



**MEETING OF THE LONDON AMBULANCE SERVICE NHS TRUST BOARD TO
BE HELD IN PUBLIC ON TUESDAY 26 MAY 2020 AT 10:00-11:30 HELD VIA
VIDEO CONFERENCE**

Agenda: Public session

| Timing | Item | Owner | Status |
|---|--|--------------------------------------|---|
| 10.00 | 1. Welcome and apologies | HL | Verbal Information |
| | 2. Declarations of interest | All | Verbal Assurance |
| | 3. Minutes of the public meeting held 28.1.20 | HL | Enclosed Approval |
| | 4. Matters arising | HL | Enclosed Information |
| QUALITY, PERFORMANCE AND ASSURANCE | | | |
| 10.10 | 5. Chief Executive's Report • Financial arrangements including budget and capital plan | GE | Enclosed Assurance |
| 10.30 | 6. Trust Board Committee Assurance Reports 6.1. Audit Committee meeting on 20 April 2020 6.2. People and Culture Committee Weekly calls 6.3. Quality Assurance Committee meeting on 05 May 2020 6.4. Digital 999 Programme Assurance Committee on 07 May 2020 6.5. Logistics and Infrastructure Committee meeting on 12 May 2020 6.6. Finance and Investment Committee meeting on 21 May 2020 | RP JM MS SD SD FC | Enclosed Enclosed Enclosed Enclosed Enclosed Enclosed Assurance |
| GOVERNANCE AND REGULATORY | | | |
| 11.00 | 7. 7.1. Board self-certification 7.2. Standing Financial Instructions and Scheme of Delegation 7.3. NED Schedule | SDa LB HL | Enclosed Enclosed Enclosed Approval Approval Discussion |
| | 8. 8.1. Board Assurance Framework 8.2. Corporate Risk Register | SDa TB | Enclosed Enclosed Approval Approval |
| 11.25 | 9. Any other business | HL | Verbal Information |
| 11.30 | 10. Meeting close | HL | Verbal |

Date of next meeting:

The date of the next Trust Board meeting in public is on Tuesday 28 July 2020.

| Timing | Item | Owner | Status |
|--|--|-------|--------|
| <i>Additional reports, circulated for information only:</i> | | | |
| | • Freedom to Speak Up Quarterly Report | | |
| | • Patient Experience Annual Report | | |
| | • Integrated Performance Report | | |



TRUST BOARD: Public meeting – Tuesday 28 January 2020

DRAFT Minutes of the public meeting of the Board held on 28 January 2020 at 10.00am, in the Conference Room, Headquarters, 220 Waterloo Road London SE1 8SD

| Present | | |
|----------------------|-----------------|--|
| Name | Initials | Role |
| Heather Lawrence | HL | Chair |
| Trisha Bain | TB | Chief Quality Officer |
| Lorraine Bewes | LB | Chief Finance Officer |
| Fergus Cass | FC | Non-Executive Director |
| Sheila Doyle | SD | Non-Executive Director |
| Garrett Emmerson | GE | Chief Executive Officer (CEO) |
| Amit Khutti | AK | Associate Non-Executive Director |
| Jayne Mee | JM | Non-Executive Director |
| Khadir Meer | KM | Chief Operating Officer |
| Theo de Pencier | TdP | Non-Executive Director |
| Mark Spencer | MS | Non-Executive Director |
| Fenella Wrigley | FW | Chief Medical Officer |
| In attendance | | |
| Ross Fullerton | RF | Director of Strategy, Technology and Development |
| Philippa Harding | PH | Director of Corporate Governance |
| Rita Phul | RP | Corporate Secretary |
| Antony Tiernan | AT | Director of Communications and Engagement |
| Apologies | | |
| Karim Brohi | KB | Non-Executive Director |
| Ali Layne-Smith | ALS | Director of People and Culture |

Four members of the public were in attendance at the meeting.

1. Welcome and apologies (TB/19/95)

- 1.1. The Chair welcomed all to the meeting.
- 1.2. The Chair noted apologies from Karim Brohi, Non-Executive Director and Ali Layne-Smith, Director of People and Culture.

2. Declarations of interest (TB/19/96)

- 2.1. There were no interests declared in any matter on the agenda.

3. Minutes of the meeting held in public on 26 November 2019 (TB/19/97)

- 3.1. The minutes of the meeting held in public on 26 November 2019 were approved as an accurate record of the meeting subject to the following amendments:

3.1.1. Minute reference TB/19/76, paragraph 8.4.2, should be amended to read, "You'll know that I have recently taken on responsibility for public and patient involvement and as part of my handover from the Chief Quality Officer and Head of Patient Involvement it is clear that we have been active in our stakeholder activities."

3.1.2. Minute reference TB/19/81, paragraph 13.5, should be amended to read "The Chair sought reassurance that the information and learning from SIs was communicated across the organisation effectively; it was reported that there was a clear cascade and distribution of information through bulletins, podcasts, managers and round table feedback. Consideration would also be given to other methods of communication, such as screen savers. A report on how the new patient safety investigation framework was to be implemented in the Trust was due to be presented to the Board in January."

4. Matters Arising (TB/19/98)

- 4.1. The Board reviewed the action log.
- 4.2. Consideration was given to action reference TB/19/30, paragraph 8.4, in relation to the current cost of training for all staff Trust-wide including the abstractions involved. Khadir Meer (KM), Chief Operating Officer, confirmed that an update would be provided at the Trust Board meeting on 31 March 2020.

ACTION: Khadir Meer to provide an update to the Trust Board at its meeting on 31 March 2020, in relation to the current cost of training for all staff Trust-wide including the abstractions involved.

5. Board Members' feedback (TB/19/99)

- 5.1. The Board received feedback from Non-Executive Directors relating to engagement activities that they had recently undertaken across the Trust.
- 5.2. Amit Khutti (AK) reported that the first meeting of the informal strategy forum had been held. This had focussed on a deep dive into those elements of the Trust-wide Strategy that were not currently being addressed by any Board Assurance Committees. Attendance had been good and a number of useful actions had been identified. Consideration was now being given to how best to ensure that this body fitted into the Trust's formal corporate governance framework.
- 5.3. Fergus Cass (FC) reported on his attendance at a recent NHS providers event.
- 5.4. Theo de Pencier (TdP) informed members that he had met with the Health and Safety team at the Trust noting that a review of long standing challenges was being undertaken and reported in the Health and Safety report.

6. Report from the Chair (TB/19/100)

- 6.1. The report from the Chair provided Board members with an overview of the meetings and events attended with external stakeholders of the service; the content was noted.
- 6.2. The Board noted the departing Non-Executive Directors who had completed two terms and were leaving the Trust. John Jones, Non-Executive Director (NED), had chaired the Audit Committee at the London Ambulance Service NHS Trust (LAS) and had left the Trust in December 2019; Theo de Pencier, Non-Executive Director, had chaired the Logistics and Infrastructure Committee at LAS, as well as acting as a deputy to the Chair of the Trust and NED lead for Health and Safety. Board members expressed their gratitude for significant contributions that both had made during their time at the Trust. The Chair also noted thanks to Paul Woodrow, Director of Operations who had left the Trust at the end of November 2019 after 29 years of service.
- 6.3. The Board noted that interviews had been undertaken to recruit new NEDs to the Trust. The Chair confirmed that Rommel Pereira had been appointed as a NED and Chair of the Audit Committee commencing 1 February 2020. Rommel was previously an attendee of the Court of the Bank of England and a NED at Homerton University Hospital NHS University Trust. Members noted that Amit Khutti, who had attended Trust Board and assurance meetings as an Associate NED, had been appointed as a substantive Non-Executive Director with effect from 1 March 2020. Board members welcomed both to their new roles.
- 6.4. Members noted that the names of the five independent senior health and care chairs to lead London's five emerging Integrated Care Systems (ICSs) had been announced by David Sloman, London Regional Director and the Trust would be undertaking meetings with the chairs.
- 6.5. The Board noted the Chair's involvement as a Trustee of NHS Providers, and work being undertaken in relation to the alignment of NHS Providers and the Association of Ambulance Chief Executives (AACE) on urgent care and Emergency care.
- 6.6. Consideration was given to the NHS Improvement (NHSI)/NHS England (NHSE) Workforce plan and the focus on culture. Perena Issar, Chief People Officer, NHSI, had spoken at an NHS Providers dinner recently, and talked about her experience of abuse experienced by London Ambulance Service NHS Trust staff when she had joined an ambulance crew during a 'ride out'.
- 6.7. The Chair also informed the Board of her visit to the South West London (SWL) sector, an impressive example of positive and professional relationships existing on station and with colleagues at St Helier Hospital.

7. Report from the Chief Executive (TB/19/101)

- 7.1. Garrett Emmerson (GE), Chief Executive, presented his report on progress and key issues, events and activities since the last formal Board meeting.
- 7.2. It was acknowledged that performance remained a particular challenge across November and December 2019, with an increase of over 7,000 more patients compared to the same period in 2018. However, Members noted that by treating more people over the telephone (hear and treat – an increase of 12% year on year) and on scene (see and treat – an increase of almost 14% year on year), the overall number of patients taken to Emergency Departments (ED) during this period had actually decreased by 1,406. Despite the decrease in ED conveyance it was noted that hospital handover times were impacting the Trust's ability to meet category 2, 3 and 4 performance, with an increase in average job cycle times by approximately 3 minutes.

- 7.3. The Board received details of call handling response times, noting the demand in service across November and December 2019 had seen a response time of 10-11 seconds per call; this position had improved markedly in January 2020 to a response time of 5 seconds. It was noted that the performance in the Emergency Operating Centre had significantly improved despite the team being short staffed. Consideration was given to safety thresholds in relation to long held calls and lengthy response times. Board members were informed that data from the call centre was reviewed daily against NHSI guidelines to ensure patients who were responded to outside the safety threshold were assessed against levels of harm that may have been caused. Any incidents were referred to the Serious Incident Group.
- 7.4. Consideration was given to the unprecedented demand that had not been identified in the Trust's forecasting. Board members were made aware that the 3 year demand cycle could not have identified the level of demand received in November and December 2019, which was thought to have been caused by unseasonably warm weather together with a higher rate of respiratory illnesses affecting more frail patients.
- 7.5. Finally the Board considered pioneer services, noting that the use of pioneer services had led to lower ED conveyance together with the delivery of the right care to the right patient.

8. London Ambulance Service NHS Trust – 3 year business planning (TB/19/102)

- 8.1 Ross Fullerton (RF), Director of Strategy, Technology and Development, provided an update on the Trust's 3 year business plan that had been presented to the Trust Board Informal Strategy/Briefing/Development meeting in December 2019.
- 8.2 Consideration was given to the need for a resource map to identify critical areas of the Trust's business plan requiring support. Board members noted that this work was currently being scoped. Key challenges in the delivery of the business plan were noted to be Commissioning, Cost Improvement Programmes, and Capital Spend together with organisational and cultural transformation. The Board noted that directorate priorities were being developed to address the challenges identified.
- 8.3 The Board noted that the draft submission of the 3 year business plan to NHSI/NHSE would be undertaken on 21 February 2020.

9. National Procurement of Double Crewed Ambulance (TB/19/103)

- 9.1 Ross Fullerton (RF), Director of Strategy, Technology and Development, presented a report to provide the background and relevant information for the Trust Board to approve a procurement strategy for double crewed ambulances (DCAs) in line with the Trusts ambition for a lightweight, zero emission capable, fully accessible vehicle. Board members noted that the LAS was required to indicate its commitment to the national procurement of double crewed ambulances DCAs by the end of March. It was noted that the Trust considered that the proposed national specification and vehicle type did not allow for progression towards an ultra-low emission vehicle or comply with the Mayor of London's ambition for a zero emission zone starting in 2025. The proposed national specification also failed to meet three of the Trust's four core objectives.
- 9.2 The Board noted that LAS would have to seek a derogation from the NHSI/E national procurement to progress Project Zerro, alongside making no commitment to purchasing new DCAs via the national procurement in FY2020/21 and 2021/22.

- 9.3 It was noted that a detailed and complex discussion had been undertaken at the Logistics and Infrastructure Committee to address the reasons for seeking a derogation from the NHSI/E-led national procurement. The Board was informed that there was developmental work to be undertaken with Project Zerro, but that this would be in compliance with the national standard specification route, although not aligned to the national procurement route. Board members noted that the Trust was able to revert to the option of adopting the national procurement route in year 3 if it chose to do so.
- 9.4 Consideration was given to the Carter recommended principles in relation to procurement, and that the Board required further assurance to support seeking a derogation from the NHSI/E national procurement with the intention of embracing innovation. The Board sought further consideration of the matter by the Logistics and Infrastructure Committee and for an updated report to be presented to the Trust Board.

ACTION: The Logistics and Infrastructure Committee to give further consideration to the NHSI/E national procurement of DCAs and the proposal to seek a derogation from the national procurement programme, and to present an updated report to the Trust Board.

10. Board Committee Assurance Reports (TB/19/104)

(i) Quality Assurance Committee meeting on 09 January 2020

- 10.1 Mark Spencer (MS), Non-Executive Director, and Chair of the Quality Assurance Committee (QAC), presented a report of the most recent meeting of that Committee to the Board, noting matters for escalation.
- 10.2 Consideration was given to 12 hour shifts operated at the Trust and the impact that this working style might have on safety. The Committee observed that some members of staff committed to more than 3 rotas of 12 hour shifts, resulting in tiredness and potentially impacting the safety of patients.
- 10.3 Board members observed that funding for the trial of Body Worn Video Cameras (BWVC) was being made available by NHSI/E and a funding settlement of circa £175,000 had been indicated for the LAS to trial BWVC for 12 months, the first phase commencing in the current financial year (2019/20). The Trust was currently scoping its requirements.
- 10.4 The risk of a compromise to the health and well-being of Trust staff through the failure of the Trust's occupational health provider to meet contract specifications relating to the immunisations of MMR, Hep B and TB inoculations was noted. MS informed the Committee that reassurance had been provided to QAC that a tender was to be undertaken very shortly. A report providing assurance with regard to the Trust's immunisation programme was due to be presented to the next meeting of the Committee.

(ii) Logistics and Infrastructure Committee meeting on 14 January 2020

- 10.5 Theo de Pencier (TdP), Chair of the Logistics and Infrastructure Committee, presented a report of the most recent meeting of that Committee to the Board, noting matters for escalation.

- 10.6 The Board received an update in relation to the status of the Uninterrupted Power Supply (UPS), noting the requirement for corrective actions to be completed in concert with Operations at Bow and Waterloo. It was noted that the issues were being addressed and repairs were being pursued vigorously.
- 10.7 Consideration was given to the infrastructure-related issues that were to be escalated to the Board Assurance Framework (BAF).
- 10.8 Additionally, the Board noted other matters considered by the Logistics and Infrastructure Committee including Project Zerro, the Estates Strategic Vision, body worn cameras, and Data Quality.

(iii) People and Culture Committee meeting on 16 January 2020

- 10.9 Jayne Mee (JM), Non-Executive Director and Chair of the People and Culture Committee, presented a report of the most recent meeting of that Committee to the Board, noting matters for escalation.
- 10.10 Consideration was given to the need for the organisation to address the cultural and behavioural challenges which had been highlighted by the Civility Review and staff survey results.
- 10.11 The Board considered the presentation of two improvements plans – the Call Handling Improvement Plan and the Emergency Operations Centre (EOC) Improvement Plan, which identified themes of leadership, recruitment, retention, training, and sickness absence amongst others. Consideration was also given to the delivery of a full establishment of Paramedics and Emergency Ambulance Crew noting that this would remain a challenge until the operating model had been defined.
- 10.12 The specification of requirements securing the new providers for Occupational Health and associated Wellbeing Services were noted.

(iv) Finance and Investment Committee meeting on 21 January 2020

- 10.13 Fergus Cass (FC), Chair of the Finance and Investment Committee, presented a report of the most recent meeting of that Committee to the Board, noting matters for escalation.
- 10.14 Board members were briefed on the latest forecast of the full year position, which was based on results to the end of Month 9, noting the forecast outcome, before mitigations, had deteriorated by £3m. Two principal factors had been noted; firstly, it had not proved possible to deliver planned savings in the Trust's 111/integrated urgent care (IUC) services and at the same time maintain contracted service levels. Secondly, frontline pay expenditure in the 999 service had exceeded the previous forecast. Corrective action was being progressed, including improved forecasting of demand, staff levels and overtime. Mitigations in respect of 2019/20 were being finalised and it was currently anticipated that the budgeted breakeven control total would be achieved.
- 10.15 Consideration was given to the Trust's procurement activity, noting that the Procurement strategy was progressing and work was being undertaken in relation to engagement and culture. The Board observed that the process had initially been a strategic approach and had progressed to highlight a need for a review of existing contractual arrangements ahead of creating a procurement prioritisation plan. Board members noted that the Procurement Strategy would be presented to the Finance and Investment Committee at its meeting in March 2020.

- 10.16 The Board observed that collaboration opportunities for joint procurement with South Central Ambulance Service (SCAS) now seemed less than originally envisaged; however it was noted that priorities for collaboration with other organisations, including NHS trusts, were being reassessed.
- 10.17 Consideration was given to costing and accounting systems, with the aim to include compliance with new national costing standards and the introduction of additional tools that could drive cost reduction and operational improvement. It was noted that the programme was behind schedule but that a revised workplan was now in place.

11. Board Assurance Framework and Corporate Risk Register (TB/19/105)

- 11.1 Philippa Harding (PH), Director of Corporate Governance, provided an update on the Board Assurance Framework (BAF). Board members noted the top three risks which were Finance, Recruitment and Cyber security.
- 11.2 It was noted that work continued on the review of the Trust's risk appetite statement and that this would be presented to the Audit Committee at its meeting on 6 February 2020.
- 11.3 Board members considered proposed BAF risk 58 with regard to the Trust's infrastructure. It was confirmed that the Board was content with the principle of this risk, but that further work was required with regard to its articulation.
- 11.4 Consideration was given to BAF risk 53, noting that a withdrawal agreement was now in place and that discussions had been undertaken at the People and Culture Committee at its meeting on 16 January 2020 in relation to the need to secure a trade agreement by the end of December 2020. The Trust Board noted the recommendation that this risk should no longer be considered a BAF-level risk and therefore it should be de-escalated from the BAF, with a view to being reviewed in October 2020.

RESOLUTION:

- 11.5 The Board resolved to agree that BAF risk 53 should be de-escalated from the BAF, subject to its further review in October 2020.

12. Serious Incident Update (TB/19/106)

- 12.1 Trisha Bain (TB) Chief Quality Officer, provided the Board with an update with regard to the Serious Incidents (SIs) and thematic reviews within the Trust. Board members noted that actions from closed investigations were complete or on track for completion within the provided timeframe.
- 12.2 The Board observed that the Trust continued to see good reporting of patient safety incidents, resulting in 3.7 events per 1000 incidents with increases in no and low harm incidents being reported, which was positive, allowing the Trust to identify themes.
- 12.3 Consideration was given to the Serious Incident Case Review evening event, undertaken in November, where a total of 5 serious incidents were presented by their respective lead investigators who highlighted the key learning points for each case. The event was noted to have been well attended and would run quarterly.

- 12.4 Additionally the Board noted a change in approach to Serious Incidents which would be undertaken as a learning approach, titled Patient Review, to commence from 1 April 2020.

13. CQC Report (TB/19/107)

- 13.1 Trisha Bain (TB) Chief Quality Officer, presented the Care Quality Commission (CQC) Report outlining the outcome of the inspection undertaken by the CQC during 2019. Board members noted that the Trust had maintained an overall rating of 'good', with a 'requires improvement' rating under the Safe domain within Emergency Operations Centre (EOC) and Emergency services; the Caring domain moved from outstanding to good.
- 13.2 It was noted that the Trust was required to respond to 'Must' do actions in two regulatory domains. These related to the Integrated Urgent Care (IUC) services and included the monitoring of the quality of GP decision making in relation to the prescription of medication; and Safe Care and treatment within Emergency Care services which incorporated medicine management and improvement in the arrangements to secure vehicles and equipment. Improvement plans that included 16 'should dos' were noted to be in development for all relevant services, and these would be reported to the Quality Oversight Group (QOG), the Quality Assurance Committee (QAC) and the Trust Board via inclusion within the quality report. The Board observed that a further CQC report was expected on 7 February 2020;
- 13.3 In response to actions being undertaken to address challenges raised by the CQC it was noted that all 37 secure drugs rooms would be completed by May 2020. The commissioning of multi dose drug bags was in process and a plan would be in place within 12 months to track the bags. It was noted that the estate was rigorously being managed to address the challenge of security.
- 13.4 Board members sought clarity on the reasons for the Trust being regraded from outstanding to good in relation to caring. TB informed the Board that the CQC had stated that they had not seen the level of exceptional care that they had expected to see. Board members concurred that there was a high level of subjectivity in the rating. Garrett Emerson (GE), Chief Executive, advised Members that he would be meeting with senior representation at CQC to feedback the Trust's experiences in the way the inspection had been undertaken.
- 13.5 The Quality directorate continued to support the robust investigation of SIs, analysing and monitoring themes, which were discussed at the Serious Incident Assurance and Learning Group (SIALG). It was noted that SIALG was providing improved ownership within the operational teams, trend analysis and assurance that the organisational learning had been embedded which would improve the quality and safety of the care delivered to patients.

14. Annual EPRR Assurance Assessment (TB/19/108)

- 14.1 Khadir Meer (KM), Chief Operating Officer, provided a report to inform the Trust Board of the annual Emergency Preparedness Response and Resilience (EPRR) assurance review undertaken in collaboration with NHS England (NHSE) and the National Ambulance Resilience Unit (NARU). Board members noted the assessment was addressed in two parts; 49 core EPRR standards and 163 interoperable capability standards.
- 14.2 Board members observed that the Trust was fully compliant in relation to the core EPRR standards and substantially compliant with the interoperable capabilities. An

action plan had been developed and agreed with NHS England (NHSE) to address the standards that had not been compliant.

15. Report of the Trust Secretary (TB/19/109)

- 15.1 Philippa Harding (PH), Director of Corporate Governance, presented the report of the Trust Secretary which provided the Board with details of the use of the Trust seal, proposed updates in respect of Trust Board policies, Terms of Reference for approval, and noting of the Register of Interests.
- 15.2 The Board was asked to approve the following policies: Business Continuity Management Policy, Anti-Fraud, Bribery and Corruption Policy and Risk Management Strategy and Policy.

RESOLUTION:

- 15.3 The Board resolved to approve the following proposed policies:

- 15.3.1 Business Continuity Management Policy
- 15.3.2 Anti-Fraud, Bribery and Corruption Policy
- 15.3.3 Risk Management Strategy and Policy

- 15.4 The Board was asked to approve the following Terms of Reference: the Nomination and Remuneration Committee (as agreed at its meeting on 29 October 2019); the Charitable Funds Committee, as agreed at its meeting on 11 November 2019; the establishment and Terms of Reference of a Staff Advisory Panel, as discussed and agreed at the Information Trust Board meeting on 17 December 2019.

RESOLUTION:

- 15.5 The Board resolved to approve the following proposed Terms of Reference for:

- 15.5.1 the Nomination and Remuneration Committee
- 15.5.2 the Charitable Funds Committee

- 15.6 Consideration was given to the requirement for the Co-Chair of the Staff Advisory Panel to attend *all* Trust Board meetings. The Board discussed the level of commitment if the Co-Chair was purely an invitee to Trust Board meetings.

RESOLUTION:

- 15.7 The Board resolved to approve the proposed Terms of Reference for the Staff Advisory Board and to keep these under review following the first meeting.
- 15.8 Board members noted the Register of Interests, noting it was good practice to publish these to the Trust's website.

16. CARU Annual Reports (TB/19/119)

- 16.1 Consideration was given to the Clinical Audit Research Unit (CARU) reports (Cardiac, STEMI and Stroke).
- 16.2 Board members observed the need to emphasise the urgency of the administration of defibrillator treatment to cardiac arrest patients as soon as possible to maximise the chance for full recovery.

- 16.3 Pain relief was considered by the Board and that the programme was being reviewed to ensure the distribution of appropriate pain relief became mandatory.
- 16.4 Board members commented on the CARU reports as an example of exemplar reporting.

17. Freedom to speak up quarterly report (TB/19/118)

- 17.1 Board members noted the success of Freedom to speak up and that the programme had received extra resource to continue with supporting the workforce.

18. Trust Board Forward Planner (TB/19/110)

- 18.1 It was noted that the date of the Trust Board meeting in March would be 31 March 2020.

19. Questions from members of the public (TB/19/111)

- 19.1 There were no questions from the public.

20. Any Other Business (TB/19/112)

- 20.1 There was no other business.

21. Review of the meeting (TB/19/113)

- 21.1 Consideration was given to the structure of the agenda, noting that the Integrated Performance Report was circulated as an additional report and not included for discussion as an item on the substantive agenda.
- 21.2 Timeliness of papers was considered together with encouragement that papers that had been reviewed by Board Assurance committees should be presented to the Trust Board with a summarisation of the discussion undertaken at the Board Assurance committee.

22. Meeting Close (TB/19/114)

- 21.3 The meeting closed at 13.05pm. The next Trust Board meeting in public will take place on 31 March 2020, London Ambulance Service NHS Trust Headquarters, 220 Waterloo Road London SE1 8SD.

TRUST BOARD - Public Meeting: ACTION LOG

| Ref. | Action | Owner | Date raised | Date due | Comments / updates (i.e. why action is not resolved / completed) |
|---------------------------|---|------------------------------|-------------|---------------------------------|---|
| TB/19/30 para 8.4 | Confirm to the Board the current cost of training for all staff Trust-wide, including the abstractions involved. | Khadir Meer | 30/07/2019 | 31/12/19 | |
| TB/19/51 para 7.7 | Present a report on plans to deliver the national Cat 2 response time, taking into account the existing clinical, medical and operational resources. | Khadir Meer | 24/09/2019 | 24/03/2020 | A piece of work is required to understand the modelling framework, the accuracies and inaccuracies and what needed to be delivered to resolve before the requested report can be presented. |
| TB/19/76 para 8.3 | Engage with Karim Brohi (KB), Non-Executive-Director, on the feasibility of establishing a London Ambulance Service Youth Forum. | Anthony Tiernan | 26/11/2019 | 24/03/2020 Defer to June | This has been delayed due to the impact of the COVID-19 response. It has been proposed that the position is reviewed in June 2020. |
| TB/19/79 para 11.4 | Share the plan for flu vaccinations with the Board | Ali Layne-Smith | 26/11/2019 | | |
| TB/19/103 para 9.3 | The Logistics and Infrastructure Committee to give further consideration to the NHSI/E national procurement of DCAs and the proposal to seek a derogation from the national procurement programme, and to present an updated report to the Trust Board. | Khadir Meer / Ross Fullerton | 28/01/2020 | 31/03/2020 | |



| | | | | |
|---|--|------------|-------------------------------------|----------|
| Report to: | Trust Board | | | |
| Date of meeting: | 26 May 2020 | | | |
| Report title: | Report from the Chief Executive | | | |
| Agenda item: | 5 | | | |
| Report Author(s): | Garrett Emmerson, Chief Executive | | | |
| Presented by: | Garrett Emmerson, Chief Executive | | | |
| History: | Detail of other meetings/committees that have considered the paper | | | |
| Purpose: | <input type="checkbox"/> | Assurance | <input type="checkbox"/> | Approval |
| | <input type="checkbox"/> | Discussion | <input checked="" type="checkbox"/> | Noting |
| Key Points, Issues and Risks for the Board / Committee's attention: | | | | |
| <ul style="list-style-type: none"> The Chief Executive's report gives an overview of progress and key events within the London Ambulance Service NHS Trust (LAS) since the last time the board convened in respect of the Trust's operational response to COVID-19 in March and April. | | | | |
| Recommendation(s) / Decisions for the Board / Committee: | | | | |
| <ul style="list-style-type: none"> The Board are asked to note the content of the Chief Executive's report. | | | | |

| Routing of Paper – Impacts of recommendation considered and reviewed by: | | | | | |
|--|--------|---|----|--|--------------------------|
| Directorate | Agreed | | | | Relevant reviewer [name] |
| Quality | Yes | | No | | |
| Finance | Yes | X | No | | Lorraine Bewes |
| Chief Operating Officer Directorates | Yes | X | No | | Khadir Meer |
| Medical | Yes | X | No | | Fenella Wrigley |
| Communications & Engagement | Yes | X | No | | Antony Tiernan |
| Strategy | Yes | X | No | | Ross Fullerton |
| People & Culture | Yes | X | No | | Ali Layne-Smith |
| Corporate Governance | Yes | X | No | | Syma Dawson |

Report from Chief Executive

This report provides the Board with a summary of the Trust's operational response to the COVID-19 pandemic in March and April 2020.

March 2020

The COVID-19 pandemic hit London before the rest of the UK, meaning LAS was at the forefront of responding to this national emergency, leading to unprecedented demands being placed on the Service throughout the period in question. Whilst 111 saw significantly increased demand throughout February, rising to around 300% of normal call volumes, from the beginning of March COVID-19 related demand started to have a significant impact on our 999 call handling and ambulance operations.

999 calls to the London Ambulance Service grew from around 5000 a day, to a peak of over 11,000 calls by the end of March, putting extreme pressure on control room operations. This was compounded by increasing absence levels over this period due to sickness and the need for staff to self-isolate due to COVID-19 symptoms. By the end of March around 20% of Emergency Operations Centre (EOC) staff were either off sick or in COVID-19 related self-isolation. As a result of this, call handling times became significantly extended with an average call answering time of 3 minutes 20 seconds in March, this compared to an average of 7 seconds in March 2019.

In relation to the ambulance operations, during the initial 'containment' phase of the Government's response to the pandemic, although numbers of potentially COVID-19 positive patients were still relatively low, vehicles had to be taken fully out of service for deep cleaning after each attendance. This caused our vehicle out of service rate to double to 15%, starting to put ambulance operations under significant pressure.

As the country moved from 'containment' into the 'delay' phase of the response, and COVID-19 patient numbers started to increase significantly, the need for road staff to have to 'don and doff' personal protective equipment (PPE), as well as decontaminate vehicles, meant that overall Job Cycle Times (JCT) began to become significantly extended.

This, coupled with similar COVID sickness and self-isolation related absence challenges to those in EOC (with over 650 road staff off sick or in self-isolation by the end of the month) meant that, although we able to maintain clinically safe response times response times for our sickest patients (Category 1 patients) – averaging 9min 51s for the month; response times for all other categories became significantly extended, with our Category 2 response time for the month averaging 1hr 01min 23s against the 18 minute standard national target.

Service Response

In response to this unprecedented national health emergency, the Executive (with the support of the Chair and Non-Executive Directors where appropriate) took a number of immediate and substantial actions to enhance the organisation's overall response capability, which built on our comprehensive Emergency Preparedness, Resilience and Response (EPRR) plans. These included (but were not limited to):

Corporate Actions

- Raising our Response Escalation Action Plan (REAP) level to REAP 3 and then subsequently REAP 4 (on 23 March), putting all available clinical staff into patient facing roles (in both the clinical hub and on the road), suspending all non-operational non-patient facing activity and redeploying corporate and other staff to support emergency operations.

- The operational leadership of the organisation was restructured and strengthened to enable it to operate with a full seven day a week capability.

Call Handling and Control Rooms

- Both 999 and 111 call handling operations were redesigned to create additional COVID-19 specific call handling capability. Specifically, following national approval for us to implement the flu pandemic 'Card 36' protocol in EOC (in advance of the rest of the country), over the weekend of 28/29 March, a completely new additional 999 call handling facility was built on the first floor of 220 Waterloo Road, and initially 30 second year student paramedics trained to enable it to start operating on the Monday morning, starting to relieve pressure on EOC call handlers by answering 'COVID-19 only' related calls. Over the next few days a further 100 second and first year students were similarly trained (third year students were deployed alongside road staff).
- In relation to 111, similar enhanced arrangements were put in place to manage COVID-19 related calls, in part utilising additional outsourced call centre capacity procured commercially from InHealth.
- Enhanced arrangements to transfer calls electronically between ambulances services nationally, and between 999 and 111 services within London, were also developed.

Ambulance Operations

- Our ambulance operating model was rationalised to maximise our double crewed ambulance (DCA) capability by stepping down a number of other types of response (including cycle, motorcycle, Non-Emergency Transport Service (NETS), Fast Response Unit (FRU) and other car based responses) and transferring those staff to work on DCAs. Volunteer emergency responders (ERs) were also transferred on to DCAs to work alongside LAS colleagues.
- From 17 March, when we were released from our normal contractual and financial commitments, all operational overtime and additional bank resources were maximised.
- In addition to enhancing our own ambulance capacity, under mutual aid arrangements with surrounding ambulance services and St John Ambulance, up to 30 additional DCA vehicles and crews were also variously deployed to ensure capacity was available.

Clinical Actions

- Working with local ICS/STPs, multiple new, revised or extended patient pathways were introduced to maximise our ability to provide enhanced out of hospital patient care for both COVID-19 and non-COVID-19 related patients.
- We provided additional senior clinical support in EOC 999, 111 and operationally for patients and crews.
- Implemented twice daily safety and quality reviews to ensure immediate mitigation of any patient safety concerns.
- The Quality Directorate maintained independent oversight of any incidents reports, triangulating them with Quality Alerts and complaints trends.

Logistic and Estates

- To ensure the supply and distribution of personal protective equipment (PPE), and provision of adequate management and clinical support to frontline staff, ambulance operations were consolidated into a smaller number of our larger hubs stations, creating effective ambulance deployment centres (utilising the principles developed for LAS's Olympic operations in 2012).
- Our Deptford logistics operation was also completely redesigned and resized, to enable it to deliver over a million pieces of PPE onto stations by the end of April. This has also helped make it easier for vehicles to be removed from service for regular cleaning/restocking and more efficiently pair up single staff and reduce wasteful movement.

Fleet Operations

- Additional DCA vehicles were urgently sourced and procured including 62 brand new vehicles already on order, which were hurriedly completed by the supplier, rushed to the UK (from southern Ireland), rapidly fitted out (at a West Ham bus facility loaned to us by TfL and Stagecoach London Buses) and commissioned within three weeks - compared to the six months this would otherwise have normally taken. In addition to this, a further 51 second-hand ambulances of various types were urgently purchased and fitted out ready for use although, to date, only 13 of these have required to be used.
- Working in a rapidly developed partnership with the AA, who had significant surplus skilled technical capacity available due to a downturn in their workload post-lockdown, radically enhanced fleet workshop and on the road maintenance arrangements were put in place to improve overall vehicle availability. Together with the additional new vehicles procured, this ultimately enabled the service to regularly put on the road more than 200 additional ambulances, a near 60% increase on peak pre-COVID-19 DCA capacity.

People Operations

- Plans were put in place that ultimately saw the recruitment and deployment of over 900 additional temporary staff and volunteers (around 650 road crew and 250 call centre and control room staff). These included around 200 student paramedics, returning former members of staff, volunteers, over 300 London firefighters, volunteers from Virgin Atlantic and British Airways.
- Revised skills mix arrangements were put in place to enable the deployments of these additional resources whilst maintaining patient safety and care quality requirements, which were continuously monitored and reported on into the Operational Leadership Team on a daily basis.
- Significantly enhanced welfare and internal communications arrangements were put in place to provide up to date accurate information and support staff and volunteers both clinically and with their physical and mental health needs during what were inevitably going to be an incredibly challenging time. Since January, we have hosted 31 Facebook Live Q&A sessions for colleagues and issued over 200 bulletins. We have answered more than 1,700 questions via a dedicated email inbox and on our staff and volunteer Facebook group.
- Working closely with NHS England, from 29 March LAS became one of the first NHS trusts in the country to introduce staff COVID-19 related testing, supported by our Community First Responder volunteers.
- Significant hotel accommodation capacity was procured to enable key staff who would otherwise have to self-isolate for family reasons to continue to work and/or work extended hours up to 7 days a week through the period. We also offered a taxi service for colleagues who had difficult community to work due to lockdown and reduced transport services.

External Communications

- We have worked closely with the media and other partners to proactively share messaging about our response to COVID-19, to offer reassurance and inform the public about how they can prevent the spread of the illness and reduce pressure on our services. This has included record levels of social media engagement and, in early March, before the implementation of the Government lockdown restrictions, a visit by Their Royal Highnesses the Duke and Duchess of Cambridge to Croydon 111.

Financial Impact

- All COVID related costs were recorded and recovered from NHS England through their COVID-19 emergency finance arrangements and I am pleased to confirm that the Trust was still able to meet its 2019/20 Control Total target.

- For 2020/21 there are new financial arrangements in place for the period 1 April to 31 July and the operational planning process for 2020/21 has been suspended. In summary:
 - NHS providers have been issued with a guaranteed minimum level of income based on month 9 agreement of balances, plus an uplift for the impact of inflation but excluding activity growth and the tariff efficiency factor as CIP programmes have been suspended.
 - National non-Covid top-up payments are being made to reflect the difference between actual costs and block funding where the expected cost base is higher (calculated on the average monthly expenditure for Nov to Jan uplifted for inflation).
 - National Covid costs will be reimbursed based on actual costs incurred directly related to the Covid-19 response. These are being claimed retrospectively on a monthly basis. The Trust implemented a revised internal financial framework in March to identify, track, evidence and document necessary Covid costs. This process will remain in place to July 20.
- The revised financial guidance ensures that the Trust will break even over the first 4 months of 20/21 and has sufficient cash to remain above its minimum cash holding (£6m).
- For 20/21 the Trust capital budget is hosted as part of the NWL STP. STPs and provider organisations are required to work together to submit plans consistent with the available envelope for 20/21. There is a separate process for claiming reimbursement of Covid urgent capital, which the Trust has submitted in line with Regional guidance. All future Covid capital must have Regional and National approval prior to expenditure. The Trust is working with NWL to ensure there is an aligned process for prioritising LAS's urgent Covid and BAU capital requirements appropriately as a pan-London provider.
- The Trust Business Plan will be developed in parallel with the capital plan and the formalisation of the financial arrangements for the remainder of the year.

All of these actions were only possible as a result of an immense effort by many people right across the Trust, as well as the fantastic assistance we received from so many other organisations including: NHS London and NHS England, our partner ambulance services, St John, the AA, London Fire Brigade, TfL, Stagecoach, Wilker ambulance converters, Telent, Bowmans, Wembley Stadium, Virgin Atlantic, British Airways, our partner universities (Anglia Ruskin, University of Herefordshire, St George's University, University of West London and University of Greenwich), the Military, the Hampton by Hilton Hotel, Waterloo and several other hotels across London, and a multitude of other organisations that have provided welfare support including: food and isolation packs (for those self-isolating) and other essential equipment necessary to develop and sustain our enhanced response capability.

April

As a result of these actions, from 8 April onwards, overall 999 call handling returned to within normal national performance standards, ie less than 10 seconds call answering times. By 10 April the Service was again achieving all its national Ambulance Response Programme (ARP) response time and quality standards and, coupled with a subsequent downturn in overall 999 call demand, has continued to do so everyday up until the time of writing.

Call levels in 111 have continued to be very high (approximately double pre-COVID-19 levels), with many patients potentially now choosing to call 111 rather than 999. However, due to the measures put in place, performance remains very strong, with both our directly operated North East London and South East London services consistently achieving all of their national performance targets.

Staff sickness levels peaked on 31 March at around 20% and steadily declined from then to around 7-8% by the end of the month (still 3-4% higher than average pre-COVID-19 levels), remaining static beyond that.

Following the implementation of the Government's strict 'lockdown' and social distancing restrictions in the second half of March, COVID-19 related ambulance demand peaked in London around the end of March at around 3000 COVID-19 related 999 calls per day (and c750 face to face ambulance attendances) and declined through to the end of April to around half those numbers.

