London Ambulance Service NHS
NHS Trust

Meeting to be held at 10.00am on Tuesday 24th November 2009
Conference Room, LAS Headquarters, 220 Waterloo Road, London SE1 8SD

Peter Bradley
Chief Executive Officer

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20. **Date of next meeting**

There will be a meeting of the Service Development Committee on Tuesday 15th December 2009.

The next Trust Board meeting will be held on Tuesday 26th January 2010 at 10.00am at LAS Headquarters, 220 Waterloo Road, London SE1 8SD.

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD MEETING
Part I

Minutes of the meeting held on Tuesday 29th September 2009 at 10:00 a.m.
in the Conference Room, LAS HQ, 220 Waterloo Road, London SE1 8SD

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Present:	Richard Hunt	Chair
	Sarah Waller*	Vice Chair
	Peter Bradley	Chief Executive
	Martin Flaherty	Deputy Chief Executive
	Mike Dinan	Director of Finance
	Fionna Moore	Medical Director
	Caron Hitchen	Director of Human Resources & Organisational Development
	Beryl Magrath	Non-Executive Director
	Roy Griffins	Non-Executive Director
	Caroline Silver	Non-Executive Director
	Brian Huckett	Non-Executive Director
In attendance:	Kathy Jones	Director of Service Development
	Sandra Adams	Director of Corporate Services
	Peter Suter	Director of Information Management & Technology
	Angie Patton	Head of Communications
	Richard Webber	Director of Operations
	Asif Islam	Deputy Director of Finance
	Martin Salter	Corporate Processes Programme Manager
	Malcolm Alexander	Patients Forum
	John Wilkins	FT project Lead
	Kerrie Marscht	FT Project Manager
	Shirley Rush	FT Membership Manager
	Clive Parker-Wood	Capita Company Secretarial Services – Minutes
	2 members of the public	

* Until 12:00 pm

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81/09 Welcome and Apologies

The Chairman welcomed everyone to the meeting and it was noted that no apologies had been received.

82/09 Minutes of the Part I meeting held on 28th July 2009

After review and due consideration it was resolved that Part I of the minutes of the Trust Board meeting held on 28th July 2009 be and are hereby approved as a true and accurate record of the meeting, and that they be signed by the Chairman.

83/09 Trust Board Meeting 19 May 2009: Part II Synopsis

The synopsis of the minutes from the Trust Board Part II meeting held on 28th July 2009 was noted.

84/09 Matters Arising

Minute 59/09: Board Effectiveness Review**:**

It was noted that freehand comments and scores had been circulated to all Directors and that the Director of Corporate Services had recently begun a review of all the Board Committees.

Minute 61/09: Clinical Governance Committee (CGC) Meetings - Draft Minutes:
Dr Moore provided an update on LAS proposals for packing of Glucose and Sodium Chloride. It was noted that the packaging had remained unchanged and that all staff had been advised to be extra vigilant when dealing with these two almost identical looking packs.

Minute 69/09: Chief Executive's Report:
It was noted that an update on the appointment of a "Director of Health Promotion" and the update on the Performance Recovery Plan would be covered in the Chief Executive's report.

Minute 71/09: Report of the Finance Director:
Mr Dinan reported that the A&E Services contract update had been provided at the last Senior Management Group (SMG) meeting and that an update on Accident Damage would be provided at the Board "Away Day" in October.

Minute 72/09: Report of the Medical Director:
Dr Moore stated that an update on the outstanding issues regarding the Fourth Domain trial "Selecting the Right Care Pathway for every call" would be provided in the Report of the Medical Director presented to this meeting.

Minute 77/09: Balanced Scorecard Report:
By way of introduction, Mr Salter distributed a presentation on the Trust's balanced scorecard together with the new version of the balanced scorecard. Mr Salter reminded the Board that at its previous meeting in July, it was agreed that the previous balanced scorecard was deemed to be unusable.

Mr Salter reported that the revised scorecard developed with the Chair followed a similar layout as the previous version but with substantially fewer measures. It was noted that the measures were those the Board needed to be assured LAS was operating effectively.

Mr Salter informed the Board that the revised measures within the scorecard included those required by the Department of Health & Monitor. It was reported that data sources, "owners" and targets for individual measures had been identified and that most measures were readily available within the Trust. It was noted that October's Service Development Committee Meeting would resolve the final measures contained within the new version of the balanced scorecard.

It was noted that the scorecard would be published monthly from October 09 and that it had been previously agreed that the scorecard would be uploaded to Performance Accelerator.

After review and due consideration, the Board agreed that subject to the increase in size of the scorecard and the implementation of a "key" for ease of reference and understanding, the Board agreed to the new measures contained within the Trust's new version of the balanced scorecard. **Action: Mike Dinan**

85/09 Formal Reports from the sub-committees

Audit Committee:

Mrs Silver informed the Board that since the previous Board meeting, the Audit Committee had met in July and September.

Mrs Silver reported that at the Audit Committee meeting in July, a lot of attention was given to the Internal Auditors' Report, the Trust's yearly performance, anticipated ALE scores and ratification of the Final Audited Accounts for 2008/09. It was noted that at the audit committee meeting in September, members reviewed the Trust's revised and much improved risk register, discussed the role of the internal auditors, and risk management, as well as the terms of reference and structure of the Audit Committee.

Mrs Silver highlighted the concerns, coming from the internal auditors, about the lack of assurance on drug controls and generally the lack of control measures in place to protect the

Trust's equipment. It was noted that the LAS needed to "build in" more frequent checks and ensure that managers continued to communicate to staff about the need to ensure that the right amount of time and resources were put into protecting the Trust's equipment and performing drug control checks.

It was noted that most of the recommendations made by the Internal Auditors had already been implemented however, the remaining few that focused on process issues around drugs and equipment controls would be discussed in greater detail at the Board away day. It was agreed that an update on the Board away day would be provided at the next meeting:
Action: Mike Dinan/Caroline Silver.

After review and due consideration, the Board noted the contents of the Audit Committee minutes from July and September.

86/09 Clinical Governance Committee:

Dr Magrath presented the Board with the minutes of the Clinical Governance Committee meeting that was held in July.

Dr Magrath highlighted two matters of concern from the meeting. Firstly that the number of GP referrals had fallen dramatically and secondly, that there was an ongoing issue about patients suing the Trust because of damage to their personal property.

It was noted that measures including a "possession tracking system" and "patient personal property bags" had been introduced which had resulted in fewer cases being reported and more patients being re-united with their lost property however, it was noted that there was still a major issue around LAS staff not following patient property procedures correctly.

87/09 Chairman's update

Mr Hunt provided the Board with an update on what he had been involved in since the last Board meeting:

- He attended the LAS induction and continued to meet staff around the Trust. It was noted that the quality of the LAS staff he had met continued to exceeded his expectations;
- He attended the NHS chairs'[induction course in Leeds;
- He attended the Senior Managers Conference and participated in two "ride-outs" with ambulance teams to get a first-hand account of what the Trust's frontline ambulance staff do on a daily basis. He encouraged all Board members to take up the opportunity to spend a day out with the ambulance teams;
- It was noted that his background was in logistics delivery, which had a strong resonance within the Trust;
- Visits to Bow and meeting with the Chair of Guy's and St Thomas's NHS Foundation Trust;
- Meetings with Transport for London to establish contract relationships; and
- Meeting arranged with Ruth Carnell this week with an assurance that all comments/suggestions would be fed back to Mr Bradley.

Mr Hunt reiterated that he was very excited to be a part of the LAS and that going forward, he felt confident about the Trust's good performance, meeting targets and providing a world-class ambulance service to all Londoners.

88/09 Chief Executive Officer's report

By way of introduction, Mr Bradley reported that, following the interview process, the post of "Director of Health Promotion" had not been filled. It was felt that the position needed to be awarded to the "right person" and not just to the most desirable person from the group of candidates that were interviewed. The post would again be advertised externally, and the CEO would provide an update on any progress.

Mr Bradley was pleased to report that following some direct intervention, Category A performance had shown improvement through August and early September and as a result the year to date position was now back over 74% and the Trust expected the performance to be at 75% for the year by late October.

Mr Bradley stated that Category B performance had started to improve and for the month of August the Trust had delivered performance of 86.8%, which compared favourably with the agreed trajectory of 86.5% and the performance delivered for the same month last year, which was 81.1%.

Mr Bradley informed the Board that the Category C incidents attended within an hour had continued to improve and had attained in excess of 88% for the month of August. It was noted that the LAS continued to use NHS Direct to resolve some of its Green call demand and have seen a significant increase in activity with 306 calls per day being passed to NHSD and 262 calls per day being resolved by them in July without the need to dispatch an ambulance.

Mr Bradley advised the Board that the LAS expected to be advised of its Care Quality Commission ratings for 2008/09 in October. It was noted that the Trust's expectations were that it would receive an excellent rating for use of resources and either a good or fair rating for quality of services.

Mr Bradley reported that the Airwave Radio rollout had continued to be successfully implemented across London. It was noted that to date, the entire East and West area had been brought "live". By 29th September, all operational areas would be utilising Airwave. Some issues about Airwave had been reported to the Trust. One issue was that some radios switched off without warning. It was noted that there were four key issues about the Airwave Radio system that needed addressing and an update would be provided at the next Board meeting. **Action: Peter Suter**

After further discussion it was resolved that the report of the Chief Executive be and is hereby received.

89/09 Report of Finance Director: Month 5

Mr Dinan presented the Report of the Finance Director for August 2009/10 (month 5).

The Board noted the result for the month being a surplus of £482k, and the year to date showed a surplus of £1,046k.

Mr Dinan stated that the full year surplus forecast was £1,650k. It was noted that the forecast profile had changed to reflect the activity undertaken to support performance. The full year forecast surplus had changed by £40k. The total average monthly cost year to date was £23.1M. The total average monthly cost for the full year was forecast to be £23.4M.

Mr Dinan highlighted the key risk implications for the LAS. These were around the achievement of the Cost Improvement Plan, the receipt of all budgeted income and the financial impact of responding to increased demand. It was noted that failure to achieve the financial targets set would impact on the standing of the LAS.

The Board reviewed the financial risks to be included in the new Risk Register and it was agreed that going forward all financial risks would be tabled and presented to the Board as part of the Finance Director's report.

After some further discussion it was resolved that the Finance Report for August 2009 (month 5), as presented by the Director of Finance, be and is hereby received and noted.

90/09 Report of Medical Director

Dr Moore provided an update on Central Alerting System (CAS). It was reported that 17 alerts were received from 10th July to 10th September 2009. All alerts were acknowledged; two required action, one relating to "Clear view" pregnancy testing kits and the other to manual wheelchairs. It was noted that both actions had been completed.

Dr Moore reported that The Safer Practice Notice relating to the risk of not using the NHS Number as the national identifier for all patients had been clarified in an alert issued on 10 September 09. The notice acknowledged the difficulty that the LAS would face in complying with the recommendations. Dr Moore stressed that the LAS needed to be more proactive in assisting patients to know more about their number through displaying the NHS Connecting for Health leaflet.

Dr Moore highlighted the key recommendations contained within The Safer Management of Controlled Drugs Annual Report 2008. It was noted the first two recommendations were not relevant to the Trust at present. The Trust's policy covers the 3rd recommendation by returning all of its out of date drugs back to the Pharmacy at Frimley Park. It was noted that regarding the 4th recommendation, the LAS reported to and worked closely with the Richmond and Twickenham Local Intelligence Network.

Dr Moore stated that the Clinical Quality Standards Quarterly Report (April-June 09) sought to raise the profile of clinical quality standards. The first of a series of quarterly reports was presented to the Senior Management Group on 9th September. The report highlighted measures of indirect clinical outcomes which have suffered through the sustained drive to maintain performance. More detail would be presented in subsequent reports.

After some further discussion it was resolved that the report of the Medical Director be and is hereby received and noted.

91/09 Winter/Pandemic Flu Planning

Mr Flaherty presented the Winter/Pandemic Flu Planning Extended Executive Summary with attached SHA assurance framework. The following points were noted:

- Swine and winter flu planning assumptions – 30% will get sick with flu; 6.9% will call an ambulance and 2.5% will need to be taken by ambulance to hospital;
- Activity 2.5x Trust's workload – can expect a doubling in calls and a lot more responses;
- Week 1 is estimated to be first week of October;
- Weeks 6 & 7 - the Trust should expect the highest volume of calls;
- During weeks 6 & 7 LAS will move to REAP levels 5 & 6
- Impact – LAS can only absorb 15% of demand increase;
- 100's of patients would not receive a traditional ambulance response;
- LAS has more accurate and up-to-date data than any other trust with data being collected and shared with the Department of Health daily;
- Flu in the summer – 573 calls as at the end of July. Now > 80 calls;
- Flu Strategy Group meeting once a week – chaired by Martin Flaherty and the Tactical Group led by John Pooley;
- A lot of clinical advice would be provided to staff;
- Vaccination A (H1N1) stockpiled for 3 months and would be made available to all staff;
- Vaccination skills audit (70% of staff would take up vaccination);
- Plans to introduce 24 hour working / flexible working arrangements with enhanced fleet arrangements provided in partnership with London Metropolitan Police Service;
- NCC to be run by LAS (staffed for 7 days) – responsible for monitoring flu & pressure levels; and
- The LAS winter flu plan would be dynamic and a constantly changing plan, adapted to the needs of the public.

The Board noted the LAS Winter Plan for 2009/10.

After review and due consideration it was resolved that the SHA Assurance Template be and is hereby approved by the Board.

92/09 Declaration on safeguarding vulnerable children

Dr Moore reported that the NHS London Safeguarding Lead would be asked to assist the Trust in meeting its statutory requirements.

The Board noted the declaration that had been submitted to the SHA and there was nothing further to report.

93/09 CQC Inspection on the prevention and control of infections

Dr Moore reminded the Board that two documents were presented to the meeting; the CQC inspection report, received on 6th September 2009, following the unannounced visit at the end of July, and the action plan produced in response to the feedback provided at the conclusion of the visit and subsequently updated. It was noted that the action plan represented work in progress and had already demonstrated improvements in the Trust's ability to undertake Complex-based audits.

Mr Hunt stated that although the CQC's Inspection Report was disappointing, the Trust should see the results as an opportunity to improve its performance on the prevention and control of infections.

Mr Hunt requested that a presentation be given at the next Board meeting highlighting the policies and procedures identified and actions put in place to mitigate the risks associated with infection prevention and control. **Action: Trevor Hubbard**

94/09 Finance & Governance Declarations Q2 2009/10

Ms Adams presented the integrated governance and finance declarations for the 1st and 2nd quarters of 2009/10.

The Board noted the governance declaration submitted for Q1 following the approval by the Chairman and Chief Executive.

The Board noted that the final performance figure for Q2 would not be available until after 30th September 2009. Subject to a minor amendment the Board approved the finance and governance declarations for Q2 prior to submission to NHS London by 15 October 2009. **Action: Sandra Adams**

95/09 Freedom of Information Act Policy

By way of introduction Mr Suter stated the Trust's Freedom of Information Act (FOIA) policy was due for re-approval by the Trust Board and that the existing policy had been refined over the last 3 years.

The Board noted the seven amendments made to the policy. Mr Suter stated that the Trust was compliant with all FOIA legislation requirements and that on average the Trust received between 150 to 200 FOIA related requests per year.

After review and due consideration, the Trust's FOIA policy was re-approved by the Board.

96/09 Policy and procedure for the development and management of procedural documents

By way of introduction, Ms Adams stated that effective control, management and monitoring of procedural documents was an essential part of good governance practice and contributed to the assurances required by the Trust Board on safety, quality and transparency. It was noted that the policy and procedure would apply to all LAS policies, procedures, protocols, strategies and plans that were in development or under review by the Trust and

implementation would comply with the NHSLA risk management standards for NHS Ambulance Trusts.

It was noted that both the Policy (TP/001) and Procedure (TP/002) had been thoroughly reviewed and combined into one document so as to avoid duplication.

Ms Adams highlighted the main additions and changes to the documents and following a review and short discussion, the Board ratified the policy and procedure for the development and management of procedural documents.

97/09 Service Improvement Programme 2012 update

Ms Jones provided an update on the progress in implementing the Service Improvement Programme (SIP2012). It was noted that the Board agreed in September 2007 that a progress report would be presented to the Trust Board at every meeting.

Ms Jones reported that for the month of September there was only one project that was identified as being of red status (i.e. not on track and cause for concern).

E-learning Project:

- The lead developer had been pulled off the project to work elsewhere which has led to a cessation of work on the site;
- Currently there are some problems with the Trust's IT infrastructure that is not able to fully support the Moodle, the e-learning platform; and
- Bandwidth speed and the absence of File Transfer Protocol (FTP) functionality within the Service had also slowed down the development work for the modules.

Corrective action:

- The e-learning manager was now in post and was in the process of assessing the current situation in order to develop an action plan to unblock the issues with the development. By the next Senior Management Group meeting the e-learning approach and action plan would have been developed and progress will recommence for the e-learning project.

The Board noted the progress made with the Service Improvement Programme 2012.

98/09 CAD 2010 - Update

Mr Suter introduced Mr Nick Evans (CAD 2010 project manager) to the Board. The following key points were noted:

- Current progress in terms of design and development and how requests for change are being managed;
- The training plan, based upon a customer visit to the USA;
- The overall project timetable that has now been developed;
- Supplier engagement; and
- Arrangements that the Trust Board has in place for independent assurance of the project.

Mr Suter stated that end-user training would be provide by LAS Training Officers, supported by Work-based Trainers (WBTs) and that training would be delivered at the dedicated training facility in Southwark Bridge Road which were now operational and were currently being used by both LAS and NG personnel.

It was noted that the LAS's transitional approach was a single cutover from CTAK to CommandPoint, facilitated by a short period of paper operation. The exact date of cutover was dependent on the final delivery of the software and duration of User Training.

Mr Suter reported that three members of staff from EOC had been seconded to the CAD2010 Project to carry out design reviews and collect and maintain reference data.

The Board noted that the current priority was to finalise the overall project timetable in order to establish a realistic transition date. It was reported that there were a number of factors that could ultimately affect the final transition date. Taking all these factors into account, a high-level stage plan identified 25th January 2011 as the date for when the system would be ready for service. However, in terms of planning, a final contingency period had been added projecting the actual transition date to be 22nd February 2011.

99/09 Final report on feedback from consultation process on becoming an NHS Foundation Trust

The LAS had run a public consultation from 9th February to 15th May 2009 to seek the views of key stakeholders on the proposed governance arrangements and future plans as an NHS foundation trust. The responses to the consultation had been evaluated and, having considered all the feedback, the Trust had decided to change some of the proposed governance arrangements outlined in the consultation document. The key changes were: - Public constituencies (there would now be 6 instead of 11); Number of public governors (increased from 11 to 13) and Staff Groups (two staff groups, one for support staff and the other for frontline staff).

The Board noted the feedback report from the consultation process.

100/09 Progress report on the application process and the next steps to becoming an NHS Foundation Trust

Ms Adams presented the progress report on the application to become an NHS Foundation Trust.

The Board noted:

- The progress made to date with the FT work streams within the performance and service delivery programme;
- The 3 stages of the historical due diligence process and the associated timelines;
- The proposed changes within the application process as a result of the Mid Staffordshire review; and
- To note the current and potential risks facing this process.

101/09 LAS NHS Foundation Trust Membership Strategy

Miss Rush presented the draft Membership Strategy that defined the Foundation Trust membership and set out actions to help deliver the objectives. This included an outline as to how the Trust would evaluate its success in delivering the strategy and how it would continue to develop and benefit from an active and involved membership.

It was noted that the outline of the membership strategy had previously been presented to the Board and that little change had been made to the document.

Mr Eric Roberts, a representative of the trade unions, Unison & GMB expressed his concern to the Board about the declined request for observer seats on the Board of directors and guaranteed seats on the Board of Governors. Following a discussion between Board members and Mr Roberts, it was agreed that this would be discussed further before a final decision was made about union representation on the Council of Governors. An update would be provided at the next Board meeting. **Action: Angie Patton**

102/09 Proposed governance arrangements and draft constitution for the LAS NHS Foundation Trust

Ms Adams stated that the aim of the paper was to highlight a number of key areas of the Constitution prior to submission to lawyers to ensure the application was a legal document within the framework of the 2006 Act. The draft constitution was taken as read.

The following key issues were highlighted and would require further discussion:

- Transitional arrangements including terms of office for the initial Chair and non-executive directors;
- Composition of the Trust Board executives and clarification on non-voting directors contribution to the Board;
- Balance between Executive Directors and Non-Executive Directors; and
- The development of Board infrastructure.

Ms Adams reported that the governance arrangements were being prepared in line with Monitor's guidance for application foundation trusts, the Code of Governance and the Compliance Framework. It was noted that further work was required on the potential impact of the proposed governance arrangements, particularly with regard to membership and the Council of Governors.

The Board agreed that further discussion on core detail would be entered into at the Trust Board away day and at the forthcoming Service Development Committee in October 2009 and that an update would be provided at the next Board meeting in November.
Action: Sandra Adams

103/09 LAS NHS Foundation Trust long term financial model & financial assumptions

Mr Dinan outlined how the LAS planned to complete the Monitor Long Term Financial Model (LTFM). The LAS is building a Strategic Financial Model (SFM) which will be used to review the financial impact of a range of strategic options developed by the SMG & the Trust Board. Mr Dinan also reviewed what key economic and financial assumptions would be included in the model based on both NHS/DH guidance as well as informed , external financial analysis.

104/09 Training Plan

Ms Hitchen presented the Trust's training plan, setting out the scope and capacity of the current known clinical education commitments for the period from October 2009-March 2011, and which had been approved by the Senior Management Group. It was noted that the plan redefined CPD to align LAS terminology with the wider NHS and the Health Professions Council definition of CPD.

The summary of the training plan was taken as read and it was noted that the full training plan prospectus would be published and made available to all staff shortly.

Ms Hitchen reported that the 18 month training plan would initially focus on what the Trust deemed to be statutory and mandatory training and it was noted that the uptake against the provisions of the programmes planned would be monitored with a target of 85% attendance. Board members felt that this was an ambitious plan with a risk of non-delivery and that there was therefore a need to prioritise within the plan.

The Board discussed the amount of training provided to each member of staff over a full year and it was noted that each member of staff received 9 days of mandatory training. It was felt that the Trust was not fully capturing the training that was already underway.

Mr Hunt requested that a "Performance against the delivery of the Training Plan" report be brought back to the next Board meeting. **Action: Caron Hitchen**

105/09 Business Case for approval – Lease of Ambulances

This item was deferred until the next Board meeting. **Action: Mike Dinan**

106/09 Business Case for approval – Silvertown Olympic Site

Mr Dinan reported that the lease at the proposed ambulance site close to the new 2012 Olympic stadium was due to expire shortly. Mr Dinan commended the site to the Board and stated that it would be a good site for the Trust to occupy during the Olympics due to its proximity (just off the A13) and ease of access to the Olympic sites in Stratford.

It was noted that the Silvertown staff would need to be moved out of the site for a period of approximately 4 months during the Olympics.

It was agreed that an update on the Silvertown site be provided at the next Board meeting.
Action: Mike Dinan

107/09 Report of the Trust Secretary

Ms Adams presented the Trust Secretary report to the Board:

1. The Board noted the 2009/10 register of interests – any changes in the interests of the executive and non-executive directors must be notified to the Director of Corporate Services;
2. The Board approved and noted the proposed committee programme for 2010;
3. The Board noted the forward planner as at September 2009; and
4. The Board noted the progress made with the review of the format of papers for the Trust Board and the Service Development Committee (SDC).

108/09 Any other business

There being no further questions from the members of the public and no further business, the Chairman thanked everybody for their attendance and declared the meeting closed at 1:15 pm.

109/09 Next meeting

The next Trust Board meeting would be held at 10:00 am on Tuesday, 24 November 2009 in the Conference Room at LAS HQ.

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Chairman

ACTIONS
from the Meeting of the Trust Board of Directors of
LONDON AMBULANCE SERVICE NHS TRUST
held on 20th September 2009

MINUTE NO.	PART I MEETING	RESPONSIBILITY	DATE
77/09	Balanced scorecard Approved subject to increasing the size of the scorecard and implementing a key for easy reference	**Director of Finance**	**24th November 2009**
85/09	Audit Committee: recommendations on drug controls To be discussed in greater detail at the Trust Board awayday	**Chair of the Audit Committee/Director of Finance**	**27th October 2009**
88/09	Chief Executive's report: Airwave radio roll-out 4 key issues to be addressed with an update to the next Trust Board.	**Director of IM&T**	**24th November 2009**
94/09	Finance & governance declarations Q2 2009/10 Approved subject to minor amendments prior to submission to NHS London.	**Director of Corporate Services**	**15th October 2009**
101/09	LAS Foundation Trust Membership Strategy Discussion and final decision about union representation on the Council of Governors.	**Director of Corporate Services** **To be included in the FT application item**	**24th November 2009**
102/09	Proposed governance arrangements and draft constitution for the LAS NHS Foundation Trust Further discussion to be held at the Service Development Committee in October with an update to the November Board meeting.	**Director of Corporate Services** **To be included in the FT application item**	**24th November 2009**
104/09	Training Plan A report on 'Performance against the delivery of the Training Plan' would be brought to the next Board meeting.	**Director of Human Resources and Organisational Development**	**24th November 2009**

106/09	Business case for approval – Silvertown Olympic Site An update would be provided at the next Board meeting.	**Director of Finance** **To be included in the Director of Finance report**	**24th November 2009**

LONDON AMBULANCE SERVICE NHS TRUST

CHARITABLE FUNDS COMMITTEE

Minutes of the meeting held on Tuesday, 29 September, 2009 at 4:00 p.m.
in the Conference Room, LAS HQ, 220 Waterloo Road, London SE1 8SD

Present:	Caroline Silver	Chairman
In Attendance:	Caron Hitchen	Director of Human Resources & Organisation Development
	Sandra Adams	Director of Corporate Services
	Michael John	Financial Controller
	Eddie Brand	Staff Side Representative
	Clive Parker-Wood	Capita Company Secretarial Services (Minutes)

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1. Welcome & Apologies:

The Chairman welcomed everybody present at the meeting and it was noted that apologies had been received from Nicholas Row, John Hildebrand and Tony Crabtree.

2. Minutes from the previous meeting:

After review and due consideration, it was resolved that the minutes of the Annual Charitable Funds Committee meeting held on 8 September 2008 be and are hereby confirmed as a true record of the meeting, and that they be signed by the Chair.

3. Matters Arising:

1. ***Minute 12/07:*** Michael John agreed to investigate whether some of the Charitable Committee's funds, currently invested in the Special Situations Fund (a portfolio of shares), were still being held in Imperial Tobacco. **Action: Michael John**

4. Audit Commission's Annual Governance Report for the year ending 31 March 2009:

It was noted that the report summarised the Audit Commission's findings from their 2008/09 audit, which was substantially complete. The report included the messages arising from the audit of the Trust's financial statements. It included only matters of governance interest that have come to the auditors' attention in performing the audit. The following points were noted:

Audit Opinion:
Subject to satisfactory clearance of outstanding matters, an audit report including an unqualified opinion on the financial statements.

Financial Statements:
No errors or uncertainties were found during the audit of the Charitable Funds.

Internal Control:

- The Auditors have not identified any weakness in the design or operation of an internal control that might result in a material error in the financial statements of which the committee was not aware.
- The Auditors have not provided a comprehensive statement of all weaknesses which may exist in internal control, or of all improvements which may be made. The Auditors have reported only those matters which have come to their attention because of the audit procedures they have performed.

Letter of Representation:
The committee approved the draft letter of representation the Auditors required before they could issue their opinion.

5. Annual Rensburg Sheppards Report:

The report was taken as read and the following points were noted:

- The portfolio's well-established strategy continues to be a balanced mixture of UK equities and bonds, with exposure to the UK stock market being obtained via a holding in the Investec UK Special Situations Fund (formerly called the UK Value Fund) whilst exposure to bonds has been achieved by holding UK government bonds directly.

- It is recognised that absolute returns are ultimately desirable whatever the index happens to be doing, but for purposes of measuring relative performance the following composite benchmark is used, with the Trustees' agreement, to evaluate performance of the portfolio.

- The year to 30 June 2009 was one of the worst years on record for equity market investment as well as one of the most volatile. Although the manager of the Investec UK Special Situations declined to buy banks at their lowest point, the approach of buying other out-of-favour stocks has proved rewarding not just in the last three months, but over the year as whole.

- Forecasts have been confounded so often in the past year that, for all the downside risks that preoccupy still-bruised investors, it is also possible that economies will bounce back more rapidly than expected, as confidence revives under the influence of the exceptional policy help. Although portfolios need to pay due attention to resilience against adversity this should be balanced by alertness to opportunity if the news continues to improve.

6. Charitable Funds Annual Report & Accounts – 2008/09:

Mr John presented the financial performance of the Charitable Fund against the budget for the year ending 31st March 2009.

It was noted that:

- The Charity incurred a deficit for the year of £51k (£35k deficit in 2007/08).
- Income for the year was £18k (£21k income in 2007/08).
- Expenditure for the year was £70k (£56k expenditure in 2007/08).
- The value of investments as at 31 March 2009 was £228k (£318k as at 31 March 2008)

After review and due consideration it was resolved that the annual accounts and annual reports for the year ending 31 March 2009 be proved.

7. Charitable Funds Management Accounts – 2008/09:

Mr John informed the charitable funds committee on the financial performance of the Charitable Fund against the budget for the year ending 31st March 2009.

It was noted that:

- The charity had an adverse variance against budget of £6,529.
- Income was higher than budgeted by £1,660.
- Expenditure was higher than budgeted by £8,189

The committee noted the performance of the charity.

8. Draft Charitable Funds Budget for 2009/10:

Mr John reviewed the draft budget for 2009/10 and the following points were noted:

Income:

The income for 2009/10 has been determined using the average income for the last three years.

Expenditure:

- The amenities budget for staff parties and events at Christmas has been based on 4,180 employees being in post as at November 2009. The charity contributes £8 per head (permanent staff only) towards staff parties or other events held around Christmas.

- The budget for long service gratuities and retirement parties has been set based on information supplied by the management information department. Staff that have completed 20 years or more service are entitled to a £200 contribution to a retirement party. Staff that have completed 10 years or more service are entitled to vouchers based on their length of service at £13 per completed year.

- During 2008/09 the London Ambulance Service NHS Trust paid for the replacement televisions, DVD players, other electrical equipment, furniture, sports kit and equipment requested by staff for stations during the year. We are assuming that this will continue again this year. The expenditure on applications for assistance has been determined based on the average purchases for the last three years.

- The audit fee for the charitable funds is increasing 6.3% (£200) over last year's charge.

- Not proposing to increase the administration fee payable by the charitable fund to the London Ambulance Service NHS Trust.

- Assuming that the management fees payable by the charitable fund to the fund manager remain at 0.25% and 1.0% for the management of the Equity and Bond investments respectively.

After review and due consideration, the charitable funds committee approved the budget for 2009/10.

9. Report from Sub-Group

The report fro the Sub-Group was taken as read and the following points were noted:

- The Fund received £250 from Norwegian Ambulance Service in appreciation for the support given by a LAS Paramedic for one of their apprentices seconded to the LAS last year.

- At the meeting in May 2009 the Assistant Director of Employee Support Services proposed to the sub-group that the qualifying period for eligibility for contributions from the Charitable Funds to retirement parties be reduced from twenty years to fifteen years. This would mean that more staff from support functions would qualify for contributions to retirement parties.

- It was also proposed that the amount paid by the Fund towards retirement parties be increased from £200 to £300 per party.

Following a discussion, the members of the committee agreed that the qualifying period for eligibility for receiving retirement benefit be reduced from the current period of twenty years to fifteen years and that the amount payable be increased from £200 to £300 with effect from 1st August 2009.

The committee also noted that the sub-group had met on a regular basis in 2008/09 and disbursed funds according to the principles laid down.

10. Any Other Business:

There being no further business, the Chair declared the meeting closed at 4:35 pm.

11. Next Meeting:

The next charitable funds committee meeting would be held on ……..., 2010 at 2.00 pm.

…….
Chair

London Ambulance Service NHS
NHS Trust

TRUST BOARD - 24th November 2009

Document Title	**Minutes of the Annual General Meeting**
Report Author(s)	**LAS Trust Secretary**
Lead Director	**Sandra Adams, Director of Corporate Services**
Contact Details	**Maureen Williams**
Aim	**To approve the minutes of the Annual General Meeting held on 29th September 2009**

Key Issues for the Board

To note the formal reports made to the public.

To note the questions from the audience.

Mitigating Actions (Controls)

N/A

Recommendations to the Board

To approve the minutes of the 13th Annual Public Meeting.

Equality Impact Assessment

Has an EIA been carried out? N/A

(If not, state reasons)

Key Issues from Assessment

Risk Implications for the LAS (including clinical and financial consequences)

N/A

Other Implications (including patient and public involvement/ legal/ governance/ diversity/ staffing)

N/A

Corporate Objectives that the report links to

N/A

LONDON AMBULANCE SERVICE NHS TRUST

MINUTES OF THE ANNUAL GENERAL MEETING

Held on Tuesday, 29th September 2009 at 2.00pm
Conference Room, LAS Headquarters, 220 Waterloo Road, London SE1 8SD

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Present:

Richard Hunt	Chairman
Peter Bradley	Chief Executive
Caron Hitchen	Director of Human Resources & Organisation Development
Mike Dinan	Director of Finance
Fionna Moore	Medical Director
Martin Flaherty	Deputy Chief Executive
Caroline Silver	Non-Executive Director
Beryl Magrath	Non-Executive Director

In Attendance:

Peter Suter	Director of Information Management & Technology
Kathy Jones	Director of Service Development
Sandra Adams	Director of Corporate Services
Richard Webber	Director of Operations
Angie Patton	Head of Communications
Clive Parker-Wood	Capita Company Secretarial Services – Minutes
Malcolm Alexander	Patients' Forum
Lord Richard Dutton,	Patients' Forum
George Shaw,	Patients' Forum
Malcolm Alexander	Patients' Forum
Mohammed Yousuf Qureshi	Patients' Forum
Mr R. Webb	Newham Patients' Forum
Mr M. Foley	Chairman of Newham Patients' Forum
Michael English	Patients' Forum, LINKS
Mr K. Winn-Cannon	Patients' Forum
Eric Roberts	UNISON Branch Secretary
Paul Leonard	Chairman of the Friends of St John's Hospital
Mark Mitten	Member of the public
Gary Orris	Member of the public
Robin Standing	Member of the public
Mr Brill	Member of the public
Ms Brill	Member of the public
Ike Oze	Member of the public
Sarah Grainger	BSL interpreter
Omoyele N. Thomas	BSL interpreter

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1. Welcome & Apologies for absence:

The Chairman welcomed the audience to the thirteenth annual public meeting of the London Ambulance Service NHS Trust and it was noted that apologies had been received from Sarah Waller, Roy Griffins, Brian Huckett, Lyn Brown MP, David Evennett MP, John Randall MP, Phillip Ainsworth, Martin Linton MP, Joan Ryan MP, Malcolm

Wicks MP, Glenda Jackson MP, Joan Ruddock MP, James Brokenshire MP, Sadia Subhan, Mr Shivakuru Selvathurai, Pat Duke, Sister Josephine Udie and Kathy West.

2. Minutes of Annual General Meeting held on 30 September 2008

The minutes were taken as read, agreed as an accurate record and signed by the Chairman.

3. Welcome from Richard Hunt, Chairman of the London Ambulance Service NHS Trust

By way of introduction, the new Chairman, Mr Richard Hunt, introduced the members of the Trust Board and stated that he was very excited to be a part of the London Ambulance Service NHS Trust.

The Chairman stated that his position as head of the Trust's Board of Directors would be challenging but was confident that going forward, the Trust would be able meet its targets and continue to improve its performance.

The Chairman gave thanks to his predecessor, Mr Sigurd Renton, and stated that he felt a great enthusiasm and sense of pride to be working at such a dynamic and successful Ambulance Service Trust.

4. Report of the Chief Executive

By way of introduction, the Chief Executive reported that the LAS, during the past year, had provided more care, more quickly than ever before. It was noted that the LAS Trust reached over 47,000 more patients with life-threatening conditions within the Government's eight minute target than last year which was its highest number ever.

The Chief Executive stated that over the last year the staff at the LAS answered 999 calls faster than ever before, often within one to two seconds of the call being received. It was noted that staff provided more clinical telephone advice than ever before and the new clinical support team had given high quality support and advice to frontline staff.

The Chief Executive reported that The LAS Trust was the busiest and most heavily utilised ambulance service in the UK. It was noted that the LAS worked with local primary care trusts who purchased its services and following an independent review of the Trust's resourcing requirements, the LAS had secured significant additional funding which would allow it to recruit an additional 400 frontline staff. The main benefit of acquiring more funding was that it would reduce the time patients had to wait for an ambulance.

The Chief Executive reported that there had been 2.5 million patient contacts in 2008/09, with the Trust receiving hundreds of letters of support, expressing thanks for the assistance and care received from members of staff.

It was noted that the Trust had made good progress in planning for the accident and emergency services to be provided to the public at the 2012 Olympic Games. The Trust has begun to look for a location for an additional ambulance station for the Games and worked to identify extra control room capacity to handle 999 calls. The Trust has also developed operational and contingency plans for the construction phase of the Olympic Park, continued to work with partners involved in Olympic preparations and act as the UK coordinator for ambulance services involved in the 2012 Games.

