TRUST BOARD MEETING
31 March 2009

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD

Tuesday 31 March 2009 at 10:00 am
Conference Room, LAS HQ, 220 Waterloo Road, London SE1 8SD

Present:	Sigurd Reinton	Chairman
	Sarah Waller	Vice Chairman
	Peter Bradley	Chief Executive Officer
	Mike Dinan	Executive - Director of Finance
	Martin Flaherty	Executive – Director of Operations
	Roy Griffins	Non Executive Director
	Caron Hitchen	Executive - Director of Human Resources & Organisation Development
	Brian Huckett	Non Executive Director
	Beryl Magrath	Non Executive Director
	Fionna Moore	Executive - Medical Director
	Ingrid Prescod	Non Executive Director
	Caroline Silver	Non Executive Director
In attendance:	Kathy Jones	Director of Service Development
	Martin Smith	Director of Corporate Services & Trust Secretary
	Peter Suter	Director of Information Management & Technology
	Angie Patton	Head of Communications

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AGENDA

			Tab
1.	**Apologies**		
2.	**Part I Minutes: 27 January 2009**		1
3.	**Synopsis Part II Minutes: 27 January 2009**		2
4.	**Matters Arising**		Oral Report
5.	**Chairman's Update**	SR	Oral Report
6.	**Report of Chief Executive Officer**	PB	3
7.	**Report of Finance Director**	MD	4
8.	**Report of Medical Director**	FM	5
9.	**Service Improvement Programme Update**	KJ	6
10.	**Lease Car Policy: for approval**	CH	7
11.	**Staff Survey Results**	CH	8
12.	**Business Plan & Budget 2009/10: for approval**	MD	9
13.	**LAS Objectives 2009/10**	PB	10

LONDON AMBULANCE SERVICE NHS TRUST

14.	**HART Building Business Case: for approval**	MD	11
15.	**Assurance Framework for 2008/09: for approval**	MD	12
16.	**2008/09 Core Standards Declaration: for approval**	MS	13
17.	**Report of Trust Secretary**	MS	14
18.	**Questions from Members of the Public**		
19.	**Any Other Business**		

20. **Next Meetings:**

- Away Day: 28 April 2009
- Trust Board: 19 May 2009
- SDC: 30 June 2009

London Ambulance Service NHS Trust

TRUST BOARD
Part 1

Minutes of the meeting held on Tuesday 27 January 2009
in the Conference Room, LAS HQ, 220 Waterloo Road, London SE1 8SD
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Present:	Sigurd Reinton	Chairman
	Sarah Waller	Vice Chairman
	Peter Bradley	Chief Executive Officer
	Mike Dinan	Director of Finance
	Roy Griffins	Non Executive Director
	Caron Hitchen	Director of Human Resources & Organisation Development
	Brian Huckett	Non Executive Director
	Beryl Magrath	Non Executive Director
	Fionna Moore	Medical Director
	Ingrid Prescod	Non Executive Director
	Caroline Silver	Non Executive Director
In attendance:	Kathy Jones	Director of Service Development
	Peter Suter	Director of Information Management & Technology
	Angie Patton	Head of Communications
	Richard Webber	Acting Director of Operations
	Janice Markey	Equality and Diversity Manager
	Gary Bassett	Patient Advice Liaison Services Manager
	Laila Abraham	Interim Head of Governance
	Nicola Foad	Head of Legal Services
	David Firth	Capsticks Solicitors
Apologies:	Martin Flaherty	Director of Operations

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01/09 Apologies

The Chairman noted apologies had been received from Martin Flaherty.

02/09 Minutes

After review and due consideration by the Committee, subject to minor amendment:

IT WAS RESOLVED THAT the minutes of the Trust Board meeting held on 27 January 2009 be and are hereby approved as a true record of the meeting, and that they be signed by the Chairman.

03/09 Trust Board Meeting 25 November 2008: Part II Synopsis

The synopsis of the minutes from the Trust Board Part II meeting held on 25 November 2008 was noted.

04/09 Matters Arising

Minute 131/08: Lease Car Policy: The consultation period had been extended and the finalised policy document would be presented to the Trust Board meeting in March 2009.
Minute132/08: LDV Replacement Business Case: This would be covered in the

Finance Report.

05/09 Chairman's Update

The Chairman reported on various meetings, visits and issues of interest since the last meeting:

- There was a new Appointments Commissioner for London, Anne Lloyd, who would be starting in the role on 5 February 2009. He had not yet met her but feedback from those who knew her was positive;
- His own term of office as Chairman of London Ambulance Service was due to end at the end of April 2009; as this is the third term, any extension would be subject to an application to OCPA for an exemption to the ten year rule.
- The SHA was still restructuring and he would learn more at a meeting on 29 January 2009. Malcolm Stamp had left and was not being replaced.
- He was in the process of meeting individually at the LAS with the Chairmen of the 31 London PCTs to discuss the provision of urgent care in London;
- Tough negotiations were continuing with the Commissioning Group for the funding needed to get utilisation down to safe levels;
- During the period, Mike Penning, the Conservative Party Shadow Health Minister with responsibility for the urgent and emergency care, had visited Headquarters.

06/09 Chief Executives Report

The Board considered the report of the Chief Executive.

Over the last four weeks it was noted that performance had improved significantly, with Cat A at 80% and Cat B 90% in the month. The service had done extremely well and all staff should be congratulated.

After further discussion:

IT WAS RESOLVED THAT the report of the Chief Executive be and is hereby received.

07/09 Report of Finance Director: Month 9

The Report of the Finance Director for December 2008 (month 9) was reviewed.

Directors noted a year to date surplus of £1.9 million with a forecast year end surplus of £900,000.

Mr Dinan advised that he would revert to the SDC with the LDV ambulance replacement financing approach.

After further discussion:

IT WAS RESOLVED THAT the Finance Report for December 2008 (month 9) be and is hereby received and noted.

08/09 Report of Medical Director

The Report of the Medical Director was reviewed and discussed.

After due consideration:

IT WAS RESOLVED THAT the Report of the Medical Director be and is hereby received and noted.

IT WAS FURTHER RESOLVED THAT the decision by the Clinical Governance Committee, taken on 12 November 2008, to approve the Policy and Procedure for the Management of Frequent Callers be and is hereby confirmed and ratified.

IT WAS FURTHER RESOLVED THAT the decision by the Clinical Governance Committee, taken on 12 November 2008, to approve the Policy for Pre-Hospital Blood-Taking be and is hereby confirmed and ratified.

IT WAS FURTHER RESOLVED THAT the decision by the Clinical Governance Committee, taken on 12 November 2008, to approve the Health, Safety and Risk Management Training and Provision of H&S Information Policy be and is hereby confirmed and ratified.

09/09 **Business Plan 2009/10 submission to NHS London**

The Board received a presentation on, and reviewed, the Trust's draft proposed Business Plan 2009/10 for submission to NHS London.

Mr Dinan confirmed that further work was required to the submission before approval would be sought from the Board, therefore it would be brought back to the next meetings of the SDC in February for further discussion and to the Trust Board in March, for final approval.

After due consideration therefore:

IT WAS RESOLVED THAT the Trust's draft Business Plan 2009/10 for submission to NHS London be and is hereby received, and that it be delivered to the next meetings of the SDC in February and Trust Board in March for final approval.

10/09 **Islington Ambulance Station: Business Case**

The Board reviewed and considered the business case presented by Mr Dinan to obtain larger premises for Islington Ambulance Station.

After due consideration:

IT WAS RESOLVED THAT the business case for larger premises for the Islington Ambulance Station, as presented by the Director of Finance, be and is hereby approved.

11/09 **Health Care Associated Infection ("HCAI") Declaration**

Directors considered the paper presented by Laila Abraham outlining the new requirement for all Health Care Trusts to register with the Care Quality Commission ("CQC") in relation to the steps taken to prevent Health Care Associated Infections (HCAIs).

The Board was advised that this was now a legal requirement. Milestone dates were noted, in particular that submission for registration was required by no later than 6 February 2009, but that it could be done electronically.

After due consideration:

IT WAS RESOLVED THAT submission of the Trust's application to register with the Care Quality Commission in respect of Health Care Associated Infections be and is hereby approved.

12/09 Nolan Principles of Standards in Public Life and Code on Conduct for NHS Managers

The Board considered the paper presented by Mr Dinan and, after due consideration and debate:

IT WAS RESOLVED THAT the Nolan Principles of Standards in Public Life be and are hereby acknowledged and adopted.

IT WAS FURTHER RESOLVED THAT the Code of Conduct for NHS Managers and NHS Staff be and are hereby acknowledged and adopted.

IT WAS FURTHER RESOLVED THAT the Board will support all London Ambulance Service NHS Trust staff in upholding said principles at all times.

13/09 Draft Assurance Framework and top ten corporate risks

The Board reviewed and considered the draft Assurance Framework and top ten corporate risks presented by Ms Abraham, noting that both were to be presented to the next meetings in March of both the Audit Committee and the Trust Board.

The Assurance Framework was generally considered to be difficult to review and therefore more work was required to make it clearer. It was also noted that Risk ID # 265 required the appointment of a Risk Lead Person. Ms Abraham agreed to discuss these issues with Directors further outside of the meeting.

Accordingly:

IT WAS RESOLVED THAT the draft Assurance Framework and the top ten corporate risks from the Trust's risk register, mitigating actions and assurances, be and are hereby noted.

14/09 CAD 2010 Transition Process

The Board considered the paper from Mr Suter in respect of the CAD 2010 Transition Process, noting that the previously preferred approach was no longer thought to be the best option.

The paper requested Trust Board's support for the approach to assessing the different options set out in it, and the delegation of authority to the February meeting of the SDC to approve the best option. The Director of IM&T confirmed that a formal report would be presented as part of the CEO's report at the Board's next meeting in March.

Accordingly:

IT WAS RESOLVED THAT the Trust Board support the approach to deciding the best option for the CAD transition process as set out in the paper,

IT WAS FURTHER RESOLVED THAT the Service Development Committee be delegated the authority to approve the CAD 20010 Transition approach subject to

receiving reassurance from the Trust's legal advisors that such delegation of authority is in order.

15/09 Safeguarding Activity

Directors considered the report on the current safeguarding activity carried out by the Trust in terms of the protection of children and vulnerable adults, and received a detailed briefing from Gary Bassett.

After due consideration and discussion therefore:

IT WAS RESOLVED THAT the Report on Safeguarding Activity undertaken by the London Ambulance Service NHS Trust, as presented, be and is hereby noted.

IT WAS FURTHER RESOLVED THAT the recommendations contained in the Report on Safeguarding Activity, as presented, by and are hereby approved.

16/09 Service Improvement Programme ("SIP") 2012 Update

The Board considered the SIP 2012 Update report, presented by the Director of Service Development.

Ms Jones confirmed that there were over 100 Referral Pathways in place but that these were not being used as widely as hoped and expected.

After due consideration:

IT WAS RESOLVED THAT the SIP 2012 Update report, as presented, be and is hereby received and noted.

17/09 Corporate Manslaughter and Corporate Homicide Act 2007

The Board received a concise top level briefing from David Firth of Capsticks, the Trust's Solicitors, in respect of the recent introduction of the Corporate Manslaughter Act 2007 ("CMA") and the Health and Safety (Offences) Act 2008.

Mr Firth advised in particular that any prosecution conducted under the CMA would at the same time have the current Health and Safety At Work Act 1974 running parallel to it.

The Board thanked Mr Firth for his comprehensive brief and noted that the Director of Human Resources would be inviting the Non Executive Directors to join a workshop presentation on the obligations under the corporate manslaughter legislation to the senior managers' conference on 27 March 2009.

18/09 Equality and Diversity Report 2007/08

The Board reviewed the Equality and Diversity Report for the period 2007/08 and noted that the report for the period 2008/09 would be presented to the May Trust Board meeting.

Directors noted the volume of data contained within the report and requested that the next report contain less data and more conclusion-focussed information, as well as more analysis of what the statistics mean. Further information was requested on how it was planned to approach the problems of staff retention, particularly in terms of BME staff, as well as data on staff with disabilities.

After due consideration therefore:

IT WAS RESOLVED THAT the Equality and Diversity Report for the period 2007/08, and the recommendations stated on pages 23-24 already accepted by the SMG, be and are hereby received and noted.

19/09 Draft Meeting Dates 2010

The Board considered the proposed Meeting Dates 2010 as presented by the Trust Secretary. All the proposed dates were confirmed, with the exception of May and October where the alternative dates of 18 May (Trust Board) and 19 October (Service Development Committee) were chosen.

Month	**Meeting**	**2010**
January	TB	26
February	SDC	23
March	TB	30
April	TB Away Day	27
May	TB	18
June	SDC	29
July	TB	27
August	-	-
September	TB	28
October	SDC	19
November	TB	23
December	SDC	14

Accordingly:

IT WAS RESOLVED THAT the draft Meeting Dates 2010, as amended at the meeting, be and are hereby approved.

20/09 Report of the Trust Secretary: Tenders received and Use of the Trust Seal

Directors noted that there had been 2 tenders received since the previous Board meeting as follows:

Main defibrillator

Laerdal	Zoll	Medtronic

Driver training units

Wilker UK Ltd	U V Modular	S MacNellie & Son

Use of Seal

There had been 2 entries, Nos. 127 – 128, since the last Trust Board meeting. The entries related to:

No. 127 Intermediate building contract (JCT 05) between the London Ambulance Service and Lakehouse Contracts re. alteration and refurbishment works to form ambulance station, Units 2 & 3.

No. 128 Deed of Surrender relating to rights of way over Wardalls Grove and Deptford AS between Lewisham PCT and the London Ambulance Service.

21/09 **Next Meeting**

It was noted that the next Trust Board meeting would be held at 10:00 am on Tuesday 31 March 2009 in the Conference Room at LAS HQ.

22/09 **Any Other Business**

There being no further business, the Chairman declared the meeting closed at 13:20.

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Chairman

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD
Part II

Summary of discussions held on 27 January 2009
held in the Conference Room, LAS HQ,
London SE1

Part II of the Trust Board's meeting is not open to the Public as matters of a sensitive and confidential nature are discussed. Nevertheless, as the LAS wishes to be as open an organisation as possible, the nature of the business discussed in Part II and where possible a summary of the discussions (but not the full minutes) will be published together with the minutes of Part I.

LADWA: HSE Prosecution

The Board was briefed on further developments of the Oliver Ladwa case. The Trust had pleaded guilty to two charges under the Health and Safety at Work Act, one of which had subsequently been dropped. A new hearing date of 10 March 2009 had been set. The Trust's mitigation, to be presented to the court, would include an update on implementation of the 21 recommendations that resulted from the Trust's internal investigation, 20 of which were now complete. The Board would be kept updated as the case progressed.

"Safeguarding Children" Case Update

The Board was updated regarding an ongoing case involving two members of staff who have been suspended pending a police investigation. Staff liaison officers have been appointed to each individual and further details of the case will be provided at the next meeting.

LONDON AMBULANCE SERVICE NHS TRUST
TRUST BOARD MEETING 31st MARCH 2009
CHIEF EXECUTIVES REPORT

1 SERVICE DEVELOPMENT

1.1 Healthcare for London

Work continues to ensure that the ambulance service is involved in and contributes to NHS London's work on Healthcare for London.

Clinical and policy staff remains engaged in all of the workstreams to an appropriate extent.

Current progress includes:

Stroke and Trauma
HfL has now launched the consultation on the location of stroke and trauma centres.

HfL's preferred option for trauma is the designation of four major trauma networks with, respectively, The Royal London, King's College, St George's and St Mary's Hospitals as the major trauma centres. Although this is more centres than justified by the small numbers of major trauma patients in London, it reflects a compromise with public anxiety about travel times to such centres.

Eight hyper acute stroke centres are proposed: Northwick Park, Charing Cross, University College, the Royal London, Queen's, St George's, King's College and Princess Royal Hospitals. This list includes excludes some hospitals that are already able to meet high standards of care in the acute phase and includes some that are not yet ready. This proposal represents a compromise between readiness and location. Choosing only those hospitals that already provide excellent care would have left large parts of London uncovered, including parts with populations more likely to suffer strokes. The implementation of the changes is likely therefore to involve some interim changes which do not reflect the final position.

Internal work continues to decide the appropriate response to the trauma changes and to model the effects. The settlement with commissioners for 09/10 includes the part year effects of implementation of the stroke changes which, as previously discussed at the Board, are already happening in pilot form in SW London and, for quality reasons in two other areas as a result of PCT instructions.

Unscheduled Care
KPMG were engaged by HfL to undertake a study into the best way of bringing greater integration to the handling of telephone access to urgent care. This is happening in the context of the Government's likely designation of a new more memorable telephone number for this purpose. We have continued to argue for the response hub concept and hope that this will be reflected in KPMG's report.

Polyclinics
Local managers, supported by the Policy, Evaluation and Development team, continue to be involved in the implementation of the early polyclinics.

1.2 Foundation Trust Preparation

Consultation on our plans to become a foundation trust was launched on 9 February in tandem with our recruitment drive for members.

Approximately 8,000 consultation documents have been sent to stakeholders to date (including staff) outlining our proposals and offering people the chance to give their views and register as a member. Public consultation events have started – the majority of which are being run in partnership with Healthcare for London. Six have been completed to date (City and Hackney, Twickenham, Harrow, Lewisham, Lambeth and Hammersmith and Fulham) with over 300 people being spoken to.

An event has also been held with key stakeholders (attended by representatives from local authorities, police, fire, overview and scrutiny committees, primary care trusts, LINks, Patients' Forum, hospitals, and voluntary sector organisations).

Eighty responses to our consultation have been received so far and approximately 100 people have signed up as members

2 SERVICE DELIVERY

2.1 A&E Operations (graphs 1 – 14)

The jointly commissioned ORH study into LAS efficiencies and resourcing levels required to deliver sustainable call connect performance has been finalised with resource requirements for 09/10 determined. These amount to an additional investment of 398 Staff to achieve both CAT A and CAT B targets in a sustainable manner during 09/10. The sustainable achievement is contingent on the LAS and PCTs/NHSL being able to reduce hospital turnarounds times by five minutes and should this not be possible due to hospital pressures a further 157 Staff will be required to replace the lost hours. This investment in resources is predicted to reduce the exceptionally high ambulance utilisation levels in London from 68% (the highest in the UK) to circa 55% which is more in line with levels in other urban ambulance trusts across the UK. This will also eliminate the unacceptable levels of clinical risk which are still experienced at weekends when 999 calls are stacked waiting for a resource to become available

Between the 1st and 2nd February London experienced an extreme weather event with very heavy snowfall for the first time in eighteen years. Transport systems were badly affected with buses trains and tubes not running. Ambulances staff made considerable personal effort to get to work and whilst performance was inevitably affected our service to the people of London was maintained. The greatest difficulties were experienced in the Control Centre where a high proportion of staff rely on Public Transport to get to work. Ambulances used the 'Snow Socks' that were introduced a year ago to enable them to

drive in the very dangerous conditions but it was nearly impossible to meet the eight minute response time from the 1st Feb to the 3rd Feb inclusive and our performance suffered accordingly. To help maintain service on these days 'Gold' Control was opened to provide additional direction and support across the Trust. There were a few periods of time when the Trust was only able to respond to life-threatening calls and so additional measures were taken to manage the incoming calls, in line with the Trusts' Over-Capacity Plan. Calls were re triaged with the public encouraged through media messages to use us wisely and if at all possible to make their own way to hospital. One of the many initiatives implemented was the use of NHS Direct (NHSD) to assist in managing green calls. This was successful and is now an initiative that is being used in March to support the LAS in meeting its service targets. Managers were used to ferry staff from the outlying stations that they had managed to make their way to, into central London. Whilst it was difficult we are proud of the effort and commitment staff showed with one member of staff walking nearly 10 miles to get to work.

REAP levels have continued to be reviewed in light of the Operational demands and broadly continued at Level 3 'Severe Pressure' since the reduction on January 12th. However, as a result of the adverse weather in early February, the service did briefly return to REAP Level 4 'Critical' to focus all internal resources at managing this extraordinary demand. The triggering of the penultimate stages of our capacity plan helped to ensure that everything possible was done to protect patients across London. It was reduced again as the impact of the weather subsided.

The Emergency Bed Service continues to work with London acute Trusts on improving the data collection regarding London's A&E capacity. In addition plans have been developed to improve the recording, reporting and communication of the safeguarding of vulnerable children and adults procedures. These will be implemented in April 2009.

February brought the induction of 26 new Emergency Care Practitioners (ECPs) into the ECP Programme, to back fill current teams and start three new ones at Barnehurst, Chase Farm and New Malden. Following the induction, most of these new ECPs commenced an education programme at either the University of Hertfordshire (condensed programme over 22 weeks) or at St George's, University of London (8 modules over 18 months). February also saw the ECP Clinical Lead team grow to 4, creating a more robust environment to support clinical development and oversee ECP practice from a clinical governance point-of-view. In addition during the months of February and March the ECP desk in EOC continued to assist in the identification of ECP suitable calls, and liaising with EOC & UOC colleagues to improved ECP overall utilisation – this trial will be audited and reported on at the end of April.

Live monitoring of the performance of call takers has been further delayed owing to difficulties being experienced with the contract for the new telephone system. As a result a number of deliverables essential to the development of a technical method for live time monitoring of call taking have still to be met.

The recruitment of Clinical Telephone Advisers has continued to be problematic with only two new advisers recruited. Efforts continue to recruit more with work still underway to second a number of suitably qualified staff on restricted duties, owing to health or maternity reasons, being offered the opportunity of undertaking three month secondments to UOC whilst increased effort is being made to recruit staff on a permanent basis. It is still

strongly believed that the enabling of remote site working will greatly assist this. To that end a small team of IM&T staff have now been assigned to work on the development of a technical solution that will enable the introduction of Hub Working. This will also provide the opportunity for people to work closer to their homes.

The LAS has continued to receive some support from St John Ambulance and a private provider that has been accredited by the service as meeting the necessary governance standards. The Call Categories that they respond to have been closely monitored and is in the process of being reviewed to ensure that the maximum benefit is being obtained relevant to the skill level and qualifications of the crews employed. This has been particularly beneficial in improving the response time for Green calls and has freed up A&E resources to be available more rapidly for the more serious calls.

A new and more extensive 'No Send' policy has been approved and is in the process of being introduced. It is anticipated that this should see a small increase in the number of occasions that alternative care pathways are used as opposed to dispatching an ambulance response, thus freeing up resources for the more serious calls. Work is also underway to train CTA staff in more thoroughly assessing maternity calls to allow us to safely advise callers when they do not require an Ambulance to transport them to hospital.

A new Quality Assurance regime has now been introduced into Call Dispatch. This is an exciting initiative as it is the first time that we will have the opportunity to test the quality of deployment and dispatch decisions affecting the LAS as a whole. The system involves observation of the staff working on dispatch and ultimately feeds into a plan of continuous improvement. Staff receive feed back on their performance and system issues are identified to the appropriate manager to respond to. Statistical data will be available once a sufficient amount of assessment work has been completed.

A detailed assessment is currently being undertaken to explore the implementation of a new 'Event Control' which will be distinct from the Incident Control Room and Gold Control. This is required to allow us to more effectively support the increasing number of large events that take place across London. It is being scoped in such a way as to be capable of being our main control centre for the 2012 Olympics as well.

A selection process is currently underway to allow us to appoint a number of new AOMs across the Trust to support the expansion in staff numbers as well as fill all existing vacancies. There has been considerable external and internal interest in these posts and all applicants have been through an assessment centre with final interviews scheduled for late April.

The Emergency Preparedness Department continues to be busy, with events such as Chinese New Year and St Patrick's Day. Planning is currently underway for the TUC demonstrations on the 28th March with an anticipated 50,000+ attending. Given the recent demonstrations that continued throughout the month of January we expect it to be a busy event with four public order cells deployed. The following days see the UK hosting the G20 Summit at the Excel Centre with world leaders attending. LAS resources will be deployed throughout the pre and post event proceedings, planning is underway with our partners in the Police Service and the wider NHS.

Later in April the London Marathon will take place and planning has been taking place over the past several months, as usual the LAS will be provide a number of resources for the event. Planning in now underway for the 2009 Notting Hill Carnival over the August Bank Holiday weekend and further updates will be provided nearer the time.

A series of no-notice major incident exercises (Exercise Alacrity) have been carried out with the Emergency Operations Centre and Control Services staff have responded well, these will continue over the coming months. Major incident and CBRN training continues to be delivered to the new student paramedics that are currently going through the training centres this is well received by all.

Gold training for Gold level managers will take place later in April with regular sessions planned throughout the rest of the year. A series of Pandemic Flu workshops for LAS departments and local health partners will take place during April and May and the publishing of the LAS flu plan will follow.

Incidents of note: it has been a busy period with a major fire at Northwick Park Hospital, adverse weather and an aircraft crash at London City Airport, fortunately these incidents did not result in many casualties and resulted in the LAS providing resources to stand-by in support of our partners in the other agencies involved. EPU are currently arranging de-briefs for these incidents and reports will follow.

Accident & Emergency service performance and activity

The table below sets out the A&E performance against the key standards for the first eleven months of 2008/9 and for the first 14 days of March.

	CAT A8	**CAT A19**	**CAT B19**
Standard	**75.0%**	**95.0%**	**90 %***
Year to date	74.6%	98.5%	84.3%
January 2009	79.7%	98.9%	89.9%
February 2009	74.4%	98.4%	84.8%
1-14 March 09	77.4%	98.5%	84.0%

* Commissioned Target for 2008/9 (Please note National Target is 95%)

- The overall demand increase so far this year is running at 3.2% up to the end of February. Category C calls have seen the greatest percentage increase year to date, with an overall increase of 4.9% over the previous year.
- Category A performance reached 79.7% in January which was the best ever month for the Trust. If the exceptionally busy first day of January were to be excluded from the month, then the trust would have achieved an even more impressive 80.4% which is an exceptional achievement to sustain this level of performance across 30 days. Compared to other Trusts nationally, the LAS attained the highest performance for two consecutive weeks which is a testament to the improvements made. As a result of the snow at the beginning of February the performance fell back to 74.4% for the month of February. It is estimated that the impact of this period was o.2% on the year

to date position. Workload for January fell back from the high levels experienced in December to exactly mirror that of the previous year. A similar pattern occurred in February.

- It is still important to retain some perspective here, as Call Connect performance last January and February was 64.0% and 62.3%. The levels now being achieved against a higher workload continue to represent a step change in performance.
- Category B performance has continued to improve as demand fell and resourcing improved. The hospital pressures seen during December and January have also reduced as demand has fallen back to more 'normal' levels. As a consequence we are now delivering some of the best Category B performance ever with the last 30 days of January achieving 90.6%. As previously stated, Category B performance is largely reliant on ambulance availability and whilst ambulance utilisation levels remain so high further improvements in Category B performance will be hard to realise.
- Call taking achieved 97.0% for January and 94.3% for February. The January figure represents the best figure ever achieved in the LAS and the February figure would have been very similar had it now been for the adverse weather. This continued good performance in call taking is pleasing to note and has meant that for the first time the Trust has received no complaints about delays in being connected.
- Staffing has continued to improve with circa 245,000hrs of Ambulance resourcing produced for January and February this year which is 6,000 hrs more than for the same period last year. FRU hours produced increased by circa 25% to 126,628hrs compared to 100,815hrs. UCS increased by 22% from 23,000hrs to 28,000hrs for the same two month period.
- We have continued to incentivise staff working additional hours in January, in broadly the same manner as the previous months. However in addition we have introduced a "Performance Improvement and Attendance Initiative" This targets improvements in individuals performance specifically to the area they work. For example Operational Staff are required to show a maximum of 30 seconds mobilisation across the month. In EOC staff are required to achieve a minimum of 95% in Call Taking by watch and in UOC and CTA there is a requirement for a greater number of calls to be resolved. It is the intention to expand this side of the scheme further in the coming months and reduce the amount paid for undertaking additional hours.
- There are changes planned to the recording of overtime. Pre and Post shift overtime will be entered directly in to 'ProMis' as well as the Station Operating System (SOS) in March at five pilot sites. If the data outputs are correct it will be rolled out to the rest of the Trust in April. This will reduce the amount of work for the Station Administrators as 'ProMis' has amalgamated several sheets in to one. It also automatically works out the overtime rate. The Trust will also be in a position to identify staffing costs live rather than wait for month end returns and allow it more accurately track expenditure. This information will then be sent to payroll electronically in a format that can be directly transferred to ESR.

2.2 PATIENT TRANSPORT SERVICE (graphs 15 – 18)

As part of the London Procurement Programme of Patient Transport services the LAS has been advised that it has been successful in winning the following tenders:

- Barking, Havering and Redbridge Hospitals (new business) – awarded to GSL; and
- Royal National Orthopaedic Hospitals (existing business) – Medical Services

The Royal National Orthopaedic was contracted for £487,000 and its loss will affect 10 LAS staff members. This contract will transfer to the new contractor on 1 June 2009.

In contrast, the LAS has secured the contract for South London and the Maudsley Mental Health Trust (existing and extended business). This revised contract will commence with effect from 1 April 2009. This contract is priced at £212,500 per annum.

The only outstanding result still required from phase 1 of this programme is that of North East London Mental Health Trust (NELMHT) which we currently hold. We are seeking a response from both NELMHT and the LPP to establish whether we will continue providing this service into the new financial year.

As a result of work into the commencement of Barnet, Enfield and Haringey Mental Health Trust on 1 April 2009 the new contract has been amended to include a courier service which adds a further £100,000 to the contract value. This service consists of a further two staff and two courier vehicles.

Following financial losses incurred on the Royal London and Barts Renal contract and following a period of ongoing negotiation, the LAS tendered its notice to stop providing services. This contract will end on 26 July 2009 and will affect a total of 10 LAS staff.

TUPE arrangement with current M&L Ambulance staff employed on the Barnet, Enfield and Haringey Mental Health Trust are now being concluded with 12 staff due to join the LAS on 1 April 2009. This represents 5 fewer staff than was set out in our bid and these opportunities will be offered to staff affected by the loss of the Royal National Orthopaedic and Barts Renal contracts.

<u>Performance</u>

Performance on the quality statistics for February 2009 are:

- Arrival time: 90% - within contracted time window (+ 15mins / -45 mins of appointment time)
- Departure time: 88% - within contracted time window (+ 15mins / -45 mins of appointment time)
- Time on Vehicle: 94% - within contracted time window (normally < 1 hour)

Arrival and departure times were affected slightly by the adverse weather in February although time on vehicle was maintained.

26,481 patient journeys were completed in February. This represents a fall of 3,000 journeys on January's activity and 2,000 down on February 2008. This was in part due to the adverse weather conditions at the start of the month where a number of contracts cancelled a large number of outpatient clinics for the best part of a week.

During this period PTS maintained many of its services to critical patients such as those requiring renal dialysis. Other staff provided assistance where possible to A&E, either by transporting LAS staff to work or by undertaking PTS suitable calls under the PTS 50 project. During February PTS completed 302 calls for the Urgent Operations Centre.

3 HUMAN RESOURCES

Workforce Plan implementation

Recruitment of Student Paramedics (SP) continues. The total number of Student Paramedics recruited by March 2009 is 329 with all training places for April (48) fully allocated.

There are currently c900 applications at various stages of the recruitment process. The number of successful candidates awaiting C1 qualification is 62.

Thus far the attrition rate for student paramedics is circa 4.5% which is lower than the rate was for EMT (circa 6%).

The February "one stop" recruitment event (the third event held) was again successful and the next event will take place on 4th April.

Unions and Partnership Arrangements

The first meeting of the Staff Council at which all four unions were eligible to participate was held in February. Elections of station representatives are being held throughout March, and then the senior representatives will be confirmed in April. This will then facilitate the completion of the roll-out of the new consultative arrangements across the Trust. The Operational Partnership Forum will meet every two months from May. The Joint Secretaries have continued to meet regularly to ensure that there is a forum to discuss joint issues whilst these arrangements are put in place. The Partnership Conference is scheduled for 15 May.

NHS London

The Trust, through the Director of Human Resources, has reached agreement with NHS London for funding of £1m (CPD) contribution towards the provision in year of paramedic training for Emergency Medical Technician staff. This will effectively reduce the impact of the underspend against the 2008/09 Education and Development SLA. This impact has bee further reduced by a return of £500k to the SHA against this SLA thus reducing the financial liability in 2009/10 to c£900k.

Approval for the 3 year transformational investment funding from April 2009 has not yet been agreed by the SHA but work is continuing to bring this to a final agreement without further delay in order to continue with the Student Paramedic Programme with confidence.

Disciplinary Appeals and Employment Tribunals

From January to date, 6 appeals against dismissal have been heard and a further 6 await confirmation of dates.

To facilitate organisational learning and improvement, the HR representative on the appeal panel will meet the dismissing manager and the HR representative who supported him/her within two weeks of any appeal, to formally feedback learning points, issues or concerns on behalf of the appeal panel. Arrangements will be put in place to monitor the length of investigations with a view to reducing any unnecessary delay and reviewing progress. This will build upon the existing practice of reviewing suspensions at intervals of two weeks.

The disciplinary and grievance procedures have been reviewed and revised to meet the requirements of the Employment Act 2008 and the revised ACAS Code of Practice 2009. The amended arrangements will be supported and consolidated by arranging further training, targeting in the first instance those managers with the personal or delegated authority to dismiss. This will include guidance on employment tribunal proceedings, and for those managers of this level who have not had previous experience of employment tribunals it will be a requirement of their personal development plan for 2009/10 that they attend a tribunal hearing.

The Trust has had one Employment Tribunal case heard in the period since the last Trust Board and was successful. We have also had a Court of Appeal judgement awarded in favour of the Trust.

Workforce information

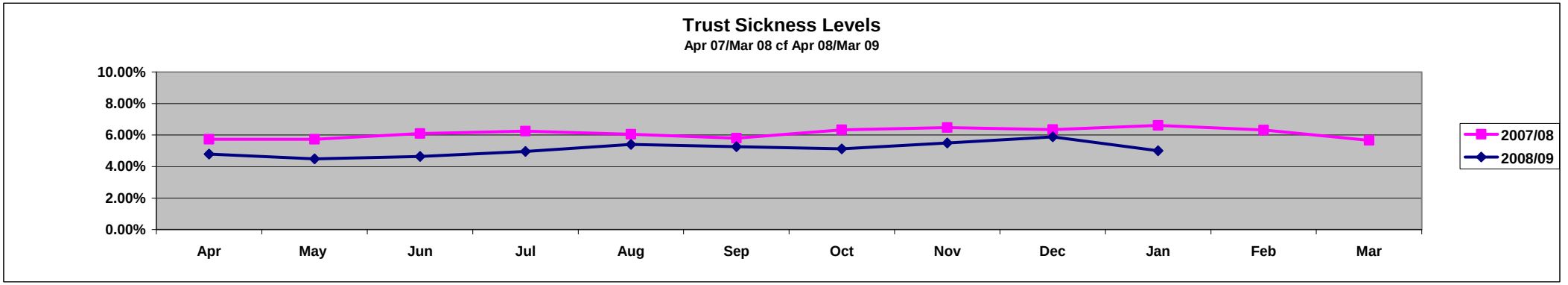
Trust sickness levels have reduced in the month of January from 5.89% to 5.01% with a reduction in the month by over 1% within the A&E operational Areas, Control Services and PTS.

Staff turnover remains stable across all areas of the Trust within the year at 7.18%. The level in year has ranged from 7.18% to 7.80%.

For the month of February, the A&E establishment of 2913 shows a vacancy of 98 wte. The Trust will achieve full establishment (recruited) against the 2913 by March 2009.

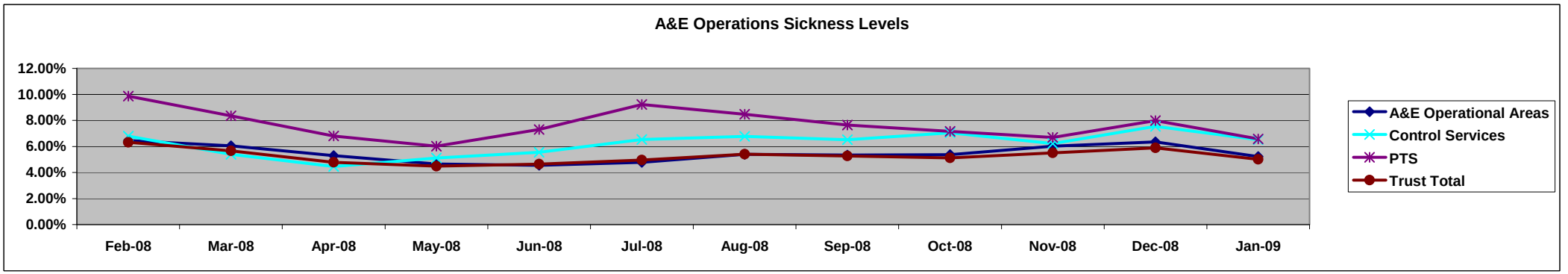
Trust Sickness Levels

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%		



A&E Ops Sickness Levels

	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09
A&E Operational Areas	6.45%	6.05%	5.29%	4.65%	4.55%	4.78%	5.40%	5.34%	5.37%	6.02%	6.35%	5.23%
Control Services	6.79%	5.40%	4.45%	5.11%	5.55%	6.53%	6.78%	6.52%	7.04%	6.23%	7.55%	6.52%
PTS	9.86%	8.36%	6.80%	6.02%	7.30%	9.22%	8.47%	7.65%	7.16%	6.69%	7.98%	6.57%
Trust Total	**6.32%**	**5.66%**	**4.79%**	**4.49%**	**4.64%**	**4.96%**	**5.41%**	**5.26%**	**5.12%**	**5.50%**	**5.89%**	**5.01%**



Staff Turnover

Staff Groups	Apr-07/Mar 2008	May-07/Apr 2008	Jun-07/May 2008	Jul-07/Jun 2008	Aug-07/Jul 2008	Sep-07/Aug 2008	Oct-07/Sep 2008	Nov-07/Oct 2008	Dec-07/Nov 2008	Jan-08/Dec 2008	Feb-08/Jan 2009	Mar-08/Feb 2009
A & C	13.13%	13.48%	15.29%	14.20%	14.79%	13.35%	14.59%	15.38%	15.27%	15.76%	15.14%	14.51%
A & E	5.13%	5.36%	5.46%	5.75%	5.58%	5.47%	5.44%	5.64%	5.60%	5.58%	5.51%	5.45%
CTA	5.13%	11.11%	10.26%	10.00%	8.51%	10.87%	8.51%	9.09%	9.52%	7.14%	6.97%	7.32%
EOC Watch Staff	11.70%	12.80%	11.85%	13.57%	12.57%	12.20%	12.87%	13.31%	13.55%	11.70%	11.52%	11.47%
Fleet	10.91%	13.21%	13.21%	13.21%	13.21%	7.55%	5.66%	11.32%	14.00%	14.00%	14.00%	13.46%
PTS	11.02%	11.86%	12.60%	12.50%	12.34%	11.97%	12.61%	12.55%	11.86%	12.45%	12.98%	12.13%
Resource Staff	2.04%	2.08%	2.08%	2.08%	2.08%	2.08%	2.13%	2.13%	0.00%	0.00%	0.00%	2.04%
SMP	6.74%	6.99%	7.83%	8.12%	7.36%	7.32%	7.37%	6.88%	6.61%	6.99%	6.77%	6.75%
Trust Total	**6.83%**	**7.24%**	**7.51%**	**7.80%**	**7.57%**	**7.27%**	**7.35%**	**7.57%**	**7.50%**	**7.39%**	**7.30%**	**7.18%**

A&E Establishment as at February 2009

Position Titles	Funded Establishment	Staff in post	Variance	Leavers
Team Leader	175.00	160.82	14.18	0.00
ECP	86.00	62.49	23.51	0.00
Paramedic	830.00	866.06	-36.06	5.00
EMT	1220.00	1269.43	-49.43	5.00
Student Paramedic	300.00	249.00	51.00	1.00
A&E Support	232.00	168.06	63.94	0.00
EMD1	54.00	88.16	-34.16	1.00
EMD2	90.55	106.07	-15.52	1.00
EMD3	100.76	58.73	42.03	0.00
EMD Allocator	78.00	71.91	6.09	0.31
CTA	70.00	39.01	30.99	0.00
Total	**3236.31**	**3139.74**	**96.57**	**13.31**

4 INFORMATION MANAGEMENT & TECHNOLOGY

CAD 2010

At the November Trust board, authorisation was given to award the contract for the new command and control system, known as Command Point, to Northrop Grumman. The formal signing of the contract took place on 15 December during a ceremony at Loman Street, attended by senior representatives from NG and the LAS.