Since the end of April we have seen a flattening out of that decline, indicating that we have reached the 'bottom of the curve' and that the Government's lockdown restrictions have reached their maximum impact in London. The service is now focused on maintaining its maximum surge capability (as instructed to by NHS England nationally) to be ready for any increases in both COVID-19 and Non-COVID-19 related demand as the country comes out of its period of intense lockdown and we move into the more demanding summer period.

NHS Nightingale London

In addition to responding to the COVID-19 related demands placed on its 999 and 111 services across London, the Service was also intimately involved in the design, development and rapid implementation of the NHS Nightingale London project. From Saturday 21 March we worked closely with NHS London and the wider London healthcare system to create and operate a temporary COVID-19 field hospital capable of caring for up to 4000 patients at the Excel Centre in East London.

LAS's role has been to design, develop and provide the critical care transport service necessary to take patients to and from this facility and move COVID patients between other acute hospitals. To do this we set up and operated a transport coordination facility in Wellington House, Waterloo and a field ambulance deployment centre at Excel, deploying up to 20 vehicles, utilising our Hazardous Area Response Team (HART) specialist assets and specialist military medical teams to ensure the safe and efficient transfer of patients to and from Nightingale.

Following direction from NHS England nationally, in common with all other regional ambulances services in England, to aid the smooth and effective movement and discharge of patients in and out of hospital, during this period LAS has also taken on the coordination (but not the operation) of all patient transport services in London.

Finally, I would like to pay tribute to six colleagues we have sadly lost through death in service over these last few weeks: **Nicholas Lesslar**, an incident response officer from Deptford who had over 24 years' service; **Averille Hinds**, a 111 service advisor based at Barking who had been with us since 2018; **Ian Reynolds**, a paramedic based at New Addington with 32 years' service; **Gordon Ballard**, a logistics manager at Bow who had 42 years' service; **Melanie Mitchell**, a 111 service advisor based at Barking who had been with us since 2018; and **Ben Woodhart**, a paramedic based at New Malden with over 20 years' service, who died unexpectedly.

Whilst only three of these deaths in service were from potentially COVID-19 related illnesses, they were all much loved members of our team and will be greatly missed. I am sure the Board would join me in offering our heartfelt condolences to all of their families, friends and colleagues.

Garrett Emmerson
Chief Executive Officer



London Ambulance Service

NHS Trust

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| Report to: | Trust Board | | | |
| Date of meeting: | 26 May 2020 | | | |
| Report title: | Trust Board Committee Assurance Reports | | | |
| Agenda item: | 6 | | | |
| Report Author(s): | Victoria Moore, Corporate Governance Manager | | | |
| Presented by: | Non-Executive Director Committee Chairs | | | |
| History: | N/A | | | |
| Purpose: | <input checked="" type="checkbox"/> | Assurance | <input type="checkbox"/> | Approval |
| | <input type="checkbox"/> | Discussion | <input checked="" type="checkbox"/> | Noting |
| Key Points, Issues and Risks for the Board / Committee's attention: | | | | |
| <p>The Chairs of the Board Assurance Committees provide an assurance report to the Board following their last meeting in order to update the Board on relevant business matters while demonstrating how they are fulfilling their responsibilities set out in their Terms of Reference.</p> <p>In particular, the assurance reports detail items for escalation to the Board, key decisions taken by the Committee, as well as relevant risks and assurances.</p> <p>The following Board Assurance Committee reports are enclosed:</p> <ul style="list-style-type: none"> • Audit Committee meeting on 20 April 2020 • People and Culture Committee Weekly calls • Quality Assurance Committee meeting on 05 May 2020 • Digital 999 Programme Assurance Committee on 07 May 2020 • Logistics and Infrastructure Committee meeting on 12 May 2020 <p>The Finance and Investment Committee meeting on 21 May 2020 was conducted after publication of the Board papers and therefore Committee assurance will be provided verbally by the Chair Fergus Cass.</p> | | | | |
| Recommendation(s) / Decisions for the Board / Committee: | | | | |
| The Board is asked to note the Assurance Reports. | | | | |

| Routing of Paper – Impacts of recommendation considered and reviewed by: | | | | |
|--|--------|---|----|--------------------------------------|
| Directorate | Agreed | | | Relevant reviewer [name] |
| Quality | Yes | x | No | Chair of Quality Assurance Committee |
| Finance | Yes | | No | |

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|--------------------------------------|-----|---|----|--|--|
| Chief Operating Officer Directorates | Yes | x | No | | Chair of the D999 Programme Assurance Committee and Logistics and Infrastructure Committee |
| Medical | Yes | x | No | | Chair of Quality Assurance Committee |
| Communications & Engagement | Yes | | No | | |
| Strategy | Yes | | No | | |
| People & Culture | Yes | x | No | | Chair of the People and Culture Committee |
| Corporate Governance | Yes | x | No | | Chair of the Audit Committee |



Assurance Audit Committee report:

Date: 20/04/2020

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|---------------------------|--|-------------------------|---|
| Summary report to: | Trust Board | Date of meeting: | 26/05/2020 |
| Presented by: | Rommel Pereira, Audit Committee Chair. Non-Executive Director | Prepared by: | Victoria Moore, Corporate Governance Manager |

Matters for escalation:

- The Committee noted progress in finalising the annual accounts and requested a “bridge” from the month 11 full year forecast previously reviewed by FIC. FIC would also receive a 2 year forward plan view for 20/21 and 21/22 prior to Board’s review and assessment, which would inform EY’s Going Concern audit opinion of the annual accounts.
- Standing Financial Instructions, Schemes of Delegation and Matters reserved for Board were agreed and will continue to be regularly monitored, including with the establishment of Directors assurance certificates.
- The Committee asked that the Internal Audit plan be brought back to Audit Committee after reconsideration by the Executive in line with a post COVID ‘new normal’ risk assessment.
- The Committee noted delays in delivering various audit reports and requested increased visibility, timeliness and escalation of reports, findings and counter fraud actions.
- Regular Executive and Audit Committee Chair interactions with Grant Thornton would be established to ensure improved adherence to and strengthened KPI monitoring. These meetings have been scheduled.

Other matters considered:

- Internal Audit Progress report - members discussed the Risk Management and 111/Integrated Urgent Care (IUC) reports. The former had been finalized but had not been sent on to the Committee. The latter was still under review in line with the governance process. Members requested that both reports be made promptly available. The Committee concluded it was necessary to ensure increased visibility, timeliness and escalation of internal audit findings and counter fraud actions.
- The Chair of the Committee asked for greater precision in minute taking and actions to ensure the effective delivery of Committee matters.

Key decisions made / actions identified:

- Regular Executive and Audit Committee chair interactions with Grant Thornton should be undertaken to monitor robust KPIs.
- In respect of the internal audit programme members discussed unused audit days and supported their carry forward to the 20/21 plan to ensure that planned audit work is not unnecessarily curtailed. Further to this Members requested an interim report on the Data Security Protection toolkit (DSPT).
- Members considered some adjustments to the 3 year programme and concluded that the plan should be further considered by the Executive to ensure that it meets the post-Covid “new normal” environment.
- The Standing Financial Instructions and Scheme of Delegation and Matters reserved for Board were approved. Committee members requested regular reporting and monitoring of these documents and identified a requirement to establish assurance certificates for systems of internal control, which would incorporate compliance (or non-compliance) with standing financial instructions.

Risks:

- Committee members discussed the ‘going concern’ position and in the context of fundamental changes to the financial framework brought about by Covid, the need for FIC to review a “bridge” to the year-end position from the previously reviewed month 11 full year forecast and a 2 year forward view. This would be a necessary precursor before Board’s review and would help inform EY’s Going Concern audit opinion.

Assurance:

- In the light of several “high risk” findings, the Committee discussed the head of Internal Audit draft opinion of significant assurance with some improvements and noted that this would be subject to finalization.
- The draft Counter Fraud opinion of Partial Compliance (Amber) was received, noting some year on year deterioration and elevated Covid risks, especially Cyber and Procurement. The Counter Fraud workplan for 20/21 would increase its focus on Fraud Risk Assessments and “Prevent” and “Deter”.
- The Committee noted an effective meeting reflecting on the quality of discussions given the condensed format.



Assurance report: **People and Culture Committee – Weekly briefings**

Date: **08/05/2020**

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| Summary report to: | Trust Board | Date of meeting: | 26/05/2020 |
| Presented by: | Jayne Mee, People and Culture Committee Chair. Non-Executive Director | Prepared by: | Victoria Moore, Corporate Governance Manager |

The People and Culture Committee has been conducted via weekly meetings during the COVID Response.

Matters for escalation:

- Staff abstraction levels peaked on 31 March at around 20% (including COVID sickness) and steadily declined from then to around 7-8% by the end of the month (still 3-4% higher than average pre-COVID-19 levels), remaining static beyond that.
- Sickness rates in 111 and Workshops remain high. There is greater understanding about COVID isolation in Workshops, but 111 require further investigation.
- Psychological well-being of our staff as well as a package of health and wellbeing measures has been at the forefront of Committee discussions. In particular, using a screening questionnaire to support staff in understanding they require help will be introduced. A comprehensive plan is expected to be received on 8th May 2020.
- Concern was raised in respect of the long-term use of 'consultants' in key roles within the People and Culture directorate.
- Members discussed and requested that urgent modelling be conducted against the 'new' operating model and skill mix providing a workforce plan clarifying resourcing requirements 2020/21, overlayed by surge activity.

Other matters considered:

- The core business of the Committee has considered, Trust business continuity; approach and modelling, resourcing, sickness and health and wellbeing. The committee has also received regular updates on Freedom to Speak up, Bullying and Harassment, Risk and regional and national updates as required.
- Members considered structural changes within the People and Culture team noting both the Pre-COVID and COVID response structures and vacancies that had emerged in senior and middle

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| | <p>grade positions. Concern was raised in respect of the long-term use of 'consultants' in key roles.</p> <ul style="list-style-type: none"> • Sickness modelling was shared, this modelling considered previous concerns that a 15% abstraction rate was too conservative. The data supported this opinion, reflecting a more accurate 20% abstraction rate. |
| <p>Key decisions made / actions identified:</p> | <ul style="list-style-type: none"> • Members requested that consideration be given to allow staff to withdraw proportions of their salary early during a potential time of hardship. This was found to be uneconomical with high interest rates applied. Staff are however now paid overtime on a weekly basis. • Testing of staff and monitoring of results has been considered. Members felt it was essential to receive the outcome data to ensure that false negatives can be monitored. This data is not currently available and will be pursued. • Members sought further clarification and update on whether the Trust is contact tracing crew. |
| <p>Risks:</p> | <ul style="list-style-type: none"> • Pre-COVID recruitment of paramedics demonstrated that the Trust was in a healthy position with the ability to fill the PCN requirement. However, the PCN requirement is at risk as international paramedic recruitment has not been possible at scale i.e. no visit to Australia. • Members considered the potential for future international paramedic resignations, which may be received following the release of lockdown as individuals choose to go home and stay. The People and Culture team is monitoring the position. • Workforce planning for the 'new normal' and the ability to scale up for surge activity. • The COVID-19 people and culture strategic risks were presented noting that these risks support the overarching COVID-19 BAF risk as requested by the Trust Board. |
| <p>Assurance:</p> | <ul style="list-style-type: none"> • Assurance was provided that the people and culture data is available to consider and track the impact of COVID-19 on the Trust • The meeting frequency has been reduced to fortnightly as sufficient assurance is available to demonstrate it is appropriate. |



Assurance report:

Quality Assurance Committee

Date: 05/05/2020

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| Summary report to: | Trust Board | Date of meeting: | 26/05/2020 |
| Presented by: | Dr Mark Spencer, Non-Executive Director, Quality Assurance Committee Chair | Prepared by: | Victoria Moore Corporate Governance Manager |

Matters for escalation:

Quality Assurance Committee members agreed to hold a further subgroup meeting in July to review serious incidents.

Staff wellbeing including management of safeguarding issues, stress and the psychological impact of the pandemic will also be monitored by the People and Culture Committee.

The scale of action required to respond to serious incident investigations as acknowledged and Committee members asked whether the resource to respond and action was sufficient; they asked that the position was further reviewed.

Logistics and Infrastructure committee will receive further report and detail in respect of telephony.

Other matters considered:

Consideration was given to staff wellbeing including management of safeguarding issues, stress and the psychological impact of pandemics. Psychological surveillance is being pursued with COLT considering a tool which will be shared with the Board once fit for purpose. This will also be monitored by the People and Culture Committee.

The draft Quality Account was shared

Key decisions made / actions identified:

Weekly Quality Reports and Serious incidents – Members requested that future reporting demonstrated the impact of the required COVID-19 response; each day, the response rates and the number of incidents. It would also be beneficial to demonstrate the days that gold was operating on a 24/7 basis

Risks:

Members received update on RIDDOR reporting for all COVID positive staff and deceased staff, and were also notified that a flow chart and probability tool is being developed nationally to assist with this process.

The Board Assurance Framework (BAF) COVID-19 Quality and Clinical Risks were presented, members noted that since submission, the position of each risk had changed and that it was necessary to review the risk scores with a view to reducing the scores to 12. Further to this members agreed it would be beneficial to include the date risks were scored for additional context. Following score review and update members requested that the risks were shared in correspondence for approval.

Risks in respect of telephony and associated challenges were considered. Reassurance was provided that this is being reviewed and investigated in line with appropriate governance and will be added to the corporate risk register as appropriate with Logistics and Infrastructure Committee receiving further update at its meeting on 12 May 2020.

Assurance:

In order to monitor and manage risks during COVID-19 response risk compliance assurance group will meet fortnightly and will proactively monitor existing and new risks.



Assurance report:

**Digital 999 Programme
Assurance Board**

Date: 07/05/2020

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|---------------------------|---|-------------------------|---|
| Summary report to: | Trust Board | Date of meeting: | 26 May 2020 |
| Presented by: | Sheila Doyle, Non-Executive Director, Chair of Digital 999 Programme Assurance Board | Prepared by: | Victoria Moore, Corporate Governance Manager |

Matters for escalation:

Programme delivery of ePCR and CAD were discussed at length, the review point in July 2020 will be key to identifying likely delivery dates. Members supported the views of the Trust board that a CAD go-live date of November 2020 was very unlikely due to Covid19 challenges.

Other matters considered:

Members received a detailed update on the digital 999 programme. The update recognised the impact of the COVID response and those measures in place to mitigate potential delays and minimise the impact on implementation timelines.

The ePCR and CAD training strategy requires further review and the approach requires modification to meet the needs of the new working environment.

The committee received details in respect of the ePCR test strategy with an outline of the approach to testing that will ensure the product is ready for go-live.

The ePCR configuration changes requested as a result of the ePCR Clinical Workshops were provided. All changes have been assessed and prioritised by the core configuration team. The 53 items that are rated medium or higher have been sent to Cleric to be included in the first round of configuration changes.

Key decisions made / actions identified:

The ePCR Test Strategy paper to be revised to incorporate further clarification in respect of test cycles; what dashboards are being used, what the entry and exit criteria are for testing, testing accountabilities and the role of the programme board in approving the testing strategy and overseeing the performance of the test cycles.

Enduring testing capability to be developed, recognising that the ePCR & CAD will move to a product-based support model and regular updates will be made. A robust testing team and greater automation of testing will be required to support the Trust.

Members felt that it will be beneficial to receive feedback from individuals at the frontline of the digital 999 projects, so as to obtain additional perspective and further assurance.

The Communications plan to be shared once developed.

Risks:

Members were informed that ePCR slippage had been partially recovered and reduced to three weeks and that the CAD high level design continues to progress. Members recognised that the CAD risk required updating to acknowledge the re-platform approach and resource challenges.

Assurance:

Members discussed the effectiveness of the meeting and noted the quality of debate and discussion.

Members were assured that the ePCR system implementation is a replicate of one used by other Ambulance Services with terminology changes to suit local users and this provided additional confidence that the system works in a live environment.

Members supported the views of the Trust board that a CAD go-live date of November 2020 was very unlikely due to Covid19 challenges.



Assurance report:

Logistics and Infrastructure
Committee

Date: 12/05/2020

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| Summary report to: | Trust Board | Date of meeting: | 26 May 2020 |
| Presented by: | Sheila Doyle, Non-Executive Director, Chair of Logistics and Infrastructure Committee | Prepared by: | Victoria Moore, Corporate Governance Manager |

Matters for escalation:

- The Logistics and Infrastructure committee recognise and support the technical upgrade of the existing CAD as the lower risk option.
- The committee remain concerned in respect of not having a fully integrated IM&T project delivery plan.
- The committee requires a substantive terms of reference in respect of the telephony review with short/mid/long term actions.
- The committee recognise the need to appoint a Chief Information Officer who can address capacity and capability gaps within IM&T.
- The committee requests an urgent and comprehensive update of the cyber remediation action plan including resources, timing and investment required.

Other matters considered:

- The Committee received a detailed briefing on the CAD and telephony systems.
- Members discussed IM&T and the Trust appointment of an Interim Chief Information Officer (CIO).
- The performance report for IM&T, Fleet, Logistics and Estates was provided and the committee recognised the work that has been done to adapt to the COVID environment.

Key decisions made / actions identified:

- The committee discussed electrical power supply and the UPS position. Members requested that the programme plan including timescales for delivery, is shared in correspondence.

- The COO will provide an update on the recruitment of the Chief Information Officer and interim IM&T structure at the 14 July 2020 Logistics and Infrastructure committee.
- A terms of reference for the end to end telephony review, including scope, timeline, resources & budget will be provided to LIC members in correspondence.
- Cyber will remain a standing agenda item for every LIC. The 14th July 2020 meeting will include an update on the three lines of defence model.
- The July meeting will include a deep dive into Fleet and Estates including the consolidated Estate progress and Asset management programme detail.

Risks:

- The committee received a report which updated members on the impact of information and cyber risk resulting from COVID-19 and how this and other drivers will shape the planning of future work to reduce information risk and support the Trust in its cyber response. Immediate remediation work is needed, and a detailed action plan is required to maintain and update the cyber controls that protect our services.
- The committee was informed that the end to end telephony review will mitigate existing risks including the ageing call recording 999 system.

Assurance:

- The committee received assurance that the Avaya Telephony system is a resilient platform and is one of the best on the market. It is used by all other Ambulance Services with the exception on the Welsh Ambulance Service.



London Ambulance Service

NHS Trust

Assurance report: **Finance and Investment Committee** **Date:** **21/05/2020**

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| Summary report to: | Trust Board | Date of meeting: | 26/05/2020 |
| Presented by: | Fergus Cass, Non-Executive Director, Chair of Finance and Investment Committee | Prepared by: | Fergus Cass, Non-Executive Director, Chair of Finance and Investment Committee |

Matters for escalation:

Financial performance April – July 2020

Before the suspension of normal contract and business planning there was a gap of £41m between the Trust's income requirement for 2020/21 and the most recent proposal by Commissioners. The Trust is now operating under interim funding arrangements, whereby it receives a "baseline" amount related to costs in 2019/20, an adjustment for COVID-related costs, and top-up payments to ensure breakeven. Top up payments are being received and there is full confidence that the Trust will operate at breakeven until the end of July.

Financial Planning after July

The Trust has sought a reset of its income for the year, to take into account (1) its current costs (2) the resources required to respond consistently and safely to patients (3) additional costs associated with responding effectively to COVID-19. This request is currently under discussion but agreement has not yet been reached. As a result, the levels of income and expenditure after July remain unclear.

Capital expenditure in 2020/21

Investment is urgently needed to address a range of issues, which include: maintaining capacity to respond to COVID-19 demand; ensuring the robustness of IM&T systems and infrastructure; maximising call handling capacity; replacing vehicles; upgrading supply arrangements for medicines and PPE; and enabling ambulance stations to meet safety requirements. Work is in hand to resolve sources of finance, which include COVID-related funding. The Committee discussed plans to address the most urgent requirements.

The estates strategy is also being progressed.

Other matters considered:

2019/20 Result

The Trust ended the year with a surplus of £0.2m, slightly better than the forecast breakeven. The Committee discussed changes compared with the Month 11 forecast, noting that the principal differences related to COVID-related income and expenditure. Capital Expenditure in 2019/20 was £22.5m, just below the budget of £22.7m.

Financial performance in Month 1 of 202/21

The Trust reported a breakeven position in Month 1, having received a payment of £10.7m to cover costs in excess of the “baseline”.

Procurement

The Committee reviewed a list of contracts for current and capital expenditure incurred to support the Trusts response to COVID-19. Together, these have a maximum value of £20m, but the final cost is likely to be less as payments under many of the contracts are activity-dependent. Given the time pressures, the contracts were awarded without competitive tenders. The Committee discussed the measures that were taken to benchmark costs against comparable purchases and it noted the savings that were negotiated.

Key decisions made / actions identified:

Cash position

Cash was £26.0m at the end of March; this was £10.9m above plan, mainly reflecting higher provisions and liabilities. The Committee noted that work is in hand to speed up invoice approval and reduce payment delays.

The Committee received a cash forecast indicating that cash balances will remain above the target of £6m throughout 2020/21. However, this is dependent on achieving breakeven for the year; as indicated, income and expenditure beyond July 2020 are still under discussion.

Cost Improvement Plan (CIP) in 2020/21

A CIP programme of £15m had been proposed for 2020/21; in line with national guidance this has been suspended during the response to COVID-19 pressures. The Committee was informed that the capital expenditure plans currently under discussion are expected to deliver significant savings both to the Trust and to the wider health care system. It noted that elements of the CIP programme are proceeding and requested an update at its next meeting.

Commercial sponsorship proposal

The Committee supported a proposal to pursue sponsorship opportunities. It noted the intention to take great care to comply with NHS guidelines and to critically assess potential sponsors. The proposal will be presented to the Board.

Risks:

The Committee agreed that there is a BAF risk of non-delivery of the agreed financial trajectory for 2020/21, reflecting a range of uncertainties; these include failure to negotiate sufficient income to cover the Trust's underlying cost base.

The Committee will keep under review an emerging risk around capital investment funding.

Assurance:

The Committee reviewed financial performance, including cash flow, to the end of March 2020 (Month 12). While recognising that the figures are subject to audit, the Committee noted that: the surplus of £0.2m was slightly better than the forecast breakeven result; the cash balance was £10.8m above plan; that the overall Use of Resources rating was 1 (the highest possible); and that all statutory financial duties were met.



| | | | | |
|---|--|------------|-------------------------------------|----------|
| Report to: | Trust Board | | | |
| Date of meeting: | 26 May 2020 | | | |
| Report title: | Self-Certification of Compliance with Provider Licence | | | |
| Agenda item: | 7.1 | | | |
| Report Author(s): | Syma Dawson, Director of Corporate Governance | | | |
| Presented by: | Syma Dawson, Director of Corporate Governance | | | |
| History: | Executive Committee Meeting 13 May 2020 | | | |
| Purpose: | <input type="checkbox"/> | Assurance | <input checked="" type="checkbox"/> | Approval |
| | <input type="checkbox"/> | Discussion | <input type="checkbox"/> | Noting |
| Key Points, Issues and Risks for the Board / Committee's attention: | | | | |
| <p>Both NHS trusts and NHS Foundation Trusts are required to self-certify that they can meet the obligations set out in the NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009 and the Health and Social Care Act 2012, and to have regard to the NHS Constitution).</p> <p>The purpose of self-certification is to ensure that providers carry out assurance on whether or not they can confirm compliance.</p> <p>Condition G6 of the NHS provider licence requires that providers must have in place processes and systems which:</p> <ol style="list-style-type: none"> Identify risks to compliance with the NHS provider licence; and Take reasonable mitigating actions to prevent those risks and a failure to comply from occurring. <p>Condition FT4 of the NHS provider licence requires that providers must:</p> <ol style="list-style-type: none"> review whether the governance systems they have in place achieve the objectives set out in the licence condition (i.e. are compliant with "those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS"); and set out any risks identified to good governance and mitigating actions taken to avoid these risks. <p>A detailed response to the requirements of Conditions G6 and FT4 of the NHS provider licence is set out in this report.</p> <p>The Executive Committee have reviewed the submission and agree that the Trust is compliant with Conditions G6 and FT4 of the NHS provider licence and have endorsed presentation to the Trust Board for approval.</p> | | | | |

Recommendation(s) / Decisions for the Board / Committee:

The Trust Board is asked to provide approval for the Chair and Chief Executive to sign this document on behalf of the Board.

Routing of Paper – Impacts of recommendation considered and reviewed by:

| Directorate | Agreed | | | | Relevant reviewer [name] |
|--------------------------------------|--------|-------------------------------------|----|--|---|
| Quality | Yes | <input checked="" type="checkbox"/> | No | | Chief Quality Officer |
| Finance | Yes | <input checked="" type="checkbox"/> | No | | Chief Finance Officer |
| Chief Operating Officer Directorates | Yes | <input checked="" type="checkbox"/> | No | | Chief Operating Officer |
| Medical | Yes | <input checked="" type="checkbox"/> | No | | Chief Medical Officer |
| Communications & Engagement | Yes | <input checked="" type="checkbox"/> | No | | Director of Communications and Engagement |
| Strategy | Yes | <input checked="" type="checkbox"/> | No | | Director of Strategy and Transformation |
| People & Culture | Yes | <input checked="" type="checkbox"/> | No | | Director of People and Culture |
| Corporate Governance | Yes | <input checked="" type="checkbox"/> | No | | Director of Corporate Governance |



Self-Certification of Compliance with Provider Licence

1.0. Introduction

1. Both NHS trusts and NHS Foundation Trusts are required to self-certify that they can meet the obligations set out in the NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009 and the Health and Social Care Act 2012, and to have regard to the NHS Constitution).

2.0. Self-certification requirement

2. NHS Trusts are required to self-certify after the end of the financial year that they are in compliance with Conditions G6(3) and FT4(8) of the NHS provider licence:
 - *Condition G6(3)* – The Board has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution; and
 - *Condition FT4(8)* – The provider has compliance with required governance arrangements
3. The purpose of self-certification is to ensure that providers carry out assurance on whether or not they can confirm compliance. How providers undertake this process is for them to decide.
4. Condition G6 of the NHS provider licence requires that providers must have in place processes and systems which:
 - a. Identify risks to compliance with the NHS provider licence; and
 - b. Take reasonable mitigating actions to prevent those risks and a failure to comply from occurring.
5. Providers must annually review whether these processes and systems are effective.
6. Condition FT4 of the NHS provider licence requires that providers must:
 - a. review whether the governance systems they have in place achieve the objectives set out in the licence condition (i.e. are compliant with “those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS”); and
 - b. set out any risks identified to good governance and mitigating actions taken to avoid these risks.
7. A detailed response to the requirements of Conditions G6 and FT4 of the NHS provider licence is set out in Annex A to this report.

3.0. Recommendation

8. The Board is asked to agree that the Trust is compliant with Conditions G6 and FT4 of the NHS provider licence and endorse the Chair and Chief Executive to sign this on behalf of the Board.

Annex A: Self-assessment and certification of compliance with the Provider Licence

Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

1 & 2 General condition 6 - Systems for compliance with licence conditions (FTs and NHS trusts)

- 1 Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.

Confirmed

OK

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature

Name

Heather Lawrence

Capacity

Chair

Date

Signature

Name

Garrett Emmerson

Capacity

Chief Executive

Date

Corporate Governance Statement (FTs and NHS trusts)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements, setting out any risks and mitigating actions planned for each one

Corporate Governance Statement

Response

Risks and Mitigating actions

| | | |
|---|-------------------------|---|
| <p>1 The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.</p> | <p>Confirmed</p> | <p>The Trust is compliant with health care standards that are binding which is demonstrated by the Trust being rated as "Good" overall following its CQC inspection in 2019. The Trust scored at level one for all elements of Use of Resources risk rating by NHS Improvement (NHSI). Under the NHSI Single Oversight Framework the Trust has been placed in segment 2.</p> <p>The Trust's auditors, as part of its audit of the accounts, review and test systems and procedures for rigour and report any weaknesses to the Audit Committee. The auditors also review the contents of the Annual Report and the Annual Governance Statement and would be obliged to report any concerns. Furthermore, the Trust's External and Internal Auditors attend the majority of Audit Committee meetings and Audit Committee members meet with Audit representatives on at least an annual basis without management present, which provides an opportunity for the Auditors to raise any concerns. The Chair of the Audit Committee reports to each meeting of the Board following each Audit Committee meeting, as does each of the Chairs of the Board Assurance Committees on a risk and assurance basis. The Chair of the Audit Committee also has private discussions with the Trust auditors outside of the meetings and away from the Executive.</p> <p>The Director of Corporate Governance has specific responsibility for maintaining good corporate governance and compliance, in particular complying with the Trust's licence to operate and also the requirements of its CQC registration. This individual is experienced and qualified to ensure that the Trust is aware of and complies with best practice in these areas.</p> |
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| | <p>It is essential to have robust systems of control in place for the Chief Executive Officer (and also the Accounting Officer) to sign the Annual Governance Statement. The Audit Committee reviews the content of the Annual Governance Statement and provides assurance to the Board and the Chief Executive, who also draw on a number of sources for assurance but a primary source of assurance is the opinion of the Head of Internal Audit and contained within the Annual Governance Statement. <i>TO BE CONFIRMED.</i></p> <p>The Trust has in place Standing Financial Instructions and a Scheme of Delegation that governs decision making within the Trust. The SFIs set out the scheme of delegations and those matters retained for determination by the Trust Board.</p> <p>At each meeting the Trust Board receives a report on the management of strategic risks as set out in the Board Assurance Framework (BAF) and approves its content. Any risks to delivery of the Trust's strategy incorporated in this document, together with associated mitigations.</p> <p>The Trust has in place policies and procedures to solicit declarations of interest from directors and senior managers, together with any declarations relating to the receipt of hospitality or external employment. These policies incorporate and raise awareness of Fraud and the content of the Bribery Act. The Board is aware of its obligations under the Bribery Act to have in place and publicise appropriate systems of propriety within the Trust. Directors and those who carry out the duties of a director are aware of the obligations under the fit and proper person test regulations. The Trust has also undertaken appropriate checks to fulfil its obligations under the regulations. The Directors are also aware of the Duty of Candour to which they are subject and encourage staff and patient feedback wherever possible. The Board approved the updated Conflicts of Interest Policy at its meeting in November 2019 which was updated in accordance with national guidance.</p> |
| 2 The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time | <p>Confirmed</p> <p>The Board is made aware of any appropriate guidance issued by CQC, NHSI or other bodies who disseminate corporate governance best practice through a number of means, including the Chair's Report, reports of the Trust Secretary, formal and informal Board briefings and briefings to Board Assurance Committees.</p> |

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| <p>3 The Board is satisfied that the Licensee has established and implements:</p> <p>(a) Effective board and committee structures;</p> <p>(b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and</p> <p>(c) Clear reporting lines and accountabilities throughout its organisation.</p> | <p>Confirmed</p> <p>Each year, the Board and Board Assurance Committees review their own performance and also their Terms of Reference, making appropriate recommendations to the Board. If appropriate, changes are made to the Terms of Reference of the relevant Committee or to the Committee structure. The Board approves any amendments to its corporate governance structure.</p> <p>The Trust has in place a committee of non-executive directors as an audit committee to perform such monitoring, reviewing and other functions as are appropriate. In addition the Board has established a committee consisting of the chair and the other non-executive directors to consider the remuneration and allowances, and the other terms and conditions of office, of the executive directors including the Chief Executive Officer. The Board also has in place a Quality Assurance Committee, which has primary responsibility for monitoring and reviewing quality and clinical aspects of performance and development plans together with associated risks and controls and quality/clinical assurance to the Board. Other committees in place include the People and Culture Committee, the Finance and Investment Committee and the Logistics and Infrastructure Committee.</p> <p>Finally the Board receives reports at each meeting from Executive Committee (ExCo) members through the Chief Executive Officers Report. The ExCo is responsible for the management of the Trust and is the senior executive decision making body of the organisation. The Trust's Board Assurance Committee structure includes the relevant executive director that has the lead and responsibility for reporting to each Committee as well as the Non-Executive Chair of the Board Assurance Committee.</p> <p>The Trust's Standing Financial Instructions include a scheme of delegated authorities which was reviewed and approved by the Executive Committee and Audit Committee in April 2020. The Trust refers to and is compliant with its Standing Orders.</p> |
| <p>4 The Board is satisfied that the Licensee has established and effectively implements systems and/or processes:</p> <p>(a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;</p> <p>(b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations;</p> <p>(c) To ensure compliance with health care standards binding on the Licensee including but not restricted to</p> | <p>Confirmed</p> <p>The Trust secures the economic, efficient and effective use of resources through a variety of means:</p> <ul style="list-style-type: none"> • A well-established policy framework (including Standing Financial Instructions) • An organisational structure which ensures accountability and challenge through the committee structure • An clear planning process • Effective corporate directorates responsible for workforce, revenue and capital planning and control • Detailed monthly financial reporting including progress on achievement of Cost |

standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions;

(d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);

(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;

(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;

(g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and

(h) To ensure compliance with all applicable legal requirements.

Improvement Programmes and year-end forecasting.

The Trust has in place a performance management framework aligned to both the corporate and sector divisional management structure. The framework includes a performance dashboard including metrics based on the Carter Report recommendations and includes a series of performance metrics. The Trust Board reviews the operational, productivity and financial performance, and use of resources both at Trust and Divisional level. More details of the Trust's performance and some specific Trust projects aimed at increasing efficiency are included in the quality and performance report provided to each Board meeting.

The Board's business includes comprehensive reviews of performance against clinical, operational, workforce, corporate and financial indicators through the quality and performance report at each formal meeting. Any emerging issues are identified and mitigating action implemented.

The Finance and Investment Committee which is Chaired by a Non-Executive Director with other Non-Executive Directors also members, provides assurance to the Trust Directors as to the achievement of the Trust's financial plan and priorities and, in addition, acts as the key forum for the scrutiny of the robustness and effectiveness of all cost efficiency opportunities. It interfaces with the other Board Assurance Committees, in particular the Logistics and Infrastructure Committee, as appropriate.

The Trust's commitment to value for money is strengthened by the effective and focused use of its Internal Audit service. The Trust engages Internal Auditors to provide an independent and objective assurance to the Board that the Trust's risk management, governance and internal control processes are operating effectively.

The Trust has a Local Counter Fraud Specialist (LCFS) supported as required by other qualified LCFS Local Counter Fraud Specialist (LCFS). Any concerns can be directed to the team and, any information is treated in the strictest confidence.

External Auditors, Internal Auditors and Counter Fraud report to each meeting of the Audit Committee, and also meet the members of the Audit Committee without management present.

The Chief Quality Officer and Medical Director submit regular reports to the Quality Assurance Committee, which escalates issues as appropriate to the Board, this includes information about patient experience and any reports of the CQC. The Board receives a report of current Serious Incidents at each meeting, and quarterly receives a report on themes and the learning that is taking place. The Serious Incident Group and the Quality Oversight Group regularly consider the identification

of high risk incidents and responses to these.

The Trust publishes with the agenda for each ordinary meeting of the Board an Information Pack, this contains and is available to view on the Trust's website:

- Operational Key Performance Indicators
- Corporate & Clinical Quality Indicators
- Financial Performance
- Workforce Indicators

The Board at each meeting receives a report from the Chair of the relevant committees on any matters of risk to the Trust and also receives the minutes of each of its committees. The Board has a forward plan which it reviews at each meeting. The Board and Board Assurance Committee meetings are scheduled for the year ahead for agenda planning and the preparation of reports. There is a matrix of reporting across from committee to committee as well as upwards to the Board. Each director has responsibility for the preparation of reports. As stated previously the Board and Board Assurance Committee receive reports on the Board Assurance Framework, which has also been the subject of audit by the Trust's Internal Auditors.

The above enables effective scrutiny and oversight by the Board of the Trust's operations. The Board has resolved that there are no material uncertainties that may cast significant doubt about the Trust's ability to continue as a "going concern". The statements on a 'Going Concern' basis means that management has a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future with no necessity or plans either to liquidate or cease operations. If this were not the case it would be necessary to prepare the statements with the assumption that the business would not continue beyond a further 12 months after the end of the accounting period. The Audit Committee recommended to the Board that there are no material uncertainties that may cast significant doubt about the Trust's ability to continue as a going concern. TO BE CONFIRMED BY BOARD IN MAY AND SUBJECT TO AUDITOR'S AGREEING THEY HAVE NO GOING CONCERN ISSUES.

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| <p>5 The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:</p> <p>(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</p> <p>(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;</p> <p>(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and</p> <p>(f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.</p> | <p>Confirmed</p> <p>The Remuneration and Nominations Committee of the Board regularly considers the skills mix of the Executive Board members and Executive Committee members, which are triangulated against the capabilities required to provide organisational leadership in the current climate. The Board is compliant with appropriate statutory and good practice guidance in terms membership of the Board and senior management of the organisation.</p> <p>The Chief Executive is the Accounting Officer of the Trust.</p> <p>In addition to the Chief Executive and the Chief Finance Officer, the Chief Quality Officer, Chief Operating Officer and Chief Medical Officer are Executive Directors of the Trust. The Board also has two Non-Executive Directors with clinical backgrounds who are members of the Board's Quality Assurance Committee. The Board and the Quality Assurance Committee receive timely and up to date information on quality care that has been reviewed by clinicians prior to submission to the Board. The Quality Assurance Committee meets every other month and the Chair of the Committee reports to each meeting of the Board to provide assurance on matters of patient quality and safety, including learning and analysis of any incidents and near misses as part of influencing the Trust's clinical and operational procedures and policies.</p> <p>The Board at every ordinary meeting receives a report of current Serious Incidents. The Trust uses Datix system for incident reporting and is working towards the implementation of an Electronic Patient Care Record System which will further assist in electronic incident reporting.</p> <p>All Board papers include reference to quality impact and the Trust's Risk and Assurance Framework.</p> <p>The Board has either a staff or a patient experience presentation to each ordinary meeting and actively engages with members of the Local Health Economy on matters relating to patient care and quality; this includes Healthwatch and Health Overview and Scrutiny Committees and the Health and Well Being Boards. The Board regularly interacts with the Patients' Forum and commenced a stakeholder review in April 2020 to assess its effectiveness in stakeholder engagement.</p> |
| <p>6 The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and</p> | <p>Confirmed</p> <p>The Board receives a report to each meeting on matters relating to the issues considered by the People and Culture Committee, in particular workforce and has in place a five year People and Culture Strategy. The Board regularly receives updates on mandatory training for both clinical and non-clinical staff. The Remuneration and</p> |

appropriately qualified to ensure compliance with the conditions of its NHS provider licence.