The Chief Executive stated that the Trust had a number of key priorities for 2009/10. The Trust, for the first time, would have sufficient staff and vehicles in place to be able to meet its response time targets, while at the same time the Trust would start to release existing staff for training and development. It was noted that the Trust would progress its application to become a foundation trust, roll out the new digital radio system, bring in a new fleet of ambulances and equipment and would continue to work with the rest of the NHS in London to improve clinical care for patients suffering major trauma, stroke and with an urgent care need.

5. Finance Director's Report

The Director of Finance presented the accounts to the meeting. The Trust fulfilled all four of its statutory financial duties in 2008/09:

- On income and expenditure the Trust reported a surplus of £725,000 for the year and therefore did better than the break even target set for it by the Department of Health for 2008/09;
- The Trust achieved its EFL (external financing limit) for the year;
- A return on assets (the capital cost absorption duty) of 4.2% was achieved. This was not within the permitted range of three percent to four percent. The variance from 3.5 percent is due to the fall in value of land and buildings attributable to the current economic downturn; and
- In the Trust's capital programme £14.6m was spent on a range of projects, including ambulances, new technology projects and projects to improve the estate. Overall the Trust underspent by £1,247,000 against its capital resource limit, which the Trust was permitted to do.

The Director of Finance reported that the largest item on the Trust's balance sheet was £114m of fixed assets comprising of land, buildings, plant and machinery, information technology, fixtures and intangibles. The Trust continued to fund the investment in capital through its capital programme.

The Director of Finance stated that the Trust had formally submitted a Plan for 2009/10 that takes into account planned contracted income levels and the expenditure budgets that have been set for the new financial year. It was noted that the plan was set to deliver a surplus of £1.9m.

After review and due consideration the Chairman proposed that the 2008/09 Financial Report and Accounts of the London Ambulance Service NHS Trust be adopted. The accounts were adopted.

6. Presentations on key LAS developments

Clinical developments within the LAS, presentation by the Medical Director

By way of introduction, the Medical Director reported that the LAS Trust receives an average of 865 life-threatening calls every day. Since 2008 the Trust has been training volunteers in local communities in basic life-saving skills so they can attend and treat patients while an ambulance is on its way.

The Medical Director highlighted the following developments and initiatives undertaken during the year:-

Cardiac Arrest:

- The Trust's latest figures show that it treated 458 patients in 2007/08 after they

suffered a cardiac arrest. Twelve percent of these patients were discharged alive from hospital. This figure was down on the previous year, but is still almost double the survival rate of five years ago.

- The LAS responds to cardiac arrest calls quicker than ever before – 6 minutes.
- 500 new defibrillators are now placed at various public locations in London.
- King's College Hospital is one of eight specialist heart attack centres in London. By taking patients to a cardiac catheter laboratory they receive specialised treatment, increasing their chances of recovery.
- The London Ambulance Service started to take heart attack patients to specialist centres in 2008, and was the first ambulance service to do so.
- Latest research shows that in 2007/08, 1,280 patients diagnosed by the Trust's staff with a STEMI (a common type of heart attack) bypassed their local A&E and went straight to a heart attack centre.
- Primary angioplasty – a pioneering technique whereby a catheter is passed into the arteries in the heart and a balloon is inserted and inflated to release the blockage in the artery – offers a much better chance of survival than the standard treatment, thrombolysis, which involves administering clot-busting drugs.

Stroke & Major Trauma:

- The Trust works closely with other healthcare agencies to help to improve the care of patients suffering a stroke in the capital.
- From February 2010 the Trust will take patients directly to one of eight hyper-acute stroke units where the correct life-saving treatment can be given straight away.
- In February 2009, the Trust was involved in a Department of Health campaign to highlight the FAST (Face, Arm, Speech, Time to call 999) test – The test allows people to recognise the symptoms of stroke, meaning they can react immediately and dial 999.
- On the 10th September 2009, the Pan-London Trauma Centre opened – 4 networks each with a major trauma centre.

Infection Prevention & Control:

- Unannounced CQC inspection recently took place at various ambulance stations.
- Report highlighted key areas for improvement.
- Plan in place to improve cleanliness on stations.
- Champions appointed to ensure staff are as clean as they can be.
- All LAS staff made aware of swine/pandemic flu risks.
- Hand hygiene and respiratory hygiene of vital importance.

7. The Role of LAS in the implementation of changes to healthcare across London

By way of introduction the Director of Service Development stated that the Trust's vision was to meet the needs of the public and its patients with staff who are well trained, caring, enthusiastic and proud of the job that they do. The values of the London Ambulance Service underpinned everything it did as an organisation – how it delivers its services to how members of staff work with each other.

The Director of Service Development stated that the Trust continued to develop its services so that it could provide care that was better tailored to the different needs of patients whether they have life-threatening injuries or illnesses, less serious but complex conditions or minor medical conditions for which they still need advice or treatment.

It was noted that the Trust was looking at how it could extend the care it offered by building on its strengths of being a healthcare organisation that operated across the

whole of London 24 hours a day. The LAS strategic plan, which would take the Trust to 2013, outlined how the Trust planned to achieve this.

The Director of Service Development reported that the Trust was increasingly taking patients with life-threatening conditions to specialist units for treatment and that in the future the Trust would also be taking stroke patients and those who suffer major trauma to specialist units.

It was noted that the LAS was treating more patients at home and was providing more clinical advice over the telephone. By 2013 the Trust anticipated taking 200,000 fewer patients to hospital each year.

Director of Service Development provided an update on the introduction of new ways of working in 2008/09 and the following points were noted: The Trust

- signed a contract to provide a new system for answering 999 calls and sending resources to patients;
- improved current call-handling telephone systems and increased the number of call taking positions;
- upgraded the technology and systems used by the Trust's Patient Transport Service;
- took forward plans for introducing a text based system to enable patients with speck or hearing impairments to contact the LAS more easily; and
- continued to experience high usage of the translation service for callers whose first language is not English.

8. <u>Questions from the audience</u>

Members of the public asked questions concerning the following subjects:

- *More people to attend the Annual General Meeting in the future?*

  The Chief Executive confirmed that quite a number of MPs had declined the invitation to attend the Trust's AGM due to the Labour Conference being held on the same day as the Trust's AGM. It was never the Trust's intention to limit the size of the audience. In future, it was hoped that a bigger venue could be utilised and more members of the public attend.

- *Ambulances and volunteers at the 2012 Olympics?*

  The deputy chief executive, Mr Martin Flaherty confirmed that the Trust had received additional money from the Government for planning and additional bids had have been submitted to the Government to try and secure more funding. It was hoped that the Trust would receive all the money it had bid for.

  The Trust would be recruiting volunteers and details of the vacancies would be made available early next year.

- *The service received by patients with Mental Health issues?*

  The LAS continues to develop alternative care pathways. Patients with mental health issues are taken directly to specialist mental health centres rather than being admitted via the general A&E route. Internally, the Trust has improved the training given to staff when they join the Trust and as part of the development of frontline staff educational modules on mental health had been introduced.

- *What is the turnaround time, after a callout, for the Trust's ambulances to be cleaned and back on the road ready for duty?*

The Trust's turnaround time to clean an ambulance was currently 23 minutes. If the ambulance is particularly dirty, then the turnaround time can take up to 1 hour. More staff have been employed – 3000+ frontline staff.

- *What is the Trust's Turnover/Retention of staff?*

  Gender: - Male 59% & Female 41%. BME workforce – 9% (May report)

- *Is the increased number of speed humps on London roads reducing the time it takes to reach patients?*

  It was generally felt that the removal of speed humps would reduce the time it took an ambulance to reach a patient however, it was stressed that the introduction of speed humps on more and more roads did result in cars driving slower and therefore reducing the number of accidents on the road, which in turn, reduced the number of ambulance call outs.

- *Do LAS ambulances only use their sirens when they absolutely have to?*

  Ambulance crew are careful about using their sirens and have been advised to only use their sirens when absolutely necessary.

In closing the Chairman thanked the Senior Management Team of the LAS on behalf of the Non- Executive Directors.

The meeting closed at 3.30 pm.

…….

Chairman

London Ambulance Service NHS
NHS Trust

TRUST BOARD - 24th November 2009

Document Title	**Chief Executive's Report**
Report Author(s)	**Peter Bradley**
Lead Director	
Contact Details	
Aim	**To inform the Trust Board on the key operational performance issues**

Key Issues for the Board

- To note the current position for Stroke and Trauma
- To receive an update on service performance
- To note:
  - Service developments
  - Service delivery
  - Patient transport
  - Workforce
  - IM&T
  - Communications

Mitigating Actions (Controls)

Weekly SMG diary meetings and monthly SMG review of key issues.

Recommendations to the Board

To note the Chief Executive's report.

Equality Impact Assessment

Has an EIA been carried out? N/A

(If not, state reasons)

Key Issues from Assessment

Risk Implications for the LAS (including clinical and financial consequences)

Identified where relevant within the report.

Other Implications (including patient and public involvement/ legal/ governance/ diversity/ staffing)

As above.

Corporate Objectives that the report links to

The report demonstrates progress against the 2009/10 service objectives.

LONDON AMBULANCE SERVICE NHS TRUST
TRUST BOARD MEETING 24th NOVEMBER 2009
CHIEF EXECUTIVE'S REPORT

1. SERVICE DEVELOPMENT

An internal board has been established with oversight of the Healthcare for London workstream. The workstream board has a specific focus on the establishment of the constituent projects, their management and control, and their successful delivery into the service.

Current position:

Stroke & Major Trauma

Operational Research in Health (ORH) have commenced work to model the impact of implementing these new pathways. They will report at the end of December 2009.

A communications plan has been developed to ensure all staff are aware of the impact the changes in stroke and trauma care will have on the LAS.

A Clinical Coordination Desk workshop was held on 27th October from which a project plan has been drafted to better coordinate the flow of patients into tertiary centres and assist crews in decision making. SMG are minded to approve the corresponding funding request once further discussions have been held between Operations and Medical Directors.

Resource within CARU has been assigned to develop the major trauma and stroke audit systems and a project plan is currently being developed to support this.

A finance report has been developed for commissioners outlining spend to date on HfL.

Stroke

LAS continue to work closely with Healthcare for London to implement the two stage transition to the full stroke model. From February 2010 all Face/Arms/Speech test positive (FAST+) patients who can be conveyed to a Hyper Acute Stroke Unit (HASU) within 3 hours will be conveyed in this manner. This will be expanded to include all FAST+ patients from April 2010.

A trial of the first stage of this transition commenced in South East London on 2nd November. This area will move towards the final stage of implementation once beds come online at the HASU at Princess Royal University Hospital, Bromley (expected late 2010).

LAS have ensured that a single pan-London protocol for admitting patients to all HASUs was signed off at the HfL Stroke Clinical Expert Panel on Tuesday 15th September.

At Healthcare for London's Project Board on 13th November it was agreed that critical transfers into HASUs would be limited to those patients who would benefit from immediate intervention.

The stroke project's Clinical Expert Panel have requested EBS develop proposals to manage capacity within the system and support crews in deciding which is the best destination for an individual patient.

Named LAS local Operations Managers will liaise with local Cardiac and Stroke networks to address issues post implementation.

Trauma

Major trauma centres based at The Royal London Hospital, Kings College Hospital and St Georges Hospital will go live in April 2010, with a fourth centre at St Mary's Paddington scheduled to go live in October 2010. The LAS is confident we will be able to respond to this effectively.

The LAS continue to work closely with the London Trauma Office and trauma networks across London to develop robust implementation plans. This working relationship is strengthened by the LAS's Medical Director having taken up the post of London Trauma Director.

The first two cohorts of team leaders have completed the clinical update which has a focus on crews' roles in delivering the Major Trauma proposals, specifically their use of the LAS's trauma decision tree (developed with designated Major Trauma Centres).

Unscheduled Care

LAS continue to engage with commissioners to drive the implementation of response hubs and the purchase, population and management of a Directory of Services.

Children & Young People

Commissioning guidance has been published. LAS will seek named contacts within each commissioning sector to deliver as much uniformity as possible between pathways into the various Paediatric Assessment Units.

2. SERVICE DELIVERY

A&E Operations (Graphs 1 – 10)

Operational performance for Category A calls up until mid June had been broadly on track at 74.5% for the year. There then followed a period of sustained and unprecedented demand during June and July which saw the year to date Cat A performance fall to 72.7% by mid July. Following some direct intervention Category A performance has continued to improve and as a result the year to date position is now at 74.6% and we expect to be above 75% for the year in the next few weeks.

Category B performance has continued to improve. For the first 23 days of October we achieved performance of 90.5%, which compared favourably with the agreed trajectory of 90%. However, the last week of the month saw resourcing levels dip somewhat due to half-term and an escalation in hospital related delays. This caused a fall in performance and resulted in performance for the month of October achieving only 89.6%.

On the 3rd November the Trust achieved both the A8 and B19 national targets for a day for the first time. Category A8 performance was 82.2% and Category B performance was 95.4%. This was a notable achievement and has given confidence that the targets are achievable with the current operational model; subject to demand remaining within normal parameters.

Category C incidents attended within an hour has continued to improve and attained nearly 90% for the last two months. We continue to use NHS Direct to resolve some of our Category C call demand by using telephone advice. We have seen about 5,000 calls per month being passed to NHSD with about 4,000 calls being resolved by them without the need to dispatch an Ambulance. An extended set of Category C calls suitable for NHSD to resolve to has been identified and shared with them and we currently await their decision as to whether they are able to accommodate this additional work.

The LAS is now piloting an alternative response to a number of calls that are categorised as Category B within the MPDS system and as such are ones that would have traditionally attracted an ambulance response. With the approval of ECPAG these calls are now passed for assessment and response determination by an LAS Clinical Telephone Adviser, in a similar fashion to Category C calls. A review into the effectiveness of this pilot is now underway. For the duration of the trial these calls are reported as Category C which explains the change seen in Graphs 4 & 5.

The LAS was classified as “Performance under review” by the Department of Health (one of four ambulance trusts) under its new quarterly performance management system for Quarter 1 of this year. Following the submission of our performance for the second quarter of this year we now expect to be removed from this grouping; but await formal confirmation. The Trust has continued to meet regularly with the Strategic Health Authority and the Commissioners to monitor our performance.

A number of pieces of work to improve hospital turnaround times across London have commenced during October and November:

Delays within Emergency Departments have continued to increase across London. During the week ending 1st November the average arrival to patient handover time across London rose to 14.4 minutes, a 10% rise since April 09. The patient handover to crew available (green time) reduced by two minutes to 20.9 minutes, a 9% decrease since April 09. Patient handover delays exceeding 30mins, 45mins and 1 hour are now being reported to NHS London on a daily basis as part of the SHAs winter performance management framework.

LAS have worked in collaboration with NHS London to revise the Emergency Department Capacity Management and Closure Policy for winter 09/10. This ensures the expedient handover of patients to Emergency Department staff, reducing delays to LAS crews, and enables LAS to redirect patients away from Emergency Department's suffering delays. In addition for each patient waiting more than an hour to be handed over to the emergency department a Serious Untoward Incident (SUI) will need to be declared by the receiving Trust and it will be their responsibility to investigate and report against it.

The Emergency Bed Service have also improved the critical capacity assessment tool with the aim of improving compliance with the reporting schedule as well as making the tool available to external partners over the internet. This tool is a unique data set allowing a pan London overview of Emergency Department capacity across London

and will allow the SHA and sectors to analyse and understand areas of emergency care capacity pressure and support the LAS to resolve these.

As part of the Department of Health's response to H1N1, EBS are preparing to report on Paediatric Critical Care availability nationally (for the first time including units in Scotland Wales and N. Ireland). We are also improving the critical capacity assessment tool in preparation for the introduction of the new Emergency Department Capacity Management and Closure Policy, aiming to improve compliance with the reporting schedule as well as making the tool available to external partners over the internet.

A seven day challenge was undertaken in collaboration with the Princess Royal Hospital Emergency Department. Additional management and make ready resources were available at the department during the challenge to ensure the expedient handover of patients and the efficient preparation of the vehicle in order to be available to EOC within a total of 30 minutes. The challenge and lessons learned are currently being evaluated in order to both embed change at the hospital but also to ensure the learning is spread to other Trusts in London.

Our activities have continued to be focussed on an agreed performance recovery plan which currently incorporates 8 Key Focus Items (KFI) and a further supporting 60 items. The 8 KFIs are:

1. Increase usage of Active Area Cover and Temporary Area Cover deployments in line with trajectories set. There had been a sustained improvement with the trajectories for most of the day achieved but with some poor compliance noted at times of high utilisation. However following negative feedback at the consultation meetings this was reduced and it would appear to too great an extent and so this is now being further reviewed.

2. Reduce the time between patient handover and green at hospital and robustly manage handover delays in excess of 1 hour. A more detailed update appears earlier in this report.

3. Reduce mobilisation time by 30 seconds for Ambulances and 15 seconds for Fast Response Units. This was a specific recommendation from the ORH report and I am pleased to be able to report that both of these actions have already been achieved.

4. Increase ambulance hours produced in line with trajectory. As can be seen by the attached graphs some significant improvements have been attained as additional new staff are posted from training to Operational stations and staffing is nearly at the agreed levels.

5. Increase rest break allocation in line with trajectory. Progress has been too slow against this item largely as a result of the increase in activity and sustained high levels of utilisation. Increased focus will be placed on this and the next quarter.

6. Activate on all calls immediately and do not hold calls unless there are no resources within a reasonable running distance. This has been implemented and has contributed to the improved Category B performance noted.

7. Demand reduction through managing additional green and amber calls through clinical telephone advice. An update is provided earlier in this report as to progress.

8. Review rosters to ensure that hours produced meet the demands on the service across all hours of the day and week. A significant workstream is already underway to deliver this with 12 rotas now agreed and is anticipated to be concluded by April 2010.

To date 32 of the supporting activities have been delivered, 16 discounted and a further 16 are at various stages of implementation.

Airwave radio has now been introduced across all of A&E. The new system provides stronger, clearer and more resilient communication links between operational staff and the control room. Of particular note is that the system is based on 'point to point' conversations i.e. one person direct to another without anyone else hearing the conversation. Whilst there are some benefits with this there have been operational issues with crews being unable to hear of events and incidents taking place close to their location. This is being reviewed to see if there would be benefits in 'Open Channel' communication instead but it should be noted that there are some cost implications that are yet to be quantified.

I am pleased to be able to report that following the improvements in staffing the Trust has remained at REAP level 2 'Concern' since the 1st September; save for a period of about 10 days in late October when resourcing levels reduced and the REAP level was increased to 3. However with anticipated increases in activity as a result of flu related activity it continues to remain under weekly review by the Director of Operations and should the incoming demand start to increase, consideration will be given to raising the REAP level.

The delivery of the new Mercedes ambulances has continued to be behind plan. Currently we have had 60 ambulances delivered with only 2 per week delivered in some weeks. Work has continued with the suppliers to improve the rate of delivery and work is in hand to tender for further vehicles.

Adjustments have been made to the computer dispatch system Fred and Freda so that we no longer automatically dispatch a second resource to an incident unless there is an identified need for the additional resource. Whilst difficult to quantify, this has freed up capacity and has started to reduce some of the dual sends.

A pilot started on the 9th November with UOC resources for the East Area being controlled from within EOC. This pilot will explore whether there are benefits to be gained from one point within Control Services having a complete oversight of operational resources and increasing the utilisation of these vehicles and so further reduce the amount of Category C work undertaken by the A&E fleet.

Several Staff from Control Services have taken part in the Princes Trust initiative giving support and expertise to the trust and some receiving personal development and mentoring from it. This has been well received by staff as it is seen as an important development opportunity.

On 24th August the Emergency Preparedness Department held a service-wide debrief into the declared Major Incident at the Camberwell fire in South East London on 3rd July. The final report will be published shortly. On the same day the service put in

place our plans for public disorder when there were outbreaks of violence at West Ham football club. The plans worked well and casualties were treated and taken to hospital in a safe manner. Public order plans were again put in place and worked well when we responded to the issues at television centre in west London surrounding the question time programme with the leader of the BNP as a panel member.

The Emergency Preparedness department continues to work closely with the Medical Directorate in planning the service response to pandemic influenza. Plans are in place and regularly updated. The department is managing the supply of H1N1 vaccine to the Trust and is working with all departments on the inoculation plans.

As part of New Ways of Working the proposed new clinical model was trialled at Barnehurst complex on 10th October 2009. The model involved dispatching cars to all calls to undertake an initial patient assessment before requesting, where necessary, appropriate additional resources (except for a small selection of life saving calls where two resources would be required). Cars were staffed with ECPs (utilising their advanced assessment skills training) in collaboration with the paramedic and technician crews. Three types of resources were offered as back up: blue light PTS, A&E support or A&E crews ensuring a more appropriate use of resources. Alternative care pathways were utilised 15% of the time and 18% of patients were not conveyed, considerably higher numbers than normal. A formal evaluation is underway and is due to be published toward the end of the year.

Activity across all of the Emergency Bed Service's (EBS) core 6 services (GP admissions, ITU, Paediatric and Neonatal /Maternity Transfers, District Nursing OOH calls and Safeguarding Referrals) remains stable compared to last year's activity, at between 2,000 and 3,000 separate enquiries per month. Within this aggregated total, GP referrals are slightly down on last year's activity, but there has been a large increase in Safeguarding referrals both month on month and also compared to last year. There are a number of reasons for this, but in part it is due to improvements made to the safeguarding referral process since EBS took over this role in July.

Accident & Emergency service performance and activity

The table below sets out the A&E performance against the key standards for the year to date (2009/10), the complete validated performance for September and October and the un-validated performance for the first 12 days of November. The 1st of the month was the last Sunday of half-term and was a day of particularly poor performance. If that were to be excluded then category B performance would have been 91.7%

	CAT A8	**CAT A19**	**CAT B19**
Standard	**75%**	**95%**	**95%**
2009/10 YTD	74.6%	98.4%	86.0%
September 2009	78.0%	99.1%	88.7%
October 2009	75.7%	99.1%	89.6%
November 2009 (to 12th)*	73.5%	98.8%	90.7%

**** Estimated prior to data validation***

Overall activity rose by 3.1% in September and 3.9% in October as compared to the previous year. Year to date there has been an increase in Category A8 activity of 3.4% and Category B activity of 7.3%. Resource utilisation continues to be an area of further concern. It has fallen slightly in the last couple of months with utilisation hitting 70% for the last two months, someway off the ideal of 55%.

Call answering performance saw an improvement to achieve 96.4% in September and slightly deteriorated in October ending at 94.9%.

We produced circa 260,217 Ambulance Hours resourcing for September and October this year which was circa 12,392 hrs more than for the same period last year. A month on month improvement equalling a 5% increase. FRU hours produced for Sept/Oct 09 decreased by circa 2.3% to 113,783hrs compared to 116,490hrs for the same period as last year. This is made up of a decrease of 600hrs in September and a decrease of 2107hrs in October. One contributing factor is the stopping of the bonus scheme in October. It is also worth noting that the overtime spend for this period compared to last year decreased by 17.5% to 95,690hrs.

2.1 PATIENT TRANSPORT SERVICE

Commercial

As part of the London Procurement Programme, the LAS has been notified that it has been successful at the pre-qualification questionnaire stage of the process. We have subsequently been invited to tender for the contracts listed in September's Trust Board report.

Completed bids must be submitted by 12:00 noon on 27 November 2009. Presentations are expected to be conducted in December 2009, with results announced between January and February 2010.

A summary of the bids will be presented in part 2.

Start up for contracts are scheduled between May and September 2010.

Operations

Roll out of Personal Digital Assistants (PDAs) continues. All staff in the South East and the majority of the North East operational areas are being deployed and controlled by PDAs. The project remains on schedule to complete implementation by the end of December. Feedback is being sought from crews on their experiences of using PDAs and improvements are being made where necessary.

5 PTS consultation meetings have now been held, with a further 2 yet to be completed. These meetings have been positive with workshops, VRC and visibility of PTS Management being generally seen as improved. Conversely, some underlying concerns were voiced around confidence in delivery of UOC derived calls and adequate training. Once all the meetings have been concluded an action plan for areas of improvement will be drawn up and actioned by PTS managers.

Performance

The quality measures remain fairly consistent, although have dropped back from the figures reported in September. They remain however above 90%. Performance for October was:

- Arrival time: 92%
- Departure time: 93%
- Time on Vehicle: 95%

3. HUMAN RESOURCES

Workforce Plan implementation

The vacancy level for A&E staff as at 30.10.09 is reported as 164 wte. and recruitment activity remains on track to meet full establishment including the increased HART establishment (3353 wte) by the end of March 2010.

As at the end of October, 246 Student Paramedics and 91 A&E Support have been recruited to training places.

The Trust has contracted 175 Student Paramedics to training places from November onwards with only 29 further available places to fill in March 2010. All A&E support places are now filled to the end of the year with 66 new starters contracted to commence.

From 1 April to 30 October 2009, 369 staff have successfully completed their initial training and transferred to operations. In addition 24 graduate Paramedics have commenced providing a total of 393 total operational staff.

Recruitment to Emergency Operations Centre staff continues to be on track to deliver the increased establishment for 2009/10 in preparation for the implementation of the CAD 2010 project.

All other general recruitment is also continuing as required.

Workforce information

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

Trust sickness levels for September show a decrease again to the lowest level recorded this year at 4.03%,. September was the last month when staff were offered an overtime incentive bonus linked to attendance and focus will therefore be maintained on appropriate absence management as we move into the winter months.

Staff turnover is also at the lowest level within this year at 5.28%.

Training Plan update

The training plan presented to the Trust Board in September commenced in October 2009. Activity against the plan in the month of October is as follows:

- 23 student paramedic and 20 A&E support workers commenced training (in addition to those already in training).
- 109 students started higher education programmes within partner Universities.
- Paramedic Health Promotion module (Mod J) delivered to 120 staff.
- 41 Team Leaders have completed the clinical leader update which is an intensive two week programme designed to bring their clinical skills in line with the most up to date practice in order that they can oversee the work of their teams and cascade new learning across the workforce.
- 6 staff have attended the clinical update for Operations Managers.
- 6 Practice Placement Educator (Pped) module 1's and 20 Pped module 2's have been provided.
- In order to support Flu pandemic planning, 15 members of support staff and 33 student paramedics completed the MPDS shortened Call Taking course. This training was developed, organised and delivered within a very short time frame to meet operational need. The training team expended a great deal of effort and innovation in order to reschedule the student paramedic programmes and deliver this intensive package to these three groups as well as 14 new recruits to EOC. This has significantly enhanced the call taking resilience.

The Trust Board will receive a fuller progress report in March 2010 with a detailed delivery plan for training delivery from 1 April 2010 to March 2011.

Development of the MPET funding SLA

The Trust is still awaiting completion of the contract for MPET funding for the recruitment and training of 377 Student Paramedics and 121 A&E Support staff. We have however been invited to submit an invoice for quarters 1 and 2 (c£4m). A performance meeting with the SHA against the MPET plan on 12 November 2009 confirmed acceptable achievement of activity against the plan for 2009/10. Unfortunately previous reports within the SHA had shown cumulative "slippage" from the previous year giving the impression that the Trust was not meeting its planned recruitment for this year. This reporting will be revised by the POD team at the NHSL.

Partnership working, staff engagement and joint consultative arrangements

The Staff Survey Steering Group has met twice and terms of reference have been agreed. Membership is drawn from all areas of the Trust, and includes staff side representation. This year's national NHS staff survey was received for distribution in week commencing 28 September. Managers have been sent a briefing pack to advise them of the schedule and requirements, and asking them to take steps locally to encourage staff to complete and return the survey questionnaires. There is a formal communication plan to underpin the process, and particular emphasis will be placed in all supporting communications on trying to reassure staff that their responses are confidential and cannot be accessed by any trust employee. The final reminder to staff who have yet to respond, which includes a further copy of the survey, is expected around 19 November and the closing date for receipt of the forms by the contractor is 11 December.

Preliminary work has been conducted by the Staff Engagement Manager and the Strategic Steering Group has endorsed the staff engagement approach presented at its September meeting. A full Staff Engagement Strategy will now be developed building on the positive work done to date and which has been recognised nationally within the McLeod report published earlier this year.

Health and Safety

Reported levels of adverse incidents for the calendar year to date against the key categories of clinical incidents, manual handling incidents, and physical and non-physical assault are included in the table below.

	Lifting/Handling/Carrying	Clinical Incident	Non Physical Abuse	Physical Violence	Total
Jan-09	46	74	67	33	220
Feb	42	47	83	23	195
Mar	40	56	85	29	210
Apr	48	79	101	21	249
May	60	96	88	23	267
Jun	32	89	61	29	211
Jul	26	80	86	22	214
Aug	32	65	67	40	204
Sep	33	68	54	18	173
Totals:	359	654	692	238	1943

The Health and Safety team is continuing to work with local managers to encourage timely reporting of all incidents. Establishment of revised Health and Safety partnership structures should also assist in the improvement local monitoring of reporting. The team is monitoring the intervals between the date of any reported incident and receipt of the report form within the Safety and Risk Department, feeding back to managers as necessary.

Membership and terms of reference for the corporate health and safety group is currently under review in partnership with the trade unions.

As previously reported the Trust expects the Health and Safety Executive to undertake an inspection as part of its general employer scrutiny responsibilities in March 2010. The Health and Safety Advisors are co-operating with the Inspectors and will facilitate the arrangements as necessary when further details are known.

.**Disciplinary Appeals and Employment Tribunals**

Since the last Trust Board meeting, 4 appeals against dismissal have been heard with the following timescales:

Case No.	Date of appeal letter	Hearing date	Further comments
1	21.7 09	28.10.09	
2	24.7.09	13.11.09	
3	31.7.09	30.10.09	
4	16.8.09	6.10.09	

The Trust has had one Employment Tribunal case progress to full hearing in the period since the last Trust Board. This was the case of Small vs LAS which had been remitted to a new Tribunal following a Court of Appeal decision which found in favour of the Trust. The case was subsequently dismissed by the Tribunal during the fourth day of proceedings following withdrawal of the claim by Mr Small. The Trust is currently pursuing recovery of the costs associated with the Court of Appeal proceedings.

Staff Turnover												
Staff Groups	ec-07/Nov-08	Jan-08/Dec-08	Feb-08/Jan-09	Mar-08/Feb-09	Apr-08/Mar-09	May-08/Apr-09	Jun-08/May-09	Jul-08/Jun-09	Aug-08/Jul-09	Sep-08/Aug-09	Oct-08/Sep-09	Nov-08/Oct-09
A & C	15.27%	15.76%	15.14%	14.51%	14.06%	12.62%	12.30%	11.56%	10.03%	10.91%	9.94%	9.55%
A & E	5.60%	5.58%	5.51%	5.45%	5.10%	4.99%	4.86%	4.50%	4.34%	4.59%	4.49%	4.36%
CTA	9.52%	7.14%	6.97%	7.32%	7.69%	2.50%	2.56%	2.44%	4.88%	2.38%	4.26%	4.35%
EOC Watch Staff	13.55%	11.70%	11.52%	11.47%	10.76%	9.97%	10.00%	9.55%	10.54%	10.10%	9.30%	8.87%
Fleet	14.00%	14.00%	14.00%	13.46%	13.21%	10.53%	8.62%	8.47%	8.47%	8.62%	8.62%	3.45%
PTS	11.86%	12.45%	12.98%	12.13%	10.92%	9.27%	9.39%	9.05%	8.64%	8.68%	7.50%	6.25%
Resource Staff	0.00%	0.00%	0.00%	2.04%	4.26%	4.17%	4.17%	4.17%	4.17%	4.17%	8.33%	8.51%
SMP	6.61%	6.99%	6.77%	6.75%	6.94%	5.84%	5.47%	5.24%	5.43%	5.05%	5.15%	4.92%
Trust Total	**7.50%**	**7.39%**	**7.30%**	**7.18%**	**6.82%**	**6.32%**	**6.14%**	**5.77%**	**5.64%**	**5.78%**	**5.58%**	**5.28%**

A&E Establishment as at October 2009

Position Titles	Staff in post(Fte)	Funded Est.	Variance		Leavers
Team Leader Paramedic	167.07	194.00	26.93		0.00
ECP	66.65	74.00	7.35		2.00
Paramedic	861.05	1005.00	143.95		2.00
EMT 2-4	1203.01	956.00	-247.01		6.37
Student Paramedic 1	253.00	404.00	-130.00		3.00
Student Paramedic 2	281.00				0.00
Student Paramedic 3	13.00	300.00	287.00		0.00
EMT 1	20.64	328.00	70.18		0.00
A&E Support	237.18				0.00
EMD1	108.75	54.00	-54.75		2.00
EMD2	96.27	90.55	-5.72		3.00
EMD3	81.15	100.76	19.61		0.00
EMD Allocator	65.62	78.00	12.38		0.00
CTA	44.40	50.00	5.60		0.00
Total	**3498.79**	**3634.31**	**135.52**		**18.37**

4. IM & T Update

Airwave

The Airwave system is now fully live across the Trust. The six stage delivery plan to A&E Operations was delivered on time and to schedule. Work is now being finalised (in terms of implementations and training) to complete PTS who will go live in a single final stage. The exact timing is being carefully coordinated in line with the role out of MDT's for PTS.

In terms of the main Airwave service, the first go live milestone, known as DV1 has been completed. This formally acknowledges that the service has completed one month of full operational service.

An area of particular concern is the manner in which it appears that the system being treated by staff. We have an outstanding repair bill that the for equipment that was damaged between the initial installation and go live (vehicles sets and in particular microphones). This bill is likely to be in the region of £60K. Also to date 38 handsets have been reported as lost or damaged of which 18 have been subsequently recovered. This has been brought to the ADO's in each area who are pursing this via the AOM's.

A full risk assessment has been completed into the health issues surrounding the use of the Airwave handsets. This has been reviewed by the Airwave Project Board and approved. It will be a useful reference point should there be further inquiries on this matter.

Overall Airwave is working well and we will be conducting a review once the system has settled in and staff have had reasonable chance to become accustomed to the different system.

CTAK

Hardware Upgrade

While we work toward implementing CommandPoint (CAD 2010 project) it is imperative that every effort is made to maintain the existing system. In the early hours of Wednesday 21 October CTAK was upgraded onto new hardware, necessary because the existing hardware was becoming old and there was a high risk of failures.

This achievement was the result of months of work specifying, purchasing and configuring the hardware, necessarily implementing new versions of the operating system (LINUX) and the database (Informix), designing and implementing improvements to the data base resilience and running a full suite of functional and load tests. The detailed level of planning required to transition from one hardware platform to another was critical to the success. Staff from the CAD 2010 project were involved in this process and the blueprint and lessons learnt will be used to inform the detailed transition plan to bring live CommandPoint.

System Failure

On Saturday 31 October @ 11:00 CTAK froze requiring the control room to revert to paper – a tried and tested process that ensured critical services were maintained. IM&T support worked on restoring system which was handed back at 12:55, with FRED & FREDA switched back on about an hour later.

The problem is a known bug that has caused problems on previous occasions. The root cause has remained undetected, but it is clear that it was not specifically caused by the upgrade. During the following week IM&T support continued to analyse the problem but were unable to reproduce it on the test system and conclusively find the cause. However

they have discovered some configurations that could be associated with this type of problem and the necessary changes will be implemented via careful change control.

5. COMMUNICATIONS

Swine flu: With the swine flu pandemic continuing, internal communication has largely focused on promoting the seasonal flu vaccine, with posters produced to highlight the benefits of staff having the jab to protect themselves, their families and colleagues, and helping to maintain our service to patients. Now that the Service has received doses of the H1N1 vaccine, details of surgeries for frontline staff will be publicised.

Consultation meetings: The Chief Executive has completed all the consultation meetings with A&E, Patient Transport Service (PTS), fleet and logistics staff, as well as students at the University of Hertfordshire. Meetings with control room staff will take place in December.

A detailed report will be prepared when the 42-meeting programme is complete.

Annual health check: There was no media interest in the Service's annual health check ratings for 2008/09.

Chief Executive's charity: Children and young adults with disabilities are set to benefit after staff voted the Medical Engineering Resource Unit (MERU) as the Chief Executive's new charity. MERU designs and makes specialist equipment for youngsters living in and around London to use in their daily life. Staff taking Service places in the London Marathon will run for MERU, and a scheme has been launched enabling staff to contribute their spare pennies in their salaries to the charity.

Staff recognition: Three members of staff were recognised at the Ambulance Service Institute awards ceremony held at the House of Commons in October. Hillingdon Paramedic Frank Samaras was presented with a bravery medal for risking his life when he protected a patient and two members of the public from a violent attacker. Madeline Basford-Herd, an emergency medical technician from Romford, also received a bravery medal for her prompt actions when faced with a patient who pulled out a gun (later found to be a replica) and threatened to shoot her and her crewmate. Paramedic Rebecca Bedson won the control services category for her work in giving clinical advice to patients over the phone.

A number of staff will be awarded Chief Ambulance Officer Commendations and Assistant Director of Operations Commendations on 1 December.

Service recognition badges have now been issued to staff who have given 10, 20, 25, 30, 35 or 40 years service to the organisation.

Induction: To date, over 700 new members of staff have attended the Service's two-day induction session this year.

Service funeral for staff member: Over 400 people including family, friends and former colleagues attended the Service funeral of Stephen Wright at the end of September. Stephen, a paramedic with the hazardous area response team, died in September in King's College Hospital after becoming unwell at home.

