations. 4. Premises Inspection Procedures require all premises to be inspected on a three monthly basis. 5. Local Induction Training requires managers to identify fire precaution to all new staff. 6. Updates of health and safety issues are provided at the Estates Meeting monthly.	Martin Nelhams	29 Oct 2010	Major	Unlikely	8	1. Health and Safety Co-Ordinators (Estates) are undertaking Fire Marshall Awareness Training.	1. J.Selby	1. Mar 2010 - Ongoing	1. Record of fire marshall training is kept by J Selby. 2. Update on premises inspection reported to Corporate Health and Safety Group Quarterly. 3. Annual return to DOH including a fire risk statement signed off by Peter Bradley.	Minor	Rare	2	
306	There is a risk that failure to undertake Vehicle Daily Inspections before driving vehicles in relation to roadworthiness checks, as required by Road Traffic Act, may result in adverse traffic incidents.	***	20	Logistics	Major	Possible	12	1. Staff required to complete roadworthiness checks on form LA1. 2. Percentage of LA1 forms audited by Team Leaders for compliance	Chris Vale	Oct 2010	Major	Possible	12	1. A range of new policies have been produced which cover this issue and are currently with staff side for consultation. They will be discussed at the Operational Partnership Forum in November. They will be taken to ADG and SMG in December 2010 or January 2011 for publication in January 2011.	1. J. Killens	1. Jan 2011		Major	Unlikely	8	
296	Exposure of staff to carbon monoxide fumes whilst in incident premises.	***	17	Clinical	Major	Possible	12	1. A steering group to manage this risk has been formed with Jason Killens to act as chair. 2. The recommendations made within a report prepared by a member of staff from the HART team have been considered viable in some cases. The group will further scope the recommendations and where necessary and appropriate will drive their implementation.	Jason Killens	05 Nov 2010	Major	Possible	12	1. Steering group to develop management and monitoring procedure. To be managed through EP and BC steering group. 2. Action plan to be put in place following re-run of pilot in Dec 2010 with more strict controls around feedback and assessment of equipment.	1.J.Killens 2. J.Killens	1. Mar 2011 2. April 2011	1. Incident reporting.	Major	Unlikely	8	
294	The Trust is unable to guarantee to provide a paramedic to attend every incident where one was requested.	***	17	Operational	Major	Possible	12	1. Skill levels of staff have been identified so EOC can task appropriately skilled staff to these calls. 2. The General Broadcast system will be used to identify an available paramedic.	Richard Webber	05 Nov 2010	Major	Possible	12	1. Increase the number of paramedics employed by the Service. 2. Completion of paramedic education, arising form the recruitment campaign. 3. Report to SHA/LAS in terms of recruitment position	1. C.Hitchen 2. C.Hitchen 3. A.Bell	1. On-going 2. 2012 3. Ongoing	1. Monitoring the numbers of paramedics. 2. Monitoring of individual training.	Minor	Unlikely	8	
293	There is risk that that Patient Specific Protocols (PSP) and palliative care, out of hours forms, etc. may not be triggered by the call taker when the patient's address is identified during 999 call.	***	17	Clinical	Major	Possible	12	1. The Senior Clinical Adviser has lead responsibility to PSPs. 2. The Clinical Support Desk has delegated responsibility for the accuracy of PSPs but do not have access to update them. 3. Input and maintenance are performed by Management Information who have introduced a range of control measures. 4. The introduction of CAD 2010 will allow automatic flagging and for a range of status flags to be used ,	Fionna Moore	25 Oct 2010	Major	Possible	12	1. The Senior Clinical Adviser should liaise with Management Information for the appropriate access to be provided to Clinical Support. 2. All relevant staff should be periodically reminded of the requirement to correctly trigger PSPs. 3. The introduction of Command Point	1. D.Whitmore 2. S.Hines 3. TBA	1. complete Sept 2009 2. Ongoing 3. June 2011	1. Incident reporting. 2. Complaints monitoring.	Major	Unlikely	8	

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282	General failure of personnel to adequately 'back-up' IT may lead to the loss of data.	***	25	Business Continuity	Major	Possible	12	1. The move of business information from hard drives to network drives should have been completed but evidence has emerged that some gaps have been identified. 2. Part of the 2010/11 audit programme will test this facility and give assurances. 3. IM&T Infrastructure Team to review and take actions as appropriate.	Paul Williams	09 Nov 2010	Major	Possible	12	1. Audit to be carried out on the status of the move to network drives. 2. Ensure central data servers are backed up. 3. Fundamentally review how data is stored on local drives and potentially not backed up.	TBA	TBA		Major	Unlikely	8	EPBCSG to review this risk and agree on change of ownership.
231	The lack of qualified RTA investigators may lead to delayed RTA reporting and could expose the Trust to higher motor risk claims.	***	19	Operational	Moderate	Likely	12	1. The Trust has now introduced an on call RTC investigation team, this comprise of three specialised trained members of staff. EOC are aware that if a serious RTC incident occurs that they are to call upon one of the investigators.	Richard Webber	05 Nov 2010	Moderate	Likely	12	1. Arrange Conference call with Operational managers to discuss reporting performance. 2. Paul Smith and Paul Webster to recommend a system for EOC to alert DSOs when their staff have been involved in a RTA and to record the information in a retrievable format. 3. Further training for the DSO field is to be provided.	1. P.Webster 2. P.Webster 3. P.Smith	1. Complete 2. Complete 3. Ongoing		Minor	Likely	8	
309	Risk of fraudulent activity from staff, patients and contractors.	***	19	Finance	Major	Possible	12	1. An annual Counter Fraud work-plan is agreed with the Director of Finance and is approved by the Audit Committee. The work-plan ensures that time is allocated to the Local Counter Fraud Specialist to undertake work in the areas of the Counter Fraud Strategy, inclusive of Creating an Anti-Fraud Culture; Deterring Fraud; - Preventing Fraud; Detecting Fraud, - Investigating any allegations of fraud that are received against the Trust; - Applying Sanctions that can involve disciplinary, civil and/or criminal hearings; - Seeking redress - seeking to recoup money that has been obtained from the Trust by fraudulent means.	Michael Dinan	Dec 2009	Moderate	Possible	12	1. Promoting an anti-fraud culture amongst Trust staff by giving presentations, distributing Counter Fraud literature, holding fraud awareness events. 2. Creating deterrence by promoting successfully locally and nationally investigated fraud cases. 3. Preventing fraud by reviewing Trust policies and procedures. 4. Detecting fraud by undertaking Local Proactive Exercises into areas of concern. 5. Undertaking of a Fraud Risk Assessment.	1-5. N.Foad	As scheduled in the Local Counter Fraud Specialist Annual Work Plan for 2009 / 2010	1. Reported incidents.	Moderate	Unlikely	6	23/08/2010 (RCAG) - risk to be reworded for next RCAG 22/11/2010 (RSM Tenon would be providing the top ten risks from other ambulance trusts relating to fraud which NF would bring to RCAG to consider)
152	There is a risk of new or unforeseen cost pressures, in particular swine flu.	***	19	Finance	Major	Possible	12	1. The cost pressures which arose in the last year were managed.	Michael Dinan	Oct 2010	Major	Possible	12	1. Further cost savings to be found or additional funding to be sought. 2. Continued colaboration with wider health care services.	1. M.Dinan	1. Ongoing	1. Monitored at SMG and Trust Board	Moderate	Unlikely	6	Suggest wording change for RCAG
150	There is a risk that savings may not be achieved to both balance the budget and fund SIP initiatives.	***	19	Finance	Major	Possible	12	1. Monthly SSG reviews and approves all development expenditure. 2. Achieved savings in both balancing budget and funding SIP initiatives. Continuing exercise to achieve same in 2009/10	Michael Dinan	6 Aug 2010	Major	Possible	12	1. Balance budget and fund SIP initiatives.	1. M.Dinan	1. 2009/10		Moderate	Unlikely	6	
63	The risk of incurring liability through the re-use of "single use" equipment.	***	6	Infection Control	Major	Possible	12	1. Make Ready has improved the controls over single use equipment. 2. The infection Control Policy covers "single use" equipment. 3. Staff awareness has been increased by the use of Training Bulletins, RIB, posters etc. 4. "Single use" items are in place. Risk of re-use rather than disposal is unlikely.	Steve Lennox	Oct 2010	Major	Possible	12	1. On-going awareness training. 2.. To be monitored via the quarterly audiis	1. T.Hubbard 2. T.Hubbard	1. On-going 2. On-going	1. Incident reporting. 2. Complaints/ claims monitoring.	Moderate	Rare	3	**Proposed for re-grading at RCAG 22/11/2010**
330	There is a risk that the Trust may not have sufficient succession planning procedures in place to cover the anticipated loss of a significant number of Senior Operational Managers after the completion of the 2012 Olympic Games	***		HR	Major	Possible	12	TBC	Caron Hitchen	08 Nov 2010	Major	Possible	12	1. This will form part of future workforce planning exercise associated with the integrated business plan and the cost improvement programme	1. C. Hitchen	TBC		Minor	Likely	8	Work to be undertaken to define the level of risk in relation to specific potential management loss. This will identify any succession planning gaps to be addressed.