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| | Nominations Committee regularly discusses the skills mix of the executive members of the Board. |
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Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature

Signature

Name

Heather
Lawrence

Name

Garrett
Emmerson



London Ambulance Service

NHS Trust

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|---|--|------------|-------------------------------------|----------|
| Report to: | Trust Board | | | |
| Date of meeting: | 26 May 2020 | | | |
| Report title: | Standing Financial Instructions (SFI's) and Scheme of Delegation | | | |
| Agenda item: | 7.2 | | | |
| Report Author(s): | Nick Young, Head of Procurement Transformation | | | |
| Presented by: | Lorraine Bewes, Chief Finance Officer | | | |
| History: | Audit Committee 26 May 2020 | | | |
| Purpose: | <input type="checkbox"/> | Assurance | <input checked="" type="checkbox"/> | Approval |
| | <input type="checkbox"/> | Discussion | <input type="checkbox"/> | Noting |
| Key Points, Issues and Risks for the Board / Committee's attention: | | | | |
| <p>The purpose of this report is to seek approval for the proposed Standing Financial Instructions (SFIs) relating to Procurement (Section 9) and the Scheme of Delegation (SoD) Financial Limits including amendments requested by Audit Committee and Exco, as well as the Matters Reserved for the Board (Appendix B).</p> <p>Prior to the Covid-19 pandemic, the Audit Committee had agreed principles for reinforced SFIs for procurement in light of a detailed review to improve known compliance issues.</p> <p>As referenced in the Trust Board paper (PTB/19/41) Governance and assurance arrangements – Q1 2020/21 considered at the meeting on 31 March 2020, the provision within Standing Orders (SO 5.2) for the powers reserved to the Board to be exercised by the Chair and Chief Executive in times of emergency will apply. In relation to delegated expenditure approval, the following will apply:</p> <ol style="list-style-type: none"> 1. Emergency expenditure > £5m to £15m - Trust Board decision exercised by the Chief Executive and the Chair having consulted at least two non-officer members; 2. Emergency expenditure >£2m to £5m – Finance and Investment Committee decision exercised by the Chief Finance Officer and the Chair of the FIC having consulted at least one non-officer member. <p>Following NED feedback, the following changes have also been made:</p> <ul style="list-style-type: none"> • Section 9.19 – acceptance of tender: criteria removed to allow flexibility in evaluating tenders. • Section 9.32- Retrospective actions: wording amended to explain that this is only permitted in exceptional circumstances. | | | | |

- Section 15.1.1. minor amendment to state that PMB will oversee allocation of capital investment (removal of COO reference as Chair).
- Appendix B: Matters Reserved for the Board added.
- Scheme of Delegation:
 Section 6.6 – non-pay authorisation levels, expanded to clarify levels for entering PO, signing contract and approval to Pay.
 Section 6.2.3. approval of VSM pay amended to state Remuneration Committee as opposed to CE.
 Section 35 - Responsibility of clinical negligence amended to state Chief Quality Officer as opposed to Director of Corporate Governance.

Following the Audit Committee further request was made to update section 7 of the Scheme of Delegation to clarify the thresholds for business case approvals; where within budget and where in excess of budget. This has been duly updated.

Recommendation(s) / Decisions for the Board / Committee:

The Trust Board is asked to approve the proposed SFIs and Scheme of Delegation Financial Limits.

Routing of Paper – Impacts of recommendation considered and reviewed by:

| Directorate | Agreed | | | | Relevant reviewer [name] |
|--------------------------------------|--------|---|----|--|--------------------------|
| Quality | Yes | | No | | |
| Finance | Yes | x | No | | Chief Finance Officer |
| Chief Operating Officer Directorates | Yes | | No | | |
| Medical | Yes | | No | | |
| Communications & Engagement | Yes | | No | | |
| Strategy | Yes | | No | | |
| People & Culture | Yes | | No | | |
| Corporate Governance | Yes | X | No | | Executive Committee |



London Ambulance Service
NHS Trust

Standing Financial Instructions
MAY 2020

PREAMBLE

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.

Lorraine Bewes OBE
Chief Finance Officer
April 2020

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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 London Ambulance Service NHS Trust (the Trust) in relation to all financial matters. They shall have effect as if incorporated in the Standing Orders of the Trust.

1.1.2 The Bribery Act 2010, which repeals existing corruption legislation, has introduced the offences of offering and receiving a bribe. It also places specific responsibility on organisations to have in place sufficient and adequate procedures to prevent bribery and corruption taking place. Under the Act, Bribery is defined as "Inducement for an action which is illegal unethical or a breach of trust. Inducements can take the form of gifts loans, fees rewards or other privileges". Corruption is broadly defined as the offering or the acceptance of inducements, gifts or favours payments or benefit in kind which may influence the improper action of any person; corruption does not always result in a loss. The corrupt person may not benefit directly from their deeds; however, they may be unreasonably using their position to give some advantage to another. To demonstrate the organisation has sufficient and adequate procedures in place and to demonstrate openness and transparency, all staff are required to comply with the requirements of Standing Financial Instructions.

1.1.3 The Fraud Act 2006 (the Act) came into force on 15 January 2007 and applies in England, Wales and Northern Ireland.

The Act repealed the following offences:

- (i) Theft Act 1968
 - Section 15 (obtaining property by deception);
 - Section 15A (obtaining a money transfer by deception);
 - Section 16 (obtaining a pecuniary advantage by deception);
 - Section 20(2) (procuring the execution of a valuable security by deception);
 - Reference to "cheat" in Section 25 (going equipped).
- (ii) Theft Act 1978
 - Section 1 (obtaining services by deception);
 - Section 2 (evasion of liability by deception).
- (iii) These offences continue to apply for any offences committed before 15 January 2007.
- (iv) Section 1 of the Fraud Act 2006 creates a general offence of fraud and introduces three ways of committing it set out in Sections 2, 3 and 4.
 - Fraud by false representation (Section 2);
 - Fraud by failure to disclose information when there is a legal duty to do so (Section 3); and
 - Fraud by abuse of position (Section 4).
- (v) In each case:
 - the defendant's conduct must be dishonest;
 - his/her intention must be to make a gain; or cause a loss or the risk of a loss to another.

- No gain or loss needs actually to have been made.
- The maximum sentence is 10 years' imprisonment.

1.1.4 These SFIs detail the financial responsibilities, policies and procedures to be adopted by the Trust. 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. They should be used in conjunction with the Standing Orders and Scheme of Delegation adopted by the Trust.

1.1.5 These SFIs identify the financial responsibilities which apply to everyone working for the Trust. 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 Chief Finance Officer.

1.1.6 Should any difficulties arise regarding the interpretation or application of any of the SFIs, the advice of the Chief Finance Officer must be sought before action is taken. The user of these SFIs should also be familiar with and comply with the provisions of the Trust's Standing Orders.

1.1.7 Failure to comply with SFIs and Standing Orders is a disciplinary matter that could result in dismissal.

1.1.8 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 Chief Finance Officer as soon as possible.

1.1.9 For a more detailed explanation see the Trust's Anti-Fraud Policy and Anti-Bribery Policy. Should members of staff wish to report any concerns or allegations, they should contact their Local Counter Fraud Specialist.

1.1.10 Standing Financial Instructions shall be reviewed every year as required by the Board, and not less frequently than every two years.

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 Trust;
- (c) "Budget" means a resource, expressed in financial terms, proposed by the Trust for the purpose of carrying out, for a specific period, any or all of the functions of the Trust;

- (d) “Chief Executive” means the chief officer of the Trust;
- (e) “ Chief Finance Officer” means the chief financial officer of the Trust;
- (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 Trust to provide legal advice.
- (h) A Service Level Agreement (SLA) is a part of a service contract where the level of service is formally defined. In practice, the SLA is used to refer to the contracted service and performance when referring to the third party or host.
- (i) Key Performance Indicator is a specific indicator embedded into the SLA as a measurement to monitor the performance.
- (j) “Shared Service” is the host/third party who will provide the outsourced Services Contract and overarching SLA with the Trust.

1.2.2 Wherever the title Chief Executive, Chief Finance Officer, 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 RESPONSIBILITIES 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 approved allocations/overall income;
- (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)
- (e) defining specific contractual responsibilities placed on Shared Services 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 Trust.

1.3.3 Within the SFIs, it is acknowledged that the Chief Executive is ultimately accountable to the Board, and, as its Accountable Officer, to the Secretary of State, 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 Trust’s activities and is responsible to the Board for ensuring

that its financial obligations and targets are met and has overall responsibility for the Trust's system of internal control.

1.3.4 The Chief Executive and Chief Finance Officer 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 put in a position to understand their responsibilities within these instructions.

1.3.6 The **Chief Finance Officer** is responsible for:

- (a) implementing the Trust's financial policies and for co-ordinating any corrective action necessary to further these policies;
- (b) maintaining an effective system of internal financial control including 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 Trust's transactions, in order to disclose, with reasonable accuracy, the financial position of the Trust at any time;
- (d) the provision of financial advice to the Trust, 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 Trust may require for the purpose of carrying out its statutory duties;
- (g) ensuring that where management and processing of transactions is delegated to a Shared Financial Service, there are proper arrangements for procedures, records and reports as the Trust may require for the purpose of carrying out its statutory duties including appropriate internal audit arrangements; and
- (i) overseeing Anti-Fraud arrangements.

1.3.7 **All board members and employees**, severally and collectively, are responsible for:

- (a) the security of the property of the Trust;
- (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 Trust, in writing, to commit the Trust 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 board members and employees who carry out financial functions, the form in which financial records are kept and the manner in which board members and employees discharge their duties must be to the satisfaction of the Chief Finance Officer.

2. AUDIT

2.1 AUDIT COMMITTEE

- 2.1.1 In accordance with Standing Orders, the Board shall formally establish an Audit Committee, with clearly defined terms of reference and following guidance from the NHS Audit Committee Handbook (2018), which will provide an independent and objective view of internal control by:

- (a) overseeing Internal and External Audit services;
- (b) reviewing financial and information systems and monitoring the integrity of the financial statements and reviewing significant financial judgements;
- (c) 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;
- (d) monitoring compliance with Standing Orders and Standing Financial Instructions;
- (e) Reviewing schedules of losses and compensations and making recommendations to the Board;
- (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 wishes 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 Department of Health (to the Chief Finance Officer in the first instance).

- 2.1.3 It is the responsibility of the Director of Corporate Governance 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 CORPORATE GOVERNANCE

- 2.2.1 The Director of Corporate Governance is responsible for:

- (a) ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control including 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, following consultation with the Local Security Management Specialist (LSMS), in cases of misappropriation and other irregularities not involving fraud or corruption;
- (d) ensuring that an annual internal 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 the annual work plan for the Audit Committee;
 - (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 Corporate Governance, Chief Finance Officer, Local Counter Fraud Specialist (LCFS) 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 Trust;
- (c) the production of any cash, stores or other property of the Trust under a member of the Board and 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 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 Trust's 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; and

- (iii) poor value for money or other causes.
- (e) Internal Audit shall also independently verify the Assurance Statements 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 Chief Finance Officer and Director of Corporate Governance must be notified immediately.
- 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 Trust.
- 2.3.5 The Head of Internal Audit shall be accountable to the Trust Board through the Audit Committee. The reporting system for internal audit shall be agreed between the Director of Corporate Governance, 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 Standards. The reporting system shall be reviewed at least every three years.
- 2.3.6 In obtaining third party assurance from other Auditors, in relation to Shared Financial Services' Auditors, the Head of Internal Audit should follow the assurance guidance of the Internal Audit Practitioners Group (IAPG).

2.4 FRAUD AND CORRUPTION

- 2.4.1 In line with their responsibilities, the Trust Chief Executive and Chief Finance Officer shall monitor and ensure compliance with the NHS Standard Contract (National Commissioning Contract) directions on fraud and corruption. This document should be read in conjunction with the Anti-Fraud, Bribery and Corruption Policy which is available on the Trust intranet site.

Anti-Fraud Arrangements - any person who dishonestly makes a false representation to make a gain for himself or another or dishonestly fails to disclose to another person, information which he is under a legal duty to disclose, or commits fraud by abuse of position, including any offence as defined in the Fraud Act 2006.

Anti-Bribery Policy - On 1st July 2011 the Bribery Act 2010 came into force. The Act creates four distinct offences:

- Organisations negligently failing to prevent a bribe.
- Bribery which occurs abroad by an organisation which is 'ordinarily resident' in the UK.
- Offering/agreeing to accept a bribe is an offence even if no money/goods have been exchanged.
- A key part of the legislation is the offence of 'bribing a foreign official.'

The potential penalties are: debarment from public procurement contracts, an unlimited fine and reputational damage. All staff and contractors must be aware of the Act to ensure compliance. Any breach of the Act may result in criminal

proceedings being instigated.

2.4.2 The Trust shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist (LCFS) as specified by the NHS Counter 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 Shared Financial Services should also be party to this report and as per the contractual agreement between the Shared Financial Services and the Trust be maintaining an Anti-Fraud and Corruption procedures internally, that on request should be visible to auditors.

2.4.5 Shared Financial Service providers under their contractual terms and conditions also require the Local Counter Fraud Specialist to report to the Trust's Chief Finance Officer in accordance with the NHS Counter Fraud and Corruption Manual.

2.5 EXTERNAL AUDIT

2.5.1 The external auditor is appointed by the Trust Board on recommendation from an Auditor Panel established through the Audit Committee.

2.5.2 The Audit Committee is responsible for ensuring a cost efficient external audit service.

3. SECURITY MANAGEMENT

3.1 In line with their responsibilities, the Trust Chief Executive will monitor and ensure that suitable arrangements are in place to meet the requirements of NHS Counter Fraud Authority (NHSCFA).

3.2 The Trust shall nominate a suitable person to carry out the duties of the Local Security Management Specialist (LSMS) as set out in the NHS Standard Contract (National Commissioning Contract).

3.3 The Chief Executive has overall responsibility for controlling and coordinating security. However, key tasks are delegated to Chief Quality Officer and the appointed Local Security Management Specialist (LSMS).

4. RESOURCE LIMIT CONTROL

4.1 Not applicable to NHS Trusts.

5. ALLOCATIONS. PLANNING. BUDGETS. BUDGETARY CONTROL AND MONITORING

5.1 Preparation and approval of service plans and budgets

5.1.1 The Board must ensure that there is an approved annual business plan before the commencement of each financial year.

5.1.2 The Chief Executive will compile and submit to the Board an Annual Business 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.

5.1.3 Prior to the start of the financial year the Chief Finance Officer will, on behalf of the Chief Executive, prepare and submit the Integrated Financial Plan (comprising revenue income & expense and capital expenditure & disposals) for approval by the Board. Such budgets will:

- (a) be in accordance with the aims and objectives set out in the Annual Business 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.

5.1.4 The Chief Finance Officer shall monitor financial performance against budget and service plans, periodically review them, and report to the Board.

5.1.5 Budget holders are responsible for providing sufficient information, as required by the Chief Finance Officer, to enable budgets to be compiled.

5.1.6 All budget holders will sign up to their allocated budgets at the commencement of each financial year.

5.1.7 The Chief Finance Officer has a responsibility to ensure that adequate training is delivered on an on-going basis to budget holders to help them manage successfully.

5.2 BUDGETARY DELEGATION

5.2.1 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.

5.2.2 The Chief Executive and delegated budget holders must not exceed the budgetary total or virements limits set by the Board.

5.2.3 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.

5.2.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Executive, as advised by the Chief Finance Officer.

5.3 BUDGETARY CONTROL AND REPORTING

5.3.1 The Chief Finance Officer 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) movements in cash and capital;
 - (v) capital project spend, including commitments, and projected outturn against plan;
 - (vi) explanation of any material variances from plan; and
 - (vii) details of any corrective action where necessary and the Chief Executive's and/or Chief Finance Officer'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;

- (e) a disciplinary process to address breaches of the Trust's financial control framework (the Standing Financial Instructions and Standing Orders, Reservation and Delegation of Powers of the Trust Board Directors); and
- (f) arrangements for the authorisation of budget transfers.

5.3.2 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 prior consent of the Board;
- (b) any potential underspend is highlighted to the Chief Finance Officer (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 other than those provided for within the available resources and in the budgeted establishment as approved by the Board. Permanent employees must be appointed against recurrent income.

5.3.3 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.

5.4 CAPITAL EXPENDITURE

5.4.1 The general rules applying to delegation and reporting shall also apply to capital expenditure. -

5.5 MONITORING RETURNS

5.5.1 The Chief Executive is responsible for ensuring that the appropriate monitoring forms are submitted to the relevant monitoring organisation.

6 ANNUAL ACCOUNTS AND REPORTS

6.1 The Chief Finance Officer, on behalf of the Trust, will:

- (a) prepare financial returns for the Trust, in accordance with the accounting policies and guidance given by the Department of Health and the Treasury, the Trust's accounting policies, and generally accepted accounting principles;
- (b) prepare, certify and submit annual financial reports to the Department of Health for each financial year in accordance with current guidelines; and
- (c) submit financial returns to the Department of Health for each financial year in accordance with the timetable prescribed by the Department of Health.

- 6.2 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.
- 6.3 The Trust 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 NHS Manual for Accounts and the Department of Health and Social Care Annual Reporting Manual. The document will include inter alia:
- (a) the Annual Accounts of the Trust;
 - (b) details of relevant directorships and other significant interests held by Board members, as defined in Standing Orders;
 - (c) composition of the Remuneration and Nominations Committee;
 - (d) remuneration of the Chairman, highest paid Director, and other Directors and highly paid employees, in accordance with guidance relating to the NHS.

7. COMMERCIAL BANK ACCOUNTS AND GOVERNMENT BANKING SERVICE ACCOUNTS

7.1 GENERAL

- 7.1.1 The Chief Finance Officer is responsible for managing the Trust's banking arrangements and for advising the Trust 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 and Social Care. In line with 'Cash management in the NHS' Trusts should minimise the use of commercial banks accounts and maximise the use of the Government Banking Service.
- 7.1.2 The Board shall approve the banking arrangements.

7.2 BANK ACCOUNTS

- 7.2.1 The Chief Finance Officer is accountable for:
- (a) Commercial bank accounts and Government Banking Service Accounts;
 - (b) establishing separate bank accounts for the Trust's non-exchequer funds;
 - (c) ensuring payments made from bank 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 Trust's bankers for overdraft facilities;
 - (e) monitoring compliance with DHSC guidance on the level of cleared funds.

Where an agreement is entered into with the Shared Financial Services for payment to be made on behalf of the Trust from bank accounts maintained on behalf of the Trust, or by Electronic Funds Transfer (BACS), the Chief Finance Officer shall ensure that satisfactory

security regulations of Shared Financial Services relating to bank accounts exist and are observed. This is specified in a Contractual Agreement between the Shared Financial Services and the Trust.

7.3 BANKING PROCEDURES

7.3.1 The Chief Finance Officer will prepare detailed instructions on the operation of bank accounts which must include:

- (a) the conditions under which each bank 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 Trust's accounts.

7.3.2 The Chief Finance Officer must advise the Trust's bankers in writing of the conditions under which each account will be operated.

7.3.3 The Chief Finance Officer may delegate these written instructions to a Shared Financial Services provider under contractual agreement with the Trust.

7.4 TENDERING AND REVIEW

7.4.1 The Chief Finance Officer will review the commercial banking arrangements of the Trust at regular intervals to ensure they reflect best practice and represent best value for money by periodically seeking competitive tenders for the Trust's banking business.

7.4.2 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 with Government Banking Service accounts.

8 INCOME, FEES AND CHARGES AND SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS

8.1 INCOME SYSTEMS

8.1.1 The Chief Finance Officer is responsible for designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due.

8.1.2 The Chief Finance Officer is also responsible for the prompt banking of all monies received.

8.1.3 The Chief Finance Officer may delegate the above activities as part of a Shared Financial Service under contractual agreement with the Trust.

8.2 FEES AND CHARGES

8.2.1 The Trust shall follow Department of Health's advice in the 'costing' manual in setting prices for NHS service agreements.

- 8.2.2 The Chief Finance Officer is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the Department of Health and Social Care or by Statute. Independent professional advice on matters of valuation shall be taken as necessary.
- 8.2.3 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 for the NHS (2000) shall be followed.
- 8.2.4 All employees must inform the Chief Finance Officer promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions. Employees must ensure approval is obtained on sales and goods from the Chief Finance Officer

8.3 DEBT RECOVERY

- 8.3.1 The Chief Finance Officer is responsible for the appropriate recovery action on all outstanding debts.
- 8.3.2 Income not received should be dealt with in accordance with losses procedures. The Chief Finance Officer may delegate responsibility for ensuring that the Shared Financial Services take appropriate recovery action on all outstanding debts. This would be specified in the contractual agreement between both parties.
- 8.3.3 Overpayments should be detected (or preferably prevented) and recovery initiated. Overpayments will be reviewed in order that procedures are introduced to prevent recurrence.

8.4 SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS

- 8.4.1 The Chief Finance Officer is responsible for ensuring delegated arrangements via contractual Shared Financial Services 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; Banking stationery shall be handed over to the Shared Financial Services who will, on behalf of the Trust, become the custodian of all visible audit of this and will be monitored in accordance with the contractual agreement between the Trust and the Shared Financial Services and physical signatures required.
 - (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 Trust.
- 8.4.2 Official money shall not under any circumstances be used for the encashment of

private cheques.

- 8.4.3 All cheques, postal orders, cash, etc., shall be banked intact. Disbursements shall not be made from cash received, except under arrangements approved by the Chief Finance Officer.
- 8.4.4 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 Trust is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the Trust from responsibility for any loss. The Chief Finance Officer may delegate the above activities as part of a Shared Financial Service under contractual agreement with the Trust.

9 TENDERING AND CONTRACT PROCEDURE

9.1 GOVERNANCE – UNDERTAKING EXPENDITURE

- 9.1.1 All expenditure must be approved prior to the commitment being entered into. The approval routes differ according to the value and type of expenditure.
- 9.1.2 For all expenditure budget holders must ensure that they have approval to commit London Ambulance Service resources before undertaking procurement. Approval is either provided by an individual with the appropriate authority approving the expenditure (for lower value expenditure which is not subject to finance controls) or a business case which has been reviewed and approved by the appropriate individuals or groups;
- 9.1.3 For all expenditure budget holders must seek quotes / tenders for the procurement of your goods, services or works in a legally compliant manner that ensures the best value for London Ambulance Service;
- 9.1.4 For all expenditure budget holders must utilise mandated suppliers and contracts as defined by the Procurement Team to ensure best value;
- 9.1.5 For all expenditure budget holders must ensure that a signed contract, which has been approved is in place prior to the expenditure being incurred (see para 9.24 below);
- 9.1.6 Budget holders must adhere to the rule of aggregation, when identifying the total value of the contracts. Budget holders must not split purchase orders and contracts to avoid procurement thresholds. Suspected disaggregation will be investigated and may lead to disciplinary action; and
- 9.1.7 Budget holders must set the length of the proposed contract following a rigorous assessment of service need and value for money. Arbitrarily setting the length of a contract to avoid control processes will be subject to disciplinary action.

9.2 REVENUE EXPENDITURE AND CAPITAL EXPENDITURE

- 9.2.1 The approval limits for business case approval, contract award approval and contract signature are:

| Type of Expenditure | Approvals £50k to £1m | Approvals £1m to £2m | Approvals £2m - £5m | Approvals £5m- £15m | Approvals above £15m |
|----------------------|----------------------------|----------------------------|---|---------------------|----------------------|
| Project Spend | Programme Management Board | Portfolio Management Board | Finance Investment Committee / Logistics Investment Committee | Trust Board | NHS I |
| BAU / other | Procurement Board | Ex Co | | | |

9.2.2 All business cases and contract awards should be based on the whole life of the contract. This should include the cost of any extension periods and irrecoverable VAT. They should exclude recoverable VAT.

9.2.3 No commitment to expenditure, either verbal or written, should be made without appropriate approvals. This includes variations and/or extensions to contracts, which must consider the whole life value of a contract.

9.2.4 A business case is not required below a total value including any possible extensions of £50,000

9.3 CONTRACTS OF FIVE YEARS OR OVER IN LENGTH

9.3.1 All proposed procurements for any type of which last for five years or more, including options to extend clauses, must be submitted to and approved by ExCo before OJEU and/or Contracts Finder advertisement.

9.4 ASSURANCE ON THE COMMITMENT OF EXPENDITURE

9.4.1 All expenditure is within the scope of the SFIs and is subject to LAS Finance Approval processes. This is in addition to the annual budget allocation agreed by Finance and the delegated budget holder responsibilities.

9.4.2 Mandatory efficiency controls stipulate that certain categories of expenditure need approval by external bodies prior to making any commitment. Expenditure falling into these categories must adhere to the expenditure controls that are in operation.

9.5 THE ROLE OF THE PROCUREMENT TEAM

9.5.1 The Procurement Team shall ensure that the appropriate procurement route is selected for:

9.5.1.1 The supply of goods, materials and manufactured articles;

9.5.1.2 The tendering of services including all forms of professional services,

9.5.1.3 management consultancy services, secondments, temporary staff and interims (other than specialised services sought from or provided by the DHSC);

9.5.1.4 The design, construction and maintenance of buildings and engineering works (including construction and maintenance of grounds and gardens);

9.5.1.5 Disposals

9.5.1.6 Note: Management Consultancy procurement must comply with the NHSI guidance which states that all contracts over £50,000 require prior approval from NHSI (the £50,000 threshold includes irrecoverable VAT and other costs eg expenses); this also applies where the threshold is reached due to a contract extension or variation.

9.5.2 The Procurement Team is responsible for providing assurance on LAS Procurement decision making for expenditure and the procurement process.

9.5.3 This is delivered through the ExCo supported by the Procurement Board. These ensure control and decision making by working to pre-defined processes that ensure compliance with statute and regulatory requirements and demonstrate value for money. This includes key phases of the Category Management Lifecycle i.e. business case, procurement strategy, contract award and, as required, contract variations or extensions.

9.6 PLANNING A PROCUREMENT PROJECT

9.6.1 The Budget holder shall engage and seek advice from the procurement team for all aggregate expenditure above £25,000

9.6.2 All budget holders are required to:

9.6.2.1 maintain a pipeline of future procurement activity [business planning] and update this on a quarterly basis;

9.6.2.2 to prepare all business cases in sufficient time to allow timely approvals and procurement activity;

9.6.2.3 to plan well in advance of a contract ending;

9.6.2.4 to ensure the replacement procurement process is completed in sufficient time; and

9.6.2.5 ensure competition is undertaken on all expenditure in line with these SFI's.

9.6.3 Budget holders are accountable for any procurement activity in their area. The Procurement Team will support budget holders and provide assurance to the budget holders over compliance of procurement activity.

9.6.4 Any expenditure that is not included or is omitted from the pipeline will be deemed unplanned and may be subject to additional scrutiny by ExCo.

9.6.5 The Trust's standard method of procurement shall be through competition in the open marketplace. However, as detailed below, the Trust's standard method of procurement shall be affected by the monetary value of the goods and services being procured.

9.7 PURCHASES BELOW £3,000

9.7.1 Wherever possible the goods and services being purchased shall be joined together so that the value shall exceed £3,000.

- 9.7.2 Purchases shall be made from the Trust's online catalogues or by obtaining a written quotation from a supplier. A single quotation is acceptable if it is unlikely that three quotations would generate a substantially better price

9.8 PURCHASES BETWEEN £3,000 AND £25,000

- 9.8.1 A minimum of three competing quotations shall be sought, unless the purchase is made through an existing Trust contract. Evidence of compliance will be required when raising requisitions.

9.9 COMPETING QUOTATIONS

- 9.9.1 For purchases between £3,000 and £25,000 which are not purchased through an existing Trust contract, three competing quotations shall be obtained in writing. The value of contracts allocated without formal competitive tendering shall not exceed £25,000.

- 9.9.2 Where three competing quotations are not able to be obtained, the process for Single Tender Waivers shall apply.

9.10 PURCHASES ABOVE £25,000

- 9.10.1 A competitive process shall be conducted by the Trust's Procurement Team. This shall be in the form of utilising an existing compliant framework or Dynamic Purchasing System (DPS) or public invitation to tender via Contracts Finder.

9.11 PURCHASES ABOVE THE EU TENDER THRESHOLD (PUBLIC CONTRACT REGULATIONS)

- 9.11.1 A competitive process shall be conducted by the Trust's Procurement Team. This shall be in the form of utilising an existing compliant Framework or Dynamic Purchasing System (DPS) or public invitation to tender in compliance with the Public Contracts Regulations 2015.

9.12 PUBLIC CONTRACTS REGULATIONS

- 9.12.1 Directives by the Council of the European Union (EU) as incorporated by the UK Public Sector Contract Regulations 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 Financial Instructions and shall apply throughout.

- 9.12.2 The EU public procurement thresholds represent contractual value levels above which public authorities must follow EU procedural rules with regard to the letting of contracts.

- 9.12.3 Value is defined as the total consideration excluding VAT that is to be paid over the lifetime of the contract or, if the lifetime is not defined, it is taken to be the equivalent of 48 months' spend. Reference must be made to extant EU procurement thresholds.

- 9.12.4 Where the contract includes options, the value of these options must be taken into account in determining whether the threshold has been reached.

- 9.12.5 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.
- 9.12.6 Where the duration is indefinite or uncertain, the relevant figure is the monthly contract value multiplied by 48.
- 9.12.7 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.

9.13 Competitive Tendering

- 9.13.1 The budget holder shall ensure that competitive tenders are invited for:
- 9.13.1.1 the supply of goods with a monetary value in excess of £25,000;
 - 9.13.1.2 the supply of materials and manufactured articles with a monetary value in excess of £25,000;
- 9.13.2 the rendering of services, including consultancy costs, with a monetary value in excess of £25,000;
- 9.13.3 building and engineering works as defined within the Public Contract Regulations 2015 Works contracts, with a monetary value in excess of £25,000;
- 9.13.4 for fee bids which take price into consideration for disposals and for all other projects.
- 9.13.5 Competitive tendering is not required:
- 9.13.5.1 where the goods or services can be obtained through an existing Trust contract.
 - 9.13.5.2 the goods or services can be obtained through a pre-tested competitive framework, DPS or catalogue arrangement to which the Trust has legitimate access and meets the requirements of Public Contract Regulations.
- 9.13.6 The Procurement team shall ensure that invitations to tender are advertised in a manner that allows any interested suppliers to apply to tender in order to provide fair and transparent competition.
- 9.13.7 When shortlisting suppliers to be invited to tender, the budget holder shall consider amongst other factors:
- 9.13.7.1 their financial stability;
 - 9.13.7.2 their experience to date;

- 9.13.7.3 references; and
 - 9.13.7.4 the capacity of the suppliers to supply the goods or materials or to undertake the services or works required.
 - 9.13.7.5 The Trust may, from time to time, use framework agreements or DPS as an alternative procurement route to a full invitation to tender process. Any frameworks used;
 - 9.13.7.6 must have been advertised in the Official Journal of the European Union or its successors
 - 9.13.7.7 have provision for the Trust to utilise them and
 - 9.13.7.8 the resulting framework or DPS agreement must have been awarded in full compliance with Public Contract Regulations 2015.
 - 9.13.7.9 when a framework or DPS agreement is used, the Trust will either:
 - 9.13.7.10 conduct a further competition to select the preferred bidder; or
 - 9.13.7.11 use the direct award process (where pricing is disclosed upfront without the ability for framework providers to further reduce their costs via a further competition).
- 9.13.8 The use of a framework or DPS agreement is considered to be competitive tendering, where the competition requirements of that framework are met. Any references throughout this document to 'invitations to tender', 'tenders', 'tendering' etc. shall be interpreted to include and apply to further competitions conducted under framework agreements and direct contract awards made under framework agreements.

9.14 INVITATIONS TO TENDER

- 9.14.1 All invitations to tender shall be in compliance with these Standing Financial Instructions and be submitted electronically using the Trust's e-tendering portal. The 'Sealed' option for viewing electronic responses shall be used.
- 9.14.2 Every tender for goods, materials, services or disposals shall embody the NHS Standard Contract Conditions that the tender shall be awarded under, unless a framework or DPS agreement is used, in which case the framework or DPS agreement terms and conditions shall prevail.
- 9.14.3 Every tender for building and engineering work, except any tender for maintenance work only (where DHSC and NHSI guidance shall be followed), shall be in the terms of the current editions of the Appropriate Standard Forms of Contract. Where appropriate, these base documents shall be modified and amplified to accord with extant DHSC and NHSI guidance and other instructions and, in minor respects, to cover special features of individual projects.
- 9.14.4 All invitations to tender shall require tenderers to submit prices in Pounds Sterling exclusive of VAT where applicable
- 9.14.5 All persons involved in a tender evaluation are required to provide a written

declaration that their involvement in the tender evaluation poses no conflict of interest.

9.15 RECEIPT AND SAFE CUSTODY OF TENDERS

9.15.1 A competitive tendering register shall be held electronically utilising the Trust's eTendering system. The record shall show for each set of competitive tenders:

9.15.1.1 the name of all firms invited to tender;

9.15.1.2 the names of firms from which tenders have been received;

9.15.1.3 the date the tenders were opened;

9.15.1.4 the price tendered (excluding VAT).

9.15.2 Tenders may not be 'opened' or supplier information viewed until the pre-defined time and date for opening has passed.

9.16 ADMISSIBILITY OF TENDERS

9.16.1 Late tenders shall not be considered, except in exceptional circumstances, and in any event shall only be accepted in compliance with UK legislation, and where appropriate, after seeking legal counsel.

9.16.2 Where such tenders are accepted, a permanent record shall be kept of the reasons for their admission, and the record shall be retained as an addendum to the appropriate register.

9.16.3 Amended or re-submitted tenders shall not be considered after the due time for receipt.

9.16.4 Incomplete tenders are those from which information necessary for the adjudication of the tender is missing. These shall be dealt with in accordance with the paragraph below.

9.16.5 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 record of the nature of the discussion and its outcome shall be kept.

9.16.6 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 record of the nature of the discussions and their outcomes shall be kept.

9.16.7 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.

9.17 NON-COMPETITIVE TENDERS

- 9.17.1 Where only one tender 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.

9.18 IN CIRCUMSTANCES WHERE NO TENDER IS RECEIVED BY THE TRUST

- 9.18.1 For tenders below the EU Tender Threshold the Chief Executive shall empower the Chief Finance Officer or his/her nominated officer to approach suppliers which can provide the relevant goods or services to the Trust. The Chief Finance Officer or his/her nominated officer shall retain a report detailing, in writing:

9.18.1.1 the content and outcome of their discussions with the approached firms;

9.18.1.2 the agreed prices for the provision of the specified goods or services;

9.18.1.3 the recommendations as to which firms shall provide the goods or services to the Trust.

- 9.18.2 For tenders above the EU Tender Threshold, the Chief Finance Officer or his/her nominated officer shall undertake a further procedure in accordance with UK legislation.

- 9.18.3 The Chief Finance Officer or his/her nominated officer produce a written report detailing:

9.18.3.1 the content and outcome of their discussions with the approached firms;

9.18.3.2 the agreed prices for the provision of the specified goods or services;

9.18.3.3 the recommendations as to which company shall provide the goods or services to the Trust.

- 9.18.4 The Chief Finance Officer shall forward the record to the appropriate approvals board as above. Where this procedure is adopted, the Chief Finance Officer shall maintain the duly authorised record, and report the decisions made to the Trust's Audit Committee.

9.19 BASIS FOR ACCEPTANCE OF A TENDER

- 9.19.1 The basis for the acceptance of a tender shall be that which is the Most Economically Advantageous Tender (MEAT) to the Trust and this may be, but is not necessarily, that with the lowest price where payment is made by the Trust.

9.20 FINANCIAL COMPETENCE

- 9.20.1 Any tender or quotation shall only be accepted by the Trust where the Chief Finance Officer 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 Chief Finance Officer or his/her nominated officer, to analyse the financial information received with the tender documentation, and any other documentation the Chief Finance Officer or his/her nominated officer consider

appropriate.

9.20.2 In circumstances where the Chief Finance Officer is not satisfied with the financial competence of the firms, further information may be requested from the firm in an attempt to be satisfied with the tenderer's financial competence on behalf of the Trust, such satisfaction shall be at the sole discretion of the Chief Finance Officer.

9.20.3 Only where the Chief Finance Officer 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 department - where the records can be viewed by appropriate officers of the Trust as appropriate.

9.21 TECHNICAL & ORGANISATIONAL COMPETENCE

9.21.1 Any tender or quotation shall only be accepted by the Trust where the Director responsible for the originating department or his/her nominated officer is satisfied with the technical and organisational competence of the firms involved.

9.21.2 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 or his/her nominated officer.

9.22 INSURANCES

9.22.1 Any tender or quotation shall only be accepted by the Trust where the Director responsible for the originating department or his/her nominated officer is satisfied that appropriate levels of insurance are in place. Appropriate minimum levels are;

9.22.1.1 Public Liability insurance £5m

9.22.1.2 Employers Liability Insurance £5m

9.22.1.3 Professional Indemnity Insurance £2m

9.22.1.4 Product Liability £2m

9.22.2 Any request to deviate way from the appropriate minimum levels must be via a request to waive Standing Financial Instructions (STW form).

9.23 POST-TENDER NEGOTIATIONS

9.23.1 Post tender negotiations with the successful tenderer shall only be performed in accordance with Public Contract Regulations and with the prior agreement of the Chief Executive or the Chief Finance Officer 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.

9.24 REPORTING OF TENDER ACTIVITY

9.24.1 The outcome of the tendering activity shall be reported to the appropriate approvals board above [governance] in the form of a Contract Award Recommendation report. This report is to be presented as soon as practicable after tenders have

been evaluated.

9.25 CONTRACT SIGNING APPROVAL LIMITS

- 9.25.1 A signed contract in a form agreed by Procurement must be entered into for all expenditure of £50,000 or over. In some circumstances due to the assessment of risk, a contract may be required below this value. For expenditure below £50,000 a Purchase Order is an acceptable form of contract.
- 9.25.2 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 Financial Instructions. No exception from any of the provisions of these Standing Financial Instructions shall be made other than by direction of the Board.
- 9.25.3 All companies entering into contracts with the Trust must provide a minimum of Full name; Company Registration number; and Company Registered Address and any separate principal trading addresses.
- 9.25.4 Additionally, for unquoted companies, the Trust may require some or all of the following information: Names of all directors; beneficial owners, or those with significant influence over the business and its assets, with particular attention paid to any significant shareholders.
- 9.25.5 For group companies, the structure of the group and any beneficial owners of the ultimate parent. Verification of the existence of the company via:
- 9.25.5.1 confirmation of the company's listing on a regulated market;
 - 9.25.5.2 a search of the relevant company registry; or
 - 9.25.5.3 by obtaining a copy of the company's certificate of incorporation.
 - 9.25.5.4 confirmation that the company is not currently, and has not been in the process of being dissolved, struck off, wound up or otherwise terminated.
 - 9.25.5.5 documented evidence that the business is well known, reputable and of long standing.
- 9.25.6 The reason for any changes to the company's structure or ownership, or the nature of the business transacted.
- 9.25.7 The Trust shall comply as far as is practical with the requirements of the Department of Health and Social Care and NHSI guidance 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 and Social Care guidance.
- 9.25.8 All contracts, irrespective of value, must be included on the Trust's central contracts register to ensure effective contract performance monitoring.
- 9.25.9 The approval limits for the signing of contracts (including service level agreements, memoranda of understanding, and other equivalent documents) is as follows:

| Whole life contract value (including extension periods but excluding VAT) | non-pay expenditure | |
|---|---|--|
| | Up to £1m | Over £1m |
| Approvers and / or Restrictions | Chief Financial Officer | Chief Executive |
| | Subject to prior recommendation by the Procurement Board or Programme Management Board as appropriate | Subject to prior recommendation by ExCo and Finance Investment Committee, Logistics Investment Committee or Trust Board as appropriate |

This includes Call-off contracts and Direct Awards from framework agreements where individual contracts are still required.

9.26 CONTRACT VARIATIONS AND EXTENSIONS

9.26.1 All extensions and variations to an existing contract must be reviewed by the Procurement team to confirm that they are legally possible, they represent best value for money, including financial and non-financial aspects, and they are not being instigated solely to avoid or delay the requirement to conduct procurement.

9.26.2 Extensions and variations to existing contracts can only be approved where:

- 9.26.2.1 the terms and conditions of the contract make provision for an extension;
- 9.26.2.2 contract performance is satisfactory;
- 9.26.2.3 the variation or extension can demonstrate value for money
- 9.26.2.4 the original business case included approval for the cost of the extension period; and
- 9.26.2.5 the variation is in line with or complies with section 72 of the Public Contracts Regulations 2015. Regulation 72 covers the extent to which contracts can be amended without the need for a new advertised tender process. Guidance should be sought from the Procurement Team in all cases.