Remembrance Sunday: Twenty-three members of the ceremonial unit, together with seven representatives from South Central Ambulance Service, attended the remembrance

service and parade at Whitehall to commemorate Armistice Day. The London Ambulance Service Retirement Association was also in attendance.

Media

The Evening Standard published a story about an incident where a patient was initially referred to NHS Direct, before an ambulance was later sent to his address. He died in hospital a few days later, and the circumstances surrounding the calls that were received have since been the subject of a full investigation.

A delayed response of more than an hour and three quarters to an elderly lady who had fallen at her home in Enfield in October was also featured in a local newspaper.

PPI activity report

Public education:

- A public education staff development programme took place during October and November, providing 8 days' training and development for 12 members of staff who are involved with public education work for the Service. Feedback from the programme has been extremely positive, and it is planned to continue the programme on an ongoing basis. Work is also underway to get the programme accredited.

- New resources are being developed for 10-11 year old children attending Junior Citizens' Schemes. Children's (and teachers') pages of the website are also being developed.

Category C Service User Survey:

- The findings of the Category C Service User Survey caused the Service to fail in the CQC assessment in the area of patient experience, despite achieving patient satisfaction scores of over 90%.

- A short-life action planning group has been established to examine the findings in more detail and link improvements for Category C patients with other work already underway in the Trust. An action plan has been produced and will be submitted to SMG during December.

Learning disabilities:

- Assistant Medical Director, Daryl Mohammed, has commenced a piece of work to develop staff training and resources for patients with learning disabilities. Kathy Jones, Director of Service Development, will now lead the group taking this work forward. It is hoped that people with learning disabilities will be involved in helping us develop our staff training and patient information.

Tower Hamlets:

- As part of the Tower Hamlets project, a DVD for children and young people is being developed to show them how to access health services in the area, using a number of scenarios. Students at a local Tower Hamlets school are to be involved with this project.

Patient Environment Access Teams:

- Trevor Hubbard, LAS lead for infection control, is keen to involve patients and the public in new Patient Environment Access Teams that are being established. These teams will carry out inspections in LAS sites and hospitals across London, and the LAS will be the first ambulance trust to introduce them. Members of the Patients' Forum and Foundation Trust members will be core members of these teams, taking part in inspections across London.

Peter Bradley CBE
Chief Executive Officer

16 November 2009

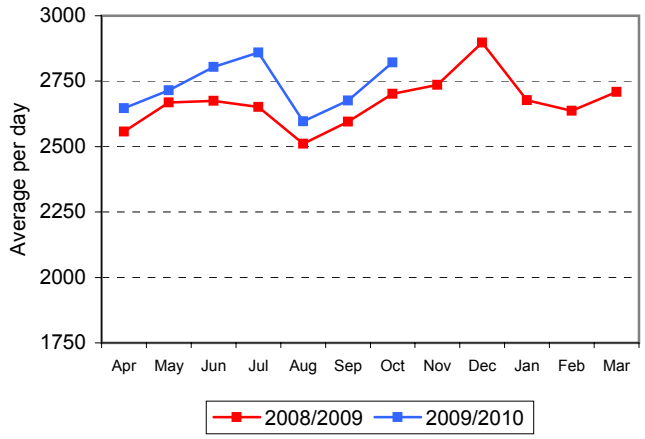
London Ambulance Service
NHS Trust

Information Pack for Trust Board

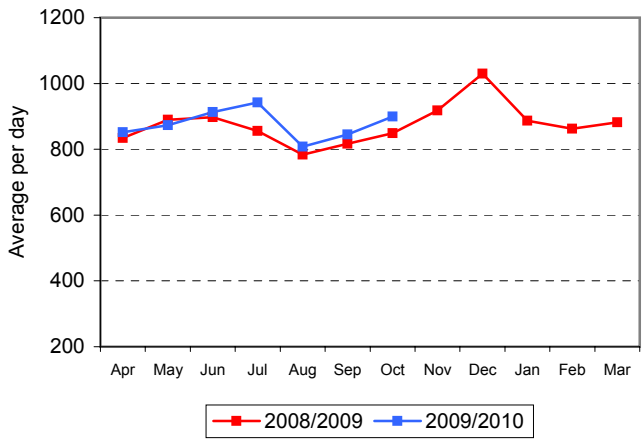
October 2009

London Ambulance Service NHS Trust
Accident and Emergency Service
Activity - October 2009

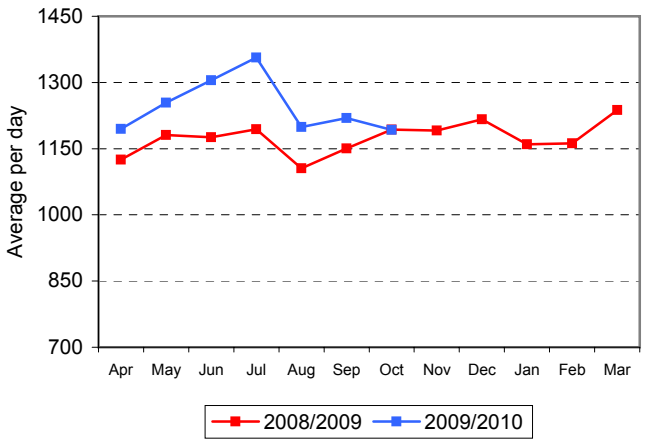
Graph 1
Average number of Cat A, B & C incidents per day



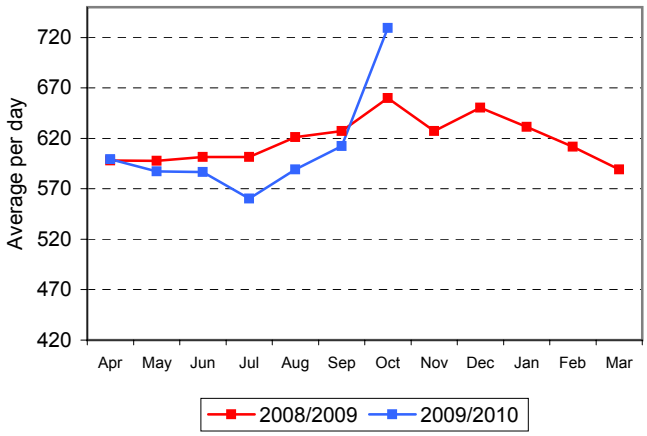
Graph 2
Average number of Cat A incidents per day



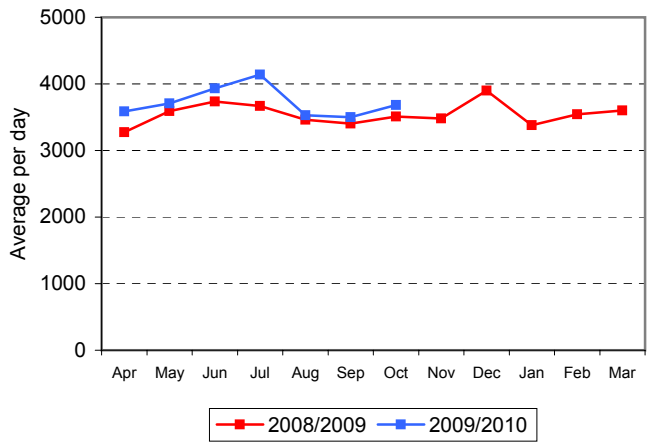
Graph 3
Average number of Cat B incidents per day



Graph 4
Average number of Cat C incidents per day

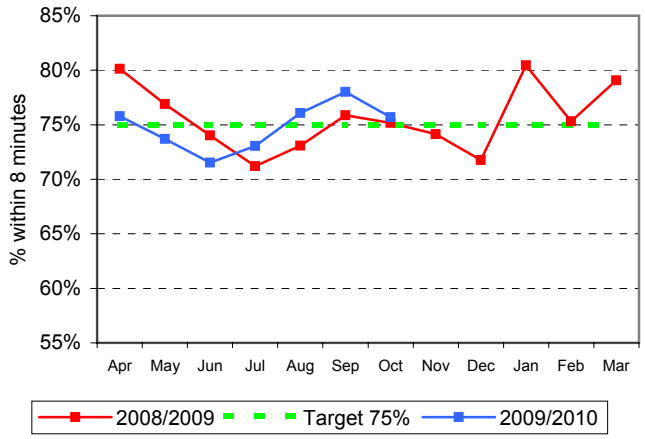


Graph 5
Average number of 999 calls received per day

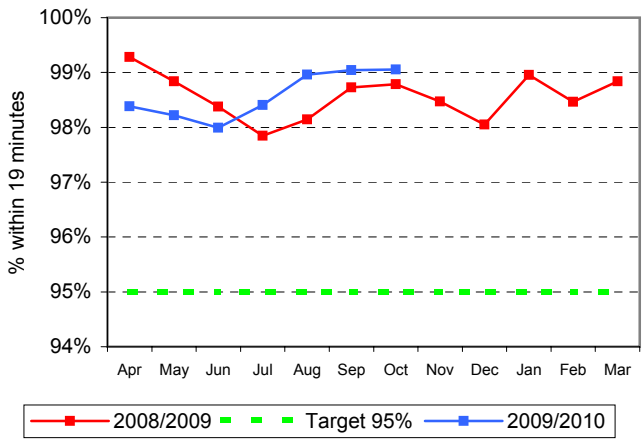


London Ambulance Service NHS Trust
Accident and Emergency Service
Performance - October 2009

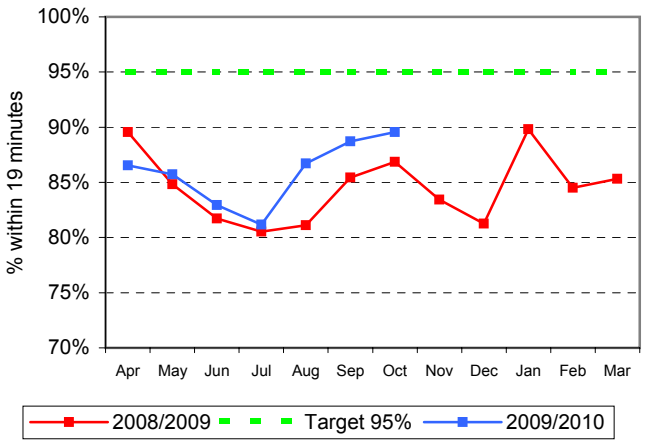
Graph 6
Category A 8 minute performance



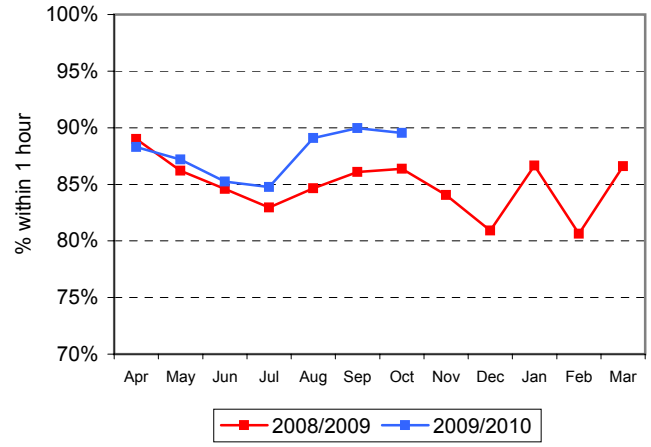
Graph 7
Category A 19 minute performance



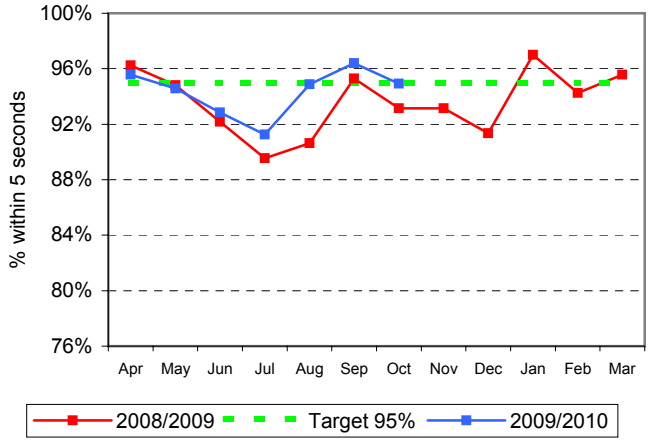
Graph 8
Category B 19 minute performance



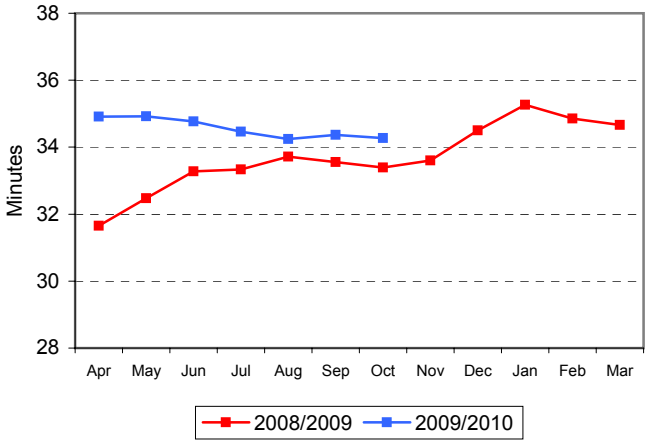
Graph 9
Category C incidents (excluding card 35) responded to within 1 hour (call connect to arrive scene)



Graph 10
Percentage of calls answered within 5 seconds

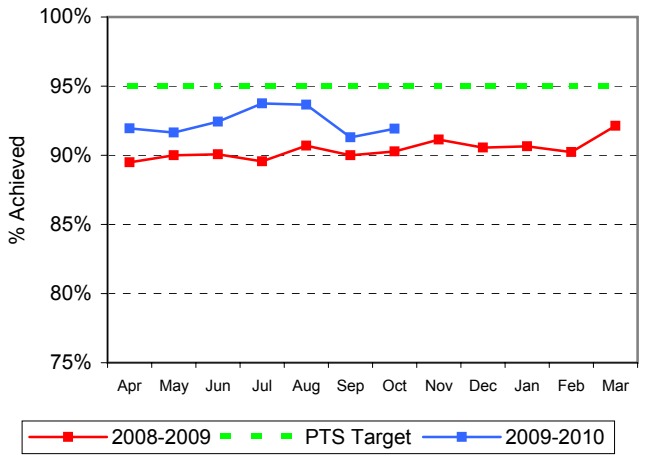


Graph 11
Average hospital turnaround time

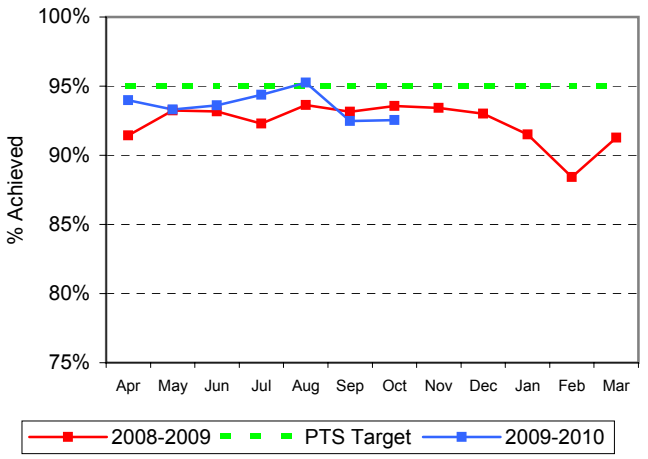


London Ambulance Service NHS Trust
Patient Transport Service
Activity and Performance - October 2009

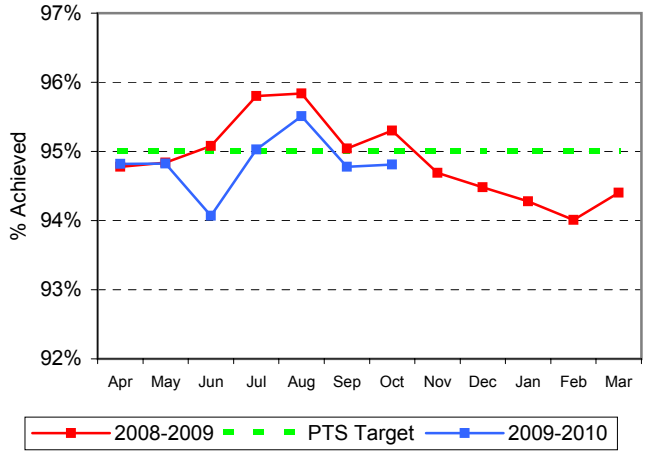
Graph 12
Arrival at Hospital Against Appointment Time



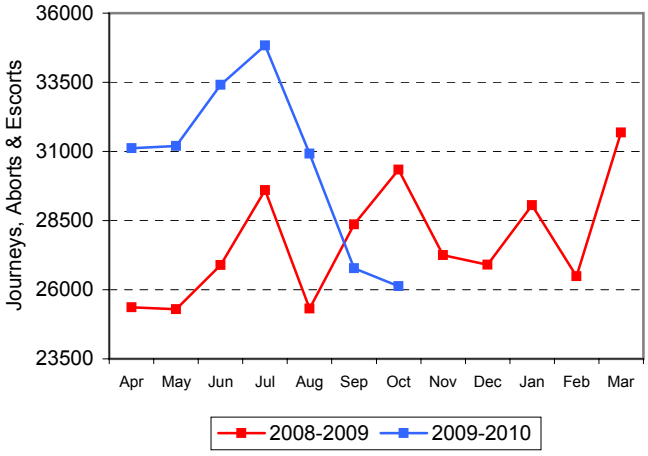
Graph 13
Departure Against Ready Time



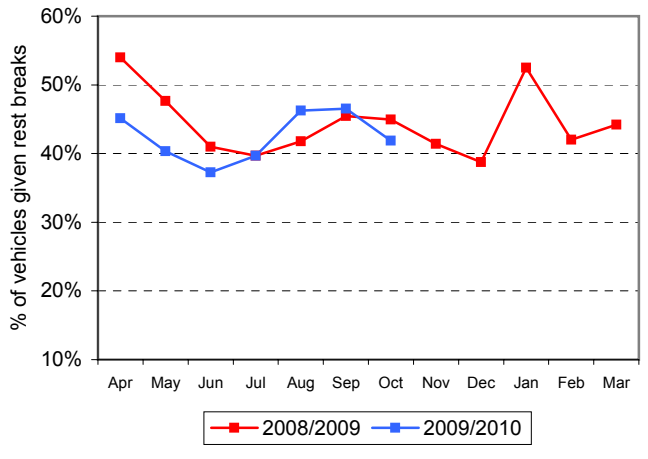
Graph 14
Time spent on Vehicle



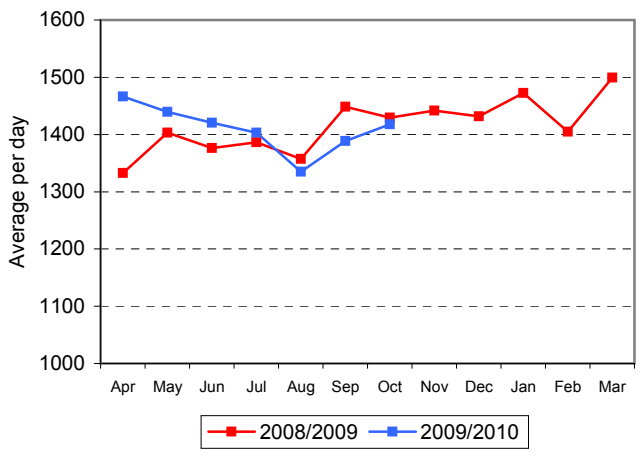
Graph 15
PTS Total Activity



Graph 16
% of vehicles given a rest break

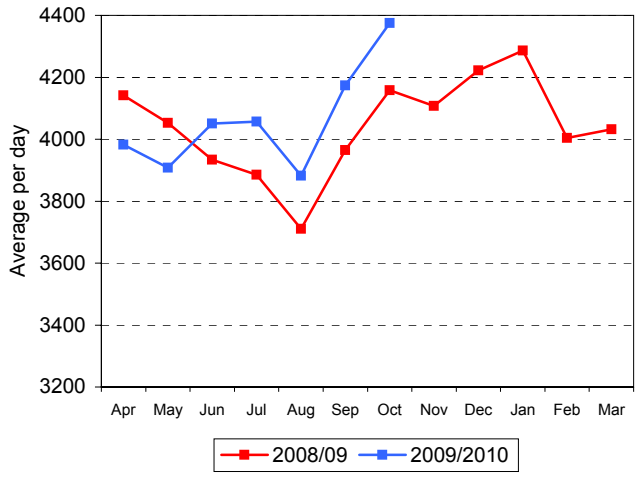


Graph 17
EOC hours staffed per day

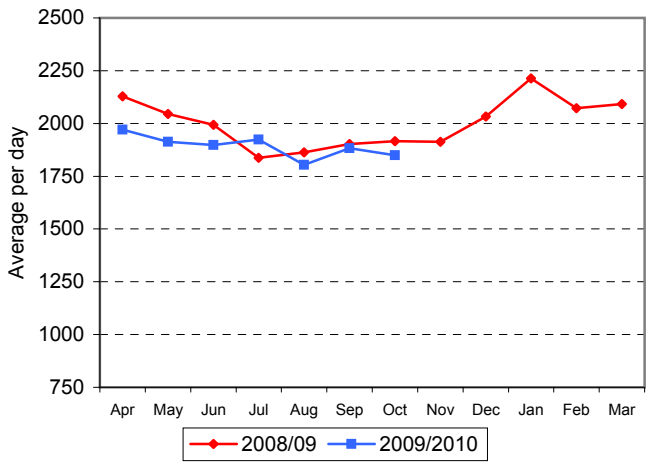


London Ambulance Service NHS Trust
Accident and Emergency Service
Resourcing and Rest Breaks - October 2009

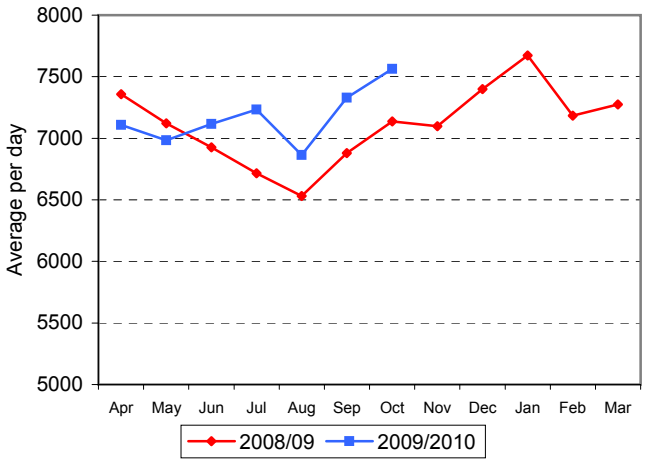
Graph 18
Ambulance Hours average available per day



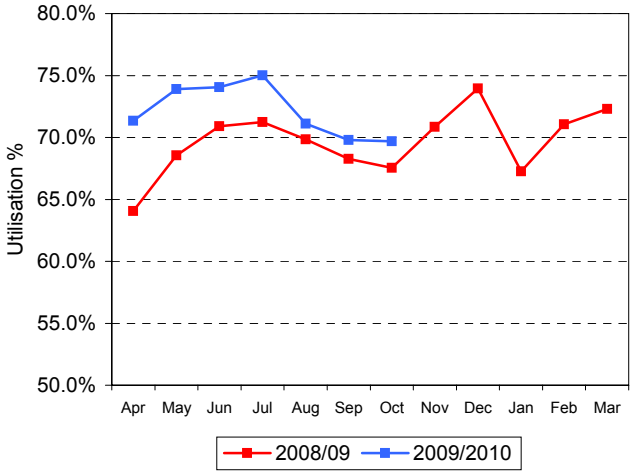
Graph 19
FRU hours average available per day



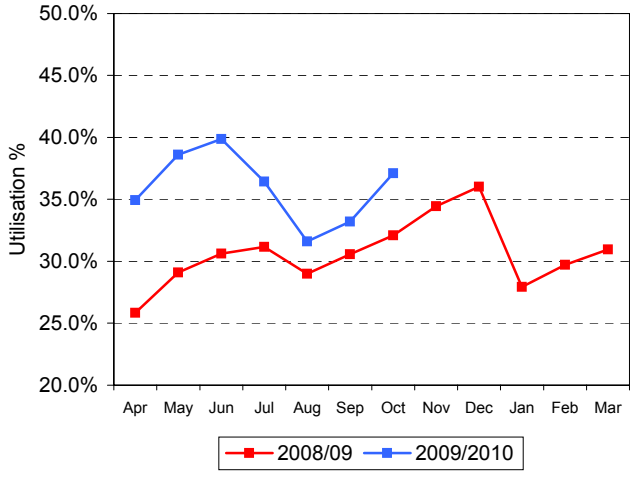
Graph 20
All Vehicle Hours average available per day



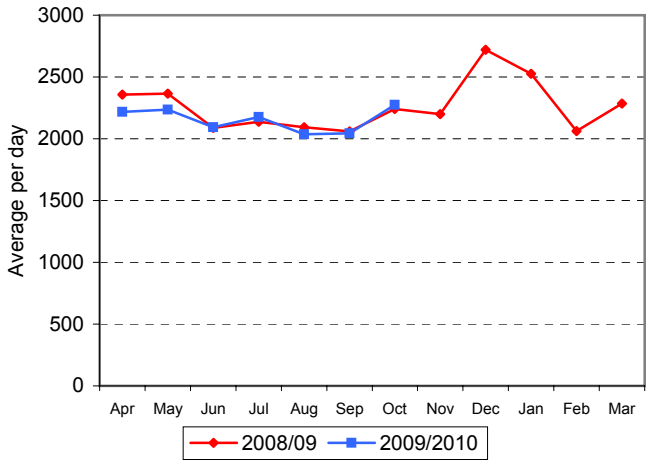
Graph 21
Ambulance Utilisation



Graph 22
FRU Utilisation



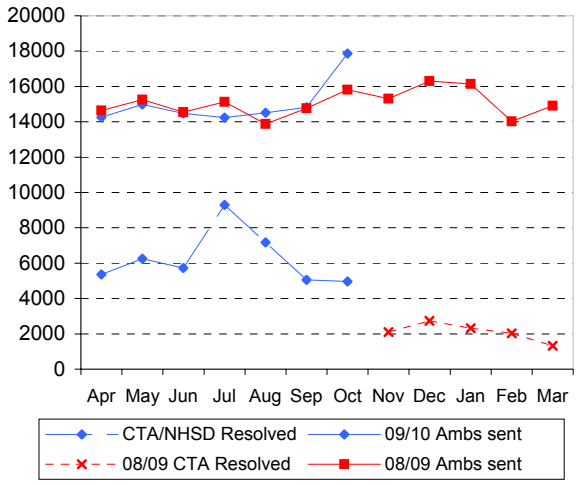
Graph 23
EBS Activity



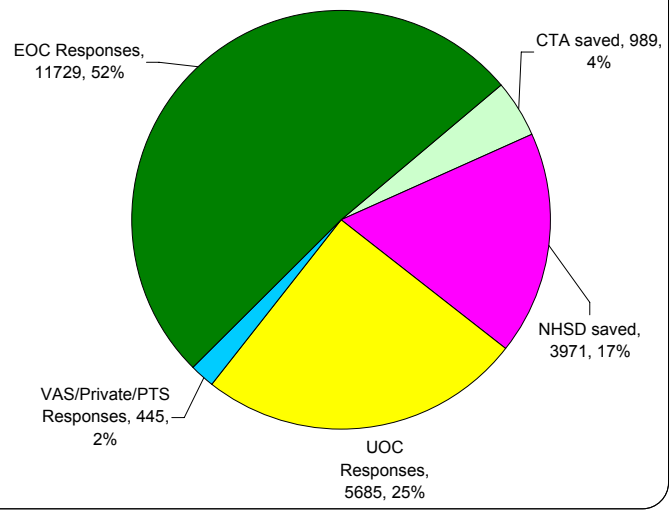
London Ambulance Service NHS Trust
Accident and Emergency Service
Cat C Resolution / EBS measures - October 2009

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

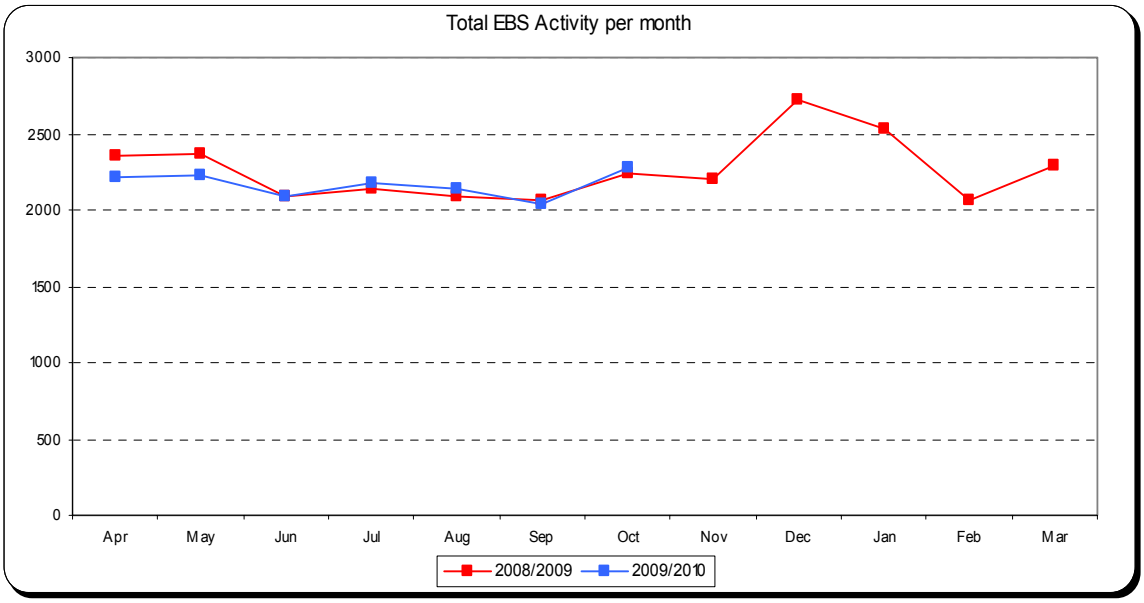
Graph 24
Cat C resolution by Month



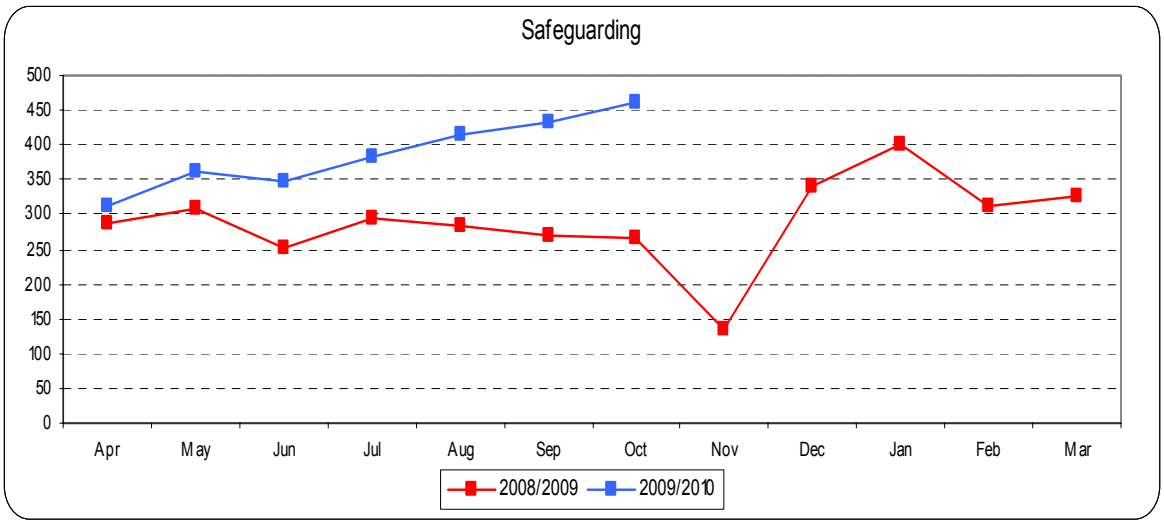
Graph 25
Cat C resolution - October 2009



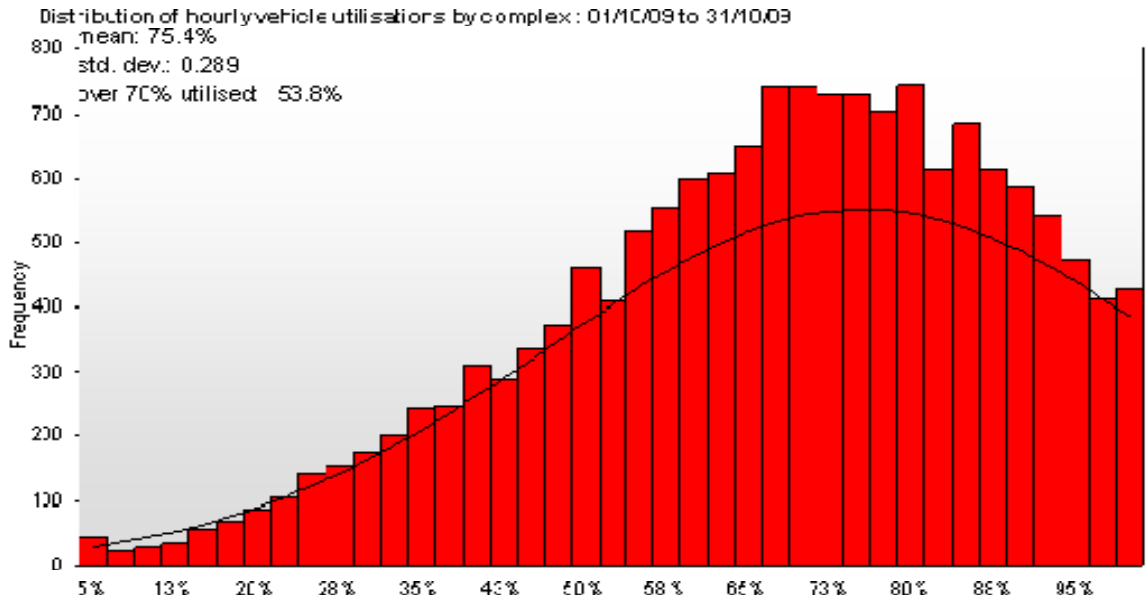
Total EBS Activity per month



Safeguarding



London Ambulance Service NHS Trust
Accident and Emergency Service
Vehicle Utilisation - October 2009



London Ambulance Service NHS Trust

TRUST BOARD - 24th November 2009

Document Title	**M7 Finance Board Pack**
Report Author(s)	**Finance Department**
Lead Director	**Michael Dinan, Director of Finance**
Contact Details	**020 7463 2585**
Aim	**Information**

Key Issues for the Board

The result for the month is a deficit of £96k. However, the year to date result shows a surplus of £1,396k and the full year surplus is forecast to be £1,650k. Total average monthly cost year to date was £23.1M. Total average monthly cost for the full year is forecast to be £23.4M.

Mitigating Actions (Controls)

Monitoring of expenditure and associated cost improvement plans. Intervention as required.

Recommendations to the Board

To note the contents of this report.

Equality Impact Assessment

Has an EIA been carried out? No

(If not, state reasons) Not relevant for this paper

Key Issues from Assessment

Risk Implications for the LAS (including clinical and financial consequences)

The key risks are around the achievement of the Cost Improvement Plan, the receipt of all budgeted income and the financial impact of responding to increased demand. Failure to achieve the financial targets set will impact on the standing of the LAS. The Trust has recognised an impairment effect of £1.3m. Whilst this is believed to be a prudent estimation a risk remains that when the formal valuation is completed the figure may be higher.

Other Implications (including patient and public involvement/ legal/ governance/ diversity/ staffing)

Corporate Objectives that the report links to

Achieve financial targets including control total, PTS profitability and efficiency savings.

LONDON AMBULANCE SERVICE NHS TRUST

FINANCE REPORT TO THE TRUST BOARD
October 2009/10 (MONTH 07)

Contents:

LONDON AMBULANCE SERVICE NHS TRUST

Finance Report - Summary
For the Month Ending 31 October 2009 (Month 7)

£000s

		IN THE MONTH			*YEAR TO DATE*				*ANNUAL*		
		Actual	Budget	Variance	Actual	Budget	Variance	% Variance	Forecast	Budget	Variance
Total Income	Income	23,424	23,469	(45)U	163,216	164,583	(1,368)U	(0.8%)U	281,878	281,930	(52)U
Total Operational Costs	**Total Operational Costs**	22,126	22,293	168F	152,531	155,134	2,603F	1.7%F	263,740	267,371	3,632F
EBITDA	**EBITDA**	**1,299**	**1,176**	**123F**	**10,685**	**9,449**	**1,235F**	**0F**	**18,139**	**14,559**	**3,580F**
EBITDA Margin		***5.5%***	***5.0%***	**0.5%**	***6.5%***	***5.7%***	**0.8%**		***6.4%***	***5.2%***	**1.3%**
Depreciation & Interest	Depreciation & Interest	1,394	1,054	(340)U	9,310	7,381	(1,929)U	(26.1%)U	16,489	12,653	(3,836)U
Net *Surplus/(Deficit)*		**(96)**	**121**	**(217)U**	**1,375**	**2,069**	**-694 F**	**27.0%F**	**1,650**	**1,906**	**(256)U**
Net Margin		***-0.4%***	***0.5%***	***0.1%***	***0.8%***	***1.3%***	***-0.4%***		***0.6%***	***0.7%***	***0.1%***

LONDON AMBULANCE SERVICE NHS TRUST

Finance Report for the Month Ending October 31st 2009

Year to Date

• For the year to date, income exceeds planned expenditure by £1,375k. The budgeted position is for income to exceed expenditure by £2,069k, hence there is a year to date adverse variance of £694k.
• This is mainly due to the fact that Income is lower than plan by £1,368k due to provisions against Category B performance related income.
• PTS is reporting a profit to date of £190k against a planned surplus of £179k which reflects higher than planned activity.