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336	There is a risk that the Trust may breach the terms of its Care Quality Commission registration during the year, in the event of a detailed inspection, audit, SUI or system failure.	***	12	Governance	Major	Possible	12	1. Unconditional registration awarded - April 2010. 2. Ongoing monitoring of compliance. 3. Performance Accelerator	Sandra Adams	13 Oct 2010	Major	Possible	12	1. Mapping of CQC regulations onto Performance Accelerator 2. Reviewing outcomes for each requirement with the leads and mapping evidence 3. Migrating over to PA 4. Review evidence against the CQC assessment guides	1. J.Dhaliwal 2. J.Dhaliwal 3. J.Dhaliwal	1. Oct 2010 2. Oct 2010 3. Oct 2010 4. Nov 10	Outcome of review process and self assessment. Reports to RCAG, Quality Committee, CQSE	Major	Unlikely	8	RCAG (2010-08-23): new risk added to replace 319
272	There is a risk that the LAS may not achieve the full CIP	***	19	Finance	Major	Possible	12	1. CIP is part of the budgeting process. 2. Monthly monitoring.	Michael Dinan	Oct 2010	Moderate	Possible	9	1. Identify further savings.	1. M.Dinan	1. TBA	CIP reported monthly to SMG and the Trust Board. Action is taken accordingly.	Moderate	Possible	9	
308	There is a risk of LAS staff being subject to physical and verbal assaults	***	4	Health & Safety	Moderate	Likely	12	1. The interim Local Security Management Specialist (LSMS) has developed a draft Trust Security Management Plan in accordance with Counter Fraud and Security Management guidance.	Tony Crabtree	05 Nov 2010	Moderate	Possible	9	1) Submit and approve Trust 2010/11 Security Management plan to CFMS prior to implementation 2.The delivery of Conflict Management training to be undertaken in-house.	1. Caron Hitchen 2. John Selby	1. Complete 2. ongoing	1. Monitoring of Incident Reports.	Moderate	Unlikely	6	**risk proposed for re-wording at RCAG 11/11/2010**
252	There is a risk that not updating Clinical Assessment skills and providing support when returning to work after extended periods away will affect patient care.	***	11	HR	Moderate	Likely	12	1. The Education and Development Department perform assessments for all staff referred to them.. 2. The guidance on "return to practice" was issued in 2008 to promote a consistent approach to supporting staff back to work after a lengthy absence, with an individual assessment of need. Implementation was due to be audited after 12 months to check that all returning staff who have been away for 12 months or more have had a return to work assessment of need and this has been implemented. 3. The clinical support interview is separate from general and welfare interview on return to work. Whilst staff are away from work they are offered and sent information to keep them up-to-date.	Caron Hitchen	05 Nov 2010	Moderate	Possible	9	1. An audit to be taken of staff being refferred to the department to ensure that all refferred staff recive appropriate levels of clinical support. Audit scheduled for September 2010.	1. Keith Miller	1. Sept 2010	1. Monitoring of Clinical Incident Reports.	Moderate	Unlikely	6	A review has taken place in October 2010 which has shown that all staff who had been refferred to the department have recived an appropriate level of clinical update which is commensurate with the organisations return to practice policy.
247	Risk of not delivering benefits of the programme through non-delivery of project outcomes (to time cost and/or quality).	***	19	Corporate	Moderate	Likely	12	1. A Benefits Realisation Manager has been appointed and joined the Trust to work with project managers and business change managers to ensure benefits realisation. 2. Work is progressing with external consultants to develop a database of benefits sought from the Service Improvement Programme with definition of measures, responsibilities and dependencies. 3. Senior Managers have been trained through MSP and PRINCE2 courses and programme and project management methodologies are being used to deliver project outputs and realise programme benefits. 4. Progress reports made to programme boards and SSG monthly, Trust Board bi-monthly and each SDC meeting considers one of the programmes in detail.	Sandra Adams	13 Oct 2010	Moderate	Unlikely	9	1. Embed use of programme and project management techniques.	1. M.Brand	1. March 2013	1. Progress reports to programme boards and to the SMG and the Trust Board. 2. Each SDC considers one of the programmes in detail.	Moderate	Unlikely	6	
232	Staff have not had training in the use of the 'Small Aids' moving and handling equipment.	***	11	Operational	Moderate	Likely	12	1. All staff receive training on induction and upon the introduction of any new equipment. 2. A comprehensive training plan is in place and the CPD training strategy now comprises of a series of one day modules, which includes moving and handling. 3. However, training may be suspended, under the guidelines of the Capacity Plan, depending upon the REAP level in place at that time.	Richard Webber	08 Nov 2010	Moderate	Possible	9	1. To enable the release of staff to attend associated training activities. (either CPD module or complex based).	1. G.Heuchan	1. Complete	Training reports.	Moderate	Unlikely	6	**Proposed for closing at RCAG 22/11/2010**

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217	There is a risk that the Trust may not be able to contact a resource in a "Black Spot" area.	***	22	Operational	Moderate	Likely	12	1. Airwaves currently supplied to operational managers. Roll out for all other operational staff is ongoing.	Richard Webber	08 Nov 2010	Moderate	Possible	9	1. Introduce airwave radios across the Trust 2. Surveys now being carried out for remedial action, the only black spots that have been identified are for texting.	1. J.Hopson /P.Sykes 2. J.Hopson /P.Sykes	1. complete 2. February 2011		Moderate	Unlikely	6	Airwave delivered across the Trust. Airwave have a team of field engineers who have network monitoring equipment constantly reporting live status reports to the Airwave Network Monitoring Centre. This has meant that Airwave have identified areas of poor coverage and been able to rectify issues before any operational staff from any organisation have reported issues. In addition a huge revamp of the network in London is nearing completion. This has increased the number of base stations in London to increase capacity and coverage of the network. Once that work has been completed scheduled for February 2011.
181	There is a risk of injury to staff from slips, trips and falls on LAS premises during the course of their duties.	***	21	Health & Safety	Moderate	Likely	12	1. Premises inspections are undertaken every three months and are reviewed at meetings of the Corporate Health and Safety Group. 2. The one day Health & Safety Awareness course now covers premises inspections. 3. Slips, Trips and Falls Policy approved by CQSE June 2010	Tony Crabtree	05 Nov 2010	Moderate	Possible	9	1. Learning and Development and Safety and Risk are developing a one day training programme for all non-clinical staff. 2. Policy on Slips, Trips and Falls to be issued	1. J.Selby/ N.Nixon 2. J.Selby	1. Mar 2010 2. Complete - June 2010	1. Health and Safety Inspection Reports.	Moderate	Unlikely	6	
179	Failure to meet responsibilities under all current legislation, including Race Relations Act, Disability Discrimination Act and Equality Act 2006.	***	16	HR	Moderate	Likely	12	1. The annual equality report for 2009/10 was approved by SMG and the Trust Board in May 2010. 2. The new Equality & Inclusion Strategy (2010-13) was approved by the Equality & Inclusion Steering Group, SMG and the Trust Board in May. This strategy supersedes the previous Race, Disability and Gender Equality Schemes and ensures the Trust's ongoing compliance with equalities legislation, including the Equality Act 2010. An update report on the Trust's progress against the new Equality & Inclusion Action Strategy Action Plan was approved by SMG in September 2010. 3. A new Equality & Inclusion Training Programme has been approved and will be commissioned following agreement of funding. 4. The new Equality Impact Assessment Proforma and guidance have been agreed, updated in accordance with the Equality Act 2010 and published on the Pulse and Trust website. Training on how to carry out equality impact assessments is being arranged. 4. A Staff Data Refresh exercise this year will enable the Trust to better profile its workforce and evaluate access to training and employment opportunities. 5. A new LGB Staff Forum and Disabled Staff/Carers Forum have been started and plans are underway to provide developmental days for a new BME Staff Diversity Forums and a Belief forum, with an option for staff to declare interest in taking part in any other appropriate Staff Diversity Forums. 6. The new Equality & Inclusion Steering Group, comprising all relevant Directors and Heads of Service as well as Staff Side Partners and representation from staff side and the Patients' Forum/LINCs has been	Caron Hitchen	2 November 2010	Moderate	Possible	9	1. Actions in the new Equality & Inclusion Strategy Action Plan for the rest of 2010-11 and 2011-13 to be implemented 2. All .Equality Impact Assessments contained in the new three-year Equality Impact Assessment Schedule (published as an appendix to the new Equality & Inclusion Strategy 2010-13) and must continue to be carried out to timescales and published on the Trust website. 3. New Equality & Inclusion Training to be commissioned and implemented. 4. Feedback from Stonewall, on the Trust's performance against the Stonewall Workplace Equality Index to be evaluated and incorporated in 2011 submission. 5. Developmental days to be held for the new Beliefand BME forums in December and March. Terms of reference and work programmes for the LGB and Disabled Staff/Carers' Forums to be agreed by Equality & Inclusion Steering Group. 6. Staff Data Refresh exercise to be carried out and publicized to staff.	1. J.Markey 2. All Directors and Heads of Service 3. J.Markey 4. J.Markey 5. J. Markey	1. March 2013 2. Timescales laid out in Equality Impact Assessment Schedule 3. Feb 2011 4. Feb 2011 5. March 2011 6. Dec 2010		Moderate	Unlikely	6	The Equality Act 2010, superseding all previous equalities legislation, was implemented on October 1 2010. The Government is currently consulting on the Public Sector Equality Duty, expected to be implemented from April 1 2011.
165	Delivery of sub-optimal care for patients with age-related needs and failure to meet NSF milestones.	***	17	Clinical	Major	Possible	12	1. Action Plan (section 5 - Older People's Strategy) is in place through which the delivery of "sub optimal care for patients with age-related illnesses" is being addressed. 2. Older People's Strategy has been updated. 3. Referral Pathways Project in progress and is now part of the Healthcare for London workstream.	Lizzy Bovill	23 Aug 2010	Moderate	Possible	9	1. Development of referral pathways as part of Operational Model Programme strand (now part of Healthcare for London workstream). 2. Training for front-line staff on use of referral pathways (as part of 1.), is being developed. 3. Training for front line staff on use of referral pathways is being rolled out with particular focus on improving the management of people who have fallen, many of whom are older people.	1. Lizzy Bovill 2. Emma Williams 3. Emma Williams	1. Apr 2011 2. Apr 2011 3. Apr 2011	1. Annual report to the CQSE.	Moderate	Unlikely	6	