- 9.26.3 No variation can be granted to a contract awarded under the Public Contracts Regulations (PCR) 2015 threshold where the value of the variation results in the contract value exceeding the PCR 2015 threshold.
- 9.26.4 The approvals required for contract extensions and variations is detailed in the table below:

| Value of variation | Authorisation authority |
|---|---|
| Up to 10% of the original contract value subject to a maximum value variation of £50k | Head Financial Control with the recommendation from the Head of Procurement |
| between 10 - 30% of the original contract value subject to a maximum value variation of £500k | Procurement Board |
| Over 30% of the original contract value or over £500k | ExCo |

All extensions and variations must be agreed, documented, signed and countersigned by all parties or executed as a deed where necessary. Authority to sign will be in accordance with the Authority to sign contracts table above

9.27 CONTRACT MANAGEMENT

9.27.1 LAS Contract Management Toolkit should be used to manage and administer contracts in line with the requirement of the Third-Party Assurance Framework.

9.27.2 All LAS contracts / agreements (including Memoranda of Understanding, Framework Agreements, Lease Agreements and Licence Agreements) must be maintained on the Central Procurement Contracts Register.

9.28 CANCELLATION OF CONTRACTS

9.28.1 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, where possible, 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 Bribery Act 2010, Trust's Anti-Fraud Policy and other appropriate legislation.

9.29 TERMINATION OF CONTRACTS FOR FAILURE TO DELIVER GOODS OR MATERIAL

- 9.29.1 Where possible, 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.

9.30 APPLICATION OF LIQUIDATED AND ASCERTAINED DAMAGES

- 9.30.1 The Chief Executive or his/her nominated officer shall normally enforce the application of liquidated and ascertained damages on 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 Chief Finance Officer and presented to the Audit Committee as appropriate

9.31 SINGLE TENDER WAIVERS (STW)

- 9.31.1 Single Tender Waivers should be avoided and only utilised in line with the exemptions provided for in the Public Contract Regulations 2015.

- 9.31.2 All STWs with expenditure below or equal to £100k require approval from the Procurement Board. STWs with expenditure over £100k require approval from ExCo

- a. Competitive tendering may be waived under the following circumstances when the total value including previous spend will be below the current Public Contract Regulations thresholds:

- 9.31.2.1 The timescale genuinely precludes competitive tendering. Failure to plan the work properly is not a justification for single tender.

- 9.31.2.2 there is a clear benefit to be gained from maintaining continuity with an earlier provider. However in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive tendering.

- 9.31.2.3 where in the opinion of the Chief Executive and the Chief Finance Officer, the estimated expenditure or income would not warrant formal tendering procedures, or competition would not be practicable taking into account all the circumstances.

- 9.31.2.4 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 Chief Finance Officer it is neither possible nor desirable to purchase through competitive tendering.

- 9.31.2.5 the supply of goods or manufactured articles of any kind which, in the

opinion of the Chief Executive and the Chief Finance Officer are required quickly for the continuance of the provision of the service provided by the Trust and are not obtainable under existing contracts.

9.31.2.6 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. The signed record shall be retained with the associated working papers and the original signed record shall be retained by the Director of Corporate Governance.

9.31.3 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:

9.31.3.1 the justification for single tender action;

9.31.3.2 compliance with public procurement regulations (Public Contract Regulations);

9.31.3.3 the possible effects of not seeking competitive tenders; and

9.31.3.4 the effect on and level of value for money achieved.

9.32 RETROSPECTIVE ACTIONS

9.32.1 Retrospective actions including business cases, purchase orders is not permitted. However in exceptional circumstances retrospective action may be required and must be reported to the Audit Committee.

9.32.2 All retrospective purchases and actions will be treated as a breach of these SFIs. Failure to comply with the aforementioned policies, may lead to disciplinary action.

9.32.3 All retrospective purchases and actions with an aggregated expenditure below or equal to £100k must be reported to the Procurement Board. All expenditure over £100k must be reported to the ExCo.

9.32.4 Procurement Board and ExCo have the right to terminate any contracts, in accordance with the contractual terms and conditions, which have been entered into retrospectively and require an approved business case to be submitted before transacting again with the supplier.

9.32.5 Any retrospective action must be recorded by the budget holder as a non-compliance in their assurance certificate.

9.33 SEGREGATION OF DUTIES

9.33.1 Officers must ensure that effective segregation of duties are maintained at all times throughout the procurement process. This means that the same officer cannot both requisition and approve the procurement of any goods, services or works. This applies to transactions undertaken via purchase orders or on a non-purchase order basis.

9.33.2 Any officer who requisitions and approves the same transaction may face disciplinary action.

9.34 PURCHASE ORDERS

- 9.34.1 LAS has adopted a No Contract, No Purchase Order, No Payment approach. All officers are required to follow this approach.
- 9.34.2 All commitments must be raised via a Purchase Order requisition using the Finance System (currently eFin). Prepayments should not be made unless these have been explicitly pre-approved by Finance.
- 9.34.3 The use of non-PO approvals should be limited to the following exceptions: rent and rates payments; utilities suppliers; and exemptions highlighted by Finance. Further advice should be sought from the Finance team.
- 9.34.4 All purchase orders must be raised in advance of a commitment being entered into, not on receipt of an invoice. An order raised after an invoice is received will be classed as retrospective and is a breach of SFIs.
- 9.34.5 The purchase order must be in accordance with agreed contract value and length.
- 9.34.6 Purchase orders must only be receipted following the delivery of satisfactory goods or services.

9.35 CONTRACTS INVOLVING FUNDS HELD ON TRUST

- 9.35.1 The Trust shall do so individually to a specific named fund. Such contracts involving charitable funds shall comply with the requirements of the Charities Act 2016.
- 9.35.2 Anyone tasked with entering into contract negotiations shall seek assistance from the Trust's Legal Department, and where advised appropriate, seek external legal advice from Trust Solicitors and other professional groups such as NHS Counter Fraud Authority (NHSCFA).

9.36 ADVANCE AND PHASED PAYMENTS

- 9.36.1 Advance payments, except those made for capital building projects or software licences as laid down in the conditions of contract, are only to be made in exceptional circumstances and shall only be made following the agreement of the Chief Executive and/or the Chief Finance Officer or his/her nominated officer.
- 9.36.2 Phased payments, except those made for capital building projects, as laid down in the conditions of contract, are only to be made if authorised by the Chief Executive and/or Chief Finance Officer or his/her nominated officer.
- 9.36.3 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.

9.37 DISPOSALS

- 9.37.1 Competitive Tendering shall not apply to the disposal of:
- 9.37.1.1 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.

9.37.1.2 obsolete or condemned articles and stores, which may be disposed of in accordance with the procedures of the Trust related to disposals and condemnations;

9.37.1.3 items arising from works of construction, demolition or site clearance, which shall be dealt with in accordance with the relevant contract;

9.37.1.4 land or building concerning which Department of Health and Social Care guidance has been issued, but subject to compliance with such guidance;

9.37.1.5 items arising from works of construction, demolition or site clearance, which should be dealt with in accordance with the relevant contract.

9.38 IN HOUSE SERVICES

9.38.1 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.

10. NHS SERVICE AGREEMENTS FOR PROVISION OF SERVICES

10.1 CONTRACTUAL ARRANGEMENTS AND SERVICE LEVEL AGREEMENTS (SLA)

10.1.1 The Chief Executive, as the Accountable Officer, is responsible for ensuring the Trust enters into suitable contractual arrangements with service commissioners for the provision of NHS services.

10.1.2 All SLAs should specify the agreed priorities within the service specification, and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In discharging this responsibility, the Chief Executive should take into account:

- (a) the standards of service and quality expected;
- (b) the relevant national service framework (if any);
- (c) the provision of reliable information on activity and associated cost;
- (d) the latest NHS planning guidance;
- (e) that contracts build where appropriate on existing Joint Investment Plans; and
- (f) that contracts are based on integrated care pathways.

10.1.3 No Officer of the Trust may provide Trust services to another organisation or entity, unless those services are specified in contractual agreements agreed to and signed by the Chief Executive Officer or their delegate as defined in the scheme of delegation.

10.1.4 The Trust board is responsible for approving arrangements for the submission of tenders to provide services by the Trust.

10.2 INVOLVING PARTNERS AND JOINTLY MANAGING RISK

- 10.2.1 A good contractual arrangement will result from a collaborative dialogue between Commissioners of the service and the Trust (for example clinicians, users, carers, public health professionals and managers). It will reflect knowledge of local needs and inequalities. This will require the Chief Executive to ensure that the Trust works with all partner agencies involved in both the delivery and the commissioning of the service required. The contractual arrangements will apportion responsibility for handling a particular risk to the party or parties in the best position(s) to influence the event and financial arrangements should reflect this. In this way that Trust can jointly manage risk with all interested parties.

10.3 REPORTS TO BOARD ON CONTRACTUAL ARRANGEMENTS AND SLAS

- 10.3.1 The Chief Executive, as the Accountable Officer, will need to ensure that regular reports are provided to the Board detailing actual and forecast income from the contract.

10.4 SHARED AND HOSTED SERVICE ARRANGEMENTS

- 10.4.1 Where the Trust uses a shared or hosted service provided by another NHS organisation or private company to undertake part of its functions, these functions shall remain the ultimate responsibility of the Trust.
- 10.4.2 Where an external organisation is responsible for the provision of a Financial Shared Service on behalf of the Trust, the Shared Financial Service provider must be contractually bound to deliver the financial services to the Trust, and the Chief Finance Officer shall oversee and retain overall accountability in relation to the delivery of the financial services provided to the Trust.

- 10.4.3 The contractual agreement with an overarching SLA agreed between the Trust and the Shared Financial Services provider must set out the arrangements for the delivery of a Shared Financial Service with a clearly defined mechanism in order to monitor and report the performance in full.
- 10.4.4 All arrangements detailing accountability, responsibilities and authority of the respective parties must be clearly set out in the KPIs. The KPIs must also set out the framework by which the Trust and its auditors can gain assurance and the timescales by which this will be provided.
- 10.4.5 In the case of Shared Financial Services, the Chief Finance Officer shall ensure an adequate Internal Audit Service is specified in any contractual agreement between the Trust and the Shared Financial Service provider, and shall specify the assurance arrangements between the Internal and External Auditors for the Trust and the Shared Financial Services' Auditors.

11. TERMS OF SERVICE, ALLOWANCES AND PAYMENT OF MEMBERS OF THE TRUST BOARD AND EMPLOYEES

11.1 REMUNERATION

11.1.1 In accordance with Standing Orders the Board shall establish a Remuneration and Nominations Committee, with clearly defined terms of reference, specifying which posts fall within its area of responsibility, its composition, and the arrangements for reporting.

11.1.2 The Committee will:

- (a) advise the Board about appropriate remuneration and terms of service for the Chief Executive, other officer members employed by the Trust as determined by the committee but normally to include the first layer of management below Board of Director level including:
 - i. all aspects of salary (including any performance related elements or bonuses);
 - ii. provisions for other benefits, including pensions and cars;
 - iii. arrangements for termination of employment and other contractual terms;
- (b) make such recommendations to the Board on the remuneration and terms of service of office members of the Board as per 11.2.1 (a) to ensure they are fairly rewarded for their individual contribution to the Trust – having proper regard to the Trust's circumstances and performance and to the provisions of any national arrangements for such members and staff where appropriate;
- (c) monitor and evaluate the performance of individual officer members and other senior employees as per SFI 11.1.2 (a);

- (d) advise on and oversee appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments taking account of such national guidance as is appropriate.

11.1.3 The Committee Chairman shall report formally to the Board on its proceedings after each meeting on all matters within its duties and responsibilities. The minutes of the relevant Board meetings are formally to record decisions taken.

11.1.4 The Board will consider and need to approve proposals presented by the Chief Executive for the setting of remuneration and terms of service for senior management, the definition of which shall be determined by the Committee.

11.1.5 The Trust will pay allowances to the Chairman and non-officer members of the Board in accordance with instructions issued by the Secretary of State for Health.

11.2 FUNDED ESTABLISHMENT

11.2.1 The workforce plans incorporated within the annual budget will form the funded establishment.

11.2.2 The funded establishment of any department may not be varied without the approval of the Workforce Control Panel, both the Director of People and Culture and the Chief Finance Officer, the Executive Leadership Team or the Chief Executive except as detailed in 11.3 and 11.4 below.

11.2.3 Changes resulting in variation from the annual budget exceeding £500k must be approved by the Trust Board.

11.3 STAFF ESTABLISHMENT AND APPOINTMENTS

11.3.1 No officer or member of the Trust Board may:

- (a) establish a new post;
- (b) engage, re-engage, or re-grade employees, either on a permanent or temporary nature;
- (c) hire agency staff; or
- (d) agree to changes in any aspect of remuneration (including the issuing of schemes of incentives and incentivised overtime);

unless the authorisation of the Chief Executive Officer has been provided in writing and communicated to the Chief Finance Officer and Director of People and Culture.

11.3.2 The Board will approve procedures presented by the Chief Executive for the determination of commencing pay rates, condition of service, etc, for employees.

11.4 OVERTIME AND OTHER VARIABLE REMUNERATION CLAIM APPROVAL

11.4.1 The Chief Executive Officer is responsible for approving a system/process for submitting and authorising Overtime and other variable remuneration claims.

11.4.2 The approved system/process must provide any information required by the Chief Finance Officer in order to maintain appropriate financial control, and must provide any information required by the Director of People and Culture in order to process claims

for payment, in a timely manner.

11.4.3 The system/process must:

- (a) ensure that overtime has been pre-approved before it is worked (except in the case of shift over run overtime at end of shift) and that budget is available for that overtime;
- (b) ensure confirmation is received that the work the payment is due for was completed satisfactorily;
- (c) ensure claims are approved by the budget holder responsible for the area the work is completed in;
- (d) allow the purpose and location for which the overtime or other remuneration was applied to be identified and reported on;
- (e) detail where overtime and other variable remuneration is due, and whether claims in relation to it have been paid or remain unpaid, and provide for this to be reported.

11.6 PROCESSING OF PAYROLL

11.6.1 The Director of People and Culture 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; and
- (d) agreeing method of payment.

11.6.2 The Director People and Culture 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 and allowances;
- (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; and
- (f) authority to release payroll data under the provisions of the Data Protection Act.

11.6.3 The Chief Finance Officer will issue instructions to the Shared Financial Services provider in respect of:

- (a) methods of payment available to various categories of employee;
- (b) procedures for payment by cheque, bank credit to employees;
- (c) procedure for the recall of cheques and bank credits;
- (d) maintenance of regular and independent reconciliation of pay control accounts;
- (e) separation of duties of preparing records and handling cash; and
- (f) a system to ensure the recovery from those leaving the employment of the Trust of sums of money and property due by them to the Trust.

11.6.4 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 instructions of the Director of People and Culture and in the form prescribed by the Director of People and Culture; 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 or fulfil obligations in circumstances that suggest they have left without notice, the Director of People and Culture must be informed immediately.

11.6.5 Regardless of the arrangements for providing service, the Director of People and Culture 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.

11.7 STAFF APPOINTMENTS, TERMINATIONS AND CHANGES

11.7.1 The Board shall delegate responsibility to the Director of People and Culture 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;
- (b) dealing with variations to, or termination of, contracts of employment;
- (c) signing employment contracts, variations and other related documents on behalf of the Trust; and
- (d) ensuring electronic copies of all employment contracts, and related variations are maintained in an accessible manner.
- (e) ensuring compliance with HMRC IR35 regulations.

12. NON-PAY EXPENDITURE

12.1 DELEGATION OF AUTHORITY

12.1.1 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.

12.1.2 The Chief Executive will set out:

- (a) the list of managers who are authorised to approve requisitions for the supply of goods and services;
- (b) the maximum level of each requisition and the system for authorisation above that level; and
- (c) the list of managers who are authorised to sign official documents on behalf of the Trust; a list of authorised signatories will be held by the Finance Department.

12.1.3 The list of authorised signatories held by the Finance Department with such thresholds will be advised to the Shared Financial Services on a regular basis to ensure on-going compliance. This is specified in the contractual agreement between the Trust and the Shared Financial Services.

12.1.4 The Chief Finance Officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

12.1.4 Budget holders are expected to manage within their delegated non-pay budgets.

12.1.6 Changes to delegated non-pay budgets must be approved by the Chief Executive Officer in writing and communicated to the Chief Finance Officer.

12.1.7 Changes resulting in variation from the annual budget exceeding £500k must be approved by the Trust Board.

12.2 CHOICE, REQUISITIONING, ORDERING, RECEIPT AND PAYMENT FOR GOODS AND SERVICES

12.2.1 The Budget Holder, in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the Trust. In so doing, the advice of the Chief Finance Officer or his/her nominated officer shall be sought.

12.2.2 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 overspend, unless expressly agreed in advance in writing by the Chief Finance Officer, and a budget virement agreed. Breaches of this requirement may result in the enactment of the disciplinary process determined by the Chief Finance Officer (as noted in 5.3.1 (e)).

12.2.3 The Chief Finance Officer 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. Shared Financial Services are contracted to carry out the above procedure on behalf of the Trust, this is part of the contractual agreement between the Shared Financial Services and the Trust.

12.2.4 The Chief Finance Officer 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 Chief Finance Officer of accounts for payment; provision shall be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment.
 - (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).

12.2.5 The Shared Financial Services will provide the Trust with the appropriate monitoring on the Better Payment Practice Code as required. 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%, or where in the nature of the business, prepayment is a normal term and condition eg telephone line rental).
- (b) the appropriate officer must provide, in the form of a written report to the Chief Finance Officer, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the Trust if the supplier is at some time during the course of the prepayment agreement unable to make his commitments;
- (c) the Chief Finance Officer 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 prepayment contract are received and he/she must immediately inform the appropriate Director or Chief Executive if problems are encountered.

12.2.6 Official Orders must:

- (a) be consecutively numbered;
- (b) be in a form approved by the Chief Finance Officer;
- (c) state the Trust's terms and conditions of trade; and
- (d) only be issued to, and used by, those duly authorised by the Chief Executive.

12.2.7 Budget Holders must ensure that they comply fully with the guidance and limits specified by the Chief Finance Officer 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 Chief Finance Officer in advance of any commitment being made;
- (b) all leases for property over £3 million in value over the life of the lease must be referred to the NHSI for approval prior to commitment.
- (c) contracts above specified thresholds are advertised and awarded in accordance with EU on public procurement.
- (d) where consultancy advice is being obtained, the procurement of such advice must be in accordance with guidance issued by the Department of Health
- (e) no requisition/order may be approved for any item or items for which there is no budget provision unless authorised by the Chief Finance Officer 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, purchases on purchasing cards within the limits of the instructions issued by the Chief Finance Officer 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 Trust to a future un-competitive purchase;
- (j) changes to the list of directors/employees authorised to certify invoices are notified to the Chief Finance Officer;
- (k) purchases from petty cash are restricted in value and by type or purchase in accordance with instructions issued by the Chief Finance Officer;
- (l) petty cash records are maintained in a form as determined by the Chief Finance Officer.
- (m) purchases using purchasing cards are restricted in value and by type of purchase in accordance with instructions issued by the Chief Finance Officer.
- (n) Purchasing card records are maintained in a form as determined by the Chief Finance Officer.

12.2.8 The Chief Executive must ensure that the Trust’s Standing Orders are compatible with the requirements issued by the NHS in respect of building and engineering contracts and land and property transactions (The Efficient Management of Healthcare Estates and Facilities (HBN 00-08)). The technical audit of these contracts shall be the responsibility of the Director managing those areas. The Chief Finance Officer 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.

13 EXTERNAL BORROWING AND INVESTMENTS

13.1 EXTERNAL BORROWING

- 13.1.1 The Chief Finance Officer will advise the Board concerning the Trust’s ability to pay interest on, and repay, both the Trust’s Public Dividend Capital (PDC) and any proposed new borrowing, within the limits set by the NHS. The Chief Finance Officer is also responsible for reporting periodically to the Board concerning the originating debt and all loans and overdrafts.
- 13.1.2 The Board will agree the list of employees (including specimen of their signatures) who are authorised to make short term borrowing on behalf of the Trust. This must contain the Chief Executive and the Chief Finance Officer.
- 13.1.3 Any application for a loan or overdraft will only be made by the Chief Finance Officer or by an employee so delegated by him and the Board will be informed of this at the following meeting.

- 13.1.4 The Chief Finance Officer must prepare detailed procedural instructions concerning applications for loans and overdrafts.
- 13.1.5 All short-term borrowings should be kept to the minimum period of time possible, consistent with the overall cash flow position, represent good value for money and comply with the latest guidance from the Department of Health and Social Care.
- 13.1.6 Any short-term borrowing must be with the authority of two members of an authorised panel, one of which must be the Chief Executive or the Chief Finance Officer. The Board must be made aware of all short-term borrowings at the next Board meeting.
- 13.1.7 All long term borrowing must be consistent with the plans outlined in the current Business Plan.

13.2 INVESTMENTS

- 13.2.1 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.
- 13.2.2 The Chief Finance Officer is responsible for advising the Board on investments and shall report periodically to the Board concerning the performance of investments held.
- 13.2.3 The Chief Finance Officer will maintain the Cash Management Policy and prepare detailed procedural instructions on the operation of investment accounts and on the records to be maintained.
- 13.2.4 The Chief Finance Officer will agree the list of employees (including specimen of their signatures) who are authorised to make short term investments on behalf of the Trust. This must contain the Chief Executive and the Chief Finance Officer.

14 FINANCIAL FRAMEWORK

- 14.1 The Chief Finance Officer should ensure that members of the Board are aware of all relevant guidance issued by the Trust's regulating authority (NHSI). The Chief Finance Officer should also ensure that the direction and guidance issued by the Trust's regulating authority is followed by the Trust.

15 CAPITAL INVESTMENT, PRIVATE FINANCING, ASSET AND EQUIPMENT REGISTERS AND SECURITY OF ASSETS AND EQUIPMENT

- 15.1 Investment (Capital and Revenue)
 - 15.1.1 The Trust Portfolio Management Board (PMB) will oversee its allocation of capital investment and to approve business cases for both capital and revenue investment. The CFO will ensure that there is an adequate appraisal and approval process in place for determining expenditure priorities and the effect of each proposal upon the Trust's Business Planning process.
 - 15.1.2 The PMB will oversee the development and monitoring of an annual capital plan,

including any changes to the plan as necessary in year. The Executive Committee and Trust Board will approve the annual capital plan.

15.1.3 The Chief Finance Officer shall establish systems to ensure that approved investment schemes are progressed effectively and that budgets, phasing and cash flows are properly monitored.

15.1.4 The Chief Finance Officer may approve in year virements.

15.1.5 The financial performance of the capital programme, including virements above £250,000, shall be reported to Trust Board, via the Finance and Investment Committee.

15.1.6 Approval of Investment (Capital and Revenue) Business Cases

15.1.7 The Chief Executive shall require that a business case is produced for investment proposals in line with the Trust's "Capital Governance Framework" and "Business Case Guidance" and NHS Improvement's "Capital Regime, Investment and Property Business Case Approval Guidance for NHS Trusts and Foundation Trusts."

15.1.8 Business cases must meet the following criteria:

- (a) Strategic case – Ensures strategic fit with organisational priorities and outlines the case for change;
- (b) Economic case – Demonstrates that the proposal optimises public value, evaluates options and identifies the preferred option;
- (c) Financial Case – Evidences that the preferred option will result in a fundable and affordable deal;
- (d) Commercial Case – Demonstrates that the preferred option will result in a viable procurement;
- (e) Management case – Demonstrates that the preferred option is capable of being delivered successfully

15.1.9 Expenditure must not be incurred on any scheme prior to approval unless with the express consent of the Chief Executive or Chief Finance Officer.

15.1.10 Any proposed scheme defined as major with the NHS Trust Compliance arrangements must be approved by the Board and NHS Improvement

15.1.11 The Chief Finance Officer shall assess on an annual basis the requirements for the operation of the construction industry tax deduction scheme in accordance with Inland Revenue guidance.

15.1.12 For capital schemes where the contracts stipulate stage payments, the Chief Executive will issue procedures for their management, incorporating the recommendations of the Efficient Management of Healthcare Estates and Facilities (HBN 00-08) guidance.

15.2 PRIVATE FINANCE

15.2.1 When the Trust proposes to use finance which is to be provided other than through its EFL, the following procedures shall apply:

- (a) The Chief Finance Officer 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 does not exceed delegated limits, the business case may be approved by the Trust Board.
- (c) Where the sum involved exceeds delegated limits, the business case must be referred to the Department of Health and Social Care (or other organisation in line with current regulatory authority guidelines), and only following receipt of authorisation from that organisation may the proposal be approved by the Trust Board.

15.3 ASSET REGISTERS

15.3.1 The Chief Executive is responsible for the maintenance of registers of assets, taking account of the advice of the Chief Finance Officer and Directors responsible for Trust assets, concerning the form of the register and the method for updating it. The Chief Executive is responsible for arranging for a physical check of assets against the asset register to be conducted at least once a year.

15.3.2 The Trust shall maintain an asset register for recording capitalised assets. The minimum data set to be held within these registers shall be designed so as to generate the standard accounting figures to enable the annual accounts to be produced, and will comply with any guidance issued by the Department of Health and Social Care or the NHSI.

15.3.3 Additions to the capital 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.

15.3.4 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).

15.3.5 The Chief Finance Officer shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers. The value of each asset shall be indexed to current values in accordance with guidance issued by the Department of Health and Social Care or the NHSI.

15.3.6 The value of each asset shall be depreciated using methods and rates as specified in guidance issued by the Department of Health and Social Care or NHSI.

15.3.7 The Chief Finance Officer shall calculate and pay PDC as specified in guidance issued by the Department of Health and Social Care or NHSI.

15.4 SECURITY OF ASSETS

15.4.1 The overall control of capital assets is the responsibility of the Chief Executive.

15.4.2 Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the Chief Finance Officer. This procedure shall make provision for:

- (d) recording managerial responsibility for each asset;
- (e) identification of additions and disposals;
- (f) physical security of assets;
- (g) periodic verification of the existence of assets recorded;
- (h) identification and reporting of all costs associated with the retention of an asset; and
- (i) reporting, recording and safekeeping of cash, cheques, and negotiable instruments.

15.4.3 All discrepancies revealed by verification of physical assets to the fixed asset register shall be notified to the Chief Finance Officer.

15.4.4 Whilst each employee has a responsibility for the security of property of the Trust, it is the responsibility of Board members 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 agreed procedures.

15.4.5 Any damage to the Trust's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by directors and employees to the Chief Finance Officer in accordance with the procedure for reporting losses. The Chief Finance Officer will escalate the report to the Chief Executive and will refer any suspicions of fraud or other criminal activity to the appropriate authority.

15.4.6 Where practical, assets should be marked as Trust property.

15.5 NON-CAPITALISED ASSETS AND EQUIPMENT

15.5.1 The Chief Executive retains overall responsibility for the control and management of non-capitalised assets and equipment.

15.5.2 Directors and Budget Holders must maintain a register of the non-capitalised assets and equipment they are responsible for, in a form defined by the Chief Finance Officer. At a minimum, the register must contain:

- (a) A description of the item;
- (b) The location of the item;
- (c) The date of purchase (or the approximate date if not available);
- (d) The cost of the item;
- (e) The approximate date the item would need to be replaced; and
- (f) Who the item is issued to (if applicable).

15.5.3 These registers must be kept up to date, be available to finance on request and will be subject to audit.

16 STORES AND RECEIPT OF GOODS

16.1 Stores of equipment and consumables (either controlled central stores or local departmental stores for immediate use) should be:

- (a) kept to a minimum;
- (b) subjected to regular stock-take (at least once per year);
- (c) valued at the lower of cost or net realisable value.

16.2 Subject to the responsibility of the Chief Finance Officer for the system of control, overall responsibility for the control of:

- (a) central consumable stores and pharmaceutical stocks shall be delegated to the Director responsible for Logistics;
- (b) stocks of vehicle parts, fuel stocks, oil and lubricants shall be the responsibility of the Director responsible for Fleet;
- (c) stocks of Information Management and Technology (IM&T) equipment shall be the responsibility of the Director of Technical Support Services; and
- (d) station consumables, equipment and specialised equipment stores shall be the responsibility of the Director of Ambulance Services.

16.3 The day-to-day responsibility may be delegated by the above Directors to departmental employees and stores managers/keepers, subject to such delegation being entered in a record available to the Chief Finance Officer.

16.4 The responsibility for security arrangements and the custody of keys for all stores at ambulance stations shall be clearly defined in writing by the Director of Ambulance Services. Wherever practical, stocks should be marked as health service property.

- 16.5 The Chief Finance Officer shall set out procedures and systems to regulate the stores including records for receipt of goods, issues, and returns to stores and losses. Directors noted in 16.2 above must ensure these procedures are followed and that records detailing the above transactions and stock levels are available upon request.
- 16.6 Stocktaking arrangements shall be agreed with the Chief Finance Officer and there shall be a physical check covering all items in store at least once a year. Directors noted in 16.2 above must ensure these checks are completed and that records detailing the check and stock levels are available upon request.
- 16.7 Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Chief Finance Officer.
- 16.8 There will be a system approved by the Chief Finance Officer for a review of slow moving and obsolete items and for condemnation, disposal and replacement of all unserviceable articles. The Directors noted in 16.2 above shall report to the Chief Finance Officer any evidence of significant overstocking and of any negligence or malpractice (see also section 17, Disposals and Condemnations, Losses and Special Payments, Gifts and Donations). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

17 DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS, GIFTS AND DONATIONS

17.1 DISPOSALS AND CONDEMNATIONS

- 17.1.1 The Chief Finance Officer must prepare detailed procedures for the disposal of assets including condemnations, and ensure that these are notified to managers.
- 17.1.2 When it is decided to dispose of a Trust asset, the Director or authorised deputy will determine and advise the Chief Finance Officer of the estimated market value of the item, taking account of professional advice where appropriate.
- 17.1.3 All unserviceable articles shall be:
- (a) condemned or otherwise disposed of by an employee authorised for that purpose by the Chief Finance Officer;
 - (b) recorded by the Condemning Officer in a form approved by the Chief Finance Officer 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 Chief Finance Officer.
- 17.1.4 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 Chief Finance Officer who will take the appropriate action.

17.2 LOSSES AND SPECIAL PAYMENTS

- 17.2.1 The Chief Finance Officer must prepare procedural instructions on the recording of and accounting for losses and special payments, which are in line with HM Treasury Managing Public Money Guidance and the Department of Health and Social Care

Manual for Accounts. These will be authorised by the Audit Committee.

- 17.2.2 Any employee discovering or suspecting a loss of any kind must immediately inform their Head of Department. The Head of Department must in turn immediately inform the Chief Executive and the Chief Finance Officer, or inform an officer charged with the responsibility for responding to concerns involving loss. If an officer other than the Chief Executive or Chief Finance Officer is informed, they must then inform the Chief Finance Officer and/or Chief Executive as appropriate. Where a criminal offence is suspected, the Chief Finance Officer must immediately inform the police if theft or arson is involved. Disciplinary and recovery action should be undertaken wherever appropriate.
- 17.2.3 In cases of fraud and corruption or of anomalies that may indicate fraud or corruption, the Chief Finance Officer must inform the relevant Area Counter Fraud Specialist in accordance with guidance set out in the NHS Standard Contract (National Commissioning Contract)
- 17.2.4 The Chief Finance Officer must notify the NHS Counter Fraud Authority (NHSCFA) and the External Auditor of all frauds.
- 17.2.5 For losses apparently caused by theft, fraud, arson, neglect of duty or gross carelessness, except if trivial, the Chief Finance Officer must immediately notify:
- (a) the Board;
 - (b) the LCFS; and
 - (c) the External Auditor.
- 17.2.6 Within limits delegated to it by the Department of Health and Social Care, the Board shall approve the writing-off of losses.
- 17.2.7 The Chief Finance Officer shall be authorised to take any necessary steps to safeguard the Trust's interests in bankruptcies and company liquidations.
- 17.2.8 For any loss, the Chief Finance Officer should consider whether any insurance claim can be made against insurers.
- 17.2.9 The Chief Finance Officer shall maintain a Losses and Special Payments Register in which write-off action is recorded.
- 17.2.10 No special payments exceeding delegated limits shall be made without the prior approval of the Department of Health and Social Care.
- 17.2.11 A losses and special payments report must be provided to the Audit Committee quarterly.
- 17.2.12 Any significant losses must be reported to the Audit Committee immediately.

17.3 GIFTS AND DONATIONS OF TRUST PROPERTY

- 17.3.1 A gift is something voluntarily donated, with no preconditions and without the expectation of any benefit in return.
- 17.3.2 Items of Trust property may only be gifted or donated to another organisation where it can be demonstrated that the value that could be realised by selling the item is

lower than the costs associated with its sale.

- 17.3.3 Items may only be gifted or donated to non-profit making organisations, and may not be donated to individuals.
- 17.3.4 The Chief Executive must approve all gifts with a value of less than £5,000, the Trust Board will approve all gifts of £5,000 and below £300,000. Treasury approval is needed for all gifts valued at more than £300,000.
- 17.3.5 Donations or gifts may not be made to political parties.

18 INFORMATION TECHNOLOGY

- 18.1 The Chief Finance Officer and the Chief Information Officer are responsible for the accuracy and security of the computerised financial data of the Trust, and shall:
 - (a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the Trust's 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 2018;
 - (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; and
 - (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.
- 18.2 The Trust's main finance system is managed on its behalf by an external shared financial services provider. The detailed requirements are specified in the Service Level Agreement with the contractual agreements between the Trust and the shared financial services provider and should align with the above requirements.
- 18.3 The Chief Finance Officer 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 must be obtained from them prior to implementation.
- 18.4 The / Director of Corporate Governance 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 the Trust that is made publicly available.
- 18.5 The Chief Finance Officer 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.

- 18.6 Where another health organisation or any other agency provides a computer service for financial applications, the Chief Finance Officer shall periodically seek assurances that adequate controls are in operation.
- 18.7 Where computer systems used within the Trust have an impact on, feed information into, or receive information out of corporate financial systems, the Chief Finance Officer and the Chief Information Officer shall be satisfied that:
- (a) systems acquisitions, development and maintenance are in line with corporate policies and strategies;
 - (b) data produced for use with financial systems is adequate, accurate, complete and timely, and that a management (audit) trail exists;
 - (c) Finance staff have access to such data in a timely manner; and
 - (d) such computer audit reviews as are considered necessary are being carried out.
- 18.8 In the case of computer systems which are proposed general applications (i.e. those applications which the majority of Trusts in an NHS environment normally wish to sponsor jointly), all responsible directors and employees will send to the Director of Technical Support Services:
- (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.
- 18.10 A person must not knowingly or recklessly, without the consent of the data controller:
- Obtain or disclose personal data or the information contained in personal data; or
 - Procure the disclosure to another person.
- Unless they can show:
- This was necessary for the purpose of preventing or detecting crime, or was required or authorised by or under any enactment, by any rule of law or by the order of a court;
 - That he acted in the reasonable belief that he had in law the right to obtain or disclose the data;
 - That he acted in the reasonable belief that he would have had the consent of the data controller; or
 - That in the particular circumstances the action was justified as being in the

public interest.

Any person found breaching the above could be liable to criminal offences in accordance with Section 170 of the Data Protection Act.

- 18.11 The Chief Finance Officer and the Chief Information Officer shall ensure that risks to the Trust arising from the use of IT are effectively identified and considered and appropriate action taken to mitigate or control risk. This shall include the preparation and testing of appropriate disaster recovery plans.

19 PATIENTS' PROPERTY

- 19.1 The Trust has a responsibility to provide safe custody for money and other personal property (hereafter referred to as "property") handed in by patients, in the possession of unconscious or confused patients or found in the possession of deceased patients.
- 19.2 The Director of Ambulance Services 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.
- 19.3 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.
- 19.4 The Trust will not accept responsibility or liability for patients' property brought into Health Service premises, unless it is handed in for safe custody and a copy of an official patients' property record is obtained as a receipt.

20 CHARITABLE FUNDS

20.1 INTRODUCTION

- 20.1.1 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 Chief Finance Officer shall ensure that each fund is managed appropriately with regard to its purpose and to its requirements.
- 20.1.2 This Section of the SFIs shall be interpreted and applied in conjunction with the rest of these Instructions, subject to modifications contained herein.
- 20.1.3 The Chief Finance Officer will have primary responsibility to the Board for ensuring that these SFIs are applied to charitable funds.

20.2 EXISTING FUNDS

- 20.2.1 The Chief Finance Officer shall arrange for the administration of all existing charitable funds, in conjunction with the Legal Advisor. 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 identify the restricted nature of certain funds.

- 20.2.2 The Chief Finance Officer 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.
- 20.2.3 The Chief Finance Officer 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.
- 20.2.4 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.
- 20.2.5 The Scheme of Matters Reserved to the Board (Appendix B) and the Scheme of Delegation make clear where decisions regarding the exercise of discretion regarding 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.
- 20.2.6 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.

20.3 NEW FUNDS

- 20.3.1 The Chief Finance Officer shall, in conjunction with the Legal Advisor, 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.
- 20.3.2 The Chief Finance Officer 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.

20.4 SOURCES OF NEW FUNDS

20.4.1 In respect of Donations, the Chief Finance Officer 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 donor's 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 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 Trust's charitable funds and that the donor's intentions have been noted and accepted.

20.4.2 In respect of **Legacies and Bequests**, the Chief Finance Officer 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 Trust is the beneficiary;
- (c) be empowered, on behalf of the Trust, 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, for the appropriate treatment of all legacies and bequests.

20.4.3 In respect of **Fund-raising**, the Chief Finance Officer shall:

- (a) after consultation with the Legal Advisor, deal with all arrangements for fund-raising by and/or on behalf of the Trust and ensure compliance with all statutes and regulations;
- (b) be empowered to liaise with other organisations/persons raising funds for the Trust and provide them with an adequate discharge. The Chief Finance Officer 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 Advisor, for alerting the Board to any irregularities regarding the use of the Trust's name or its registration numbers; and
- (d) be responsible, after due consultation with the Legal Advisor, for the appropriate treatment of all funds received from this source.

20.4.4 In respect of **Trading Income**, the Chief Finance Officer shall:

- (a) be primarily responsible, along with the Legal Adviser and other designated officers, for any trading undertaken by the Trust as corporate trustee; and
- (b) be primarily responsible, along with the Legal Adviser, for the appropriate treatment of all funds received from this source.

20.5 INVESTMENT MANAGEMENT

20.5.1 The Chief Finance Officer 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 Advisor, 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 Chief Finance Officer shall agree, in conjunction with the Legal Advisor, 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.

20.6 DISPOSITION MANAGEMENT

20.6.1 The exercise of the Trust's dispositive discretion shall be managed by the Chief Finance Officer 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 Trust; and
- (f) the definitions of "charitable purposes" as agreed by the NHS and the Charity Commission.

20.7 BANKING SERVICES

20.7.1 The Chief Finance Officer shall advise the Board and, with its approval, shall ensure that appropriate banking services are available to the Trust 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.

20.8 ASSET MANAGEMENT

20.8.1 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 Chief Finance Officer shall ensure:

- (a) in conjunction with the Legal Adviser, that appropriate records of all assets owned by the Trust 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 Trust.

20.9 REPORTING

20.9.1 The Chief Finance Officer 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.

20.9.2 The Chief Finance Officer shall prepare annual accounts in the required manner which shall be submitted to the Board within agreed timescales.

20.9.3 The Chief Finance Officer, in conjunction with the Legal Advisor, 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.

20.10 ACCOUNTING AND AUDIT

20.10.1 The Chief Finance Officer shall maintain all financial records to enable the production of reports as above and to the satisfaction of internal and external audit.

20.10.2 The Chief Finance Officer 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.

20.10.3 The Board shall be advised by the Chief Finance Officer on the outcome of the annual audit. The Chief Executive shall submit the Management Letter to the Board.

20.11 ADMINISTRATION COSTS

- 20.11.1 The Chief Finance Officer 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.

20.12 TAXATION AND EXCISE DUTY

- 20.12.1 The Chief Finance Officer shall ensure that the Trust's liability to taxation and excise duty (excluding PAYE, NI and Pensions) 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.
- 20.12.2 The Director of People and Culture is responsible for ensuring the Trust's liability to PAYE, NI and Pensions are 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.