Month

• In the month there is a £96k deficit against a budgeted surplus of £121k resulting in an adverse movement of £217k. Variance against this is mainly due to higher than plan Non Pay Expenditure resulting from higher spend on Accommodation and Estates, Telecommunication and Depreciation.
• PTS reported a deficit of £67k.

Forecast

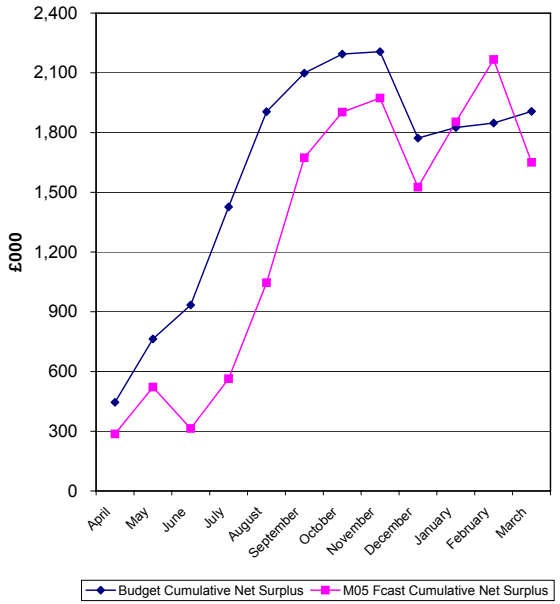
• The year end forecast is £1,650k surplus against a budgeted surplus of £1,906k.
• Forecast Income has reduced against plan by £52k due to expected decrease in Other Income partially offset against favourable variance in A&E Income.
• Forecast Pay expenditure shows a favourable variance of £122k largely due to savings expected to be achieved in A&E Operational Staff off set by increase in agency spend in Corporate Support.
• Forecast Non Pay is higher than plan by £782k mainly due to additional depreciation incurred for vehicles as a result of IFRS adoption, expected increase in Estate costs for two new sites (Cody Rd and Islington) and higher than plan usage of third party transport.
•Total average monthly cost year to date is £23.1m the total average monthly cost for the rest of the year is forecast to be £23.4m

London Ambulance Service NHS Trust

Summary of Financial Performance for the month ending 31st October (Month 07)

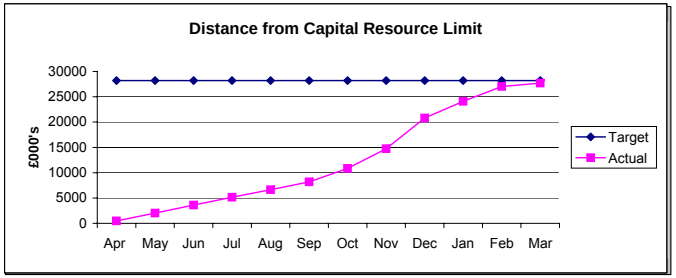
Income and Expenditure

Cumulative Net Financial Position

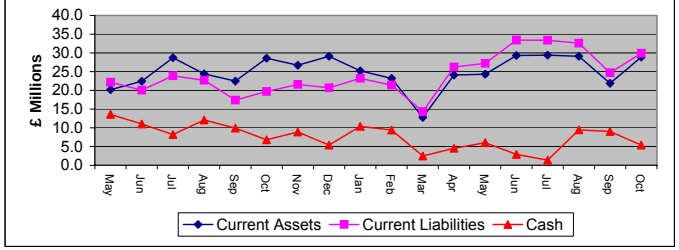


Balance Sheet

Distance from Capital Resource Limit



Working capital



Ratios	August	September	October	
Asset turnover ratio	2.10	2.07	2.05	
Debtors % > 90 days	13.0%	3.8%	5.3%	
PSPP NHS	100%	84%	84%	
PSPP Non NHS	91%	86%	86%	

Key Financial Indicators

	Aug	Sep	Oct
A&E Overtime (£000) / Day (Month)	49	49	43
A&E Overtime (% of paybill)	9.03%	8.51%	7.95%
Subsistence (£000) / Day (Month)	5.04	6.47	5.62
Subsistence per head £	35.28	43.25	38.24
Third Party Transport expenditure / Day (Month)	7,181	6,482	5,523
Total operational cost per incident	266	272	187
A&E Gross Surplus (YTD) (% of Income)	24.4%	26.2%	26.5%
A&E Net Margin (YTD) (% of Income)	0.6%	0.6%	0.8%
Cat B performance (cumulative)	84.40%	85.19%	85.79%

LONDON AMBULANCE SERVICE NHS TRUST

Expenditure Trends
As at 31 October 2009 (Month 7)

£000s

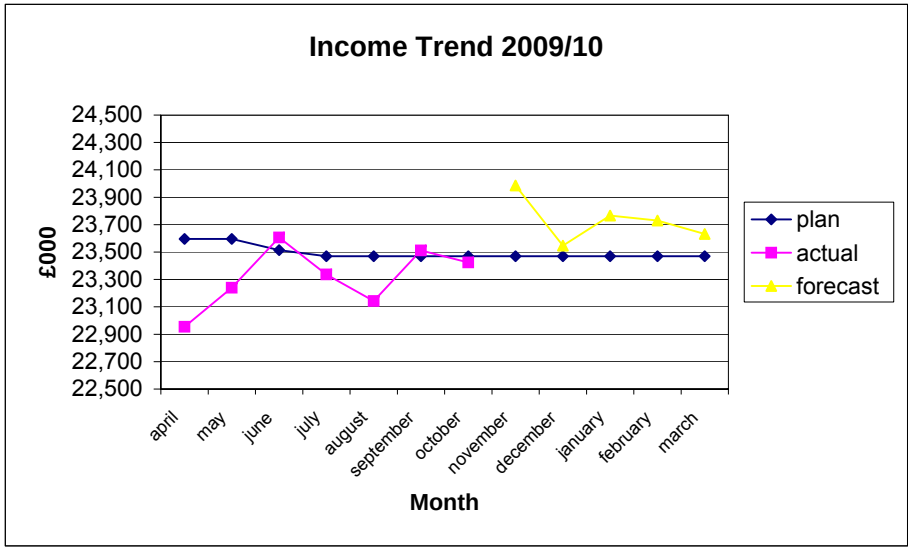
	MONTHLY SPEND												
	April	May	June	July	August	September	October	November	December	January	February	March	Total
	Actual	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Forecast*	*Forecast*	*Forecast*	*Forecast*	*Forecast*	
Income	**22,954**	**23,240**	**23,606**	**23,337**	**23,143**	**23,512**	**23,424**	**23,986**	**23,547**	**23,767**	**23,731**	**23,632**	**281,878**
Pay Expenditure													
A&E Operational Staff	9,143	9,201	9,318	9,474	9,433	9,604	9,635	10,096	10,043	10,278	10,358	10,207	116,788
Overtime	1,695	1,552	1,680	1,417	1,514	1,457	1,342	994	956	516	337	363	13,823
Overtime Incentives	443	781	513	415	178	317	7	0	268	0	0	0	2,923
A&E Management	1,023	1,024	1,072	1,023	1,031	1,088	1,114	1,115	1,136	1,136	1,131	1,131	13,024
EOC Staff	1,008	1,044	1,039	1,066	1,047	1,064	1,072	1,111	1,145	1,157	1,209	1,209	13,170
PTS Operational Staff	491	527	511	494	487	491	477	478	479	479	478	478	5,869
PTS Management	82	76	78	96	88	76	106	108	112	112	112	112	1,159
Corporate Support	2,855	2,965	2,813	2,925	2,990	3,025	3,134	3,064	2,870	2,857	2,837	2,904	35,239
Sub Total	**16,740**	**17,168**	**17,025**	**16,910**	**16,767**	**17,123**	**16,887**	**16,967**	**17,010**	**16,534**	**16,461**	**16,404**	**201,996**
Average Daily	*558*	*554*	*567*	*545*	*541*	*571*	*545*	*566*	*549*	*533*	*588*	*529*	*553*
Non-Pay Expenditure													
Staff Related	368	340	300	235	287	287	289	355	251	307	272	250	3,541
Subsistence	170	184	208	174	156	196	176	149	157	153	133	138	1,994
Training	131	158	70	167	51	26	146	273	252	265	119	208	1,865
Medical Consumables & Equipment	517	450	498	836	573	507	525	505	538	532	558	478	6,516
Drugs	3	33	44		17	37	39	37	37	37	37	37	381
Fuel & Oil	367	375	389	386	365	376	392	379	379	379	379	379	4,545
Third Party Transport	154	220	196	150	223	194	171	193	190	135	130	125	2,082
Vehicle Costs	902	107	1,004	753	767	706	633	722	736	726	727	724	8,506
Accommodation & Estates	1,018	1,019	1,082	1,138	947	894	1,172	1,180	1,126	1,145	1,200	1,221	13,144
Telecommunications	592	617	800	981	582	891	882	780	805	738	728	838	9,233
Depreciation	623	1,255	976	965	1,023	920	1,028	1,033	1,033	1,086	1,086	1,086	12,114
Other Expenses	727	464	732	398	549	559	813	1,428	1,145	1,092	1,027	1,000	9,935
Profit/(Loss) on Disposal FA	1	0	2	1	1	5	0	0	0	0	0	0	1
Sub Total	**5,566**	**5,223**	**6,296**	**6,211**	**5,540**	**5,600**	**6,266**	**7,034**	**6,649**	**6,593**	**6,396**	**6,484**	**73,857**
Average Daily	*186*	*168*	*210*	*200*	*179*	*187*	*202*	*234*	*214*	*213*	*228*	*209*	*202*
Financial Expenditure	**362**	**613**	**493**	**34**	**353**	**365**	**366**	**354**	**356**	**382**	**382**	**383**	**4,375**
Average Daily	*12*	*20*	*16*	*1*	*11*	*12*	*12*	*12*	*11*	*12*	*14*	*12*	*12*
Monthly Expenditure	**22,668**	**23,004**	**23,814**	**23,087**	**22,660**	**23,087**	**23,520**	**24,355**	**24,015**	**23,509**	**23,239**	**23,271**	**280,228**
Cumulative	**22,668**	**45,672**	**69,486**	**92,573**	**115,234**	**138,321**	**161,841**	**186,196**	**210,210**	**233,719**	**256,958**	**280,228**	
Monthly Net	**286**	**235**	**(208)**	**249**	**482**	**425**	**(96)**	**(369)**	**(468)**	**258**	**492**	**362**	**1,650**
Cumulative Net	**286**	**521**	**314**	**563**	**1,046**	**1,470**	**1,375**	**1,006**	**538**	**796**	**1,288**	**1,650**	
Impairment	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1,306**	**1,306**

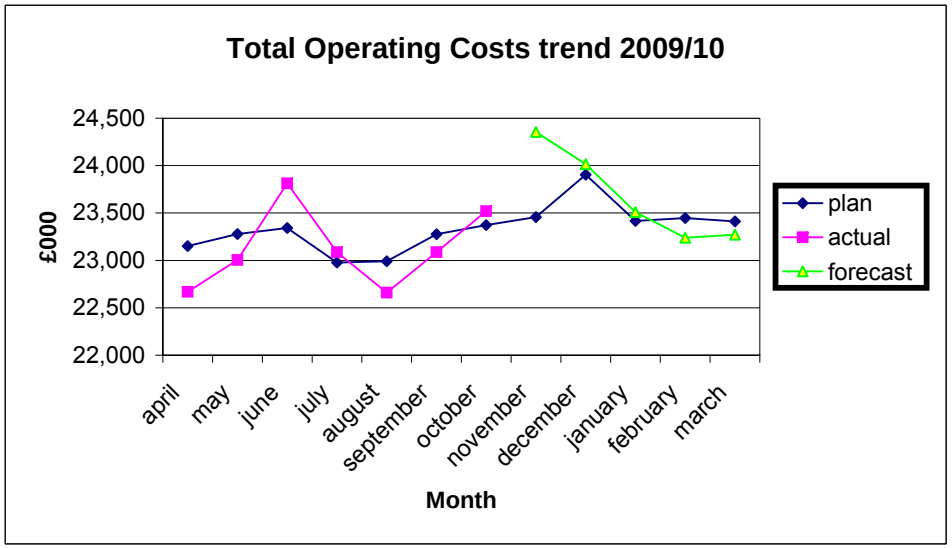
LONDON AMBULANCE SERVICE NHS TRUST

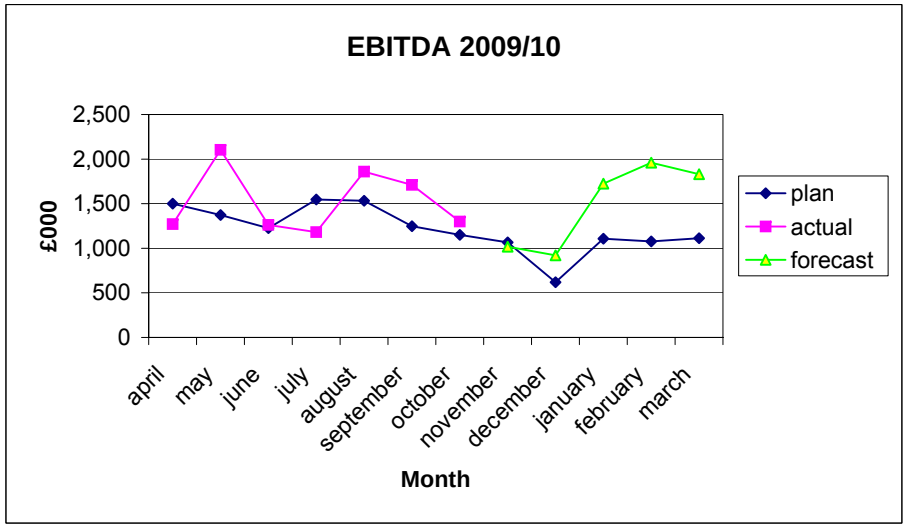
Comparison of annual forecasts at Month 7 and Month 6

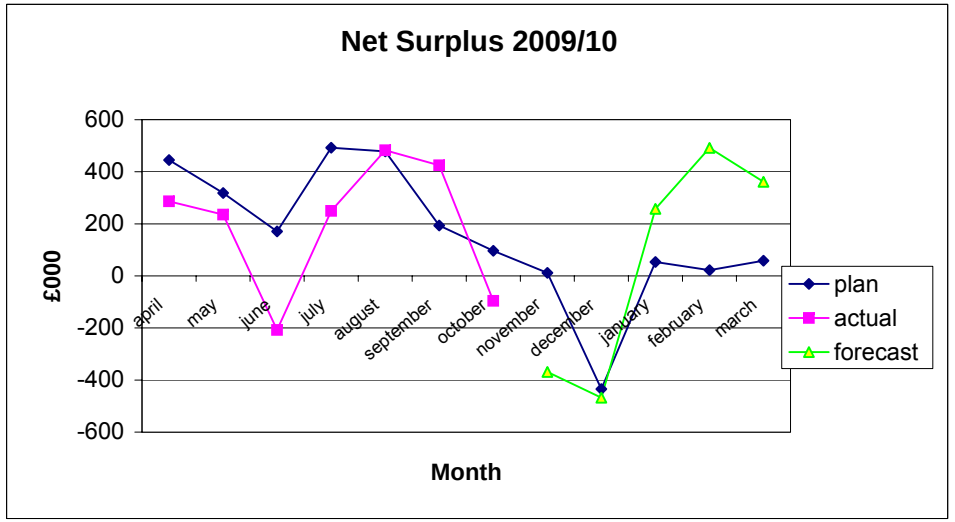
As at 31st October 2009 (Month 7)

	Forecast Month 7	Month 6	Variance	
Income	**281,878**	**280,619**	**-1,259**	**£1,000k reduction in provision of CAT B Penalty and £80k increase in PTS Income**
Pay Expenditure				
A&E Operational Staff	116,788	118,053	-1,264	Adjustment for Internal Transfers not previously forecast £814k. Forecast Student Paramedic Slippage £114k. Rephasing of HART due to slippage in planned recruitment £158k
Overtime	13,823	13,890	-67	Overtime in M07 was higher than expected and remaining forecast position is still expected to be achieved
Overtime Incentives	2,923	2,915	8	No Incentive forecast change for 0910
A&E Management	13,024	12,843	181	New ADO for Performance £34k, New AOM £23k, 2 Additional DSOs £36k, West Area Area Production Manager £21k, HART/CBRN Coordinator £19k, 2 additional EOC sector controllers as part of EOC restructure £54k
EOC Staff	13,170	13,085	86	Plan of additional courses expected to start in Jan for 2 months for 20 EMD1 (£2.5kX20wteX2 = £100k) offset against savings in current month
PTS Operational Staff	5,869	5,951	-82	See PTS Management Staff
PTS Management	1,159	997	162	Increase in cost of PIM (£60k), PTS staffing restructure net increase of £33k (remainder offsets with PTS Operational Staff)
Corporate Support	35,239	35,059	181	Training Officer (£60k) costs reallocated from A&E Operational Staff (offset against savings), £44k increase in Agency costs and £100k savings unachieved in Forecast
Sub Total	**201,996**	**202,792**	**-796**	
Average Daily	*553*	*6,542*	*2*	
Non-Pay Expenditure				
Staff Related	3,541	3,557	-16	
Subsistence	1,994	1,960	34	
Training	1,865	1,890	-25	Savings due to ongoing underspend
Medical Consumables & Equipment	6,516	6,548	-31	Spend of consumables in Training lower than forecast and expected to remain for the rest of the year
Drugs	381	366	15	
Fuel & Oil	4,545	4,546	-1	
Third Party Transport	2,082	1,822	260	Increase in PTS usage projected to be £87k for the rest of the year and £150k increase in Operational Third Party usage (£100k for additional St John's usage expected in November and December and £50k increase for AST contract for the rest of the year)
Vehicle Costs	8,506	8,412	94	
Accommodation & Estates	13,144	12,883	261	Estimated increase in Estates related costs of £193k due to two new sites (Cody Rd & Islington expansion) and increase in reactive maintenance in M07
Telecommunications	9,233	9,290	-56	
Depreciation	12,114	12,141	-28	
Other Expenses	9,935	8,404	1,531	£1m additional forecast for General Expenditure Provisions. Reduction in unidentified savings of £292k, £212k additional cost for HART expenditure. £80k estimated refurbishment costs for 2 sites (Islington expansion and Cody Rd)
Profit/(Loss) on Disposal FA	1	3	4	
Sub Total	**73,858**	**71,815**	**2,043**	
Average Daily	*206*	*2,359*	*-6*	
Financial Expenditure	**4,375**	**4,362**	**12**	
Average Daily	*12*	*146*	*0*	
Total Expenditure	**280,228**	**278,969**	**1,259**	
Monthly Net	**1,650**	**1,650**	**0**	
Impairment	**1,306**	**0**	**1,306**	Due to recent revaluation on the Trust's properties, impairment of £1.3m has been identified and recognised.


Income Trend 2009/10
£000
24,500
24,300
24,100
23,900
23,700
23,500
23,300
23,100
22,900
22,700
22,500
april
may
june
july
august
september
october
november
december
january
february
march
Month
plan
actual
forecast


Total Operating Costs trend 2009/10
£000
24,500
24,000
23,500
23,000
22,500
22,000
april
may
june
july
august
september
october
november
december
january
february
march
Month
plan
actual
forecast


EBITDA 2009/10
£000
2,500
2,000
1,500
1,000
500
0
april
may
june
july
august
september
october
november
december
january
february
march
Month
plan
actual
forecast


Net Surplus 2009/10
£000
600
400
200
0
-200
-400
-600
april
may
june
july
august
september
october
november
december
january
february
march
Month
plan
actual
forecast

LONDON AMBULANCE SERVICE NHS TRUST

Analysis by Expense Type
For the Month Ending 31 October 2009 (Month 7)

£000s

	IN THE MONTH			*YEAR TO DATE*				*ANNUAL*		
	Actual	Budget	Variance	Actual	Budget	Variance	% Variance	Forecast	Budget	Variance
Pay Expenditure										
A&E Operational Staff	9,635	10,151	516F	65,807	67,982	2,175F	3.2%F	116,788	119,869	3,080F
Overtime	1,342	1,197	(146)U	10,657	9,520	(1,137)U	(11.9%)U	13,823	15,140	1,318F
Overtime Incentives	7	0	(7)U	2,654	1,000	(1,654)U	(165.4%)U	2,923	1,000	(1,923)U
A&E Management	1,114	1,049	(65)U	7,375	7,121	(254)U	(3.6%)U	13,024	12,368	(656)U
EOC Staff	1,072	1,100	28F	7,340	7,416	76F	1.0%F	13,170	12,914	(256)U
PTS Operational Staff	477	448	(29)U	3,477	3,294	(184)U	(5.6%)U	5,869	5,534	(335)U
PTS Management	106	115	9F	602	813	211F	25.9%F	1,159	1,388	229F
Corporate Support	3,134	2,822	(312)U	20,707	19,793	(914)U	(4.6%)U	35,239	33,904	(1,335)U
	16,887	**16,882**	**(5)U**	**118,620**	**116,939**	**(1,681)U**	**(1.4%)U**	**201,996**	**202,118**	**122**
Non-Pay Expenditure										
Staff Related	289	320	30F	2,106	2,239	134F	6.0%F	3,541	3,838	297F
Subsistence	176	122	(54)U	1,263	851	(413)U	(48.5%)U	1,994	1,458	(535)U
Training	146	207	61F	748	1,486	738F	49.7%F	1,865	2,520	655F
Drugs	39	35	(4)U	197	245	49F	19.9%F	381	420	39F
Medical Consumables & Equipment	525	489	(35)U	3,905	3,643	(262)U	(7.2%)U	6,516	6,088	(428)U
Fuel & Oil	392	377	(15)U	2,651	2,649	(2)U	(0.1%)U	4,545	4,534	(11)U
Third Party Transport	171	88	(83)U	1,309	615	(694)U	(112.9%)U	2,082	1,054	(1,028)U
Vehicle Costs	633	1,279	645F	4,872	8,888	4,016F	45.2%F	8,506	15,281	6,774F
Accommodation & Estates	1,172	894	(279)U	7,272	6,196	(1,076)U	(17.4%)U	13,144	10,665	(2,479)U
Telecommunications	882	715	(167)U	5,345	5,168	(177)U	(3.4%)U	9,233	8,746	(488)U
Depreciation	1,028	652	(376)U	6,791	4,563	(2,229)U	(48.9%)U	12,114	7,822	(4,292)U
Other Expenses	813	858	45F	4,243	6,011	1,768F	29.4%F	9,935	10,300	365F
Profit/(Loss) on Disposal FA	(0)	29	29	1	204	204F	99.7%F	1	350	349F
	6,266	**6,063**	**(203)U**	**40,703**	**42,758**	**2,055F**	**4.8%F**	**73,857**	**73,075**	**(782)U**
Financial Expenditure	**366**	**403**	**36F**	**2,519**	**2,818**	**299F**	**10.6%F**	**4,375**	**4,831**	**456F**
Total Trust Expenditure	**23,520**	**23,348**	**(172)U**	**161,841**	**162,515**	**674F**	**0.4%F**	**280,228**	**280,024**	**(204)U**

LONDON AMBULANCE SERVICE NHS TRUST

Income & Expenditure - Analysis of Income
For the Month Ending 31 October 2009 (Month 7)

£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	20,133	20,219	(86)U	140,932	141,532	(600)U	(0.4%)U	242,598	242,626	(28)U
HEMS Funding	15	11	4F	79	76	3F	3.6%F	136	131	5F
Emergency Bed Service	92	92	0F	646	645	1F	0.2%F	1,108	1,105	2F
CBRN Income	642	645	(2)U	4,495	4,512	(17)U	(0.4%)U	7,706	7,735	(29)U
BETS & SCBU Income	40	51	(11)U	336	358	(22)U	(6.0%)U	581	613	(33)U
A & E Long Distance Journey	20	33	(13)U	213	233	(20)U	(8.6%)U	394	400	(6)U
Stadia Attendance	79	85	(6)U	612	594	18F	3.0%F	1,077	1,019	58F
Heathrow BAA Contract	229	44	185F	534	310	224F	72.1%F	794	532	262F
PTS Income from FTs	87	27	60F	572	187	385F	206.6%F	1,020	320	700F
A&E Income from FTs	7	13	(6)U	91	88	3F	3.9%F	160	150	10F
Olympics Income	47	160	(113)U	315	1,120	(805)U	(71.9%)U	750	1,920	(1,170)U
HART Income	210	363	(153)U	1,372	2,542	(1,169)U	(46.0%)U	4,028	4,357	(329)U
Injury Recovery Income	125	77	48F	766	542	224F	41.2%F	1,290	929	361F
MPET Income	976	870	105F	6,500	6,092	409F	6.7%F	10,729	10,443	286F
	22,702	**22,690**	**12**	**157,465**	**158,830**	**1,366**	**(0.9%)U**	**272,370**	**272,280**	**90F**
PTS Income	696	731	(35)U	5,460	5,414	47F	(0.9%)U	9,058	9,067	(10)U
Other Income	26	49	(22)U	291	340	(49)U	(14.4%)U	450	582	(132)U
Trust Result	**23,424**	**23,469**	**(45)U**	**163,216**	**164,583**	**(1,368)U**	**(0.8%)U**	**281,878**	**281,930**	**(52)U**

LONDON AMBULANCE SERVICE NHS TRUST

Expenditure Trends Including Last Year
As at 31 October 2009 (Month 7)

										Current Year			
	October	November	December	January	February	March	April	May	June	July	August	September	October
	Actual	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*
Income	**23,328**	**19,982**	**22,955**	**22,728**	**22,590**	**21,790**	**22,954**	**23,240**	**23,606**	**23,337**	**23,143**	**23,512**	**23,424**
Pay Expenditure													
A&E Operational Staff	8,471	8,474	8,624	8,677	8,624	8,880	9,143	9,201	9,318	9,474	9,433	9,604	9,635
Overtime	1,739	1,601	1,712	1,710	1,495	1,735	1,695	1,552	1,680	1,417	1,514	1,457	1,342
Overtime Incentives	541	596	848	1,753	893	274	443	781	513	415	178	317	7
A&E Management	979	970	1,024	1,001	980	1,001	1,023	1,024	1,072	1,023	1,031	1,088	1,114
EOC Staff	948	962	918	965	1,007	990	1,008	1,044	1,039	1,066	1,047	1,064	1,072
PTS Operational Staff	485	468	470	464	448	479	491	527	511	494	487	491	477
PTS Management	88	93	60	80	74	79	82	76	78	96	88	76	106
Corporate Support	2,791	2,781	2,687	2,804	2,431	3,600	2,855	2,965	2,813	2,925	2,990	3,025	3,134
Sub Total	**16,041**	**15,946**	**16,342**	**17,455**	**15,952**	**17,038**	**16,740**	**17,168**	**17,025**	**16,910**	**16,767**	**17,123**	**16,887**
Average Daily	*517*	*514*	*527*	*582*	*515*	*568*	*540*	*554*	*567*	*545*	*559*	*552*	*545*
Non-Pay Expenditure													
Staff Related	355	223	186	326	219	430	368	340	300	235	287	287	289
Subsistence	152	167	222	149	147	336	170	184	208	174	156	196	176
Training	226	10	131	167	120	262	131	158	70	167	51	26	146
Drugs	47	49	26	34	51	41	3	33	44	29	17	37	39
Medical Consumables & Equipment	486	374	494	526	396	367	517	450	498	836	573	507	525
Fuel & Oil	427	392	421	403	357	378	367	375	389	386	365	376	392
Third Party Transport	95	115	125	153	121	173	154	220	196	150	223	194	171
Vehicle Costs	1,128	1,017	1,153	1,225	836	1,507	902	107	1,004	753	767	706	633
Accommodation & Estates	926	938	1,052	1,013	1,085	1,187	1,018	1,019	1,082	1,138	947	894	1,172
Telecommunications	582	613	537	973	615	926	592	617	800	981	582	891	882
Depreciation	609	609	596	608	606	712	623	1,255	976	965	1,023	920	1,028
Other Expenses	813	394	477	621	392	750	727	464	732	398	549	559	813
Profit/(Loss) on Disposal FA	0	2	67	0	0	0	1	0	2	1	1	5	0
Sub Total	**5,845**	**4,897**	**5,489**	**6,197**	**4,942**	**5,664**	**5,566**	**5,223**	**6,296**	**6,211**	**5,540**	**5,600**	**6,266**
Average Daily	*189*	*158*	*177*	*207*	*159*	*189*	*180*	*168*	*210*	*200*	*185*	*181*	*202*
Financial Expenditure	**310**	**366**	**337**	**360**	**362**	**363**	**362**	**613**	**493**	**34**	**353**	**365**	**366**
Average Daily	*10*	*12*	*11*	*12*	*12*	*12*	*12*	*20*	*16*	*1*	*12*	*12*	*12*
Monthly	**22,196**	**21,210**	**22,168**	**24,012**	**21,256**	**23,064**	**22,668**	**23,004**	**23,814**	**23,087**	**22,660**	**23,087**	**23,520**

CAPITAL PLAN October 2009

Cost Category	Actuals YTD M07	Forecast M8-12	FYE Forecast YE	2009/10 BUDGET
Finance Lease - Ambulances	0	12,508	12,508	12,508
Fleet	6,318	-4,817	1,501	1,501
IM&T	2,497	5,988	8,485	8,835
Equipment	1,715	7,200	8,914	3,970
Estates	301	977	1,278	1,396
Total:	**10,831**	**21,855**	**32,686**	**28,209**

Current CRL:	**16,000**
CRL Increase for HART Capital	**3,362**
New CRL:	**19,362**
Variation to CRL:	**-8,848**

NOTES:

We have forecast that PTS vehicles will remain Capital expenditure.
The 100 ambulances on the 0809 business case are forecast as Capital turning to Lease in M09.
The 100 ambulances on the 0809 business case may need to be finance lease, if so the CRL will need to be adjusted.
CRL To be extended by £12,508k for New 100 Ambulances purchased on Finance Lease

LONDON AMBULANCE SERVICE NHS Trust

Statement of Financial Position
As at 31st October 2009

	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
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Non-Current Assets	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Forecast*	*Forecast*	*Forecast*	*Forecast*	*Forecast*
Intangible assets	6,752	9,564	9,603	8,989	11,219	10,680	9,650	10,662	10,662	10,662	10,662	10,662	10,662
Property, Plant and Equipment	121,789	117,135	109,296	109,857	108,225	109,201	112,559	113,207	116,075	120,254	122,460	124,326	123,889
Trade and Other Receivables	12,462	12,484	12,507	12,654	12,716	12,781	12,751	12,815	12,879	12,943	13,007	13,071	12,039
Total Non-Current Assets	141,003	139,183	131,406	131,500	132,160	132,662	134,960	136,684	139,616	143,859	146,129	148,059	146,590
Current Assets													
Inventories	2,600	2,547	2,508	2,510	2,293	2,265	2,208	2,239	2,239	2,239	2,239	2,239	2,239
NHS Trade Receivables	2,773	4,339	1,680	8,978	10,641	2,003	5,734	5,230	2,586	2,542	2,564	2,560	2,050
Non NHS Trade Receivables	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Receivables	6,140	5,769	5,629	5,659	5,988	5,958	5,455	5,657	5,679	5,701	5,723	5,745	5,767
Accrued Income	0	3,619	5,638	6,034	5,996	6,905	3,447	5,626	5,346	5,066	3,566	1,286	1,186
Prepayments	4,561	3,329	2,843	3,221	3,223	2,552	3,017	3,909	4,009	3,909	3,809	3,709	2,744
Investments	0	0	0	0	0	8,900	9,800	4,999	1,600	9,000	6,500	5,000	0
Cash and Cash Equivalents	2,533	4,513	6,013	2,925	1,353	531	(797)	375	972	1,076	768	1,030	5,083
Current Assets	18,607	24,116	24,311	29,327	29,494	29,114	28,864	28,035	22,431	29,533	25,169	21,569	19,069
Non-Current Assets Held for Sale	0	1,700	1,700	1,709	1,709	1,709	1,709	1,709	1,709	1,709	1,709	1,709	1,409
Total Current Assets	18,607	25,816	26,011	31,036	31,203	30,823	30,573	29,744	24,140	31,242	26,878	23,278	20,478
Total Assets	159,610	164,999	157,417	162,536	163,363	163,485	165,533	166,428	163,756	175,101	173,007	171,337	167,068
Current Liabilities													
Bank Overdraft	0	0	0	0	0	0	0	0	0	0	0	0	0
Trade Payables	7,531	6,518		6,851	6,672	6,545	8,167	8,405	8,024	6,215	6,367	6,359	6,733
Other Liabilities	3,887	9,845	9,868	9,728	9,579	9,481	9,529	9,024	8,558	8,076	7,376	6,845	6,100
PDC Dividend Liabilities	0	350	820	1,230	1,120	1,400	(89)	191	471	751	1,031	1,311	0
Capital Liabilities	1,926	132	149	162	80	83	73	83	84	84	84	84	733
Accruals	3,571	4,290	5,305	5,164	4,651	5,048	2,560	3,313	2,113	1,513	913	313	1,013
Deferred Income	0	930	561	6,171	7,162	6,550	5,053	5,394	5,188	4,827	3,736	2,645	0
DH Capital Loan Principal Repayment	0	0	0	0	0	0	0	0	0	0	0	0	0
Borrowings	3,602	3,602	3,602	3,562	3,549	3,522	3,522	3,509	3,496	3,482	3,469	3,456	3,443
Other Financial Liabilities	0	0	0	0	0	0	0	0	0	0	0	0	0
Provisions for Liabilities & Charges	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Current Liabilities	20,517	25,667	26,638	32,868	32,813	32,629	28,815	29,919	27,934	24,948	22,976	21,013	18,022
Net Current Assets/(Liabilities)	(1,910)	149	(627)	(1,832)	(1,610)	(1,806)	1,758	(175)	(3,794)	6,294	3,902	2,265	2,456
Total Assets less Current Liabilities	139,093	139,332	130,779	129,668	130,550	130,856	136,718	136,509	135,822	150,153	150,031	150,324	149,046
Non-Current Liabilities													
DH Capital Loan Principal Repayment	0	0	0	0	1,000	1,000	4,941	4,941	4,941	9,941	9,878	9,878	9,628
Borrowings	25,002	25,002	25,002	24,141	23,856	23,567	23,280	22,994	22,708	32,422	32,136	31,850	31,564
Other Financial Liabilities	0	0	0	0	0	0	0	0	0	0	0	0	0
Provisions for Liabilities & Charges	11,931	11,884	11,832	11,789	11,707	11,820	11,903	12,016	11,984	12,069	12,037	12,123	8,999
Total Non-Current Liabilities	36,933	36,886	36,834	35,930	36,563	36,387	40,124	39,951	39,633	54,432	54,051	53,851	50,191
Total Assets Employed	102,160	102,446	93,945	93,738	93,987	94,469	96,594	96,558	96,189	95,721	95,980	96,473	98,855
Financed By Taxpayers' Equity													
Public Dividend Capital	57,523	57,523	57,523	57,523	57,523	57,523	57,523	57,523	57,523	57,523	57,523	57,523	60,849
Revaluation Reserve	32,810	33,129	24,394	24,348	24,348	24,348	26,805	26,047	26,047	26,047	26,047	26,047	26,047
Donated Asset Reserve	9	9	8	8	8	8	8	8	8	8	8	8	8
Other Reserves	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)
Retained Earnings	12,237	12,204	12,439	12,278	12,527	13,009	12,677	13,399	13,030	12,562	12,821	13,314	12,370
Total Taxpayers' Equity	102,160	102,446	93,945	93,738	93,987	94,469	96,594	96,558	96,189	95,721	95,980	96,473	98,855
Control Total	0	0	0	0	0	0	0	0	0	0	0	0	0

LONDON AMBULANCE SERVICE NHS Trust

Cashflow Statement
For the Month Ending 31st October (Month 7)