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133	Risk of potential legal action/negative publicity due to inadequate processing of safeguarding children referrals.	***	4	Clinical	Major	Possible	12	1. Training programme in place. 2. Effective and timely referral system in place 3. All referrals are quality assured	Steve Lennox	05 Nov 2010	Moderate	Possible	9	1. Monitor compliance with training 2. Audit effectivness of training 3. Audit current practice to identify any missed opportunities for referral	1. S. Lennox 2. S. Lennox 3. S. Lennox	1. Apr 2011 2. Apr 2011 3. Apr 2011	1. Monitor at Safeguarding Committee	Moderate	Unlikely	6	
186	There is a risk that the inconsistent management of Medical Devices may lead to a higher rate of failure, which would in turn have an adverse effect on the provision of clinical care.	***	24	Logistics	Major	Possible	12	1.Servicing schedules for medical devices are agreed with suppliers and carried out within the specified timescale. 2.Supplier records are made available to the Logistics Department. 3.There is also a system of record cards for all medical equipment held within the Logistics Department. 4. Policy of management of medical devices agreed by VEWG on 30/7/10.	Chris Vale	Oct 2010	Moderate	Possible	9	1. Analysis of LA52s for any training issues.	1. J.Selby	1. Ongoing	1. Monitoring of service records for medical devices.	Minor	Unlikely	4	
164	Policies and Procedures not adhered to due to lack of staff awareness and robust implementation plans.	***		Corporate	Moderate	Likely	12	1. The revised policy and procedure were discussed at the SSG in July 2009. A policy and procedure workplan is being developed to fully implement the new approach, including the introduction of Implementation Plans and NHSLA recommendations.	Sandra Adams	13 Oct 2010	Moderate	Possible	9	1. Develop and implement a system for managing and monitoring policies and procedures.	1. S. Moore	1. Complete	1. NHSLA level 1 pass and progess reports towards level 2	Moderate	Rare	3	January 2010 - Compliance with the policy has still to be monitored.
222	The lack of frontline management at weekends may reduce the level of support/advice available to staff, and could result in a SUI.	***	1	Operational	Major	Possible	12	1. DSO annual leave is restricted to ensure 5 are always available pan-London. 2. Team Leaders are also available to respond to incidents in support of crew members. 3. This risk is reduced by safety training for crew staff and the advice to await the arrival of police in high risk situations. 4. A requirement for on duty Silver officer to respond where appropriate. 5. General broadcast to other vehicles where requirement for a manager is due to crew safety. 6. Clinical Support Desk is now in place and provides a route for staff to gain support and advice on a range of matters	Richard Webber	09 Nov 2010	Major	Unlikely	8	1. Agree new leave rules for DSOs. 2. Maintain full DSO establishment by topping up ADSO pool every 6 months. 3. A review of DSO rostering arrangements, to make cover more robust within the NWoW process	1. P.Woodrow 2. M.McTigue 3. J.Hopson	1. Ongoing 2. Ongoing 3. May 2010	1. Analysis of incident reporting	Moderate	Unlikely	6	We are robustly working on leave arrangements, although with reduced overtime for managers and holding vacancies in management posts to support the CIP we will have some shortages. The work on the management restructure and super stations will enable us to strengthen out of hours management cover whilst reducing the overall management costs envelope.
317	There is a risk that the Trust may not achieve its Category A target in the current financial year.	***	17	Operational	Major	Possible	12	1. The Trust has a comprehensive recovery plan in place. 2. The recruitment of c400 additional staff during 2009/10 is on track and has the aim of reducing utilisation and increasing performance. 3. Demand assumptions have already been breached this year and therefore a Demand Management Group has been set up.	Richard Webber	05 Nov 2010	Major	Unlikely	8	1. Deliver against all recovery plan actions. 2. Deliver against Operational Model 2009/10 aims and objectives (the projects). 3. Roster changes are being made to meet increased demand.	1. J.Killens 2. J.Killens 3. J.Killens	1. March 2011 2. Dec 2010 3. TBA	1. The Business Continuity (BC) Plan has been tested and is fit for purpose. 2. A BC and Emergency Preparedness Steering Group has been set up which will continue to test the BC plans.	Major	Rare	4	23/08/2010 - risk wording revised
184	There is a risk of failure to meet Fleet Support requirements to Service vehicles without putting staff at additional risk of injury by the working of excess overtime.	***	20	Logistics	Major	Possible	12	1. Additional RAC assistance being used at weekends to reduce the number of vehicles off the road.. 2.Agreement to proceed with a large workshop in West of London and then to further review the configuration. New job description under discussion with Fleet Staff Side. Ongoing recruitment campaign in place for vehicle technicians.	Chris Vale	Oct 2010	Major	Unlikely	8	1. To agree and implement appropriate fleet support levels 2. 7 day rotas are being considered by the Trust Staff Side. 3 7 day rota's in place at 10 Workshops - others close to agreement 4 West Workshop site to be agreed at Project Board on 18th August 2010	1. S.Melhuish 2. S.Melhuish 3. S Melhuish 4. C Vale	1. Ongoing 2. ongoing 3. Ongoing - Oct 2010 4. Sept 2010		Minor	Unlikely	4	Risk to be reviewed with T.Hubbard

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213	There is a risk of loss of computer data / information caused by unannounced or pre-warned electrical power cut.	***	21	Finance	Moderate	Likely	12	1. New UPS has been installed at LAS HQ and provides more resilience. Harmonics compensator also fitted which has produced more linear load. 2. The essential supply for Control Services is now backed up by the UPS and generator but remainder of HQ would lose power if a power outage.	Martin Nelhams	29 Oct 2010	Moderate	Rare	3	1. Ongoing monitoring via Estates quarterly reports	1. M.Nelhams	1. Ongoing	1. The generator and UPS are under the planned preventative maintenance schedule.	Moderate	Rare	3	23/08/2010 - Risk grading reviewed, downgraded from Mod6 to Low3
223	There is a risk, that due to operational pressures, the Trust will not be able to hold regular team meetings/briefings with frontline staff. This may have an adverse affect upon CPIs and the PDR process.	***	11	Operational	Moderate	Likely	12	1. NWoW is now in place at two complexes and incorporates a more robust rota allowing time for meetings. 2. PDR and CPI are also now in place, although these may be sidelined due to operational pressures.	Richard Webber	05 Nov 2010	Moderate	Unlikely	6	1. New rostering arrangements under NWOW will allow time for meetings.	1. J.Killens	1. May 2010		Minor	Unlikely	4	
208	Risk of staff not knowing their accountabilities for internal control and the principles of the Code of Conduct.	***	7	Governance	Moderate	Likely	12	1. The Code of Conduct is included in the Non-Executive and Executive Directors induction. 2. Standing Orders revised and reviewed by Trust Board in March 2010 3. Annual review of effectiveness to Board 4. Annual appraisal of NEDs and EDs 5. Governance Structure	Sandra Adams	19 July 2010	Moderate	Unlikely	6	1. Annual review for 2009/10 2. Preparation for Board to Board 3. Review Governance Structure	1. S.Adams 2. S.Adams 3. S.Adams	1. Sept 2010 2. Dec 2010 3. March 2010		Moderate	Rare	3	
335	There is a risk that service delivery will be compromised in the event of flooding.	***	17	Business Continuity	Catastrophic	Unlikely	10	1) London Strategic Flood Plan. 2) Environment Agency Flood Plan - Signed up to the Environment Agency early warning system. 3) RIB and exceptional bulletins to alert staff to dangers of entering floodwaters. 4) PPS -25 Development and Flood Risk (Government guidance on planning new development and making current buildings more flood resilient). 5) LAS Business Continuity Plans - individual stations have business continuity plans. 6) Mutual aid agreements with other service partners. 7) EA mapping.	Paul Williams	09 Nov 2010	Catastrophic	Unlikely	10	1. LAS flood plan being written (inlc. Severe weather plan) 2. Station Business Continuity Plans to include flooding contingencies. 3. Staff training to include Water Awareness. 4. Post Pitt report guidance due in Autumn.	TBA	TBA		Catastrophic	Rare	5	BC Coordinator now in place in EPD. Kevin Brown updating station BC Plans to include severe weather (including flooding) Water awareness Training not planned at present
303	There is a risk of unavailability of critical patient care equipment on vehicles.	***	24	Logistics	Moderate	Possible	9	1. Equipment amnesty - audits carried out, about 20 vehicles were unequipped, all the rest were fully equipped, and this will be resolved via purchasing of additional equipment. 2. Daily assessment of vehicle equipment by make-ready, and follow-up to locate spare equipment 3. 74 sets of new equipment have also been issued in the last year, with new Mercedes Ambulances	Chris Vale	4 Aug 2010	Moderate	Possible	12	1. Purchase of 165 new vehicles and equipment will mitigate against this risk. 2. Introduce asset tracking system (for better qulaity info on equipment and deficiencies)	1. C.Vale 2. C vale	1. Nov 2010 2. Dec 2010		Minor	Unlikely	4	
331	There is a risk that the Trust will not achieve the target of reducing its carbon footprint by 10% by 2015 (based on 2007 carbon footprint)	***		HR	Moderate	Possible	9	1 Salix match funding agreement, which has funded a number of works that will reduce energy usage, thereby carbon footprint. 2. Replacement of LDVs in fleet. The replacement Mercade4s vehicle is more fuel efficient and its bodywork is mostly recyclable. 3. in addition there is a regular progress report to SMG/Trust Board on the implementation of the carbon reduction management action plan. 4. Draft KPIs relating to reducing Trust carbon footprint is in development.	Martyn Salter	05 Nov 2011	Moderate	Possible	9	1. Management action plan which will be overseen by Carbon Reduction Working Group reporting bi-monthly to SMG. 2. KPIs to be identified and agreed by CRWG/SMG to monitor progress – work is being undertaken to acquire data (2007) to set SMART targets and measure progress. 3. Pilot projects to be undertaken in the buildings that have half hour meters measuring electricity usage. 4.Travel plan and supporting survey to be undertaken in December 2010.	1.M.Salter 2.M.Salter 3.M. Salter 4.M.Salter	1. 2015 2. 31/03/11 3. Jan/Feb 2011 4. Dec 2011	Regular reports to SMG	Moderate	Unlikely	6	