At the January Trust Board a paper was considered on the process to agree the appropriate transition approach to enable the lease risk change over from the existing Command & Control System (CTAK) to Command Point. At this meeting the Trust board approved the approach described in the paper, including the four shortlisted options and delegated authority to the February SDC meeting to approve the finally recommended transition approach.

On 24 February 24 2009 the SDC considered a paper on the CAD 2010 transition. It described the approach and process to evaluate the previously approved four options. After due consideration and under the previously agreed delegated authority from the Trust Board, approval was given for selection of Option 10 – "Paper Supported Transition for system switch" as the LAS' preferred transition approach from CTAK to Command Point.

The Trust board as asked to formally note this decision.

5 COMMUNICATIONS

Media Issues

Snow disruption: The heavy snowfall in the capital at the beginning of February led to a flurry of media interest in its effect on the Service. Radio interviews were carried out, including on BBC London and BBC Radio 4, with people being encouraged to use the 999 system wisely and only call with life-threatening emergencies. National and local newspapers also reported on the issue.

The website was used to reinforce messages about demand, as well as provide information to staff about the transport arrangements available if they were unable to make their own way to work. BBC London filmed in the control room the following day for a story about the impact of the weather across the capital.

The Service submitted evidence to a London Assembly transport committee meeting about the impact of the weather on the capital. Issues raised about difficulties clearing areas outside some ambulance stations received media coverage.

Violence against staff: Fulham papers covered the story of a patient who was found guilty of assaulting an emergency medical technician. The patient was given a one year conditional discharge and ordered to pay £450 in costs and compensation. Local papers in Harrow covered news of a burglary at Pinner ambulance station when a team leader who disturbed the thieves was assaulted and hit over head with a fire extinguisher.

National stroke awareness campaign: The Department of Health used our headquarters for the National Stroke Awareness Campaign launch in February. Secretary of State for Health Alan Johnson met with Chief Executive Peter Bradley for a photo call, before he was taken through FAST training by Jane Worthington.

The BBC website carried coverage of the launch as did ITV national lunchtime news. This report showed Jane taking Alan Johnson through the FAST test and featured a piece to camera by the reporter in the back of a new Mercedes ambulance.

Booze bus: The news that the Service's 'booze bus' will operate on a permanent basis, Thursday through to Saturday, resulted in a double-page spread in the Evening Standard, followed by news items on BBC London radio and TV.

Other stories: A number of interviews were published with two former Patient Transport Service (PTS) employees who used to take David Cameron's son Ivan to the Chelsea and Westminster day centre. At the news of Ivan's death, the Chief Executive expressed the Service's condolences in a letter to David Cameron and his family.

Also relating to PTS, the Daily Mirror featured photographs of a driver texting at the wheel of his vehicle with a patient in the back. A follow-up story reported that the staff member, who had been employed by the Service from an agency, had been dismissed following an internal investigation.

Evening Standard briefing: Our Director of Operations and Director of Service Development met with the Evening Standard's Health Editor in March to discuss current Service issues.

Olympics:

- As a member of the Communication and Involvement Project Board, the PPI Manager is ensuring patients and the public are involved with projects within the Olympic programme. This will involve the development of public education messages at the time of the Olympic games, and also ensuring that patients and the public are engaged with selected projects in the run-up to the games.

- Members of the LAS Olympic programme team attended the January meeting of the UK ambulance service PPI leads, to present their plans and invite discussion about the potential impact of the games on ambulance services across the UK.

Public education:

- A new patient information leaflet has been produced, explaining what happens when someone calls 999, what response they might expect, and how to contact the Service in a non-emergency situation (e.g. to arrange a school visit or make a complaint). The leaflet has a tear-off section which allows members of the public to register their interest in becoming involved with the LAS, for example by becoming a Foundation Trust member.

- Other materials and resources are also being developed, e.g. pop-up banners with LAS images, to use at public events.

- Recruitment is underway for the new post of PPI and Public Education Co-ordinator. One of the post-holder's responsibilities will be to develop and maintain centralised resources for use by staff involved in public education work.

PPI activity:

- The LAS is taking part in a workshop event in Barnet at the end of March. 200 young people from Barnet are expected to attend, including scouts, church groups, Muslim and Jewish groups as well as council youth workers, schools workers and other voluntary groups.

- School visits have included a visit to a school for blind and partially-sighted children. Taff Roberts (DSO, Wimbledon & Battersea) let the children touch and feel the equipment used by ambulance staff. The aim was to reduce children's fear of ambulances and sirens.

- John Huggins, AOM at Isleworth, attended a meeting of the Ethnic Minority Advocacy Group in Richmond. He gave a talk about the LAS and took questions from members of the public.

- The Service is conducting a series of consultation events as part of the Foundation Trust application process. Many of these are being held in conjunction with Healthcare for London, as they carry out their consultation on stroke and trauma services.

Peter Bradley CBE
Chief Executive Officer

24 March 2009

London Ambulance Service
NHS Trust

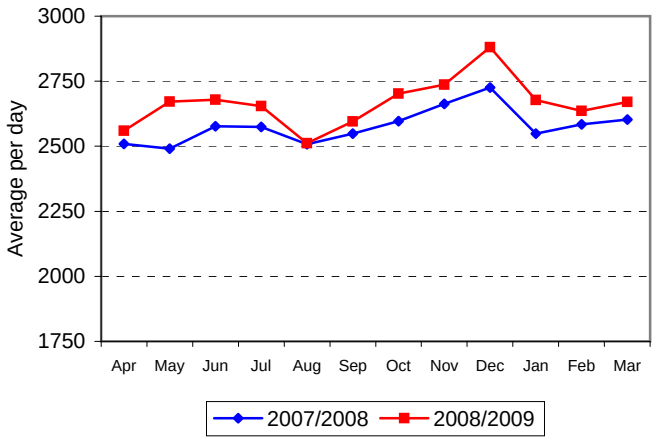
Information Pack for Trust Board

March so far 09

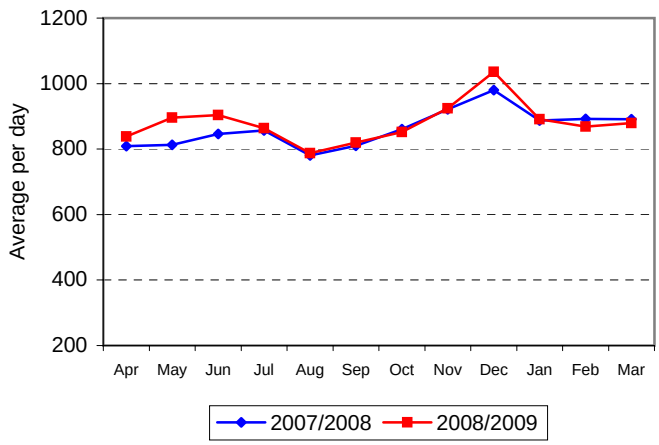
Please note: PRF input is not yet complete for March 09

London Ambulance Service NHS Trust
Accident and Emergency Service
Activity - March so far 2009

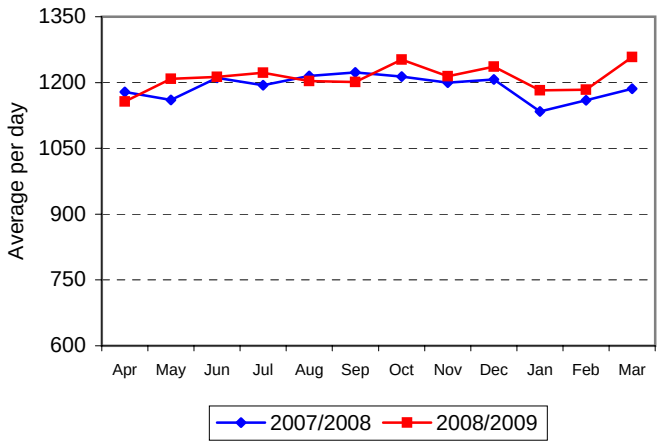
Graph 1
Average number of Cat A, B & C incidents per day



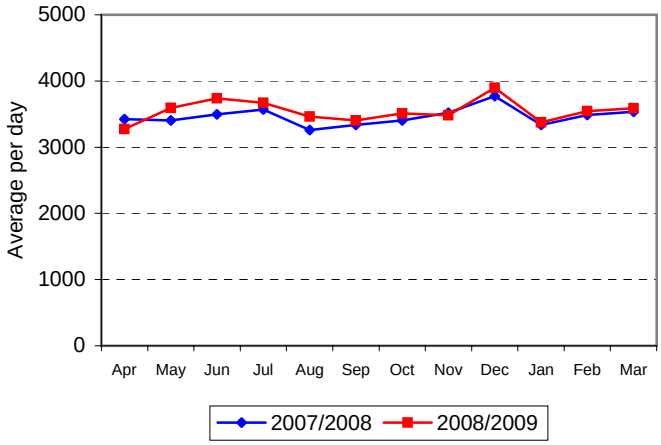
Graph 2
Average number of Cat A incidents per day



Graph 3
Average number of Cat B incidents per day

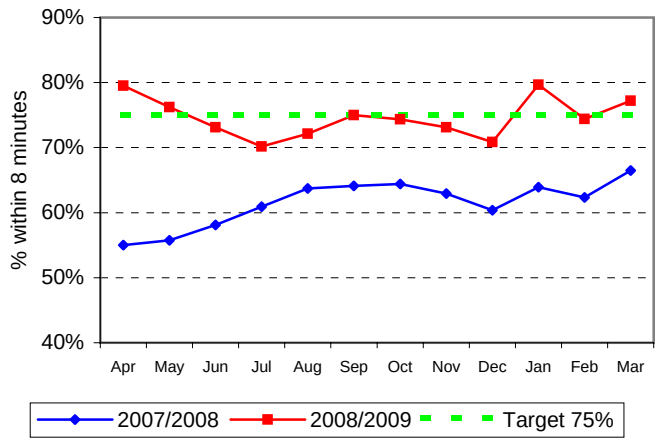


Graph 4
Average number of 999 calls received per day

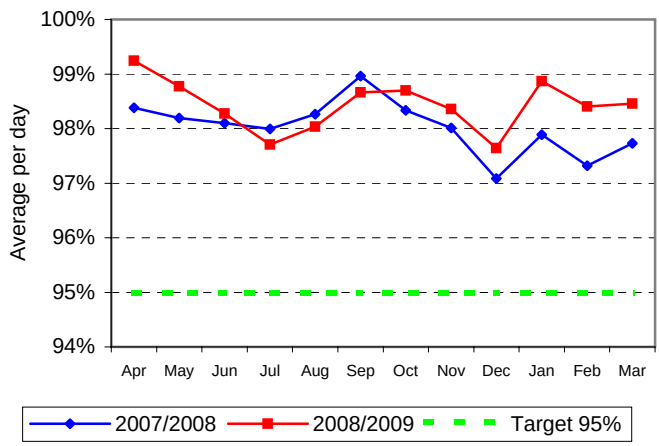


London Ambulance Service NHS Trust
Accident and Emergency Service
Performance - March so far 2009

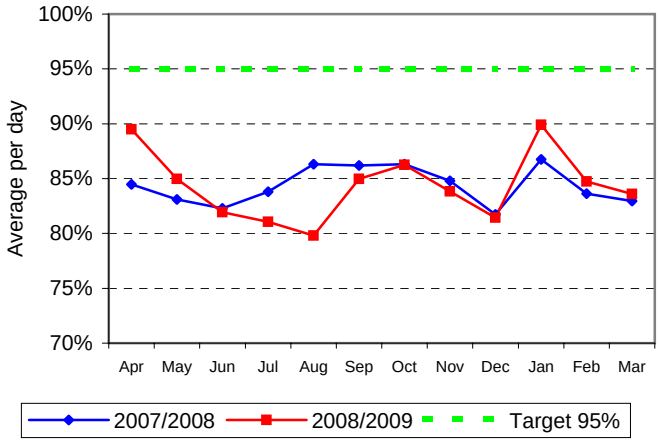
Graph 5
Category A 8 minute performance



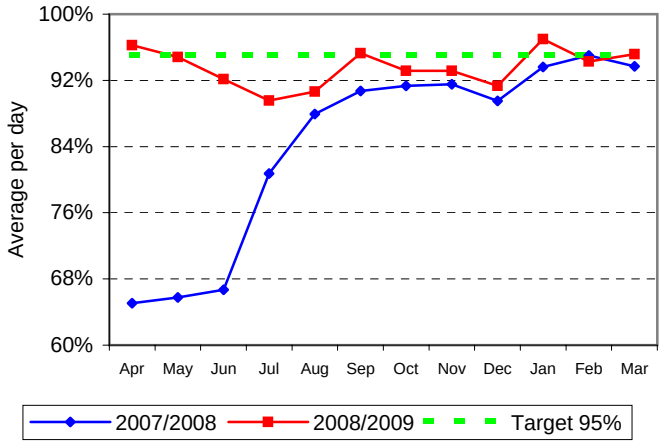
Graph 6
Category A 19 minute performance



Graph 7
Category B 19 minute performance

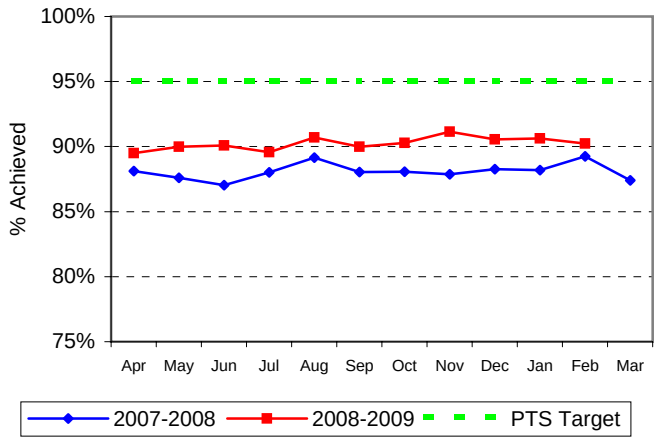


Graph 8
Percentage of calls answered within 5 seconds

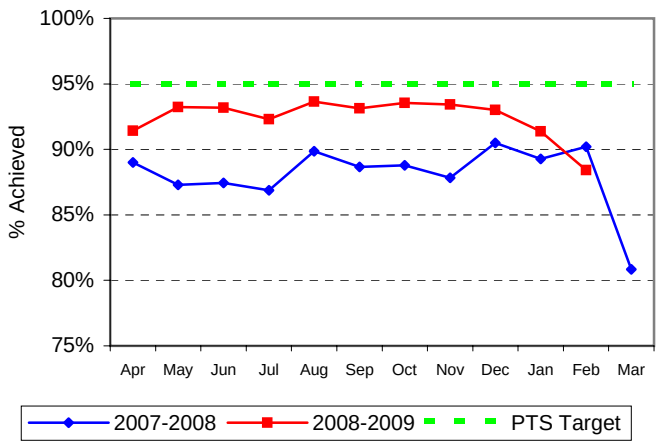


London Ambulance Service NHS Trust
Patient Transport Service
Activity and Performance - February 2009

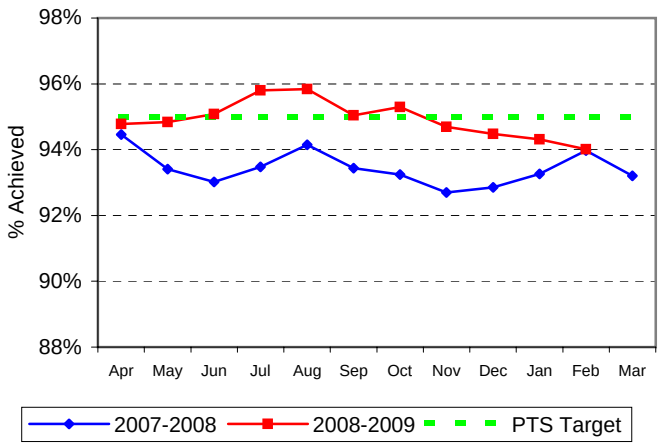
Graph 9
Arrival at Hospital Against Appointment Time



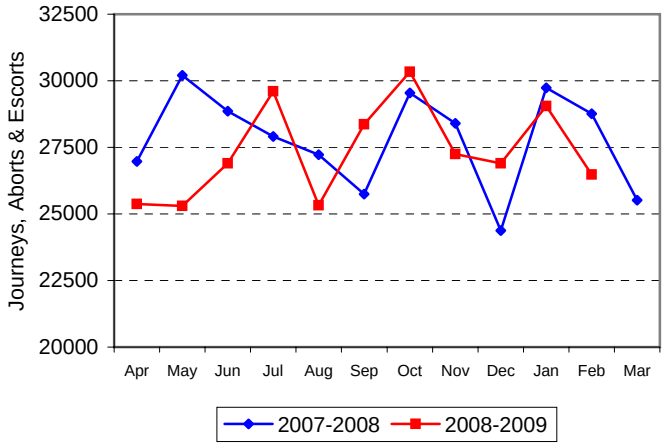
Graph 10
Departure Against Ready Time



Graph 11
Time spent on Vehicle

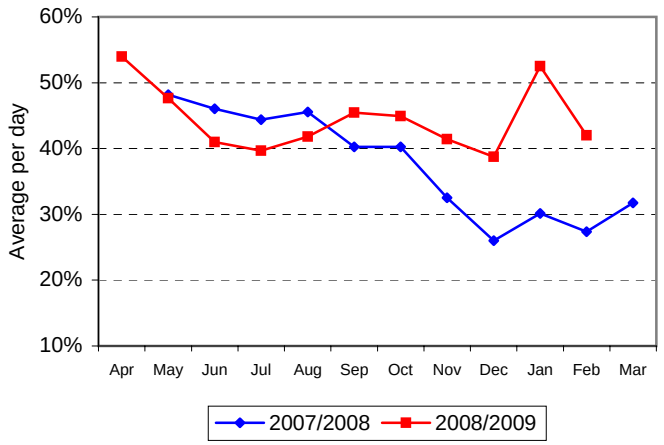


Graph 12
PTS Total Activity

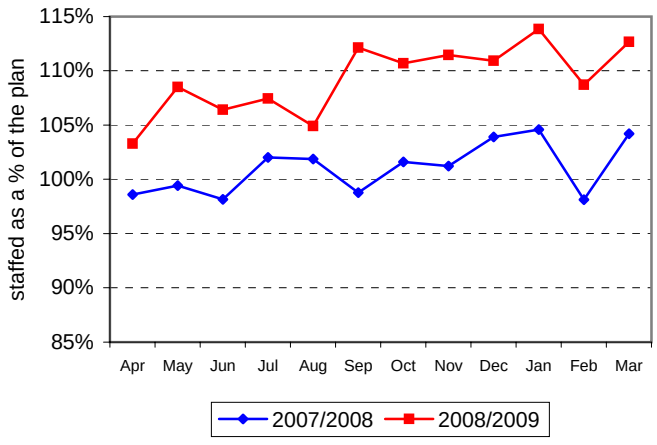


London Ambulance Service NHS Trust
Accident and Emergency Service
Resourcing and Rest Breaks - March so far 2009

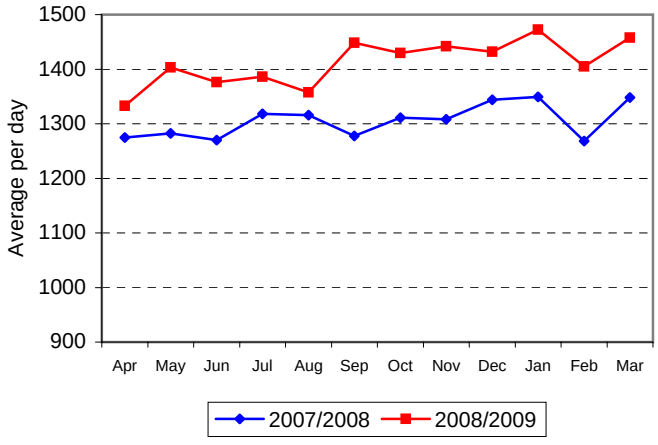
Graph 13
% of vehicles given a rest breaks



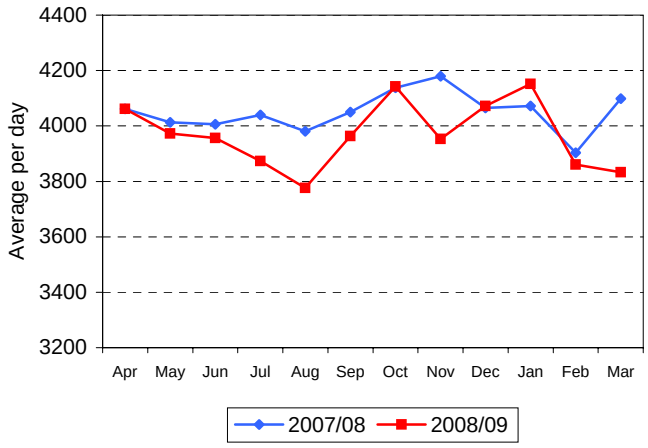
Graph 14
EOC Staffing as a % of the plan



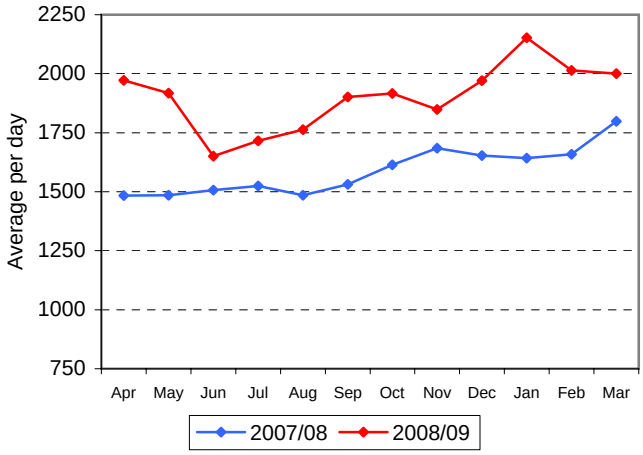
Graph 15
EOC hours staffed per day



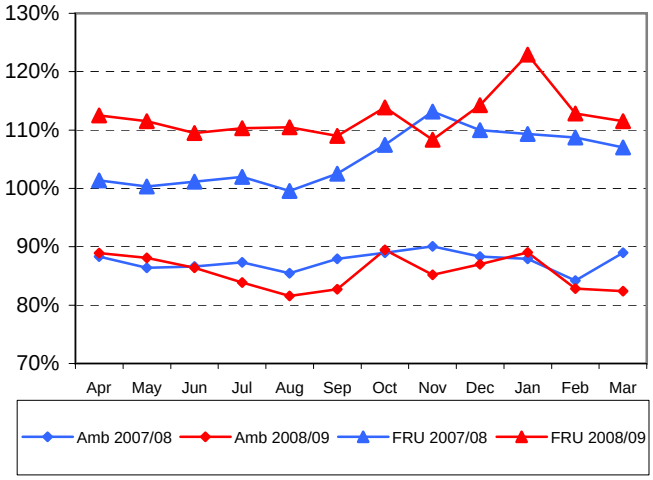
Graph 16
Ambulance hours available per day



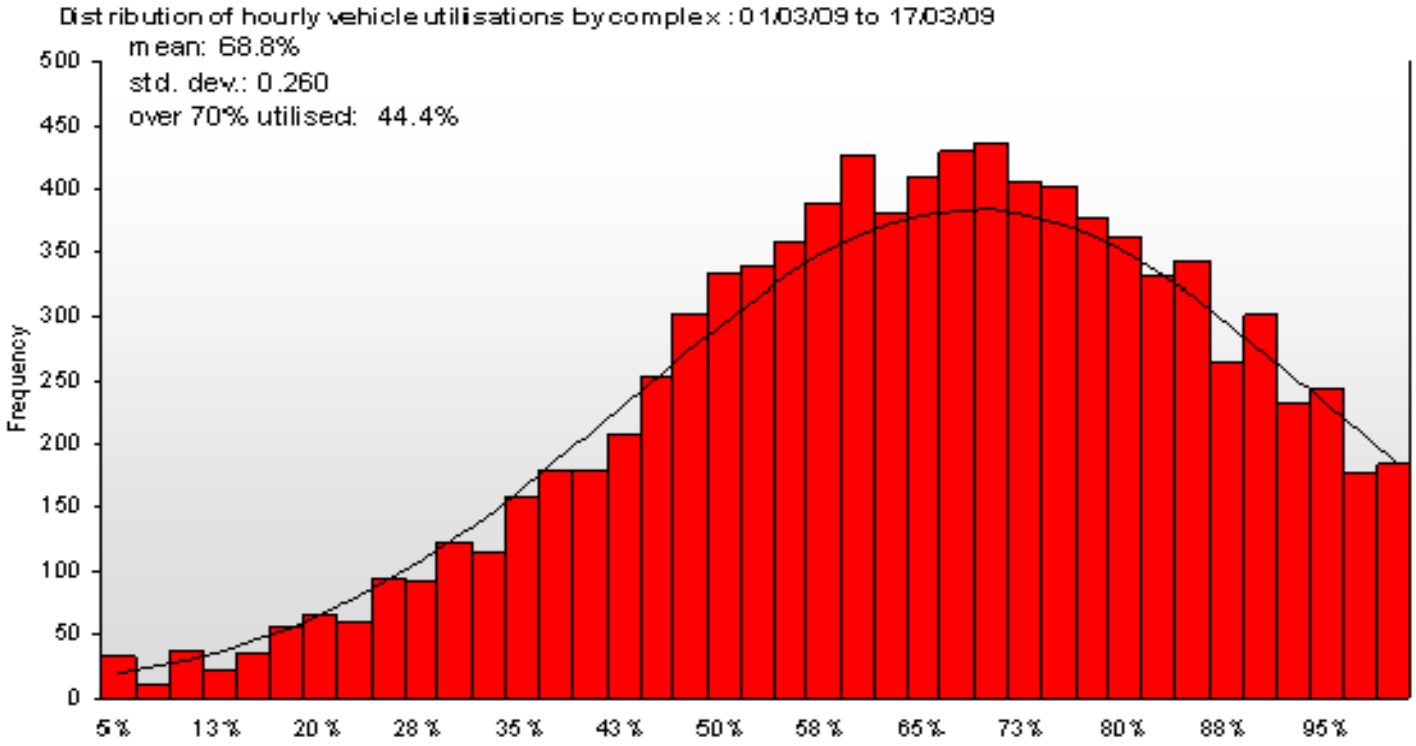
Graph 17
FRU hours available per day



Graph 18
Vehicle availability as a percentage of the plan



London Ambulance Service NHS Trust
Accident and Emergency Service
Vehicle Utilisation - March so far 2009



London Ambulance Service NHS TRUST

TRUST BOARD 31 March, 2009

Finance Report Month 11 (Feb 2009)

1. Sponsoring Executive Director: Mike Dinan, DoF

2. Purpose: For noting

3. Summary .

The month 11 Finance pack is attached.

The month result shows a surplus of £1,333k, resulting in a year to date surplus of £1,997k.

The forecast for the year is a surplus of £881k which is within the NHS London control range.

Additional non recurrent CBRN funding (£1.1m) was secured

Total Cost for the month was £21.3m compared to a forecast of £22.2m
Pay expense was reduced by a reduction in a longstanding AfC provision (£0.4m) .

Non Pay expense was £538k below forecast with fleet (£270k), development cost (£129k) and Staff Related cost (£189k) all below forecast offset by Estates being above forecast (£178k).

M12 forecast cost includes £1.4m incentive, £1.6m overtime and NonPay cost of £5.2m (£4.9m m11)

4. Recommendation ➢ That the Trust Board note the report

LONDON AMBULANCE SERVICE NHS TRUST

FINANCE REPORT TO THE TRUST BOARD
February 11 (MONTH 11)

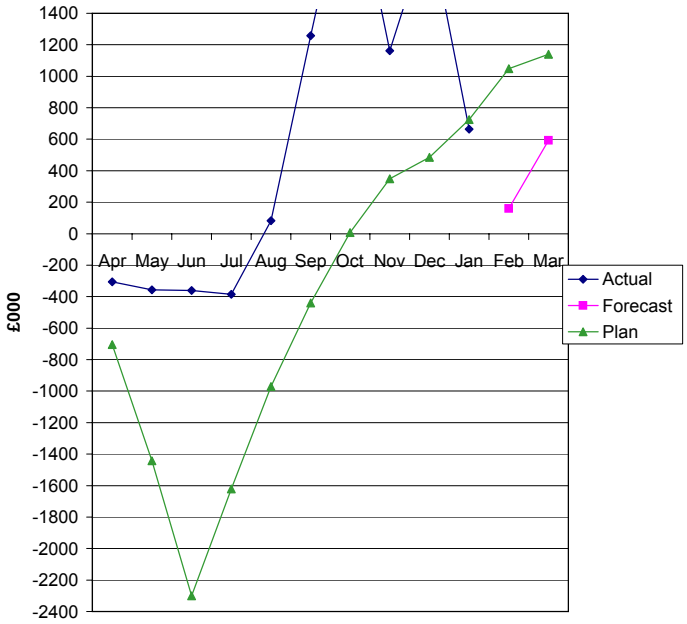
Contents:

London Ambulance Service NHS Trust

Summary of Financial Performance for the month ending 28th February (Month 11)

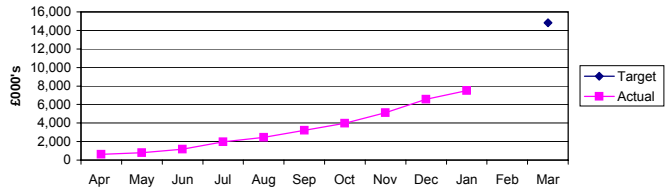
Income and Expenditure

Cumulative Net Financial Position

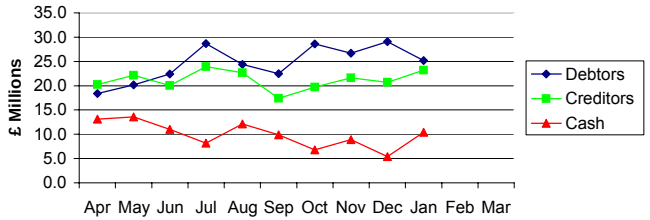


Balance Sheet

Distance from Capital Resource Limit



Working capital



Ratios	Dec	Jan	Feb	
Asset turnover ratio	2.01	2.02	1.6	●
Debtors % > 90 days	7%	10%	4.95%	●
A&E Debtor days	5	4	5	●
PTS Debtor days	59	62	63	●
PSPP NHS	95%	93%	100%	●
PSPP Non NHS	88%	82%	88%	●

Key Financial Indicators

	December	January	February
A&E Overtime (£000) / Day (Month)	55	55	53
A&E Overtime (% of paybill)	10.48%	9.80%	9.37%
Subsistence (£000) / Day (Month)	7.17	4.79	5.24
Subsistence per head £	54.59	36.19	35.43
Third Party Transport expenditure / Day (Month)	4,029	4,926	4,330
Total operational cost per incident	239	278	275
A&E Gross Surplus (YTD) (% of Income)	22.6%	22.1%	22.6%
A&E Net Margin (YTD) (% of Income)	1.2%	0.4%	0.9%
PTS Gross Margin (YTD) (% of Income)	-4.7%	-2.8%	-1.6%
Cat B performance (cumulative)	82.73%	83.36%	84.05%

Financial Risks

	Overall risk rating	MED	●
1	Cat B Penalty imposed for not meeting activity targets	MED	●
2	Failure to manage A&E overtime within plan	MED	●
3	Fuel prices rise in excess of planned figures	LOW	●
4	Failure to meet Trust CIP	LOW	●
5	PTS profitability less than forecast	MED	●

LONDON AMBULANCE SERVICE NHS TRUST

Finance Report - Summary
For the Month Ending 28 February 2009 (Month 11)

	IN THE MONTH				*YEAR TO DATE*					*ANNUAL*		**£000s**
	Actual	Budget	Variance		Actual	Budget	Variance	% Variance		Forecast	Budget	Variance
Total Income	22,589	21,053	1,536F		239,930	231,584	8,346F	3.6%F		261,666	252,638	9,028F
Total Operational Costs	20,289	19,752	(536)U		227,603	219,799	(7,804)U	(3.6%)U		249,478	239,785	(9,693)U
Total Expenditure	21,256	20,728	(528)U		237,933	230,535	(7,398)U	(3.2%)U		260,785	251,497	(9,287)U
EBITDA	**2,300**	**1,301**	**999F**		**12,327**	**11,785**	**542F**	**0F**		**12,187**	**12,852**	**(665)U**
EBITDA Margin	***10%***	***6%***	**4%**		***5%***	***5%***	**0%**			***5%***	***5%***	**0%**
Depreciation & Interest	967	976	9F		10,330	10,736	406F	3.8%F		11,307	11,712	405F
Net *Surplus/(Deficit)*	**1,333**	**325**	**1,008F**		**1,997**	**1,049**	**947 F**	**(3.7%)U**		**881**	**1,140**	**(259)U**
Net Margin	***6%***	***-2%***	***7%***		***1%***	***0%***	***0%***			***0%***	***0%***	***0%***

LONDON AMBULANCE SERVICE NHS TRUST

Finance Report for the Month Ending February 28th 2009

Year to Date

- For the year to date, income exceeds expenditure by £1,997k. The budgeted position is for income to exceed expenditure by £1,049k, hence there is a year to date adverse variance of £947k.
- Income is higher than plan due to increases in contract income to account for changes in the High Cost Area allowance, additional A&E contract income to meet operational pressures , RTA income and £1,100k additional income for CBRN.
- Expenditure exceeds plan by £7,398k due to additional overtime and incentive payments to meet operational performance.
- PTS is reporting a loss to date of £144k against a planned surplus of £80k. The loss arises as a result of the use of third party providers. There is a recovery plan in place to bring the service to breakeven by the end of the financial year.

Month

- In the month there is a £2,300k EBITDA surplus against a planned surplus of £1,301k resulting in a favourable movement of £999k.
- The main reason for the favourable movement is due to additional income from CBRN of £1,100k and Savings achieved in Non Pay.
- The forecast position for the month as at month 10 was a loss of £504k against the actual result, a surplus of £1333k. This variance is made up of additional income of £888k due to additional CBRN income received, Pay savings of £421k resulting from lower incentive costs and slippage against the workforce plan and Non-Pay savings achieved ahead of schedule of £554k.
- PTS reported a surplus of £85k.

Forecast

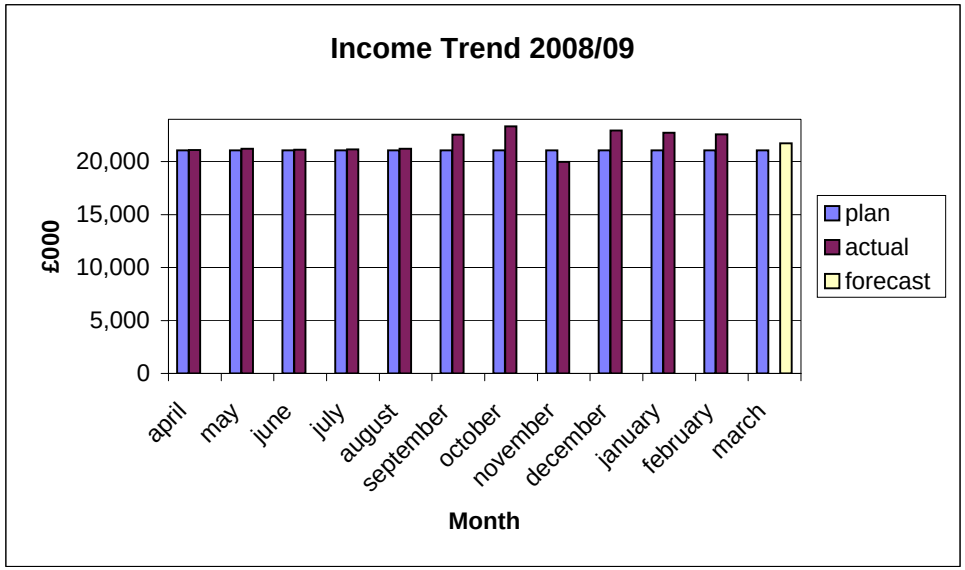
- The year end forecast is £881k surplus against a planned surplus of £1140k.
- The forecast for the year at month 10 was £592k surplus.
- Forecast Income increased by £790k (mainly due to £1.1m additional CBRN income)
- Forecast Pay expenditure increased by £438k compared to the month 10 forecast due to additional overtime incentive of £300k and Additional Overtime cost of £446k. This is partially offset by slippage in recruitment against the workforce plan.
- Forecast Non Pay increased by £108k mainly due to additional spend in Estates.