	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Total
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
	Actual	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Forecast*	*Forecast*	*Forecast*	*Forecast*	*Forecast*	
Operating Activities													
Operating surplus/(deficit)	648	848	281	213	835	795	271	(15)	(112)	640	874	(562)	4,716
Depreciation and amortisation	623	1,255	976	965	1,023	920	1,028	1,033	1,033	1,086	1,086	1,086	12,114
Impairments and reversals	0	0	0	0	0	0	0	0	0	0	0	0	0
Transfer from the donated asset reserve	0	0	0	0	0	0	0	0	0	0	0	0	0
Interest Paid	0	(129)	(62)	(62)	(64)	(64)	(76)	(64)	(64)	(89)	(89)	(89)	(852)
Dividend Paid	0	0	0	0	0	(1,769)	0	0	0	0	0	(1,591)	(3,360)
(Increase)/Decrease in Inventories	53	39	(2)	217	28	57	(31)	0	0	0	0	0	361
(Increase)/Decrease in NHS Trade Receivables	(1,566)	2,659	(7,298)	(1,663)	8,638	(3,731)	504	2,644	44	(22)	4	510	723
(Increase)/Decrease in Long Term Receivables	(22)	(23)	(147)	(62)	(65)	30	(64)	(64)	(64)	(64)	(64)	1,032	423
(Increase)/Decrease in Non NHS Trade Receivables	0	0	0	0	0	0	0	0	0	0	0	0	0
(Increase)/Decrease in Other Receivables	371	140	(30)	(329)	30	503	(202)	(22)	(22)	(22)	(22)	(22)	373
(Increase)/Decrease in Accrued Income	(3,619)	(2,019)	(396)	38	(909)	3,458	(2,179)	280	280	1,500	2,280	100	(1,186)
(Increase)/Decrease in Prepayments	1,232	486	(378)	(2)	671	(465)	(892)	(100)	100	100	100	965	1,817
Increase/(Decrease) in Trade Payables	(1,013)	(185)	518	(179)	(127)	1,622	238	(381)	(1,809)	152	(8)	374	(798)
Increase/(Decrease) in Other Payables	5,944	(441)	457	415	400	(1,104)	(1,484)	(493)	(509)	(10,727)	(558)	(772)	(8,874)
Increase/(Decrease) in Payments on Account	0	0	0	0	0	0	0	0	0	0	0	0	0
Increase/(Decrease) in Accruals	719	1,015	(141)	(513)	397	(2,488)	753	(1,200)	(600)	(600)	(600)	700	(2,558)
Increase/(Decrease) in Deferred Income	930	(369)	5,610	991	(612)	(1,497)	341	(206)	(361)	(1,091)	(1,091)	(2,645)	0
Increase/(Decrease) in Provisions & Liabilities	(47)	(52)		(82)	113	83	113	(32)	85	(32)	86	(3,124)	(2,932)
Net Cash inflow/outflow from operating activities	4,253	3,224	(655)	(53)	10,358	(3,650)	(1,680)	1,380	(1,999)	(9,169)	1,998	(4,038)	(32)
Cashflows from Investing Activites													
Interest received	2	0	(6)	3	4	4	3	4	2	2	2	1	21
(Payments) for property, plant & equipment	(2,275)	(1,724)	(1,569)	(2,238)	(1,996)	(431)	(1,666)	(3,900)	(5,212)	(3,292)	(2,952)	0	(27,255)
Proceeds from disposal of property, plant & equipment	0	0	3	1	1	(5)	0	0	0	10,000	0	300	10,300
(Payments) for intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0
Proceeds from disposal of intangible assets	0	0	0	0	0	0	0	0	0	0	0	0	0
(Payments) for investment with DH	0	0	0	0	0	0	0	0	0	0	0	0	0
(Payments) for other financial assets	0	0	0	0	0	0	0	0	0	0	0	0	0
Net Cash inflow/outflow from investing activities	(2,273)	(1,724)	(1,572)	(2,234)	(1,991)	(432)	(1,663)	(3,896)	(5,210)	6,710	(2,950)	301	(16,934)
Net Cash inflow/outflow before financing	1,980	1,500	(2,227)	(2,287)	8,367	(4,082)	(3,343)	(2,516)	(7,209)	(2,459)	(952)	(3,737)	(16,966)
Cashflows from Financing Activites													
Public Dividend Capital Received	0	0	0	0	0	0	0	0	0	0	0	3,326	3,326
Public Dividend Capital Repaid	0	0	0	0	0	0	0	0	0	0	0	0	0
Loans received from DH	0	0	0	1,000	0	4,000	0	0	5,000	0	0	0	10,000
Loans principal repaid to DH	0	0	0	0	0	(59)	0	0	0	(63)	0	(250)	(372)
Capital element of finance lease	0	0	(861)	(285)	(289)	(287)	(286)	(286)	9,714	(286)	(286)	(286)	6,562
Net Cashflow inflow/(outflow) from financing	0	0	(861)	715	(289)	3,654	(286)	(286)	14,714	(349)	(286)	2,790	19,516
Increase/(decrease) in cash & cash equivalents	1,980	1,500	(3,088)	(1,572)	8,078	(428)	(3,629)	(2,802)	7,505	(2,808)	(1,238)	(947)	2,550
Cash, cash equivalents and bank overdrafts at 1.4.09	2,533												2,533
Cash, cash equivalents and bank overdrafts at 31.3.10	4,513	6,013	2,925	1,353	9,431	9,003	5,374	2,572	10,076	7,268	6,030	5,083	5,083

Financial Risks (To be included in new Risk Register)

Risk	Gross Value £k	2009/10 Fcast £k	Impact	Likelihood	Score	Comments/Mitigation
A&E penalty	7,100	500	Major	Possible	12	Review with PCTs in light of increased activity and failure to achieve hospital tirnaround
A&E Variable Income	1,600	1,600	Major	Unlikely	8	On track
CIP	11,600	11,600	Major	Possible	12	Shortfall in existing CIP offset by other savings in forecast
Other Income (MPET, HART, CBRN)	21,200	1,000	Moderate	Unlikely	6	Better use of Service Line Reporting to identify risk with followup
Olympics 2012	750	750	Moderate	Possible	9	Review with NHSL (1/10/09)
Economic & Environment (Fuel, NHS cuts, Swine Flu)	500	400	Minor	Possible	6	Review monthly
Other Non Core Business Profitability (PTS, BAA, Stadia)	250	250	Insignificant	Unlikely	2	Better use of Service Line Reporting to identify risk with followup

Revised Cost Analysis Schedule M07

	Plan £k	YTD CIP achieved £k	Forecast Achievement £k
Planned CIP			
Overtime Incentive	-6,100	-4,446	-4,185
A&E Overtime	-1,600	0	-1,600
Agency	-2,000	0	-226
Procurement	-600	0	0
Subsistence	-700	0	-181
Other Corporate Processes	-400	-317	-400
Accident Damage	-200	-372	0
A&E Vacancies	0	0	0
Total Planned	**-11,600**	**-5,135**	**-6,593**
Other Identified CIP			
A&E Staffing Management		-2,175	-3,080
Estates Management (Disposal of Park Royal)		0	-349
Rationalisation of Non Essential Projects (SPPP)		-296	-1,428
Fuel & Oil		-289	-489
Vehicle Procurement Slippage		-100	-200
PDC Dividend Adjustment		-594	-1,018
Total Other Identified CIP	**0**	**-3,454**	**-6,565**
Grand Total	**-11,600**	**-8,590**	**-13,157**
% of Revised CIP achieved		**74%**	**113%**

Explanation of Impairment

Impairment of Assets 2009/10

London Ambulance Trust was required to apply indices provided by the Treasury to asset values at the end of 2008/9 which reduced the carrying of assets by £16.7M. The trust has arranged with the District Valuer to carry out a formal valuation of properties using MEA (Modern Equivalent Asset methodically) between November and December. In late August a directive from the Department of Health required Trusts to disclose any potential impairments in 2009/10 in the Month 6 returns, clearly before the completion formal valuation exercise. The Trust has applied indices from the District Valuer to apply to carrying values as an interim measure prior to the formal valuation. These indices suggest a generic fall in the value of property approximately of 12%. In the absence of a better alternative the Trust has applied these to the carrying value of property. The Trust Board is requested to note the following:

1) Any property specific impairment is first offset against the revaluation reserve for that property,
2) Any excess of impairment over revaluation reserve is charged to Income and Expenditure
3) The value of this excess has been estimated to be £1.3M for 2009/10 based on the indices provided
4) The impairment charge does not affect the control agreed for the Trust
5) The impairment charge is included within the calculation of the Trust's surplus /deficit reported for statutory accounting.

London Ambulance Service NHS Trust

TRUST BOARD - 24th November 2009

Document Title	**Clinical Quality and Patient Safety Report**
Report Author(s)	**Dr Fionna Moore, Medical Director**
Lead Director	
Contact Details	
Aim	**To provide the Board with evidence of progressing clinical quality and patient safety.**

Key Issues for the Board

The Medical Director's report has been renamed to ensure that greater assurance is provided on clinical quality matters and that patient safety issues are made more explicit. The report will continue to focus on the 7 Domains of Standards for Better Health.

Issues to highlight:

Domain 1 (**safety**): action plan on improving the arrangements for management of controlled drugs agreed with Internal Auditors.

Domain 2 (**Clinical and cost effectiveness**): older fallers highlighted in messages to staff. Audits on two more recently introduced drugs undertaken. Clinical Quality and Standards report embedded in feedback to Board. Improvement noted in Clinical Performance Indicator (CPI) completion.

Domain 4 (**Patient Focus**): Update on Amber calls passed to CTA study. Update on progress on managing safeguarding reports on both children and adults.

Domain 6 (**Infection prevention and control**): significant progress recorded since CQC visit in July. Full report presented on the agenda.

Domain 7: (**Public Health**): Progress on vaccination of staff both against seasonal and H1N1 Swine flu reported.

Mitigating Actions (Controls)

Recommendations to the Board

That the Board notes the report

Equality Impact Assessment

Has an EIA been carried out? N/A

(If not, state reasons)

Key Issues from Assessment

Risk Implications for the LAS (including clinical and financial consequences)

Compliant with CAS reporting arrangements.

Improved arrangements for the management of controlled drugs Clinical Update and Update from UOC addresses issues around vulnerable groups (elderly fallers, mental health patients) Infection Prevention and Control arrangements reported.
Other Implications (including patient and public involvement/ legal/ governance/ diversity/ staffing)
Corporate Objectives that the report links to Delivering high standards of clinical care Meeting the educational needs of the workforce Providing a safe environment for patients and staff Undertaking high quality audit and research studies

LONDON AMBULANCE SERVICE NHS TRUST

Trust Board 24th November 2009

Clinical Quality and Patient Safety Report

Standards for Better Health

First Domain – Safety

Update on Serious Untoward Incidents (SUIs)

No serious untoward incidents declared during this quarter. The action plans on previous incidents are up to date. The Head of Patient Experience is working closely with NHS London on the revised SUI guidance and has agreed to review some of the investigations we have undertaken to provide assurance that we have struck the correct balance with decisions on whether to declare an SUI or not.

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.

16 alerts were received from 10th September to 10th November 2009. All alerts were acknowledged; two required actions have been completed, one relating to Portex paediatric endotrachael tubes and the other regarding clarification around the risk to patient safety of not using the NHS number as the national identifier. Three alerts require action or further assessment, one relating to oxygen safety in hospitals, and two relating to wheelchairs.

Controlled Drugs Concerns

A draft internal audit report published by Bentley Jennison in August 2009 evaluated the adequacy of risk management relating to the objective of ensuring that all drugs are effectively controlled and recorded. The audit specifically addressed the management of morphine on stations and vehicles.

The auditors felt that the Board could take limited assurance that the current controls upon which the organisation relies to manage this risk, as currently laid down and operated are effective. The policies and procedures in place are robust, but their implementation requires a much greater focus and a higher level of supervision at Complex level. The Senior Clinical Adviser to the

Medical Directorate and the Director of Corporate Services have drawn up an action plan, to be completed by 31st March 2010, which the Internal Auditors have accepted.

Second domain – Clinical and Cost Effectiveness

Clinical Messages being disseminated through the LAS News

The December edition of the LAS News contains the quarterly 'Clinical Update' An important message being disseminated to all staff is around the assessment of elderly fallers and factors which might influence the decision to convey such patients to hospital

Copies of the Update will be tabled at the Board meeting.

Clinical Issues arising at the Chief Executive's Consultation meetings

All 26 Complex meetings and a meeting at the University of Hertfordshire have now been completed. Feedback on clinical issues has continued to be positive, with the plans for introduction of new equipment being welcomed. The issues which have been raised include lack of Continued Professional Development for existing staff, concerns about lack of vehicles, equipment on vehicles, with enthusiasm for the personal issue of certain items, staff feeling isolated when on active area cover and concerns that some hospital staff are not aware of LAS (and national) guidance.

Clinical Quality Standards Quarterly Report (July to September 2009)

To raise the profile of clinical quality standards a further quarterly report was presented to the Senior Management Group on11th November. This report highlights some relevant measures of indirect clinical outcome. In summary these are:

1. No new SUIs reported though a number of clinical incidents considered and detailed investigations undertaken
2. CPI completion rates show sustained improvement through the quarter, though still very significantly below current target of 95% completion
3. Details provided of the very high level of training activity being undertaken. This relates to new members of staff (student paramedics).
4. Very encouraging reports of training outcomes for existing staff at the two NWOW sites
5. 14/26 Complexes are without a Training Officer
6. Written feedback from Training courses now available and has resulted in demonstrable change.
7. Evidence provided of up to date appraisals for Training Officers.

Clinical Performance Indicator completion

The current target for CPI completion is 95%. The current unacceptably poor level of performance is partially due to REAP 4 for a significant part of the

quarter, but possibly also due to the lack of focus by Team Leaders and local management teams. On a positive note we have seen the completion rates gradually increase since August.

Area	CPI Completion			
	July	August	September	Overall
East	23%	20%	23%	23%
South	30%	44%	46%	40%
West	32%	36%	56%	41%
LAS	**30%**	**36%**	**43%**	**36%**

Clinical Update for Team Leaders

Almost half of the Team Leaders have now undertaken the two week 'Clinical Update' course. The feedback has been very positive.

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

Summary of Findings from the Benzylpenicillin and Furosemide Clinical Audits

(Author: Stephen Gadd)

Two London Ambulance Service clinical audit reports were published in October 2009. They examined the use of benzylpenicillin, an antibiotic used in the treatment of suspected meningococcal septicaemia, and furosemide, a drug used to treat pulmonary oedema secondary to heart failure. A brief description of the background, findings and recommendations from these audits is presented in this Summary Report.

1. Benzylpenicillin

Background

Benzylpenicillin was introduced into the LAS at the end of 2003. A clinical audit was undertaken to examine the use of benzylpenicillin and other aspects of assessment and treatment of meningococcal septicaemia within the LAS.

Key Findings

The signs and symptoms for all but one patient in the audit warranted administration of benzylpenicillin.

92% of patients received the correct dose of benzylpenicillin.

Only 35% of cases had documentation of the concentration of benzylpenicillin administered (benzylpenicillin comes as a dry power which must be mixed to different concentrations depending on the route and the dose given); of these, 10% documented an incorrect dose.

A blue call was placed in 75% of cases (this excludes two cases where the journey time was less than five minutes).

Recommendations and actions

An improvement campaign will be launched in December reminding crews of the importance of documenting all details of drug administration (time of administration, dose, route and concentration) and of rapidly transporting patients with suspected meningococcal septicaemia to hospital with a blue call.

This campaign will also recommend that where a patient has suspected meningococcal septicaemia but no rash, the crew consult the Clinical Support Desk on the most appropriate treatment pathway.

2. Furosemide

Background

In 2002, an LAS audit into furosemide administration identified issues in distinguishing pulmonary oedema secondary to heart failure from other conditions which give similar signs and symptoms such as chronic obstructive pulmonary disease.

A re-audit was undertaken which aimed to assess whether the concerns from the first audit, that patients who receive furosemide have the signs, symptoms and history to support its use, have been addressed. In addition, the audit assessed whether furosemide was given after nitrates and the thoroughness of observations in patients administered furosemide.

Key Findings

After a clinical review of every case by clinical audit staff and an LAS Clinical Advisor to the Medical Director, only 40% of patients administered furosemide were clearly presenting with pulmonary oedema secondary to heart failure.

Nitrates were administered to 71% of patients and 63% of patients received nitrates prior to furosemide administration as per Clinical Practice Guidelines.

Patients administered furosemide had thorough observations taken. 26% of patients did not have a 12-Lead ECG assessment and there was no documented reason why.

Recommendations and Actions

An improvement campaign will be launched which will aim to remind crews of signs and symptoms of pulmonary oedema secondary to heart failure, and the alternative conditions that could cause similar symptoms. This campaign will also remind crews of the importance of taking a 12-Lead ECG in all patients with suspected heart failure, and that nitrates should be given as the first line treatment.

As a result of the audit's finding that only 40% of patients administered furosemide had sufficient signs, symptoms and history to warrant its administration, it was recommended the LAS continue to investigate other techniques to treat pulmonary oedema secondary to heart failure, for example Continuous Positive Airway Pressure (CPAP). A small CPAP trial has previously taken place in the LAS and, supported by the evidence from this audit, its introduction throughout the Service is being investigated.

3. ISRAS Study Report

Background and objectives

The London Ambulance Service (LAS) have been awarded funding from The Stroke Association to conduct the Improving Stroke Recognition by the Ambulance Service (ISRAS) study, run by the Clinical Audit and Research Unit. The ISRAS study aims to improve pre-hospital stroke identification by ambulance services. The two main sites involved in this study are the London Ambulance Service NHS Trust and Barts and the London NHS Trust (BLT). Tower Hamlets and City & Hackney have been selected for participation as these ambulance stations routinely convey patients to the above hospital.

The study is expected to start in December 2009 and data will be collected over a period of a year. Specifically, the project will involve the introduction of a validated enhanced stroke recognition tool the Recognition of Stroke in the Emergency Room (ROSIER) tool which is widely used in hospitals. It consists of seven instruments which incorporate the three elements of FAST (facial weakness, arm weakness, and speech disturbance) together with an assessment of leg weakness, loss of consciousness, convulsive fits and visual field defect. Although the ROSIER test is expected to take slightly longer to complete, this increase in time should be outweighed by the potential benefit to the patient gained by the inclusion of additional items that are indicative of a stroke. This is expected to result in an increase of patients who will have their stroke accurately recognised by crews and then given immediate access to appropriate definitive care. Indeed, evidence suggests that the ROSIER compared with the FAST tool has overall greater sensitivity (93% vs. 82%, respectively) and is superior in the detection of some types of stroke notably posterior circulation strokes (16% vs.5%, respectively).

Status Up-date

Protocol amendments decided by the working group meeting were submitted to both the Ethics Committee and the National Information Governance Board (NIGB) (formally known as PIAG), full approval has been granted. Research & Development applications to both the LAS and BLT have also been submitted. The former is approved and latter is in final stages.

A training package, which includes an educational DVD has been designed to assist crews in undertaking the study. These are distributed as and when crews are trained. Three evening training sessions partly delivered by a Stroke Consultant at the Royal London have taken place for both Tower Hamlets and City & Hackney crews. We have so far trained 30% of ambulance crews.

All set-up for the study is completed.

4. DANCE study

A grant of £42,000 has been awarded to take forward the 'DANCE' study, where non STEMI patients with chest pain suggestive of cardiac ischaemia, and an abnormal ECG are transported to a unit where angiography can be undertaken urgently. The LAS will collaborate with the Heart Attack centres in this study.

Third Domain – Governance

Performance rating 2008/09

LAS achieved a high score on all the Clinical Performance Indicators (CPIs) for 2008/09. South Western Ambulance Service is the only other Ambulance Trust who achieved a similar rating for the following CPIs.

Management of asthma
Management of stroke and transient ischaemic attack
Management of acute myocardial infarction
Management of hypoglycaemic attacks
Management of patients with cardiac arrest
Time to reperfusion for patients who have had a heart attack

The same CPIs will be used for 2009/10.

Medicines Management Report published by CQC in October 2009

From April 2010, all trusts will be required by law to register with CQC and must meet a new set of standards. Effective management of medicines will be a requirement of registration, and CQC will take action where trusts fall short of meeting this.

'The right information, in the right place, at the right time' - Report published by CQC in September 2009

A study of how healthcare organisations manage personal data and Information Governance arrangements showed that there is persistent failure to meet the basic standards relating to the systems in ambulance trusts relating to the management of patients' records and providing appropriate training for staff

Safeguarding update

The change management programme, whereby EBS now have responsibility for the administrative processing of safeguarding referrals made by staff, has been completed. EBS are collating a range of data which will be used for analytical purposes to measure the volume of referrals in relation to both adults and children at complex level. EBS are also devising reporting mechanism which will be regularly made available to local authorities to improve feedback on referrals and thus to the originating staff. These measures will greatly improve our audit and governance functions. Patient Experiences department continue to liaise with local Safeguarding Boards and local authorities in relation to those cases where a Serious Care Review or Strategy Enquiry is undertaken. LAS are now regularly required to provide Internal Management Reviews for cases of this nature.

Following a review by the Care Quality Commission, all NHS Trusts were asked to publish a declaration of arrangements in relation to safeguarding children. Although the Trust has issued a Declaration of Compliance, http://www.londonambulance.nhs.uk/health_professionals/safeguarding-child_protection/safeguarding_children_declarat.aspx - we are aware that ambulance trusts have not historically had in place the type of training that is generally regarded as being optimum. The Head of Patient Experiences has asked the Department of Education & Development to review our existing training and make recommendations accordingly. The Head of Patient Experiences is also raising this issue with the National Ambulance Safeguarding Leads Group.

The Head of Patient Experiences is also preparing a briefing on a proposal to engage 3 specialist Safeguarding social workers to improve our ability to participate in local Safeguarding forums pan-London.

The revised Safeguarding Children policy has been published on the Trust's website. Contributions were invited from PCT/SCB colleagues and particular assistance was received from Greenwich SCB.

The Vulnerable Adults policy is currently under review awaiting the outcome on the consultation of 'No Secrets'. The LAS are participating in the NHS Advisory Group.

Fourth Domain – Patient Focus

Update from Urgent Operations Centre (UOC)

Subject: 'Selecting the Right Care Pathway for every Call' – a trial extending the use of alternative pathways for selected Amber and Green calls.

Two tranches of determinants were identified as clinically safe to be passed to CTA for clinical telephone advice – the determinants were selected after reviewing 6 months of retrospective data looking at both the call volume per determinant and the clinical outcome ie number of patients who did not need transporting when a crew attended. DH approval was given for the trial and the first tranche of amber calls began to be passed to CTA for telephone advice began on 8th October. The second tranche was added in on 25th October. The volume of calls being passed up to CTA is significantly lower than we had hoped for as they are still automatically despatched on; however we are consistently resolving between 12 – 20 % of the calls which reach CTA which is saving 2- 3 ambulances per day and to date there have been no complaints or clinical incidents relating to these calls.

Calls passed to NHS Direct – a further group of appropriate calls to send to NHSD have been identified and we are awaiting approval from the NHSD national clinical group that they will accept these calls.
A meeting was held in October with NHSD London to review the temporary SLA that was drawn up in March when we began to pass calls to them. In particular we have asked for guarantees about the call-back time, removal of the first triage stage as the patients have already undergone a robust MPDS triage and improved communication around complaints and clinical incidents. There have been some complaints relating to the passing of calls to NHSD but these are mainly around the patient expectation of ringing 999 – very few have been clinical or call-taking related complaints.

Fifth Domain – Accessible and Responsive Care

A&E Support crews

A significant amount of work has been done over the past month to increase the utilisation of A&E support crews. The A&E tasking document has been updated and the main changes are:
Patients who have fallen – a target response time of 30 minutes has been set to reach patients > 65 years who have fallen. To achieve this we have removed the CTA assessment and despatch an appropriate vehicle within 30 minutes. A&E support can attend to fallers over the age of 65 years who are in a safe place but they cannot discharge the patient from the scene – if the patient does not wish to travel to hospital an EMT3+ will be sent to undertake

a more extensive clinical assessment. EMT3+ crews will be sent to patients > 65 years who have fallen in public places.

Mental Health patients - Based on the outcomes of the Camden Mental Health Trial using PTS vehicles to transport mental health patients under section 135 we have introduced a formal clinical risk assessment tool for all mental health patient transfer requests to identify clinically appropriate transfers for A&E support. In the first week > 50% of all requests were found to be suitable for A&E support.

Clinical Coordination Desk

Work is on-going to define and design this desk in EOC which formed part of the LAS trauma and stroke bid to Healthcare for London. It will be a combined clinical and control desk bringing together the Clinical Support Desk, the HEMS desk and control services to be able to monitor blue calls being taken in to all A&E departments and ensure that there is capacity for a patient. It will also act as a point of contact for advice and support to crews, particularly where they are bypassing to major trauma centres and HASU centres.

Inter-hospital Transfers

A document clarifying the role of LAS in inter-hospital transfers was sent to all acute Trusts in early October and was implemented on October 19th. The control room have fully supported the implementation which has been very challenging due to the expectations of the Acute Trusts however thanks to the efforts of the control staff, Area ADOs and AOMs and Lizzy Bovill we have reduced our transfers greatly and thus made more vehicles available for emergency journeys.

Clinical Support Desk

This continues to be very busy – a large majority of the calls relate to consent, capacity and alternative pathways. The call volume now requires 3 shifts to be covered per day and the desk is being supported by Team Leaders from each area who are benefiting from the experience. A new assessment paper has been written which reflects the types of calls the desk / team leaders deal with daily and is being used as part of the current recruitment process.

Sixth Domain – Care Environment and Amenities

Infection Prevention and Control:

Care Quality Commission re inspection

The Care Quality Commission made a planned visit to the trust on 29th October 2009 to ensure that the improvements identified in the inspection in July were being addressed. The inspection team visited Deptford and

Waterloo ambulance stations as well as the A&E department at St Thomas' Hospital where they looked at our facilities, vehicles and talked to front line staff.

The team identified that had the Trust not submitted a proposed infection control programme to the CQC following the interim report the Trust would have breached the Health & Social Care Act and would have been issued with an improvement notice alongside the other 4 ambulance trust in that position.

Feedback from the team on this occasion was very positive. The vehicles inspected were cleaner than before with 1 exception (an old LDV that was clean but overstocked and the cupboards found to be in disarray). Both stations visited were found to be improved and in particular the sluice at Deptford was significantly cleaner. All staff interviewed demonstrated a better knowledge of infection control practices than before and were very accommodating to the team in answering their questions. The infection control champions programme was felt to be a significant step in increasing awareness at complex level and improving the audit process and assurance for the trust.

The team were pleased that there had been a demonstrable improvement in all areas identified from the original report but that some issues of assurance, in particular around the training of front line staff needed to be improved. It was recognised that staff were wearing their alcohol gel but did not fully understand that detergent wipes could be used for hand hygiene also. In addition there was still evidence of the re-use of neck collars by staff.

As before, the initial visit will be followed up an interim report in 7 to 10 days followed by a final report to be published on the Care Quality Commission website in one month time. The team may visit the trust again in the future to review our progress.

Since their visit the CQC have made a further unannounced inspection of the North West Ambulance Service, one of the 4 trusts to get an improvement notice following the previous round of inspections.

Immediate actions for the LAS following the visit

1. Bulletin to be issued to staff regarding re-use of single use items
2. Further information regarding detergent wipes and their use to wash hands to be made available to staff
3. Discussion with the Infection Prevention and Control Practice Learning Manager about training at Complex level and assurance process to be fed back into the work stream 7 training group.

Seventh Domain – Public Health

Pandemic Flu Update

The Trust has made arrangements to deliver both the seasonal flu vaccination and the H1N1 swine flu vaccine to staff. Uptake of the seasonal flu vaccine has been significantly higher than in previous years. Training on delivery of the swine flu vaccine has been undertaken and should commence in the week beginning 16th November.

Recommendation

That the Board notes the report

Fionna Moore,
Medical Director
16th November 2009

London Ambulance Service NHS Trust

TRUST BOARD - 24th November 2009

Document Title	**Follow up report – the prevention and control of infections – London Ambulance Service NHS Trust – 29th October 2009.**
Report Author(s)	**Care Quality Commission**
Lead Director	**Fionna Moore**
Contact Details	
Aim	**To provide assurance that the LAS NHS Trust has not breached the HCAI regulation.**

Key Issues for the Board

The Trust provided assurance on 29th October 2009 to the CQC that it had addressed all 8 areas that had been identified for improvement at the first inspection in July 2009.

Mitigating Actions (Controls)

Detailed action plan and audit process in place.

Recommendations to the Board

To note the CQC follow up report.

Equality Impact Assessment

Has an EIA been carried out? N/A

(If not, state reasons)

Key Issues from Assessment

Risk Implications for the LAS (including clinical and financial consequences)

Risks of not achieving all required actions – the overall risk of breaching the HCAI regulation is to be added to the Corporate Risk Register.

Other Implications (including patient and public involvement/ legal/ governance/ diversity/ staffing)

As above

Corporate Objectives that the report links to

2009/10 service objective no 6: Ensure the Trust complies fully with the Health & Social care Act in relation to infection prevention and control.

Follow up report

The prevention and control of infections
London Ambulance Service NHS Trust

Region:
London

Provider's code:
RRU

Type of organisation:
Ambulance trust

Date of initial inspection:
29 & 30 July 2009

Type of follow up:
On-site visit

Date of follow up:
29 October 2009

Date of publication:
18 November 2009

Introduction

When we inspected the London Ambulance Service NHS Trust on 29 & 30 July 2009, we found no evidence that the trust has breached the regulation to protect patients, workers and others from the risks of acquiring a healthcare-associated infection.

Of the 17 measures we inspected, we had no concerns about nine. For the other eight measures we found areas for improvement and made recommendations to the trust.

On 29 October 2009, we visited the trust to gain assurance that it had implemented these recommendations.

Our overall judgement

When we followed up, we found no evidence that the trust has breached the regulation to protect patients, workers and others from the risks of acquiring a healthcare-associated infection.

The trust provided assurance that it had addressed all eight areas for improvement.

Our findings when we followed up

Measures that the trust had improved on follow up

Ensuring that workers involved in patients' care receive appropriate information, training and supervision on how to prevent and control infections

(For full wording see Code of Practice criterion 1 and guidance 1d).

What we recommended after the initial inspection
The trust should review its management systems to ensure that workers involved in patients' care receive suitable and sufficient training, information and supervision on the measures required to prevent and control risks of infection.

What we found during the follow up
The inspection team were informed that 40 infection control champions have been trained and are part of the 'infection control champions' programme. The trust has rolled out the 'Clean Your Hands' campaign 'My 5 moments for Hand Hygiene' training to clinical leads. Eighty clinical leads have been trained so far. All 144 clinical leads from across the service will have completed this training by January 2010 and, as part of their supervisory role, will deliver it to front line staff. This will be reviewed as part of their quarterly operational work place review. Senior managers, including the director of infection prevention and control delivered a series of 'road-shows' which included infection control as a topic, and nearly a thousand staff members have attended.

Performing a programme of audit to ensure that policies and practices are being followed

(For full wording see Code of Practice criterion 1 and guidance 1e).

What we recommended after the initial inspection
The trust should review its programme of audit, to ensure that there is effective checking of key policies and that practices are being followed.

What we found during the follow up
We were shown audits of cleanliness of vehicles and premises undertaken by the infection control champions. We were informed that, as part of the audit programme, audits of intravenous peripheral line insertion (a procedure by which a soft flexible catheter is placed into a vein) will also be undertaken as packs for this procedure become available.

Ensuring that the environment for providing healthcare is suitable, clean and well maintained

(For full wording see Code of Practice criterion 2 and guidance 2e).

What we recommended after the initial inspection
The trust should ensure the environment for providing healthcare is suitable, clean and well maintained.

What we found during the follow up
We inspected six emergency ambulances and the sluice facilities at two ambulance stations. All were suitable, clean and well maintained.

Having cleaning arrangements that detail the standards of cleanliness required and making cleaning schedules available to the public

(For full wording see Code of Practice criterion 2 and guidance 2f).

What we recommended after the initial inspection
The trust should ensure that there are cleaning arrangements that detail the standards of cleanliness required and that cleaning schedules are well displayed.

What we found during the follow up
We found cleaning schedules and cleaning frequencies displayed at the two ambulance stations.

Having an adequate provision of suitable hand-washing facilities and antibacterial hand rub

(For full wording see Code of Practice criterion 2 and guidance 2g).

What we recommended after the initial inspection
The trust should ensure it provides suitable hand-washing facilities and antibacterial hand rub.

What we found during the follow up
We found adequate provision of hand-washing facilities and antibacterial hand rub at the two ambulance stations and in all six emergency ambulances.

Using effective arrangements for the appropriate decontamination of instruments and other equipment, which are detailed in appropriate policies

(For full wording see Code of Practice criterion 2 and guidance 2h).

What we recommended after the initial inspection
The trust should ensure it uses effective arrangements for the decontamination of instruments and other equipment and these should be detailed in appropriate policies.

What we found during the follow up
We found single-use items appropriately stored in packages. Ambulance stations have appropriate facilities for decontamination of equipment.

The supply and provision of linen and laundry reflecting national guidance (Health Service Guidance (95)18)

(For full wording see Code of Practice criterion 2 and guidance 2i).

What we recommended after the initial inspection
The trust should ensure that the supply and provision of linen and laundry reflects national guidance (Health Service Guidance (95)18).

What we found during the follow up
We found appropriate storage, segregation and disposal of linen and laundry in the emergency ambulances and at the ambulance stations. The staff members we spoke to were aware of the correct protocols for bagging of linen.

Following appropriate policies and protocols on aseptic technique (a procedure that is performed under sterile conditions)
(For full wording see Code of Practice criterion 8 and guidance 8b).

What we recommended after the initial inspection
The trust should ensure that staff follow appropriate policies and protocols on aseptic technique

What we found during the follow up
We were informed about the progress the trust is making on incorporating aseptic non-touch technique protocols into training. This includes working in collaboration with a local acute NHS trust. The staff members we spoke to were aware of the correct protocols on aseptic technique. We were informed that cannulation packs for intravenous peripheral line insertion are currently being trialled and will be rolled out soon. As the packs become available, audits of the procedure will also be undertaken.

London Ambulance Service NHS Trust

TRUST BOARD - 24th November 2009

Document Title	**Standards for Better Health/Annual Health Check**
Report Author(s)	**Laila Abraham**
Lead Director	**Mike Dinan**
Contact Details	
Aim	**To report and seek approval on the compliance level for the 2009/10 core standards declaration**

Key Issues for the Board

The Declaration on Compliance with the core standards for better health for the period April – October 2009 needs to be submitted to the Care Quality Commission by 7th December 09. Based on the review of evidence the Trust can declare compliance on all standards except for the following:

- Standard **C4d** - "Medicines are handled safely and securely" for which a declaration of 'Insufficient Assurance' will be made; and
- Standard **C11 b** – Mandatory Training for which a declaration of "Insufficient Assurance" will be made.

(See SfBH heat map).

Action plans are in place to meet these standard by 31March 2010. This will give the Trust a rating of "**fully met**" for core standards.

Mitigating Actions (Controls)

- Standards for Better Health group is chaired by the Director of Finance;
- The Performance Accelerator tool is used to store and review evidence;
- The Medical Director's monthly report provides additional assurance to the Trust Board on performance within the 7 domains for the core standards.

Recommendations to the Board

To note the two standards for which compliance is not fully achieved and to approve the declaration statement of compliance for submission by 7th December 2009.

Equality Impact Assessment

Has an EIA been carried out? N/A

Key Issues from Assessment N/A

Risk Implications for the LAS (including clinical and financial consequences)

Changes to the scoring methodology by the CQC – current threshold for overall rating of Fully Met for Core Standards is 0-3 declared as 'Not Met' or 'Insufficient Assurance'.

Other Implications (including patient and public involvement/ legal/ governance/ diversity/ staffing) As above, any change to the detriment of the current scoring may potentially lead to an Annual Health Check quality rating of 'Fair' for 2009/10 and impact upon the FT application also.

Corporate Objectives that the report links to

Contributes to the 2009/10 service objective no 12: Successfully apply to become a foundation trust.

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 Core Standard Declaration in readiness for submitting the Trust's declaration by 7th December 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 2009 to 31st October 2009. The assessment was carried out with reference to the latest guidance from the Care Quality Commission (CQC) and key lines of enquiry from the inspection guide. Evidence has been added to Performance Accelerator (PA) where it can be reviewed and updated.

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 check and challenge the relevance and quality of the evidence submitted for each standard. This in turn was presented to the SfBH group which met monthly from August to November 2009. The group has reviewed the evidence submitted by managers and has considered the level of compliance against each of the core standards. Progress reports have been made to the Senior Management Group (SMG), and the Clinical Governance Committee (CGC), and the Internal Auditors will be reviewing the process for evidencing and reviewing compliance in November 2009.

2.2 Compliance options and definitions

The declaration can be based on one of three options for each standard:

a) 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 1s April 2009 to 31st October 2009.

From the CQC guidance: '"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 CQC 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).

b) 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.

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

Additionally if should be noted that if the Trust experiences changes to compliance against a core standard during the period from 1st November 2009 to 31st March 2010, consisting of any significant lapse or insufficient assurance, then we will need to inform the CQC. If the CQC discovers that a Trust has had a significant lapse or insufficient assurance, and the Trust has not informed them then there will be a penalty reflected in the final assessment.

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 **'insufficient assurance'** will be made, **and 11b** 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. Medicines Management.

Insufficient Assurance (based on the internal audit report September 2009).

Start Date: 01/04/09 End Date: 31/03/2010

Description
The internal auditors identified that there has been significant non-compliance with the management of controlled drugs which could leave the system open to error or abuse.

Actions
An action plan to address all the key issues raised by the audit has been developed and is being implemented with the aim of addressing gaps and achieving compliance by 31st March 2010.

11b - Mandatory Training

Insufficient assurance

Start Date: 01/04/09 End Date: 31/03/2010

Description
Because of operational pressures, some front line staff may not be able to complete their mandatory training for 2009/10.

Actions
A training schedule is in place to ensure that all staff undergo relevant mandatory training or updates by the end of March 2010.

4. Comments from Local Partners

The CQC will not be asking for commentaries on the declaration forms on core standards from representatives of people who use services or the public. They will include the views of people as part of the assessments of applications for registration. They will invite representatives, including local involvement networks, overview and scrutiny committees, strategic health authorities, learning disability partnership boards and local safeguarding children's boards, to submit their information by the end of January 2010. Thereafter, information from these groups will be used to inform the monitoring of the ongoing compliance of providers on a continual basis.