21 ACCEPTANCE OF GIFTS BY STAFF

- 21.1 The / Director of Corporate Governance 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.

22 RETENTION OF RECORDS

- 22.1 The Chief Executive shall be responsible for maintaining archives for all records required to be retained in accordance with Department of Health and Social Care guidelines, currently the Records Management: NHS Code of Practice.
- 22.2 The records held in archives shall be capable of retrieval by authorised persons.
- 22.3 Records held in accordance with the Records Management: NHS Code of Practice shall only be destroyed at the express instigation of the Information Governance Manager within the authority delegated by the Chief Executive. Records shall to be maintained of documents so destroyed.

23 RISK MANAGEMENT

- 23.1 The Chief Executive shall ensure that the Trust has a programme of risk management, in accordance with current Department of Health and Social Care assurance framework requirements, which must be approved and monitored by the Board.
- 23.2 The programme of risk management shall include:
- (a) a process for identifying and quantifying risks and potential liabilities;

- (b) engendering among all levels of staff a positive attitude towards the control of risk; 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;
- (c) contingency plans to offset the impact of adverse events;
- (d) audit arrangements including; internal audit, clinical audit, health and safety review;
- (e) a clear indication of which risks shall be insured; and
- (f) arrangements to regularly review the risk management programme.

The existence, integration and evaluation of the above elements will assist in providing a basis to make a Governance Statement within the Annual Report and Accounts as required by current Department of Health and Social Care guidance.

23.3 The Board shall decide if the Trust will insure through the risk pooling schemes administered by the NHS Resolution 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.

23.4 There is a general prohibition on entering into insurance arrangements with commercial insurers. There are, however, four exceptions when Trusts may 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;
- 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 NHS Resolution; and
- 4) Where the Trust cannot obtain appropriate cover from the NHS Resolution and any required regulatory authority approval is sought and provided.

In any case of doubt concerning a Trust's powers to enter into commercial insurance arrangements, the Chief Finance Officer should consult the Department of Health and Social Care.

23.5 Where the Board decides to use the risk pooling schemes administered by the NHS Resolution, the Chief Quality Officer shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Chief Finance Officer shall ensure that documented procedures cover these arrangements.

23.6 Where the Board decides not to use the risk pooling schemes administered by the NHS Resolution for one or other of the risks covered by the schemes, the Chief Finance Officer 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 Chief Finance Officer 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.

- 23.7 All the risk-pooling schemes require members to make some contributions to the settlement of claims (the 'deductible'). The Chief Finance Officer should ensure documented procedures also cover the management of claims and payments below the deductible in each case.

Appendix A

London Ambulance Service NHS Trust

Competitive Tendering Register

Record of Invitations to Tender

| Tender: | | |
|--|--------|--------|
| Reg. No: | | |
| Date & Time: | | |
| Estimated Value: | | |
| Date Reported to Trust Board: | | |
| Present At Opening: | | |
| Closing Date: | | |
| <table><thead><tr><th>Name</th><th>Amount</th></tr></thead><tbody></tbody></table> | Name | Amount |
| Name | Amount | |

Appendix B: Matters Reserved for the Board

1. Code of Accountability

1.1 The Code of Conduct and Accountability which has been adopted by the Trust requires the Board Members to determine those matters on which decisions are reserved to it and to ensure that management arrangements are in place to enable the clear delegation of its other responsibilities.

2. General Enabling Provision

2.1 The Trust Board may determine any matter it wishes at a full meeting within its Standing Orders and statutory powers.

3. Regulation and Control

3.1 The Trust Board remains accountable for all of its functions, including those which have been delegated, and would therefore expect to receive information about the exercise of delegated functions to enable it to maintain a monitoring role.

3.2 All powers of the Trust which have not been retained as reserved by the Trust Board or delegated to a Board Committee shall be exercised on behalf of the Board by the Chief Executive. The Scheme of Delegation identifies any functions which the Chief Executive shall perform personally and those delegated to other directors or officers. All powers delegated by the Chief Executive can be re-assumed by their self should the need arise.

3.3 The Scheme of Delegation shows only the “top level” of delegation within the Trust. The Scheme is to be used in conjunction with the system of budgetary control and other established procedures within the Trust.

3.4 Approval, suspension, variation or amendment of Standing Orders, Standing Financial Instructions, Schedule of Matters Reserved to the Trust Board, and the Scheme of Delegation of Powers from the Board to officers.

3.5 Specification of financial and performance reporting arrangements.

3.6 Requiring and receiving the declaration of Directors' interests which may conflict with those of the Trust and determining the extent to which that Director may remain involved with the matter under consideration.

3.7 To receive reports from committees, including those which the Trust is required by the Secretary of State or other regulation to establish, and to take appropriate action thereon.

3.8 Ratifications of any urgent decisions taken by the Chair and Chief Executive, in consultation with two Non-Executive Directors.

3.9 Approval of arrangements relating to the discharge of the Trust's responsibilities as a corporate trustee for funds held on Trust.

4. Appointments

4.1. Appointment and agreement of the terms of reference of Board Committees.

4.2 Through the Remuneration Committee appoint, appraise, discipline and dismiss individuals directly accountable to the Board.

4.3 Appoint Deputy Chair of the Board.

5. Policy Determination

5.1 Approval of all policies is delegated to the Trust's management executive.

5.2 Approval of strategy, business plans and budgets.

5.3 Approval of the Trust's Annual Plan prior to submission to NHSI.

6. Direct Operational Decisions

6.1 Approval of the acquisition, disposal or change of use of land and/or buildings as specified in the table of financial limits as delegated within the Scheme of Delegation.

6.2 Approval of transactions with a value in excess of that currently specified in the table of financial limits as delegated within the Scheme of Delegation.

6.3 Agreement of action on litigation against or on behalf of the Trust with the exception, of clinical negligence payments, is delegated to the Chief Finance Officer.

6.4 Approval of loans taken out with repayment periods in excess of one year.

7. Financial and Performance Reporting Arrangements

7.1 Continuous appraisal of the affairs of the Trust by means of the receipt of reports as it sees fit from Directors, committees and officers of the Trust.

7.2 Approval of the Trust's Annual Report, including the Annual Accounts and Annual Governance Statement, prior to submission to Department of Health.

7.3 Approval of the Trust's Quality Account, prior to submission to Department of Health.

7.4 Receipt and approval of the Annual Report(s) for funds held on trust.

8. Governance Arrangements

8.1 Assurance Framework: Provide evidence that the Trust is doing "its responsible best" to manage itself to meet its objectives and protect patients, staff, volunteers and the public and other stakeholders against risks of all kinds.

9. Scheme of Delegation to Officers

9.1 Delegated matters in respect of decisions which may have a far reaching effect must be reported to the Chief Executive. The delegation shown within the Scheme of Delegation is the lowest level to which authority is delegated. Delegation to lower levels is only permitted with written approval of the Chief Executive who will, before authorising such delegations, consult with other Senior Officers as appropriate. Each Director is responsible for the delegation within their Directorate. All items concerning finance must be carried out in accordance with Standing Financial Instructions and Standing Orders of the Trust Board.

| Ref Number | Delegated Responsibilities | Delegated Officer | SFI Reference | Change Description | Change Reasoning |
|------------|--|---|---------------|--|------------------------------------|
| 1 | Standing Orders, Scheme of Delegation & Standing Financial Instructions | | | | |
| 1.1 | Approving Standing Orders, Scheme of Delegation and Standing Financial Instructions | Trust Board | | | |
| 1.2 | Approving suspensions of Standing Orders | Trust Board with review by Audit Committee | | | |
| 1.3 | Monitoring compliance with Standing Orders, Scheme of Delegation and Standing Financial Instructions. | Audit Committee | | | |
| 1.4 | Final Authority on Interpretation of Standing Orders, Scheme of Delegation and Standing Financial Instructions | Chairman | | | |
| 1.5 | Exercising the powers the board has retained for itself in an emergency | Chairman and Chief Executive having consulted at least two NEDs | | | |
| 1.6 | Creation and Submission of Standing Orders for Authorisation | Chief Executive | | | |
| 1.7 | Creation and Submission of Standing Financial Instructions and Scheme of Delegation for Authorisation | Chief Finance Officer | | Change of Title Finance Director | Restructure of Director Portfolios |
| 2 | Audit Arrangements | | | | |
| 2.1 | Approving Internal and External Audit Arrangements | Trust Board following advice from Audit Committee | | | |
| 2.2 | Deciding on action in response to the external auditors' management letter | Trust Board | | | |
| 2.3 | Receiving the minutes of the Audit Committee | Trust Board | | | |
| 2.4 | Submitting External Auditor's management letter to the Trust Board | Chief Executive | | | |
| 2.5 | Following through 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. | Chief Executive | | | |
| 2.6 | Managing arrangements for the provision of external audit, and involving the Audit Committee in selection processes when/if a service plan is changed | Chief Finance Officer | | Change of Title Finance Director | Restructure of Director Portfolios |
| 2.7 | Managing arrangements for the provision of internal audit, and involving the Audit Committee in selection processes when/if a service plan is changed | Director of Corporate Governance | | Change of Title Director of Corporate Governance | Restructure of Director Portfolios |
| 2.8 | Monitoring and ensuring compliance with directions set out in the NHS Standard Contract (National Commissioning Contract) on fraud and corruption including the appointment of the Local Counter Fraud Specialist. | Chief Finance Officer | | Change of Title Finance Director | Restructure of Director Portfolios |
| 2.9 | Monitoring reliance placed upon the internal audit function of the Trust's Shared Financial Services function by either internal or external audit. | Chief Finance Officer | | Change of Title Finance Director | Restructure of Director Portfolios |
| 2.10 | Approving the appointment of external auditors to provide non-external audit services in line with Trust Policy | Audit Committee | | | |
| 3 | Banking | | | | |
| 3.1 | Approving Banking Arrangements (such as approving changes to commercial banking service providers and contracts for tendered services) | Trust Board | | | |
| 3.2 | Managing banking arrangements (including but not limited to opening and closing accounts with current banking providers) and advising on the provision of banking services, operation of accounts, preparation of instructions and list of cheque signatories. | Chief Finance Officer or Financial Controller | | Change of Title Finance Director and Deputy Finance Director | Restructure of Director Portfolios |
| 3.3 | Reviewing banking arrangements at regular intervals | Chief Finance Officer | | Change of Title Finance Director | Restructure of Director Portfolios |
| 4 | Financial Strategy and Performance | | | | |
| 4.1 | Setting overall policy and strategy for the financial performance of the Trust within the requirements of the Secretary of State or Regulatory Authority | Trust Board | | | |
| 4.2 | Responsible for the performance of the Trust subject to accountability to the Trust Board | Chief Executive | | | |
| 4.3 | Delegation of responsibility for budgets to Directors and agreement to virement | Chief Executive | | | |
| 4.4 | Overall Financial Control and implementation of Trust Financial Policies | Chief Finance Officer | | Change of Title Finance Director | Restructure of Director Portfolios |

| Ref Number | Delegated Responsibilities | Delegated Officer | SFI Reference | Change Description | Change Reasoning |
|------------|--|---|---------------|--|--|
| 4.5 | Advising the Chief Executive and Directors on budgets allocated and spending against budgets | Chief Finance Officer | | Change of Title Finance Director | Restructure of Director Portfolios |
| 5 | Financial Plan, Operating Plan, Annual Report and Accounts | | | | |
| 5.1 | Receiving and deciding on reports submitted by the Chief Executive and/or Chief Finance Officer | Trust Board | | Change of Title Finance Director | Restructure of Director Portfolios |
| 5.2 | Approving the financial plan submitted by the Chief Finance Officer | Trust Board following review by Finance and Investment Committee | | Change of Title Finance Director | Restructure of Director Portfolios |
| 5.3 | Approving the operating plan submitted by the Chief Operating Officer | Trust Board | | Change of Title Director of Transformation and Strategy | Restructure of Director Portfolios |
| 5.4 | Approving Annual Report and Accounts | Trust Board | | | |
| 5.5 | Reviewing the Annual Financial Statements prior to submission to the Trust Board | Audit Committee | | | |
| 5.6 | Compiling and submitting annual financial and operating plan to the Trust Board | Chief Executive | | | |
| 5.7 | Approving financial reports for submission to the Trust Board | Chief Executive | | | |
| 5.8 | Compiling and submitting Annual Report for the Trust to the Trust Board | Chief Executive | | | |
| 5.9 | Approving budget for submission | Chief Executive | | | |
| 5.10 | Preparing and submitting financial plan and reports to the Chief Executive for approval prior to submission to the Trust Board | Chief Finance Officer, Portfolio Management Board | | Change of Title Finance Director | |
| 5.11 | Devising and maintaining systems of budgetary controls | Chief Finance Officer | | Change of Title Finance Director | Restructure of Director Portfolios |
| 5.12 | Monitoring financial performance and reporting to the Trust Board | Chief Finance Officer | | Change of Title Finance Director | Restructure of Director Portfolios |
| 5.13 | Submitting Financial Statements and Accounts to the Trust Board | Chief Finance Officer | | Change of Title Finance Director | Restructure of Director Portfolios |
| 5.14 | Preparing and submitting operating plan to the Trust Board | Chief Operating Officer | | Delegated officer changed | Restructure of Director Portfolios |
| 6 | Delegation of the management of budgets and approval to spend funds (revenue & capital) | | 5 | | |
| 6.1 | Budgetary control | | | | |
| 6.1.1 | Delegation of the management of individual budgets if included within the Trust approved Plan and agreed at the commencement of the financial year | Director | | | |
| 6.1.2 | Movements from reserves: Up to £500,000 Over £500,000 | Chief Finance Officer Chief Executive Officer (if previously approved by the Chief Finance Officer) | | Change of Title Finance Director Change of Title Finance Director | Restructure of Director Portfolios Restructure of Director Portfolios |
| 6.1.3 | Virements: Pay expenditure up to delegated limit under section 6.3.2 of this schedule, or non-pay expenditure up to delegated limit under section 6.6.1 of this schedule, and not between pay and non-pay Up to £50,000 and not between pay and non-pay Above £50,000, or below £50,000 and between pay and non-pay | Delegated budget holder who reports to Director for the business area Director Chief Finance Officer or Chief Executive | | Change of Title Finance Director | Restructure of Director Portfolios |
| 6.2 | Staff and Agency Staff Appointments and Regrading | | 11 | | |
| 6.2.1 | Approval of, and signing contracts for new staff appointments and regrading if within budgeted establishment: Up to £90,000 basic salary (excluding on-costs) Above £90,000 (excluding on-costs) | Director Chief Executive (all Director/VSM posts must be submitted to regulatory authority for approval) | | | |
| 6.2.2 | Approval of Staff Restructures: | | | | |

| Ref Number | Delegated Responsibilities | Delegated Officer | SFI Reference | Change Description | Change Reasoning |
|------------|---|---|---------------|--|--|
| 6.2.3 | Minor restructures (those which do not exceed available budget and which do not propose redundancies) Material Staff Restructures (those which exceed available budget or which propose redundancies) Approval of appointments and amendments of charges in relation to agency staff if within budget (and in accordance with regulatory authority requirements): Within regulatory authority price limits (non-VSM) Above regulatory authority price limits (non-VSM) VSM Posts | Director Director Chief Finance Officer within Trust Board approved process on exceptional patient safety grounds only Remuneration Committee (all Director/VSM posts must be submitted to regulatory authority for approval) | | Change of Title Executive Leadership Team (ELT) Change of Title Finance Director | Change of Team name Restructure of Director Portfolios |
| 6.2.4 | Introduction of further control processes and restrictions in addition to the above. | Trust Board with recommendation from Chief Finance Officer | | Change of Title Finance Director | Restructure of Director Portfolios |
| 6.3 | Other Pay Expenditure | | 11 | | |
| 6.3.1 | Approval of schemes of incentives or incentivised overtime or other pay expenditure within budget | Chief Finance Officer and Chief Operating Officer (jointly) | | Change of Title Finance Director and Director of Operations | Restructure of Director Portfolios |
| 6.3.2 | Approval of other pay expenditure and claims within budget (e.g. approving overtime worked, incentives due and approving staff or agency staff timesheets) Up to £2,500 Up to £5,000 Up to £10,000 Up to £25,000 Up to £50,000 Up to £100,000 Up to £150,000 Up to £500,000 Up to £1,000,000 Up to £2,000,000 Up to £5,000,000 Over £5,000,000 | Budget Holder Level 1 Budget Holder Level 2 Budget Holder Level 3 Budget Holder Level 4 Budget Holder Level 5 Budget Holder Level 6 Chief Operating Officer Chief Finance Officer Chief Executive Chief Executive or Chief Finance Officer with Executive Committee approval Chief Executive or Chief Finance Officer with FIC approval (after Executive Committee review) Chief Executive or Chief Finance Officer with Trust Board approval (after FIC review) | | Change of Title Director of Operations Change of Title Finance Director Change of Title Finance Director and ELT Change of Title Finance Director and ELT Change of Title Finance Director | Restructure of Director Portfolios Restructure of Director Portfolios Restructure of Director Portfolios Restructure of Director Portfolios Restructure of Director Portfolios |
| 6.3.3 | Introduction of further control processes and restrictions in addition to the above. | Trust Board with recommendation from Chief Finance Officer | | Change of Title Finance Director | Restructure of Director Portfolios |
| 6.4 | Approving additional pay expenditure budget: Up to £250,000 cumulative in financial year Up to £500,000 cumulative in financial year Over £500,000 cumulative in financial year | Chief Finance Officer and reported to Executive Committee Chief Executive and Chief Finance Officer and reported to Executive Committee and Audit Committee Trust Board following recommendation by Executive Committee and reported to Audit Committee in accordance with SFI 11 | 11 | Change of Title Finance Director and team name change Change of Title Finance Director and team name change Change of Title Executive Leadership Team | Restructure of Director Portfolios Restructure of Director Portfolios Change of Team name |
| 6.5 | Credit notes | | 8 | | |
| 6.5.1 | Reimbursing income previously invoiced (correcting an error): Up to £25,000 Up to £100,000 Up to £250,000 Over £250,000 | Head of Financial Services Financial Controller Chief Finance Officer Audit Committee | | Change of Title Deputy Finance Director Change of Title Finance Director | Restructure of Finance Department Restructure of Director Portfolios |
| 6.5.2 | Where cancelling and re-raising invoice (e.g. incorrect organisation, additional information requested on invoice): Up to £100,000 | Head of Financial Services or Deputy Head of Financial Services | | | |

| Ref Number | Delegated Responsibilities | Delegated Officer | SFI Reference | Change Description | Change Reasoning |
|------------|--|---|---------------|---|---|
| 6.5.3 | Up to £250,000 Up to £500,000 Over £500,000 All credit notes must be reported to the Audit Committee on a quarterly basis | Financial Controller Chief Finance Officer Audit Committee Head of Financial Services | | Change of Title Deputy Finance Director Change of Title Finance Director | Restructure of Finance Department Restructure of Director Portfolios |
| 6.6 | Non-Pay Expenditure | | 12 | | |
| 6.6.1 | Authorisation to enter into a contract (including leases and service contracts valued over the term of the agreement but excluding business rates and NHS Resolution expenditure) within budget or for capital, within the capital plan: Up to £50,000 £50,000 - £1,000,000 £1,000,000 - £2,000,000 £2,000,000 - £5,000,000 £5,000,000 - £15,000,000 £15,000,000 or above | Budget Holder level 5 or above Programme Management Board or Procurement Board Portfolio Management Board or ExCo Finance Investment Committee / Logistics Investment Committee Trust Board NHS Improvements | | | |
| 6.6.2 | Authorisation to sign contracts (including leases and service contracts valued over the term of the agreement but excluding business rates and NHS Resolution expenditure) within budget or for capital, within the capital plan: Note: A purchase order is a sufficient form of contract for expenditure less than £50,000 Up to £1,000,000 above £1,000,000 | Chief Finance Officer (Subject to prior recommendation by the Procurement Board or Programme Management Board as appropriate) Chief Executive (Subject to prior recommendation by ExCo and Finance Investment Committee, Logistics Investment Committee or Trust Board as appropriate) | | | |
| 6.6.3 | Authorisation to pay non-pay expenditure (revenue and capital, including leases and service contracts valued over the term of the agreement but excluding business rates and NHS Resolution expenditure) within budget or for capital, within the capital plan: Up to £2,500 Up to £5,000 Up to £10,000 Up to £25,000 Up to £50,000 Up to £100,000 Up to £150,000 Up to £500,000 Up to £1,000,000 Up to £2,000,000 Up to £5,000,000 | Budget Holder Level 1 Budget Holder Level 2 Budget Holder Level 3 Budget Holder Level 4 Budget Holder Level 5 Budget Holder Level 6 Director of Operations Chief Finance Officer Chief Executive Chief Executive or Chief Finance Officer with Executive Committee approval Chief Executive or Chief Finance Officer with FIC approval (after Executive Committee review) | | Change of name NHS Litigation Authority | Organisation has changed its name |
| 6.6.4 | Over £5,000,000 Authorisation of business rates and NHS Resolution expenditure within budget Up to £5,000,000 | Chief Executive or Chief Finance Officer with Trust Board approval (after FIC review) Chief Executive, Chief Operating officer or Chief Finance Officer | | Change of Title Finance Director Change of Title Finance Director Change of Title Finance Director Change of name NHS Litigation Authority Change of Title Finance Director | Restructure of Director Portfolios Restructure of Director Portfolios Restructure of Director Portfolios Restructure of Director Portfolios Organisation has changed its name Restructure of Director Portfolios |
| 6.7 | Authorisation of non-pay expenditure in excess of budget: Up to £250,000 cumulative in financial year Up to £500,000 cumulative in financial year | Chief Finance Officer and reported to Executive Committee Chief Executive and Chief Finance Officer and reported to Executive Committee and Audit Committee | 12 | Change of Title Finance Director Change of Title Finance Director | Restructure of Director Portfolios Restructure of Director Portfolios |

| Ref Number | Delegated Responsibilities | Delegated Officer | SFI Reference | Change Description | Change Reasoning |
|------------|---|---|---|---|---|
| | Over £500,000 cumulative in financial year | Trust Board following recommendation by Executive Committee and reported to Audit Committee in accordance with the process set out in SFI 12 | | Change of Title Executive Leadership Team | Change of Team name |
| 6.8 | Approval of routine expenses claims Up to £5,000 Over £5,000 | Budget Holder following Line Manager confirmation Financial Controller | 12 | Change of Title Deputy Finance Director | Restructure of Finance Department |
| 7.1 | Approval of business cases, gating templates and other requests within budget or for capital, within the capital plan. | | 11 and 12 | | |
| 7.1.1 | Revenue expenditure: Up to £50,000 £50,000 - £1,000,000 £1,000,000 - £2,000,000 £2,000,000 - £5,000,000 £5,000,000 - £15,000,000 £15,000,000 or above | Budget Holder level 5 or above Programme Management Board or Procurement Board Portfolio Management Board or ExCo Finance Investment Committee / Logistics Investment Committee Trust Board NHS Improvements | | Change of Title Finance Director Change of Title Finance Director Change of Title Executive Leadership | Restructure of Director Portfolios Restructure of Director Portfolios Change of Team name |
| 7.1.2 | Capital: Up to £1,000,000 £1,000,000 - £2,000,000 £2,000,000 - £5,000,000 Up to £15,000,000 Over £15,000,000 | Programme Management Board Executive Committee Finance and Investment Committee Trust Board approval following review by Finance and Investment Committee Regulatory Authority following Trust Board Review | | Change of Title Executive Leadership Amended Limit £5m Trust Board approval limit increased to | Change of Team name Revised approval limits following regulatory authority Regulatory Authority Adjusted Limit Regulatory Authority Adjusted Limit |
| 7.2 | Approval of business cases, gating templates and other requests in excess of budget | | 12 | | |
| 7.2.1 | Revenue expenditure: Up to £250,000 £250,000 - £500,000 £500,000 and above | Executive Committee Finance and Investment Committee Trust Board approval following review by Finance and Investment Committee | | | |
| 7.2.2 | Capital: Up to £500,000 £500,000 - £2,000,000 £2,000,000 and above | Executive Committee Finance and Investment Committee Trust Board approval following review by Finance and Investment Committee | | | |
| 8 | Operation of all detailed financial matters Establishment and management of bank accounts Payroll Purchase ledger/creditor payments Petty cash Debtors Treasury Management Asset Register Inventory Management | Chief Finance Officer or Financial Controller Director of People and Culture Chief Finance Officer or Financial Controller Chief Finance Officer or Financial Controller Chief Finance Officer or Financial Controller Chief Finance Officer or Financial Controller Chief Finance Officer or Financial Controller Directors and Direct Reports to Directors | 8 11 8 7, 12 8 7 15 16 | Change of Title Finance Director and Deputy Finance Director Change of Title Director of Workforce Change of Title Finance Director and Deputy Finance Director Change of Title Finance Director and Deputy Finance Director Change of Title Finance Director and Deputy Finance Director Change of Title Finance Director and Deputy Finance Director Change of Title Finance Director and Deputy Finance Director Change of Title Finance Director and Deputy Finance Director | Restructure of Director Portfolios and Finance Department Restructure of Director Portfolios Restructure of Director Portfolios and Finance Department Restructure of Director Portfolios and Finance Department Restructure of Director Portfolios and Finance Department Restructure of Director Portfolios and Finance Department Restructure of Director Portfolios and Finance Department Restructure of Director Portfolios and Finance Department |
| 9 | Income systems | | 8 | | |

| Ref Number | Delegated Responsibilities | Delegated Officer | SFI Reference | Change Description | Change Reasoning |
|------------|---|---|---------------|--|--|
| | System design, prompt banking, review and approval of fees and charges, debt recovery arrangements, design and control of receipts, provision of adequate facilities and systems for employees whose duties include collecting or holding cash | Chief Finance Officer or Financial Controller | | Change of Title Finance Director and Deputy Finance Director | Restructure of Director Portfolios and Finance Department |
| 10 | Funding contracts, Contracts for the Provision of Services and Service Level Agreements: Below £100,000 Up to £500,000 Up to £2,000,000 Up to £5,000,000 More than £5 000 000 Routine mid term variations to any of the above if contract baseline value not changed by more than 5% | Relevant Director and Financial Controller Chief Finance Officer Chief Finance Officer and Chief Executive FIC following Executive Committee review Trust Board following FIC review Chief Finance Officer | 10 | Change of Title Deputy Finance Director Change of Title Finance Director Change of Title Finance Director Change of Title Executive Leadership Team Change of Title Finance Director | Restructure of Finance Department Restructure of Director Portfolios Restructure of Director Portfolios Change of Team name Restructure of Director Portfolios |
| 11 | Annual capital programme and capital expenditure proposals 11.1 Approval of Annual Capital Plan as part of the Integrated Financial Plan before the start of the financial year. 11.2 Capital Project Budget Variation Total budget spend of each capital scheme may be varied by 10% or £100,000, whichever is the smaller, subject to capital programme remaining within budget. Total budget spend of each capital scheme may be varied by 20% or £500,000, whichever is the smaller, subject to capital programme remaining within budget. If any individual variation in project value results in a breach of approval limits as set out in 2 above, re-approval in line with section 2 is required | Trust Board following review by Finance and Investment Committee Chief Finance Officer Executive Committee or as delegated through Finance and Investment Committee | 5 | Change of Title Finance Director Change of Committee Name Executive Leadership Team | Restructure of Director Portfolios |
| 12 | Arrangements for the management of land, buildings and other assets and equipment belonging to or leased by the Trust Physical management and maintenance of assets Land and buildings Vehicles Equipment Asset register, depreciation and PDC | Directors responsible for assets Director responsible for Estates Director responsible for Fleet Directors and Direct Reports to Directors responsible for equipment assets Chief Finance Officer | 15 | Change of Title Finance Director | Restructure of Director Portfolios |
| 13 | Management and control of stock and equipment Central Consumables Stores and Pharmaceuticals Stocks Vehicle Parts, Oil and Lubricants IM&T Equipment Station Consumables, equipment and specialised equipment stores and fuel stocks Other stocks | Director responsible for Logistics Director responsible for Fleet Director of Technical Support Services Chief Operating Officer and Director responsible for Logistics Directors and Direct Reports | 16 | Change of Title Chief Information Officer Change of Title Director of Operations | Restructure of Director Portfolios Restructure of Director Portfolios |
| 14 | Recording, monitoring and approval of payments under the losses and special payments regulations including theft and fraud | | 17 | | |

| Ref Number | Delegated Responsibilities | Delegated Officer | SFI Reference | Change Description | Change Reasoning |
|------------|--|--|---------------|--|--|
| | <p>All losses and special payments reported through to Audit Committee on a quarterly basis</p> <p>Monitoring and approval of losses and special payments</p> <p>Accounting for losses and special payments</p> <p>General administration</p> <p>Cash losses and bad debts Note: These write-offs, once agreed, will impact on individual budgets - there is no central provision. A bad debt write-off for these purposes is the writing off of any income due to the Trust, whether or not invoiced - it does not include adjustments relating to invoices raised in error.</p> <p>Up to £10,000</p> <p>Over £10,000</p> <p>Losses of equipment and property Up to £50,000 Up to £250,000 Over £250,000</p> <p>Claims net of recovery from NHS Resolution Up to £100,000 Up to £500,000 Over £500,000</p> <p>Staff grievance settlements other than in response to a formal process</p> <p>Complaints</p> | <p>Chief Finance Officer</p> <p>Chief Finance Officer Chief Finance Officer, Financial Controller and Head of Financial Services</p> <p>Directors and Direct Reports</p> <p>Chief Finance Officer or Financial Controller</p> <p>Chief Executive and Chief Finance Officer or Financial Controller</p> <p>Chief Finance Officer Chief Executive Audit Committee or Trust Board</p> <p>Chief Finance Officer or Chief Executive Executive Committee</p> <p>Audit Committee or Trust Board</p> <p>As for losses of equipment and property</p> <p>As for losses of equipment and property</p> | | <p>Change of Title Finance Director</p> <p>Change of Title Finance Director Change of Title Finance Director and Deputy Director of Finance</p> <p>Change of Title Finance Director and Deputy Director of Finance Change of Title Finance Director and Deputy Director of Finance</p> <p>Change of Title Finance Director</p> <p>Change of Title Finance Director Change of Title Executive Leadership Team</p> | <p>Restructure of Director Portfolios</p> <p>Restructure of Director Portfolios Restructure of Director Portfolios and Finance Department</p> <p>Restructure of Director Portfolios and Finance Department Restructure of Director Portfolios and Finance Department</p> <p>Restructure of Director Portfolios</p> <p>Restructure of Director Portfolios Change of Team name</p> |
| 15 | <p>Disposal of deceased patients' property Property of value up to £5,000 Cash up to £100 and all valuables may be relatives who sign an indemnity form Cash over £100 may be released by cheque together with all valuables to relatives who sign indemnity form</p> <p>Property of value over £5,000 Cash over £100 may be released by cheque together with all valuables on production of probate or letters of administration</p> | <p>Financial Controller</p> <p>Financial Controller</p> <p>Chief Finance Officer</p> | 19 | <p>Change of Title Deputy Finance Director</p> <p>Change of Title Deputy Finance Director</p> <p>Change of Title Finance Director</p> | <p>Restructure of Finance Department</p> <p>Restructure of Finance Department</p> <p>Restructure of Director Portfolios</p> |
| 16 | Management of Patients' monies | Chief Finance Officer | 19 | Change of Title Finance Director | Restructure of Director Portfolios |
| 17 | <p>Insurance arrangements Approval of Insurance Arrangements</p> | Chief Finance Officer with approval of Trust Board (Chief Finance Officer to obtain quotes for insurance cover, and to present an annual report to the Audit Committee, Chief Executive to report to Trust Board on potential insurable risks and associated costs) | 23 | Change of Title Finance Director | Restructure of Director Portfolios |
| 18 | <p>Appointment of Consultancy Firms Up to £50,000 excluding VAT over the period of the contract Up to £250,000 excluding VAT over the period of the contract Over £250,000 excluding VAT over the period of the contract</p> | <p>Directors with NHSI approval for contracts exceeding £50k including irrecoverable VAT and expenses</p> <p>Chief Executive or Chief Finance Officer with report to Trust Board over £100k</p> <p>Chief Executive with report to, and approval of Trust Board</p> | 9, 12 | Change of Title Finance Director | Restructure of Director Portfolios |

| Ref Number | Delegated Responsibilities | Delegated Officer | SFI Reference | Change Description | Change Reasoning |
|------------|--|---|---------------|--|--|
| | All appointments of consultancy firms must be in line with regulatory authority approval requirements at the point of appointment, and relevant procurement requirements as per SFI 9 and 12 | | | | |
| 19 | Legal Obligations Payment of compensation payments etc. under legal obligation: Up to £100,000 Over £100,000 Quarterly Report on payments to the Trust Board | Chief Executive Trust Board Chief Quality Officer and/or Director of People & Culture | 12 | Change of Title Chief Quality Officer and Director of Workforce | Restructure of Director Portfolios |
| 20 | Approving Financial Information/Costings for Tenders and Proposals for the Provision of Goods or Services, and signing Tenders Submitted By The Trust Approving arrangements for the submission of tenders Signing general tenders submitted by the Trust: Up to £500,000 per annum Over £500,000 per annum | Trust Board Chief Finance Officer Chief Executive and Chief Finance Officer | 10 | Change of Title Finance Director Change of Title Finance Director | Restructure of Director Portfolios Restructure of Director Portfolios |
| 21 | Charitable Funds | | 20 | | |
| 21.1 | Approving the composition and terms of reference for the Charitable Funds Committee and approving the Annual Report and Accounts for funds held on trust to be submitted to the Charity Commission | Trust Board | | | |
| 21.2 | Setting overall policy on investment and presenting annual progress reports on the update of the Trust's charitable funds. | Charitable Funds Committee | | | |
| 21.3 | Monitoring the effective administration of charitable funds, including management and accounting arrangements | Chief Finance Officer | | Change of Title Finance Director | Restructure of Director Portfolios |
| 21.4 | Approving the appointment of the Financial Adviser to the Charitable Funds Committee | Chief Finance Officer | | Change of Title Finance Director | Restructure of Director Portfolios |
| 21.5 | Approval of Transactions: Up to £5,000 Up to £25,000 Over £25,000 | Head of Financial Services Chief Finance Officer Chief Finance Officer with approval of the Charitable Funds Committee | | Change of Title Finance Director Change of Title Finance Director | Restructure of Director Portfolios Restructure of Director Portfolios |
| 22 | Ex-gratia Payments | | 17 | | |
| 22.1 | 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. Up to £500,000 Over £500,000 | Approval by Chief Executive and Chief Finance Officer with report to Chairman following Legal advice from instructed solicitor / counsel. Report / recommendation from the Director of People and Culture to settle tribunal claims. Formal reporting and approval to DH in line with Manual for Accounts for all cases above £1,000 Approval by Trust Board following recommendation by Chief Executive and Chief Finance Officer with report to Chairman following Legal advice from instructed solicitor / counsel. Report / recommendation from the Director of Workforce to settle tribunal claims. Formal reporting and approval to DH in line with Manual for Accounts for all cases above £1,000 | | Change of Title Finance Director and Director of Workforce Change of Title Finance Director | Restructure of Director Portfolios Restructure of Director Portfolios |
| 22.2 | Making other ex-gratia payments, including where legal advice has not been obtained Up to £500 Up to £3,000 | Directors (Chief Finance Officer must be informed, must be reported to Audit Committee via losses and special payments report) Chief Finance Officer upon recommendation from Directors (Chief Finance Officer must be informed, must be reported to Audit Committee via losses and special payments report, and formal reporting to regulatory authority for all cases over £1,000) | | Change of Title Finance Director Change of Title Finance Director | Restructure of Director Portfolios Restructure of Director Portfolios |

| Ref Number | Delegated Responsibilities | Delegated Officer | SFI Reference | Change Description | Change Reasoning |
|------------|--|---|---------------|--|---|
| | Over £3,000 | Chief Executive or Chief Finance Officer (Chief Finance Officer must be informed and must be reported to Audit Committee via losses and special payments report, and formal reporting to regulatory authority) | | Change of Title Finance Director | Restructure of Director Portfolios |
| 23 | Tribunal Payments Making payments resulting from a tribunal not under legal obligation: Up to £50,000 Over £50,000 | Chief Executive and Chief Finance Officer with report to Audit Committee following advice from Director of People and Culture, Legal advice from the instructed solicitor / counsel for Tribunal claims over £10,000. Formal reporting and approval for all payments. Trust Board to approve following recommendation by Chief Executive and Chief Finance Officer with report to Audit Committee following advice from Director of People and Culture, Legal advice from the instructed solicitor / counsel. Formal reporting and approval for all payments. | 17 | Change of Title Finance Director and Director of Workforce Change of Title Finance Director and Director of Workforce | Restructure of Director Portfolios Restructure of Director Portfolios |
| 24 | Payment of Claims arising under Property Expenses Scheme Up to £20,000 Over £20,000 | Chief Finance Officer with Chief Executive review following report from Head of Estates Chief Executive and Chief Finance Officer following report from Head of Estates (Trust Board to be informed) | 17 | Change of Title Finance Director Change of Title Finance Director | Restructure of Director Portfolios Restructure of Director Portfolios |
| 25 | Payment of Personal injury and other liability claims outside the NHS Resolution indemnity schemes and commercial insurance Up to £50,000 which are not under legal obligation and are not novel, contentious, or repercussive Over £50,000 which are not under legal obligation and are not novel, contentious, or repercussive Claims which are under legal obligation and are novel, contentious, or repercussive | Chief Executive and Chief Finance Officer following recommendation from the Chief Finance Officer, Director of Corporate Governance Chief Quality Officer and Director of People and Culture, legal advice from the instructed solicitor / counsel and report from the Head of Legal Services. Chairman following review by Chief Executive and Chief Finance Officer based on recommendation from the Chief Finance Officer, -Chief Quality Officer and Director of People and Culture, legal advice from the instructed solicitor / counsel and report from the Head of Legal Services. Chief Executive and Chief Finance Officer following Regulatory Authority approval | 17 | Change of Title Finance Director, Director of Corporate Governance and Director of Workforce Change of Title Finance Director, Director of Corporate Governance and Director of Workforce Change of Title Finance Director | Restructure of Director Portfolios Restructure of Director Portfolios Restructure of Director Portfolios |
| 26 | Disposals of Trust Property Approval of disposals of Trust property with a net book value less cost of disposal of: Up to £25,000 Up to £100,000 Up to £250,000 Up to £1,000,000 Over £1,000,000 Approval of Gifts of Trust property with a value of: Up to £5,000 Up to £300,000 Over £300,000 | Financial Controller following consideration of formal proposal Chief Finance Officer following consideration of formal proposal Chief Finance Officer and another Executive Director following consideration of formal proposal Chief Executive, Chief Finance Officer and another Executive Director following consideration of Combined Business Case Trust Board following consideration of Full Business Case Chief Executive Trust Board Trust Board following Regulatory Authority Approval | 17 | Change of Title Deputy Finance Director Change of Title Finance Director Change of Title Finance Director Change of Title Finance Director | Restructure of Finance Department Restructure of Director Portfolios Restructure of Director Portfolios Restructure of Director Portfolios |
| 27 | Dismissals | | | | |
| 27.1 | Approving arrangements for the discipline and dismissal of staff | Trust Board | | | |
| 27.2 | Nomination of a panel to hear appeals against dismissal brought by the Chief Executive or Executive Trust Board Directors | Trust Board | | | |
| 27.3 | Authority to dismiss the Chief Executive and Executive Directors | Chairman | | | |
| 27.4 | Nomination of a panel to hear appeals against dismissal brought by Directors who are not members of the Board. | Chairman | | | |
| 27.5 | Dismissal of staff below Director level | Chief Executive, Director or Director's Deputy | | | |