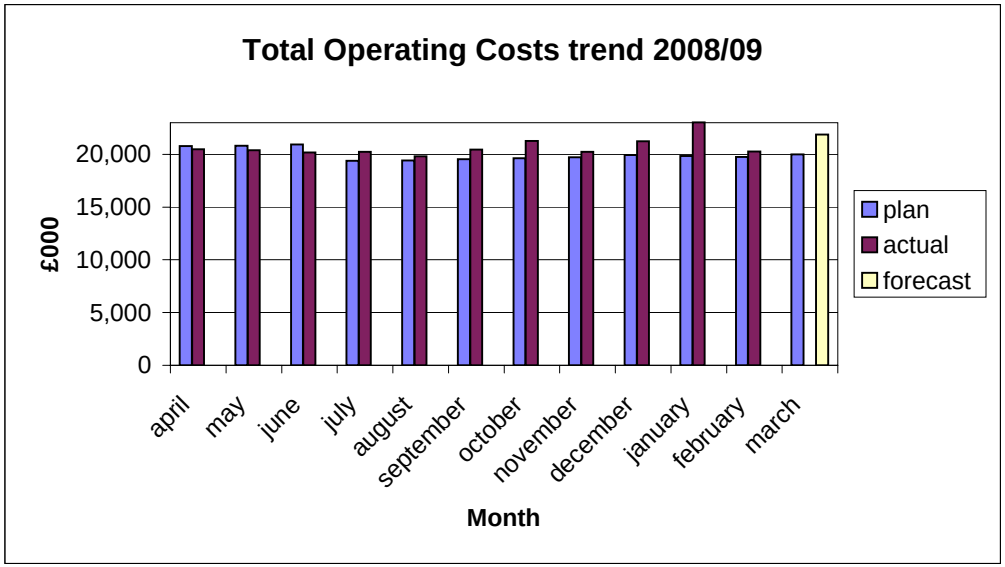
Key assumptions in the forecast:

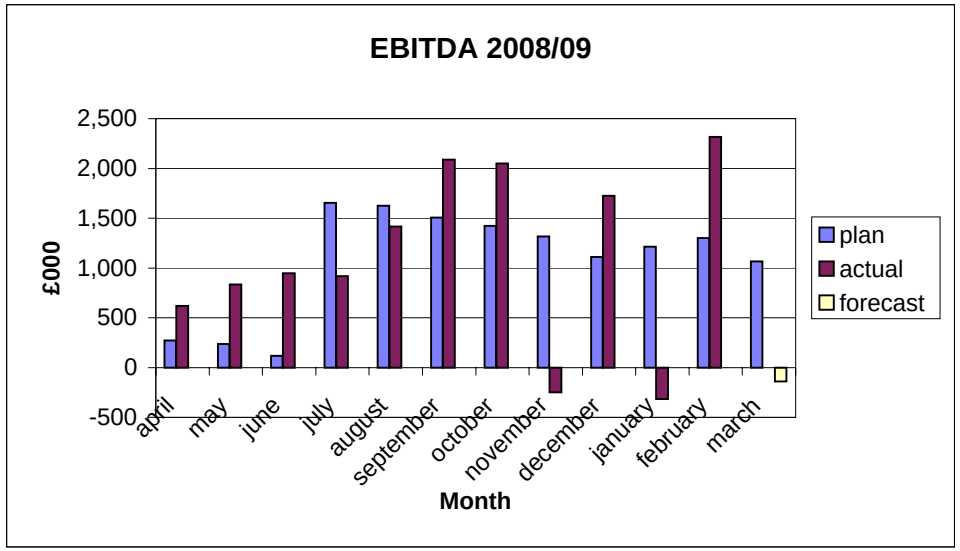
- Additional PCT funding of £5.895m.
- E&D bid funding of £8.4m.
- PTS Breakeven.
- LARP deferred to 09/10.
- Additional £1.1m CBRN income

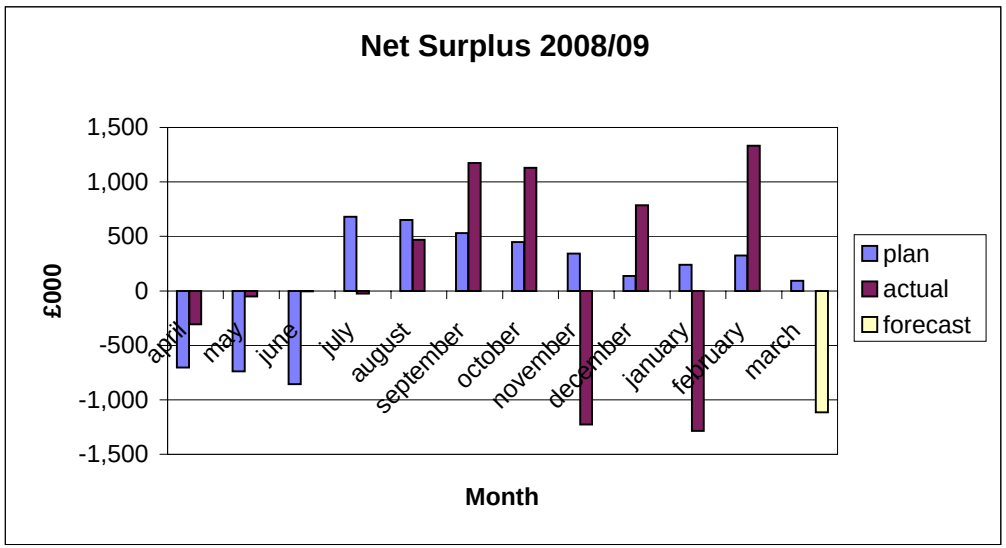
London Ambulance Service NHS Trust

Month 11 Trust Board report - forecast data









LONDON AMBULANCE SERVICE NHS TRUST

Comparison of annual forecasts at Month 11 and Month 10
As at 28 February 2009 (Month 11)

	YEAR TO DATE			
	Month 11	Month 10	Variance	
Income	**261,666**	**260,877**	**790F**	Additional £1.1m CBRN Income partially offset by reduction in othe variable income
Pay Expenditure				
A&E Operational Staff	111,277	111,086	191	£300k additional Overtime Incentive offset by slippage against the workforce plan
Overtime	20,444	19,998	446	£100k higher overtime spend in February than forecast. March overtime increased from £1.2m to £1.55m.
A&E Management	11,651	11,691	(40)	Reduced In line with February actual costs previously overforecast due to YTD catch up effects
EOC Staff	11,748	11,819	(71)	Reduced in line with revised EMD 1 projections
PTS Operational Staff	5,589	5,607	(18)	
PTS Management	980	992	(12)	
Corporate Support	31,574	31,632	(57)	£350k savings in M10 target achieved using AfC provision reversal from Balance Sheet
Sub Total	**193,263**	**192,825**	**438**	
Non-Pay Expenditure				
Staff Related	3,223	3,339	(116)	£38k Uniform saving, £38k saving on Occupational Health screening, £38k saving in Managers lease vehicles. Remainder of savings from travel and accomodation and income from CEO events
Subsistence	2,037	2,081	(44)	Continued fall in subsistence costs due to improved allocation in call taking and the effect of a shorter month
Training	1,203	1,241	(38)	Savings on course fees and text books
Drugs	376	348	28	
Medical Consumables & Equipment	5,748	5,651	96	Forecast to equip 5 additional ambulances (10 instead of 5) before year end than forecast in Month 10
Fuel & Oil	4,942	4,969	(27)	Continued decrease in fuel costs. February was a shorter month therefore reduced fuel consumption
Third Party Transport	1,564	1,620	(56)	Reduction in Third Party usage
Vehicle Costs	12,625	12,772	(146)	£85k reduction in lease vehicle costs. £67k reduction in accident repairs costs
Accommodation & Estates	10,976	10,580	395	Increase in February spend reflected in March (additional £400k). Savings target not expected to be met. Increase in Make Ready forecast of 86k due to extra drivers and stores assistance not previously forecast
Telecommunications	7,417	7,305	111	£35k increase due to EOC software final payment (HARP). The remainder of adjustments relate to accrual revisions
Depreciation	7,382	7,402	(20)	
Other Expenses	6,052	6,127	(75)	Additional SPPP and Non Pay savings achieved since M10 forecast
Profit/(Loss) on Disposal FA	52	52	(0)	
	63,597	**63,488**	**108**	
Financial Expenditure	**3,924**	**3,909**	**16**	
Total Expenditure	**260,785**	**260,222**	**562**	
Net	**-882**	**-654**	**-228**	

LONDON AMBULANCE SERVICE NHS TRUST

Expenditure Trends
As at 28 February 2009 (Month 11)

£000s

	MONTHLY SPEND												
	April *Actual*	**May** *Actual*	**June** *Actual*	**July** *Actual*	**August** *Actual*	**September** *Actual*	**October** *Actual*	**November** *Actual*	**December** *Actual*	**January** *Actual*	**February** *Actual*	**March** *Forecast*	**Total**
Income	**21,086**	**21,217**	**21,130**	**21,147**	**21,219**	**22,551**	**23,328**	**19,982**	**22,955**	**22,728**	**22,589**	**21,735**	**261,666**
Pay Expenditure													
A&E Operational Staff	9,087	9,030	8,936	8,790	8,779	8,912	9,011	9,070	9,471	10,430	9,517	10,242	111,277
Overtime	1,910	1,994	1,897	1,647	1,566	1,620	1,739	1,601	1,712	1,710	1,495	1,552	20,444
A&E Management	942	940	945	966	949	967	979	970	1,024	1,001	980	988	11,651
EOC Staff	977	978	979	1,006	982	985	948	962	918	965	1,007	1,043	11,748
PTS Operational Staff	450	475	468	468	476	454	485	468	470	464	448	463	5,589
PTS Management	81	80	86	87	91	83	88	93	60	80	74	78	980
Corporate Support	2,345	2,672	2,304	2,539	2,581	2,690	2,791	2,781	2,687	2,804	2,431	2,950	31,574
Sub Total	**15,791**	**16,169**	**15,616**	**15,503**	**15,423**	**15,710**	**16,041**	**15,946**	**16,342**	**17,455**	**15,952**	**17,316**	**193,263**
Average Daily	*526*	*522*	*521*	*500*	*498*	*524*	*517*	*532*	*527*	*563*	*570*	*559*	*529*
Non-Pay Expenditure													
Staff Related	223	251	369	207	258	260	355	223	186	326	219	348	3,223
Subsistence	343	44	149	193	200	195	152	167	222	149	147	165	2,037
Training	64	1	129	54	85	65	226	10	131	167	120	151	1,203
Medical Consumables & Equipment	450	537	410	498	433	547	486	374	494	526	396	528	5,680
Drugs	37	25	9	9	49	9	47	49	26	34	51	30	376
Fuel & Oil	415	455	440	450	399	400	427	392	421	403	357	383	4,942
Third Party Transport	213	183	76	142	89	105	95	115	125	153	121	147	1,564
Vehicle Costs	1,114	1,039	943	1,083	948	1,013	1,128	1,017	1,153	1,225	836	1,126	12,625
Accommodation & Estates	783	807	750	928	833	874	926	938	1,052	1,013	1,085	1,055	11,044
Telecommunications	558	517	718	397	510	749	582	613	537	973	615	651	7,417
Depreciation	597	597	695	630	611	611	609	609	596	608	606	615	7,382
Other Expenses	476	442	585	766	576	538	813	392	473	621	376	25	6,031
Profit/(Loss) on Disposal FA	0	0	12	0	1	0	0	2	67	0	0	0	52
Sub Total	**5,273**	**4,810**	**5,261**	**5,356**	**4,989**	**5,364**	**5,845**	**4,896**	**5,485**	**6,197**	**4,927**	**5,173**	**63,576**
Average Daily	*176*	*155*	*175*	*173*	*161*	*179*	*189*	*163*	*177*	*200*	*176*	*167*	*174*
Financial Expenditure	**328**	**289**	**256**	**313**	**340**	**302**	**310**	**368**	**341**	**360**	**378**	**362**	**3,946**
Average Daily	*11*	*9*	*9*	*10*	*11*	*10*	*10*	*12*	*11*	*12*	*13*	*12*	*11*
Monthly Expenditure	**21,392**	**21,268**	**21,133**	**21,171**	**20,751**	**21,375**	**22,196**	**21,210**	**22,168**	**24,012**	**21,256**	**22,851**	**260,785**
Cumulative	**21,392**	**42,660**	**63,793**	**84,965**	**105,716**	**127,092**	**149,288**	**170,498**	**192,666**	**216,677**	**237,933**	**260,785**	
Monthly Net	**(306)**	**(51)**	**(3)**	**(25)**	**468**	**1,175**	**1,131**	**(1,227)**	**787**	**(1,284)**	**1,333**	**(1,116)**	**881**
Cumulative Net	**(306)**	**(357)**	**(360)**	**(385)**	**82**	**1,258**	**2,389**	**1,162**	**1,948**	**664**	**1,997**	**881**	

LONDON AMBULANCE SERVICE NHS TRUST

Analysis by Expense Type
For the Month Ending 28 February 2009 (Month 11)

£000s

	IN THE MONTH				*YEAR TO DATE*				*ANNUAL*		
	Actual	**Budget**	**Variance**		**Actual**	**Budget**	**Variance**	**% Variance**	**Forecast**	**Budget**	**Variance**
Pay Expenditure											
A&E Operational Staff	9,517	9,257	(260)U		101,034	99,558	(1,477)U	(1.5%)U	111,277	108,890	(2,386)U
Overtime	1,495	450	(1,045)U		18,892	9,196	(9,696)U	(105.4%)U	20,444	9,772	(10,673)U
A&E Management	980	978	(3)U		10,663	10,737	73F	0.7%F	11,651	11,714	63F
EOC Staff	1,007	1,090	84F		10,705	11,993	1,288F	10.7%F	11,748	13,084	1,335F
PTS Operational Staff	448	434	(14)U		5,126	4,778	(348)U	(7.3%)U	5,589	5,212	(377)U
PTS Management	74	95	21F		902	1,045	143F	13.7%F	980	1,140	161F
Corporate Support	2,431	2,674	243F		28,624	29,025	401F	1.4%F	31,574	31,700	125F
	15,952	**14,979**	**(973)U**		**175,947**	**166,332**	**(9,615)U**	**(5.8%)U**	**193,263**	**181,512**	**11,752**
Non-Pay Expenditure											
Staff Related	219	278	59F		2,875	3,084	209F	6.8%F	3,223	3,362	139F
Subsistence	147	115	(32)U		1,873	1,265	(608)U	(48.1%)U	2,037	1,380	(657)U
Training	120	182	62F		1,052	2,013	961F	47.7%F	1,203	2,195	992F
Drugs	51	43	(8)U		346	478	132F	27.6%F	376	521	145F
Medical Consumables & Equipment	463	409	(54)U		5,219	3,902	(1,317)U	(33.8%)U	5,748	4,311	(1,437)U
Fuel & Oil	357	410	53F		4,559	4,774	215F	4.5%F	4,942	5,216	275F
Third Party Transport	121	63	(59)U		1,417	730	(686)U	(94.0%)U	1,564	793	(771)U
Vehicle Costs	836	977	141F		11,499	10,825	(674)U	(6.2%)U	12,625	11,801	(824)U
Accommodation & Estates	1,018	811	(207)U		9,920	8,781	(1,140)U	(13.0%)U	10,976	9,592	(1,384)U
Telecommunications	615	562	(53)U		6,766	6,276	(491)U	(7.8%)U	7,417	6,837	(580)U
Depreciation	606	652	46F		6,768	7,167	399F	5.6%F	7,382	7,819	436F
Other Expenses	392	924	533F		6,078	11,340	5,262F	46.4%F	6,052	12,264	6,212F
Profit/(Loss) on Disposal FA	(0)	0	0		52	0	(52)U	0.0%F	52	0	(52)U
	4,942	**5,425**	**483F**		**58,424**	**60,634**	**2,210F**	**3.6%F**	**63,597**	**66,092**	**2,495F**
Financial Expenditure	**362**	**324**	**(37)U**		**3,562**	**3,569**	**6F**	**0.2%F**	**3,924**	**3,893**	**(31)U**
Total Trust Expenditure	**21,256**	**20,728**	**(528)U**		**237,933**	**230,535**	**(7,398)U**	**(3.2%)U**	**260,785**	**251,497**	**(9,287)U**

LONDON AMBULANCE SERVICE NHS TRUST

Income & Expenditure - Analysis by Function
For the Month Ending 28 February 2009 (Month 11)

£000s

	IN THE MONTH				*YEAR TO DATE*				*ANNUAL*		
	Actual	Budget	Variance		Actual	Budget	Variance	% Variance	Forecast	Budget	Variance
Income	21,766	20,343	1,423F		230,989	223,773	7,216F	3.2%F	251,855	244,116	7,739F
Sector Services	12,719	11,929	(790)U		145,725	132,905	(12,819)U	(9.6%)U	159,668	145,050	(14,618)U
A&E Operational Support	1,289	1,119	(170)U		13,819	11,862	(1,957)U	(16.5%)U	15,409	12,994	(2,415)U
Control Services	1,623	1,507	(116)U		17,164	16,955	(209)U	(1.2%)U	18,901	18,472	(429)U
Planning and Specialised Ops	245	365	119F		2,083	4,026	1,943F	48.3%F	2,275	4,391	2,115F
Total Operations Cost	**15,876**	**14,919**	**(956)U**		**178,790**	**165,748**	**(13,042)U**	**(7.9%)U**	**196,254**	**180,907**	**(15,347)U**
A&E Gross Surplus/(Deficit)	**5,891**	**5,424**	**467F**		**52,199**	**58,025**	**(5,826)U**	**(10.0%)U**	**55,601**	**63,209**	**(7,608)U**
Gross Margin	27.1%	26.7%	2.1%F		22.6%	25.9%	-3.3%		22.1%	25.9%	-3.8%
Medical Directorate	111	87	(25)U		788	928	140F	15.1%F	855	1,015	160F
Service Development	74	86	12F		719	906	188F	20.7%F	779	992	213F
Communications	170	190	21F		1,871	1,964	93F	4.7%F	2,028	2,154	126F
Human Resources	1,647	1,589	(57)U		14,190	17,635	3,444F	19.5%F	15,990	19,224	3,234F
IM&T	1,150	1,071	(79)U		11,810	11,550	(260)U	(2.3%)U	12,922	12,621	(301)U
Finance	1,408	1,988	581F		19,615	23,009	3,395F	14.8%F	20,982	24,992	4,010F
Chief Executive	85	97	12F		1,067	1,065	(2)U	(0.2%)U	1,167	1,161	(6)U
Total Corporate	**4,644**	**5,108**	**464F**		**50,059**	**57,056**	**6,997F**	**(12.3%)U**	**54,722**	**62,158**	**7,436F**
A&E Net Surplus/(Deficit)	**1,247**	**316**	**931F**		**2,140**	**969**	**1,171F**	**(120.8%)U**	**879**	**1,051**	**(172)U**
A&E Net Margin	5.7%	1.6%	4.6%F		0.9%	0.4%	0.5%	114%	0.3%	0.4%	-0.1%
Patient Transport Service	**85**	**9**	**76F**		**(144)**	**80**	**(224)U**	**(280.3%)U**	**1**	**89**	**(88)U**
PTS Gross Margin	10.4%	1.3%	10.7%F		(1.6%)	1.0%	(2.9%)U		0.0%	1.0%	(1.0%)U
Trust Result *Surplus/(Deficit)*	**1,332**	**325**	**1,007F**		**1,996**	**1,049**	**947F**	**(90.3%)U**	**881**	**1,140**	**(260)U**

LONDON AMBULANCE SERVICE NHS TRUST

Income & Expenditure - Analysis of Income
For the Month Ending 28 February 2009 (Month 11)

£000s

	IN THE MONTH				YEAR TO DATE				ANNUAL		
	Actual	Budget	Variance		Actual	Budget	Variance	% Variance	Forecast	Budget	Variance
A&E Income											
A&E Services Contract	18,050	18,139	(89)U		205,588	199,530	6,058F	3.0%F	223,639	217,669	5,969F
HEMS Funding	11	11	(0)U		117	117	(1)U	(0.5%)U	127	128	(1)U
Other A&E Income	91	91	0F		1,000	1,000	1F	0.1%F	1,091	1,090	1F
Foundation Trust Income	16	20	(36)U		139	222	(83)U	213.2%F	186	242	500F
CBRN Income	2,004	897	1,106F		11,039	9,872	1,167F	11.8%F	11,942	10,769	1,173F
ECP Income	16	13	3F		320	140	179F	127.9%F	343	153	190F
BETS & SCBU Income	32	76	(44)U		577	835	(258)U	(17.5%)U	680	911	(119)U
A & E Long Distance Journey	28	37	(8)U		423	402	21F	5.3%F	462	439	23F
Stadia Attendance	75	89	(14)U		925	984	(60)U	(6.1%)U	993	1,074	(81)U
Heathrow BAA Contract	44	44	0F		488	488	0F	0.0%F	532	532	0F
Resus Training Fees	3	10	(7)U		53	108	(56)U	(51.4%)U	56	118	(62)U
Education & Training Income	1,260	686	575F		7,491	7,545	(54)U	(0.7%)U	8,821	8,231	590F
	21,599	**20,113**	**1,486F**		**228,158**	**221,243**	**6,916**	**(3.1%)U**	**248,871**	**241,355**	**7,516F**
PTS Income	822	706	116F		8,891	7,765	1,126F	5.9%F	9,726	8,471	1,255F
Other Income	168	234	(66)U		2,882	2,577	305F	11.8%F	3,069	2,811	258F
Trust Result	**22,590**	**21,053**	**1,537F**		**239,931**	**231,584**	**8,347F**	**3.6%F**	**261,666**	**252,638**	**9,029F**

LONDON AMBULANCE SERVICE NHS TRUST
CIP Monitoring Schedule 2008/09
As at 28st February 2009 (Month 11)

CIP Programme	Dept	Expense type	Actual CIP to Month 11 £000	Targetl CIP to month 11 £000	Variance to month 11 £000	Target CIP Full Year £000	Forecast CIP Full Year £000	Variance Full Year £000
A&E Productivity	Deputy Director Of Operations	Paramedic	4,223	4,221	1	4,578	4,581	3
Control Services Productivity	Urgent Care Services (Control)	Paramedic	444	444	(0)	484	484	(0)
Corporate Support Efficiency	Corporate Support	Support Staff	244	444	(199)	432	274	(158)
Non Pay - Facilities	All	Facilities	303	92	211	364	333	(30)
Non Pay - Fleet & Logistics	Fleet & Logistics	Fleet & Logistics	164	310	(146)	338	192	(146)
Non Pay - IM&T	IM&T	Technology	38	47	(9)	52	42	(9)
Non Pay - Other	Corporate Support	Other	252	373	(121)	407	286	(121)
Non Pay - Professional Services	Corporate Support	Consultancy	254	289	(35)	316	280	(35)
PTS efficiency	Centrally Held Funds	Efficiency Savings	21	226	(206)	247	41	(206)
			5,943	**6,446**	**(504)**	**7,217**	**6,514**	**(702)**

● To month 11 the Trust made a £5.94m CIP against a target for those programmes of £6.45m. This table shows the position against the original CIP programmes and does not include areas where savings may have been realised but which are outside these listed CIP programmes. The forecast for the year indicates there will be a shortfall of £702k against the target or 10%.

● The main reasons for the shortfall against target are:

1. Efficiencies in Corporate Support staff have not been realised in part due to vacancies not being realised or staff restructures being delayed.
2. Planned reductions in non pay, especially in fleet have not been realised due to operational pressures.

LONDON AMBULANCE SERVICE NHS TRUST

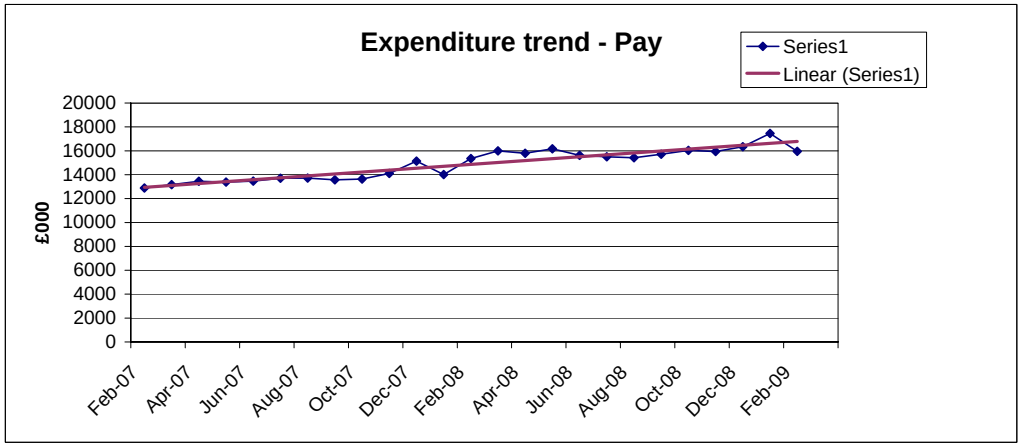
Expenditure Trends Including Last Year
As at 28 February 2009 (Month 11)

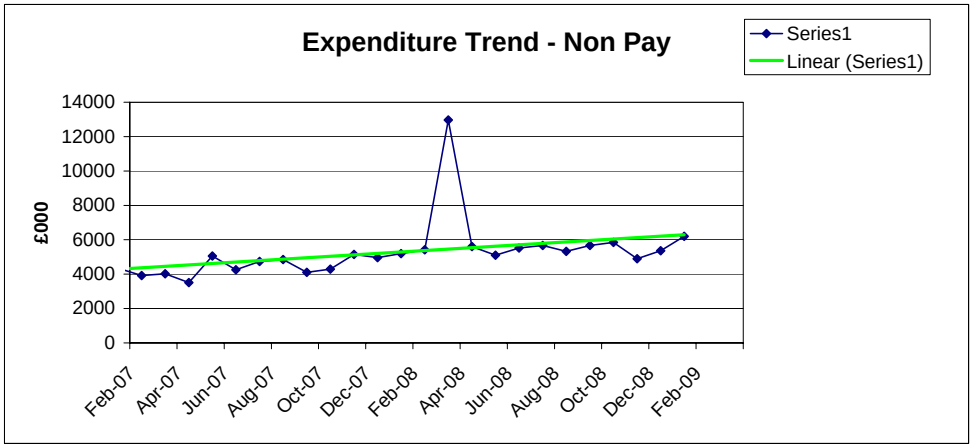
Current Year

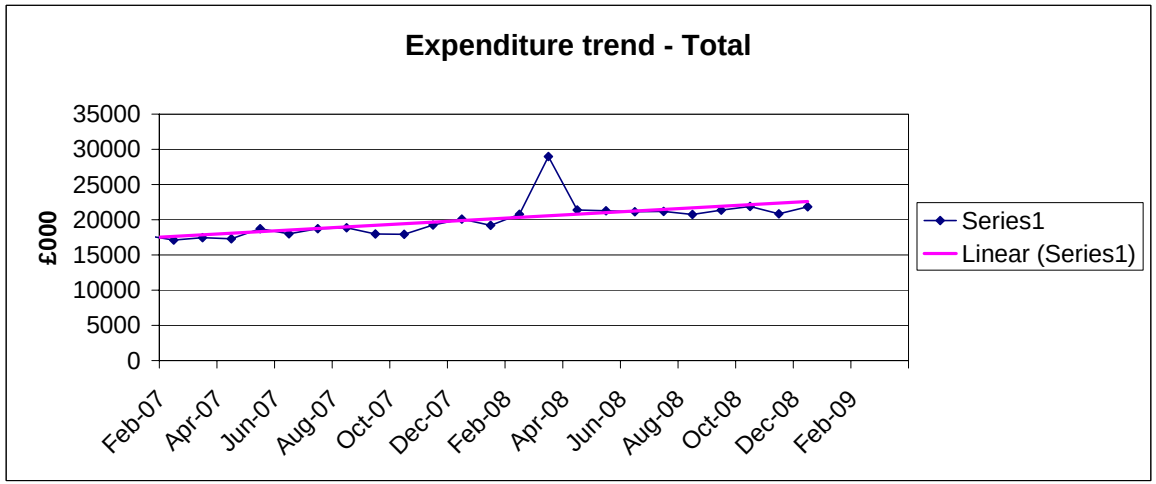
	February	March	April	May	June	July	August	September	October	November	December	January	February
	Actual	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*
Income	**19,641**	**25,743**	**21,086**	**21,218**	**21,128**	**21,147**	**21,219**	**22,551**	**23,328**	**19,982**	**22,955**	**22,728**	**22,590**
Pay Expenditure													
A&E Operational Staff	8,468	8,677	9,087	9,030	8,936	8,790	8,779	8,912	9,011	9,070	9,471	10,430	9,517
Overtime	1,118	1,764	1,910	1,994	1,897	1,647	1,566	1,620	1,739	1,601	1,712	1,710	1,495
A&E Management	1,027	911	942	940	945	966	949	967	979	970	1,024	1,001	980
EOC Staff	953	946	977	978	979	1,006	982	985	948	962	918	965	1,007
PTS Operational Staff	466	459	450	475	468	468	476	454	485	468	470	464	448
PTS Management	84	88	81	80	86	87	91	83	88	93	60	80	74
Corporate Support	3,242	3,154	2,345	2,672	2,304	2,539	2,581	2,690	2,791	2,781	2,687	2,804	2,431
Sub Total	**15,357**	**15,999**	**15,791**	**16,169**	**15,616**	**15,503**	**15,423**	**15,710**	**16,041**	**15,946**	**16,342**	**17,455**	**15,952**
Average Daily	*495*	*516*	*509*	*539*	*504*	*517*	*498*	*507*	*535*	*514*	*545*	*563*	*515*
Non-Pay Expenditure													
Staff Related	231	386	223	251	369	207	258	260	355	223	186	326	219
Subsistence	190	209	343	44	149	193	200	195	152	167	222	149	147
Training	123	258	64	1	129	54	85	65	226	10	131	167	120
Drugs	46	28	37	25	9	9	49	9	47	49	26	34	51
Medical Consumables & Equipment	533	1,814	450	537	410	499	433	547	486	374	494	526	463
Fuel & Oil	391	417	415	455	440	450	399	400	427	392	421	403	357
Third Party Transport	161	173	213	183	76	142	89	105	95	115	125	153	121
Vehicle Costs	1,034	2,895	1,114	1,039	943	1,083	948	1,013	1,128	1,017	1,153	1,225	836
Accommodation & Estates	832	1,702	783	807	750	927	833	874	926	938	1,052	1,013	1,018
Telecommunications	677	2,129	558	517	718	397	510	749	582	613	537	973	615
Depreciation	524	706	597	597	695	630	611	611	609	609	596	608	606
Other Expenses	425	2,051	476	442	585	766	574	540	813	394	477	621	392
Profit/(Loss) on Disposal FA	0	29	0	0	12	0	1	0	0	2	67	0	0
Sub Total	**5,167**	**12,797**	**5,273**	**4,810**	**5,261**	**5,356**	**4,987**	**5,366**	**5,845**	**4,897**	**5,489**	**6,197**	**4,942**
Average Daily	*167*	*413*	*170*	*160*	*170*	*179*	*161*	*173*	*195*	*158*	*183*	*200*	*159*
Financial Expenditure	**246**	**170**	**328**	**289**	**256**	**313**	**342**	**299**	**310**	**366**	**337**	**360**	**362**
Average Daily	*8*	*5*	*11*	*10*	*8*	*10*	*11*	*10*	*10*	*12*	*11*	*12*	*12*
Monthly	**20,770**	**28,966**	**21,392**	**21,268**	**21,133**	**21,171**	**20,751**	**21,375**	**22,196**	**21,210**	**22,168**	**24,012**	**21,256**

LONDON AMBULANCE SERVICE NHS TRUST

Expenditure Trends over the last 24 months as at 28st February 2009 (month 11)







LAS Capital Expenditure Forecast M11

	Data		
Category	**Sum of Year to date Spend**	**Sum of M12 Forecast**	**Sum of Total Full year forecast**
Equipment	-21,030	0	-21,030
Estates	2,770,098	219,304	2,989,402
IM&T	4,660,976	389,243	5,050,218
Vehicles	3,648,046	3,015,972	6,664,018
Grand Total	**11,058,089**	**3,624,519**	**14,682,608**

Disposal			**0**
Net Total	11,058,089	3,624,519	**14,682,608**
CRL			**15,865,000**
Variation to CRL			**1,182,392**

Slippage in Fleet Vehicles as Vehicle conversion/assembly is taking longer than planned.

LONDON AMBULANCE SERVICE NHS Trust

Forecast Balance Sheet
For the Month Ending 28 February 2009 (Month 11)

	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	
Fixed Assets	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Forecast*	
Intangible assets	3,765	4,511	4,523	3,784	3,854	3,797	3,790	4,016	4,043	4,530	5,046	5,046	5,046	
Tangible assets	119,652	123,612	123,179	123,607	124,108	123,640	123,778	123,755	124,225	124,654	124,353	127,345	130,355	
	123,417	128,123	127,702	127,391	127,962	127,437	127,568	127,771	128,268	129,184	129,399	132,391	135,401	
Current Assets														
Stocks & WIP	1,930	1,934	1,933	1,933	1,926	1,932	1,937	1,934	1,935	1,938	1,938	1,948	1,948	Trade Debtors
NHS Trade Debtors	1,628	821	1,194	1,717	11,611	6,563	3,768	4,744	3,673	5,879	2,372	9,122	2,022	A&E £42k > 60 days (0.47%), Jan - £87k > 60 days (3.79%)
Non NHS Trade Debtors	93	139	244	207	105	112	108	78	88	105	112	105	105	PTS £541k > 60 days (5.94%), Jan - £442k > 60 days (19.09%)
Other Debtors	4,337	388	578	452	401	491	232	385	279	299	325	520	520	
Accrued Income	247	2,117	4,028	5,676	2,466	3,760	5,120	10,010	9,491	8,785	11,418	262	1,467	
Prepayments	5,237	5,060	4,334	4,629	4,246	3,510	3,361	3,357	3,134	4,035	795	2,967	2,545	
Investments	0	14,000	11,000	10,000	9,000	11,100	9,500	0	0	0	0	0	0	
Cash at Bank and in Hand	8,965	(936)	2,471	906	(767)	1,099	419	6,856	8,883	5,416	10,364	9,435	5,268	
Total Current Assets	22,437	23,523	25,782	25,520	28,988	28,567	24,445	27,364	27,483	26,457	27,324	24,359	13,875	
Creditors: Amounts falling due within one year														
Bank Overdraft	0	0	0	0	0	0	0	0	0	0	0	0	0	Trade Creditors
Trade Creditors	11,660	8,581	9,900	9,279	7,400	7,306	6,714	8,104	8,519	6,847	6,009	6,113	4,225	NHS PSPP - This month (100%), Jan (93%), Ytd (89%)
Other Creditors	1,772	7,066	7,145	7,275	7,663	6,974	6,437	6,505	6,590	7,643	10,170	9,954	9,800	Non NHS PSPP - This month (88%), Jan (82%), Ytd (84%)
PDC Dividend Creditor	0	368	736	1,104	1,472	1,840	0	368	736	1,103	1,471	1,839	0	
Capital Creditors	2,756	104	153	219	659	168	365	144	338	132	170	282	643	
Accruals	618	2,145	1,914	1,595	1,388	1,673	1,291	1,262	1,779	1,691	1,471	1,083	1,033	
Deferred Income	152	193	554	586	5,605	4,747	2,654	3,393	3,649	3,274	3,889	2,136	21	
Total Current Liabilities	16,958	18,457	20,402	20,058	24,187	22,708	17,461	19,776	21,611	20,690	23,180	21,407	15,722	
Net Current Assets	5,479	5,066	5,380	5,462	4,801	5,859	6,984	7,588	5,872	5,767	4,144	2,952	(1,847)	
Long Term Debtors	9,875	9,893	9,910	9,858	9,903	9,926	9,870	9,981	9,994	9,998	10,177	10,201	5,377	
Total Assets less current liabilities	138,771	143,082	142,992	142,711	142,666	143,222	144,422	145,340	144,134	144,949	143,720	145,544	138,931	
Creditors: Amounts falling due after more than one year														
Provisions for Liabilities & Charges	18,589	18,532	18,513	18,256	18,236	18,324	18,352	18,139	18,158	18,187	18,242	17,699	12,204	
Total Assets Employed	120,182	124,550	124,479	124,455	124,430	124,898	126,070	127,201	125,976	126,762	125,478	127,845	126,727	
Taxpayers' Equity														
Public Dividend Capital	56,488	56,488	56,488	56,488	56,488	56,488	56,488	56,488	56,488	56,488	56,488	57,523	57,523	
Revaluation Reserve	50,605	55,297	55,297	55,294	55,294	55,294	55,280	55,280	55,280	55,276	55,276	55,276	55,276	
Donated Asset Reserve	68	50	30	9	9	9	9	9	9	9	9	8	8	
Other Reserves	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	
Income & Expenditure Reserve	13,440	13,134	13,083	13,083	13,058	13,526	14,712	15,843	14,618	15,408	14,124	15,457	14,339	
Total Taxpayers' Equity	120,182	124,550	124,479	124,455	124,430	124,898	126,070	127,201	125,976	126,762	125,478	127,845	126,727	

LONDON AMBULANCE SERVICE NHS Trust

Cashflow Statement
For the Month Ending 28 February 2009 (Month 11)

	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Total
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
	Actual	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Forecast*	
EBITDA after exceptionals	619	836	936	918	1,417	2,082	2,050	(254)	1,787	(316)	2,300	(142)	12,233
Excluding Non cash I&E items	(18)	(20)	(21)	0	0	0	0	0	0	0	(1)	0	(60)
Movement in working capital													
Stocks & Work in Progress	4	(1)	0	(7)	6	5	(3)	1	3	0	10	0	18
NHS Trade Debtors	807	(373)	(523)	(9,894)	5,048	2,795	(976)	1,071	(2,206)	3,507	(6,750)	7,100	(394)
Long Term Debtors	(18)	(17)	52	(45)	(23)	56	(111)	(13)	(4)	(179)	(24)	4,824	4,498
Non NHS Trade Debtors	(46)	(105)	37	102	(7)	4	30	(10)	(17)	(7)	7	0	(12)
Other Debtors	49	(190)	126	51	(90)	259	(153)	106	(20)	(26)	(195)	0	(83)
Accrued Income	(1,870)	(1,911)	(1,648)	3,210	(1,294)	(1,360)	(4,890)	519	706	(2,633)	11,156	(1,205)	(1,220)
Prepayments	177	726	(295)	383	736	149	4	223	(901)	3,240	(2,172)	422	2,692
Trade Creditors	(3,079)	1,319	(621)	(1,879)	(94)	(592)	1,390	415	(1,672)	(838)	104	(1,888)	(7,435)
Other Creditors	4,990	(14)	255	415	(902)	(596)	(231)	(86)	469	3,250	(2,911)	165	4,804
Payments on Account	0	0	0	0	0	0	0	0	0	0	0	0	0
Accruals	1,527	(231)	(319)	(207)	285	(382)	(29)	517	(88)	(220)	(388)	(50)	415
Deferred Income	41	361	32	5,019	(858)	(2,093)	739	256	(375)	615	(1,753)	(2,115)	(131)
Provisions & Liabilities	(57)	(19)	(257)	(20)	88	28	(213)	32	29	55	(543)	(5,495)	(6,372)
Net Cashflow from operating activities	2,525	(455)	(3,161)	(2,872)	2,895	(1,727)	(4,443)	3,031	(4,076)	6,764	(3,459)	1,758	(3,220)
Returns on Investments & Servicing of Finance													
Interest received	54	92	125	68	39	82	71	15	44	21	19	19	649
Interest paid	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0
Net Cashflow from returns on investments & servicing of finance	54	92	125	68	39	82	71	15	44	21	19	19	649
Capital Expenditure													
Tangible fixed assets acquired	(2,981)	(46)	(456)	(787)	(386)	(511)	(741)	(767)	(1,154)	(1,521)	(823)	(3,595)	(13,768)
Tangible fixed assets disposed	3,900	0	0	0	0	0	0	0	0	0	0	0	3,900
Other	0	0	12	0	1	0	0	2	(67)	0	0	0	(52)
Net Cashflow from capital expenditure	919	(46)	(444)	(787)	(385)	(511)	(741)	(765)	(1,221)	(1,521)	(823)	(3,595)	(9,920)
PDC Dividends paid	0	0	0	0	0	(2,206)	0	0	(1)	0	0	(2,207)	(4,414)
Net Cashflow before financing	4,099	407	(2,565)	(2,673)	3,966	(2,280)	(3,063)	2,027	(3,467)	4,948	(1,964)	(4,167)	(4,732)
Financing													
Public Dividend Capital Received	0	0	0	0	0	0	0	0	0	0	1,035	0	1,035
Public Dividend Capital Repaid	0	0	0	0	0	0	0	0	0	0	0	0	0
Net Cashflow inflow/(outflow) from financing	0	0	0	0	0	0	0	0	0	0	1,035	0	1,035
Increase/(decrease) in cash	4,099	407	(2,565)	(2,673)	3,966	(2,280)	(3,063)	2,027	(3,467)	4,948	(929)	(4,167)	(3,697)
Closing cash balance	13,064	13,471	10,906	8,233	12,199	9,919	6,856	8,883	5,416	10,364	9,435	5,268	5,268

LONDON AMBULANCE SERVICE NHS TRUST

Trust Board 31st March 2009

Report of the Medical Director

Standards for Better Health

1. First Domain – Safety

Update on Serious Untoward Incidents (SUIs)

No new Serious Untoward Incidents have been declared by the LAS since my last report in November. We are cooperating with Epsom and St Helier NHS Trust in the investigation of a maternity incident which occurred on 12th March.

