LONDON AMBULANCE SERVICE NHS TRUST

MEETING OF THE TRUST BOARD

Tuesday 27th March 2007 at 10am

First Floor Conference Room, 220 Waterloo Road, SE1

A G E N D A

1.	Declarations of Further Interest.	
2.	Opportunity for Members of the Public to ask Questions.	
3.	Minutes of the Meeting held on 30th January 2007 Part 1 and II	Enclosure 1& 2
4.	Matters arising	
5.	Chairman's remarks	Oral
6.	Report of the Chief Executive	Enclosure 3
7.	Month 11 2006/07 Financial Report.	Enclosure 4
8.	Report of the Medical Director	Enclosure 5
9.	Approve 2007-10 Budget	Enclosure 6
10	Approve Long Term Workforce Plan	Enclosure 7
11.	Approve Assurance Framework	Enclosure 8
12.	Approve Revised Standing Orders	Enclosure 9
13.	Approve Gender Equality Scheme	Enclosure 10
14.	Note the Emergency Planning SLA; approval of which will be sought in Part II.	Enclosure 11
15.	Note the Introduction of Individual Performance Monitoring and Reviews	Enclosure 12
16.	Receive Annual Report re. Infection Control.	Enclosure 13
17.	Draft Minutes of Clinical Governance Committee – 12th February 2007	Enclosure 14
18.	Draft Minutes of Service Development Committee – 27th February 2007	Enclosure 15
19.	Draft Minutes of Audit Committee – 12th March 2007	Enclosure 16
20.	Report from Trust Secretary on tenders opened since last Board meeting	Enclosure 17
21.	Any Other Business.	
22.	Opportunity for Members of the Public to ask Questions.	
23.	Date and Venue of the Next Trust Board Meeting. 22nd May 2007, 10.00am at 220 Waterloo Road, London SE1	

LONDON AMBULANCE SERVICE

TRUST BOARD

Tuesday 30th January 2007

Held in the Conference Room, LAS HQ
220 Waterloo Road, London SE1 8SD

Present:	Sigurd Reinton	Chairman
	Peter Bradley	Chief Executive
	Non Executive Directors	
	Barry MacDonald	Non Executive Director
	Ingrid Prescod	Non Executive Director
	Roy Griffins	Non Executive Director
	Sarah Waller	Non Executive Director (from 10.25)
	Beryl Magrath	Non Executive Director
	Caroline Silver	Non Executive Director
	Executive Directors	
	Mike Dinan	Director of Finance
	Fionna Moore	Medical Director
	Caron Hitchen	Director of Human Resources & Organisation Development
Apologies		
	Martin Flaherty	Director of Operations
In Attendance:		
	Peter Suter	Director of Information Management & Technology
	Kathy Jones	Director of Service Development
	Angie Patton	Head of Communications (deputising for David Jervis, Director of Communications)
	Ian Todd	Assistant Director of Operations, Urgent Care and Clinical Development (deputising for Martin Flaherty, Director of Operations)
	Martin Brand	Head of Planning & Programme Management
	Malcolm Alexander	LAS Patients' Forum Representative (from 10.20 until 11.35)
	John Wilkins	Head of Governance (from 11.35)
	Ralph Morris	Head of Complaints (from 11.35 to 12.40)
	Martin Nelhams	Head of Estates (from 12.30 to 12.40)
	Christine McMahon	Trust Secretary (Minutes)

01/07 Declarations of Further Interest

There were no declarations of further interest.

02/07 Opportunity for Members of the Public to ask Questions

There were no questions.

03/07 **Minutes of the Meeting held on 28th November 2006**

Agreed: **The minutes of the meeting held on 28th November 2006 as a correct record of that meeting with the correction (minute 101/6) that a report regarding the Trust's car leasing scheme will be presented to the Remuneration Committee in March 2007.**

04/07 **Synopsis of the Trust Board's Part II minutes held on 28th November 2006**

Noted: **The contents of the synopsis of the Trust Board's Part II minutes.**

05/07 **Matters Arising from the minutes of the meeting held on 28th November 2006**

Noted:

1. **That at a recent Patients' Forum meeting attended by Beryl Magrath a representative of King's College Hospital stated that the hospital operated the only 24/7 stroke unit in London. St Thomas' also claim to offer 24/7 care. The Medical Director said that St Thomas' Head of Acute Stroke Care has agreed that the Stroke Unit will take patients if they can arrive within two and a half hours of the onset of symptoms. The Medical Director said that the information is being disseminated to staff.**
2. **Minute 101/06: the Service Level Agreement with NHS London regarding the LAS taking responsibility for emergency planning in London has not been finalised. It will be presented to the Trust Board in draft when the details of the Agreement have been finalised. ACTION: Chief Executive**
3. **Minute 102/06: the Rest Break Policy had been posted on the Pulse. The HR Director circulated a copy of the Policy to the Board for information.**
4. **Minute 116/06: the Finance Director said that mobile phones were being reviewed as part of the 2007/08 business planning.**

06/07 **Chairman's remarks**

The Chairman said that 26 of the 31 London Primary Care Trusts' Chairmen have been reappointed following the Fit for Purpose review undertaken by the Department of Health.

NHS London is forecasting a London wide deficit of £120 million. The Chairman said it is likely that London Trusts' income will be top sliced by 3.5% in 2007/08; which may benefit the LAS if this funding is subsequently used to fund strategic initiatives for London, such as integrated emergency care hubs.

A number of London Trusts' Chief Executive Officers have recently resigned due primarily to individual trust's financial deficit. The Chairman said that there is

clearly a strong link between delivering on performance and financial balance, and remaining independent from external pressures.

Following Lord Warner's resignation, it has been decided to split his ministerial portfolio in three. Andy Burham has been appointed Minister responsible for Urgent and Emergency Care; Rosie Winterton has been given responsibility for Emergency Planning and Lord (Philip) Hunt of Kings Heath has been given responsibility for Health in London.

Negotiations are continuing regarding the merger of the Ambulance Service Association and the NHS Confederation and should be concluded by the summer of 2007. Following the resignation of the ASA's Chief Executive Officer to become the Chief Executive of the Confederation of Master Builders, Hayden Newton has been appointed as the Acting Chief Executive Officer. The Chairman said that following the merger the NHS Confederation will probably establish an Ambulance Services Network, similar to the Foundation Trust Network and the Primary Care Network.

The NHS Confederation is seeking to amend its Articles of Association to enable private sector organisations, if they are accredited to supply the NHS, to become full members of the Confederation

The Chairman reported that Transport for London is carrying out work in front of Headquarters to install traffic lights to enable buses to control traffic in order that they can turn in the road. The Chairman was concerned at the lack of consultation and a protest has been registered with Transport for London. It was feared that the introduction of traffic lights will impede access for ambulances.

Noted: The Chairman's remarks.

07/07 <u>The Chief Executive's report</u>

The Chief Executive reported that Category A8 minute performance year to date is 74.3%. The Category A8 performance in December was 70% and in January it was 72.2%. Performance has been effected by a rise in Category A8 demand following the National Heart Foundation's poster campaign (there had been a 2.5% increase in demand compared to January 2006) and the introduction of rest breaks from the 11th December 2006.

Rest Breaks: Approximately 75% of front line staff currently receive uninterrupted rest breaks. The modelling undertaken by ORH, regarding the impact on performance of introducing rest breaks, estimated that it would be 3-4% but the actual impact had been circa 5%. Measures were being taken to support staffing levels at 6-8am, 11-4pm and 6-8pm when performance falls due to rest breaks being allocated or staff finishing 30 minutes early if they have not been allocated a rest break. Managers were being deployed to cover these periods. The Service instigated REAP Level 3 as of 29th January 2007[1].

Category B 14 performance has fallen due to the increased pressure the Service has been under due to the increase in Category A8 demand.

The Chief Executive's report outlined a number of initiatives being introduced to manage the situation and ensure that the performance targets for Category A8 (75%) and Category B (80%) are achieved.

[1] Resourcing Escalation Action Plan (REAP) is used to identify the level of pressure the Service is under at any given time, and provides a range of tactical options to deal with the over capacity situation. The current status is REAP Level 3 – severe pressure.

CAD: The Chief Executive drew the Board's attention to the Information Management and Technology report which included a graph illustrating CAD's performance in January 2007.

Agenda for Change: there were approximately 70 AfC arrears outstanding and six appeals awaiting review. The information provided on the workforce will improve as Electronic Staff Records is bedded down.

Emergency Planning: the Hazardous Area Response Team (HART) is now established and operational. A Ministerial visit to examine the HART operation is expected in March 2007.

Personnel: The Chief Executive paid tribute to Trevor Vaughan, Awards Manager, who recently retired after 42 years of service. On a sad note he also paid tribute to John O'Grady, Senior Resource Manager, who died recently at the age of 51.

Healthcare Commission: the Chief Executive said that in addition to meeting performance targets, it is important that the Trust receive the best possible assessment from the Healthcare Commission with regard to use of resources and quality of service.

The Chief Executive said he will be briefing the Minster, Andrew Burnham, on 'Clock Start' in March 2007. A substantial funding gap of £100 million at national level has been identified which will hamper the introduction of clock start if not filled.

Barry MacDonald said that the introduction of rest breaks had been a fantastic achievement. In reply to a question about the relationship between the Control Room and front line staff, the Assistant Director of Operations (UCCD) said that there will always be tension between the two. The introduction of rest breaks had been challenging given the continuing challenge for the Control Room to allocate and hold calls. The Rest Break Policy is scheduled to be reviewed in February in order to address any issues that have arisen with its implementation.

Malcolm Alexander asked about the impact of the stories in the media of twelve people dying as a result of the introduction of rest breaks. The Chief Executive said that the figure of twelve is an estimate of the detrimental impact of introducing rest breaks nationally; the North East of England and rural areas have been adversely affected by the introduction of rest breaks. The Chief Executive said that the LAS investigates each allegation that is received concerning delays in responding to calls.

Barry MacDonald said the report that Clinical Telephone Advice had saved 2,000 ambulance journeys a month was very good news.

In reply to a question about Electronic Patient Records (ePRFs) the Director of Information Management and Technology (IM&T) said that a review had been undertaken in December to consider whether the LAS could be an early adopter for ePRF. The review concluded that it was not something the Trust wished to do now. The Trust will continue to work closely with BT and Connecting for Health with the intention that a pilot is undertaken later in 2007. By this time the ePRF software will have been upgraded and it will be able to deliver the expected benefits immediately. The Chairman said he had recently been talking to Fujitsu; and it was a matter of when ePRFs would be introduced, not if.

Beryl Magrath asked whether it was worth while for PTS to tender for patient transport contracts when it is known that the tendering Trusts were in deficit. The Director of Finance said that each tender was reviewed on its own merits as to whether it was viable for PTS to tender for the patient transport contract. He said Acute Trusts continue to have responsibility for providing patient transport,

regardless of their deficit. PTS is seeking to be more efficient and effective e.g. through the introduction of cluster planning.

Malcolm Alexander, Chairman of the Patients' Forum, said that the Forum was contacting Acute Hospitals when they were tendering patient transport contracts, reminding them that they are required to consult local partners regarding quality of the service. The Forum had drawn up ten quality standards that it shares with the Acute Trusts. He undertook to keep the Board informed of progress.

In reply to a question from Sarah Waller, the HR Director said that it was only Ambulance Trust staff who have been affected by the AfC unsocial hours' payment. Staff working in Acute Hospitals have continued on their pre Agenda for Change unsocial hours' arrangements. A national review of unsocial hours' payment is taking place and its findings are expected in October 2007.

Sarah Waller asked about the pilots being undertaken with regard to individual performance reviews; while there may be potential for confusion due to terminology, the HR Director said that there is a clear distinction made between individual performance monitoring and the Personal Development Reviews. A presentation regarding individual performance monitoring and reviews will be given to the Board in March 2007. **ACTION: Director of Operations.**

Agreed: **1. To grant permission for overseas travel by three senior managers to Egypt to assist with the development of pre-hospital care in Cairo.**

Noted **2. That the Trust is committed to breaking even and to achieving 75% for Category A8 minute.**

3. That the Director of Communications had prepared a pack related to the media coverage received by the Trust during the Christmas period.

08/07 **<u>Month 9 2006/07 Financial Report</u>**

The Finance Director presented Month 9 Finance Report and highlighted the following:

Month 9 had an actual surplus of £337,000. A surplus of £436,000 had been forecast; the difference was due to the late introduction of rest breaks and an increase in overtime in December 2006.

An overspend of £3000k was forecast for year end. The actual expenditure for the month was £17.5m as opposed to the forecast £17.4m; this was due to increase in pay from the forecasted £12.7m to an actual of £12.8m.

- The accrual for AfC required a £400,000 adjustment.
- There was an increase in overtime to offset vacancies in A&E.
- PTS had an increased, non-recurrent, expenditure of £60,000 due to AfC arrears.
- There had been a delay in implementing rest breaks as they had not been introduced until 11th December. Overtime and rest breaks were being closely tracked so as to understand the financial implications for the Trust.
- The use of Third Party transport had decreased and was being stringently managed by EOC, UOC and PTS.

The Trust paid a large amount of AfC arrears in December and January; a substantial amount of arrears was paid due to a successful appeal which resulted in one group of staff moving from the top of Band 4 to the top of Band 5.

Work is being undertaken to ensure that the Trust breaks even; any surplus funding will be used to pay for overtime to support A&E.

The Finance Director said that there was daily control on non-pay expenditure which the Finance Team sign off. He undertook a review of the outstanding AfC appeals and was reasonably confident that the accrual that was in place is sufficient.

In reply to a question from Sarah Waller regarding overtime the Finance Director said that he and the Director of Operations meet on a twice monthly basis to consider the resources available to pay for overtime. He said that overtime needed to be seen in the context of A&E being at full establishment.

CBRN: the Finance Director had been informed that the CBRN funding is being held by NHS London and he expects the money to be passed to the LAS in early February. Discussions are being held as to whether the LAS will receive the full £8m or £7.3m. He said that he will endeavour to ensure that the recurrent CBRN funding is received in a timely fashion in 2007/08.

The Chairman said that he was content that management has demonstrated its ability to control expenditure on overtime but was concerned on the impact on performance. He also expressed concern that centralising control (which was probably the only way to cut spending on overtime fast enough) will have an impact on Ambulance Operation Managers and their sense of ownership as it will take away some of the levers that give them freedom of action in their areas.

The Chief Executive said that Ambulance Operational Mangers are focussed on achieving the performance targets and breaking even. Although A&E is at full establishment, there are financial pressures this year coinciding with an increased Category A8 demand. The increase in Category A8 demand has been, in part, due to heightened awareness amongst the public following the recent Heart Foundation poster campaign. A number of Ambulance Trusts across the country have reported a rise in Category A8 demand.

Agreed:

1. **That the Trust should ensure that the Category A8 performance targets is achieved – even if it means going into deficit.**
2. **That in the event that the Trust does not break even in 2006/07 it would be in good measure due to the number of unforeseen financial impositions from the SHA during the year.**

Noted:

3. **That the Trust would receive a weak rating for the use of resources if it is overspent by a single £; unlike the Department of Health (which judges the duty to break even on the basis of a rolling three year average) the Healthcare Commission looks narrowly at each year in isolation.**

09/07 **Report of the Medical Director**

The Medical Director highlighted the following from her regular report to the Board:

Cardiac Care: The Clinical Audit and Research Unit published the LAS survival figures for out of hospital cardiac arrests for 2005/06 on 22nd January. Survival to hospital discharge as calculated on the Utstein template had increased to **10.9%.** This constitutes a further significant improvement and does not include the period following the introduction of the 2005 Resuscitation Council Guidelines. The overall cardiac arrest survival (which includes all patients who suffer a cardiac arrest of

presumed cardiac origin on whom resuscitation has been attempted) had also increased from 4.3% to 5.3%.

The report includes the figures for ST elevation myocardial infarction for 2005/06. A total of 716 such cases were recorded. 239 (33%) were conveyed to cardiac catheterisation laboratories of whom 120 are known to have received primary angioplasty. 130 patients received thrombolysis during this period. Outcome data is still awaited from both the Myocardial Infarction National Audit programme (MINAP) and the National Infarct Angioplasty Project (NIAP) for this period. The full report will be presented to the Trust Board in March. **ACTION: Medical Director.**

Serious Untoward Incident: investigations into two clinical Serious Untoward Incidents have been completed. The first had been finalised, the details were contained in the Chief Executive's report and the report released to the Coroner. The second is in final draft. A further investigation was downgraded from being a SUI though an investigation into the circumstances of the incident is continuing.

Safety Alert: discussions are taking place with the publishers following the discovery that the pocket books relating to the 2006 National Clinical Guidance contain errors. The altered pages will be reprinted and reissued.

I*mprovements in Stroke care in London*: The RAPIDS (Rapid Ambulance Protocol for the Identification of Stroke) project, where patients with a positive FAST (Face, arm, speech test) are admitted directly to the 'Brain Attack' Unit at the National Hospital for Neurology and Neurosurgery went live on 29th January. The Unit had agreed to ring fence a bed and ensure that a senior clinician is available from 07:00 to 19:00 hrs, 5 days a week. Currently only patients diagnosed by crews from Islington Complex are eligible for direct admission.

A very positive meeting was held with the Clinical Director of Neurology at St Thomas' Hospital where thrombolysis is considered for any FAST positive patient presenting in the Emergency Department within two and a half hours of onset of symptoms, regardless of whether they are within the catchment area of the hospital or not. Patients presenting from within the local catchment area are also considered for thrombolysis at King's College Hospital Emergency Department.

Patient Report Form: to assist Emergency Medicine departments the form has been amended so that the pink copy is now white which will enable the information to be scanned.

Drugs: the Trust hopes to introduce oral solution of morphine later this year. It is also planned to introduce Drug stickers as used in hospitals to improve clinical safety by enabling crews to label syringes.

Audit: A study is being carried out to align red calls requiring an 8 minute response and the Department of Health category A calls, to which the Trust is required to respond within 8 minutes. The Board's attention was drawn to Appendix 1 which outlined the downgraded 5 determinants. The Medical Director approved the decision that 10 red determinants should remain unchanged. The evidence-based criteria used to determine regrading of red calls have been shared with ECPAG[2] to assist that body when it is considering regrading Category A calls.

Infection Control: the Department of Health's MRSA and Cleaner Hospital team was working closely with the Trust's Infection Control steering group who have used the

[2] ECPAG: Department of Health's national Emergency Call Prioritisation Advisory Group responsible for auditing determinants.

self-assessment tool 'implementing control of infection' which identified 55% compliance and highlighted 7 key challenges.

A business case is being written to support the employment of a full time Infection Control Co-ordinator in 2007/08.

Pandemic Flu: guidance had been written for ambulance staff but consultation on the document had been delayed until the Department of Health's exercise 'Winter Willow' had been completed. A triage tool had been developed by South Manchester AS to facilitate face to face triage in the event of Pandemic Flu.

Beryl Magrath said that the infection control workshop had highlighted key challenges for the Trust. In reply to a question regarding the Continuing Professional Development course it was confirmed that infection control was not part of the programme. The Medical Director said that there was constant dissemination to staff regarding infection control. The Make Ready scheme had proved very successful with regard to improving infection control.

Noted: The Medical Director's report.

10/07 <u>CAD 2010 Outline Business Plan</u>

The Director of Information Management & Technology (IM&T) reported that the CAD 2010 Outline Business Case had been completed on schedule, and was ready to go to the SHA for approval. Also during the past week the project had been subject to a Gateway, Gate 2 review, which supported the project moving forward to the next stage.

Due to the commercially sensitive nature of the Outline Business Plan, the actual document would be considered by Board in the confidential Part II meeting.

In reply to a question from Malcolm Alexander, the Director of IM&T confirmed that CAD 2010, as part of the Access Programme, will facilitate improved access to the Service for people with disabilities or people who do not speak English.

Noted: The report.

11/07 <u>Seven Year Strategic Plan</u>

The Director of Service Development presented the Seven Year Strategic Plan to the Board for approval. Earlier drafts of the Plan had been shared with the Board and with the Service Development Committee to ensure that Board Members were fully informed of the direction of travel and could comment on what was being proposed.

The Director of Service Development visited a number of Primary Care Trusts in London to meet with colleagues, explain the future plans of the LAS and receive their feedback on the Plan. As part of her presentation to the Primary Care Trust she had referred to what was achieved under the first Service Improvement Programme 2000-2006 which saw performance improvements and improvements in staff satisfaction. When undertaking these visits the Director of Service Development had usually been accompanied by the local Assistant Director of Operations and Ambulance Operation Managers who were able to talk about local operational issues.

The Chairman said that the purpose as outlined in 1.1 should be amended to read: "the purpose of the London Ambulance Service NHS Trust is to provide the highest standards of telephone-answering, triage, treatment and referral *or* transport to patients requiring our care". The Chief Executive suggested the Director of Communications should be asked his views prior to any changes to the statement. **ACTION: Director of Communications**

SIP 2012 will be overseen by individual Programme Boards which will report to the Strategic Steering Group which in turn will report to the Trust Board. The next step is to identify what resources will be available to fund the projects associated with the four Programmes. The projects will be prioritised and a judgement made about which ones are essential to undertake in 2007/08. It is likely that given its size and complexity the Olympics Project will become a Programme in its own right. External funding is being sought to fund the Olympic Programme.

In reply to a question from Malcolm Alexander the Director of Service Development confirmed that there would be continuous public and patient involvement during the duration of SIP 2012. It had been suggested that one way of promoting public involvement would be for the Trust's web site to contain a message board to allow interaction between members of the public and the Trust. Updates on the SIP's progress will be posted on the web site.

The Director of Service Development outlined the key positive and negative messages she received during the course of her meeting with representatives of the PCTs. The key positives included: some appetite for commissioning Urgent Care differently and a desire to work with other Urgent Care providers. One of the key negatives concerned the treatment of stroke patients. Some hospitals had expressed concern about stroke repatriation which is the expensive part of the treatment needed by stroke patients. Under the present tariff system it is the Trusts that undertake the initial intervention who receive funding. There needs to be an 'unbundling' of the acute and rehabilitation phases. The Chairman said that it was clear that discussions needed to be held at Chief Executive and Finance Director level as to how this can be addressed as it is a real concern for a number of hospitals. **ACTION: Director of Service Development**

Amongst the other key negative feedback from the Primary Care Trusts was the need to ensure there was a closer relationship between local LAS managers and the PCTs and concern was expressed about the utilisation levels of Emergency Care Practitioners.

One of the action points that arose from the meeting with Tower Hamlets PCT was the suggestion that a copy of the PRF be forwarded to a patient's GP. This is being considered. **ACTION: Director of Service Development?**

Beryl Magrath said that the presentation had been very helpful but suggested that it was important that the message was heard by the Boards of the various PCTs. She said that it was important that the LAS is seen as integral to any healthcare plan as 25-30% of people who become ill in London dial 999. She supported the objective of increasing the number of the Emergency Care Practitioners.

Barry MacDonald said that the Organisation Development section was a good addition to the Plan; he suggested that the options considered but discounted should be included as part of the introduction to the Plan. **ACTION: Director of Service Development.**

Barry MacDonald said he recognised that one purpose of the SIP 2012 is to provide the Trust with some 'headroom and slack' in order that it can respond to an ever increasing volume of work whilst working under financial constraint. Sarah Waller asked whether the planning assumption of an increased workforce of 400 with 2% annual growth in productivity was realistic and whether it should be greater than 2%. The HR Director said that the Plan was supported by the Strategic Workforce Plan which set out the direction of travel. Staff Side Representatives have been consulted about the Seven Year Strategic Plan. The assumptions in the Plan had been made on the basis of what is currently known about future demand, future resources and how

the Trust wishes to respond in future to its increasing workload. These assumptions will continue to be reviewed throughout the life of the Plan.

Sarah Waller asked whether another title for the Programme could be identified as there was a danger of the title being over-used given the SIP 2000-2006.

Roy Griffins said that the Plan was inspirational; he asked that the referral to Heathrow's Terminal 5 be amended to state that the expected increase in passengers had been capped at 480,000. **ACTION: Director of Service Development**

The Finance Director said that the 2% improvement in productivity was across the Trust and was based on incidents handled per person and substantial sustainable change.

Forecast revenue was expected to grow at 3.4% per annum in the planning period. This will be updated as the Government Comprehensive Spend review is published. Early indicators are that Health spending will grow at between 3-4%.

The Finance Director said that there is a national discussion taking place regarding Payment By Results which should ideally focus on outcomes rather than activity, and be in line with positive outcomes for patients and decreasing the NHS's overall costs. He said that the latest information regarding reference costs show that the LAS is close to other Ambulance Trusts allowing for the cost impact of road speed in London.

Barry MacDonald asked whether or not the 3.4% included inflation. The Director of Finance said that it did. Pay inflation of 2% was assumed in the analysis. The danger for the LAS is if inflation is more than 2%. Barry MacDonald said that the annualised rate of growth in the current Retail Price Index was 4-5% and it should not be forgotten that London is a high cost housing area. The Finance Director said that AfC has an allowance for London Weighting which is annually included in the inflation uplift.

The Chairman said that there is a growing recognition that the NHS in London is under-funded and is penalised by the current allocation formula. Both the Health Select Committee and the Conservative Party are sympathetic to this argument. The NHS Confederation is currently undertaking a review into the question. The Chairman said that the allocation formula is based on crude proxies rather than real health need.

Caroline Silver said that it was difficult to fully understand the figures without seeing further sensitivity analysis; she said it was very comprehensive piece of work. She said she would like to see which parts of the programme would fall off should funding be cut, which projects would be retained and which deferred. The Director of Finance offered to share with the Non-Executives the sensitivity analysis that has been undertaken. **ACTION: Finance Director.**

Agreed: 1. The Seven Year Strategic Plan

Noted: 2. The work undertaken by Martin Brand, Head of Planning and Programme Management, who has been leading the work on drafting the plan.

12/07 <u>Business Plan 2007/08</u>

The Finance Director presented the draft budget for 2007/08-2009/10. NHS London has requested all London Trusts provide three year financial plans. The stated intention is that there will be a lighter regulatory touch based on risk analysis. It is unfortunate that the deadline issued by NHS London for the submission of the draft budget had not coincided with the Board's scheduled meetings. NHS London's deadline for the business plan was 29th January; it was informed that this was not

possible as the Trust Board was not meeting until 30th January. NHS London's deadline for receiving the final draft of the business plan is the 16th March 2007. The Trust's Assurance Framework (which will be presented to the Trust Board in March) will be used to support the risk management aspects of the Business Plan. With the production of the business plan there will be no need to produce the traditional Annual Service Plan.

The draft presented to the Board is a top down budget based on the known level of funding; during February work will be undertaken to produce a bottom up plan. A revised plan will be presented to the Service Development Committee on 28th February 2007.

Income & Expenditure Summary: the Finance Director outlined what progress had been made in the negotiations with the Commissioners. There was currently a significant gap between what the LAS has said is needed and what the Commissioners were offering. The requirement to implement the new and earlier 'Clock Start' with effect from April 2008 has important resource consequences for the LAS. The Chief Executive said that the LAS will not agree to achieving a 75% Category A8 performance target under the new 'clock start' rules if it is not properly funded to do so.

Barry MacDonald said that with reference to the £1.5m that was brokered in 2005/06, which should be returned in FY 2007-08, the Trust would be advised to use this one off funding to finance non-revenue spending, thereby reducing cost basis rather than supporting the break-even objective.

In reply to a question from Beryl Magrath it was confirmed that front line staff comprised circa 75% of the Trust's workforce; she also queried the forecast increase in productivity of 2%.

Barry MacDonald said that the ratios were very helpful as they set the context for the proposed improvements outlined in SIP 2012.

Agreed: **1. That the draft three year business plan be submitted to NHS London**

2. To authorise the Service Development Committee in February 2007 to approve the business plan on behalf of the Trust Board in order to meet NHS London's deadline of 16th March 2007.

Noted: **3. That funding has not been agreed by the Commissioners for 2007/08.**

13/07 **Progress report on Urgent Care**

Ian Todd, Assistant Director of Operations, Urgent Care and Clinical Development (ADO, UCCD) gave a presentation outlining what progress has been made on improving Urgent Care. The Urgent Care Control room opened on 30th November 2005 and brought together the Emergency Bed Service, PTS Central Services, Clinical Telephone Advice and Urgent Care Despatch, Ambulance-Train-Ambulance (ATA) and Third Party, plus Emergency Care Practitioner programme development. UOC's target is to manage 80% of green calls, GP Urgents with STA 1 hour and non urgents in a more appropriate, cost effective manner. Urgent Care successfully manages 90,000 patient episodes per year, which is circa 33% of the identified potential workload. This is above expectations based on current staffing levels and future requirements modelled by ORH.

Emergency Care Practitioners: a conference was held on 12th December at which Senior Managers and the majority of Emergency Care Practitioners discussed the

future of the ECP role. David Whitmore, Senior Clinical Adviser to the Medical Director, is undertaking a review of the ECP curriculum with the aim that it will be more structured with clearer entry and exit points. It is intended that ECPs will focus primarily on 'green' calls (since these are often more complex) but act as First Responders when required and when necessary support Fast Response Units or Clinical Telephone Advisers with complex decision-making, additional drugs etc. It is planned to expand the number of ECPs to circa 250 and for them to be part of the core workforce with line management at complex level. The utilisation of the ECPs will be improved through improved scheduling of their workload.

PTS Central Services: Urgent Care had increased the workload passed to PTS, nearly 400 calls per month for the first time, though this had not been proportionate to the increase in staffing at Chase Farm and Bromley. It is planned that A&E will pay for PTS services on a 'pay as you go' basis. PTS Central Services is investigating how it can up-skill in the new financial year.

Urgent Care: five staff have been trained to the new A&E Support role and a further four courses were planned for this financial year (2006/07). This will mean an additional 40 new staff, comprising 20 external and 20 internal candidates who have chosen to regrade.

All Urgent Care vehicles now have Mobile Data Transmission functionality and utilisation had improved. Achieving full establishment remains a major obstacle with 40 vacancies in an establishment of 114.

The EMT1 course had been redesigned and banded at Level 3 and was compatible with the Emergency Care Assistant role.

Clinical Telephone Advice (CTA): CTA deals with 50,000 calls per annum and saves a frontline ambulance response in 50% of cases. The establishment was increased from 35 to 50 but there have been difficulties with recruitment. There were a number of reasons for the high vacancy rate: Waterloo is unattractive to many staff; Band 5 gives no additional incentive for increased clinical risk taking and it is often a transitional role for staff. There is an active recruitment drive which brings in 4-5 new staff each month and over 100 staff have rotated through CTA since inception. A competency based Job Description and Person Specification have been drawn up in order to open recruitment to nurses and Allied Health Professionals; this requires reassessment under AfC and it is possible that it may be viewed as Band 6 role. Alternative locations were also being investigated e.g. Wimbledon, Bow.

Emergency Bed Service moved to Waterloo in November 2005 and there had been good progress to modernise and expand its services to better fit the LAS portfolio. An internal audit review was recently undertaken and feedback is awaited. CTAK had been introduced to enable EBS to input bookings directly onto the system.

In partnership with First Response at West Midlands Ambulance Service EBS introduced a National Cot Locater Service; this had been commissioned by the Department of Health.

The next steps for Urgent Care were: to agree Emergency Bed Service and Emergency Care Practitioner strategies for implementation from April 2007; contribute to Workforce Plan to ensure appropriate growth for 2007/08 and deliver full Clinical Telephone integration.

Ingrid Prescod requested that a copy of the presentation be circulated via email **ACTION: Trust Secretary.**

In reply to a question from Sarah Waller regarding the curriculum for ECPs the ADO UCCD said that the Trust is awaiting publication of the curriculum framework from the Department of Health's Skills for Health team.

Noted: The update on Urgent Care

14/07 Attendance Management Policy

The HR Director presented the Attendance Management Policy to the Board for approval. The Policy had been revised to amalgamate two policies (Sickness Absence and Irregular Attendance) to ensure there was a more effective mechanism in place to manage attendance. There had been extensive consultation on the contents of the Policy and it had been agreed at the recent Staff Council.

Sarah Waller said that the reference to a chairman in Section 13.6 should be clarified to refer to the chair *of the panel considering possible termination of employment*. In response to a question the HR Director confirmed that there is the discretion under the AfC framework to extend sick pay although it is not explicitly stated in the policy. The requirement that managers interview members of staff who are returning to work after a period of sickness will be audited at a local level.

Beryl Magrath said that it was a very comprehensive document and she was pleased to see that the services required from Occupational Health had been reviewed. The HR Director said that the Trust was about to commence a tender exercise for these services.

Ingrid Prescod said that she was relieved to see one document that can be referred to when dismissal appeals are being heard as the existence of two different policies had been a source of confusion.

In response to a question from Malcolm Alexander the HR Director confirmed that the policy contained guidance regarding the phased return to work for members of staff who had had a long term absence.

Agreed: 1. The Attendance Management Policy
Noted: 2. That the Trust will be re-tendering the Occupation Health Service

15/07 Complaints Policy, Habitual & Vexatious Complainants Policy and SUI Policy

Ralph Morris, Head of Complaints, presented the above policies to the Trust Board. Following the review undertaken in 2006 of the Professional Standards Unit, work was undertaken to revise the Trust's Complaints Policy. In addition to a revised Complaints Policy it was considered necessary that the Trust had policies regarding Habitual & Vexatious Complainants and Serious Untoward Incidents. The policies have been drafted in accordance with guidance issued by NHS Complaints Regulations 2004 (amended in 2006); Healthcare Commission Core Standard C14; NHSLA Guidance and National Patient Safety Authority 'Being Open'. Comprehensive guidance notes have been issued to Managers on how the Complaints Policy should be implemented.

Complaints Policy: the Trust's Complaints Policy had been reviewed and amended in accordance with the guidance from the external bodies listed above.

Beryl Magrath said that section 4.6.13 should be amended to read that ensure "that lessons learnt as a result of complaints are reported to the PIM and Complaints Manager and *shared as appropriate."* The Head of Complaints confirmed that if a member of staff wishes to complain about another member of staff it is covered by

the Whistle Blowing Policy. In the event that a complaint is received whilst there is a disciplinary investigation taking place, the two would be treated as separate entities. When the disciplinary process is concluded, the Complainant would be informed of the outcome of that investigation; the six month period in which complainants have the right to take their complaint to the Healthcare Commission would commence from the date of that letter.

The Chairman said that he would like the following amendment to be done: section 3.2.8 apology *where that is appropriate.* He said that in due course he would like the three policies to be consolidated into one policy that is truly owned by the Trust and meets the requirements of external regulators – rather than separate bits imposed by regulators.

Serious Untoward Incident Policy: this policy was revised and updated to provide greater clarity in managing Serious Untoward Incidents e.g. setting out reporting arrangements to NHS London and the Patient Safety Agency.

Habitual & Vexatious Complainants Policy: this policy was written to ensure that the Trust is compliant with the Healthcare Commission's requirements regarding the handling of habitual & vexatious complaints. It provides guidance on the identification of such complainants, affording protection to LAS staff whilst providing a fair and consistent process to the individual concerned.

Agreed: **1. To approve the Complaints Policy.**
Noted: **2. The Habitual & Vexatious Complainants Policy.**
3. The Serious Untoward Incident Policy.
4. That the Board has yet to formally appoint a Champion for Complaints.

16/07 **'Being Open' Policy**

The Head of Complaints presented the 'Being Open' Policy to the Trust Board. The adoption of the Policy ensures that the Trust is compliant with the National Patient Safety Authority's requirements, specifically 'Being Open: Communicating Patient Safety Incidents with Patients and their Carers' (NPSA 2005). It is also consistent with the NHS Litigation Authority's policy in respect of admitting and apologising for mistakes.

The Head of Complaints said that following enquiries from colleagues about the 'Being Open' policy he had confirmed with the NHSLA that saying sorry is not an admission of guilt and is seen as good practice.

Roy Griffins said that section 3.4 should be amended to read 'proactive approach *in dealing* with clinical negligence'. The Chairman said that there were two terms used in the policy which needed to be clarified: Patient Safety Incidents (PSIs) and Serious Clinical Incidents (SCIs). **ACTION: Head of Complaints.**

Agreed: **1. The 'Being Open' Policy**
Noted: **2. The work of the Head of Complaints in reviewing the various policies presented to the Trust Board.**

17/07 **Outline Business Cases for Purley and Battersea Ambulance Stations**

The Director of Finance presented the outline business cases for Purley and Battersea Ambulance Stations. Following Board approval, work will be undertaken to identify replacement sites for the two ambulance stations. When alternative sites have been identified, full business cases will be presented for approval to the Trust Board.

Agreed: **The outline business case for Purley and Battersea Ambulance Stations.**

18/07 **Draft Minutes of Service Development Committee – 19th December 2006**

Minute 50/06: the HR Director confirmed that although dissatisfaction had been expressed with the B Relief rota, there had not been a significant turnover of staff. To date, 20% of those staff who were initially working the B Relief Rota (seven weekends in ten) were now working the A Relief Rota (5 weekends in ten). Staff are not expected to work the B Relief Rota on a permanent basis but are expected to move to either the A Relief Rota or a Core Rota within approximately a year of joining the Service.

Noted: **The draft minutes of the Service Development Committee, 19th December 2006.**

19/07 **Draft Minutes of the Audit Committee – 4th December 2006**

Noted: **The draft minutes of the Audit Committee, 4th December 2006.**

20/07 **Draft Minutes of the Clinical Governance Committee – 11th December 2006**

Beryl Magrath, Chairman of the Clinical Governance Committee, said that the ADO East's clinical governance report had highlighted the disparity that exists in the auditing of Clinical Performance Indicators by Team Leaders. She said that in terms of improving clinical standards in the Trust, it is essential that following the review of Patient Report Forms, one-to-one conversations take place between front line crews and their Team Leaders. This is not happening sufficiently often at the moment.

Noted: **The draft minutes of the Clinical Governance Committee, 11th December 2006.**

21/07 **Annual Report regarding the Trust's Risk Register**

The Director of Finance presented the Risk Register to the Trust Board; it is a work in progress and it is proposed to present a further report later in the year on the top five risks for each of the categories included in the register.

Barry MacDonald said that the Service Development Committee in February or April should consider the Risk Register in detail. The Committee will review the Trust's Risk Management Framework in February. It was proposed that a further discussion concerning the strategic issues associated with how the Trust manages risk and the role of the Audit Committee take place at the Away Day in April **ACTION: Director of Finance**

Noted: **The Risk Register**

22/07 **Charitable Funds annual report**

Noted:
1. **The Charitable Funds annual report**
2. **The Audit Commission Governance report**

23/07 **Audit Commission Annual Audit Letter**

Noted: **The Audit Commission's Annual Audit Letter**

24/07 **Report from Trust Secretary on tenders opened since the last Board meeting**

One tender had been opened since the last Trust Board meeting:

17/06	Crooked Billet Fixed Satellite Point	Mitie Property Services Russell Crawberry TCL Granby Ltd Coniston Ltd

Following analysis of the above tenders by the appropriate department a report will be presented to the Board on the awarding of the tenders.

There have been five occasions when the Trust Seal has been used since the last Trust Board meeting. The references in the Seal Book are 99-103.

Noted: The report of the Trust Secretary on tenders received

25/07 **Any Other Business**

The Director of Finance said that the Make Ready contractor, LRS went into administration on 8th January 2007. In the interim, a related company, Lightbridge, was providing the Trust with a Make Ready service. Discussions were scheduled to be held on 31st January with Lightbridge; there is currently no contract in place between the LAS and Lightbridge. The Director of Finance will ensure that the Chief Executive and the Chairman are kept fully informed of developments.

26/07 **Date of next meeting**

Tuesday, 27th March 2007, 10.00, Conference room, LAS headquarters, Waterloo Road.

Meeting finished at 13.38

Enclosure 2

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD
Part II

Summary of discussions held on 30th January 2007
held in the Conference Room, LAS HQ, London SE1

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

On the 30th January 2007 in Part II the Trust Board discussed:

Out of Hours Service, Bromley

A meeting took place between the Chairman and Mr Bamber Postance regarding the possibility of working in partnership to provide an Out of Hours Service in Bromley. Following the meeting Mr Postance said he wished to purse his individual application for Social Enterprise Funding from the Department of Health to fund his proposed project in Bromley.

CAD 2010 Outline Business Case

The Director of Information Management & Technology presented the Outline Business Case for CAD 2010. The Board considered the document which defined the reason for change, why action is necessary and the proposal to procure a commercially off the shelf product.

The Board agreed to approve the Outline Business Case and authorised its presentation to the Strategic Health Authority, NHS London, for approval.

The Director of Information Management & Technology was authorised to continue with as much work as possible leading to the Full Business Case on the assumption of SHA approval. A waiver would be sought from the SHA to enable progress to be made with regard to the tendering process. This was on the understanding that any work undertaken will not commit the Trust contractually or financially beyond the continuation of existing project costs.

Enclosure 3

LONDON AMBULANCE SERVICE NHS TRUST

TRUST BOARD MEETING 27 MARCH2007

CHIEF EXECUTIVE'S REPORT

1. ACCIDENT & EMERGENCY SERVICE

1.1 999 Response Performance

The table below sets out the A&E performance against the key standards for the year to date. A detailed position is available in the attached graphs.

New standards with effect from 1 April 2006

	CAT A 8	CAT A 19	CAT B 19	Urgent, at patient within 15 mins
Standard	75%	95%	95%	95%
YTD*	74.9%	98%	80.9%	74.9%

*As of 21st March 2007

Key highlights

i. I am pleased to report to the Board that the service remains on track to achieve the 75% Category A target for 06/07 once all the final data has been inputted for March. This is a tremendous achievement given the challenges of increasing Cat A volumes during the final months of this year coupled with the accompanying challenge of Rest Breaks and the extremely tight financial position.

ii. Category A volumes have remained at a very high level high during the last few weeks rising from 909 per day in January to 948 per day in February . This level exceeded the December 06 figures of 944 per day. March has seen a welcome fall in Category A numbers to circa 863per day for the first 12 days of the month.

iii. Overall demand for this financial year has increased by 1.5% when compared to the same period last year.

iv. There was some recovery during January despite the high Category A volumes and final performance for the month was 73.1% .This fell back during February as Cat A volumes rose again and further overtime restrictions were introduced. These restrictions were relieved during the final week of February following an injection of additional overtime funds and performance began to recover coming in at 71.4% for the month overall.

v. The first three weeks of February were especially challenging for all the reasons outlined above and during this period there were some excessive waiting times predominantly for small numbers of less seriously ill patients. Two new graphs have been added to the pack to show the response time distribution for both Category B and for Category C patients. The graphs in this pack show the

responses made over the first six months of the year. In the case of Category B it shows the vast majority of all calls receiving a response within 30 minutes and in the case of Category C calls within 60 minutes. More work is in hand to understand the detail surrounding the small number of responses which fall outside these timeframes. We are aware that these need to be minimised.

vi. A reduction in overall workload and in Cat A volumes for the first 14 days of March coupled with all the actions put in place due to the Trust being in full performance recovery mode has led to a significant improvement in performance. March is currently running at circa 77% at time of writing.

vii. We are continuing to bed down the Rest Break agreement and have introduced further initiatives to mitigate against the performance fall across the main rest break window during the day. These have included rostering additional ambulances across this period and also significantly increasing the numbers of calls which are being attended by managers. There is still further work to do but it is encouraging to note a return to target performance whilst still managing to ensure that the majority of staff receive a rest break. Further detail on the progress and impact of Rest Breaks is given later in the report.

viii. Further analysis of the rising Cat A demand and the particular illness codes affected has continued to show shown significant increases in calls for Chest Pain and Breathing difficulties. In addition we have seen an overall rise in the numbers of calls being received for patients in the 0-10 age group and in the 0-40 age group coupled with a fall in the numbers of calls for patients aged 65 and over.

ix. The Trust is still in full performance recovery mode and remains at Reap Level 3 'Severe Pressure'. The focus has inevitably been on Category A and we have had to accept a small fall in the performance for B and C calls in order to do so. It is anticipated that we will remain in recovery through April in order to ensure a good start to 07/08.

Actions to Recover and maintain performance

The Board has been given significant detail associated with the recovery plan in the previous two Board reports and it was not felt necessary to repeat the actions in the same level of detail for this report. By way of summary the following areas continue to be addressed as part of the ongoing recovery plan:

1. Maintaining 24/7 Gold responsibility for performance recovery
2. Improving FRU Performance
3. Improving Attendance Management
4. Optimising Resourcing
5. Progressing the EOC initiatives described in previous reports.
6. Reducing Job Cycle Time
7. Service Wide Implementation of Individual Performance Review
8. Reducing Performance fall at Shift Changeover
9. Setting Appropriate REAP Levels and acting on associated actions.
10. Ongoing Review of both Red and Cat A Volumes
11. Ongoing Quality Assurance of Response Times

1.2 Rest Breaks

- The implementation of the rest break policy commenced on the 11th of December and is continuing to bed down. Over 32,000 breaks have now been given and the overall level of breaks being allocated across this 12 week period is 72%. A new Graph (Graph 9) has been added to the Board information pack to provide ongoing data regarding rest break allocation.

- Fluctuations in workload and staffing clearly affect our ability to place crews on breaks and during the first part of February the numbers of allocated breaks fell back to 68% before recovering again in early March as staffing improved and workload lessened.

- We still need to improve on these figures and anticipate that we will move to a more consistent position of circa 80% of staff receiving meal breaks within the next three months. The position is also different for staff on cars, 90% of whom regularly receive a break. This is due to the lower utilisation rate for cars when compared with ambulances which in turn creates more opportunity to place them on break.

- It is clear that the section of the agreement which allows crews to finish their shift 30 minutes early if they have not had a break has increased the performance fall at shift changeover. A temporary solution to this has been found for the last six weeks of the year and this and other areas of the agreement are now currently being reviewed in partnership with the trade unions.

- The implementation should continue be regarded as successful and whilst there are clearly some difficulties still to overcome, it is pleasing to have reached this point. This is all the more relevant given that there was a fair degree of scepticism on the service's ability to give large numbers of staff adequate rest breaks given our increasing workload.

1.3 Emergency Operations Centre (EOC)

- The EOC/UOC restructure is continuing. Following a period of formal consultation the First Phase of the restructure has commenced. The existing Senior Operations Officer post is being replaced by an AOM level post, with an advert already placed both internally and externally in order to attract appropriately experienced managers for the future. The next phase of the restructure will take place following the filling of the newly created posts.

- The dispatch projects within the Operational Response Improvement Programme are continuing within the previously identified time lines. The projects include increasing the numbers of available despatchers in order to split the existing Sector Desks routinely and introducing automatic dispatch of FRUs. To date the milestones laid out in the project plan have been achieved.

- The dispatch desks are now being more routinely split across the service. Whilst vacancies in the allocator role has hindered the sustained splitting of desks, the on

going recruitment to this is improving this situation. The anticipated benefits are starting to be realised and include improvement in activation times, improved ability to effectively manage the resources and an increased level of rest break allocation.

- The Automatic Dispatching of FRUs has continued to be embedded into everyday practise. The percentage of calls now being dispatched in this manner accounts for over 80% of FRU activity with an average reduction in allocation time of over 2 minutes. This has also contributed towards the increased volume and resultant performance in terms of Category A work undertaken by FRUs. We are now aiming for the FRUs to deal with 60% of total Cat A volume and achieve 90% within 8 minutes.

- The focus on all aspects of attendance management has continued. The effects of lower sickness and abstractions have been an general increase in staffing levels within EOC. The additional training course established for early April, coupled with the existing training packages scheduled, will see an increase in in-post staff numbers to full establishment by end April 07.

- Call taking has again come under pressure during the last couple of months as the volumes increased. However we have seen an upward trend during the last quarter. These improvements will be stabilised by the recruitment to the vacant posts described above together with increased focus on the management arrangements for call taking.

- As previously reported, the Rest Breaks for Vehicle Crew Staff were implemented in mid December, which had resulted in an increased workload for staff on sector desks. This is starting to stabilise as the practice becomes mainstreamed as every day practise and will be further enhanced following the administration of an IT based solution which is due to be trialled in early April. Consultation is now in hand to roll out a rest break agreement for Control Services staff.

- Additional focus is being placed on complaints as the numbers have risen during February and particular attention is being placed AMPDS compliance within call taking.

1.4 Urgent Care Service

- 21 A&E Support staff are currently in training with a further course due to commence towards the end of March. These courses have seen a regrading of PTS Central Services staff to enhance the breadth of call types suitable for them to attend. These courses will deliver full establishment within the Urgent Care operational fleet by end May.

- The CTA job description has been revised to include a clinical reviewer role and has completed the Agenda for Change process. This revised job description and associated banding increase should enhance our ability to recruit both internally and externally. Adverts are due to run imminently to ensure that the full establishment of 50 staff is reached as soon as possible.

- The numbers of calls being dealt with by the Urgent care service continues to represent some 33% of incoming Green, Urgent and non-urgent workload and increasing this is now dependant on improving staffing in coming months. The CTA component of this represents some 4000 calls per month and results in not sending ambulance resources to some 2000 patients per month. A new table (Table 1) has been added to the Board Information pack which gives greater detail around the workload being dealt with by the Urgent Care Service.

- The final integration work of the PSIAM decision support software and CTAK is due to take place during late April or early May and this should enhance CTA efficiency further.

- Discussions are underway with NHS London to gain support for a London wide Capacity Management System which could, subject to further consultation, be operated by EBS. This would put the Trust at the forefront of capacity management pan London as well as giving the Trust the ability to offer a single point of access for referral pathways initially internally but potentially externally across health and social care pan London.

1.5 Resourcing

- There has been a significant improvement in resourcing following the identification of additional funds in late February . This has allowed overtime hours to be increased to the levels seen during the Autumn. These are approximately one third of the levels used during the early part of 06/07 and reflect an improvement in our in post staffing.

- Although the Service is close to full establishment in employment terms, there are approximately 60 staff still to complete their training and be posted to stations. In addition, abstractions for HART, additional FRUs and various other activities still require cover through overtime.

- In addition, sickness absence remains high at circa 7.5%, but is being tackled in part by a new initiative from the HR Directorate to immediately call back every person who reports sick to ensure that they are being fully supported and to understand the likely length of absence which we should expect. They are then maintaining appropriate regular contact with the member of staff until they return to work. Whilst this should of course be part and parcel of normal management activity on station we have recognised that with managers spending more time providing operational cover during the last six weeks of the year some additional assistance in this area was required.

- Due to the increased overtime allocation in late February there has been a step change in the number of hours of ambulance provision from approximately 26,000 hours per week, to 29,000 hours. This improvement in cover, coupled with the declaration of REAP pressure level 3 (and its associated actions, including the opening of Gold Suite) has ‘kick-started’ the process of performance recovery and we have reported performance significantly above target for the past three weeks.

- Overtime is also being targeted wherever possible to the areas of London where we 'miss' the highest numbers of Category A calls. This is mainly Central and East Central sectors, due to the volume of calls in this area.

1.6 Emergency Planning

HART

- The Hazardous Area Response Team (HART) was officially launched by the Health Minister, Rt. Hon. Rosie Winterton MP, at Waterloo H.Q on 8 March 2007.

- The Minister examined the HART vehicles and equipment and was given a tour of the Incident Control Room. During a televised interview with the BBC she described the LAS HART provisions as "reassuring".

FLU Planning

- The Service played a full part in the recent 'Winter Willow' influenza preparedness exercise. The national exercise (the largest emergency planning exercise ever held in the UK), was played out over two weeks, to test the response to an influenza pandemic by the Cabinet Office, SHAs, PCTs and local government.

- The LAS, as a Category One responder, participated at each of the five London Influenza Pandemic Committees during the exercise, ensuring a partnership approach to tackling a pandemic. The Service was also represented at the strategic Gold group, of the Regional Civil Contingencies Committee.

Emergency Planning for London

- Discussions are underway between LAS and London SHA towards the Service contracting to undertake emergency planning for London. A draft service level agreement has been written and we are currently establishing the employment arrangements of those carrying out the core roles.

- Subject to agreement, it is anticipated that LAS will take over the service with effect from 1 July 07.

1.7 Response time Data Compliance with DH guidelines

- The trust has now received the full guidance document for 2007/8 from the Department of Health. In addition the national Directors of Operations forum is designing a best practice document regarding data management which will be adopted by all ambulance trusts to ensure uniformity in terms of response time data management.

- SMG has now agreed that a comprehensive paper be provided for the Board each year at its meeting in May which demonstrates compliance with the latest DH guidance for the current year. In view of this we will now bring a full paper to the Board in May 07 which demonstrates compliance for 2007/8 guidance.

- Work has also been ongoing in terms of retrospective data analysis of the 06/07 data to ensure full compliance with the DH guidance for this financial year which was also issued in recent weeks. This has allowed the trust to bring its reporting arrangements fully in line with other trusts particularly around reporting on calls to static defib sites and where other healthcare professionals are already on scene.

1.8 Update on the 'Improving our Operational Response' programme

- The Board will recall that the Operations Directorate are in the process of implementing a number of High Impact Changes (HICs) to improve performance and provide a stable platform for full implementation of the New Front End Model. These all form part of the 'Improving our Operational Response' Programme which is in turn one strand of our 7yr Strategic Plan.

- Each project is being led by an Assistant Director of Operations (ADO) The HICs have been split into Response Projects and Dispatch Projects and are designed to provide a positive performance impact in the final quarter. A description and brief summary of progress against each project is provided below:

- A more visual summary of progress has been provided in the form of two progress charts at the end of the chief executives report.

- It should be noted that there will inevitably be some repetition in this section as some aspects of progress against the programme have already been referred to in previous sections of the report under specific functional areas and also within the actions taken to improve performance. It is however important that the Board be able to refer to one dedicated area within the Chief Executives report for a summary of progress against the entire programme.

Response Projects Summary

The following projects contained in the response portfolio have now been delivered:

- Individual performance monitoring
- Rest breaks

The following provides an update on progress for those projects still outstanding as part of the release 1 response portfolio:

Home Responding

- This project involves establishing arrangements for off duty staff to take FRUs home and make themselves available to respond to Category A calls in their vicinity. This project will be of greatest use in outlying areas where the call volumes are low, meaning that we do not place a permanent resource nearby. Home Responding will in theory enable us to reach the low numbers of calls that occur in those areas hence improving our overall performance.

- To date seven shifts have now taken place in Croydon. A further five shifts have been planned between 6th March and 2nd April. We are in the process of trying to plan further shifts for both the Croydon and Bromley complexes however due to limited funding for this project coupled with lack of available vehicles, it is now likely that there will be insufficient data to undertake a thorough review of this initiative by the planned delivery date of 31st March 2007. The project will therefore be extended into April and May to allow for a thorough review of the benefits and take a decision on whether this initiative should be part of a permanent contribution to performance targets.

Reduce Job Cycle Time

- This project entails reducing overall job cycle time principally by focused management attention on time spent at hospital. Hospitals are being processed mapped to ensure that the handover arrangements are as efficient as possible. The main aim is to ensure that the common themes emerging from this exercise will be used to drive discussion and change in other hospitals. This project also links closely to the individual performance monitoring project in so much that staff will be asked to account for their turnaround times where they lie outside of the norms set by their peers.

- A revised plan is now focussing on the five hospitals with the longest / most problematical handover processes. Mapping is now complete. The output of the process mapping is a schedule of short, medium and long term process changes for each hospital. These should be agreed and implemented with the Trust where possible. Andrew Castle (the consultant engaged to undertake this exercise), has produced a report summarising common themes and possible next steps / actions that might arise out of the mapping exercises. This is being forwarded to the relevant AOMs for feedback. The AOMs are being tasked with providing an action plan and scheduling a meeting in April, with the appropriate A&E department to discuss how to implement these actions. The objective is still to reduce the hospital component of the job cycle time from circa 32 minutes to circa 20 minutes.

- This initiative remains a key component of our overall improvement strategy and whilst it is proving difficult to realise the benefits it is one which needs to be rigorously pursued. The main issue will be one of culture change and as discussed before it will be a combination of process re-design coupled with individual performance review for front line staff which finally delivers the benefits.

Reduce Performance Fall at Shift Changeover

- The Trust suffers a daily fall in performance around 0700 hrs and 1900 hrs. These times correspond with period where the majority of ambulance and FRU shifts changeover. This project is principally about adjusting some shift changeover times by a small amount to provide a more staggered changeover period– an action for which the clinical risk argument is overpowering.

- Top level agreement in principle has been gained from the Trade Unions and local discussions about implementing changes are ongoing. A phased approach is being

adopted, with phase 1, incorporating rota and station changes to FRU's, being the element of the project delivering the most benefit for CAT-A performance. This element has been delivered within the designated timescale.

- The remainder of phase 1 (8 complexes), Phases 2 (10 complexes) and phase 3 (7 complexes) are running significantly behind schedule due to a combination of factors. These phases will involve changing core ambulance rosters and a revised implementation schedule has now been agreed which will aim to have completed all 25 complexes by end May 07. . It is fair to say that the degree of progress being made differs significantly from complex to complex and further action needs to be taken by local AOMs to get this project back on track ADOs will be taking personal responsibility for ensuring that the plans for each of their complexes are delivered to allow this revised schedule to be met.

Rest Breaks

- As per summary in Section 1.2

Dispatch Project Progress

The following projects contained in the dispatch portfolio have now been delivered:

- Reduce red call volumes
- Improve dispatch of FRUs

The following provides an update on progress for those projects still outstanding as part of the release 1 dispatch portfolio:

Increased Dispatch Capacity

- This project involves doubling despatch capacity by doubling the number of available dispatchers in EOC and doubling the number of sector desks to 14. This requires changes in technology together with the promotion and training of additional despatch staff in the control room.

- This project has now delivered from a technical perspective however further work is ongoing to provide sufficient allocators to be able to staff the desks in the new configuration on a permanent basis. It is now envisaged that we should be able to staff a permanent reconfiguration by end April 07.

EOC/UOC Restructuring

- The purpose of this project is to define and implement a new senior management tier covering both EOC and UOC ahead of a full restructure in the next financial year.

- This project is currently running one month behind schedule. The consultation stage was initiated on the 29th January and dates for the assessment centres are

now set. The Trust will be in a position to make offers to successful candidates the w/c 4th May.

Staff and Union engagement

- This project is approximately six weeks behind schedule. It was hoped that a new partnership agreement, coupled with the implementation of a new constitution would be in place by April 1st 2007, but currently focus on operational performance has slowed activity. A revised delivery date is being agreed with the Trade Unions.

Improve Urgent Performance

- The objective of this project was to increase Urgent calls performance to 95%. The process redesign work to bring about this improvement has been completed, but the anticipated performance gains have yet to be fully realised. This is due in part to reduced ambulance cover and limited UOC resources and in part due to patchy compliance with the new operating regime in EOC and UOC.

- New national guidelines for the management of Urgent calls are now due to come into place on May 1st 2007 which will take all of them through an AMPDS process and will assign a Category A category to those patients who the requesting clinician decides need an immediate response. The majority of other urgent patients will then receive a response within four hours unless the clinician specifically requests a shorter time frame.

- John Hopson is taking forward the work to introduce the new arrangements from 1st May 2007.

2. PATIENT TRANSPORT SERVICE

Commercial

The bid to retain the Hillingdon Hospital PTS has been unsuccessful. The award has been made to a company called "Door to Door" who have won on price and have undercut the LAS by £100,000.

North Middlesex University Hospital (new business) has also announced the results of their tendering process and again the LAS have not been successful in winning this business. As yet we have not been advised who the successful company is.

In both cases detailed feedback is being sought to understand where we can improve our bids although in both cases it would appear that cost is the motivating factor.

News on tenders submitted for Camden PCT (existing), Queen Elizabeth Hospital, Greenwich (existing) and Homerton (new) have all been delayed.

Work has started on putting a tender submission together for Kingston Hospital (existing) who has now issued their tender specification. The closing date for bids is 10 April 2007.

Expressions of interest have also been made in respect of The Mayday Hospital (new) and Darrenth Valley Hospital (new).

South West London and St George's Mental Health trust have signed up to a further year of provision with the LAS and Queen Mary's in Sidcup have also indicated that they wish to extend their contract subject to further negotiations.

The loss of Hillingdon will affect 12 staff. The LAS will look at possibilities for redeployment for these staff, however, these are likely to be limited. Consequently the majority of staff will transfer under TUPE to the new provider with effect from 1 July 2007. The first consultation meeting with affected staff has been held and they have been advised that transferring across to the new provider is likely.

PTS Central Services will transfer across to UOC with effect from 1 April 2007. Staff currently working in this area are either undertaking the A&E Support course which started at the end of February or will join the course arranged for the end of April. This will impact on PTS' ability to carry out work for UOC, however, UOC will have better control of this resource and fills the vacancies that remained at A&E Support level.

Performance

This remains almost static within arrival time at 88.1% (within +/- 45 minutes) and 94% (less than 60 min) for time on vehicle. With changes to the Central Services structure we expect to see a slight drop in these figures. However, these should pick up with the planned changes to come through on staff rostering.

Cost per journey fell and this should continue to fall once Central Service staff pass across to UOC.

3. HUMAN RESOURCES

Agenda for Change

The process of banding reviews is now complete, with all details of any resulting changes with Payroll. A final project board will be convened to close the implementation project of Agenda for Change.

The Audit Commission visited the Trust in early March to conduct an audit on the impact of AfC, with a particular interest in workforce redesign and alignment with the Trust's strategic plans. The visit was seen as positive and we await the report from the Audit Commission.

Equality and Human Rights in the NHS

The above document, produced by the DH and specifically aimed at Trust Boards, has been circulated with the agenda for the attention of all Trust Board members.

Policy and procedure update

The Trust Board are advised that the following HR policies/management guidelines documents have been drafted/ updated, consulted upon, and subsequently published recently:

- Responsibilities of managers providing work experience
- Adoption leave
- Agency Staff Booking Procedure

Staff survey

Initial results from the Staff Survey, which was carried out in October and November of last year, show few significant changes in results with the previous year, with the exception of significant improvement in responses relating to appraisal. The response rate of 38% was also in line with the previous year. The detailed results are embargoed, on a national basis, until March 21.

Personal Development Review

The first full year of the Personal Development Review (PDR) process will be completed by the end of March. The figures below are based on current reporting and it should be noted that there are still a small number of outstanding reports which will improve further the percentages for PDR and PDP completed.

Trust wide completion:

- 99% of staff have a KSF outline (either approved or in final draft)
- 86% have been through a PDR process
- 85% have a PDP.

The above figures can be broken down further:

A&E Operations:

99% have a KSF outline
85% have been through a PDR process
83% have a PDP

Support Directorates:

91% have a KSF outline
92% have been through a PDR process
92% have a PDP

Staff employed on fixed term contracts or external contract staff will not have a KSF outline and may not be included in the PDR / appraisal process if employed for a term of less than 12 months.

A formal review of the PDR process will be scheduled for April of this year. The review will include;

- PDR training arrangements
- PDR Audit and monitoring (including e-KSF / ESR potential link)
- Staff Side feedback
- Staff experience
- Future Team Leader involvement
- Learning and development data base
- Ongoing responsibilities for PDR
- Ongoing responsibilities for KSF
- Quality assurance of PDR
- PDR implementation programme closure.

The first full year of PDR has been completed with 99% of posts within the Trust having a KSF outline and over 85% of all staff having an appraisal / PDR interview. Given that the overwhelming majority of staff are operational and work varying shift patterns combined with the recent performance pressures within A&E operations, these figures should be considered a success for the Trust.

Workforce information

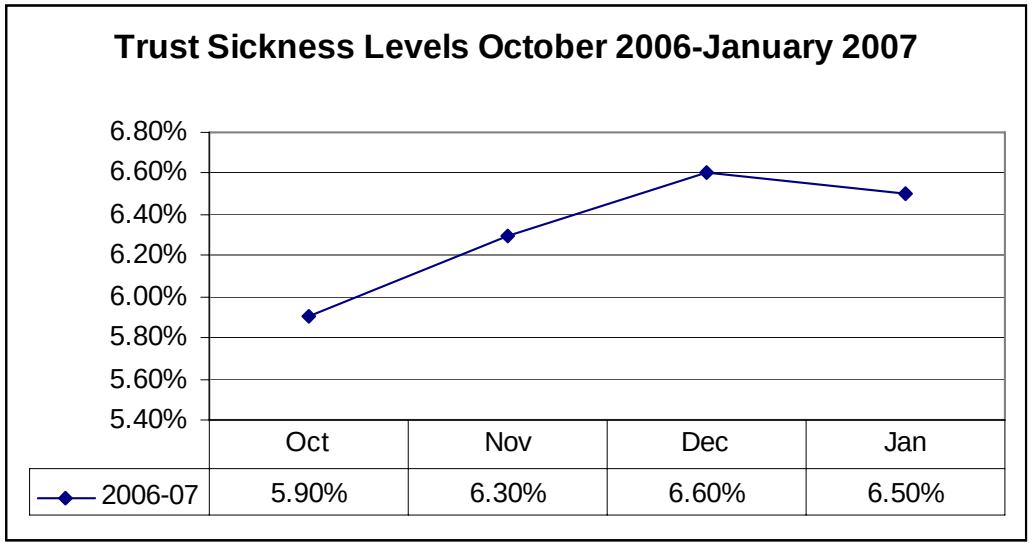
Sickness absence is now reported through ESR and calculates absence on the basis of days lost. There is no comparative data provided therefore as previous reports have been based on hours. Managing sickness absence remains a key priority for the Trust. The provision of additional support to Operations has recently contributed to a reduction in levels of absence which will be seen in future reports.