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 2009 to 31st March 2010.

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 2009 until 31st March 2010 subject to two submissions of "insufficient Assurance"" on C4d and 11b, both of which are supported by action plans to make progress towards achieving compliance this year.'

6. Next Steps

The declaration must be submitted on the Care Quality Commission webform by Noon on 7th December 2009 and then to be published on the Trust's website by 29th January 2010.

If the Trust experience changes to compliance against a core standard that occurs between **the beginning of November 2009 and the end of March 2010, the** trust needs to notify CQC of any significant lapse, or insufficient assurance, that occurred during that period, and that will be reflected in the trust's overall assessment to be published in October 2010. However, if CQC finds out that a Trust has a significant

lapse, or insufficient assurance, and the Trust has not informed CQC, there will be a penalty reflected in the assessment.

It should be noted that this is the final year for the core standards self-assessment and declaration as this is being superseded by the registration process.

7. Statement on internal control

It is also important that the statement on internal control reflects the core standards declaration identifying any non-compliance as a control weakness.

8. Cross-checking your declaration

The CQC will cross-check the declaration against other sources of data from third parties such as the Department of Health and the MHRA. The CQC will focus its resources in the coming year on the registration process so will not undertake any inspections on the core standards, but they will cross check with our registration submission in January 2010.

9. Recommendations

The Board is asked to approve the core standards for better health declaration prior to its submission to the CQC by 7th December 2009.

Laila Abraham
Interim Head of Governance
13th November 2009

London Ambulance Service NHS Trust: Summary 'heat map' of Proposed Declaration 2009/10

C01a: Incidents – Reporting and Learning	C05c: Updating Clinical Skills and Techniques	C11a: Recruitment, Training & Skill Mix	C18: Equity, choice
C01b: Safety Alerts	C05d: Clinical Audit and Review	C11b: Mandatory Training	C20a: Safe, Secure Environment
C02: Safeguarding Children	C06: Partnership	C11c. Professional Development	C20b: Privacy and Confidentiality
C03: NICE interventional Procedures	C07a&c: Corporate and Clinical Governance	C13a: Dignity and Respect	C21: Clean, Well Designed Environments
C04a: Infection Control	C07b: Honesty, Probity, etc	C13b: Consent	C22a and c: Public Health Partnerships
C04b: Safe Use of Medical Devices	C07e: Discrimination	C13c: Confidentiality of Patient Information	C22b: Local Health Needs
C04c: Decontamination	C08a: Whistle-blowing	C14a: Accessible Complaints Procedure	C23: Public Health Cycle
C04d: Medicines Management	C08b: Personal Development etc	C14b: Complainants and Discrimination	C24: Emergency Preparedness
C04e: Clinical Waste	C09: Records Management	C14c: Complaints Response	
C05a: NICE Technology Appraisals	C10a: Employment Checks	C16: Accessible Information	
C05b: Clinical Supervision	C10b: Professional Code of Conduct	C17: Patient and Public Involvement	

Key: Met Not Met

Insufficient Assurance

London Ambulance Service NHS Trust: Summary ‘heat map’ of Proposed Declaration 2009/10

London Ambulance Service NHS Trust: Summary ‘heat map’ of Proposed Declaration 2009/10

London Ambulance Service NHS Trust: Summary ‘heat map’ of Proposed Declaration 2009/10

London Ambulance Service NHS
NHS Trust

TRUST BOARD - 24th November 2009

Document Title	**SERVICE IMPROVEMENT PROGRAMME 2012 UPDATE**
Report Author(s)	Martin Brand, Head of Planning and Programme Management
Lead Director	Kathy Jones (Sponsoring Executive Director: Peter Bradley)
Contact Details	Service Development Department, Programme and Project Management Office
Aim	To update Trust Board on progress with the SIP

Key Issues for the Board

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

It was agreed in September 2007 that a progress report would be presented to the Trust Board at every meeting.

Mitigating Actions (Controls)

See individual programmes and projects

Recommendations to the Board

That the Trust Board:

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

Equality Impact Assessment

Has an EIA been carried out? (If not, state reasons)

SIP covered by Equality Impact Assessments and 26 March 2008 PPI event at The Oval

Key Issues from Assessment

See individual programmes and projects

Risk Implications for the LAS (including clinical and financial consequences)

Not applicable overall – see individual programme and project updates for risks and issues

Other Implications (including patient and public involvement/ legal/ governance/ diversity/ staffing)

PPI – see comments under Equality Impact Assessment

Corporate Objectives that the report links to

Delivery of the Service Improvement Programme (SIP2012) - 'A service that responds appropriately to all our patients'

LONDON AMBULANCE SERVICE

TRUST BOARD MEETING, 24th November 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 sections for each of the three sub-programmes comprising the overall service improvement programme (see below). Each section contains:

- A list of projects giving project progress status using a Traffic Light reporting system;
- 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 the implementation mechanism to achieve the necessary changes in the London Ambulance Service required to realise the Vision and strategic goals set out in the Strategic Plan 2006/7 to 2012/13. The purpose of this is to ensure that the Trust serves the people of London by providing appropriate care for all its patients whether they have a need for emergency or urgent care, meeting performance targets sustain ably while achieving financial balance.

The structure of SIP2012 is as follows:

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

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

- *Preparing for the Olympics* - led by the Deputy Chief Executive.

There is also a supporting Stakeholder Engagement and Communications Strategy.

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). This month there are two projects in this category. Projects with a white triangle are either in the process of being scoped or the most recent statistics are not available in time for this report.

Performance and service Delivery:

Annual leave project

- The scoping of this project has not progressed as fast as anticipated resulting in implementation and benefit delay.

Corrective action

- A revised project plan with clear delivery milestones is in the process of being produced.

Vehicle fleet procurement:

- Key staff in UVM have left the company or been made redundant, consequently while 56 vehicles were completed as of 27 October UMV have restructured the delivery programme from 5 to 3 per week but this is not being adhered to and in the past 6 weeks the output has been only 2 vehicles per week.

Corrective action

- LAS have sought legal advice on the contract, subsequently a variation notice has been sent removing 16 vehicles from UVM and transferring these to MacNeillie to build. Further dialogue between Assetco and the Trust is ongoing but Assetco are delaying responding to contract termination documents delaying the tender to build the next 65 vehicles.

- There are 5 chassis en-route to MacNeillie, the remainder are at Zeebrugge for call off by MacNeillie who have reviewed the current build from UVM and indicated that the first vehicle will be completed before the end December 2009.

5. Recommendation

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

Kathy Jones
Director of Service Development

PROGRAMME: CLINICAL DEVELOPMENT, LEADERSHIP AND WORKFORCE PROGRAMME

REPORTING PERIOD: 11 November 2009

PROJECT STATUS SUMMARY: 12 ▲ 5 ▲ 0 ▲

Key

▲ **On track**

▲ **Not on track but in control**

▲ **Not on track and not in control**

Programme Summary

The following projects are currently live;

Organisation Development & People – Tranche 1	
Performance Management Framework (Bill O'Neill)	▲
Talent Management (Johnny Pigott)	▲
E-learning (Raja Habib)	▲
Learning Management Systems (Johnny Pigott)	▲
Organisation Development & People – Tranche 2	
Standards of Student paramedic Education (Gill Heuchan)	▲
FRU Role (Steve Sale)	▲
Staff Well-Being (Fatima Fernandes)	▲
Staff Engagement (Kelly O'Brien)	▲
New Ways of Working	
Clinical Leadership (Jane Worthington)	▲
Leadership Development (Jo Anthony)	▲
Team based working (Hazel Smith)	▲
Communications (Alex Bass)	▲
Healthcare for London	
Stroke (Nick Lawrance)	▲
Major Trauma (Claire Garbutt)	▲
Referral Pathways (Grenville Gifford)	▲
Directory of Clinical Services (Grenville Gifford)	▲
Stakeholder Engagement (Sarah Joy)	▲

OVERVIEW OF OD & PEOPLE PROJECTS – Tranche 1

Recruitment & Induction – project closed
Project Executive: Ann Ball 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 NWoW and OD & People Programmes.

Individual Performance Management
Project Manager: Bill O'Neill

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 closed
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 Executive: Bill O'Neill 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.

Training Restructure – project closed
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 Executive: Bill O'Neill 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 - being re-scoped to be included within the team working project
Project Executive: 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 Executive: Greg Masters 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 closed
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.

OVERVIEW OF OD & PEOPLE PROJECTS – Tranche 2

Standards of Paramedic Education
Project Manager: Gill Heuchan

This long-term initiation will transform the LAS's aspirations to deliver all pre-registration paramedic training to Diploma / Foundation Degree level from the current position. It will do this by using a combination of accredited work based modules and Higher Education Institute programmes.

FRU Role
Project Manager: Steve Sale

This initiative will deliver a new role into the Service that will operate FRUs with advanced clinical assessment skills to provide greater flexibility for the response to patient needs. This will most likely take the form of a pilot to examine its impact for patients but also across the service, before extending the roll out.

Clinical Skill Mix Model (not started)
Project Manager: Steve Sale

To achieve the most efficient and effective utilisation from the new skill mix in order to provide appropriate clinical response through;

- Matching the right clinical skills and numbers
- To the agree vehicles resource (via the Operational Response)

KSF / PDR Project
Project Manager: KSF Manager

The objective of this project is to support the overall Trust re-launch of the KSF / PDR process through;

- Developing the LAS approach to KSF / PDR process that can be consistently used by all departments for all staff through a diagnostic, pilot phase and evaluation
- Providing the mechanism, best practice, policy and support to begin the roll out the LAS approach to the KSF / PDR throughout the organisation within 8 months

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Staff Engagement
Project Manager: Kelly O'Brien

The aim of this initiative is to understand and response to the results of the staff survey and ensure that the views and feelings of staff are recognised, thereby improving engaging with all staff members.

Staff Well Being
Project Manager: Fatima Fernandes

This project will contribute to the cultural change of the LAS where staff well-being is a priority and staff feel valued. It will develop an overarching well-being strategy and implementation plan that will be piloted within a number of departments to measure its effectiveness before a Trust wide roll out.

Team Working
Project Manager: Bill O'Neill

The aim of this initiative is examine the current team working arrangements in corporate service, and learning lessons from NWoW examine where team working can be improved in order to improve organisational effectiveness and staff working.

The scope of this project will now include team briefings as this will be an important enabler for delivering a number of the team working concepts.

Training for Challenging (not started)
Bill O'Neill

The aim of this initiative is to develop and provide the full range of training and development for training for all staff to support providing and receiving 360 challenge, which addresses both professional and personal challenge.

Review of LAS Identity (not started)
Bill O'Neill

The objectives of the project are twofold;

- To review the use of rank markings within the organisation and its effect on internal relationships.
- To understand the impact of the LAS uniform upon the patients within the general public.

OVERVIEW OF NEW WAYS OF WORKING PROJECTS

Clinical Leaderships
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

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Leadership Development
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 – e.g.: chairing forum meetings.

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
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.

OVERVIEW OF HEALTHCARE FOR LONDON PROJECTS

Stroke
Project Executive: Kathy Jones **Project Manager: Nick Lawrance**

The aim of this project is to scope, develop plans for implementation and respond to the regionalisation of stroke services requiring LAS crews to convey FAST positive patients directly to one of eight hyper-acute stroke units in London.

Major Trauma
Project Executive: Kathy Jones **Project Manager: Claire Garbutt**

The aim of this project is to scope the implications of the regionalisation of trauma care in London for the LAS, and ensure we are best placed to effectively respond to the service changes. This will require LAS crews to identify, and convey major trauma patients directly to one of four major trauma centres in London.

Referral Pathways
Project Executive: Kathy Jones **Project Manager: Grenville Gifford**

Documented alternative and referral pathways were introduced from 2007 – 2008 as a project within the Operational Model programme however statistical evidence indicates that take up and the consequent reduction in traditional A&E conveyance has not yet been realised.

The objective of this project is to deliver increased and sustained utilisation of alternatives to A&E conveyance that is clinically safe and that aligns both with patients' expectations for treatment at home or in the community and needs of the service to improve efficient use of resources.

The approach shall be to identify and remove barriers to greater utilisation, to build crews confidence to select alternatives and where necessary to adapt the pathway's parameters to align with prevailing needs of both the service and patient.

Directory of Clinical Services
Project Executive: Kathy Jones **Project Manager: Grenville Gifford**

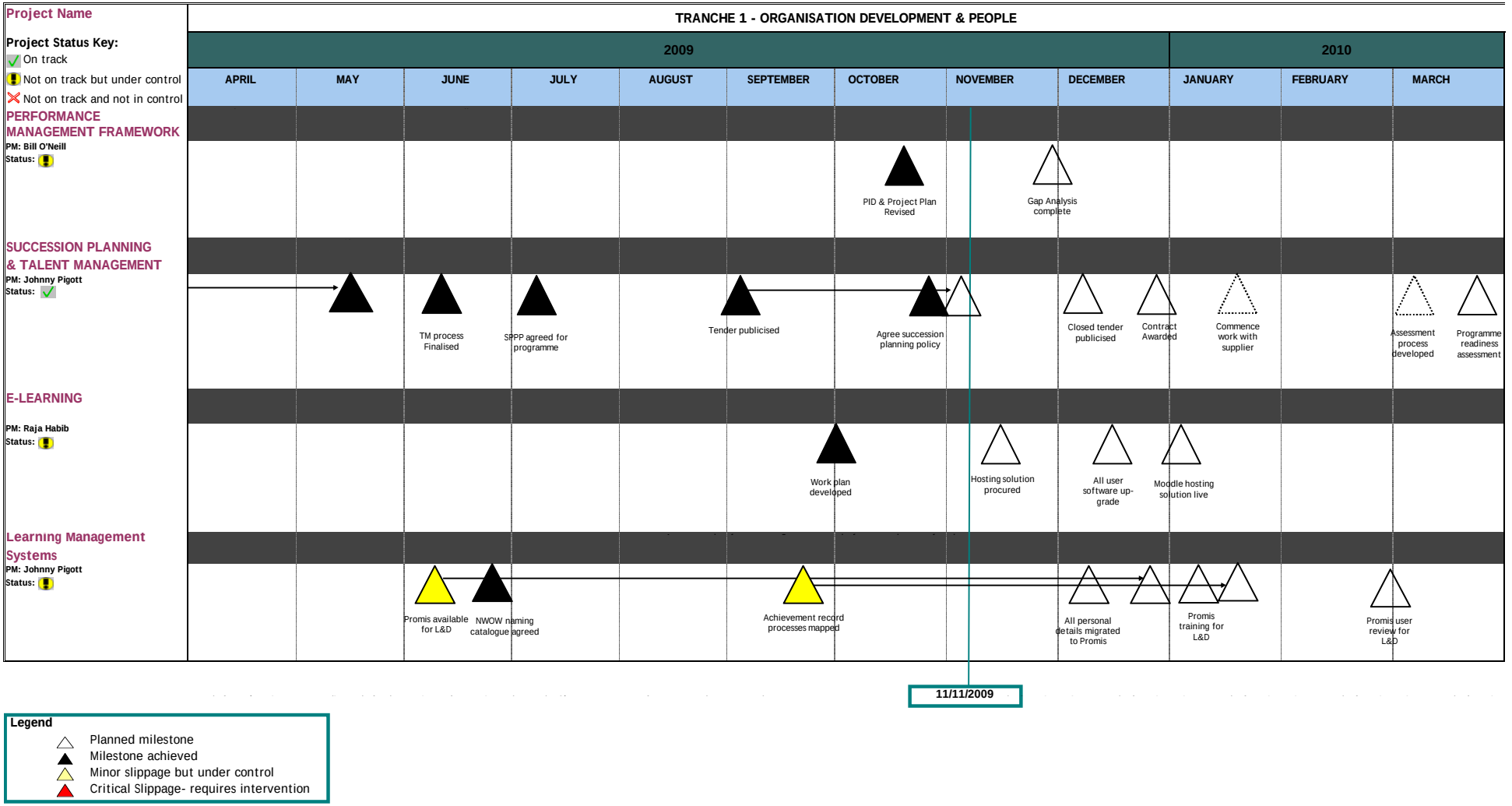
As well as collecting and collating real time data about hospital capacity there is an emerging need to assess and track the capability and capacity of clinics and clinical services offering an alternative care pathway to those offered at A&E departments. For A&E departments this is currently done by EBS, which in liaison with acute trusts prepares and disseminates London Critical Capacity information, reflecting pressure on emergency treatment services at A&E departments across London to inform conveyance decisions. To extend the service will involve collecting and collating capacity data from a much larger number of service providers.

The purpose of the project is to identify and implement a computerized system to streamline this administrative task that will support reliable operational decision making with accurate, up to date and comprehensive management information.

Stakeholder Engagement
Project Executive: Kathy Jones **Project Manager: Sarah Joy**

The aim of this project is to build upon current good practice to ensure there is greater coherence to, and organisation of, the activity and of the messages conveyed to external partners. This will involve understanding more comprehensively who are stakeholders are and how we can more effectively and consistently engage with them through the development of a stakeholder strategy and standardised practice.

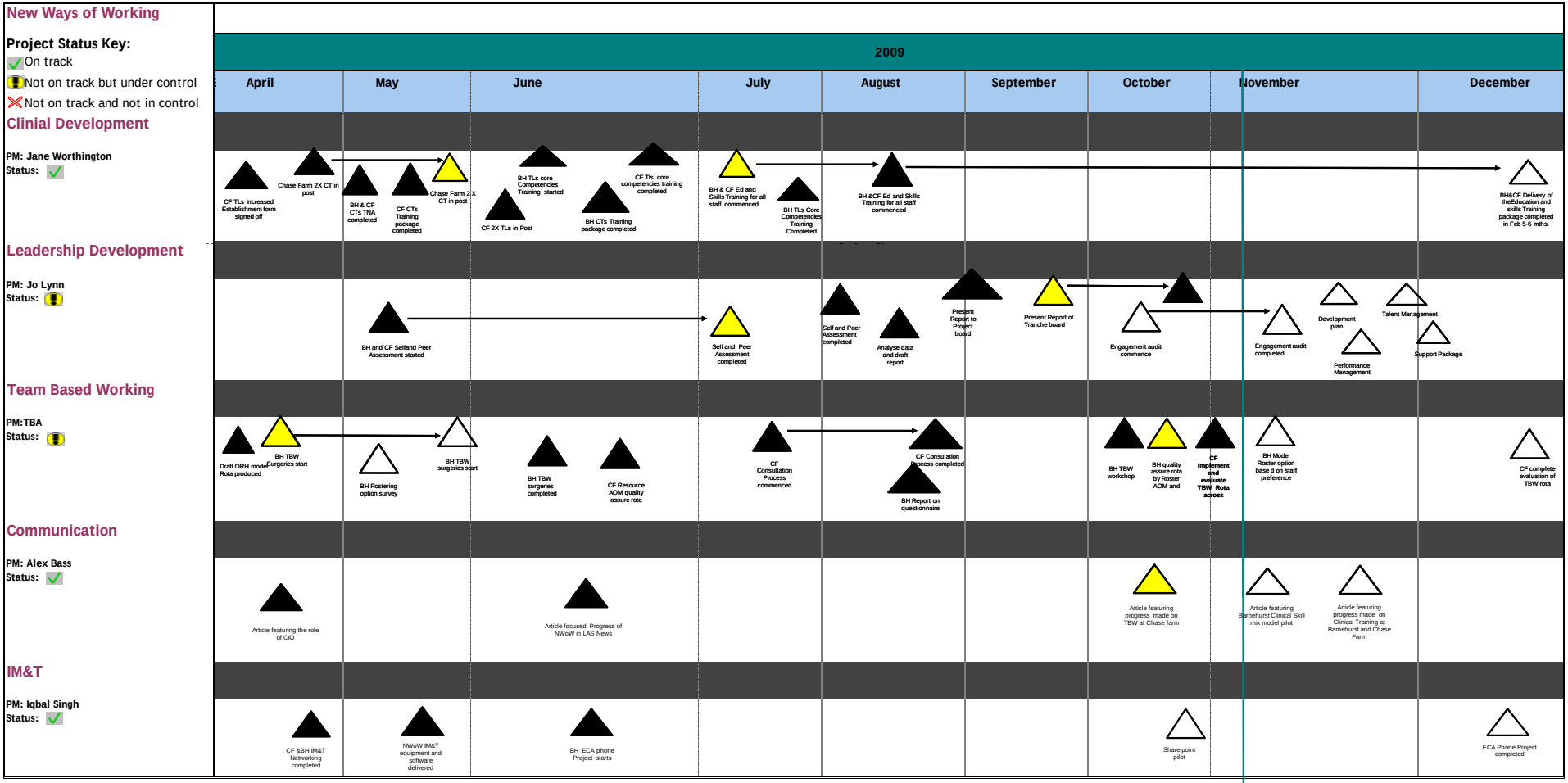
ORGANISATION DEVELOPMENT AND PEOPLE - Workstream Summary



Legend

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

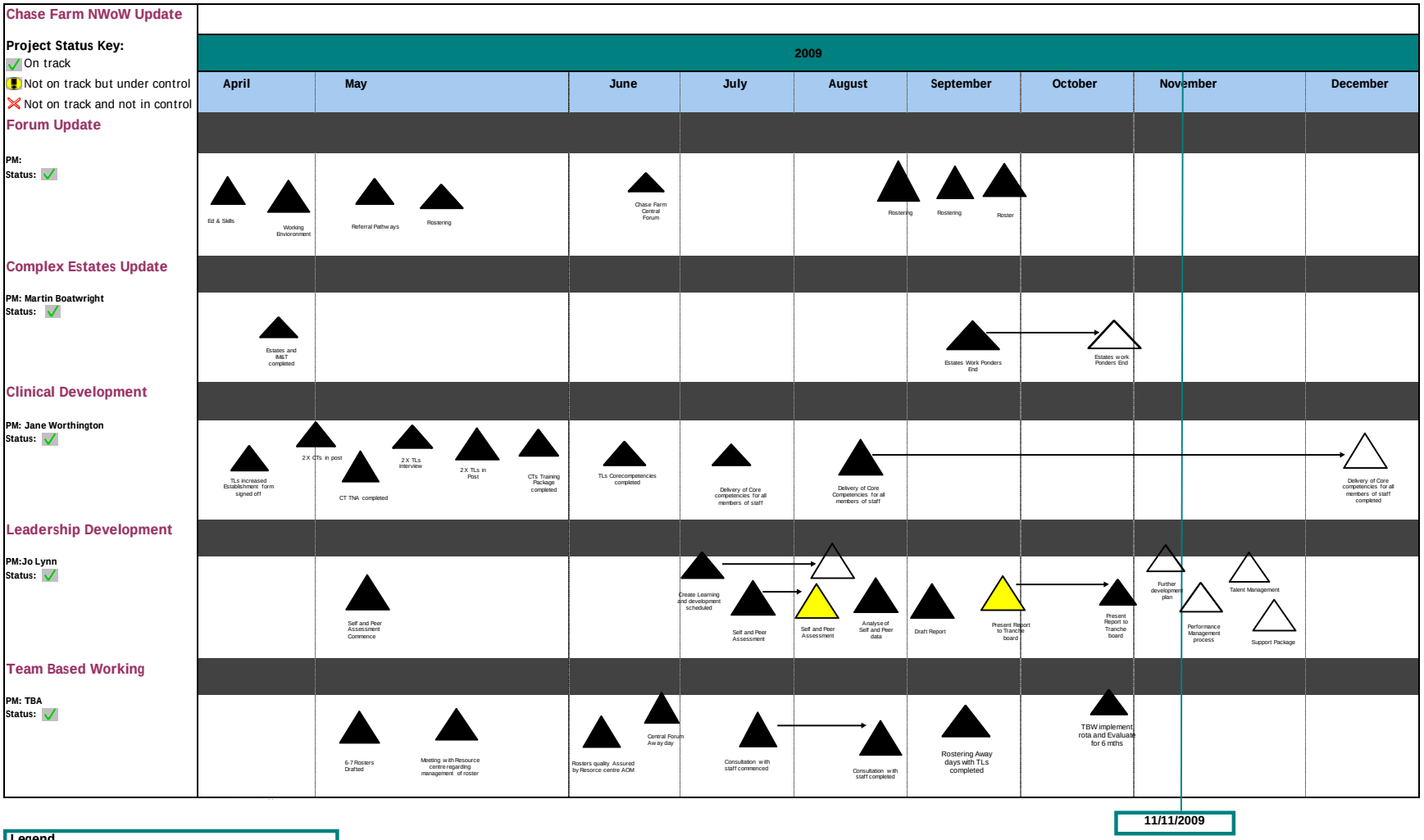
New Ways of Working - Schedule Summary



Legend

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

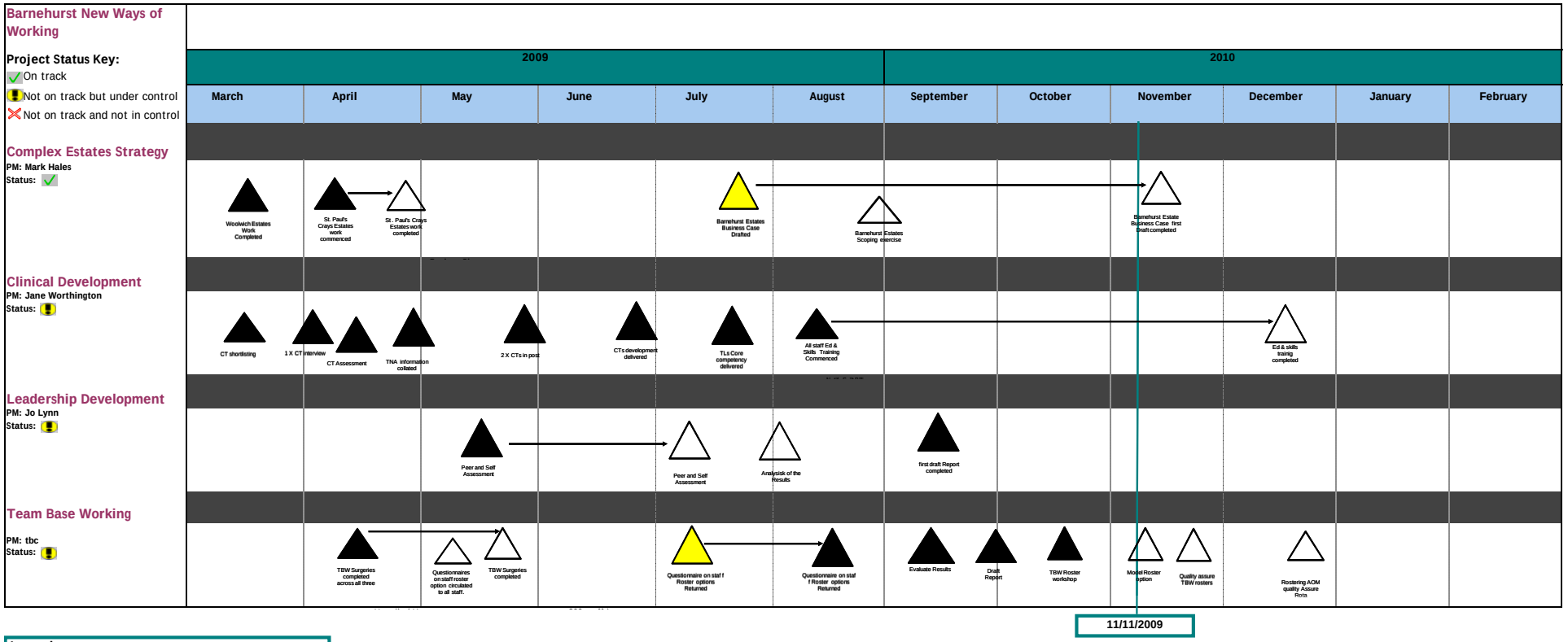
Chase Farm - Schedule Summary



Legend

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

Barnehurst Milestones Report

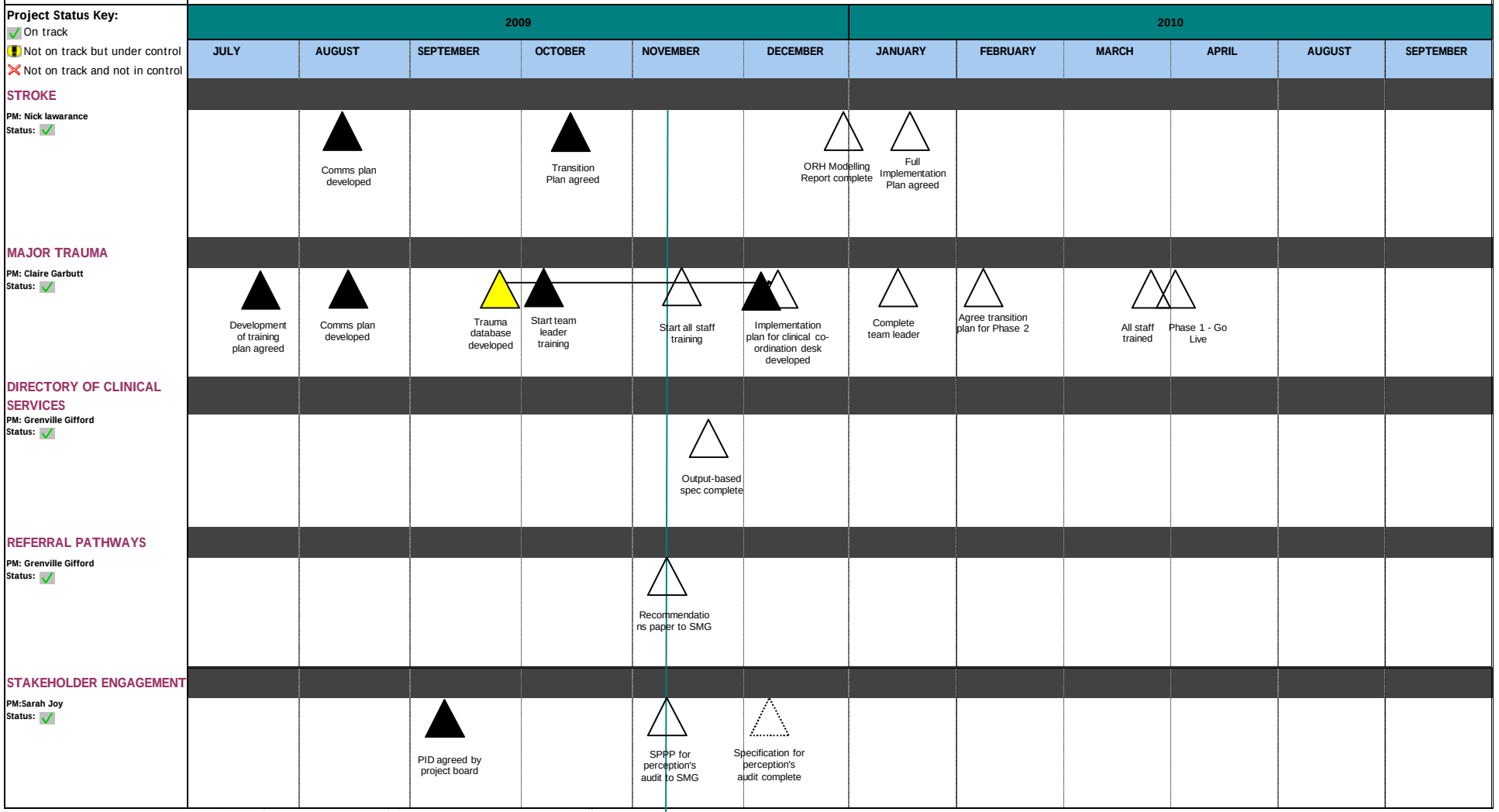


Legend

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

HEALTHCARE FOR LONDON - Workstream Summary

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



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

PROGRAMME: Performance and Service Delivery Programme

REPORTING PERIOD: 11 November 2009

PROJECT STATUS SUMMARY: 22 13 2 3

Key

- **On track**
- **Not on track but in control**
- **Not on track and not in control**
- **No plan or no report**

PROGRAMME SUMMARY

Workstream 1 – Technology	
CAD2012 (Nick Evans)	
Data warehouse (James Cook)	
LARP (Rony Zaman) (London Ambulance Radio Project)	
PTS system upgrade (Robert Utchanah)	
TEASHIP (Grenville Gifford) (Text Emergency Access for Speech or Hearing Impaired People)	
e-PRF	
Workstream 2 – A&E Capacity Production	
First and co-responders (Chirs Hartley-Sharpe)	
Hospital turnaround projects (Helen Lew)	
Roster reviews (Julia Hilger-Ellis)	
Annual leave (Steve Sale)	
Resourcing to ORH plan across 168 hours (Gareth Hughes)	
Mobile office (Michael McGinn)	
Workstream 3 - A&E Resource Distribution	
Performance oversight (Andy Heward)	
Single responders (Steven Kime)	
Urgent care despatching (Robert Cox)	
Ambulance activation reduction (30secs) (Peter McKenna)	
FRU activation reduction (15 secs) (Jon Knott)	
Active area cover (Andy Heward)	
Rest breaks (Andy Heward)	

Workstream 4 – A&E Infrastructure	
Vehicle fleet procurement (Nick Pope)	
Event control rooms (Andrew Zogbi/Aysha Haynes)	
Logistics and fleet review (Chris Vale)	
Emergency preparedness review (John Pooley)	
New workshop commissioning (Chris Miles)	
Control rooms (Andrew Zogbi)	
Real time fleet management information (Chris Miles)	
Workstream 5 – Corporate processes	
Staff administration (Jonathan Nevison)	
Performance measurement phase 3 (David Hodgkinson)	
VRC process improvement (David Hodgkinson)	
The Intelligent Trust (Stephen Moore)	
Electronic expenses (Steve Martindale)	
Inventory management (David Hodgkinson)	
Incident data records (Jonathan Nevison)	
Workstream 6 – Foundation Trust and corporate governance development	
Finance (Evan Stewart)	
Governance and membership (John Wilkins)	
Business strategy and marketing (Stewart Chandler)	
Commissioning engagement (Stewart Chandler)	
Business Plan (Kerrie Martsch)	
Workforce development (Caron Hitchen)	
Consultation and communication (Angie Patton)	

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.

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 timelier 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 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. Due to 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.

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ePRF (Electronic Patient Report Form)
Project Manager: John Wise

The weaknesses of the paper-based PRF system are well understood and documented. Its reporting capability is limited; its data capture processes are inherently inefficient and inaccurate; it is inflexible in response to changing requirements; its day-to-day operation involves an inappropriate use of clinical staff time.

The ePRF technology overcomes these limitations and provides the Service with a far more effective means of supporting its own strategic initiatives and those of the wider of NHS.

The aim of this project is to implement an ePRF which has the capacity to capture a complete and accurate set of personal, operational and clinical data for each patient encounter and to transmit it in real time for immediate access both within the service and by outside agencies such as receiving destinations and GP surgeries. It also provides paramedics on-scene with a repository of clinical guidance to support their decision-making about patient treatment and conveyance.

PRODUCTION WORKSTREAM

OVERVIEW OF OPERATIONAL WORKSTREAM PROJECTS
First and Co-responding schemes **Project Manager: Chris Hartley-Sharpe** **Project Executive: Martin Flaherty** 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.
Hospital Turnaround **Project Manager: Helen Lew** **Project Executive: Lizzy Bovill** There are 3 projects within the scope of the 'Hospital turnaround projects portfolio' which aim to provide central enablers to support the business change to reduce hospital turnaround times through local implementation. Project 1: Hospital process project: To process map eight hospitals across London (Mayday, Princess Royal, Ealing, West Middlesex, Barnet, Chase Farm, Queens & Whipps Cross) with lengthy hospital turnaround times and identify bottlenecks and issues which are affecting the hospital processes and causing delays to the LAS. This work will allow the hospitals to be benchmarked against hospitals that have shorter turnaround times, and to share best practice. The output of this project will be a detailed report of the study and recommendations to improve the clinical and patient handover, which will require local implementation. Project 2: Hospital escalation policies Working with NHS London, this project aims to obtain Trust bed escalation policies (for Acute and Foundation Trusts) to establish how the Trust communicate bed issues to the LAS. The project aims to identify similarities and differences, best practice and make recommendations for the potential development of a Pan London policy. Project 3: Marketing & Communication project This project is focused internally within the LAS, and aims to scope the wider marketing and communication activities which are required to achieve a cultural change and reduce crew turnaround times (from handing over the patient to going green). Please note it is through the development of central enablers which will support local implementation, that a reduction in hospital turnaround time will be achieved. The reduction in hospital turnaround time will be as a consequence of the business change.
Roster Reviews **Project Manager: Julia Hilger Ellis** **Project Executive: Paul Gates** This project will review all the rotas in the Trust by station and then changes will be made to bring them in line with the ORH recommendations as funded by commissioners. The project already has reviewed the rotas in the East and South areas and changes have been identified to local managers. The local managers will then work with their staff on complex to change the rota's so as the cover is improved when demand required it. The West area will have completed this piece of work by the end of July 09. The first 40% of stations in each area have been identified against the highest demand. These rotas will be the ones changed first so as the performance gains and benefits can be realized readily.

The plan will have 40% or changes made by December 09 with a further 40% changed by the end of the financial year with the final 20% completed by the end of the first quarter next financial year.

The project is managed by area leads so as to keep the changes identified locally led.