Action plans for all previous SUIs are up to date with no actions outstanding.

We have continued to liaise with East London Foundation Trust (previously East London Mental Health Trust) following their declaration of a Serious Untoward Incident involving a patient under their care who had become unwell while taking clozapine. This drug had previously been implicated in a Serious Untoward Incident investigated by both Trusts, and the local PCT in 2003. We have agreed to be cosignatories to a letter to the Medicines and Healthcare Products Regulatory Authority (MHRA) and to TOXBASE, asking that they review the information available on this drug. An article on the drug, highlighting its side effects, has also been published in the most recent copy of the Clinical Update.

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

The Central Alerting System (CAS) is run by the Medicines and Healthcare Products Regulatory Agency (MHRA). 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.

Twenty four alerts were received from 6th January to 17th March 2009. All alerts were acknowledged; three required action, two relating to battery powered wheelchairs and one relating to blood collection tubes. These actions are complete.

Update on Safeguarding Children and Vulnerable Adults

Information on the Trust's progress on Safeguarding children and vulnerable adults is now available on the website. Linked pages can be viewed from:
http://www.londonambulance.nhs.uk/health_professionals/safeguarding-child_protection.aspx

The home page provides an overview on our procedures as well as the numbers of referrals made for both vulnerable adults (4,850) and children (1,287) in 2007/2008. Links to the referral process, our response to the review of 'No Secrets', the NICE consultation on child maltreatment and our procedures in the event of the death of an infant, a child or an adolescent are also provided.

2. Second domain – Clinical and Cost Effectiveness

Clinical Update Newsletter

The most recent edition of the Clinical Update has a new and expanded format. It will now be published quarterly, alongside the LAS News, as well as remaining available through the Pulse. We anticipate that this should make the information more readily available to staff.

The March edition (issue 17) contains articles on maternity, care of the newborn and updates staff on the procedures to be followed in the event of the death of an infant, a child or an adolescent (SUDICA). A Q&A section on resuscitation is included, focussing on some of the more commonly asked questions reaching the Clinical Support Desk, along with an update on one of our multi centre research projects (Smart CPR).There is also an article written by a patient, one of the subjects of a Patient Specific Protocol, telling her story in a powerful and moving way.

This edition contains the 'ECG of the Month' and an explanation of the previous month's trace.

Copies of this bulletin will be available at the meeting.

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

Appendix 1 contains a summary of the research project, 'Smart CPR', referred to in the current Clinical Update, as well as brief outlines of other research projects where work has commenced or is planned. An update on further refinements to the updated version of the online database that Team Leaders use when undertaking Clinical Performance Indicator audits is also included.

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3. Third Domain – Governance

Update on Clinical Practice Guidelines for Use in UK Ambulance Services;

The JRCALC Guidelines Subcommittee continues to review and update the current (2006) version of the National Guidelines (generally referred to as the JRCALC Guidelines). A further release was initially planned for 2008, however the next full release is now planned for 2011, incorporating the 2010 Resuscitation Guidelines. An interim release of updated guidelines is imminent and will be available in electronic

format. All stakeholders will be informed and the Trust Board will be updated on plans to introduce new protocols or guidance.

4. Fourth Domain – Patient Focus

Review of Patient Specific Protocols

The Medical Directorate is undertaking a review of all the Patient Specific Protocols that are held by London Ambulance Service. Currently there are 228 Patient Specific Protocols on file. Review letters been sent have to clinicians managing the first ninety of these patients. Around 20 percent of the returns indicate the protocol is no longer valid either through changes in the patient's condition or because the patient has died.

We continue to receive request for new protocols at the rate of 4 – 6 a week. The major themes in the incoming protocol requests are paediatric end of life care and steroid dependent patients. Each protocol is a considerable piece of work requiring a minimum of one hour's work, with more complex protocols often taking many hours to complete. This work load is split between the Medical Directorate and the Clinical Support Desk. The process has recently received praise from Prof Elliot, an eminent Cardio Thoracic Surgeon at Great Ormond Street after a complex protocol was developed for a patient that had undergone ground breaking surgery.

Making Experiences Count

The Trust website has been updated to include 'evidence of learning' pages - http://www.londonambulance.nhs.uk/about_us/what_we_do/making_your_experiences_count/examples_of_learning.aspx

Sixteen very different case histories and scenarios are provided to illustrate how we have used feedback to improve the service we provide to patients and to work more closely with partners in health and social care.

Pilot on the use of NHS Direct for selected calls

During the recent bout of heavy snow in February one of the initiatives investigated was to seek support from NHS Direct in handling selected low priority calls. The background to this was an offer made previously to Ambulance Trusts by NHSD to assist with Cat C work, free of charge. This operated successfully for that week and was of significant value to us in managing demand.

Given the number of calls passed a decision was made to utilise NHSD for the month of March to assist the Trust in meeting its national targets and the system went live again on the 1st March.

The calls we send – NHSD accept certain Green determinants which are nationally agreed as suitable. This list has been in use in South Western Ambulance Service for several months. We reviewed these determinants and excluded certain additional codes to further reduce any risk. Within the subset of potentially suitable calls there

are certain exceptions e.g. if the patient is under the influence of alcohol or drugs, or of the patient is in a public place. Such cases would not be considered for passing on.

The numbers passed

1st March- 15th March: 1996 calls passed to NHSD, an average of 133 a day.

The numbers returned

Of the 1996 calls 261 have been returned to us, just under 14% of the total.

Any problems identified

No significant problems have arisen other than internal procedural ones. Where NHSD were unable to establish voice contact with a patient, call takers were re-triaging the call where no supplementary information was available. Now they pass the call back to the LAS, with the original CAD number, and advise that no contact was made. The LAS then resume responsibility for the call.

We are monitoring the numbers of calls passed on a weekly basis. No complaints have been received either from patients or from NHSD. UOC staff are comfortable with this initiative.

An example of the calls passed during the week ending March 15th in included under Appendix 2.

5. Fifth Domain – Accessible and Responsive Care

Enhancing our ability to respond appropriately to women in early normal labour.

The LAS responds to between 4,000 and 5,000 women in early, normal labour every year. Although Maternity Units advise women to plan their transport to hospital and are liaising with us to manage this demand, we felt there was an opportunity to develop additional guidance for staff providing clinical telephone advice in terms of a triage decision. Furthermore a review of the AMPDS Category B priority codes has provided the opportunity to review whether the code associated with this group of patients could be regarded safely as a Category C response.

The LAS Consultant Midwife, in conjunction with the Medical Directorate has developed a flow chart which will assist Telephone Advisers in identifying both those patients whose pregnancy may be at risk, and who require a more urgent response and those where the level of risk is low and their social circumstances indicate that they can safely be asked to arrange their own transport.

Training on this flowchart has started in UOC and we will evaluate its use over the forthcoming six months.

6. Sixth Domain – Care Environment and Amenities

Infection Control

The current Infection Control Co-ordinator will become full time from 1st April. He is looking to develop key performance indicators around HCAIs which could be agreed with the Commissioners, such as numbers of staff trained in hand hygiene, percentage of ambulance and station audits completed etc.

As the first stage of the introduction of the DH Ambulance Guidelines 2008 we will be rolling out hand hygiene posters to all areas within the organisation. Each pack consists of 5 posters of different design (5 copies of each) to be displayed month by month at all stations and within departments across the organisation. We have signed up to the National Patient Safety Agency 'clean your hands' campaign and will be undertaking audits of hand hygiene in A&E departments across London from May of our staff. The pack will be addressed to the AOM.

Operational staff will soon be able to get personal issue alcohol gel which has been agreed by staff side colleagues and is in line with other health professionals across the NHS. Hand washing sticky posters have previously been placed above all hand washing sinks. We are now ensuring that these remain in good condition and if not will ensure that they are replaced.

We are seeking Infection Control Champions for each area. Six replies from interested staff have already been received. The Champion should have an interest in infection control issues and be a good role model to others as they will be required to link into the local Trusts and provide peer review and support in infection control matters. There will be an advert in the RIB over the next few weeks to recruit to this role.

The National Ambulance Infection Prevention and Control Group invited all the Directors of Infection Prevention and Control (DIPCs) to their most recent meeting in March, to review progress and share best practice.

7. Seventh Domain – Public Health

Nothing further to report

Recommendation

- That the Board notes the report

Fionna Moore,
Medical Director
20th March 2009

Appendix 1.

Clinical Audit & Research Summary Report for the Trust Board

Details of the SmartCPR Research Project

The SmartCPR research project run in the Clinical Audit and Research Unit is an evaluation of software designed to enable a defibrillator to be used to assess the condition of a patient and guide the user in delivering the most effective regimen of CPR and shock therapy

By analysing the initial heart rhythm, 'SmartCPR' software within FR2+ defibrillators calculates the magnitude of a shockable rhythm. The system makes a recommendation of either:

- an immediate shock, or
- a short period of CPR first - followed by a shock.

This approach of tailoring the shock/CPR therapy to the rhythm of the patient's heart is based on research that shows that 'fine' Ventricular Fibrillation (VF) does not always restore to normal rhythm in response to a shock and that it may respond better following a short period of good CPR.

The project has been running for over two years across all areas of the LAS. Study defibrillators (FR2+ defibrillators provided by the study sponsor Phillips) are now being used on Fast Response Units at 22 of the LAS's 26 complexes (all of the East area and most of the West and South).
LAS crews using the study FR2+ defibrillators are trained to place the machine on the patient to gain an initial analysis of the heart rhythm to guide the approach to giving shock and or CPR to the patient.

As part of the study the researchers will then be sent the data cards from the defibrillators so that the details of the intervention can be downloaded and together with information from the Patient Report Form (PRF) and outcome data from the receiving hospitals, analysed to assess the effectiveness of the approach recommended by the SmartCPR software.

LAS crews have been incredibly supportive and the project has made considerable progress. Over 3,000 data downloads have been submitted for analysis with the project reaching over 75% of target recruitment.

The study is being conducted in collaboration with the Fire Department of New York and the data will be combined and used to influence future resuscitation guidelines.

Other Research in the LAS

Title	Status
Dispatcher Assisted Resuscitation Trial ('DART').	Recruitment to this study has closed. Patient outcomes are currently being sought and data from call tapes is currently being collected
The ISRAS Study: Improving Stroke Recognition by Ambulance Services: use of the ROSIER assessment tool.	A Project Working Group has been established. Ethics and Patient Information Advisory Group approvals have been applied for and we are in the process of recruiting a researcher to run the study on a day-to-day basis. Data collection is expected to start in August 2009
Care of older people who fall: an evaluation of the clinical and cost-effectiveness of new protocols for emergency ambulance personnel to assess and refer to appropriate community based care.	Health Technology Assessment (NIHR HTA) programme funding has been agreed and will commence in April 2009. Preparatory work will then begin and patient recruitment is anticipated to start in April 2010. A researcher for London will be recruited by the study team and will be based at Kingston & St George's, University of London.
Immediate Management of the Patient with aneurysm rupture: Open Versus Endovascular Repair ('IMPROVE').	The study is currently going through R&D and ethical approval, having had NIHR HTA funding secured. The involvement of the LAS will be to triage suspected ruptured abdominal aortic aneurysm to centres with vascular expertise. Patient recruitment in-hospital is expected to start in the next three months (subject to approvals)
A study investigating the cardioprotective benefits of remote ischemic post-conditioning in different clinical settings of myocardial ischemia-reperfusion injury	Patient recruitment is ongoing at Chase Farm and Ponders End stations.
An exploration of attitudes towards young people who self-harm and an investigation into the care they receive in hospital emergency departments.	Trust R&D and ethical approvals were granted to extend the study to include interviews with LAS staff at Deptford, Greenwich, Bromley, Croydon and Barnehurst Complexes. This is part of a wider study, which is due to be completed during 2010.
Identifying Emergency Personnel at Risk of Post-Traumatic Stress Disorder (PTSD).	This study involves newly recruited ambulance workers (Student Paramedics). The aim is to establish which predictors lead to PTSD, by initially assessing staff and then following up over a two year period to monitor symptoms as they are exposed to traumatic events. After a number of amendments to the protocol, Trust R&D Approval was granted and recruitment of participants began in February 2009.

Projects undergoing LAS review	
Understanding and improving the experience of parents and carers who need advice when a child has a fever.	This study was commissioned by the Royal College of Paediatrics and Child Health and has been funded by the Department of Health. It includes a questionnaire about care pathway use and the clinical audit of patient records to examine compliance to clinical guidelines. Where a child is under five years of age, is suffering a fever and is left at home following LAS attendance, LAS crews will be requested to ascertain parental interest in participating in the study and pass the details of interested parties to the research team. The LAS were approached during the final stages of the project; we are now investigating ways in which the protocol may be implemented and Trust R&D review of the protocol is on the way. If approved, Brent and Fulham Complexes will be invited to contribute to the study.
iHealth Project: Observational Studies v2.0.	As part of a wider study looking into the role of real time and retrospective patient data is used to treat chest pain patients requiring angiography and angioplasty, LAS crews will be invited to participate in a 20 minute interview relating to a particular incident (what data were used and how). We are currently examining the feasibility of the study and Trust review of the protocol is underway.

Other Projects

Confidential Enquiry into Maternal and Child Health (CEMACH). Project Lead: Rosie Houston (CEMACH)	This project has elements that are subject to R&D Approval, and the study is expected to be adopted by a Comprehensive Local Research Network. However, the only aspects that the LAS are participating in are classed as clinical audit.
ECP Pandemic Flu Triage / Assessment Tool	This study will involve the introduction of a flu triage /assessment tool for ECPs and a follow up questionnaire looking at ease of use. Data will be collected from the tool but it will not be used in any decision making processes relating to individual patients. CARU have ongoing involvement in the study but it falls outside the Research Governance Framework.
Act F.A.S.T Evaluation	This project aims to evaluate the impact of the 'Act F.A.S.T' stroke public awareness campaign on ambulance services. CARU are currently in discussions with Prof. Siriwardena regarding the potential to contribute to this before and after evaluation. It is anticipated that the project will be funded by the Department of Health.

Optimal Strategies In Reperfusion of Infarct Syndromes(pre-hospital administration of Clopidogrel).	The LAS withdrew from this study in November 2008,after JRCALC recommended that 600mg be introduced for STEMI patients indicated for Primary PCI

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Clinical Audit

Clinical Performance Indicator Update

The Clinical Audit and Research Unit routinely audits the information recorded on Patient Report Forms (PRFs) in seven areas of care, known as Clinical Performance Indicators (CPIs). For each CPI, LAS Team Leaders manually select eligible PRFs and then audit the information recorded on them against accepted best practice protocols using an online database. The Team Leaders then undertake feedback sessions with individual crew members, offering praise for good practice and highlighting any areas for improvement.

In April 2009, the Clinical Audit & Research Unit will be releasing an updated version of the online database for Team Leaders to use when undertaking these performance audits. The new version will automatically select the eligible PRFs and provide electronic images of them for Team Leaders to audit, removing the need for Team Leaders to manually select PRFs. This will save time and assist achieving higher rates of CPI audits supporting better informed feedback with crew members.

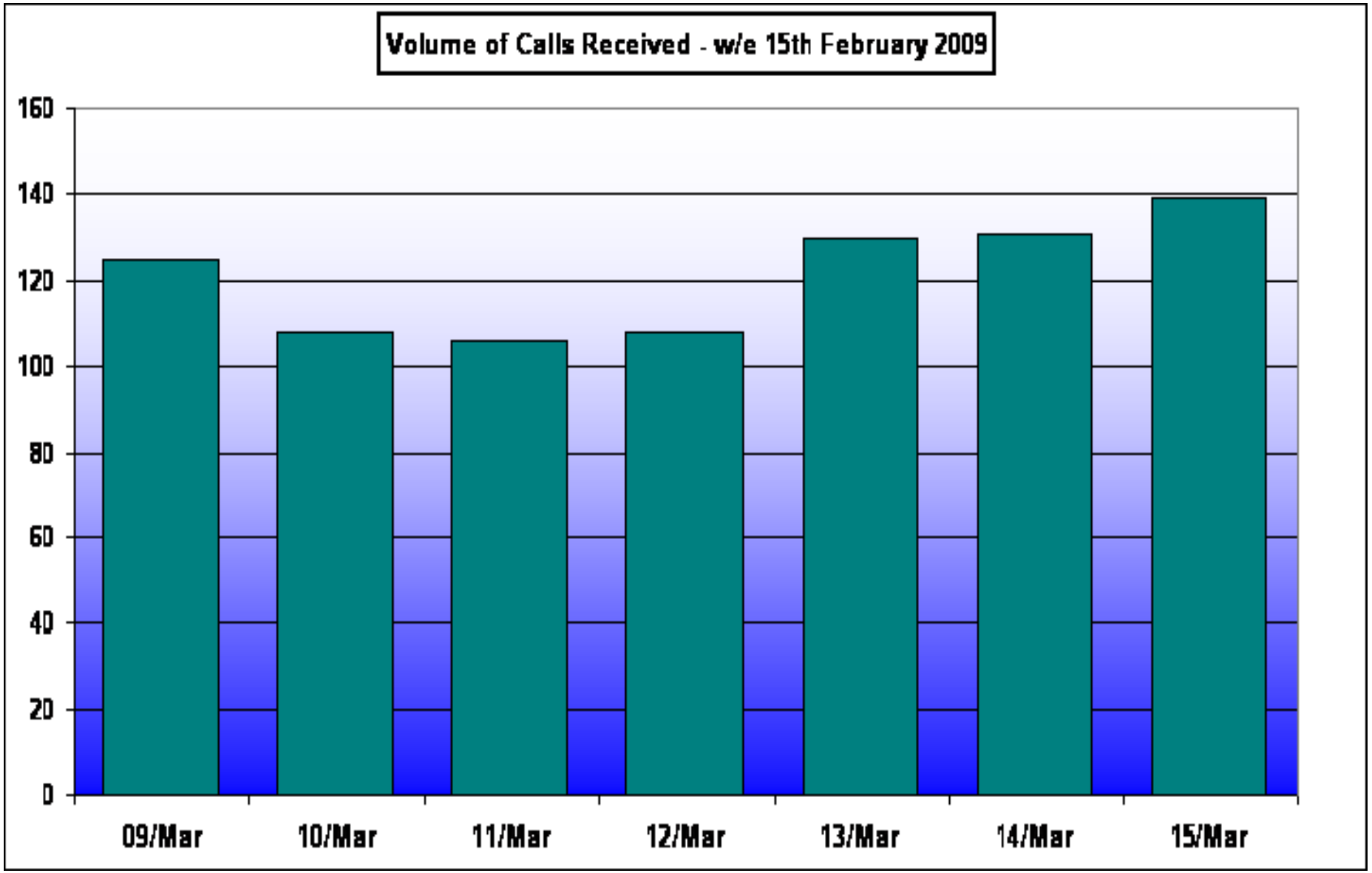
A further development to enhance the feedback on the CPI performance will allow Team Leaders to review PRFs based on two crew names on the database, (at present only the attendant's name is available to them). This will allow both members of a crew to receive feedback on the care they provide to a patient, which it is hoped will improve performance of dual working of crews.

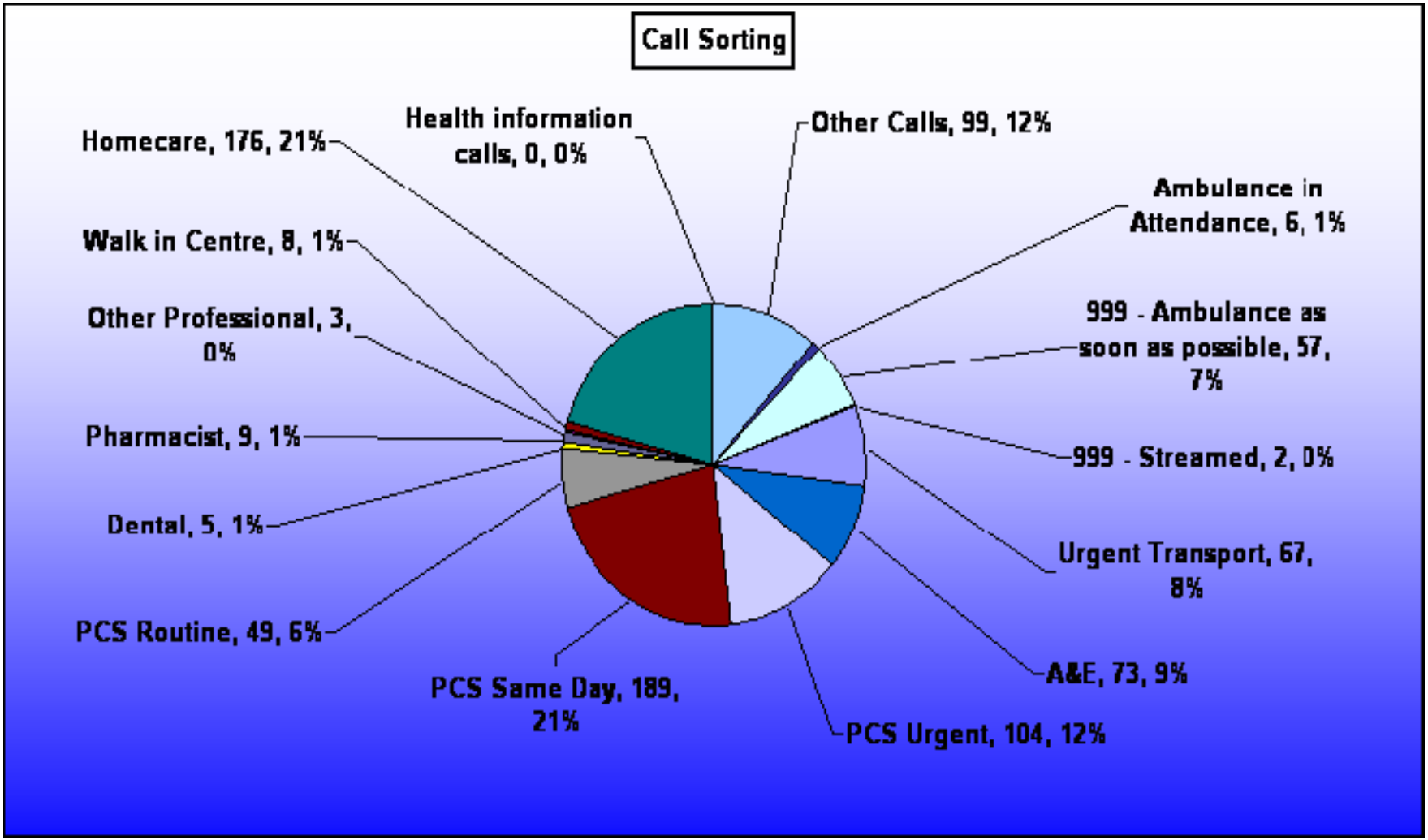
Appendix 2
NHS D calls for w/e 15th March

London Ambulance Service Call Volumes and Sorting - w/e 15th February 2009

Date	Volume
09/03/2009	125
10/03/2009	108
11/03/2009	106
12/03/2009	108
13/03/2009	130
14/03/2009	131
15/03/2009	139
	847

Sorting	# of calls	Percentage
Health information calls	0	0.0%
Other Calls	99	11.7%
Symptomatic calls		
Ambulance in Attendance	6	0.7%
999 - Ambulance as soon as possible	57	6.7%
999 - Streamed	2	0.2%
Urgent Transport	67	7.9%
A&E	73	8.6%
PCS Urgent	104	12.3%
PCS Same Day	189	22.3%
PCS Routine	49	5.8%
Dental	5	0.6%
Pharmacist	9	1.1%
Other Professional	3	0.4%
Walk in Centre	8	0.9%
Homecare	176	20.8%
Calls unassessed as per policy	0	0.0%
Total	**847**	**100.0%**


Volume of Calls Received - w/e 15th February 2009
160
140
120
100
80
60
40
20
0
09/Mar
10/Mar
11/Mar
12/Mar
13/Mar
14/Mar
15/Mar



Source: CAS Datamart

Main Criteria: Call Origin = "London CAT C"

London Ambulance Service NHS TRUST

TRUST BOARD 31st March 2009

SERVICE IMPROVEMENT PROGRAMME 2012 UPDATE

1. Sponsoring Executive Director: Peter Bradley

2. Purpose: *For noting.*

3. Summary

The report provides an update on progress in implementing the Service Improvement Programme (SIP2012).

The following reporting procedure to Trust Board and SDC was approved by the Board in September 2007:

- Trust Board – every meeting;
- SDC – one of the seven sub-programmes which make up the Service Improvement Programme will be presented to each of the five SDC meetings which take place during the year in rotation.

4. Recommendation *That the Trust Board:*

- *Note the progress made with the Service Improvement Programme 2012 outlined in the report.*

LONDON AMBULANCE SERVICE

TRUST BOARD MEETING, 31st March 2009

SERVICE IMPROVEMENT PROGRAMME 2012 UPDATE

1. Purpose

To update the Trust Board with progress in implementing the Service Improvement Programme (SIP2012).

2. Approach to Performance Management of SIP 2012

The approach to performance managing the service improvement programme is based on tracking achievement of planned milestones. Using this approach the report consists of seven sections, one for each of the sub-programmes comprising the overall service improvement programme (see below). Each section contains:

- A brief description of the live projects within the sub-programme concerned;
- A graphical representation of progress for each project focusing on planned milestone achievement.

Trust Board members are invited to raise any questions for programme lead directors to answer at the meeting.

3. Overview of programme structure

The service improvement programme is made up of the following seven sub-programmes:

- *Access and Connecting (the LAS) for Health* led by the Director of Information Management and Technology);
- *Improving our Response* (known as the "Operational Model") led by the Director of Operations;
- *Organisation Development and People* led by the Director of Human Resources and Organisation Development;
- *Preparing for the Olympics* led by the Director of Operations;
- *Corporate Processes and Governance* led by the Director of Finance.
- *New Ways of Working* led by the Chief Executive;
- *Foundation Trust Application* led by the Director of Finance.

There is also a supporting *Stakeholder Engagement and Communications Strategy*.

Following Senior Management Group review of the governance arrangements for the service improvement programme as a whole it has been decided to rationalise the number of programmes down to three. These are sufficiently focused so as to have an integrating rationale but also sufficiently broad in scope so as to be able to accommodate issues arising such as Healthcare for London developments and any new projects that might arise from Foundation Trust market strategy without the need to create additional programmes. The three programmes are:

Version: 1.1
Date: 18 March 2009

1. *Clinical **Development,** Leadership and Workforce Programme* - which focuses on the patients the Trust serves (existing or new) and the people it employs to serve those patients (workfoce profile, skill set, culture, ways of working etc.). This programme is to be led by the Deputy Chief Executive.

2. *Performance and Service **Delivery** Programme* - the operational systems and infrastructure the Trust deploys to enable its staff to serve its patients along with how well it does this looking from all perspectives (i.e. performance in its widest balanced scorecard sense, not just how fast it responds), for this reason the programme is to be led by either the Director of Finance or the Director of Human Resources and Organisation Development and not the Director of Operations;

3. *Preparing for the **Olympics** Programme* - as existing to maintain focus on the only time-driven projects (as opposed to resources driven projects) in SIP2012. This programme is to be led by the Deputy Chief Executive.

A more detailed outline of the new structure can be made available on request.

4. Exceptions

This section provides commentary on those projects (not individual milestones) identified as being of red status (i.e. not on track and cause for concern).

Corporate Processes and Governance

- *Re-engineer Income Collection*
  The project has been on hold pending recruitment of a financial analyst to the programme team.

- *Real Time Fleet Management Information and Asset Tracking projects*
  There has been date slippage due to the constraints on server room capacity which have now been addressed through the provision of extra capacity at the data centre. Re-planning can progress dependent on the prioritisation given to these projects.

- *The Intelligent Trust*
  Project on-hold awaiting financial approval.

New Ways of Working

- *Team Based Working*
  There has been slippage in the timetable to chose an option for Team Based Working and obtain agreement to trial the option. Progress has been dependent upon and awaited the outcomes of ORH modelling, feedback and agreement on a drafted clinical leadership paper and work on proposed clinical models to shape what Team Based Working will look like. The ORH report has been received and work is underway to re-plan the project to minimise the knock-on effect on dependent projects. Workshops were arranged for mid-March at Chase Farm and Barnehurst to review rostering options and agree a way forward.

5. Recommendation

That the Trust Board notes the progress made with the Service Improvement Programme 2012.

Kathy Jones
Director of Service Development

OVERVIEW OF ACCESS / CONNECTING for HEALTH PROGRAMME

CAD 2010
Project Manager: Nick Evans
The purpose of this project is to replace the core Call Taking and Dispatch capabilities within Control Services, including replacement or development of any interfaces with existing systems, applications or services.

CTAK Enhancements
Project Manager: Rony Zaman
The objective is to enhance CTAK capability as an interim measure pending its ultimate replacement by the system put in place by the CAD 2010 project.
This has been achieved through a series of software releases, incrementally delivering new functionality.

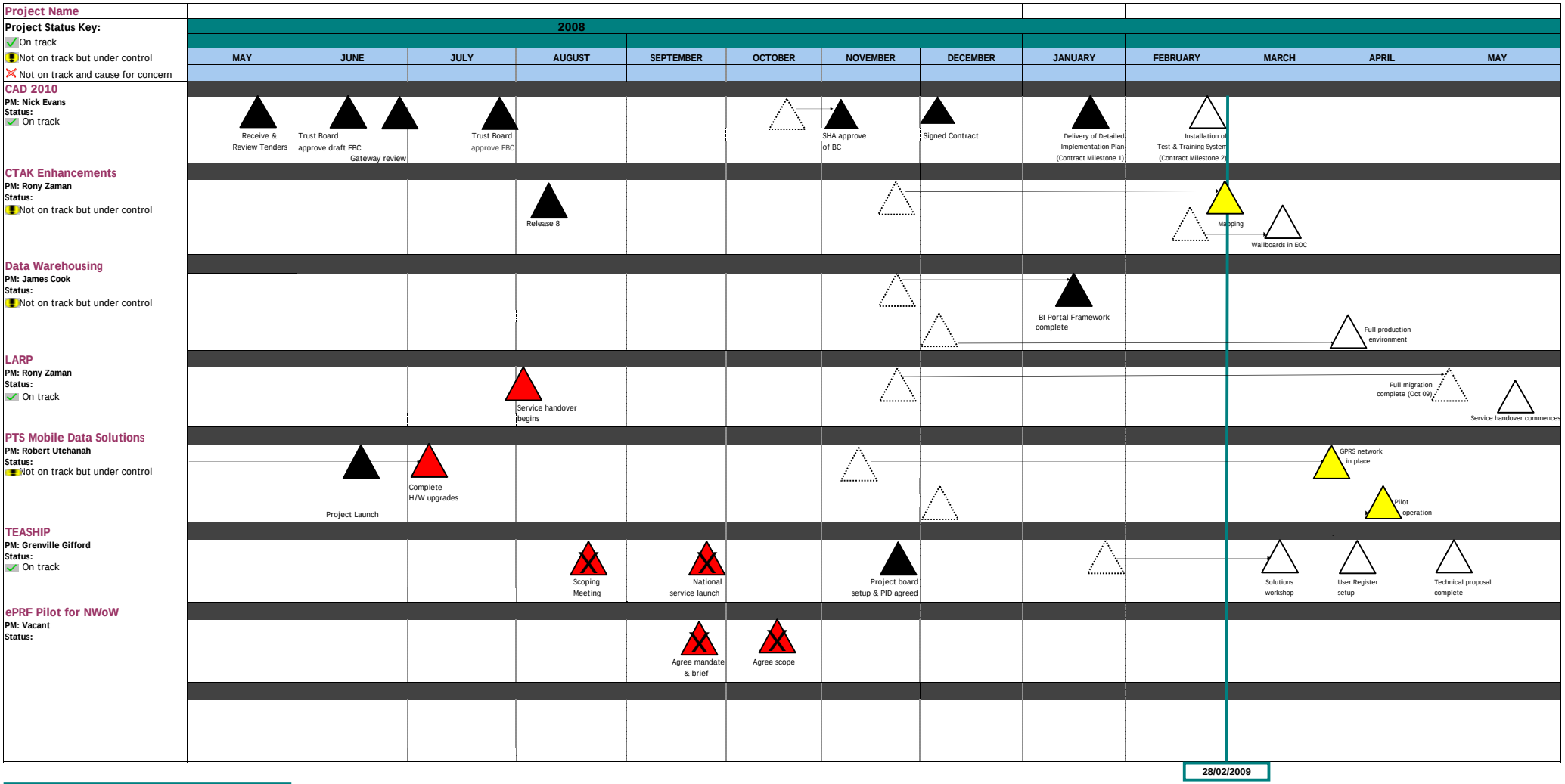
Data Warehousing
Project Manager: James Cook
Within the LAS data is stored in several separate databases with many different means of access to the information. Some require specialist skills to access the data and information, and there are limited reporting tools in place that enable managers to analyse information. Information is not available from outside the LAS network and therefore it is not accessible to our partners and stakeholders.
To address these issues a data warehouse will be developed that stores LAS data. Eventually this data warehouse will encompass the whole of the LAS, including A&E and PTS data, resources, fleet, finance, estates, staff, recruitment and more. This project is the first step towards that goal and will limit the scope of its data to A&E data and vehicle manning and availability.

LARP (London Ambulance Radio Project)
Project Manager: Rony Zaman
As a regional component in the national programme to replace analogue voice and data radio services for ambulance trusts in England, the LARP Airwave Implementation Project will manage the LAS implementation of this managed digital radio service including the distribution network, mobile and hand portable radios, EOC / UOC dispatcher equipment and the integration with CTAK

PTS System; Meridian Mobile Technology
Project Manger: Robert Utchanah
The intension of this project is to introduce handheld information terminals to build upon the functionality of the upgraded Meridian booking, billing and management reporting system used to support Patient Transport Services operations.
The system eliminates paper-based dispatching. The use of handheld terminals to receive and feed back operational and management information related either to the patient or of relevance to the customer in a more timely manner and in a secure technological environment, is expected to deliver efficiency savings over time and a more flexible operation on a day-to-day basis.