The numbers and period of staff suspensions has also improved. Our aim will be to continue to ensure that the time period of suspensions is kept to a minimum.

INTERIM WORKFORCE INFORMATION

Jan 07 Absence	%
A & E Ops East	7.9%
A&E Ops South	7.1%
A&E Ops West	6.8%
Control Services	7.3%
PTS	5.3%
Total (Trust)	**6.50%**

Staff Turnover March 2006 -February 2007	
Staff Group	**Turnover %**
A & C	11.76%
A & E	4.72%
CTA	0.00%
Bank Staff	0.00%
EOC Watch Staff	11.00%
Fleet	3.39%
PTS	8.19%
Resource Staff	1.96%
SMP	7.04%
Grand Total	**5.84%**



SUSPENSIONS as 14.03.07		Date of Suspension	Allegation:	Stage in Investigation	Investigating Officer	Hearing Date
East	1	06.02.07 Suspension reviewed 19.02.07 & 07.03.07	Inappropriate behaviour towards patients and staff.	Commenced	Martin McTigue	
South	2	19.02.07	Neglect of patient and poor care	Report Complete.	Richard Lee	26.03.07
		09.01.07	Bullying & harassment	On-going	John Boyaram	
West	1	22.10.06	Illegal drug use	Investigation complete. Staff member now an in-patient. Awaiting OHD advice.	Paul Gibson	
EOC	0					
HQ/Fleet/Others	0					

4. COMMUNICATIONS

Media issues

Launch of Hazardous Area Response Team (HART): At the beginning of March, the Communications Department worked with the Department of Health to coordinate media interest in the official launch of the Hazardous Area Response Team (HART) by Health Minister Rosie Winterton. Broadcast journalists from BBC London and Sky News were given full access to the Minister's tour at the Service's headquarters. It was emphasised that HART is not exclusively a chemical, biological, radioactive or nuclear response but a general one sent to a range of incidents at which, it is predicted, there could be large number of casualties. John Pooley, Head of Emergency Preparedness, gave interviews and demonstrated the equipment available on the HART vehicles. A tour was also conducted around the Service's Incident Control Room. The launch was subsequently covered by BBC London television, radio and online.

Strategic plan: The Service's new workforce plan, discussed at the last Trust Board meeting, was picked up by the Evening Standard. The Health Correspondent met with Director of Service Development Kathy Jones and Assistant Director of Operations Ian Todd to discuss the implications of the plan; this resulted in an article focusing on the move for more paramedics in cars to assess patients. Unfortunately a headline 'Ambulances will only go to 10% of 999 calls' was misleading. To clarify, this figure relates to the most serious calls that would receive an ambulance and a car as part of an initial response (more recent estimates are 10-20 per cent). In terms of other calls, paramedics in cars would assess what treatment a patient needed and would request an ambulance if appropriate.

Operational pressures: A number of pressure-related stories have appeared in the media recently.

The Evening Standard ran an article in February about operational pressures on the Service as a result of the high volume of Category A calls and sickness levels.

Related to this, a number of stories about delays in attending 999 calls were published in national and local papers.

The Mail on Sunday ran an article about a patient who was taken to hospital in south east London on a bus because no ambulances were immediately available to attend. The story, which was published the day after the incident, was subsequently covered by local press in the area.

The following week, a columnist on The Times wrote about a delay in attending a call to one of his elderly relatives. This was followed up by another journalist on the same newspaper, but a response was provided which outlined that all crews in the area had been attending other patients at the time of the call. This incident, and a story in the Health Service Journal about ambulance response times across the country, prompted another article in The Times focussing on national demand and performance issues.

The Service has also since received a Freedom of Information enquiry from The Sunday Times about response times; it is understood that this request has also been made to other ambulance services.

Other negative local stories included those about a woman who was mugged in Crouch End and was taken to hospital by Police after it took more than an hour for an ambulance to arrive; a 35-minute response to a man in Romford after he fell unwell; and a three-hour response to a woman who fell over and injured herself at home in the same area. The paper which covered the latter two incidents also ran a negative article about the local Patient Transport Service contract. The Communications Department worked with the local Ambulance Operations Manager to write a letter to counter allegations in this story, and this was published the following week.

Other stories: Other incidents that attracted media interest included a rush hour road traffic collision on Regent Street which left six people injured, two accidents involving ambulance vehicles on the way to emergency calls, and a building collapse in east London. Problems with a supplier that affected the mobile data terminal system for a few days were also picked up by BBC News online.

An enquiry was received from ITV London Tonight news who interviewed a former patient's father, Mohammed El-Bhanasawy, who maintains that the Service's response to his son's fatal asthma attack in December was inadequate. The story, which was previously covered in the Islington Gazette, focused on the father's main point of contention that the first responder wasn't carrying oxygen. From the start the Service issued a statement outlining that the first responder *was* carrying oxygen and did everything she could to save the patient's life. Colleagues at the Whittington Hospital, where the patient was initially treated, advised that this case is now pending a coroner's inquest. Therefore, it was decided not to put a spokesperson up for interview until the inquest reaches its conclusion so as not to prejudice the investigation.

The Communications Directorate has also been coordinating the Service's involvement in ITV's Tonight with Trevor McDonald programme, which is due to be broadcast in April and is expected to feature the case of teenage epileptic patient Kayleigh Macilwraith-Christie, who died last July. A Freedom of Information request for information relating to this tragic case was received from ITV last month.

Evidence given at London Assembly's investigation into emergency life support skills training

Having submitted a formal response in February, the Service was among a number of agencies to give evidence at a meeting of the London Assembly's Health and Public Services Review Committee on 6 March. Medical Director Fionna Moore was accompanied by Clinical Practice Manager Mark Whitbread as she answered questions as part of a scrutiny investigation into how emergency life support (ELS) skills training is delivered in London.

The meeting also heard from representatives from St John Ambulance, the British Heart Foundation, the Resuscitation Council UK and the Saving Londoners Lives project. Key issues discussed included how training is regulated, available sources of funding, the benefits of making ELS training a mandatory part of the school curriculum, how other emergency services could be involved in delivery and what target London should be aiming for in comparison to Seattle, which is recognised as leading the way.

The Service played a key role in the investigation and now awaits the Committee's recommendations which are expected to be published in June, outlining how the number of

Londoners trained in basic life support could be increased. It was noted that if funding was available, there is a great deal of potential for the Service to lead the way in delivering more training, working in conjunction with other partners across the capital.

Visit to 10 Downing Street to celebrate NHS successes in tackling coronary heart disease

The department coordinated the Service's attendance at an event held on Wednesday 14 March at 10 Downing Street to celebrate the successes of the NHS in tackling coronary heart disease. The event was hosted by Professor Roger Boyle, National Director for Heart Disease & Stroke Department of Health, to mark the seven year anniversary of the NHS Coronary Heart Disease National Service Framework. Clinical Practice Manager Mark Whitbread and Community Defibrillation Officer Jo Smith accompanied former patient Kevin Jolly who they took to the London Chest Hospital for primary angioplasty after he suffered a heart attack in December 2005. They joined other NHS staff and cardiac patients as they shared their stories with the Prime Minister and highlighted the Service's work to improve emergency cardiac care in London. Interviews were held after the event with BBC regional media.

Patient and Public Involvement

Although the current pressures have severely limited operational staff involvement in Patient & Public Involvement (PPI) activities, staff from Wimbledon complex were able to take part in the Junior Citizens Scheme in Wandsworth. St. Helier and Edmonton complexes are planning open days for the summer, and the Ambulance Operations Manager at Edmonton is meeting with local communities to discuss the possibility of developing community responder schemes in the area. Staff at Edmonton are also developing links with a local school.

The LAS had stands at a health promotion day in Blackfriars and a coronary heart disease event in Ealing. Although these were less well-attended by the public than the organisers had hoped, both events provided a good opportunity for LAS staff to meet partners from other local organisations, as well as the patients who did attend. On the evening of the Ealing event, the Community Defibrillation Officer (Joanne Smith) gave an excellent presentation to members of the local community about the Service's cardiac care developments.

These events have led to plans for a 'resource pack' to be developed, for use by any member of LAS staff wishing to have a stand at an event. This includes a checklist for the planning stage, an event plan and risk assessment, as well as other resources that may be required, depending on the theme of the event and the visitors expected.

A trial of the Medical Visual Language Translator is underway with the Cycle Response Unit at Heathrow Airport. So far, the cards have not been used many times, although staff report that they have been useful on occasions. When the trial is completed, consideration will need to be given as to whether the LAS invests in a larger number of these cards, or whether other ways need to be developed to aid communication with deaf, speech-impaired and non-English speaking patients.

The Public Education Strategy has been agreed and a development day is being planned for the new financial year. In the meantime, the Public Education Strategy Steering Group is doing an audit of all public education work carried out by operational staff.

At the February Patients' Forum meeting the PPI Manager provided an update about the Tower Hamlets (Bangladeshi) project. Three sub-groups have now been formed for this project, and will focus on women and maternity services, children and young people, and joint work between LAS staff and the local 'health guides', who speak local languages and work as volunteers with members of the community. Activities are likely to include work shadowing, CPR training, careers information and health promotion.

The March Patients' Forum meeting focused on mental health, and the Head of Policy, Evaluation and Development (Nick Lawrance) attended to update Forum members on the implementation of the Mental Health Strategy and the action plan arising from the Serious Untoward Incident involving Andrew Jordan.

Towards the end of March the LAS has been asked to attend a careers event for young unemployed women in Tottenham. A member of staff (Charlotte Elliot) will give a talk about her career in the LAS, from joining PTS to becoming a Team Leader. Also in March the Diversity Officer will attend a careers event in Camden, in partnership with Communities into Training and Employment (CITE).

A Patient Transport Service (PTS) conference is to be held on 21st May at the Oval Conference Centre. This will be an opportunity for the LAS to hear about the views and experiences of PTS users, and for patients to influence future developments. It is planned that, although patients and carers will make up most of the audience, others will be invited to participate, such as commissioners of PTS services and regulators.

Other forthcoming events over the summer include a health day organised by Sutton & Merton PCT (June), the annual Pride celebrations (July) and a multi-agency event in Newham which aims to use the anniversary of the London bombings to build cohesion amongst all faith communities in the capital. The LAS annual Patient Care Conference will be held at the end of July.

5. Overseas Travel

The LAS lead for CBRN Marc Rainey, has been invited to assist the Thai government at a four day symposium in Bangkok. The Foreign and Commonwealth Office will meet all costs and have assembled a panel of experts to advise on all aspects of anti terrorism preparation.

6. Recommendation

THAT the Trust Board note and approve overseas travel

Peter Bradley CBE
CHIEF EXECUTIVE OFFICER
20 March 2007

Enclosure 5

LONDON AMBULANCE SERVICE NHS TRUST

Trust Board 27th March 2007

Report of the Medical Director

Standards for Better Health

1. First Domain – Safety

Update on Serious Untoward Incidents (SUIs)

A Serious Untoward Incident was declared on 7th March following the death of a 7 month old child from presumed meningococcal septicaemia where the initial call handling may have failed to identify the serious nature of the child's condition, thus leading to a delayed response. This is the only outstanding incident where investigations are incomplete.

NHSLA informal visit on 7 March

The NHSLA assessor visited the Trust and provided an overview of the new assessment system that the NHSLA is considering for implementation. The more detailed requirements for the assessment will be made available after the new provider of risk management services for the NHSLA, Det Norske Veritas Ltd, take up their role on April 1st this year (the previous provider, Willis, having unsuccessfully tendered for the contract). The Ambulance Service Association has asked the NHSLA to clarify what impact the change of provider will have on the development of the new ambulance standard.

The proposed piloting of the new standard will include a visit in June-September 2007 to help trusts self assess their compliance with the 10 criteria of the 5 new standards at assessment level one. This level is concerned with ensuring that policies and procedures are in place.

The proposals also include a requirement that the two ambulance trusts which currently have level two status under the outgoing system (LAS and one other) will be visited in October 2007. This visit will be to review the Trust's compliance at the new level two with evidence of implementation of the policies and procedures demonstrated at level one.

The new system transfers the responsibility of monitoring the Risk Register and the Assurance Framework to the Audit Commission under the ALE (Auditors' Local Evaluation assessment), if approved. The latter informs the rating of the Use of Resources component of the Annual Health Check.

Once the approach to piloting the new standard is clarified in April a project plan incorporating a gap analysis will be put in place, co-ordinated by the Head of Governance with support from senior managers.

Safety Alert Broadcasting System:

The Safety Alert Broadcasting System (SABS) is run by the Medicines and Healthcare products Regulatory Agency (MHRA). When a SAB 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.

Eighteen alerts were received during the period of 16th January 2007 – 08th March 2007. In total the Trust has six alerts outstanding as follows:

1) MDA/2005/069: Blood Pressure Monitors and Sphygmomanometers

This alert continues to be actioned by the Corporate Logistics Manager. It has been agreed that sphygmomanometers will be replaced on an annual basis. A bulletin outlining this to staff is in the process of being drafted.

2) DH (2006) 08: Waste Compactor

This alert was circulated on 19.10.2006. Currently waiting for feedback to confirm that all the actions outlined in the alert have been completed.

3) DH (2006) 09: Electrical Distribution Switchgear, 160A and 2002/250A FCS Switches/Fuse Switches

This alert is being actioned by Head of Estates. Currently awaiting feedback on progress to date.

4) MDA/2007/003: Ferno Falcon Six and Hawk Six Ambulance Stretcher Trolleys

This alert was received on 15th January 2007 and relates to a weld failure of the above stretcher trolleys. This alert remains on-going as modifications outlined in the alert are being made.

5) DH (2007) 01: Mandatory Reporting of Defects and Failures and Disseminating DH Estates and Facilities Alerts

Details of this alert have been forwarded to relevant departments. Awaiting feedback to confirm if the trust complies with the actions outlined in the alert.

6) NPSA/2007/015: Colour Coding Hospital Cleaning Materials and Equipment

This alert relates to the standardisation of colour coding for cleaning materials in NHS organisations, including the colour codes of mops and buckets used for the cleaning of specific areas. The Trust has confirmed that though a colour code is in place this is not in line with the NPSA recommendations. This alert was discussed at the Infection Control Steering Group meeting in February 2007, where it was agreed that colour codes will be reviewed in line with the recommendations.

2. Second domain – Clinical and Cost Effectiveness

National Clinical Practice Guidelines for Use in UK Ambulance Services

Version 2006 is now in use across the Service with manuals distributed to front line staff. Copies of the pocket book were distributed in mid February. Unfortunately some errors were identified in the section on drug dosages leading to reprinting of the affected pages. The corrected pages have now been circulated to staff for insertion. Some concern has been expressed about the quality of this edition of the pocket book, as the print has shown a tendency to smudge when wet. The publishers have agreed to replace any pocket books where pages have become illegible.

As with the previous edition of the Guidelines there are a small number of areas where the LAS is not fully compliant with the advice given. The most significant issue is around the concentration of oxygen administered to patients with medical conditions, including acute myocardial infarction and stroke, where provided there is no evidence of hypoxia, as evidenced by normal oxygen saturation levels, LAS policy is to give medium rather than high flow oxygen. The LAS plan to implement the advice contained in the British Thoracic Society Guidelines on Oxygen Therapy which are due for publication later this year.

The Trust Board is asked to note this variation in practice and to approve the use of the 2006 version of the Guidelines for staff working within the LAS.

Update on Cardiac Care

For the year 2005/06 the LAS received a ‘weak’ rating for patient care, based on the joint indicator of achieving a call to thrombolysis time of within 60 minutes in only 42 % cases. As since April 2006 the majority of STEMI patients in London are now taken for primary angioplasty, Professor Roger Boyle (the National Director of Cardiac and Stroke Care) was approached to suggest that the measurement against thrombolysis did not adequately reflect the quality of care received by this group of patients. The LAS asked that a ‘time to reperfusion’, which could cover both those patients having angioplasty and thrombolysis, might be a more accurate reflection of the standard of care.

Some clarification has recently been received from the Health Care Commission (HCC) regarding the thrombolysis indicator.

1. **Low numbers rule**. If the LAS demonstrates low numbers of patients taken for thrombolysis in either Oct 06 - Mar 07 or Apr 06 - Mar 07, then it would be excluded from the indicator. The HCC have not yet confirmed what is classified as 'low numbers', but last year it was 20 patients.

So far, only 4 patients have been entered onto the MINAP database for Oct 06 - Mar 07. This suggests that the low numbers rule may well be applied however, hospitals are still entering data onto the MINAP database so this position could change Hospitals will ratify their data in April 2007.

2. **Primary angioplasty rule.** If the LAS does not meet the low numbers rule, then the Trust may be eligible for the PCI rule. In which case the LAS needs to meet or exceed in April 06 - March 07 our April 05 - March 06 figure of 52.201%.patients taken for PCI. The figure is

currently 41.7%, but this is changing on a daily basis as hospitals enter more data. (As an example, a few days ago the figure was 33%).

The HCC has not yet decided what the PCI threshold will be.

3. **Existing target.** If the LAS does not meet either the low numbers or PCI rule the Service needs to achieve a thrombolysis target of:

* 65.589% or higher in Oct 06 to Mar 07; a 10% point increase on our figure from Oct 04 to Mar 06 (55.589%) and

* 52.201% or higher for Apr 06 to Mar 07; greater than or equal to our figure from Apr 05 to Mar 06 (52.201%).

Greater London Authority Committee investigation into emergency life support skills training (6th March 2007)

Background

The Service was among a number of agencies to give evidence today (Tuesday 6 March) at a meeting of the London Assembly's Health and Public Services Review Committee chaired by Joanne McCartney. The Committee wanted to investigate how emergency life support training is delivered in London and how the number of Londoners trained could best be increased.

The meeting, held at City Hall, also heard from representatives from other organisations as follows:

- Alan Powell, Head of Training and Development, St John Ambulance
- Colin Elding, Heartstart UK Manager, British Heart Foundation
- Dr Mike Colquhoun, Vice Chairman Resuscitation Council UK (also Welsh Ambulance Service Medical Director)
- Dr Gillian Schiller, Project Manager, Saving Londoners Lives

The LAS had previously provided evidence about its involvement in the training of Londoners in emergency life support, public awareness campaigns and the National Defibrillator Project. The meeting focused on additional schemes and initiatives which might improve survival in out of hospital cardiac arrest. We anticipate being asked to comment on the Committee's draft report when published in the late spring.

Update on Stroke

The RAPIDS (Rapid Ambulance Protocol for the Identification of Stroke) project, where patients with a positive FAST (face, arm, speech test) are admitted directly to the 'Brain Attack' Unit at the National Hospital for Neurology and Neurosurgery has now started. The Unit has extended its admission criteria to all local complexes, having previously only accepted patients brought by crews from Islington.

Other clinical issues of interest

Clinical Leadership meetings:

Members of the Medical Directorate and the Department of Education and Development have now participated in over 20 meetings with the Complex clinical teams, focusing on local issues such as rates of return of spontaneous circulation, time to first shock, rates of successful endotracheal intubation, end tidal carbon dioxide monitoring, pain management and completion of clinical performance indicators. We have sought feedback on complex based training, selection for paramedic training and alternative methods of delivering the education agenda.

Airway management

JRCALC is hosting a debate on the optimal method of advanced airway management in pre hospital care. Hitherto endotracheal intubation has been accepted as the gold standard. However, the evidence largely gathered in the United States, suggests an unacceptable complication rate. In addition many ambulance trusts are having difficulty in accessing training slots in operating theatres. With the increasing popularity of the laryngeal mask airway (LMA), available to both paramedics, and EMT4s (in London), there is an increasing move towards the LMA being the standard advanced airway. While the subcommittee gathers evidence around UK practice the LAS will undertake an audit to determine the average number of intubations undertaken by paramedics each year and produce good practice guidelines for the verification of endotracheal tube placement and skill retention.

Drug identification

Drug stickers, similar to those in routine use in hospitals, initially for use with morphine have been introduced across the Service.

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

A summary of the cardiac arrest report 2005/2006 and the report of ST elevation myocardial infarction for the same period is included in Appendix 1.

3. Third Domain – Governance

Updates on risk management are covered elsewhere on the agenda.

4. Fourth Domain – Patient Focus

This area is covered in the Report of the Chief Executive

5. Fifth Domain – Accessible and Responsive Care

This area is covered in the Patient and Public Involvement report within the Report of the Chief Executive.

6. Sixth Domain – Care Environment and Amenities

Infection Control

The annual report of the Infection Control Steering Committee is presented as a separate agenda item.

7. Seventh Domain – Public Health

Pandemic Flu

The LAS took part in 'Winter Willow', one of the most comprehensive pandemic flu exercises undertaken so far, involving 18 Government Offices, all the SHAs and the Devolved Administrations, as well as some PCTs, acute and ambulance Trusts. Five LAS AOMs were involved at each of the Influenza Pandemic Committees (IPCs) in London. The AOMs fed back on a local basis to an intelligence cell set up on the days of play in the Incident Control Room (ICR). The information was then funnelled up to gold and reported at the Regional Resilience Committee (RCCC).

NHS London described the exercise as 'ambitious and successful'. The debrief is currently being written up with dissemination over the next two weeks. This will influence the draft national ambulance guidance which will in turn influence local ambulance plans.

Recommendation

THAT the Board:

1. Notes the report
2. Approves the adoption of Version 2006 of the National Clinical Practice Guidelines for Use in UK Ambulance Services, accepting the major area of non compliance.

Fionna Moore
Medical Director
15th March 2007

Appendix 1

Clinical Audit & Research Summary Reports for the Trust Board

Summary of Cardiac Arrest Annual Report 2005/06

Authors: Dr Rachael Donohoe and Karen Haefeli

The following information relates to 3022 patients who were resuscitated following an out-of-hospital cardiac arrest of presumed cardiac aetiology, during 1st April 2005 to 31st March 2006.

Patient Profile

The average age of the cardiac arrest patient was 68 (0 - 109) years and the majority of patients were male (66%).

Time and Location of Arrest

Emergency calls requesting help for a cardiac arrest were most frequently received between 8am and 12 noon (24%). Most occurred on a Friday (15%), with one in ten occurring in November (10%). The majority of cardiac arrests (72%) occurred in a private, residential location.

Bystander Witness and CPR rates

Nearly half (46%) of all cardiac arrests were witnessed (seen or heard) by a bystander. A further 12% cases were witnessed by LAS crews. Bystander CPR was initiated in over a third (39%) of cases.

Community Defibrillation

Twenty-four (<0.8%) patients were defibrillated by someone trained as part of the LAS's Community Defibrillation Programme. Nine of these 24 patients (38%) were discharged alive from hospital.

Response Intervals

Interval	Average (range) in minutes
999 call* – arrival on scene	7 (0 – 133)
999 call* – 1st LAS defibrillation**	9 (1 – 51)
Arrival at scene – 1st LAS defibrillation**	3 (0 – 31)
Total job cycle (999 call – green)	39 (0 – 153)

** Time when the incident location and patient's chief complaint were obtained (ORCON time)*

***Includes only patients with a non-crew witnessed arrest and an initial rhythm of VF/VT*

Initial Arrest Rhythm

Almost half of all patients (43%) were in Asystole on arrival of the ambulance crew. Just over a quarter (27%) had an initial presenting rhythm of VF/VT.

Return of Spontaneous Circulation

Just under one fifth (19%) of patients had a return of spontaneous circulation (ROSC) at some point during their treatment by the LAS.

Survival Calculations

The Utstein survival rate (patients in VF/VT who also had a bystander witnessed arrest) was 10.9% (54/495), representing an increase of 6.7% since 1998/1999. The overall survival rate (regardless of rhythm and witnessed status) was 5.3% (152/2884), representing an increase of 2.1% from 2003/2004.

Points for Action

- Efforts must continue to ensure complete, accurate and legible PRF documentation through the Team Leader CPI audit and feedback process.
- Team Leaders must encourage crews to hand in FR2 data cards and downloaded them on a regular basis.
- The LAS should continue to support its programmes of community defibrillation and community resuscitation.
- The LAS must continue to support its programme of cardiac research and audit to enable further cardiac care developments to be made and measured in the coming years.

Summary of ST Elevation Myocardial Infarction Report 2005/06

Authors: Dr Rachael Donohoe and Debbie Evans

The following information relates to 716 patients who, between 1st April 2005 and 31st March 2006, were diagnosed by LAS crews using 12-Lead ECGs as suffering from an ST-elevation myocardial infarction (STEMI).

Patient Information and Type of Infarct

The average age of the STEMI patient was 64 (19 - 100) years and the majority of patients were male (73%). Anterior (45%) and Inferior (40%) were the most common types of infarct documented.

Time of call for help

The majority (19%) of emergency calls requesting help for the STEMI patient were received between the hours 10am and 1pm.

Aspirin Administration

83% of STEMI patients were administered aspirin by LAS crews. 4.5% had taken aspirin before the arrival of the LAS and for 8% aspirin administration was contraindicated.

Pain Assessment

An initial pain assessment was documented on 97% of PRFs. A numerical pain score was used for 66% of patients and a qualitative form of pain assessment was utilised for 31% of patients. Documentation of a subsequent pain score was not as high at 84%, although this does represent an improvement on previous years.

Response Intervals

Interval	Average (range) in minutes
999 call* – arrival on scene	7 (0 – 64)
Arrival on Scene – arrive patient	1 (0 – 18)
Arrival on scene – leave scene	27 (8 – 75)

** Time when the incident location and patient's chief complaint were obtained (ORCON time)*

Conveyance Location

One-third (33%) of STEMI patients were taken directly to a Cardiac Catheter Laboratory during this reporting period. (Please note that direct access to Cardiac Catheter Laboratories was still in the pilot phase and the number of STEMI patients transported to these facilities has increased since then).

In-hospital Treatment

120 (17%) STEMI patients were confirmed as receiving primary angioplasty treatment. Nearly three-quarters (73%; n=88) of these patients were admitted directly to a Cardiac Catheter Laboratory by LAS crews.

130 (18%) STEMI patients were confirmed as receiving thrombolytic treatment; 55% received this treatment within the 60 minute call-to-needle target.

Patient Outcome

Of the 286 patients with outcome data available, 249 (87%) were discharged from hospital alive.

Action points

- Crews must ensure that they record both initial and final numerical pain scores on the PRF.

- Reasons for delays to hospital must be clearly documented as are recorded on MINAP and may result in such incidents being excluded from the Healthcare Commission's thrombolysis target.

- Crews must clearly document the destination hospital name, code and ward to allow accurate identification of patients directly transported to a Cardiac Catheter Laboratory.

Illness code 87 must be used for all patients with an MI confirmed by 12-Lead ECG

Enclosure 6

London Ambulance Service NHS TRUST

TRUST BOARD 27th March 2007

2007-10 Budget

1. Sponsoring Executive Director: Mike Dinan

2. Purpose: For approval

3. Summary

The attached power point presentation sets out the business plan for 2002/08 and the outline plans for the two following years.

Details of changes from earlier discussions will be outlined by the Director of Finance at the Trust Board meeting

4. Recommendation

THAT the Trust Board approve the 2007/10 budget.

Enclosure 7

London Ambulance Service NHS TRUST

TRUST BOARD 27 March 2007

Long Term Workforce Plan 2007 -2013

5. Sponsoring Executive Director: Caron Hitchen

6. Purpose: For approval

7. Summary

The long term workforce plan presented to the Trust Board is the culmination of work which commenced early last year and has involved the:

1. development and agreement of an operational response model
2. identifying and refinement of a number of future assumptions
3. associated workforce skill mix modelling
4. financial planning and modelling

Details of these assumptions together with the overarching vision of the future workforce are contained in the attached excerpt from the Trust's Strategic Plan which was agreed at the Trust Board in January 2007 (appendix 1).

It should be noted that this workforce plan will continue to be reviewed to take account of changing circumstances which may affect current assumptions. The plan as presented assumes no additional funding for the introduction of revised national response time measurements (Call Connect). If this situation were to change, the plan would need to be revised accordingly.

A description of the future plan is provided with a breakdown of the workforce planning numbers contained in appendix 2.

8. Recommendation

THAT the Trust Board approve the long term workforce plan and support the next steps.

London Ambulance Service NHS Trust

Long Term Workforce Plan

2007 – 2013

Introduction

The long term workforce plan presented to the Trust Board is the culmination of work which commenced early last year and has involved the:

5. development and agreement of an operational response model
6. identifying and refinement of a number of future assumptions
7. associated workforce skill mix modelling
8. financial planning and modelling

Details of these assumptions together with the overarching vision of the future workforce are contained in the attached excerpt from the Trust's Strategic Plan which was agreed at the Trust Board in January 2007 (appendix 1).

It should be noted that this workforce plan will continue to be reviewed to take account of changing circumstances which may affect current assumptions.

A breakdown of the workforce planning numbers is contained in appendix 2.

Workforce plan 2007/08

In the context of next years budget the Trust aims to consolidate the existing expanded workforce and begin to introduce the desired change to skill mix in order to meet the needs of the new service delivery model including the "New Front End Model" (NFEM). These plans currently assume no additional funding to support the changes in response time measurement (Call Connect) to be introduced in April 2008. The plan will therefore change should the Trust be successful in its bid for additional funding in this respect.

The main focus therefore will be to begin the process of enhancing the skills of those staff currently in post rather than recruiting additional staff and the overall staffing numbers will therefore remain unchanged.

The costs of existing Emergency Care Practitioners (ECPs) will be absorbed into the Trust's baseline budgets so as not to be reliant on annual funding negotiations with individual PCTs. This will give the stability required to continue to develop the individuals in these roles and give the Trust the confidence to role out the ECP model further throughout the organisation in future years.

The number of Paramedics is expected to increase from 815 to 936. This will be achieved through a combination of recruitment of university trained Paramedics and internal

paramedic training of Emergency Medical Technicians (of which the majority will be EMT4).

Staff employed in the new A&E support role (title of Emergency Care Assistant is under review), will increase from 99 to 126.

External recruitment within this year will therefore concentrate on the Paramedic role together with some anticipated recruitment to the new A&E support role and the filling of existing vacancies for Clinical Telephone Advisors.

Workforce plan to 2013

From 2008 onwards the Trust will continue the process of enhancing the skills of its existing workforce and will also begin to increase its numbers in response to the assumptions on demand and change in service delivery. Over the period of the plan the Trust intends to:

- Increase the numbers of ECPs by 130 in order that this role can be used appropriately, responding to the patients who require their level of knowledge and skill.

- Maintain the number of Team Leaders (based on existing organisational size and structure).

- Continue the programme of university recruitment and internal training and thereby increase the number of Paramedics to 1,911 (from 815 in 2007).

- Continue to develop existing Technicians through the career progression route with paramedic training. This will be supported by an HR framework agreed through a joint partnership working group. Staffing numbers in both the EMT3 and EMT 4 roles will reduce over time and these roles will ultimately disappear. It is anticipated that by 2013 the majority of EMT3 staff will have progressed to EMT4 or paramedic roles and approximately 120 EMT4s will remain.

- The numbers of A&E support staff will increase by 345 to 444.

- Clinical Telephone Advice will expand with double the numbers of Clinical Telephone Advisors (100 by 2013).

Next steps

The Trust Board to approve the long term workforce plan.

Work will continue with staff side colleagues to agree the HR framework to support the implementation of this workforce plan and provide appropriate protection to existing staff. The next meeting is scheduled for 19 April 2007.

The Training Services Group are is working to finalise agreement of the training plan to support the intentions within this workforce plan.

The vision of the future workforce has been published in LAS News in February 2007. Future communication will include the planned range of staff and managers conferences scheduled to commence in April 2007 together with specific communication of outcomes from the discussions with staff side.

The Trust continues to be fully involved in the national work developing the A&E support role (Emergency Care Assistant).

8.1 Workforce Plan

A skilled, professional workforce configured to future needs and committed to patient care and the Values of the London Ambulance Service are a pre-requisite to achieving the objectives of the Trust. Detailed work has been undertaken to identify the likely front-line clinical workforce requirements based on modelling and planning assumptions made for the plan period, in particular:

- Analysis of anticipated future demand and the categorisation of calls -
  - the number of incidents (all categories) will increase by 3% per annum;
  - the number of hospital transfers will increase by 6% per annum;
  - there will be an additional 30,000 incidents per annum after 2010 resulting from the Thames Gateway developments;
  - the number of Category A calls will reduce to 25% - 30% of all calls by 2010, the balance will be down graded to Category B calls;
  - Olympics impact is ignored as special planning will take place for this one-off event.

- The planned response regime –
  - all Category A and Category B patients will initially receive a response from a Fast Response Unit with a solo responder except for cardiac arrest cases (3% of category A) and other patients who clearly require transport to hospital and will automatically get an ambulance.
  - 10% of Category B calls will be transferred directly to Clinical Telephone Advice (CTA);
  - 85% of Category C calls will be transferred to CTA, the remaining 15% will be responded to by Emergency Care Practitioners (ECPs) to make an assessment of the patient and possible treatment on scene;
  - all emergency transfers and Urgent patient journeys will be undertaken by an ambulance;
  - reduction in patients conveyed to A&E of 200,000 per annum
  - 50% utilisation
  - represents c. 2% annual growth in overall productivity

- Skill mix – analysis has been undertaken as to the skill mix requirements for each type of response. There will in future be a larger number of single first responders who will require an enhanced level of assessment skills and form a greater proportion of the workforce. We will also move progressively towards a two tier system of ambulance transport with Advanced Life support (ALS) ambulances and Basic Life Support (BLS) ambulances with an appropriate skill mix. Category C patients who cannot be managed appropriately through CTA will receive an assessment visit from an ECP and an increased number of staff trained to this level will also be required.

Overall crew staff numbers are planned to increase over the period from 2,700 in 2006/07 to 3,150 in 2012/13. It is envisaged that there will be a three tier frontline workforce: Emergency Care Practitioners; Registered Paramedics; and Emergency Medical Assistants. This will create a front-line clinical workforce with almost 80% of staff providing direct care to patients being professionally trained together with an increase in those with basic training. Existing Emergency Medical Technicians will be up-skilled through professional training to Paramedic status complemented by the recruitment of university trained Paramedics. There will also be growth in the number of CTA staff from 50 in 2006/07 to 120 in 2012/13.

Further work is to be undertaken to identify future requirements for call-taking and despatch staff, Patient Transport Service staff and support department staff.

Consultation with staff side is underway and a full partnership approach will be taken to progressing the workforce plan.

A workforce strategy will be developed in partnership to support the achievement of this workforce plan. This will include, amongst other things, the approach to training and development, recruitment, retention, career progression and modernisation of working practices.

This workforce plan will be reviewed annually and will take account of any future changes to national or local policy or any new service developments such as provision and expansion of Out of Hours services.

Enclosure 8

London Ambulance Service NHS TRUST

TRUST BOARD 27th March 2007

Assurance Framework

1. Sponsoring Executive Director: Mike Dinan

2. Purpose: To review the Assurance Framework as evidence of compliance with all twenty four core standards for the 2006/7 Annual Healthcheck

3. Summary

This Framework records the assurance and controls we have in place that evidence compliance with the twenty four Core Standards of the Seven Domains that comprise the requirements of the Annual Healthcheck. Non compliance with these standards is treated as risk that threatens our achievement of objectives.

This Framework is the document that provides the Trust Board with assurance that the organisation is fully compliant with the standards for the period from 1st April 2006 to 31st March 2007. When the Final Declaration is submitted to the Healthcare Commission in accordance with their deadlines in April 2007 it will record our full compliance.

The Final Declaration is required to include commentary from the Overview and Scrutiny Committees of the London boroughs. The Framework will be used as the basis for presentations on our compliance to them as requested.

Objectives used for the purpose of the Framework are updated annually and are consistent with the Board and annual service plan's objectives.

The key controls are taken from the Risk Register and other reports prepared and presented to the Board and the Trust's senior committee. Updates are routinely sought to evidence progress and compliance with standards is maintained.

4. Recommendation

THAT the Board agree:

1. That the Assurance Framework contains sufficient controls to evidence full compliance with the Twenty Four Core Standards that comprise the Annual Healthcheck.

2. That the Final Declaration of the Annual Healthcheck be submitted stating that the Trust is fully compliant with the Twenty Four Core Standards and that there have been no significant lapses during the period covered by the Declaration.

Enclosure 9

London Ambulance Service NHS TRUST

TRUST BOARD 27th March 2007

Standing Orders, Financial Instructions And the Scheme of Delegation

1. Sponsoring Executive Director: Michael Dinan

2. Purpose: For approval

3. Summary

The Standing Orders, Financial Instructions and Scheme of Delegation have been reviewed and updated in line with the NHS Model Rules published in March 2006. They have been circulated separately to the main agenda (appendix 1)

The Audit Committee considered the proposed amendments to the Standing Orders and Financial Instructions in December 2006 and the Scheme of Delegation in March 2007.

4. Recommendation

THAT the Trust Board approve the amended Standing Orders, Financial Instructions and Scheme of Delegation.

Review of the Standing Orders, Financial Instructions and Scheme of Delegation.

The Standing Orders and Financial Instructions have been reviewed in collaboration with colleagues and a comparison undertaken against the NHS Model Rules published in March 2006.

The following are the proposed amendments to the Standing Orders, the Financial Instructions and the Scheme of Delegation. Please note that in the attached paper 'strike through' denotes a proposed deletion and underlining indicates an addition or amendment.

1. Standing Orders

The main changes to the Standing Orders are:

Admission of the public to Trust meeting

Page 11: 2.4 has been amended in line with the NHS Model Standing Orders. Appendix X1 sets out the Trust's current policy towards Observers.

Minutes

Page 14: 10.5 has been amended and it is proposed that an action sheet be included in the Board's papers and be circulated within 2 weeks of the Trust Board's meeting.

Risk Management Committee

Page 20: the reference to the Risk Management Committee has been deleted and replaced by reference to the Risk Compliance and Assurance Group.

Page 20: following the proposed review of the Trust's Freedom for Information Policy the Standing Orders will include a reference to FOI Appeal panels.

Custody of Seal and Sealing of Documents

Page 23: following the receipt of legal advice the procedure for the use of the Trust Seal has been amended so that two signatures are required for documents executed as deeds.

Suspension of Standing Orders

Page 26: the paragraph relating to the suspension of standing orders has been amended in line with the NHS Model Standing Orders

Codes of Conduct & Accountability

Page 27: this has been amended with reference made to the Department of Health rather than NHS Executive

Overseas Business Travel outside the United Kingdom by Trust Employees

Page 28: the section relating to overseas travel has been amended. It is proposed that this is managed internally, with regular reports to the Audit Committee and an annual report to the Trust Board.

Tendering and Contract Procedure

Page 33- 48 various paragraphs have been amended in line with the NHS Model Standing Orders

Page 49: a paragraph has been added requiring the Chief Executive to demonstrate that best value for money can be demonstrated for all services provided on an in-house basis.

Terms of Reference for the Remuneration & Terms of Service Committee

Page 58: It is proposed that the minutes of the Remuneration Committee be presented to the Trust Board as soon as is practical.

Terms of Reference for the Charitable Funds Committee

Page 60: paragraph 1.3 has been amended to reflect that it is the Trust Board that should determine the policy for the management of the charitable funds

Standards of Business Conduct for London Ambulance Service NHS Trust

Page 62: the changes reflect the issuing of the revised code of conduct and accountability in April 2004 by the Appointments Commission.

Acceptance of Gifts & Hospitality

Page 64: it is proposed that the reporting of hospitality to the Audit Committee is stated within the Standing Orders.

Page 65: this reflects the practice of reminding staff in December of the Trust's policy re. gifts and hospitality.

NB: the recently revised terms of reference of the Board's committees (the clinical governance committee and the audit committee) have been included.

2. Financial Instructions

General

Page 3 Any waivers of Financial Instructions must be reported to the Audit Committee.

Audit

Page 6
- Reference to 2005 Audit handbook has been added
- Annual audit report contents slightly revised to reflect the guidance in the handbook

	Director of Finance
Page 7	Annual Audit report to contain a clear opinion as to the effectiveness of internal control.
	Fraud & Corruption
Page 9	Local Counter Fraud Specialist to be appointed and a written presented to the Audit Committee on counter fraud work undertaken.
	Service Planning, Budgets, Budgetary Control and monitoring
Page 10	States that all budget holders sign up to their allocated budgets at the start of the financial year.
	Annual Accounts and reports
Page 13	Addition to annual accounts being made available to the public (via web site) or on request.
	Bank and Paymaster General Office accounts
Page 13	- Addition of requirement in Model for OPG to be considered for banking services. - Addition of requirement of monitoring compliance with DH guidance on the level of cleared funds
	Income, Fees and Charges and Security of Cash, Cheques and other negotiable Instruments
Page 15	Reference to the DH's 'costing' manual in setting prices for NHS service agreements.
	Choice, requisitioning, orders, receipt and payment for goods and services.
Page 20	requisitions are not to be slip or otherwise raised in a manner so as to avoid the financial thresholds. No requisition to be raised which would cause a budget (year to date) to be overspent.
Page 24	use of purchase cards are mandated by the Director of Finance.
	Stores and receipt of goods.
Page 30	deletion of 12.8 is recommended as purchases from NHS Logistics are no different from any other supplier.
	Information Technology
Page 32	The Director of Technology to publish and maintain FOI

Publication Scheme.

Charitable Funds

Page 34 Trustees responsible must be discharged separately and full recognition give to the Trust's dual accountability to the Charity Commission for Charitable funds held on Trust and to the Secretary of State for all funds held on trust.

Retention of Documents

Page 40 The Chief Executive is responsible for maintaining archives for all documents required to be retained with DH guidance currently the Risk Management: NHS Code of Practice.

Risk Management

Page 41 If the Board decides not to use the risk pooling scheme for any of the risk areas this decision should be reviewed annually.

3. Scheme of Delegation

The Scheme of Delegation has been updated and revised in accordance with the NHS Model Rules. The Audit Committee considered the Scheme and made further amendments which have been incorporated.

Enclosure 10

London Ambulance Service NHS TRUST

TRUST BOARD 27 March 2007

Gender Equality Scheme

1. Sponsoring Executive Director: Caron Hitchen

2. Purpose: For approval

3. Summary

The Trust, in common with all public authorities, is required to publish a Gender Equality Scheme.

The Gender Equality Scheme sets out, in broad terms, how the Trust intends to promote gender equality as well as tackle any issues of discrimination or harassment. An action plan is being developed to set out the practical application of the Scheme.

The document is similar in style and structure to previous Schemes published in regards to both Race and Disability. It is intended, subject to agreement of this Scheme, that we combine these schemes in one overall document for ease of use and to demonstrate where commonalities exist.

It is intended that regular reports on the Gender Equality Scheme and its application are taken to the Clinical Governance Committee as with other similar schemes.

4. Recommendation

THAT the Trust Board approve this scheme and support the concept of developing a single Equality Scheme.

Gender Equality Scheme

(April 2007)

This document is also available in other languages, large print, and audio format upon request.

هذه الوثيقة متاحة أيضا بلغات أخرى والأحرف الطباعية الكبيرة وبطريقة سمعية عند الطلب.

এই ডকুমেন্ট অন্য ভাষায়, বড় প্রিন্ট আকারে এবং অডিও টেপ আকারেও অনুরোধে পাওয়া যায়।

本文件也可應要求，製作成其他語文或特大字體版本，也可製作成錄音帶。

این مدرک همچنین بنا به درخواست به زبانهای دیگر، در چاپ درشت و در فرمت صوتی موجود است.

Αυτό το έγγραφο διατίθεται επίσης σε άλλες γλώσσες, τυπωμένο με μεγάλους χαρακτήρες και σε κασέτα κατόπιν αιτήματος.

ئەم بەلگەیە هەروەها بە زمانەکانی کە، بە چاپی درشت و بە شریتی تەسجیل دەس دەکەویت

Dokument ten jest na życzenie udostępniany także w innych wersjach językowych, w dużym druku lub w formacie audio.

Este documento encontra-se também disponível noutros idiomas, em tipo de imprensa grande e em formato áudio, a pedido.

ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ ਅਤੇ ਆਡੀਓ ਟੇਪ 'ਤੇ ਰਿਕਰਾਡ ਹੋਇਆ ਵੀ ਮੰਗ ਕੇ ਲਿਆ ਜਾ ਸਕਦਾ ਹੈ।

Настоящий документ по отдельному запросу можно получить в переводе на другие языки, напечатанным крупным шрифтом или на аудиокассете.

Waxaa kale oo lagu heli karaa dokumentigaan luqado kale, daabacaad ballaaran, iyo cajal duuban haddii la soo waydiisto.

Este documento también está disponible y puede solicitarse en otros idiomas, en letra grande y formato de audio.

Hati hii vile vile inapatikana katika lugha nyingine, kwa maandishi makubwa na katika sauti kwa maombi.

நீங்கள் கேட்டுக்கொண்டால், இந்த ஆவணம் வேறு மொழிகளிலும், பெரிய எழுத்து அச்சிலும் அல்லது ஒலிநாடா வடிவிலும் அளிக்கப்படும்.

Bu belge çeşitli dillere çevrilmiş olup, isterseniz iri harflerle basılmış şeklini ve kasetini de size gönderebiliriz.

درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی اور سننے والے ذرائع پر بھی میسر ہے۔

Tài liệu này cũng có sẵn bằng các ngôn ngữ khác, bản in chữ to, và băng ghi âm khi được yêu cầu.

020 7921 5100

London Ambulance Service Gender Equality Scheme

Introduction
From April 2007 public authorities, including the London Ambulance Service NHS Trust (LAS), are required to produce and publish a Gender Equality Scheme setting out how we will promote gender equality and eliminate discrimination and harassment in the workplace as well as in the delivery of our services.

This Gender Equality Scheme sets out how the Trust will meet its duties set out in the Sex Discrimination Act 1975, as amended by the Equality Act 2006.

Background
It is acknowledged that women can experience disadvantage in the workplace. Across the economy as a whole, the pay gap between men and women stands at 18.3% for full time workers and 43.2% for part time workers. 11% of women work as senior managers or officials compared with 18% of men (Annual Survey of Hours and Earnings 2004 ONS).

The average life expectancy at birth of females born in 2004 in the UK was 81.07 years, compared with 76.82 years for males. Whilst women can expect to live longer than men they are also more likely to spend more years in poor health or experiencing a disability (Health Statistics Quarterly – Winter 2006 ONS).

About the London Ambulance Service
The London Ambulance Service is in the frontline of the NHS in the Capital and provides healthcare to around one and a half million emergency and non-emergency patients throughout Greater London area each year. Demand on our service in growing – during 2005/06, we handled just over 1.2 million emergency calls from across London and attended over 850,000 emergency incidents – up from 827,000 in 2004/05

The core functions of the Trust are to respond to 999 calls, providing the most appropriate response to patients - this may include: sending an emergency response vehicle; providing telephone advice or referring elsewhere; working with GPs and acute trusts in allocating hospital beds; and, providing patient transport services to acute, mental health and primary care trusts across London. The Trust also works closely with the fire and police services and local authorities in matters of emergency planning and major incidents.

The London Ambulance Service is managed by a Trust Board comprising a non-executive chairperson, five executive directors (including the chief executive) and six non-executive directors. A representative from the Patients' Forum has observer status on the Trust Board.

LAS Vision and Values

The London Ambulance Service has a vision statement and a set of values that set out the organisation's approach to its staff, to the communities it serves, and to all of its stakeholders.

The LAS Vision is:

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

The LAS Values are:

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

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

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

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

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

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

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

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

Equality and Diversity Policy Statement

The Trusts' vision and values are supported by the following Policy Statement:

'The London Ambulance Service is committed to equality and diversity. One of our values states:

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

In practical terms this means:

> • Everyone, including patients, colleagues and health and social care partners, will be treated as they would wish to be treated, with respect and courtesy.
>
> • At recruitment and throughout their employment we will treat all individuals fairly. This will include ensuring staff receive equal treatment regardless of ethnic origin, gender, disability, sexual orientation, age, religion or belief.
>
> • We recognise that the diversity of our staff benefits the organisation – we aim to have a workforce that is reflective of, and knowledgeable about the communities in which we work.
>
> • We will seek to treat patients to the highest possible standards and according to their individual need.

It is the responsibility of all staff to support this commitment in all aspects of their work.'

Public Authority Duties

General Duty
From 6th April 2007 all public authorities are subject to the General Duty under the Sex Discrimination Act, when carrying out their functions, to have due regard to the need to:

- eliminate unlawful discrimination and harassment that is unlawful under the Sex Discrimination Act 1975(SDA) and in relation to employment and vocational training (including further and higher education), eliminate discrimination and harassment against transsexual individuals
- eliminate discrimination that is unlawful under the Equal Pay Act 1970, and
- to promote equality of opportunity between men and women.

Specific Duties
In addition, the Government set out a number of Specific Duties designed to enable organisations to comply with the General Duty:

- prepare and publish a Gender Equality Scheme by 30 April 2007 showing how a public authority intends to fulfill the general and specific duties and setting out its gender equality objectives;

- In preparing a scheme to:
  - consult employees, service users and others (including trade unions);

    - take into account any information it has gathered or considers relevant as to how its policies and practices affect gender equality in the workplace and in the delivery of its services;
    - in formulating its overall gender equality objectives, consider the need to have objectives to address the causes of any gender pay gap.

- ensure that the scheme sets out the actions the authority has taken or intends to take to:
    - gather information on the effect of its policies and practices on men and women, in employment, services and performance of its functions;
    - use the information to review the implementation of the scheme objectives;
    - assess the impact of its current and future policies and practices on gender equality;
    - consult relevant employees, service users and others (including trade unions);
    - ensure implementation of the scheme objectives.

- implement the scheme and their actions for gathering and using information within three years of publication of the scheme, unless it is unreasonable or impracticable to do so;

- review and revise the scheme at least every three years;

- report on progress annually.

Gender Equality Objectives
During the period covered by this Gender Equality Scheme (April 2007 – March 2010) the London Ambulance Service intends to achieve the following specific Gender Equality Objectives:

- Continue to make progress in gender representation of the workforce through recruitment of women to the range of roles available in the LAS;
- Make use of positive action initiatives, where appropriate, to increase the percentage of women in senior management posts, including operational management, and in departments and roles where there is a significant degree of gender segregation;
- Carry out an audit of pay grades by gender and identify the average pay for women and for men;
- Develop appropriate actions to eliminate or reduce any inequalities in pay between women and men;
- Using Impact Assessments (including current data and research), to identify health issues that the LAS can reasonably be expected to make an impact on, and which affect men and women disproportionately, and where appropriate and possible, to adapt our policies and practices to help those most affected.

Accountability
The London Ambulance Service has a Race Equality and Diversity (READ) Implementation Team, made up of representatives from across the Trust, which is responsible for monitoring compliance with equality legislation. The READ Implementation Team includes Trade Union representation, as well as representatives from the LAS Patients' Forum.

The Race Equality and Diversity (READ) Strategy Group includes the Director of Human Resources and Organisation Development, and the Director of Operations. The Group is responsible for setting out the Trust's strategic direction in regards to equality and diversity legislation and good practice, and addresses both workforce and service delivery issues.

Quarterly reports from the READ Implementation Team, and the READ Strategy Group are presented to the Clinical Governance Committee. This is a Trust Board level committee. This group is chaired by a non-executive director who is the Board focus for equality and diversity issues.

The Director Human Resources and Organisation Development provides the executive lead for equality and diversity on the Trust Board and the Chief Executive, is responsible for its overall direction.

The Trust has in place a Diversity Team, consisting of a Diversity Manager and two Diversity Officers, who provide the specialist advice and guidance on equality and diversity matters across the organisation. The Diversity Manager is a member of the Trust's Strategic Steering Group. This is the body that develops the annual Service Plan and the longer-term Strategic Plan for delivering ambulance services across London.

The Government sets standards for all healthcare providers through it's "Standards for Better Health" policy. These standards, which include various equality and diversity components, are monitored and inspected by the Healthcare Commission, through an Annual Health Check and additional 'themed' inspections.

The Trust is also open to scrutiny from the statutory commissions, including the Commission for Equality and Human Rights.

Gathering Information

We will use various sources of information to assess our success in achieving out gender equality duties:

Government Data. The Government carries out a national census every ten years. The most recent data is taken from the 2001 Census. This shows that around 51% of Londoners are female, and 49% are male.

Workforce Data. The Trust's workforce data shows that 38% or our staff are female and 62% are male (2006), recruitment figures for 2005-06 showed that 50% of recruits were female. We will be able to publish the numbers of staff, by gender, for recruitment and promotion, the distribution of women and men in the workforce by seniority and by types of work, harassment, access to training, grievance and disciplinary procedures and leavers. We can also provide data regarding harassment of staff and service users, and of complaints by and against our staff, by gender. The Trust can also show return rates for women on maternity leave and whether they are returning to jobs at the same level of responsibility and pay.

Service Data. Using information processed by our Management Information Unit from Patient Report Forms, call data and other service data, we will be able to produce a profile of

our patients and service users broken down by gender. We will then be able to see how these data compare against expectations arising from population data and other research data to determine if we are achieving gender equality in our service delivery.

Research. The Trust's Clinical Audit and Research Team uses patient data recorded by our own staff, as well as data from other healthcare organisations, questionnaires, focus groups and other published research data to gauge the effectiveness of clinical and organisational procedures, equipment and other inputs. Their work results in recommendations for changes and improvements to clinical practice. We also carry out patient and staff satisfaction surveys, which provide primarily qualitative data.

Consultation and Involvement

The Trust consults key stakeholders on an ongoing basis. Views, comments and recommendations, and in particular those concerning matters related to gender, have been considered in the development of the scheme.

The following outlines some of the involvement initiatives to date:

Service Improvement Programme. The Trust carried out a stakeholder consultation process prior to launching our Service Improvement Programme. In 2005 we identified eight key stakeholder groups: Patient and Public; Greater London Authority/London Boroughs; Staff; Primary Care Trusts; Strategic Suppliers; NHS Partners; Blue Light Emergency Services; and Department of Health/Strategic Health Authority. In September of that year the Patient and Public stakeholder event took place, which brought together a range of people from across London. Participants were asked to define what the Trust's vision meant to them:

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

The final product was a stakeholder goal statement as follows:

> *An organisation which provides the right response, in the right place, at the right time to satisfy patients' needs, balancing response time targets with what patients really want and need. This requires:*

- The LAS to work collaboratively in partnership with other providers across the health and social care system, thereby creating a shared responsibility for the health and wellbeing of our citizens;

- Easy and patient centred access routes, responses (be that treatment, conveyance, referral, etc.) in and outside of the home based on their diverse needs, conditions and cultural characteristics;

- Continuous engagement, two way communication and feedback from the many communities of London to ensure that patients and their carers drive continuous service improvement;

- Staff treating all patients and public according to the LAS Values, sensitively and with awareness of diversity in cultural norms.

Once all the stakeholders had been consulted, a final set of stakeholder goals was established:

- An accessible service…
  Accessible to Patients and Partners: Easy to contact; recognising diversity; responding to partners with right level of authority

- that responds appropriately…
  Responding Appropriately: Right response, right place, right time; timely, reliable (for patients and professionals); measured in terms that mean something to patients; appropriate priority to blue light colleagues; responding to major emergencies.

- engages the public, its patients and partners…
  Engaging Patients, Partners and the Public: Collaborative – use of pathways; health & social care (shared information, responsibility, & facilities; joint planning [identifying gaps in provision]; demand management); listens & responds; informed, forward thinking customers.

- provides greater options for patients…
  New Outcomes for Patients: Fewer go to hospital Accident and Emergency departments; staff skilled & confident to use alternative care pathways; career pathways in place

- continues to focus on delivery…
  Delivery Focused: National targets; Government frameworks; Standards & guidance; cost effectiveness.

- and has a culture built around our CRITICAL values
  Culture & Behaviour: Consistent with the values; respecting diversity; taking accountability, challenging each other; empowering; good management; skilled people (technical & inter-personal); consistent.

The Trust's Diversity Manager is the specialist lead for all equality and diversity related matters, including gender issues. Each of the four programme boards includes the Diversity Manager.

Patients' Forum. The London Ambulance Service Patients' Forum provides regular valuable feedback on the Trust's performance from a patients' perspective. They take a keen interest in equality and diversity issues in particular, and receive regular briefings on developments in this area. Patient's Forum members attend various Trust Board committee meetings, and other planning meetings.

Obstetrics Audit. The Trust's Clinical Audit and Research team are conducting a major audit into the experiences of women who use our services as they go into labour.

Patient and Public Perceptions. During 2006 the Trust commissioned a major piece of research into the perceptions of the London Ambulance Service. The research forms part of the evidence base for evaluating our current service, and for developing our service for the

future. We were also able to discern the views of women and men where they significantly differ.

Local Events. As well as centrally organised events, local managers and staff organise community involvement and engagement events at borough level. We keep records of these events on the Patient and Public Involvement (PPI) database, which is maintained by the PPI Manager.

The future. This record of involvement, engagement and consultation will continue into the future. The Access and Connecting for Health programme includes plans for a number of projects addressing access issues. Stakeholder involvement is a central part of the programme and project methodology in use within the Trust.

These initiatives, and others that will develop later, will enable people to have a real influence on the development of the Trust's policies, procedures, and more importantly our practice, as we work through our Gender Equality Scheme. We see this scheme as a live document that will evolve and improve.

Impact Assessment

The Trust's functions have been listed and prioritised according to their relevance to Gender Equality. This list enables us to identify which functions should be targeted for carrying out an impact assessment. This process is designed to identify if any policy, procedure or function might have an unjustifiable and disproportionate negative impact on women, men or transsexual people, and to put in place an action plan to eliminate or reduce that negative impact.

We will publish the results of our impact assessments as they are completed, to demonstrate progress towards our Gender Equality objectives.

Procurement

We will ensure that we use Gender Equality as a factor when selecting external contractors, as well as in our decision making when purchasing goods and services from outside the Trust.

Equal Pay Review

The Trust will carry out a review of staff pay. This will include identifying the average pay for men and for women, and if necessary, developing actions to reduce any pay gaps which might be uncovered.

Recruitment and Selection

It is already an aim of the Trust to become more reflective of the London population we serve. This currently means we need to recruit more women, especially into our front-line roles, and senior management. In 2006 we set ourselves a target to recruit at least 50% women for each intake, in order to move towards greater representation of women overall. This target was achieved.

Training, Education and Development
The Trust has developed an equality and diversity training programme for staff, called Promoting Best Practice in the Workplace. The programme covers all aspects of equality, including gender and transgender issues. So far over 750 front-line staff have attended the one-day course, all in-house trainers have undertaken a one-week course, plus we have a team of 19 in-house trainers who have undertaken a further one-week Diversity Trainers' Facilitation course to enable them to deliver the one-day course to the rest of our staff.

The NHS Knowledge and Skills Framework consists of various competencies which staff must demonstrate for their particular roles. One of the six core competencies, which all staff regardless of role must possess, is Equality and Diversity. Each member of staff takes part in a Performance Development Review at least once a year where their competencies are reviewed and a Personal Development Plan is put in place.

All new staff take part in a Corporate Induction programme which includes a session on Managing Diversity. The session includes information on health inequalities, including those that affect women and men differently.

All front-line staff have a Diversity module during their foundation training courses, including courses for newly selected operational managers.

The Trust is developing a comprehensive Management and Leadership Development programme for all levels of management. This will include an equality and diversity module and will cover the duties under the Sex Discrimination Act.

Transgender Equality
The London Ambulance Service has in place a Transgender Policy that provides information to managers and staff about the legal framework under the Gender Reassignment Regulations. It also provides practical advice in how to support staff who are currently undertaking, intend to undertake or who have already undertaken gender reassignment treatment. The Policy makes clear that transgender staff, in common with all other staff, are entitled to work in an environment free from discrimination, bullying or harassment.

Action Plan
This Scheme will have an accompanying Action Plan setting out specific actions needed to meet our duties under the relevant legislation and achieve our Gender Equality objectives. The Action Plan will highlight the responsibilities of named individuals and will include time frames for completion.

Monitoring, Reporting and Reviewing
Progress against the objectives of this Gender Equality Scheme will be monitored through the lines of accountability outlined earlier in this document, in particular through the Trust's Clinical Governance Committee.

An Annual Report will be published alongside this Gender Equality Scheme outlining the progress to date, and the work still to be completed, plus updates to workforce and service data.

The Gender Equality Scheme will be reviewed after three years, and if required, a revised scheme will be published.

Comments, complaints or enquiries regarding our services

Wherever possible, we encourage patients, their carers and families, and members of the public to raise any concerns or issues they may have with the relevant staff at local level. We aim to be responsive to concerns expressed by patients, their carers and families or members of the general public. Our Patient Advice and Liaison Service (PALS) can act as a facilitator in relation to any concerns or issues by negotiating solutions or resolution as speedily as possible. PALS is responsible for acting as first point of contact for formal complaints, records of appreciation, and enquiries about the services we provide. We take steps to ensure that compliments and records of appreciation are fed back to the relevant staff. Complaints will be investigated with the aim of providing a response within 20 days.

You can write to them at:

Patient Advice and Liaison Service (PALS)
London Ambulance NHS Trust
St Andrews House
St Andrews Way
London E3 3PA

Telephone: 020 7887 6678
Fax: 020 7887 6655, Email: pals@lond-amb.nhs.uk

Gender Equality Scheme. Specific queries in relation to the Gender Equality Scheme should be addressed to:

Caron Hitchen, Director of Human Resources
London Ambulance Service
Headquarters
220 Waterloo Road
London, SE1 8SD

Telephone: 020 7921 5223

List of Relevant Functions

	Gender Equality General Duty Requirements Does the policy/function assist in these duties?		Priority
	Eliminate Unlawful Discrimination and Harassment	**Promote Equality of Opportunity between Men and Women**	**High** / Low **H** / L
1. Accident and Emergency (A&E) Sectors			
1.1 Assessing, treating and transporting patients	✓	✓	**H**
1.2 Liaison with other services, e.g. NHS Trusts, local authorities, emergency services	✓	✓	**H**
1.3 Educational role – schools, GPs, public events	✓	✓	**H**
1.4 Attendance at public events – carnivals, football matches etc	✓	✓	**H**
1.5 Patient Public Involvement	✓	✓	**H**
2. Emergency Operations Control			
2.1 Receive emergency/999 calls	✓		L
2.2 Prioritise calls			L
2.3 Give pre-arrival advice	✓		L
2.4 Dispatch resources	✓		L
3. Urgent Operations Control			
3.1 Receive urgent and non-urgent calls	✓		L
3.2 Provide clinical telephone advice	✓		L
3.3 Dispatch resources	✓		L
4. Patient Transport Service			
4.1 Plan journeys for patients	✓	✓	**H**
4.2 Transport patients to and from hospitals / clinics	✓	✓	**H**
4.3 Provide care to patients en route and in the waiting areas	✓	✓	**H**
4.4 Liaise with hospital staff	✓		**H**
5. Emergency Bed Service			
5.1 Allocate beds to patients, liaising with GPs, hospitals and patients as required			L
5.2 Take out of hours calls for district nursing services and Red			L

	Gender Equality General Duty Requirements Does the policy/function assist in these duties?		Priority
	Eliminate Unlawful Discrimination and Harassment	**Promote Equality of Opportunity between Men and Women**	**High** / Low **H** / L
Cross			
5.3 Liaise with other services, e.g. NHS Trusts, local authorities, Control			L
5.4 Demonstrate work of the service to users and other parties	✓	✓	**H**
6. Service Development			
6.1 Service development – development of clinical care, policy development	✓	✓	**H**
6.2 Commissioning arrangements	✓	✓	**H**
6.3 Clinical audit	✓	✓	**H**
6.4 Clinical research	✓	✓	**H**
6.5 Service planning	✓	✓	**H**
6.6 Prepare business cases	✓	✓	**H**
6.7 Programme and project support			L
7. Communications Directorate			
7.1 Internal communications, e.g. LAS News, bulletins	✓	✓	**H**
7.2 External communications, e.g. media, annual report, LAS website	✓	✓	**H**
7.3 Public events, e.g. LAS museum, visits to schools and colleges, exhibitions and other public events	✓	✓	**H**
7.4 Media resources, e.g. photography, videos	✓	✓	**H**
7.5 Miscellaneous – organising award ceremonies, managing international visits, staff funerals, staff recognition initiatives	✓	✓	**H**
7.6 Managing Patient Public Involvement	✓	✓	**H**
7.7 Liaison with Patient's Forum and patient representatives	✓	✓	**H**
8. Human Resources			

	Gender Equality General Duty Requirements Does the policy/function assist in these duties?		Priority
	Eliminate Unlawful Discrimination and Harassment	**Promote Equality of Opportunity between Men and Women**	**High** / Low **H** / L
Directorate			
8.1 Equality and Diversity	✓	✓	**H**
8.2 Recruitment and selection	✓		**H**
8.3 Education and development	✓	✓	**H**
8.4 Organisation development	✓	✓	**H**
8.5 HR Policies and procedures and projects	✓	✓	**H**
8.6 Terms and conditions of service	✓	✓	**H**
8.7 Staff support	✓	✓	**H**
8.8 Workforce monitoring and information	✓	✓	**H**
8.9 Safety and risk	✓	✓	**H**
8.10 Payroll	✓		**H**
8.11 Grievances, discipline and dismissals	✓	✓	**H**
8.12 Providing emergency life support training both internally and externally	✓	✓	**H**
9. Finance Directorate			
9.1 Procurement and contracting	✓	✓	**H**
9.2 Management of the Crown Agents contract for services	✓	✓	**H**
9.3 Investigate and manage legal claims against the Trust	✓	✓	**H**
9.4 Collect, collate, analyse and store information on patients	✓	✓	**H**
9.5 Provide information as requested to internal and external parties	✓	✓	**H**
9.6 Maintain High Risk Register	✓	✓	**H**
10. Patient Advice and Liaison Service			
10.1 Give advice to the public about the services the LAS provides	✓	✓	**H**
10.2 Act as first point of contact for complaints and for thanks	✓	✓	**H**
10.3 Investigate complaints about the services provided	✓	✓	**H**

	Gender Equality General Duty Requirements Does the policy/function assist in these duties?		Priority
	Eliminate Unlawful Discrimination and Harassment	**Promote Equality of Opportunity between Men and Women**	**High** / Low **H** / L
10.4 Collate and publish data on complaints	✓	✓	**H**
10.5 Responding to Freedom of Information requests	✓	✓	**H**
11. Governance Development Unit			
11.1 Coordinate Trust's governance arrangements	✓	✓	**H**
11.2 Facilitate the development of LAS policies and procedures	✓	✓	**H**
11.3 Manage the Trust Risk Register and prepare the Trust for external risk management audits	✓	✓	**H**
11.4 Prepare the Trust for external operational and clinical inspections, e.g. by the Healthcare Commission, Strategic Health Authority etc.	✓	✓	**H**
11.5 Maintains responsibility for document control			L
12. Information Management and Technology			
12.1 Provide support to users of internal IT systems, including training	✓		L
12.2 Specify requirements for new premises and acquire new premises	✓		L
13. Miscellaneous / Common Functions			
13.1 Complaints handling	✓	✓	**H**
13.2 Management of staff	✓	✓	**H**
13.3 Communications internally and externally	✓	✓	**H**
13.4 Policy and procedure development and review	✓	✓	**H**
13.5 Public education / information and liaison	✓	✓	**H**

Enclosure 11

London Ambulance Service NHS TRUST

TRUST BOARD March 27th 2007

Pan London Emergency Planning

1. Sponsoring Executive Director: Chief Executive

2. Purpose: For noting

3. Summary

The service is near to reaching agreement with the SHA/NHS London to undertake, on their behalf, the Emergency Planning obligations for London. This pan London responsibility will fit well with existing structures and allow LAS strategic oversight for health in the region.