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271	Crew staff may not be in possession of a valid driving licence for the category of vehicle they are required to drive.	***	17	Operational	Moderate	Possible	9	1. All staff have their driving license checked upon recruitment. 2. Anyone with more than 3 points will not be appointed. 3. Driving licence checks should be undertaken for all service drivers on a 6-monthly basis (TP023a/TP065). 4. All staff claiming mileage must declare whether they have a valid driving licence.	Richard Webber	09 Nov 2010	Moderate	Possible	9	TBA The Motor Risk Group has a separate Risk Register, which has rated this risk differently from the rating in the Corporate Risk Register. The risk rating needs to match the one set by the Motor Risk Group. The Trust is working inconjunction with staff side viewing options on how best to robustly manage driving licence checks. The Trust is exploring an automated system to check licences directly with the DVLA.	J. Killens / G.Hughes	TBA (following review)	Internal Audit	Moderate	Unlikely	6	
46	There is a risk of infection to staff due to sharps injury.	***	6	Infection Control	Moderate	Possible	9	1. Introduced the Safety Canulae trial in early 2009. Results to be monitored via Infection Control Steering Group. 2. In 2008 the overall number of LA52 reported needle stick incidents for Q3 (1st July - 30th Sept) was 9 near misses and 3 actual. This represents a reduction of reported incidents from Q2 of 12 actuals and 2 near misses. The new cannulae are now in use which should hopefully reduce the number of injuries. 3. H&S bulletin related to 'Disposal of Sharps' was issued in 2007/08.	Trevor Hubbard	Oct 2010	Moderate	Possible	9	1. Infection control has been included in the Operational Workstreams 2009/10. 2. Report to UKAP on risks relating to pre operative care. 3. Top 5 Infection Control Programme items.	1.T.Hubbard 2. T.Hubbard 3. T.Hubbard		1. Health and Safety Audits. 2. Clinical Quality Safety and Effectiveness Committee. 3. Incident reporting. 4. ICSG quarterly review 5. SUI of high risks cases.	Minor	Unlikely	4	Changed risk owner to T.Hubbard from Richard Webber.
328	There is a risk that paramedics are not trained in the use of aseptic no touch technique (ANTT).	***	6	Infection Control	Moderate	Possible	9	1. All Team Leaders have received ANTT training. 2. The principles of ANTT are now included in paramedic courses. 3. Training for all clinical staff for ANTT has now been completed.	Trevor Hubbard	Oct 2010	Minor	Possible	6	1. Monitor staff training for ANTT. 2. Auditing of practice by rideout and by operational workplace review. 3. Auditing of practice by formal research. 4. Training completed	1. I.Bullamore 2. I.Bullamore 3. CARU	1. Ongoing 2. Ongoing 3. Ongoing	1. Incident reports. 2. Research 3. ONR	Minor	Unlikely	4	**Proposed for re-grading at RCAG 22/11/2010**
284	Critical supplier failure due to bankruptcy, pandemic, industrial unrest etc. resulting in failure to provide vital services to LAS .	***	17	Business Continuity	Moderate	Possible	9	1. Stephen Moore and Paul Candler have met to discuss high risk areas and a revised supplier risk assessment has been produced. There is now an annual review of the Trust's main suppliers. 2. Purchasing have copies of business continuity statements from a number of suppliers 3. Paul Candler has written to the OGC to ascertain the checks they undertake when they tender as LAS uses a number of suppliers on the OGC list.	Paul Williams	05 Nov 2010	Moderate	Unlikely	6	1. To identify contingency plans for each contract, including alternative suppliers. 2. To review supplier list for the ability to continue supply.	1. P.Candler 2. P.Candler	1. Ongoing 2. April 2010		Moderate	Rare	3	These actions will be reviewed by the Emergency Preparedness and Business Continuity Strategy Group on the 7th December.
278	Staff are not trained in Business Continuity and are unaware of their responsibilities and/or their departmental arrangements in the event that the Business Continuity Plan is invoked.	***	17	Business Continuity	Moderate	Possible	9	1. Tabletop testing programme of departmental plans is ongoing and has so far included IM&T, Communications, Estates, Logistics, Finance, Purchasing and HR (Safety & Risk and Staff Support). 2. Business Continuity is now covered in the Corporate Induction Programme and the 3 year all in one refresher for support staff.	Paul Williams	05 Nov 2010	Moderate	Unlikely	6	1. Training and awareness plan to be produced. 2. Tabletop testing of departmental plans to be scheduled, with one complete cycle to be completed by December 2010. 3. Business continuity training to be provided to Gold and Silver officers. 4. A handover meeting is scheduled for 21st September 2010 where future plans will be set out following the appointment of the Business Continuity/Flu Co-ordinator.	1. John Pooley 2. John Pooley 3. John Pooley 4. John Pooley	TBA		Moderate	Rare	3	1. Gold and silver training is subject to operational pressures. 2. PTS table-top testing to be performed in January 2010. 3. BCP only covers critical and vital support services. These actions will be reviewed by the Emergency Preparedness and Business Continuity Strategy Group on the 7th December.
275	Loss of access to the Deptford Logistics Store may result in drug supplies being disturbed.	***	24	Business Continuity	Moderate	Possible	9	1. The Trust has arrangements for Frimley Park Hospital NHS Trust to supply drugs on a 24 hour basis if required but no formal arrangement is in place. 2. As there is no formal arrangement with Frimley Park no business continuity plan is in place for the supply of drugs. 3. London hospitals could supply drugs in an emergency.	Paul Williams	05 Nov 2010	Moderate	Unlikely	6	1. Supplies and Logistics to explore the need for a formal arrangement with Frimley Park by way of a service level agreement.	1. G.Davidson/ Chris Vale	1. Oct 2010 2. Oct 2010 3. Oct 2010		Moderate	Rare	3	These actions will be reviewed by the Emergency Preparedness and Business Continuity Strategy Group on the 7th December.

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255	There is a risk of challenges with EU Procurement legislation.	***	19	Finance	Moderate	Possible	9	1. e-Procurement is in place for both the Supplies and the Estates Departments. 2. Training is provided to all new users. 3. Ordering for the fleet is still performed on a manual basis. 4. Current procurement strategy involving category management and spend analysis to ensure non compliant procurement is addressed. 5. Finance training provided for non finance managers. 6. Procurement have adopted Bravosolution e-tendering portal to ensure contract opportunities are advertised appropriately.	Michael Dinan	6 Aug 2010	Moderate	Unlikely	6	1. Working with Communication Department to Improve the procurement information on PULSE/LAS website	1. P.Candler	1. October 2010	1. Jan 2011	Moderate	Unlikely	6	P Candler to provide revised wording and propose change in scoring
199	Risk to staff safety / vandalism/theft due to inability to adequately secure premises.	***	21	Finance	Moderate	Possible	9	1. Operational managers in conjunction with H&S representatives carry out quarterly health and safety premises inspections. If there is a perceived security issue it will be reported to Estates who will investigate and take appropriate action. Bulletin reminding staff to secure premises when leaving unattended. Periodic change simplex lock combination.	Michael Dinan	Oct 2010	Moderate	Unlikely	6	1. Ensure Quarterly H&S Premises Inspection is undertaken.	1. M.Nelhams	1. Ongoing		Moderate	Unlikely	6	Suggest change of wording. Are there two risks here one for stations and one for annexes.
182	Not being able to escape from an LAS building in the case of fire or other emergencies.	***	21	Health & Safety	Moderate	Possible	9	1. Procedures are found on Pulse under Fire and Bomb Evacuation Procedure. 2. 'Statement of Fire Safety' is produced annually and is returned to NHS Estates.	Martin Nelhams	29 Sept 2010	Minor	Unlikely	4	1. Health and Safety Co-Ordinators (Estates) are undertaking Fire Marshall Awareness Training.	1. J.Selby	1. Mar 2010 - Ongoing		Minor	Rare	2	
332	There is a risk that Trust and National infection control procedures may be compromised as ambulance mattress covers are not routinely changed after each patient.	***		Infection Control	Minor	Likely	8	1. The matress is disinfected between each patient.	Chris Vale	4 Aug 2010	Minor	Likely	8	1. Disposable mattress covers to be sourced and trialled to achieve more cost effective proposal.	1.C.Vale	1. Jan 2011					pending recommendations, subject to findings
281	HR Occupational Health has no formal fall back if contractors are unable to fulfil their contracts.	***	10	Business Continuity	Minor	Likely	8	1. Requirement identified at Staff Support Business Continuity test and to be pursued by Fatima Fernandes and Atos representative K.Woodcock.	Paul Williams	09 Nov 2010	Minor	Possible	6	1. Atos to provide a detailed business continuity plan.	1. F. Fernandes	1. Complete		Minor	Rare	2	1. Continuity plans have been received for Staff Support and Occupational Health. Service is to be re-tendered in 2010.
280	There is a risk that emergency services are seriously degraded for an indeterminate period due to industrial unrest, public disorder etc. that prevents staff from working. (VAS and private ambulance companies could not be relied upon and police vehicles are no longer suitable to convey as in previous disputes).	***	17	Business Continuity	Major	Unlikely	8	1. The current decision is to develop bespoke plans in response to the prevailing circumstances at any given time. 2. A job description for the new role has been drafted and agreed and awaits AfC banding. The post, when filled, will assume responsibility for all areas of the Trust business continuity arrangements and the testing and exercising of each of the directorates plans. The post holder will develop new plans to tackle areas such as those noted in this risk.	Jason Killens	09 Nov 2010	Major	Rare	4	1. Business continuity is to be encompassed by the Emergency Preparedness Department during 2009/10. 2. Recruitment of Business Continuity Manager.	1. J.Killens 2. J.Killens	1. Mar 2010 2. Dec 2010		Major	Rare	4	BC Coordinator now in place within EPD. Bespoke plans for industrial action etc drawn up prior to known incident occuring and ammended as and when intelligence/ information is received.
276	Loss of significant part of the fleet due to technical fault, fuel contamination or other reason would place considerable pressure on remaining vehicles and ability to provide an adequate service.	***	20	Business Continuity	Major	Unlikely	8	1. Vehicle Resourcing Centre is now up and running. 2. The Service purchases different types of vehicles from different suppliers – Mercedes, Vauxhall and in batches which will ease the burden of any problems that arise. This limits dependence on one make/type of	Chris Vale	09 Nov 2010	Major	Rare	4	1. Continue to monitor vehicle availability.	1 s Melhuish	1. Ongoing		Major	Rare	4	
304	There is a risk of non-functioning critical patient care equipment on vehicles.	***	24	Clinical	Moderate	Unlikely	6	1. Continued review of LA52 data.	Chris Vale	4 Aug 2010	Moderate	Unlikely	6	1. Review H&S LA52 data. 2. Purchase of new 12 lead defibrillators and shock boxes	1. D.Adams 2. C.Vale	1. Ongoing 2. Ongoing	1. Monitoring by CQSE.	Minor	Unlikely	4	

2

LONDON AMBULANCE SERVICE TRUST BOARD

30TH NOVEMBER 2010

PAPER FOR NOTING

Document Title:	Safeguarding Update
Report Author(s):	S. Lennox
Lead Director:	S. Lennox
Contact Details:	steve.lennox@lond-amb.nhs.uk
Why is this coming to the Trust Board?	Update the Trust Board on current safeguarding position.
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:	Paper is for noting but a full annual report on safeguarding will be presented to the Board following a SHA review in January

Executive Summary.

The Trust has made significant progress in managing the safeguarding risks on the risk register and the initial risk has now been removed. There is an action plan being developed to address a new generic clinical risk "*Risk of staff not recognising safeguarding indicators and therefore failing to make a timely referral*". The action plan will also focus on the commissioned standards which will form the indicators for measuring compliance with safeguarding expectations.

Key issues for the Trust Board

- Safeguarding is receiving increased attention and it is likely to be higher on the Care Quality Commission agenda for 2011-2012

- There are significant challenges for Ambulance Trusts when it comes to partnership working as they span a wider number of local authorities than other provider Trusts.

- There are a wide number of safeguarding recommendations but many are being reviewed by the coalition government. Therefore, the commissioned standards will form the current measure from which the Trust can monitor compliance.

- A new action plan has been formulated to create work streams that address each of the commissioned expectations.

- An initial assessment against the commissioned standards suggests a mixed picture. The self assessment by the Director of Health Promotion and Quality is as follows;

- Strategic Health Authority are undertaking a supportive review of safeguarding in January

Workstream	R.A.G
Workstream 1. Risk of staff not recognising safeguarding indicators and therefore failing to make a timely referral (Risk Register &CQC).	🟧
Workstream 2. Re-designation of Named Professional. (Commissioned Standards & CQC)	🟧
Workstream 3. Partnership Working. (Commissioned Standards & CQC)	🟧
Workstream 4.Education and Training. (Commissioned Standards & CQC)	🟥
Workstream 5. Supervision. (Commissioned Standards & CQC)	🟧
Workstream 6. Clinical Governance and Risk Management. (Commissioned Standards & CQC)	🟩
Workstream 7. Employment Practice. (Commissioned Standards & CQC)	🟩
Workstream 8. Procedures and Guidance. (Commissioned Standards & CQC)	🟩
Workstream 9.Annual Report. (Commissioned Standards & CQC)	🟩
Workstream 10. Audit. (Commissioned Standards & CQC)	🟧
Workstream 11.Serious Case Review Recommendations	Not scored

Attachments

****

Strategic Goals 2010 – 13
This paper supports the achievement of the following corporate objectives:

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

Risk Implications
This paper 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

SAFEGUARDING UPDATE

1. INTRODUCTION

1.1.   The London Ambulance Services NHS Trust gives the highest priority to its responsibility for safeguarding children and adults. This paper is an update for the Trust Board on the Trust's position against current guidance.