TEASHIP (Text Emergency Access for Speech or Hearing Impaired People)
Project Manager: Grenville Gifford
The objective is to provide the capability to respond to patients or their carers who have a speech or hearing impairment that prevents use of the normal '999' facility.
A method piloted by several U.K. police services is to use texting from mobile telephones and at present this would appear to offer the most promising solution to meet our users' needs to summon assistance or seek advice.
Our intention is to adopt this solution for call taking and this was initially expected to be achieved by proactive engagement and alignment with a national trial of SMS texting technology to be set up during 2008.
Because of continuing delay and uncertain surrounding the national initiative the project is also investigating the feasibility of establishing an in-house solution that would deliver text messages directly to ambulance control rooms.

Access CfH Schedule Summary



OVERVIEW OF OPERATIONAL MODEL AREA PROJECTS

First and Co-responding schemes
Project Manager: Chris Hartley-Sharpe

The LAS is looking to revise and expand existing responder schemes which broadly fall into one of three categories: Static defibrillator sites where staff who work in the vicinity are trained to provide Emergency Life support, Co-responders that work for established organisations and who respond to selected emergency calls as part of their work, and community responder who are groups of local people who volunteer to share the provision of a single responder within their local area.

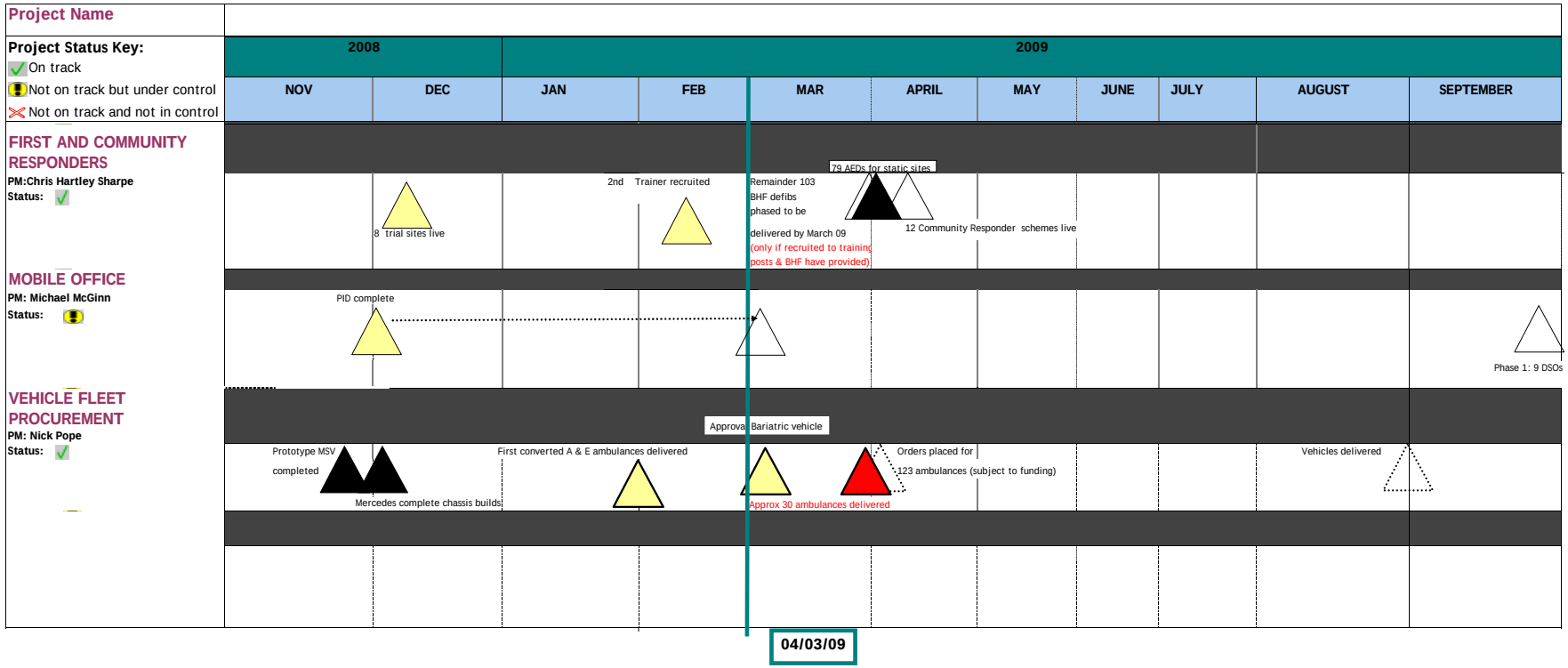
Mobile Office
Project Manager: Michael McGinn

This project is tasked with equipping DSO vehicles with laptops to enable staff to work remotely, giving them immediate access to information whilst also allowing them to spend more time out in the field. The project will establish hardware and software requirements, examine security concerns and establish the best way to transport the laptops in the vehicles.

Vehicle Fleet Procurement
Project Manager: Nick Pope

This project is responsible for delivering a 5 year fleet procurement and policy plan. This includes; ambulances, PTS, bariatric and training vehicles

Area Project Portfolio - Schedule Summary



Legend

- Awaiting approval
- Planned milestone
- Milestone achieved
- Minor slippage but under control
- Critical Slippage- requires intervention

PROGRAMME PROGRESS REPORT FOR OD & PEOPLE

OVERVIEW OF OD & PEOPLE PROJECTS

Recruitment & Induction
Project Manager: Jo Davis

This initiative will revise the recruitment process to enable the organisation to assess and recruit candidates for values, attitudes and behaviours. This project will also help LAS to deliver diversity targets for achieving a more representative workforce and insuring fairness and equity for all candidates. The induction process will also be revised to reflect these same themes.

Leadership Development – project closed
Project Manager: Jo Anthony

This initiative is to establish and support new styles of leadership at all levels underpinned by the right skills; through continuing the current leadership programmes available and developing new leadership programmes. The programme will be comprised of a number of courses and qualifications aimed at specific groups within the organisation to support both the New Ways of Working and OD and People Programmes.

Individual Performance Management
Project Manager: Steve Sale

The aim of this initiative is to develop a comprehensive performance management process that is accepted and used by all staff members. This performance management framework will enable all staff to accept responsibility and accountability for their personal performance, rewarding and recognising good performance, whilst identifying and supporting staff with poor performance, and where necessary enabling appropriate exit strategies.

Workforce Re-Configuration – project closed
Caron Hitchen

The aim of this initiative is to develop the workforce plan that supports the Operational Model and implements a staff profile that is representative of the population of London.

Modularised Training
Project Manager: Keith Miller

The aim of this initiative is to provide all staff with access to appropriate professional development through training and development packages delivered through a variety of media. There are currently three training modules in operation with the intention to develop a number more, prioritised by clinical need.

Talent Management
Project Manager: Johnny Pigott

The aim of this initiative is to provide a clear career development framework for all staff that allows staff to progress their career according to their choice and their own pace, whilst recognising and providing the opportunity for talented staff, anticipating and targeting opportunities for talented individuals and ensuring equality of access.

Staff & Union Engagement – project closed
Project Manager: Tony Crabtree

The aim of this initiative is to gain general staff and union understanding of, and constructive engagement with, the management of LAS. The project will deliver the principles of partnership working as well as the consultative framework in which management and the unions will work together.

PROGRAMME PROGRESS REPORT FOR OD & PEOPLE

Training Restructure
Bill O'Neill

The aim of this initiative is to restructure the clinical education part of the department to meet the following requirements:

- greater emphasis on front-line staff's clinical development and continuing professional development than is currently the case
- facilitating the proposed changes to the workforce profile and skill mix; the main focus will move to paramedic development
- an enhanced internal capacity for upskilling EMTs, and developing existing EMTs to Paramedic level (bearing in mind the anticipated increase in the academic standing of the paramedic award from certificate to diploma), and in upskilling existing paramedics to the new standards of proficiency.

E-Learning
Project Manager: Johnny Pigott

The aim of this project is to develop e-learning modules that complement the modularised training modules currently being developed for class room delivery, enabling the training department to offer a blended approach to delivery of these modules. The project will also develop an appropriate platform from which these modules can be accessed and delivered. Modules include;

- 12 – Lead ECG
- Obstetrics
- Mental Heath
- Diversity
- Major Incidents

Team Briefings
Project Manager: Alex Bass

The aim of this initiative is to explore the use of a team briefing system within the corporate services department. The system would be a face-to-face briefing from the senior manager to staff, to disseminate corporate information, discuss local issues, and feedback any issues centrally. The intention of the project is to provide a flexible framework for individual services to adopt and tailor for best fit.

Learning Management Systems
Project Manager: Johnny Pigott

The aim of this initiative is to develop a learning management system solution to enable both clinical and corporate training to be captured and managed through an electronic learning management system. This system will record, manage and flag up training / professional certification needs.

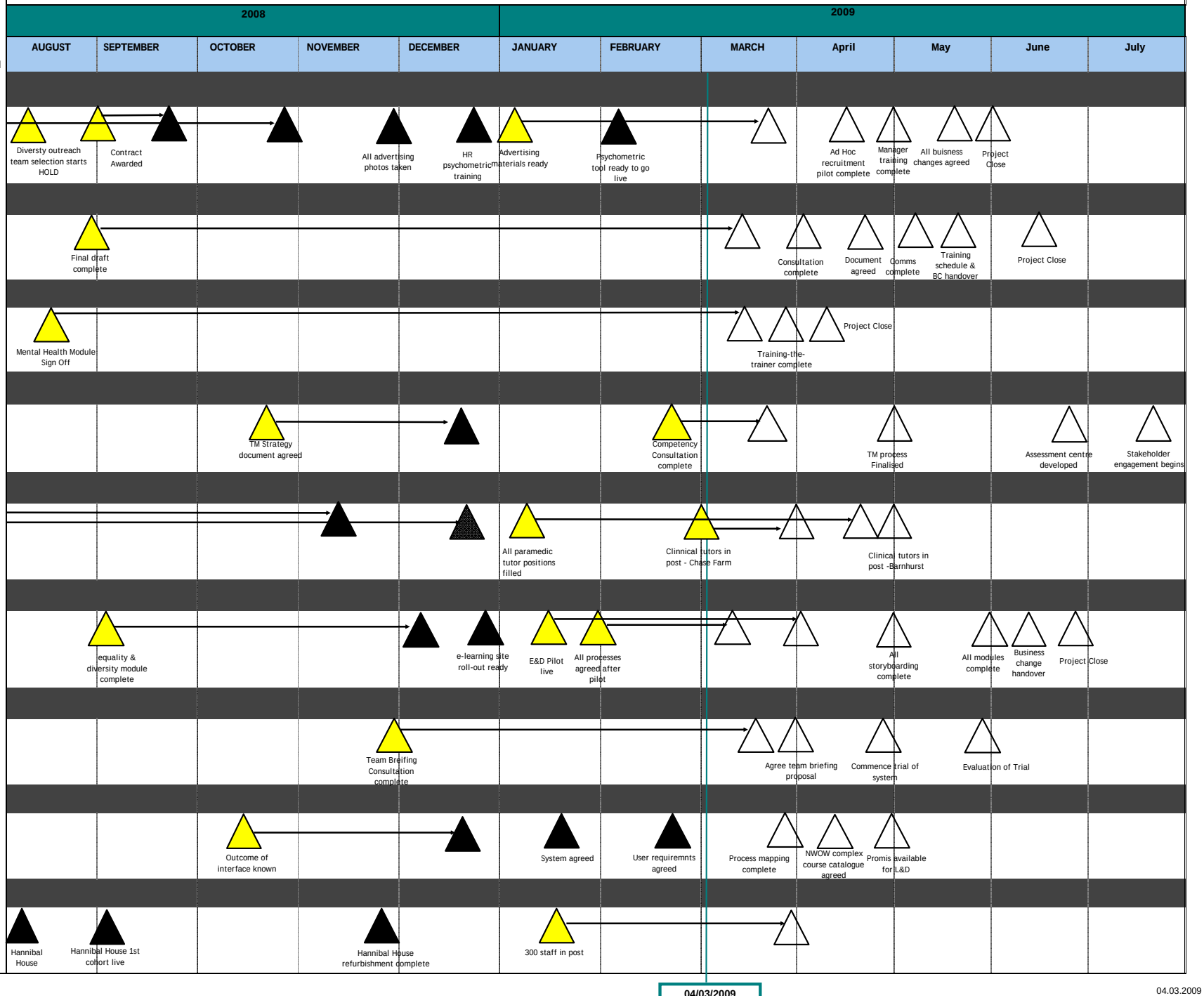
Workforce Plan Implementation
Project Manager: Ann Ball

The project is stage 2 of the workforce re-configuration with the scope to recruit 350 student paramedics by 31st of March, and deliver the student paramedic course. The project has been split into three mainstreams, the sourcing and operationalisation of additional external training facilities, the recruitment of the 350 staff, and the running of the student paramedic training course.

OD and People Project Portfolio - Schedule Summary

Project Name

Project Status Key:
- ✓ On track
- ! Not on track but under control
- ✗ Not on track and not in control



04.03.2009

OD and People Project Portfolio - Schedule Summary

Project Name												
Project Status Key:	2008					2009						
On track												
Not on track but under control	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	April	May	June	July
Not on track and not in control								04/03/2009				

Legend

- Planned milestone
- Milestone achieved
- Minor slippage but under control
- Critical Slippage- requires intervention

OVERVIEW OF OLYMPIC PROGRAMME TRANCHE 2 PROJECTS

T2P1: Operational Planning
Project Executive: Peter Thorpe; Project Manager: Alan Palmer/Lewis Tasker
This project is focused on the operational components of LAS Olympic and Paralympic Games preparations. Incorporated in this project is the development of the Operational Plan and associated Contingency Plan for the London 2012 Olympic and Paralympic Games. Also encompassed within this project is the development of plans for implementation during the construction phase. A key area of focus will be the modelling of demand: in the Olympic and Paralympic venues, in relation to cultural events during the lockdown period, and that attributable to the 'Olympic effect' on London. The creation of the LAS Scenario Testing and Exercise Programme (STEP) sits within this project, and LAS participation in external STEP activity.

T2P2: Workforce
Project Executive: Peter Thorpe; Project Manager: Sandy Thompson
This project is focused on the refinement of workforce numbers and groups building on the work undertaken in Tranche 1. In response to the demand modelling undertaken in T2P1, this project will explore the supply options, considering Voluntary Aid Services, private providers, first responders etc, and determine how the LAS will meet the demand on its workforce during the Olympic and Paralympic Games. In addition, gold and silver officers will be 'selected' and a 'selection process' for the other staff groups required will commence.

T2P3: Skills Acquisition
Project Executive: Anna Kilpin; Project Manager: Alan Taylor
This project will build on the work undertaken in the Tranche 1 Clinical Skills Acquisition/Training Project further refining the areas where additional skills will be required for the Olympic and Paralympic Games. Operational, event management and clinical skills will be explored within this project. Furthermore, consideration of other training needs will occur with identification of the preferred mode/s of training provision and commencement of the skills acquisition programme.

T2P4: Infrastructure and Support
Project Executive: Peter Thorpe; Project Manager: Anna Kilpin
This project is comprised of three areas: Information Management and Technology (IM&T), Estates and Operational Support. Fundamental to the project is the development of additional event control capacity for the Olympic and Paralympic Games and the building/refurbishment of an Olympic complex. This will include the identification of sites for both, the building and equipping of the event control (including IM&T functionality) and the production of detailed plans for the Olympic complex. Also incorporated in the project is the finalisation of vehicle numbers/types, and the commencement of any procurement/ tendering process required.

T2P5: Communication and Involvement
Project Executive: Anna Kilpin; Project Manager: Liz McAndrew
This project focuses on communication with and involvement of staff, local communities and patients/public in London, including the development of a Stakeholder Management Strategy and a Communication and Engagement Strategic Plan. This project will oversee and co-ordinate the communication activity across Tranche 2 ensuring a joined-up and streamlined approach.

LONDON 2012 OLYMPIC AND PARALYMPIC PROGRAMME

Project Status Key:
- ✓ On track
- Not on track but under control
- Not on track and not in control

2009

	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
T2P1: OPERATIONAL PLANNING **Project Executive: Peter Thorpe** **Project Manager: Alan Palmer** **Status:** ✓	Complete project initiation	Approach to LAS involvement in external exercising and testing	Venue specific contingency plans for construction phase v.1 Influencing of external exercising/ testing programmes commenced	Olympic effect - urban domain (core:999 calls): modelling profile Event demand in urban domain during lockdown period v.1	Olympic venue demand: modelling profile		LAS Command and Control structure designed Initial understanding of of special operations requirements (e.g. CBRN/HART)		Complete end stage review + scope next stage			
T2P2: WORKFORCE **Project Executive: Peter Thorpe** **Project Manager: Sandy Thompson** **Status:**	Complete project initiation	Staff engagement strategy agreed					Process for identifying gold/silver	Feasibility/role of private providers/ VAS/volunteers/ co + 1st responders All LAS workforce/ groups/nos identified (options appraisal v.1) HR issues relating to LAS staff	High level support structure for staff identified Decision regarding use of mutual aid Complete end stage review + scope next stage		HR issues with regard to mutual aid identified and Action Plan produced Identification of policy change required Olympic Specific Staff engagement plan produced (inc. specification for reward and recognition scheme)	
T1P3: SKILLS ACQUISITION **Project Executive: Anna Kilpin** **Project Manager: Alan Taylor** **Status:** ✓	Complete project initiation				Content of Olympic skills acquisition programme further refined Consideration of scope for skills acquisition re paralympians 2012 requirements v current LAS provision: gap analysis	Authority to recruit an additional Training Officer for e-learning Authority to recruit an additional Training Officer to develop training packages End of stage review and scope next stage		Fully scoped approach for training delivery e.g. train the trainer? Commencement of training/educational session development	Approach for LAS provision of training for mutual aid (including overseas) Approach for LAS provision of training for volunteers		Timetable for *all* Olympic training required Timetable for training training the trainers (if preferred approach)	Timetable for induction/training provision for mutual aid Timetable for induction/training provision for volunteers End of stage review and scope next stage
T1P4: INFRASTRUCTURE AND SUPPORT **Project Executive: Peter Thorpe** **Project Manager: Anna Kilpin** **Status:** ✓	Complete project initiation Decision re: bespoke event control and outline brief Decision re: superstation and outline brief	Start search for 'event control' OR site for displaced staff Start search for for Olympic complex	IM&T high level requirements and main planning assumptions	IM&T baselining Final agreement reached re: vehicle types & additional key equipment needed	Requirements analysis Agree funding streams: A&E fleet End stage review/ scope next stage		Site identified for event control or displaced staff Gap analysis and option analysis	Risk and priority analysis	Commence tendering for vehicle framework		Specification, procurement, secure internal resource	Site identified for complex End stage review and scope next stage
T1P5: COMMUNICATION AND INVOLVEMENT **Project Executive: Anna Kilpin** **Project Manager: Liz McAndrew** **Status:** ✓	Complete project initiation Clarify definitions: staff, local community and patients/public	Write Tranche 2 Communication & Engagement Strategic Plan inc. key messages Review of Transfer of Knowledge: v.2 Write Stakeholder Management Strategy: v.2		Timetable/plan for involvement of, and engagement with staff - Tranche 2 Timetable/plan for involvement of, and engagement with, local community, patients/public Produce Strategic Plan for liaison with other UK ambulance services		Determine scope for development of community defibrillators for Olympics Complete end stage review + scope next stage	Establish initial contact (Olympic specific) with LINks within boroughs	Determine scope of LAS teams e.g. Events & Schools teams re: Health Promotion	Carry out EIA for Olympics/Paralympics			Complete 2nd Staff Survey

Legend
- Awaiting approval
- Planned milestone
- Milestone achieved
- Minor slippage but under control
- Critical Slippage- requires intervention

PROGRAMME PROGRESS REPORT – TRANCHE 2 PROGRESS REPORT

OVERVIEW OF PROGRAMME: CORPORATE PROCESSES AND GOVERNANCE TRANCH 2 PROGRESS REPORT -

Map all Processes
Project Manager: Jonathan Nevison

This project involves identifying all corporate processes, producing a Process Mapping Standard for use throughout the Trust and then using the standard to map all key processes. These process maps will then be used by subsequent projects to review processes and improve upon them to deliver the programme vision. A central repository will be identified and developed so that process maps can be stored reliably and are accessible as required.

Staff Administration
Project Manager: Jonathan Nevison

The project consists of a review and redesign of staff administration processes at complex level. Previous process mapping indicates that an interface between ESR and ProMis could substantially improve efficiency by reducing duplication and hard copy paper flows and the project is tasked with exploring this further. There is also an urgent need to replace the Station Operating System, which is becoming increasingly difficult to support.

Re-Engineer Income Collection
Project Manager: Chizoba Okoli

This project has been set up to map and document all income streams and collection processes with a view to streamlining them to improve cashflow.

Performance Measurement Phase 2
Project Manager: David Hodgkinson

This project is to implement Performance Accelerator, which will provide a repository for all the evidence required by external agencies, e.g. Healthcare Commission.

IM&T Procurement Process Improvement
Project Manager: Natalie Makin

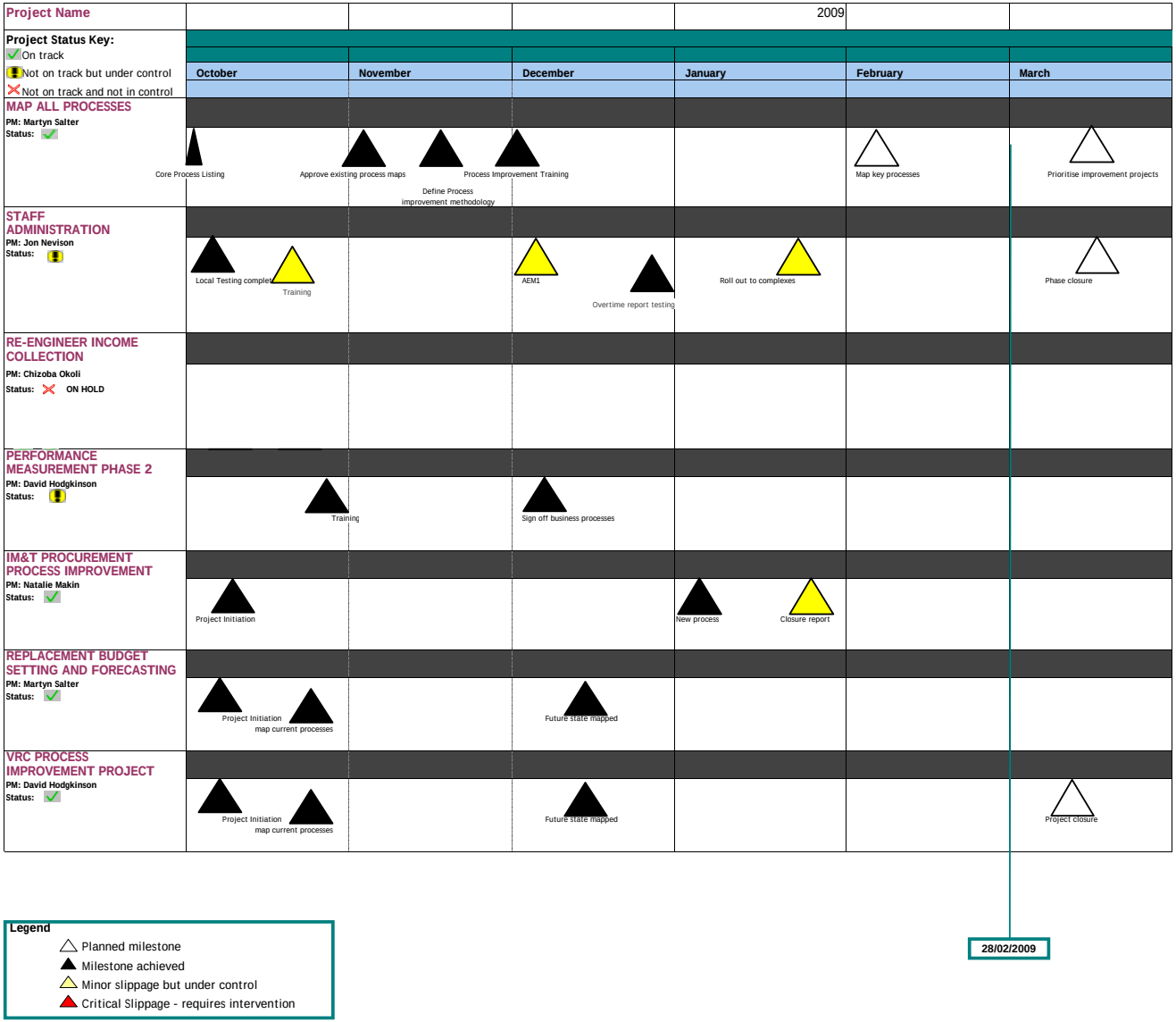
This project will use process improvement techniques to document and analyse the existing process. The process will be redesigned with a clear customer focus and will include the collection of metrics to monitor the performance of the process into the future.

Replacement Budget Setting and Forecast System
Project Manager: Martyn Salter

VRC Process Improvement
Project Manager: David Hodgkinson

This project is to review the processes used by the VRC with the intention of streamlining then and allowing faster resolution of problems. The intention is to provide information and capacity to solve potential problems proactively.

Corporate Processes Governance Project Portfolio Tranche 2 - Schedule Summary



PROGRAMME PROGRESS REPORT – TRANCHE 2 PROGRESS REPORT

OVERVIEW OF PROGRAMME: CORPORATE PROCESSES AND GOVERNANCE TRANCH 2 PROGRESS REPORT -

Real-Time Fleet Management Information
Project Manager: Chris Miles

The project consists of implementing TranMan across the whole of Fleet Support and ensuring that all business changes are implemented.

The Intelligent Trust
Project Manager: Stephen Moore

This project is on the programme waiting list. Initial discussions with IM&T indicate that they are planning/initiating a project to implement SharePoint. Olympic Team, under Peter Thorpe, have expressed an interest in acting as the pilot group, wishing to proceed as soon as possible.

Electronic Expenses
Project Manager: Jonathan Nevison

Select and implement an electronic system for claiming and authorising staff expenses. The systems must interface with ESR to eliminate manual input of data into the payroll system.

Asset Tracking
Project Manager: Gadge Nijjar

This project is the roll-out phase of a piloted system for tracking the dozen or so pieces of EBME (Electro Bio-Medical Engineering) on each ambulance, developed in conjunction with the 'make-ready' contractor. This will also offer the facility to track and manage EBME servicing more robustly.

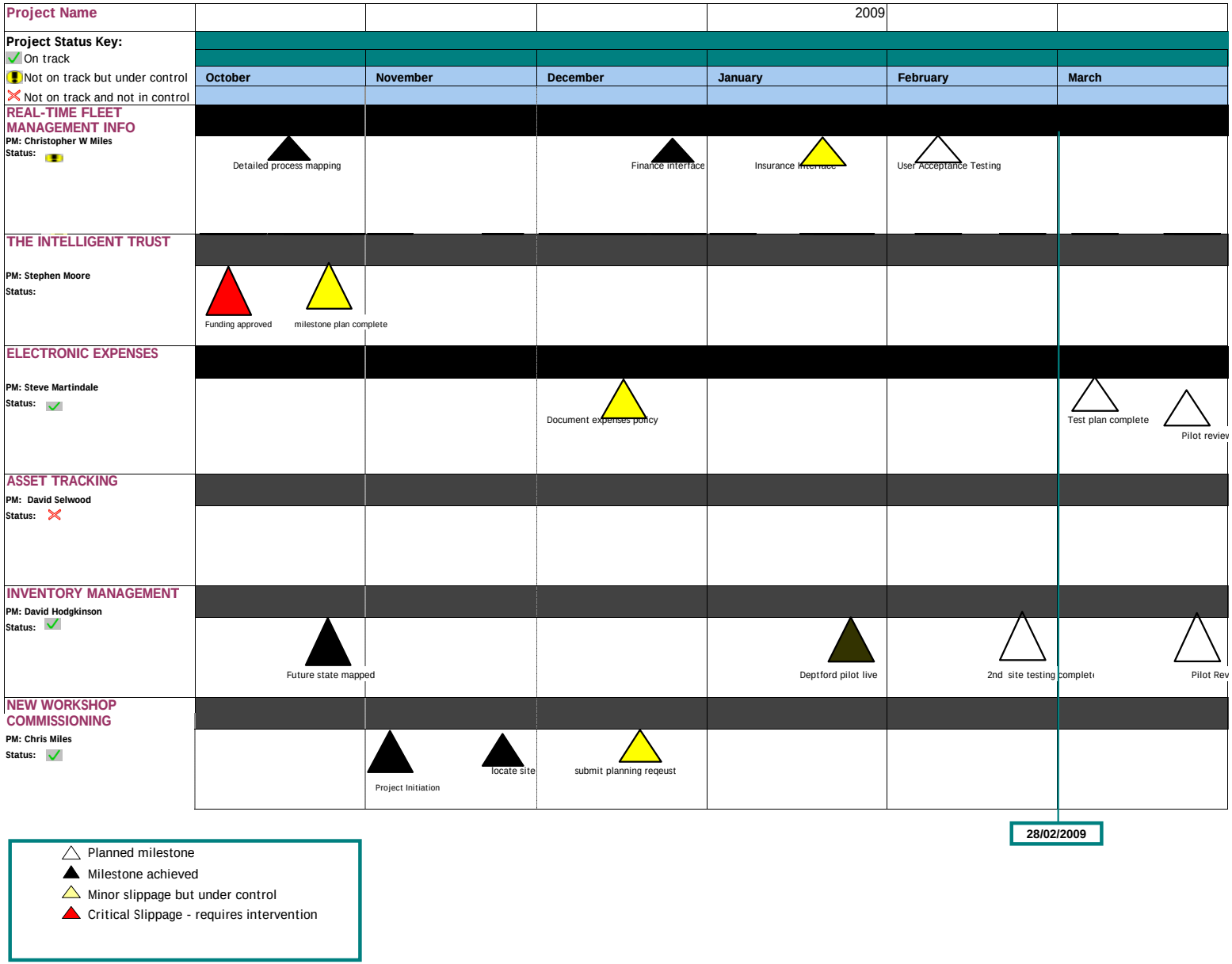
Inventory Management
Project Manager: David Selwood

This project is to develop electronic stock management in the Trust enabling better management of stock levels and real-time stock information. This is being done using a new module within the Trust's accounting package. The initial stage is to roll-out a paper-based stock control system which will subsequently be automated.

New Workshop Commissioning
Project Manager: Chris Miles

This project is a continuation of the Workshop Reconfiguration in tranche 1, and is delivering a new large scale workshop on premises to be identified in West London.

Corporate Processes Governance Project Portfolio Tranche 2 - Schedule Summary



OVERVIEW OF FOUNDATION TRUST PROGRAMME WORKSTREAMS

Finance

The objective of this Workstream is to produce information to feed into the IBP to prove that the London Ambulance Service is financially stable and able to remain financially viable and ultimately self sustaining in the long term through the use of trend analysis, forecasting and historic data. Finance also plays a key role in other Workstreams specifically in aligned Strategy

Historical Data and forecasting will provide a clear view of how we have performed and can expect to perform, enabling opportunities to improve efficiency across the business.

Scope:
The scope of work is to facilitate the Foundation Trust Application by:

- Providing Financial information for the Integrated Business Plan, such as
    - Historical Performance Analysis (2 year)
    - Income and Expenditure 5 year projection (best and worst case scenarios)
    - Income and Expenditure Historic Data (2 year)
    - Capex 5 Year Plan (best and worst case scenario)
    - Capex Historic Data (2 year)
    - Cash flow and Balance sheet 5 year Projections
    - Breakdown of Income Historic last 5 years per source/service
- Providing Benchmarking KPIs and Balanced Scorecard
- Developing Financial Models
- Participating in Business Risk Review and Performance Management (Workforce)

Governance & Membership

Governance and Membership is the largest Workstream in the Programme.

The Governance objective of this Workstream is to define how the Organisation will function following FT approval and specifically how the Organisation will be managed.

The Membership objective of this Workstream is to define the population of London, actively seek public buy-in (through the Consultation and Communication Workstream), and set up a mechanism for controlling membership interest.

Scope:
The scope of work is to facilitate the Foundation Trust Application by:

- Preparing the framework for a public 'owned' organisation
- Review the Organisation Structure
- Gathering information on the population of London, with a view to creating a membership base
- Maintaining a membership database after Foundation Trust status has been awarded
- Provide the means to create a membership database
- Provide a contact point for Membership enquiries

Business Strategy & Marketing

The objective of this Workstream is to assess the market place in which London Ambulance Service plays a major role, identify opportunities and competition, thereby defining a strategy upon which the Organisation can strengthen its base.

Scope:
The scope of work is to facilitate the Foundation Trust Application by:

- Analysis of the market place in terms of opportunities and competition
- Prepare a Business Strategy which will give direction to the services we provide and aid decision making for the future
- Analysis of business risks, based on opportunities, competition and strategy.
- Prepare a Relationship Management Strategy, based on the above

Commissioning Engagement

The objective of this Workstream is to work with the PCTs to gain agreement and approval on the Foundation Trust application, ensuring that as an FT we can meet (and exceed) supplier-customer expectations.

Scope:
The scope of work is to facilitate the Foundation Trust Application by:

- Working with the Commissioners and building relationships with the Commissioners
- Develop a Payment by Results strategy
- Model Activity Projections.

Business Plan

The objective of the Business Plan Workstream is to collaborate and collate all the outputs from the other Workstreams to produce a robust Integrated Business Plan ensuring exceptional quality through use of action plans and reviews.

Scope:

The scope of work is to facilitate the Foundation Trust Application by:

- Developing the Integrated Business Plan
- Working with the other Workstreams to provide input to the IBP
- Submission of the IBP and supporting information to Monitor

Work Force Development

The objective of this Workstream is to enable the organisation to function efficiently and effectively by implementing strategy which reflects the changes being made to the organisation, the services we provide and how the organisation is managed.

Scope:
The scope of work is to facilitate the Foundation Trust Application by:

- Development of the Trust Board through a development plan
- Development of a workforce expansion programme
- Staff training

Consultation & Communication

The Consultation and Communication Workstream is to ensure that the Public and Staff are engaged in the Consultation process to facilitate membership to the Trust should the application be successful.

Scope:
The scope of work is to facilitate the Foundation Trust Application by:

- Communicating the desire to achieve Foundation Trust status to the Public, Staff, union, partners
- Preparation of communications for Public Consultations and Staff Briefings
- Make available relevant documentation, such as the Consultation Document, in a variety of formats.

FOUNDATION TRUST APPLICATION PROGRAMME - MAJOR MILESTONES

PROJECT STATUS KEY:
- ✓ On track
- Not on track but under control
- ✗ Not on track and not in control

2008 | **2009**

SEPT | OCT | NOV | DEC | JAN | FEB | MARCH | APRIL | MAY

FINANCE
Workstream Lead: Reuven Vazan
Status:

- LTFM Review
- SFM Approval
- Final Finance Approval

GOVERNANCE & MEMBERSHIP
Workstream Lead: John Wilkins
Status: ✓

- Governande Rationale Drafted
- Membership Strategy Drafted
- Governance Strategy Drafted
- Membership Rationale Drafted
- Constitution Drafted
- Constitution Agreed for Consultation
- Tender for Membership Database
- Supplier Contracts Signed
- Finalise Governance Documents has Consultation Feedback

WORK FORCE DEVELOPMENT
Workstream Lead: Caron Hitchens
Status: ✓

- Agree Board Development Plans
- Start Board development
- Board Training Complete

BUSINESS STRATEGY & MARKETING
Workstream Lead: Paul Cain-Renshaw
Status: ✓

- SMG Away Day 1
- SMG Away Day 2
- SMG Away Day 3
- Strategy Approval
- Business Risks Agreed

COMMISSIONER ENGAGEMENT
Workstream Lead: Paul Cain-Renshaw
Status:

- PbR Scenarios Complete
- PbR Agreement with Commissioners

BUSINESS PLAN
Workstream Lead: Kerrie Martsch
Status: ✓

- SDC Go/No Go Decision
- TB Review IBP

CONSULTATION & COMMUNICATION
Workstream Lead: Angie Patton
Status: ✓

- Consultation Document Approved
- Start Consultation
- Finish Consultation
- Publish Consultation Feedback

Legend

- Awaiting approval
- Planned milestone
- Milestone Achieved
- Minor Slippage but under control
- Critical Slippage - requires intervention

OVERVIEW OF New Ways of Working PROJECTS

Clinical Training
Project Manager: Jane Worthington

This project aims to identify the clinical training requirements in order to achieve a fully trained staff base (including management) on New Ways of Working Complex sites.
Initially a training need analysis will be performed manually, based on information provided by IM. This will then be analyzed to develop training development plans for each member of staff, in conjunction with the Team Based Working project and Non-clinical Training Needs Analysis project and integrated with local clinical requirements

Non-Clinical Training
Project Manager: Jo Anthony

Major change, such as New Ways of Working, requires highly effective leadership and this project aims to align the management on each Complex with the requirements and intent of NWoW. Capacity and capability will be assessed on each Complex and identified development areas will be addressed. This might take the form of formal training, 1-1 coaching and feedback or team development work, as well as making recommendations for the ideal configuration of the individual management teams. Psychometric analysis and preference auditing will further inform this work and assist in creating a benchmark for ideal management/leadership skills. The project will also respond to any identified non-clinical development required for staff on Complex – eg: chairing forum meetings.

Complex Away Days
Project Manager: Astrid Thomas

Complex Away Days are part of the commitment of LAS HQ for NWoW Complexes. Away Days aim to achieve individual goals for each complex which have so far included:

- Increased staff engagement
- Increased awareness of the NWoW Project
- Increased communication from and to staff and complex / senior management
- Increased staff skills with regards to communications forums available to them

Team Based Working
Project Manager: Hazel Smith

This project involves working with staff and management at New Ways of Working Complexes in the formation and development of a team based working environment. Fundamental to this will be the need to move away from fixed rota systems towards more flexible working practices. Teams will be created and given the responsibility for providing the cover required to meet demand along with organisational objectives. The creation of teams and development of a team based working environment will enable communication and access to training/development to be improved and more focused. A teamwork culture will also be beneficial to the organisation in terms of improved attendance and performance.