| Ref Number | Delegated Responsibilities | Delegated Officer | SFI Reference | Change Description | Change Reasoning |
|------------|--|---|---------------|---|------------------------------------|
| 27.6 | Nomination of a panel of Directors to hear appeals against dismissal by staff below Director level | Chief Executive | | | |
| 27.7 | Ensuring that appropriate processes are completed to ensure salary and other payments cease as appropriate following dismissal. | Directors | | | |
| 27.8 | Advising panels dealing with dismissals and appeals | Director of People and Culture | | Change of Title Director of Workforce | Restructure of Director Portfolios |
| 28 | Remuneration and Terms of Service for the Chief Executive, Directors and Other Senior Officers | | | | |
| 28.1 | Decides the Directors' remuneration and terms of service | Trust Board on recommendation from Nominations and Remuneration Committee | | | |
| 28.2 | Decides performance related payments to the Chief Executive | Trust Board | | | |
| 28.3 | Reporting in writing to the Trust Board the basis of its recommendations in relation to remuneration, terms of service and performance related payments | Nominations and Remuneration Committee with advice from the Director of People and Culture | | Change of Title Director of Workforce | Restructure of Director Portfolios |
| 28.4 | Recommending performance related payments for the Chief Executive. | Chairman | | | |
| 28.5 | Deciding performance related pay awards for Directors and all staff on performance related pay. | Trust Board | | | |
| 28.6 | Recommending performance related payments to their staff to the Chief Executive. | Directors | | | |
| 28.7 | Advising on remuneration and terms of service | Director of People and Culture | | Change of Title Director of Workforce | Restructure of Director Portfolios |
| 29 | Human Resources Policy and Disputes | | | | |
| 29.1 | Approving all human resources policies | Trust Board (Chief Exec to determine submissions to Trust Board following advice from Director of People and Culture) | | Change of Title Director of Workforce | Restructure of Director Portfolios |
| 29.2 | Approving premature retirement for the Chief Executive and all Directors | Trust Board | | | |
| 29.3 | Approving premature retirement for staff up to Director level | Chief Executive | | | |
| 29.4 | Settling disputes in line with the agreed disputes procedure | Chief Executive | | | |
| 29.5 | Preparing options and draft policy in conjunction with Directors | Director of People and Culture | | Change of Title Director of Workforce | Restructure of Director Portfolios |
| 29.6 | Advising on human resources policy matters | Director of People and Culture | | Change of Title Director of Workforce | Restructure of Director Portfolios |
| 30 | Human Resources Arbitration | | | | |
| 30.1 | Approving arbitration submissions | Trust Board | | | |
| 30.2 | Determining and approving submissions to the Trust Board when appropriate | Chief Executive | | | |
| 30.3 | Advising on arbitration matters | Director of People and Culture | | Change of Title Director of Workforce | Restructure of Director Portfolios |
| 31 | Human Resources Disciplinary Matters | | | | |
| 31.1 | Receiving reports and hearing appeals on disciplinary action relating to the Chief Executive and/or Directors | Nominations and Remuneration Committee | | | |
| 31.2 | Initiating action on disciplinary matters relating to the Chief Executive and/or Directors. | Chairman | | | |
| 31.3 | Determining and approving submissions to the Trust Board when appropriate | Chief Executive | | | |
| 31.4 | Advising on disciplinary matters | Director of People and Culture | | Change of Title Director of Workforce | Restructure of Director Portfolios |
| 32 | Management and Control of Computer Systems and Facilities | | | | |
| 32.1 | Approving the overall corporate IT Policy on procurement and control of systems and facilities on the recommendation of the Director of Technical Support Services | Trust Board | | Change of Title Chief Information Officer | Restructure of Director Portfolios |
| 32.2 | Co-ordinating IT Policy on behalf of the Trust and being the responsible officer for control and security of hardware, software and data | Director of Technical Support Services | | Change of Title Chief Information Officer | Restructure of Director Portfolios |
| 32.3 | Compliance with the Data Protection Act, Use of Computers Act and other legislation in their Directorates | Directors | | | |

| Ref Number | Delegated Responsibilities | Delegated Officer | SFI Reference | Change Description | Change Reasoning |
|------------|--|--|---------------|--|------------------------------------|
| 32.4 | Operation and compliance with legislation for all telecommunications and radio systems | Director of Technical Support Services | | Change of Title Chief Information Officer | Restructure of Director Portfolios |
| 32.5 | Ensuring that risks to the Trust from IT are identified and considered, and that disaster recovery plans are in place | Director of Technical Support Services | | Change of Title Chief Information Officer | Restructure of Director Portfolios |
| 32.6 | Ensuring that where computer systems have an impact on corporate financial systems: <ul style="list-style-type: none"> • System acquisition, development and maintenance are in line with corporate policies; • Data assembled for processing by finance system is adequate, accurate, complete and timely and that a management trail exists; • That the Chief Finance Officer and staff have access to such data; and • That such computer reviews are being carried out as are considered necessary. | Chief Finance Officer | | Change of Title Finance Director | Restructure of Director Portfolios |
| 33 | Contracts for Computer Services with Other Health Bodies or Outside Agencies | | | | |
| 33.1 | Ensuring that contracts for computer services for financial applications with another health organisation or any other agency clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage, and that the contract ensures rights of access for audit purposes | Director of Technical Support Services | | Change of Title Chief Information Officer | Restructure of Director Portfolios |
| 33.2 | Periodically seeking assurances that adequate controls are in operation where another health organisation or any other agency provides a computer service for financial applications | Chief Finance Officer | | Change of Title Finance Director | Restructure of Director Portfolios |
| 34 | Data Protection | | | | |
| 34.1 | Approving policy on Data Protection | Trust Board | | Change of Title Director of Corporate Governance | Restructure of Director Portfolios |
| 34.2 | Notification under the Data Protection Act and the implementation of the Board's Data Protection Policy | Director of Corporate Governance | | Change of Title Director of Corporate Governance | Restructure of Director Portfolios |
| 34.3 | Advising the Board on Data notification | Director of Corporate Governance | | | |
| 34.4 | Ensuring compliance with the Data Protection Act and the Board's Data Protection Policy in Directorates | Directors | | | |
| 35 | Health and Safety Arrangements | | | | |
| 35.1 | Approving overall policy on Health and Safety at work. | Trust Board | | | |
| 35.2 | Ensuring an effective overall Health and Safety system within the Trust and compliance with legislative requirements | Chief Executive | | | |
| 35.3 | Ensuring the effective implementation of the Human Resources aspects of Trust Health & Safety policy and advising the Chief Executive of requirements | Director of People and Culture | | Change of Title Director of Workforce | Restructure of Director Portfolios |
| 35.4 | Ensuring the effective implementation of clinical aspects of Trust Health and Safety policy and advising the Chief Executive of requirements | Chief Operating Officer | | Change of Title Director of Operations | Restructure of Director Portfolios |
| 35.5 | Ensuring the effective implementation of the Health and Safety Policy in individual Directorates | Directors | | | |
| 36 | Complaints Against the Trust | | | | |
| 36.1 | Approves the Trust's Complaints Procedure | Trust Board | | | |
| 36.2 | Receiving reports regarding complaints about any aspect of service. | Trust Board | | | |
| 36.3 | Management of complaints within the Trust and ensuring complaints receive written responses in line with regulations | Chief Executive | | | |
| 36.4 | Supporting the Chief Executive in the management of complaints within the Trust and signing written responses to complaints | Directors | | | |

| Ref Number | Delegated Responsibilities | Delegated Officer | SFI Reference | Change Description | Change Reasoning |
|------------|---|---|---------------|--|------------------------------------|
| 37 | Executive and Non-Executive Directors Issues (Visits, Hospitality etc.) | | | | |
| 37.1 | Approving overall policy on hospitality and visits. | Trust Board | | | |
| 37.2 | Advising the relevant Regulatory Authority on the performance of Non-Executive board members | Chairman | | | |
| 37.3 | Ensuring Directors are aware of guidelines | Chief Executive | | | |
| 37.4 | Ensuring compliance with Guidelines | Directors | | | |
| 37.5 | Developing policies and guidelines on behalf of the Chief Executive | Director of Corporate Governance | | Change of Title Director of Corporate Governance | Restructure of Director Portfolios |
| 38 | Freedom of Information | | | | |
| 38.1 | Approving Freedom of Information Policy | Trust Board | | | |
| 38.2 | Receiving an annual report on the implementation of the Freedom of Information policy | Trust Board | | | |
| 38.3 | Ensuring the Trust is compliant with current Freedom of Information legislation | Director of Corporate Governance | | Change of Title Director of Corporate Governance | Restructure of Director Portfolios |
| 38.4 | Publishing and maintaining a Freedom of Information scheme | Director of Corporate Governance | | Change of Title Director of Corporate Governance | Restructure of Director Portfolios |
| 39 | Risk Management | | | | |
| 39.1 | Approving and Monitoring the risk management programme | Trust Board | | | |
| 39.2 | Reviewing the establishment and 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 | Audit Committee | | | |
| 39.3 | Deciding whether the Trust will use the risk pooling scheme administered by the NHS Resolutions or self-insure for some or all of the risks (where discretion is allowed), and reviewing decisions to self-insure annually | Trust Board | | Change of name NHS Litigation Authority | Organisation changed its name |
| 39.4 | Ensuring that where NHS Resolutions risk pooling schemes are used, the arrangements entered into are appropriate and complementary to the risk management programme, and that documented procedures cover these arrangements | Chief Quality Officer | | | Restructure of Director Portfolios |
| 39.5 | Ensuring that where the Board decides not to use NHS Resolutions risk pooling schemes, they are informed of the nature and extent of the risks that are self-insured as a result of this decision, and that formal documented procedures are drawn up for the management of any claims arising from 3rd parties and payments in respect of losses that will not be reimbursed | Chief Finance Officer | | Change of Title Finance Director | Restructure of Director Portfolios |
| 40 | Signing and Sealing of Documents | | | | |
| 40.1 | Receiving a report of all sealing's | Trust Board | | | |
| 40.2 | Affixing the seal | Chairman and the Chief Executive or another Executive Director in accordance with standing orders | | | |
| 40.3 | Approving and signing all documents which will be used in legal procedures | Chairman, Chief Executive and an Executive Director | | | |
| 40.4 | Keeping the common seal of the Trust in a secure place in accordance with arrangements approved by the Trust | Director of Corporate Governance | | Change of Title Trust Secretary | Restructure of Director Portfolios |
| 40.5 | Keeping a register of sealing's | Director of Corporate Governance | | Change of Title Trust Secretary | Restructure of Director Portfolios |
| 41 | Tendering Procedures - General | | | | |
| 41.1 | Approving standing orders regarding tendering | Trust Board | | | |
| 41.2 | Approves exceptions to Standing Orders regarding Competitive Tendering | Trust Board | | | |
| 41.3 | Receiving reports regarding all waiving of competitive tendering | Audit Committee | | | |
| 41.4 | Ensuring compliance with Standing Orders | Chief Executive | | | |
| 41.5 | Authorising exceptions to Standing Orders in an urgent situation | Chief Executive following consultation with the Chairman or Deputy Chairman under Standing Order 41 | | | |

| Ref Number | Delegated Responsibilities | Delegated Officer | SFI Reference | Change Description | Change Reasoning |
|------------|--|---|---------------|----------------------------------|------------------------------------|
| 41.6 | Where Public Contract Regulations 2015 have been satisfied, waiving the requirement for competitive tendering for goods and services up to £200,000 | Chief Executive in conjunction with Chief Finance Officer | | Change of Title Finance Director | Restructure of Director Portfolios |
| 41.7 | Where insufficient tenders are received, authorising the originating Directors to approach known firms with a view to procuring the goods or services required | Chief Executive | | | |
| 41.8 | Ensuring that at least 3 competing quotations from comparable firms are received for appropriate contracts (unless NHS Supplies is used) | Directors | | | |
| 41.9 | Authorising all tenders and waivers and ensuring satisfaction with the financial competence of all tendering organisations | Chief Finance Officer | | Change of Title Finance Director | Restructure of Director Portfolios |
| 42 | Tendering Procedures - Limits | | | | |
| 42.1 | Ensuring that proper tendering arrangements are in place | Audit Committee | | | |
| 42.2 | Ensuring that competitive tenders are received for purchases above £25,000 | Chief Executive | | | |
| | Ensuring that competing quotations are received for purchases between £3,000 and £25,000 except where ordered through NHS Supplies | Directors | | | |
| 43 | Tendering Procedures - Receipt and Opening Tender Submissions | | | | |
| 43.1 | Nominating officers, including the Trust Secretary to open tenders | Chief Executive | | | |
| 43.2 | Accepting late tenders, despatched in good time but delayed through no fault of the tenderers | Chief Executive | | | |
| 43.3 | Accepting late tenders other than those that are despatched in good time but delayed through no fault of the tenderers | Chief Executive in conjunction with Chief Finance Officer | | | Restructure of Director Portfolios |
| 43.5 | Advising the Board by way of a report on both tenders invited and received and, in due course, tender amounts after their analysis is complete | Chief Finance Officer | | | Restructure of Director Portfolios |
| 44 | Tendering Procedures - Post Tendering | | | | |
| 44.1 | Authorising post tender negotiations | Chief Executive or Chief Finance Officer | | | Restructure of Director Portfolios |
| 44.2 | Requesting in writing that post tender negotiations take place | Directors | | | |
| 44.3 | Keeping a record of the reasons for post tender negotiations and their outcome | Directors | | | |
| 45 | Tendering Procedures - Approvals | | | | |
| 45.1 | Approving non-competitive tenders | Chief Executive (subject to report to the Trust Board) | | | |
| 46 | Education and Training | | | | |
| 46.1 | Approving Trust policy on education and training | Trust Board | | | |
| 46.2 | Submitting policy on education and training to the Trust Board | Chief Executive | | | |
| 46.3 | Developing and updating the Trust policy on education and training | Chief Medical Officer | | Change of Title Medical Director | Restructure of Director Portfolios |
| 46.4 | Development of vocational/technical training | Chief Medical Officer in conjunction with Directors | | Change of Title Medical Director | Restructure of Director Portfolios |



London Ambulance Service

NHS Trust

| | | | | |
|---|--|------------|-------------------------------------|----------|
| Report to: | Trust Board | | | |
| Date of meeting: | 26 May 2020 | | | |
| Report title: | Non-Executive Director Schedule | | | |
| Agenda item: | 7.3 | | | |
| Report Author(s): | Syma Dawson, Director of Corporate Governance | | | |
| Presented by: | Chair, Heather Lawrence | | | |
| History: | Reviewed by the Executive Committee at the 13 May 2020 meeting | | | |
| Purpose: | <input checked="" type="checkbox"/> | Assurance | <input checked="" type="checkbox"/> | Approval |
| | <input type="checkbox"/> | Discussion | <input type="checkbox"/> | Noting |
| Key Points, Issues and Risks for the Board / Committee's attention: | | | | |
| A schedule of Non-Executive Director lead roles has been compiled to provide assurance that the Trust has sufficient Non-Executive Director leadership to conduct statutory and formal roles as required and that these roles are reported via the respective Board Assurance Committees. | | | | |
| Recommendation(s) / Decisions for the Board / Committee: | | | | |
| The Trust Board is asked to review the document and advise the Director of Corporate Governance of any change to be made. | | | | |

| Routing of Paper – Impacts of recommendation considered and reviewed by: | | | | | |
|--|--------|---|----|--|---|
| Directorate | Agreed | | | | Relevant reviewer [name] |
| Quality | Yes | x | No | | Chief Quality Officer |
| Finance | Yes | x | No | | Chief Finance Officer |
| Chief Operating Officer Directorates | Yes | x | No | | Chief Operating Officer |
| Medical | Yes | x | No | | Chief Medical Officer |
| Communications & Engagement | Yes | x | No | | Director of Communications and Engagement |
| Strategy | Yes | x | No | | Director of Strategy and Transformation |
| People & Culture | Yes | x | No | | Director of People and Culture |
| Corporate Governance | Yes | x | No | | Director of Corporate Governance |



Non-Executive Director Lead Roles

Board and Board Assurance Leadership

| | Non-Executive Chair | Non-Executive Deputy Chair |
|---|---------------------|----------------------------|
| Chair of the Trust and Board | Heather Lawrence | Rommel Pereira |
| Senior Independent Director | Fergus Cass | N/A |
| Audit Committee | Rommel Pereira | Fergus Cass |
| Charitable Funds | Fergus Cass | |
| Finance and Investment Committee | Fergus Cass | Amit Khutti |
| Logistics and Infrastructure Committee | Sheila Doyle | Rommel Pereira |
| Nominations and Remunerations Committee | Heather Lawrence | Rommel Pereira |
| People and Culture Committee | Jayne Mee | Karim Brohi |
| Quality Assurance Committee | Mark Spencer | Karim Brohi |

Role of the SID

The role of the Senior Independent Director (SID) is to support the Chair in their role; to act as an intermediary for other non-executive directors when necessary; to act as a conduit to the Board for stakeholders to communicate their concerns if contact through the normal channels of the Chair, Chief Executive or other Directors has failed to resolve, or for which such contact is inappropriate; to lead the Non-Executive Directors in the oversight of the Chair; and to ensure that there is a clear division of responsibility between the Chair and Chief Executive.

Role of the Deputy Chair

In the absence of the Chair, the Deputy Chair shall act as Chair of the Board and Trust.

Areas where NED assurance is provided by chairing the Board and Board Sub-Committee meetings

| Statutory / Formal Role | Role Requirements / Origin | Responsible Committee | Non-Executive Board Lead |
|----------------------------|---|---|---|
| Digital Lead | | Digital 999 Programme Board Logistics and Infrastructure Committee | Sheila Doyle |
| Strategy Lead | | Informal Strategy Group | Amit Khutti |
| Bullying & Harassment Lead | A Non-Executive Director is appointed for the purpose of raising concerns | Trust Board People and Culture Committee | Amit Khutti Jayne Mee |
| Freedom to Speak Up Lead | A Non-Executive Director is appointed for the purpose of raising concerns | Trust Board People and Culture Committee | Mark Spencer Jayne Mee Fergus Cass (NED Lead) |
| EPRR Lead | NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework 2015: guidance relating to EPRR advises that the Accountable Emergency Officers (AEO) will be supported by a Non-Executive Director or other appropriate Board member to endorse assurance to the Board that the organisation is meeting its obligations with respect to EPRR and relevant statutory duties. | Quality Assurance Committee | Mark Spencer |
| Wellbeing Lead | | People and Culture Committee | Jayne Mee |
| 'Learning from deaths' | Guidance states that an NED must oversee the relevant process. The Trust approach is to collect and report on the number of deaths which is scrutinised by a panel of doctors. In the event | Board / Quality Assurance Committee | Chair / Mark Spencer |

| | | | |
|----------------|--|---|----------------|
| | there is a cause for concern, a 'Structured Judgement Review' is carried out. | | |
| Safeguarding | | | Mark Spencer |
| Procurement | Guidance notes that a Non-Executive Director provides challenge/scrutiny for procurement activity. | Audit and Finance Committee | Rommel Pereira |
| Cyber-Security | | Digital999 Group / Logistics and Infrastructure Committee | Sheila Doyle |



| | | | | |
|--|---|------------|-------------------------------------|----------|
| Report to: | Trust Board | | | |
| Date of meeting: | 26 May 2020 | | | |
| Report title: | Board Assurance Framework | | | |
| Agenda item: | 8.1. | | | |
| Report Author(s): | Frances Field, Risk and Audit Manager | | | |
| Presented by: | Syma Dawson, Director of Corporate Governance | | | |
| History: | N/A | | | |
| Purpose: | <input checked="" type="checkbox"/> | Assurance | <input checked="" type="checkbox"/> | Approval |
| | <input checked="" type="checkbox"/> | Discussion | <input type="checkbox"/> | Noting |
| Key Points, Issues and Risks for the Board / Committee's attention: | | | | |
| This Board Assurance Framework is presented to the Trust Board for review and approval. Changes made since the last Board meeting on 31 March 2020 are highlighted in red text. | | | | |
| Recommendation(s) / Decisions for the Board / Committee: | | | | |
| <p>The Trust Board is asked to note the progress made with the mitigation of the BAF risks and to approve the proposed risk for COVID-19 which reflects the sub-strategic risk assessments reviewed by the Board Assurance Committees.</p> <p>Board members are asked to approve the revised BAF risk 58.</p> <p>Board members are also asked to approve the removal of BAF Risk 57 relating to the 2019/2020 Control Total as this risk has now been superseded by the COVID-19 risk.</p> | | | | |

| Routing of Paper – Impacts of recommendation considered and reviewed by: | | | | | |
|--|--------|---|----|--|---|
| Directorate | Agreed | | | | Relevant reviewer [name] |
| Quality | Yes | X | No | | Trisha Bain, Chief Quality Officer |
| Finance | Yes | X | No | | Lorraine Bewes, Chief Finance Officer |
| Chief Operating Officer Directorates | Yes | X | No | | Khadir Meer, Chief Operating Officer |
| Medical | Yes | X | No | | Fenella Wrigley, Chief Medical Officer |
| Communications & Engagement | Yes | | No | | |
| Strategy | Yes | X | No | | Ross Fullerton, Director of Strategy Technology and Development |
| People & Culture | Yes | X | No | | Ali Layne-Smith, Director of People & Culture |

| | | | | | |
|----------------------|-----|---|----|--|---|
| Corporate Governance | Yes | X | No | | Syma Dawson, Director of Corporate Governance |
|----------------------|-----|---|----|--|---|

Board Assurance Framework – May 2020

| | | Rare | Unlikely | Possible | Likely | Almost Certain | |
|--------|--------------|------|----------|----------|--------|----------------|--|
| IMPACT | Catastrophic | | | 45 | | | In order of severity: BAF Risk 57 (proposed for removal from the BAF) There is a risk that the Trust will not deliver the required control total and National Standards whilst maintaining quality of care as a result of potential increased activity and cost pressures in 2019/20, and due to the level of system pressures that are facing commissioners. |
| | Major | | | 54 56 58 | 57 61 | | BAF Risk 56 The Trust's ability to recruit and retain registered clinicians to our core front line operations (a sustainable workforce) will be affected by the changing landscape of the NHS which opens opportunities for paramedics to be employed in other healthcare setting and which will impact our ability to meet operational targets. BAF Risk 45 A cyber-attack could materially disrupt the Trust's ability to operate for a prolonged period. |
| | Moderate | | | | | | BAF Risk 54 There is a risk that the Trust will not be able to meet KPI's within its 111/IUC contracts as a result of challenged trained specialist trained resource requirements and performance which may result in the Trust not fully delivering its strategy. |
| | Minor | | | | | | BAF Risk 58 There is a risk that LAS infrastructure is either not fit for purpose, presenting points of failure, or is outdated and requires replacement. In the event of an incident this may result in failure to provide EOC and frontline service delivery. |
| | Negligible | | | | | | Proposed new Risk BAF Risk 61 (proposed for addition to the BAF) COVID-19 Impact |

Risk Severity

| | |
|--|-------------------------|
| | High Risk (15-25) |
| | Significant Risk (8-12) |
| | Moderate Risk (4-6) |
| | Low Risk (1-3) |

LIKELIHOOD

Key

| | |
|--|-------------------------------------|
| | Net risk rating |
| | Gross risk rating = net risk rating |

Risk Appetite Statement

The London Ambulance Service NHS Trust (LAS) recognizes that its long term sustainability depends upon the delivery of its strategic ambitions and its relationships with its patients, people, public and partners. As such, LAS will not accept risks that materially provide a negative impact on the quality/outcomes of the care it provides.

However, LAS has a greater appetite to take considered risks in terms of their impact on organisational issues. As such, LAS has a greater appetite to pursue Financial/Value for Money and Reputational risks and has a high risk appetite for innovation (clinical and financial) in terms of its willingness to take opportunities where positive gains can be anticipated, within the constraints of the regulatory environment.

Key Risk Categories – risk appetite and risk tolerance scores

| Risk Category | Link to 4 Ps in LAS strategy | Risk Appetite | Risk Appetite Score |
|-----------------------------------|------------------------------|---|---------------------|
| Quality/ Outcomes | Patients | LAS has a LOW risk appetite for risks that may compromise the delivery of outcomes for patients. | 6-10 |
| Reputation | Partners Public | LAS has a MODERATE risk appetite for actions and decisions taken in the interest of ensuring quality and sustainability which may affect the reputation of the organisation. | 12-16 |
| Innovation (clinical & financial) | Partners Our People | LAS has a HIGH risk appetite for innovation that does not compromise quality of care. | 20-25 |
| Financial/VFM | Partners Public | LAS has a MODERATE risk appetite for financial/VFM risks which may ensure the achievement of the organisation's strategy whilst ensuring that the risk of financial loss is minimised and statutory requirements are complied with. | 12-16 |
| Compliance/ Regulatory | Partners Our People | LAS has a LOW risk appetite for Compliance/Regulatory risk which may compromise the Trust's compliance with its statutory duties and regulatory requirements. | 6-10 |

GOAL 1 Provide outstanding care for our patients

- DELIVERABLE**
1. We will deliver the key deliverables in our Quality Plan for 2018/19 to improve patients' experience and quality of care for patients using our service.
 2. We will deliver our post-ARP transformation plan to ensure we can meet national performance and quality standards.
 3. We will continue the roll-out of our urgent care Advanced Paramedic Practitioner service across all five STP areas to improve patient care and reduce the need for patients to go to hospital and develop a new paramedic practitioner role.
 4. We will complete our new five-year strategy document and publish new or revised 'daughter documents' containing detailed plans on how we will deliver it.
 5. We will pilot the new 'Pioneer Services' set out in our new strategy.
 6. We will implement a 'frequent caller plan' to improve the care we provide those patients to better meet their needs and reduce the impact of their calls on our wider patient response times.
 7. We will continue to improve the quality and security of our drug management through the roll-out of our Secure Drugs Room project, primary response bags, vehicle based drugs pack, internal order drug system and enabling applications.
 8. We will improve the quality of care we deliver to patients and our work with partners across the system by introducing new capability that builds on the roll out of iPads to our front-line clinicians.

| Links to Deliverables | BAF Risk | Further mitigation required |
|-----------------------|--|---|
| 1, 4 | 54 There is a risk that the Trust will not be able to meet KPI's within our 111/IUC contracts as a result of challenged specialist resource requirements and performance which may result in us not fully delivering our strategy. | <ul style="list-style-type: none"> • The development of an internal LAS bank contract for advanced practitioners and GP's. • The commissioning of a simulation software has been approved by ExCo which will enable a better understanding of staffing requirements and skill mix to achieve optimum performance and safety. • Development of productivity measures to add to the performance score card to ensure oversight of productivity. • Forecasting and Planning Team are developing an initial forecasting model to improve planning of health advisor staffing. |
| 1-8 | 61 COVID-19 Impact | <ul style="list-style-type: none"> • COVID-19 decision making review underway. • To review and assess the Trust's Strategy and strategic risks following COVID • The organisation has been asked to set out its position including funding to deliver health care at system level. |

GOAL 2 Be a first class employer, valuing and developing the skills, diversity and quality of life of our people

DELIVERABLE

9. We will complete our recruitment plan to fully establish our front-line and newly enlarged Emergency Operations Centre structures.
10. We will complete the restructuring and recruitment to our main organisational directorates, changing the way we operate,
11. We will embed our new Vision, Purpose, Values and Behaviours (set out in our new strategy document) across the organisation and fully align our competencies to the employee journey at LAS in: recruitment, promotion, training and development and appraisals.
12. We will complete action plans across all functional and operational areas of the business to respond to the key issues identified in the 2017 Staff Survey and implement the planned actions in time for the 2018 Staff Survey.
13. We will continue to deliver our Workforce Race Equality Standard (WRES) Action Plan, together with other measures, to improve diversity, inclusivity and equality across all areas of the organisation.
14. We will continue to implement our Clinical Education Strategy.
15. We will develop and roll-out training and development for all our people across functional and operational teams.

| Links to Deliverables | BAF Risk | Further mitigation required |
|-----------------------|--|---|
| 9 | 56 The Trust's ability to recruit and retain registered clinicians to our core front line operations (a sustainable workforce) will be affected by the changing landscape of the NHS which opens opportunities for paramedics to be employed in other healthcare setting and which will impact our ability to meet operational targets | <ul style="list-style-type: none"> Determine skill mix to support patient requirements and operational delivery within the financial budget available. Establish a skills mix that will meet the demand profile of the Trust with a realistic reliance on paramedic numbers |
| 9-15 | 61 COVID-19 Impact | <ul style="list-style-type: none"> COVID-19 decision making review underway. To review and assess the Trust's Strategy and strategic risks following COVID The organisation has been asked to set out its position including funding to deliver health care at system level. |

GOAL 3 Partner with the wider NHS and public sector to optimise healthcare and emergency services provision across London

DELIVERABLE

16. We will continue to work with our commissioners and STP partners to lower demand, improve access to, and use of, Appropriate Care Pathways (ACPs) and lower overall conveyance to Emergency Departments, developing the use of technology to provide faster access to patient care through digital means where appropriate.
17. We will mobilise the North East London Integrated Urgent Care (111) contract and continue to seek a greater role in the London-wide integration of access to emergency and urgent care, including retaining the South East London 111 service.
18. We will work closely with London acute hospital trusts, NHSI and NHSE to further reduce delays to patients and our crews at hospitals, especially during times of peak pressure on the wider system (e.g. during periods of high demand such as adverse weather).
19. We will work closely with other emergency services and partners (e.g. the Greater London Authority family and London's boroughs), fulfilling our statutory obligations to collaborate, innovate and maximise the efficiency of our combined public service provision.

| Links to Deliverables | BAF Risk | Further mitigation required |
|-----------------------|--|---|
| 17 | 54 There is a risk that the Trust will not be able to meet KPI's within our 111/IUC contracts as a result of challenged specialist resource requirements and performance which may result in us not fully delivering our strategy. | <ul style="list-style-type: none"> • The development of an internal LAS bank contract for advanced practitioners and GP's. • The commissioning of a simulation software has been approved by ExCo which will enable a better understanding of staffing requirements and skill mix to achieve optimum performance and safety. • Development of productivity measures to add to the performance score card to ensure oversight of productivity. • Forecasting and Planning Team are developing an initial forecasting model to improve planning of health advisor staffing. |
| 16-19 | 61 COVID-19 Impact | <ul style="list-style-type: none"> • COVID-19 decision making review underway. • To review and assess the Trust's Strategy and strategic risks following COVID • The organisation has been asked to set out its position including funding to deliver health care at system level. |

| | |
|---|--|
| GOAL 4 Provide the best possible value for the tax paying public, who pay for what we do | DELIVERABLE <ul style="list-style-type: none"> 20. We will deliver our control total and maintain our use of resources rating with NHSI. 21. We will deliver Cost Improvement Programme (CIP) efficiency savings of £12.3m in 2018/19 and develop a programme of further efficiencies to inform our business planning for 2019/20 and 2020/21. 22. We will complete the review of business resilience across the organisation and implement measures to effectively manage risk and ensure the continuity of our services during times of disruption, including GDPR compliance and Cyber risk assurance. 23. We will manage and deliver our proposed capital programme of £15.5m to support the delivery of our overall strategic objectives. 24. We will ensure the delivery of our agreed CQUIN's (as agreed with our core contract commissioners) to improve the quality and value of the services we provide on their behalf. |
|---|--|

| Links to Deliverables | BAF Risk | Further mitigation required |
|-----------------------|---|---|
| 20 | 57. There is a risk that the Trust will not deliver the required control total and National Standards whilst maintaining quality of care as a result of potential increased activity and cost pressures in 2019/20 and due to system pressures that are facing our commissioners. | <ul style="list-style-type: none"> • Continue to track progress and implement any residual actions from 111 / IUC improvement plan. • Identify additional savings required in light of future shortfall on (1) above. • The Trust is working with NHSI/E regarding additional costs of Covid19 including income. |
| 22 | 45 There is a risk that a cyber- attack could materially disrupt the Trust's ability to operate for a prolonged period. | <ul style="list-style-type: none"> • GHCQ accredited SIRO training • Deliver the 19/20 the cyber projects (as detailed below): 1 on target remainder deferred <ul style="list-style-type: none"> a. Secure Email (NHSmail) – Potentially delivering as further benefits or separately: SSO & IDM b. Security Information & Event Management (SIEM) c. Network Segregation • Leverage NHSD funded training opportunities to develop in-house cyber capability • Rescope the Cyber Programme to deliver the outcome of holistic DSPT compliance (Reset to March 20) |
| 20-24 | 61 COVID-19 Impact | <ul style="list-style-type: none"> • COVID-19 decision making review underway. • To review and assess the Trust's Strategy and strategic risks following COVID • The organisation has been asked to set out its position including funding to deliver health care at system level. |

BAF Risk no. 57 There is a risk that the Trust will not deliver the required control total and National Standards whilst maintaining quality of care as a result of potential increased activity and cost pressures in 2019/20 and due to the level of system pressures that are facing commissioners.

| | | | | |
|--|--|---|---------------------------|--|
| Risk Classification: Finance | Risk Owner: Lorraine Bewes | Scrutinising Committee: Finance & Investment Committee | | |
| Date risk opened: 19/06/19 | Date risk expected to be removed from the BAF: March 2020 | | | |
| Change since last review: | Proposed for closure as risk now superseded by Covid BAF Risk | | | |
| Underlying Cause/Source of Risk: The Trust has set a 19/20 plan to realise a balanced control total which also assumes delivery of national performance standards. A number of potential cost pressures have been identified in year which were not included in the original plan. | | Gross Rating | Current/Net Rating | Target Rating |
| | | 16 | 16 | 8 |
| Existing Controls | | Positive Assurance of Controls | | |
| <ol style="list-style-type: none">1. Comprehensive resource model developed which links workforce, frontline fleet capacity, finance, and demand to forecast ability to deliver national response performance standards.2. Heads of Terms agreed with Commissioners with Hear & Treat increases and timing of delivery of national performance standards still being agreed before the contract can be signed.3. CIPs managed through business planning/programme office, improved governance remains in place to ensure effective identification, implementation and tracking of CIPs in 2019/20.4. Recruitment and retention to clinical posts is a key area of focus to secure permanent clinical workforce required5. A 999 operational improvement and recovery plan to ensure delivery of national performance trajectories agreed with commissioners within resources available has been developed and is being tracked weekly. (There are still ongoing problems with the recruitment of paramedics).6. The service has produced and implemented an IUC recovery plan with interventions including rostering to meet demand and is being tracked weekly.7. Agreed scope of application of the revised banding which applies to both EAC and TEAC staff groups and will cost £4.1m for 19/20 (7m 20/21)8. Contract risk share has been agreed9. The Trust has identified sufficient recurrent CIPs for 2019/20.10.The Trust Board has approved the formal financial recovery plan. | | <ul style="list-style-type: none">• Monthly finance reports to the ExCo and the Finance and Investment Committee including forecast outturn.• Bi-monthly Integrated Performance Reports to the Trust Board• YTD Incident levels remain above contract threshold levels• Integrated Urgent Care recover plan will be tracked through the Integrated Urgent Care Programme Board and monthly financial reporting to the FIC, ExCo.• The operational improvement plan will be tracked through weekly operational performance meetings. | | |
| Further Actions | | Responsible Person/s | | Due Date |
| <ol style="list-style-type: none">1. Continue to track progress and implement any residual actions from 111 / IUC improvement plan.2. Identify additional savings required in light of future shortfall on (1) above.3. The Trust is working with NHSI/E regarding additional costs of Covid19 including income. | | <ol style="list-style-type: none">1. James Corrigan, Financial Controller / Athar Khan, Director of Integrated Patient Care2. Ellie Horne, Financial Recovery Director3. James Corrigan, Financial Controller / Athar Khan, Director of Integrated Patient Care | | <ol style="list-style-type: none">March 2020March 2020March 2020 |
| Signed: Lorraine Bewes, Chief Finance Officer | | | | |

| BAF Risk no. 45 There is a risk that a cyber-attack could materially disrupt the Trust's ability to operate for a prolonged period | | | | |
|--|--|--|--|--|
| Risk Classification: IM&T | | Risk Owner: Ross Fullerton | Scrutinising Committee: Logistics & Infrastructure Committee | |
| Date risk opened: 01/06/2017 | | Date risk expected to be removed from the BAF: Ongoing | | |
| Change since last review: Overall considering the below updates, no change to rating, however see recommendation to reassess net scoring below. | | | | |
| <ul style="list-style-type: none">• The draft NHS Data Security Protection Toolkit (DSPT) submission prepared for April was not submitted as the date has been changed to Sept 2020 across the NHS.• The draft LAS submission identified a significant lack of information ownership and management across the Trust. The new DSP programme will be redesigned to combine the work needed to address this with the planned cyber improvements.• The new Director of Corporate Services is now in place who will take over the SIRO role. Capability, reporting lines and programme governance are being re-defined to align.• The new IG manager is in place who is reviewing the IG elements of the DSPT and gaps to inform planning and relaunch of work to attain DSPT compliance.• Decision made by the Trust's Portfolio Management Board to temporarily hold all projects in the Programme due to the Covid-19 demands on the Trust and IM&T in particular.• Target relaunch of programme (as DSP) moved to June 2020 to take into account DSPT, internal changes, impact and learning from Covid19, centrally provided opportunities.• Changes in the way staff operate from home in response to Covid-19 including new collaboration tools change our threat profile. Mitigations: close IM&T technical management using NSCS & other intelligence and staff communication. It has been recommended to the SIRO that the BAF score is reviewed in light of changing threats & vulnerabilities.• A recovery plan is in place to recover from demands on IM&T over the COVID period affecting BAU process. Patching in Corporate areas recovered, EOC requires attention. | | | | |
| Underlying Cause/Source of Risk: The changing sophistication and nature of cyber threats poses a risk to the Operation of all technology dependant organisations including the LAS. The Trust has established an ongoing cyber programme to identify and address gaps in technology and business cyber risk mitigation. | | Gross Rating | Current/Net Rating | Target Rating |
| | | 20 | 15 | 10 |
| Existing Controls | | Positive Assurance of Controls | | |
| <ul style="list-style-type: none">1. Perimeter controls, endpoint hardening and other technical detection and remediation solutions2. The continuation of a professional cyber team as a managed service3. Monitoring robust cyber security KRIs/KPIs for compliance/trends (reported to IM&T SMT and monthly CEO performance review)4. Auditable set of documents covering people, processes, procedures and tehcnical controls; reviewed by NHSD and third parties at least twice a year5. Prioritised tactical remediation of identified vulnerabilities and audit improvement points driven by Cyber Team and reported to L&IC quarterly6. Broad set of real-time security reporting and alerting with ability to take immediate action Gaps in Controls <ul style="list-style-type: none">1. Specific gaps in Controls are documented in the action plans and the Programme, monitored at L&IC.2. Delivery of cyber incident exercise plan to corporate directorates.3. Closing out use of legacy infrastructure and applications. | | <ul style="list-style-type: none">1. Cyber Reports to Information Governance Group of cyber-related incidents each quarter2. Use of NHSD led audit and healthcheck initiatives against Cyber Essentials Plus and the DSPT3. Additional NHSD assurance support through CORS programme4. CareCert notifications performance measured and reported as part of the IM&T's KPIs,reported to IM&T SMT & ExCo monthly5. Reporting of action plan progress at LI&C and Board Gaps in Assurance <ul style="list-style-type: none">• NHSD are developing the DSPT to provide equivalence for Trusts to CE+ this is not yet complete.• Cyber team implementing own vulnerability assessment capability to better assure closure of technical vulnerbailities. | | |
| Further Actions | | Responsible Person/s | | Due Date |
| <ul style="list-style-type: none">1. GHCQ accredited SIRO training2. Deliver the 19/20 the cyber projects (as detailed below): 1 on target remainder deferred (see notes above)<ul style="list-style-type: none">1. Secure Email (NHSmal) – Potentially delivering as further benefits or separately: SSO & IDM2. Security Information & Event Management (SIEM)3. Network Segregation | | All: Vic Wynn, Head of IM&T Strategy Security & Architecture | | <ul style="list-style-type: none">1. Complete2. June 2020 |

| | | |
|---|--|--------------|
| 3. Leverage NHSD funded training opportunities to develop in-house cyber capability | | 3. Jan 2021 |
| 4. Rescope the Cyber Programme to deliver the outcome of holistic DSPT compliance (Reset to March 20) | | 4. June 2020 |
| Signed: Ross Fullerton | | |

| BAF Risk no. 54 There is a risk that the Trust will not be able to meet KPI's within our 111/IUC contracts as a result of challenged specialist resource requirements and performance which may result in us not fully delivering our strategy | | | | |
|--|--|--|---|---|
| Risk Classification: Operational / Corporate | | Risk Owner: Khadir Meer | Scrutinising Committee: Quality Assurance Committee | |
| Date risk opened: 05/03/2019 | | Date risk expected to be removed from the BAF: October 2020 | | |
| Change since last review: | | Due to the COVID-19 impact on 111 providers, there has been a national decision to pause the KPI requirement. Following this there will be a further review of the contract for 111/IUC call taking and at that point we propose to review / close this risk and open a new risk based on the new contract arrangements. | | |
| Underlying Cause/Source of Risk: Ability to recruit and retain advanced clinical medical staff such as GPs. Call answering 96% within 60 seconds, call abandonment <2% in NEL / <5% SEL. | | Gross Rating | Current/Net Rating | Target Rating |
| | | 16 | 12 | 8 |
| Existing Controls | | Positive Assurance of Controls | | |
| <div>1. Daily monitoring of metrics including safety.</div> <div>2. Clinical escalation plan developed and implemented</div> <div>3. Executive oversight – direct reports meetings.</div> <div>4. Thematic review of incidents and complaints weekly reflected in monthly quality report.</div> <div>5. Improvement plan developed and being delivered using agile techniques.</div> <div>6. Revised forecast and planning modelling to improve resource productivity and capacity particularly at weekends.</div> <div>7. Scrutiny through both internal and external committees, QOG, QAG, CQRG.</div> <div>8. Baseline inspection and review against CQC KLOE's which have informed a comprehensive action plan.</div> <div>9. Agile approach to the mitigation of risks in place.</div> <div>10. Baseline inspection and review against CQC KLOE's which have informed a comprehensive action plan.</div> <div>11. Phased approach to implementation of SEL based on learning identified during the NEL mobilisation.</div> <div>12. Secured the support of regulators and commissioners in identifying further potential sources to recruit and retain medical staff within the CAS.</div> <div>13. Additional capacity and capability engaged to assist in the delivery of the improvement plan.</div> | | <div><div>• Daily performance report published to executives / commissioners.</div><div>• Plan signed off by Medical Director.</div><div>• IUC delivery, standard agenda item at ExCo meetings.</div><div>• Evidence of completed actions stored on x drive.</div><div>• Minuted meetings</div><div>• NEL IUC has had additional performance management measures (put in place by NEL commissioners and HLP/NHSE) lifted in line with improved performance and is now subject to routine contractual performance management.</div><div>• We are in the process of developing a plan to address current agency costs overspend while maintaining focus on KPI delivery.</div></div> | | |
| Further Actions | | Responsible Person/s | | Due Date |
| <div>1. The commissioning of a simulation software has been approved by ExCo which will enable a better understanding of staffing requirements and skill mix to achieve optimum performance and safety. (The practical testing of outputs delivered cannot be taken forward during until a return to what will be our BAU).</div> <div>2. Development of productivity measures to add to the performance score card to ensure oversight of productivity. This action requires scoping of a new automated productivity system that can extract information from the telephony, in line with what we have in CISO for ambulance services. (These actions are paused and scoping/procurement to be resumed as part of trust Covid recovery, as well as agreement of the metrics.)</div> <div>3. Forecasting and Planning Team are developing an initial forecasting model to improve planning of health advisor staffing. This is ongoing and the model constantly reviewed – currently affected by Covid-19. (The accuracy of this model and our ability to check its longer term impact are currently affected by Covid-19)</div> | | <div>1. Chris Nightingale, Head of Forecasting and Planning</div> <div>2. Paul Cook, Head of IUC Performance</div> <div>3. Chris Nightingale, Head of Forecasting and Planning</div> | | <div>Paused</div> <div>End Oct 2020</div> <div>End Oct 2020</div> |