A Service Level Agreement is nearing completion and is presented in Part 2 of the Board meeting for approval due to the nature of its function.

4. Recommendation

THAT the Board note the intention to sign a three year Service Level Agreement with NHS London.

Enclosure 12

London Ambulance Service NHS TRUST

TRUST BOARD 27 March 2007

Individual Performance Monitoring and Reviews

1. Sponsoring Executive Director: Martin Flaherty

2. Purpose: For noting

3. Summary

A software product has been provided to Complex Management Teams, to assist with performance management across a range of measures, on an individual basis.

As it is not possible to remove individual names from the system/presentation it is proposed that a demonstration of the software is given in the confidential part of the meeting.

4. Recommendation

THAT the Board note the report.

Individual Performance Monitoring

Individual performance monitoring is not new to the LAS. Station management teams have always had the ability to monitor the performance of clinical staff in many areas including attendance, clinical skills, response-time performance and average time spent on calls. The Individual Performance Monitoring project has brought this ability up to date, by delivering a software solution to make data collection and analysis easy, accurate and quick.

Specifically, this project produces data about individual 999 calls and allocates the performance to the individual staff members who carried out the call.

The performance of individual staff members is collected in relation to:

- time to 'turn out' to the call;
- time to drive to the call;
- time at the scene of the call;
- time at hospital
- overall time to complete the call.

To ensure staff are fairly measured and not measured against arbitrary targets, the performance of each individual is measured against colleagues at the same station. Management teams have been asked to speak to the best performers in key measures, to recognise their excellence and to capture best practice. They will also see the weakest performers in specific measure, to give support and encouragement to improve.

When discussing performance matters with staff members, managers will consider the individual 'in the round', by also considering patient treatment performance (which is already captured electronically) and clinical supervision reports from Team Leaders.

In summary, this project allows us to recognise excellence, encourage improvement and identify development needs.

Russell Smith
Deputy Director of Operations
21 March 2007

Enclosure 13

London Ambulance Service NHS TRUST

TRUST BOARD 27th March 2007

Annual report regarding Infection Control

1. Sponsoring Executive Director: Fionna Moore

2. Purpose: For noting

3. Summary

The report summarises the activities co-ordinated by the Infection Control Steering Group. This is split into four broad areas – Audit, Education and Communications, Products and Facilities, and Occupational Health.

The significant development during the last year has been the establishment of a Code of Practice by the Department of Health for the Prevention and Control of Health Care Associated Infections. To assess progress a self-assessment was carried out from which an action plan has been devised. The actions revolve around improved policies, training requirements, cleaning standards, and procurement of vehicles and products.

New disposable medical items have been introduced. The introduction of the new safety cannula has been achieved with an objective of reducing needle stick injuries.

The Make Ready Scheme continues to produce good swabbing results. Swabs of vehicles indicate no presence of MRSA.

4. Recommendation

THAT the Trust Board note the contents of the Infection Control Annual Report.

Annual Report of the
Infection Control Steering Group
March 2007

1. Infection Control Steering Group

Background

1.1 The LAS has well developed infection control procedures which were introduced throughout the organisation during 2001. They have all been incorporated into an easy to use reference manual, which integrates relevant background information with procedural instructions for all operational staff and managers of the Service. The manual has been provided on an individual issue basis, and was designed both as the key training tool in the new procedures, as well as a follow-up reference source for staff whilst on duty. Its presentation and format allows for easy update and replacement of any page or section, as future changes may dictate.

1.2 The topic of Infection Control is included as an integral element of all LAS clinical training programmes, and also forms part of the Corporate Induction programme for all new members of staff. Furthermore, the subject is utilised within the new entrant selection process for candidates wishing to enter the Emergency Medical Technician grades of staff.

1.3 The Health Act 2006 established a Code of Practice for the Prevention and Control of Health Care Associated Infections. The Code lays down a number of requirements to ensure there are appropriate management systems in place. These include risk assessment, providing an appropriate environment, and provision of information. The Code also requires an Infection Control Programme is implemented and monitored.

1.4 To assess the compliance of the Service with the Code of Practice, a self assessment exercise was carried out. The Department of Health "Essential Steps to Safe, Clean Care" was utilised. This highlighted a number of areas which the Service needs to address. These include audits, education and training, the health care environment and decontamination of reusable medical devices. The areas identified will be addressed as part of the Infection Control programme.

1.5 The Medical Director holds overall responsibility for infection control arrangements. The sponsor for infection control, with day to day responsibility for developing and implementing the infection control action plan, is the Head of Operational Support with a Practice Learning Manager acting as clinical lead.

1.6 The Infection Control Steering Group reports on progress with infection control arrangements to the Medical Director through the Clinical Governance Group. The Medical Director, who a member of the Trust Board, includes a summary of infection control arrangements within her formal report.

2. Terms of Reference

2.1 The purpose of the Infection Control Steering Group is:

To provide a robust mechanism for assuring infection control arrangements, providing advice on infection control matters and providing a framework for improving infection control arrangements in order to improve patient care.

2.2 The group comprises staff representatives, senior managers from the Department for Education and Development, Governance Development Unit, an external Infection Control Nurse Consultant, Human Resources, Occupational Health, PTS, Logistics Department, A&E management and Estates Department.

2.3 The group submits records of meeting minutes to the Clinical Governance Group and an annual report on behalf of the Medical Director to the Trust Board. A summary of infection control matters is also included in the Medical Director's report to the Trust Board.

2.4 The four broad areas of work covered by the ICSG are:

- Audit
- Education and Communications
- Products and Facilities
- Occupational Health

3. Audit

3.1 Essential Steps to Safe, Clean Care – Self Assessment Tool for Ambulance Services

The Department of Health provides a self assessment tool for Ambulance Services to assess their compliance with infection control measures. The assessment is based on the following key challenges:-

Challenge 1 – Engage with staff throughout the organisation to promote and secure the implementation of best practice in the prevention and control of infection.

Challenge 2 – Review the patient journey in order to reduce the risk of transmission of infection.

Challenge 3 – Ensure that written policies, procedures and guidance for the prevention and control of infection are implemented and reflect relevant legislation and published professional guidance.

Challenge 4 – Ensure effective auditing of infection-control standards across the care providers through monitoring and implementation of new findings

Challenge 5 – Ensure the organisation has a programme of education and training for infection-control that is tailored to the needs of care delivery

Challenge 6 – Ensure that healthcare environments reflects best practice design for infection-control and effective cleaning services are available

Challenge 7 – Implement an organisation-wide policy / procedure for the decontamination of re-usable medical devices including but not limited to surgical instruments

3.2 As a result of the assessment the following actions have been identified:-

- Responsibility for Infection Control to be included in all job descriptions
- Ensure Infection Control leads have appropriate training
- To formally develop an Infection Control Prevention Programme and record work carried out
- Formalise systems to review policies and procedures every two years
- Review results of infection control audits and incorporate these in improvement plans
- Instigate ongoing training programme for infection prevention and control
- Ensure infection control is included in all staff induction programmes
- Ensure infection control is included in annual mandatory training programmes
- Ensure infection control is included in staff appraisals/PDR's
- Ensure that infection control issues are taken into consideration at the planning, design, and procurement stage of buildings and vehicles by representation on project groups
- Check LAS is compliant with national scheduled vehicle cleaning guidelines
- Roll Out Make Ready Scheme to PTS and RRU vehicles
- Check LAS is cleaning ambulances in line with national guidelines
- Ensure that cleaning staff have infection control training
- Ensure that there is an appropriately trained decontamination lead for reusable medical devices in the LAS
- Ensure that the Vehicle and Equipment Working Group takes account of infection control issues when considering procurement of medical devices

3.3 These actions will form the basis of the Infection Control Programme for 2007/08. This will be co-ordinated as a Prince 2 project with formal milestones and objectives set and regularly monitored.

4. Infection Control Co-ordinator

The Infection Control Steering Group has recommended that the Trust employs a full time co-ordinator, such as a Clinical Nurse Specialist, to take forward the programme and develop policies. They would form a link with the Department of Health MRSA/Cleaner Hospitals team and develop the application of controls at local station level.

5. Other Audit Activity

5.1 The Governance Unit carried out a further baseline audit during 2006. The results of the audits were reported to each AOM to take the necessary local action. The audits examined a number of areas including the cleanliness of vehicles and premises, disposal of clinical waste and general waste, and compliance with the Trust's infection control policies.

5.2 The Governance Unit are formulating their plans for audit of Infection Control with clinical audit and operational staff input to produce a more analytical format of the audit tool. This will enhance clinical ownership and evidence improvement through detailed outcome reports. The audit will tie in closely with the action plan prepared following the Essential Steps to safe clean care self assessment

6. Education and Communications

6.1 Plans to develop a CPD module are still being pursued. A CPD module would be deliverable either at a university site or at one of our own education and development centres. A six week interactive CPD module programme with web based support has been considered in partnership with Kingston University.

6.2 A programme of service wide training is still underway to familiarise staff with the "six steps" hand washing technique. This is reinforced by the poster campaign being undertaken throughout the service

6.3 The ICSG has identified the need for local infection control "champions" to be established on each Complex. This could be a member of staff or a local manager. The "champion" would develop an expertise in infection control issues and act as co-ordinator for promoting the CPD programme and as a link for other corporate initiatives and audit activities. This objective will be a key part of the Infection Control programme for 2007/08.

7. Products and facilities

7.1 The ICSG has initiated a range of projects to improve practical infection control arrangements. These include the following:

- Disposable laryngoscope blades, masks and bacterial filters added to consumables catalogue.
- Disposable Bag and Mask kit to be rolled out early in 2007 following evaluation
- New safety cannula introduced
- New latex free gloves introduced
- Inoculation storage fridges purchased for local sites
- New contractor appointed to collect clinical waste measured against KPI's

7.2 The ICSG will continue to work closely with the Vehicle and Equipment Working Group to identify suitable products. New arrangements have been introduced for streamlining product assessment, dispensing with lengthy trials where there is a low clinical risk. Better use will also be made of products which have been assessed and approved by the NHS Purchasing and Supply Agency

8. Occupational Health

8.1 The Service continues to work with Occupational Health to improve arrangements for recall of staff for boosters and inoculations. Appointment letters sent direct to staff have a limited effect, so work has been carried out to establish a network of clinics on LAS premises with regular visits by OH nurses. Line managers are being provided with a list of staff that require vaccinations along with the schedule of clinics and appointments, and will be asked to ensure that appointments are made and attendance is facilitated / monitored.

8.2 The contract for provision of occupational health services is to be re-tendered in 2007 with a view to having new arrangements in place in the Autumn.

9 Infection Control Risk Register

9.1 The ICSG monitors risks that appear on the Trust risk register that relate to infection control matters. The risk register is tabled at each meeting of the group to monitor and report on progress in reducing each risk. The group also monitors any trends in reported incidents to identify new risks.

10 Make Ready Update

10.1 The Make Ready Scheme is the method by which the Trust ensures that ambulances are clean, fully equipped and ready for operation. The scheme was fully rolled out to all 25 station complexes in the Spring of last year.

10.2 The scheme is monitored through a set of 13 Key Performance Indicators. Weekly performance data against KPIs is produced. Make Ready performance is reported to the Make Ready Contract Group on a monthly basis. The Operational Support Units also monitor performance on a local basis at their weekly meetings. Operational Support Forums have been established in each of the three areas. These Forums, which provide a platform for support departments and operational colleagues to plan and discuss issues of mutual concern, have been expanded to include discussion of Make Ready issues.

10.3 Four of the 13 KPIs are directly relevant to the ICSG:

- KPI 1 – Every available ambulance Made Ready once every 24 hours
- KPI 2 – Standard of ambulance cleanliness
- KPI 3 – Conformity to ambulance inventory
- KPI 5 – Standards of station cleanliness

All KPI targets are set at 100%.

10.4 Additional performance measurements have also been developed to monitor the number of vehicles made ready from total allocation. This helps to maintain an oversight as to any factors which are restricting the numbers of vehicles being made available to the Make Ready Teams. This may be due to vehicles having insufficient equipment, being in Workshops, or not being released by Operations.

10.5 Performance against the KPI's remains robust. Additional effort is being made to ensure a higher percentage of vehicles from the total allocation are made ready every night. Consideration is also being given to adding RRU's and PTS vehicles to the scheme during 2007/08.

10.6 Regular swab tests are taken on vehicles subject to Make Ready from four fixed locations subject to change every three months. The swabs are processed by an independent laboratory and reported on monthly.

10.7 Results indicate that the total viable count of all bacterial types on the rear drop down step of an ambulance dropped from more than 30,000 to 3,000. The range of bacteria including E Coli and Salmonella on the trolley bed dropped from 510 to less than 10. All swabbed areas effectively indicated a zero count of staphylococcus bacteria (MRSA) both before and after Make Ready cleaning.

11 Patient and Public Involvement

11.1 The Patient & Public Involvement (PPI) Manager has been in post since July 2005. She holds a database of reported PPI activity across the Trust and is responsible for implementing the PPI Strategy, and encourages / supports LAS staff and managers to involve patients in their developments and activities.

11.2 A presentation was given to the LAS Patients' Forum in early 2006 about the Made Ready Scheme. Forum members were supportive of the Scheme. Information about the Scheme has also been presented to the Deptford Care of the Elderly Action Group.

12 Next Steps

12.1 An Infection Control Programme for 2007/08 will be agreed with the Medical Director. This will include an action plan to address the issues raised by the Self Assessment exercise described in paragraph 3.2. The following issues will be fully addressed in the first phase of the programme and will be cost neutral:-

- Responsibility for Infection Control to be included in all job descriptions
- Formalise systems to review policies and procedures every two years
- Review results of infection control audits and incorporate these in improvement plans
- Ensure infection control is included in all staff induction programmes
- Ensure infection control is included in annual mandatory training programmes

- Ensure infection control is included in staff appraisals/PDR's
- Ensure that infection control issues are taken into consideration at the planning, design, and procurement stage of buildings and vehicles by representation on project groups
- Check LAS is compliant with national scheduled vehicle cleaning guidelines
- Check LAS is cleaning ambulances in line with national guidelines
- Ensure that cleaning staff have infection control training
- Ensure that the Vehicle and Equipment Working Group takes account of infection control issues when considering procurement of medical devices

12.2 Resolution of the following issues will be addressed over a longer timescale:-

- Ensure Infection Control leads have appropriate training
- Instigate ongoing training programme for infection prevention and control
- Ensure that there is an appropriately trained decontamination lead for reusable medical devices in the LAS
- Roll out Make Ready Scheme to PTS and RRU vehicles

12.3 All these longer term initiatives will require some degree of funding for which appropriate bids will be made. The development of CPD training and extension of the Make Ready scheme will be part of wider initiatives.

12.4 A bid has been made as part of the SPPP process for an Infection Control Co-ordinator. Estimated annual salary costs are around £30,000.

12.5 The estimated annual usage of disposable bags and masks and laryngoscope blades will cost approximately £46,000. The annual usage costs of reusable versions of these items is around £33,000. By phasing in the disposable bags and masks some of the extra costs can be absorbed in the first year of introduction.

Chris Vale
Head of Operational Support
March 2007

Enclosure 14

London Ambulance Service NHS TRUST

Trust Board – 27th March 2007

1. **Chairman of the Committee** **Beryl Magrath**

2. **Purpose:** **To provide the Trust Board with a summary of the proceedings of the Clinical Governance Committee**

3. ❑ **Approved:**

- The Committee's workplan for 2007 (attached for information)
- The revised format of the risk information report
- That the proposed Compliance Register should be reviewed by the RCAG rather than the Clinical Governance Committee.
- That Risk 267 (delay in activating vehicles due to the unavailability of vehicles) be regraded from 16 to 20

❑ **Noted:**

That a number of SPPPs have been submitted: (1) for the employment of an Infection Control Officer; (2) additional staff in connection with the administrative requirements of implementing the Children and Vulnerable Adults Policy; (3) for a specialist vehicle which will be able to transport bariatric patients, hospital beds and IAPB equipment and (4) for lost property' bags with patient identification

Risk being referred to RCAG for addition to the Trust Risk Register: the checking of driving licences

The risk information report highlighted themes and trends with common links and point to the need to develop management strategies. The main themes identified were problematic inquests where the staff may be criticised and public liability claims when crews have had to affect a forced entry. It was agreed that the risk information report will be shared with ADOs and AOMs.

The Head of Complaints gave a presentation on SUIs and reported the Complaints Group meeting on 7th February. The target for answering complaints within 24 days is 80%; to date the Trust is achieving 69%. There has been a slight decrease in the number of complaints received; the largest number of complaints relate to attitude and behaviour. The Head of Complaints is analysing them & will present his findings to the next meeting.
Action: Complaints Manager

The clinical risks on the Risk Register; all but one of the proposed regradings were not approved and it was noted that a few of the risks should be reworded to reflect legislative changes e.g the recertification of paramedics is no longer a requirement

❑ **Presentation**

The Medical Director gave a presentation on 'Safety First'; a report commissioned by the CMO highlighting the inadequacies within the NHS regarding patient safety.

The Medical Director highlighted the issues within LAS:

(1) Staff are happy to report equipment failure;

(2) Staff will raise concerns about other healthcare professionals;

(3) The number of reported clinical incidents or near misses is very low;

(4) A blame culture still prevalent;

(5) There is a better understanding of safety issues

(6) A small number of formal complaints or problematic inquests have highlighted concerns regarding patient safety.

The ADOs are to consider what are the 3 greatest patient safety issues facing the LAS, what is being done about them and how this information is being shared

- **Minutes Received:** **Training Services Committee, 2nd February**
  Complaints Panel, 9th February
  PPI Committee, 19th December

4. **Recommendation** **That the Trust Board NOTE the minutes of the Clinical Governance Committee**

Clinical Governance Committee
2007 Workplan

Core Meeting

12th February

1. New risks
2. Lessons from complaints
3. Policies
4. Area Governance Report - South
5. Update on compliance with healthcare standards preparation for annual health check
6. Feedback from workshop preparation for NHSLA visit
7. Risk Information report
8. Annual report re. Infection Control

11th June

1. New risks
2. Annual Clinical Governance Report
3. Area Governance Report – ADO EOC
4. CARSAG Audit Report CPIs
5. Training needs assessment review
6. Complaints - Aged complaints reports from each area
7. Preparing for developmental standards and Annual Health Check 2007/08
8. Action plans progress report for risks in clinical risk category
9. Risk Information Report
10. Report from groups

15th October

1. Annual Clinical Governance Report Draft
2. Area Governance report – ADO West
3. Mid year report on complaints
4. Update of action plans on risks
5. Progress with Training needs assessment
6. Risk Information Report
7. New risks
8. Report from groups

Full Meeting

16th April

1. HCC – Final Declaration
2. Position paper on NHSLA pilot of new assessment
3. 1st quarterly report from progress achieved by Area Governance Committee
4. Annual Complaints report 06/07
5. Risk Register – actions
6. Clinical policies for consideration
7. CARSAG/ Audit Report/ CPIs
8. PPI & PALS
9. Lessons learn from complaints
10. New risks
11. High level risk information report
12. Area Governance Report – ADO East

13th August

1. Assurance Framework
2. Area Governance Report – ADO UOC
3. Training needs assessment – audit of uptake course attendance
4. Risk Register -% of new actions progress since last meeting
    - quality of action plans
    - gaps in assurance
5. 6 month review of complaints % for national targets. No. with health care commission
6. PPI & PALS
7. Lessons learn from complaints
8. New risks
9. High level risk information report
10. Report from groups
11. Area governance reports

18th December

1. Risk Information Report
2. Review of progress with the developmental standards of annual health check
3. Highlights for 06/07 annual Clinical Governance Report

	4. PPI &PALS 5. Lessons learn from complaints 6. New risks 7. Report from groups 8. Area governance report – ADO South

LONDON AMBULANCE SERVICE NHS TRUST

Core Clinical Governance Committee Meeting
12th February 2007, Committee Room, LAS HQ

DRAFT Minutes

Present:

Beryl Magrath (Chair)	Non-Executive Director
Ingrid Prescod	Non-Executive Director
Fionna Moore	Medical Director
David Jervis	Director of Communications
Kathy Jones	Director of Service Development
John Wilkins	Head of Governance
Malcolm Alexander	Chairman, LAS Patients' Forum
Dipak Chauhan	Ergonomics Adviser Manager (representing Claire Thomas)
Keith Miller	Acting Head of Education & Development
Chris Vale	Head of Operational Support
Mike Boyne	Assistant Director of Operations, East
Lyn Sugg	Senior Operations Officer, Planning and Risk
Nicola Foad	Head of Legal Services
Ralph Morris	Head of Complaints
Stephen Moore	Records Manager
Russell Smith	Deputy Director of Operations
Mike Boyne	ADO, South
Christine McMahon	Trust Secretary (minutes)

Apologies

Sarah Waller	Non-Executive Director
Julian Redhead	Consultant in Emergency Medicine, St Mary's, Paddington
Claire Thomas	Safety & Risk Health & Safety Adviser

01/07 **Minutes of the Clinical Governance meeting held on Monday 11th December 2006**

Agreed **The minutes of the Clinical Governance Committee meeting held on 11th December 2006.**

02/07 **Matters Arising**

Minute 40(2): **A SPPP has been submitted with regard to employing an Infection Control manager in 2007/08.**

Minute 40 (3): **a bulletin regarding single use equipment has not yet been issued. The LAS is seeking agreement from Acute Hospital Trusts to facilitate the disposal of single use equipment prior to issuing the bulletin. The A&E Consultant undertook to raise the matter at the London A&E Consultants Group so as to enable the LAS to introduce single use equipment. ACTION: A&E Consultant**

Minute 44(7): **Work is being undertaken to review the information regarding addresses deemed to be high risk. The Committee was informed by the Senor Operations Officer, Planning & Risk that a robust system is in place for new high risk addresses being added to the Register. When the High Risk Address Register has been fully reviewed and updated the task of managing the Register will be passed to the AOMs. ACTION: Senior Operations Officer, Planning & Risk.**

Minute 56(2): specialist vehicle – the Head of Operational Support confirmed that a SPPP has been submitted for a specialist vehicle which will be able to transport bariatric patients and be able to transport; hospital beds and IAPB pumps.

Minute 52: Quality Assurance PSIAM; a progress update will be given at the next Committee meeting. ACTION Senior Operations Officer, Planning & Risk

Minute 57: The NHSLA has not finalised the KPIs. The Head of Governance is meeting with an NHSLA Inspector on 7th March to discuss what level of compliance the Trust could realistically be assessed at in April 2007. The final draft of KPIs will include the Healthcare Standards and the requirements of the Local Auditors Evaluation (ALE); it was recognised that there are some standards common to both regulatory bodies. ACTION: Head of Governance to present an update to the next CGC meeting.

Minute 58: The Senior Operations Officer, Planning & Risk has submitted a SPPP for additional staff in connection with the administrative requirements of implementingof implementing the Children and Vulnerable Adults Policy.

Minute 58: Senior Operations Officer, Planning & Risk confirmed that she and the Head of PALS are drafting guidance for staff regarding the use of LA20 to raise concerns regarding Children and Vulnerable Adults.

Minute 61(2): aA risk assessment has been undertaken regarding licence checks and will be presented to the RCAG on 28th February.

Minute 63(1): The Medical Director confirmed that she will be submitting a risk to the RCAG regarding the sending of a technician crewed the sending of technician only vehicles.

POST MEETING NOTE: a risk will not be submitted for addition to the Risk Register regarding the sending of technician crewed ambulances but one will be submitted concerning the risk associated with EOC not identifying crews' skill levels when they are responding to particular incidents.

Minute 65: a Risk Management Awareness session is to be presented to the Service Development Committee in February. ACTION: Head of Governance

Minute 67 (3): New cannulas have been introduced but concerns have been expressed by some crews that the new product is not as good as previous equipment. An audit was to be undertaken to monitor the impact of the introduction of the new cannulas with regard to the number of needle stick injuries.

POST MEETING NOTE: the Infection Control Working Group met on 22nd February and noted that there has been a modest decrease in needle stick injuries.

03/07 **Draft work plan for the Clinical Governance Committee**

The Committee considered the draft work plan. It was commended by the Chairman as a good framework for the Committee.

Agreed: **1. The draft work plan.**

Noted: **2. That the Safety & Risk report scheduled for the May meeting will be changed as Claire Thomas is leaving the LAS and it would be unfair to her successor to have to do a presentation at his/her first meeting.**

04/07 **Risk Information Report**

Nicola Foad, Head of Legal Services, introduced the Risk Information Report. The report presented to the Committee included sections concerning claims, incidents and complaints. Some sections have identified themes and trends that have common links and point to the need to develop management strategies. Those sections that have not identified trends or produced detailed analysis will be enhanced when the next edition is presented to the Committee.

The Head of Legal Services said that she attended the last East Governance Committee meeting to share with Operational colleagues the contents of the Risk Information Report.

Claims The main themes to emerged have been:

(1) problematic inquests where the Trust may be criticised e.g. a delayed response, when there have been delays due to staff fearing for their safety or when patients were not conveyed and communications regarding the removal and carrying of a deceased person.

(2) Public liability claims when crews have had to affect a forced entry. A number of issues have been identified concerning forced entry.

The Head of Legal Services said that the number of problematic inquests have risen compared to the previous six months reviewed.

She drew the Committee's attention to the round table discussions that have taken place at which details of cases were discussed and actions identified to ensure that any lessons to be learnt have been shared. There has been some progress achieved as the actions associated with two cases have beingbeen completed and work is ongoing to implement the outstanding actions connected to the other five cases. The round table discussion of cases for July-December did not take place and the next session is scheduled to take place in March 2007. Nominations have been sought from East and South Areas for operational staff to attend the round table discussions. Feedback is given to staff following the round table discussions.

Open Clinical Negligence Case: the Medical Director has undertaken a feedback session with the crew involved; the lessons that could be learnt from the incident have been disseminated via a Medical Director's Bulletin and discussed at the Team Leader's' Conference.

In response to a question from the Chairman the Head of Legal Services said that the treatment of neurological illness and death in custody are two areas of concern for the Trust. The ADO South said that more work is needed to ensure that crews are confident in asserting themselves with the Police and with Doctors on scene.

Incidents Dipak Chauhan, representing Claire Thomas (Safety & Risk Health & Safety Adviser) reported that some cosmetic changes had been made to the report with the most frequent incidents being reported at the beginning of the report.

He asked about the process for ensuring there is a proper feedback loop to ensure that learning from the issues highlighted in the incident reporting are implemented. He asked how or who should be dealing with that. The ADO South said that the Practice Learning Managers should have a role with ensuring that lessons are learnt and implemented. **ACTION: ADO South and Senior Ergonomics Adviser (representing Safety & Risk Health & Safety Manager)Adviser to discuss further.**

Control Services The Senior Operations Officer, Planning & Risk presented a report to the Committee which focussed on complaints received by the Control Services.

Control Services had received 94 complaints in the last six months (107 the previous six months). The majority of complaints concerned delayed response; of the 85 that were solely concerned with Control Services, three concerned Category A calls, 23 Category B calls and 69 concerned Category C calls. Of these, 83 were concerned with delayed response because

there were insufficient staffed vehicles available at periods of high demand. Three complaints were received concerning the attitude of the call taker. One complaint was received because a call was mis-triaged as a Category C when it should have been given higher priority.

The Senior Operations Officer, Planning & Risk said that she is preparing a report for the Coroner with regard to a Category B call (a diabetic) who later died.

The following actions have been identified:

1.Improving the interface between UOC and Central Services so that EOC can respond if there is an undue delay or any deterioration in the patient's condition

2. Work has been undertaken to address the delays incurred that involved CTA contacting patients.

3. Further work is needed with EOC staff regarding the changes around reporting methods; lower limb injuries and being aware of the consequences of patients who are elderly being left lying on the floor for too long a period.

In response to a question from Ingrid Prescod about the consequences of delays in responding to calls the Senior Operations Officer, Planning & Risk said that she could only think of one incident where a call had been kept waiting &and required a blue light to hospital.

The Medical Director said that crews were confident in using the LA52s to report incidents. She said that currently it is not possible to obtain outcome data from hospitals; however the future introduction of Electronic Patient Records (ePRF) will enable the audit loop to be completed

In response to a question from Malcolm Alexander the Senior Operations Officer, Planning & Risk said that it is not standard practice to inform GPs when patients are transported to hospital. If a patient who has had a fall is not conveyed and is left at home then crews are expected to complete do a LA280 (Children and Vulnerable Adult) form which should ensure that GP and local Falls team are notified.

PALS The Director of Communications drew the Committee's attention to the root cause analysis section of the report.

Lost property bags: in answer to a question from Malcolm Alexander he said that the Trust has not yet addressed the long standing issue of having 'lost property' bags. A revised bid for funding has been submitted for 2006/07. The Head of Operational Support said that the trial undertaken at Hillingdon has been very positive and work is being undertaken to identify a cost effective way to implementing a similar system across the Trust.

Overshoes: The Deputy Director of ADO, Operations said that audits were being undertaken to ensure that overshoes had been placed on ambulanceson ambulances and at mosques.

Training Voluntary Staff: this concerned the inappropriate deployment of a voluntary member of staff. Voluntary Staff are provided by the Red Cross & St Johns Ambulance. The Senior Operations Officer, Planning & Risk said that a Memorandum of Understanding exists between the LAS and the two organisations. **ACTION: Senior Operations Officer, Planning & Risk to investigate and liaise with the Head of PALS.**

Data Cards for ECG training: an issue has been identified with obtaining ECG data for patients that have survived cardiac arrest following LAS treatment. Local stations are expected to obtain and download data cards from attending crews. **ACTION: AOMS to ensure stations have a supply of data cards in stock..**

Complaints The Head of Complaints gave a presentation re. Serious Untoward Incidents. The SUI policy was rewritten and presented to the Trust Board in January 2007 and has been posted on the PULSE.

Quality assurance work is being undertaken with the Head of Governance. The complaints procedure had been s being rewritten so as to move away from adversarial methods and introduce a more conciliatory approach. The Head of Complaints said that the concerns raised by Malcolm Alexander at the Complaints Panel will be incorporated in the policy. The Head of Complaints said that a guidance notes had been issued to managers regarding the handling of complaints; ADO South commended the notes as being a 'superb document'.

Approved: **1. The revised format of the report.**
Noted: **2. The contents of the report.**
3. That the report will be circulated to the ADOs and AOMs. ACTION: Head of Governance
4. That the Trust Board in January 2007 had approved the following policies: Hhabitual & Vexatious & CComplaints Policy; 'Being Open' and the revised Complaints Policy.

05/07 **Update on Risk Register**

The Head of Governance presented the Risk Register which included risks identified as operational and clinical. The Committee focussed its attention on the clinical risks included in the Register.

Risk 31: the Committee **did not agree** to the proposal to downgrade this risk as there have recently been a number of obstetric cases due in part to fully staffed maternity units being down graded to midwife run "Birthing Units" without informing the LAS.

Risk 267: it was proposed that this should be regraded from High/16 to High/20; the Committee **did not agree** to the proposal to upgrade the risk but felt it should remain unchanged.

Risk 34: it was recognised that a lot of work remains to be done to mitigate the risk of Techniciansof Technicians failing to meet the IHCD requirements. It was estimated that to date approximately 745/2500 staff have received training. However the risk statement needs to be rewritten as there is no longer the requirement for IHCD. **ACTION: : JW to discuss with A/Head of Education & Development.KM**

Risk 138: the risk relating to failing to appreciate the significance and urgency of psychiatric illness. There is considerable training on mental health issues on 5 day CPD course which is being rolled out over 2 year period from April 2005. However it was **agreed** that the risk should remain unchanged.

Risk 20: failure to fully complete the Patient Report Form. It was noted that 94% of the PRF documentation audited does not include data regarding ethnicity. The ADO South said that the clinical theme for South in the third quarter of 2006/07 has been PRF completion and the importance of recording ethnicity. Risk to remain unchanged

Risk 22: the risk relating to failure to undertake comprehensive clinical assessment is to remain unchanged; to date approximately 400 people have undertaken the EMT 4 Course which is being rolled out over a two year period.

Risk 207: the risk regarding being unable to download information is to remain unchanged. The Committee wished to know how many reports are being received. **ACTION: CARU to provide a report.**

Risk 188: As there is no longer the need for paramedics to qualify for registration the risk needs to be reworded. **ACTION: Medical Director and Acting Head of Education & Development Head of Governance to discuss.**

Risk 211: risk regarding to drug errors and adverse events not being report is to remain unchanged.

Risk 165: delivery of sub-optimal care for patients with age-related needs and failure to meet NSF milestones is to remain unchanged

Risk 133: risk of potential legal action/negative publicity due to staff being unaware of how to report suspected abuse of children is to remain unchanged

Risk 194: the risk of patients after handover and to the viability of research projects with financial ethical and reputational impacts is to remain unchanged. It was recognised that there is a high degree of awareness in relation to this risk.

Risk 179: which related to the Trust failing to meet its responsibilities under the Race Relations Act to remain unchanged.

Risk 46: the risk of infection to staff due to needle-stick injury – the new cannulas are now in use which should hopefully reduce the number of injuries. The Head of Legal Services reported that at the recent Health & Safety Group it was noted that the new safety cannulas have been used inappropriately. An Audit is to take place to provide evidence as to whether the risk can be downgraded.

Risk 63: the risk relating to the re-use of single use items is to remain unchanged.

Risk 202: risk of cross infection from uniforms is considered to be very low.

06/07 **Presentation: 'Safety First'**

The Medical Director gave a presentation on 'Safety First' a report commissioned by the CMO following the report published by the National Audit Office in 2000 that highlighted that more needed to be done regarding improving patient safety. The presentation highlighted the important recommendations contained in the report.:

The Medical Director said that LAS staff are confident reporting equipment failure and raising concern about other healthcare professionals. However the number of personal reported clinical incidents or near misses is very low and a blame culture is still prevalent. She said that there is a better understanding of safety issues and there are a low number of formal complaints or problematic inquests that highlight concerns regarding safety.

She proposed that:

*LAS identified the 3 greatest patient safety issues prevalent within the organisation

*Identified what was being done about them

*Considered with whom the information should be shared

ACTION: The ADOs will consider what are the 3 greatest patient safety issues facing the LAS, what are we doing about them and how are we sharing the information.

In response to a question from Malcolm Alexander it was confirmed that the relationship with NPSA is currently unsatisfactory as little feedback is received on the data submitted by the Trust. The Head of Governance undertook to raise the matter of benchmarking at the meeting of corporate leads for NHS Ambulance Trusts that he will be attending. **ACTION: Medical Director and Head of Governance to discuss further.**

Noted: **The report.**

07/07 **Operation Governance Reports**

ADO South presented his report outlining clinical governance in the South Area. Clinical Governance has been incorporated within the regular management meetings held at complex and area level. He pointed out that of the AOMs' objectives only one is non-clinical.

CPI Checks: following sustained focus the level of CPI checks has improved in quarters two and three. The year to date figure is 62% but he was confident that the target of 80% would

be reached by March 2007. He said this might be hampered by the necessity of focusing on achieving performance in quarter four with Team Leaders being required to staff vehicles instead of their office duties. He reported that the completion rate for CPIs is uneven across the Area with some complexes performing really well (Croydon 96%) with others being disappointing (Waterloo 46%). He said that possible contributing factors for poor completion of the CPIs are Team Leader and/or AOM vacancies; as appointments have recent been made he is confident that the situation will improve albeit in the environment of the challenge of achieving performance targets.

In response to a question from the Head of Legal Services he confirmed that there is no data on the number of feedback sessions taking place following CPI checks; he estimated that approximately 50% receive of staff receive feedback.

The ADO South raised the possibility that data is being input which is not being recorded. The which the Director of Service Development said that this may be due to because Team Leaders are not following the guidance that was issued regarding the concerning the completion of CPIs.

The Chairman said that the increase in lone working will require additional focus on clinical governance.

PDR: as of 31st October PDR was successfully implemented with the exception of two stations St Hellier (which will be completed by the end of November) and Waterloo (which still had 28 outstanding). He emphasised that PDR is not appraisal.

An Area Human Resources Officer sat in on PDR interviews in order to give some assurance as to the quality of the interaction; the findings of the observations are being collated into a best practice guide which will be issued to Managers. One outcome of the PDR reviews is the identification of training needs, both Area and Trust wide. Training for managers has also been identified to enable them to have 'difficult' conversations. The ADO South said that there has been some very positive feedback received from staff and managers regarding PDR.

A range of initiatives have been identified across the Area: 12 lead ECG training; trauma care; HEMs development; development to become ECPs; reflective practice awareness in response to Team Leader ride outs and to complaints received. The ADO South said that one impressive initiative (New Malden AS) was that crews were taking blood for laboratory testing prior to admission to hospital, with no tangible impact on performance, which improved patient care by reducing shortening a patient's waiting time at the hospital. The phlebotomy equipment used by crews is provided by Kingston Hospital

In response to a question from Malcolm Alexander concerning the taking of bloods being standard practice across the LAS the matter is being given consideration. One possible impediment to introducing it across the Trust is the lack of uniformity of equipment across London hospitals, however it was recognised that most crews do not go to more than two hospitals so this could be managed.

Cardiac Survival rate: Waterloo AS cardiac survival rate improved from 13.3% to 36.7%. The possible explanation for the improvement was the fast response of the central London to MRUs (4-5 minutes) and ready access to PCI centres at St Thomas and Kings. **ACTION: CARU to undertake an investigation and report back to the CommitteeCGU.**

Frequent Users: Work has been undertaken to engage with PALS at complex level with AOMs expected to address the needs of at least one of the their frequent users. The ADO South has nominated a team leader to work with PALS to address the needs of those patients who frequently use the service.

Complaints are discussed at weekly and monthly meetings. The South is currently responding to 71% of complaints within 25 days, he was hopeful that the target of 80% would be reached by year end. He said that a small number of complaints have taken an excessive long time to resolve. Malcolm Alexander suggested that the Trust might approach ICAS to

help with mediation. **ACTION: The Head of Complaints to forward ICAS's contact details to ADO, South.**

An analysis of the complaints had not revealed any significant lessons for dissemination trust wide.

General Area Governance Report was delivered by Russell Smith, Deputy Director of Operations.

CPIs: it is unfortunate but the expected improvements have not been realised with 42% completed in November and 43% in December. It is clear from the individual performance data that the level of completion is very variable for Team Leaders across the Trust.

There was a discussion as to the advisability of publishing the CPI rates of completion. The ADO Operations said that sometimes it is difficult to discuss the rate of completion as staff challenge the validity of the CPI data. It continues to be an ongoing process of changing the culture of the organisation to ensure that all staff appreciate the necessity of good paperwork (the standard of which has improved) and the need to undertake CPI checks, to give feedback on treatment to promote learning. For the purposes of an article the Director of Service Development said that CARU will have data available re. cardiac cases, if aspirin was given etc and this could be used to demonstrate the clinical need for good PRF documentation and the CPI checks. It was suggested that an article should be written for LAS News highlighting why completing CPI paperwork is important as a professional. **ACTION: Deputy Director of Operations..**

The ADO South suggested that just as performance data is included on the front page of the Pulse so should CPI performance plus clinical themes e.g. pain management in the second quarter.

The Medical Director said that she had recently visited 12 complexes, six of which were in the South. She said she had been impressed by the standard of clinical care of the management team. She also said that since CPI checks have been introduced the standard of documentation has improved across the Trust. The Head of Governance suggested that the Medical Director append the findings of her station visits to the ADO Operation's overview of clinical governance. **ACTION: Medical Director.**

Complaints: the Complaints Panel on 7th February discussed the introduction of a new document, Investigation Outcome Report to be used which will record the outcome of a complaint and monitor implementation. The Head of Complaints said that the Revised Complaints Policy changes the emphasis from a disciplinary approach to one where lessons can be learnt on a Trust wide basis. Where possible a complaint will be resolved at a local level.

It is proposed that the Forms 279/280 will be held on front line vehicles to enable crews to report Children at risk and Vulnerable Adults.

The Deputy Director of ADO Operations said that attitude and behaviour continues to be the highest number of case of complaints. The Head of Complaints said he is undertaking an analysis of complaints received regarding the attitude and behaviour to identify causes. It was recognised that it is often difficult to discuss complaints with staff days or weeks after an incident which they may not remember as being of significance. **ACTION: Head of Complaints.**

Frequent Users: The Deputy Director of ADO Operations reported that there is a lot of good work is being undertaken at station level to address the clinical needs of frequent users through liaison with PALS, local Social Services and Local Authorities.

PDR: The Deputy Director of ADO Operations reported that PDR has been well received; various training needs have been identified as a result of PDR training e.g., 12 lead refresher training.

SUI: There have been three in the last eight months including Paul Coker who died in police custody and a child who was tragically killed during an ambulance visit. Reports are being prepared for the Coroners. The third SUI concerned the system crash in EOC in July which has been resolved.

Rest breaks: 70% of staff are receiving rest breaks with over 90% of cars being allocated rest breaks. The impact on Category A performance was predicted to be around 5% but it has been closer to 10%

Shift change over: The ADO Operations reported that 70-80% of FRUs are staggering their change over shifts at 7am – 7pm.

Noted: **The report**

08/07 **Annual Report – Infection Control**

The Head of Operational Support reported that the Annual Infection Control Report is currently being drafted prior to its presentation to the Trust Board in March 2007. The Report will contain information regarding: infection control audits; education and communications; occupational health; Make Ready and risks that have been identified with regard to infection.

A workshop held in January, which was attended by representatives of the Department of Health's 'MRSA Cleaner Hospital Team', proved to be very useful. A self-assessment was tool was used undertaken to which identifiedy key areas that required attention and gave a compliance rating of 55%, which was considered a rather disappointing result. An action plan is being drafted to address the areas identified as weak.

Noted: **The report.**

09/07 **Compliance Register**

The Head of Governance presented the Compliance Register which is a work in progress devised to monitor that the Trust was meeting legislative and reporting requirements as an NHS organisation.

Ingrid Prescod said that the language relating to the Race Relations and Sex Discrimination Act should be reviewed so that the language used in both is action orientated. It was suggested that Ingrid and Paul Carswell (Head of Diversity) should discuss the matter outside the meeting. **ACTION: Ingrid Prescod and Paul Carswell.**

The Head of Governance reported that confirmation is awaited from NHSLA regarding a final set of criteria.

Agreed: **That the proposal for the the Compliance Register should be will be ppresented to the next meeting of RCAG and it was suggested that the RECAG receives updates on the as a regular report to the RCAG.Register.**

10/07 **Update re. Safety Alert Bulletin and NICE**

Dipak Chauhan highlighted the following:

MDA/2007/003: Ferno Falcon Six and Hawk Six Ambulance Stretcher Trolleys

Safety & Risk has been told by the Head of Fleet that there is a system in place to monitor equipment.

NPSA/2007/015: colour coding hospital cleaning materials and equipment.

The Trust is currently not meeting NPSA guidance regarding the colour co-ordination for non-clinical products. The Make Ready contractors will be asked to implement.

Noted: **1. The Safety Alert Bulletin report.**
2. That there has been no guidance issued by NICE relevant to Ambulance Trusts.

11/07 **Reports from groups/committees**

Complaints Panel: 9th February 2007

The Head of Complaints reported that 69% (target is 80%) of complains are being responded to within 25 days which does not include the complaints dealt with in January.

He undertook a review of complaints received in the last six month period in comparison to the same period in 2005/06; in July – December 2006 262 complaints were received compared to 266 in July – December 2005. 43% of complaints concerned attitude and behaviour. He said that the slight decrease in complaints should be put in the context of increased numbers of patient contact. The largest number of complaints concerned delays in responding.

SUI: Death of individual in police custody from positional asphyxia. An article was placed in LAS news, changes were made to refresher training and changes were made to the JRCALC Guidelines concerning positional asphyxia.

The Internal Auditors have undertaken an audit of Complaints; the findings of which will be reported at the next Committee meeting. **ACTION: Head of Complaints**

In response to a question from the Medical Director the Head of Complaints said that only nine complainants have chosen to ask the Healthcare Commission for an independent review; two of these requests required the Service to take no further action. Of the remaining complaints five have had the case papers sent to the relevant HCC Case Managers, one independent review was sent back back with three out of four points requiring further action from the Service, a letter has since been sent back to the complainant actioning these but the HCC has been back in touch requesting additional information as the complainant is not not satisfied.happy. The final Independent Review has been sent back to the Service by the HCC as they feel further concerns have been added and need to be looked into.

Malcolm Alexander said that it would be useful for this Committee to receive a report regarding the outcome of the complaints. He suggested that the letter to the complainant should identify how the complaint has resulted in a change to the organisation andorganisation and should include an invitation to meet with Senior Staff to bring a complaint to an early conclusion. **ACTION: Head of Complaints.**

Outcome of inquests: any recommendations that are made by the Coroner will be iembedded in the new system for managing complaints and monitoring actions. There were 40 recommendations that came out of the investigation into the circumstances of Andrew Jordan's death from positional asphyxia; the majority of which have been implemented.

The Head of Governances said that although the Healthcare Commission is unlikely to visit the LAS during the next two months it is important that focus is not taken off improving the reporting of outcomes from complaints handling management.

Noted: The report.

Training Services Committee: 2nd February 2007

The Medical Director reported that the Committee, which is an operations based group, discussed the training planned for the remainder of the year. The Training Services Committee agreed to defer some training until the new financial year. The Committee is considering how paramedic recertification is delivered as there is no longer the requirement to do it. One approach being considered is to may be to deliver paramedic training on a

modular basis, and linked in with St Georges, which would mean that the course could be badged as accredited by a higher education establishment.

Race, Equality & Diverse Strategy Group – 1st February.

Noted: That this meeting was cancelled.

PPI Committee: 19th December 2006

The Director of Communications presented the summary and the minutes of the PPI Committee. He highlighted the following from the minutes: that PPI will continue in some form or other regardless of whether the Government decides to abolish the NHS Trust Patients Forums. He said that the monthly patient meetings are very helpful and are well attended. Work is being undertaken with the Bangladeshi community in East London.

Malcolm Alexander, Chairman of the LAS Patients' Forum, reported that the members of the Forum have agreed to set up a company, with the intention of applying for charitable status at a later date, in order that the work of the forum can continue in the event that the Government abolishes the NHS Trust's Patients' Forums.

Noted: **The report**

12/07 **Dates of next meeting:**

Full: Monday, 16th April 2007 at 9.30 in the Conference Room, HQ.
Core: Monday, 11th June 2007 at 9.30 in the Conference Room, HQ.

Meeting concluded at 12.35

Enclosure 15

LONDON AMBULANCE SERVICE NHS TRUST

SERVICE DEVELOPMENT COMMITTEE

Tuesday, 27th February 2007 at 10:00 a.m.
Held in the First Floor Conference Room, LAS HQ

Draft minutes

Present:	Sigurd Reinton	Chairman
	Peter Bradley	Chief Executive
	Barry MacDonald	Non Executive
	Sarah Waller	Non Executive
	Beryl Magrath	Non Executive
	Ingrid Prescod	Non Executive
	Roy Griffins	Non Executive (until 12.00pm)
	Caroline Silver	Non Executive (until 12.20pm)
In attendance:	Caron Hitchen	Director of Human Resources & Organisation Development
	Fionna Moore	Medical Director
	Mike Dinan	Director of Finance
	Russell Smith	Deputy Director of Operations (deputising for Director of Operations).
	David Jervis	Director of Communications
	Peter Suter	Director of Information Management & Technology
	Kathy Jones	Director of Service Development (until 1.05pm)
	John Wilkins	Head of Governance
	Margaret Vander	Head of Patient & Public Involvement
Apologies:	Martin Flaherty	Director of Operations

Due to other commitments Caroline Silvers and Roy Griffins left the Service Development Committee meeting at 11.00am. They subsequently rejoined the meeting at 11.10 via telephone conference. Roy Griffins signed off at noon and Caroline Silver signed off at 12.20pm

01/07 Minutes of the last meeting of the Service Development Committee, held on 19th December 2006.

The Chairman **signed** the Minutes as a correct record of the meeting held on 19th December 2006.

Matters Arising

Minute 49/06: in response to a question from Beryl Magrath the Chairman said that Bromley PCT had not applied to be an early adopter for the Summary Care Record. When he spoke to the Chairman of the Bromley PCT, she expressed surprise that her Trust had not applied to be an early adopter site, and said she would find out why. The Chairman also spoke to Dr Simon Eccles, one of the clinical leaders of the Connecting for Health programme, who is very keen to have a PCT included in the project.

Minute 50/06: the HR Director confirmed that Payroll is tracking the impact of rest breaks on crews' total pay and a report will be presented to the Trust Board in March. **ACTION: HR Director.**

Minute 53/06: the Director of Information Management & Technology said that he had confirmed with the Olympics Co-ordinator that the London Olympics

Committee do not have a mandated lock down for partner organisations such as the LAS. The mandated lock down applies to the Olympic Committee's internal processes.

02/07 Chairman's Update

The Chairman said that the SHA is continuing to recruit permanent members of staff. Paul Baumann has been appointed Director of Finance and Performance and has had an extensive career in the private sector, mainly with Unilever. Anne Rainsberry has been appointed HR Director.

Lord Warner has been appointed to be the Chair of the Provider Agency, which is potentially good news for the LAS given Lord Warner's previous role as Junior Health Minister. Malcolm Stamp has been appointed Chief Executive of the Provider Agency; he was previously Chief Executive of Addenbrookes.

The Chairman expressed disappointment with the reply he received from Anna Walker, Chief Executive of the Healthcare Commission, in response to his query about the definition of breakeven. (The Department of Health requires that Trusts break even over a rolling three year period but the Healthcare Commission's insists that Trusts break-even each year on pain of being branded 'weak' on resource management).

The discussions between the Ambulance Service Association and the NHS Confederation are proceeding and could lead to a merger being agreed this year. Separately, the NHS Confederation is consulting its members on a proposal to alter the status of non-NHS provider organisations, which would enable all organisations supplying goods and services to the NHS to become full members of the Confederation.

It was noted that NHS Direct and Guys & St Thomas' are recruiting a new Chief Executive. Barts & the London NHS Trust and Epsom & St Helier University Hospital NHS Trust are both recruiting new Chairmen and Chief Executives. Julie Dent, formerly Chief Executive of South West London Strategic Health Authority, has been appointed Chair of the London Probation Board.

03/07 Performance update

Russell Smith, Deputy Director of Operations, reported that Category A 8 minute performance during December 2006 was 71.1%, which was considered to be relatively good considering the difficulties experienced by the Trust in December. Category A8 minutes performance in January was 73.1% and 68.4% in February.

Several factors contributed to this disappointing performance: the reduction in overtime spending; the introduction of rest breaks (which had had a 3-5% impact on performance) and an increase in Category A demand. In July 2006, when London experienced a heat wave, the Trust received 837 Category A calls a day; in February 2007 it received 950 such calls a day. The increase in Category A demand has been attributed in part to the heightened awareness of the danger of heart attack following the British Heart Foundation's poster campaign. The Category A 8 minute performance for the year to date is 74.6%.

The Director of Operations recently declared the Service to be at REAP 3 and the Gold Suite had been set up in the Conference Room. Gold Suite's function is to optimise vehicle location; position mangers that are on rota between 11am-4pm to offset the impact of rest breaks on performance; actively manage hospital waits and monitor the number of vehicles off the road. In addition some training courses have been deferred. The Category A 8 minute performance for the last seven days had been above 75%.

The Trust is unlikely to achieve its Category B19 and Urgent targets for 2006/07; this forecast was shared with the Commissioners yesterday (26th February 2007).

The Deputy Director of Operations said that although technically A&E is at full establishment, 60 members of staff are still in training and will not be available until late February /early March; there are also unfunded secondments (e.g. HART) and limited overtime (year to date overtime has fallen by 20%).

The Chief Executive said that another factor in the recent disappointing performance had been a high level of absence; during the first week of the school holidays in February front line staffing was 77% due to high sickness, no overtime and school holidays.

The HR Director reported that rest breaks were introduced in mid-December 2006 and approximately 75% of front line crews were receiving rest breaks. The first review of the Rest Break Policy occurred last week. It was agreed with Staff Side representatives that, as a temporary measure, crews who are not offered a rest break during their shift can be offered overtime if they choose not to finish work early. This will help with the performance shortfall experienced at shift change over. It was recognised that the offering of overtime for the last 30 minutes of a shift is simply another way of the Trust buying overtime at a time when it is specifically required. It will be used as and when needed across the Trust depending on local conditions. The Chief Executive said that such overtime will be closely monitored.

In response to a question from Barry MacDonald, the Deputy Director of Operations said that although hard facts and figures are difficult to obtain with regard to increased efficiencies in allocating and managing rest breaks, the operation in the Control Room does feel like it is improving on an incremental basis as Control staff gain confidence and experience.

Managers were being deployed between 11am-4pm to help offset rest breaks having a detrimental impact on performance and ensure good clinical care for patients. When necessary, refresher training is being offered to managers so that they are confident in being deployed.

The Chief Executive said that ECPAG is meeting in two weeks time to review the Category A codes; a number of Category A codes will be reclassified as Category B and Category B as Category Cs.

Noted: The update on performance and rest breaks.

04/07 Finance report – Month 10

The Finance Director presented the finance report for Month 10. He drew the Committee's attention to the Expenditure trends report (page 10). The Trust made a modest surplus of £122k in Month 10. This was £500k less than forecasted due to a number of unexpected expenditures; mainly due to increase in vehicle costs (accident damage and vehicle maintenance) and training (National Clinical Guidelines). Total expense for January was £17,797k compared to a forecast of £17,222k.

The Finance Director is forecasting an overspend of £560k for year end, which he said was a prudent forecast. Further savings have been identified in both 'Other Income' and 'Interest Received'.

The Chief Executive said he had received a commitment from the SHA that the LAS will receive £800k of the money brokered in 2005/06; this will enable the Trust to achieve break even and spend the necessary amount on overtime during the remaining months of the year to help achieve 75% for the year as a whole.

In reply to Beryl Magrath's question regarding the term WTEs (page 13/14), the Director of Finance said it referred to 'whole time equivalent' and related to the equivalent number of full time staff employed and overtime offered in January.

In response to a question from Barry MacDonald regarding CBRN funding, the Finance Director said that he is continuing to make the argument to NHS London that the Trust receive the £700k which had been 'top sliced'.

The Director of Finance said that the CBRN item in the 2006/07 budget had assumed an inflationary uplift and the continuation of non-recurrent MAIAT funding (£400k). However, some of the activities included in the budget were accruals from the previous year. The Committee recognised that the issue around CBRN was a very complicated matter, with a number of different components, some of which were recurring, some of which were not.

The Director of Finance said that the Trust is reviewing its accounting treatment of CAD2010 costs. It may be that some items of expenditure, which were treated as capital, will be required to be treated as revenue as part of the normal annual balance sheet reconciliation.

The Chief Executive said that at the Commissioners meeting he attended on the 26th February, the Finance Manager for Operations presented data on Category A call volume (2002/03-2006/07). In 2004/05 the LAS received 207,106 Category A calls; in 2006/07 it will have received an estimated 307,023 calls; an increase of nearly 50%. He said this data puts into context the achievement of 76.6% Category A8 performance in 2004/05 and 75.05% in 2005/06.

In response to a question from Beryl Magrath regarding Emergency Care Practitioners (ECPs), the Finance Director said that the ECP programme will not be rolled out in Sutton & Merton PCT and Greenwich PCT as they were unwilling to fund the initiative. The ECPs who would have worked in those PCTs will instead be redeployed elsewhere in the Trust.

Noted: The finance report for Month 10.

05/07 2007-10 Budget and 2007/08 Workforce Plan

The Director of Finance presented the draft 2007-10 budget for approval by the Committee under delegated authority from the Trust Board in January 2007.

He outlined the basic assumptions behind the draft. Firstly, the increased resources needed to reach 75% of Category A calls within 8 minutes of the new earlier clock start had not been offered by London PCTs and have not been included. Discussions are taking place with the Department of Health as to when the new Clock Start will be implemented, and pressure may be brought to bear by the Department on PCTs to provide this funding. The Trust will continue to be required to deliver existing national targets.

The Committee considered the Income and Expenditure Summary; the detail of the A&E core contract; a breakdown of the Trust's major expenditure item (pay) and the Cost Improvement Programme as it relates to Operations. The Finance Director also outlined the major risks to the financial plan (additional PCT funding not being received; Cost Improvement Programme not realising savings, top slicing of CBRN funding and unfunded HART activity), all of which were estimated to have a value of £4m.

The presentation concluded with a statement of what the Trust's objectives would be in 2007-10. The list included the following objectives: development of referral pathways, clinical leadership and a new approach to clinical education; supporting operations in high impact changes; changes to working practices, and identifying

and winning business opportunities and new income. Sarah Waller suggested that the objectives should be grouped so that their strategic impact could be more clearly see. The Director of Service Development said she would review the presentation of the list. **ACTION: The Director of Service Development**

In response to a question from the Chairman, the Medical Director said that it was important not to confuse non-conveyance with the utilisation of alternate clinical pathways; currently only a small number of patients are being left at home. In the future ECPs will focus on providing clinical leadership as well as attending those patients who are not emergencies but have been triaged as requiring a highly skilled response due to their often complicated illnesses. A review of training is being undertaken following the restructure of the IHCD. There will also be an increased focus on improving assessment skills of EMT4s and Paramedics, so that they are more confident that it is clinically safe to leave a patient at home with the knowledge that the patient can be treated at home through accessing alternate care pathways.

The HR Director presented the 2007-08 Workforce Plan; its focus is consolidation of the existing workforce and the mainstreaming the Emergency Care Practitioners (ECPs). It is intended that the number of ECPs will remain unchanged; that EMT4s will over time become Paramedics, with the number of Paramedics increasing by 121 (from 815 to 936) and that support staff (the title of Emergency Care Assistants is under-review) will be recruited, and the number of Clinical Telephone Advisers employed will increase from 28 to the existing establishment of 50. The plan is that the workforce will be the same overall numerically, but with changes in the skill mix. The Long Term Workforce Plan will be presented to the Trust Board in March 2007. **ACTION: HR Director.**

The role of the ECPs will be mainstreamed which should maximise their utilisation and ensure that their enhanced clinical skills are more effectively deployed.

The Committee considered the draft budget and wished for a number of changes to be made. The Committee wished for a stronger position to be taken with the Commissioners regarding funding, in particular the variable activity formula which relates to increased funding when the number of Category A calls rises above an agreed level as the current threshold is too high.

The Committee also wished the Trust to make a case for receiving an increase in funding due to the increased salary costs resulting from AfC; staff that are not at the top of their bandings will receive an increment in 2007/08 which the Trust is expected to absorb. Unlike the rest of the NHS this issue has uniquely affected Ambulance Trusts as prior to AfC the majority of staff did not receive annual salary increments and this is therefore an extra cost for the Trust.

The Chairman recommended that when staffing is being reviewed as part of the budgetary process, the Senior Management Group undertake an Overhead Value Analysis exercise.

Barry MacDonald said that although the Government is stating the NHS is receiving an increase in funding of 6-7% per annum to 2008; the reality is that it is not receiving an inflationary uplift.

It was recognised that the implementation of high impact changes proposed as part of the Cost Improvement Programme for Operations will be challenging. There will be additional focus on actively managing attendance as the Trust has been seriously affected by high levels of sickness and unauthorised leave.

The Chairman said that he wanted the budget to incorporate significant innovations, which would in the long term address operational issues, e.g. using ECPs and

EMT4s as single responders who can leave patients at home or put them on other pathways when it is clinically safe to do so, thereby reducing double staffed ambulances being despatched to unnecessarily transport patients to A&E hospitals.

Barry MacDonald referred to the New Front End Model (NFEM), presented to the Committee in April 2006, and asked why the high impact changes included in the NFE Model were not more in evidence in the budget. The Director of Finance said that the purpose of the NFEM is to provide some 'head room' for Operations in meeting the national targets. He said that the financial impact of the changes can be considered for inclusion in the plan. **ACTION: Finance Director.**

Barry MacDonald commended the presentation; he said it was an improvement on what the Board had received in previous years.

The Finance Director said he would revise the budget in line with the Committee's comments and the outcome of negotiations with the Commissioners. He will circulate the revised budget for the Committee's approval prior to the submission deadline of 9th March 2007. **ACTION: Finance Director.**

The Chairman said that, if necessary, a telephone conference could be held for Board Members to discuss the draft budget prior to its submission to the SHA.

Agreed: 1. That the 2007-10 budget will be revised to incorporate the comments made by the Committee and the outcome of negotiations with the Commissioners.

2. That the Director of Finance will circulate an amended budget to the Committee for approval prior to its submission to NHS London by the deadline of 9th March 2007.

06/07 SHA Service Plan Board Self-certification

The Finance Director presented the SHA Service Annual Plan Self-Certification which contained statements regarding governance; services provided; quality and safety and overall compliance.

He said that the Trust will report that it is not compliant in the following areas:

- 'Contracts have been agreed with Commissioners' – in fact, negotiations are ongoing.
- Core standard – the Thrombolysis target is unlikely to be achieved due to the Trust's decision, based on clinical evidence, to focus on primary angioplasty.
- Category B target will not be achieved.

The Finance Director said that the Self-Certification document will be submitted to the SHA by the deadline of 9th March 2007.

Agreed: To approve, with delegated authority from the Trust Board, the SHA Service Plan Board Self Certification.

07/07 CAD 2010 Gateway 'Gate 2' Review

Noted: The report.

08/07 Implications of IP Telephony for our ability to locate callers

Noted: The report.

09/07 **Governance Arrangements for Foundation Trusts.**

The Chairman said that following the presentation given by Dr Penny Dash to the Trust Board in September 2006 which focussed on the financial aspects of becoming a Foundation Trust, he has invited the Head of Patient, Public Involvement (PPI) to present a report concerning an aspect of the governance arrangements associated with foundation trusts, membership. He said that, as yet, no decision has been made as to whether Ambulance Services should become Foundation Trusts.

The Head of PPI outlined the findings of the information gathering exercise she undertook in preparation that the LAS may be required to become a Foundation Trust. She specifically looked at the issue of establishing a membership and compared the experience of three existing foundation trusts in London (Guy's and St Thomas'; Moorfields and Royal Marsden) which have a much wider catchment population than their local areas.