Communications
Project Manager: Alex Bass

The NWoW Communications strategy has been developed by the communications department. It is currently awaiting feedback from Senior Management.
The communications strategy aims to integrate with other projects and form a holistic approach to communications to and from NWoW Complex staff and Complex / senior management.

IM&T
Project Manager: Astrid Thomas

IM&T Project will act as an enabler for New Ways of working to be develop at complex level. The clinical and Non-Clinical training modules are dependent on IM&T resources and equipment. The IM&T deliveries at Complex level will be aligned to the complex vision to ensure the project benefits are delivered.

New Ways of Working : Transforming Clinical Leadership

Supplier

Project Status Key:
- ✅ On track
- ⚠ Not on track but under control
- ❌ Not on track and not in control

November	December	January	February	March	April	May	June	July

ENABLING PROJECT DELIVERY

Estates

Status: ✅

- ChaseFarm Porter cabin installed
- Chase Farm Estates work completed
- St. Paul's Cray and Woolwich Estates commenced
- St Paul's Cray and Woolwich completed
- Barnehurst Estates work commence
- Barnehurst Estates work completed

Staff Structure and Training

Status: ✅

- TNA Chase Farm
- E-Learning available for use
- TNA letters returned
- CT in post at Chase Farm 02.09
- BH CT advert closing date 17.02.09
- BH CT interview scheduled
- Commence T/L core Competence CH

Leadership Development

- Management style questionnaire
- Training chairs at Barnehurst
- Position audit conduted at CF &BH
- Reviewing DSO post
- Draft and agree plan
- Implement Plan DSO post

IM&T

Status: ✅

- IM&T workshop conducted
- Commence work for delivering
- L.A.R.P implemented across LAS
- Commence work for delivering IM&T project
- Plasma Screen submitted and agreed
- IM&T cabling and Networking fo Barnehurst and Chase Farm completed

Team Based Working

Status: ✅

- Comnplex open nights (Team based Working focus)
- Initial Optins identified
- option chosen to trial
- Option trial agreed by SSG
- Option trial agreed by SMG
- ORH modelling data agree on 11.02. Signed off at PB on 25.02
- Clinical Leadership model signed off 25.02
- CH TBW away day 13.03.09
- BH TBW Surgery 03.03.09

Communications

Status: ✅

- Finalise Communicati on Strategy
- Comms Schedule updated
- CIO article featured in LAS
- ECPs articles planned for March 09

25/02//2009

Legend
- Awaiting approval
- Planned milestone
- Milestone achieved
- Minor slippage but under control

NWoW Barnehurst Milestones

Supplier

Project Status Key:
- ✅ On track
- ❗ Not on track but under control
- ❌ Not on track and not in control

October	November	December	January	February	March	April

ENABLING PROJECT DELIVERY

Central Forum Updates

Status: ✅

- Central Forum 7th Nov
- Technology 26th Nov
- Referral Forum 3rd Dec
- Clinical Support Forum 11th Dec
- Central Forum
- Rostering 23.01
- 18.02.09

Complex Estate Strategy

Status: ✅

- Design Process
- Finalise the Design process
- Woolwich Estates work commenced
- St. Pauls Estates work commenced
- St. Pauls Cray and Woolwich Estates work completed
- Barnehurst Estates work start

Clinical TNA

Status: ✅

- Gap questionaire received
- Commence Individual skills and education
- Commence Core competencies
- Begin Delivery of Core Competency TL
- Outstanding TNA letter returned
- CT shortlisted 19.02.09
- TNA information collated and analysed
- CT assessment scheduled 04.03.09
- CT interview scheduled for W/C 23.03
- Commence T/L core competence

IM&T Project

Status: ✅

- IM&T Contact identified
- Initial project meeting with IM&T, Estates and NWoW
- Plasma Screens BC drafted
- Plasma screen BC agreed and signed off at PB
- Plasma Screen SPPPS authorized
- Hardware and Software agreed plasma received and installed
- Complex staff receive training on remote access
- Close of project

IM&T Project Networking

- networking floor plans Completed
- Cabling site survey completed
- Networking equipment ordered
- Networking quotation process completed
- Puchasing order authorized
- PO authorized
- Commence Net& cabl.
- Woolwich and St. Paul's Networking and Cabling completed
- Barnehurst netwroking&Cabling work

Referral Pathway

- Investigated london pathway
- Audit current pathways
- Invite QMS rep to Forum
- Plan and implement 'booze bus'
- Investigate the need for futher pathway
- Plan and Implement ECP scheme

Project Support

- Meeting Barnehurst review Forum Objective
- Support Forum objectives PID with Project Plan
- Review objectives at Central Forum
- PB in place for BH&CF
- Risk and issue log updated actions to be agreed.
- PID updated and signed off

25/02/09

NWoW Chase Farm Milestones

Supplier

Project Status Key:
On track
Not on track but under control
Not on track and not in control

October	November	December	January	February	March	April

ENABLING PROJECT DELIVERY

Complex Staff updates
Status:
- Update 3
- Update 4
- Referral Pathway forum
- Clinical Support Forum
- Community Engagement Forum
- Resourcing Forum
- Ed&Skills forum
- Technology Forum
- Staff Welfare
- Referral pathway
- Ed&Skills
- Working envir

Complex Estate Strategy
Status:
- Porter Cabin Ordered
- Cabin installed,electric completed
- Cabin Carpeting completed
- Refurbishment Mess Room
- Cabin and E-Learning Furniture PO
- Cabin and E-Learning Furniture

Complex Away Day
Status:
- Chase Farm Away Day completed

Clinical TNA
Status:
- Commence individual skills and education
- CT in post 02.09
- Commence T/L core competencies
- Collate Information ie Ed & Skills
- Commence Individual skills and educ

Management Traning
- Training for Forum chairs

Referral Pathway
- Brief staff on relaunch of Magnolia unit
- Circulate information to staff
- Meeting with Providers brief on objectives and monitoring
- Brief staff on relaunch of Magnolia unit
- Circulate information to staff
- Meeting with Providers to brief on objectives and monitoring

IM&T Networking
- Cabling Site Survey Conducted
- Networking Cable ordered
- Authorisation of Networking and Cabling POs
- Plasma screen signed off by PB
- Installation of Networking and cabling completed
- Delivery and installation of PCs

25/02/2009

London Ambulance Service NHS TRUST

TRUST BOARD 31 March 2009

Lease Car Policy

1. Sponsoring Executive Director: Caron Hitchen, Director HR-OD

2. Purpose: For approval

3. Summary

The draft Lease Car Policy was approved by the Trust Board on 25 November 2008 for consultation with existing users.

The policy has been revised following consultation and approved by SMG with the following key changes:

- The determinant for the base vehicle will be CO2 emissions rather than engine size using the current excise duty band E as the specification. This sets a range of 166 – 185 g/km of CO2 (bandings for new cars change in April 2010) and a range of vehicle types and engine sizes are available which meet this criterion.

- The vehicle description will state that only saloons, hatchbacks and estates with a minimum of 4 or 5 full size (adult) seats and 4 or 5 doors will be considered, albeit 4X4 vehicles could be included if they meet the emissions requirement. Convertibles, whether hard or soft top, will still not be allowed.

- Existing insurance arrangements will continue.

- The policy includes reference to voluntary early termination of a lease, including where the user resigns from the Trust. Here it will be expected that the user bears any termination cost, and the Trust should only reallocate to the vehicle "pool" where there is

a clear operational case of need for the particular (make/type/specification) of vehicle.

- Specific consideration will be given to introducing “blue tooth” technology in newly-procured vehicles. This could represent a saving to the Trust both in terms of installation fees and also the cost of repairing damage arising from installation of the hands free kit on surrender of the vehicle at the end of the lease.

4. Recommendation

➢ *The Trust Board are asked to approve the Lease Car Policy with the above revisions for implementation from 1 April 2009.*

Draft 3, 11 March 2009

London Ambulance Service NHS Trust

Lease Car Policy

1. Introduction and Aim

London Ambulance Service NHS Trust recognises that the role of many staff inevitably requires that they undertake regular travel in the course of their everyday duties.

The NHS terms and conditions handbook (Section 17) allows that "Employers may offer lease cars to employees whom they require to be mobile and where they deem it in the interest of the service to do so" (paragraph 17.2)

Subject to the eligibility criteria outlined in this policy statement, the Trust has decided to offer the facility of a lease car to support key staff in fulfilling their role and duties.

This document outlines the policy with regard to the provision of lease cars for staff below Director-level within London Ambulance Service NHS Trust (the Trust).

The aim of the lease car policy is to outline the framework within which the scheme will operate and against which decisions will be made regarding the allocation/offer of a lease car, taking into account the principles outlined in the national terms and conditions handbook.

The policy does not cover arrangements for recompense/re-imbursement of travel expenses for non-lease car holders, which are governed by the Trust policy and national agreements.

The policy is based on the following values and aims;

Reducing complexity
Improving transparency
Ensuring value for money
Improving environmental efficiency

2. National guidance/context

2.1 Annex M of the NHS terms and conditions handbook requires that local lease car schemes should take into account the following principles:

- The scheme is voluntary and is offered to eligible employees
- Employees shall be charged the full cost for private use.

- Transparent arrangements for meeting the cost of NHS business use.

- Where arrangements are based on reimbursement of fuel paid for by the employee on a mileage basis, mileage rates should be subject to regular review to take account of significant changes in fuel costs.

- Employees shall be made aware as fully as possible of any tax implications of having a lease car.

- Local policies shall set out details of early termination costs and the circumstances in which these would apply, and where these would not apply, such as death in service. Wherever possible, provision should be made for options to be explored to obviate the need for the return of the car and early termination costs following a change in the employees circumstances, for example on transfer to another employer.

- The employer will be responsible for any excess insurance charges incurred during business use of the vehicle.

- The base cars of lease schemes shall be consistent with the proper use of public monies, NHS business needs and wider environmental considerations. Any employee choosing a car larger than the base car shall pay the additional full costs of this.

3. Principles of the Policy

3.1 It is the view of NHS Employers and the national partnership working group commissioned to review mileage and travel arrangements in the NHS terms and conditions handbook that lease car policies provide an opportunity to influence employee choice and promote the corporate social responsibility requirements and expectations of the NHS as a major public sector employer.

3.2 The lease car scheme will use specified base allowances.

3.3 Vehicles provided are available for business and private use of the relevant post holders.

3.4 Vehicles are allocated to posts rather than post-holders – in other words it is the nature of the duties required which determines eligibility, not other matters such as seniority.

3.5 The Trust reserves the right to make changes to the lease car scheme where these become necessary for reasons of economy or business efficiency.

3.6 The Trust is committed to its corporate and social responsibilities, and will endeavour to consider steps to reduce vehicle emissions and eliminate unnecessary business mileage.

3.7 The Trust recognises that there may be circumstances where an employee (through personal choice) or the Trust (through need) requires the use of a specialist vehicle or one not covered by the general provisions of this policy. In these instances a written request must be considered by the appropriate Director. Should the request be supported it will be forwarded to the Senior Management Group (SMG) for consideration. Each case will be determined on its own merits and will not set a precedent for any other case. Should an individual request exceed the relevant allowance, or create an unfair tax burden on the employee (e.g. as a result of the Trust imposing a vehicle with high emissions on an employee), the SMG will consider the appropriate amounts payable by the employee whilst at all times being guided by the national principles about cost of private use.

3.8 All vehicles acquired under the scheme will be leased by the Trust rather than the post holder and will be subject to the following standard terms:

- Standard 36 month lease period.
- Full maintenance and service included.
- Breakdown and recovery service included with the appropriate provider.

3.9 The Trust recognises that, as vehicles will be required for private as well as business use, post holders should enjoy a degree of choice in the selection of a vehicle. However, it is imperative that vehicles procured through the scheme are compatible with the ethos, image and requirements of a public sector organisation.

3.10 In line with this requirement, choice for post-holders will not be restricted to particular makes or models, but vehicles acquired through the scheme should, as a guide, meet the following criteria:

- Vehicles should be capable of safely carrying additional personnel and equipment.
- All vehicles must have a minimum of four or five full size (adult) seats.
- All vehicles should have four or five doors.
- Vehicles should be restricted to saloon, estate or hatchback models, or 4X4 if such a vehicle conforms to the vehicle emissions requirements specified in this policy.
- Convertible vehicles, whether hard- or soft-top, are not permitted.

3.11 It is no longer felt to be appropriate to specify the **base** vehicle by reference to engine size in order to assess environmental impact, as fuel type and manufacturer/model make significant differences in this regard. It is also the case that the system of calculating vehicle excise duty has changed and will again change in 2010, and that the duty is determined by reference to CO2 emissions. The base vehicle must therefore fall within current excise duty band E which is set at a range of 166 – 185 g/km, and allows for a range of vehicles to be selected by users, including some of 2.0 litre engine size and above.

N.B. The current rate (April 2009) of duty applied in band E is £175, and in April 2010 this band will be split into two, with new cars attracting £200 (new band H, 166-175 g/km, and £350 (new band I, 176 – 185 g/km).

3.12 In considering applications for lease cars, the authorising Director must consider the request against this definition/requirement and exercise his/her discretion and judgement.

3.13 The CO2 emissions threshold will be reviewed annually by the Director of Finance following advice from the Corporate Fleet Manager.

3.14 Departure from the above criteria will only be permitted in exceptional circumstances subject to the approval of the relevant Director.

4. Eligibility criteria

4.1 The key eligibility criteria for consideration for a lease car will be based upon the expectation that the duties of a particular post necessarily involve regular and significant travel on the business of the Trust. This situation may arise for a variety of reasons including:

- The role is corporate in nature and there is an expectation and requirement that the post-holder makes regular visits to sites throughout London or beyond on official Trust business.
- The role includes managerial responsibility for a number of sites covering a significant geographical area, and requires regular travel between the sites.
- The role includes out of hours responsibility which may require short-notice attendance at, or recall to, work.

4.2 Since the NHS terms and conditions handbook provides for regular or standard user mileage rates to be offered where a lease car is withdrawn by the employer, it is logical to be guided by these standards when considering eligibility for consideration of a lease car.

4.3 Regular users are classified as staff who:

- Travel an average of 3500 miles per year OR
- Travel an average of at least 1250 miles per year and necessarily use their car an average of 3 days per week OR
- Spend an average of at least 50 per cent of their time on such travel, including duties performed during the visits OR
- Travel an average of at least 1000 miles a year and spend an average of at least four days a week on such travel including the duties performed.

4.4 For consideration of eligibility for a lease car, the thresh-hold will normally be an expectation or requirement of at least 3500 business miles per year.

4.5 Directors will have discretion for posts which do not meet this requirement but for which a case could be made against the other criteria above. In particular, where total mileage may not be sufficiently high but the staff member is required to transport heavy or bulky equipment the consideration may be favourable.

4.6 Other considerations in determining whether an application is approved will include:

- Are journeys likely to be undertaken only in the London area?
- Would the use of a pool/hire car be more cost effective for the Trust?
- Could journeys reasonably be undertaken by public transport/private car, if this was more cost effective for the Trust?
- Will the post holder be on-call or require a vehicle to respond to emergency calls/incidents outside of normal working hours?

The application of these criteria should result in savings through a reduction in lease vehicles and be environmentally sound by encouraging the use of public transport.

4.7 Applications for a lease car will be considered by and decided upon by the relevant Director, taking account of the criteria and principles of this policy and any national guidance.

5. Allowances

5.1 Approved lease car users in pay bands up to 8a will receive an allowance of £3000, and those in band 8b or above will receive an allowance of £3818 (inclusive of any optional extras specified for the vehicle). These rates have been set based upon an assumption of total of 12,000 miles per annum of which 3,500 are business and 8,500 private.

5.2 The lease car allowances will be reviewed annually by the Director of Finance in consultation with the Director of Human Resources. Any revisions will be subject to approval by the SMG and applied on the next occasion a vehicle is procured for a post holder.

6. Personal Contributions

6.1 Currently, the cost of insuring lease vehicles is borne by the Trust and the premium does not specify allocation of costs between business use and social, domestic and pleasure use, nor any additional cost for extension to other drivers (partner/children etc). However, these arrangements are under review and may be altered for future lease contracts. Full details will be provided as necessary.

6.2 Assuming the lease cost of the vehicle is no more than £3000/£3818 as appropriate then no further contribution to the leasing of the vehicle will be required.

6.3 If the 12,000 annual mileage thresh-hold is breached due to increased private mileage (i.e. > 8,500) then any further lease cost above £3000 will be reimbursed to the Trust by the employee*. (See Appendix 1 – 'How the allowance works').*

6.4 If the 12,000 threshold is breached due to the requirement of the Trust for the employee to undertake more than 3,500 business miles then the allowance will increase according to the impact of the increased business miles on the cost of leasing the vehicle selected. *(See Appendix 1 – 'How the allowance works').*

6.5 If contracted private miles reduce below 8,500 then the reduction in the lease cost can be used to offset the employee's contribution towards insurance up to the amount of their contribution.

If an employee wishes to lease a vehicle which meets the emissions threshold and other criteria but (based on lease cost at 12,000 miles) exceeds the £3000/£3818 allowance the Trust will consider leasing the vehicle but the employee will be required to reimburse the Trust for the cost in excess of the calculated allowance. *Again, an example of this is outlined in Appendix 1.*

7. Travelling Expenses

7.1 The Trust will reimburse lease car users for business mileage at the rates published by HM Revenue & Customs. The rates vary by engine size and type and are subject to periodic review by HM Revenue and Customs.

7.2 In line with Her Majesty's Revenue and Customs (HMRC) guidance, it is the responsibility of all staff to bear the cost of travel to their place of work. Reimbursement will be made only for legitimate business travel., Users are reminded when making claims for reimbursement of business mileage that breaking a journey to visit trust premises nearer than the usual place of work, and claiming the balance of the journey as legitimate business mileage, may not satisfy the HMRC requirements and could lead to an additional tax liability.

7.3 Claim Forms for the reimbursement of business mileage are to be completed and submitted for approval, usually by the next-in-line manager, and payment within reasonable time i.e. no later than 3 months after the costs have been incurred. Depending upon the circumstances, claims submitted outside of this period may not be accepted.

7.4 In submitting a claim for reimbursement the lease car user certifies that all mileage claimed has been necessarily incurred as a legitimate business requirement in fulfilling their employment duties. Any false or fraudulent claim could be deemed to constitute gross misconduct and lead to consideration of disciplinary action, including dismissal.

7.5 In approving claims for reimbursement of mileage, the authorising manager is confirming that she/he is satisfied that the business mileage was necessary and was legitimately incurred, and that the amounts claimed appear consistent

with the journeys reported. If there should be any doubt as to the legitimacy of the claim, consideration must be given to investigation of the claim which could include reference of the matter to the Trust's Counter Fraud Specialist.

7.6 The Trust will not issue fuel cards for use by lease car drivers.

8. Insurance (see also paragraph 6.1)

8.1 The Trust will arrange insurance cover for all leased cars on a fleet basis. The insurance will be subject to periodic market testing and, as a result, insurance premiums may increase or decrease during the lease period of any given vehicle. Lease car users should be aware that, in this event, any personal contributions that may be in place are liable to increase or decrease accordingly.

8.2 The Trust will review the lease car insurance policy on a regular basis to ensure value for money.

8.3 Insurance cover will be provided on a comprehensive basis with each claim subject to an insurance excess.

8.4 The Trust will be guided by the national provisions regarding insurance excess incurred on business travel, but will take regard of the circumstances of and responsibility for the incident leading to the excess.

8.5 The Trust will make each post holder aware of the specific details of the insurance policy relevant to them.

8.6 A certificate of insurance will be issued to all lease car users on each occasion of insurance renewal and users will be notified of any changes to the insurance cover as and when these occur.

8.7 Lease car users should note that Trust-owned equipment, such as laptops etc, is not covered by the lease car insurance policy. Consequently such equipment should not be transported in a lease car unless absolutely necessary and, if conveyed, should be secured out of sight if the vehicle is unattended (e.g. in the boot area of the vehicle).

8.8 Similarly, cover for the theft of, or from, an unattended vehicle is excluded when the vehicle is:

- left unlocked
- left with the keys
- left with the windows or roof panel open
- reasonable precautions have not been taken to protect it.

8.9 The insurance cover applies in Great Britain, Northern Ireland, the Channel Islands, the Isle of Man and all member countries of the European Community. However, users must request and obtain written approval from the appropriate leasing company before taking leased vehicles abroad.

8.10 In the event of being involved in an incident, lease car users are to complete the appropriate accident report form (supplied by the insurance company) at the earliest opportunity regardless of whether the incident will result in an insurance claim. Accident report forms are available from Fleet administration and all lease car users should keep a blank form with their vehicle log book. The completed form should be forwarded to the Fleet administration department for registration and subsequent transmission to the insurers. Comprehensive instructions for repair arrangements are detailed in the lease car procedure notes.

8.11 All insurance claims will be subject to an excess fee as detailed at the time of lease. Liability for payment of the excess fee will lie with either the Trust or the Lease Car User depending on the circumstances of the accident. Liability will be determined as follows:

8.12 If an accident occurs whilst the vehicle is in private use the lease car user will be liable for payment of the insurance excess regardless of the circumstances resulting in the accident. It should be noted that journeys from home to base and return are classed as private use.

8.13 Accidents which occur whilst the vehicle is in business use will be recorded and frequency/cost monitored through the Motor Risk Group. Where concerns arise about the frequency of incidents relating a particular lease car user then, in common with other trust driving requirements, that individual may be temporarily suspended from driving duties pending investigation and consideration of any training or re-training needs..

9. Contracted mileage

9.1 The procurement of vehicles will be based on a level of contracted mileage. The estimated annual mileage will be proposed by the lease car user, having taken into account both business and private mileage. These should be shown separately when making the application.

9.2 Historical data should be used, where available, to estimate business mileage and private mileage should be calculated on the basis of the employee's return mileage between home and base together with a reasonable approximation of the social, domestic and recreational mileage that they might reasonably undertake.

9.3 Where no historical data is available, for example on allocation of a vehicle to a new post, an estimation of the business mileage is to be made by the relevant line manager based on the nature of the role. Whatever the circumstances, the proposed level of annual mileage must be agreed by the relevant Director prior to submitting requests for vehicle quotations.

9.4 Lease car users are to monitor actual mileage against the contracted level and report any significant variations to their line manager as they occur.

10. Private Use of Vehicles

10.1 All lease car users, including individuals not employed by the Trust (see paragraph 10.3), must be in possession of a current full driving licence. The driving licence of all authorised users will be subject to an inspection not less than annually, or on demand should the Trust deem this necessary.

10.2 Lease car users are to notify the Trust immediately of any notice of intended prosecution, any endorsement on their driving licence, or of any conviction for a motoring offence. Similarly, the trust is to be notified of any medical conditions, permanent or temporary, that may affect an individual's licence entitlement, and may also be required to provide evidence of eyesight tests.

10.3 Lease car users may nominate to drive the vehicle other individuals, who will be automatically insured to drive the leased vehicle for private use providing that they meet the following criteria:

- The proposed driver is over 21 years of age (for drivers under the age of 21 see paragraph 6.2).
- The proposed driver holds a full driving licence and has a minimum of 12 months' driving experience on that full licence.
- The proposed driver adheres to the protocols and requirements set out in this policy, including those relating to health and to prosecution/endorsement of the licence.

10.4 Written approval, using the relevant form produced by the Trust, must be obtained for any person other than the user to drive a leased vehicle for private use. The provisions of paragraph 8.3 must be met, and the Trust reserves the right to decline use of the vehicle to any person whom it does not see fit to drive the vehicle.

10.5 Out of working hours leased vehicles must only be used for social purposes. Leased vehicles may not be used for the carriage of passengers for hire or reward or for any type of motor sport, including racing, rallying or pace making, whether on the public highway or on private land.

10.6 The Trust will not, under any circumstances, accept responsibility for parking or other fines (including non-payment of the congestion charge) incurred by lease car users. Payment of any such fine is the sole responsibility of the relevant lease car user.

11. Termination of Lease and Transfer of Vehicles

11.1 The standard lease arrangements will be for a fixed period of 36 months. Where the requirements of a post change and the criteria for a lease car are no longer met, or where a lease car user moves to a post which does not carry an entitlement to a lease car, options include:

- Allowing the user to retain the vehicle, on existing terms, for the remainder of the lease arrangement, but with no renewal or new lease vehicle beyond that point.
- Re-allocation of the vehicle to another user.
- Depending upon the reason for the change of post-holder status in terms of these arrangements, the Trust may agree to bear the cost of early termination.

This will be a matter for the consideration and decision of the relevant Director.

In exceptional circumstances, such as where an employee has been eligible for a lease car for many years but that eligibility is to cease, the Trust will give not less than 12 months' notice of the removal of the employee from the scheme. If necessary the existing lease will be extended by the requisite period in order for this requirement to be met. No other transitional arrangements, for example financial assistance with the purchase of a vehicle, will be available.

11.2 Where a lease car user voluntarily terminates the agreement, where he/she leaves the employment of the Trust, it is expected that the user will be liable for any early termination costs. Only where the Director/Assistant Director of Operations agrees that the vehicle can be properly utilised as a pool vehicle will such an option be considered. In making such a decision, the case must be made that there is a clear service requirement and justification for the particular vehicle in question, bearing in mind the underlying ethos of this policy.

11.3 In the event that a lease car user dies in service, the Trust will bear any costs arising from the surrender of the vehicle.

12. Tax Liabilities

12.1 Vehicles allocated through the lease car scheme will attract company car taxation which is based on a percentage of the car's price graduated according to the level of the car's carbon dioxide emissions (CO2).

12.2 Lease car users will incur a tax liability. It is the responsibility of lease car users to ensure that they are aware of the extent of the tax implications when making their vehicle selection. Although the Trust has an obligation to submit returns to HMRC with regard to earnings and benefits in kind, liability and payment of tax is a matter between the individual taxpayer and HMRC.

12.3 For approved "blue light" users, the tax liability will be calculated by reference to HMRC approved guidelines. The list of approved and authorised "blue light" users will be regularly reviewed by the Director/Deputy Director of Operations.

13. Smoking, Eating and use of Mobile Phones etc whilst Driving

13.1 Staff **must not** use mobile telephones or other hand held electronic (or other) devices that distract them whilst driving any vehicle, including lease cars.

13.2 Where a mobile phone cradle and hands-free device is fitted to a Service vehicle, including a lease car, the use of the phone whilst driving is permitted in accordance with current road traffic and road safety legislation.

13.3 Using devices that are not within a suitable hands-free cradle places risks the safety of other road users and places them in danger. Staff cannot be in full control of a vehicle if they are using a hand-held mobile phone whilst driving, and may be deemed to be driving even if parked with the handbrake on and the engine running.

13.4 Hands-free phones are permitted as long as the phone is kept in a cradle, but drivers are still liable to prosecution if they fail to have proper control of their vehicle because their hands-free phone is distracting them. Use of a phone or similar device might justify prosecution on charges of careless or dangerous driving and the possibility of a fine or driving licence endorsement.

13.5 In cases where an accident occurs as a result of the use of a mobile phone, penalties can be far more serious. Such actions could also result in disciplinary action being instigated by the Service.

13.6 Similarly, eating or drinking whilst driving is likely to impair the ability of the driver to maintain full control of the vehicle, and could also lead to the considerations of action above.

13.7 Smoking in the workplace and any enclosed area is against the law, and consequently is not permitted in any service vehicle, including lease cars. Smoking in a vehicle may result in prosecution and/or consideration of disciplinary action.

14. Other considerations

14.1 Where an employee is offered a lease car but prefers instead to use their own vehicle rather than accept that offer, in accordance with paragraph 17.4 of the national terms and conditions handbook reimbursement of mileage allowance will be at the national public transport rates as set out in annex “L” to the handbook.

14.2 Where a lease car is withdrawn, but the criteria for the regular user allowances are met, then those rates of reimbursement may be claimed by the former lease car user (paragraph 17.5).

15. Review

This policy will be reviewed at intervals of not more than three years by the Assistant Director, Employee Support Services and the Head of Operational Support, or more frequently should this be required by the Trust or in response to changes to national terms and conditions.

Appendix 1 How the Allowances Work (to be updated once policy agreed)

Section 3 outlines a base car allowance of £2,800 with an assumed mileage allowance of 8,500 private and 3,500 business and an emissions ceiling of 190mg CO2. A comprehensive range of vehicles can be obtained via the PASA contract with these base parameters.

This Appendix recognises that these parameters will need to vary given each managers' individual circumstances and outlines the process to be used for allowances and personal contributions, given variances from the base assumption.

A working example for a vehicle that complies with the policy given the base parameters can be demonstrated using a Toyota Avensis Estate 2.0 D T2 5dr

The range of costs for this vehicle using the PASA agreement is as follows

Annual Contracted Mileage	***Lease Cost***
8,000	*2,602*
9,000	*2,640*
10,000	*2,678*
11,000	*2,729*
12,000	*2,780*
13,000	*2,831*
14,000	*2,882*
15,000	*2,933*
16,000	*2,997*
17,000	*3,061*
18,000	*3,125*
19,000	*3,189*
20,000	*3,251*
21,000	*3,286*
22,000	*3,321*
23,000	*3,357*
24,000	*3,391*
25,000	*3,426*

The basis principle in the sliding scale is that if costs rise due to increasing private mileage the employee should pay, if costs rise from base due to increase business mileage then the allowance should rise accordingly.

For example if the business mileage requirement was 5,500 and not 3,500, a mileage increase of 2,000 then the lease cost allowance would increase by 2,000 miles from 12,000 to 14,000 (i.e. a revised allowance of 2,882)

If the private mileage increase above 8,500 to 11,500 then the difference of 3,000 on the base assumption (i.e. the difference in cost between 15,000 and 12,000) of £153 would be payable by the employee.

If the private mileage reduced below 9,000 then the corresponding impact of the reduction will be reduced from the employee's contribution to the vehicle insurance. For example if the private mileage is contracted as 7,000 then the difference of 2,000 on the base assumption (i.e. the difference between 12,000 and 10,000) of £102 would be deducted from the employee's contribution to insurance.

Example of car with base cost > £2,800

A Ford Mondeo 2.0 tdc1 115 Ghia 5 door would qualify under all criteria except cost.

At 12,000 miles the lease cost would be £3,517, an excess of £717 (assuming a 9/3 split on the mileage). The employee would be expected to reimburse the Trust the excess cost.

The same principle of calculating mileage related additional costs or rebates would also apply in these circumstances.

London Ambulance Service NHS TRUST

TRUST BOARD 31 March 2009

Staff Survey 2008

1. Sponsoring Executive Director: Caron Hitchen, Director HR-OD

2. Purpose: For noting

3. Summary

The national Staff Survey results for 2008 have just been published. The Trust undertook a full census this year in order to gain more meaningful feedback at local level. The national survey results published by the Healthcare Commission however still reflect the random sample results.

The Trust Board will receive a presentation on key messages from the staff survey with the following intended approach to responding to the results:

- Trust results to inform development of a strategic staff engagement policy already planned within the OD and People programme.
- Directorate breakdowns will be provided, with initial commentary highlighting areas for review/attention.
- Directorate and Operational staff survey leads to be identified.
- Leads to come together as a steering group/strategic group to discuss corporate results and overarching action planning as a context/basis for Directorate action plans, including milestones and timescales.
- Develop business cases for any identified investment/resource needs
- Opportunity for joint work at partnership Conference (May)
- Regular updates on progress against plans and initiatives to SMG and Staff Council as appropriate

4. Recommendation

- *The Trust Board are asked to note the presentation and support the intended action plan*

London Ambulance Service NHS TRUST

TRUST BOARD 31 March, 2009

Business Plan 2009/10

1. Sponsoring Executive Director: Mike Dinan, DoF

2. Purpose: For approving

3. Summary .

The Business Plan for 2009/10 is outlined in the attached report.

A reconciliation with the London Provider Agency plan provided to the Trust Board in Feb, 2009, is included.

The plan now shows a total income of £287m with a planned surplus of £1.9m.

The next steps are to finalise the detailed departmental budgets for 2009/10 and to produce an up-to-date Balance Sheet and Cash flow statements adjusted for the new International Financial Reporting Standards.

4. Recommendation
   - That the Trust Board approve the budget

LONDON AMBULANCE SERVICE NHS TRUST

BUSINESS PLANNING
2009/10

Contents:

Financial Summary (UK GAAP)
2008/09 - 2009/10

	2008/09 Fcast M11	2009/10 Plan 1	Diff	%
	£000	£000	£000	
Income				
A&E	235,581	255,847	20,266	8.6%
PTS	9,912	9,537	(374)	-3.8%
MPET	8,821	10,210	1,389	15.8%
Other	7,352	7,473	121	1.6%
Total Operating Revenue	261,666	283,068	21,402	8.2%
Operating Cost				
Pay	193,263	202,943	9,680	5.0%
Non Pay	56,215	65,627	9,412	16.7%
Total	249,478	268,570	19,092	7.7%
EBITDA	12,187	14,497	2,310	19.0%
EBITDA margin	*4.7%*	*5.1%*	*0.5%*	10.0%
Depreciation, Interest & Financial	11,307	12,591	1,285	-88.6%
Net Surplus/(deficit)	881	1,906	1,025	16.4%
Net margin	*0.3%*	*0.7%*	*0.3%*	0.0%

Financial Summary (IFRS)
2008/09 - 2009/10

	2008/09 Fcast M11	2009/10 Plan	Diff	%
	GAAP	1		
	£000	£000	£000	
Income				
A&E	223,639	243,755	20,116	9.0%
PTS	9,912	9,537	(374)	-3.8%
MPET	8,821	10,210	1,389	15.8%
Other	19,294	19,565	271	1.4%
Total Operating Revenue	261,666	283,068	21,402	8.2%
Operating Cost				
Pay	193,263	202,943	9,680	5.0%
Non Pay	56,215	60,725	4,510	8.0%
Total	249,478	263,668	14,190	5.7%
EBITDA	12,187	19,399	7,212	59.2%
EBITDA margin	*4.7%*	*6.9%*	*2.2%*	47.1%
Depreciation, Interest & Financial	11,307	17,493	6,187	-45.3%
Net Surplus/(deficit)	881	1,906	1,025	16.4%
Net margin	*0.3%*	*0.7%*	*0.3%*	0.0%

Income Summary
2009/10 Plan

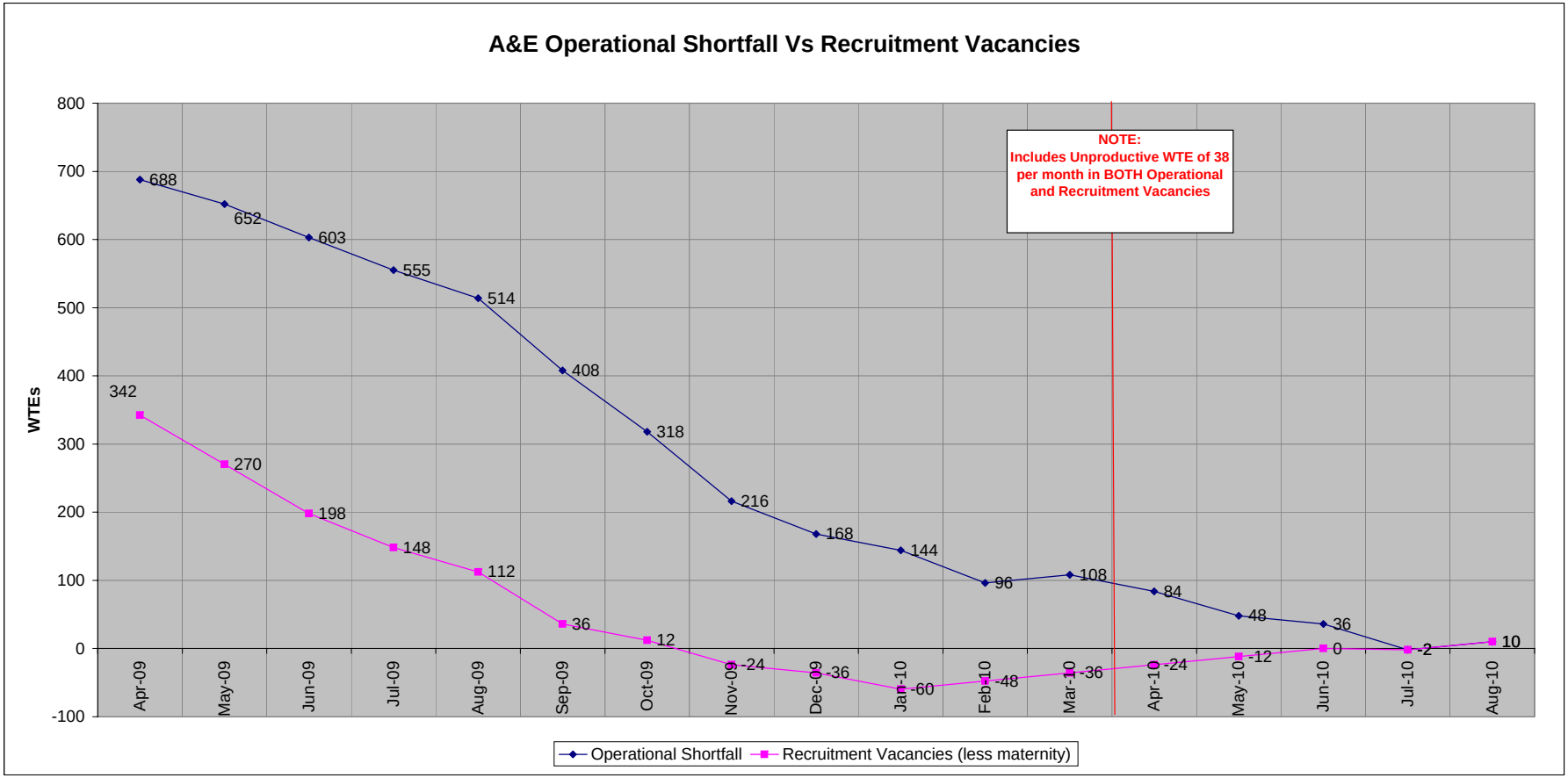
	2008/09 Fcast M11	2009/10 Plan	2009/10 Diff	2009/10 %	
	£000	1 £000	£000		
A&E Income					
Base	217,269	217,269	(0)	0.0%	
Non Convey	836	836	0	0.0%	Continued at £39 per non convey
Penalty	(1,500)	0	1,500	-100.0%	See Risk schedule
Subtotal	216,605	218,105	1,500	0.7%	
Inflation	0	5,534	5,534	n/a	Uplift
Growth	0	20,116	20,116	n/a	Current A&E bid (398 additional frontline staff)
Subtotal	216,605	243,755	27,150	12.5%	
Non Recurrent	7,034	0	(7,034)	-100.0%	Additional support for overtime & incentive in 2008/09
Total A&E Income	223,639	243,755	20,116	9.0%	
Price per head of population p.a. (£)	*27.9*	*30.4*	3	9.0%	*Based on London PCT weighted population (8,230k)*
Price per incident (£)	*229*	*241*	12	5.3%	
PTS Income	9,912	9,537	(374)	-3.8%	Adjusted for known contract base income
MPET	8,821	10,210	1,389	15.8%	MPET Bid to NHS London
Other Income					
CBRN	9,442	8,342	(1,100)	-11.7%	£1.1m addn funding in 2008/09
HART	2,500	3,750	1,250	50.0%	Two teams by year end. Phased in over 2009/10
Olympics 2012	400	1,912	1,512	378.0%	Bid to NHS London 2012 team
EBS	1,091	1,090	(1)	-0.1%	
Other	5,861	4,471	(1,390)	-23.7%	RTA (2 years) £800k, PCT directly funded ECPs £350k
Subtotal	19,294	19,565	271	1.4%	
Total Income	261,666	283,068	21,402	8.2%	