Annual Leave
Project Manager: Steve Sale

The Annual leave review project is currently in the process of being scooped, the current policy is a trust wide document; however the greatest impact of the current policy falls on A&E operations.

The current annual leave year is in the process of transition from the traditional annual leave year April through to March to an individualised annual leave year based upon an individual staff members start date with the Trust. This change is being introduced to reduce the log jam of annual leave requests within the last quarter of the annual leave year which coincides with the peak demand time within operations. Also by staggering the annual leave year for individuals it should reduce the amount of annual leave carry over which in itself compounds the impact on resourcing.

The change of annual leave year has been agreed with our staff side who are actively supporting this change, a draft communication has been agreed and the intention is to implement the change from the 1st of September back dated to the 1st of April.

Resourcing to ORH Plan across 168 hours
Project Manager: Gareth Hughes
Project Executive: Richard Webber

ORH have now supplied the Trust a comprehensive Staffing plan for Ambulances' and FRU's.
The plan covers all 168 hours of the week by hour of day, day of week.
This initiative is to supply the tools to allow the Trust to monitor the Resourcing compliance from ProMis against the plan.
This will be broken down by Service, Area, Complex and Station.
Relief staff, overtime and finally AAC will be targeted to areas where compliance is not met.

Mobile Office
Project Manager: Michael McGinn
Project Executive: Jason Killens

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.

DISTRIBUTION WORKSTREAM

OVERVIEW OF OPERATIONAL WORKSTREAM PROJECTS
Performance Oversight (CDU/EOC) **Project Manager: Andy Heward** **Project Executive: Phil Flower** This workstream will scope and set up the performance management arrangements to give robust 24/7 oversight. It is currently envisaged that the CDU arrangements will be replaced by a robust set up in EOC
Single Responders **Project Manager: Steven Kime** This initiative will review the effective utilisation of single responders. It will cover FRUs, MRUs and CRUs and will oversee the tasking regime of these resources. The early intentions are that the responders will be moved the control of an individual allocator and a performance matrix produced to ensure that there is effective tasking and a reduction in dual dispatching.
Urgent Care Dispatching **Project Manager: Rober Cox** The purpose of this initiative is to review the dispatching regime for urgent care resources. The early intention of this project is to trial moving the dispatch of urgent care resources from UOC to the allocators in EOC whilst considering carefully the need to overview pre-planned work.
Ambulance Activation Reduction of 30 Seconds **Project Manager: Peter McKenna** This initiative will take forward the ORH recommendations whereby the activation time of ambulances is to be reduced by at least 30 seconds.
FRU Activation Reduction of 15 Second **Project Manager: Jon Knott** This initiative will review the tasking regime for FRUs and produce a reduction in activation of at least 15 seconds.
Active Area Cover (AAC) **Project Manager: Andy Heward** **Project Executive: Paul Webster** This initiative will review both the current AAC arrangement and ensure increased and appropriate usage of AAC deployments.
Rest Breaks **Project Manager: Andy Heward** **Project Executive: Paul Webster** This initiative is to review the allocation of breaks to maximize the allocation across all shifts with the intention of improving to over 80% allocation by year end.

INFRASTRUCTURE WORKSTREAM

OVERVIEW OF OPERATIONAL WORKSTREAM PROJECTS
Vehicle Fleet Procurement **Project Manager: Nick Pope** **Project Executive: Chris Vale** This project is responsible for delivering a 5 year fleet procurement and policy plan which was agreed by the Trust Board on 20th May 2008. This includes; ambulances, PTS, bariatric and training vehicles.
Event Control Rooms **Project Manager: Andrew Zogbi/Aysha Haynes** **Project Executive: Jason Killens** This project comprises the setting up and full implementation of an Event Control facility at Bow to manage major events (including the Olympic Games) until such time that new Control Room facilities for London have been established.
Logistics and Fleet Review **Project Manager: Chris Vale** **Project Executive: Richard Webber** The Operational Support Department (OSD) is in the process of implementing a new 3 year strategy to implement and consolidate the further business changes necessary to provide world class logistical support. The strategy has required that a further review of logistical and fleet services is carried out to ensure services are customer focused and robust. An agreed strategy will then be implemented by a delivery plan, setting milestones for each year. A number of substantive projects sit under the umbrella of the strategy. These include the reconfiguration of Fleet Workshops, vehicle procurement, enhanced logistics support, the retendering of Make Ready, and performance and quality improvements. A number of these projects sit in the LAS Corporate Governance and Process Programme. The infrastructure workstream seeks to ensure all aspects of the OSD portfolio is fully reviewed, also that business change is effected in a considered and measured fashion to support improvements in operational performance and clinical care.
Emergency Preparedness Review **Project Manager: John Pooley** **Project Executive: Jason Killens** This is work already underway within the Emergency Preparedness Unit and will ensure that the Unit is fit for purpose and that consideration is given to training and development of staff to further enhance the Trust's response to pre-planned events, major incidents and the Olympics.
New workshop Commissioning. **Project Manager: Chris Miles** **Project Executive: Chris Vale** 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.

Control rooms
Project Manager: Andrew Zogbi
Project Executive: Martin Flaherty

This project will scope, plan and then deliver 2 purpose built control rooms with sufficient capacity to provide resilience.

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.

OVERVIEW OF WORKSTREAM: CORPORATE PROCESSES AND GOVERNANCE TRANCH 3

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.

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.

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.

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: Steve Martindale

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.

Inventory Management
Project Manager: David Hodgkinson

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.

Incident Data Records
Project Manager: Jonathan Nevison

This project is a continuation of the IDR project to roll out collision investigation and IDR download skills and technical capability to more DSOs.

OVERVIEW OF FOUNDATION TRUST WORKSTREAM PROJECTS

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

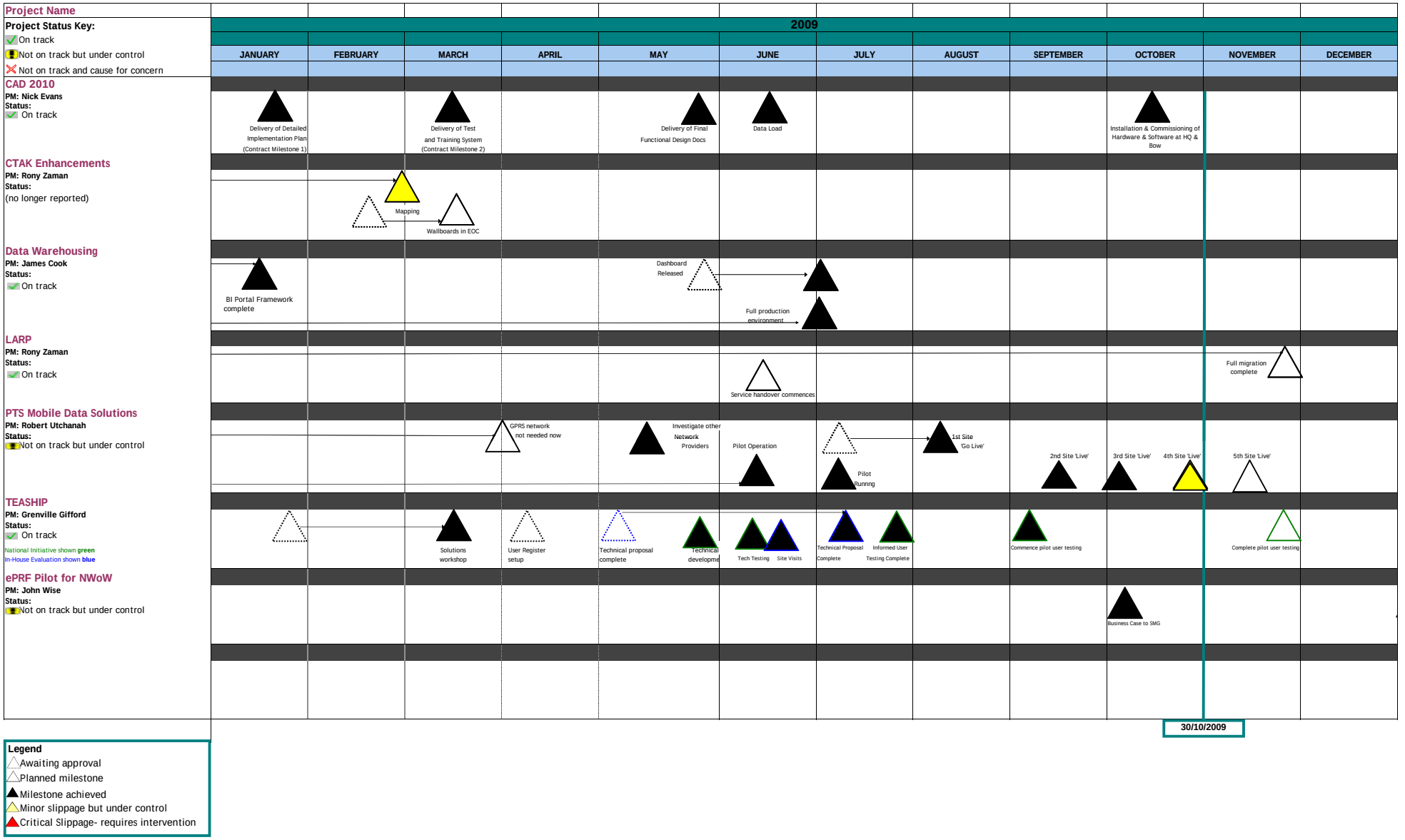
Consultation & Communication

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.

Access CfH Schedule Summary



WORK STREAM: PRODUCTION

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

2009 | 2010

MAY | JUNE | JULY | AUGUST | SEPTEMBER | OCTOBER | NOVEMBER | DECEMBER | JANUARY | FEBRUARY | MARCH

FIRST AND COMMUNITY RESPONDERS
PM:Chris Hartley Sharpe
PE: Martin Flaherty
Status: On track

- 12 Community Responder schemes live
- 2nd Trainer recruited
- Community defibrillator and resuscitation will come under the initiative.
- Community responders dispatched from new single responder desk
- 18 live community
- SPPP decision required
- Complete actions required for solo response desk project
- Re-write procedure for community responders
- 21 live community responder schemes
- 24 community responder schemes live by 01.04.10
- A total of 48 schemes initiated by 01.04.10

HTA:Hospital Processes Project (central project)
Project Executive: Lizzy Bovil
Project Manager: Helen Lew
Status: On track

- Project Initiation
- Site visits complete (x8 hospital)
- Draft Report production
- Report finalised
- Report circulated to AOMs, ADOs, Directors, Commissioners and NHS London.
  Project Closure: Delivery of the central enabler (the report of best practice, recommendations and tools) to use as the basis for local joint implementation.
- On-going business change at local level between AOMs and Acute Trusts (outside scope of project).
- 2009/10 target of 5 minute reduction in average hospital turnaround time. This is a joint target between LAS and Acute Trusts. As this is locally divien, this is outside the scope of the central projects.

HTA: Escalation matrix project (central project)
Project Executive: Lizzy Bovil
Project Manager: Helen Lew
Status: On track

- Project Initiation
- Deadline for Acute escalation policies
- Final cut-off deadline (Acute & FT)
- Start analysis of Escalation policies analysed
- 50% of escalation policies analysed
- Escalation policies analysed
- Policies analysed and 1st draft of report produced
- Project closure: Report signed-off and circulated
- On-going business change. The information in the escalation report will be used for discussions by LAS managers to ensure all Acutes report bed issues early on to the LAS and for disucssion during winter pressures. These discussions and outcomes are outside the scope of the project as this is part of business as usual.
- This piece of work is an enabler to contribute to the reducion in hospital turnaround time.

HTA: Marketing & Communication Project (central project)
Project Executive: Lizzy Bovil
Project Manager: Helen Lew
Status: On track

- Project Initiation
- Marketing research complete
- Communication channels identified
- Communications Dept engaged and key messages defined for winter communications.
- Comms roles & responsibilites defined
- RIB publications & leaflet production
- LAS news article to present work on hospital turnaround
- Publication of central work on pulse (reports, findings, tools etc).
- Business as usual: A dedicated Communications Officer has been asigned to ensure that hospital turnaround messages / commmunication activities are consistent and regularly publicised. This is on-going activity outside the scope of the project.
- This piece of work is an enabler to contribute to the reducion in hospital turnaround time.

HTA: 7 day challenge (central project)
Project Executive: Lizzy Bovil
Project Manager: Helen Lew
Status: On track

- Preparation and publicity
- 7 day challenge at Princess Royal University Hosptial
- MI data & analysis of activity data
- Draft report
- Project closure: Report signed-off and circulated
- The recommendations in this report will be used at a local level to implement process change at the Princess Royal. The methodology and findings in the report can tailored at a local level to target hospital turnaround time.
- This piece of work is an enabler to contribute to the reducion in hospital turnaround time.

ROSTER REVIEWS
PM: Julia Hilger Ellis
PE: Paul Gates
Status: On track

- Agree Milestones
- Initiate Project board
- PID Produced
- Review each station rota against ORH Recommendations
- Commence Rota Implementation
- Project board
- Obtain Project plan and progress docs
- Communication Plan complete
- Priority 1 Rota implementation
- Priority 2 Rota implementation

ANNUAL LEAVE
PM: Steve Sale
Status: Not on track but under control

- Recommendation to A&E SMT
- PID Produced
- Operation consultative forum agenda

RESOURCING TO ORH PLAN ACROSS 168 HOURS
PM: Gareth Hughes
PE: Richard Webber
Status: Being scoped

- Plan
- Area Plan
- Complex Presentation

MOBILE OFFICE
PM: Michael McGinn
PE: Jason Killens
Status: Not on track but under control

- Laptops selected
- Phase 1 trial starts
- Trial of two possible laptopns complete
- Final laptop chosen
- Cost Code Allocated & laptops ordered
- Communication & Training
- Project Closure: Laptops built & distributed
- Phase 2 - Trial (3 months): Laptops used by DSO's at relevant complexes
- End of 3 month Trial

01/11/09

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

WORK STREAM: DISTRIBUTION

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

2009

MAY | JUNE | JULY | AUGUST | SEPTEMBER | OCTOBER | NOVEMBER | DECEMBER | JANUARY | FEBRUARY | MARCH

PERFORMANCE OVERSIGHT
PM: Andy Heward
PE: Phil Flowers
Status: Being scoped

SINGLE RESPONDERS
PM: Jason Killens
Status: Being scoped

- East and South MRU desk operations merged (E/T Only
- Request CTAK changes via change
- Airwave goes live on MRU desk
- Trial new APL tracking at 100 metres or 1 minute refresh rate on MRU's
- 1. Dispatch staff rationalised to 1 paramedic 0630/1830, 1 Paramedic1130/2330 plus 1 EMD 24/7
- 2. Activation of CFR's, Co responders and static defibrillator sites transferred to single responders desk
- 3. Develop a dispatch protocol for static defibrillator sites
- 4. Develop an education piece for staff in EOC about what does not improve awareness of targets and action to deliver them
- **5. Switch CRU's from FREDA activation on codes similar to but to identical to FRU's**
- 6. Develop performance management matrix for single responders within this work stream and ensure delivery of data from MI
- **Exploit full use of Airwave with new APL (tracking) with refresh Rate of 100 meters or 1minute**
- 7. Investigate options for increa… frequency of CRU tracking updates
- 8. Programme MRU and CRU 'despatch walls' and input MPDS determinants re no back-up
- 9. Update briefing to be delivered to CFR teams
- 10. New CRU / MRU clinicians to be trained in readiness for and manning the SRD.
- **11. Develop automatic telephone dispatch system with automated message to all static defibrillator sites (similar to airport omni-crash …/stem)**
- 12. Improved tracking capability of CRUs to max of 100m and / or 1 minute
- 13. Operational clinicians to be phased out from SRD

URGENT CARE DESPATCHING
PM: Paul Woodrow
Status:

- PID Complete
- Communication & Training
- Start of trial period
- End of trial period

AMBULANCE ACTIVATION REDUCTION (30 SECONDS)
PM: Peter Mckenna
Status: Being scoped

- Formalise policy
- Reviewing patrol plans for each call sign
- New IPR Database being formulated
- Compl… review to sess layout …f stations
- All DSO vehicles equipped to go
- Migration of different call sign allocation across complexes
- Implementation of text faculty on the new digital handsets

FRU ACTIVATION REDUCTION (15 SECONDS)
PM: Jon Knott
Status: Being scoped

- Formalise policy
- Reviewing patrol plans for each call sign
- New IPR Database being formulated
- Complete review to sess layout …f stations
- All DSO vehicles equpped to go
- Migration of different call sign allocation across complexes
- Implementation of text faculty on the new digital handsets

ACTIVE AREA COVER
PM: Andy Heward
PE: Paul Webster
Status:

- PID Completed
- Baseline Initial Trajectories
- Revised Monthly targets Released
- 8000AAC Deployments per Month
- Review AAC allocation
- 9000AAC Deployments per Month

REST BREAKS
PM: Andy Heward
PE: Paul Webster
Status:

- PID Completed
- Baseline Initial Trajectories completed and
- Revised Monthly targets Released
- 50% resource allocated Rest Breaks
- 60% resource allocated Rest Breaks
- 70% resource allocated Rest Breaks
- Review rest break allocation

01/11/09

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

WORK STREAM: INFRASTRUCTURE

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

2009

MAY | JUNE | JULY | AUGUST | SEPTEMBER | OCTOBER | NOVEMBER | DECEMBER | JANUARY | FEBRUARY | MARCH

VEHICLE FLEET PROCUREMENT
PM: Nick Pope
PE: Chris Vale
Status:

- Completed PTS Bariatric vehs
- 25 Vehicles delivered
- Completed PTS Bariatric vehs
- Commence delivery of next 65 ambulances using alternative supplier
- Delivery of 65 Ambulances (completion of 100 build contract)

Event Control Rooms
Project Executive: Jason Killens
Project Manager: Andrew Zogbi
Status:

- IM&T Specs costed for
- Business Case finalised for Presentation and approval to SMG Board
- Sign off Floor plans proposal with Bow Department of Heads
- Trust Board Approval
- Project Initiation Doc & Project plan
- Agree IM&T/Estates
- Budget code Allocated
- Airwave Site Survey Complete
- Contracts Awarded IM&T/Estates
- Logistics move out of Cody Road

LOGISTICS & FLEET REVIEW
PM: Chris Vale
PE: Richard Webber
Status:

- Paper Produced
- Communication of new working arrangements to all fleet and operational staff

EMERGENCY PREPAREDNESS REVIEW
PM: John Pooley
PE: Jason Killlens
Status: Being scoped

NEW WORKSHOP COMMISSIONING
PM: Chris Miles
PE: Chris Vale

Project Has been running for 2 years and Reporting under CPG

Status:

- Agree design and layout of
- Agree specification of
- Staff agreement to pay and
- Staff Agreement to shift rosters
- Planning Subm
- Agree design and layout
- Communication of new working arrangements to all fleet and operational staff
- Mobile workshop
- Staff Agreement to shift rosters

Control Rooms
PM: Andrew Zogbi
PE: Martin Flaherty
Status:

- Project Brief draft circulated for review
- Inaugural Project Board Meeting
- Draft Stage 1 plan circulated for review

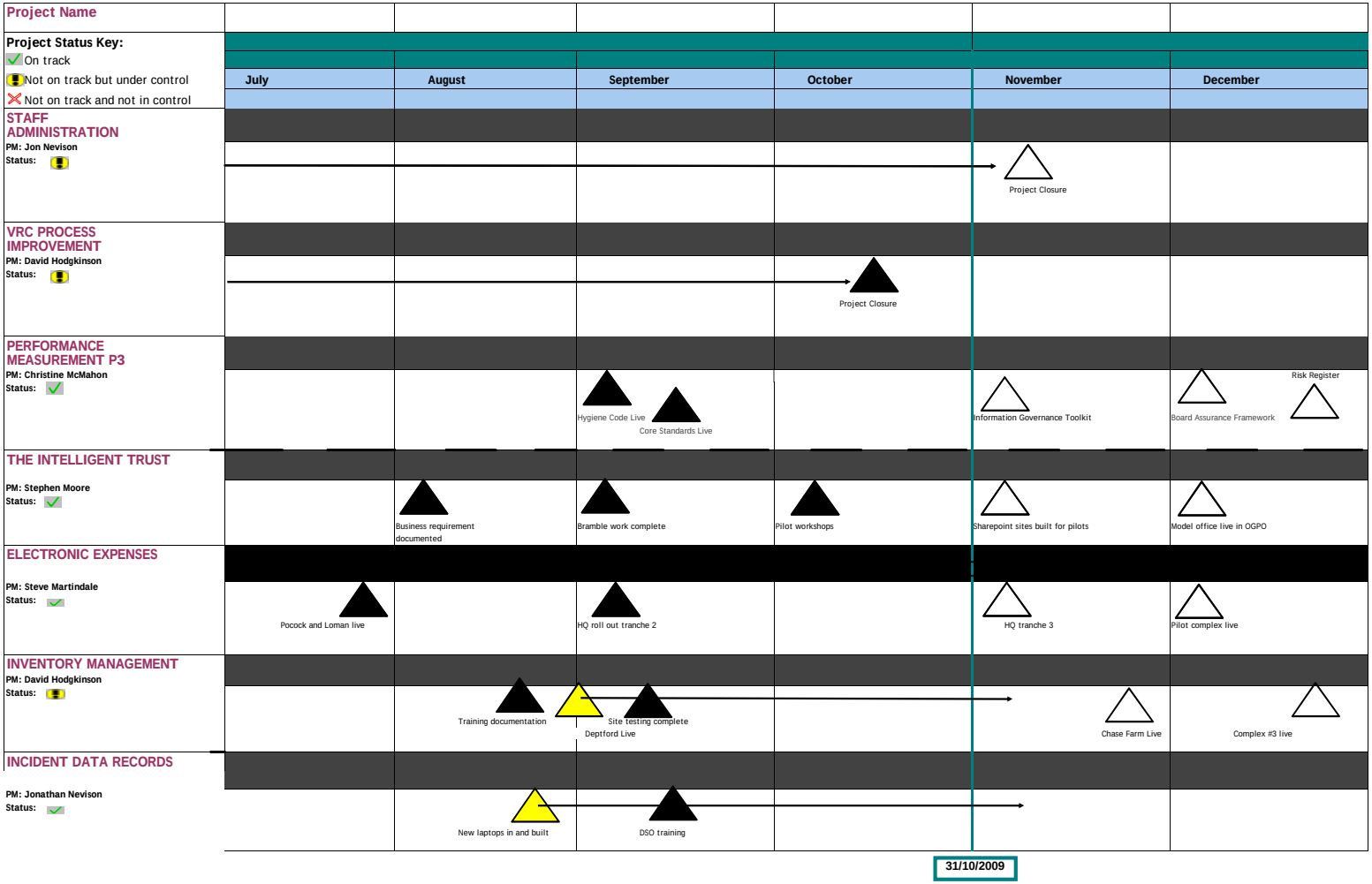
REAL TIME FLEET M/INFO
PM: Chris Miles
Status:

- Training
- Testing
- Implementation
- Post Implementation Review

01/11/09

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

Corporate Processes Governance Project Portfolio - Schedule Summary

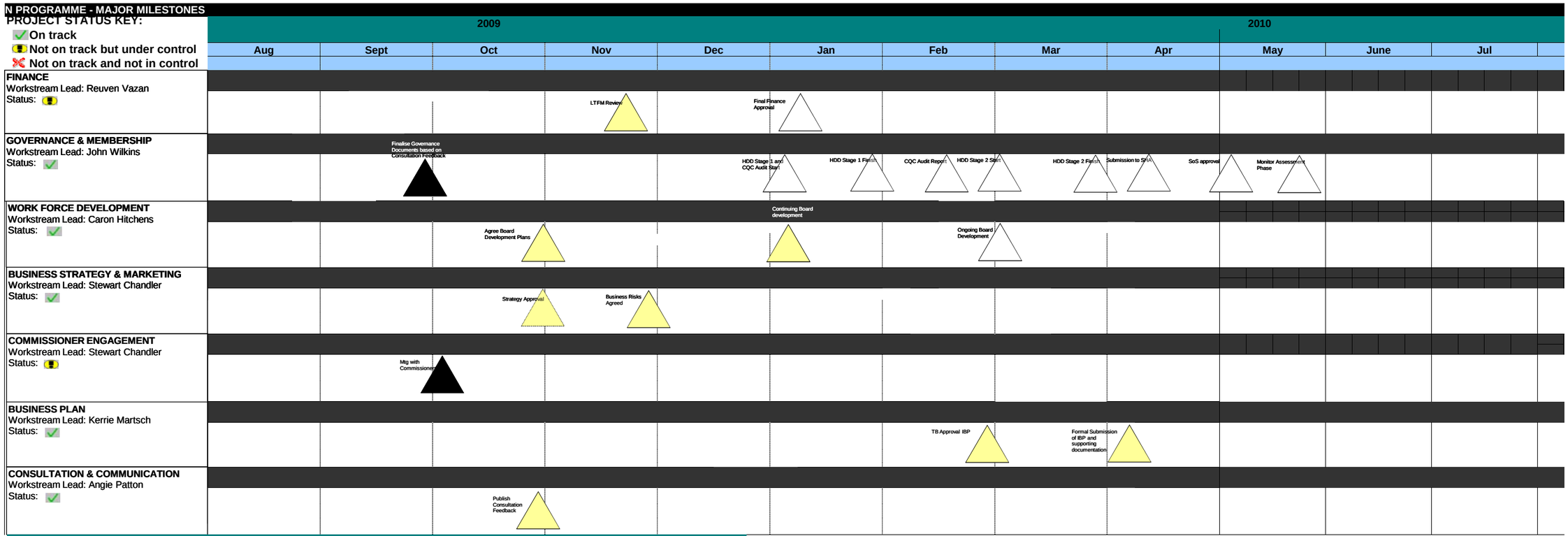


Legend

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

N PROGRAMME - MAJOR MILESTONES

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



Legend

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

PROGRAMME: London 2012 Olympic and Paralympic Programme

REPORTING PERIOD: 14/10/09 – 10 /11/09

PROJECT STATUS SUMMARY: **4** ▲ **1** ▲ **0** ▲

Key

▲ **On track**

▲ **Not on track but in control**

▲ **Not on track and not in control**

Programme Summary

The following projects are currently live:

Olympic Programme: Tranche 2	
Operational Planning (Alan Palmer)	▲
Workforce (Sandy Thompson)	▲
Skills Acquisition (Alan Taylor)	▲
Infrastructure and Support (Anna Parry)	▲
Communication and Involvement (Sandy Thompson)	▲
Commissioning Process (Anna Parry): CLOSED	

OVERVIEW OF OLYMPIC PROGRAMME TRANCHE 2 PROJECTS

T2P1: Operational Planning
Project Executive: Peter Thorpe; Project Manager: Alan Palmer
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 modeling 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 modeling 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 Parry; 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 Parry
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 are the finalisation of vehicle numbers/types and the commencement of any procurement / tendering process required.

T2P5: Communication and Involvement
Project Executive: Anna Parry; Project Manager: Sandy Thompson
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.

T2P6: Commissioning Project
Project Executive: Peter Thorpe; Project Manager: Anna Parry
This project has been introduced to oversee the production of the OIAMB outline business case and the subsequent commissioning process with NHS London and Richmond/Westminster PCT (i.e. lead PCT commissioner).

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 *(request for change)*					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 pre-planned aid co+1st responders 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	
T1P3: SKILLS ACQUISITION **Project Executive: Anna Parry** **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 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 Parry** **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 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		Commence tendering for vehicle framework Appointment of additional IM&T resource required for project completion	Review of IM&T high level requirements analysis and main planning assumptions and IM&T baselining	Specification, procurement, secure internal resource	Site identified for complex Risk and priority analysis End stage review and scope next stage
T1P5: COMMUNICATION AND INVOLVEMENT **Project Executive: Anna Parry** **Project Manager: Sandy Thompson** **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
T1P6: COMMISSIONING PROCESS **Project Executive: Peter Thorpe** **Project Manager: Anna Parry** **Status:** ✓ OIAMB Business Case Development + LAS Programme alignment with 2012 Safety and Security Strategy *						Complete project initiation Initial scoping meeting with OSD Meet with OSD to review LAS submission to CSP + LAS Programme (re) aligned with 2012 Safety and Security Strategy *	OIAMB Business Case v1 submitted to NHSL/R&TPCT + Challenge process: NHSL/ R&TPCT complete + OIAMB Business Case v2 submitted to NHSL/R&TPCT /DH +		Conduct End Project Review			

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

London Ambulance Service NHS Trust

TRUST BOARD - 24th November 2009

Document Title	CAD 2010 Update
Report Author(s)	Peter Suter
Lead Director	Peter Bradley
Contact Details	
Aim	

Key Issues for the Board

The objective of this paper is to provide an update of the CAD 2010 project.

In terms of overall control, the project is now entering a critical phase where plans will undergo a degree of change, mainly as a result of Requests for Change (RfCs) and problems associated with software delivery and testing. This paper seeks to provide a current assessment of the project and where there are issues, they are explicitly shown. A number of appendices are included to provide additional background information:

At this time there are a number of issues within the project, as indicated within this report. This is to be expected with a project of this scope and complexity. The current assessment is that these are manageable and that the project remains on track to achieve transition on 22 February 2011. The next full report will be to the Trust Board in March 2010.

Mitigating Actions (Controls)

Recommendations to the Board

The Trust Board are asked to;

- Trust Board to note the progress of the project.

Equality Impact Assessment

Has an EIA been carried out? N/A

(If not, state reasons)

Key Issues from Assessment

Risk Implications for the LAS (including clinical and financial consequences)

N/A

Other Implications (including patient and public involvement/ legal/ governance/ diversity/ staffing)

N/A

Corporate Objectives that the report links to

N/A

TRUST BOARD – 24 November 2009

CAD 2010 UPDATE

1. INTRODUCTION

1.1 The objective of this paper is to provide an update of the CAD 2010 project. At the Trust Board in September 2009, Ken Uffelman (NG responsible Director) and Peter Suter (Director of IM&T), presented an update paper and the overall plan for delivery. This is where, for the first time, the target date for transition was set as 22 February 2011.

1.2 In terms of overall control, the project is now entering a critical phase where plans will undergo a degree of change, mainly as a result of Requests for Change (RfCs) and problems associated with software delivery and testing. This paper seeks to provide a current assessment of the project and where there are issues, they are explicitly shown. A number of appendices are included to provide additional background information:

Appendix 1: Budget

Appendix 2: Most Significant Project risks

Appendix 3: Project Personnel

2. DESIGN AND DEVELOPMENT

2.1 The key activities during this stage are the design and development of the modifications required to meet those LAS requirements not fully met by the off-the-shelf CommandPoint product. The current stage ends with the completion of Factory Acceptance Testing (FAT). On behalf of the Project Board, John Downard, IM&T Head of Software Development & Support (Senior Supplier on the Project Board), will lead the LAS team to witness FAT at NG in Chantilly, USA.

2.2 In parallel with the NG design and development work, the LAS is carrying out internal design and development activities to enable integration between CommandPoint and legacy LAS applications. This includes the development of interface simulators that will be used by NG during development and testing.

2.3 Issue: There has been some difficulty with the simulators that has caused some delay in delivery to NG. It is, however, believed that this can be managed within the overall scope of the project timetable.

3. INSTALLATION AND COMMISSIONING OF COMMANDPOINT HARDWARE/SOFTWARE

3.1 CommandPoint servers and associated hardware have been installed and commissioned at LAS Headquarters and Bow. This was on time in terms of the agreed project schedule. The base CommandPoint application has been installed at both sites; the LAS specific version will be installed prior to commencing the user training.

4. REQUESTS FOR CHANGE (RFC)

4.1 Request for Change is predictably one of the most challenging aspects of this project. To date, twenty RfCs have been raised that relate to functionality enhancements to the original requirements and proposed contract changes. At the time of writing, the current situation is as follows:

Four have been agreed to be held until after cutover.

One has been rejected.

Eleven have been agreed and signed off.

Four remain outstanding, of which:

RFC 001: Relates to applying RPI to ongoing maintenance charges. Completion requires agreement on contract definition of RPI and should be concluded shortly.

RFC 003: Relates to changing the Transition approach. It is fair to report that this has been the most challenging to negotiate. The realignment of the contract milestones have now been agreed and final clarification by the respective legal teams is underway.

RFC 019 and 020: Relates to functional enhancement for PSIAM and LVM (Least Vehicle Movements). These are currently being assessed by NG.

4.2 In terms of software development, seven of these RfCs relate to functionality required at 'Go-Live', this includes RfCs 019 and 020 as detailed above. The current planning assumption is that these will be delivered within the existing project timetable.

4.3 Issue: This whole area of RfC management has proved both complex and challenging. Weekly meetings are scheduled to facilitate timely consideration and approval of RfCs and other contractual issues, reporting to the Directors of IM&T and Finance. The current priority in this area is the conclusion of all discussions around the contract modification to vary the transition approach and the seven RfCs required for 'Go Live'.

4.4 Given the scale and complexity of this project, further RfCs will be inevitable, particularly during testing and where, for operational reasons, further business process changes may demand system changes. Given the potential cost and associated time delay, every effort will be made to minimise these.

5. TRAINING

5.1 End-user training will be delivered by LAS Training Officers, supported by Work-Based Trainers (WBTs). Research during the development of the Final Training Strategy indicates that the duration of initial end-user training for all Control Services staff will be fifteen weeks. It is assumed that there will be a three week break in classroom training over the Christmas and New Year period, increasing the overall training timescale to eighteen weeks.

5.2 In order to reduce training fade, and based on advice from customer visits, a training facility will be created at LAS Headquarters to enable all Control Services staff to undertake periods of 'refresher training' during their operational shifts. Given that the Event Control at Bow will be completed by August 2010 (ahead of CAD 2010 training), the current plan is to use the Incident Control Room (ICR) for this purpose. This will not affect the ability to operationally use the ICR if required.

6. TESTING

6.1 It is essential that the CommandPoint system is comprehensively tested before it is deployed in the live environment. The previously defined three stage approach, Factory Acceptance Testing (FAT), Site Integration Testing (SIT) and User Acceptance Testing (UAT), remains unchanged.

6.2 During the second stage (SIT), there will be requirement to use the live interfaces for testing. This will require careful planning and co-ordination and may require some periods of complete or partial CTAK downtime.

7. TRANSITION

7.1 The Detailed Transition Plan is currently under development. This will describe the activities to be undertaken in the periods prior to, during and immediately after the cutover from CTAK to CommandPoint. Recent experience of the CTAK hardware transition will be used to inform the overall plan.

8. SUPPLIER ENGAGEMENT

8.1 Jackie Nostaja (NG Project Manager) and Steve Watson (NG Technical Manager) are based in London. Ken Uffelman (NG Director Lead) attended the last Trust Board meeting and regularly communicates with the Director of IM&T. A comprehensive Project Review with these staff took place on 17 November 2009. Key objectives included a thorough review of the current project status and finalisation of the Project Plan to achieve the agreed transition date. It is envisaged that this type of review will become a regular feature of the project.

8.2 NG's UK Chairman and other senior NG Executives recently met with the LAS Chairman, Chief Executive and Deputy Chief Executive. This was helpful in providing further confirmation of NG's commitment to the project.

8.3 The Deputy Chief Executive, Director of Operations and Director of IM&T visited NG reference sites in the USA during the first week of October 2009. They went to the LAPD where NG was the prime contractor in bringing live two new control centres, Chicago which is a multi-agency control centre using a NG CAD, and New York which has a very old NG CAD system. There was also an opportunity to visit NG offices in New York and see a presentation on the NG private wireless network that encompasses all of Manhattan. This is for emergency services and utilities only. The whole visit re-affirmed confidence in the capability of NG to deliver the CAD 2010 project.

9. NOTIFICATION OF CHANGE OF PROJECT MANAGER

9.1 NG has just formally notified the LAS that for personal reasons, Jackie Nostaja has resigned and will leave before Christmas 2009. The immediate plan is for Susan Connell, the USA-based Deputy Project Manager to assume responsibility for the project. This will then be followed by a transition back to a London-based Project Manager as soon as possible. Susan will be attending the project review meeting on 17 November. Appendix 3 of this paper does not reflect change.

9.2 The CAD 2010 Project Board and Project Team would like to record their thanks for the significant contribution that Jackie has made to the project and wish her well for the future Her dedication, drive and enthusiasm have assisted greatly in moving the project forward.

9.3 Issue: This was an unexpected announcement and the change-over arrangements will require careful management.

10. BUDGET

10.1 Appendix 1 provides information on the Project Budget.

10.2 Table 1 identifies the cost of the contract with Northrop Grumman, taking into account the five agreed contract modifications. The value of the revised contract, incorporating the modifications is £9.75M, compared to the original contract value of £9.81M.

10.3 Table 2 identifies the currently identified overall project costs, comparing these to those identified in the Full Business Case. The projected project cost is £24.01M, compared to £25.52M identified in the Full Business Case. The main changes are the transfer of CTAK maintenance and EOC backfill costs to the relevant department budgets.

10.4 The project maintains detailed account sheets showing pre-planned, actual and projected costs for the current financial year. Appendix 1 contains a summary of the position for the financial year 2009/10.

11. CONTRACT MILESTONES

11.1 NG has provided all deliverables due under Contract Milestone six – Installation and Commissioning. They have submitted an invoice for £1,131,683 which has been passed for payment.