1.2.   The biggest safeguarding risk for the Trust was the referral process for safeguarding issues and this was represented on the Trust risk register. This has now been addressed and there is now a robust referral process. Crew staff make referrals to a central point in the Trust and each referral is quality assured by the Emergency Bed Service prior to being submitted to the appropriate social service within an agreed time frame. This process is the same for children and adults and the risk has now been removed from the risk register.

1.3.   The guidance for safeguarding adults will soon be published and it is expected that the processes will mirror those of children. At this stage the Trust is compliant with the expectations for safeguarding adults but there are a number of additional recommendations regarding the safeguarding of children that the Trust is progressing.

2. NATIONAL GUIDANCE ON SAFEGUARDING CHILDREN

2.1.   In 2003 the Victoria Climbie enquiry made significant recommendations to the way providers addressed the safety of children and called for a change in culture that moved providers towards collaboration and the sharing of information.

2.2.   The Children Act 2004 introduced a range of statutory responsibilities for individuals and organisations. This act introduced Local Safeguarding Boards as a vehicle to bring professionals together and share information and work strategically on improving the safeguarding of children.

2.3.   In April 2007 revised statutory guidance for key agencies was published. This reinforced section 11 of the Children Act 2004 especially the need to have clear lines of accountability for work on safeguarding, the need to have safe recruitment processes and effective inter agency working. These areas form the basis of the safeguarding declaration which London Ambulance Service NHS Trust revised and published compliance with in September 2010.

2.4.   Working Together to Safeguard Children was published in 2006 and revised in 2010. This summarised the main statutory responsibilities and outlined principles of good practice.

2.5.   The over arching principle in all the published guidance is partnership working and collaboration. However, the new coalition Government is currently reviewing the specific recommendations and further guidance is expected soon. In the meantime, the Trust has sought clarification from the lead commissioners in Westminster Primary care Trust as to what expectations the commissioners expect of the Trust

3. PROGRESS AGAINST COMMISSIONED STANDARDS
     Named Safeguarding Children Professionals

3.1.   The named professional role has a number of responsibilities; liaison, supervision, networking and expertise. The statutory requirement to have a named professional is fulfilled by the designation of the Director of Health Promotion and Quality as the named professional but a more sustainable model is being considered by the senior management team.

Safeguarding Continued

Membership of Local Safeguarding Boards

3.2. This is an extremely challenging issue for the Trust as there are currently 32 safeguarding children boards and the potential for a further 32 safeguarding adult boards. Therefore, regular and meaningful attendance at these meetings is currently difficult to demonstrate. The Trust does attend a number of Local Safeguarding Boards but regular attendance can be challenging. However, the Trust needs to demonstrate that it is striving to implement this statutory requirement and is aiming to improve the current situation.

3.3. The Chief Executive has written to the Chair of the London Safeguarding Board asking for the Trust to be represented and the Director of Health Promotion and Quality has approached the Westminster Safeguarding Board to be a regular member.

3.4. In addition, the Director of Operations, Director of Corporate Services and Director of Health Promotion and Quality have agreed to support the development of a hub and spoke model which will see the number of Local Safeguarding Boards that have Trust representation increase.

Participation in other groups

3.5. Networking and multidisciplinary liaison is key to safeguarding. The Trust does attend ad hoc meeting requests and always attends a meeting where there is a serious case review that has involved the Trust services.

Education and Training

3.6. The Trust is expected to have 80% of the workforce that need training to be trained. There are three levels of training for the Trust and the Trust has just implemented level 3 training which has improved compliance. A total of 1875 staff have been trained at level 2 in the past year which also improved compliance. However, the Trust is unable to report this as a percentage at the present time but processes are being changed to ensure this figure is available in future.

3.7. A new on line training package for Ambulance Trusts is close to being approved. Meanwhile, the Deputy Director of Human Resources is evaluating an alternative package that could support the Trust whilst waiting for the ambulance package.

Supervision

3.8. The Trust has up to date Safeguarding procedures to guide staff practice. However, there are opportunities to improve the way the Trust delivers supervision or support to staff who have come into contact with difficult safeguarding cases. This is an opportunity that could be developed with the new hub and spoke model.

Clinical Governance and Risk management

3.9. The Trust has systems in place to ensure that serious cases (or Serious Untoward Incidents) are reported to the designated nurse in Westminster Primary care Trust. In addition, the Trust is developing a safeguarding action plan that will help maximise the learning across the organisation of any safeguarding recommendations arising out of serious case reviews. The Trust is fully compliant with requests for medical records in accordance with the London Child Protection Procedures 2007.

Employment Practice

3.10. There is a commissioning expectation that all staff will have had a Criminal Records Bureau (CRB) check within the last 3 years. The Trust is fully compliant with this expectation.

3.11. There is a commissioning expectation that reference to the responsibility for safeguarding children is made in all job descriptions. This is not currently the case and will be addressed through the coming months.

Safeguarding Continued

3.12. There is a commissioning expectation that all cases where there is an allegation of abuse against a member of our staff is managed in consultation with the safeguarding lead at the appropriate social service department (the borough where the staff member lives). This is currently being considered by the Director of Health Promotion and Quality and the Director of Human Resources.

3.13. There is a final commissioning expectation that the Trust undertakes enhanced employment checks with staff working with children. The Trust is fully compliant with these expectations.

Procedures and Guidance

3.14. The Trust safeguarding procedures and guidance are up to date and published on the Trust internal web site and the Trust is compliant with the standard.

Annual Report

3.15. The Trust receives regular updates on safeguarding and this is supplemented by additional reports.

Audits

3.16. There is an expectation that an aspect of safeguarding is regularly audited. The Trust audited safeguarding in 2009 and is currently deciding the next safeguarding audit.

4. ADDITIONAL CONSIDERATIONS

4.1. The new London wide Safeguarding Children procedures will be published on 9 December. and the Safeguarding Adults procedures will be published in January. These may contain additional requirements for the Trust.

4.2. The Trust has agreed to act as a pilot site to test the assurance system regarding safeguarding adults.

4.3. Whilst the Trust is still trying to implement the full set of commissioned standards the Trust has gone beyond the normal expectations of safeguarding by establishing two additional safeguarding work streams; learning disabilities and mental health. In addition, the Trust is establishing a Committee for Vulnerable and Disadvantaged groups that will offer additional scrutiny to the safeguarding work. It is anticipated that the new committee will have a majority membership of external stakeholders who can act as experts in the field.

5. NEXT STEPS

5.1. The Trust will develop a new Safeguarding action plan that will incorporate action points that address safeguarding risks for the Trust, improve compliance with care Quality Commission expectations, and include action points from serious case reviews.

5.2. The Trust has invited the Safeguarding Improvement Team at the Strategic Health Authority to undertake a review of safeguarding processes at the Trust. A date in January is being negotiated for the review.

5.3. A full safeguarding report will be presented to the board following the Strategic Health Authority review.

LONDON AMBULANCE SERVICE TRUST BOARD

30TH NOVEMBER 2010

PAPER FOR NOTING

Document Title:	**Charitable Funds Annual Report and Accounts for year-ending 31St March 2010**
Report Author(s):	**Michael John**
Lead Director:	**Michael Dinan**
Contact Details:	**Michael.John@lond-amb.nhs.uk**
Why is this coming to the Trust Board?	**The Purpose of this report is to present the audited accounts of the Charitable Fund for 2009/10 and Annual Governance Report (AGR) to the Trust Board.**
This paper has been previously presented to:	☐Strategy Review and Planning Committee ☐Senior Management Group ☐Quality Committee ☒ Audit Committee ☐ Clinical Quality Safety and Effectiveness Group ☐ Risk Compliance and Assurance Group ☒ Charitable Funds Committee
Recommendation for the Trust Board:	**The Trust Board are asked to note the audited accounts of the Charitable funds for 2009/10 and Annual Governance Report.**

Executive Summary/key issues for the Trust Board

- As the corporate trustee's of the LAS charity, we have a statutory requirement to publish, an annual report and accounts to include the annual report; the primary financial statements and notes; a statement on the trustee's responsibilities and audit opinion and report.
- The minimum content for the annual report is set out in the Charities SORP 2005.
- The financial statements are in accordance with the Charities Act 1993.
- The Trust is required to submit the Charities annual report and audited accounts to the Charity Commission on or before 31st January 2011.
- The Audit committee approved the annual report and accounts on the 8th November 2010.
- The Audit Commission our external auditors gave the annual accounts a clean opinion.
- The total incoming resources were £13k; this was £5k lower than last year.
- The total resources expended were £71k; this was £2k higher than last year.
- The net incoming/ (outgoing) resources were (£58k); this was £7k higher than year.
- The value of investments increased by £14k.

Attachments
1. Annual Report of the Trustees for the year ended 31 March 2010.
2. Audited Charitable Funds Accounts year-ended 31 March 2010.
3. Annual Governance Report for Charitable Fund.

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
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☐ 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 CHARITABLE FUND

ANNUAL REPORT OF THE TRUSTEES FOR THE YEAR ENDED 31 MARCH 2010

FOREWARD

The Charity's annual report and accounts for the year ended 31 March 2010 have been prepared by the Corporate Trustee in accordance with the Statement of Recommended Practise by Charities (SORP 2005) issued in March 2005 and applicable UK Accounting Standards and the Charities Act 1993.

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

Board Member	Designation within the Trust
Sigurd Reinton	Chairman (resigned 30/06/2009)
Richard Hunt	Chairman (appointed 01/07/2009)
Peter Bradley	Chief Executive
Sarah Waller	Non Executive Director
Beryl McGrath	Non Executive Director
Roy Griffins	Non Executive Director
Ingrid Prescod	Non Executive Director (resigned 30/4/2009)
Nigel Walmsley	Non Executive Director (appointed 08/03/2010)
Caroline Silver	Non Executive Director
Brian Huckett	Non Executive Director
Fionna Moore	Medical Director
Michael Dinan	Director of Finance
Martin Flaherty	Director of Operations
Caron Hitchen	Director of Human Resources

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

Reference and Administrative Details

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

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

Trustee

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

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

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

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

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

Principle Charitable Fund Adviser to the Board

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

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

Principal Office

The principal office for the charity is:

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

Principal Professional Advisers

Bankers

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

Auditors

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

Investment Managers

Rensburg Sheppards Investment Management Limited
2 Gresham Street
London
EC2V 7QN

Structure, Governance and Management

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

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

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

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

- Control, manage and monitor the use of the fund's resources;
- Manage and monitor the receipt of income and support/ guide any fundraising activities;
- Ensure that best practice is followed in the conduct of its affairs fulfilling all of its legal responsibilities;

- Ensure that the Investment Policy approved by the NHS Trust Board as Corporate Trustee is adhered to and performance is continually reviewed whilst being aware of ethical considerations;
- Keep the Trust Board fully informed on the activity, performance and risks of the charity.