Total Cost Summary
2009/10 Plan

	2008/09 Fcast	2009/10 Plan 1	Diff	%	
	£000	£000	£000		
Average Daily Incidents	2,678	2,771	94	3.5%	Assumption used in ORH modelling
Staffing					
A&E	3,210	3,792	582	18.1%	A&E (548), EOC (40)
Corporate Support	568	757	189	33.3%	Staff to Establishment
PTS	231	256	26	11.1%	No vacancies
Subtotal	4,009	4,805	797	19.9%	
Payroll					
A&E	155,457	161,984	6,527	4.2%	14% increase in recruited staff, pay inflation 2.9% , CIP £7m
Corporate Support	31,574	34,459	2,885	9.1%	26% increase in recruited staff, pay inflation 2.9%, CIP £2m
PTS	6,232	6,501	269	4.3%	3% increase in recruited staff, pay inflation 2.9%
Subtotal	193,263	202,943	9,680	5.0%	
Cost per WTE	*48.2*	*42.2*	-6.0	-12.4%	
Non Pay					
Staff Related & Subs	5,260	5,351	91	1.7%	CIP £600k
Training	1,203	2,561	1,358	112.9%	Additional staff & MPET bid
Medical Consumables & Equip	5,748	5,733	(15)	-0.3%	Additional staff & MPET bid
Drugs	376	416	40	10.6%	Additional staff & MPET bid
Fuel & Oil	4,942	4,656	(286)	-5.8%	12,500 litres per day @ c£1.03 per litre
3P Transport	1,564	1,050	(514)	-32.9%	Additional staff & CIP £600
Vehicle Costs	12,625	14,762	2,137	16.9%	142 new Ambulances by end of 09/10 (100 replacement, 40 additional)
Accomodation & Estates	10,976	10,693	(283)	-2.6%	
Telecoms	7,417	8,085	668	9.0%	LARP Technical and IPT Hardware
Other	6,104	12,320	6,216	101.8%	LARP £1.3m, Contingency £600k, AED £800k, CIP £900k
Subtotal	56,215	65,627	9,412	16.7%	
Pct of Total Income	*21.5%*	*23.2%*	1.7%	7.9%	
Total Operating Cost	249,478	268,570	19,092	7.7%	
Cost per day (excl PTS)	*657*	*710*	53	8.1%	
Cost per incident (excl PTS) (£)	*245*	*256*	11	4.5%	

Staffing Summary
2009/10 Plan

	2008/09 Fcast	2009/10 Plan	Diff	%	
		1			
	£000	£000	£000		
	M1 to 11 average	Budget 0910 average			
A&E					
Operational Staff	2,607	3,155	548	21.0%	Phased increase of 548 staff to Mar10
A&E Management	199	192	(6)	-3.2%	Maintain 2008/09 increase adjusted for 0809 in year posts
EOC	362	402	40	11.1%	Phased increase to establishment plus additional 20 WTE for CAD training
HART	42	42	0	0.0%	Phased introduction of 2nd team (costs included in reserves)
Other	0	0	0	n/a	
Subtotal	3,210	3,792	582	18.1%	
Incidents per A&E WTE	304	267	(38)	-12.4%	
Corporate Support	568	757	189	33.3%	Staff to 2009/10 establishment (includes Fleet & Logistics and Resource Centre staff)
A&E&PTS / CS	*6.1*	*5.3*	(0.7)	-11.7%	
PTS	231	256	26	11.1%	Staff to 2009/10 establishment
Total	4,009	4,805	797	19.9%	



	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
Recruitment In Post	2,891	2,969	3,041	3,113	3,163	3,199	3,275	3,299	3,335	3,347	3,371	3,359	3,347	3,335	3,323	3,311	3,313	3,301
Operational In Post	2,612	2,623	2,659	2,708	2,756	2,797	2,903	2,993	3,095	3,143	3,167	3,215	3,203	3,227	3,263	3,275	3,313	3,301
0910 Establishment (excl HART & BETS)	2,913	3,311	3,311	3,311	3,311	3,311	3,311	3,311	3,311	3,311	3,311	3,311	3,311	3,311	3,311	3,311	3,311	3,311

Vacancies/Shortfall																		
Operational Shortfall	301	688	652	603	555	514	408	318	216	168	144	96	108	84	48	36	-2	10
Recruitment Vacancies (less maternity)	22	342	270	198	148	112	36	12	-24	-36	-60	-48	-36	-24	-12	0	-2	10
In Training	279	346	382	405	407	402	372	306	240	204	204	144	144	108	60	36	0	0

Monthly Movement																		
Recruited Staff	-	78	72	72	50	36	76	24	36	12	24	-12	-12	-12	-12	-12	2	-12
Operational Staff	-	11	36	49	48	41	106	90	102	48	24	48	-12	24	36	12	38	-12

Maternity	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38

Capital Expenditure
2009/10 Plan

	2008/09 Fcast	2009/10 Plan	Diff	%	
	£000	1 £000	£000		
Fleet					
Ambulances	2,820	0	(2,820)	-100.0%	Procured under operating lease
Cars	0	1,350	1,350	n/a	Lease vs Buy analysis to be completed
PTS	2,160	192	(1,968)	-91.1%	Bariatric Vehicles, and others Procured under operating lease
Other	1,684	1,001	(683)	-40.6%	Emergency Planning vehicles
Subtotal	6,664	2,543	(4,121)	-61.8%	
IM&T					
CAD2010	3,227	6,110	2,883	89.4%	Per CAD2010 Business Case
Hardware	443	750	307	69.3%	
Other	1,380	1,800	420	30.4%	General
Subtotal	5,050	8,660	3,610	71.5%	
Equipment					
12 Lead	0	1,680	1,680	n/a	140 12 lead replacements in line with Fleet plan
Other	(21)	0	21	-100.0%	
Subtotal	(21)	1,680	1,701	-8088.6%	
Estates					
Routine	1,809	751	(1,059)	-58.5%	
New Build	1,181	4,200	3,019	255.6%	Workshops, Control Rooms,
Disposals	0	(1,050)	(1,050)	n/a	Park Royal
Subtotal	2,990	3,901	911	30.5%	
Total	14,682	16,783	2,101	14.3%	

CIP Summary
2009/10 Plan

	2009/10 Budget CIP	Risk	
	£000		
A&E			
Productivity	1,183	Med	Additional staffing to allow reduction in systemic overtime in Q3/4
Incentive	6,000	Low	Additional staffing to allow elimination of incentive from Q2
Subsistance	700	Low	Additional staffing will allow more uninterupted breaks
Subtotal	**7,883**		
Other			
Agency	2,000	Low	Recruit staff to establishment will allow 28% reduction in cost
Procurement	600	Low	Effect of 2008/09 tenders plus further automation of procurement processes
Accident Damage	200	Low	Improved reporting and follow up with insurers
EOC Overtime	300	Low	Full establishment to reduce OT usage
F&L Overtime	100	Low	Additional Staffing to reduce OT requirement
Resource Centre Restructure	200	Low	As per 0708 business case
Staff related	200	Low	Review of uniforms & staff travel
Corporate Processes	200	Low	Further review of supply chain processes
Subtotal	**3,800**		
Total	**11,683**		

Pct of Operating Expense

% CIP Planned **4.17%**

	LPA Plan Budget 2009/10	Bottom Up Budget 2009/10	Variance	Notes
	£000	£000	£000	
Income				
A&E	-244,735	-243,755	-980	Lower Contract Settlement
E&D	-10,749	-10,210	-539	No Margin built in to Bottom Up
PTS	-9,700	-9,537	-163	Cost reduced in line with income
CBRN	-12,289	-12,092	-197	CBRN (£8342k), HART (£3750k)
Other	-9,105	-7,473	-1,632	HEMS, Stadia, RTA, BETS, EBS etc.
Sub Total	**-286,578**	**-283,068**	**-3,510**	
Pay Expenditure				
Sub Total	**209,485**	**202,943**	**6,542**	Phasing and Skill Mix variations against Top Down
Non-Pay Expenditure				
Sub Total	**62,149**	**65,627**	**-3,478**	Reallocation of Vehicle lease costs plus additional IT related and Training costs
Total Operating Costs	**271,634**	**268,570**	**3,064**	
EBITDA	**-14,944**	**-14,497**	**-446**	
ITDA	**13,038**	**12,591**	**446**	
NET	**-1,906**	**-1,906**	**0**	

Financial Risks
2009/10 Plan

	2009/10 Value	Risk	Adjusted Risk	Mitigating Actions
	£000			
Income				
A&E penalty	7,000	20.0%	1,400	Performance delivery & Hospital turnaround factor
Other Income				
MPET Funding	10,210	10.0%	1,021	Closer monitoring of activity/spend
CBRN	8,342	5.0%	417	Increased DH liaison. Limit spend in line with income
HART	3,750	5.0%	188	Increased DH liaison. Limit spend in line with income
Olympics 2012	1,900	20.0%	380	Work with new 2012 commissiong group. Limit spend in line with income
Subtotal	**31,202**	**10.9%**	**3,406**	
Other				
Cost Improvement Plan	11,683	10.0%	1,168	Built into dept budgets. Monthly monitoring by SMG
Capital Expenditure Control	3,000	33.0%	990	Improved Monitoring and Forecasting
Capital Loan (CAD 2010)	10,000	10.0%	1,000	Complete timely business case
Phasing	3,000	10.0%	300	Front loaded recruitment to full operating establishment by year end
PTS	300	50.0%	150	Current run rate plus conservative plan
Fuel	4,656	5.0%	233	Monitor
Subtotal	**32,639**	**11.8%**	**3,841**	
Total	**63,841**	**11.4%**	**7,247**	

Risk Rating

Financial Bucket

			Current Risk Ratings:					
Metric	**Actual**	**Rating**	**Weight**	**5**	**4**	**3**	**2**	**1**
EBITDA margin	7.0%	3	10%	11%	9%	5%	1%	<1%
Variance from plan EBITDA, %achieved	96.5%	5	25%	<=15%	<=30%	<=50%	<=100%	>100
ROA	4.3%	3	20%	6%	5%	3%	-2%	< -2%
I&E surplus margin	0.7%	2	20%	3%	2%	1%	-2%	< -2%
Liquid ratio	2.0	3	25%	10	5	0	-5	<-5
Weighted Average		**3.3**	**100%**					

Financial Criteria

Underlying Performance	3
Achievment of Plan	5
Financial Efficiency	2
Liquidity	3

Overall Rating **2**

Break Even Duty

	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
	£m	£m	£m	£m	£m	£m
Turnover	215.9	236.0	260.4	286.7	290.0	302.9
I&E Retained (deficit)/surplus	0.1	1.1	1.0	1.9	3.4	9.2
Impairment (-)			0.0	0.0	0.0	0.0
I&E Retained (deficit)/surplus less Impairment			1.0	1.9	3.4	9.2
Break-even cumulative position	1.4	2.5	3.5	5.4	8.8	18.0
Materiality Test (i.e. is it =< 0.5%) Break-even in year position	**0.0%**	**0.5%**	**0.4%**	**0.7%**	**1.2%**	**3.0%**
Break-even cumulative position (%)	**0.6%**	**1.1%**	**1.3%**	**1.9%**	**8.0%**	**5.9%**

If anticipated financial year of recovery is more than 2 years state the period agreed with the SHA (e.g. 3)

London Ambulance Service NHS TRUST

TRUST BOARD 31 March, 2009

LAS Objectives for 2009/10

1. Sponsoring Executive Director: Peter Bradley, CEO

2. Purpose: For noting

3. Summary .

In accordance with the usual annual operating practice Management are currently in the process of finalising a list of the key LAS objectives for the new financial year.

4. Recommendation
   - The Trust Board are asked to note the presentation on the proposed LAS key objectives for 2009/10

London Ambulance Service NHS TRUST

TRUST BOARD 31 March, 2009

HART Facility (East London)

1. Sponsoring Executive Director: Mike Dinan, DoF

2. Purpose: For approval

3. Summary .

LAS Estates were commissioned by the LAS & National HART team to secure two appropriate operating facilities in London.

An appropriate site has been found at Cody Road E16 which can house both the existing HART team (East) and the LAS Emergency Planning unit.

The site is also two miles from the main 2012 Olympic site.

A business case is attached for the site.

The existing SLA with the Department of Health (HART) has been amended to include the recurrent revenue cost of this facility. Agreement has not yet been secured on the required capital spend (£600k) as 2009/10 DH capital budgets have not been finalised. It is expected that this will also be provided.

With the increased investment in the HART team and with the Olympics in mind, this business case secures an appropriate operating location.

4. Recommendation ➢ That the Trust Board approve the business case.

London Ambulance Service

NHS Trust

Combined Business Case for the relocation of the Hazardous Area Response Team (HART)

March 2009

Contents

Executive Summary

1. The LAS Hazardous Area Response Team was established in December 2006 as part of a national programme which aims to ensure that fewer lives would be risked or lost in the event of a terrorist or accidental CBRN incident. Initially the team was established with Incident Response Unit (IRU) capacity only.

2. Upon its establishment the HART team was located in Deptford Ambulance Station as a temporary measure. This accommodation is however unsuitable and does not meet the national estates specification for HART teams. It does not allow for integration with the main Emergency Planning Team, of which it is a part, currently located in the LAS HQ Annex at Pocock Street.

3. The Urban Search and Rescue component is a recent addition to the team and there is now insufficient space at Deptford to accommodate the full HART capability plus equipment and vehicles.

4. The size of a potential new facility to meet the needs of the HART team and the Emergency Planning Team is 15,000 square feet. The LAS has undertaken a site search in the East and South of London to look for suitable premises with easy access to the City, Docklands and Central London.

5. The preferred option is a premises located on the Datapoint Estate in the well established Cody Road Business Centre in Cody road, Canning Town, London E16. There is easy access to the City and Docklands via the A13 and Canning Town and Bromley-by-Bow stations are within walking distance. There is also access to the A12 Blackwall Tunnel Northern Approach Road via a private office park. The site is approximately 2 miles from the Olympic park.

6. The property provides 7,500 sq ft of predominately open plan office space on the first floor, 13,242 sq ft of warehouse space and an area on the ground floor of 2,652 referred to as a technical area which could be easily be converted to storage, messroom or locker rooms. The total internal area is 23,394 sq ft thus offering sufficient space for current and potential future needs. The site also will have the capability of holding bunkered fuel (30,000 litres) as part of the overall LAS fuel resilience plan.

7. A 15 year lease is available. Recurrent revenue costs will be £433,940 per annum initially compared with £55,814 currently. There will also be non-recurrent revenue costs of £55,000 and capital costs of £687,500 for adaptation of the building in the first year of operation.

8. The HART team is currently funded by the Department of Health and approval for the additional revenue expenditure has been sought from them and agreed. Additional funds are being sought to support the capital spend.

9. Subject to the necessary approvals including planning permission the new facility could be established within 21 months of funding being approved.

1. Strategic Case

Background to HART

Hazardous Area Response Teams (HART) are specially recruited and trained personnel who provide the ambulance response to incidents where specific hazards exist. They also compliment the service response to major incidents.

Traditionally the Ambulance Service had always operated within the 'cold zone', areas where contamination was not present and the area was deemed to be a safe working environment. Various incidents in recent years, alongside the increasing threat of a chemical, biological, radiological or nuclear occurrence resulted in ambulance staff being trained and equipped to work within a 'warm zone' environment, in order to provide decontamination to casualties and emergency services workers under medical supervision.

The Department of Health HART programme began in 2005 with multi-disciplinary, multi-agency working groups looking at how clinical intervention can be safely and effectively provided by ambulance service personnel to triage, treat and save lives from within the inner cordon or 'Hot Zone' of CBRN and other hazardous incidents as well as in Urban Search & Rescue (USAR) scenarios.

HART, as an initiative, forms part of the health response in support of the national capabilities programme being led by the Home Office, which aims to ensure that fewer lives would be risked or lost in the event of a terrorist or accidental CBRN incident. Within this, the key objective is to improve CBRN response capabilities towards a 'model response', ensuring that if a terrorist attack occurs, the response from all concerned will be quick and effective with the result that lives are saved, and the impact on property and the environment is minimised.

Two areas of enhanced capability have been developed for ambulance personnel

> **I. Incident Response Unit (IRU) capability** - this forms the basis for improved response in the event of potential or actual contamination or presence of hazardous substances or environments, including in the 'Hot Zone'.
>
> **II. Urban Search and Rescue (USAR) Paramedics** – extends the areas or environments in which paramedics can operate safely and provide clinical intervention to include those where access and egress is difficult and requires specialist equipment and training, this may be at height or in confined spaces and/or where there may be prolonged entrapment.

HART teams were initially established in London, Yorkshire, the North-west and West Midlands and will be fully in place nationally by 2011.

The LAS HART team was established in December 2006 initially with IRU capability only. Due to the need to establish the team quickly a temporary solution was to provide accommodation at Deptford Ambulance station. The HART team forms part of the Emergency Preparedness Unit currently based in Pocock Street.

Current LAS HART accommodation

The current accommodation at Deptford Ambulance Station is unsatisfactory for a number of reasons.

Location

The HART response nationally is set up in line with the Model Response Document. This was issued by the Home Office and details high risk areas throughout the country. In London, the Model Response Sites are the Canary Wharf complex, the City of London Airport, the City of London, London Heathrow airport, the Government Security Zone and parts of the West End. Deptford is not ideally located to deal with any of the sites listed.

Size and Layout

Deptford is an old station with little space to develop. The HART vehicles are large and there is difficulty turning these vehicles in the yard. Parking is also an issue at Deptford. The HART national estate specification (see Appendix 1) states that all vehicles should be secured inside when not in use. A complete HART vehicle fleet (see below) is eight vehicles and there is no facility to place these vehicles inside at Deptford.

Staff Facilities

When the Team reaches the full funded complement of 42 it will be difficult to find space at Deptford for lockers, stores etc even with development.

2. Economic Case

Size of facility required

The LAS HART requirements have been based on the DoH HART National Estates specification (see Appendix 1). From this specification it has been estimated that the HART team would need approximately 15,000 sq ft of accommodation, of which an allowance of 1,500 sq ft has been allowed for the Emergency Planning team, currently located in Pocock Street.

The HART team requires space for 42 operational staff, 5 management staff and 10 staff in the Emergency Planning Team based in the LAS HQ Annex at Pocock Street, a total of 57 staff.

The HART team will have 8 vehicles to undertake both the IRU and USAR functions. These are:

- 4 x Ford Iveco 6.5 tonne vehicles
- 2 x Vauxhall Zafira FRU's
- 2 x Nissan Navara 4x4 USAR Vehicles

In addition space is required for 2 CBRN vehicles (7.5 tonne).

There is space for a 30,000 litre fuel tank at the site.

Preferred Location

The search for a suitable site to accommodate the HART team started in July 2008. The initial brief was to look for suitable premises in the East and South areas of London with good access to the City, Docklands and Central London.

Approximately 20 properties were identified by the Estates Department, of which six have been inspected by the Estates Department or members of the HART team. Four of these have been discounted due to location, parking, access or other material considerations.

Two properties are considered to be suitable, one in Evelyn street London SE8 and one in Cody Road, London E16. The property in Cody Road is the preferred option due to its location, access and general physical condition and layout. This property is therefore considered in more detail below, together with budget cost estimates.

3. Financial Case

The implementation of the preferred option has a number of financial consequences. The estimated costs attributed to the estate elements are:

ESTIMATED RECURRENT REVENUE COSTS

Items	**Cost**
Rent	£233,940.00
Rates (estimated)	£100,000.00
Utilities (gas, water and electric)	£ 30,000.00
Estates maintenance	£ 30,000.00
Cleaning	£ 10,000.00
Service charge	£ 15,000.00
Waste/Clinical	£ 5,000.00
IM&T BT/data costs	£ 10,000.00
Total	**£433,940.00**

NON RECURRENT REVENUE COSTS

Items	**Cost**
Furniture and fittings	£ 40,000.00
IM&T equipment, phones, etc.	£ 15,000.00
Total	**£ 55,000.00**

CAPITAL COSTS

Items	**Cost**
Alterations, partitioning for offices, locker rooms WC's, showers, sluice, storage Mechanical/electrical work estimate	£500,000.00
Legal fees	£10,000.00
Planning application, including Environmental, Highways and Noise impact assessments studies	£15,000.00
Consultancies fees for refurbishment @ 15%	£75,000.00
Other consultancy fees, i.e. District Valuer, Agencies fees, Party wall award, CDM coordinator	£20,000.00
Building control	£5,000.00
10% contingency	£ 62,500.00
Total	**£687,500.00**

Source of Funding

The HART programme is funded directly by the Department of Health at present but will be allocated to commissioners from 2011. Current costs of the HART team are £2,500,000 per annum. Of this the estates component is £55,814 currently. The revised revenue costs, including the new accommodation, are approximately £3,620,626 for 2008/09. This represents an increase of £1,120,626 for 2008/09 or £433,940 net of non recurring costs.

The Department of Health (DH) have agreed to a revised service level agreement (SLA) with the Trust to cover the totality of revenue funding associated with this estate project.

For subsequent years the increase will be £444,789 (2009/10) and £455,908 (2010/11).

CURRENT TOTAL REVENUE

Financial summary:	**2009/10**	**2010/11**
Current Revenue Cost	**£**	£
Pay	2,190,075	2,244,827
Personal Protective Equipment	143,444	147,030
Training	47,632	48,823
Estates	**57,209**	**58,640**
Vehicles	65,600	67,240
Equipment	7,802	7,997
Consumables	45,100	46,228
Printing/Stationary	4,100	4,203
Other	1,538	1,576
Total	**2,562,500**	**2,626,563**

PROPOSED TOTAL REVENUE

Financial summary:	**2009/10**	**2010/11**
Estimate of Recurrent Revenue Cost	**£**	£
Pay	2,190,075	2,244,827
Personal Protective Equipment	143,444	147,030
Training	47,632	48,823
Estates Recurrent Revenue Costs	**444,789**	**455,908**
Estates Non Recurrent Revenue Costs		
Estates Capital Costs		
Vehicles	65,600	67,240
Equipment	7,802	7,997
Consumables	45,100	46,228
Printing/Stationary	4,100	4,203
Other	1,538	1,576
Total	**2,950,080**	**3,023,832**

PROPOSED ESTATE RELATED INCREASE IN REVENUE COSTS

	2009/10	**2010/11**
Rent	£239,788.50	£245,783.21
Rates (estimated)	£102,500.00	£105,062.50
Utilities (gas, water and electric)	£30,750.00	£31,518.75
Estates maintenance	£30,750.00	£31,518.75
Cleaning	£10,250.00	£10,506.25
Service charge	£15,375.00	£15,759.38

Waste/Clinical	£5,125.00	£5,253.13
IM&T BT/data costs	£10,250.00	£10,506.25
Total	**£444,788.50**	**£455,908.22**

4. Commercial Case

PROPERTY DESCRIPTION

The property is situated on the Datapoint Estate in the well established Cody Road Business Centre in Cody road, Canning Town, London E16. There is easy access to the City and Docklands via the A13 and Canning Town and Bromley-by-Bow stations are within walking distance. There is also access to the A12 Blackwall Tunnel Northern Approach Road via a private office park. The legal status of access through this private Estate is currently being investigated with the owners of the Estate and the local authority Highways department.

We understand that a section 106 agreement is in place permitting 24 hour access for emergency service vehicles and staff across the Datapoint Estate that would enable free access and egress to the proposed HART site.

The property comprises a modern single storey warehouse of steel frame construction with concrete floors throughout. The warehouse has two roller shutter doors proving access to the warehouse which would be used for parking operational vehicles and storage, access to this area is via an open yard which could also be used for parking circa 20 vehicles. There is also an entrance to the front of the building into a lobby area with staircase access to the first floor offices. There are a further 32 parking spaces to the front of the building.

The property provides 7,500 sq ft of predominately open plan office space on the first floor, 13,242 sq ft of warehouse space and an area on the ground floor of 2,652 referred to as a technical area which could be easily be converted to storage, messroom or locker rooms. The total internal area is 23,394 sq ft.

The property has all main services including 3 phase power supply, gas central heating and double glazed windows. The first floor office area could easily be extended by installing a mezzanine floor and still provide enough clear headroom for operational vehicles if needed.

The landlord is looking to grant a 15 year lease on the premises.

5. Management Case

PLANNING SITUATION

All buildings have a designated Use class, and the units at Cody road are classified as B1, B2 and B8 which allows office, general industrial, storage and distribution and warehouse use. Operational Ambulance stations do not fall into any of the Use classes and is considered to be Sue Generis, meaning there is no specific use class. Therefore a planning application for Change of Use will need to be submitted. Whilst some pre-application consultation can be undertaken, there is no guarantee that planning permission will be forthcoming, the planner in charge of the application may advise that the application will be approved and then receive material objections which have to be taken into account which may mean the application is rejected. Therefore it is essential to secure planning permission before entering into a legal lease. To secure planning permission can take up to 6 months by the time all the pre-application assessments are completed. The landlord may be willing to enter into an Agreement for Lease whereby the LAS undertake to take a lease if Planning is obtained.

Lease negotiations can be ongoing at the same time as the preparation and submission of the planning application, but any other work that is undertaken could be abortive if planning permission is not granted.

PROJECT PROGRAMME

The programme for getting the site operational would be:-

Task	Timescale
Feasibility study/initial floor plans preparation/agree brief	2 months
Preparation and submission of planning application	6 months
Lease negotiations and legal searches to run concurrently with above	6 months
Appoint relevant consultants	1 month
Detailed design/specification/tender/ Building control	3 months
Tender period	1 month
Tender analysis/approval of final budget	2 months
Contractor appointment and lead in	1 month
Contract period	4 months
Commissioning/handover	1 month
Total	**21 months**

The above timescales are dependant on funding being approved and the necessary approvals being in place.

Appendices

Appendix 1 – National Estates Specification for HART Accommodation

In order to ensure consistent provision for HART units and appropriate logistical and technical support for the vehicles and equipment, it is recommended that each Trust where HART is being established will need to ensure that the following estates specification is available as a minimum. The vehicles and equipment being provided comprise a significant investment and include sophisticated, state-of-the art technology. The security and appropriate maintenance of these assets is therefore a key consideration. There are also statutory requirements around the appropriate maintenance and cleaning of equipment such as BA kit. The Estate provision will be physically reviewed prior to delivery of the vehicle and equipment, or the operational deployment of the team.

Garage Facilities

The garage facilities will be designed to be able to securely store indoors the following vehicles:

1. Forward Command Vehicle x 1

2. Forward Reconnaissance Vehicle x 1

3. Heavy Equipment Carrier x 1

4. Rapid Response vehicles x 2

5. USAR 4X4 vehicle x 2

6. Equipment People Carrier x 1

Each of the above vehicles will have a marked parking bay with a retractable electrical shoreline connection of either 110 or 240 volts (dependent upon local trusts standard fitments), terminating with an auto-eject plug installed to the current electrical installation requirements.

Additionally, the bay for the Forward Command Vehicle will have access to a 110 volt supply rated to 5 KVa fitted with a 32 amp socket. This will enable the connection and “running up” of the on board technology equipment for training and/or maintenance without the need to run the generator indoors. This bay will also require a Network socket to enable the command vehicle to receive upgrades and maintenance remotely.

Each garage will have access on site to vehicle wash (pressure washer or equivalent) facilities with appropriate associated drainage.

Within (or immediately outside) the garage area, a water supply, terminating in a male 70mm instantaneous fire coupling capable of delivering a water pressure of 2 bar will be provided. Alternatively a fire hydrant within the grounds of the premises will be accepted subject to it meeting the same delivery pressure

requirements AND the local trust having a written agreement with the local water company to access the hydrant and abstract water for training purposes.

The garage will be fitted with a suitable air extraction/scavenging system to ensure no build up of exhaust fumes when the vehicles are running / manoeuvring.

A clean storage area will be provided within (or accessed via) the garage area. This area will be a minimum of 10 metres X 10 metres floor space and be at least single storey in height. Access to the storage area will be step free and have a width of no less than 2 metres. A range of shelving should be available to suit the equipment to be stored.

Station Area

The station accommodation will have the following facilities as a minimum:

1. Unisex locker facilities for 42 staff. Each locker to be of the large work wear/PPE storage type, of full height to ensure staff will not need to store equipment on top of lockers.
2. Separate male and female toilet and shower facilities with associated changing facilities. A minimum of two showers per sex are suggested.
3. An office for the HART Coordinator/Manager to use as a base, fitted with appropriate IT and telephone connections.
4. An office for the team members to utilise for daily administrative tasks and to access IT equipment.
5. A rest room capable of accommodating the on duty staff.
6. A kitchen suitable to support the on duty staff.
7. A training room/meeting room capable of supporting up to 42 operational staff plus 2-3 trainers/presenters when seated conference style. The room should be equipped with suitable IT equipment including audio/visual projection.
8. A dirty sluice area will be provided.
9. A clean sluice area will be provided for BA equipment cleaning.
10. A medical gases store will be provided.
11. A drying room capable of housing one set of PPE for each on duty team member, capable of being heated and ventilated 24/7, not just during periods when heating systems are conventionally on.

General Environment

- The station will be installed with a fire detection/alarm system to the current British Standard
- The Station will be fitted with a security alarm system including perimeter protection as a minimum.
- The station will have CCTV monitoring and recording facilities as a minimum of its vehicular and pedestrian access points.
- The perimeter of the site will be fenced and fitted with a gated access system controlled by key pad or proximity card/remote control access system from the outside and vehicle sensors from the inside.
- The station will have parking facilities for the on duty staff, with additional space to allow parking for on-coming staff or outside training activities.
- External security/safety lighting will be fitted.

- The stations overall design and construction will comply with all building regulations in force at the time of construction/adaptation, and any other general local policies for provision at ambulance stations.

Item 15,
Paper no.12

London Ambulance Service NHS TRUST

TRUST BOARD 31st March 2009

Board Assurance framework 2008/09

1. Sponsoring Executive Director: Martin Smith

2. **Purpose:** For approval

3. **Summary**

- The Draft Assurance framework was updated taking into account the comments from the internal auditors which was approved by the Audit Committee on 9th March 2009.

- The controls on key risks have been reviewed and updated to manage the risks to support compliance with the core standards for the financial year 2008/09 based on the evidence collated by the Standards of Better Health Group.

- With the handover of responsibility for Trust-wide Risk Management from the Finance Director to the Corporate Services Director, this report for 2008/09 will provide the basis for a revised Assurance Framework for 2009/10 which will identify key risks and assurances in the context of the Trust's strategic objectives for 2009/10.

4. **Recommendation**

THAT the Trust Board APPROVE the Assurance Framework 2008/09

Appendix 1

BOARD ASSURANCE FRAMEWORK

Updated: 03.02..2009

Principal Objective	BAF Ref	Principal Risks	Current Risk Status	Accountable Director	Domain Standard	Risk Register Ref	Key Controls	Source of assurance	Results of assurance	Gaps in Control	Gaps in Assurance	Actions to provide assurance	Date for Actions	Date of actions - update
Principle Objective 1 To improve the delivery and outcomes of services for our patients and the public informed by their input through the Patient and Public Involvement initiative, in relation to national priorities, including National Service Frameworks, risk and governance, NHS Plan and capacity planning, particularly winter, emergency preparedness and technology. To achieve agreed modernisation in working practices by:- (a) Rest breaks, (b) Individual Performance Monitoring, (c) Home responding, (d) Improved standby and area cover arrangements, (e) Reduced job cycle times, (f) Shift Change over (roster changes)														
		There is a risk that out of date equipment (PALS PACK) may result in inability to treat Paediatrics.	20	Christopher Vale	1) Safety - C4(b)	250	• Vehicle and Equipment Working Group.	• Logistic team check PALS packs are maintained on vehicles • Systems in place to minimise risks from acquisition and use of medical devices in accordance with guidance issued by MHRA. • Additional PALS Packs being packed. • Vehicle audit and swap	• Provision and Maintenance of Defibrillators • Trolley bed, Manger Elk spec • Suction units		Asset tracking system dependant on IM&T and when new server available	1. Ongoing audit of all PALS Packs and update equipment to vehicle working groups, to be included in Asset tracking system. 2. A more robust process for monitoring	1. July 08 2. March 09	16/02/2009 -Additional PALS Packs being packed. Vehicle audit and swap out of packs to be carried out in Feb/March 09.
		There is a risk of RTA injury to persons travelling in an LAS A&E vehicle	16	Richard Webber	1) Safety - C1(a)	9	• Process for monitoring incidents reports is regular; received by Corporate Health and Safety Groups • Risk Information report to CGC and RCAG. • Motor Risk Group. • A&E Op's bulletin issued, also H&S bulletin updating on legal requirement. • Incident reporting to NPSA • Risk Reporting and Assessment Procedure.	• NWOW is an ongoing project – seminar incorporating rostas and changeover times to aid performance with a view of minimising patient's waits for an ambulance. • All new A&E ambulances fitted with recessed child harness in head and attendants seats. • All new PTS ambulances are fitted with all age (above yrs) adjustable harnesses. • All vehicles have a "must be worn" sign. • A&E Op's bulletin issued, also H&S bulletin updating on legal requirement. • Team Leaders assess staff by notifying them of a pre booked ride out - clinical skills and a driving appraisal.	• Complaint action plan • RCA criteria and training • Health, Safety and Risk Training and Provision of H&S Information • Patient Safety - learning and changes • Clinical Governance Annual Report • Incident Reporting Procedure (LA52s)			1. Review adequacy of driving course and include training for specific vehicles (i.e. FRUs). 2. Monitor process at Corporate Health and Safety Group. 3. Investigate benefits of a reward scheme. 4. Ensure refresher training is provided following RTA's. 5. Introduce Black Box technology in 20-25 FRU's located in Old West Sector on a phased basis. 6. Develop robust system for tracking individual accident rates, including lease car drivers.	1. Ongoing 2. Ongoing 3. Ongoing 4. Complete 5. Complete 6. Ongoing	16/02/2009 - revision of risk wording agreed; proposal for downgrading not agreed by RCAG. Team Leaders asses staff by notifying them of a pre booked ride out. This is for Front Line Staff and Urgent Care Staff which not only incorporates clinical skills but a driving appraisal. This applies to staff driving an AEU or FRU a record of competence will be signed by both parties. Staff following an RTC whilst depending on the circumstances may be suspended from driving duties until an investigation is completed and a driving assessment has been passed. Reward scheme for good driving, not sure this will encourage good driving and may have a negative effect as unduly placing pressure on staff rather than relying on natural instinct.