As no guidance has yet been issued on what would be the membership requirements for Ambulance Services the Head of PPI referred to the guidance issued to Acute Hospital Trusts. Acutes are required to be accountable to the local population served by the Trust, all of whom are eligible to be members of the Trust. The membership is required to have a number of constituents: public; patient; staff (further sub-divided into different constituents) and partner organisations (academic bodies and local networks). Members are eligible to be elected to the Board of Governors; the Board of Governors is required to be involved in reviewing all strategy plans and decisions made by the Trust. One key piece of advice she received was the importance of highly qualified legal advice when setting up constituents. A key outcome of the information gathering exercise was that setting up and running membership is expensive and requires dedicated resources. Apart from the often mentioned financial freedoms associated with being a Foundation Trust the research suggested that the obligation to create a membership and keep it involved offered a good source of PPI and forced the Trust to look 'outward'.

In terms of membership, the challenges associated with becoming a Foundation Trust include the cost, the staff time and the difficulty of running the membership scheme, which will be even more significant for the LAS as it is the only pan London NHS organisation. There are a number of costs associated with having membership: average cost per member per year was estimated to be £4.00-£5.00 (approximately £70k); £45-50k computer share (in-house costs would probably be higher); £10k per annum membership of FT network; marketing resource £20-30k. The level of participation by members, staff and partner organisations was variable across the three Trusts that were consulted. In addition, other associated costs in becoming a Foundation Trust would be advertising membership to London's population; holding elections, holding meetings; legal advice and signage i.e. changing the signage on all the Trust's vehicles, properties and stationery.

The Head of PPI said that, regardless of whether the Trust is required to become a Foundation Trust, more focus should be placed on engaging with the public. If the LAS is required to become a Foundation Trust she advised adopting a local model based around the London boroughs. This would also be in line with the Government's proposal to replace the current Patients' Forums with Local Involvement Networks, as it is intended that they will be borough based.

The associated costs of becoming a Foundation Trust and recruiting members, as well as the ongoing costs of maintaining the membership was of concern to the Committee.

Beryl Magrath said that one piece of advice she had received when undertaking her governance review was the advisability of having a reserve list, should there be any resignations from the Board of Governors.

Sarah Waller said that she thought the Department of Health was undertaking a review of Foundation Trusts.

Noted:
1. **The report**
2. **That a decision is still awaited as to whether Ambulance Services will be expected to become Foundation Trusts.**
3. **That it would be expensive for the LAS to recruit members pan London and to maintain the membership lists**

10/07 Presentation regarding the incorporation of the "Intelligent Ambulance Service Board" indicators

The Finance Director presented the indicators outlined in the 'Intelligent Ambulance Service Board', the majority of which were already reported to the Trust Board. Two of the indicators that were not currently reported were patient safety and clinical outcomes. The reporting pack to the Board will be amended and presented to the Board in May 2007 for approval. **ACTION: Chief Executive.**

Noted:
1. **The 'Intelligent Ambulance Service Board' indicators**
2. **That the information pack presented to the Trust Board will be amended with effect from May 2007 to reflect the recommendations of the 'Intelligent Ambulance Service Board'.**

11/07 Board training on risk management and ethics framework

The Finance Director reviewed the current Risk Management Policy and the Code of Conduct and Accountability. It is a requirement of NHSLA and the Audit Commission that Members of the Board receive training regarding risk and ethics. He proposed to deliver further training at the Away Day on 23rd April, including an interactive exercise.

Sarah Waller asked whether the Code of Conduct & Accountability had been updated since 1994. **ACTION: Trust Secretary.** Sarah Waller recommended 'the Standard on Public Life', recently published by the Department of Health.

Noted:
1. **The current arrangements**
2. **That further training may be provided at the Away Day on 23rd April.**

12/07 Away day agenda

Following on from a discussion that arose during the Chief Executive's bi-monthly briefing of the Non-Executive Directors, it was proposed that a possible theme for the away day could be whether the Trust has the right balance between 'loose' and 'tight' approaches to management. This was in recognition that during recent years a number of levers (e.g. the amount and use of overtime) have been centralised to ensure more effective control over costs. The Chairman said that he will seek speakers and material that will contribute to the discussion. **ACTION: the Chairman.**

Other suggestions for discussion at the Away day were the Olympics; Risk Management and High Impact Changes.

Noted: That the Chairman will circulate a draft agenda for the Away Day.

13/07 Any Other Business

Noted: That there was no other business.

14/07 Date of future meetings:

The next meeting of the Service Development Committee will be the evening of the 23rd and all day 24th April 2007, Holiday Inn, Regents Park, London.

The meeting concluded at 13.20pm

Enclosure 16

London Ambulance Service NHS TRUST

Trust Board – 27th March 2007

1. **Chairman of the Committee** **Barry MacDonald**

2. **Purpose:** **To provide the Trust Board with a summary of the proceedings of the Audit Committee**

Agreed:

1. The template for the Committee's annual report. The Head of Governance will circulate the final draft to the Audit Committee for comment prior to the report's presentation to the Trust Board in May 2007.
2. The Internal Audit plan for 2007/08. In addition to the areas suggested by the Finance Director, the Committee wished the Internal Auditors to review Urgent Operations Centre as a whole, all the High Impact Changes and Complaints.
3. The Counter Fraud Work Plan for 2007/08.
4. The Scheme of Delegation with some amendments; this will be presented with the revised Standing Orders and Financial Instructions to the Trust Board for approval in March 2007.
5. That the Audit Recommendations report should contain the recommendations of the Internal Auditors (Bentley Jennison); the Audit Commission and the Local Counter Fraud Specialist. A summary report outlining progress in implementing 'merits attention' recommendations will be included with the report.
6. That Bentley Jennison's contract is extended for one year whilst the Trust reviews how the internal audit function will be provided. The Finance Director will undertake further investigation into the practicality of the Trust employing in-house internal auditors, possibly in partnership with other Ambulance Services.

Noted:

7. The Internal Auditor's Progress Report. Two audits outstanding from the 2005/06 audit plan (Emergency Care Practitioners and Urgent Care) received limited levels of assurance. Since the audits were undertaken in May 2006 there have been a number of changes introduced to both these areas. A further audit of Urgent Operations will be undertaken in 2007/08 reviewing the interfaces between EOC and UOC as well as the different facets of UOC (EBS, PTS Central Services, ECPs, CTA).
8. That substantial level of assurance given to the completed audits (2006/07 audit plan) which were concerned primarily with finance. Two audits received adequate level of assurance: overtime & expenses and business continuity & planning. In each case the Auditors made two significant recommendations which have been accepted by Management. No audits undertaken in 2006/7 received limited assurances.
9. The Interim Audit Report from the Audit Commission. Work on the Auditors Local Evaluation is progressing and a draft report is expected in April with the final report being issued in October. The ALE is used by the Healthcare Commission to ascertain Trust's 'use of resources'.
10. The report of the Local Counter Fraud Specialist; six investigations of possible fraud were undertaken in 2006/07. The detailed report of an investigation into possible fraud involving a volunteer ambulance driver's mileage claims.

11. The Risk Register, which evidenced progress in risks being regraded and deleted. The Committee asked that the deletion of two risks be reviewed; the Finance Director explained that the deletion was due to their being a duplication of risks on the Register but undertook to review the matter.

12. The progress to date in implementing the recommendations of the Governance Review, e.g. the Clinical Governance Committee is receiving regular reports from Operations regarding clinical governance (CPI checks, complaints, clinical initiatives etc).

13. The update regarding NSH Litigation Authority and Healthcare Commission from the Head of Governance. The LAS are participating in the NHSLA's pilot of the new ambulance standard from April 2007. Work is being undertaken to evidence compliance with the 24 Healthcare Standards and the Trust's Declaration of Compliance will be presented for the Board's approval in May 2007.

14. The Chairman of the Audit Committee said that given the requirement for NHS Trusts to be more responsive to their service users the Trust Board needed to give consideration as to how the LAS could obtain user feedback.

Standing items:

15. Noted the hospitality declared by Directors of the Trust and that there had been no waivers of Standing Orders since the last Audit Committee meeting.

Presentation

16. A presentation was given by the Head of Operational Support outlining the response of the Trust to the findings of the audits undertaken of Medical Devices and Drug Control. Each area received significant and fundamental recommendations from the Auditors. A further audit of the two areas will be undertaken in 2007/08 when asset tracking has been fully implemented. The Auditor's recommendations concerning introducing a process whereby all drug packs issued should have a life expectancy of at least one month was not accepted by Management. The Auditors accepted Management's explanation why this recommendation would not be possible to implement and how the Trust was managing this risk.

Minutes Received:

17. Noted the minutes and the work plans of the Clinical Governance Committee (12th February 2007) and the Risk Compliance & Assurance Group (28th February 2007).

18. The Audit Committee said it wished to see more evidence that the Clinical Governance Committee was using the Risk Register as a management tool to question action being taken to mitigate clinical risk.

19. The Risk Information Report, which is considered by the RCAG and CGC, has been circulated to the members of the Committee for information.

4. **Recommendation That the Trust Board NOTE the minutes of the Audit Committee.**

LONDON AMBULANCE SERVICE NHS TRUST
AUDIT COMMITTEE

DRAFT MINUTES

Monday 12th March 2007

Present:	Barry MacDonald	Non-Executive Director (Chair)
	Sarah Waller	Non-Executive Director
	Caroline Silver	Non-Executive Director (from 2.40pm)
	Roy Griffins	Non-Executive Director
In Attendance:	Peter Bradley	Chief Executive (until 4.35pm)
	Mike Dinan	Director of Finance
	Peter Suter	Director of Information Management & Technology
	John Wilkins	Head of Governance
	Eleanor O Hare	A&E Finance Manager (until 5.25pm)
	Chris Rising	Bentley Jennison (until 5.25)
	Keeley Saunders	Audit Commission (until 5.25pm)
	Robert Brooker	Bentley Jennison, Local Counter Fraud Specialist
	Michael Musgrave	Bentley Jennison, Local Counter Fraud Specialist
	Christopher Vale	Head of Operational Support (until 3.05pm)
	David Selwood	Corporate Logistics Manager (until 3.05pm)
	Ian Todd	Assistant Director of Operations, Urgent Operations Centre & Clinical Development (until 3.40pm)
	Christine McMahon	Trust Secretary (Minutes)

01/07 Minutes of the last Audit Committee meeting 4th December 2007

Agreed: The minutes of the last audit committee meeting held on 4th December 2007

02/07 Matters Arising

Minute 26/06: The Finance Director reported that the interpreting service provided by Language Line is being re-tendered. Consideration is being given on whether it would be feasible for the LAS to participate in the London Procurement Project Tender and a specification is currently being drafted. The Finance Director circulated data provided by Language Line on what languages have been required during 2006. Sarah Waller asked for the information to be presented as bar charts. **ACTION: Finance Director.**

With regard to feedback from service users, the Committee was informed that this has been primarily obtained via the extensive PPI work undertaken by the PPI Managers and through the survey undertaken by MORI in 2006. It was suggested that the Trust Board should consider how the Trust acquires feedback from Users; this is an area being considered across the NHS. **ACTION: Chairman of the Audit Committee**

Minute 29/06: the Chief Executive had investigated the Internal Auditor's two recommendations received in connection with the audit of the Child Protection and Vulnerable Adults. Until recently the Trust was not deemed to require the checks as it did not have significant sustained access, this has now been resolved and new staff are receiving the enhanced check done. The enhanced check will not be undertaken for existing staff as the cost would be prohibitive; the Chief Executive said he would speak to the HR Director for her view as to the advisability of getting enhanced checks done for existing staff. The Chairman said that it might be useful to find out what level of checks are undertaken by similar organisations. **ACTION: Chief Executive.**

03/07 Presentation: drug control and medical devices.

At the last Audit Committee meeting (5th December 06) the Internal Auditors reported that they had made significant and fundamental recommendations following the audits of medical devices and drug control. The Chief Executive suggested that a presentation be given to the Committee, outlining what action has been taken in response to the Auditor's findings.

Chris Vale (Head of Operational Support) and David Selwood (Corporate Logistics Mangers) gave a detailed presentation of how the department had responded to the recommendations. The majority of the recommendations have been implemented, e.g. stock takes are being undertaken at store level and the process is being reinforced at station level through the issue of a bulletin to all stations. Make Ready is being utilised to undertake some of the checking e.g. audit defibrillators. The introduction of a hand held asset tracking device will enable the Trust to address the majority of the recommendations. The software is currently being trialled; the target date for introduction of the asset tracking procedure is May 2007 subject to available technical support.

Noted:

1. **That the Head of Operational Support attends operational meetings with AOMs and complex groups, at which he reinforces the messages being disseminated via bulletins regarding checking/auditing.**
2. **That the Make Ready operatives and the personnel responsible for stores at complex level are in daily contact and that feedback loops are in place to ensure checks are being undertaken and procedures adhered to.**
3. **That Managers did not accept the recommendation that the Trust introduce a process whereby all drug packs issued should have a life expectancy of at least one month. The life span of some drugs is very short and the Head of Operational Support said there was a robust system in place to ensure out of date drug packs are not issued. The Internal Auditor accepted the rationale and recognised that there was a monitoring process in place to mitigate the risk.**
4. **That Bentley Jennison will be auditing Medical Devices and Drug Control in 2007, after the asset tracking device has been introduced.**

04/07 Draft Annual Audit Committee report

The Head of Governance presented the template for the annual report. The template was recently put forward at a recent conference for new Audit Committee members; it has been successfully trialled by other NHS trusts.

The Internal Auditor said he was satisfied with the proposed annual report; he said that reference should be made to the internal and external auditors' recommendations considered by the Audit Committee. When audits have received limited assurance it has been highlighted to the Trust Board via the Audit Committee's minutes. The Head of Governance said the final draft will include specific examples of the Committee's activities.

Agreed:

1. **The format of the report, with the proviso that in the section 'achievements', the report regarding self-assessment be moved to the end of the section.**

Noted: **2. That the Head of Governance will circulate the final draft for the Committee's views prior to the report's presentation to the Trust Board in May 2007. ACTION: Head of Governance**

05/07 Internal Audit

Progress Report:

The Internal Auditor presented the progress report, which comprised the following audits:

2005/06 audit plan: Emergency Care Practitioners (five significant recommendations) and Urgent Care (seven significant recommendations); both received limited assurance from the Internal Auditors.

2006/07 audit plan: overtime and expenses, and business continuity and planning received adequate level of assurance. Both of these received two significant recommendations which have been accepted by management.

Creditors (1 significant recommendation), trust funds, general ledge and treasury management received substantial level of assurance, and with the exception of creditors there were no significant recommendations.

The Committee considered the reports regarding Emergency Care Practitioners and Urgent Care; there were five significant recommendations made in respect of ECPs in relation to compliance with controls in place and a perceived weakness in the control environment itself. Seven significant recommendations were made regarding Urgent Care; five related to weaknesses in respect of the control processes and two arose from compliance weaknesses. It was recognised that the audit was undertaken in May 2006 and there have been a number of changes made in relation to ECPs and Urgent Care. Agreed that a further audit will be undertaken of Urgent Care in 2007-08 to review the interfaces between the different areas of Urgent Care and EOC and to follow the process from beginning to end.

The Chairman asked that when the Auditors give a limited level of assurance the Committee receive a detailed report rather than the usual abbreviated report so as to enable the Committee to form a judgement as to the risks facing the Trust. **ACTION: Internal Auditor**

Draft Audit Plan 2007/08

The Finance Director presented for discussion the draft internal audit plan; he said that he had shared the draft audit plan with the Senior Management Team. The Committee was asked for its views as to what it would like the Internal Auditors to review in 2007/08.

Agreed: **1. That, in addition to those outlined in the draft plan, the following audits should be undertaken in 2007/08: UOC (encompassing the different facets of UOC including ECPs and CTA); all High Impact Changes (not just those concerned with EOC) and Complaints.**

Noted: **2. That what is being proposed by an audit of 'distribution reporting/analysis' will be further clarified. There was a need for work on performance management including data for individuals which could be covered by this heading, later in the year. ACTION: Finance Director**

3. That there were no limited assurances given or fundamental recommendations made in relation to audits undertaken as part of the 2006/07 audit plan.

06/07 Audit Commission

Kelley Saunders, Audit Commission, presented the progress report (previously known as the interim audit report). The report summarised the progress to date of the 2006/07 audit;

all of the work has either been completed or is in progress. This includes work on three of the five themes under the Auditor's Local Evaluation (ALE): financial management, internal control and value for money.

In response to a question from Sarah Waller the Auditor undertook to ascertain if the Audit Commission had reviewed the benefits realised by the new GP contract and new Consultants contract. **ACTION: Audit Commission**

Noted:

1. **That the Audit Commission in its review of the NHS financial management and accounting report to the Secretary of Health said that resource accounting and budgeting (RAB) should not be applied to NHS trusts because it is incompatible with their financial regime. No decision has yet been made as to when RAB will cease.**
2. **That there has been nothing discovered to date which would significantly affect the Auditor's opinion of the Trust's good financial standing.**
3. **That the draft findings of the ALE will be issued in April with the final version issued in October; it will be used by the Healthcare Commission to ascertain the Trust's use of resources.**
4. **That the Audit Commission will present reports concerning Managing Resources for Improvement and Workforce Contracts to the Committee in June 2007.**
5. **That the Audit Commission is undertaking a review of the benefits realised by the implementation of Agenda for Change; this is a national review and the findings will be published in due course.**

07/07 Report of the Local Counter Fraud Specialist

Robert Brooker, Local Counter Fraud Specialist (LCFS), presented his progress report to the Committee. The report outlined six investigations undertaken since July 2006; one has been reported to the Metropolitan Police and individuals have been charged with receiving stolen goods; one is being dealt with internally as a performance issue (not carrying out duties in agreement with the contract); the Trust is seeking to recover monies paid to a Bank member of staff who had not registered with Health Professional Council as a paramedic and who was consequently overpaid. Two investigations are ongoing.

A member of the public who has made an allegation of theft concerning the LAS marching band has been advised to contact the Police as the marching band is not connected to the Trust. The Chief Executive undertook to investigate the marching band and ensure that it is not using insignia that could identify it with the LAS. **ACTION: Chief Executive.**

The LCFS presented an investigation closure report that detailed the investigation undertaken into a volunteer ambulance driver's mileage claim.

Agreed:

1. **The 2007/08 Counter Fraud Plan**

Noted:

2. **The report of the LCFS**
3. **That the Trust had the option, if the fraud involved substantial sums, to pursue volunteer staff through the civil courts.**

08/07 Future provision of Internal Audit Services

The Committee considered the proposal from the Director of Finance regarding the future provision of internal audit services in which he outlined three options: continue

outsourcing, in-house provision and hybrid (outsource financial systems audit and bring operational audit in-house). This item was discussed in private at the end of the Committee meeting.

Following discussion it was proposed that Bentley Jennison's contract be extended for one year whilst the Finance Director investigate the practicality of the Trust working in partnership with other Ambulance Trusts and employing internal auditors to undertake non-financial audits. The Finance Director said he will undertake further work to identify what would be the added value of having an in-house internal audit function, possibly shared with other Ambulance Trusts. If it did not prove to be viable the Trust would be ready to tender the internal audit function during the Summer 2007.

Noted:

1. **That the Finance Director will undertake further work to refine the proposal to having in-house internal audit function whilst retaining external internal auditors to undertake financial audits.**
2. **The Audit Commission representative said she would give her comments directly to the Finance Director as she had to leave the Committee before this item was discussed. ACTION: Audit Commission.**

09/07 Approval of Scheme of Delegation

The Committee considered the Scheme of Delegation and made a number of amendments which have been incorporated into the Scheme; including (8: ex-gratia payments) that the Trust, when making ex-gratia payments, will rely on legal *opinion* as to the existence of a possible case against LAS which would need to be opposed in a court or tribunal with all payments being reported to the Audit Committee. Consultants' contracts in excess of £100,000 are to be authorised by the Trust Board. Any tenders submitted by the Trust in excess of £1 million (e.g. PTS contracts) should be approved by the Board, as should all new revenue contracts over £1million. The Director of Finance will report budget virements of over £100,000 to the Audit Committee as part of the standard reporting arrangements.

Noted:

1. **The role of SSG in making collective capital expenditure decisions up to £1 million.**
2. **That the revised Scheme of Delegation, the Standing Orders and the Financial Instructions will be presented for the Trust Board's approval in March 2007.**

10/07 Risk Register Update

The Committee considered the Risk Register and commented on the progress being made in managing the risks on the Register.

During the discussion of the Risk Register it was suggested that there should be a forecast statement included as to what the responsible manager thought the position of the risk would be in 12 months time. Caroline Silver said that there were two types of risk on the register; those that were inherent in being an emergency ambulance service and those that were not inherent and could be reduced over time and removed from the Register. The Committee suggested that the Clinical Governance Committee could have a more explicitly questioning approach to their level of satisfaction with the management of clinical risks and the progress being made. Most of the high level risks were clinical.

It was recognised that the register is a 'live' document; and that it is only as good as the input received from managers and staff. One of the challenges for managers is to push back down through the Trust to front line staff, by function and area, ownership of risks.

The Head of Governance said he would contact other Ambulance Trusts and propose sharing risk registers so as to identify what are the 'inherent' risks so that work can be undertaken on how these could be further mitigated. **ACTION: Head of Governance.**

Noted:

1. **The procedure for managing risk; both the RCAG and the Clinical Governance Committee review clinical and non clinical risks on the register. The RCAG considers what new risks should be added, regraded or deleted based on evidence provided to that group.**
2. **That the front sheet accompanying future reports will highlight what reviews have been undertaken by management and staff since the Register was last presented to the Committee. ACTION: Head of Governance.**
3. **That the Clinical Governance Committee in its review of clinical risks should address whether it is satisfied with the management action being taken to manage the risks and whether the situation is getting better or not**

11/07 Governance Review Update

The Head of Governance reported that the Clinical Governance Committee is now receiving better information about local governance via the reports of the Assistant Director of Operations. At each meeting an Assistant Director of Operations has presented a governance report related to what has been taking place in their Area. In addition the Deputy Director of Operations presents a general report, giving an overview of governance in the remainder of the Areas. The reports include information regarding complaints, CPI checks, performance monitoring and PDR.

Noted: **The progress to date in implementing the recommendations of the Governance Review.**

12/07 Standing Committee Items

Noted:

1. **The hospitality received declared by Peter Suter, Mike Dinan and Fionna Moore.**
2. **That there were no waivers of the Trust's Standing Orders since the last Audit Committee meeting.**

13/07 External Accreditation reports

NHSLA: The Head of Governance reported that the NHSLA had visited the LAS on 7th March 2007; a full report will be included in the Medical Director's report to the March Trust Board.

The NHSLA are running a pilot to test the new Ambulance Standard. Unfortunately it recently tendered the audit work and the current provider, Willis, has not been reappointed. The new provider will take responsibility from 1st April and it may be that some of what has been agreed will change. The new assessment comprises five standards, each with ten criteria. There are three levels; the Trust will be assessed initially at Level 1 and at Level 2 in the Autumn. Until the new Standard has been agreed the Trust retains the Level 2 it was assessed under the previous standard. A gap analysis will be undertaken following each assessment and an action plan drafted to address any areas of concern.

Healthcare Commission: work is being undertaken to assess the Trust's compliance with the Healthcare Commission's 24 Healthcare Standards and to identify what evidence is available to demonstrate compliance. The Senior Management Group receives regular

progress reports. The declaration will be presented to the Trust Board in May for approval prior to its submission to the Healthcare Commission.

The Head of Governance will be seeking agreement from the 31 Boroughs' Overview and Scrutiny Committees in London that they agree with the Trust's statement of compliance.

Noted: The work being undertaken with regard to the NHSLA and the HCC.

14/07 Audit Recommendations

The Committee reviewed the Audit Recommendations report.

Members commented on the greater clarity and much improved presentation of this report. Future reports to the Committee will contain detail on fundamental and significant recommendations.

Agreed: 1. That future report should combine the recommendations from the Internal Auditors, the External Auditors and the LCFS.

Noted: 2. That the 'merit attention' recommendations should be summarily reported on one sheet as an addendum to the main report.

3. That the ADO Urgent Care will check R19 (the Trust should review the No Send Policy in respect of green 1 and 2 calls ACTION: Head of Governance.

15/07 Draft minutes of the Clinical Governance Committee and the Risk Compliance & Assurance Group.

Clinical Governance Committee minutes (12/2/07): the Committee noted that CPI completion is variable across the Trust.

Sarah Waller asked how a PDR meeting between staff and their managers can not be an appraisal. The Finance Director said that PDR is a performance development review, during which core development is considered, weaknesses identified that can be addressed through further training. This is a new system for the Trust and it is still early days. A representative of HR Directorate is a member of the Committee and will be in attendance at the next meeting and can expand on this further if necessary. **ACTION: Head of Governance.**

The Committee noted Minute 02/07 which proposed that a new risk be added to the register regarding EOC being aware of staffing on ambulances/FRUs in relation to calls received (i.e. being able to identify what calls require a Paramedic). In view of a recent SUI there was a clear need to look at all aspects of this problem. This risk will be discussed at the next Clinical Governance Committee.

Risk Compliance & Assurance Group: the Director of Finance chaired the meeting on 28th February 2007 at which a number of risks were proposed for regrading or deletion. Sarah Waller queried the deletion of Risk 17 (lack of crewed ambulance on Friday, Saturday and Sunday nights); the Director of Finance said that it was felt that this risk was a repetition of what is being included in other risks and the risk itself was part of risk 265.

The Director of IM&T said that the risks proposed for regrading and deletion were put forward by the Deputy Director of Operations with knowledge of what is happening operationally and what risks the Trust is managing. Caroline Silver said that one of the functions of the Audit Committee are to assure itself that it is satisfied with how risk is being managed.

The Chairman of the Committee felt that the deletion of risk 248 (EOC staff not checking logs of Category C calls) was perhaps premature until there is fully controlled process in place. **ACTION: the Finance Director will investigate and report back**.

Noted:
1. **That the 'risk information report' considered by the Clinical Governance Committee and RCAG will be circulated to the Audit Committee for information. ACTION: Trust Secretary.**
2. **That the Committee wished to see the CGC and RECAG recording more of their review of their satisfaction with current management actions on risk and whether the situation was improving or not.**
3. **That two new risks had been added to the Register: equal pay claims and driving licence checks.**

16/07 Work plans for the Clinical Governance Committee and the Risk Compliance & Assurance Group

Noted:
1. **The work plans for the CGC and the RCAG.**
2. **That the Assurance Framework will be presented twice a year to Trust Board and/or the Audit Committee.**
3. **That there should be a clear rota of ADOs reporting to the CGC.**

17/07 Audit Committee's workplan

Noted:
1. **That the Committee will consider the financial matters including the 2008/09 budget in November 2007.**
2. **That the private meeting between the Committee and the Auditors is to be stated in the workplan.**

Meeting finished at 5.45

Enclosure 17

LONDON AMBULANCE SERVICE NHS TRUST BOARD

TRUST BOARD 27th March 2007

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

1. Purpose of Report

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

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

2. Tenders Received

There have been 3 tenders received since the last Trust Board meeting.

Alternation to first floor at Waterloo HQ	Consiton Ltd. Russell Crawberry Mitie Property TCL Granby Ltd
Tender for the provision of management storage and supply of uniform and Personal Protection Equipment.	Alexandra Dimensions HR Denne Kashkett Lim Apparell Simon Jersey Hunter
Print Services for the LAS News	Aldridge Print Group Stabur Graphics

3. Use of the Seal

There has been 1 entry, reference 104 since the last Trust Board meeting. The entries related to:

No. 104 Agreement for minor building works between LAS and Mitie Property Services in regard to Hillingdon AS to provide office and staff facilities.

Recommendations

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

Christine McMahon
Trust Secretary

London Ambulance Service
NHS Trust

Information Pack for Trust Board

February 2007

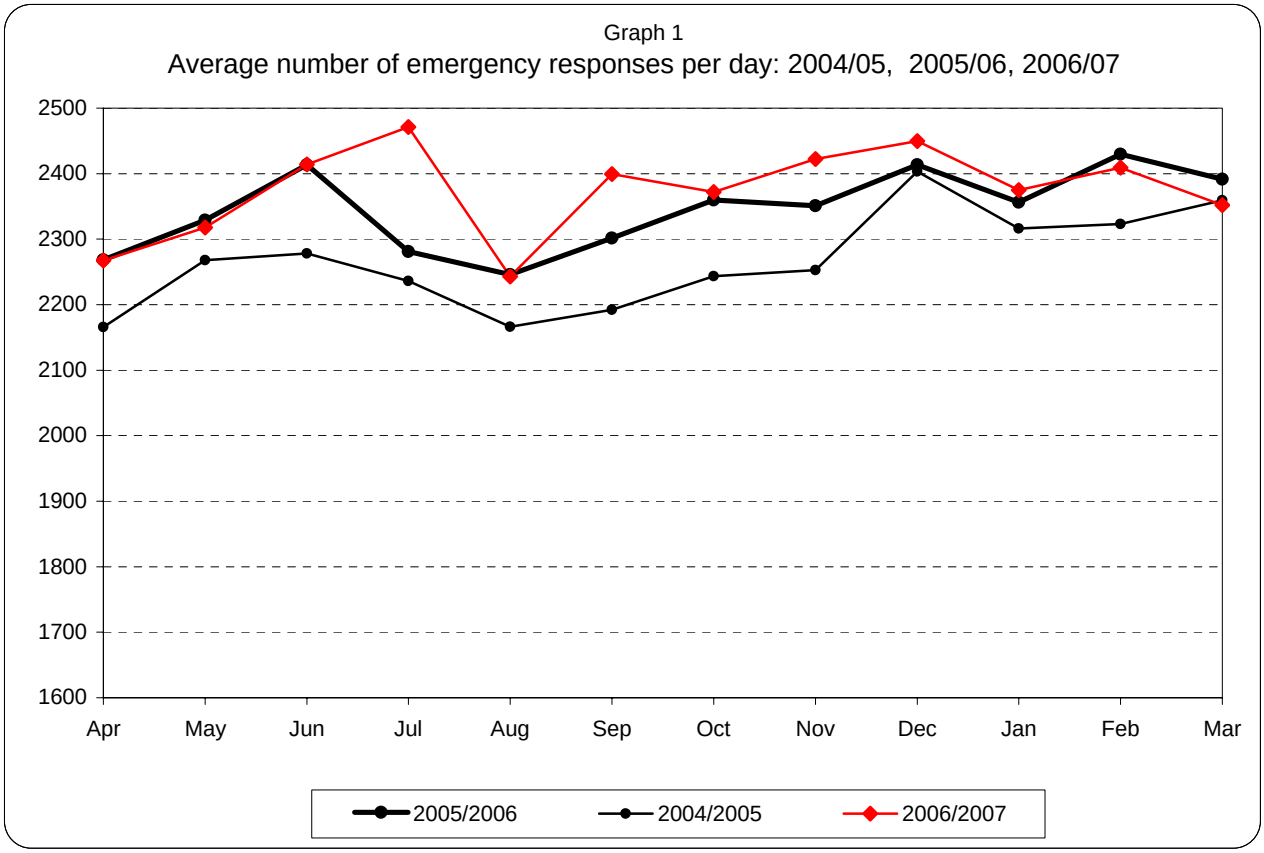
Please note:

PRF data entry is up to 07/03/07

Data for March has been included, up to the 18th March 07

London Ambulance Service NHS Trust
Accident and Emergency Service
Emergency activity and Urgent activity and performance

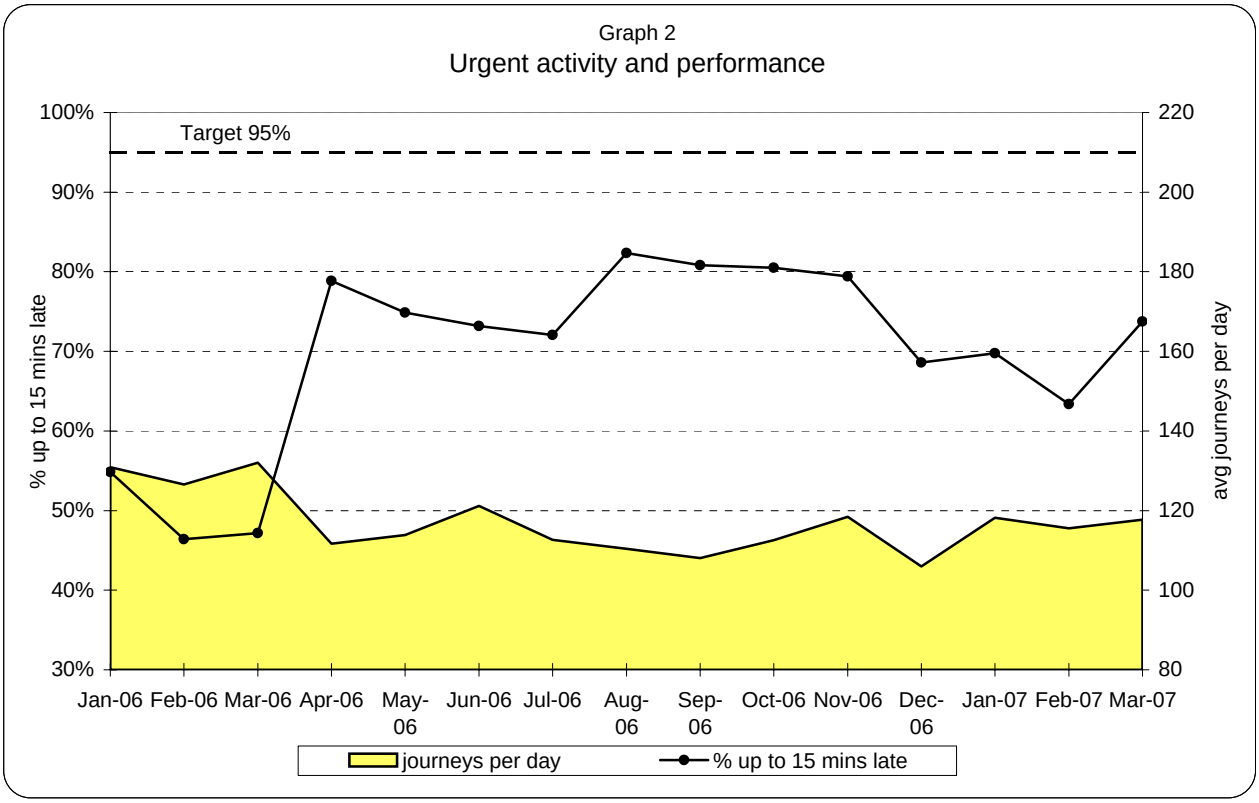
Graph 1



Emergency responses: monthly and year to date comparison

Feb 07 v Feb 06	Apr 06-Feb 07 v Apr 05-Feb 06
-0.8%	**+1.5%**

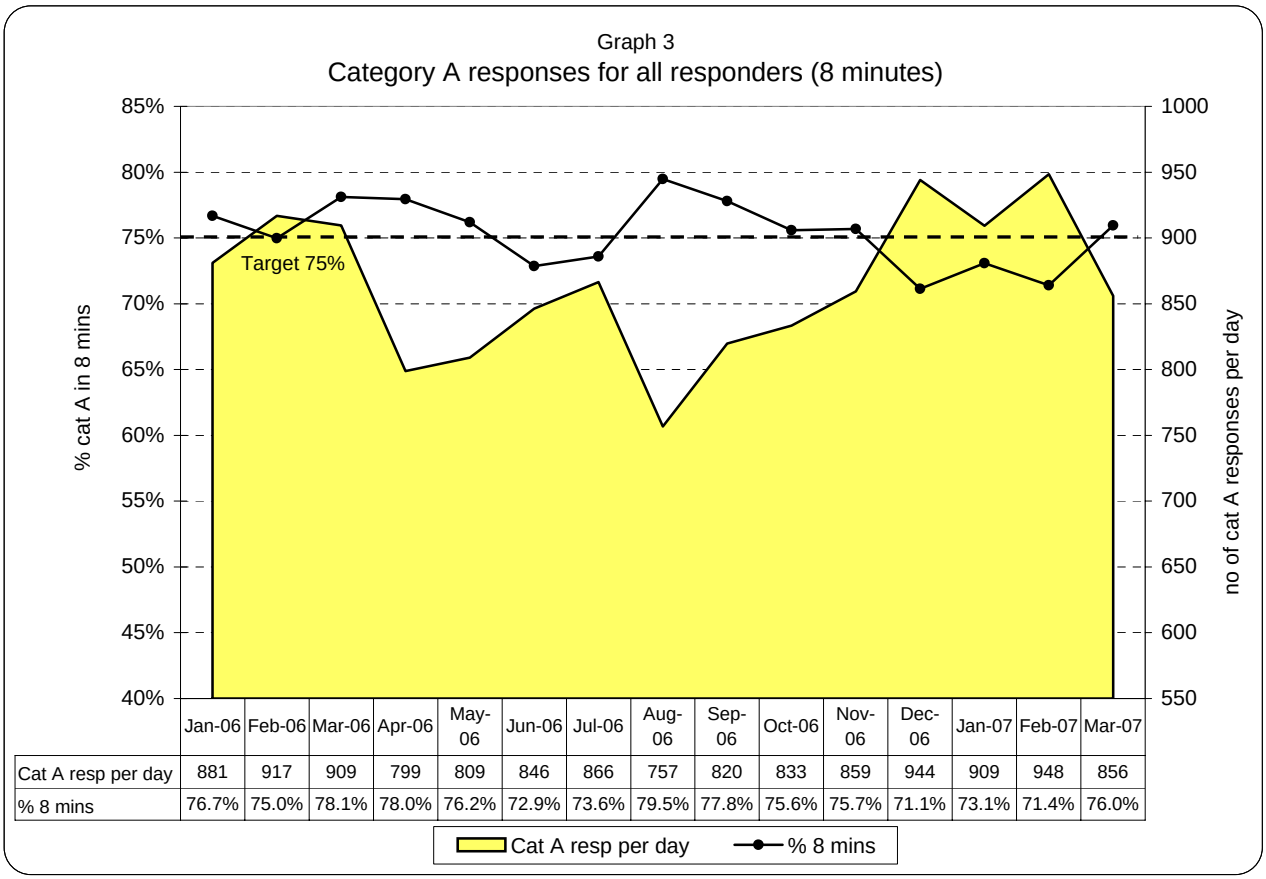
Graph 2



London Ambulance Service NHS Trust
Accident and Emergency Service
Emergency responses: 8 and 19 minute response activity and performance

Graph 3

Category A responses for all responders (8 minutes)

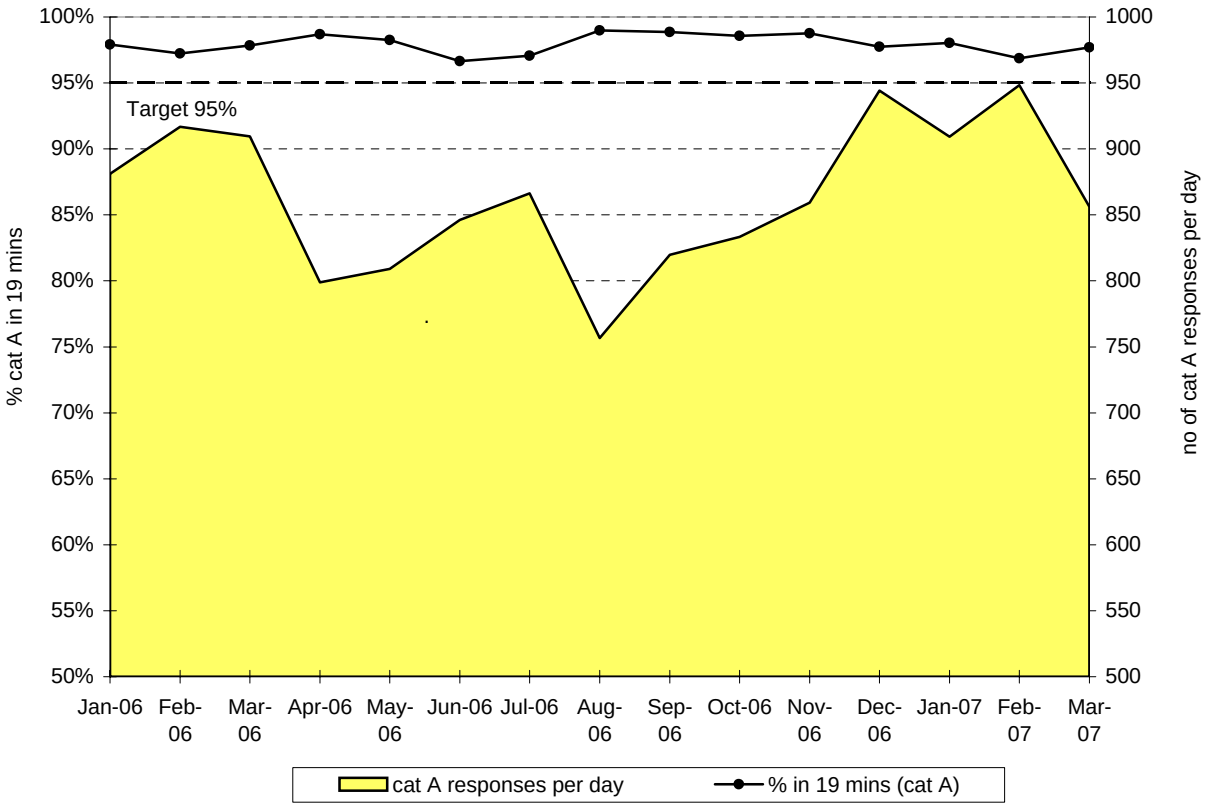


	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Jan-07	Feb-07	Mar-07
Cat A resp per day	881	917	909	799	809	846	866	757	820	833	859	944	909	948	856
% 8 mins	76.7%	75.0%	78.1%	78.0%	76.2%	72.9%	73.6%	79.5%	77.8%	75.6%	75.7%	71.1%	73.1%	71.4%	76.0%

Cat A resp per day — % 8 mins

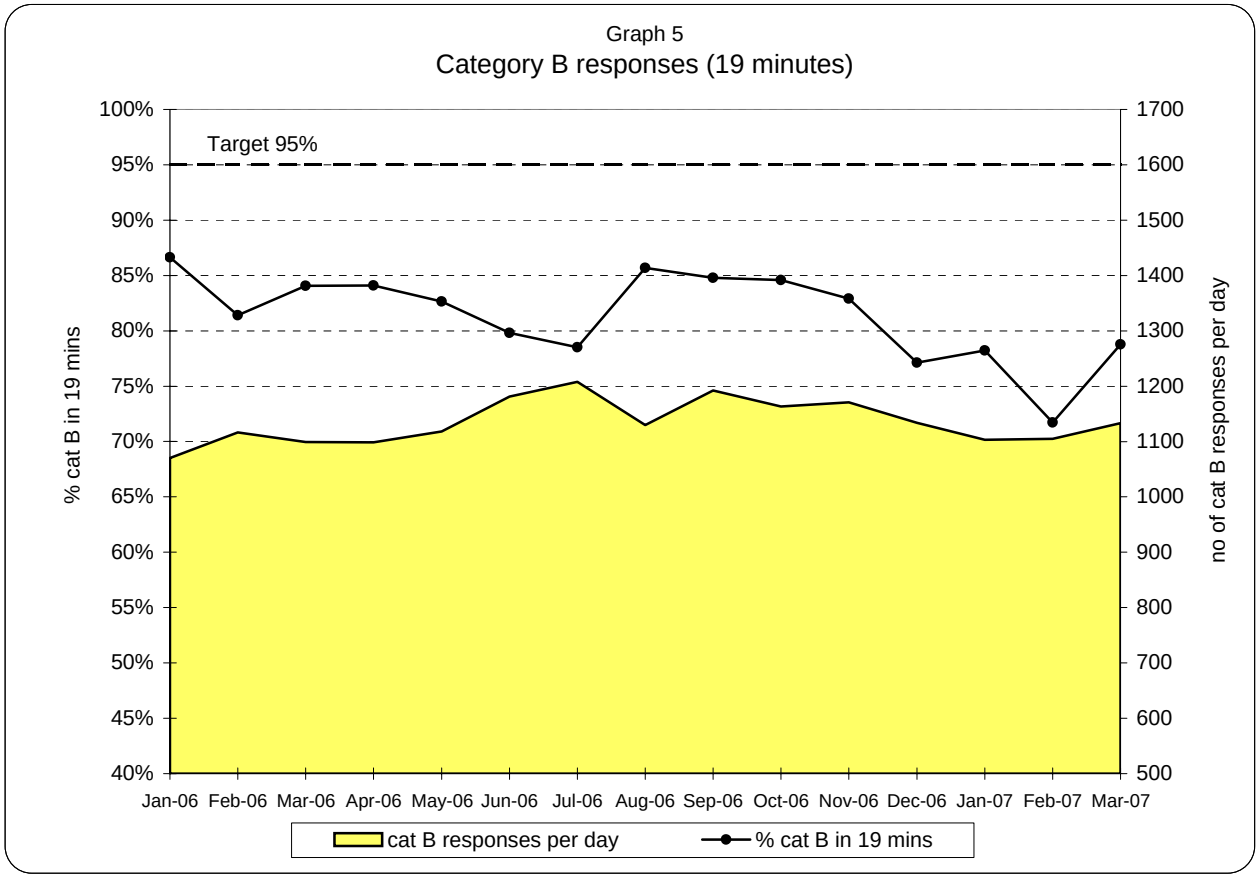
Graph 4

Category A responses (19 minutes)

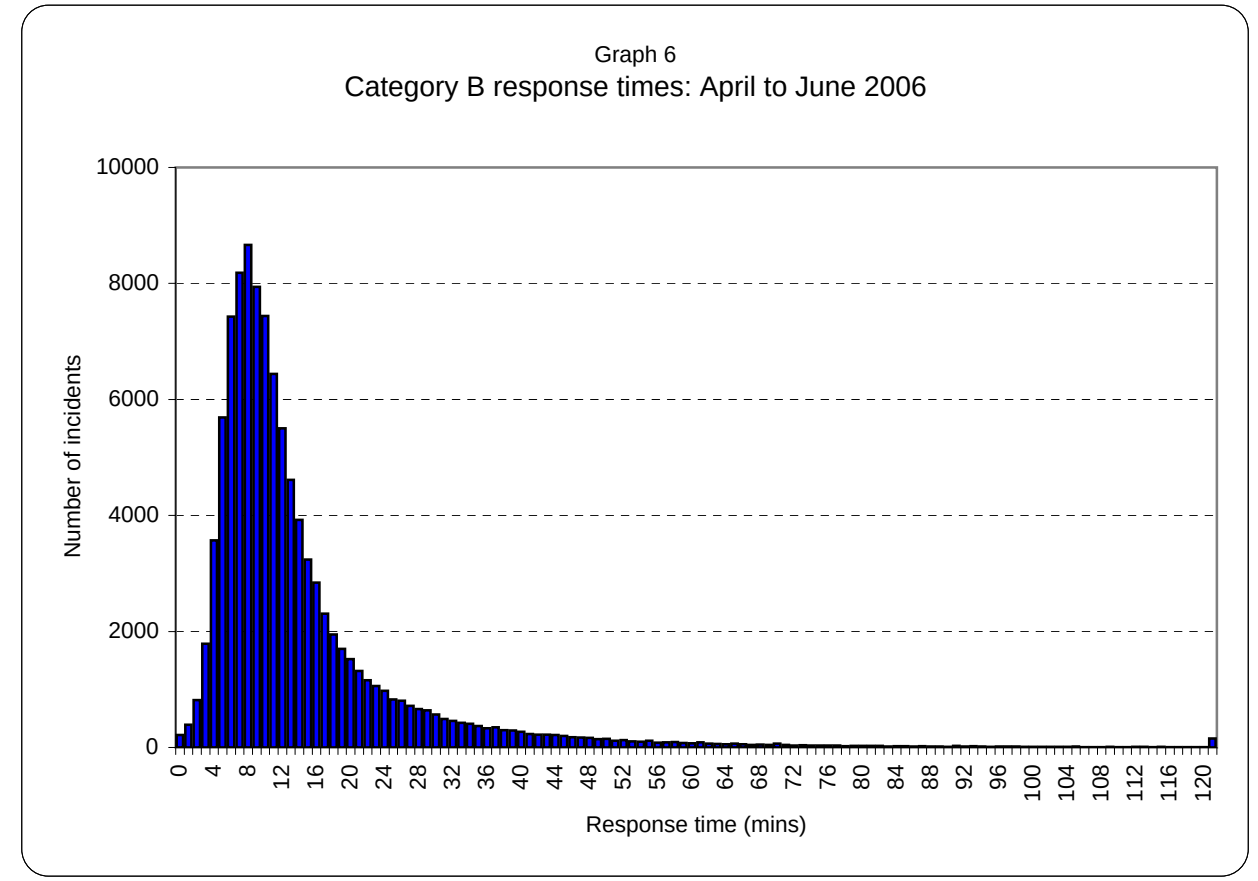


London Ambulance Service NHS Trust
Accident and Emergency Service
Category B 19 minute performance

Graph 5



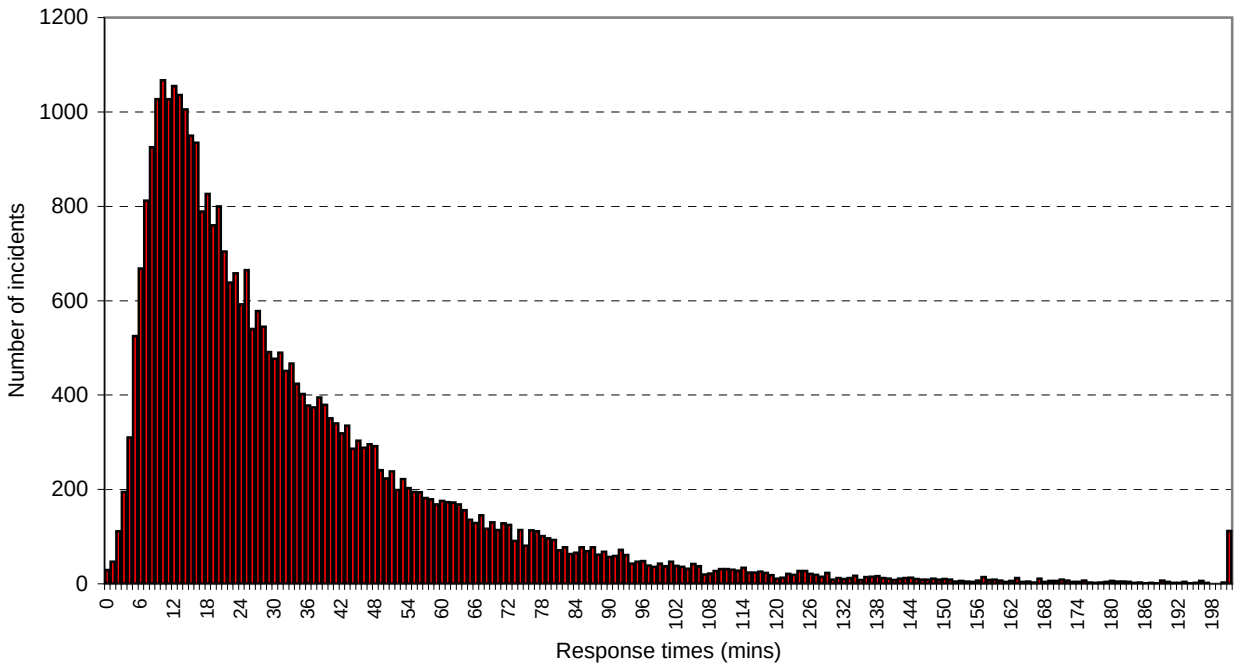
Graph 6



London Ambulance Service NHS Trust
Accident and Emergency Service
Category C response times and Category A and Red Responses

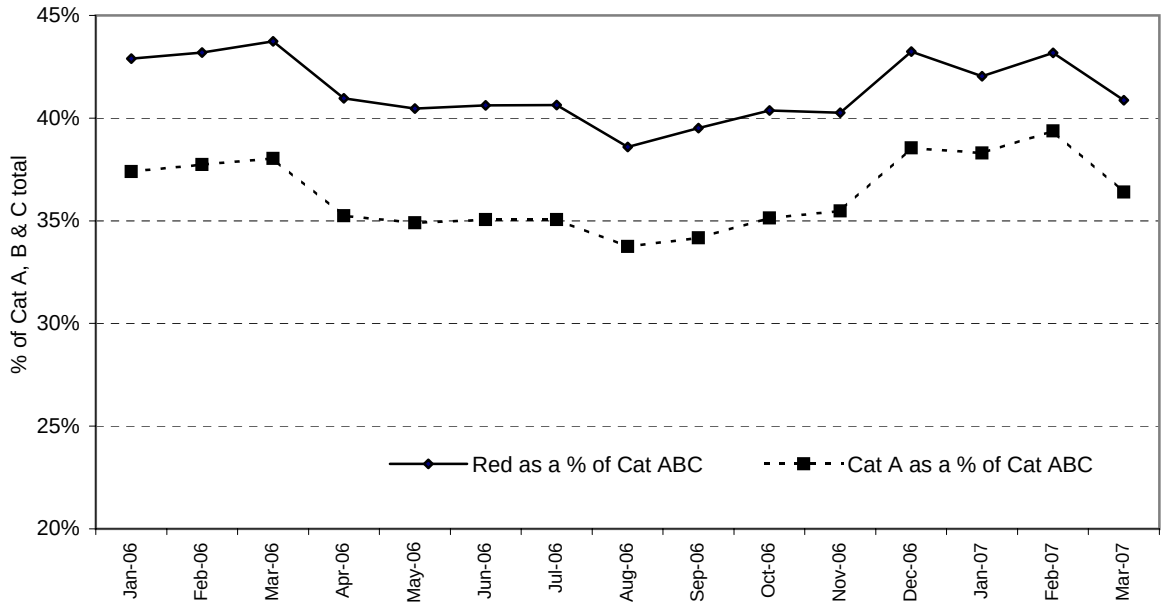
Graph 7

Category C response times: April to June 2006



Graph 8

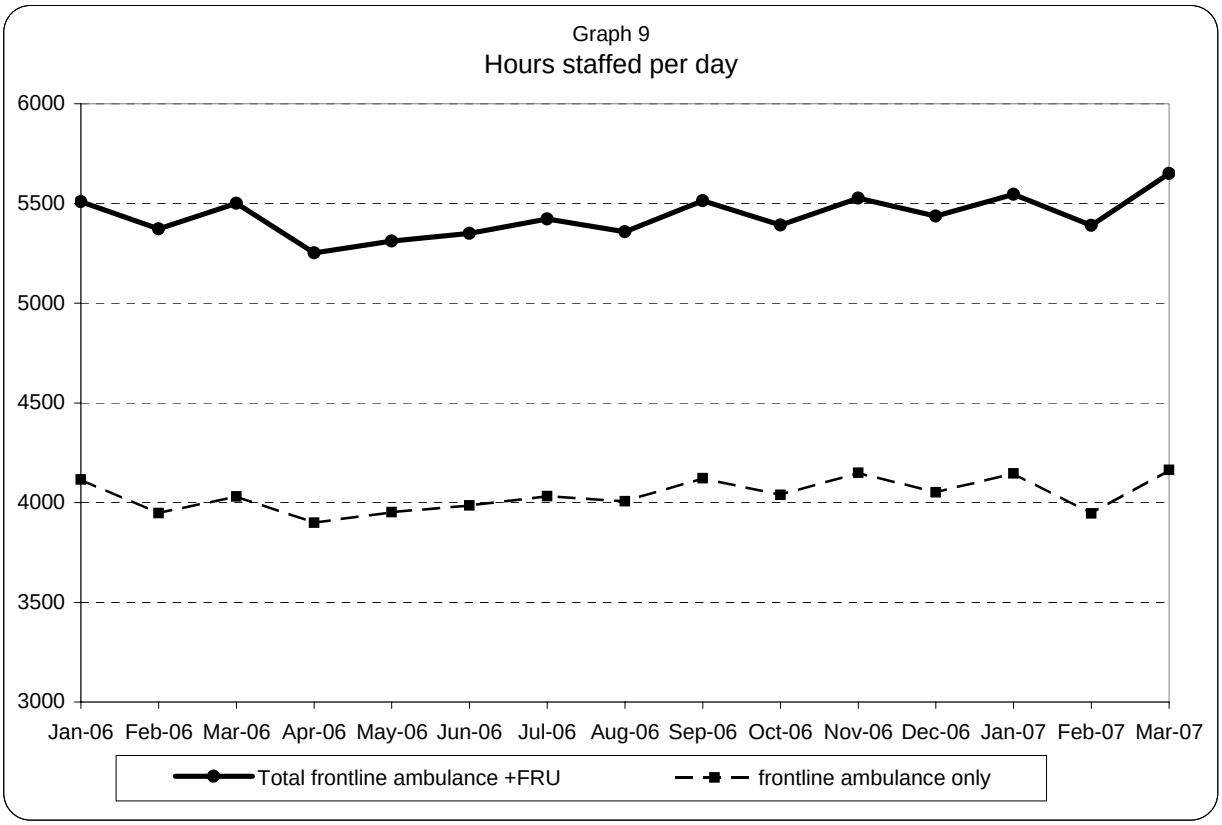
Category A and Red Responses as a percentage of the total Cat A, B & C demand



	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Jan-07	Feb-07	Mar-07
Red as a % of Cat ABC	43%	43%	44%	41%	40%	41%	41%	39%	40%	40%	40%	43%	42%	43%	41%
Cat A as a % of Cat ABC	37%	38%	38%	35%	35%	35%	35%	34%	34%	35%	35%	39%	38%	39%	36%

London Ambulance Service NHS Trust
Accident and Emergency Service
Ambulance and FRU staffing

Graph 9

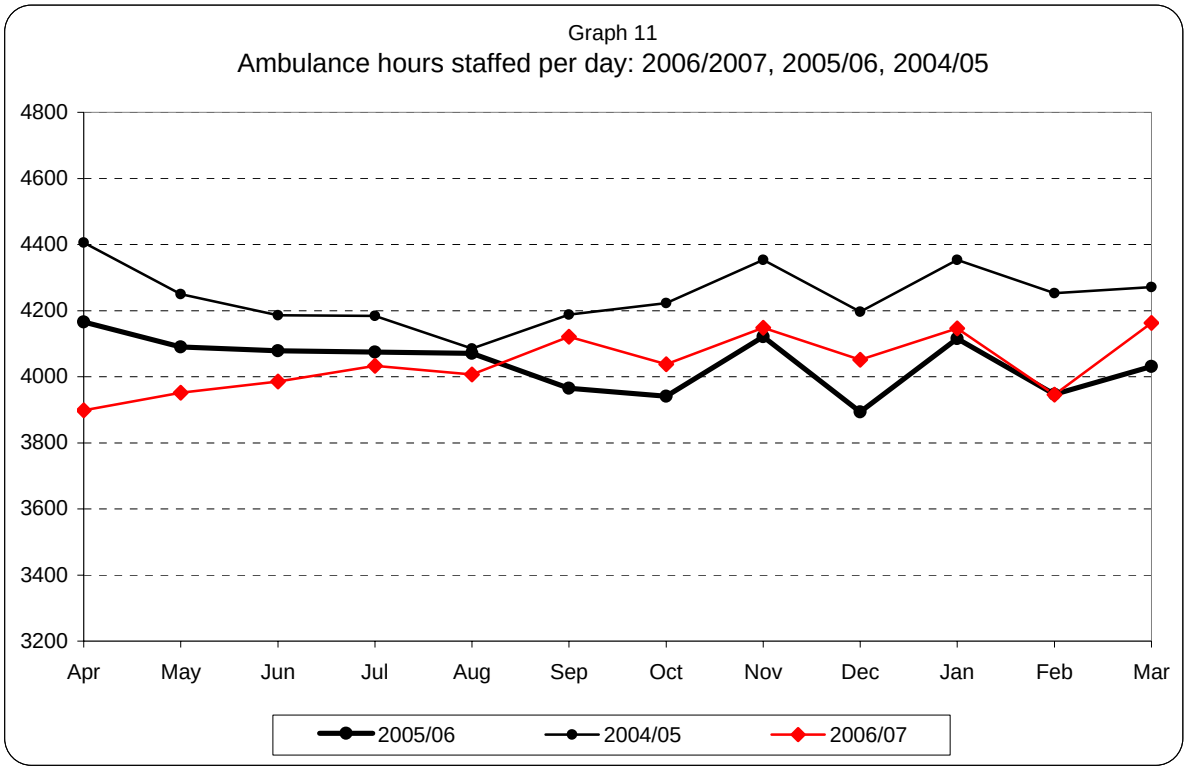


Graph 10

Note: staffed = (plan + additional - unmanned - single)/plan

London Ambulance Service NHS Trust
Accident and Emergency Service
Yearly comparison of ambulance staffing and Average Monthly Utilisation

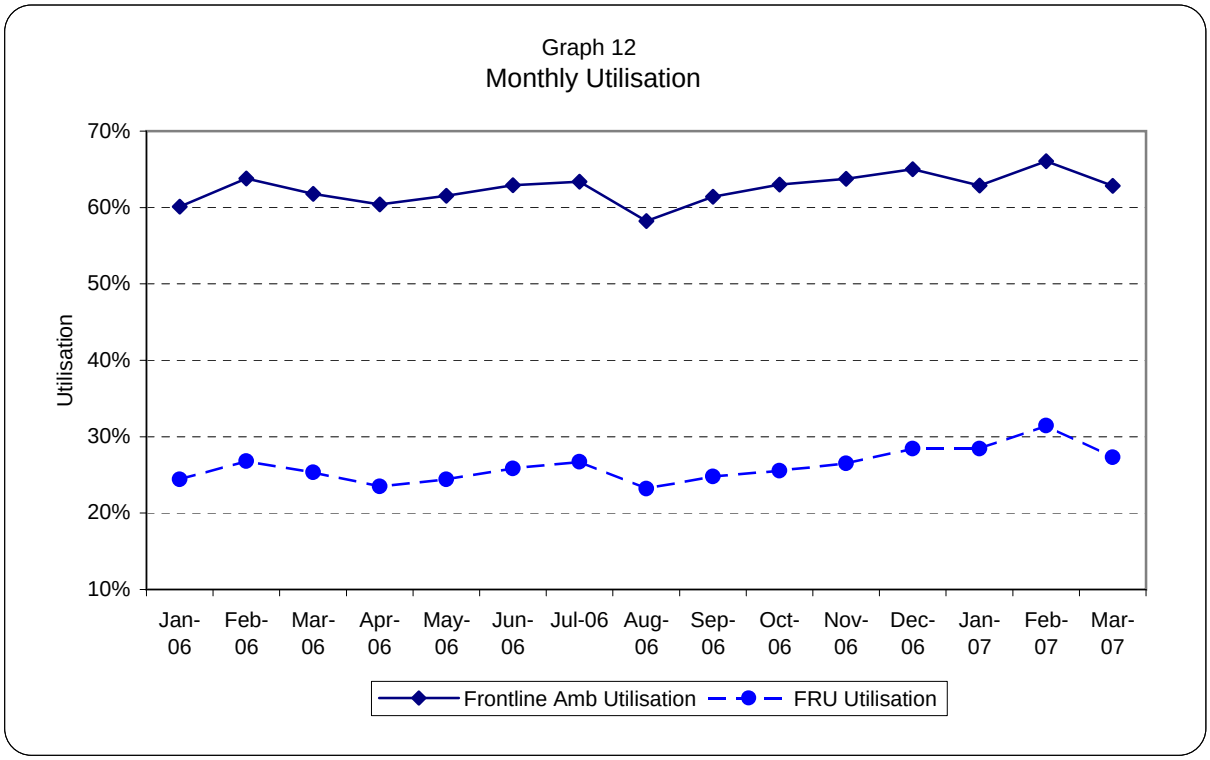
Graph 11



Note: staffed = plan + additional - unmanned - single

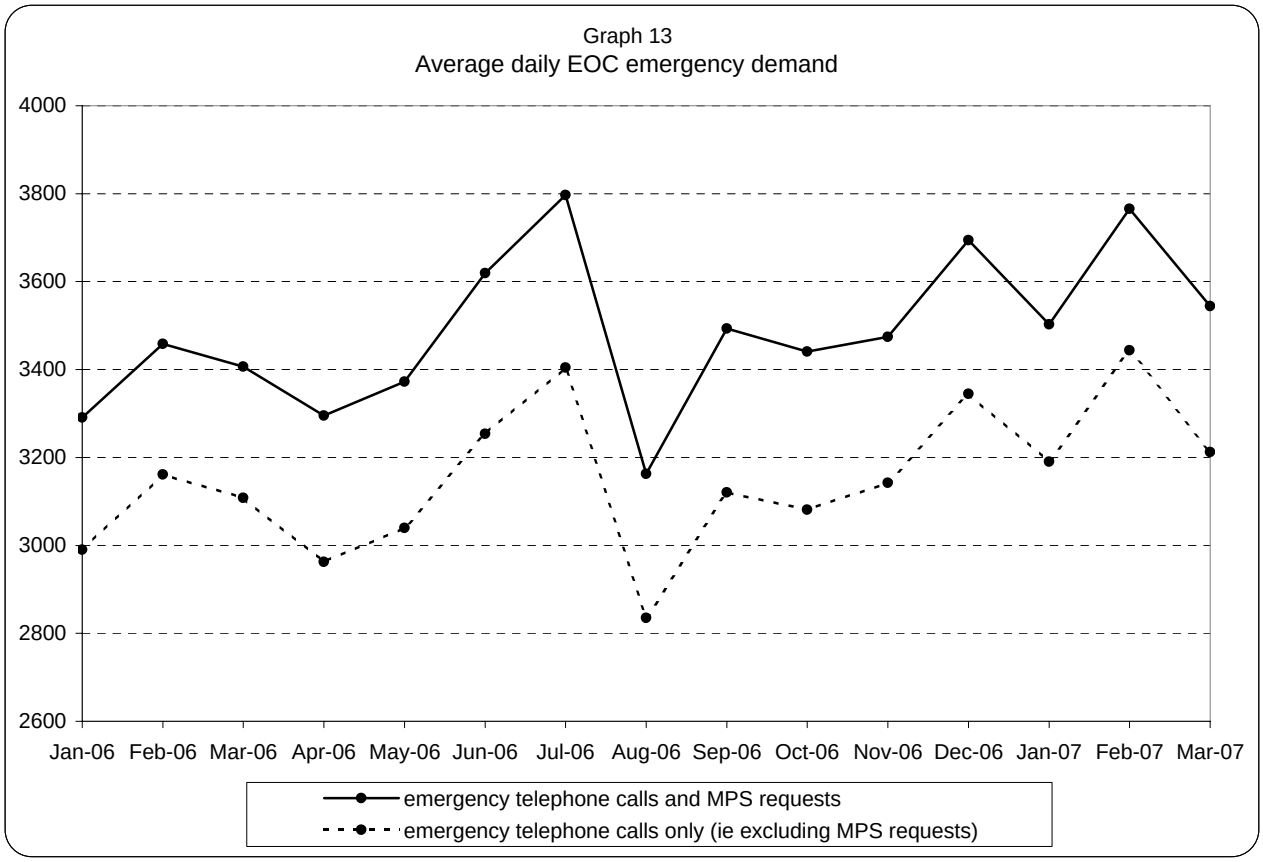
The 04/05 figures are taken from the old manning system. 05/06 figures onwards are from the new system