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

Risk Management

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

Partnership working and networks

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

Objectives and strategy

The Charity has the following objective:

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

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

Annual review

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

Grant Making policy

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

Reserves Policy

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

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

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

Our future plans

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

A Review of Finances, Achievements and Performance

The net assets of the Charity as at 31st March 2010 were £248,000 (2009 £234,000). Overall net assets increased by £14,000 due to the net expenditure of £58,000 and a gain on the value of investments of £72,000.

The main sources of income of the charity are donations and investment income. Total incoming resources for the year were £13,000.

Expenditure totalled £71,000 during the year, with the largest items of expenditure being Christmas grants of £35,990 and £26,683 on other amenities.

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

Investments

The Corporate Trustee invests the charitable funds with Rensburg Sheppards Investment Management Ltd.

The funds are managed in accordance with an investment policy which is set by the Charity Funds Committee. Currently the investments are split approximately 73%/ 27% by value between pooled funds and interest bearing bonds and cash. The

performance of the pooled funds are monitored against the performance of similar funds.

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

Signed:……………..

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

Date:………………

LONDON AMBULANCE SERVICE CHARITABLE FUND			
Data entered below will be used throughout the workbook:			
This year	2009-10		
Last year	2008-09		
This year ended	2010		
Last year ended	2009		
This year beginning	1 April 2009		
This year name	31 March 2010		
Last year name	31 March 2009		

LONDON AMBULANCE SERVICE

CHARITABLE FUND ACCOUNTS

YEAR ENDED 31 MARCH 2010

Statement of trustees' responsibilities

The trustees are responsible for:

* keeping proper accounting records which disclose with reasonable accuracy at any time the financial
     position of the funds held on trust and to enable them to ensure that the accounts comply with
     requirements in the Charities Act 1993 and those outlined in the directions issued by the Secretary
of
     State;

* establishing and monitoring a system of internal control; and

* establishing arrangements for the prevention and detection of fraud and corruption.

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

* apply on a consistent basis accounting policies laid down by the Secretary of State with the
approval of the Treasury;

* make judgements and estimates which are reasonable and prudent;

* state whether applicable accounting standards have been followed, subject to any material
departures
     disclosed and explained in the accounts.

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

By Order of the Trustees
Signed:

Chief Executive*... Date....................... 2010

Trustee .... Date....................... 2010

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

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

I have audited the financial statements of the London Ambulance Service Charitable Funds for the year ended 31 March 2010 which comprise the Statement of Financial Activities, the Balance Sheet and the related notes. The financial statements have been prepared in accordance with the accounting policies set out therein

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

Respective Responsibilities of Trustee and Auditor

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

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

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

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

Basis of audit opinion

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

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

Opinion

In my opinion:

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

the financial statements give a true and fair view, in accordance with United Kingdom Generally Accepted Accounting Practice, of the state of affairs of the charity as at 31 March 2010 and of its incoming resources and application of resources, for the year then ended; and

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

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

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

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

Statement of Financial Activities for the year ended 31 March 2010

	Note	2009-10 Unrestricted Funds £000	2009-10 Restricted Funds £000	2009-10 **Total Funds** **£000**	2008-09 Total Funds £000
Incoming resources					
Incoming resources from generated funds					
Donations from individuals		2	0	**2**	5
Legacies		0	0	**0**	0
Sub total voluntary income		2	0	**2**	**5**
Investment income		11	0	**11**	13
Total incoming resources		**13**	**0**	**13**	**18**
Resources expended					
Costs of generating funds					
Investment management costs		2	0	**2**	2
Charitable activities					
Staff education and welfare - grants payable	3	62	0	**62**	59
Governance costs	4	6	0	**6**	6
Other resources expended		1	0	**1**	2
Total resources expended		**71**	**0**	**71**	**69**
Net incoming/ (outgoing) resources		**(58)**	**0**	**(58)**	**(51)**
Other recognised gains and losses					
(Loss) /Gains on revaluation and disposal of investment assets		72	0	**72**	(43)
Net movement in funds		**14**	**0**	**14**	**(94)**
Reconciliation of Funds					
Fund balances brought forward at 31 March 2009		234	0	**234**	328
Fund balances carried forward at 31 March 2010		**248**	**0**	**248**	**234**

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

Balance Sheet as at 31 March 2010

	Notes	Unrestricted Funds £000	Restricted Funds £000	**Total at 31 March 2010 £000**	Total at 31 March 2009 £000
Fixed Assets					
Investments	5	248	0	**248**	228
Total Fixed Assets		248	0	**248**	228
Current Assets					
Stocks	6	1	0	**1**	1
Debtors	7	1	0	**1**	0
Cash at bank and in hand		3	0	**3**	11
Total Current Assets		5	0	**5**	12
Creditors: Amounts falling due within one year	8	5	0	**5**	6
Net Current Assets/(Liabilities)		0	0	0	6
Total Assets less Current Liabilities		248	0	248	234
Total Net Assets		**248**	**0**	**248**	**234**
Funds of the Charity					
Income Funds:					
Unrestricted - general purposes fund		248	0	**248**	234
Total Funds		**248**	**0**	**248**	234

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

Signed:

Date:

Notes to the Account

1   Accounting Policies

  1.1   Basis of preparation

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

  1.2   Incoming Resources

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

  i) entitlement - arises when a particular resource is receivable or the charity's right becomes legally enforceable;

  ii) certainty - when there is reasonable certainty that the incoming resource will be received;

  iii) measurement - when the monetary value of the incoming

  1.3   Incoming resources from legacies

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

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

  1.4   Resources Expended

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

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

a) Cost of generating funds

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

b) Charitable activities

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

c) Grants payable

Grants payable are payments, made to third parties (including NHS
bodies) in the furtherance of the charity's charitable objectives.
They are accounted for on an accruals basis where the conditions for their payment have
been met or where a third party has a reasonable expectation that
they will receive the grant.
Provisions are made where approval has been given by the trustee due to the approval
representing a firm intention which is communicated to the recipient.

d) Governance costs
These comprise all costs identifiable as wholly or mainly attributable
to ensuring the public accountability of the charity and its compliance
with regulation and good practice.
These costs include costs related to statutory audit together
with an recharge of overhead & support costs from
London Ambulance Service NHS Trust.

e) Allocation of overhead and support costs

All overhead and support costs are included in Governance costs.

1.5   Structure of funds

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

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

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

1.6 Investment Fixed Assets

Investment fixed assets are shown at market value at the balance sheet date.
Quoted stocks and shares are included in the balance sheet at mid-market price, ex-div.
Common Investment Fund Units are included in the balance sheet at the closing dealing
price at the balance sheet date.

1.7 Realised gains and losses

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

2   Allocation of support costs and overheads

All support costs and overheads are allocated to governance costs.

The total value of support costs and overheads was £6,000 (2009: £6,000)

3   Analysis of charitable expenditure

	Unrestricted Funds	Restricted Funds	**Total 2010 Funds**	Total 2009 Funds
Staff welfare and amenities	£000	£000	**£000**	£000
Grants payable to individuals	62	0	**62**	59
	62	**0**	**62**	59

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

4   Analysis of governance costs

	Unrestricted Funds	Restricted Funds	**Total 2010 Funds**	Total 2009 Funds
	£000	£000	**£000**	£000
Audit fee	4	0	**4**	4
Apportioned overheads	2	0	**2**	2
	6	0	**6**	6

The auditors remuneration of £3,995 (2009 £3,680) related solely to the audit with no other work undertaken (2009 £0)

5	**Analysis of Fixed Asset Investments**			**2010**	2009

5.1	**Movement in fixed asset investments**			**£000**	£000
	Market value at 31 March			**228**	318
	Less: Disposals at carrying value			**(254)**	(38)
	Add: Acquisitions at cost			**205**	0
	Net (Loss) / gain on revaluation			**69**	(52)
	Market value at 31 March			**248**	228
	Historic cost at 31 March			**237**	260

5.2	**Market value at 31 March 2010**	Held in UK £000	Held outside UK £000	**2010 Total £000**	2009 Total £000
	Investments listed on Stock Exchange				
	- Bonds	68	0	**68**	61
	Investments in a Common Deposit Fund				
	or Common Investment Fund	143	36	**179**	163
	Cash held as part of the				
	investment portfolio	1	0	**1**	4
		212	36	**248**	228

5.3	**Analysis of gross income from investments**	Held in UK £000	Held outside UK £000	**2009-10 Total £000**	2008-09 Total £000
	Investments listed on Stock Exchange	2	0	**2**	3
	Investments in a Common Deposit Fund				
	or Common Investment Fund	9	0	**9**	10
		11	0	**11**	13

6	**Analysis of Stocks**	31 March 2010	31 March 2009
	Award Vouchers	1	1
	Total Stocks	**1**	1

7	**Analysis of Debtors**	31 March 2010	31 March 2009
	Amounts falling due within one year:	**£000**	£000
	Other debtors	**1**	0
	Total debtors	**1**	0

8	**Analysis of creditors**	31 March 2010	31 March 2009
	Amounts falling due within one year:	**£000**	£000
	Accruals	**5**	6
	Total creditors	**5**	6

9   **Analysis of charitable funds**

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

10   **Material legacies**

There were no material legacies during the year. (2009 - NIL)

11   **Related party transactions**

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

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

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

Annual Governance Report

London Ambulance Service Charitable Fund

Audit 2009/10

Date **October 2010**

Contents

Status of our reports

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

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

2009/10 Annual Governance Report

I am pleased to present the final version of my report on the results of my audit work for 2009/10. I have discussed and agreed this report with the Financial Controller on 25 October 2010.

The report sets out the key issues that you should consider before I complete the audit.

It asks you to:

- consider the content of this report before approving the financial statements; and

- approve the letter of representation for the Charity before I issue my opinion and conclusion (Appendix 2).

I would like to thank your staff for the cooperation they have shown to my audit team and for the high-quality working papers prepared in support of the financial statements.

Phil Johnstone

Engagement Lead

November 2010

Key messages

This report summarises the key messages from my audit of the 2009/10 financial statements. The financial statements are important means by which the London Ambulance Service Charitable Fund accounts for its stewardship of charitable funds. As the Corporate Trustee you have final responsibility for these statements. It is important that you consider my findings before you adopt the financial statements.