Appendix 1

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		There is a risk that the control and operational staff may fail to recognise serious materity issues or fail to apply correct guidelines which may lead to serious adverse patient outcome in maternity cases.	16	Fionna Moore	1) Safety - C1(a)	31	• Monitoring by Clinical Governance Committee • Obstetrics Incident Report and Action plan held under review by Clinical Governance Committee • Medical Director has appointed LAS consultant midwife as Trust representative on NPSA Obstetrics Pan London Forum • Prompt sheet issued to crews as part of maternity packs	• Working closely with the NPSA and other organisations where there are incidents involving both maternity and ambulance services. • Themed Risk Information Report on Obstetric cases and action plan, presented to CGC. • Complexes arranged for local midwifes to deliver training sessions • Obstetrics modules ready for delivery as a CPD course • Data shows reduction in potential obstetric claims compared with previous year (RCAG Oct08) - low number of cases but is still a high risk to the Trust.	• SUI and complaint action plans • RCA criteria and training • Quality Assurance Department newsletters • Infection Control Report • Health, Safety and Risk Training and Provision of H&S Information • Patient Safety - learning and changes • Incident Reporting Procedure (LA52s)					16/02/2009 - 01/11/08 - Data presented to RCAG Oct 2008 shows reduction in potential obstetric claims compared with previous year.
		Risk of staff not being able to download information from Defibrillators and 12 lead ECG monitors resulting in the Service failing to gain data for analysis.	15	Fionna Moore	1) Safety - C4(b)	207	• CARU check data downloads monitoring of data by Cardiac Care. • Clinical Advisor to analyse cardiac patients treatment. • CARSAG	• Some complexes are trailing different approaches and the successful one will be rolled out across the Trust. • Bulletin to all team leaders and update provided at Team Leaders Conference. • New cards will be purchased and card readers mended to facilitate downloads • The system of sending ECG traces direct to CARU has increased the number received. The importance of these downloads has been emphasised in a recent Clinical Update. • There is continual monitoring of FR2 downloading via CARU monthly reports.	• Tender for the Provision and Maintenance of Defibrillators • Clinical updates			1. To encourage more routine downloading of information fro data cards. 2. Report to AOMs monthly on areas of weak performance to encourage improvement.	1. Ongoing 2. Ongoing	16/02/2009 - 23/02/09 - update on download figures required for next CGC/RCAG

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		Lack of qualified RTA investigators. Leads to delayed RTA reporting and exposes the Trust to higher motor risk claims.	SIG	Richard Webber	1) Safety - C1(a)	**231**	• RTAs reviewed at Vehicle and Equipment Working Group • Incident Reporting System • Accident Reports • VEWG minutes • LA52 • Risk Information Report 1. Arrange Conference call with Operational managers to discuss reporting performance. 2. 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.	• New Duty Station Officer have been trained to investigate RTAs. RTA reporting will be more efficient and will reduce the Trust motor risk claims - the EOC will be asked if the RTA's reported to them could be reported to Stations and Legal Services so that accident reports could be chased, as necessary. • A conference call with Ambulance Operations Managers will also be arranged to discuss how reporting performance could be improved. • Conference call with Operational managers to discuss reporting performance to be arranged. • Text service system in place to alert AOM DSO's or 99 of incident, verbal communication is also made – reviewed every 3 months	• SUI and complaint action plans • RCA criteria and training • Quality Assurance Department newsletters • Infection Control Report • Health, Safety and Risk Training and Provision of H&S Information • Patient Safety - learning and changes • Incident Reporting Procedure (LA52s)			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.	1. April 08 2. June 08	05/02/09 - Due to performance and demand issues put upon the Trust point 231 remains open and the same risk.
		There is a risk that failure to undertake Vehicle Daily Inspections before driving vehicles in relation to roadworthiness checks as required by Road Traffic law.	SIG	Chris Vale	1) Safety - C1(a)	**306**	1. Introduce personal issue roadworthiness VDI carbonated book. To be completed by first driver of vehicle pre-shift or at commencement of shift. Top copy to be attached to revised LA1 form at end of shift. Maintain existing audit of LA1 (and attached form) and require additional "spot checks" of carbonated books during shifts to check compliance. 2. Freight Transport Association to carry out adhoc checking of vehicles and records to assess compliance.	Staff required to complete roadworthiness checks on form LA1. Percentage of LA1 forms audited by Team Leaders for compliance				1. Introduce personal issue roadworthiness VDI carbonated book. To be completed by first driver of vehicle pre-shift or at commencement of shift. Top copy to be attached to revised LA1 form at end of shift. Maintain existing audit of LA1 (and attached form) and require additional "spot checks" of carbonated books during shifts to check compliance. 2. Freight Transport Association to carry out adhoc checking of vehicles and records to assess compliance.	1. March 09 2. March 09	06/02/09 - Issue new VDI roadworthiness checks and guidance March 09.
		Exposure of staff to carbon monoxide fumes	SIG	Marc Rainey (HART team)	1) Safety - C1(a)	**296**	1. Complete feasibility study 2. Extensive staff awareness campaign 3. Evaluation of CO monitors on ambulances. 4. Evaluation of personal CO alarms. 5. Put in place robust safety measures to protect crew staff from exposure to CO. 6. Assess AMPDS for effectiveness of detecting CO poisoning.	• Action plan to be drafted and feasibility of having CO monitors on all cars to be investigated.		Very few existing controls, only HART and Deptford FRU's carry carbo-oxyhaemoglobin monitors. Expert views are being sought from HART, who need to advise on action plan to be taken.		1. Complete feasibility study 2. Extensive staff awareness campaign 3. Evaluation of CO monitors on ambulances. 4. Evaluation of personal CO alarms. 5. Put in place robust safety measures to protect crew staff from exposure to CO. 6. Assess AMPDS for effectiveness of detecting CO poisoning.	1.Ongoing - Feb 09	23/02/09 - JK and NF to clrify risk description - terminology to be discussed with JS

Principle Objective 2

(a) To ensure that change is sustainable through investment in organisational development providing a high quality working and supportive environment for staff with good logistical support, with particular attention to national performance targets, e.g. financial balance, Improved Working Lives, NHS Litigation Authority, complaints reduction/resolution with lessons learnt,
(b) To meet Accident and Emergency targets and prepare for new ones, as follows:-
(1) 75% category A 8 minute (for the year as a whole),
(2) 95% Category A 19 minute (for the year as a whole),
(3) 95% Category B 19 minute by March 2009.
(c) Financial break-even

Appendix 1

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		There is a risk that failure to undertake comprehensive clinical assessments which may result in the inappropriate non-conveyance or t/ment of patient.	15	Fionna Moore	2) Clinical and Cost Effectiveness - C5(b)	22	• EMT4 Modular training provides Standardised lessons on how to undertake comprehensive clinical assessments • Themed report on non conveyance presented to the CGC on 4th Feb and the patient assessment module delivered to staff. • CPI's identify an array of clinical skills that indicate the level of patient care by auditing PRF's.	• EOC Training officers now conduct such exercises with EOC staff. • Outcome reports completed to indicate the action taken • The terms of reference of the Complaints Panel are being reviewed to ensure emerging themes, practice and methodology can be widely incorporated. • Reports regularly presented to CGC • Proforma for the OWR finalised and communicated with managers and staff	• Information about local management structure / role of Team Leaders / CPIs etc. • KPIs for Rideouts recorded locally by team leaders. Should be available via individual files • Quarterly Rideout form • Annual Complaints Report			1. Explore the current use of treat and refer protocols – focus on NWOW sights to roll out pathways and trial local initiatives. 2. Use Datix to demonstrate a reduction in incidents. 3. Operational workplace review to take place twice a year. 4. Develop systems whereby staff learn from mistakes – reflective practice, staff learning from complaints, who is encouraging this and developing systems accordingly, for example, the introduction of reflective practice.	1. Ongoing 2. Ongoing 3. Ongoing 4. Ongoing	16/02/2009 - 03/11/08 - Action 2: Risk Info Report to be presented to CGC on 12/11/08
Principle Objective 3 (a) To ensure that change is sustainable through investment in organisational development developing a culture in which information is readily, openly shared and all staff are listened to and heard, (b) Implement Actions from diversity plan, (c) Disability Equality Scheme, (d) Review and changes to recruitment practice and policy (including life skills), (e) Gender Equality Scheme prepared for publication in April 2007, (f) Work with DH to prepare a single Equality Scheme, (g) Introduce summary level SMG balanced scorecard, (h) Complete key supplier review, (i) Replace EROS purchasing system, (j) Revise Trust Standing Orders, (k) Implement ESR.														
		Loss of FRU cover due to inappropriate tasking.	SIG	Richard Webber	3) Governance - C7(b)	249	1. Review EOC performance targets.	• Both desks can now see each others resources. Auto dispatch making better use of resources. • Implementation of FREDA in November 2007 has tightened and improved the business rules around auto dispatch further with a greater clinical element added to the equation. • As FREDA has been activating ambulances quicker, FRED activations of FRU's has reduced, this in turn reduces the number of dual responses.	• Reports to SMG, CGC, RCAG			1. Review EOC performance targets.		16/02/09 - proposal for downgrading to RCAG not agreed, will be considered in May09 if sufficently supporting evidence available.
		General failure of personnel to adequately 'back-up' IT	SIG	Stephen Moore	3) Governance - C9	282	• Business Continuity Plan major incident plan • Records management policy and procedure Records • Fall back control systems test 1. The move of business information from hard drives to network drives to be completed. 2. Sharepoint will be in place Sept 09	• Client hardware replacement project will include data migration to network drives. • Emergency Planning strategic Steering Group minutes. • Emergency Planning Audits • Back up systems	Sharepoint will not be launched until data centre issues are resolved. (c. Jan 2009)			1. The move of business information from hard drives to network drives to be completed.	1. 2009	Note: Similar to risk 205 on Trust Risk Register 13/10/08 - Sharepoint will not be launched until data centre issues are resolved. (c.Feb 2009)

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		Inability to match resources to demand. Rosters do not match current demand. Weak at weekends.	SIG	Richard Webber	3) Governance - C7(f)	**265**	• The Trust is to achieve the new clock start government target of 75% within 8 minutes; Category B 90% within 19 minutes. • Performance Improvement Managers (PIMs) will start to review rotas and allocate new staff toting of need to match demand. • The Trust has implemented many of the recommendations made in the final report by ORH October 2007; - Blue 8 Software introduced to EOC to identify high areas of demands with a view of Resource in the high demand area and peripheral areas. - The Trust implemented AAC (Active Area Cover) to strategically place Resource in areas of high demand along with covering areas with little or no cover. 1. Moderate uptake with weekend-only rotas for relief staff. 2. Introduction of sector support rotas for weekend cover. 3. Re-profile overtime to times of greatest need. 4. Change core rotas in new model - Agreement being negotiated with unions.	• NWOW is currently on schedule • Sector support rotas have been introduced for staff to work solely at night or during weekends • Over time at 'double time' has been made available to staff between 11pm and 3am on Fri., Sat. and Sun. • All new staff join a relief rota where they work 7/10 weekends. • Overtime widely allocated amongst staff - less concern about excessive hours • "New ideal" matches demand to resources (trialled in South, due to roll out to all RCs Mar 08)	• Chief Executive Board Reports • Interim Workforce Information	• core rotas are under discussion.		1. Advertise weekend-only rotas for relief staff. 2. Introduce sector support rotas for weekend cover. 3. Reprofile overtime to times of greatest need. 4. Change core rotas in new model.	1. Dec 07 2. Dec 07 3. Dec 08 4. 2008/09	16/02/09 - proposal for downgrading from 20/high to 12/sig agreed by RCAG. NWoW new model will incorporate a more flexible but robust rota system, Gareth Hughes also advertised to all frontline relief staff the option of weekend rotas, whilst Sector Support rotas are in place and more so concentrating on weekend cover. DSO's and Team Leaders now have cover installed in there current rotas. NWOW will also provide and incorporate Single responder response but as indicated before NWoW is developing but still at an early stage for both Barnehurst and Chase Farm Complexes. Improvements have been made to dual sending with adjustments to parameters 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 time. Recruitment is an ongoing long term project which the Trust will not see the full benefit until September 2009 which will enable the Trust to be fully staffed. Overtime initiatives are in place and are now very much performance related to assist the Trust in achieving category
		There is a risk that the LAS may not achieve the full CIP	SIG	Michael Dinan	3) Governance - C7(d)	**272**	1. To achieve cost improvement programme by end of financial year. 2008/09 Budgets have been adjusted to account for the CIP. Martyn Salter will add a central CIP	• 136 strand, Project Programme for this financial year identifies areas where saving is required, lead by Dir, of				1. To achieve cost improvement programme by end of financial year. 2008/09 Budgets have been adjusted to account for the CIP. Martyn Salter will add a central CIP project to the CPG programme to complement and underpin the total CIP.	1. 31st March 08	15/01/09 - REAP4 pressures
		Risk of loss of Patient Report Forms or inappropriate access to patient related information, due to lack of security.	SIG	Richard Webber	3) Governance - C9	**35**	• Information Governance Toolkit return • Information Governance Group • PRF monitoring by CARU and Management Information teams • Records Management Strategy • Records Management Policy	• Secure post boxes installed on each station • Business Continuity Plans include arrangements for securing patient related	• Records Management Policy • Audit of PRFs • Access to Health Records Policy • Plan for updating TP017			1. Development of procedure. 2. Audit on PRFs.	1. Jan 08 2. Jan 08	16/02/09 - proposal for downgrading from 20/high to 12/sig agreed by RCAG.PRFs are looked in a secure metal case to minimise losses and to secure patient details. The PRFs are collated by Team Leaders, Duty Station Officers and the appropriate action taken for auditing.Bentley Jennison audited the Trust regarding PRF security.
		Delay in activating vehicles due to the unavailability of vehicles	SIG	Richard Webber	3) Governance - C7(f)	**267**	• AMPDS prioritisation. • OP/023 Procedure for Dispatch of Resources by EOC (incorporates the section ' Communication of a Delay for Emergency, Urgent and Non urgent Calls'). • DSO and AOMs ensure and encourage crews to be available for calls as quickly as possible after patient hand over • Fleet Status Report Additional funding received and increased mobile workshop provision. • Active Area Cover (AAC) implemented, being monitored by both Staff side and Senior Management. • Ongoing recruitment drive by the Trust advertising for 400 new staff of which some will be to bring Urgent Care back up to their funded establishment 1. Team Leaders and managers to staff extra vehicles, every day, from every complex between 11.00 - 20.00hrs. 2. More use of single responders, by increased numbers of FRUs, MRUs, and CRUs.	• Fleet and Transport Management • Operational performance • The Trust is now fully staffed. • Work is underway to reduce the job cycle time, in order to produce more available ambulances. • A reduction in the double-sending of vehicles and more calls receiving a response by FRU will reduce the risk. FRUs will be dispatched to AMBER 1 & 2 calls, but not where there is another ambulance nearer and available. • FRU staff encouraged to advise Sector ASAP when an ambulance is no longer required.	• SMG reports • Chief executive Board Reports			1. Team Leaders and managers to staff extra vehicles, every day, from every complex between 11.00hrs and 20.00hrs. 2. More use of single responders, by increasing numbers of FRUs, MRUs, and CRUs. 3. Single responders as standard response (part of new model). 4. Shorter job cycle (freeing up ambulances) by having ambulances closer to calls, via dynamic deployment. 5. Increase in Urgent Care (to 202) and CTA (to 70) workforce, reducing calls sent to ambulances. 6. Full staffing. 7. Better allocation of overtime against 'ideal' staffing picture.	1. March 08 2. Complete 3. June 08 4. May 08 5. May 08 6. March 09 7. Dec 08	16/02/09 - proposal for downgrading from 20/high to 12/sig agreed by RCAG.See commentary for risk ID265 above, these are two resourcing issues which both interact with one another. Funding staffing incurred for 2009/10 will be 300 increases in funded establishment targeted at times of highest need

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		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.	SIG	Peter Suter	3) Governance - C9	**292**	1. Secure shredding of documents will now take place on site 2. An Information Security Policy is to be written 3. Encryption of all laptops, PDAs and USB keys is to be introduced 4. User awareness and training to be further developed	• Work is currently underway to replace all laptops with new encrypted models. • Access controls to systems are in place. • TP/009 Access to Health Records • TP/017 Health Records Used, Generated and Stored by the LAS • Governance & Information Security presentation is part of Corporate Induction programme.				1. Secure shredding of documents will now take place on site 2. An Information Security Policy is to be written 3. Encryption of all laptops, PDAs and USB keys is to be introduced 4. User awareness and training to be further developed	TBA	09/02/09 - Risk will be reviewed by P.S. for down-grading and presented at the next meeting.
Principle Objective 4 Public Education Strategy and PPI Strategy have local implementation plans that are followed through by Senior Manager's in all areas.														
Principle Objective 5 (a) Develop standard package of referral pathways in each borough (Minor injuries units, walk in centres, intermediate care teams, district nursing and mental health services), (b) Develop accurate measurement of patients receiving appropriate alternatives to Accident and Emergency and increase the number, which includes: ensure that crews have method of reporting use of alternative pathways (i.e. appropriate destination and disposition codes) and publicise these; encourage use both of the pathways and of the correct codes; increase the number of patients receiving clinical telephone advice and the numbers of calls handled by UOC and by ECPs.														
		At shift changeover times, LAS performance falls as we take longer to reach patients.	20	Richard Webber	5) Accessible and Responsive Care - C19	**269**	• Bulletins	• Performance Monitoring • Staggered start and finish times for FRUs and 24 hours ambulances. • Increased numbers of crews having rest breaks due to better management from EOC	• Chief Executive Board Reports			1. Existing rest break arrangements to be reinforced following the review. 2. New rotas agreed with staff will not allow a 7am/pm start/finish. 3. Team Leaders have started a new shift, working from 14.00 - 20.00 each day to bridge the evening changeover period. 4. 'New Ways of Working' model will introduce staggered start and finish times at all stations.	1. Dec 07 2. Ongoing 3. Oct 07 4. 2008/09	16/02/2009 - RW to identify new actions as its still a high risk, downgrading not agreed. NWOW is an ongoing project. On the 10th & 11th November Chase Farm Complex Staff are attending a seminar which will discuss new ways of working. This will incorporate rostas and changeover times which will aid performance with a view of minimising patient's waits for an ambulance.
		Failing to appreciate the significance of psychiatric illnesses.	16	Bill O'Neill	5) Accessible and Responsive Care - C19	**138**	• In EOC - AMPDS provides a call prioritisation for all calls including those where the patient has a mental illness. • Addressed on EMT course and intermediate tier course. • ECP training. • Mental Health Strategy. • Training for all operational staff in managing Children and Vulnerable Adults. • Use of guidance for treatment of psychiatric patients in JRCALC Guidelines. • Awareness for Uk influenza pandemic contingency plan are discussed at the Emergency Planning Steering Group.	• Reporting procedure for patients who are assessed as being "at risk". • Review of TP/018 suspected causes of Child Abuse procedure and TP/019 Suspected Abuse of Vulnerable Adults procedure has been completed, and revised procedures approved by CGC. • Service works with Local Resilience Forum • Mental Health CPD module included in Training Plan - e-learning module	• Highlighted at Chief Executive Consultation Meetings. • Work on e-learning project suitable for on-line learning			1. Design and deliver new Mental Health CPD module.	1. May 2009	16-02-09 03/02/09 - Due to the increased REAP level a decision was taken by Training Services Group to defer the service-wide roll-out of the additional CPD modules until May 2009. This has enabled a further e-learning element to be developed. NWOW complexes Barnehurst and Chase Farm will be the first to access this e-learing module.

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		There is risk that that Patient Specific Protocols (PSP) and palliative care, out of hours forms, etc. may not be triggered when the patient's address is identified during 999 call.	SIG	2010 project lead?	5) Accessible and Responsive Care - C19	**293**	1. All existing PSPs to be cross referenced againt the hard copy files held by the Medical Directorate. • All PSPs, out of hours forms and 'clinical flags' have been checked for accurate addresses and clinical reason for the flag	• Management Information have inherited the system from EOC only relatively recently • Currently checks are made to verify the address against the LAS Gazetteer, and to check for duplicate entries. It is surmised that over previous years this was not always the case.	• SMG reports - Chief executive Board Reports			1. All existing PSPs will need to be cross referenced againt the hard copy files held by the Medical Directorate.	1. 2008	09/01/09 - All PSPs, out of hours forms and 'clinical flags' have been checked for accurate addresses and clinical reason for the flag
		Failure to fully complete the PRF causing data not to be captured for analysis and feedback to staff.	SIG	Richard Webber	2) Clinical and Cost Effectiveness - C5(d)	**20**	• Electronic KPIs • Feedback to AOMs, Team Leaders of levels of compliance included within the Clinical Update on the PULSE • Clinical Audit Programme • Clinical Audit and Research Advisory Group • Clinical Care Update • The inclusion of data regarding ethnicity is improving - recommended ethnicity figures be derived only from the CPI database. • Simplified PRF for FRU staff completion. • Team leaders advise staff of importance of PRF completion and feedback on performance individually, and also ongoing team leaders are monitored on inspection of PRFs and feedback to staff. • CPIs are capturing data for analysis and feedback session to staff is ongoing.	• Boxes provided on station for the storage of PRFs to ensure all forms are collected for recording purposes shortfalls in forums and CPI audit of forms reported to Team Leaders and AOM • Clinical update avail on intranet • TP 017 Procedure for any Patient Identifiable Form Used, Generated or Stored by the LAS • Trainees have 2 hour training sessions on PRF completion • Training Supervisor role course • All training courses discuss the importance of good documentation and Medical Directors Bulletin to emphasise the need of good documentation • Bi-monthly reporting of PRF completion performance by station to AOMs to focus attention.	• Forms re-designed to include CAD number and date. • Journal Club evidence for practice seminars • Membership of Clinical Audits • Audit Working Groups Training Plan approved • Feedback as per CPI audit report monthly • presentation on CPIs	• PRFs are extensively monitored by CARU but only 94% have recorded ethnicity of patients		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. Ongoing 2. Ongoing	05/02/09 - CPI reviews carried out Monthly and published by Sectors, Team Leaders audit PRF to produce results and statistics although recent pressures may of hindered this process
		The Trust is unable to guarantee to provide a paramedic to attend every incident where one was requested.	SIG	Martin Flaherty	5) Accessible and Responsive Care - C19	**294**	1. Identify the skill level of staff so EOC can task appropriately skilled staff to these calls 2. Utilise the General Broadcast system to identify an available paramedic 3. Increase the number of paramedics employed by the Service (ongoing) 4. Regularly audit the number of incidents when a paramedic was requested but not available	• Most convulsions are time limited, so incidents are infrequent. • EMTs are authorised to administer a patient's own medication where this can be administered by the rectal or buccal route. • Discussions are ongoing with the MHRA to allow midazolam to be carried and administered by EMTs.	• SMG reports - Chief executive Board Reports			1. Identify the skill level of staff so EOC can task appropriately skilled staff to these calls 2. Utilise the General Broadcast system to identify an available paramedic 3. Increase the number of paramedics employed by the Service (ongoing) 4. Regularly audit the number of incidents when a paramedic was requested but not available	TBA	20.08.08 - Discussions are ongoing with the MHRA to allow midazolam to be carried and administered by EMTs.
Principle Objective 6														
Principle Objective 7 (a) To improve the delivery and outcomes of services for our patients and the public informed by their input through the Patient and Public Involvement Initiative, with particular attention to responding to recommendations of reviews, (b) Processes with DH to prepare Single Equality Scheme for publication in 2007, (c) Improve Trust administrative and five management processes.														

Appendix 1

Principal Objective	BAF Ref	Principal Risks	Current Risk Status	Accountable Director	Domain Standard	Risk Register Ref	Key Controls	Source of assurance	Results of assurance	Gaps in Control	Gaps in Assurance	Actions to provide assurance	Date for Actions	Date of actions - update
		Methods of working at FBC can no longer mirror working practices in Control Services at HQ. In particular at present UOC & CTA cannot operate as part of Fallback at Bow.	16	Stephen Moore	7) Public Health - C24	**273**	• Fall back test undertaken on 16/17 October • Fall back results being monitored by Business Continuity Steering Group(BCSG)) • DH Audit Report • Major Incident Plan • Emergency Preparedness Strategic Steering Group	• Action plan under review pending outcome from recent test and to prepare for next test. • BCSG Minutes are reported to Risk Compliance & Assurance Group • Fallback test reviewed at debrief held on 12/11 and Report produced Dec 07 to be discussed at SMG. • Plans in hand to carry out regular tests from May 2008 and first meeting of Project Board took place 21/12. However, Fallback will not provide for operation of UOC or CTA at Bow.	• Major Incident Plan • Audit of Civil Contingencies Act report • Training and fall back tests undertaken			1. Develop Plan if required to ensure that UOC will transfer successfully to FBC Bow. 2. Provide adequate training in order that personnel deployed to FBC are familiar with the processes in use.	1. April 09	16/02/2009 - 16/01/09 - suggestion to merge with risk ID238, 274, and 298 - being reviewed. Preparatory work has not yet been completed and although a call-taking test was successful in Dec 08 the next full fallback test is now planned for April 09.
		No Incident Control Room (ICR) back-up site.	16	Stephen Moore	7) Public Health - C24	**274**	• Requirement being monitored by Business Continuity Steering Group • Major Incident Plan • Emergency Planning Strategy Steering Group	• Emergency Planning Manager to determine the requirements for ICR back-up with Director of Operations.	• Major Incident Plan • Audit of Civil Contingencies of English Ambulance Service report			1. Feasability of incorporating an ICR back-up at Bow to be investigated.	1. 2009	16/02/2009 - suggestion to merge with risk ID238, 273, and 298 - being reviewed
		Pandemic – Total of 25% personnel ill for about 8 days (Duration of pandemic c.12 weeks), with predicted 10% additional absenteeism due to caring for dependants = 35% over total period.	15	Stephen Moore	7) Public Health - C24	**279**	• Pandemic flu plans developed with LAS staff involved in DH planning groups • V6 of LAS Pandemic Flu Plan issued for comment 24/4/07. • Progress being monitored by Emergency Preparedness Strategic Steering Group and Business Continuity Steering Group.	• V.6 LAS Pandemic Plan issued + Pandemic Communications Plan, under development • Strategic Plan produced and to be sent out to Pandemic Flu group, and operational plan being developed	• Pandemic Influenza Plan currently being rewritten • Major Incident Plan • Audit of Civil Contingencies of English Ambulance Service report			1. Encourage take-up of appropriate vaccine as available /developed by LAS personnel (critical services and vital support) 2. Strategic Flu Plan being revised 3. New LAS Operational Pandemic Plan to be produced	1.Ongoing 2. Jan 2009 3. March 2009	16/02/2009 29/01/09 - LAS Flu Pandemic Planning Group met 08/01/09. National Ambulance Steering Group met 19/01/09. Version 6 of Pandemic Plan issued for comment. This is still under development as well as an operational plan.
		The fall back control facility at Bow is not in an operable state.	15	Simon Harding	7) Public Health - C24	**298**	• The MPS may act as a back up for a very short time (need to assess ability to cope with expected volumes)	• IM&T department stated that the October 2007 test was over 80% successful	• Major Incident Plan • Audit of Civil Contingencies of English Ambulance Service report			1. Prepare for a full switch over test 2. Audit facilities at FBC to ensure mirroring of operations	1. April 2009 2. Feb 2009	16/02/2009 - suggestion to merge with risk ID238, 273, and 298 - being reviewed. Fallback Test meeting held 22/01/09
		No surplus power at HQ resulting in there being no capacity to introduce new equipment, as services are currently being used to the maximum.	15	Martin Nelhams	7) Public Health - C24	**299**	• Install a sub-station/transformer on the site to allow additional power to be supplied by EDF	• Capita have been appointed to undertake the feasibility study.	• Major Incident Plan • Audit of Civil Contingencies of English Ambulance Service report			1. Install a sub-station/transformer on the site to allow additional power to be supplied by EDF		16/02/2009 - New sub station not cost effective to install. IM&T have secured a remote data centre and are in the process of removing equipment from the comms room to provide surplus capacity for new equipment.
		Loss of access/use of LAS Properties due to flooding, from any source.	16	David Williams	7) Public Health - C24	**310**	London Strategic Flood Plan, EPU Identification of LAS sites at risk, Signed up to the Environment agency Early warning System, PPS -25 Development and Flood Risk (Government guidance on planning new development and making curren buildings more flood resilient.), individual stations have business continuity plans, LAS Business Continuity Plans, mutual aid policies, EA mapping.					1. LAS Flooding plan being written (Date TBC) 2. Station Business Continuity Plans to include flooding contingencies 3. EA Flood Mapping available through Emergency Preparedness 4. Staff training to include Water Awareness.		16/02/2009 - New risk added. Controls London Strategic Flood Plan, EPU Identification of LAS sites at risk, Signed up to the Environment agency Early warning System, PPS -25 Development and Flood Risk (Government guidance on planning new development and making current buildings more flood resilient.), individual stations have business continuity plans, LAS Business Continuity Plans, mutual aid policies, EA mapping.

Appendix 1

Principal Objective	BAF Ref	Principal Risks	Current Risk Status	Accountable Director	Domain Standard	Risk Register Ref	Key Controls	Source of assurance	Results of assurance	Gaps in Control	Gaps in Assurance	Actions to provide assurance	Date for Actions	Date of actions - update
		Inability to dispatch to MDTs from FALL back Centre at Bow.	SIG	Peter Suter	7) Public Health - C24	**238**	1. Introduction of new MDT messaging system hardware. 2. Full operational testing of entire system.	• ExpressQ infrastructure has been upgraded at FBC in line with the live configuration at HQ. • A full Fall Back test has been completed, however it was not conclusive regarding this problem. • A further test is currently being planned - this risk	• Major Incident Plan • Audit of Civil Contingencies of English Ambulance Service report			1. Introduction of new MDT messaging system hardware. 2. Full operational testing of entire system.	1. May 08 2. Next FBC test scheduled for 13/14 May 2008	16/01/09 - suggestion to merge with risk ID273, 274 and 298 - being reviewed. MDT despatching at FBC is active but has not been tested. Will be part of the FBC test in April.

Appendix 1

Principal Objective	BAF Ref	Principal Risks	Current Risk Status	Accountable Director	Domain Standard	Risk Register Ref	Key Controls	Source of assurance	Results of assurance	Gaps in Control	Gaps in Assurance	Actions to provide assurance	Date for Actions	Date of actions - update

Item 16, Paper 13.

London Ambulance Service NHS TRUST

TRUST BOARD 31st March 2009

The Core Standards Declaration 2008/09

1. Sponsoring Executive Director: Martin Smith

2. **Purpose:** For approval

3. **Summary**

- The AHC Declaration needs to be made by 30th April 09.
- The Internal auditors have confirmed that the Trust has good processes in place for monitoring compliance against each of the 24 core standards and have identified some good practices in this respect.
- Based on the self assessment using evidence collated for each of the core standards, the Trust can declare compliance on all standards by 31st March 09,except standard **C4d** - "Medicines are handled safely and securely" for which a declaration of 'not met' will be made (See SfBH heat map).
- Action plans are in place to meet this standard by 31March 09.
- This will give the Trust a rating of "fully met" for core standards and will enable to achieve a rating of **"good"** for overall Quality of Service as in the previous 2 years.

4. **Recommendation**

THAT the Trust Board APPROVE the draft Declaration

London Ambulance Service NHS Trust

Standards for Better Health/ Annual Health Check

1. Purpose

This paper updates the Trust Board on the Annual Health Check Declaration in readiness for submitting the Trust's final declaration by 1st May 2009 deadline.

2. Background

2.1 Introduction and methodology

This document details the London Ambulance Service NHS Trust (LAS) self assessment of its performance against the Core Standards for Better Health (SfBH), for the period 1st April 2008 to 31st March 2009. Compliance with core standards is a key contributing factor of the 'quality of services' component of the Healthcare Commission's Annual Health Check

The assessment was carried out with reference to the Healthcare Commission's (HCC) latest guidance and key lines of enquiry from the inspection guide.

The Governance Development Unit (GDU) acted as the principal source of quality assurance for the referenced evidence. The main role of the unit, in this regard, was to challenge whether each element of a standard was referred to in the evidence, and to critique the relevance and quality of the referenced evidence.

The SfBH group met regularly to discuss and identify the evidence on the core standards and the compliance against core standards was discussed at the Senior Management Group (SMG) and Clinical Governance Committee (CGC). The Internal auditors have confirmed that the Trust has good processes in place for monitoring compliance against each of the standards and have identified some good practices in this respect.

2.2 Compliance options and definitions

The Healthcare Commission's declaration allows one of the following three options to be chosen for each standard:

- **Compliant**: This should be used where a Trust determines that it has '**Reasonable assurance**' (*see below*) that it has been meeting a standard, without "**significant lapses"** (*see below*) from April 1st 2008 to March 31st 2009.

  "Reasonable assurance": by definition, is not absolute assurance. Conversely, reasonable assurance cannot be based on assumption. Reasonable assurance is based on documentary evidence that can stand up to internal and external challenge. In determining what level of assurance is reasonable, the HCC expects that Trusts must reflect that the core standards are not optional and describe a level of service which is acceptable and which must be universal.

Trusts should decide whether a given lapse is significant or not. In making this decision, it is expected that Trusts consider the extent of the "**risk to patients, staff and the public, and the duration and impact of any lapse**". There is no simple formula to determine what constitutes a '**significant lapse'**. Determining what constitutes a significant lapse depends on the standard that is under consideration, the circumstances in which a trust operates (such as the services they provide, their functions and the population they serve), and the extent of the lapse that has been identified (for example, the level of risk for patients, the duration of the lapse and the range of services affected

- **Not met**: This should be used where the assurances received by the Trust make it clear that there have been one or more significant lapses in relation to a standard during the year.

- **Insufficient assurance**: This should be used where a lack of assurance leaves the Trust unclear as to whether there has been one or more significant lapses during the year.

3. Summary of proposed declaration

The Trust considers it will be able to declare that it has complied with all the core standards with the exception of **C4d ,** where a declaration of **'not met'** will be made**.**

C4d - Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely.

- Not Met (based on the internal audit report Feb 09)

Start Date: 01/01/09 End Date: 31/03/09

Description

The internal auditors identified that there has been significant non-compliance with certain controls which could leave the system open to error or abuse.

Actions

An action plan to address all the key issues raised by the audit is developed and will be completed by 31st March 2009.

4. Comments from Local Partners

As in the 2007/ 08 process the Trust is required to invite partner organisations including Local Safeguarding Children's Board to comment on our compliance with the core standards based upon their involvement in the Trust's activities over the 2008/ 09 financial year. In addition this year's declaration requires the Trust to seek comments from the. Learning Disability Partnership boards. These commentaries must be submitted verbatim.

The Trust's PPI Forum will be providing a commentary for the Trust's declaration covering the period 1st April 2008 to 31st March 2009.

The Trust has also requested NHS London and the Overview & Scrutiny Committees (OSC) for comments

5. Declaration

Based upon the Trust's self assessment against the core standards the Board must make an overall statement of compliance for the period 1st April 2008 to 31st March 2009.

The proposed declaration statement is as follows:

> *'London Ambulance Service NHS Trust has reasonable assurance that the organisation has complied with the core standards from 1st April 2008 until 31st March 2009 subject to one case of "not met" on C4d -, which will be resolved by 31st March 2009.'*

6. Next Steps

If approved this declaration will be submitted via the Healthcare Commission's internet site to meet the 30th April 2009 deadline. The declaration will be published on the Trust's internet and intranet sites.

The Healthcare Commission will then cross-check our declaration against its own source of evidence. They will follow up with inspections in 10% of organisations because corroboration shows a concern with some aspect of the declaration. In addition, a further 10% of organisations will be inspected based on a 'random' sample from across the NHS. Hence around 20% of trusts are therefore inspected following submission of the declaration.

8. Recommendations

The Board is asked to approve or amend the statement of compliance (see section 5 above) and approve the completion of the online submission form accordingly.

London Ambulance Service NHS Trust: Summary 'heat map' of proposed declaration 2008/09

C1: Have systems to protect patient by:

a. Reporting and learning from patient safety incidents

b. acting upon alerts issued via SABS

C2: Protect children by following national guidance

C3: **Protect patients by following NICE Interventional Procedures guidance.**

C4: Keep patients, staff, visitors save by:

a. Reducing risk of HAI, through high standards of hygiene and cleanliness

b. Minimising risks associated with acquisitions and use of medical devices

c. **Systems ensuring risks associated reusable medical devices are managed**

d. Handling medicines safely and securely

e. Proper methods of waste management

C5: Ensure:

a. We conform to NICE technology guidance and clinical guidelines

b. clinical care and treatment are carried out under supervision and leadership

c. clinicians continuously update skills and techniques relevant to their clinical work

d. Clinicians participate in regular clinical audit and reviews of clinical services

C6: Co-operate with other health and social care organisations to meet the needs of patients

C7:

a. Apply principles of sound clinical and corporate governance; and
c. Undertake systematic risk assessment and risk management

b. Support employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use or resources

e. Challenge discrimination, promote equality and respect human rights

C8: Support staff by having

a. Whistle blowing policy

b. Organisational and personal development programmes which recognise and value the contributions of staff (and address and under-representation of minority groups)

C9: Have a systematic approach to the management of records (clinical and corporate) up to and including disposal

C10:

a. Undertake all appropriate employment checks and ensure all clinical staff are properly registered

b. Require all professional staff to abide by their published codes of professional practice

C11: All staff to

a. Are appropriately recruited, trained and qualified for the work they undertake

b. Participate in mandatory training programmes

c. Participate in appropriate professional and occupational development

C12: Apply Research Governance to R&D activity

C13: Have system to ensure

a. Staff treat patients with dignity and respect

b. Appropriate consent is obtained for all patient contacts and use of information about them

c. Staff treat information confidentially (as per the law)

C14: Have system to ensure

a. Patients, relatives, carers have suitable and accessible information about, and access to, a formal complaint procedure and feed back about the quality of services

b. There is no discrimination if a complaint is made

c. There is assurance that concerns are acted upon and appropriate changes made

C16: Make suitable and accessible Information available to patients about hospital service, their treatment and

C17: The views of patients, carers and others are sought and taken into account in the design, planning, delivery and improvement of healthcare

C18: Enable all members of the population to access services equality and offer choice in access to services and treatment equitably

C20: Services are provided in an environment that promotes effective care and optimal health outcomes by being

a. Safe and secure for patients, staff, property and assets

b. Supportive of patients privacy and confidentiality

C21: The environment is well designed and maintained and meets national standards for cleanliness

C22: We promote, protect and demonstrably improve the health of the community we serve by

a. Co-operating with other organisations e.g. LA, NHS trusts; and
c. Making appropriate and effective contributions to local partnership arrangements (e.g. Children's trust, NSFs Cancer networks)

b) **Narrowing health inequalities by ensuring that the local Director of Public Health's Annual Report informs policies and practices**

C23: We have systematic and managed diseases prevention and health promotion programmes which meet national plan/NSF requirements e.g. obesity smoking cessation, STIs

C24: We protect the public by having in place planned, prepared and where possible practiced response to incidents and emergency situations which could affect the provision of normal services.

Met

Not met

Insufficient assurance

Enclosure X

LONDON AMBULANCE SERVICE NHS TRUST BOARD

TRUST BOARD 31st March 2008

Report of the Trust Secretary
Tenders Received & the Use of the Trust Seal

1. Purpose of Report

i. The Trust's Standing Orders require that tenders received be reported to the Board. Set out below are those tenders received since the last Board meeting.

ii. It is a requirement of Standing Order 32 that all sealings entered into the Sealing Register are reported at the next meeting of the Trust board. Board Members may inspect the register after this meeting should they wish.

2. Tenders Received

There have been two tenders received since the last Trust Board meeting.

Foundation Trust Membership Register Database

Connect Internet Solutions
Beechwood House Publishing
J N D Solutions
Calderdale & Huddersfield NHS Trust
80c Ltd
Mint Twist Limited
APT Solutions
ClienEnabled Ltd
Computershare Investor Services
Capita Registrars
Qulix Limtited

Disposal of Willesden AS

Octavia Housnig Group
Network Housing Group
London & District Housing
Doon Developments Ltd

3. Use of Seal

There have been 1 entry, 129 since the last Trust Board meeting. The entry related to:

Counterpart lease of land at Crooked billet Roundabout, Wadham Road, Walthamstow between the LAS and Transport for London

4. Recommendations

THAT the Board NOTE this report regarding the receipt of tenders and the use of the seal

Martin Smith
Director of Corporate Services/Trust Secretary