Graph 12

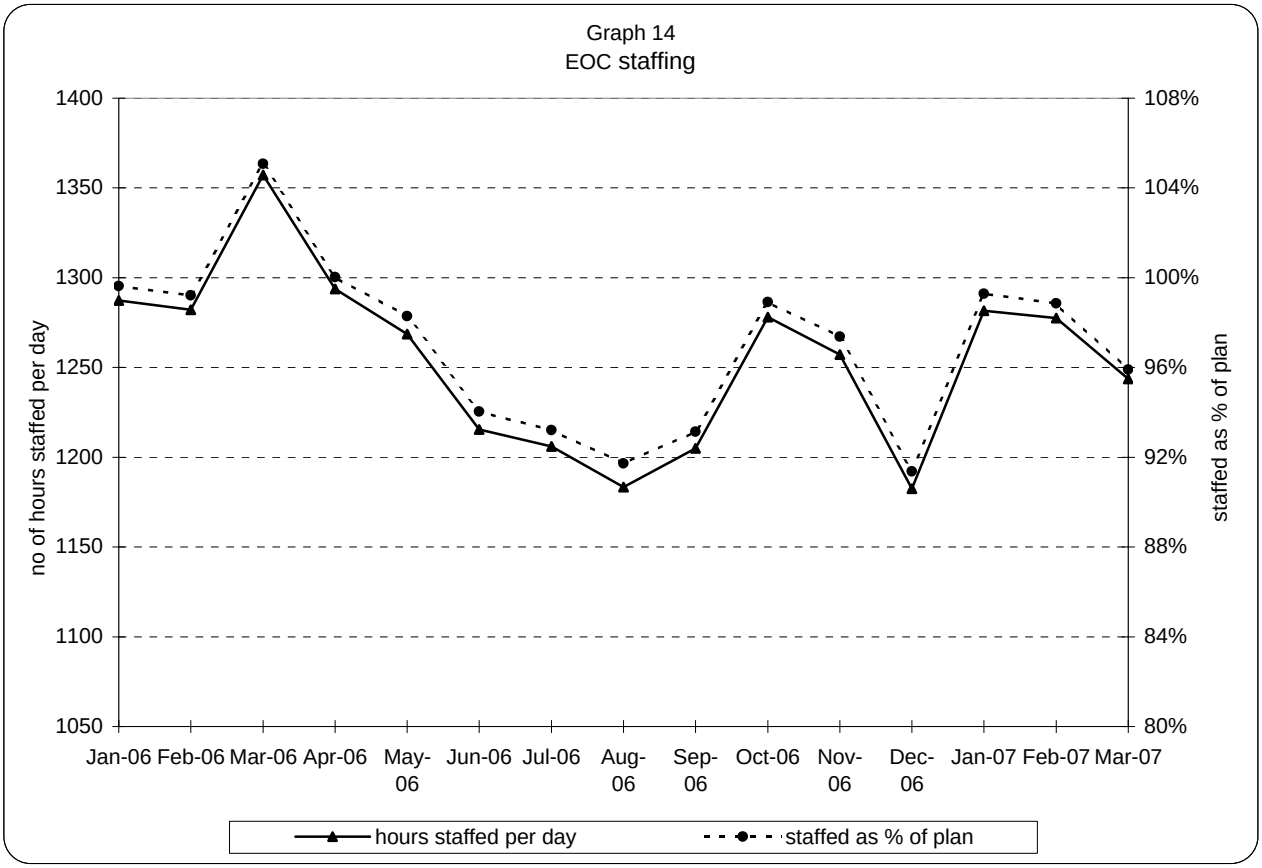


London Ambulance Service NHS Trust
Accident and Emergency Service
EOC activity and staffing

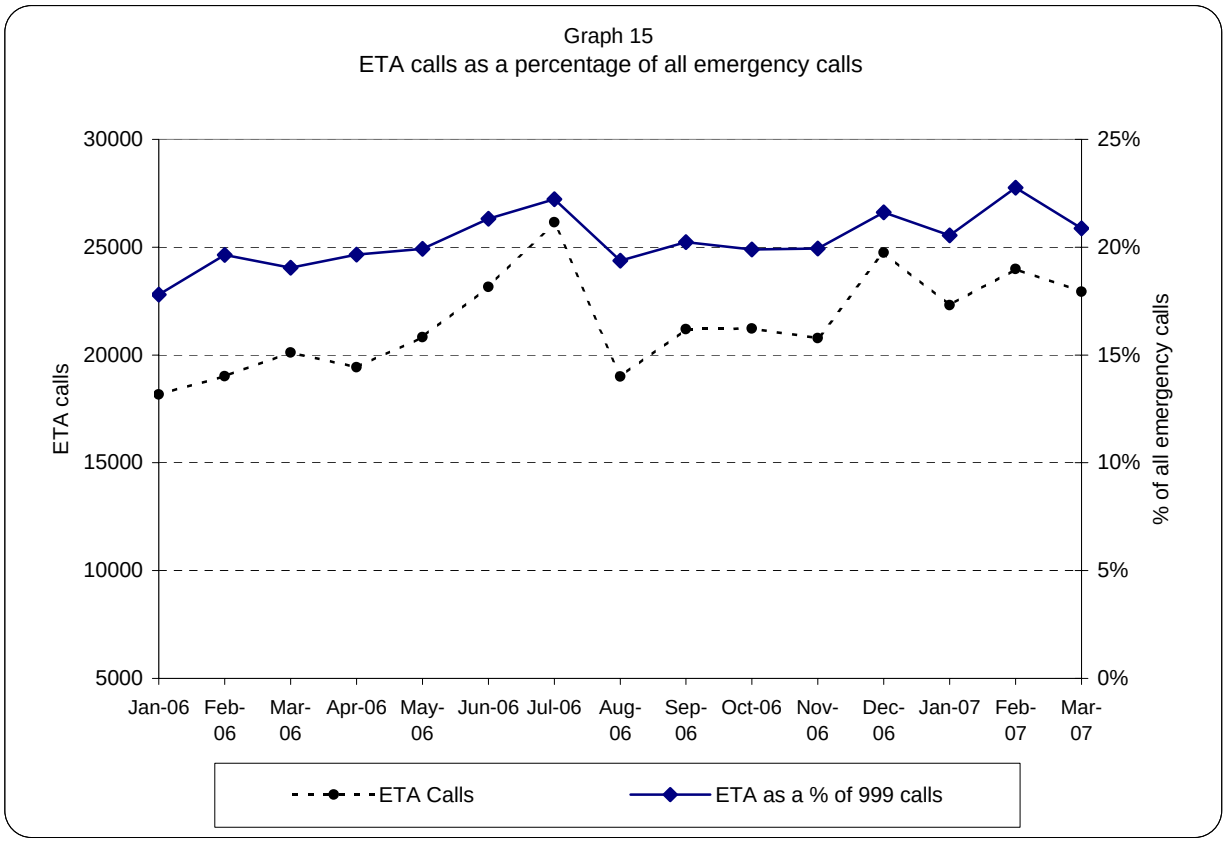
Graph 13
Average daily EOC emergency demand



Graph 14
EOC staffing



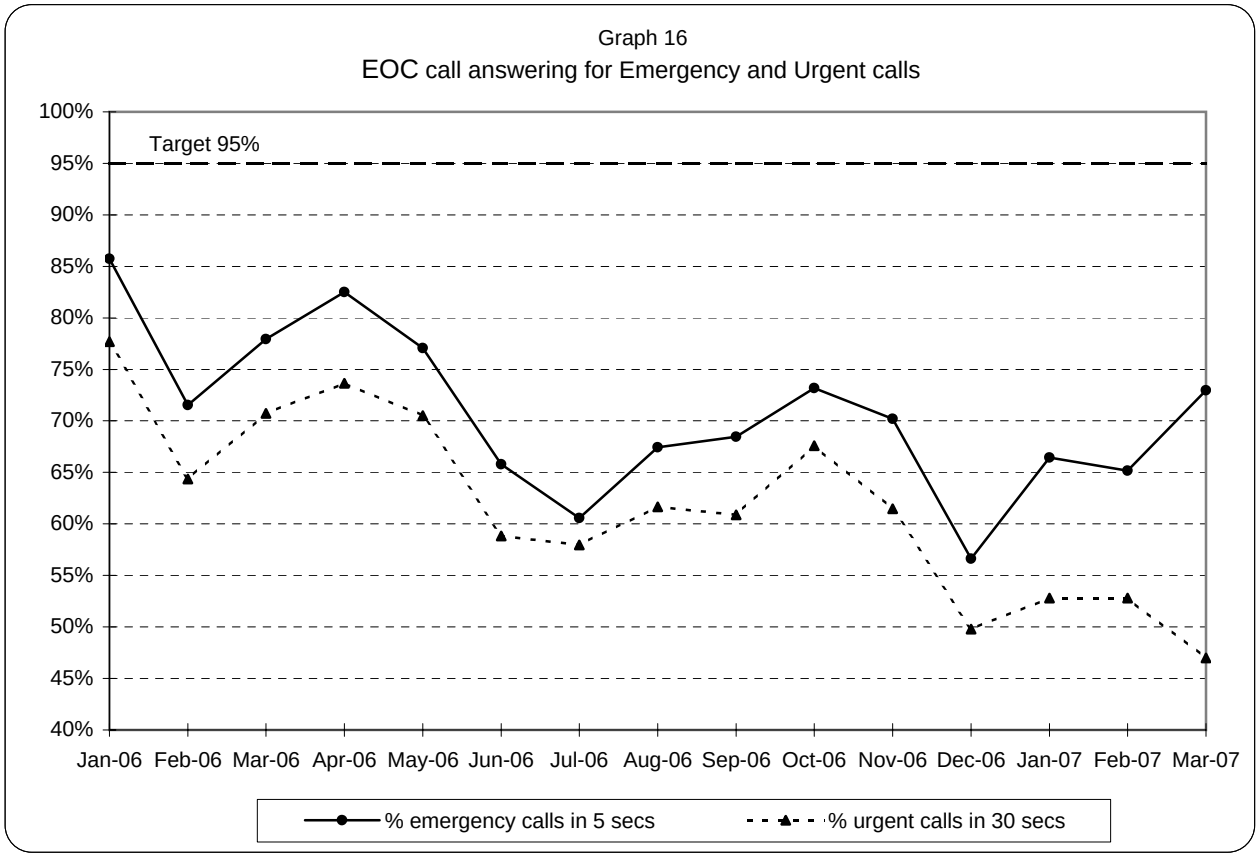
London Ambulance Service NHS Trust
Accident and Emergency Service
ETA calls as a percentage of all emergency calls



London Ambulance Service NHS Trust
Accident and Emergency Service
EOC call answering performance

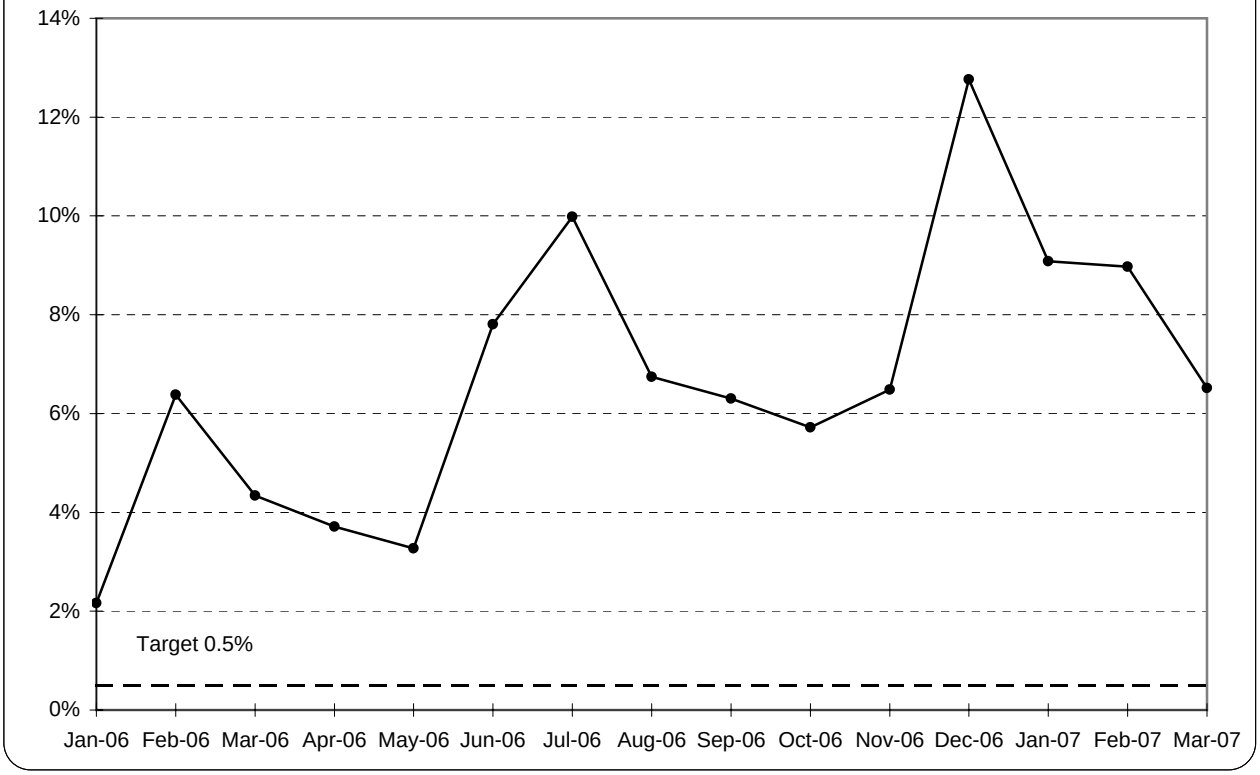
Graph 16

EOC call answering for Emergency and Urgent calls



Graph 17

Percentage of emergency calls answered after 120 seconds



Note: 95% target applies to both Emergency and Urgent call answering

London Ambulance Service NHS Trust
Accident and Emergency Service
Rest Break analysis and Urgent Care Service workload

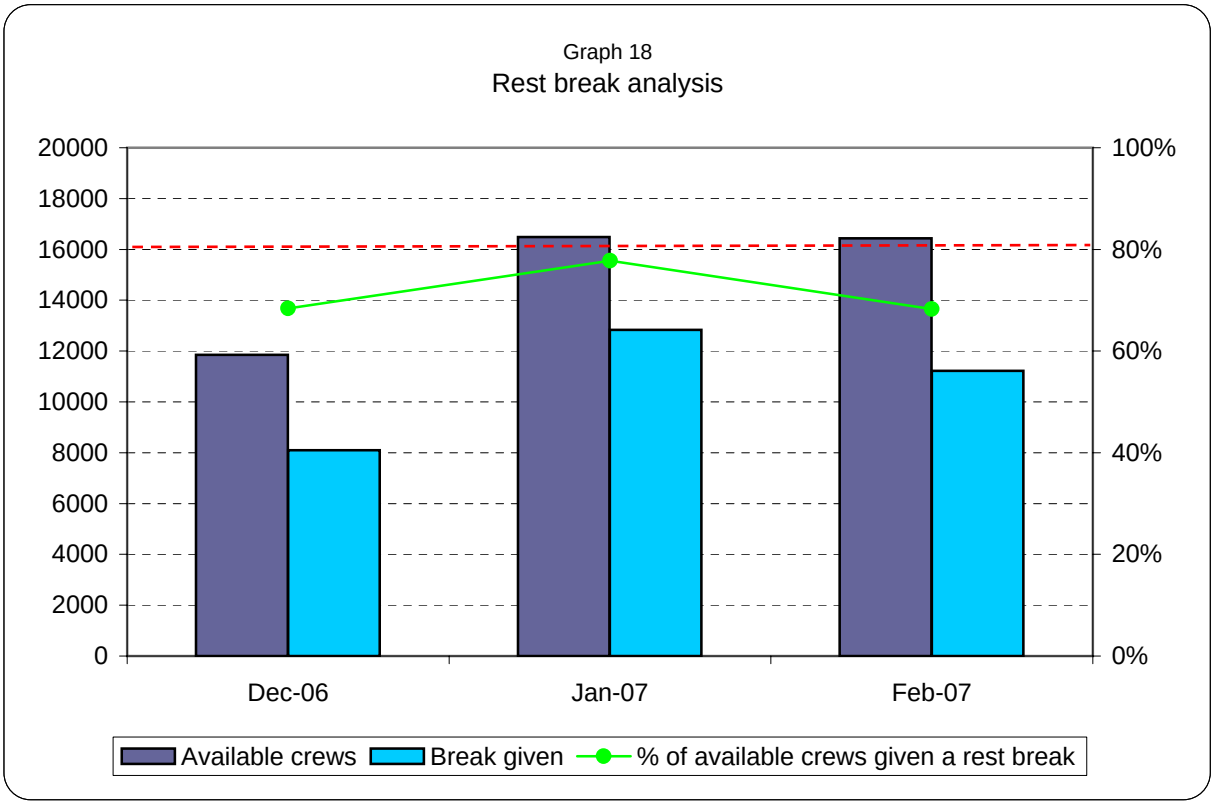


Table 1: Workload by UCS crews, for Green, Urgent, Non Urgent and CTA

Crew type	Dec-06	Jan-07	Feb-07
EMT 1	1179	1331	975
Whitework	1149	1237	1071
PTS	303	357	266
ECP	566	470	280
CTA	3941	4359	3642
UCS Total (green, urgent, non urgent & CTA)	7138	7754	6234
Non UCS Total (green, urgent, non urgent)	13955	13888	12570
TOTAL	21093	21642	18804
% of total by UCS	33.8%	35.8%	33.2%

* Workload here refers to all arrivals on scene and will therefore include multiple responses to an incident (except for CTA, which refers to all calls passed to CTA)

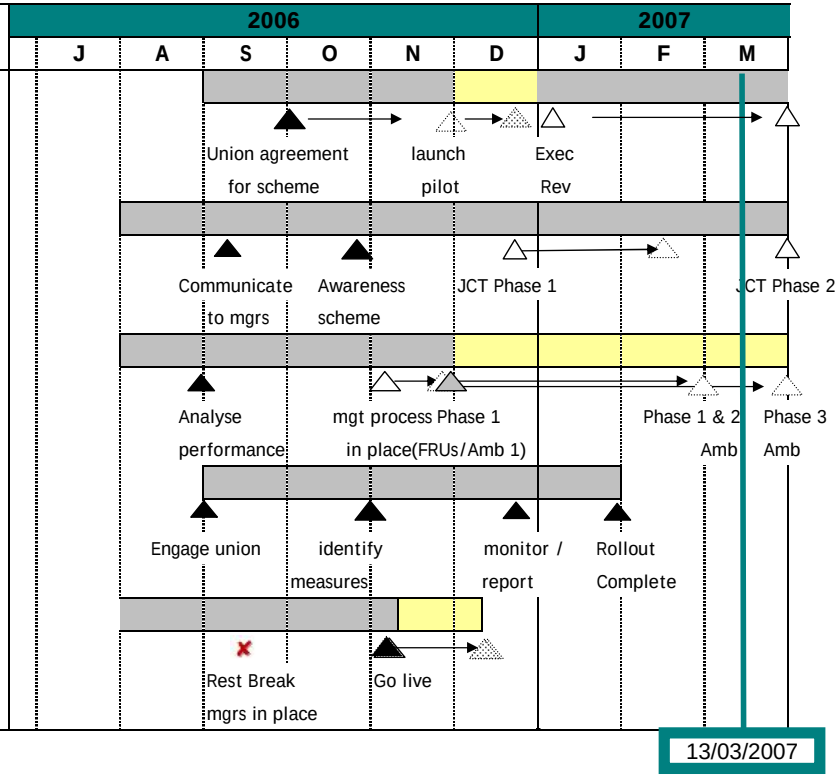
London Ambulance Service NHS Trust
Accident and Emergency Service
Category A activity and performance by Primary Care Trust

Table 2

		Dec-06			Jan-07			Feb-07			Year to date		
		Cat A resp	Cat A in 8	% cat A resp in 8 mins	Cat A resp	Cat A in 8	% cat A resp in 8 mins	Cat A resp	Cat A in 8	% cat A resp in 8 mins	Cat A resp	Cat A in 8	% cat A resp in 8 mins
5K5	Brent PCT	1,102	775	70%	1,064	794	75%	998	719	72%	10,509	7,671	73%
5HX	Ealing PCT	1,163	753	65%	1,130	725	64%	1,179	758	64%	11,542	8,123	70%
5H1	Hammersmith & Fulham PCT	719	537	75%	690	537	78%	573	453	79%	6,777	5,328	79%
5K6	Harrow PCT	685	519	76%	676	527	78%	628	478	76%	6,663	5,331	80%
5AT	Hillingdon PCT	1,062	764	72%	985	759	77%	998	716	72%	10,260	7,946	77%
5HY	Hounslow PCT	862	580	67%	835	578	69%	793	525	66%	8,319	6,090	73%
5LA	Kensington & Chelsea PCT	508	372	73%	455	325	71%	497	378	76%	5,048	3,827	76%
5LC	Westminster PCT	1,295	989	76%	1,163	913	79%	1,135	896	79%	12,677	9,998	79%
North West London Strategic HA		**7,396**	**5,289**	**72%**	**6,998**	**5,158**	**74%**	**6,801**	**4,923**	**72%**	**71,795**	**54,314**	**76%**
5A9	Barnet PCT	1,051	739	70%	1,197	822	69%	961	661	69%	10,583	7,487	71%
5K7	Camden PCT	921	766	83%	913	767	84%	869	731	84%	9,615	8,155	85%
5C1	Enfield PCT	1,070	785	73%	1,062	838	79%	992	732	74%	10,131	7,825	77%
5C9	Haringey PCT	1,006	703	70%	970	708	73%	884	625	71%	9,658	7,165	74%
5K8	Islington PCT	885	729	82%	808	629	78%	727	569	78%	8,635	6,994	81%
North Central London Strategic HA		**4,933**	**3,722**	**75%**	**4,950**	**3,764**	**76%**	**4,433**	**3,318**	**75%**	**48,622**	**37,626**	**77%**
5C2	Barking & Dagenham PCT	794	502	63%	748	514	69%	761	489	64%	7,565	5,382	71%
5C3	City & Hackney PCT	1,080	755	70%	1,039	757	73%	1,020	680	67%	10,762	7,858	73%
5A4	Havering PCT	817	507	62%	759	516	68%	683	467	68%	7,183	5,020	70%
5C5	Newham PCT	1,126	807	72%	1,139	820	72%	1,050	721	69%	11,187	8,099	72%
5NA	Redbridge PCT	852	570	67%	838	578	69%	766	484	63%	8,116	5,826	72%
5C4	Tower Hamlets PCT	990	634	64%	915	614	67%	934	596	64%	9,575	6,509	68%
5NC	Waltham Forest PCT	812	607	75%	847	603	71%	772	525	68%	8,552	6,320	74%
North East London Strategic HA		**6,471**	**4,382**	**68%**	**6,285**	**4,402**	**70%**	**5,986**	**3,962**	**66%**	**62,940**	**45,014**	**72%**
5AX	Bexley PCT	744	523	70%	715	505	71%	656	454	69%	6,746	5,102	76%
5A7	Bromley PCT	946	609	64%	896	629	70%	764	541	71%	8,981	6,424	72%
5A8	Greenwich PCT	897	612	68%	875	627	72%	838	623	74%	9,042	6,782	75%
5LD	Lambeth PCT	1,148	833	73%	1,018	733	72%	1,048	732	70%	11,626	8,682	75%
5LF	Lewisham PCT	981	717	73%	994	741	75%	918	707	77%	9,628	7,212	75%
5LE	Southwark PCT	1,235	935	76%	1,148	881	77%	1,096	839	77%	12,179	9,363	77%
South East London Strategic HA		**5,951**	**4,229**	**71%**	**5,646**	**4,116**	**73%**	**5,320**	**3,896**	**73%**	**58,202**	**43,565**	**75%**
5K9	Croydon PCT	1,225	800	65%	1,162	779	67%	1,112	766	69%	11,726	8,492	72%
5A5	Kingston PCT	517	368	71%	463	341	74%	402	278	69%	4,456	3,359	75%
5M6	Richmond & Twickenham PCT	557	374	67%	456	319	70%	443	292	66%	4,855	3,437	71%
5M7	Sutton & Merton PCT	1,042	724	69%	1,048	774	74%	1,041	762	73%	10,430	7,863	75%
5LG	Wandsworth PCT	871	643	74%	861	656	76%	798	570	71%	8,812	6,678	76%
South West London Strategic HA		**4,212**	**2,909**	**69%**	**3,990**	**2,869**	**72%**	**3,796**	**2,668**	**70%**	**40,279**	**29,829**	**74%**
	Lowest (excl out of London)			62%			64%			63%			68%
	Highest (excl out of London)			83%			84%			84%			85%
	Range			21%			20%			21%			17%

Response Project Portfolio - Schedule Summary

Release Name	Change (project) Manager	Scheduled Start	Scheduled Complete	Progress
Home responding	Philip de Bruyn) (Alex Lynch)	1/9/06	15/12/06	(-4 weeks)
Reduce job cycle time	Peter Horne (Grenville Gifford)	1/8/06	31/3/07	(-8 weeks)
Reduce performance fall at shift c/o	Philip de Bruyn) (Philip de Bruyn)	1/8/06	31/1/07	(12-16 weeks) for AMB phase
Individual performance monitoring	Russell Smith	1/8/06	31/1/07	Delivered
Rest breaks	Steve Sale (Roy Hopkinson)	1/8/06	4/11/06	Delivered



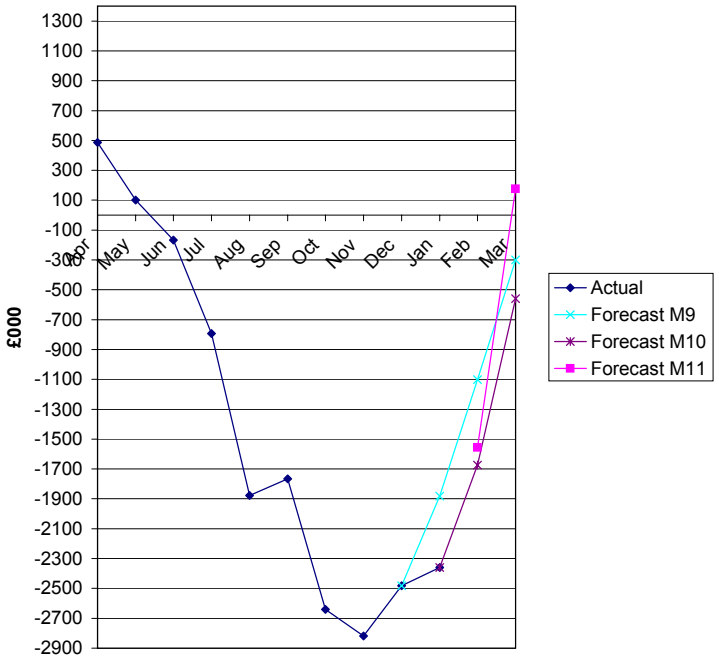
Legend

- Schedule
- Slippage
- Milestone not achieved yet
- Milestone achieved
- Milestone Slipped
- Milestone achieved late
- Milestone Cancelled

London Ambulance Service NHS Trust
Summary of Financial Performance for the month ending 28th February 2007 (Month 11)

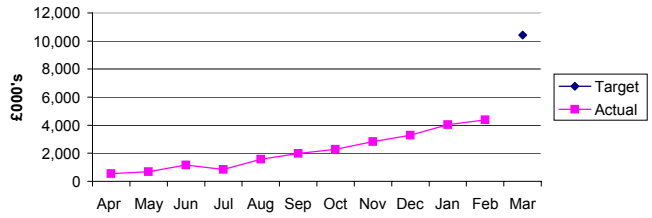
Income and Expenditure

Cumulative Net Financial Position

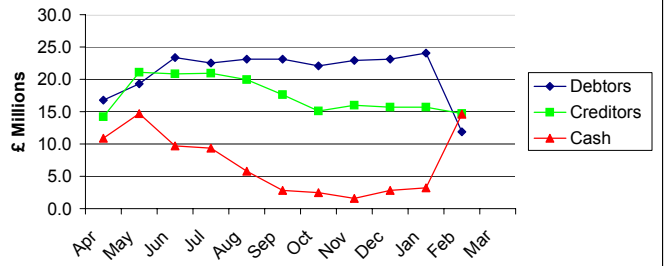


Balance Sheet

Distance from Capital Resource Limit



Working capital



Ratios	Sept	Oct	Nov	Dec	Jan	Risk rating
Asset turnover ratio	1.92	1.92	1.92	1.92	1.91	
Debtors % > 90 days	5%	11%	9%	2%	89%	
A&E Debtor days	17	16	15	16	16	
PTS Debtor days	18	27	26	29	35	
PSPP NHS	69%	70%	95%	75%	77%	
PSPP Non NHS	79%	86%	88%	84%	84%	

Key Financial Drivers

	Dec	Jan	Feb
A&E Overtime (£000) / Day (Month)	£34	£28	£18
A&E Overtime (% of paybill)	8.36%	6.65%	4%
note: + is underspent, - is overspent			
Subsistence (£000) / Day (Month)	£6	£5	£3
Subsistence per head £	£44	£34	£18
Third Party Transport expenditure / Day (Month)	£0	£458	£1,298
A&E Cost per incident	£172	£176	£183
A&E Gross Surplus (YTD) (% of Income)	18.8%	18.9%	19.30%
A&E Net Margin (YTD) (% of Income)	-1.5%	-1.3%	-0.80%
PTS Gross Margin (YTD) (% of Income)	-1.8%	1.5%	-0.40%

Financial Risks

Overall risk rating	MED

1	Failure to implement meal breaks on time	MED
2	Failure to manage A&E overtime within plan	HIGH
3	AFC arrears paid out are higher than the estimate	LOW
4	ECP Income will be less than forecast	MED
5	Fuel prices rise in excess of sum held in budget	LOW
6	Failure to manage and control 3rd party exp	MED
7	PTS profitability less than forecast	MED

LONDON AMBULANCE SERVICE NHS TRUST

Finance Report
For the Month Ending 28 February 2007 (Month 11)

£000s

	IN THE MONTH			*YEAR TO DATE*				*ANNUAL*		
	Actual	Budget	Variance	Actual	Budget	Variance	% Variance	Forecast	Budget	Variance
Total Income	17,919	17,948	(29)U	196,811	197,659	(848)U	(0.4%)U	215,699	215,662	37F
Total Expenditure	17,117	17,211	93F	198,368	198,114	(254)U	(0.1%)U	215,525	215,662	138F
Trust Result *Surplus/(Deficit)*	**802**	**737**	**64F**	**(1,557)**	**(455)**	**(1,102)U**	**(242.2%)U**	**175**	**0**	**175F**

LONDON AMBULANCE SERVICE NHS TRUST

Finance Report

For the Month Ending 28th February 2007 (Month 11)

1. **Month**

1.1. The position in February is a favourable variance of £64k.

1.2. Income reported an unfavourable variance of £29k. The main reasons are favourable variances due to bad debt recovery in PTS (£61k) and back to back income (£100k), reducing the impact of unfavourable variances on CBRN (£92k), ECP (£18k) and Workforce Development Confederation (WDC) (£29k) income.

1.3. Expenditure reported a favourable variance of £93k. This results from a favourable non-pay position due to a depreciation adjustment and savings on the LARP project.

2. **Year to date**

2.1 The year to date position is £1,102k overspent.

2.2 Trust income is £848k less than expected. This is as a result of there being lower levels of CBRN, WDC and ECP income than had been estimated in budgets.

2.3 Trust expenditure is £255k higher than budget. Pay is in line with budget but this is due to overspends within A&E compensated by an underspend on the AFC provision. Non pay is overspent by £264k due to expenditure on subsistence and third party transport, partially offset by underspends on medical consumables and equipment and rent, rates and utilities.

3. **Annual**

3.1 The Trust forecast has been revised to £175k favourable. This is mainly due to the recovery of £800k prior year brokerage from the SHA, offset by an increase in crew staff overtime to improve performance.

LONDON AMBULANCE SERVICE NHS TRUST

Income & Expenditure - Analysis by Function
For the Month Ending 28 February 2007 (Month 11)

£000s

	IN THE MONTH			*YEAR TO DATE*				*ANNUAL*		
	Actual	Budget	Variance	Actual	Budget	Variance	% Variance	Forecast	Budget	Variance
Income	16,977	17,099	(121)U	186,376	187,726	(1,349)U	(0.7%)U	204,344	204,882	(538)U
Sector Services	10,130	9,827	(303)U	118,231	115,869	(2,361)U	(2.0%)U	128,697	125,602	(3,095)U
A&E Operational Support	1,014	1,036	23F	10,592	10,422	(170)U	(1.6%)U	11,478	11,467	(11)U
Control Services	1,071	1,077	6F	12,314	12,230	(84)U	(0.7%)U	13,427	13,309	(118)U
Urgent Care Services	795	838	43F	9,307	9,616	309F	3.2%F	10,099	10,573	474F
Total Operations Cost	**13,009**	**12,778**	**(231)U**	**150,443**	**148,137**	**(2,306)U**	**(1.6%)U**	**163,702**	**160,951**	**(2,751)U**
A&E Gross Surplus/(Deficit)	**3,968**	**4,321**	**(352)U**	**35,933**	**39,588**	**(3,656)U**	**(9.2%)U**	**40,642**	**43,931**	**(3,288)U**
Gross Margin	23.4%	25.3%	(2.1%)U	19.3%	21.1%			19.9%	21.4%	6F
Medical Directorate	91	51	(39)U	450	562	112F	19.9%F	539	613	74F
Service Development	53	50	(3)U	531	557	26F	4.7%F	582	607	26F
Communications	106	129	23F	1,473	1,460	(13)U	(0.9%)U	1,572	1,590	18F
Human Resources	1,165	1,037	(128)U	11,946	11,827	(119)U	(1.0%)U	12,922	12,866	(56)U
IM&T	746	550	(196)U	7,329	7,282	(47)U	(0.6%)U	7,951	7,964	13F
Finance	1,011	1,729	718F	14,489	17,801	3,313F	18.6%F	15,691	19,473	3,782F
Chief Executive	94	95	1F	1,228	1,199	(29)U	(2.4%)U	1,326	1,294	(32)U
Total Corporate	**3,267**	**3,642**	**375F**	**37,446**	**40,688**	**3,243F**	**38.2%F**	**40,583**	**44,407**	**3,824F**
A&E Net Surplus/(Deficit)	**701**	**678**	**23F**	**(1,513)**	**(1,100)**	**(413)U**	**(37.5%)U**	**59**	**(477)**	**536F**
A&E Net Margin	4.1%	4.0%	0.1%F	(0.8%)	(0.6%)	30.6%		0.0%	(0.2%)	(1)U
Patient Transport Service	**100**	**59**	**41F**	**(45)**	**645**	**(690)U**	**(106.9%)U**	**115**	**477**	**(362)U**
PTS Gross Margin	10.7%	6.9%	4.9%F	(0.4%)	6.9%	(6.9%)U		1.0%	4.4%	(3.4%)U
Trust Result *Surplus/(Deficit)*	**802**	**737**	**64F**	**(1,557)**	**(455)**	**(1,102)U**	**(242.3%)U**	**174**	**0**	**174F**

LONDON AMBULANCE SERVICE NHS TRUST

Income & Expenditure - Analysis by Function

For the Month Ending 28th February (Month 11)

Notes

1. **Income**
   - The in the month and the year to date unfavourable variance is explained by CBRN, WDC and ECP shortfalls.

2. **A&E Sectors**
   - The unfavourable variance in the month is mainly due to additional overtime (£330k) allocated to recover performance and to higher levels of subsistence than had been budgeted following the introduction of rest breaks (60K).

3. **A&E Operational Support**
   - The year to date overspend is driven mainly by high vehicle maintenance costs as well as some overspend on drugs and oxygen cylinders.

4. **Control Services**
   - The unfavourable variance year to date relates mainly to the BETS elective service but this expenditure is more than outweighed by income generated from this project.

5. **Urgent Care**
   - The favourable variance in urgent care is due to cost controls on 3rd party transport as well as vacancies in EBS and clinical advice.

6. **Medical Directorate**
   - The unfavourable variance in the month relates to correction of arrears for a staff member in the medical directorate. The position in the directorate remains favourable year to date due to underspends on training and office and station expenses.

7. **HR**
   - The monthly overspend is due to an increase in the tuition fees (110k) that was not in the initial budget, this was reflected in the M10 forecasts. There is also additional expenditure on a course for training training officers (45k).

8. **IM&T**
   - The unfavourable variance this month relates to ambitious savings targets (85k) and old invoices from CTS that had not been previously accrued (60k). £25k of invoices are due to be credited back and have been forecast in month 12.

9. **Finance**
   - The underspend in the month stems mainly from the Centrally Held funds budget which reports a favourable position on the AFC provision. The year to date underspend is due to the underspent AFC provision and the Trust's efficiency savings.

10. **PTS**
    - Reductions in overtime and subsistence payments and the recovery of a bad debt have contributed to the favourable variance this month.

LONDON AMBULANCE SERVICE NHS TRUST

Analysis by Expense Type
For the Month Ending 28 February 2007 (Month 11)

£000s

	IN THE MONTH			*YEAR TO DATE*				*ANNUAL*		
	Actual	Budget	Variance	Actual	Budget	Variance	% Variance	Forecast	Budget	Variance
Pay Expenditure										
A&E Operational Staff	8,006	7,974	(33)U	86,775	86,514	(261)U	(0.3%)U	94,666	94,403	(263)U
A&E Overtime	504	317	(187)U	12,277	11,621	(656)U	(5.6%)U	13,151	11,888	(1,263)U
A&E Management	882	812	(70)U	9,330	8,949	(381)U	(4.3%)U	10,226	9,754	(473)U
EOC Staff	871	876	5F	9,352	9,473	121F	1.3%F	10,198	10,340	142F
PTS Operational Staff	585	566	(19)U	6,919	6,782	(137)U	(2.0%)U	7,495	7,352	(143)U
PTS Management	84	83	(1)U	940	949	9F	0.9%F	1,023	1,032	9F
Corporate Support	1,934	2,049	115F	22,535	23,863	1,328F	5.6%F	24,748	26,134	1,386F
	12,867	**12,677**	**(190)U**	**148,128**	**148,151**	**23F**	**0.0%F**	**161,508**	**160,903**	**605**
Non-Pay Expenditure										
Staff Related	293	222	(71)U	4,565	3,862	(704)U	(18.2%)U	4,662	4,124	(538)U
Training	126	127	1F	1,449	1,545	96F	6.2%F	1,471	1,676	205F
Medical Consumables & Equipn	388	472	84F	3,874	4,121	247F	6.0%F	4,142	4,509	368F
Fuel & Oil	298	294	(4)U	3,440	3,449	9F	0.3%F	3,753	3,771	18F
Third Party Transport	37	53	16F	1,257	646	(612)U	(94.7%)U	1,286	700	(585)U
Vehicle Costs	753	771	19F	9,307	8,721	(586)U	(6.7%)U	10,192	9,552	(640)U
Accommodation & Estates	705	553	(152)U	7,749	7,866	118F	1.5%F	8,276	8,523	247F
Telecommunications	477	437	(39)U	4,953	4,907	(45)U	(0.9%)U	5,360	5,351	(9)U
Depreciation	478	575	97F	5,619	5,813	194F	3.3%F	6,143	6,388	245F
Other Expenses	373	684	310F	4,554	5,243	689F	13.1%F	4,921	6,028	1,107F
Profit/(Loss) on Disposal FA	0	-2	-2	9	-22	(31)U	140.2%F	9	-24	(33)U
	3,928	**4,186**	**258F**	**46,774**	**46,150**	**(625)U**	**(1.4%)U**	**50,214**	**50,599**	**385F**
Financial Expenditure	**322**	**347**	**25F**	**3,466**	**3,813**	**347F**	**9.1%F**	**3,803**	**4,160**	**357F**
Total Trust Expenditure	**17,117**	**17,211**	**93F**	**198,368**	**198,114**	**(254)U**	**(0.1%)U**	**215,525**	**215,662**	**138F**

LONDON AMBULANCE SERVICE NHS TRUST

Income & Expenditure – Analysis by Expense Type
For the Month Ending 28th February 2007 (Month 11)

1. **A&E Operational staff**
   - A&E operational staff pay is unfavourable year to date due to a change in the skill mix from EMT 3 to EMT 4 compared to budget, a higher number of EMT 2 trainees than budgeted and an overspend on paramedics in BETS (compensated for by income).
2. **A&E Overtime**
   - The unfavourable variance is due to additional hours being allocated in order to recover performance. This is slightly offset by underspend on EOC overtime.
3. **A&E Management**
   - The unfavourable variance on A&E management is due to an over-establishment of Duty Station Officers (£232k variance year to date) as well as Agenda for Change settlements higher than budgeted for AOMs and EOC Sector Controllers.
4. **EOC Staff**
   - The favourable variance in the month and year to date relates to an underspend on EMDs within training.
5. **PTS Operational Staff**
   - Staff overtime payments and a £13K payment for portering charges have contributed to the unfavourable variance this month.
6. **Corporate Support Staff**
   - The in month and year to date variance reflects an underspend on the AFC provision.
7. **Staff Related**
   - The overspend relates to subsistence expenditure resulting from slippage in the implementation of rest breaks and a higher level of subsistence than expected following the implementation of rest breaks.
8. **Training**
   - Training expenditure is underspent year to date due in part to cost controls implemented in the last quarter of the year.
9. **Medical Consumables & Equipment**
   - The underspends in the month and year to date relate to medical equipment, resus equipment and medical and surgical items. These are partially offset by higher than budgeted expenditure on oxygen cylinder rental and defibrillator consumables.
10. **Third Party Transport**
    - The underspend in the month stems from PTS where there have been controls implemented to reduce taxi and private ambulance hire.
11. **Vehicle Costs**
    - The favourable variance in the month is due to an over accrual on own accident damage last month. The overspend year to date mostly relates to the under budgeting of the lease costs for the A&E ambulances.
12. **Accommodation & Estates**
    - The overspend is due to a £60k over accrual that will be corrected next month and overspends on reactive and pro-active maintenance.
13. **Telecommunications**
    - The overspend in the month is as a result of an old invoice from CTS that had not been accrued (£60k).
14. **Depreciation**
    - The underspend in the month and year to date results from an expected underspend on the Trust's depreciation budget.
15. **Other Expenses**

- This includes Office & Station Expenses, Consultancy Fees, Legal Expenses, Advertising, Catering & Hospitality and Reserves. The favourable variance is budget movements to the efficiency savings reserve.

LONDON AMBULANCE SERVICE NHS TRUST

Expenditure Trends
As at 28 February 2007 (Month 11)

£000s

	MONTHLY SPEND												
	April	May	June	July	August	September	October	November	December	January	February	March	Total
	Actual	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Actual*	*Forecast*	
Pay Expenditure													
A&E Operational Staff	7,826	7,861	7,917	7,834	7,899	7,883	7,802	7,987	7,907	7,852	8,006	7,891	94,666
A&E Overtime	1,320	1,449	1,229	1,245	1,426	1,160	1,064	887	1,117	874	504	874	13,151
A&E Management	880	863	789	856	905	825	777	857	856	841	882	896	10,226
EOC Staff	767	812	854	789	804	946	855	944	872	838	871	846	10,198
PTS Operational Staff	645	640	631	616	624	617	624	642	671	626	585	576	7,495
PTS Management	90	96	98	63	92	87	83	82	82	83	84	83	1,023
Corporate Support	2,066	2,153	2,126	2,096	2,382	2,086	2,271	2,240	1,158	2,022	1,934	2,213	24,748
Sub Total	**13,596**	**13,873**	**13,645**	**13,498**	**14,131**	**13,603**	**13,477**	**13,639**	**12,663**	**13,136**	**12,867**	**13,381**	**161,508**
Average Daily	*453*	*448*	*455*	*435*	*456*	*453*	*435*	*455*	*408*	*424*	*460*	*432*	*442*
Non-Pay Expenditure													
Staff Related	420	446	459	425	377	457	455	468	444	321	293	97	4,662
Training	9	110	114	122	170	105	151	269	140	132	126	22	1,471
Medical Consumables & Equipment	287	292	335	399	328	318	366	410	367	383	388	268	4,142
Fuel & Oil	279	386	287	348	306	289	277	329	317	323	298	313	3,753
Third Party Transport	197	37	181	130	199	182	209	98	27	14	37	28	1,286
Vehicle Costs	731	631	748	774	957	739	1,143	895	827	1,109	753	885	10,192
Accommodation & Estates	570	715	731	766	621	806	810	806	605	615	705	527	8,276
Telecommunications	417	463	410	429	598	468	397	365	374	555	477	408	5,360
Depreciation	553	554	554	508	508	508	475	475	478	530	478	524	6,143
Other Expenses	310	402	434	843	276	59	566	93	1,026	357	373	367	4,921
Profit/(Loss) on Disposal FA	0	4	9	0	0	0	0	0	2	6	0	0	9
Sub Total	**3,773**	**4,030**	**4,264**	**4,744**	**4,339**	**3,931**	**4,851**	**4,020**	**4,550**	**4,345**	**3,928**	**3,440**	**50,214**
Average Daily	*126*	*130*	*142*	*153*	*140*	*131*	*156*	*134*	*147*	*140*	*140*	*111*	*138*
Financial Expenditure	**322**	**301**	**283**	**333**	**279**	**317**	**330**	**346**	**319**	**315**	**322**	**337**	**3,803**
Average Daily	*11*	*10*	*9*	*11*	*9*	*11*	*11*	*12*	*10*	*10*	*11*	*11*	*10*
Monthly	**17,691**	**18,204**	**18,192**	**18,575**	**18,749**	**17,851**	**18,657**	**18,004**	**17,532**	**17,797**	**17,117**	**17,157**	**215,525**
Cumulative	**17,691**	**35,895**	**54,086**	**72,662**	**91,411**	**109,262**	**127,919**	**145,923**	**163,455**	**181,251**	**198,368**	**215,525**	

LONDON AMBULANCE SERVICE NHS TRUST

Income & Expenditure - Analysis of Income
For the Month Ending 28 February 2007 (Month 11)

£000s

	IN THE MONTH			*YEAR TO DATE*				*ANNUAL*		
	Actual	Budget	Variance	Actual	Budget	Variance	% Variance	Forecast	Budget	Variance
A&E Income										
A&E Services Contract	15,713	15,713	0F	172,840	172,839	0F	0.0%F	189,352	188,552	800F
HEMS Funding	2	2	(0)U	27	27	(0)U	(0.0%)U	29	29	0F
Other A&E Income	84	87	(3)U	985	983	1F	0.1%F	1,069	1,070	(1)U
CBRN Income	684	777	(92)U	7,518	8,596	(1,078)U	(12.5%)U	8,472	9,373	(901)U
ECP Income	99	117	(18)U	1,103	1,300	(197)U	(15.2%)U	1,203	1,464	(261)U
BETS & SCBU Income	61	61	1F	853	669	184F	27.5%F	928	730	198F
A & E Long Distance Journey	41	40	2F	455	436	19F	4.5%F	493	475	18F
Stadia Attendance	57	51	6F	635	549	86F	15.7%F	695	598	97F
Heathrow BAA Contract	35	34	1F	381	371	10F	2.7%F	416	405	11F
Resus Training Fees	0	70	(70)U	83	458	(375)U	(81.8%)U	93	540	(447)U
	16,776	**16,950**	**(174)U**	**184,880**	**186,228**	**(1,348)U**	**(0.7%)U**	**202,750**	**203,236**	**(486)U**
PTS Income	950	849	101F	10,488	9,933	555F	5.6%F	11,409	10,781	628F
Other Income	192	148	44F	1,443	1,497	(55)U	(3.6%)U	1,541	1,646	(105)U
Trust Result	**17,919**	**17,948**	**(29)U**	**196,811**	**197,659**	**(848)U**	**(0.4%)U**	**215,699**	**215,662**	**37F**

LONDON AMBULANCE SERVICE NHS TRUST

Income & Expenditure – Analysis of Income
For the Month Ending 28th February 2007 (Month 11)

Notes

1. CBRN Income

- CBRN income is £92k under budget in the month and £1,078k year to date due to a lower than expected level of CBRN income from the Department of Health.

2. ECP Income

- ECP income is £179k below budget year to date due to expected rollouts of schemes in Sutton and Greenwich not taking place as well as withdrawal by some PCTs from the ECP scheme.

3. BETS and SCBU Income

- This income is favourable both in the month and year to date due mainly to the elective BETS service, a new service that was launched in the year and therefore not budgeted for.

4. Stadia Attendance

- Stadia income is higher year to date than budgeted due to a higher level of stadia activity.

5. Resus Income

- Resus training income is below budget in the month and year to date due to an ambitious income target.

6. PTS Income

- PTS income is favourable in the month mainly due to the recovery of written-off debts.

7. Other Income

- The variance in the month relates mainly to back to back income. Other income includes a shortfall on WDC income due to a reduction of £350k in funding compared to the prior year. This shortfall is partly offset by income from secondments outside of the NHS.

Movement in Financial forecast position Month 10 to month 11

	FY0607 m10 Fcast	FY0607 m11 Fcast	Diff	Comment
Income	214,443	215,699	1,256	Brokerage 800k plus CBRN 180k plus PTS (Hammersmith, RNO, B&D) 88k plus national defib underforecast by 57k in mth 10
Pay Expenditure				
A&E Operational staff	94,369	94,666	(297)	Some overtime is included in this line, overtime increased in month 11 as agreed. Staff coded to Unproductive salaries & A&E trainee exp incr
A&E Overtime	12,594	13,151	(557)	Increased as agreed.
A&E Management	10,210	10,226	(16)	
EOC staff	10,211	10,198	13	
PTS Ops staff	7,552	7,495	57	
PTS Management	1,023	1,023	0	
Corporate Support	24,708	24,748	(40)	
Subtotal	160,667	161,508	(841)	
Non-Pay				
Staff related	4,704	4,662	42	
Training	1,456	1,471	(15)	
Medical Consumables & Equip	4,206	4,142	64	RRU equipment exp reduced as roll out delayed
Fuel & Oil	3,777	3,753	24	
Third Party Transport	1,286	1,286	0	
Vehicle costs	10,238	10,192	46	
Accomodation & Estates	8,256	8,276	(20)	
Telecommunications	5,393	5,360	33	
Depreciation	6,153	6,143	10	
Other Expenses	5,043	4,921	122	Reduction in legal staff injury benefit provision
Profit/(Loss) on disposal FA	9	9	0	
Subtotal	50,521	50,214	307	
Financial Expensiture	3,818	3,803	15	
Total Cost	215,006	215,525	(519)	
Result	(563)	174	(737)	

Month 11 forecast at month 10 and Month 11 Actual result comparison

	m11 m10 fcast	m11 Act	Diff	Comment
Income	17,925	17,919	(6)	
Pay Expenditure				
A&E Operational staff	7,800	8,006	(206)	overtime is not extracted
A&E Overtime	437	504	(67)	The 500k additional was not included in lasts month forecast
A&E Management	881	882	(1)	
EOC staff	853	871	(18)	
PTS Ops staff	612	585	27	
PTS Management	83	84	(1)	
Corporate Support	2,057	1,934	123	
Subtotal	12,723	12,867	(144)	
Non-Pay				
Staff related	288	293	(5)	
Training	64	126	(62)	Train the trainer costs in month 11
Medical Consumables & Equip	480	388	92	
Fuel & Oil	318	298	20	
Third Party Transport	43	37	6	
Vehicle costs	793	753	40	
Accomodation & Estates	609	705	(96)	Overacrrual in Estates in month 11
Telecommunications	467	477	(10)	
Depreciation	506	478	28	
Other Expenses	474	373	101	
Profit/(Loss) on disposal FA	0	0	0	
Subtotal	4,042	3,928	114	
Financial Expensiture	337	322	15	
Total Cost	17,102	17,117	(15)	
Result	823	802	(21)	

LONDON AMBULANCE SERVICE NHS TRUST

Income & Expenditure - Analysis of Staff Numbers

For the Month Ending 28 February 2007 (Month 11)

	Last Month Actual Paid WTE	This Month Actual Paid WTE	Variance
A&E Operations			
Sector	3,363.67	3,169.63	(194.04)
Emerg Control Services	353.21	360.35	7.14
A&E Operational Support	94.25	135.03	40.78
Urgent Care	269.62	240.03	(29.59)
	4,080.75	3,905.04	(175.71)
Corporate Support			
Medical Director	8.80	8.80	0.00
Service Development	10.00	9.82	(0.18)
Communications	22.09	21.04	(1.05)
Human Resources	241.26	238.04	(3.22)
IM&T	57.21	60.14	2.93
Finance	61.70	64.81	3.11
Chief Executive	16.41	16.41	0.00
Total Corporate	417.47	419.06	1.59
PTS	315.17	317.61	2.44
Trust Total	4,813.39	4,641.71	(171.68)

LONDON AMBULANCE SERVICE NHS TRUST

Income & Expenditure – Analysis of Staff Numbers
For the Month Ending 28st February (Month 11)

1. **A&E Sectors**
   - The paid WTE decrease in the month mainly reflects the reduction in overtime hours allocated to sectors.

2. **Emergency Control Services**
   - The increase of 7 WTEs is the result of filling some of the vacancies in the control room.

3. **A&E Operational Support**
   - The increase in the month is mainly the result of 2 weeks' weekly pay from January paid in arrears in February.

4. **Urgent Care**
   - The movement in UOC is mainly the result of a movement of 15 staff to training for the A&E Operational Support roles as well as a reduction of 3 ECPs returned to sector.

LONDON AMBULANCE SERVICE NHS Trust

Balance Sheet

For the Month Ending 28 February 2007 (Month 11)

	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Jan-07	Feb-07	
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	
Fixed Assets													
Intangible assets	447	431	417	399	381	363	382	414	394	416	435	408	
Tangible assets	106,271	112,451	112,054	111,984	111,673	111,896	111,781	111,556	111,627	111,617	111,809	111,691	
	106,718	112,882	112,471	112,383	112,054	112,259	112,163	111,970	112,021	112,033	112,244	112,099	
Current Assets													
Stocks & WIP	1,916	1,908	1,914	1,919	1,910	1,910	1,906	1,906	1,906	1,906	1,906	1,908	
Debtors A&E	8,114	1,996	5,662	10,252	9,646	10,285	9,733	8,484	9,110	8,723	9,148	-2,051	£774k > 60 days (-73.40%), Jan - £8,214k > 60 days (81.11%)
Debtors PTS	959	1,957	1,545	1,370	811	449	719	882	793	934	1,105	996	£280k > 60 days (26.58%), Jan - £180k > 60 days (1.78%)
Prepayments, Vat Recoverable, Other Debtors	4,384	3,343	2,561	2,212	2,204	2,512	2,880	2,895	3,257	3,772	4,039	3,076	
Back to Backed Debtors - PCTs	9,545	9,545	9,545	9,545	9,870	9,870	9,749	9,851	9,787	9,753	9,753	9,860	
Investments - Short Term Deposits	0	10,000	10,200	9,500	8,300	5,100	2,000	1,700	1,800	2,200	3,000	11,800	
Cash at Bank and in Hand	667	908	4,512	226	1,114	714	852	817	0	695	238	2,759	
Total Current Assets	25,585	29,657	35,939	35,024	33,855	30,840	27,839	26,535	26,653	27,983	29,189	28,348	
Creditors: Amounts falling due within one year													
Bank Overdraft	104	53	14	25	39	47	28	0	224	66	21	38	
Creditors - NHS	2,077	1,991	2,051	2,047	215	322	229	120	50	90	227	123	PSPP - This month (74%), Jan (77%), Ytd (76%)
Creditors - Other	7,019	11,840	18,347	17,713	19,332	17,853	17,365	14,683	15,241	14,573	14,083	13,699	PSPP - This month (74%), Jan (77%), Ytd (83%)
Dividend Provision	0	345	689	1,034	1,378	1,723	0	344	689	1,034	1,378	1,723	
Total Current Liabilities	9,200	14,229	21,101	20,819	20,964	19,945	17,622	15,147	16,204	15,763	15,709	15,583	
Net Current Assets	16,385	15,428	14,838	14,205	12,891	10,895	10,217	11,388	10,449	12,220	13,480	12,765	
Total Assets less current liabilities	123,103	128,310	127,309	126,588	124,945	123,154	122,380	123,358	122,470	124,253	125,724	124,864	
Creditors: Amounts falling due after more than one year													
Provisions for Liabilities & Charges	24,539	22,630	22,034	21,607	20,600	19,928	19,063	19,132	18,423	17,907	17,246	15,585	
Total Net Assets	98,564	105,680	105,275	104,981	104,345	103,226	103,317	104,226	104,047	106,346	108,478	109,279	
Capital & Reserves													
Donated Assets	508	502	483	455	446	427	407	389	389	351	331	331	
Income & Expenditure account	7,592	8,064	7,678	7,481	6,854	5,768	5,894	5,021	4,842	5,186	5,311	6,112	
Other Reserves	-419	-419	-419	-419	-419	-419	-419	-419	-419	-419	-419	-419	
Public Dividend Capital	49,617	49,617	49,617	49,617	49,617	49,617	49,617	51,417	51,417	53,417	55,445	55,445	
Revaluation Reserve	41,266	47,916	47,916	47,847	47,847	47,833	47,818	47,818	47,818	47,811	47,810	47,810	
Total Capital & Reserves	98,564	105,680	105,275	104,981	104,345	103,226	103,317	104,226	104,047	106,346	108,478	109,279	

LONDON AMBULANCE SERVICE NHS Trust

Cashflow Statement

For the Month Ending 28 February 2007 (Month 11)

	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Jan-07	Feb-07
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Opening Cash Balance	563	10,855	14,698	9,701	9,375	5,767	2,824	2,516	1,576	2,829	3,217
Operating Activities											
Trust I&E	495	-394	-276	-625	-1,085	118	-872	-177	337	121	801
Depreciation	553	554	554	508	508	508	475	475	478	530	478
Transfer from Donated Asset Reserves	-20	-20	-20	-16	-19	-19	-19	-19	-19	-19	-19
(Increase)/Decrease in Stocks	8	-4	-5	8	0	3	0	0	0	0	-2
(Increase)/Decrease in Debtors	6,161	-2,472	-4,066	849	4,769	36	968	-834	-234	-863	12,163
Increase/(Decrease) in Creditors	5,080	6,872	-306	131	-6,381	-236	-2,448	833	-285	-8	-143
Other	-1,909	-596	-427	-1,008	-672	-865	69	-709	-516	-661	-1,661
Net Cashflow from operating activities	10,368	3,940	-4,546	-153	-2,880	-455	-1,827	-431	-239	-900	11,617
Financial Activities											
Interest received	33	54	72	55	45	39	25	31	26	29	34
Interest paid	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0
Net Cashflow from financial activities	33	54	72	55	45	39	25	31	26	29	34
Capital Expenditure											
Tangible fixed assets acquired	-109	-151	-523	-228	-773	-460	-306	-540	-534	-769	-348
Tangible fixed assets disposed	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0
Net Cashflow from capital expenditure	-109	-151	-523	-228	-773	-460	-306	-540	-534	-769	-348
PDC Dividends paid	0	0	0	0	0	-2,067	0	0	0	0	0
Financing - PDC Capital	0	0	0	0	0	0	1,800	0	2,000	2,028	0
Closing cash balance	10,855	14,698	9,701	9,375	5,767	2,824	2,516	1,576	2,829	3,217	14,520

LONDON AMBULANCE SERVICE NHS TRUST

Budget Changes Analysed by Function
As at 28 February 2007 (Month 11)

£000s

	ANNUAL			*Comment*
	Initial Budget	Revised Budget	Movement +/(-)	
Income	204,971	204,882	-89	
Sector Services	128,618	125,602	-3,016	
A&E Operational Support	11,065	11,467	402	
Control Services	12,122	13,309	1,187	
Urgent Care Services	4,800	10,573	5,773	
Total Operations Cost	**156,605**	**160,951**	**4,346**	
A&E Gross Surplus/(Deficit)	**48,366**	**43,931**	**-4,435**	
Gross Margin	23.6%	21.4%	2.2%	
Medical Directorate	485	613	128	Budget savings less impact of AfC awards and SPPPs.
Service Development	575	607	32	Budget savings less impact of AfC awards and SPPPs.
Communications	1,497	1,590	92	Budget savings less impact of AfC awards and SPPPs.
Human Resources	13,556	12,866	-691	Budget savings (£589k) less impact of AfC awards.
IM&T	7,235	7,964	729	Budget savings (£137k) less impact of AfC awards and SPPPs.
Finance	23,764	19,473	-4,291	Budget savings and impact of AfC awards.
Chief Executive	1,520	1,294	-226	Budget savings less impact of AfC awards.
Total Corporate	**48,633**	**44,407**	**-4,226**	
A&E Net Surplus/(Deficit)	**267**	**477**	**-210**	
A&E Net Margin	(0.1%)	(0.2%)	0.1%	
Patient Transport Service	**267**	**477**	**210**	
PTS Gross Margin	2.4%	4.4%	(2.0%)	

Finance Risk Register Items - 2006/07 Risks

	Risk	Priority *(High, Medium or Low)*	Lead Person *(SMG Member)*	Action Plan	Timescale
1	Failure to implement rest breaks on time.	M	SMG	Work up realistic plans.	During 2006/07
2	Failure to manage A&E overtime within plan	H	SMG	Monitor closely and manage in year	During 2006/07
3	AFC arrears paid out are higher than the estimate	M	DOHR/DOF		
4	ECP income will be less than forecast due to pressure on PCT budgets	M	DOF	Monitor closely and manage in year	During 2006/07
5	Fuel prices in excess of the sums held in budgets, and Centrally Held Funds.	M	DOF		
6	Failing to manage and control third party expenditure.	H	DOO	Monitor closely and manage in year	During 2006/07
7	PTS profitability less than forecast	M	DOF	Close control on third party transport exp	During 2006/07

London Ambulance Service
NHS Trust

2007/08 Business Plan

Update and Next Steps

Assumptions

- No clock start assumed.
- Plan will deliver existing national targets.
  - CatA 8 for year as a whole.
  - CatA 14 for year as a whole.
  - CatB 19.
    - Commitment to achieving trajectory rather than whole year.
    - Bonus if achieve 95% in 4th quarter.
  - Current PCT equity target maintained
- No costs or funding for HART.
- No costs or funding for Olympics.