11.2 The next scheduled contract milestone is Milestone five (they are not sequentially numbered) – Development, which will be achieved following successful completion of Factory Acceptance Testing, currently planned for February 2009. The payment due to Northrop

Grumman on achievement of this milestone is £2,652,906. The exact date of the milestone will be confirmed once all outstanding RfCs and Contract Modifications have been finalised.

11.3 Further contract milestones are scheduled at key points up to and beyond the cutover. These are currently the subject of discussions between the LAS and NG and will be confirmed once all contract modifications have been finalised.

12. PROJECT RISKS

12.1 The Project Risk Log lists all the identified risks to the project. The risk profile has not changed since the previous report. There are eight risks with a significance of twelve or greater; these are listed within Appendix 2. The risks are under constant review by the Project Manager and were discussed at the Project Review meeting on 17 November 2009.

13. TRUST BOARD ASSURANCE

13.1 Details of the Trust Board's assurance arrangements were provided in a previous Trust Board report. In brief, these are the Gateway Review, oversight by two NEDS supported by an external consultant, the CEO, the SMG and the Trust's audit arrangements. Since the last Trust Board, an audit report has been received in relation to the technical procurement process. Overall, this was complimentary and did not raise any significant areas of concern.

14. CONCLUSIONS

14.1 At this time there are a number of issues within the project, as indicated within this report. This is to be expected with a project of this scope and complexity. The current assessment is that these are manageable and that the project remains on track to achieve transition on 22 February 2011. The next full report will be to the Trust Board in March 2010.

15. RECOMMENDATION

Trust Board to note the progress of the project.

Peter Suter
Director of IM&T
CAD 2010 Project Executive

APPENDIX 1 – BUDGET

TABLE 1: Northrop Grumman Contract Costs (£)

	2008/09	2009/10	2010/11	Total
Value of original contract	2,583,594	4,771,589	2,453,186	**9,808,369**
Contract modification 3		(57,667)		**(57,667)**
Contract modification 4		265,997		**265,997**
Contract modification 5		(133,117)	(133,117)	**(266,234)**
	2,583,594	**4,846,802**	**2,320,069**	**9,750,465**

TABLE 2: Overall Project Costs (x £1000)

	2008/09	2009/10	2010/11	Total
Approved FBC Costs	8,159	10,363	7,003	**25,525**
Removal of CTAK costs from budget	(490)	(353)	(264)	**(1,106)**
Transfer of testers	(249)	249		**(0)**
Reduction in EOC Float	(50)			**(50)**
Senior Project Officer		47	47	**94**
Northrop Grumman Revised Costs @ contract stage		(145)	116	**(29)**
transfer of EOC Backfill to EOC budget		(540)		**(540)**
Pay Increases		38	38	**75**
VAT Regulatory Change		146		**146**
Other minor charges	(19)	(91)	5	**(105)**
	7,351	**9,714**	**6,945**	**24,010**

FY 09/10

The project maintains quite detailed account sheets of:

- Pre-planned costs
- Actual cost
- Forward-planning costs

at both 'Project' and 'Trust' levels

Explanation

Project Level: Costs incurred by the project that are additional to those that the LAS would otherwise incur – i.e. backfill funding for human resources allowing host units to re-engage. Generally these are the costs that are under the control of the Project

All figures are reported as 'Project' Costs

Trust Level: Costs of resources utilised by the Project in the course of the resource performing the usual Trust duties – i.e. no backfill funding enabling hosts units to re-engage.

Pre-Planned Project Costs:
£7,543,748
Comprising:

- **£1,173,022 Revenue**
- **£6,370,726 Capital**

This is the budget allocated to the Project Manager by the Project Board. It excludes the contingency funding of £2,170,421 approved by the Trust Board, which is managed by the Senior Finance member of the Project Board, for release under Project Board control.

Although the Project Board has approved some contingency funding, none has yet been applied to these project accounts. This will be applied following confirmation and clarification from the Senior Finance member of the Board.

The planned costs in these accounts reflect the original contract as agreed with Northrop Grumman. The costs will by adjusted following execution of the agreed contract modifications.

Actual Project Costs:
£2,288,475 (includes all currently known costs incurred **to end October 2009**)
£3,550,123 (includes approved milestone 6 payment to NG to be **incurred in November 2009**)
Comprising:

- **£656,866 Revenue**
- **£2,893,257 Capital**

Leaving a balance of £3,993,625
Comprising:

- £516,156 Revenue
- £3,477,469 Capital

Forward-planning Project costs:
£7,694,240 (includes a Capital cost of £265,997 for the 'gazetteer' RfC for which the Project Board has approved funding from contingency but has not yet been applied to the account).
Comprising:

- **£1,153,567 Revenue**
- **£6,540,678 Capital**

Leaving a current balance of -£150,492 (prior to application of contingency)
Comprising:

- **£19,460 Revenue**
- **-£169,952 Capital**

The forward planning costs in these accounts reflect the original contract as agreed with Northrop Grumman. The costs will by adjusted following execution of the agreed contract modifications, resulting in variation of payments due to NG. These include a reduction in capital of £133,112 at Milestone 5 and a reduction in capital of £57,667 at Milestone 6.

APPENDIX 2: MOST SIGNIFICANT PROJECT RISKS

Risk 095 - Insufficient Floor Walkers (P4, I4)
Summary: There is a risk that the planned number of WBT/Testers and other staff available to provide 'Floor Walker' support, within the Control Room, during implementation of CommandPoint, will be insufficient leading to performance degradation, extending the period of 'Floor Walker' support and/or the delivery of additional training or regression to CTAK, causing cost and time overruns.

Mitigation actions: Early recruitment of full complement of Work Based Trainer/Testers. Identification of all other LAS personnel who could fulfil this role. Should additional resources be required, this will be addressed through discussions internal to the LAS and with Northrop Grumman, identifying additional resources required to be available at and post 'Go-Live'. Identification of 'expert users' on each watch during initial user training who could fulfil floor-walking role.

Risk 094 - Significant Service Impact interrupts or delays training (P4, I4)
Summary: There is a risk that the Service will suffer a significant detrimental impact to the resource capacity of the Control Room (for example, through increased REAP level, high volume sickness, major incident). This would lead to reduced attendance at training; or the cancellation or postponement of the training schedule, resulting in an extension of the training period and a delay in the date of 'Go Live', causing a cost and time overrun.

Mitigation actions: Seek agreement that CommandPoint training should be outside of REAP. 'Float' of Control Room staff provides additional capacity to minimise disruption to Control Services business as usual.

Risk 097 - Skills Maintenance Training not sufficiently supported (P4, I4)
Summary: There is a risk that the Skills Maintenance Training does not receive sufficient support and co-operation from Control Services managers, leading to training fade and skills degradation, resulting in the preparation and delivery additional training, causing a cost and time overrun.

Mitigation actions: Control Services managers have been fully engaged during planning of training approach. The output of this work, the Final Training Strategy, clearly identifies that Control Services managers are responsible for ensuring attendance at maintenance training. Attendance at maintenance training will be monitored by Training Officers, who will escalate all instances of non-attendance to the appropriate management authority. Maintenance training will be provided at LAS Headquarters to reduce time spent away from normal duties and minimise disruption to Control Services operations.

Risk 092 - Loss of Key Personnel (P3, I4)
Summary: There is a risk that key personnel may become unavailable due to unforeseen events, for example accident or illness, causing a lack of knowledge and capability in areas crucial to the success of the project, resulting in delay to the project whilst a replacement resource is identified and recruited.

Mitigation actions: The resource plan identifies "Lead", "Assist" and "Support" resources for all key project activities to ensure that activities can continue if lead resource becomes unavailable.

Risk 091 - Inability to Recruit/retain Control Room Staff (P3, I4)
Summary: There is a risk that an inability to recruit and or retain sufficient numbers of Control Services staff will prevent the EOC Resource Centre from releasing the number of staff to support the planned training programme, leading to time and cost overruns

Mitigation actions: Early recruitment of 'float' staff to ensure sufficient staffing of EOC to support training activities.

Risk 081 - Training fade (P3, I4)
Summary: There is a risk that the Skills Maintenance Training will not sufficiently reduce training fade or prevent skills degradation, resulting in the preparation and delivery of additional training, causing a cost and time overrun.

Mitigation actions: The Final Training Strategy addresses this by limiting the duration of pre go-live training and including compulsory maintenance training to ensure retention of learning.

Risk 010 - Interfaces with MDT and Legacy Systems (P3, I4)
Summary: There is a risk that the development of interfaces with MDTs and other legacy systems will prove to be more complex than anticipated, resulting in a need for additional discussions between the LAS and the supplier to clarify technical details, resulting in cost and/or time overrun.

Mitigation actions: Early investigation, documentation and discussion of current interfaces to CTAK in order to identify potential issues. The development of interface simulators will enable testing of interfaces during development activities in advance of Factory Testing. All live interfaces will be fully tested during Site Integration Testing and User Acceptance Testing.

Risk 009 - Lack of User Buy-In (P3, I4)
Summary: There is a risk that lack of buy-in to the solution by operational users will cause cost and/or time overrun, especially during implementation.

Mitigation actions: Early communication with operational users, including CommandPoint bulletin to update users on current position of project. Close engagement with staff side, including identification

Appendix 3: Project Personnel

Project Board:

Name	Role	Main Responsibility
John Hopson	Senior User (1)	Assistant Director responsible for ensuring user aspects of the project.
Martin Flaherty	Senior User (2)	As for Senior User (1), but added remit on behalf of SMG.
John Downard	Senior Technical	All aspects of the projects technical delivery.
Kathy Jones	Service Development	Business perspective.
Keith Miller	Senior Training	Responsible for delivery of user training.
Martyn Salter	Senior Finance	Financial perspective.
Peter Suter	Project Executive	Overall delivery of the project.

Project Team:

Name	Role	Main Responsibility
Nick Evans	Project Manager	Project controls, scheduling, day to day delivery.
Richard Deakins	Procurement Lead	Leading contract negotiations with NG.
Colin Strugnell	Senior Project Officer	Expert user. CommandPoint subject matter expert.
Les Taylor	Technical Lead	Co-ordination of LAS technical activities.
Susannah Money	Project Officer	General Project Work as directed by Senior Project Officer and Project Manager.
Gemma Fletcher-Smith	Project Officer	General Project Work as directed by Senior Project Officer and Project Manager.
Jubli Begum	Project Support Officer	Configuration Management.
Ian Pentland	Project Consultant	Project Management Support.
Crispian Jago	Test Manager	Planning and co-ordination of Testing Activities.
Barbara Shepstone	Business Analyst	Documentation of current and future business processes.
Rita Bicette	Training Lead	Delivery of end user training.
Jackie Nostaja	NG Project Manager	Project controls, scheduling, day to day delivery.
Steve Watson	NG Technical Manager	Co-ordination of NG technical activities.

London Ambulance Service NHS Trust

TRUST BOARD - 24th November 2009

Document Title	**Proposed timeline for the application to become and NHSFT**
Report Author(s)	**John Wilkins**
Lead Director	**Sandra Adams**
Contact Details	
Aim	**To update the Trust Board on the timescales for the application and the process for producing the Integrated Business Plan**

Key Issues for the Board

1. Timeline proposed takes the application through the stages of historical due diligence, SHA and DH approval, and authorisation by Monitor;
2. Authorisation would be sought in November 2010;
3. Key dates and milestones are identified in the diagrams;
4. The timescale is dependent upon work commencing in December 2009;

Commissioner engagement will be sought during the development of the IBP with the aim of 2010/11 service and financial plans forming Year 1 of the IBP.

Mitigating Actions (Controls)

Project group reconvened and chaired by the Director of Corporate Services;

Routine reporting to SMG and the Trust Board – standing agenda items.

Recommendations to the Board

To consider and approve to the timeline for the FT application.

Equality Impact Assessment

Has an EIA been carried out? Not at this stage.

(If not, state reasons)

Key Issues from Assessment

Risk Implications for the LAS (including clinical and financial consequences)

Resources – senior management, Trust Board, and associated teams. Project management costs will need to be continued into 2010/11.

Other Implications (including patient and public involvement/ legal/ governance/ diversity/ staffing)

Achievement of Cat A8 and significant progress towards Cat B19;

CQC unconditional registration from April 2010;

Commissioner support.

Corporate Objectives that the report links to

2009/10 service objective no 12: to successfully apply to become a foundation trust.

London Ambulance Service NHS Trust

Proposed timeline for the application to become an NHSFT

24th November 2009

1. Introduction

The aim of this report is to update the Trust Board on the timescales for our application and the process for producing the Integrated Business Plan (IBP) which is the cornerstone of the application.

2. Timeline for application

The diagram attached (appendix one) sets out the dates agreed for meetings of the Board, SMG and Executive Committees to produce an indicative timeline for the production of the IBP.

The IBP will be ready for the Board to sign off at its meeting to be held on 30th March, 2010. Between now and March, the timescale includes key dates where the Board and the Executive Team will be reviewing components of the IBP and familiarising itself with the detail of it. This will enable the Board to prepare for the Board to Board assessment after completion of Stage 2 historical due diligence in June 2010.

2.1 CQC Registration

The Board is asked to sign off the core standards declaration for 09/10 elsewhere on this agenda. The full registration submission to the CQC will be submitted to the Trust Board meeting on 26th January 2010.

As set out in the progress report on the application to become an NHSFT presented to the Board on 29th September, the CQC will be undertaking an organisational risk profile at the same time as stage one of the historical due diligence process.

3. Process for developing the IBP

The task and finish group has now been constituted by the Director of Corporate Services and the current gaps in the existing IBP reviewed. Plans for updating the IBP are set out in the timeline and include a summary of key points to be included in each chapter. Work will be undertaken in December and January to refresh the Marketing assessment work that took place in October 08. This will enable the marketing chapter of the IBP to be further progressed. This will also provide the opportunity to assess the financial impact of the assessment and to build this into the long term financial planning model supporting the IBP.

At the first meeting of the Group, it was suggested that the Board and SMG review and update the strategic goals and objectives, market assessment options and financial assumptions together with longer term plans in December, with a view to signing off the IBP in March 2010. The intention is that the financial and service plans for 2010/11, agreed with commissioners, are those of Year 1 of the IBP 2010-2013.

4. Engagement with Commissioners

When the above development of the IBP chapters referred to in this report has been completed, there will be a sequence of workshops with commissioners arranged incorporating discussion on the commissioning intentions going forward. In this way, it is hoped to anticipate and collaborate with commissioners so they are able to support our application as advised in the feedback from the pilot diagnostic preparatory phase.

John Wilkins
November 2009

12/10
RCAG

14/10
SMG

19/10
CGC

27/10
SDC Away Day

9/11
Audit Committee

11/11
SMG

24/11
Trust Board

4/12
SMG Away Day

15/12
SDC

01/10/09

1/11

1/12

01/01/10

1/10
RCAG
Papers Due

2/10
SMG
Papers Due

7/10
CGC
Papers Due

27/10
Strategy Risk Board

28/10
Audit Committee
Papers Due

30/10
SMG
Papers Due

10/11
Trust Board
Papers Due

24/11
CQC Core Standards
09/10 Declaration

24/11
Risk Management Workshop & Review
Leading to:
BAF, Corp risk reg

3/12
SDC
Papers Due

15/12
Governance Return Q3
CSR progress
IBP Governance & Risk Chapters
Strategy 10/11 Business Planning assumptions

12/4 - 1/6
CQC Audit

1/1 - 31/3
Board Development

12/4 - 30/4
Historical Due Diligence Stage 1

2/6 - 22/6
Historical Due Diligence Stage 2

6/1
SSG

13/1
SMG

25/1
CGC

26/1
Trust Board

3/2
SMG

8/2
RCAG

23/2
SDC

8/3
Audit Committee

10/3
SMG

30/3
Trust Board

14/4
SMG

19/4
Clinical Gov

5/5
SSG

12/5
SMG

17/5
RCAG

25/5
Trust Board

7/6
Audit Committee

29/6
SDC

1/2

1/3

1/4

1/5

1/6

01/01/2010

30/06/2010

1/1
SMG
Papers Due

15/1
Trust Board
Papers Due

13/1
CGC
Papers Due

27/1
RCAG
Papers Due

11/2
SDC
Papers Due

24/2
Audit Committee
Papers Due

25/2
SMG
Papers Due

15/3
Trust Board
Papers Due
Business Plan
& LTFM

30/3
Governance
Q4 Return

30/3
Reqs for HDD1

30/3

27/4
SDC

9/6
SMG

12/1
Market
Assessment
Update

26/1
Governance CQC
registration submission
Market Assessment
Workshop

3/2
Market
Assessment
Chapter

10/3
Business Plan
& LTFM

TB sign-off

- IBP 2010 – 2013
- Business / Annual Plan 2010/11 as year 1 of 3 year IBP
- Financial plan incorporated on this

To Be Near Completion for HDD S1

- LTFM
- IBP
- TB Structure
- Council of Governor Structure
- Committee Structure
- IFRS Adoption

Key dates only up to – Nov 10
TB: 27/7, 28/9, 30/11
SDC: 31/8, 26/10
Audit: 13/9, 8/11
RCAG: 23/8, 22/11

SMG Dates
14/7
11/8
15/9
13/10
10/11

- Indicative tasks

01/01/2010 - 31/03/2010
IBP Review

Stages of IBP Delivery Process

01/01/2010 - 28/02/2010
IBP Review 1

IBP Review 1
IBP Group
Chapters for Review

Service Development
- Internal Capacity/SWOT
- Strategy – compatibility with commissioners plans
- Future Initiatives

Finance
- Sensitivities
- Projections
- Historical Analysis
- Cost Drivers

Governance
- Council of Governors
- Corporate Governance Committee Structure
- KPI
- Assurance Framework
- Compliance Framework
- Risk Management

Leadership & Workforce
- Workforce KPIs
- Workforce Planning
- Trust Board
- Trust Executive
- Workload Profile
- Staff Engagement

01/02/2010 - 31/03/2010
IBP Review 2

IBP Review 2
IBP Group
Chapters for Review

Strategy
- Alignment of existing business strategies

Market Assessment
- Updated PEST analysis

Service Development
- Updated SWOT analysis

Finance
- Sensitivities
- Projections
- Historical Analysis
- Cost Drivers

Risk
- Summary of key business risks
- Risks identified in Finance, Strategy and other Core IBP
- Sensitivity analysis

01/01/2010

31/03/2010

01/01/2010 - 31/03/2010
IBP Review

IBP Review
IBP Group
Chapters for Review

Strategy
- Strategic Direction
- Strategic Architecture
- Market Strategy
- Enabler Strategy
- Business Strategies
- Benefit Realisation
- Rationale for FT Status

Market Assessment
- Description of LHE
- Map of LHE
- Key Factors Driving Demand
- Objectives of LHE
- Contribution to LHE Objectives
- Competitive Analysis
- PEST

Risk
- Summary of Key Business Risks
  - Strategic
  - Finance
  - Operational
  - IT
  - HR
- Mitigation Summary
- Sensitivity Analysis

IBP Review - IBP Group

Review Frequency:

IBP Group – Weekly
SMG – Monthly
TB – Monthly
SSG – Jan, March

London Ambulance Service NHS
NHS Trust

TRUST BOARD - 24th November 2009

Document Title	**M7 Finance Board Pack**
Report Author(s)	**Finance Department**
Lead Director	**Michael Dinan, Director of Finance**
Contact Details	**020 7783 2041**
Aim	**Approve Event Control Room Business Case**

Key Issues for the Board

Review the attached summary business case for an Event Control Room. A full combined business case is available for board review.

The business case requires a capital spend of £993k in FY 2009/11. It is included in current financial plans and is affordable

Mitigating Actions (Controls)

Approved business case will be managed through LAS Programme Management Process plus will be subject to LAS budgetary controls

Recommendations to the Board

Approve Business Case

Equality Impact Assessment

Has an EIA been carried out? No

(If not, state reasons)

Not yet. An EIA will be carried out on approval of the business case

Key Issues from Assessment

Risk Implications for the LAS (including clinical and financial consequences)

Approval will reduce reliance on Waterloo HQ building as primary control when managing major events

Other Implications (including patient and public involvement/ legal/ governance/ diversity/ staffing)

Corporate Objectives that the report links to

Delivery of appropriate care

Business Case Summary

Strategic Case

The LAS requires a bespoke Events Control Room (ECR). This will improve the existing capability to manage large scale events such as New Years Eve and the Notting Hill Carnival.

In particular, it will provide the appropriate control environment for the 2012 Olympics without comprising the existing LAS control structure.

From a strategic estates perspective, the LAS plans to develop additional control room capability. These planned facilities will not be complete by the 2012 Olympics. The design of the ECR will be incorporated into the new control room plans.

Current Capability

For major events, the LAS build a temporary control room in the main conference room at the Waterloo HQ. This is supplemented by the use of the Incident Control room.

Options Considered

0. Do nothing/minimum
1. Use existing solution plus upgrade HQ power supply
2. Develop an ECR at the existing Bow site
3. Develop and ECR at new Cody Rd site
4. Develop an ECR at a new site
5. Co-locate with another agency (MPS/LFEPA)

Key Factors considered

- Increased operational resilience
- Business Continuity
- Enhance Major Incident response capability
- 2012 Olympics
- Available from New Years Eve 2010
- Affordability

Analysis

See attached summary analysis

Option 2 is the favoured option from a weighted benefit perspective. Key factors include reasonable cost, use of existing LAS infrastructure and speed of implementation.

Event Control Room

Summary Analysis

Business Case Analysis	Do Nothing/Minimum	Option 1 Opt 1 & Power upgrade	Option 2 New ECR - existing	Option 3 New ECR - existing	Option 4 New ECR - new	Option 5 Co-Locate
Facility	HQ	HQ	Bow	Cody Rd	New	?
Financial Analysis (£k)						
Cash	715	3,050	578	2,703	3,703	1,656
Capital	0	1,475	993	2,133	2,132	1,253
Revenue (cash excl savings)	715	1,575	300	1,285	2,285	1,118
Equivalent Annual Cost (EAC)	144	639	160	676	834	389
Weighted Benefit Score (WBS)	50	767	1,000	833	833	867
EAC per WBS	2.88	0.83	0.16	0.81	1.00	0.45
Business case ranking	6	4	1	3	5	2

Financial Impact of Preferred Option	2009/10 £k	2010/11 £k	2011/12 £k	2012/13 £k	2013/14 £k	2014/15 £k
Capital	993					
Revenue						
IT		60	60	60	60	60
Cash savings		(110)	(110)	(110)	(110)	(110)
VAT		10	10	10	10	10
Cost of capital		39	39	39	39	39
Depreciation		242	242	242	242	242
Subtotal	0	241	241	241	241	241
Cash	993	(40)	(40)	(40)	(40)	(40)
DCF @ 3.5%	993	(40)	(40)	(40)	(40)	(40)
Cumulative DCF	993	953	913	873	833	793

London Ambulance Service NHS Trust

TRUST BOARD - 24th November 2009

Document Title	**Use of trust Seal**
Report Author(s)	**Sandra Adams**
Lead Director	**Director of Corporate Services**
Contact Details	**020 7783 2045**
Aim	**Compliance with Standing Orders**

Key Issues for the Board

The Trust Seal was applied twice since September 2009:

a) Renewal of the lease for Lee Ambulance Station

b) Unilateral undertaking for Brewery Road site.

Mitigating Actions (Controls)

Use of Trust Seal signed by Chief Executive and recorded in accordance with Standing Orders.

Recommendations to the Board

To note the use of the Trust Seal.

Equality Impact Assessment

Has an EIA been carried out?

(If not, state reasons)

Key Issues from Assessment

N/A

Risk Implications for the LAS (including clinical and financial consequences)

N/A

Other Implications (including patient and public involvement/ legal/ governance/ diversity/ staffing)

N/A

Corporate Objectives that the report links to

N/A

London Ambulance Service NHS Trust

TRUST BOARD - 24th November 2009

Document Title	**Compliance framework**
Report Author(s)	**Sandra Adams**
Lead Director	**Sandra Adams**
Contact Details	
Aim	**To propose a compliance framework and schedule of public Trust Board meetings and Board-only development meetings and awaydays**

Key Issues for the Board

1. To note the compliance framework that highlights key reports to the Trust Board throughout the calendar year;
2. To note the proposed schedule of meetings to ensure compliance within this framework;
3. To note the move from the current pattern of board and development meetings to 8 public Trust Board meetings and 4 development days including 2 formal awaydays.

Mitigating Actions (Controls)

Weekly review at SMG diary meeting and monthly by SMG;

Monthly review by Trust Board;

Managed by Director of Corporate Services.

Recommendations to the Board

To approve the amendments to the Trust Board meetings schedule.

Equality Impact Assessment

Has an EIA been carried out? N/A

(If not, state reasons)

Key Issues from Assessment

Risk Implications for the LAS (including clinical and financial consequences)

N/A

Other Implications (including patient and public involvement/ legal/ governance/ diversity/ staffing)

Failure of the Trust Board to review key issues within the compliance framework may result in external/regulatory deadlines being missed and have implications for the Trust's governance rating.

Corporate Objectives that the report links to

2009/10 Service objectives: No 16 – successfully apply to become a foundation trust.

TB FORWARD PLANNER

Date	Service Improvement inc. CAD 2010	FT Process	Governance	Strategic & Business Planning	Other	Committee dates
24 Nov 2009 TB	Full update on CAD 2010 inc focus on risk	Key timelines and milestones for application	HCAI infection control progress report including policies, procedures and action taken to mitigate risks	*Business case for approval: Lease of ambulances (part II only)*	*CEO report. *Medical Director's report *Finance Director's report	Audit Committee 9/11/09, 2 - 5pm
	SIP progress report	Progress report on the Integrated Business Plan	2009/10 core standards declaration.	Event Control Room business case for approval		SSG 4/11/09-canx 9.00am - 2.00pm
		Update on the Long Term Financial Model (LTFM)	Counter fraud update. In Finance Director's report	Update on Silvertown included in the Finance Director's report	Receive the minutes of the AGM	SMG 11/11/09, 9.00am - 4.00pm
			Balanced scorecard - final version for approval		Receive minutes of Charitable Funds Committee 29/09/09	**Risk review workshop 24/11/09 2-4pm**
			Winter Plan and Flu Preparedness update		Use of Trust seal	
			Q2 clinical and quality standards report		Receive minutes of Audit Commmittee 9/11/09	

TB FORWARD PLANNER

Date	Service Improvement inc. CAD 2010	FT Process	Governance	Strategic & Business Planning	Other	Committee dates
15 Dec 2009 SDC	Clinical development, leadership & workforce (MF)	IBP progress report	Governance return - Q3	LAS Strategy development	*CEO report. *Medical Director's report *Finance Director's report	SMG awayday 4th
		Key risks	Ethics	Estates strategy for discussion		SMG 9th
		Market assessment review	CSR progress	EPRF discussion paper	Balanced scorecard	
		LTFM progress report	Risk management review, inc. Board assurance framework and corporate risk register		Receive minutes of CGC 19/10/09	
			Patient experience report			
			Accident damage update			
			ALE 2009/10			

TB FORWARD PLANNER

Date	Service Improvement inc. CAD 2010	FT Process	Governance	Strategic & Business Planning	Other	Committee dates
26 Jan 2010 TB	Olympic and Paralympic games		Governance CQC registration submission	Staff engagement strategy for approval	*CEO report *Medical Director's report	CGC - 25th 2.00 - 5.00pm
	Skills Escalator - to note the move to the Higher Education training model		Annual reviews of standing orders and standing financial instructions.	Estates strategy - for approval	Standing items: safeguarding/ patient safety/quality/ HCAI	
			Receive report on new generic Equality & Diversity Strategy	Full Business Case for EPRF - for approval.	Balanced scorecard	SSG 6th 9am -2pm
			Board assurance framework and risk register review	2010/11 Business plan draft		
23 Feb 2010 SDC	Performance & Service Delivery		Review chairmanship of sub-committees.	Estates 1/4 review	*CEO, Finance Director and Medical Director's reports	RCAG 14th 2-5pm
SMG 3rd			Q3 clinical and quality standards report	PTS review	Standing items: safeguarding/ patient safety/quality/ HCAI	
				Wellbeing strategy	Balanced scorecard	

TB FORWARD PLANNER

Date	Service Improvement inc. CAD 2010	FT Process	Governance	Strategic & Business Planning	Other	Committee dates
30 March 2010 TB	CAD 2010 full update	IBP 2010-13	Governance return Q4	Wellbeing strategy - for approval	*CEO, Finance Director and Medical Director's reports	SSG 3rd 9am - 2pm
SMG 10th	Clinical dev, leadership & workforce		Annual business plan 2010/11		Standing items: safeguarding/ patient safety/quality/ HCAI	Audit Committee 08/03/10 2.00 - 5.00pm
			Annual Report and Accounts 2009/10 including quality accounts		Balanced scorecard	Remuneration Committee
27 April 2010 SDC	Olympic & Paralympic games	HDD stage 1			*CEO, Finance Director and Medical Director's	CGC - 19th 10am - 1pm
SMG 14th					Standing items: safeguarding/ patient safety/quality/ HCAI	Remuneration Committee
					Balanced scorecard	
25 May 2010 TB	Performance & Service delivery	HDD stage 2	KA34 compliance		*CEO, Finance Director and Medical Director's reports	RCAG 17th 2-5pm
SMG 12th			Equality & diversity annual report		Standing items: safeguarding/ patient safety/quality/ HCAI	SSG 5th 9am - 2pm
			Board assurance framework and risk		Balanced scorecard	

TB FORWARD PLANNER

Date	Service Improvement inc. CAD 2010	FT Process	Governance	Strategic & Business Planning	Other	Committee dates
29 June 2010 SDC	Clinical dev, leadership & workforce.	HDD stage 3	Q1 governance & finance declaration		*CEO, Finance Director and Medical Director's	Audit Committee 07/06/10 2.00 - 5.00pm
SMG 9th			Board and sub-committee effectiveness review		Standing items: safeguarding/ patient	
					Balanced scorecard	
27 July 2010 TB	Olympic & Paralympic games.				*CEO, Finance Director and	CGC 26th 2-5pm
SMG 14th					Standing items: safeguarding/ patient	SSG 7th 9am - 2pm
					Balanced scorecard	
31 Aug 2010 SDC					*CEO, Finance Director and Medical Director's reports	RCAG 23rd 2-5pm
SMG 11th					Standing items: safeguarding/ patient safety/quality/ HCAI	
					Balanced scorecard	

TB FORWARD PLANNER

Date	Service Improvement inc. CAD 2010	FT Process	Governance	Strategic & Business Planning	Other	Committee dates
28 Sept 2010 TB			Q2 governance and finance declaration		*CEO, Finance Director and Medical Director's reports	AGM 13th Audit Committee 2-5pm
SMG 14th					Standing items: safeguarding/ patient safety/quality/ HCAI	SSG 8th 2-5pm
					Balanced scorecard	
26 Oct 2010 SDC					*CEO, Finance Director and Medical Director's reports	CGC 25th 2-5pm
SMG 14th					Standing items: safeguarding/ patient safety/quality/ HCAI	
					Balanced scorecard	

TB FORWARD PLANNER

Date	Service Improvement inc. CAD 2010	FT Process	Governance	Strategic & Business Planning	Other	Committee dates
30 Nov TB					*CEO, Finance Director and	8th Audit Committee
SMG 10th					Standing items: safeguarding/ patient safety/quality/ HCAI	SSG 3rd 2-5pm
					Balanced scorecard	RCAG 22nd 2-5pm
14 Dec 2010 SDC			Q3 finance and governance declaration	Financial and commissioning intentions 2011/12	*CEO, Finance Director and Medical Director's reports	
SMG 8th					Standing items: safeguarding/ patient safety/quality/ HCAI	
					Balanced scorecard	

	Presentations
	Approval
	Compliance

Compliance Framework

Jan	CQC registration 09/10	Board assurance framework and corporate risk register	Annual review of Standing Orders & SFIs	2010/11 Business Plan draft	Safeguarding	HCAI
Feb	Awayday / SDC move to 1st week in March					
Mar	Q4 Governance & Finance declarations	Annual Plan	Annual Accounts / financial plan 2010/11	HCAI	IG toolkit	
Apr	SDC	Annual Report & Accounts 2009/10	Safeguarding	HCAI		
May	Annual Plan 2010/11	Equality & Inclusion Annual Report	Board assurance framework and corporate risk register	HCAI		
Jun	Q1 Governance & Finance declarations	Board & sub committee effectiveness review	Patient experience	KA34 compliance	HCAI	
Jul	SDC					
Aug	Trust Board	HCAI	Safeguarding			
Sep	Q2 Governance & Finance declarations	HCAI	[AGM]			
Oct	Awayday / SDC - move to 1st week of November					
Nov	SfBH core standards 2009/10	HCAI	Safeguarding			
Dec	Q3 Governance & Finance declarations	Budget & Commissioning intentions	Patient experience	HCAI		

Trust Board Awayday
October 2009
Summary of discussion and further action

Strategic planning and priorities	**Strategic plan document** Issues and actions: • Needs to be more easily accessible and easily referenced; • An Executive Summary would be of benefit; • Needs to be updated to include New Ways of Working (NWoW) and Foundation Trust plans; • Prepare a shortened, updated version that is easily accessible and can be made more visible; • The strategy is supported by the service improvement programme; • Need to illustrate key issues along with executive summary showing the position 'now in year' against key objectives and priorities in strategy plan; • Updates should be brought to the board regularly in a suitable format. **Service objectives and priorities 2009-10** Issues and actions: • The yearly objectives flow from the strategic plan document; • The 26 service objectives and priorities for 2009/10 are on The Pulse but could be more visible and accessible; • Objectives need to be communicated to, and understood and owned by, the whole organisation; • Concern about the size of the agenda for the executive team – 26 key service objectives for the year seems a lot. **Foundation Trust application** Issues and actions: • FT application unlikely this financial year; • The issue is not whether to go for FT or not, but when; • Need to improve Category B performance;

	• TB need to run a further workshop on the market assessment work to understand the outcomes from last year's work; • TB need a workshop on finance/the economic climate/horizon scanning; • Need to review the timescale and suggest a realistic proposal for pushing ahead with the application. **Strategic objectives not listed** Issues and actions: • Patients – improving patient care and providing safe services: • Changes to stroke and trauma; • Managing demand – the 'demand chain' initiative; • Infrastructure and support services – what does 'world-class' mean for the logistics arm of the service? • Provide the right environment and equipment with staff taking more responsibility for this; • NWoW.
Risk Management	Issues and actions: • Financial risk of patients not going to A&E and being managed through other providers; • Responses up by 4%; • Need to strengthen governance on the Cat C calls; • Have to make sure we deliver changes in working practice and improved patient care; • How do we handle risk at board level? • There is an issue of understanding what risk is. Need to have a view of risks and understand these and the implications. Happy to run an organisation knowing there are risks running = risk appetite; • Risks are clinical, service related, financial, reputation, patient safety and staff safety (H&S) related; • The top concerns for the LAS during 2009/10 document have been matched with the corporate risk register; • A review of the strategic risks will be carried out at the workshop in November; • The Board should know issues of incidents and trends; • Requirement for risks to be reported to the Board;

	• Risk management structure could be simplified; • Board papers – the cover sheet of the summary of issues for noting/decision/review includes the identification of risks; • Incidents to staff should be reported to the Board four times per year. Health and Safety to patients and staff should also be reported regularly; • There is a formal requirement to have a non executive director lead on security, which is not currently in place. **Feedback from consultation meetings:** Issues and actions: Negative feedback on the following: ➢ Training ➢ Station facilities ➢ Equipment vehicle base ➢ Radio system ➢ Central Support Unit ➢ Appropriate response for urgent care patients. • Action plan to be put into place and distributed around staff; • Extensive consultation exercise. Need to set out expectations and feedback on action to be taken; • Keen to have 26 training days, one on each main station; • Congratulations on impressive consultation meetings, setting high standards of expectation
Board Issues	Issues and actions: • Need to focus on how the board is managed and run; • Agenda reflects obligations/responsibilities of board; • There is a requirement for a board meeting in August as long as quorate; • Less SDC and more board meetings – 8 board meetings, 4 SDC including two away days. Some

	meetings may be held at other locations ie Fulham so that the local ADO can input; • NEDs to be given extranet password every month; • Chair to replay information to Non Executive Directors about day to day business ie different REAP; • Need to be more discerning about which policies are put before the Board; • Need to look at the roles and responsibilities of the board. **Type of papers** Issues and actions: • There is a high volume of paperwork. Need to only have exception reporting; • Succinct reporting i.e. trends, benchmarking; • Need to differentiate between interesting reports and reports that need to come back to the board i.e. clinical risk papers; • Good governance suggests that the Board agenda should comprise of 60% strategy and 40% holding the executive to account; • Recent correspondence from Monitor suggests that quality and safety should be at the top of all agendas; **Board Vacancy** Issues and actions: • The board will be in a stable position for the next 12 months. RG and CS's posts have been renewed for another term; • Diversity needs to be addressed; • Criteria for NED vacancy - suggestions include legal, communications, politician, OD/management development, university vice chancellor.

	NED contact – What is required in between meetings to keep them informed? Issues and actions: • Ensure NEDs receive information before it is made public; • Chairman to go through issues and distribute as appropriate; • Anything likely to increase risk e.g. SUI; • Anything relating to financial issues; • Board development – plan for next awayday. FT driven. **Committee Structure** Issues and actions: • Huge amount of paperwork duplication; • Agenda for the clinical governance committee may be too large; • Need to clarify the role of the Audit committee and the Clinical Governance Committee and the relationship between the two; • Current committee structure will stay in place until all other alternative proposals have been investigated. There may be a need for modification. Will come back for further discussion.