Audit Opinion

1   My audit work on the financial statements and Trustee's Annual Report is complete. I plan to issue an audit report that includes an unqualified opinion on the financial statements. Appendix 1 contains a copy of my draft audit report.

Errors in the financial statements

2   I identified one material error in the financial statements, which officers have agreed to amend. In Note 5.1, investment acquisitions were understated by £3k and the gain on revaluation of investments was overstated by £3k. There were no other errors in the financial statements.

3   Once again the working papers provided to support the financial statements were comprehensive and of a good quality.

Internal control environment

4   I did not identify any weaknesses in the internal control environment that might result in a material error in the financial statements.

5   I have not provided a comprehensive statement of all weaknesses which may exist in internal control. I only consider those matters which have come to my attention because of the audit procedures I have performed.

Letter of representation

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

Appendix 1 – Independent auditor's report to the Trustee of the London Ambulance Service Charitable Fund

I have audited the financial statements of the London Ambulance Service Charitable Funds for the year ended 31 March 2010 which comprise the Statement of Financial Activities, the Balance Sheet, and the related notes. The financial statements have been prepared in accordance with the accounting policies set out therein.

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

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

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

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

I read the other information contained in the Annual Report and consider whether it is consistent with the audited financial statements. I consider the implications for my report if

I become aware of any apparent misstatements or material inconsistencies with the financial statements. My responsibilities do not extend to other information.

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

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

Opinion
In my opinion:
the financial statements comply with the requirements of regulation 8 of the Charities (Accounts and Reports) Regulations 2008

- the financial statements give a true and fair view, in accordance with United Kingdom Generally Accepted Accounting Practice, of the state of affairs of the charity as at 31 March 2010 and of its incoming resources and application of resources, for the year then ended; and

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

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

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

xx November 2010

Appendix 2 – Draft letter of representation

Phil Johnstone
Engagement Lead
Audit Commission
1st Floor, Millbank Tower
Millbank
London SW1P 4HQ

London Ambulance Service Charitable Fund - Audit for the year ended 31 March 2010

I confirm to the best of my knowledge and belief, having made appropriate enquiries of other members of staff at the London Ambulance Service Charitable Fund, the following representations given to you in connection with your audit of the Charitable Fund financial statements for the year ended 31 March 2010.

Compliance with the statutory authorities

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

Supporting records

All the accounting records have been made available to you for the purpose of your audit and all the transactions undertaken by the Charitable Fund have been properly reflected and recorded in the accounting records. All other records and related information, including minutes of all Charitable Fund Committee meetings, have been made available to you.

Irregularities

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

There have been no:

- irregularities involving management or employees who have significant roles in the system of internal accounting control;
- irregularities involving other employees that could have a material effect on the financial statements; or

- communications from regulatory agencies concerning non-compliance with, or deficiencies on, financial reporting practices which could have a material effect on the financial statements.

I also confirm that I have disclosed:

- my knowledge of fraud, or suspected fraud, involving either management, employees who have significant roles in internal control or others where fraud could have a material effect on the financial statements; and

- my knowledge of any allegations of fraud, or suspected fraud, affecting the entity's financial statements communicated by employees, former employees, analysts, regulators or others.

Law, regulations, contractual arrangements and codes of practice
There are no instances of non-compliance with laws, regulations and codes of practice, likely to have a significant effect on the finances or operations of the Charitable Fund.

Contingent liabilities
There are no other contingent liabilities, other than those that have been properly recorded and disclosed in the financial statements. In particular:

- there is no significant pending or threatened litigation, other than those already disclosed in the financial statements; and

- there are no material commitments or contractual issues, other than those already disclosed in the financial statements; and

- no financial guarantees have been given to third parties.

Related party transactions
I confirm the completeness of the information disclosed regarding the identification of related parties. The identity of, and balances and transactions with, related parties have been properly recorded and where appropriate, adequately disclosed in the financial statements

Post balance sheet events
Since the date of approval of the financial statements by the Trustee, no additional significant post balance sheet events that have occurred which would require additional adjustment or disclosure in the financial statements.
The Charitable Fund has no plans or intentions that may materially alter the carrying value or classification of assets and liabilities reflected in the financial statements.

Signed on behalf of the London Ambulance Service Charitable Fund

Signed

Name
Position
Date

The Audit Commission

The Audit Commission is an independent watchdog, driving economy, efficiency and effectiveness in local public services to deliver better outcomes for everyone.

Our work across local government, health, housing, community safety and fire and rescue services means that we have a unique perspective. We promote value for money for taxpayers, auditing the £200 billion spent by 11,000 local public bodies.

As a force for improvement, we work in partnership to assess local public services and make practical recommendations for promoting a better quality of life for local people.

LONDON AMBULANCE SERVICE TRUST BOARD

30TH NOVEMBER 2010

PAPER FOR NOTING

Document Title:	**Quarter 2 governance assessment for NHS London**
Report Author(s):	Sandra Adams
Lead Director:	Sandra Adams
Contact Details:	Sandra.adams@lond-amb.nhs.uk
Why is this coming to the Trust Board?	**To provide assurance to the Trust Board through the governance return that was submitted to NHS London by 12th November 2010.**
This paper has been previously presented to:	☐Strategy Review and Planning Committee ☒Senior Management Group ☐Quality Committee ☐ Audit Committee ☐ Clinical Quality Safety and Effectiveness Group ☐ Risk Compliance and Assurance Group ☐ Other
Recommendation for the Trust Board:	To note the governance return for the 2nd quarter of 2010/11 – July to September.

Executive Summary

The Trust submits a quarterly return on governance to NHS London and we subsequently receive a RAG rating for performance. In all previous quarters we have received a green rating. This is additional assurance for the foundation trust application process and, once authorised, we will be submitting quarterly returns to Monitor as part of the Compliance Framework.

Key issues for the Trust Board

- The Trust has been able to report 0 vacancies for directors for the 1st time in a year;
- The return for the 3rd quarter will satisfy item 2d) concerning the board assurance framework;
- The Trust has received certification of registration with the Care Quality Commission for all 3 areas of activity: diagnostic and screening procedures/transport services, triage and medical advice provided remotely/treatment of disease, disorder or injury.

Attachments

Governance return to NHS London

****

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:

Trusts - Quarterly Governance Assessment

This document is completed for all the functions of the Trust. Please indicate your answer to each question by ticking the box on the right hand side.   Please add details in the comments field below if the response is **NO** to any statement. If the response is **NO** please also include in the comments field a timeline for compliance.

Trust name: London Ambulance Service NHS Trust

The Chair and Chief Executive on behalf of the Board are required to confirm that:

1) Board composition and processes	**YES**	**NO**
a) There have been no external or internal audit reports that raise issues of compliance within the last quarter.	☒	☐
b) The Board currently has no vacancies for:	☒	☐
I. non-executives	☒	☐
II. Executives	☒	☐
c) The Trust has met the deadline for all returns required by the SHA, Department of Health and other regulators.	☒	☐
d) There is an organisation development programme in place, which includes developing talent and leadership and continuous development of staff. This will include signing up to local Learning and Development Agreements.	☒	☐

Comments:

2) Compliance with statutory duties	**YES**	**NO**
a) The Trust has schemes and action plans in place to ensure that it complies with its statutory duties under equality legislation.	☒	☐
b) The Trust has up to date HR information disclosing the diversity of the organisation's direct workforce.	☒	☐
c) All services are compliant with the requirements under the European Working Time Directive.	☒	☐
d) The Board Risk Assurance Framework has been formally considered and approved by the Board during the last quarter.	☐	☒

Comments: *d) Last reviewed and approved on 30/03/10. Ongoing development of risk register and BAF.*

3) External assessment	**YES**	**NO**
a) There have been no clinical governance concerns raised by the CQC during the last quarter against any of the services the organisation provides.	☒	☐
b) The Board received a formal report in the past quarter detailing the current and predicted CQC Quality of Services score.	☐	☒
c) The Board received a formal report in the past quarter on the DH Performance Framework.	☒	☐

Comments: *b) Quality risk profile received. Confirmation of registered activities.*

4) Commissioner – Provider relations

		Yes	No
a)	The Board received information in the past quarter detailing current and trend data on A&E and new outpatient attendances.	☐	☒
b)	The organisation can demonstrate that it is focussed on improving the productivity of its clinical workforce and can demonstrate that it has processes in place to show value for money.	☒	☐
c)	The Trust has robust and constructive relationships with all its providers, sector commissioners and Sector Acute Commissioning Unit.	☒	☐
d)	Provider and Commissioner financial quarterly projections reconcile.	☒	☐

Comments: a) N/A

5) Clinical governance and performance management

		Yes	No
a)	The organisation has been compliant with all CQC Core Standards during the last quarter.	☒	☐
b)	The Trust has effective processes in place to address any clinical governance issues that have occurred in the last quarter that could impact on Core Standards.	☒	☐
c)	No services have been issued within an improvement notice by the CQC in the last quarter. Please give detail below of any improvement notices.	☒	☐
d)	No services have been issued with performance notices by other regulators.	☒	☐
e)	The Trust has met the SHA SUI reporting requirements in the last quarter.	☒	☐
f)	The Trust has had no incidents of 'Never Events' within the last quarter.	☒	☐
g)	The Board has received a report on patient safety incidents taken from the STEIS reporting system, including themes and lessons learnt, in the last quarter.	☒	☐
h)	The organisation has a clear strategy in place for improving clinical quality around patient safety, clinical effectiveness and patient experience that sets specific, measurable and challenging goals.	☒	☐
i)	The Board has received a report on clinical quality, including lessons learnt, in the last quarter.	☒	☐
j)	The Board has a corporate framework in place for the management and accountability of data quality.	☒	☐
k)	The Board has received a report on patient complaints, including themes and lessons learnt, in the last quarter.	☐	☒

Comments: k) Due in Q3.

6) Emergency preparedness

		Yes	No
a)	The organisation has a robust Business Continuity Plan in place.	☒	☐
b)	There is a named Director in post responsible for:		
	I. emergency planning	☒	☐
	II. Flu.	☒	☐
c)	The organisation has a workforce plan to cover Flu.	☒	☐

Comments:

7) Safeguarding children

		Yes	No
a)	The Board has completed an urgent review of arrangements for Safeguarding children as set out in July 2009 letter from David Nicholson and published a corresponding declaration.	☒	☐

		☐	☒
b)	The Board conducted a formal review of safeguarding arrangements in the last quarter.	☐	☒
c)	There have been no Serious Case reviews during the last quarter.	☐	☒
d)	The Trust has a Board Level Director with responsibility for Safeguarding Children.	☒	☐
e)	The following safeguarding professionals are in post:		
I.	Named Nurse	☐	☒
II.	Named Doctor	☒	☐
III.	Named Midwife	☒	☐

Comments: 120 SCRs reported across 4 local authorities.