London Ambulance Service NHS
NHS Trust

2007/08 I&E Summary

	2006/07 Forecast	2007/08 Plan	Increase/(Decrease) £000	Increase/(Decrease) %
Average Daily Incidents	**2,554**	**2,644**	**134**	3.5%
Staffing				
Contracted WTE	**4,298**	**4,184**	**(114)**	(2.7%)
Income	**215,699**	**218,964**	**3,265**	**1.5%**
Expense				
Pay	161,507	174,245	12,738	7.9%
Non Pay	54,017	56,048	2,031	3.8%
Total	**215,524**	**230,293**	**14,769**	**6.9%**
Base Surplus/(Deficit)	**175**	**(11,329)**	**(11,504)**	**(6573.7%)**
CIP	0	11,329	11,329	0.0%
Net Surplus/Deficit	**175**	**0**	**(175)**	(99.8%)
Analysis				
Cost per day (£)	590.5	599.9	9.4	1.6%
Cost per incident (£)	219.0	217.1	(1.8)	(0.8%)
Total payroll cost per WTE (£)	37.6	41.6	4.1	10.8%
Non Pay as % of Total Expense	25.1%	24.3%	(0.7%)	(2.9%)
Incidents per WTE per day	0.59	0.63	0.04	6.3%

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Income Summary

	2006/07 Forecast	2007/08 Plan	Increase/(Decrease)	
	£000	£000	£000	%
A&E Income				
A&E Services Contract	188,552	195,151	6,599	3.5%
HEMS Funding	29	35	6	20.7%
Other A&E Income	1,069	1,056	(13)	(1.3%)
CBRN Income	8,472	8,607	135	1.6%
ECP Income	1,203	125	(1,078)	(89.6%)
BETS & SCBU Income	928	853	(75)	(8.1%)
A & E Long Distance Journey	493	468	(25)	(5.1%)
Stadia Attendance	695	663	(32)	(4.6%)
Heathrow BAA Contract	416	473	57	13.7%
Resus Training Fees	93	118	25	26.5%
Prior year Brokerage	800	500	(300)	(37.5%)
Total A&E Income	**202,750**	**208,049**	**5,299**	**2.6%**
Other Income	**1,540**	**1,482**	**(58)**	**(3.8%)**
Trust Total Income excl PTS	**204,290**	**209,531**	**5,241**	**2.6%**
PTS Income	**11,409**	**9,433**	**(1,976)**	(17.3%)
Total Income	**215,699**	**218,964**	**3,265**	**1.5%**

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A&E Contract

	%	£000		Comment
Base Income 2006/07			188,552	
Pay Increase				
National uplift	1.7%	3,205		Based on 2.5% pay inflation
AfC	0.7%	1,320		
Subtotal	2.4%	4,525		
Non Pay Increase	1.5%	2,828		Based on 2.7% GDP
Inflation	0.6%	1,131		
Clinical negligence	0.2%	377		
Revenue cost of capital	0.4%	754		
Investment in new capital	0.2%	377		
Connecting for Health	0.1%	189		
Subtotal	1.5%	2,828		
Total Inflation Increase	3.9%	7,354		
National CRES required	2.5%	(4,714)		
Net Generic Uplift	**1.4%**		2,640	
2007/08 Baseline			**191,192**	
Conditional Sum for Category B Trajectory	1.1%	2,074		Original PCT growth offer - Must achieve 90% averege
Incentive Payment for Increased Non-Conveyances	0.4%	836		Capped at £836,400
Conditional Sum for Category B Quarter 4 at 95%	0.6%	1,049		Only payable if 95% CatB achieved in last quarter
Additional PCT Funding	***2.1%***		3,959	
2007/08 SLA			**195,151**	Maximum funds available

Cost Improvement Programme

	Finance	Service Develop	Chief Exec	IM&T	Medical	Comms	HR	Ops	PTS	General	Total
Pay	200	11		280		18	229	6,894			**7,632**
Non Pay	351	13	30	350	48	24	995	1,137	92	658	**3,698**
Total	**551**	**24**	**30**	**630**	**48**	**42**	**1,224**	**8,031**	**92**	**658**	**11,329**

	£000
Overhead Value Analysis	2,072
Process Improvement	1,233
Productivity Improvements	6,465
Procurement Improvements	1,248
Cessation of Agency Staff	311
Total CIP	**11,329**

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Final 2007/08 I&E Plan

	2006/07 Forecast	2007/08 Plan	2008/09 Outline Plan	2009/10 Outline Plan
	£000	£000	£000	£000
Income	215,699	218,964	221,600	224,700
Expense				
Pay	161,508	166,613	170,200	174,500
Drug Costs	340	551	600	600
Other Costs (excl. depreciation)	43,731	40,789	40,800	39,600
PFI specific costs				
Unitary payment				
Other costs				
Total Costs	**205,579**	**207,953**	**211,600**	**214,700**
EBITDA	**10,121**	**11,011**	**10,000**	**10,000**
Profit / (loss) on asset disposals				
Exceptional Income/ (Costs)**				
Total Depreciation	6,143	6,968	6,100	6,100
Total interest receivable/ (payable)	(331)	(100)	(100)	(100)
Total interest payable on Loans and leases				
PDC Dividend	4,134	4,143	4,000	4,000
Taxation payable				
Net Surplus/(Deficit)	**175**	**0**	**0**	**0**

(Revised Plan submitted to SHA on 12 March 2007)

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2007/08 Capital Plan

	2007/08 Outline Plan	2008/09 Outline Plan	2009/10 Outline Plan
	£m	£m	£m
FRU	4.5	3.0	3.0
Lifepak 12 replacement	3.6		
CAD2010	0.8	2.0	2.0
Various estates projects	2.1		
Total	**11.0**	**5.0**	**5.0**

The capital plan is subject to review in the light of SPPPs and clock start.

Major Risks

		£000
Risks		
1.	Conditional Sum for Category B Trajectory	2,074
2.	Incentive Payment for Non-Conveyances	836
3.	Conditional Sum for Category B Quarter 4 at 95%	1,049
4.	CBRN topslice in 2007/08	700
5.	CIP not achieved	
	Timing	1,855
	Value	1,133
	Additional HR costs	100
		7,747
Opportunities		
1.	Conservative income forecasts	
	No NHS London funding re ECPs	
	Low commercial income forecast	
2.	Savings related to staged pay award	

Next Steps

- Start ‘Corporate Processes & Governance’ programme.
- Cost Improvement Programme.
  - Meet directors/department heads to agree CIP in detail, both individually & collectively.
  - Agree project management arrangements for each CIP, where not part of a programme.
  - Build CIP into budgets.
- Continue with cost controls on non-pay.
- Implement new controls on agency staff.

	2004/05 Actual	2005/06 Actual	2006/07 Forecast	2007/08 Plan	2008/09 Plan	2009/10 Plan	2010/11 Plan	2011/12 Plan	2012/13 Plan
Payroll Costs									
A&E Operational Staff									
Crew Staff									
Emergency Care Practitioners (ECP)	36	36	56	56	66	96	126	156	186
A&E Team Leaders (TL)	175	175	175	175	175	175	175	175	175
Paramedic (PM)	692	810	815	936	1,147	1,338	1,529	1,720	1,911
EMT Grade 4 (EMT4)	-	-	641	742	723	709	692	479	266
EMT Grade 3 (EMT3)	1,511	1,519	892	643	394	145	(100)	(125)	(150)
Emergency Care Assistants & EMT1s	74	86	99	126	192	258	320	382	444
Total Crew Staff	**2,488**	**2,626**	**2,678**	**2,678**	**2,697**	**2,721**	**2,742**	**2,787**	**2,832**
CTA	-	-	50	50	75	85	90	100	120
Total	**2,488**	**2,626**	**2,728**	**2,728**	**2,772**	**2,806**	**2,832**	**2,887**	**2,952**
Increase				-	44	34	26	55	65

London Ambulance Services NHS Trust

Assurance Framework

Prinicipal Objectives	Principal Risks					Domains and Standards	Key Controls	Assurances on Controls	Board Assurance		Compl-iance
	Risk ID	Description of Risk	Risk Category	Current Risk Rating	Risk Lead Person				Positive Assurance	Gaps in Control	
What the Organisation aims to deliver		*What could prevent this objective being achieved*	*Which area within our organisation this risk primarily relate to*			*Standards that the Government have set and expects all Trust's to aspire to in order to improve the quality of care and treatment provided to patients.*	*What controls/systems we have in place to assist in securing delivery of our objective*	*Where we can gain evidence that our controls/systems, on which we are placing reliance, are effective.*	*We have evidence that shows we are reasonably managing our risks and objective are being delivered.*	*Where are we failing to put controls /systems in place. Where are we failing in making them effective*	
1) To improve the delivery and outcomes of services for our patients and the public informed by their input through the Patient and Public Involvement initiative, in relation to national priorities, including National Service Frameworks, risk and governance, NHS Plan and capacity planning, particularly winter, emergency preparedness and technology. To achieve agreed modernisation in working practices by:- (a) Restbreaks (b) Individual Performance Monitoring (c) Home responding (d) Improved standby and area cover arrangements (e) Reduced job cycle times (f) Shift Change over (roster changes).	7	Failure to reduce reported incident risks through incident information not being shared with all relevant depts & committees.	HS	9	Director of Human Resources	1. Safety - C1 (a) Healthcare organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experiences and information derived from the analysis of incidents	Adverse incidents and near misses are reported, analysed and acted upon/incidents graded for severity using the Risk Grading Matrix. Policy and Protocol on incident investigation and Root Cause Analysis/ systematic identification, recording, assessment and analysis of risks - All red/high risk incidents are forwarded to the Complaints Unit, who deal with all Serious Untoward Incident and Complaints using Root Cause Analysis. All Health and Safety incidents are investigated reflecting the level of grading.• Incidents are reported externally to the NPSA. • Incident Reporting Procedures • Issuing of Bulletins & H&S Minutes • LA52s copied to Estates and Fleet as appropriate. • Training and Clinical Updates produced by Management Information and put on intranet • Sector H&S meetings on a quarterly basis. • Risk Reporting and Assessment Procedure • Notification of Local Police • Industrial injury absence statistics produced on a quarterly basis and considered by Strategic Committee Internal Audits of Complaints	• Current CPD cycle in EOC includes a session on risk management that emphasises the Continuous Quality Improvement cycle and the importance of the Incident Report Form in the Process. • Incident Reporting Procedure (references reporting to MHRA, NPSA reporting high priority risks to Complaints Department and Serious Untoward Incidents Policy). • Staff updated about the importance of investigations by ongoing H&S, Operations bulletins, RIB, The Pulse and LAS news as appropriate. • Quarterly Incidents Statistics are reviewed by the Corporate Health and Safety Group and Clinical Governance Committee which feeds into the Risk Compliance and Assurance Group. Local action is determined at complex meetings led by H&S representatives. • Incidents are graded according to severity of impact and likelihood of re occurrence. • Incident procedure training provided to Managers (including grading) • Incidents are reported externally to the NPSA. • Incident Reporting Procedures • Issuing of Bulletins & H&S Minutes • LA52s copied to Estates and Fleet as appropriate. •	Risk Information Report.Trend analysis to inform decision and evidence risks is presented at Corporate Health and Safety Group	Recommendation needs to be time limited and implementation to be audited.	√

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What the Organisation aims to deliver		*What could prevent this objective being achieved*	*Which area within our organisation this risk primarily relate to*			*Standards that the Government have set and expects all Trust's to aspire to in order to improve the quality of care and treatment provided to patients.*	*What controls/systems we have in place to assist in securing delivery of our objective*	*Where we can gain evidence that our controls/systems, on which we are placing reliance, are effective.*	*We have evidence that shows we are reasonably managing our risks and objective are being delivered.*	*Where are we failing to put controls /systems in place. Where are we failing in making them effective*	
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What the Organisation aims to deliver		*What could prevent this objective being achieved*	*Which area within our organisation this risk primarily relate to*			*Standards that the Government have set and expects all Trust's to aspire to in order to improve the quality of care and treatment provided to patients.*	*What controls/systems we have in place to assist in securing delivery of our objective*	*Where we can gain evidence that our controls/systems, on which we are placing reliance, are effective.*	*We have evidence that shows we are reasonably managing our risks and objective are being delivered.*	*Where are we failing to put controls /systems in place. Where are we failing in making them effective*	
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London Ambulance Services NHS Trust

Assurance Framework

Prinicipal Objectives	Principal Risks					Domains and Standards	Key Controls	Assurances on Controls	Board Assurance		Compl-iance
	Risk ID	Description of Risk	Risk Category	Current Risk Rating	Risk Lead Person				Positive Assurance	Gaps in Control	
What the Organisation aims to deliver		*What could prevent this objective being achieved*	*Which area within our organisation this risk primarily relate to*			*Standards that the Government have set and expects all Trust's to aspire to in order to improve the quality of care and treatment provided to patients.*	*What controls/systems we have in place to assist in securing delivery of our objective*	*Where we can gain evidence that our controls/systems, on which we are placing reliance, are effective.*	*We have evidence that shows we are reasonably managing our risks and objective are being delivered.*	*Where are we failing to put controls /systems in place. Where are we failing in making them effective*	
1) To improve the delivery and outcomes of services for our patients and the public informed by their input through the Patient and Public Involvement initiative, in relation to national priorities, including National Service Frameworks, risk and governance, NHS Plan and capacity planning, particularly winter, emergency preparedness and technology. To achieve agreed modernisation in working practices by:- (a) Restbreaks (b) Individual Performance Monitoring (c) Home responding (d) Improved standby and area cover arrangements (e) Reduced job cycle times (f) Shift Change over (roster changes).		No risk currently on the Trust Wide Risk Register				1. Safety - C4 (e) Healthcare organisations keep patients, staff and visitors safe by having systems in place to ensure that the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to health and safety to the staff, patients, the public and the safety of the environment	•Clinical Waste Audit •Infection Control Audit (Nov06) . •Infection Control Policy •Premises Inspections monitored at Corporate Health and Safety Group . •LA52 reports. Waste Policy.	•Infection Control Manual available to all staff on the Pulse. •Operational bulletin to remind staff of the infection control guidance and their responsiblilty surrounding infection control issues. Ongoing Infection Control training. Routine premises inspections.			√

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2) (a) To ensure that change is sustainable through investment in organisational development providing a high quality working and supportive environment for staff with good logistical support, with particular attention to national performance targets, e.g. financial balance, Improved Working Lives, NHS Litigation Authority, complaints reduction/resolution with lessons learnt (b) To meet Accident and Emergency targets and prepare for new ones, as follows:- (1) 75% category A 8 minute (for the year as a whole), (2) 95% Categor A 19 minute (for the year as a whole), (3) 95% Category B 19 minute by March 2007, (4) Doctors Urgent (15 minute) by March 2007.		No risk currently on the Trust Wide Risk Register				2. Clinical and Cost effectiveness -(C5 (a) - Health care organisations ensure that they conform to National Institute for Health and Clinical Excellence (NICE) technology appraisals and where it is available take in to account nationally agreed guidance when planning and delivering treatment and care	Clinical Governance Committee. Medical Director's report to the Board	•There are few technology appraisals that relate to Ambulance Services. See entry under C4 •Manager appointed to review NICE guidelines and report to Clinical Governance Committee.			√
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What the Organisation aims to deliver		*What could prevent this objective being achieved*	*Which area within our organisation this risk primarily relate to*			*Standards that the Government have set and expects all Trust's to aspire to in order to improve the quality of care and treatment provided to patients.*	*What controls/systems we have in place to assist in securing delivery of our objective*	*Where we can gain evidence that our controls/systems, on which we are placing reliance, are effective.*	*We have evidence that shows we are reasonably managing our risks and objective are being delivered.*	*Where are we failing to put controls /systems in place. Where are we failing in making them effective*	
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4) Public Education Strategy and PPI Strategy have local implementation plans that are followed through by Senior Manager's in all areas.		No risk currently on the Trust Wide Risk Register				4. Patient Focus -C13 (a) - Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect	New complaints Policy and Guidance. Vision and Values. HR Policies and Procedures. Operational Policies and procedures. Training for operational staff specifically diversity CPD training. Being Open Policy.	RIB article on not photographing patients receiving care. Race Equality Scheme Implementation plan currently monitored by the Strategic Race Equality Scheme Steering Group.	Monitoring of complaints handling including matters aggravated by bias factors.		√
4) Public Education Strategy and PPI Strategy have local implementation plans that are followed through by Senior Manager's in all areas.		No risk currently on the Trust Wide Risk Register				4. Patient Focus - C13 (b) - Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information		Consent Policy has been issued Trust-wide. Consent Forms printed. Freedom of Information Act requirements in place and served by trust PALS team. Data Protection Policy (TP012). Procedure for Patient identifiable form used, generated or stored by LAS (TP017). Policy for Access to Medical Records, disclosure of Patient Information, Protection and use of patient Information (TP009)	Consent Policy Board approved November 05		√

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4) Public Education Strategy and PPI Strategy have local implementation plans that are followed through by Senior Manager's in all areas.		No risk currently on the Trust Wide Risk Register				4. Patient Focus - C13(c) - Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary		AS ABOVE. Data Protection Policy in place. Access to patient data strictly controlled. Written requests required on official LAS form to facilitate release of such information to specific authorities. Locally, database views are employed to restrict access to specific fields of patient data on a per individual / role basis. Policy for Access to Health Records - TP009 Feed into staff induction: patient confidentiality / legislative requirements through presentation and handouts. Further ongoing training to be incorporated into current staff training to equip staff handling such data with (at least) yearly best practice advice / guidance through training.	Information Governance Panel and Management of IG Toolkit to set future IG initiatives and strategy.		√
4) Public Education Strategy and PPI Strategy have local implementation plans that are followed through by Senior Manager's in all areas.		No risk currently on the Trust Wide Risk Register				4. Patient Focus -C14 (a) - Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about and clear access to procedures to register complaints and feedback on the quality of services	PALS team in place with separate arrangements for Freedom of Information Act. Complaints Policy and procedure currently out for consultation. New Complaint PALS leaflet. Being Open Policy. Complaints Panel.	Advice on trust website about how to make a complaint. Routine complaints reporting to the Board.			√
4) Public Education Strategy and PPI Strategy have local implementation plans that are followed through by Senior Manager's in all areas.		No risk currently on the Trust Wide Risk Register				4. Patient Focus -C14 (b) - Health care organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made	Race Equality Scheme and related policy documents embedded Trust wide Complaints Policy and Procedure	Complaints Policy, Diversity team reports. 1990 Trust Report to Board. Patient Surveys.			√

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4) Public Education Strategy and PPI Strategy have local implementation plans that are followed through by Senior Manager's in all areas.	71	Risk of not learning and changing practice, as a result of complaints.	CLINICAL	20	Medical Director	4. Patient Focus - C14 (c) - Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and, where appropriate make changes to ensure improvements in service delivery	Serious complaints are investigated by Complaints Officers using Root Analysis techniques Roundtables are then used to draw out lessons learnt and determine actions to prevent reoccurrence. Significant review of complaints handling arrangements in each of the three areas. Complaints are used in the Corporate Induction, DSO and EMT course for discussion regarding how the situation could have been dealt with better and to learn from each complaint received by the LAS Complaints Review Panel Complaints Procedure with revised flow chart Local outcome reports	Complaints Internal Audit (Feb-07) NHSLA Risk Management Standard (Jan-06) - Added Statement and Summary Writing Guidance to the Complaints procedure as an appendix, actioned through the Complaints Review Panel. Complaints trend analysis. Illustrative cases in LAS Patient Care News to share lessons and experience.	Significant review of complaints handling been undertaken by service. Complaints now dealt with at local level. Complaints Handling Manual for Managers circulated Trust Wide.		√
4) Public Education Strategy and PPI Strategy have local implementation plans that are followed through by Senior Manager's in all areas.	71	Risk of not learning and changing practice, as a result of complaints.	CLINICAL	20	Medical Director	4. Patient Focus - C14 (c) - Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and, where appropriate make changes to ensure improvements in service delivery	As part of CPD complaints will be included in the training for all operational staff. Montoring and reporting of compliance with 25 day and 48 hour targets by Complaints Panel. As part of CPD complaints will be included in the training for all Operational staff. Monitoring and reporting of compliance with 25 day and 48 hour targets by Complaints Panel.				

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4) Public Education Strategy and PPI Strategy have local implementation plans that are followed through by Senior Manager's in all areas.		No risk currently on the Trust Wide Risk Register			**Director of Communications**	4. Patient Focus - C16 - Health care organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after-care	PALS team Patients' Forum monitors the effectiveness of local PALS PPI Strategy A formal protocol has been drawn up between PALS and Complaints Department. Public Education Strategy under development. Over 40 referral pathways agreed with Minor Injury Units, Walking Centres and District Nursing Services. Policy for Consent to examination or treatment implemented (July'2006). Local Health Promotion events undertaken by local management teams supported by events and schools team, Diversity team and PPI team.	PALS enquiries trend monitoring PALS report to Clinical Governance Committee.		Work on access to emergency services for people with hearing disabilities continues and this includes a commitment to user involvement in CAD2010.	√
4) Public Education Strategy and PPI Strategy have local implementation plans that are followed through by Senior Manager's in all areas.		No risk currently on the Trust Wide Risk Register			**Director of Communications**	4. Patient Focus - C16 - Health care organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after-care	Local Health and Promotion events include Blackfriars settlement project Cardiac Care Strategy. Community Rescusitation Training Team who provide free training to community groups. The Community Defribillation Programme. Defribillator Public Campaign. Coronary heart disease event. Project work with 'Hard to Reach Groups' include multi-agency project with Bangladeshi community in Tower Hamlets, supported by the NHS Centre for involvement.				

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5) (a) Develop standard package of referral pathways in each borough (Minor injuries units, walk in centres, intermediate care teams, district nursing and mental health services). (b) Develop accurate measurement of patients receiving appropriate alternatives to Accident and Emergency and increase the number, which includes: ensure that crews have method of reporting use of alternative pathways (i.e. appropriate destination and disposition codes) and publicise these; encourage use both of the pathways and of the correct codes; increase the number of patients receiving clinical telephone advice and the numbers of calls handled by UOC and by ECPs.		No risk currently on the Trust Wide Risk Register			**Director of Service Development and Director of Communications**	5. Accessible and Responsive Care - C17 - The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services	PPI Strategy Delivery plan. PPI Committee, Patient forum member on CARSAG. Patient representation on Clinical Audits. Stakeholder Workshops as part of development of Annual Service Plan. New Service Improvement Programme.	Patients Forum represented on Senior Governance Committees. Informal approval of compliance for this standard given by Healthcare Commission during February 2006. Assurance to be taken from evidence shown to the Healthcare Commission informal review of 5 Healthcare Standards in February 2006.			√
5) (a) Develop standard package of referral pathways in each borough (Minor injuries units, walk in centres, intermediate care teams, district nursing and mental health services). (b) Develop accurate measurement of patients receiving appropriate alternatives to Accident and Emergency and increase the number, which includes: ensure that crews have method of reporting use of alternative pathways (i.e. appropriate destination and disposition codes) and publicise these; encourage use both of the pathways and of the correct codes; increase the number of patients receiving clinical telephone advice and the numbers of calls handled by UOC and by ECPs.		No risk currently on the Trust Wide Risk Register			**Director of Service Development**	5. Accessible and Responsive Care - C18 - Health care organisations enable all members of the population to access services equally and offer choice in access and treatment equitably	Urgent Call Centre. Emergency plan. Equality of Access programme in the Strategic Seven Year Plan including milestones/targets. Strategic Plan include options for patients to identify and contribute to the development of the new operational model Patient Specific Protocols. LAS Race Equality and Disability Schemes in place. Gender Equality Scheme to be approved by the Board in March 2007. Service Improvement Programme includes a workstream entitled ' Access and Connecting the LAS for Health'. This workstream has the objective "to provide access regardless of disability or language". Language Line.	Access to Information Programme within the new SIP. Reports to SDC/Board on overall performance.			√

London Ambulance Services NHS Trust

Assurance Framework

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What the Organisation aims to deliver		*What could prevent this objective being achieved*	*Which area within our organisation this risk primarily relate to*			*Standards that the Government have set and expects all Trust's to aspire to in order to improve the quality of care and treatment provided to patients.*	*What controls/systems we have in place to assist in securing delivery of our objective*	*Where we can gain evidence that our controls/systems, on which we are placing reliance, are effective.*	*We have evidence that shows we are reasonably managing our risks and objective are being delivered.*	*Where are we failing to put controls /systems in place. Where are we failing in making them effective*	
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6) (a) Implementation of the Department of Health/NHS "Essential steps to safe, clean care" framework. Complete self assessment process and produce/implement action plan to respond to issues identifed. (b) Establish local ownership of infection control issues by creation of "champions" on each station complex. Lead person to co ordinate issues relating to audits and resulting actions plans and monitoring of standards. Also this person can assist in local swabbing programmes if required. (c) Establish business case for the Nurse Specialist in Infection Control (full time).	**66**	Risk to patients and staff due to contamination of equip.and vehicle	**Logistics**	**2**	**Director of Operationss**	6. Care Environments and Amenities - C21 - Health care services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.	Infection Control Manual and the pre-learning material for new recruits now contains a large section on Infection Control.	Established members of PTS staff will be trained through the new programme of Work Based trainer activity. The concept involves the introduction of themed training activity at local level, which will subsequently change on a monthly basis (to include Infection Control).	Make Ready currently rolled out to A& E vehicles. Future plans to also roll out to RRU vehicles and planning to extend to PTS in next financial year.		√

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7) (a) To improve the delivery and outcomes of services for our patients and the public informed by their input through the Patient and Public Involvement Initiative, with particular attention to responding to recommendations of reviews. (b) Processes with DH to prepare Single Equality Scheme for publication in 2007. (c) Improve Trust administrative and five management processs.		No risk currently on the Trust Wide Risk Register			**Directors : Medical Operations and Serivce Development Service**	7. Public Health -C22 (a) - Healthcare organisations promote, protect and improve the health of the community served, and narrow health inequalities by co-operating with each other and with local authorities and other organisations	Bromley Community Responder Scheme Community relationships developed using borough profiles by AOMS Cardiac Care Schemes Public education scheme provides training in CPR. School visits Defibrillators in public places scheme London wide Primary Angioplasty arrangements First responder CPR scheme. LAS project working with Bangladeshi community in Tower Hamlets. Three sub-groups. Women and Maternity services, children and young people, and working with health guides. Volunteers who provide information about NHS Services and local community languages.	PPI Policy PPI Committee PALS reports Race Equality Scheme and Development Plan quality assured with Strategic Health Authority who gave it best practice status. Public Education Strategy. Vehicles and Equipment Working Group Board reports on Make Ready. Monitoring of Make Ready Scheme by Infection Control Group			√
7) (a) To improve the delivery and outcomes of services for our patients and the public informed by their input through the Patient and Public Involvement Initiative, with particular attention to responding to recommendations of reviews. (b) Processes with DH to prepare Single Equality Scheme for publication in 2007. (c) Improve Trust administrative and five management processs.		No risk currently on the Trust Wide Risk Register			**Medical Director**	7. Public Health - C22 (b) - Healthcare organisations promote, protect and improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's Annual Report informs their policies and practices	Cardiac Arrest DVD, Community Resus team work, Project Harmony. Cardiac Care Strategy approved by the Board in November O5 . Routine blood sugar monitoring in patients over 40yrs and in High Risk Groups for Diabetes. See also C23.	See 22(a) above			

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7) (a) To improve the delivery and outcomes of services for our patients and the public informed by their input through the Patient and Public Involvement Initiative, with particular attention to responding to recommendations of reviews. (b) Processes with DH to prepare Single Equality Scheme for publication in 2007. (c) Improve Trust administrative and five management processs.	**163**	Not being able to instigate an affective response to either an int. or ext incident due to lack of contingency planning	**Operational**	**12**	**Director of Operationss**	7. Public Health - C24 - Health care organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations which could affect the provision of normal services	Business Continuity Steering Group chaired by the Director of Finance. Exercises with operational managers and crews Major Incident Plan, EPU, Business Continuity Plan London Emergency Services Liaison panel membership Major incident management training annually for senior managers Secondments of senior managers to London Resilience Team International Emergency Planning Exercise London wide Police, Fire and Ambulance Services rehearsal exercise.	Business Continuity Plan. Business Continuity Policy. Major Incident plan. Mass Casualty Plan. Heatwave Plan. Mutual aid Agreements with other emergency services. Agreements with private sector ambulance sevices. Business Continuity Planning internal Audit - 06/07	Business Continuity Plan in place and is currently being reviewed.		

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STANDING ORDERS OF THE LONDON AMBULANCE SERVICE NHS TRUST

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APPENDIX II: TENDERING AND CONTRACT PROCEDURE

APPENDIX III: TERMS OF REFERENCE FOR THE AUDIT COMMITTEE

APPENDIX IV: TERMS OF REFERENCE FOR THE REMUNERATION AND TERMS OF SERVICE COMMITTEE

APPENDIX V: TERMS OF REFERENCE FOR CHARITABLE FUNDS COMMITTEE

APPENDIX VI: STANDARDS OF BUSINESS CONDUCT FOR LONDON AMBULANCE SERVICE NHS TRUST

DEFINITIONS AND INTERPRETATION

Board	Shall mean the Chairman and non-executive Directors appointed by the Secretary of State for Health and the executive Directors appointed by the relevant committee of the Trust.
Board Director	Shall mean one of those comprising the Board and appointed in accordance with the Membership and Procedure Regulations and includes the Chairman.
Chairman	Means the person appointed by the Secretary of State for Health to lead the Board and to ensure it successfully discharges its overall responsibility for the Trust as a whole. The expression "Chairman of the Trust" shall be deemed to include the Vice-Chairman of the Trust if the Chairman is absent from the meeting or is otherwise unavailable.
Chief Executive	Shall mean the chief officer of the Trust
Committee	Shall mean a committee appointed by the Trust.
Committee Members	Shall be persons formally appointed by the Trust to sit on or to chair specific committees.
Director	Shall mean a Director whether they are a Board Director or a non Board Director.
Director of Finance ~~and Business Planning~~	Shall include in its meaning the Chief Financial Officer of the Trust.
Executive Director	Shall mean Board Director
Membership and Procedure Regulations	Shall mean the National Health Service Trust (Membership and Procedure) Regulations 1990(SI(1990)2024).
Observer	Shall mean a nominated person that the Trust Board has agreed and accepted by way of a resolution who may sit with the Trust Board and participate in Trust Board discussions at its public meetings as set out in these Standing Orders.
Officer	Shall mean an employee of the Trust.
Secretary	Means a person appointed by the Trust to act independently of the Board and monitor the Trust's

	compliance with the law, SOs and observance of NHS Executive guidance.
SFIs	Means the Standing Financial Instructions of the Trust.
SOs	Means the Standing Orders of the Trust.
Trust	Means the London Ambulance Service National Health Service Trust as established by The London Ambulance Service National Health Service Trust (Establishment) Order 1996 (as amended).
Trust Board	Means the Board
Trust Secretary	Means Secretary.
Vice-Chairman	Means the non-executive director appointed by the Trust to take on the Chairman's duties if the Chairman is absent for any reason.

PART I: MEETINGS

1. ORDINARY MEETINGS

1.1. The regular ordinary meetings of the Board shall be held as the Board may determine and at such places as the Board may from time to time appoint.

1.2. In addition to a public meeting, held annually at a venue to be decided by the Board, to present the Financial Accounts and Annual Report of the Trust, all other formal meetings of the Board will be held in public. The formal notice of the annual public meeting will be issued 14 days in advance of that meeting.

2. ADMISSION OF THE PUBLIC TO TRUST MEETINGS

2.1. As required by the Public Bodies (Admission to Meetings) Act 1960, at the annual public meeting of the Trust, and any other meeting to which the press and public are invited, the Trust may resolve to exclude the press and public from part of a meeting "whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted, or for other special reasons stated in the resolution and arising from the nature of that business or of proceedings".

2.2. The Trust will provide an opportunity for questions from the public to be put to the Board at its regular meetings. Questions may receive an oral response at the meeting or a written response afterwards at the Chairman's discretion. The Trust Board reserves the right not to answer questions which would be in breach of the NHS Code of Openness, such as areas concerning personal information about patients, information about legal matters and proceedings, and information given in confidence etc. The agendas for Board meetings shall have an item placed both at the beginning and the end of the public part of the agenda which invites questions from the public.

2.3. The Trust will normally exclude the press and public where discussing, for example:

2.3.1. matters relating to individual patients or members of staff;

2.3.2. information relating to consultations or negotiations with regard to labour relations matters;

2.3.3. detailed matters relating to proposals for the placing of contracts; and

2.3.4. instructions with regard to legal action by the Trust.

~~2.4.~~ ~~The Trust may appoint an Observer to sit at, and participate in, its public meetings for the public part of its agenda. Where such an Observer is appointed~~

~~the Board shall have received a nomination from such body as it deems fit to make a nomination and the Board shall have passed a resolution confirming the acceptability of that nomination. These Standing Orders and the extent to which they apply to the Observer and the procedures relating to, inter alia, the nomination process for an Observer are set out in Appendix XII.~~

The Trust will decide what arrangements and terms and conditions it feels are appropriate to offer in extending an invitation to observers to attend and address any of the Trust Board's meetings and may change, alter or vary these terms and conditions as it deems fit.

2.5. Nothing in these Standing Orders shall require the Trust (Board) to allow members of the public or representatives of the press to record proceedings in any manner whatsoever, other than writing, or to make any oral report of proceedings as they take place, without the prior agreement of the Board.

3. EXTRA-ORDINARY MEETINGS

3.1. The Chairman may call a meeting of the Board at any time and if he/she refuses to call a meeting after a requisition for that purpose, signed by at least four of the whole number of Board Directors, has been presented to him/her, or if, without so refusing, the Chairman does not call a meeting within seven days after such requisition has been presented to him/her, such four or more Board Directors may forthwith call a meeting.

4. VICE-CHAIRMAN

4.1. The Directors of the Board may select one of the non-executive Directors other than the Chairman to be Vice-Chairman for a period of one year or where the period of his/her membership of the Board during which he/she is elected has less than a year to run, for the remainder of such period:

4.2. Provided that any non-executive Director so elected may at any time resign from the office of Vice-Chairman by giving notice in writing to the Chairman, and the Board Directors shall thereupon elect another Vice-Chairman in accordance with the provisions of this Standing Order.

4.3. Where the Chairman of the Trust has died or has ceased to hold office, or where he has been unable to perform his duties as Chairman owing to illness or any other cause, the Vice-Chairman shall act as Chairman until a new Chairman is appointed or the existing Chairman resumes his duties, as the case may be; and references to the Chairman in these Standing Orders shall, so long as there is no Chairman able to perform his duties, be taken to include references to the Vice-Chairman.

5. CHAIRMAN OF MEETING

5.1. At any meeting of the Board the Chairman, if present, shall preside.

5.2. If the Chairman is absent from the meeting, the Vice-Chairman, if present, shall preside.

5.3. If the Chairman and Vice-Chairman are absent, such non-executive Director as those present shall choose, shall preside.

6. NOTICE OF MEETINGS

6.1. Before each meeting of the Board, a notice of the meeting, specifying the business proposed to be transacted thereat, shall be delivered to all Board Directors, or sent by post to the usual place of residence of all such Directors, so as to be available to them at least three clear days before the meeting.

6.2. Provided that a meeting of the Board shall remain valid if any Board Director does not receive such notice.

6.3. Provided also that, in the case of a meeting called by four or more Board Directors in default of the Chairman, the notice shall be signed by those Directors and no business shall be transacted at the meeting other than that specified in the notice.

6.4. Before each meeting of the Board a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed at the Trust's office at least three clear days before the meeting. (Required by the Public Bodies (Admission to Meetings) Act 1960 S.I. (4)(a).)

6.5. VOTING

Every question at a meeting, which the Board agrees should be put to the vote, shall be determined by a majority of the votes of Board Directors present and voting on the question and, in the case of equality of votes, the person presiding shall have a second and casting vote.

7. RECORD OF ATTENDANCE

7.1. The names of Board Directors present at the meeting shall be recorded.

8. QUORUM

8.1. No business shall be transacted at a meeting unless at least four of the whole number of Board Directors are present, two of whom shall be executive and two non-executive Directors.

8.2. An officer in attendance on behalf of an executive Board Director but without formal acting up status agreed by the Board's Remuneration Committee may not count towards the quorum.

8.3. If the Chairman or member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of the declaration of a conflict of interest he shall no longer count towards the quorum. If a quorum is then not available for the discussion or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

8.4. The above requirement for at least two Executive Directors to form part of the quorum shall not apply where the Executive Directors are excluded from a meeting (for example when the Board considers the recommendations of the Remuneration and Terms of Service Committee).

9. MINUTES

9.1. The minutes of the proceedings of a meeting shall be drawn up and entered in a book kept for that purpose and shall be signed at the next ensuing meeting by the person presiding thereat.

9.2. No discussion shall take place upon the minutes except upon their accuracy or where the Chairman considers discussion appropriate.

9.3. Draft minutes will be circulated with the agenda and papers for the next meeting of the Board.

9.4. Where providing a record of a public meeting the minutes shall be made available to the public as required by the Code of Practice on Openness in the NHS.

9.5. An action sheet indicating action to be taken, by whom and by what date, shall be sent to Board Directors, following each Board meeting within ~~three working days~~ within two weeks and should be included in the Board's agenda.

10. **CHAIRMAN'S RULING**

10.1. The decision of the Chairman of the meeting on questions of order, relevancy and regularity (including procedure on handling motions) and his/her interpretation of the Standing Orders shall be final.

11. **MANNER OF VOTING**

11.1. All questions put to the vote shall, at the discretion of the Chairman, be determined by oral expression or by show of hands provided that, upon any question the Chairman may direct, or it may be proposed, seconded and carried that a vote be taken by paper ballot.

11.2. If at least three Board Directors so request, the voting on any questions may be recorded so as to show how each Board Director present and voting gave his/her vote.

11.3. If a Board Director so requests, his/her vote shall be recorded by name.

11.4. In no circumstances may an absent Board Director vote by proxy. Absence is defined as being absent at the time of the vote.

11.5. An officer who has been appointed formally by the Board to act up for an Executive Director during a period of incapacity, absence or temporarily to fill an Executive Director vacancy, shall be entitled to exercise the voting rights of that Executive Director. An officer attending the Board to represent an Executive Director during a period of incapacity or temporary absence without formal acting up status may not exercise the voting rights of that Executive Director. An officer's status when attending a meeting shall be recorded in the minutes.

12. AMENDMENTS

12.1. Whenever an amendment is made to an original motion no second amendment shall be made until the first amendment is disposed of. Any subsequent amendment shall not be inconsistent with any amendments to the original motion that have been carried.

13. TENDERING AND CONTRACTING PROCEDURE

13.1. The tendering and contracting procedure to be employed by the Trust is set out in Appendix II.

14. DECLARATION OF INTEREST IN CONTRACTS AND OTHER MATTERS APPLICABLE TO DIRECTORS AND OFFICERS

14.1. Subject to the following provisions of this Standing Order, if a Board Director, or anyone with whom that Director has a familiar relationship, has any pecuniary or other interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the Board at which the contract or other matter is the subject of consideration, he/she shall at the meeting and as soon as practicable after its commencement disclose the fact and shall not take part in the consideration or discussion of the contract or other matter or vote on any question with respect to it - see paragraph 14.6.

14.2. Board Directors and Officers present will be invited to declare any new or undeclared interests at the commencement of all meetings of the Trust Board.

14.3. Notwithstanding the provisions of 14.1 and 14.2 above, Board Directors are required to register, on being appointed, any significant pecuniary or other interest material and relevant to the business of the Trust. This information is to be updated as may be necessary and recorded in the Minutes of the Board. The declaration should include:

14.3.1. Directorships, including non-executive Directorships held in private companies or Plcs.;

14.3.2. Ownership or partnership of private companies, businesses or consultancies likely or possibly seeking to do business with the Trust;

14.3.3. Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the Trust;

14.3.4. A position of authority in a charity or voluntary body in the field of healthcare or social services; and

14.3.5. Any material connections with a voluntary or other body contracting for services with NHS organisations.

14.3.6. Any other commercial interest in a decision before a meeting of the Trust Board.

14.4. The Secretary of State may, subject to Regulations, terminate the appointment of any non-executive Director who fails, as required, to declare a pecuniary or other interest. In the case of Board Director who fails to declare an interest or is found to have used his/her position or knowledge for private advantage, the Board may take disciplinary action leading to his/her dismissal.

14.5. The Secretary of State may, subject to conditions as he may think fit to impose, remove any disqualification in any case in which it appears to him

in the interest of the National Health Service that the disqualification should be removed.

14.6. The Board may exclude a Board Director from a meeting of the Board at which any contract, proposed contract or other matter in which he/she has a pecuniary interest, direct or indirect, is under consideration.

14.7. Any remuneration, compensation or allowance payable to a Chairman or other Board Director under the provisions of paragraph 9 of Schedule 2, chapter 19 to the NHS and Community Care Act 1990 as amended shall not be treated as a pecuniary interest for the purpose of this regulation.

14.8. A Board Director shall be treated, subject to Standing Order 14.5. and the next following paragraphs, as having indirectly a pecuniary interest in a contract, proposed contract or other matter, if -

14.8.1. he/she or a nominee of his/her is a Director of a company or other body not being a public body, with which the contract was made or is proposed to be made or which has a direct pecuniary interest in the other matter under consideration; or

14.8.2. he/she is a partner, or is in the employment of a person with whom the contract was made or is proposed to be made or who has a direct pecuniary interest in the other matter under consideration and in the case of persons living together the interest of one partner shall, if known to the other, be deemed to be also the interest of the other.

14.9. A Board Director shall not be treated as having a pecuniary interest in any contract proposed contract or other matter by reason only -

14.9.1. of his/her Directorship of a company or other body if he/she has no beneficial interest in any securities of that company or other body; or

14.9.2. of an interest of his/her or of any company, body or person with which he/she is connected as mentioned in Standing Order 14.8 which is so remote or insignificant that it cannot reasonably be regarded as likely to influence a Board Director in the consideration or discussion of or in voting on, any question with respect to that contract or matter.

14.10. Where a Board Director has an indirect pecuniary interest in a contract, proposed contract or other matter by reason only of a beneficial interest in securities of a company or other body, and the total nominal value of those securities does not exceed ~~£5,000~~ £10,000 or one-hundredth of the total nominal value of the issued share capital of the company or body, whichever is the less, and if the share capital is of more than one class, the total nominal value of shares of any one class in which he/she has a beneficial interest does not exceed one-hundredth of the total issues share capital of that class, this shall not prohibit him/her from taking part in the consideration or discussion of the contract or other matter or from voting

on any questions with respect to it, without prejudice however to his/her duty to disclose his/her interest.

14.11. The provisions of this Section 15 shall apply to all those present at a meeting of the Board irrespective of whether they are Board Directors or not.

14.12. This Standing Order (15) applies to a committee or sub-committee and to a joint committee as it applies to the Trust and applies to a member of any such committee or sub-committee (whether or not he is also a member of the Trust) as it applies to a member of the Trust.

14.13. Board members' directorships of companies likely or possibly seeking to do business with the NHS should be published in the Board's Annual Report. The information should be kept up to date for inclusion in succeeding annual reports.

14.14. If Board members have any doubt about the relevance of an interest, this should be discussed with the Chairman. Financial Reporting Standard No 8 (issued by the Accounting Standards Board) specifies that influence rather than the immediacy of the relationship is more important in assessing the relevance of an interest. The interests of partners in professional partnerships including general practitioners should also be considered.

14.15. Register of Interests - The Trust Secretary will ensure that a Register of Interests is established to record formal declarations of interests of Board members. In particular the Register will include details of all directorships and other relevant and material interests which have been declared by both Executive and Non-Executive Board members, as defined in Standing Orders.

14.16. These details will be kept up to date by means of an annual review of the Register by the Audit Committee in which any changes to interests declared during the preceding twelve months will be incorporated.

14.17. The Register will be available to the public and the Chief Executive will take reasonable steps to bring the existence of the Register to the attention of the local population and to publicise arrangements for viewing it.

PART II: COMMITTEES

15. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

15.1. Subject to any directions by the Secretary of State, the Board may, and if directed as aforesaid shall, appoint committees of the Board, or together with one or more Health Authorities or other National Health Service Trusts appoint joint committees, consisting in either case wholly or partly of persons who are not Directors of the Board or other body, except that Board Directors may not be appointed to any committee set up to carry out the functions of Managers under the Mental Health Act 1983.

15.2. A committee or joint committee appointed under this regulation may, subject to such directions as may be given by the Secretary of State or the appointing authority or authorities, appoint sub-committees consisting wholly or partly of persons who are not members of the committee or joint committee, subject to the provisions set out in the Standing Order 15.1 above.

15.3. Where committees are authorised to establish sub-committees they may not delegate executive powers to the sub-committee unless expressly authorised by the Board.

15.4. The Board shall approve the appointments to each of the committees which it has formally constituted. Where the Board determines, and regulations permit, that persons, who are neither Executive or Non Executive Directors nor officers, shall be appointed to a committee the terms of such appointment shall be within the powers of the Board as defined by the Secretary of State. The Board shall define the powers of such appointees and shall agree allowances, including reimbursement for loss of earnings, and/or expenses in accordance where appropriate with national guidance.

15.5. Where the Board is required to appoint persons to a committee and/or to undertake statutory functions as required by the Secretary of State, and where such appointments are to operate independently of the Board such appointment shall be made in accordance with the regulations and directions made by the Secretary of State.

15.6. Such committees appointed in accordance with Sections. 15.1 and 15.2 shall continue until such time as the Board agrees to their disbandment.

15.7. The quorum requirements for each Committee so established by the Board will be set out in the Committee's Terms of Reference. Those Terms of Reference shall ensure that the quorum for a Committee must include at least one Non Executive Director of the Board.

16 ARRANGEMENTS FOR THE EXERCISE OF FUNCTIONS

16.1 Subject to any directions by the Secretary of State, the Board may make arrangements for the exercise, on behalf of the Board, of any of its functions by a committee, sub-committee or joint committee appointed by virtue of Standing Order 15, hereof, by any officer appointed by the Board, or by any other body as defined by Standing Order 17.2 below, in each case subject to such restrictions and conditions as the Board thinks fit or as the Secretary of State may direct and subject to the provision that the Standing Orders of the Board shall apply mutatis mutandis to committee and sub-committee meetings.

16.2 S16B of the NHS Act 1977 allows for regulations to provide for the functions of Trusts to be carried out for the Trust by third parties.

16.3 Overriding Standing Orders – If for any reason these Standing Orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Board for action or ratification. All members of the Board and staff have a duty to disclose any non-compliance with these Standing Orders to both the Chief Executive and the Trust Secretary as soon as possible.

17 AUDIT COMMITTEE

17.1 In accordance with guidance issued by the NHSD Executive under EL(94)40, the Board shall establish an Audit Committee to provide an independent and objective view of internal control - see paragraph two of Standing Financial Instructions.

17.2 The Committee shall comprise of three non-executive Directors, other than the Board Chairman (with a quorum of two). The Chief Executive and Director of Finance ~~and Business Planning~~ will attend this Committee as appropriate and it will be serviced by the Trust Secretary. It will report to the Trust Board. Membership of the Committee together with its Terms of Reference, delegated powers and reporting arrangements shall be formally established and approved by Resolution of the Board. Terms of Reference for the Committee are at Appendix III.

18 REMUNERATION AND TERMS OF SERVICE COMMITTEE

18.1 In accordance with the guidance issued by the NHS Executive under EL(94)40, the Board shall establish a Remuneration and Terms of Service Committee. The Committee shall comprise of non-executive Directors (with a quorum of three), be chaired by the Board Chairman, the Chief Executive and Director of Human Resources <u>& Organisation Development</u> will attend this Committee as appropriate and it will be serviced by the Trust Secretary. It will report to the Trust Board.

Membership of the Committee, together with its Terms of Reference (which should also specify which posts fall within the Committee's area of responsibility) shall be formally established by Resolution of the Board. Terms of Reference for the Committee are at Appendix IV.

19 CHARITABLE FUNDS COMMITTEE

19.1 The Board shall establish a Charitable Funds Committee to determine the policy for the management of the LAS' charitable funds and to implement that policy. The Committee ~~Panel~~ will be chaired by a Non-Executive Director, and will include the Director of Human Resources & Organisation Development (or his/her representative) and the Director of Finance's representative (or his/her representative) ~~the Financial Controller (on behalf of the Director of Finance and Business Planning),~~ and representatives of the staff. It will report to the Trust Board. The Trust Board shall formally agree membership of the Committee ~~Panel~~ together with its terms of reference as detailed in Appendix V.

20 SERVICE DEVELOPMENT COMMITTEE

20.1 The Board shall establish a Service Development Committee to provide a discussion forum for future service developments and opportunities. The Committee shall be a non-decision making Committee which will be Chaired by the Trust Chairman. Members shall comprise Non-Executive Directors and the Chief Executive. Other Board Directors, Non-Board Directors and Officers shall attend by the invitation of the Committee's Chairman. The proceedings of the Committee will be recorded in writing and presented to the next scheduled meeting of the Trust Board. The Terms of Reference of the Committee are as detailed in Appendix IX.

21 CLINICAL GOVERNANCE COMMITTEE

22.2 The Board shall establish a Clinical Governance Committee to monitor clinical standards and provide a means of ensuring matters relating to achieving high standards of patient care come under consideration and scrutiny. The Committee will be chaired by a non-Executive Director of the Board. The Committee will report to the Trust Board and its Terms of Reference shall be established by the Board. Terms of Reference for the Committee are at Appendix X.

~~22 RISK MANAGEMENT COMMITTEE~~

~~The Board shall establish a Risk Management Committee to monitor the effectiveness of risk management in the Trust, and to make sure that risks are managed appropriately in the Trust. The Committee will be chaired by a non-Executive Director of the Board. The Committee will report to the Trust Board and its Terms of Reference shall be established by the Board. Terms of Reference for the Committee are at Appendix XII.~~

The Risk Compliance and Assurance Group has been established to manage the Trust's risks. The Group will report to the Audit Committee.

23 APPEALS PANELS

23.1 The Chief Executive will nominate a panel to hear staff appeals in disciplinary matters. Such panels will exclude any Director who has been involved in the decision(s) at issue and will normally include an Independent Chairman, a Non-Executive Director and the Director of Human Resources & Organisation Development or her/his nominee who will act as an advisor to the Panel**.**

24 COMPOSITION OF COMMITTEES

24.1 With the exception of the Audit Committee, the Chairman of the Board shall be an ex-officio member of all Trust Committees and Sub Committees.

25 PROCEEDINGS IN COMMITTEES TO BE CONFIDENTIAL

25.1 A member of a Committee shall not disclose a matter dealt with by, or brought before, the Committee without the permission of the Committee's Chairman until the Committee shall have reported to the Board or shall otherwise have concluded action on that matter.

25.2 Provided that a Director of the Board or a member of a Committee shall not disclose any matter reported to the Board or otherwise dealt with by the Committee notwithstanding that the matter has been reported or action has been concluded, if the Chairman of the Board or Committee has resolved that it is confidential.

26 APPOINTMENT OF CHAIRMEN OF COMMITTEES

26.1 The Chairman of the Trust Board shall appoint the Chairman of Trust Committees at the first meeting of the Trust Board for the following year and, if desired, a Vice Chairman of the Committee. Appointments will continue from one year to the next unless the Chairman decides otherwise.

26.2 Appointment of members of Committees shall be made by the Chairman of the Trust Board in consultation with the Chairman of the Committee.

27 SPECIAL MEETINGS OF COMMITTEES

27.1 The Chief Executive shall summon any Committee at the request of its Chairman, or on the requisition in writing or any two Committee members.

28 QUORUM

28.1 Except where approved by the Board, business shall not be transacted at any meeting of any Committee of the Board unless at least half of the whole number of the Committee is present, provided that in no case shall the quorum of the Committee be less than two members.

PART III: CUSTODY OF SEAL AND SEALING OF DOCUMENTS

29 CUSTODY OF SEAL

29.1 The common seal of the Trust shall be kept by the Trust Secretary in a secure place in accordance with arrangements approved by the Trust.

30 SEALING OF DOCUMENTS

30.1 ~~Where the Board decides that a document shall be sealed the seal shall be affixed in the presence of the Chairman or the Trust Secretary and of the Chief Executive or the Finance and Business Planning Director and shall be attested by them, except in the case of documents related to land transactions, to contracts with design consultants, to forms of employer/nominated sub-contractor agreements and to trust fund investments, which are required to be executed under seal where the affixing of the seal may be undertaken in the presence of the Chief Executive or the Finance and Business Planning Director alone and attested by him or her.~~

30.2 The fixing of the seal of a NHS Trust shall be authenticated by the signature of the Chairman or some other such person authorised generally or specifically by the Trust for that purpose and one other director.

30.3 Where any document will be a necessary step in legal proceedings on behalf of the Trust, it shall, unless any enactment otherwise requires or authorises, be signed by the Chief Executive and an Executive Director.

31 REGISTER OF SEALINGS

31.1 The Trust Secretary shall keep a register in which shall be entered a record of the sealing of every document and every such entry shall be signed by those present when the document is sealed. The entries in the register shall be consecutively numbered and any additions reported at the next regular Board meeting.

PART IV: APPOINTMENT OF OFFICERS, ETC.

32 CANVASSING OF, AND RECOMMENDATIONS BY, DIRECTORS

32.1 Canvassing of Directors of the Board or any Committee of the Board directly or indirectly for any appointment within the Trust shall disqualify the candidate for such appointment. The purpose of this Standing Order shall be included in any form of application or otherwise brought to the attention of candidates.

32.2 A Director of the Trust shall not solicit for any person, any appointment within the Trust or recommend any person for such appointment: but this paragraph of this Standing Order shall not preclude a Director from giving a written testimonial of the candidate's ability, experience or character for submission to the Chief Executive.

32.3 Informal discussions outside appointments panels or committees, whether solicited or unsolicited, should be declared to the panel or committee.

33 RELATIVES OF BOARD DIRECTORS OR OTHER MEMBERS OF STAFF

33.1 Candidates for any appointment under the Trust shall when making application, disclose in writing to the Trust any relationship to or with any Board Director of the Trust or any other employee of the Trust. A candidate who purposely and deliberately conceals such information shall be disqualified for such appointment and, if appointed, shall be liable to dismissal with notice. Every Board Director of the Trust or the holder of any post reporting directly to a Director of the Trust, shall disclose to the Board any relationship known to him/her to exist between himself/herself and a candidate for an appointment of which he/she is aware. It shall be the duty of the Chief Executive to report to the Board any such disclosure made.

33.2 Where a relationship to a Board Director of the Trust is disclosed the Standing Order headed "Declaration of Interest in Contracts and Other Matters" (SO No.15) shall apply.

33.3 Two persons shall be deemed to be related if they are husband and wife or living together as husband and wife or as partners or if they are the son or daughter; nephew or niece; grandson or granddaughter; or brother or sister of either of them or in-laws as applicable.

34 INTERESTS OF MEMBERS OF STAFF

34.1 If it comes to the knowledge of any member of the staff of the Trust that a contract in which he/she has any pecuniary or other interest, whether direct or indirect, not being a contract to which he/she is himself/herself a party, has been, or is proposed to be, entered into by the Trust he/she shall at once give notice in writing to the Board of the fact that he/she is interested therein. In the case of persons living together, the interest of one partner shall, if known to the other, be deemed to be also the interest of that partner.

PART V: MISCELLANEOUS

35 SUSPENSION OF STANDING ORDERS

35.1 Except where this would contravene any statutory provision or any direction made by the Secretary of State or the rules relating to the Quorum any one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the whole number of the members of the Board are present (including at least one member who is an Officer Member of the Trust and one Member who is not) and that at least two-thirds of those members present signify their agreement to such suspension. ~~any one or more of the Standing Orders may be suspended at any meeting, provided that at least eight Directors of the Board are present and agree.~~

35.2 A decision to suspend Standing Orders shall be recorded in the minutes of the meeting.

35.3 A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the Chairman and members of the Board.

35.4 No formal business may be transacted while Standing Orders are suspended.

35.5 The Audit Committee shall review every decision to suspend Standing Orders.

36 VARIATION AND AMENDMENT OF STANDING ORDERS

36.1 These Standing Orders shall not be varied except upon notice of motion under Paragraph 1 of Appendix I and unless there are at least eight Directors of the Board present and provided that any variation does not contravene a statutory provision or direction made by the Secretary of State.

37 STANDING ORDERS TO BE GIVEN TO DIRECTORS

37.1 The Trust Secretary shall ensure that a copy of the Standing Orders is given to each Director of the Board and to appropriate members of staff.

38 SIGNATURE OF DOCUMENTS

38.1 Where any document will be a necessary step in legal proceedings on behalf of the Trust, it shall, unless any enactment otherwise requires or authorises, or the Board has given the necessary authority to some other

person for the purpose of such proceedings, be signed by the Chief Executive or the Trust Secretary.

38.2 The Executive Directors of the Board shall be authorised to sign on behalf of the Trust any agreement or other document not requested to be executed as a deed, the subject matter of which has been necessarily approved by the Board or any committee or sub-committee with delegated authority.

39 STANDING FINANCIAL INSTRUCTIONS

39.1 Standing Financial Instructions adopted by the Board in accordance with the Financial Regulations shall have effect as if incorporated in these Standing Orders.

40 URGENT DECISIONS

40.1 Where an urgent decision is required on a matter which would normally be reserved to the Trust Board in advance of a meeting of the Trust Board, the matter will normally be raised by the Chief Executive, or a Board Director with the Chairman, or in his absence the Vice Chairman, with a recommended course of action. The Chairman, or in his absence the Vice Chairman, shall be authorised to act on behalf of the Board where time is of the essence.

40.2 Where the Chief Executive, or in his absence, one of the Board Directors other than the Board Director directly involved in the issue, authorises urgent action after consulting with the Chairman of the Board, or in his absence, the Vice-Chairman, in respect of a matter on behalf of the Trust which would normally have been considered by the Board itself, such action shall be reported to the next appropriate meeting of the Board.

41 CODES OF CONDUCT AND ACCOUNTABILITY

41.1 Codes of Conduct and Accountability issued by the ~~NHS Executive~~ the Department of Health shall apply to the Board and its Directors. Standards of Business Conduct for the Trust are as set out in Appendix VI.

41.2 Staff should comply with the national guidance contained in HSG 1993/5 “Standards of Business Conduct for NHS Staff”.

42 CODES OF PRACTICE

42.1 Codes of Practice approved by the Trust Board shall have effect as if they were part of these Standing Orders. The Trust Secretary will maintain a list and copies of such Codes of Practice. The Trust Board shall approve the manner in which Codes of Practice are maintained and varied as each Code of Practice is approved by the Board.

43 OVERSEAS BUSINESS TRAVEL OUTSIDE THE UNITED KINGDOM BY TRUST EMPLOYEES

43.1 From time to time it will be necessary and appropriate for Trust staff to travel outside the UK for business purposes. This may include the opportunity to observe and research new systems in operation, attendance at conferences with an international perspective, and income generating advice and consultancy projects.

43.2 In order to ensure probity and public confidence in their appropriateness, all such journeys outside of the European Union area will be reported to, ~~and approved by,~~ the Trust Board on an annual basis. The Audit Committee will receive regular reports on travel undertaken by Trust staff. ~~in advance of their taking place wherever possible.~~

43.3 There will be an internal process for approving overseas travel outside the UK which will consider the following criteria/requirements:

43.3.1 Clear Trust benefits are expected and specified
43.3.2 A personal presence is required
43.3.3 There is a major role to be played at any conference attended
43.3.4 Part funding by conference organisers should be considered
43.3.5 The appropriateness of Business Class travel
43.3.6 Written report to the Trust Board on outcomes achieved

43.4 ~~In the absence of prior Trust Board approval for arrangements that are at short notice and beyond the control of the Trust then the approval of the Chairman shall be sought. The Chairman shall consult with all Board Members on the proposed travel and report any approval given to the next Trust Board meeting.~~

43.5 ~~For travel within the European Union area, the approval of the appropriate Board Director shall be sought in advance and where the travel is for a Board Director then the approval of the Chief Executive shall be sought. The Chairman may approve any travel sought by the Chief Executive.~~

43.6 Irrespective of the reason for travel the Trust will pay all travel and subsistence costs unless the Trust Board has approved other arrangements in advance.

44 DOCUMENTS HAVING THE STANDING OF STANDING ORDERS

44.1 Standing Financial Instructions, Decisions Reserved for the Board and the Scheme of Delegation shall have effect as if incorporated into Standing Orders.

45 REVIEW OF STANDING ORDERS

45.1 Standing Orders shall be reviewed as required by the Board, and not less frequently than every two years.

46 PART VI: DECISIONS RESERVED FOR THE BOARD

46.1 The Board has reserved to itself decisions on the items shown in the Schedule of Decisions Reserved for the Board at Appendix VII~~I~~.

47 PART VII: SCHEME OF DELEGATION

The Board has agreed a Scheme of Delegation to show the approved officers who have been delegated responsibility for deciding particular matters and those who may act in their absence. The scheme is shown in Appendix XIII.

PART VIII: INTERPRETATION OF STANDING ORDERS

The Chairman of the Board shall be the final authority in the interpretation of Standing Orders on which he/she shall be advised by the Chief Executive or the Trust Secretary, or, in the case of Standing Financial Instructions, by the Director of Finance ~~and Business Planning~~.

APPENDIX 1 NOTICES OF MOTION AND OF QUESTIONS

1. NOTICES OF MOTION

1.1 Subject to the provisions of paragraph 3 of this Appendix, a Director of the Board desiring to move a motion shall send a notice thereof at least seven clear days before the meeting to the Chairman or Trust Secretary, who shall insert in the agenda for the meeting, all notices so received subject to the same being in order. Requests made between the third day and the seventh day before a meeting may be included on the agenda at the discretion of the Chairman. This paragraph shall not prevent any motion being moved without notice on any business mentioned on the agenda for the meetings (see paragraph 4 of this Appendix).

2. RIGHT OF REPLY

2.1 The mover of a motion shall have a right to reply at the close of any discussion on a motion or any amendment thereto.

3. MOTION TO RESCIND A RESOLUTION

3.1 Notice of motion to rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six calendar months shall bear the signature of the Board Director who gives it and also the signature of two other Board Directors. When any such motion has been disposed of by the Trust it shall not be competent for any Board Director, other than the Chairman, to propose a motion to the same effect within six months.

4. MOTIONS WHICH MAY BE MOVED DURING DEBATE

4.1 When a motion is under debate no other motions shall be moved except the following:

4.2 to amend the motion

4.3 to adjourn the meeting

4.4 to adjourn the debate

4.5 to proceed to the next business

4.6 to appoint an ad hoc committee to deal with a specific item of business

4.7 that the question be now put

4.8 a motion under Section 1 (2) of the Public Bodies (Admission to Meetings) Act, 1960 to exclude the public.

No amendment to the motion shall be admitted if, in the opinion of the Chairman of the meeting, the amendment negates the substance of the motion.

5. NOTICES OF QUESTIONS

5.1 A Board Director may lay a notice of question before the Chairman of the Board, Chairman of a Committee or Sub-Committee or Trust Secretary. Provided reasonable notice is given, such questions will be answered by written or oral reply at the next appropriate meeting of the Board.

5.2 Questions to be put on behalf of the public must be received by the Trust Secretary 24 hours before the appropriate meeting of the Trust Board

APPENDIX II TENDERING AND CONTRACT PROCEDURE

1. DUTY TO COMPLY WITH STANDING ORDERS

1.1 The Trust shall ensure that competitive tenders are invited for

- the supply of goods, materials and manufactured articles;
- The rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the DH);
- for the design, construction and maintenance of buildings and engineering works (including construction and maintenance of grounds and gardens); for disposals.

Every contract, whether made by the Trust, or by a committee of the Trust or by a nominated officer to whom the power of making contracts shall have been delegated, shall comply with these Standing Orders and, unless the Board has resolved to do otherwise in advance and on a per project/procurement basis, with any extant Departmental guidance. Where the Board makes such a resolution then it shall take precedence over any provisions to the contrary in these Standing Orders. Copies of such guidance documents can be obtained for reference purposes from either the Director of Finance ~~and Business~~. No exception from any of the following provisions of these Standing Orders shall be made other than by direction of the Board or, in an emergency, as detailed in paragraph 1.2 of this Appendix.

1.2 An exception from any of the following provisions of these Standing Orders may be made by direction of the Board. In an emergency an exception may be made by direction of the Chief Executive, or in his/her absence, the Director of Finance and Business Planning, or in his/her absence, an Executive Trust Director other than the Director directly involved in the issue. In such emergency circumstances, the exception shall only be made after consulting with the Chairman of the Board or, in his/her absence, the Vice-Chairman, in accordance with Standing Order 40.

1.3 The Trust shall comply as far as is practical wit the requirements of the Department of Health "Capital Investment Manual" and "Estate Code" in respect of capital investment and estate and property transactions. In the case of management consultancy contracts the Trust shall comply as far as is practicable with Department of Health guidance. "The Procurement and Management of Consultants within the NHS".

2. EU DIRECTIVES

2.1 Directives by the Council of the European Union (EU) prescribing procedures for awarding contracts for services, building and engineering works and for the supply of goods, materials and manufactured articles

(hereafter referred to as goods and services) shall have effect as if incorporated in these Standing Orders and shall apply throughout.

2.2 The EU public procurement thresholds represent contractual value levels above which public authorities must follow EU procedural rules with regard to the issuing of contracts.

2.3 Value is defined as the total consideration excluding VAT that is to be paid over the lifetime of the contract (e.g. a three-year supplies contract with an anticipated annual expenditure of £500,000 has a value of £150,000). Where the contract includes options, the value of these options must be taken into account in determining whether the threshold as been reached. In the case of contracts for lease, rental or hire purchase the relevant figure is the aggregate of the consideration that will be paid throughout the duration of the contract. Where the term exceeds 12 months the estimated residual value must also be included. Where the duration is indefinite or uncertain the relevant figure is the monthly contract value multiplied by 48. In the case of regular or renewable contracts the relevant figure is either the aggregate of the consideration to be paid during the anticipated duration of the contract (or over the first 12 months if the duration is indefinite) or the consideration paid by the buyer under similar contracts for goods of the same type during the preceding 12 months (adjusted for any expected changes), whichever is the more appropriate. A single contract providing for a regular supply over a period of time and a series of separate contracts concluded over a period of time for the same type of goods are both regarded as 'regular' contracts for these purposes.