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| and the difficulty to anticipate demand. There is short term modelling put in place for the time of the pandemic.) | | |
| Signed: Khadir Meer, Chief Operating Officer | | |
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BAF Risk no. 56 The Trust's ability to recruit and retain registered clinicians to our core front line operations (a sustainable workforce) will be affected by the changing landscape of the NHS which opens opportunities for paramedics to be employed in other healthcare setting and which will impact our ability to meet operational targets

| | | | | | | |
|---|--|--|--|---|---------------------------|----------------------|
| Risk Classification: Human Resources | | Risk Owner: Ali Layne-Smith | | Scrutinising Committee: People and Culture | | |
| Date risk opened: 15/05/2019 | | Date risk expected to be removed from the BAF: 30 September 2020 | | | | |
| Change since last review: | | | | | | |
| Underlying Cause/Source of Risk: The Trust's ability to recruit and retain registered clinicians to our core front line operations (a sustainable workforce) will be affected by the changing landscape of the NHS (NHS Long Term Plan) which opens opportunities for paramedics to be employed in other healthcare setting and which will impact our ability to meet operational targets. | | | | Gross Rating | Current/Net Rating | Target Rating |
| | | | | 16 | 12 | 8 |
| Existing Controls | | Positive Assurance of Controls | | | | |
| <ol style="list-style-type: none">1. The Trust has built strong pipelines for paramedic recruitment overseas which will allow it to respond to an under supply in the UK market2. Strategic workforce planning has been developed over 2018/19 and has resulted in the establishment of a Strategic Workforce Planning Group which is chaired by the Director of People and Culture and in which the Chief Medical Officer and Chief Operating Officer will be essential participants.3. Engagement in national workforce planning group to influence debate on challenges of English Ambulance Trusts with funded paramedic places4. The Trust has an experienced recruitment team who have demonstrated their ability to flex to meet the recruitment targets required of the organisation and has recently moved it to HQ to give greater visibility of their work and to enable more collaborative and efficient ways of working with operational colleagues5. The Trust is developing a paramedic apprenticeship to attract and retain local employees6. The Trust is developing accessible career pathways for non-registered clinical roles7. We are working on a new Band 5 TEAC / Future Paramedic programme at Band 5. (currently on hold due to social distancing)8. A tender process had been completed for a provider for an apprenticeship programme for paramedics, and the contract is still pending. The HCPC approval visit is arranged for June 2020, the LAS clinical education team is working on agreeing the curriculum with the chosen supplier. The target course start date is October 2020.9. The Trust will hold primary authority for the supply of Paramedics to the 220 London Primary Care Networks. This has been built into the recruitment plans for 2020/21.10. Ambulance services have developed (signed off at ExCo), an 18 month recruitment plan for paramedics and TEACs, which takes into account the expected requirement over the year, as well as the PCN requirement from April 2021. A number of these activities are currently on hold due to Government restrictions.11. Work is currently underway to develop an Ambulance Ops Sustainability Plan. | | <ol style="list-style-type: none">1. The International recruitment campaign is ongoing via skype interviews for 2020/21.2. ExCo led Strategic Workforce Planning Group is in place to develop and agree a three year strategic workforce plan which takes into account internal and external priorities3. Skills Mix Matrix is the subject of ongoing executive meetings. Strategic Workforce Group will own this on behalf of ExCo. | | | | |
| Gaps in controls International recruitment trips are currently on hold due to Government restrictions | | | | | | |

BAF Risk no. 56 The Trust's ability to recruit and retain registered clinicians to our core front line operations (a sustainable workforce) will be affected by the changing landscape of the NHS which opens opportunities for paramedics to be employed in other healthcare setting and which will impact our ability to meet operational targets

| Risk Classification: Human Resources | Risk Owner: Ali Layne-Smith | Scrutinising Committee: People and Culture |
|--|---|---|
| Date risk opened: 15/05/2019 | Date risk expected to be removed from the BAF: 30 September 2020 | |
| Change since last review: | | |
| Further Actions | | Responsible Person/s |
| <p>Due to Covid-19, the roll out of these activities is delayed and there are now a number of unknowns in regards to the longer term planning.</p> <ol style="list-style-type: none"> 1. Determine skill mix to support patient requirements and operational delivery within the financial budget available. 2. Establish a skills mix that will meet the demand profile of the Trust with a realistic reliance on paramedic numbers. 3. Develop and agree Design and Operating Model for Ambulance Services. 4. Develop Trust plan for 999 and 111 integration across call handling and telephony based clinical services. | | <p>1&2 Directors - Medical, Operations, and People and Culture</p> <p>3&4 Directors - Medical, Operations, and People and Culture</p> |
| Signed: Ali Layne-Smith, Director of People and Culture | | <p>Ongoing</p> <p>March 2021</p> |

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|---|--|--|--------------------|--|
| BAF Risk no. 58 There is a risk that the critical national infrastructure provided by the LAS is either not fit for purpose, presenting points of failure, or is outdated and requires replacement. In the event of an incident this may result in failure to provide EOC and frontline service delivery. | | | | |
| Risk Classification: Strategic Assets and Property | | Risk Owner: Khadir Meer | | Scrutinising Committee: Logistics and Infrastructure Committee |
| Date risk opened: 30/01/20 | | Date risk expected to be removed from the BAF: October 2020 | | |
| Change since last review: | | | | |
| Underlying Cause/Source of Risk: There have been critical failures, each of which has seen a review and investigation and a determination around root causes. Datix risks have been raised and there is recognition that this needs to be defined on the BAF. Examples of which include: UPS, CAD hardware, and telephony infrastructure. | | Gross Rating | Current/Net Rating | Target Rating |
| | | 16 | 12 | 4 |
| Existing Controls | | Positive Assurance of Controls | | |
| 1. There are two CAD replacement strategies in parallel: one is to replace the existing hardware in October 2020. The second is to replace the complete system, both hardware and software in April 2021 2. UPS upgrade works, back up and ancillary arrangements. 3. Avaya telephony upgrade programme and roll out to 999 operations 4. CAD architecture reviewed to scope potential for simplification. 5. Regular health checks of systems are carried by an engineer and reported via IM&T to the Chief Operating Officer. 6. Systems risks are regularly reviewed with any outlying issues reported via the Risk Compliance and Assurance Group. Gaps in controls: 1. Identified single points of failure across the 3 defined infrastructure systems. 2. Outdated systems are still being used until they can be replaced. 3. Project work is currently being undertaken to mitigate risks, but has not yet been completed. | | 1. Regular reporting to committees, sub-committees and groups. 2. Commissioned independent reports. 3. Staging plans. 4. Routine planned maintenance. 5. Outline business cases. 6. Project boards established for replacement. 7. Capital allocation of funds for corrective actions. | | |
| Further Actions | | Responsible Person/s | | Due Date |
| 1. Commission a competent contractor to inspect and report on power management arrangements at HQ and Bow. | | 1. Director of Strategic Assets and Property | | Completed |
| 2. Establish a project group to oversee planning and implementation of solutions for both sites. Include Key stakeholders and technical leads to define the plan and seek assurance of arrangements mitigating risks to service delivery. | | 2. Director of Strategic Assets and Property | | Completed |
| 3. Define and agree remediation plan for UPS. | | 3. Director of Strategic Assets and Property | | 31/10/2020 |
| 4. Complete project review and lessons learnt for UPS programme. | | 4. Director of Strategic Assets and Property | | 31/08/2020 |
| 5. Roll out and update of the CM7 Avaya telephony system (version 7) | | 5. CIO (Chief Information Officer) | | 30/04/2020 |
| 6. Review Avaya architecture, fall back arrangements and resilience for current and proposed Avaya systems. | | 6. CIO (Chief Information Officer) | | 30/04/2020 |
| 7. Review CISCO telephony platform and create a plan for transitioning from the current system | | 7. CIO (Chief Information Officer) | | 31/05/2020 |

BAF Risk no. 58 There is a risk that the critical national infrastructure provided by the LAS is either not fit for purpose, presenting points of failure, or is outdated and requires replacement. In the event of an incident this may result in failure to provide EOC and frontline service delivery.

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|--|--|---|------------|
| Risk Classification: Strategic Assets and Property | Risk Owner: Khadir Meer | Scrutinising Committee: Logistics and Infrastructure Committee | |
| Date risk opened: 30/01/20 | Date risk expected to be removed from the BAF: October 2020 | | |
| Change since last review: | | | |
| <div>8. Planned replacement of the current CAD system (this action’s due date is under discussion, but has been informally agreed to be brought forward to October 2020, pending further discussion and interdependent project deliverables).</div> <div>9. Re-platform the current CAD system (this action is under review due to the due date of the CAD replacement potentially being brought forward to October 2020).</div> <div>10. CAD Essentials board to be restarted and control room risks will be an agenda item</div> <div>11. Projects to replace or mitigate for all faults on telephony, CAD, radio and mobile data put in place</div> <div>12. Audits of telephony system</div> <div>13. CAD dashboard to be implemented and reviewed at CAD essentials board</div> | | 8. CIO (Chief Information Officer) | 30/09/2020 |
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| | | 9. CIO (Chief Information Officer) | |
| | | 10. CIO (Chief Information Officer) | 31/10/2020 |
| | | | 31/10/2020 |
| | | 11. CIO (Chief Information Officer) | 31/10/2020 |
| | | 12. CIO (Chief Information Officer) | 31/10/2020 |
| | | 13. CIO (Chief Information Officer) | |
| Signed: Khadir Meer, Chief Operating Officer | | | |

| BAF Risk no. 61 COVID-19 Impact | | | | |
|---------------------------------|---|--|--------------------|-------------------------------|
| Risk Classification: All | | Risk Owner: Garrett Emmerson | | Scrutinising Committee: Board |
| Date risk opened: | | Date risk expected to be removed from the BAF: TBC | | |
| Change since last review: | | | | |
| Area | Strategic Risk(s) Description | Gross Rating | Current/Net Rating | Target Rating |
| People | Risk of insufficient resources to meet increased demand; impact on staff welfare and wellbeing; safety and reputational from rapid recruitment process; impact on BAU and recruitment of paramedics due to COVID-19 as well as significant cultural impact. | 16 | 12 | 8 |
| Operational | As a result of the Covid-19 pandemic, all operational areas in LAS will suffer from reduced ability to deliver timely responses to meet demand. There is a risk of reduced infrastructure and staffing capacity to support demand and recover performance levels following the pandemic | 20 | 16 | 8 |
| Clinical | Due to unprecedented demand from COVID-19, patients may have a delayed response which has necessitated LAS having to respond using different internal and external pathways. | 16 | 12 | 8 |
| Quality | Due to unprecedented demand from COVID-19, patients may have a delayed response which has necessitated LAS having to respond using different internal and external pathways. There is an increased risk of breaching constitutional standards due to additional pressures on our Governance systems in the delivery and monitoring of quality and safety. | 16 | 12 | 8 |
| Financial | COVID-19 has changed the national and local delivery of care at system level, if the organisation isn't reset and funded at the cost needed it will not be able to deliver a strategic response. Non-delivery of the agreed 2020/21 financial trajectory of the Trust due to the impact of Covid-19 pressures. | 20 | 16 | 8 |
| Existing Controls | | Positive Assurance of Controls | | |

1. Strategic Recovery Group to work with each directorate to develop action plans for future resilience and sustainability.
2. Pandemic business continuity plans being developed, incorporating lessons learned and preparing for any potential peaks in future.
3. Post COVID considerations led by the CFO, COO and Director of Strategy and Transformation to agree the optimal operating model including resources and estates requirements, identify and retain efficiencies and operating opportunities across all areas of operations.
4. Utilise Joint Decision Making (JDM) / Decision Log protocols to capture decisions made / authorisation levels etc. during the COVID period Regular contact with EPRR teams to seek advice on the above
5. Membership of regional and national network bodies (e.g. Ambulance HRD forum) to share knowledge and build consistency where possible in relation to temporary changes to terms and conditions, and ways of working
6. Australian recruitment programme regularly reviewed and approach updated as necessary.
7. Appointment of dedicated COVID Wellbeing lead with remit for creating the Trust's COVID staff wellbeing delivery plan and working with internal and external partners to deliver the plan
8. The Trust has set up a strategic Incident Room (COVID 19 cell) to plan and monitor impacts of COVID 19 on the Trust in alignment with the Pan London Strategic Coordination Group and planning assumptions for London.
9. Working with CQC and NHSI to agree SI process meet whilst recognising the scale of investigations required to meet LfD regulatory requirements.
10. The Trust has established a COVID 19 Resource Tracking template to be completed for all COVID 19 related resource requests, these are all approved by Trust Gold and reported to Exco and FIC on a regular basis.
11. In year monthly financial reporting and forecasting continues to provide assurance on underlying financial position of the Trust and to ensure all material COVID 19 expenditure has been captured
12. The Trust continues to fully document all COVID 19 related expenditure to ensure it will with stand the scrutiny of both internal audit and parliament.
13. The Trust is completing a 2020/21 top up submission to NHS London Region to ensure that cash flow is maintained throughout the COVID 19 for known omissions from the COVID Baseline allocation i.e. Agenda for Change
14. The Trust is planning for Post COVID 19 led by the CFO, COO and Director of Strategy and Transformation to agree the optimal operating model including resources and estates requirements, identify and retain efficiencies and operating opportunities across all areas of operations. A case has been submitted to London Region for discussion at National level to secure resources required to support the Trust's changes to its operating model post COVID.

Gaps in controls

1. Reports are provided to the Board Assurance Committees on COVID-19 related activities.
2. Reports provided to Executive Committee who sign off strategic risks and actions.
3. Status reports provided to the Trust Board via weekly NED calls and monthly Trust Board meetings.

| 15. Risk that the Trust does not implement mandated guidance or policy in relation to COVID19. 16. Risk of difficulty in recovering performance following pandemic. 17. Increased demand on IT infrastructure resulting in temporary loss of access or interruptions to digital services. | | |
|---|----------------------|----------|
| Further Actions | Responsible Person/s | Due Date |
| 1. COVID-19 decision making review underway. 2. To review and assess the Trust's Strategy and strategic risks following COVID 3. The organisation has been asked to set out its position including funding to deliver health care at system level. | | |
| Signed: | | |
| | | |

COVID-19 Sub-category Strategic Risk Assessments

| | | | |
|--|----------------|-----------------|---------------|
| Responsible Director/s : Fenella Wrigley | | Clinical Safety | |
| Risk assessment using NHS risk matrix | Initial Rating | Current Rating | Target Rating |
| | 16 | 12 | 8 |

Strategic Risk Description:

Risk of reduced patient outcomes or experience from the COVID pandemic surge and response.

Due to demand from COVID-19, patients may have a delayed response resulting in worse clinical outcomes or patient experience, and which may also impact on overall performance metrics. Managing the surge has required the use of novel internal and external pathways which require close governance to minimize any associated risks

Key activities and actions to mitigate the risk:

- Expanded the CHUB and CAS to enable greater hear and treat (where appropriate) and maintain oversight of held calls
- Audits for new clinicians and call handlers in the IUC using accredited audit tools looking at compliance to NHS Pathways (for call handlers and NHS Pathways clinicians), clinical assessment, management and prescribing for clinicians and overall performance
- Increased senior clinical support in the CHUB and CAS – 2 navigators at 111 and APP / Medical Directorate support in the HUB
- Increased senior clinical support in EOC to provide guidance on cardiac arrest care and decision making
- 24 hour senior clinical on call supported by Strategic Medical Advisor
- Working with wider system to ensure patients have access to appropriate services within a clinically appropriate timeframe – referral to GP OOH and
- Clinical guidance to provide support to crews in decision making – updated in accordance with national guidance; issued on LiA, All user email, JRCALC+ and Pulse
- Working with NHSE London and HLP to rationalise patient pathways
- Updated guidance on the management of patients at end of life
- Direct support to crews who have been in contact with a confirmed COVID-19 patient through welfare team
- Peer review of processes through NASMED and NHSE
- Bespoke Critical Care Transfer service to provide good service for these patients without impacting on the 999 emergency calls.

CAVEAT: The Board recognises that due to the overwhelming nature of the pandemic on London healthcare, suboptimal outcomes must be considered in the context of the whole response and the provision of high quality care to the largest number of patients possible.

- Risk Score reviewed 5 May 2020

COVID-19 - Sub-category Strategic Risk Assessments

| | | | |
|---------------------------------------|----------------|----------------|---------------|
| Responsible Director: Lorraine Bewes | | Financial | |
| Risk assessment using NHS risk matrix | Initial Rating | Current Rating | Target Rating |
| | 20 | 16 | 8 |

Strategic Risk Description:

Non-delivery of the agreed 2020/21 financial trajectory of the Trust due to the impact of Covid-19 pressures, specifically that there is a risk that the Trust:

- Fails to capture the material financial impacts of COVID 19
- Cannot recover the full income required for COVID 19 from NHS England/Improvement
- Is unsuccessful in securing sufficient income to cover its underlying cost base from Commissioners as it exits the COVID 19 response following suspension of contracting arrangements i.e. impact of Agenda for Change on Ambulance services, changes in operating model costs and stranded costs post COVID 19 (decommissioning Nightingale ambulance station etc)
- Is unable to identify and sustain cost efficiencies from opportunities post Covid-19
- Is unable to identify and sustain innovation and improvements during and post Covid-19 ie CAD replacement/EPCR implementation
- Experiences an increase loss of assets due to fraud and theft (tracking and receipting of goods to be enhanced)

Key activities and actions to mitigate financial risks:

- The Trust has established a COVID 19 Resource Tracking template to be completed for all COVID 19 related resource requests, these are all approved by Trust Gold and reported to Exco and FIC on a regular basis.
- In year monthly financial reporting and forecasting continues to provide assurance on underlying financial position of the Trust and to ensure all material COVID 19 expenditure has been captured
- The Trust continues to fully document all COVID 19 related expenditure to ensure it will withstand the scrutiny of both internal audit and parliament.
- The Trust is completing a 2020/21 top up submission to NHS London Region to ensure that cash flow is maintained throughout the COVID 19 for known omissions from the COVID Baseline allocation i.e. Agenda for Change
- The Trust has started to plan for Post COVID 19 led by the CFO, COO and Director of Strategy and Transformation to agree the optimal operating model including resources and estates requirements, identify and retain efficiencies and operating opportunities across all areas of operations.
- The Trust continues to plan for implementation of the replacement CAD and introduction of EPCR.
- Inventory management system (Orderwise) has been procured and implemented in Deptford for COVID 19 related stock management. This needs rolled out across the whole organisation to track and manage inventory and reduce the risk of fraud.
- The Trust is maintaining its existing control environment across segregation of duties, adherence to SFIs, Scheme of Delegation and procurement controls.
- We have expanded senior Finance capacity: CFO full time with interim CFO level for support.

COVID-19 Sub-category Strategic Risk Assessments

| | | | |
|--|----------------|----------------|---------------|
| Responsible Director: Khadir Meer | | Operational | |
| Risk assessment using NHS risk matrix | Initial Rating | Current Rating | Target Rating |
| | 20 | 16 | 8 |
| <p>Operational Risk Description:</p> <p>As a result of the Covid-19 pandemic, all operational areas in LAS will suffer from reduced ability to deliver timely responses to the 999 / 111 / IUC demand. In addition to failing to deliver service, there are risks of gaps in IM&T response to the changing situation, supply chain gaps, business continuity, and emergency preparedness. The three main strategic risk components are: risk of reduced infrastructure availability to support demand; reduced staffing capacity to respond to demand and reduced responsiveness in with a view of circumstances change.</p> <p>The three main strategic aims that the activities cover:</p> <ul style="list-style-type: none"> Increased capacity and capabilities in terms of infrastructure Increased staffing across different LAS services Increased process responsiveness to changes in situation (both internally and through collaboration with system partners). This includes operational side to recover activities during times of reduced Covid-19 impact and then returning to a full capacity operation as well as a pattern of recurring peaks in demand that is forecasted. <p>Key activities and actions to mitigate risk:</p> <ul style="list-style-type: none"> COLT has been set up to support information sharing, enable a resilient response to the situation and robust decision making. Sustainability plans developed to cover operational response in the next 18 months. The Trust has set up a Strategic Incident Room (COVID 19 cell) to plan and monitor impacts of COVID 19 on the Trust in alignment with the Pan London Strategic Coordination Group and planning assumptions for London. Write a detailed plan of operational and clinical response based on different levels of expected impact on the service. Operational recovery planning is taking place to shape the response for decreasing pressure, in view of the forecast. Some of the actions are to be implemented at the end of the incident and some after LAS is after the peak. Review of performance and the impact the various actions undertaken through a response for Covid-19 had. This will be used to inform the plans for operational response to additional peaks of Covid-19 demand. Ongoing review of specifically Covid-19 related risks and response to those. Oversight of CAD stability: <ul style="list-style-type: none"> ✓ CAD Essentials board to be restarted and control room risks will be an agenda item ✓ Projects to replace or mitigate for all faults on telephony, CAD, radio and mobile data put in place ✓ Audits of telephony system ✓ CAD dashboard to be implemented and reviewed at CAD essentials board IM&T to respond to Trust requirements where a change in practice is requiring a technological change, as part of this increasing the availability of remote working via TEAMS. IM&T to provide assurance that bandwidth capacity is available to enable higher numbers of staff to work remotely. | | | |

COVID-19 Sub-category Strategic Risk Assessments

- The Trust is rolling out a staffing plan to deploy non-standard ambulance to simplify scheduling and increase oversight of delivery levels.
- The Trust conducted its assessment of the risks faced by the Trust in the event of a worst case sickness levels across LAS and the wider system, in line with the framework mandated by the Department of Health and Social Care.
- Expansion of the DCA fleet to maximise the vehicle availability to respond to increasing demand.
- Incorporated a wide range of volunteers into the 999 and 111 services to support continued service delivery.
- Expansion of 999 control room capabilities and capacity to respond to calls.
- Separated out the Covid-19 calls from 999 and 111 to allow a specialised response.
- Fuel stocks confirmed which address the civil contingency act requirement to supply 24 days' supply. And a fuel monitoring system is installed and working to protect fuel stocks. This is
- The trust rolled out a plan for distribution and testing of FFP3 masks as well as plans for acquiring further supply, with systems in place to source additional PPE as required to respond to changing demand
- Engagement with CCG's NHSE&I, PHE and all system partners throughout the planning, preparedness, response and recovery to maintain confidence across the system of robust arrangements within the London Ambulance Service.
- Continue adapting the plan clinically and operationally as the situation develops.
- To seek assurance from third party suppliers to the Trust that they have a robust Business Continuity Plan to provide supplies to the Trust.
- With the focus of the organisation on COVID 19 and the potential staffing impacts of this, other business has been assessed for its viability during this period.

COVID-19 Strategic Risk Assessments

| | | | |
|---|----------------|--------------------|---------------|
| Responsible Director : Ali Layne-Smith | | People and Culture | |
| Risk assessment using NHS risk matrix * | Initial Rating | Current Rating | Target Rating |
| | 16 | 12 | 8 |

** Risk rating approved at People and Culture Committee 8th May*

1. Not enough staff to meet increased service demand due to incrementally increased staff COVID related sickness and self-isolation absence.

Key activities and actions to mitigate risks:

- Departmental business continuity plans created to map provision of business critical activities at 25 / 30 / 50 / 50% + sickness absence
- Daily sickness absence monitoring and reporting of COVID / non-COVID sickness absence to allow for trend analysis once sufficient data is available. Resourcing plans then adjusted in anticipation of trend
- Early access to national testing programme to enable staff to return sooner if self-isolating and have a negative result
- Contact tracing arrangements in place for crew members and co-workers
- Rapid recruitment of additional volunteers and Bank staff to provide backfill in operational frontline areas to offset workforce resourcing gaps as a result of increased sickness absence, and increased call and ambulance demand

2. Limited welfare and wellbeing support to meet staff's physical, emotional and mental wellbeing requirements.

Key activities and actions to mitigate risks:

- Appointment of dedicated COVID Wellbeing lead with remit for creating the Trust's COVID staff wellbeing delivery plan and working with internal and external partners to deliver the plan
- Prioritisation of additional mental health support across the Trust – publicise and bolster existing services, identify and rapidly introduce new internal and external support routes
- Provision of clinical advice to line managers and staff relating to self-isolation and testing
- Provision of food for staff self-isolating, unwell or unable to access refreshments on shift
- Provision of accommodation of staff who have vulnerable relatives at home, or need to self-isolate away from home.
- Increase availability of staff and partners with mental health and psychology backgrounds to our staff at group stations, call centres and office locations

3. Possible safety and reputational risk through the rapid recruitment of significant additional staff and volunteers to be deployed to frontline and support areas.

Key activities and actions to mitigate risks:

- Utilise national "fast track" arrangements put in place for the NHS with agencies such as DBS, UK Visa,
- Utilise existing services such as NHS Passport to verify employment history, statutory and mandatory training, qualifications and registration or existing and returning NHS staff members
- Expand existing Bank arrangements to hire staff and reduced risk of co-employment exposure

COVID-19 Strategic Risk Assessments

- Require departmental risk assessments that confirm supervisory requirements, limited access to restricted areas
- Establish and accelerated Occupational Health declaration process for new staff and volunteers
- Incorporate requirements for 3rd party resource providers to verify and guarantee staff have the correct authorisation to work, qualifications, registrations, DBS etc.

4. Impact on BAU Recruitment especially the Australian Paramedic programme

Key activities and actions to mitigate risks:

- Departments encouraged to review all current and planned recruitment at the beginning of the COVID period and decisions made to pause, delay or stop recruitment
- BAU recruitment resource redirected to focus on priority recruitment areas such as call handlers, blue-light drivers, C1 licence holders through the dedicated "Personnel hub".
- Australian recruitment programme regularly reviewed and approach updated as necessary. Current status – planning to continue on a Skype basis as international travel to conduct interviews is not possible. This will require training of non-operational staff to conduct interviews.
- 12 to 18 month Workforce plan created incorporating additional skills types and volunteers that will enable surge capability as required

5. Ensure new and redeployed staff receive the training and equipment they require to fulfil new and existing roles safely

Key activities and actions to mitigate risks:

- Bespoke training programmes created to equip staff to carry out new roles safely e.g. EOC support call handler
- Buddying and supervisory shifts implemented before new starters work in "live" environment
- Induction days for specific role types e.g. London Fire Brigade vehicle orientation
- Home working Health & Safety guidance provided for those now working from home for the first time
- Additional IT resources provided – laptops, heads sets, MTeams roll out

6. Governance risk

Key activities and actions to mitigate risks:

- Utilise Joint Decision Making (JDM) / Decision Log protocols to capture decisions made / authorisation levels etc. during the COVID period
- Regular contact with EPRR teams to seek advice on the above
- Membership of regional and national network bodies (e.g. Ambulance HRD forum) to share knowledge and build consistency where possible in relation to temporary changes to terms and conditions, and ways of working
- Extraordinary staffside / management consultation arrangements in place
- People & Culture Committee short form process established
- Membership of COVID Operational Leadership Team (COLT), represented at GOLD meetings and calls, daily submission of metrics and reports with regards to P&C elements e.g. sickness absence, accommodation required, and staffing

COVID-19 Strategic Risk Assessments

7. Future impact on our culture of actions taken and behaviours adopted through COVID period.

Key activities and actions to mitigate risks:

- Conduct organisational “temperature check” of impact of COVID on our cultural aspirations, values and behaviours to inform identification of a strategic partner to work with LAS to achieve our aim of becoming a “World class Ambulance Service for a World Class City”.
- Continuing FTSU arrangements in place
- Regular contact between P&C HR Managers, HR BPs, line managers and staff side to ensure issues captured and addressed quickly and fairly as most hearings and investigations are paused
- Resolution framework recommended for adoption to provide swift resolution of staff issues supported by external mediation resource. Staffside agreement required
- NB: National reporting for Gender Pay Gap and WRES on hold.
- Solution required to ensure monitoring and visibility of staff issues and concerns is in place.

COVID-19 Sub-category Strategic Risk Assessments

| | | | |
|---------------------------------------|----------------|----------------|---------------|
| Responsible Director: Trisha Bain | | Quality | |
| Risk assessment using NHS risk matrix | Initial Rating | Current Rating | Target Rating |
| | 20 | 12 | 8 |

Key activities and actions to mitigate risk:

- Populate excel (short –term) decision log with decisions made in the Strategic Incident Room and perform risks assessments. Covid risk register developed
- Produce weekly flash scorecards for monitoring by Extended Leadership Group that reflect any new risks that have been raised.
- Review all assurance quality and risk processes to ensure they remain at minimum value level.
- Produce weekly quality report
- Develop and implement real-time web based tool for all ‘hubs’ and directorates.

Controls to mitigate risk:

- Daily safety report
- Covid risk register (inc EPPR risk register)
- Weekly Quality report
- Minutes of direct reports meetings
- Patient Safety and Risk Hub established to collate all incidents, risks, complaints, and other quality data.
- Trust Risk Manager has joined the Strategic Incident Room and Gold to collate, record and assess risks in real time
- Daily monitoring of Datix (Covid and non-Covid) by corporate teams and weekly gathering of soft intelligence via QGAMs
- Daily report to all senior managers on themes and actions
- Weekly quality directorate call held to collate issues/escalations
- Weekly quality report to be circulated to all executives and non-executives (informed by hard and soft intelligence)
- Daily direct reports to escalate any issues
- SIG monitoring and reporting all Serious incidents – Covid and non-Covid related – monthly end to end review of patient pathway incidents (IUC and Emergency pathways)
- Working with CQC and NHSI to agree SI process meet whilst recognising the scale of investigations required to meet LfD regulatory requirements
- Real-time web based decision tool (In-Phase) developed/staff trained from all areas to collate all decisions ensure risk/QIA assessed, identification of policies/SOPs, clinical sign off – automated link to risk register
- All quality assurance systems assessed to maintain oversight whilst reducing pressure on operational staff – i.e. audits , serious incidents
- Working with national leads for safeguarding, coroners to maintain oversight whilst reducing operational pressures.

- Risk Score reviewed 5 May 2020



| | | | | |
|---|-------------------------------------|------------|-------------------------------------|----------|
| Report to: | Board | | | |
| Date of meeting: | 26 May 2020 | | | |
| Report title: | Corporate Risk Register | | | |
| Agenda item: | 8.2. | | | |
| Report Author(s): | Lisa Gibb, Risk Manager | | | |
| Presented by: | Trisha Bain, Chief Quality Officer | | | |
| History: | N/A | | | |
| Purpose: | <input checked="" type="checkbox"/> | Assurance | <input checked="" type="checkbox"/> | Approval |
| | <input checked="" type="checkbox"/> | Discussion | <input type="checkbox"/> | Noting |
| Key Points, Issues and Risks for the Board / Committee's attention: | | | | |
| <p>Corporate (Trust Wide) Risks rated 15 and above were considered by the RCAG at its meeting on 22 April 2020.</p> <ul style="list-style-type: none"> • Risk ID 844 - There is a risk of project slippage due to an undefined technical solution (Kit prep / Wifi) for medicines packing and management at Logistics Support Unit Deptford. This may lead to the maintenance of paper based systems and poor data collection if not properly managed. The Group were informed that the risk was awaiting de-escalation of risk score as fix now in place. • Risk ID 872 - There is a risk that the health and well-being of our staff may be compromised through the failure of our occupational health provider to ensure that all staff have appropriate immunisations due to lack of accurate staff records and lack of nursing resource from PAM. It was agreed that the level of risk remains due to outstanding immunisations for staff. • Risk ID 910 - There is a risk that the normal business continuity arrangements followed by the Trust will need to be enhanced in the event of a no deal departure from the EU due to the unknown nature and extent of the potential disruption to business. The EU Exit meeting has been stood down and will be subject to review again in October. Group agreed to review the risk in 6 months. • Risk ID 945 - There is a risk to the integrity of the data being produced by Kitprep due to the system not working as expected which leads to inaccuracy in the Perfect Ward audit tool of expiry dates of drug packs and discrepancies when reconciling the number of drug packs with the system. The group noted that the Trust had made a decision to proceed with development of KitPrep 2. | | | | |

- Risk ID 967 - There is a risk that patient experience will be adversely impacted at specific times of the week as a result of the lack of flexibility within the current Annual Leave agreement in place within operations resulting in a significant drop in the number of available staff and longer patient waiting times for category 2/3 calls. The Group were informed that a working group was to be established.
- Risk ID 973 - There is a risk that ambulance premises, operational ambulance fleet HQ, vehicle security and other LAS assets may be accessed by unauthorised persons because of inadequate physical security arrangements, which may lead to damage and/or loss of assets which are critical for the delivery of the care and patient safety patients, unplanned financial costs for the repair/replacement and damage the reputation of the Trust if not properly managed. It was agreed that the level of risk remains as mystery shopper audits showed non-compliance and thefts of PPE and other equipment reported from vehicles/stations.

Covid-19 Risks rated 15 and above were considered by the RCAG at its meeting on 06 May 2020. The risk ratings on these risks require further review and discussion with relevant stakeholders before being agreed.

- Risk ID 1066 - There is a risk of the disruption to the business continuity for medicines supply within the LAS due to the lack of a contingency site which may lead to the inability to pack and distribute medicines if not properly managed and could lead to prosecution if non-compliant with Medicines Act 1968. The Group asked for the risk score to be reviewed to ensure it was appropriate.
- Risk ID 1070 - There is a risk that the Trust will compromise its NHS Pathways Licence holder status as a result of using NHS Pathways not in accordance with the agreed licence terms due to the Covid-19 emergency which could lead to a potential loss of the licence if not properly managed. Product being used and interpreted out of licence. The Group asked for consideration to increase the risk score if permission was not obtained.
- Risk ID 1081- There is a risk of the inability for the Trust to store and handle medicines due the legal requirement for organisations that supply medicines to staff, to have a Whole Sale Dealers Licence; which may lead to the inability for LAS staff to treat patients if not properly managed. The Group were informed that the risk had been escalated to COLT for a business case – linked to risk ID 1066.

Recommendation(s) / Decisions for the Board / Committee:

- The Board is asked to discuss and approve the Corporate Risk Register.