8) Patient and staff involvement

a)	The Trust has conducted local surveys of patients and the population in the last quarter.	☒	☐
b)	The Trust has a plan in place to address the areas of weakness identified in the Inpatient Survey.	☐	☒
c)	The Trust has a staff engagement policy in place.	☒	☐

Comments: b) N/A

9) Business Strategy & Procurement

a)	The Trust has developed, with Board approval, a business strategy and business case for any material dis/investment of services and/or related assets [and in accordance with DH and NHS London requirements.	☒	☐
b)	Where material service changes are planned:		
I.	There has been formal engagement with Commissioners to assess the impact and to resolve any issues.	☒	☐
II.	There has been an assessment of the implications for the Trusts own services and of the financial implications and risks.	☒	☐
III.	The Trust has complied with national policies and guidelines, prevailing best practice and governance arrangements.	☒	☐
c)	All contracts with annual values over levels prescribed by OJEC have been signed off by all parties.	☒	☐

Comments:

10) Financial Governance

a)	The Board has developed and agreed a formal action plan to achieve an improvement in financial standing of at least one level in the ALE rating score, or maintain its standing if the maximum score has already been attained.	☒	☐
b)	The Board, or its designated Finance Sub-Committee, and Executive team are fully engaged in monitoring the delivery of the planned improvements to ALE rating scores.	☒	☐
c)	The Trust has a plan to improve all Better Care Better Value indicators and the Board has monitored progress since the last quarter.	☐	☒

Comments: c) N/A - Relevant measures are tracked through the balanced scorecard.	

11) Financial Management and Forecasting

a)	The CIP has been monitored and risk-reviewed by the Board and the planned value for the quarter has been achieved or, if not achieved, there is a remedial plan in place.	☒ ☐
b)	Where there are material changes in contracted volumes in the quarter, the trust has engaged in formal communication with the associated Sector Acute Commissioning organisation / PCT to agree relevant PCT activity levels and financial implications and to resolve any issues.	☒ ☐
c)	There is no expectation of significant additional working capital loan or temporary PDC requirements over and above plan.	☒ ☐

Comments:

12) Other issues

Any other actual or potential issues not addressed in the questions above?

Comments:

Signed on behalf of the Board

Chief Executive and Accountable Officer	Chair
Peter Bradley	Richard Hunt

Date: 01/11/10

LONDON AMBULANCE SERVICE TRUST BOARD

30TH NOVEMBER 2010

PAPER FOR NOTING

Document Title:	**Trust Secretary report**
Report Author(s):	**Sandra Adams**
Lead Director:	**Sandra Adams**
Contact Details:	**Sandra.adams@lond-amb.nhs.uk**
Why is this coming to the Trust Board?	**Compliance with Standing Orders**
This paper has been previously presented to:	☐Strategy Review and Planning Committee ☐Senior Management Group ☐Quality Committee ☐ Audit Committee ☐ Clinical Quality Safety and Effectiveness Group ☐ Risk Compliance and Assurance Group ☐ Other
Recommendation for the Trust Board:	**To note the tender received and entered into the tender book on 22nd November 2010**
Executive Summary One tender has been received, opened and entered into the tender book since 28th September 2010: • Works at Deptford Ambulance Station	
Key issues for the Trust Board To note the report	
Attachments Trust Secretary report	

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Strategic Goals 2010 – 13 This paper supports the achievement of the following corporate objectives: ☐ To have staff who are skilled, confident, motivated and feel valued and work in a safe environment ☐ To improve our delivery of safe and high quality patient care using all available pathways ☒ To be efficient and productive in delivering our commitments and to continually improve
Risk Implications This paper 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:

London Ambulance Service NHS Trust
Trust Board of Directors
30th November 2010

Report of the Trust Secretary
Tenders received and the use of the Trust Seal

1.   Introduction
In accordance with Standing Order 19, this report summarises tenders received and the names of those organisations tendering.
.

2.   Tenders received
There has been one tender received since the last Trust Board meeting
2.1   Works for Deptford Ambulance Station
Tenders received on 19th November and opened on 22nd November 2010
Coniston Ltd.
Warwick Avenue Ltd.
SCG Contracting Ltd.
Advanced Roofing.
There was one NIL return.

3.   Recommendation
That the Trust Board notes this report.

Sandra Adams
Director of Corporate Services/Trust Secretary
23rd November 2010

LONDON AMBULANCE SERVICE TRUST BOARD

30th November 2010

PAPER FOR NOTING

Document Title:	**Trust Board Forward Planner**
Report Author(s):	**Sandra Adams**
Lead Director:	**Sandra Adams**
Contact Details:	**0207 783 2045**
Why is this coming to the Trust Board?	**To ensure that key issues are discussed by the Trust Board and that Trust Board members are fully engaged with the agenda planning process.**
This paper has been previously presented to:	☐ Strategy Review and Planning Committee ☐ Senior Management Group ☐ Quality Committee ☐ Audit Committee ☐ Clinical Quality Safety and Effectiveness Group ☐ Risk Compliance and Assurance Group ☐ Other
Recommendation for the Trust Board:	To note the Trust Board forward planner for the coming year and to identify any areas for discussion for future agenda items.
Executive Summary/key issues for the Trust Board To note the Trust Board forward planner for the coming year and to identify any areas for discussion for future agenda items.	
Attachments Trust Board forward planner.	

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Corporate Objectives 2010 – 13
This paper supports the achievement of the following corporate objectives:

☒ To have staff who are skilled, confident, motivated and feel valued and work in a 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
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☒ 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:

TB FORWARD PLANNER

Date	Strategic and Business Planning	Items for approval (eg Policies and Business Cases)	Performance and Other	Governance	Standing Items	Apologies	Committee dates
	2010/11 Budget for approval	Service-wide Rota project		Balanced scorecard	Full update on core standards compliance 2009/10		
14 Dec 2010 TB	Financial and commissioning intentions 2011/12		Cat A and B Trajectory	Q3 finance and governance declaration	Report from CEO including balanced scorecards and performance report		
SMG 8th	CommandPoint Update (PS)			Charitable Funds Annual Report and Accounts	Report from Finance Director		
	Six Lives Report (Daryl Mohammed)			Review of Governance Structure	Report from sub-committees		
				Key risks	Clincal Quality and Patient Safety Report		
	SIP Update				Report from Trust Secretary		
25 January 2011 TB	Formal IBP and LTFM sign off pre-submission	CommandPoint Update		Q3 integrated governance and finance declaration	Report from CEO including balanced scorecard and performance reports		RCAG 10th Jan
SMG 12 Jan	Cycle Response Unit (Tom Lynch)			Safeguarding Declaration	Report from Finance Director		CQSE 18th Jan
	Tom Coffey - presentation			Key risks	Report from Sub-Committees		
					Clinical Quality and Patient Safety Report		
					Report from Trust Secretary		
1 March 2011 TB	Approve FT application	CommandPoint Update		Key risks	Report from CEO including balanced scorecard and performance reports		Qual 2nd Feb
SMG 16 Feb	Annual Business Plan and Budget				Report from Finance Director		LFE 25th Feb
	Corporate objectives				Report from Sub-Committees		
					Clinical Quality and Patient Safety Report		
					Report from Trust Secretary		
29 March 2011 TB	Annual Business Plan and Budget	CommandPoint Update		Risk management policy and strategy review	Report from CEO including balanced scorecard and performance reports		Audit 7th Mar
SMG 16 Mar				Annual Review of Standing Orders and Standing Financial Instructions	Report from Finance Director		CQSE 9th Mar
				BAF and Risk Register	Report from Sub-Committees		

TB FORWARD PLANNER

				Clinical Quality and Patient Safety Report		
				Report from Trust Secretary		
26 April 2011 SRP	Review of balanced scorecard			Governance structure review		
SMG 13 April						
24 May 2011 TB	FT application update	CommandPoint Update		2010/11 Annual Report and Accounts (including Quality Report)	Report from CEO including balanced scorecard and performance reports	RCAG 11th April
SMG 11 May				KA34 Compliance Statement	Report from Finance Director	Qual 27th April
				2010/11 Annual Infection Prevention and Control Report	Report from Sub-Committees	LFE 10th May
				Q4 integrated governance and finance declaration	Clinical Quality and Patient Safety Report	
				2009/10 Annual Equality Report		
				Corporate Social Responsibility Report 2010/11	Report from Trust Secretary	
				Key risks		
28 June 2011 TB	FT application update	CommandPoint Update		Audit Committee Annual Report 2010/11	Report from CEO including balanced scorecard and performance reports	Audit 6th June
SMG 15 June				Patient Experience and Complaints Report	Report from Finance Director	CQSE 7th June
				Audit and Research Annual Report	Report from Sub-Committees	
				BAF and corporate risk register	Clinical Quality and Patient Safety Report	
					Report from Trust Secretary	
26 July 2011 SRP	Review of balanced scorecard					Qual 6th July
SMG 13 July						RCAG 11th July
23 Aug 2011 TB	FT application update			Q1 integrated governance and finance declaration	Report from CEO including balanced scorecard and performance reports	CQSE 2nd Aug

TB FORWARD PLANNER

SMG 10 August				Key risks	Report from Finance Director		LFE 9th Aug
					Report from Sub-Committees		
					Clinical Quality and Patient Safety Report		
					Report from Trust Secretary		
27 Sept 2011 TB	FT application update			Annual Trust Board effectiveness Review 2010/11	Report from CEO including balanced scorecard and performance reports		Qual 7th Sept
SMG 14 Sept				BAF and risk register	Report from Finance Director		Audit 12th Sept
					Report from Sub-Committees		
					Clinical Quality and Patient Safety Report		
					Report from Trust Secretary		
1 November 2011 SRP awayday - all day	Review of balanced scorecard						
29 Nov 2011 TB				Q2 integrated governance and finance declaration to Monitor	Report from CEO including balanced scorecard and performance reports		RCAG 10th Oct
SMG 9 Nov				Patient and Complaints Experience Report	Report from Finance Director		CQSE 26 Oct
				Key risks	Report from Sub-Committees		Qual 2nd Nov
					Clinical Quality and Patient Safety Report		Audit 7th Nov
					Report from Trust Secretary		LFE 15th Nov
13 Dec 2011 TB				Charitable Funds Annual Report and Accounts 2010/11	Report from CEO including balanced scorecard and performance reports		
SMG 7 Dec				BAF and corporate risk register	Report from Finance Director		
					Report from Sub-Committees		
					Clinical Quality and Patient Safety Report		
					Report from Trust Secretary		

Presentations
Approval
Compliance
FT items