2.4 ~~The contract value will be represented by the total value of the contract over the period of the contract, except in circumstances where the contract is for a period of more than four years. In circumstances where the contract is for more than four years, the monthly consideration shall be multiplied by 48 in order to determine whether the value of the contract is greater than the thresholds.~~

2.5 The thresholds are set bi-annually and with effect from January 1st 2006 are as follows:

2.2.1	Services (Part A)	£99,695
2.2.2	Services (Part B)	£93,738
2.2.3	Works	£3,611,319
2.2.4	Supplies	£93,738

2.6 ~~The Director of Finance and Business Planning will publish from time to time the £ Sterling conversion rates that apply.~~

3. PROCUREMENT FRAMEWORK

3.1 Standard Procurement Method

The Trust's standard method of procurement shall be by competitive tendering. However, as detailed below, the Trust's standard method of procurement shall be affected by the monetary value of the goods and services being purchased.

3.2 Purchases below £3,000

3.2.1 Standard LAS purchasing procedures shall be followed without the requirement for either competitive tendering to be implemented or competing quotations to be sought. Refer to paragraph 6 of this Appendix.

3.2.2 Wherever possible the goods and services being purchased shall be joined together so that the value shall exceed £3,000.

3.3 Non-Estates Purchases between £3,000 and £25,000

3.3.1 Competing quotations shall be sought, unless the purchase is made through the Trust's supplies agent. Refer to paragraph 5 of this appendix

3.3.2 Non-estates purchases are goods and services other than purchases relating to building and engineering works (as detailed in paragraph 4.1.4 of this Appendix).

3.4 Estates Purchases between £3,000 and £100,000

3.4.1 Competing quotations shall be sought. Refer to paragraph 5 of this Appendix.

3.4.2 Estates purchases relate to building and engineering works (as detailed in paragraph 4.1.4 of this Appendix).

3.5 Non-Estates Purchases above £25,000

3.5.1 Competitive tendering shall be implemented. Refer to paragraph 4 of this Appendix.

3.5.2 Non-estates purchases are goods and services other than purchases relating to building and engineering works (as detailed in paragraph 4.1.4 of this Appendix).

3.6 Estates Purchases above £100,000

3.6.1 Competitive tendering shall be implemented. Refer to paragraph 4 of this Appendix.

3.6.2 Estates purchases relate to building and engineering works (as detailed in paragraph 4.1.4 of this Appendix).

4. COMPETITIVE TENDERING

4.1 The Board shall ensure that competitive tenders are invited for:

4.1.1 the supply of goods with a monetary value in excess of £25,000;

4.1.2 the supply of materials and manufactured articles with a monetary value in excess of £25,000;

4.1.3 the rendering of services, including consultancy costs, with a monetary value in excess of £25,000;

4.1.4 building and engineering works of construction and maintenance, (including construction and maintenance of grounds and gardens) and for professional design services on works projects, with a monetary value in excess of £100,000, or such other figure as the Department of Health may from time to time determine;

4.1.5 for fee bids which take price into consideration for disposals and for all other projects.

4.2 Competitive tendering may be waived under the following circumstances:

4.2.1 where the goods or services are ordered under existing contracts;

4.2.2 as provided for under paragraphs 4.4, 4.6 and 14 of this Appendix;

4.2.3 where so provided in the NHSE Capital Investment Manual - copies of which are held within the Finance and Estates departments for reference purposes as appropriate;

4.2.4 The timescale genuinely precludes competitive tendering. Failure to plan the work properly is not a justification for single tender.

4.2.5 the task is essential to complete the project, and arises as a consequence of a recently completed assignment and engaging different consultants for the new task would be inappropriate;

4.2.6 there is a clear benefit to be gained from maintaining continuity with an earlier project. However in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive tendering.

4.2.7 where in the opinion of the Chief Executive and the Director of Finance and Business Planning, the estimated expenditure or income would not warrant formal tendering procedures, or competition would not be practicable taking into account all the circumstances (as detailed in paragraph 5.2 of this Appendix).

4.3 In the event of any of the above referenced circumstances where competitive tendering is waived, the reasons shall be set down in a permanent and signed record. A copy of the signed record shall be retained with the associated project working papers and the original signed record shall be retained by the Director of Finance ~~and Business Planning~~ or the Chief Executive.

4.4 The provisions of this paragraph apply where EU procurement regulations have been satisfied. Where it is proposed that competitive tendering shall be waived and single tender action is being proposed, the relevant Director shall provide detailed information in writing regarding:

(i) the justification for single tender action;

(ii) compliance with public procurement regulations (EU Directives);

(iii) the possible effects of not seeking competitive tenders; and

(iv) value for money.

4.5 Where it is proposed that competitive tendering shall be waived, the information (as detailed in paragraph 4.4 of this Appendix) shall be presented to the Director of Finance and Business Planning, the Chief Executive or the Trust Board as appropriate (as detailed in paragraphs 4.5.1, 4.5.2 and 4.5.3 below). Where the Director of Finance and ~~Business Planning~~, the Chief Executive or the Trust Board approve the waiving of competitive tendering, the relevant record (as detailed in paragraph 4.3 of this Appendix) shall be authorised. Where the approval to waive competitive tendering is authorised, such decisions shall be reported by the Director of Finance ~~and Business Planning~~ to the Trust's Audit Committee.

4.5.1 Where the proposal to waive competitive tendering relates to goods or services valued at less than £150,000, the authorisation shall be given by the Director of Finance ~~and Business Planning~~.

4.5.2 Where the proposal to waive competitive tendering relates to goods or services valued at more than £150,000 and less than £400,000, the authorisation shall be given by the Chief Executive.

4.5.3 Where the proposal to waive competitive tendering relates to goods or services valued at more than £400,000, the authorisation shall be given by the Trust's Board.

4.6 Competitive tendering is not required where:

4.6.1 The goods or services can be obtained through a pre-tested competitive framework or catalogue arrangement to which the Trust has legitimate access and meets the requirements of public procurement regulations.

4.7 Formal tendering procedures may be waived, under the authority of one of the Trust's Executive Directors, without reference to the Chief Executive and the Director of Finance ~~and Business Planning~~ where:

4.7.1 the estimated expenditure is not in relation to building and engineering works, does not exceed £25,000 and is within budget allocation;

4.7.2 the estimated expenditure is in relation to building and engineering works (as detailed in paragraph 4.1.4 of this Appendix), does not exceed £100,000 and is within budget allocation.

4.7.3 Under these circumstances competing quotations are to be sought (as detailed in paragraph 5 of this Appendix).

4.8 The Board shall ensure that invitations to tender are sent to a sufficient number of comparable firms to provide fair and adequate competition - taking into account the capacity of the firms to supply the goods or materials or to undertake the services or works required.

Normally, a minimum of three comparable firms shall be invited to tender unless procurement is routed through the Trust's supplies agent. In circumstances where the Trust's supplies agent are being used to secure tenders or quotations, the procurer shall not be specified. In circumstances where at least three tenders are being sought without the use of the Trust's supplies agent, the Trust's supplies agent could also be one of the organisations invited to produce a tender or quotation.

4.9 Where approved lists are maintained, the Board shall normally ensure that the firms invited to tender are among those on such approved lists. Such lists, where compiled, will include approved firms which have been subject to appropriate financial vetting (as detailed in paragraph 7

of this Appendix) as well as the separate maintenance list or record for minor works in accordance with ESTMANCODE ~~or CONCODE~~ guidance. Where maintained, the Director of Finance and Business Planning shall keep the list of financially approved firms and the Director of ~~Technology~~ Finance/Head of Estates shall keep the maintenance list and minor works record.

5. COMPETING QUOTATIONS

5.1 Where formal competitive tendering is dispensed with under paragraph 4 of this Appendix, competing quotations shall be obtained in writing wherever possible, unless procurement is routed through the Trust's supplies agent. In circumstances where procurement is routed through the Trust's supplies agent, the Trust's supplies agent shall abide by LAS Standing Orders at all times. In circumstances where it is not possible to obtain three competing quotations in writing, a file note of three competing quotations secured via telephone shall be maintained as a minimum. The value of contracts allocated without formal competitive tendering shall not exceed £25,000 in the case of non-estates goods or services or £100,000 in the case of building and engineering works (as detailed in paragraph 4.1.4 of this Appendix).

5.2 Competing quotations may also be invited directly from any firm, including the Trust's supplies agent, without regard to the provisions of paragraph 5.1 of this Appendix (i.e., where the value of the procurement exceeds £25,000 or £100,000 as appropriate) for the following purposes:

5.2.1 the supply of proprietary or other goods and the rendering of services where such goods or services are of a special or unique character, for which, in the opinion of the Chief Executive and the Director of Finance ~~and Business Planning,~~ it is neither possible nor desirable to purchase through competitive tendering;

5.2.2 the supply of goods or manufactured articles of any kind which, in the opinion of the Chief Executive and the Director of Finance ~~and Business Planning~~ are required quickly for the continuance of the provision of the service provided by the Trust and are not obtainable under existing contracts.

5.2.3 In such circumstances, the firms invited to provide competing quotations shall only be those which are deemed suitable in the opinion of the Chief Executive and the Director of Finance ~~and Business Planning.~~

5.3 Unless the Trust's supplies agent is used, a minimum of three competing quotations shall be invited in writing from comparable firms. Where this is not possible the Director of Finance ~~and Business Planning~~ shall be informed, in writing, of the reasons for and the outcome of the limited

quotations. A copy of the written record shall also be retained with the associated project working papers.

5.4 Similar arrangements to those described in paragraph 5.2 above may be made for specialist services works in connection with building and engineering maintenance, provided that the Director of Information Management & Technology and Director of Finance certifies that the provisions of paragraph 5.2.1 and 5.2.2 above are applicable. The reasons for the decision shall be passed by the Director of Technology to the Chief Executive and Director of Finance and Business Planning in writing. The record shall be counter-signed by the Chief Executive and Director of Finance and Business Planning to show their acceptance of the reasons for the decision. A copy of the signed and authorised record outlining the reasons for this decision shall be retained with the associated project working papers.

6. STANDARD PROCUREMENT

6.1 Where the value of the goods and services to be purchased are less than £3,000, they shall be joined together wherever possible so that the total value exceeds the £3,000 minimum required for purchasing through competing quotations.

6.2 Where the provisions of paragraph 6.1 of this Appendix are not possible, the requirement for procurement through either competing quotations or competitive tendering shall be waived, and the goods and services shall be purchased through standard LAS procurement channels in accordance with standard LAS procurement procedures. It should be noted that, in order to maintain procedures of best practice and value for money, it is recommended that at least three telephone quotations shall be sought for expenditure of less than £3,000.

7. LIST OF APPROVED FIRMS

7.1 The Trust shall maintain, wherever possible, lists of approved firms from whom tenders and quotations may be invited, ensuring that the establishment and maintenance of such lists allows for sufficient competition. Such lists shall be maintained as detailed in paragraph 4.8 of this Appendix.

7.2 The lists, where maintained, shall be subject to periodic review and re-establishment, where appropriate, by advertising. It is to be noted that Department of Health guidance in CONCODE provides for the list to be re-established by advertisement every five years.

7.3 The lists, where maintained, shall include all firms who have applied for permission to tender and as to whose technical and financial competence the Director of Finance and Business Planning is satisfied.

7.4 Where the Director of Finance and Business Planning is not satisfied with the technical and financial competence of the firms, the firms are to be removed from the list of approved suppliers, where maintained, and no tenders or quotations are to be accepted or invited from such firms.

7.5 Where no lists are maintained by the Trust, the Director of Finance and Business Planning is to be informed of all firms who have been invited to provide tenders or quotations by the Trust and subsequent to the opening of the tenders, shall determine whether such tenders or quotations received are to be accepted by the Trust by reference to their technical and financial competence (as detailed in paragraph 12.5 of this Appendix).

8. INVITATIONS TO TENDER

8.1 All invitations to tender on a competitive basis shall be in accordance with the Board's agreed procedures and state in the invitation to tender that no tender shall be accepted unless it is submitted in either the special envelope/package provided by the Trust or a plain, sealed envelope/package bearing the word "Tender" followed by the subject to which it relates and the latest date and time for receipt of such tender.

8.2 Every tender for goods, materials, services or disposals shall embody the Contract Conditions that the tender shall be awarded under. However, in the case of tenders for the purchase of computer equipment and associated maintenance contracts, the facilities and conditions of contract of the NHS Central responsibility (as detailed in paragraph 4.2.4 of this Appendix) shall be used in accordance with relevant Departmental policy and guidance.

8.3 Every tender for building and engineering work, except any tender for maintenance work only (where Capital Investment Manual guidance shall be followed) shall be in the terms of the current editions of the ~~Government~~ Appropriate Standard Forms of Contract. Where appropriate, these base documents shall be modified and amplified to accord with extant Departmental guidance and other instructions and, in minor respects, to cover special features of individual projects.

8.4 All invitations to tender shall state in the invitation to tender that no tender shall be accepted unless it includes details of at least three recent referees who can be contacted to provide information on the technical and organisational competence of the tenderer, and the latest set of published financial statements of the tenderer.

8.5 All invitations to tender shall require tenderers to submit prices exclusive of VAT. Tenderers shall state the applicable VAT separately.

9. RECEIPT AND SAFE CUSTODY OF TENDERS

9.1 The Trust Secretary shall be responsible for the receipt, endorsement and recording of competitive tenders in the competitive tendering register and for the safe custody of tenders received until the time appointed for their opening.

9.2 The competitive tendering register shall be in the form of a bound book with pre-numbered pages. For reference purposes, an example of the type of information held within the competitive tendering register has been included as Appendix B of this Appendix.

9.3 The date and time of receipt of each tender by the Trust Secretary shall be endorsed on the unopened tender envelope/package and recorded in the appropriate register (as detailed in paragraph 9.2 of this Appendix).

10. OPENING TENDERS

10.1 As soon as practicable after the date and time stated as being the latest time for the receipt of tenders, they shall be opened by two senior officers/managers officers ~~nominated~~ designated by the Chief Executive and not from the originating department. The originating department will be taken to mean the Department sponsoring or commissioning the tender.

10.2 All Executive Directors/Members will be authorised to open tenders regardless of whether they are from the originating department provided that the other authorised person opening the tenders with them is not from the originating department.
~~Tenders for goods and services shall be opened in the presence of the Senior Manager responsible for the procurement and either the Trust Secretary or the Assistant Trust Secretary.~~ For any tenders with a value greater than £1 million, the tenders must be opened in the additional presence of an Executive Director.

10.3 All eligible tenders received shall be opened on one and the same occasion.

10.4 Every tender received shall be endorsed with the date of opening and initialled by at least two of those present at the opening, at least one of whom shall be a Director in circumstances outlined in paragraph 10.2 of this Appendix.

10.5 A record of the opening of the tenders shall be maintained in the appropriate register (as detailed in paragraph 9.2 of this Appendix). The record is to be signed by at least two persons present at the opening of the tenders, in accordance with paragraph 10.5 of this Appendix as appropriate. The record shall show for each set of competitive tenders:

(i) the name of all firms invited to tender, details of which shall not be supplied to those designated officers responsible for receipt and opening until after the date of return;

(ii) the names of firms from which tenders have been received;

(iii) the date the tenders were opened;

(iv) the price tendered (excluding VAT).

10.6 Except as in paragraph 10.8 below, a record shall be retained within the appropriate register (as detailed in paragraph 9.2 of this Appendix) of apparent price alterations within the tender. The record shall take the form of an addendum to the appropriate register and shall be initialled by at least two of those present at the opening, signed in accordance with paragraph 10.5 of this Appendix as appropriate. The addendum shall detail:

(i) all price alterations on the tender;

(ii) the final price shown on the tender;

(iii) any letter, document or material enclosed with or accompanying the tender.

10.7 A record shall be made in the addendum to the appropriate register (as detailed in paragraph 9.2 of this Appendix), if the price alterations are so numerous on any one tender as to render the procedure outlined in paragraph 10.7 of this Appendix unreasonable in the opinion of the Chief Executive or the Trust Secretary.

10.8 All records required to be maintained, as outlined within this Appendix, shall be held in the custody of the Trust Secretary.

11. ADMISSIBILITY OF TENDERS

11.1 Late tenders shall not be considered where other tenders received have already been opened, except in the circumstances described in paragraphs 11.2 and 11.3 below.

11.2 Technically late tenders are those despatched in good time but delayed beyond the due time for the receipt of tenders through no fault of the

tenderers. Such tenders may be regarded as having arrived in due time by the Chief Executive or the Trust Secretary and a permanent signed record kept of the reasons, where the signed record shall be retained as an addendum to the appropriate register (as detailed in paragraph 9.2 of this Appendix).

11.3 Late tenders shall only be considered in circumstances, to be determined by the Chief Executive or the Director of Finance and Business Planning, which would be of advantage to the Trust. Such circumstances may be where significant financial, technical or delivery advantages would accrue to the Trust and the Chief Executive and the Director of Finance ~~and Business Planning~~ are satisfied that there is no reason to doubt the bona-fides of the tenderers concerned. In such circumstances, the tender may be considered and a permanent signed record shall be kept of the reasons, where the signed record shall be retained as an addendum to the appropriate register (as detailed in paragraph 9.2 of this Appendix).

11.4 Incomplete tenders are those from which information necessary for the adjudication of the tender is missing. These shall be dealt with in accordance with paragraph 11.6 below.

11.5 Amended or re-submitted tenders shall not be considered after the due time for receipt.

11.6 If it is considered necessary by the Chief Executive or his/her nominated officer to discuss with a tenderer the contents of his/her tender in order to elucidate technical points before the award of a contract, the tender need not be excluded from the adjudication. A signed record of the nature of the discussion and its outcome shall be kept, where the signed record shall be retained as an addendum to the appropriate register (as detailed in paragraph 9.2 of this Appendix).

11.7 Where the examination of tenders reveals errors which, in the opinion of the Chief Executive or his/her nominated officer, would affect the tender figures, the tenderer is to be given details of such errors and given the opportunity of confirming or withdrawing their offer. In such circumstances, the tender need not be excluded from the adjudication and a signed record of the nature of the discussions and their outcomes shall be kept. In these circumstances, the signed record shall be retained as an addendum to the appropriate register (as detailed in paragraph 9.2 of this Appendix).

11.8 While decisions as to the admissibility of late, incomplete or amended tenders are under consideration and while negotiations are in progress or re-tenders are being sought, the tender documents shall be kept strictly confidential and held in safe custody by the Chief Executive or the Trust Secretary.

12. ACCEPTANCE OF TENDERS

12.1 Non-Competitive Tenders

12.1.1 Where only one tender is sought and/or received the Chief Executive or his/her nominated officers shall, as far as is practicable, determine that the price to be paid is fair and reasonable and keep a signed record of the reasons for this decision. In such circumstances, the signed record is to be retained as an addendum to the appropriate register (as detailed in paragraph 9.2 of this Appendix).

12.1.2 In circumstances where either no tender is received by the Trust or the Chief Executive or his/her nominated officer determine that the price to be paid is not fair and reasonable, the Chief Executive shall empower the Director responsible for the originating department to approach firms which the Director is aware can provide the relevant goods or services to the Trust. the Director shall report, in writing:

(i) the content and outcome of their discussions with the approached firms;

(ii) the agreed prices for the provision of the specified goods or services;

(iii) their recommendations as to which firms shall provide the goods or services to the Trust.

12.1.3 The Director shall forward the record (as detailed in paragraph 12.1.2 of this Appendix) to the Director of Finance ~~and Business Planning~~, the Chief Executive or the Trust Board for approval of their recommendations as per the financial limits detailed in paragraphs 4.5.1, 4.5.2 and 4.5.3 of this Appendix.

12.1.4 Where this procedure is adopted, the Director of Finance ~~and Business Planning~~ shall maintain the duly authorised record, and report the decisions made to the Trust's Audit Committee.

12.2 **Building, Engineering and Maintenance Works**

12.2.1 If the number of tenders received is insufficient to provide adequate competition, or tenders are late, amended, incomplete, qualified, or otherwise not strictly competitive, in the opinion of the Chief Executive or his/her nominated officer, they shall be dealt with in accordance with Department of Health guidance extant or guidance obtained for the purpose of the particular case. Such guidance can be found, for example, in CONCODE - which can be obtained for reference purposes from the Director of Finance. ~~and Business Planning.~~ Competitive tendering cannot be waived for building and engineering construction works, maintenance (other than in accordance with CONCODE) without the Department of Health's approval.

12.3 **Basis for Acceptance of a Tender**

12.3.1 The basis for the acceptance of a tender shall be that which is the most economical advantageous to the Trust and this may be, but is not necessarily, that with the lowest price where payment is made by the Trust. If the lowest price is not accepted then the good and sufficient reasons shall be set out in either the contract file or other appropriate record.

12.3.2 The possible criteria for acceptance of the tender shall be:-

(i) price
(ii) quality
(iii) delivery date
(iv) capital expenditure implications
(v) revenue expenditure implications
(vi) cost effectiveness
(vii) aesthetic characteristics
(viii) functional characteristics
(viii) technical merit
(ix) after sales merit
(x) technical assistance
(xi) any other relevant criteria.

12.3.3 The basis for the acceptance of a tender shall be kept in a signed record, signed in accordance with paragraph 10.5 of this Appendix. The signed record shall be retained as an addendum to the appropriate register (as detailed in paragraph 9.2 of this Appendix).

12.4 **Tender Other than the Lowest**

12.4.1 Any tender accepted shall be the most advantageous to the Trust, have the lowest price where payment is made by the Trust or have the highest income where payment is received by the Trust.

12.4.2 A tender, other than the lowest where payment is to be made by the Trust or the highest where payment is to be received by the Trust, shall only be accepted for good and demonstrable reasons if the Chief Executive or his/her nominated officer so decide and keep a signed record of that decision. This decision shall then be reported to the Trust Board. The original signed record shall be retained with the Trust Board's relevant working documents and a copy shall be retained as an addendum to the appropriate register (as detailed in paragraph 9.2 of this Appendix).

12.5 **Financial Competence**

12.5.1 Any tender or quotation shall only be accepted by the Trust where the Director of Finance and Business Planning is satisfied with the financial competence of the firms involved. Such assurance shall be sought by the use of financial criteria, to be determined as appropriate by the Director of Finance and Business Planning or his/her nominated officer, to analyse the financial information received with the tender documentation, and any other documentation the Director of Finance and Business Planning or his/her nominated officer consider appropriate. In circumstances where the Director of Finance and Business Planning is not satisfied with the financial competence of the firms, the position shall be discussed by the Director of Finance and Business Planning or his/her nominated officer with the firms in an attempt to be satisfied with the tenderer's financial competence on behalf of the Trust. Only where the Director of Finance and Business Planning is satisfied with the financial competence of the firms shall the tender or quotation be assigned to those firms. A permanent, signed record of the discussions and outcomes shall be retained with the appropriate working papers used to analyse financial competence and retained within the Finance and Business Planning department - where the records can be viewed by appropriate officers of the Trust as appropriate.

12.6 **Technical & Organisational Competence**

12.6.1. Any tender or quotation shall only be accepted by the Trust where the Director responsible for the originating department is

satisfied with the technical and organisational competence of the firms involved.

12.6.2 At least one recent reference shall be taken up from the selection of three provided with the tender documentation of the chosen tenderer. Any tender shall only be accepted where the references taken up are satisfactory, in the opinion of the relevant Director (as detailed in paragraph 12.6.1 of this Appendix).

13. POST-TENDER NEGOTIATIONS

Post tender negotiations with the successful tenderer shall only be carried out with the agreement of the Chief Executive or the Director of Finance and Business Planning and a signed record shall be kept of the reasons for the negotiations and the outcome of the discussions, with the signed record being retained with the associated tender working papers.

14. DISPOSALS

14.1 Paragraph 4 of this Appendix shall not apply to the disposal of:

14.1.1 ~~growing crops, fixtures and fittings, machinery and old materials, in respect of any of which a fair price can be obtained only by negotiation or sale by auction;~~

14.1.1 any matter in respect of which a fair price can be obtained only by negotiation or sale by auction as determined (or pre-determined in a reserve) by the Chief Executive or his nominated officer.

14.1.2 obsolete or condemned articles and stores, which may be disposed of in accordance with the supplies policy of the Trust;

14.1.3 items arising from works of construction, demolition or site clearance, which shall be dealt with in accordance with the relevant contract;

14.1.4 land or building concerning which Department of Health guidance has been issued, but subject to compliance with such guidance.

14.1.5 items arising from works of construction, demolition or site clearance, which should be dealt with in accordance with the relevant contract.

I5 IN HOUSE SERVICES

15.1 The Chief Executive shall be responsible for ensuring that best value for money can be demonstrated for all services provided on an in-

house basis. The Trust may also determine from time to time that in-house services should be market tested by competitive tendering.

16. FORMS OF CONTRACT

Every contract for building and engineering works, except contracts for maintenance work only, where Departmental Capital Investment Manual guidance shall be followed, shall embody as much of the ~~NHS Standard Terms and Conditions of Contract~~ JCT as are applicable (as detailed in paragraph 8.2 of this Appendix). In the case of contracts for building and engineering works costing more than £100,000 (or such other amount as the Department of Health may from time to time determine), the contract shall be embodied in a formal document executed under seal.

Cancellation of Contracts - Except where specific provision is made in model Forms of Contracts or standard Schedules of Conditions approved for use within the NHS and in accordance with Standing Orders, there shall be inserted in every written contract a clause empowering the Trust to cancel the contract and to recover from the contractor the amount of any loss resulting from such cancellation, if the contractor shall have offered, or given or agreed to give, any person any gift or consideration of any kind as an inducement or reward for doing or forbearing to do or for having done or forborne to do any action in relation to the obtaining or execution of the contract or any other contract with the Trust, or for showing or forbearing to show favour or disfavour to any person in relation to the contracts or any other contract with the Trust, or if the like acts shall have been done by any person employed by him or acting on his behalf (whether with or without the knowledge of the contractor), or if in relation to any contract with the Trust the contractor or any person employed by him/her or acting on his/her behalf shall have committed any offence under the Prevention of Corruption Acts 1889 and 1916 an other appropriate legislation.

Determination of Contracts for Failure to Deliver Goods or Material – There shall be inserted in every written contract for the supply of goods or materials a clause to secure that, should the contractor fail to deliver the goods or materials or any portion thereof within the time or times specified in the contract, the Trust may without prejudice determine the contract either wholly or to the extent of such default and purchase other goods, or material of similar description to make good (a) such default, or (b) in the event of the contract being wholly determined the goods or materials remaining to be delivered. The clause shall further secure that the amount by which the cost of so purchasing other goods or materials exceeds the amount which would have been payable to the contractor in respect of the goods or materials shall be recoverable from the contractor.

Contracts involving Funds Held on Trust – shall do so individually to a specific named fund. Such contracts involving charitable funds shall comply with the requirements of the Charities Act.

17. ADVANCED/PHASED PAYMENTS

Advance/phased payments, except those made for capital building projects ~~under~~ as laid down conditions of contract, are only to be made in exceptional circumstances and shall only be made following the agreement of the Chief Executive and the Director of Finance ~~and Business Planning~~. A signed record shall be kept of the reasons for this method of payment, with the signed record being retained with the associated tender working papers.

18. APPLICATION OF LIQUIDATED AND ASCERTAINED DAMAGES ON CONSTRUCTION CONTRACTS

The Chief Executive or his/her nominated officer shall normally enforce the application of liquidated and ascertained damages on construction contracts, except where the Chief Executive or his/her nominated officer determine that they should be waived. In circumstances where such damages are waived the Chief Executive shall note the reasons in a signed record, which will be passed to the Director of Finance ~~and Business Planning~~ and presented to the Audit Committee as appropriate.

19 REPORTING OF TENDER ACTIVITY

20.1 The Trust Secretary shall report to the Board any tenders received and the names of those organisations tendering.

20.2 After the analysis of tenders by the senior manager responsible has completed then the Trust Secretary shall report to the Board for noting in its non-public session:

19.2.1 what was being tendered,
19.2.2 the names of those tendering and
19.2.3 the amounts of each tender.

This report is to be presented as soon as practicable after tenders have been opened.

The senior manager responsible for the procurement shall provide the Trust Secretary with sufficient information to enable the reporting required at paragraph 18.2

20 PRIVATE FINANCE INITIATIVE

20.1 Where appropriate the Trust will test for PFI when considering capital procurement. When the Board proposes, or is required, to use finance provided by the private sector the following should apply:

20.2 The Chief Executive shall demonstrate that the use of private finance represents value for money and genuinely transfers risk to the private sector.

20.3 Where the sum exceeds delegated limits set by the Department of Health, a business case must be referred to the organisation designated by the DoH for approval.

20.4 The proposal must be specifically agreed by the Board.

20.5 The selection of a contractor/finance company must be on the basis of competitive tendering or quotations.

London Ambulance Service NHS Trust
Competitive Tendering Register
Record of Invitations to Tender

Record of offers for: **Offer ref:**

Latest date & time for receipt:
Amended date & time (if appropriate):

Offer procedure being used: Open/Restricted/Negotiated *
(***** Delete as appropriate)

EU/Non-EU *

Number of suppliers invited to offer:

Number of responses to offer notice:

Invitation to offer Date	Supplier	Offer received date

Prepared by: **Signature:**

Name: **Date:**

APPENDIX III: TERMS OF REFERENCE FOR THE AUDIT COMMITTEE

1. Constitution

The Board hereby resolves to establish a Committee of the Board to be known as the Audit Committee (The Committee). The Committee is a non-executive committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference.

2. Membership

The Committee shall be appointed by the Board from amongst the Non-Executive directors of the Trust and shall consist of not less than three members. A quorum shall be two members. One of the members will be appointed Chair of the Committee by the Board. The Chairman of the Trust shall not be a member of the Committee.

3. Attendance

The Director of Finance and appropriate Internal and External Audit representatives shall normally attend meetings. However, at least once a year the Committee should meet privately with the External and Internal Auditors.

The Chief Executive and other executive directors should be invited to attend, but particularly when the Committee is discussing areas of risk or operation that are the responsibility of that director.

The Chief Executive should normally attend all Audit Committee meetings and must attend annually to discuss with the Audit Committee the process for assurance that supports the Statement on Internal Control.

The Trust Secretary, or whoever covers these duties, shall be Secretary to the Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chairman and committee members.

4. Frequency

Meetings shall be held not less than three times a year. The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.

5. Authority

The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised by the Board to obtain reasonable outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

6. Duties

The duties of the Committee can be categorised as follows:

6.a Governance, Risk Management and Internal Control

The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives.

In particular, the Committee will review the adequacy of:

- all risk and control related disclosure statements (in particular the Statement on Internal Control and declarations of compliance with the Standards for Better Health), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements

- the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements

- the policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the Counter Fraud and Security Management Service

In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

6.b Internal Audit

The Committee shall ensure that there is an effective internal audit function established by management, which meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board. This will be achieved by:

- consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal

- review and approval of the Internal Audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organization as identified in the Assurance Framework

- consideration of the major findings of internal audit work (and management's response), and ensure co-ordination between the Internal and External Auditors to optimise audit resources

- ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation

- annual review of the effectiveness of internal audit

6.c External Audit

The Committee shall review the work and findings of the External Auditor appointed by the Audit Commission and consider the implications and management's responses to their work. This will be achieved by:

- consideration of the appointment and performance of the External Auditor, as far as the Audit Commission's rules permit

- discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan, and ensure coordination, as appropriate, with other External Auditors in the local health economy

- discussion with the External Auditors of their local evaluation of audit risks and assessment of the Authority/Trust/PCT and associated impact on the audit fee

- review all External Audit reports, including agreement of the annual audit letter before submission to the Board and any work carried outside the annual audit plan, together with the appropriateness of management responses

6.d Other Assurance Functions

The Audit Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications to the governance of the organisation.

These will include, but will not be limited to, any reviews by Department of Health Arms Length Bodies or Regulators/Inspectors (e.g. Healthcare Commission, NHS Litigation Authority, etc.), professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc.)

In addition, the Committee will review the work of other committees within the organisation, whose work can provide relevant assurance to the Audit Committee's own scope of work. This will particularly include the Clinical Governance Committee and any Risk Management committees that are established.

In reviewing the work of the Clinical Governance Committee, and issues around clinical risk management, the Audit Committee will wish to satisfy themselves on the assurance that can be gained from the clinical audit function.

6.e Management

The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control. They may also request specific reports from individual functions within the organisation (e.g. clinical audit) as they may be appropriate to the overall arrangements.

6.f Financial Reporting

The Audit Committee shall review the Annual Report and Financial Statements before submission to the Board, focusing particularly on:

- the wording in the Statement on Internal Control and other disclosures relevant to the Terms of Reference of the Committee

- changes in, and compliance with, accounting policies and practices

- unadjusted mis-statements in the financial statements
- major judgemental areas
- significant adjustments resulting from the audit

The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

7. Reporting

The minutes of Audit Committee meetings shall be formally recorded by the Trust Secretary and submitted to the Board. The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure to the full Board, or require executive action.

The Committee will report to the Board annually on its work in support of the Statement on Internal Control, specifically commenting on the fitness for purpose of the Assurance Framework, the completeness and embeddedness of risk management in the organisation, the integration of governance arrangements and the appropriateness of the self-assessment against the Standards for Better Health.

8. Other Matters

The Committee shall be supported administratively by the Trust Secretary, whose duties in this respect will include:

- Agreement of agenda with Chairman and attendees and collation of papers
- Taking the minutes & keeping a record of matters arising and issues to be carried forward
- Advising the Committee on pertinent areas

APPENDIX IV: TERMS OF REFERENCE FOR THE REMUNERATION AND TERMS OF SERVICE COMMITTEE

1. Constitution and Function

1.1. The Committee shall be formally established by the Board and its terms of service, membership, delegated powers and area of responsibility formally minuted.

1.2. The following posts will fall within the Committee's area of responsibility:

The Chief Executive and
Board Directors,

1.3. The Committee will comprise the Board Chairman and non-executive Directors. Its composition is to be given in the Annual Report. The Chief Executive and the Human Resources Director will normally be in attendance at meetings but will not be present for discussions about their own remuneration and terms of service.

1.4. The Board should decide in advance its general policy on Directors' remuneration and terms of service and look to the committee to ensure that its policy is applied consistently.

1.5. The Committee will meet as directed by the Board. Its proceedings will be formally minuted and it will be serviced by the Trust Secretary.

1.6. The Committee is to be authorised by the Board to obtain legal or other professional advice it deems to be necessary.

1.7. The Committee shall be made aware of the Terms and Conditions applied to both Non Trust Board Directors, and such senior managers as it determines, and any amendments thereto from time to time.

1.8. ~~Within seven days of its meetings,~~ the Committee is to report in writing to the Board specifying the basis for its recommendations. The Board will use the Committee's report as the basis for its discussions on the remuneration and terms of service for those staff falling with its area of responsibility. The minutes of the relevant Board meetings are formally to record decisions taken.

2. **Overall Purpose**

2.1. To make such recommendations to the Board on the remuneration and terms of service of the Chief Executive, other Board Directors and such senior managers as the Board may have decided should fall within the Committee's remit, as to ensure that they are fairly rewarded for their individual and corporate contribution to the Trust - having proper regard to the Trust's circumstances and performance and to the provisions of any national arrangement for such staff where appropriate.

2.2. To advise on and oversee appropriate contractual arrangements for the staff covered by paragraph ~~8~~ 1.2 above, including the proper calculation and scrutiny of termination payments taking account of such national guidance as is appropriate.

3. **Procedure**

3.1. In developing recommendations for remuneration packages, the Committee will wish to ensure that they have:

3.1.1. a clear statement of the responsibilities of the individual posts and their accountabilities for meeting objectives of the organisation;

3.1.2. means of assessing the comparative size of the job by job evaluation; and

3.1.3 comparative salary information from the NHS, other public sector organisations including Trusts, and other industrial and service organisations.

APPENDIX V: TERMS OF REFERENCE FOR THE CHARITABLE FUNDS COMMITTEE

1. Constitution and Function

1.1. The Trust Board members shall act as the Trustees of the LAS' Charitable Funds. The Trustees shall hold the Trust Funds upon trust to apply for any charitable purpose or purposes relating to the NHS wholly or mainly for the services provided by the LAS NHS Trust.

1.2. The Committee shall be formally established by the Board and its terms of reference, membership delegated powers and reporting arrangements formally minuted. The Committee shall normally meet once ~~four times~~ a year. The Committee's minutes will be presented to the Board.

~~1.3. The purpose of the Committee is to determine the policy for the management of the LAS' charitable funds and to implement that policy.~~

1.4. The Panel will be chaired by a Non-Executive Director, and will include the Human Resources Director (or his/her representative), the Financial Controller (on behalf of the Director of Finance ~~and Business Planning~~), and representatives of the staff. It will report to the Trust Board.

2. Overall Purpose

2.1. The Committee is to recommend to the Trust Board a long term expenditure policy, examining the balance between expenditure from income and capital and the need to establish a minimum balance of capital to be held.

2.2. Adopt the criteria existing during 1997/98 for drawing Charitable Funds and propose to the Trustees any revisions as part of the future long term expenditure policy

2.3. Control, manage and monitor the use of the fund's resources.

3. Functionality

3.1 A sub-group, composed of representatives of the Human Resources Director, the Financial Controller and staff side, will meet on a quarterly basis to consider applications to the Charitable Funds.

3.2 Applications will be approved or rejected on their basis of their compliance with the Charitable Fund's terms of reference. ~~and objectives~~

3.3 An annual report will be presented to the Charitable Funds Committee, detailing the items approved by the sub-group during the year.

APPENDIX VI STANDARDS OF BUSINESS CONDUCT FOR LONDON AMBULANCE SERVICE NHS TRUST

1. INTRODUCTION

1.1. These guidelines are produced in the light of the challenges that staff face in the new and more commercially oriented environment of Trust status, and are intended by the Trust to reinforce the guiding principles ~~in Circular EL (94)40~~ set out in the Codes of Conduct and Accountability in the NHS published by the Appointments Commission April 2004 for NHS Boards. Should there by any conflict between these principles and EL (94) 40 the latter will take precedence.

1.2. In promoting and safeguarding the reputation and standing of the London Ambulance Service NHS Trust (the Trust)) with local communities, with customers and suppliers, with patients and with the media, it is Trust policy that the professional and social conduct of staff should reflect the highest possible standard of personal integrity and that the business affairs of the Trust are conducted in a moral, honest manner and in full compliance with all the applicable laws and Trust Standing Orders.

2. RESPONSIBILITY OF THE TRUST BOARD

2.1. The Trust Board is responsible for bringing these guidelines to the attention of all LAS staff and for introducing procedures to ensure that they are implemented.

3. RESPONSIBILITY OF LAS DIRECTORS

3.1. All LAS Directors have a responsibility to uphold these guidelines and to act primarily at all times, in the interest of the Trust as a whole.

4. RESPONSIBILITY OF LAS STAFF

4.1. It is the responsibility of Trust staff to ensure that they do not place themselves in a position where their private interests and the Trust duties conflict. This primary responsibility applies to all Trust staff.

5. GUIDING PRINCIPLE IN CONDUCT OF PUBLIC BUSINESS

5.1. It is important that the Trust, along with all public sector bodies, must be seen to be impartial and honest in the conduct of its business and that its staff should remain above suspicion. It is an offence under the Prevention of Corruption Acts 1906 and 1916 for a member of staff corruptly to accept any inducement or reward for doing, or refraining from doing, anything in his or her official capacity, or corruptly showing favour, or disfavour, in the handling of contracts.

5.2. Note: Staff should be aware that a breach of the provisions of the Prevention of Corruption Acts renders them liable to prosecution and may lead to loss of their employment and superannuation rights in the Trust. Failure to adhere to the Business Conduct Policy may result in disciplinary action if it is proved that the employee has failed to declare a relevant interest, or has abused his/her official position or knowledge, for the purpose of self-benefit or the benefit of family, friends or those others with whom the employee has a relationship as defined in paragraph 32.3 of these Standing Orders.

6. PRINCIPLES OF CONDUCT WITHIN THE TRUST

6.1. Trust staff are expected to give the highest possible standard of service to the public and to provide appropriate advice to Directors of the Trust and to fellow employees. In particular Trust staff are required to:

6.1.1. ensure that the interest of patients remain paramount at all times;

6.1.2. be impartial and honest in their conduct of official business; and

6.1.3. use the public monies entrusted to them in a responsible and lawful manner to the best of advantage of the Trust, always ensuring value for money and avoiding legal challenge to the authority.

6.1.4. It is also the responsibility of Trust staff to ensure that they do not:

6.1.4.1. abuse their official position for personal gain or to benefit their family or friends; and

6.1.4.2. seek to advantage or further their private business or other interests in the course of their official duties.

6.2. Wherever Trust staff have private or personal interests in any matter they have to deal with at work, they must not let these interests influence how they act on behalf of the Trust. Interest may be financial interests but non-financial interest can be just as important. Kinship; friendship; membership of an association, society or trusteeship and any other kinds of relationships can sometimes influence the judgement of Directors and employees of the Trust, or may be thought to do so. A good test is for staff to ask themselves whether others could possibly think the interest be close enough or of such a nature as to give rise to any suspicion. In such cases the member of staff must disclose the interest to the Chief Executive through his or her Director.

7. DECLARATION OF INTEREST

7.1. The Trust Board must be advised of all cases where a member of staff or his/her close relative, partner or associate has a controlling, or significant, or financial interest in a business, or any other activity, which may compete for a contract to supply goods or services to the Trust.

7.2. All Trust staff are required to declare such interests either when they are appointed or on acquisition of the interest, in order that it may be known to the Trust and in no way promoted to the detriment of the Trust or to the patients served by the Trust.

7.3. A Register of Interests shall be maintained by the Trust Secretary to whom all declarations must be submitted in writing. This Register shall be made available for inspection by all Trust Directors and by contractors.

7.4. In determining what needs to be declared all Trust staff should:

7.4.1. ensure that they understand these guidelines and consult their line managers if further clarification is required;

7.4.2. ensure that they are not in a position where their private interest and their Trust duties conflict;

7.4.3. declare to the Trust Board any relevant interests; if in doubt they should ask themselves:

7.4.3.1. am I, or might I be, in a position where I or my family or associates might gain from the connection between my private interests and my employment with the Trust?

7.4.3.2. do I have access to information which could influence purchasing decisions?

7.4.3.3. could my outside interest be in any way detrimental to the Trust or to patients' interests?

7.4.3.4. do I have any reason to think that I may be risking a conflict of interest?

7.4.4. If still unsure - **declare it!**

8. PREFERENTIAL TREATMENT IN PRIVATE TRANSACTIONS

8.1. Individual staff must not seek or accept preferential rates or benefits in kind for private transactions carried out with companies with which they have had, or may have, official dealings on behalf of the Trust. (This does not apply to any arrangements negotiated with companies on behalf

of the Trust, or by recognised staff organisations, on behalf of all staff - for example LAS staff benefit schemes).

9. OTHER EMPLOYMENT

9.1. It is a condition of employment that Trust staff do not undertake any other employment, paid or unpaid, which conflicts with the requirements of their Trust post or be detrimental to it. Staff wishing to take up any employment must provide full details and seek prior written authority from the Human Resources Director. The Trust will be responsible for judging whether the interests of patients or of the Trust could be harmed e.g.:

9.1.1. full-time ambulance staff who undertake driving duties outside their employment;

9.1.2. employees associated with or working for private transport organisations; or

9.1.3. employees undertaking alternative employment.

9.2. If written approval is given to a member of staff to undertake any other employment the Human Resources Director will ensure that this is recorded in the Register of Staff Engaged on Other Employment held in his/her department.

10. ACCEPTANCE OF GIFTS AND HOSPITALITY

10.1. National Health Service regulations prohibit staff from soliciting gifts or hospitality from organisations, suppliers or individuals with whom they are brought into contact in the course of their work.

10.2. **Gifts**

10.3. As a general rule all offers of gifts and hospitality should be refused except where such a refusal would cause offence but acceptance must be limited to items similar to those set out below:

10.4. Casual gifts offered by contractors and others, for example:

10.4.1.1. at Christmas time (articles of low intrinsic value (up to £20) such as pens, calendars, diaries etc.) **or**

10.4.1.2. small items of low value (up to £20) such as desk furniture and tankards received at the conclusion of an official visit or conference or seminar.

these items may not be connected with the performance of duties so as to constitute an offence under the Prevention of

Corruption Acts. Items of this nature do not need to be declared.

10.4.1.3. Staff must not, however, accept any money gifts or consideration where such acceptance could be deemed to influence or to have influenced their business conduct. Any member of staff who is unsure whether or not to accept a gift must consult their line manager or the appropriate Director. The Chief Executive will consult the Chairman in respect of gifts offered to him.

10.5. Tokens of gratitude from patients or their relatives must be politely but firmly declined. If, however, patients insist on crews accepting such gratuities, these must be reported to their line manager who will make arrangements for charity allocation.

10.6. Registers of Gifts Offered and Accepted shall be maintained by the Trust Secretary and all details of gifts offered and accepted must be submitted to him/her on a monthly basis. This will be reported to the Audit Committee.

10.7. **Hospitality**

10.7.1. Employees should only accept offers of hospitality if there is a genuine need to impart information or represent the Trust and that the Trust will benefit from such hospitality.

10.7.2. Modest hospitality may be accepted provided that it is normal and reasonable in the circumstances, for example, lunches in the course of working visits. In accepting hospitality, however, staff must not place themselves in a position where acceptance might be deemed by others to have influenced them in making a business decision. Offers to attend purely social or sporting functions should be accepted only when these are part of the life of the community served by the Trust or it is in the Trust's interest to attend for the execution of its business or its operational activity or where the Trust should be seen to be represented. Attendance at such events must be approved in advance by the relevant Director or by the Chief Executive for Directors and by the Chairman for such requests made by the Chief Executive. They should be properly authorised and then recorded by the Trust Secretary.

10.7.3. The frequency and type of hospitality accepted must not be significantly greater than the Trust would be likely to provide in return.

10.7.4. Offers of hospitality involving the provision of transport or overnight accommodation must only be accepted after approval from the appropriate Director or Chief Executive. If in doubt about the acceptance of hospitality, staff must seek advice from their line manager

or appropriate Director, or in the case of the Chief Executive, the Chairman.

10.7.5. Registers of Hospitality Offered and Accepted shall be maintained by the Trust Secretary.

10.7.6. On an annual basis the Trust Secretary will remind all staff of the Trust's policy regarding the acceptance of gifts and hospitality.

11. COMMERCIAL SPONSORSHIP OR ATTENDANCE AT COURSES AND CONFERENCES

11.1. Acceptance by employees of hospitality through attendance at relevant conferences and courses is acceptable, but only where it is clear that the hospitality is corporate rather than personal and where the employee seeks permission in advance and the Trust is satisfied that acceptance will not compromise purchasing decisions in any way. On occasions where it is considered necessary for staff advising on the purchase of equipment in operation in other parts of the country, or, exceptionally, overseas, to attend courses and conferences the Trust may consider meeting the costs so as to avoid jeopardising the integrity of subsequent purchasing decisions.

12. COMMERCIAL SPONSORSHIP OF POSTS - LINKED DEALS

12.1. If a company offers to sponsor a post for the Trust either wholly or partially, it should be made clear that the sponsorship can have no effect on purchasing decisions within the Trust. Where such sponsorship is accepted, purchasing decisions must be monitored by the Trust Secretary to ensure that they are not being influenced by the sponsorship arrangement.

12.2. Under no circumstances should the Trust agree to Linked Deals whereby sponsorship is linked to the purchase of particular products or to supply from a particular source.

13. "COMMERCIAL IN-CONFIDENCE"

13.1. Staff must not make public internal information of a "commercial in-confidence" nature, particularly if its disclosure would prejudice the principle of a purchasing system based on fair competition. This principle applies whether private competitors or other NHS providers are concerned, and whether or not disclosure is prompted by the expectation of personal gain. The term "commercial in-confidence" should not be taken to include information about service delivery and activity levels, which should be publicly available. Nor should it inhibit, for example, the exchange of data for medical purposes subject to the normal rules governing patient confidentiality and data protection. In all circumstances the overriding consideration must be the best interest of patients.

14. COMPLAINTS ABOUT BREACHES OF THE CODE

14.1. Any staff complaints about breaches of the guidelines on Standards of Business Conduct, maladministration or other concerns of an ethical nature, should be taken up initially, through line management. Should that be inappropriate or non-productive then the matter should be referred up to Director and, if necessary, to Board level.

APPENDIX VII SCHEDULE OF DECISIONS RESERVED FOR THE TRUST BOARD

1. **Standing Orders** - for the effective conduct and operation of the Board in the fulfilment of its responsibilities. The decision to suspend standing orders or to vary and amend standing orders.

2. **Standing Financial Instructions -** for the regulation of the conduct of the Trust, its Directors, staff and agents in relation to all financial matters and the security of its assets.

3. **Scheme of Delegation -** to show the approved officers who have been delegated responsibility for deciding particular matters, and those who may act in their place during their absence.

4. **The Strategic Direction -** the strategic policy of the Trust and the selection of its key objectives.

5. **Service Plans -** the consideration and endorsement of the annual service plan and associated budgets to facilitate of the Board's function of exercising financial supervision and control.

6. **Committees/Sub-Committees -** the establishment, terms of reference and reporting arrangements for the Audit Committee, and Remuneration and Terms of Service Committee and all other committees and sub-committees acting on behalf of the Board as laid down in Part II of these Standing Orders. Confirm the recommendations of the Trust's committees where the committee's do not have executive power.

7. **Capital Schemes~~,~~ and assets and large contracts** - the acquisition of capital assets in accordance with the Scheme of Delegation; any capital scheme or acquisition or disposal of assets with a value of ~~£50,000~~ £1,000,000 or more; or any lease or contract with substantial recurring financial implications.

8. **Financial and performance objectives for the Trust -** the establishment of financial and performance targets and the regular provision of information against those targets - to facilitate proper monitoring and control.

9. **Non-Exchequer Funds -** the formulation of policy for the management of non-exchequer funds.

10. **Treasury Policy -** the formulation of policy for the investment of both exchequer and non-exchequer funds.

11. **External Consultants -** the endorsement of the selection of any external consultants involving fees in excess of ~~£50,000~~ £1,000,000.

12. **Human Resources Policies** - the endorsement of Human Resources policies affecting pay, redundancy, retirement, equal opportunities, grievance and disciplinary procedures.

13. **Appointments -** the appointment, appraisal, disciplining and dismissal of the Chief Executive, other executive Board Directors and the Trust Secretary.

14. **Declaration of Interests** - Requiring and receiving the declaration of interests from Board Directors and Officers which may conflict with those of the Trust as per Standing Order No. 15.

15. **Organisational Structures** - Adoption of organisational structures, processes and procedures to facilitate the discharge of business or duties by the Trust and agree modifications thereto.

16. **Ratification of Urgent Decisions** - The ratification of urgent decisions taken in accordance with Standing Order No. 37.

17. **Corporate Trustee** - Approval of arrangements relating to the discharge of the Trust's responsibilities and duties as a corporate trustee for funds held on trust as set out in Standing Order No. 21.

18. **Bailee's Property** - Approval of arrangements relating to the discharge of the Trust's responsibilities as a bailee for patients' property.

19. **Trust Representatives** - The approval of any Trust representative on outside bodies.

20. **Management of Risk** - The approval and monitoring of the Trust's policies and procedures for the management of risk.

21. **Significant Activity or operation** - The approval of the introduction or cessation of any significant activity or operation.

22. **Contracts** - Approval of individual contracts (other than NHS contracts) of a capital or revenue nature in accordance with the Trust's Tendering and Contracting Procedure as set out in these Standing Orders.

23. **Litigation** - The agreement to action on matters relating to litigation against or on behalf of the Trust as defined in the approved Scheme of Delegation.

24. **Statement of Internal Control Evaluation** - Controls Assurance statement is a responsibility of the Board to sign as part of the financial statements.

25. **Approve arrangements for the dealing with complaints**

26. **Approve proposals of the Remuneration Committee regarding Directors and Senior Employees and those of the Chief Executive for staff not covered by the Remuneration Committee.**

APPENDIX IX: TERMS OF REFERENCE FOR THE SERVICE DEVELOPMENT COMMITTEE

1. Constitution and Function

1.1. The Committee will comprise the Chairman of the Trust, the Non-Executive Directors and the Chief Executive.

1.2. The Committee will be chaired by the Chairman of the Trust.

1.3. Board Directors, Non-Board Directors, Officers and others may be invited to attend when their presence is considered necessary.

1.4. The Committee will not be a decision making Committee.

1.5. The Committee shall produce a written record which will be reported to and considered by the next scheduled Trust Board.

2. Terms of Reference

2.1. To consider future developments that may be of interest to the Trust.

2.2. To consider NHS wide developments and encourage discussion on how, if at all, the Trust could be affected.

2.3. To establish areas of interest where further consideration by the Trust Board would be of benefit to patient care.

2.4. To identify opportunities for long term growth and strategic planning and recommend such to the Trust Board.

APPENDIX X: TERMS OF REFERENCE FOR THE CLINICAL GOVERNANCE COMMITTEE

1. Constitution

1.1 The committee shall be formally established by the Board and its terms of reference, membership, delegated powers and reporting arrangements formally minuted. It will normally meet six times a year with three of those meetings set aside for core work

1.2 The Committee will be chaired by a non-executive director or an executive vice-chairman in the absence of the chairman

1.3 A quorum shall be one non-executive director and one executive director

1.4 The Committee's minutes will be reported to, and considered by, the Trust Board.

1.5 The functions of the Clinical Governance Committee will be reviewed on an annual basis

2. Functions and how these will be achieved

The Committee's prime function will be to ensure that high quality patient care is being delivered throughout the London Ambulance Service NHS Trust This will involve responsibility for overseeing new and revised clinical guidelines and protocols which staff are expected to follow during their working lives at LAS, these are based principally on those published by the Joint Royal Colleges Ambulance Liaison Committee. The Committee will require evidence that procedures and protocols are reviewed and further training is given (where appropriate) in response to the reporting and investigation of clinical incidents and complaints. It will monitor the progress of the Clinical Governance Strategy and the Clinical Governance Development Plan

To establish, monitor and recommend that the necessary remedial actions to effect good practice and standards in the context of Clinical Governance for the Trust, using the framework of ***The Standards for Better Health*** through the ***Annual Healthcheck*** (monitored by the Healthcare Commission) and the standards within the ***NHSLA Clinical Care Risk Management Standard for Ambulance Services*** (monitored by the NHSLA). *This will be achieved by receiving regular reports from feeder Groups, in particular Standards for Better Health Group, the Risk Information Group (which combines data from risks, complaints, claims and clinical incidents), the Complaints Group, the Infection Control Group and the Area Governance Groups. The Committee .will receive evidence of compliance and collated information for the final declaration of the* ***Annual Healthcheck*** *and any submission to the NHSLA*

To review the risks associated with clinical practice and untoward clinical events, ensuring that appropriate action plans have been set up to reduce these, working

with the Risk, Compliance and Assurance Group, who will grade them and place them on the Risk Register in accordance with the LAS Risk Scoring Matrix. This will be achieved primarily by reports from the Risk Information Group and ensuring that clinical risk reduction programmes of a high standard are in place and are appropriately monitored; that adverse events are detected early, openly and speedily investigated and that the lessons learned are promptly applied

To ensure that quality improvement processes (e.g. clinical audit) are in place and integrated with the quality programme for the organisation as a whole. Reports to the Committee will demonstrate that evidence-based practise is in day-to-day use supported by research and development This will be achieved by regular reports from the Clinical Audit and Research Steering Group

It will receive evidence that education, training, continuing personal and professional development are taking place for all personnel working for the London Ambulance Service. The Training Services Group and the Area Governance Groups and other feeder Groups as appropriate will provide this information. The Committee will monitor the implementation of the Trust wide Training Needs Assessment

Members of the Committee will define and develop Key Performance Indicators which provide quantitative and qualitative information to be collated in the format of an annual clinical governance report to the Board. These will be changed annually and will contribute to a Trust-wide scoring system

The Committee may recommend policy, as appropriate, to the Trust Board for formal approval. They may also commend further training or clinical service development as a result of evidence produced to the Committee

The Clinical Governance Committee is responsible for providing the Audit Committee with evidence that there is a high calibre clinical risk management system in place; that action plans have been agreed to manage those risks and that these have been appropriately followed up in order to manage/reduce the level of risk

Membership (deputies to be proposed unless already stated)

*1 Non Executive Director (chair)
*2 non executive directors
*Medical Director (vice-chairman)
Head of Education and Development
*Director of Service Development
*Head of Clinical Audit and Research
*Head of Legal Services
*Head of Governance
Safety & Risk Advisor
*Deputy Director Operations

PPI Manager
Diversity Manager
*Head of Complaints
Head of Logistics
*Assistant Director of Operations EOC (deputy -Senior Operations Officer – Planning & Risk)
*Director of Communications (deputy -Head of Communications)
Area Governance representative
*User Representative(s)
A&E Consultant
Head of Employment Services

*indicates member of core committee

Regular Reports will be received from::

Standards for Better Health Group
Complaints Group
Clinical Audit and Research Steering Group
Clinical Steering Committee
Training Services Committee
Risk Compliance and Assurance Group
Area Governance Groups
PPI Committee
Race Equality Strategic Group
Infection Control Group
Six month update on NICE Guidance applicable to LAS

Recommendations and feedback will be made to these groups as appropriate.

APPENDIX XI: APPLICATION OF STANDING ORDERS TO TRUST BOARD OBSERVER AND PROCEDURES ETC RELATING TO OBSERVER APPOINTMENT AND PARTICIPATION.

1. Appointment

1.1. The Trust Board may appoint an Observer to participate in the public agenda part of its public meetings to the extent and within the Participation terms and conditions set out below.

1.2. The Board does not restrict itself in any way by making arrangements to have an Observer present at its meetings.

1.3. The Observer can only be appointed by way of a resolution of the Trust Board. The Board may consider a nomination for an Observer from such body as the Trust Board deems fit. The Board may, after consideration, agree to accept or reject the nomination.

1.4. The Observer's tenure shall be for 12 months from the Trust Board's resolution to accept a nomination. The nominating body shall make arrangements three calendar months prior to the end of the Observer's tenure to either renew an existing nomination or make a new nomination. This must be passed to the Trust Board's Secretary to ensure proposed arrangements can be both presented to, and considered by, the Trust Board.

1.5. The nomination of an Observer shall include the nomination of a named substitute Observer and the Trust Board shall consider these together and at the same meeting.

1.6. The substitute Observer may take the place of the Observer at the Trust Board's public meetings. No other person or body may substitute for the substitute Observer.

1.7. The provisions of this Appendix XI shall apply equally to the substitute Observer as applicable.

1.8. The Observer shall not be nor construed to be a member of the Board nor an Officer or employee of the Trust

2. Participation

2.1. The Observer shall take a full and active part in the proceedings of the Board at its public meetings. Such participation will be for the purpose of reflecting and contributing the views of the public across London in order to assist the Trust Board in its decision making processes. Standing Orders shall apply to the Observer as set out below:

2.1.1. The Observer is not a member of the Trust Board nor an Officer of the Trust and may not represent the Trust in any capacity unless this has been approved in advance by way of a resolution of the Board.

2.1.2. The Observer shall be included in the record of attendance as per Standing Order 8.

2.1.3. The minutes of the meetings shall reflect any contributions made by the Observer in the normal manner and style of the Board's minutes. Standing Order 10 (Minutes) shall apply.

2.1.4. Standing Order 11 (Chairman's Ruling) shall apply.

2.1.5. The Observer is required to declare any interests at the commencement of a Trust Board meeting or during the course of any item on the agenda of the meeting. This shall include all the declarations or reasons for declaration set out in Standing Order 15.

2.1.6. The Trust Board may appoint the Observer to one or more of the Board's Committees. The relevant Standing Orders relating to Committees shall apply to the Observer where such an appointment takes place.

2.1.7. Standing Order 46 (Interpretation of Standing Orders) shall apply.

2.1.8. Where a motion to exclude the public from a meeting or part of a meeting is heard and the Board resolves to exclude the public then the Observer, being a member of the public, shall also be excluded.

2.1.9. The Observer shall ensure that the following are kept as strictly confidential in the event the Observer learns of or gleans or has such disclosed to them:

2.1.9.i. patient identifiable information or
2.1.9.ii. staff member/employee identifiable information or
2.1.9.iii. "commercial in confidence" information or

2.1.9.iv. information covered by the Information Management and Technology Security Policy or policies emanating from the activities of the Trust's Caldicott Guardian or

2.1.9.v. information that becomes restricted in the future and is so advised

2.1.10. The Observer shall not use their association with the Trust to gain any advantage or preference or benefit in their own private dealings or transactions

2.1.11. No other requirements of Standing Orders are binding upon the Observer. The Trust Board reserves its right to amend its own Standing Orders which includes this Appendix XI from time to time and such an amendment or amendments may be binding upon the Observer in the future.

APPENDIX XII: TERMS OF REFERENCE FOR THE RISK MANAGEMENT COMMITTEE

1. Constitution and Function

1.1 The Committee shall be formally established by the Board and its terms of reference, membership, delegated powers and reporting arrangements formally minuted. It will normally meet three times a year immediately following the Audit Committee

1.2 The Committee will normally be chaired by a non-executive director and the quorum for each meeting will be one non-executive and one executive director.

1.3 The Committee's function will be to take a general overview of all risk management activities within the Trust and to pick up any specific risk management issues which are not covered by the specialist Audit and Clinical Governance Committees.

1.4 The Committee's minutes will be reported to, and considered by, the Trust Board.

2. Terms of reference

2.1 The Committee's prime functions will be:

- Monitoring progress with all risks on the Risk Register and on agreed Key Performance Indicators
- Receiving an annual progress report on risk management arrangements
- Receiving minutes of all Clinical Governance Committee meetings
- Ensuring one non-executive director is both a member of Risk Management Committee and Clinical Governance Committee
- Monitoring take up and effectiveness of training courses relating to non-clinical risk management

2.2 The Committee will receive regular reports from the Risk Management Group and the Clinical Governance Committee.

~~The Risk Management Committee has delegated responsibility for taking a general overview of all risk management activities within the Trust and to pick up any specific risk management issues which are not covered by the specialist Audit and Clinical Governance Committees.~~

~~Main functions:~~

- ~~Monitoring progress with all risks on the Risk Register and on agreed Key performance indicators~~
- ~~Receiving an annual progress report on risk management arrangements~~
- ~~Receiving minutes of all Clinical Governance Committee meetings~~
- ~~Ensuring one non-executive director is both a member of Risk Management Committee and Clinical Governance Committee~~
- ~~Monitoring take-up and effectiveness of training courses relating to non-clinical risk management~~

~~Risk Management Committee receives regular reports from~~

- ~~Risk Management Group~~
- ~~Clinical Governance Committee~~

~~The Risk Management Committee will meet three times a year immediately following the Audit Committee and the quorum for each meeting will be one non-executive and one executive director.~~

APPENDIX VIII:

SCHEME OF DELEGATION

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHO	
			Chairman	**Chief Executive**
1.	STANDING ORDERS & STANDING FINANCIAL INSTRUCTIONS	Approves Standing Orders and Standing Financial Instructions Approves suspension of Standing Orders. Audit Committee to monitor compliance with Standing Orders and Standing Financial Instructions. Audit Committee to review every decision to suspend Standing Orders.	Final authority in the interpretation of Standing Orders The powers which the Board has retained in itself within these Standing Orders may in emergency be exercised by the Chairman and Chief Executive having consulted at least two NEDs.	Responsible for the creation/submission of Standing Orders and necessary changes
2.	AUDIT ARRANGEMENTS	Approves Audit arrangements through the Audit Committee Decides on action in response to the external auditors' management letter Receives the minutes of the Audit Committee Audit Committee to advise the Board on Internal and External Audit Services.		Submits the External Auditors management letter to the Trust Board. To follow though the implementation of all recommendations affecting good practice as set out in reports from such bodies as the Audit Commission and the National Audit Office.
3.	APPOINTMENTS	Appointment of the Chief Executive and the Executive Trust Board Directors ~~Approval of the financial resources for overall establishment within the Service Plan~~	The Chairman shall liaise with the NHS Appointments Commission over the appointment of NEDs and once appointed shall take responsibility, either directly or indirectly, for their induction, their portfolios of interest and assignment and performance.	Appointment of all other Directors

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHO	
			Chairman	**Chief Executive**
			~~Recommendation of appointment of non-executive directors to the NHSE Regional Office.~~	
4.	DISMISSALS	Approve the arrangements for the discipline and dismissal of staff Nomination of a panel to hear appeals against dismissal brought by the Chief Executive or Executive Trust Board Directors	Dismissal of the Chief Executive and Executive Trust Board Directors Nomination of a panel to hear appeals against dismissal brought by Directors who are not members of the Board.	Dismissal of any non Trust Board Director Nomination of a panel of Directors to hear appeals against dismissal by staff below Director level
5.	**REMUNERATION AND TERMS OF SERVICE FOR THE CHIEF EXECUTIVE, DIRECTORS AND OTHER SENIOR OFFICERS**	Decides the Directors' remuneration and terms of service on the recommendation of the Remuneration ~~and Terms of Service~~ Committee. Decides performance related payments to the Chief Executive. <u>The Remuneration Committee shall report in writing to the Board the basis of its recommendations.</u>	Recommends performance related payments for the Chief Executive	Decides performance related pay awards for Directors and all staff on performance related pay
6.	HUMAN RESOURCES POLICY, DISPUTES/ ARBITRATION/ DISCIPLINARY MATTERS	Approves all Human Resources policies Approves premature retirement for the Chief Executive and all Directors	Initiates action on disciplinary matters relating to the Chief Executive and/or Directors	Determines submissions to the Trust Board Approves premature retirement for staff up to Director level Settle disputes in line with the agreed disputes procedure
7.	SERVICE PLAN, BUDGET, ANNUAL REPORT AND ACCOUNTS	Receives and decides on reports submitted by the Chief Executive and/or Director of Finance ~~and Business Planning~~ <u>Approve Service Plan and budget before commencement of financial year</u> <u>Approve annual report and</u>		Compiles and submits an annual service plan to the Trust Board. Approves financial reports for submission to the Trust Board. Compiles and submits an annual report for the Trust

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHO	
			Chairman	**Chief Executive**
		accounts. Audit Committee to review the annual financial statement prior to submission to the Board.		to the Trust Board. Approves budget for submission.
8.	**Making Ex-Gratia Payments in respect of liability claims where legal advice has indicated a case can be made for LAS liability which would need to be contested in court or tribunal.**	Notes delegated action taken. Approves all payments in excess of £500,000.	Approves all payments above £250,000 and up to £500,000, subject to a report from the Chief Executive.	Chief Executive to approve all payments up to £250,000.
	~~a. Payment in respect of Clinical Negligence claim.~~	~~As above~~	~~As above~~	~~Approves payments above £10,000 and up to £250,000, subject to a report from the Director of Finance.~~
	b. Payment resulting from tribunal.	As above	As above	Approves payments above £50,000 and up to £250,000, subject to a report from the Directors of Finance and Human Resources.

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHO	
			Chairman	Chief Executive
	c. Payment Resulting from Claims relating to the Property Expenses Scheme.	~~As above~~	~~As above~~	
	d. All other Public and Employer Liability Claims including personal Injury	~~As above~~	~~As above~~	Approves payments above £50,000 and up to £250,000, subject to a report from the Director of Finance (for claims not admitted to the NHSLA Indemnity Scheme).
	e. Making Ex-Gratia Payments in circumstances other than those above (including where legal advice has not been obtained).	Approves Delegated action taken. Approves all payments in excess of £500,000.	Approves all payments above £250,000 and up to £500,000, subject to a report from the Chief Executive.	Approves ex-gratia payments up to DoH Limit (Currently £50,000) where no legal advice is available. Approves payments up to £250,000 where legal advice is available, subject to a report from the Finance Director.
9.	INSURANCE ARRANGEMENTS	Approves insurance arrangements.		Reports to Board on potential insurable risks and associated costs

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHO	
			Chairman	**Chief Executive**
10.	**MANAGEMENT OF LAND AND BUILDINGS**	Approves the general policy in respect of acquisition, sale, exchange or reservation of land and buildings Authorises the sale and purchase of land within delegated limits by the Secretary of State Approves acquisition or disposal of land or the granting or taking of a lease with payments over the life of the lease over £1m	Approves arrangements in conjunction with the Chief Executive, for granting/taking a lease of property up to £1m ~~per annum~~ over the period of the lease~~.~~	Approves arrangements in conjunction with the Chairman, for granting/taking a lease of property ~~up to~~ in excess £100,000 up to £250,000 over the period of the lease Ensures that there is adequate appraisal and approval process for determining capital expenditure priorities and the effect that each has on plans Responsible for the management of capital schemes and for ensuring that they are delivered on time and within costs. Ensure that capital investment is not undertaken without available of resources to finance all revenue consequences. Ensure that a business case is produced for each proposal. Maintenance of asset register (on advice from the Director of Finance) Overall responsibility for fixed assets.
11	**CAPITAL EXPENDITURE** (other than land and buildings) a Acquisitions	Approval of capital expenditure in excess of £1m on high risk projects or complex transactions following consideration of the		~~Approves expenditure, along with 1 Executive Director and the Director of Finance and Business~~

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHO	
			Chairman	**Chief Executive**
		Outline Business Case, Full Business Case and Strategic Outline Case.		~~Planning, (not being the same person), amounting to between £250,000 and £1 million following consideration of the submitted Combined Business Case.~~ Approves arrangements, in conjunction with the Chairman, of an acquisition in excess £100,000 up to £250,000
	b Disposals (with the exception of land and buildings)	Approve of disposals with an Open Market Value (OMV) of more than £1 million following consideration of the submitted Outline Business Case (OBC) and Full Business Case (FBC). Approve of disposals on high risk projects or complex transactions following consideration of the OBC, FBC and Strategic Outline Case.		Approves disposals, along with 1 Executive Director and the Director of Finance ~~and Business Planning,~~ (not being the same person), with an OMV of between £250,000 and £1 million, following consideration of the submitted Combined Business Case.
12.	BANKING	Approves the Banking arrangements		
13.	MANAGEMENT OF CHARITABLE	Approves the composition and terms of reference of the		

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHO	
			Chairman	Chief Executive
	FUNDS	Charitable Funds Committee Receipts and approves the annual report and accounts for funds held on trust. The Charitable Funds Committee sets overall policy on investment. The Charitable Funds Committee presents ~~and receives~~ annual progress reports on the update of the Trust's charitable funds		
14.	MANAGEMENT AND CONTROL OF STOCKS			
15.	RECORDING AND MONITORING OF PAYMENTS UNDER THE LOSSES AND COMPENSATION REGISTER	Approves the writing off of losses within the limits delegated to it by the DoH on the recommendation of the Audit Committee		
16.	SIGNING TENDERS SUBMITTED BY THE TRUST	Approves arrangements for submission of tenders Approves PTS tenders with an annual value of over £1m .		To sign tenders with an annual value of over £500,000 in conjunction with the Director of Finance.

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHO	
			Chairman	**Chief Executive**
				For PTS tenders only with an annual value of <u>up to £1m</u> to be signed by the CE <u>and Finance Director.</u>
17.	TENDERING PROCEDURES a General	Agrees Standing Orders regarding tendering Approves exceptions to Standing Orders regarding Competitive Tendering May waive the requirement for competitive tendering for goods and services valued at over £200,000 <u>except where subject to EU procurement regulations.</u> <u>All waiving of the competitive tendering must be reported to the Audit Committee.</u>		Ensures compliance with Standing Orders. May authorise exceptions to Standing Orders in an urgent situation following consultation with the Chairman or Vice Chairman under Standing Order 42. The provisions of the following paragraph apply where EU procurement regulations have been satisfied. May waive the requirement for competitive tendering for goods and services up to £200,000 in conjunction with the Finance Director ~~of Finance and Business Planning.~~ May, where insufficient tenders are received, authorise the originating Directors to approach known firms with a view to procuring the goods or services required.
18.	TENDERING PROCEDURES b Limits	<u>Ensures that proper tendering arrangements are in place.</u> ~~Ensures that competing quotations are received for non-estates purchases between £3,000 and £25,000 and for Estates purchases between~~		Ensures that competitive tenders are received for non-estate purchases above £25,000 and estate purchases over £100,000

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHO	
			Chairman	Chief Executive
		~~£3,000 and £100,000 except where ordered through NHS Supplies. Ensures that competitive tenders are received for non-estate purchases above £25,000 and estate purchases over £100,000.~~		
	TENDERING PROCEDURES c Receipt on Opening			Chief Executive shall nominate officers, including the Trust Secretary to open tenders. May accept late tenders, despatched in good time but delayed through no fault of the tenderers. May, in conjunction with the Director of Finance ~~and Business Planning~~, accept tenders which otherwise are received other than by the due date.
	TENDERING PROCEDURES d Post Tendering			May authorise post tender negotiations.
	TENDERING PROCEDURES e Approvals			Decides where a tender, other than the lowest, if payment is to be made by the Trust, or other than the highest, where

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHO	
			Chairman	**Chief Executive**
				payment is to be received by the Trust, shall be accepted. Approves all non-competitive tenders subject to report to the Board.
19.	**APPOINTMENT OF ~~MANAGEMENT~~ CONSULTANTS**	Approves appointment of consultants contracts in excess of ~~£30,000~~ £100,000	Approves appointments to contracts ~~above £500,000 up to £1m~~ £75,000-100,000and all cases where competition is considered inappropriate	Approves appointments to contracts between ~~£10,000 and £30,000~~ £50,000-75,000 and all cases where competition is considered inappropriate.
20.	COMPLAINTS AGAINST THE TRUST	Approves the Trust's Complaints Procedure. Receive reports regarding complaints about any aspect of service.		Is responsible for the management of complaints within the Trust and personally signs responses to all written complaints.
21.	PAYMENT UNDER LEGAL OBLIGATIONS	Considers action in respect of claims and legal proceedings where the cost exceeds £100,000.		Determines action in respect of claims and legal proceedings where the cost is less than £100,000. Approves compensation payments made under legal obligation subject to consultation with the Finance ~~and Business Planning~~ Director
22.	OPERATION OF ALL DETAILED FINANCIAL MATTERS INCLUDING BANK ACCOUNTS AND BANKING PROCEDURES	Sets overall policy and strategy for the financial performance of the Trust within the requirements of the Secretary of State.		Overall responsibility for the performance of the Trust, subject to accountability to the Trust Board. Delegation of responsibility for Budgets to Executive Directors and agreement to virement.

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHO	
			Chairman	Chief Executive
23.	RAISING ORDERS & PURCHASING BY OTHER MEANS.	Defines policy on the raising of orders for goods, supplies and services		
24.	**DELEGATION OF BUDGETS**	Agrees financial plans and approves budget before ~~at~~ the start of the financial year. Approves requests from the Chief Executive for virement in excess of £1 million. Approves all revenue contracts over £1million	Approves requests from the Chief Executive for virement up to £1m	Can authorise virement from non-pay to pay budgets. Can authorise virement between headings up to £500,000 No permanent employees are to be appointed without the approval of the Chief Executive other than those provided for within available resources and manpower establishment.
26.	SEALING AND	Trust Board receives a report of	Seal to be affixed by	Seal to be affixed by the

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHO	
			Chairman	**Chief Executive**
	SIGNING OF DOCUMENTS	all sealings.	the Chairman and the Chief Executive or another Executive Director in accordance with standing orders. Chairman, Chief Executive and an Executive Director to approve and sign all documents which will be used in legal procedures.	Chief Executive in accordance with standing orders. Chief Executive and an Executive Director to approve and sign all documents which will be used in legal procedures.
27.	MANAGEMENT AND CONTROL OF COMPUTER SYSTEMS AND FACILITIES	Approves the overall corporate IT Policy on procurement and control of systems and facilities on the recommendation of the Director of Information Management & Technology.		

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHO	
			Chairman	Chief Executive
28.	HEALTH AND SAFETY ARRANGEMENTS	Approves overall policy on Health and Safety at work.		Responsible for an effective overall Health and Safety system within the Trust and compliance with legislative requirements.
29.	EDUCATION AND TRAINING	Approves the policy on education and training		Submits policy to the Trust Board
30.	NON-EXECUTIVE, EXECUTIVE DIRECTORS ISSUES (VISITS, HOSPITALITY, ETC)	Approves overall policy on hospitality and visits.	The Chairman to advise the Appointments Commission ~~Secretary of State~~ on the performance of Non-Executive board members	Brings guidelines to the attention of all Directors.

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHO	
			Chairman	Chief Executive
31.	DATA PROTECTION	Approves policy on Data Protection		
32.	FREEDOM OF INFORMATION	Approves Freedom of Information Policy. Receives an annual report on the implementation of the policy.		
33.	FRAUD			
34.	RISK MANAGEMENT	Approve and monitor risk management programme The Audit Committee shall review the establishment and		

	DESCRIPTION	ROLE OF TRUST BOARD	DELEGATION OF AUTHO	
			Chairman	Chief Executive
		maintenance of an effective system of integrated governance, risk management and internal control across the whole of the organisation's activity both clinical and non-clinical that support the achievement of the organisation's objectives. Decide whether the Trust will use risk pooling scheme administered by the NHS Litigation Authority or self insure for some or all of the risks (where discretion is allowed). Decisions to self-insure should be reviewed annually.		

London Ambulance Service

Standing Financial Instructions

23/03/2007

PRE-AMBLE

1. The "Directions on Financial Management in England" issued under HC(91)25 in 1991 state that each Board must adopt Standing Financial instructions (SFIs) setting out the responsibilities of individuals.

2. Each Board operates within the statutory framework within which it is also required to adopt Standing Orders. In addition to the Standing Orders, there is a Scheme of Delegation, Financial Procedural Notes and locally generated rules and instructions. Collectively these must comprehensively cover all aspects of financial management and control. They set the business rules which directors and employees (including employees of third parties contracted to the Trust) must follow when taking action on behalf of the Board.

Mike Dinan
~~Mark Jones~~
Director of Finance
~~October 2004~~
November 2006

CONTENTS

1. INTRODUCTION

1.1 GENERAL

1.1.1 These Standing Financial Instructions (SFIs) are issued in accordance with the Financial Directions issued by the Secretary of State under the provisions of Sections 99(3), 97(A)(4) and (7) of the National Health Service Act 1977; National Health Service and Community Care Act 1990 and other acts relating to the National Health Service or in the Financial Regulations made under the Acts for the regulation of the conduct of the LAS in relation to all financial matters. They shall have effect as if incorporated in the Standing Orders of the LAS.

1.1.2 These SFIs detail the financial responsibilities, policies and procedures to be adopted by the London Ambulance Service NHS Trust(LAS). They are designed to ensure that its financial transactions are carried out in accordance with the law and Government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness.

1.1.3 These SFIs identify the financial responsibilities which apply to everyone working for the LAS. They do not provide detailed procedural advice. These statements should therefore be read in conjunction with the detailed departmental financial procedure notes. All financial procedures must be approved by the Director of Finance.

1.1.4 Should any difficulties arise regarding the interpretation or application of any of the SFIs then the advice of the Director of Finance must be sought before action is taken.

1.1.5 Failure to comply with SFIs is a disciplinary ~~offence~~ matter that ~~which~~ could result in ~~lead to~~ dismissal.

1.1.6 Overriding Standing Financial Instructions – if for any reason these Standing Financial Instructions are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Audit Committee for referring action or ratification. All members of the Board and staff have a duty to disclose any non-compliance with these Standing Financial Instructions to the Director of Finance as soon as possible.

1.2 TERMINOLOGY

1.2.1 Any expression to which a meaning is given in Health Service Acts, or in the Financial Directions made under the Acts, shall have the same meaning in these instructions; and

(a) "Trust" means the London Ambulance Service NHS Trust;

(b) "Board" means the Board of the LAS;

(c) "Budget" means a resource, expressed in financial terms, proposed by the LAS for the purpose of carrying out, for a specific period, any or all of the functions of the LAS;

(d) "Chief Executive" means the chief officer of the LAS;

(e) "Director of Finance" means the chief financial officer of the LAS;

(f) "Budget Holder" means the director or employee with delegated authority to manage finances and resources for a specific area of the organisation; and

(g) "Legal Adviser" means the properly qualified person appointed by the LAS to provide legal advice.

1.2.2 Wherever the title Chief Executive, Director of Finance, or other nominated officer is used in these instructions, it shall be deemed to include such other director or employees who have been duly authorised to represent them subject to the Scheme of Delegation.

1.2.3 Wherever the term "employee" is used it shall be deemed to include employees of third parties contracted to the Trust when acting on behalf of the Trust.

1.3 RESPONSBILITIES AND DELEGATION

1.3.1 The Board exercises financial supervision and control by:

(a) formulating the financial strategy;

(b) requiring the submission and approval of budgets within overall income before the commencement of the financial year;

(c) defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money); and

(d) defining specific responsibilities placed on directors and employees as indicated in the Scheme of Delegation Document (EL(94)40 refers)

1.3.2 The Board will delegate responsibility for the performance of its functions in accordance with the Scheme of Delegation Document adopted by the LAS.

1.3.3 Within the SFIs, it is acknowledged that the Chief Executive is ultimately accountable to the Board for ensuring that the Board meets its obligation to perform its functions within the available financial resources. The Chief Executive has overall executive responsibility for the LAS' activities and is responsible to the Board for ensuring that its financial obligations and targets are met.

1.3.4 The Chief Executive and Director of Finance will, as far as possible, delegate their detailed responsibilities but they remain accountable for financial control.

1.3.5 It is a duty of the Chief Executive to ensure that existing directors and employees and all new appointees are notified of and understand their responsibilities within these instructions.

1.3.6 **The Director of Finance** is responsible for:

(a) implementing the LAS' financial policies and for co-ordinating any corrective action necessary to further these policies;

(b) ensuring that detailed procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;

(c) ensuring that sufficient records are maintained to show and explain the LAS' transactions, in order to disclose, with reasonable accuracy, the financial position of the LAS at any time;

and, without prejudice to any other functions of directors and employees to the LAS, the duties of the Director of Finance include:

(d) the provision of financial advice to the LAS, its directors and employees;

(e) the design, implementation and supervision of systems of financial control;

(f) the preparation and maintenance of such accounts, certificates, estimates, records and reports as the LAS may require for the purpose of carrying out its statutory duties.

1.3.7 **All directors and employees,** severally and collectively, are responsible for:

(a) the security of the property of the LAS;

(b) avoiding loss;

(c) exercising economy and efficiency in the use of resources; and

(d) conforming with the requirements of Standing Orders, Standing Financial Instructions, Financial Procedures and the Scheme of Delegation.

1.3.8 **Any contractor or employee of a contractor** who is empowered by the LAS to commit the LAS to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Chief Executive Officer to ensure that such persons are made aware of this.

1.3.9 For any and all directors and employees who carry out financial function, the form in which financial records are kept and the manner in which directors and employees discharge their duties must be to the satisfaction of the Director of Finance.

2. AUDIT

2.1 AUDIT COMMITTEE

2.1.1 In accordance with Standing Orders ~~(and as set out in guidance issued by the NHS Executive under EI(94)40~~, following the guidelines set out in the NHS Audit Committee Handbook 2005. The Board shall establish an Audit Committee which will provide an independent and objective view of internal control by:

(a) overseeing Internal and External Audit service;

(b) reviewing financial systems and monitoring the integrity of the financial status and reviewing significant financial judgements;

(c) ensuring compliance with Standing Orders and Standing Financial Instructions;

(d) Reviewing schedules of losses and compensations and making recommendations to the Board.

(e) Review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives.

(f) Reviewing the arrangements in place to support the Assurance Framework process prepared on behalf of the Board and advising the Board accordingly.

2.1.2 Where the Audit Committee feel there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the Committee wish to raise, the chairman of the Audit Committee should raise the matter at a full meeting of the Board. Exceptionally, the matter may need to be referred to the ~~NHS Executive~~ Department of Health (to the Director of Finance in the first instance.

2.1.3 It is the responsibility of the Director of Finance to ensure an adequate internal audit service is provided and the Audit Committee shall be involved in the selection process when an internal audit service provider is changed.

2.2 DIRECTOR OF FINANCE

2.2.1 The Director of Finance is responsible for:

(a) ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control by the establishment of an internal audit function;

(b) ensuring that the internal audit is adequate and meets the NHS mandatory audit standards;

(c) deciding at what stage to involve the police in cases of fraud, misappropriation, and other irregularities.

(d) ensuring that an annual audit report is prepared for consideration by the Audit Committee and the Board. The report must cover:

(i) a clear opinion on the effectiveness of internal control measures in accordance with current assurance framework guidance issued by the Department of Health including for example compliance with control criteria and standards;
(ii) progress against plan over the previous year;
(iii) major internal financial control weaknesses discovered;
(iv) progress in the implementation of internal audit recommendations;
(v) strategic audit plan covering the coming three years;
(vi) a detailed plan for the coming year.

2.2.2 The Director of Finance or designated auditors are entitled without necessarily giving prior notice to require and receive:

(a) access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;

(b) access at all reasonable times to any land, premises or employee of the LAS;

(c) the production of any cash, stores or other property of the LAS under an employee's control; and

(d) explanations concerning any matter under investigation.

2.3 ROLE OF INTERNAL AUDIT

2.3.1 Internal Audit will review, appraise and report upon:

(a) the extent of compliance with, and the financial effect of, relevant established accounting and financial policies, plans and procedures;

(b) the adequacy and application of financial and other related management controls;

(c) the suitability of financial and other related management data;

(d) the extent to which the LAS' assets and interests are accounted for and safeguarded from loss of any kind, arising from;

(i) fraud and other offences
(ii) waste, extravagance, inefficient administration,
(iii) poor value for money or other causes.

(e) Internal Audit shall also independently verify the Statement on Internal Control in accordance with guidance from the Department of Health.

2.3.2 The plan of work for Internal Audit should be reviewed and approved by the Audit Committee at the beginning of each financial year. This plan should be drawn up with full consideration of all risks as detailed within the risk register.

2.3.3 Whenever any matter arises which involves, or is thought to involve, irregularities concerning cash, stores or other property or any suspected irregularity in the exercise of any function of a pecuniary nature, the Director of Finance must be notified immediately. ~~within the course of the same working day.~~

2.3.4 The Head of Internal Audit will normally attend Audit Committee meetings and has a right of access to all Audit Committee Members, the Chairman and Chief Executive of the LAS.

2.3.5 The Head of Internal Audit shall be accountable to the Director of Finance. The reporting system for internal audit shall be agreed between the Director of Finance, the Audit Committee and the Head of Internal Audit. The agreement shall be in writing and shall comply with the guidance on reporting contained in the NHS Internal Audit Manual. The reporting system shall be reviewed at least every 3 years.

2.4 FRAUD AND CORRUPTION

2.4.1 In line with their responsibilities, the Trust Chief Executive and Director of Finance shall monitor and ensure compliance with Secretary of State (SofS) Directions on fraud and corruption.

2.4.2 The Trust shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist as specified by the Department of Health Fraud and Corruption Manual and guidance.

2.4.3 The Local Counter Fraud Specialist will provide a written report, at least annually, on counter fraud work within the Trust.

2.4.4 The Local Counter Fraud Specialist shall report to the Trust Director of Finance and shall work with staff in the Directorate of Counter Fraud Services and the Counter Fraud Operational Service in accordance with the Department of Health Fraud and Corruption Manual.

2.4.5 The Trust shall nominate a suitable person to carry out the duties of the Local Security Management Specialist (LSMS) as specified by the Secretary for Health guidance on NHS security management.

2.5 EXTERNAL AUDIT

2.5.1 The external auditor is appointed by the Audit Commission and paid for by the LAS. The Audit Committee must ensure a cost-efficient external audit service. Should there appear to be a problem, then this should be raised with the external auditor and referred to the Audit Commission if the issue cannot be resolved.

3 SERVICE PLANNING, BUDGETS, BUDGETARY CONTROL AND MONITORING

3.1 PREPARATION AND APPROVAL OF SERVICE PLANS AND BUDGETS

3.1.1 The Board must ensure that there is an approved annual service plan before the commencement of the each financial year. The Chief Executive will compile and submit to the Board an annual service plan which takes into account financial targets and forecast limits of available resources. The annual business plan will contain:

(a) aims and objectives.

(b) a statement of the significant assumptions on which the plan is based;

(c) details of major changes in workload, delivery of services or resources required to achieve the plan.

(d) the individual and collective responsibilities of directors.

3.1.2 Prior to the start of the financial year the Director of Finance will, on behalf of the Chief Executive, prepare and submit budgets for approval by the Board. Such budgets will:

(a) be in accordance with the aims and objectives set out in the Annual Service Plan;

(b) accord with workload and staffing plans;

(c) be produced following discussion with appropriate budget holders;

(d) be prepared within the limits of available income; and

(e) identify potential risks.

3.1.3 The Director of Finance shall monitor financial performance against budget and service plan and report to the Board.

3.1.4 All budget holders must provide information as required by the Director of Finance to enable budgets to be compiled.

3.1.5 All budget holders will sign up to their allocated budgets at the commencement of each financial year.

3.1.6 The Director of Finance has a responsibility to ensure that adequate training is delivered on an on-going basis to budget holders to help them manage successfully.

3.2 BUDGETARY DELEGATION

3.2.1 The Chief Executive may delegate the management of a budget to permit the performance of a defined range of activities. This delegation must be in writing, in the Scheme of Delegation, and be accompanied by clear definitions of:

(a) the amount of the budget;
(b) the purpose(s) of each budget heading;
(c) individual and group responsibilities;
(d) authority to exercise virement;
(e) achievement of planned levels of service; and
(f) the provision of regular reports.

3.2.2 The Chief Executive and delegated budget holders must not exceed the budgetary total or virements limits set by the board.

3.2.3 Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement.

3.2.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Executive.

3.3 BUDGETARY CONTROL AND REPORTING

3.3.1 The Director of Finance will devise and maintain systems of budgetary control. These will include:

(a) monthly financial reports to the Board in a form approved by the Board containing:

(i) income and expenditure to date showing trends and forecast year-end position;
(ii) data correlating financial, establishment and activity trends;
(iii) movements in working capital:
(iv) capital project spend, including commitments, and projected outturn against plan;
(v) explanation of any material variances from plan;

(vi) details of any corrective action where necessary and the Chief Executive's and/or Director of Finance's view of whether such actions are sufficient to correct the situation;

(b) the issue of timely, accurate and comprehensive advice and financial reports to each budget holder, covering the areas for which they are responsible;

(c) investigation and reporting of variances from financial, workload and manpower budgets;

(d) monitoring of management action to correct variances; and

(e) arrangements for the authorisation of budget transfers.

3.3.2 Each Budget Holder is responsible for ensuring that:

(a) any likely overspending or reduction of income which cannot be met by virement is not incurred without the consent of the Board;

(b) any potential underspend is highlighted to the Director of Finance (for virement if necessary)

(c) the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised subject to the rules of virement; and

(d) no permanent employees are appointed without the approval of the Director of Human Resources other than those provided for in the budgeted establishment as approved by the Board. Permanent employees must be appointed against recurrent income.

3.3.3 The Chief Executive is responsible for identifying and implementing cost improvements and income generation initiatives in accordance with the requirements of the Annual Business Plan and a balanced budget.

3.4 CAPITAL EXPENDITURE

3.4.1 The general rules applying to delegation and reporting shall also apply to capital expenditure ~~(The particular applications relating to capital are contained in Chapter 11).~~

3.5 MONITORING RETURNS

3.5.1 The Chief Executive is responsible for ensuring that the appropriate monitoring forms are submitted to the relevant monitoring organisation.

4 ANNUAL ACCOUNTS AND REPORTS

4.1 The Director of Finance will:

(a) prepare financial returns for the LAS, in accordance with the guidance given by the Department of Health and the Treasury, the LAS' accounting policies, and generally accepted accounting principles;

(b) prepare, certify and submit annual financial reports to the Secretary of State for each financial year in accordance with current guidelines; and

(c) submit financial returns to the Secretary of State for each financial year in accordance with the timetable prescribed by the Department of Health.

4.2 The Trust's annual accounts must be audited by an auditor appointed by the Audit Commission. The Trust's Audited Annual Accounts must be presented to a public meeting and made available to the public.

4.3 The LAS will publish an Annual Report, in accordance with guidelines on local accountability, and present it at a public meeting. The document will comply with the Department of Health's Manual for Accounts. The document will include inter alia:

(a) the Annual Accounts of the LAS;

(b) details of relevant directorships and other significant interests held by Board members, as defined in Standing Orders;

(c) composition of the Remuneration and Terms of Service Committee;

(d) remuneration of the chairman, highest paid Director, and other Directors and highly paid employees, in accordance with guidance relating to the NHS.

5. BANK AND PGO ACCOUNTS

5.1 GENERAL

5.1.1 The Director of Finance is responsible for managing the LAS' banking arrangements and for advising the LAS on the provision of banking services and operation of accounts. This advice will take into account guidance/Directions issued from time to time by the NHS and the Department of Health. In line with 'Cash management in the NHS' Trust

should minimise the use of commercial banks accounts and consider using Office of the Paymaster General (OPG) accounts for all banking services.

5.1.2 The Board shall approve the banking arrangements.

5.2 BANK AND PGO ACCOUNTS

5.2.1 The Director of Finance is responsible for:

(a) bank accounts and ~~Payments~~ Paymaster General Office (PGO) accounts;

(b) establishing separate bank accounts for the LAS' non-exchequer funds;

(c) ensuring payments made from bank or PGO accounts do not exceed the amount credited to the account except where arrangements have been made; and

(d) reporting to the Board all arrangements made with the LAS' bankers for overdraft facilities.

(e) monitoring compliance with DH guidance on the level of cleared funds.

5.3 BANKING PROCEDURES

5.3.1 The Director of Finance will prepare detailed instructions on the operation of bank and PGO accounts which must include:

(a) the conditions under which each bank and PGO account is to be operated;

(b) the limit to be applied to any overdraft; and

(c) those authorised to sign cheques or other orders drawn on the LAS's accounts.

5.3.2 The Director or Finance must advise the LAS' bankers in writing of the conditions under which each account will be operated.

5.4 TENDERING AND REVIEW

5.4.1 The Director of Finance will review the banking arrangements of the LAS at regular intervals to ensure they reflect best practice and represent best value for money by periodically seeking competitive tenders for the LAS's

banking business. Competitive tenders should be sought at least every five years. The results of the tendering exercise should be reported to the Board. This review is not necessary for OPG accounts.

6 INCOME, FEES AND CHARGES AND SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS

6.1 INCOME SYSTEMS

6.1.1 The Director of Finance is responsible for designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due.

6.1.2 The Director of Finance is also responsible for the prompt banking of all monies received.

6.2 FEES AND CHARGES

6.2.1 ~~The LAS shall consider the NHS guidance when setting prices for the provision of services.~~

6.2.1 The LAS shall follow Department of Health's advice in the 'costing' manual in setting prices for NHS service agreements.

6.2.2 The Director of Finance is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by ~~NHS~~ the Department of Health or by Statute. Independent professional advice on matters of valuation shall be taken as necessary.

6.2.3 Where sponsorship income (including items in kind such as subsidised goods or loans of equipment) is considered the guidance in the Department of Health's Commercial Sponsorship – Ethical standards in the NHS shall be followed.

6.2.4 All employees must inform the Director of Finance promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.

6.3 DEBT RECOVERY

6.3.1 The Director of Finance is responsible for the appropriate recovery action on all outstanding debts.

6.3.2 Income not received should be dealt with in accordance with losses procedures.

6.3.3 Overpayments should be detected (or preferably prevented) and recovery initiated. Overpayments will be reviewed in order that procedures are introduced to prevent recurrence.

6.4 SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS

6.4.1 The Director of Finance is responsible for:

(a) approving the form of all receipt books, agreements forms, or other means of officially acknowledging or recording monies received or receivable;

(b) ordering and securely controlling any such stationery;

(c) the provision of adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines; and

(d) prescribing systems and procedures for handling cash and negotiable securities on behalf of the LAS.

6.4.2 Official money shall not under any circumstances be used for the encashment of private cheques.

6.4.3 All cheques, postal orders, cash, etc., shall be banked intact. Disbursements shall not be made from cash received.

6.4.4 The holders of safe keys shall not accept unofficial funds for depositing in their safes unless, exceptionally, such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that the LAS is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the LAS from responsibility for any loss.

7. CONTRACTING FOR PROVISION OF SERVICES

7.1 The Chief Executive is responsible for negotiating contracts for the provision of services to patients in accordance with the Service Plan, and for establishing the arrangements for providing extra-contractual services. In

carrying out these functions, the Chief Executive should take into account the advice of the Director of Finance regarding:

(a) costing and pricing of services;

(b) payments terms and conditions; and

(c) amendments to contracts and extra-contractual arrangements.

7.2 Contracts should be devised as to minimise risk whilst maximising the Trust's opportunity to generate income. Contract prices should comply with "Costing for Contracting" guidelines as applicable to Ambulance Services.

7.3 The Director of Finance shall produce regular reports detailing actual and forecast contract income with a detailed assessment of the impact of the variable elements of income.

7.4 Any pricing of contract at marginal cost must be undertaken by the Director of Finance and reported to the Board.

8. TERMS OF SERVICE AND PAYMENT OF DIRECTORS AND EMPLOYEES

8.1 REMUNERATION AND TERMS OF SERVICE

8.1.1 The Board should formally agree and record in the minutes of its meetings, the precise terms of reference of the Remuneration and Terms of Service Committee, specifying which posts fall within its area of responsibility, its composition, and the arrangements for reporting. (The constitution of this committee is covered in Standing Orders.)

8.1.5 The LAS will remunerate the Chairman and Non-executive Directors in accordance with instructions issued by the Secretary of State.

8.2 FUNDED ESTABLISHMENT

8.2.1 The ~~manpower~~ workforce plans incorporated within the annual budget will form the funded establishment.

8.2.2 The funded establishment of any department may not be varied without the approval of the Director of Human Resources and the Director of Finance. Any change must comply with paragraph 3.3.2(d).

8.3 STAFF APPOINTMENTS

8.3.1 No director or employee may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration:

(a) unless authorised to do so by the ~~Director of Human Resources~~ Chief Executive Officer; and

(b) within the limit of their approved budget and funded establishment.

8.3.2 The Board will receive proposals by the Chief Executive for the determination of commencing pay rates, condition of service, etc, for employees.

8.4 PROCESSING OF PAYROLL

8.4.1 The Director of Human Resources is responsible for:

(a) specifying timetables for submission of properly authorised time records and other notification;

(b) the final determination of pay remitted and allowances;

(c) making payment on agreed dates.

8.4.2 The Director of Human Resources will issue instructions regarding:

(a) verification and documentation of data;

(b) the timetable for receipt and preparation of payroll data and the payment of employees;

(c) maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;

(d) security and confidentiality of payroll information

(e) checks to be applied to completed payroll before and after payment;

(f) authority to release payroll data under the provisions of the Data Protection Act;

8.4.3 The Director of Finance will issue instructions regarding:

(g) methods of payment available to various categories of employee;

(h) procedures for payment by cheque, bank credit ~~or cash~~ to employees;

(i) procedure for the recall of cheques and bank credits

(j) ~~pay advances and their recover~~y;

(k) maintenance of regular and independent reconciliation of pay control accounts;

(l) separation of duties of preparing records and handling cash; and

(m) a system to ensure the recovery from leavers of sums of money and property due by them to the Trust.

8.4.4 Appropriately nominated managers have delegated responsibility for:

(a) submitting time records, and other notifications in accordance with agreed timetables;

(b) completing time records and other notifications in accordance with the Director of Human Resources' instructions and in the form prescribed by the Director of Human Resources; and

(c) submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's resignation, termination or retirement. Where an employee fails to report for duty in circumstances that suggest they have left without notice, the Director of Human Resources must be informed immediately.

8.4.4 Regardless of the arrangements for providing service, <u>the HR Director</u> ~~Director of Finance~~ shall ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.

8.5 CONTRACT OF EMPLOYMENT

8.5.1 The Board shall delegate responsibility to the Director of Human Resources for:

(a) ensuring that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation; and

(b) dealing with variations to, or termination of, contracts of employment.

9. NON-PAY EXPENDITURE

9.1 DELEGATION OF AUTHORITY

9.1.1 The Board will approve the level of non-pay expenditure on an annual basis and the Chief Executive will determine the level of delegation to budget managers.

9.1.2 The Chief Executive will set out:

(a) the list of managers who are authorised to place requisitions for the supply of goods and services; and

(b) the maximum level of each requisition and the system for authorisation above that level.

9.1.3 The Chief Executive shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

9.2 CHOICE, REQUISITIONING, ORDERING, RECEIPT AND PAYMENT FOR GOODS AND SERVICES

9.2.1 The requisitioner, in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the LAS. In so doing, the advice of the LAS's adviser on supply shall be sought. Where this advice is not acceptable to the requisitioner, the Director of Finance (and/or the Chief Executive) shall be consulted.

Requisitions are not to be split or otherwise raised in a manner devised so as to avoid the financial thresholds. No requisition is to be raised which would cause a budget, year to date, to become overspent.

9.2.2 The Director of Finance shall be responsible for the prompt payment of accounts and claims. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with national guidance.

9.2.3 The Director of Finance will:

(a) advise the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in standing orders and regularly reviewed;

(b) prepare procedural instructions on the obtaining of goods, works and services incorporating the thresholds;

(c) be responsible for the prompt payment of all properly authorised accounts and claims;

(d) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. The system shall provide for:

(i) a list of directors/employees (including specimens of their signatures) authorised to certify invoices.

(ii) Certification that:

- goods have been duly received, examined and are in accordance with specification and the prices are correct;
- work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and that charges are correct;
- in the case of contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time sheets, the rates of labour are in accordance with the appropriate rates, the materials have been checked as regards quantity, quality, and price and the charges for the use of vehicles, plant and machinery have been examined.
- where appropriate, the expenditure is in accordance with regulations and all necessary authorisations have been obtained;
- the account is arithmetically correct;
- the account is in order for payment.

(iii) A timetable and system for submission to the Director of Finance of accounts for payment; provision shall be made for the early submission of accounts subject to cash discounts or otherwise requiring early payments.

(iv) Instructions to employees regarding the handling and payment of accounts within the Finance Department.

(e) be responsible for ensuring that payment for goods and services is only made once the goods and services are received, (except as below).

9.2.4 Pre-payments are only permitted where exceptional circumstances apply. In such instances:

(a) Prepayments are only permitted where the financial advantages outweigh the disadvantages (i.e. cashflows must be discounted to NPV using the National Loans Fund (NLF) rate plus 2%).

(b) the appropriate Director must provide, in the form of a written report to the Director of Finance, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the LAS if the supplier is at some time during the course of the prepayment agreement unable to make his commitments;

(c) the Director of Finance will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the EU public procurement rules where the contract is above a stipulated financial threshold); and

(d) the budget holder is responsible for ensuring that all items due under a pre-payment contract are received and he/she must immediately inform the appropriate Director or Chief Executive if problems are encountered.

9.2.5 Official Orders must:

(a) be consecutively numbered;

(b) be in a form approved by the Director of Finance;

(c) state the LAS' terms and conditions of trade; and

(d) only be issued to, and used by, those duly authorised by the Chief Executive.

9.2.6 Managers must ensure that they comply fully with the guidance and limits specified by the Director of Finance and that:

(a) all contracts (except as provided in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Finance in advance of any commitment being made;

(b) contracts above specified thresholds are advertised and awarded in accordance with EU a~~nd GATT rules~~ on public procurement ~~and comply with the White Paper on Standards, Quality and International Competitiveness (CMND 8621);~~

(c) where consultancy advice is being obtained, the procurement of such skills must be in accordance with guidance issued by the Department of Health. ~~NHS "The Procurement and Management of Consultants Within the NHS", 1994);~~

(d) no order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to Directors or employees, other than;

(i) isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars;

(ii) conventional hospitality, such as lunches in the course of working visits;

(e) no requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Director of Finance on behalf of the Chief Executive;

(f) all goods, services, or works are ordered on an official order except works and services executed in accordance with a contract and purchases from petty cash;

(g) verbal orders must only be issued very exceptionally – by an employee designated by the Chief Executive and only in cases of emergency or urgent necessity. These must be confirmed by an official order and clearly marked "Confirmation Order";

(h) orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;

(i) goods are not taken on trial or loan in circumstances that could commit the LAS to a future un-competitive purchase;

(j) changes to the list of directors/employees authorised to certify invoices are notified to the Director of Finance;

(k) purchases from petty cash are restricted in value and by type or purchase in accordance with instructions issued by the Director of Finance; and

(l) petty cash records are maintained in a form as determined by the Director of Finance.

(m) purchases using purching cards are restricted in value and by type of purchase in accordance with instructions issued by the Director of Finance.

(n) Purchasing card records are maintained in a form as determined by the Director of Finance.

9.2.7 The Chief Executive must ensure that the LAS's Standing Orders are compatible with the requirements issued by the NHS in respect of building and engineering contracts (CONCODE) and land and property transactions (ESTATECODE). The technical audit of these contracts shall be the responsibility of the Director managing those areas. The Director of Finance shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within these codes.

10 EXTERNAL BORROWING AND INVESTMENTS

10.1 EXTERNAL BORROWING

10.1.1 The Director of Finance will advise the Board concerning the Trust's ability to pay interest on, and repay, both the originating capital debt and any proposed new borrowing, within the limits set by the NHS. The Director of Finance is also responsible for reporting periodically to the Board concerning the originating debt and all loans and overdrafts.

10.1.2 The Board will agree the list of employees (including specimen of their signature)s who are authorised to make short term borrowing on behalf of the Trust. This must contain the Chief Executive and the Director of Finance.

10.1.3 Any application for a loan or overdraft will only be made by the Director of Finance or by an employee so delegated by him and the Board will be informed of this at the following meeting.

10.1.4 The Director of Finance must prepare detailed procedural instructions concerning applications for loans and overdrafts.

10.1.5 All short-term borrowings should be kept to the minimum period of time possible, consistent with the overall cash flow position. Any short term borrowing requirements must be authorised by the Director of Finance.

10.1.6 All long term borrowing must be consistent with the plans outlined in the current Business Plan.

10.2 INVESTMENTS

10.2.1 Temporary cash surpluses must be held only in such public or private sector investments as notified by the Secretary of State and authorised by the Board via the Treasury policy.

10.2.2 The Director of Finance is responsible for advising the Board on investments and shall report periodically to the Board concerning the performance of investments held.

10.2.3 The Director of Finance will prepare detailed procedural instructions on the operation of investment accounts and on the records to be maintained.

11 CAPITAL INVESTMENT, PRIVATE FINANCING, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

11.1.1 The Chief Executive

(a) shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon business plans;

(b) is responsible for ensuring that there is a system in place to ensure the effective management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost; and

(c) shall ensure that the capital investment is not undertaken without confirmation of purchasers support and the availability of resources to finance all revenue consequences, including capital charges.

11.1.2 For every capital expenditure proposal above ~~the threshold~~ the limits set in the Scheme of Delegation the chief Executive shall ensure:

(a) that a business case (in line with the guidance contained within the Capital Investment Manual) is produced setting out:

(i) an option appraisal of potential benefits compared with known costs to determine the option with the highest possible ratio of benefits to costs; and

(ii) appropriate project management and control arrangement; and

(b) that the Director of Finance has certified professionally to the costs and revenue consequences detailed in the business case.

11.1.4 The Director of Finance shall assess on an annual basis the requirements for the operation of the construction industry tax deduction scheme in accordance with Inland Revenue guidance.

11.1.3 For capital schemes where the contracts stipulate stage payments, the Chief Executive will issue procedures for their management, incorporating the recommendations of "ESTATECODE".

The Director of Finance shall issue procedures for the regular reporting of expenditure and commitments against authorised expenditure.

11.1.4 The approval of a capital programme shall not constitute approval for expenditure on any individual scheme.

The Chief Executive shall issue to the manager responsible for any scheme:

(a) specific authority to commit expenditure;

(b) authority to proceed to tender;

(c) approval to accept a successful tender.

The Chief Executive will issue a scheme of delegation for capital investment management in accordance with "ESTATECODE" guidance and the LAS' Standing Orders.

11.1.5 The Director of Finance shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes. These procedures shall fully into account the delegated limits for capital scheme included Annex C of HSC (1999) 246.

11.2 PRIVATE FINANCE

11.2.1 When the LAS proposes to use finance which is to be provided other than through its EFL, the following procedures shall apply:

(a) The Director of Finance shall demonstrate that the use of private finance represents value for money and genuinely transfers risk to the private sector.

(b) Where the sum involved exceeds delegated limits ~~set by the NHS,~~ the business case must be referred to the ~~appropriate NHS body.~~ Department of Health or in line with current guidelines.

(c) The proposal must be specifically agreed by the Board where it exceeds the threshold set for capital schemes for Board approval.

11.3 ASSET REGISTERS

11.3.1 The Chief Executive is responsible for the maintenance of registers of assets, taking account of the advice of the Director of Finance and, inter alia, the Director responsible for fleet and facilities concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted once a year.

11.3.2 The LAS shall maintain an asset register recording fixed assets. The minimum data set to be held within these registers shall be as specified in the ~~Capital Charges Manual~~ NHS Capital Accounting Manual as issued by the ~~NHS.~~ Department of Health.

11.3.3 Additions to the fixed asset register must be clearly identified to an appropriate budget holder and be validated by reference to:

(a) properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;

(b) stores, requisitions and wages records for own materials and labour including appropriate overheads; and

(c) lease agreements in respect of assets held under a finance lease and capitalised.

11.3.4 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate).

11.3.5 The Director of Finance shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.

11.3.6 The value of each asset shall be indexed to current values in accordance with methods specified in the Capital Accounting ~~Charges~~ Manual issued by the Department of Health ~~NHS Executive.~~

11.3.7 The value of each asset shall be depreciated using methods and rates as specified in the Capital ~~Charges~~ Accounting manual issued by the ~~NHS Executive~~. Department of Health.

11.3.8 The Director of Finance of the Authority shall calculate and pay capital charges as specified in the Capital ~~Charges~~ Accounting manual issued by the ~~NHS Executive.~~ Department of Health.

11.4 SECURITY OF ASSETS

11.4.1 The overall control of fixed assets is the responsibility of the Chief Executive.

11.4.2 Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the Director of Finance. This procedure shall make provision for:

(a) recording managerial responsibility for each asset;

(b) identification of additions and disposals;

(c) identification of all repairs and maintenance expenses;

(d) physical security of assets;

(e) periodic verification of the existence of, condition of, and title to, assets recorded;

(f) identification and reporting of all costs associated with the retention of an asset; and

(g) reporting, recording and safekeeping of cash, cheques, and negotiable instruments.

11.4.3 All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Director of Finance.

11.4.4 Whilst each employee has a responsibility for the security of property of the LAS, it is the responsibility of directors and senior employees in all disciplines to apply such appropriate routine security in relation to NHS

property as may be determined by the Board. Any breach of agreed security practices must be reported in accordance with instructions.

11.4.5 Any damage to the LAS' premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by directors and employees in accordance with the procedure for reporting losses.

11.4.6 Where practical, assets should be marked as LAS property.

12 STORES AND RECEIPT OF GOODS

General position

12.1 Stores, defined in terms of controlled stores and departmental stores (for immediate use) should be:

(a) kept to a minimum;

(b) subjected to annual stocktake;

(c) valued at the lower of cost and net realisable value.

12.2 Subject to the responsibility of the Director of Finance for the system of control, overall responsibility for the control of stores shall be delegated to the Director of Operations ~~Ambulance Services and of Fleet and Facilities~~ by the Chief Executive. The day-to-day responsibility may be delegated by them to departmental employees and stores managers/keepers, subject to such delegation being entered in a record available to the Director of Finance. The control of Pharmaceutical stocks shall be the responsibility of the Directors of Operations ~~Ambulance Services;~~ the control of fuel and oil of the Fleet Manager.

12.3 The responsibility for security arrangements and the custody of keys for all stores and locations shall be clearly defined in writing by the Directors of Operations ~~Ambulance Services.~~ Wherever practicable, stocks should be marked as health service property.

12.4 The Director of Finance shall set out procedures and systems to regulate the stores including records for receipt of goods, issues, and returns to stores and losses.

12.5 Stocktaking arrangements shall be agreed with the Director of Finance and there shall be a physical check covering all items in store at least once a year.

12.6 Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Director of Finance.

12.7 There will be a system approved by the Director of Finance for a review of slow moving and obsolete items and for condemnation, disposal and replacement of all unserviceable articles. The Directors of Operations ~~Ambulance Services~~ shall report to the Director of Finance any evidence of significant overstocking and of any negligence or malpractice (see also 15, Condemnations, Losses and Special Payments). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

~~12.8 For goods supplied via the NHS Logistics Supplies Authority central warehouses, the Chief Executive shall identify those authorised to requisition and accept goods from the store. The authorised person shall check receipt against the delivery note before forwarding this to the Director of Finance who shall satisfy himself that the goods have been received before accepting the recharge.~~

13 DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS

13.1 DISPOSALS AND CONDEMNATIONS

13.1.1 The Director of Finance must prepare detailed procedures for the disposal of assets including condemnations, and ensure that these are notified to managers.

13.1.2 When it is decided to dispose of a LAS asset, the Director or authorised deputy will determine and advise the Director of Finance of the estimated market value of the item, taking account of professional advice where appropriate.

13.1.3 All unserviceable articles shall be:

(a) condemned or otherwise disposed of by an employee authorised for that purpose by the Director of Finance;

(b) recorded by the Condemning Officer in a form approved by the Director of Finance which will indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the Director of Finance.

13.1.4 The Condemning Officer shall satisfy himself as to whether or not there is evidence of negligence in use and shall report any such evidence to the Director of Finance who will take the appropriate action.

13.2 LOSSES AND SPECIAL PAYMENTS

13.2.1 The Director of Finance must prepare procedural instructions on the recording of and accounting for condemnations, losses and special payments. These will be authorised by the Audit Committee.

13.2.2 Any employee discovering or suspecting a loss of any kind must immediately inform their head of department, who must immediately inform the Chief Executive and the Director of Finance. Where a criminal offence is suspected, the Director of Finance must immediately inform the police if theft or arson is involved, but if the case involves suspicion of fraud, then the particular circumstances of the case will determine the stage at which the police are notified.

13.2.3 In cases of fraud and corruption or of anomalies that may indicate fraud or corruption, the Director of Finance must inform the relevant CFOS regional team in accordance with SofS Directions.

13.2.4 The Director of Finance must notify the Department of Health Directorate of Counter Fraud Services and the External Auditor of all frauds.

13.2.5 For losses apparently caused by theft, fraud, arson, neglect of duty or gross carelessness, except if trivial and where fraud is not suspected, the Director of Finance must immediately notify:

(a) the Board, and

(b) the External Auditor.

13.2.6 Within limits delegated to it by the ~~NHS,~~ Department of Health the Board shall approve the writing-off of losses.

13.2.7 The Director of Finance shall be authorised to take any necessary steps to safeguard the LAS' interests in bankruptcies and company liquidations.

13.2.8 For any loss, the Director of Finance should consider whether any insurance claim can be made against insurers.

13.2.9 The Director of Finance shall maintain a Losses and Special Payments Register in which write-off action is recorded.

13.2.10 No special payments exceeding delegated limits shall be made without the prior approval of the ~~relevant NHS body~~ the Department of Health.

13.2.11 All losses and special payments must be reported to the Audit Committee ate very meeting.

14 INFORMATION TECHNOLOGY

14.1 The Director of Finance, and the Director of Information Management and Technology, who are responsible for the accuracy and security of the computerised financial data of the LAS, shall:

(a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the LAS' financial data, programs and computer hardware for which they are responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;

(b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;

(c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;

(d) ensure that adequate management (audit) trails exists through the computerised system and that such computer audit reviews as are considered necessary are being carried out.

14.2 The Director of Finance shall be satisfied that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy will be obtained from them prior to implementation.

14.3 The Director of Information Management & Technology shall publish and maintain a Freedom of Information (FOI) Publication Scheme, or adopt a model Publication Scheme approved by the Information Commissioner. A Publication Scheme is a complete guide to the information routinely published by a public authority. It describes the classes or types of information about our Trust that we make publicly available.

14.3 The Director of Finance shall ensure that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

14.4 Where another health organisation or any other agency provides a computer service for financial applications, the Director of Finance shall periodically seek assurances that adequate controls are in operation.

14.5 Where computer systems have an impact on corporate financial systems the Directors of Information Management and Technology and Finance shall be satisfied that:

(a) systems acquisitions, development and maintenance are in line with corporate policies such as an Information Technology Strategy;

(b) data produced for use with financial systems is adequate, accurate, complete and timely, and that a management (audit) trail exists;

(c) Directorate of Finance staff have access to such data; and

(d) such computer audit reviews as are considered necessary are being carried out.

14.6 In the case of computer systems which are proposed General applications (i.e. normally those applications which the majority of Trusts in an NHS area wish to sponsor jointly) all responsible directors and employees will send to the Director of Information Management and Technology:

(a) details of the outline design of the system;

(b) in the case of packages acquired either from a commercial organisation, from the NHS, or from another public sector organisation, the operational requirement.

15 PATIENTS' PROPERTY

15.1 The Trust has a responsibility to provide safe custody for money and other personal property (hereafter referred to as "property") of patients not able to physically safeguard their property or in the possession of unconscious, confused, or deceased patients.

15.2 The Director of Finance must provide detailed written instructions on the collection, custody, and safekeeping, and disposal of patients' property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all staff whose duty is to administer, in any way, the property of patients.

15.3 Staff should be informed, on appointment, by the appropriate departmental or senior manager of their responsibilities and duties for the administration of the property of patients.

16 CHARITABLE FUNDS

16.1 INTRODUCTION

16.1.1 The discharge of the Trust's corporate trustee responsibilities are distinct from its responsibilities for exchequer funds and may not necessarily be discharged in the same manner, but there must still be adherence to the overriding general principles of financial regularity, prudence and propriety. Trustee responsibilities cover both charitable and non-charitable purposes. The Director of Finance shall ensure that each fund is managed appropriately with regard to its purpose and to its requirements.

16.1.2 This Section of the SFIs shall be interpreted and applied in conjunction with the rest of these Instructions, subject to modifications contained herein.

16.1.3 The Director of Finance will have primary responsibility to the Board for ensuring that these SFIs are applied to charitable funds.

16.2 EXISTING FUNDS

16.2.1 The Director of Finance shall arrange for the administration of all existing charitable funds, in conjunction with the Legal Adviser. They shall ensure that a governing instrument exists for every trust fund and shall produce detailed codes of procedure covering every aspect of the financial management of funds held on trust, for the guidance of directors and employees. Such guidelines shall identity the restricted nature of certain funds.

16.2.2 The Director of Finance shall periodically review the funds in existence and shall make recommendations to the Board regarding the potential for rationalisation of such funds within statutory guidelines.

16.2.3 The Director of Finance may recommend an increase in the number of funds where this is consistent with the Trust's policy for ensuring the safe and appropriate management of restricted funds, e.g., designation for specific stations or departments.

16.2.4 The trustee responsibilities must be discharged separately and full recognition given to the Trust's dual accountabilities to the Charity Commission for charitable funds held on trust and to the Secretary of State for all funds held on trust.

16.2.5 The Scheme of Matters Reserved to the Board and the Scheme of Delegation make clear where decisions regarding the exercise of discretion rearing the disposal and use of the funds are to be taken by whom. All Trust Board

members and Trust officers must take account of that guidance before taking action.

16.2.6 The over-riding principle is that the integrity of each Trust must be maintained and statutory and Trust obligations met. Materiality must be assessed separately from Exchequer activities and funds.

16.3 NEW FUNDS

16.3.1 The Director of Finance shall, in conjunction with the Legal Adviser, arrange for the creation of a new trust where funds and/or other assets, received in accordance with this Body's policies, cannot adequately be managed as part of an existing trust.

16.3.2 The Director of Finance shall present the governing document to the Board for adoption as required in Standing Orders for each new trust. Such document shall clearly identify, inter alia, the objects of the new trust, the capacity of this Trust to delegate powers to manage and the power to assign the residue of the trust to another fund contingent upon certain conditions, e.g. Discharge of original objects.

16.4 SOURCES OF NEW FUNDS

16.4.1 In respect of Donations, the Director of Finance shall:

(a) provide guidelines to officers of the Trust as to how to proceed when offered funds. These to include:
   (i) the identification of the donors intentions;
   (ii) where possible, the avoidance of new trusts;
   (iii) the avoidance of impossible, undesirable or administratively difficult objects;
   (iv) sources of immediate further advice; and
   (v) treatment of offers for personal gifts; and

(b) provide secure and appropriate receipting arrangements which will indicate that funds have been accepted directly into the LAS's charitable funds and that the donor's intentions have been noted and accepted.

16.4.2 In respect of **Legacies And Bequests,** the Director of Finance shall, with appropriate legal advice:

(a) provide guidelines to officers of the Trust covering any approach regarding:

   (i) the wording of wills;
   (ii) the receipt of funds/other assets from executors;

(b) where necessary, obtain grant of probate, or make application for grant of letters of administration, where the LAS is the beneficiary;

(c) be empowered, on behalf of the LAS, to negotiate arrangements regarding the administration of a will with executors and to discharge them from their duty; and

(d) be directly responsible, in conjunction with the Legal Adviser, for the appropriate treatment of all legacies and bequests.

16.4.3 In respect of **Fund-raising,** the Director of Finance shall:

(a) after consultation with the Legal Adviser, deal with all arrangements for fund-raising by and/or on behalf of the LAS and ensure compliance with all statutes and regulations;

(b) be empowered to liaise with other organisations/persons raising funds for the LAS and provide them with an adequate discharge. The Director of Finance shall be the only officer empowered to give approval for such fund-raising subject to the overriding direction of the Board;

(c) be responsible, along with the Legal Advisers, for alerting the Board to any irregularities regarding the use of the LAS's name or its registration numbers; and

(d) be responsible, after due consultation with the Legal adviser, for the appropriate treatment of all funds received from this source.

16.4.4 In respect of **Trading Income,** the Director of Finance shall:

(a) be primarily responsible, along with the Legal Adviser and other designated officers, for any trading undertaken by the LAS as corporate trustee; and

(b) be primarily responsible, along with the Legal Adviser, for the appropriate treatment of all funds received from this source.

16.5 INVESTMENT MANAGEMENT

16.5.1 The Director of Finance shall be responsible for all aspects of the management of the investment of income and funds held on trust. The issues on which he shall be required to provide advice to the Board shall include:-

(a) in conjunction with the Legal Adviser, the formulation of investment policy within the powers of this Body under Statute and within governing instruments to meet its requirements with regard to income generation and the enhancement of capital value;

(b) the appointment of advisers, brokers, and where appropriate, fund managers and:

(i) the Director of Finance shall agree, in conjunction with the Legal Adviser, the terms of such appointments; and for which

(ii) written agreements shall be signed by the Chief Executive;

(c) pooling of investment resources and the preparation of a submission to the Charity Commission for them to make a scheme;

(d) the participation by this Body in common investment funds and the agreement of terms of entry and withdrawal from such funds;

(e) that the use of NHS Trust assets shall be appropriately authorised in writing and charges raised within policy guidelines;

(f) the review of the performance of brokers and fund managers;

(g) the reporting of investment performance.

16.6 **DISPOSITION MANAGEMENT**

16.6.1 The exercise of the LAS' dispositive discretion shall be managed by the Director of Finance in conjunction with the Board. In so doing he shall be aware of the following:

(a) The objects of various funds and the designated objectives;

(b) the availability of liquid funds within each charitable fund;

(c) the powers of delegation available to commit resources;

(d) the avoidance of the use of exchequer funds to discharge charitable fund liabilities (except where administratively unavoidable), and to ensure that any indebtedness to the Exchequer shall be discharged by trust funds at the earliest possible time;

(e) that funds are to be spent rather than preserved, subject to the wishes of the donor and the needs of the LAS; and

(f) the definitions of "charitable purposes" as agreed by the NHS and the Charity Commission.

16.7 BANKING SERVICES

16.7.1 The Director of Finance shall advise the Board and, with its approval, shall ensure that appropriate banking services are available to the LAS as corporate trustee. These bank accounts should permit the separate identification of liquid funds to each trust where this is deemed necessary by the Charity Commission.

16.8 ASSET MANAGEMENT

16.8.1 Charitable fund assets in the ownership of or used by the Trust as corporate trustee, shall be maintained along with the general estate and inventory of assets. The Director of Finance shall ensure:

(a) in conjunction with the Legal Adviser, that appropriate records of all assets owned by the LAS as corporate trustee are maintained, and that all assets, at agreed valuations, are brought to account;

(b) that appropriate measures are taken to protect and/or to replace assets. These to include decisions regarding insurance, inventory control, and the reporting of losses;

(c) that donated assets received on trust shall be accounted for appropriately;

(d) that all assets acquired from funds held on trust which are intended to be retained within the charitable funds are appropriately accounted for, and that all other assets so acquired are brought to account in the name of the LAS NHS Trust.

16.9 REPORTING

16.9.1 The Director of Finance shall ensure that regular reports are made to the Board with regard to, inter alia, the receipt of funds, investments, and the disposition of resources.

16.9.2 The Director of Finance shall prepare annual accounts in the required manner which shall be submitted to the Board within agreed timescales.

16.9.3 The Director of Finance, in conjunction with the Head of Legal Services, shall prepare an annual trustees' report (separate reports for charitable and non-charitable trusts) and the required returns to the NHS and to the Charity Commission for adoption by the Board.

16.10 **ACCOUNTING AND AUDIT**

16.10.1 The Director of Finance shall maintain all financial records to enable the production of reports as above and to the satisfaction of internal and external audit.

16.10.2 The Director of Finance shall ensure that the records, accounts and returns receive adequate scrutiny by internal audit during the year.

He will liaise with external audit and provide them with all necessary information.

16.10.3 The Board shall be advised by the Director of Finance on the outcome of the annual audit. The Chief Executive shall submit the Management Letter to the Board.

16.11 **ADMINISTRATION COSTS**

16.11.1 The Director of Finance shall identify all costs directly incurred in the administration of funds held on trust and, in agreement with the Board, shall charge such costs to the appropriate trust accounts.

16.12 **TAXATION AND EXCISE DUTY**

16.12.1 The Director of Finance shall ensure that the Trust's liability to taxation and excise duty is managed appropriately, taking full advantage of available concessions, through the maintenance of appropriate records, the preparation and submission of the required returns and the recovery of deductions at source.

17 ACCEPTANCE OF GIFTS BY STAFF

17.1 The Director of Finance shall ensure that all staff are made aware of the Trust policy on acceptance of gifts and other benefits in kind by staff. This policy should follow the guidance contained in the Department of Health Standards of Business Conduct for NHS Staff.

18 RETENTION OF DOCUMENTS

18.1 The Chief Executive shall be responsible for maintaining archives for all documents required to be retained in accordance with Department of Health guidelines, currently the Records Management: NHS Code of Practice.

18.2 The documents held in archives shall be capable of retrieval by authorised persons

18.3 Documents held in accordance with the Records Management: NHS Code of Practice shall only be destroyed at the express instigation of the Head of Records Management within the authority delegated by the Chief Executive. Records shall be maintained of documents so destroyed.

19 RISK MANAGEMENT

19.1 The Chief Executive shall ensure that the Trust has a programme of risk management, in accordance with current Department of Health controls assurance requirements, which must be approved and monitored by the Board.

19.2 The programme of risk management shall include:

1) a process for identifying and quantifying risks and potential liabilities;

2) engendering among all levels of staff a positive attitude towards the control of risk;

3) management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk;

4) contingency plans to offset the impact of adverse events;

5) audit arrangements including; internal audit, clinical audit, health and safety review;

6) ~~decision on~~ a clear indication of which risks shall be insured.

7) arrangements to review the risk management programme.

The existence, integration and evaluation of the above elements will assist in providing a basis to make a Statement on the effectiveness of Internal Control (SIC) within the Annual Report and Accounts as required by current Department of Health guidance.

19.3 The Board shall decide if the Trust will insure through the risk pooling schemes administered by the NHS Litigation Authority or self insure for some or all of the risks covered by the risk pooling schemes. If the Board decides not to use the risk pooling schemes for any of the risk areas (clinical, property and employers/third party liability) covered by the scheme this decision shall be reviewed annually.

19.4 With three exceptions Trusts may not enter into insurance arrangements with commercial insurers. The exceptions are:

1) Trusts may enter commercial arrangements for insuring motor vehicles owned by the Trust including insuring third party liability arising from their use;
2) Where the Trust is involved with a consortium in a Private Finance Initiative contract and the other consortium members require that commercial insurance arrangements are entered into; and
3) Where income generation activities take place. Income generation activities should normally be insured against all risks using commercial insurance. If the income generation activity is also an activity normally carried out by the Trust for a NHS purpose the activity may be covered in the risk pool. Confirmation of coverage in the risk pool must be obtained from the Litigation Authority.

In any case of doubt concerning a Trust's powers to enter into commercial insurance arrangements the Finance Director should consult the NHS Litigation Authority.

19.5 Where the Board decides to use the risk pooling schemes administered by the NHS Litigation Authority the Director of Finance shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Director of Finance shall ensure that documented procedures cover these arrangements.

19.6 Where the Board decides not to use the risk pooling schemes administered by the NHS Litigation Authority for one or other of the risks covered by the schemes, the Director of Finance shall ensure that the Board is informed of the nature and extent of the risks that are self insured as a result of this decision. The Director of Finance will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses that will not be reimbursed.

All the risk-pooling schemes require members to make some contributions to the settlement of claims (the 'deductible'). The Director of Finance should ensure documented procedures also cover the management of claims and payments below the deductible in each case.