Routing of Paper – Impacts of recommendation considered and reviewed by:

| Directorate | Agreed | | | | Relevant reviewer [name] |
|--------------------------------------|--------|---|----|--|--------------------------|
| Quality | Yes | X | No | | RCAG – Covid Response |
| Finance | Yes | | No | | |
| Chief Operating Officer Directorates | Yes | | No | | |
| Medical | Yes | | No | | |
| Communications & Engagement | Yes | | No | | |
| Strategy | Yes | | No | | |
| People & Culture | Yes | | No | | |

| ID | Sector / Department | Description | Opened | Rating (initial) | Risk level (initial) | Controls in place | Risk Owner | Last review date | Rating (current) | Risk level (current) | Assurance | Rating (Target) | Risk level (Target) | Progress Notes: |
|-----|---------------------|--|------------|------------------|----------------------|--|------------------|------------------|------------------|----------------------|--|-----------------|---------------------|---|
| 844 | Fleet and Logistics | There is a risk of project slippage due to an undefined technical solution (Kit prep / Wifi) for medicines packing and management at Logistics Support Unit Deptford. This may lead to the maintenance of paper based systems and poor data collection if not properly managed. | 01/10/2018 | 20 | High | 1. IM&T have attempted to put in a temporary solutions (ADSL) to support access to WIFI at Deptford. 2. Access to guest (LAS) WIFI is also available but this is time limited. 3. One BT and two IM&T engineers are exploring the issue to fix it. | Crichton, Stuart | 22/04/2020 | 16 | High | BT and two IM&T engineers provide status reports into the ongoing problem with suggested solutions. | 4 | Moderate | 22/04/20 Reviewed at Virtual RCAG. Awaiting de-escalation of risk score in agreement with project manager. Review in 3 months. |
| 872 | HR / Workforce | There is a risk that the health and well-being of our staff may be compromised through the failure of our occupational health provider to ensure that all staff have appropriate immunisations due to lack of accurate staff records and lack of nursing resource from PAM to carry out immunisations which could lead to staff being exposed to infection or staff declining to attend jobs where there is risk of infection which could impact on performance. | 10/12/2018 | 12 | Significant | 1. PAM monthly performance review meetings with Account Manager (LAS representatives, Nicola Bullen and Julia Crossey, Sharon Edgell, H&S) 2. KPI Dashboard provided by PAM, monthly 3. Monthly CEO Performance meetings including progress update and on Imms progress 4. Formal letter to PAM setting out concerns of performance against contract 5. Monthly immunisation report provided by PAM to track progress 6. As needed meetings with recruitment as the major user of OH service | Layne-Smith, Ali | 22/04/2020 | 16 | High | 1. Ongoing engagement direct with employees via various channels to get direct feedback on service (Nicola Bullen) 2. PAM survey of customer experience (PAM Account Manager). To be included in contract meeting 3. Follow up meeting with PAM Managing Director and Account Manager (December 2018) 4. PAM nurse to provide update on outstanding imms 5. Active management of OH issues escalated and future action identified to clarify and resolve | 8 | Significant | 22/04/20 Reviewed at Virtual RCAG. Score remains as staff still requiring interventions. EOC to be offered MMR and Varicella or complete decline forms. Review in 3 months. |
| 910 | Finance | There is a risk that the normal business continuity arrangements followed by the Trust will need to be enhanced in the event of a no deal departure from the EU due to the unknown nature and extent of the potential disruption to business. | 12/03/2019 | 16 | High | The Trust has conducted its assessment of the risks faced by the Trust in the event of a worst case departure from the EU on 31 October 2019, in line with the framework mandated by the Department of Health and Social Care. 2. The Trust's standing orders allow for urgent decisions to be taken when necessary. 3. The Trust has business continuity plans in place which are being tested in the context of hypothetical EU exit scenarios. 4. The Trust has mapped the supply chain for medical consumables and all the Trust's suppliers have a UK depot. Four key suppliers would hold 3 months' worth of stock on UK soil. 5. Fuel stocks confirmed which address the civil contingency act requirement to supply 20 days' supply. 6. A fuel monitoring system is installed and working to protect fuel stocks. 7. Fuel management plan in place- (continuity) aligned to the national arrangement for fuel distribution co-ordinated by NARL - NACC | Meer, Khadir | 22/04/2020 | 16 | High | Exit from the EU to be a standing item on the Executive Committee agenda going forward. 2. A focus group is in place which is meeting fortnightly providing feedback to the Executive Committee on the actions being taken to manage any risks identified with standing reports on logistics, fleet parts and fuel, procurement, drugs supplies including Frimley Park, communications and EPRR and Business Continuity. 3. The Trust has identified a Director to be the Senior Officer responsible for the Trust's preparedness for the UK's exit from the EU. 4. The Trust has been advised they are considered a priority service by the government for the supply of fuel in the event of a shortage. 5. IUC/111 clinicians in the CAS are receiving increased requests for longer prescriptions which is being mitigated through a medicines bulletin being sent to staff. 6. Internal audit review noted significant areas | 8 | Significant | 22/04/20 Reviewed at Virtual RCAG. The EU Exit meeting has been stood down and will be subject to review again in October. Review in 6 months. |
| 945 | Medical Directorate | There is a risk to the integrity of the data being produced by Kitprep due to the system not working as expected which leads to inaccuracy in the Perfect Ward audit tool of expiry dates of drug packs and discrepancies when reconciling the number of drug packs with the system. | 14/06/2019 | 15 | High | Daily drug audit (Perfect Ward) Manual updates to system to rectify errors (incident reports submitted for all discrepancies and flagged to IM&T) | Brade, James | 22/04/2020 | 15 | High | Discussed at medicines management group bimonthly and included in the MSO report Reported at performance review | 6 | Moderate | 22/04/20 Reviewed at Virtual RCAG. The Trust has made a decision to proceed with the development of Kit Prep2 which should address the issues around data integrity and provide a more robust approach to tracking and tracing medicines. Review in 3 months. |

| | | | | | | | | | | | | | | |
|-----|----------------------------|---|------------|----|------|--|------------------|------------|----|------|---|---|-------------|--|
| 967 | Organisational Development | There is a risk that patient experience will be adversely impacted at specific times of the week as a result of the lack of flexibility within the current Annual Leave agreement in place within operations resulting in a significant drop in the number of available staff and longer patient waiting times for category 2/3 calls. | 30/07/2019 | 20 | High | Use of supplementary roster to aim to provide additional staffing Use of overtime OPC rostering with high focus on weekend provision PAS/VAS commission | Layne-Smith, Ali | 22/04/2020 | 16 | High | Performance data | 8 | Significant | 22/04/20 Reviewed at Virtual RCAG. Working group to be set up with staffside and Policy to be reviewed. Review in 3 months. |
| 973 | Estates | There is a risk that ambulance premises, operational ambulance fleet HQ, vehicle security and other LAS assets may be accessed by unauthorised persons because of inadequate physical security arrangements, which may lead to damage and/or loss of assets which are critical for the delivery of the care and patient safety patients, unplanned financial costs for the repair/replacement and damage the reputation of the Trust if not properly managed. | 02/09/2019 | 15 | High | 1.Security Management Policy implemented. 2.Organisational procedure on station duties in place and communicated to staff. 3.Incident reporting system in place to enable the prompt reporting, investigation and management of incidents. 4.Security surveys being carried out on vulnerable sites. 5.Support available from the Metropolitan Police where acts of theft, damage, vandalism are reported. 6.Security awareness training incorporated into H&S training delivered across the Trust. 7.Engagement of security guards at sites where delays in garage door/shutter repairs are outstanding | Wand, Justin | 22/04/2020 | 15 | High | 1. Incidents reported on Datix. 2. Monitoring of Incident reports by Corporate Health & Safety Committee. 3. Regular review of incidents by Trust LSMS. | 4 | Moderate | 22/04/20 Reviewed at Virtual RCAG. Mystery shopper audits identified some issues with security on stations. Covid related thefts of PPE have been identified. Review in 1 month. |

| ID | Sector / Department | Description | Opened | Rating (initial) | Risk level (initial) | Controls in place | Risk Owner | Last review date | Rating (current) | Risk level (current) | Assurance | Rating (Target) | Risk level (Target) | Progress Notes: |
|------|---------------------|---|------------|------------------|----------------------|--|--------------|------------------|------------------|----------------------|--|-----------------|---------------------|--|
| 1066 | Fleet and Logistics | There is a risk of the disruption to the business continuity for medicines supply within the LAS due to the lack of a contingency site which may lead to the inability to pack and distribute medicines if not properly managed and could lead to prosecution if non compliant with Medicines Act 1968. | 10/04/2020 | 20 | High | Chief Pharmacist has raised via various managerial routes. The review work has been shared internally. A draft floor plan has been written. Various options proposed. Awaiting a meeting with the director for strategic assets & property, program manager for spatial, Chief pharmacist, MSO, and pharmacy technician. | Wand, Justin | 06/05/2020 | 20 | High | The drug bags are decontaminated. Logistics BC plan in place - however is not adequate for medicines. | 6 | Moderate | 06/05/20 Reviewed at Virtual RCAG. Risk approved but to escalate to Director of SAP and Trust Pharmacist for review of score. 13/05/20 Chief Pharmacist updated that score is correct as risk losing all ability to hold medicines. Risk and scored to be reviewed at next Virtual RCAG meeting. |
| 1070 | NHS111 | There is a risk that the Trust will compromise its NHS Pathways Licence holder status as a result of using NHS Pathways not in accordance with the agreed licence terms due to the Covid-19 emergency which could lead to a potential loss of the licence if not properly managed. | 14/04/2020 | 20 | High | NHS Pathways advised of the intention to use the pathway not as intended for transparency | Cook, Paul | 06/05/2020 | 16 | High | None | 8 | Significant | 06/05/20 Reviewed at Virtual RCAG. Using and interpreting product out of licence to ask simpler questions. Need to obtain permission. Risk to be escalated to Head of Integrated Urgent Care Delivery for the score to be reviewed. Risk and scored to be reviewed at next Virtual RCAG meeting. |
| 1081 | Fleet and Logistics | There is a risk of the inability for the Trust to store and handle medicines due the legal requirement for organisations that supply medicines to staff, to have a Whole Sale Dealers Licence; which may lead to the inability for LAS staff to treat patients if not properly managed. | 25/04/2020 | 16 | High | A review is underway, which was commissioned by the COO. Chief Pharmacist has carried out a detailed review of the medicines packing function in line with Good Distribution Practice criteria. | Wand, Justin | 06/05/2020 | 16 | High | Chief Pharmacist has carried out an initial assessment. | 2 | Low | 06/05/20 Reviewed at Virtual RCAG. Risk approved and score agreed. Issue has been discussed at COLT. Agreed to move to the Covid-19 risk register. |



| | | | | |
|---|--|------------|-------------------------------------|----------|
| Report to: | Trust Board | | | |
| Date of meeting: | 26 May 2020 | | | |
| Report title: | Freedom to Speak up quarterly Report | | | |
| Agenda item: | Report for information – 10.1 | | | |
| Report Author(s): | Katy Creighton, Freedom to Speak Up Guardian | | | |
| Presented by: | For information | | | |
| History: | N/A | | | |
| Purpose: | <input checked="" type="checkbox"/> | Assurance | <input type="checkbox"/> | Approval |
| | <input type="checkbox"/> | Discussion | <input checked="" type="checkbox"/> | Noting |
| Key Points, Issues and Risks for the Board / Committee's attention: | | | | |
| <p>This report provides the Board with an update on Freedom to Speak Up (FTSU) activities since the last report to the Board in November 2019 and the implementation of the London Ambulance Service NHS Trust (LAS) FTSU Strategy.</p> | | | | |
| Recommendation(s) / Decisions for the Board / Committee: | | | | |
| <p>The Board is asked to note the update provided in this report.</p> | | | | |

| Routing of Paper – Impacts of recommendation considered and reviewed by: | | | | | |
|--|--------|--|----|--|--------------------------|
| Directorate | Agreed | | | | Relevant reviewer [name] |
| Quality | Yes | | No | | |
| Finance | Yes | | No | | |
| Chief Operating Officer Directorates | Yes | | No | | |
| Medical | Yes | | No | | |
| Communications & Engagement | Yes | | No | | |
| Strategy | Yes | | No | | |
| People & Culture | Yes | | No | | |
| Corporate Governance | Yes | | No | | |



Freedom to Speak Up Quarterly report

Background

1. It is a requirement in the standard NHS contract that NHS Trusts appoint a Freedom to Speak Up (FTSU) Guardian. Guardians can be approached by any worker in confidence, at any time, to discuss concerns about any risk, malpractice or wrongdoing which they believe is harming the service.
2. In July 2018 Katy Crichton was appointed as permanent part time FTSU Guardian to: raise the profile of FTSU across the organisation; continue to deliver a FTSU service across the Trust; and to represent the LAS at national and regional speaking up events. Due to the large volume of new concerns raised in Q2 and Q3, Katy took on the Guardian role full time in December 2018. Paramedic Erica Greene was recruited into the new part time post of FTSU Co-ordinator in September 2019.
3. This report provides information about FTSU activities that have taken place within the London Ambulance Service NHS Trust (LAS) and nationally since the last Board update in November 2019.

LAS FTSU casework:

4. In line with the standard NHS contract, the LAS is required to report quarterly details of Freedom To Speak Up cases to the National Guardian's Office (NGO). In quarter four 2019/20, 75 cases were raised.
5. The trend of cases during the year 2019/20 is shown below:

| Q1 | Q2 | Q3 | Q4 | Total |
|----|----|----|----|-------|
| 67 | 66 | 71 | 75 | 279 |

By way of comparison, 118 cases were raised during Q1 – Q4 2018-19.

6. The data below, which is for Q3, enables a comparison with other English Ambulance Trusts:

| Trust | Total Cases | Anonymous | Patient Safety | B&H | Suffered detriment from raising a concern |
|--------|-------------|-----------|----------------|---------|---|
| EMAS | No data | No data | No data | No data | No data |
| EEAST | 12 | 2 | 3 | 5 | 2 |
| LAS | 71 | 0 | 5 | 21 | 9 |
| NEAS | No data | No data | No data | No data | No data |
| NWAS | 60 | 0 | 9 | 13 | 0 |
| SCAS | 21 | 0 | 2 | 7 | 0 |
| SECAMB | 19 | 2 | 1 | 10 | 1 |
| SWAST | 23 | 0 | 2 | 4 | 0 |
| WMAS | 1 | 1 | 0 | 1 | 0 |
| YAS | 25 | 0 | 2 | 3 | 0 |

7. The sources of FTSU concerns in Q4 are shown in the following table:

| <i>Source</i> | <i>Number of concerns</i> |
|---------------|---------------------------|
| Sectors | 42 |
| EOC | 7 |
| IUC/111 | 7 |
| Corporate | 17 |
| UK | 2 |
| Total | 75 |

In Q4, the NC and NE sectors raised significantly more concerns than the other three, but this may be due to some intensive activities from advocates in those areas. There were no outstanding themes by area.

8. 20% of concerns in Q4 were raised by BME colleagues while BME staff represent 17% of the workforce. The NGO has indicated that nationally there is a tendency for BME staff to raise fewer concerns than would be expected from their share of the workforce; hence the higher percentage in LAS may be a positive. However, the situation will be kept under review.
9. 56% of those who raised concerns were male, in line with previous quarters.
10. The main themes of the concerns raised in Q4 can be broken down as follows (*adds to more than 100% due to rounding*):

| <i>Theme</i> | <i>Percentage of concerns</i> |
|-------------------------|-------------------------------|
| Process | 47% |
| Management | 23% |
| Bullying and harassment | 8% |
| Patient safety | 4% |
| Staff safety | 12% |
| Other | 7% |

A separate report has been circulated to Board members summarising concerns related to COVID-19 that were reported in March and April.

Process remains the largest category of concern. This is broadly due to internal processes not being user-friendly for staff, extended delays to get information, and failure to communicate adequately.

Of the FTSU concerns in Q4 that have an element of Bullying and Harassment, 50% were peer-on-peer and 50% were manager to staff.

11. Concerns raised contributed to:

- highlighting issues with safeguarding processes
- ensuring that senior managers are aware of and reacting to IG breaches
- working with the Diversity Consultant to ensure that staff requiring additional adjustments were able to access them in a more timely manner
- highlighting additional training needs within 111
- working with staff side reps to assist staff who needed redeployment into alternative equivalent roles

12. Covid-19 specific concerns contributed to:

- better understanding of PPE issues that related to individual's specific circumstances
- highlighting problems relating to social distancing in all of the control rooms
- addressing potential inconsistencies in incentive payments in IUC
- increasing face to face support for colleagues in EOC
- better understanding of issues relating to redeployment of staff because of pandemic and subsequent problems with line manager reporting
- tackling issues relating to availability of CTMs during the period of very high demand.

13. Of the 75 concerns raised in Q4, one was raised anonymously. Feedback was obtained for 20 concerns that were closed in the period, all of which answered 'yes' in response to the question 'would you speak up again?' and also reported that they had not suffered any detriment as a result of speaking up.

14. As of the end of Q4, concerns remaining open were as follows:

| <i>Date of concern</i> | <i>Number of open concerns</i> |
|------------------------|--------------------------------|
| 2018/19 | 2 |
| 2019/20 Q1 | 2 |
| Q2 | 2 |
| Q3 | 4 |
| Q4 | 29 |
| Total | 39 |

Progress against LAS FTSU Strategy:

15. **Theme 1 - Engaging senior leaders to ensure that FTSU is given appropriate prominence within the Trust**

What we have said we will do:

- a) We will work with the Trust's senior leaders to ensure that they take an interest in the Trust's speaking up culture and are proactive in developing ideas and initiatives to support speaking up.
- b) We will work with the Trust's senior leaders to ensure that they can evidence that they robustly challenge themselves to improve patient safety, and develop a culture of continuous improvement, openness and honesty.
- c) We will work with the Trust's senior leaders to help them to use speaking up as an opportunity for learning that can be embedded in future practice to deliver better quality care and improve workers' experience.

16. What we have done since the last report to the Board:

The FTSU Guardian continues to have regular meetings with members of the executive team in order to share and triangulate information. This included working with the CEO and a team of colleagues on a programme to improve culture and leadership based on data from the staff survey. This work has had to be put on hold due to the pandemic, but regular communication between the senior team and the FTSU Guardian has remained ongoing particularly with regard to Covid-19 related concerns.

17. Theme 2 - Ensuring that all members of staff know and understand about FTSU and the role of the Guardian

What we have said we will do:

- a) We will establish a network of FTSU advocates to support the FTSU Guardian and ensure that dissemination of FTSU information is more widespread.
- b) We will have a clear communication plan that tailors and ensures appropriate FTSU communications to different groups of staff.
- c) We will ensure that learning from concerns is clearly communicated.

18. What we have done since the last report to the Board:

In Q4, the FTSU Guardian visited hospitals in south west London alongside the SW ADO Brian Jordan and Dignity at Work Facilitator Amanda Stern. The FTSU co-ordinator also spent time at both NEL and SEL in order to engage with staff in those areas. Service-wide communications via LIA, the Pulse and the RIB have remained regular and ongoing with particular focus on encouraging staff to continue to speak up during the pandemic.

19. Theme 3 - Ensuring that the systems/process/structures are in place to support raising concerns and responding to these and learning from them

What we have said we will do:

- a) We will review our FTSU Policy to ensure that it remains appropriate and easily accessible.
- b) We will clarify the systems and processes underpinning the routes through which different claims can be made.
- c) We will ensure that there are links between all parts of the organisation where concerns may be raised, to avoid casework being duplicated or missed.

20. What we have done since the last report to the Board:

An audit of FTSU processes by Grant Thornton gave “significant assurance with some improvement required”. There was one low risk recommendation – that cases open for more than 60 days are more closely monitored. This has now been actioned and a list of these cases goes out to each director on a monthly basis to show how many remain open for an extended period of time in their directorate. A process map to show what happens when a member of staff raises a concern has been developed in conjunction with the advocates and is currently with the communication team for the finished design.

21. Theme 4 - (With the People and Culture Directorate) facilitating cultural change

What we have said we will do:

- a) We will work with the People and Culture Directorate to ensure that FTSU is reflected in all of the work undertaken to implement the People and Culture Strategy.
- b) We will ensure that there are ongoing coherent evaluations of the FTSU environment within LAS.
- c) Activities undertaken to establish a picture of the understanding of FTSU within LAS.

22. What we have done since the last report to the Board:

The FTSU Guardian was invited to take part in P&C initiatives to introduce a wider resolution approach to conflict situation and attended meetings with staff side colleagues to review the MAP process.

Q4 2019/20 Feedback:

21. Feedback from Q4

- *"I would definitely speak up again. I've found the process excellent and you've been nothing but patient and helpful. I haven't received any detriment as a result of speaking up"*
- *"My concern was dealt with appropriately and I was kept informed and in control throughout the process."*
- *"I just want you to know how appreciative I am of everything you have done. You have been very supportive and at the time it felt like you were the only person willing to listen. I think your role is absolutely essential and I can't thank you enough for everything you have done"*
- *"When I first contacted Katy, I was at a really low point. She really helped to encourage me to work through my concerns and to make sure I took the time I needed to fully recover. She provided helpful advice and guidance. I have had frequent emails from her checking in on me which has been a real comfort."*
- *"I would speak up again, the response was prompt and effective and unlike some things in the LAS an outcome has been generated in a timely fashion which I feel will benefit patients and relatives in the further with relation to the concern I have raised. I have not suffered any detriment from speaking up. The anonymity factor to raising concerns safeguards Individuals and I feel this will pose as an invaluable part of speaking up for future whistleblowers"*
- *"I would like to thank you, once again, for all the help and support you have given. You are helpful, approachable and do an important role to improve the organisation for the benefit of staff and patients".*

National Guardian's Office (NGO):

22. The National Guardian's Office asked Freedom to Speak Up Guardians in all Trusts and foundation trusts for information on Freedom to Speak Up cases raised with them in the third quarter of 2019/20.

Q3 2019/20 national data headlines:

- 4120 cases were raised to Freedom to Speak Up Guardians / ambassadors / champions
- 915 of these cases included an element of patient safety / quality of care
- 1496 included elements of bullying and harassment
- 147 related to incidents where the person speaking up may have suffered some form of detriment
- 469 anonymous cases were received
- 7 trusts did not receive any cases through their Freedom to Speak Up Guardian
- 196 out of 226 NHS trusts sent returns

23. The NGO is currently focusing on the introduction of FTSU into primary care, and has recruited regional leads for each area to assist with this. The regional lead for London is yet to be appointed. There is a new website that is now separate from the CQC website and is accessible at nationalguardian.org.uk
24. In March, the FTSU Guardian was invited to speak at a regional NGO event about the work that the LAS had done to improve the FTSU index score and improve speaking up culture. The feedback from the event was very positive.

National Ambulance Network of Guardians (NAN):

25. The National Ambulance Network (NAN) of Guardians meets quarterly to share good practice and provide mutual support. The meetings are held in different regions and include an element of CPD as well as an opportunity to network and share information.
26. The LAS FTSU Guardian is co-chair of the NAN and during the pandemic related lockdown has been participating in virtual meetings with other members in order to continue to provide support and share information.

Conclusion

27. The LAS continues to have a high level of engagement with the NGO, the National Ambulance Network and the London Region Network of Guardians.
28. The NGO's recent case reviews and guidance to the Board are continuing to demonstrate the value of the Guardian role. There is now an increasing amount of evidence that the Trust has an improving FTSU culture which is being recognised externally.
29. The efforts made by the LAS to expand the reach of the Guardian, promote Freedom to Speak up activities and create an environment in which staff feel safe to raise concerns are reflected in the increased number of concerns raised. There is still more to do with regard to the Trust also promoting a culture of "listening up"
30. The Board is asked to note the contents of this report.

Katy Crichton
Freedom to Speak Up Guardian



London Ambulance Service

NHS Trust

| | | | | |
|---|--|------------|-------------------------------------|----------|
| Report to: | Trust Board | | | |
| Date of meeting: | 26 May 2020 | | | |
| Report title: | Annual Report Patient Experiences Department | | | |
| Agenda item: | Report for information – 10.2 | | | |
| Report Author(s): | Gary Bassett, Head of Patient Experiences | | | |
| Presented by: | For Information | | | |
| History: | This report has been compiled from activity reported and reviewed by QOG and QAC and is an extract from the Quality Account. | | | |
| Purpose: | <input type="checkbox"/> | Assurance | <input checked="" type="checkbox"/> | Approval |
| | <input type="checkbox"/> | Discussion | <input type="checkbox"/> | Noting |
| Key Points, Issues and Risks for the Board / Committee's attention: | | | | |
| <ul style="list-style-type: none"> Regulation 18. of the <i>Local Authority Social Services and NHS Complaints Regulations (2009)</i> makes it an obligation that each responsible body must prepare and publish an annual report That must include the numbers of complaints received and the number referred to the Health Service Ombudsman, the subject of complaints and matters arising | | | | |
| Recommendation(s) / Decisions for the Board / Committee: | | | | |
| <ul style="list-style-type: none"> The Board is asked to note the report which will be published on the Trust website. | | | | |

| Routing of Paper – Impacts of recommendation considered and reviewed by: | | | | | |
|--|--------|--|----|--|--------------------------|
| Directorate | Agreed | | | | Relevant reviewer [name] |
| Quality | Yes | | No | | |
| Finance | Yes | | No | | |
| Chief Operating Officer Directorates | Yes | | No | | |
| Medical | Yes | | No | | |
| Communications & Engagement | Yes | | No | | |
| Strategy | Yes | | No | | |
| People & Culture | Yes | | No | | |
| Corporate Governance | Yes | | No | | |

PATIENT EXPERIENCES

ANNUAL REPORT

2019/20



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| 6 | Changes to Service provision/case examples | 7/8 |



Annual Report Patient Experiences Department

2019/20

Introduction

Patient experience and feedback allows us to understand whether our services are meeting the standards we set ourselves and addressing patients' expectations. With these objectives very much in mind, we take all patient and stakeholder feedback very seriously and do our best to offer a comprehensive response to any issues brought to our attention, clearly identifying any lessons and using these to improve our service, where appropriate.

We report trends and emerging themes through the Trust's governance processes and to widen the learning, publish anonymised case examples on the Trust website and as contributions to the 'Insight' publication which is disseminated across the Trust. We also contribute to the national ambulance forum (National Ambulance Service Patient Experiences Group - NASPEG), comprising all UK ambulance services.) where the issues raised are common to the sector as a whole.

We also work very closely with advocacy providers, especially POhWER, the largest provider in London.

Activity

For the year ending 2019/20, the volume of complaints increased over the previous year, totalling 1125 against 1017 in 2018/19. PALS enquiries also increased this year (4181 against 3885 in 2018/19).

The top 5 subjects of enquires were:

Requests for information (2297)

Lost property (687)

Appreciation (389)

Requests for medical records (367)

Safeguarding enquiries (49)

We have introduced an online form for lost property requests, 264 such enquiries were received by this method in 2019/20.

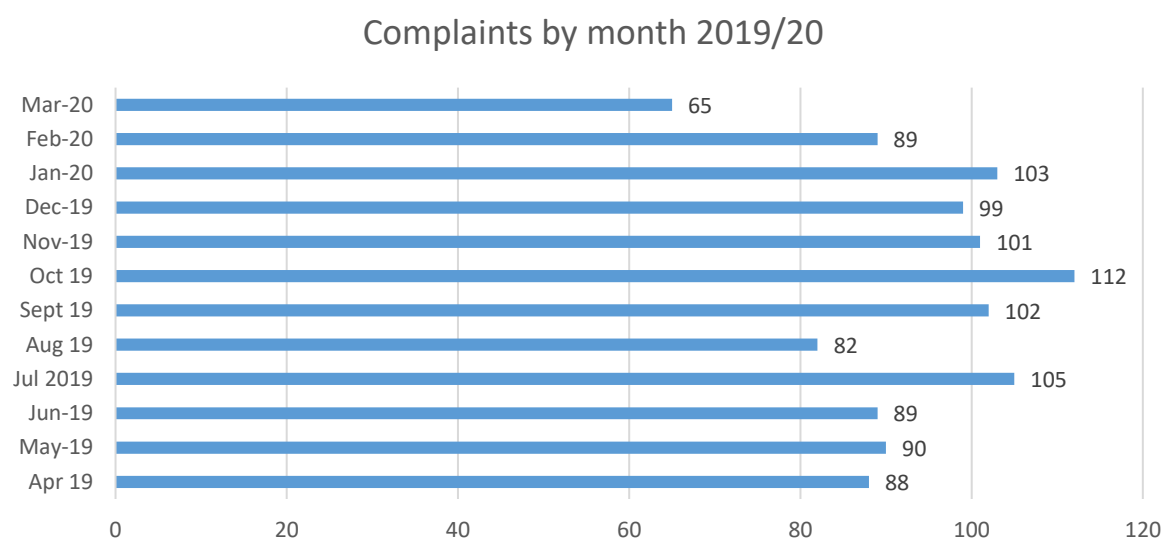
Complaints about our NHS 111 teams totalled 146, 61 about NELIUC and 85 about SELIUC.

The number of external Quality Alerts raised by other Healthcare Professionals increased from 234 in 2018/19 to 364. From 2020/21 we will also take responsibility for the management of Internal Quality Alerts about other providers raised by LAS staff. A total of 15 such requests have been received so far but we anticipate this will rise exponentially.



The average percentage of complaints received against calls attended is 0.09%.

Graph showing complaints by month 2019/20



Complaint risk score: 2019/20

During 2019/20, 27 complaints and 12 Quality Alerts were referred to the Serious Incident Group. Of these, 11 complaints and 1 Quality Alert were declared as Serious Incidents. We await the outcome as regards 2 further cases.

Complaints are initially graded using the Trust's Risk Matrix, this is however a dynamic process and the risk may change as further details become available.

Complaint outcomes

Where a complaint is *upheld* or *partially upheld*, the learning identified is actioned accordingly. This can involve a range of measures including feedback, reflective practice and bespoke training held locally, with emerging themes reported through the governance structure.

We monitor any agreed learning that has been identified to ensure that actions have been undertaken.

Table showing outcomes of complaints 2019/20:

| Outcome complaints 2019/20 | Data |
|----------------------------|-------------|
| Not upheld | 569 |
| Partially upheld | 155 |
| Under investigation | 127 |
| Referred to other agency | 115 |
| Upheld | 72 |
| Insufficient information | 49 |
| Actioned | 38 |
| Total | 1125 |



Themes

In 2019/20, complaints about staff communication and conduct increased to 480. This has now overtaken complaints about the delay in an ambulance being sent.

Complaints about NHS 111 mostly relate to an incorrect referral pathway or a delay in clinical call backs.

Many complaints increasingly involve multiple issues, for example, call management + a delayed response + attitude of crew staff + care provided.

The top five key subjects were as follows:

| Complaints by subject 2019/20 | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar |
|-------------------------------|-----------|-----------|-----------|------------|-----------|------------|------------|------------|-----------|------------|-----------|-----------|
| Conduct | 39 | 37 | 32 | 40 | 30 | 46 | 55 | 42 | 31 | 49 | 46 | 33 |
| Delay | 11 | 12 | 14 | 15 | 6 | 15 | 12 | 20 | 23 | 18 | 12 | 8 |
| Non-conveyance | 5 | 5 | 5 | 5 | 2 | 4 | 3 | 5 | 3 | 1 | 1 | 8 |
| Road handling | 2 | 10 | 7 | 12 | 11 | 10 | 6 | 8 | 6 | 7 | 6 | 4 |
| Treatment | 4 | 7 | 7 | 5 | 4 | 5 | 5 | 3 | 9 | 3 | 6 | 4 |
| Totals these | 61 | 71 | 65 | 77 | 53 | 80 | 81 | 78 | 72 | 78 | 71 | 57 |
| Totals | 88 | 90 | 89 | 105 | 82 | 102 | 112 | 101 | 99 | 103 | 89 | 65 |

March 2020 saw the advent of Covid-19 which substantially impacted on complaint volumes.

Performance

Our current target for complaint responses is 75% within 35 working days. During the year, we piloted a new way of working so that cases were no longer 'owned' exclusively by individual officers. This prevents delays when staff are out of the office and although turnaround improved, throughput is still hindered by other factors, for example, telephony and IT problems and unforeseen issues that impact on the entire service – for example Major Incidents and naturally the recent pandemic.

Some of the improvements we have achieved this year:

- Having a clinical advisor one day per week on a rota basis has had a very positive impact on throughput
- Developing a closer working with Quality Governance and Assurance Managers
- Local advances have been made on completing crew statements in a more timely way
- Closer working with Governance and Assurance team when a complaint is also the subject of a Serious incident; similar arrangements with Legal Services when a complaint is also subject to an Inquest.



- We were specially invited to contribute to the Ombudsman's review towards the unification of guidance across the NHS
- Our Head of Department was elected as Chair of the National Ambulance Service Patient Experiences Group (NASPEG)

We have also worked very closely with Quality Assurance team who manage evaluations of 999 call management.

Ombudsman cases

The Ombudsman continues to investigate a high proportion of complaints across all NHS Trusts, especially where a death has occurred.

The following table shows requests by the Ombudsman and outcomes:

| Status of Ombudsman referrals 2017-2020 | Data |
|---|-----------|
| Ombudsman case not upheld | 25 |
| Ombudsman case discontinued | 12 |
| Ombudsman under investigation | 7 |
| Ombudsman case partially upheld | 3 |
| Total | 47 |

| | |
|--|---|
| Outcomes- Ombudsman cases partially upheld | 3 |
| Patient was offered £500 financial remedy payment | |
| Acute Trust hosted - call triage error £400 financial remedy payment offered | |
| Acute Trust aspect upheld | |

Financial Remedy

The Ombudsman introduced specific guidance that all Trusts were expected to apply, in cases where the patient had experienced a poor service or injustice, including distress or unnecessary pain



We offered recompense in 9 cases amounting to circa £5000 by applying the Ombudsman's scale of financial remedy. The Ombudsman is using one of these cases as an exemplary illustration of how to apply his guidance.

Patient Experiences Learning Examples

Examples of learning/outcome

Complaints continue to be a powerful tool to describe patients' experiences and the learning that has resulted is presented through the governance process.

Staff attitude

Our practice when we receive a complaint about staff attitude and behaviour is to additionally review the care provided, which has often demonstrated a correlation.

Example one –staff attitude

Complaint that the attending staff were dismissive of the patient's sickle cell crisis symptoms. We explained that the patient should have been offered a carry chair and/or trolley bed to the ambulance and should have been conveyed to their usual treatment centre. It was also unclear whether the extent of the patient's symptoms had been explored. The staff were asked to undertake a reflective practice exercise focusing on the care management of sickle cell patients.

Example two - attending staff attitude/care provided/disclosing information

Complaint from patient that the attending staff lacked sympathy and understanding of her MH issues and she heard them inform the hospital that she had threatened them with a household object that can be used as weapon, which she denied.

The crew had faced a very challenging situation and with the help of the MH team, we concluded that the complaint was a manifestation of the patient's illness which had similarly affected her experience of the care provided. As well as replying to the complainant to explain the rationale of the care provided and the importance of staff alerting hospital colleagues to a patient's potential volatility, we worked with the local CMHT to ensure the patient's needs could be met on her discharge to the community.

Delay

Example three - delay/call management

Complaint about the call management when that there was a delay in an ambulance attending when the patient had a seizure whilst travelling on a bus, ultimately resulting in the bus driver taking her to hospital

There were some technical shortcomings in the management of the initial 999 call, the call handler was unhelpful at times, omitted to give the correct post-dispatch instructions and to explain that it may take up to 45 minutes for an ambulance to be dispatched. Extensive feedback was offered to the call handler concerned and it was arranged for their performance to be monitored for a period to be decided by their line manager.

Example four – delay/Clinical HUB



Complaint at the delay in providing a critical transfer ambulance when the patient was experiencing a placental abruption.

The Quality Assurance evaluation confirmed that from the information provided all 999 calls were largely managed in accordance with our protocols, although some technical shortcomings were identified; the Clinical Hub should also have applied an upgrade after 60 minutes as per the new guidance under ARP. This does not mean that an ambulance would have arrived sooner, however it would have increased the likelihood of that. An exceptional bulletin was issued to all CHUB staff.

Example five – Call management

Complaint that the call handler could have managed the 999 call more pro-actively when the caller found the patient wandering in the street.

We confirmed that the EMD should have attempted to do more to assess the patient's presentation as he was clearly very vulnerable. The EMD should also have considered seeking advice from a supervisor and contacted the police directly. Feedback was offered to them on these points.

Example six – Call management – non dispatch

Complaint that despite his injuries post RTC, the patient was referred to NHS111.

The Quality Assurance evaluation identified that the call handler omitted to check whether the patient was still on the floor and that the information provided by the patient that there was an arm deformity should have prompted a higher priority outcome. The call handler was offered extensive feedback

Example seven – NHS111

Complaint about the length of time the patient waited for a clinical call back from 111.

The 111 QA review identified that the call was managed and assessed appropriately with a correct determinant of a call back within 6 hours being achieved. This was not however properly communicated to the patient who was advised that she would receive a call within 2 hours

Treatment

Example eight - Treatment

Patient was upset that the attending medic did not administer a nebuliser after she suffered an asthma attack.

Extensive feedback was given to the Paramedic by a CTM, with an emphasis on the importance of recording the assessment record to an optimum level. They were also asked to review the treatment protocols in relation to patients with asthma-related presenting symptoms

Example nine – Treatment

Complaint that the patient sustained an injury after the attending staff trapped his arm between the stretcher and the ambulance.

The crew reflected and learnt from the incident including checking 'pinch point' areas to ensure patients are in the correct position to be transferred; and to balance the risk when considering using trolley straps or blankets in order to maintain the patient's limbs in a safe position



Example ten– Financial remedy

A patient complained that despite advising NHS111 that they intended to make their own way to hospital, this was not acted upon and an ambulance crew subsequently arranged a forced entry. We agreed to reimburse the family for the costs incurred in the repairs.

Quality Alert

The patient's GP visited the patient following discharge from hospital and arranged for an ambulance to attend as her condition had deteriorated. On arrival, the attending staff found that there was no evidence that postural support had been provided to maintain safer (higher) blood pressure, neither had notes detailing the GP's assessment been left for the crew to enable a handover of care. The patient was transferred as a priority to hospital.

We raised this issue with the practice manager as the patient's symptoms were an immediate threat to life.

Positive Feedback from complainant

Complaint about the way in which the 999 call was managed. Following our response, the following comments were received:

Thank you very much for your response to my complaint, I could not ask for more feedback than this and I am comfortable that it is being dealt with appropriately.

I just want to add that I have always had an exemplary service from the NHS Ambulance service and really appreciate the good work everyone does and also the seriousness that you take patient welfare into consideration

Themes

- Delay caused by demand exceeding resourcing.
- Triage errors, including technical and procedural errors
- Poor staff interaction with patients, mixed messages etc
- Referrals to NHS111 not always understood by 999 callers





London Ambulance Service

NHS Trust

| | | | | |
|---|---|------------|-------------------------------------|----------|
| Report to: | Trust Board | | | |
| Date of meeting: | 26 May 2020 | | | |
| Report title: | Integrated Performance Report | | | |
| Agenda item: | Report for information – 10.3 | | | |
| Report Author(s): | Key Leads from Quality, Finance, Workforce, Operations and Governance | | | |
| Presented by: | For information | | | |
| History: | Executive Committee meeting 13 May 2020 | | | |
| Purpose: | <input checked="" type="checkbox"/> | Assurance | <input checked="" type="checkbox"/> | Approval |
| | <input checked="" type="checkbox"/> | Discussion | <input type="checkbox"/> | Noting |
| Key Points, Issues and Risks for the Board / Committee's attention: | | | | |
| <p>This high level Integrated Quality and Performance Report serves to provide an Executive Summary for the Board and give organisational oversight of all key areas across London Ambulance Service.</p> <p>This report brings together the areas of Quality, Operations, Workforce and Finance.</p> <p>It enables effective monitoring and highlighting of potential issues to inform the business decisions of the Trust.</p> <p>Key messages from all areas are escalated on the front summary pages in the report.</p> <p>It is designed to highlight key risks and support benchmarking of Trust-wide performance against Key National, Local and Contractual Indicators.</p> | | | | |
| Recommendation(s) / Decisions for the Board / Committee: | | | | |
| <p>The Trust Board is asked to note the Integrated Performance Report and receive it for information, assurance and discussion.</p> | | | | |

| Routing of Paper – Impacts of recommendation considered and reviewed by: | | | | | |
|--|--------|---|----|--|---|
| Directorate | Agreed | | | | Relevant reviewer [name] |
| Quality | Yes | x | No | | Chief Quality Officer |
| Finance | Yes | x | No | | Chief Finance Officer |
| Chief Operating Officer Directorates | Yes | x | No | | Chief Operating Officer |
| Medical | Yes | x | No | | Chief Medical Officer |
| Communications & Engagement | Yes | x | No | | Director of Communications and Engagement |
| Strategy | Yes | x | No | | Director of Strategy and Transformation |

| | | | | | |
|----------------------|-----|---|----|--|--------------------------------|
| People & Culture | Yes | x | No | | Director of People and Culture |
| Corporate Governance | Yes | | No | | |

London Ambulance Service – Integrated Performance Report



Report for discussion with Trust Board members

Analysis based on Year to April 2020 data, unless otherwise stated

Our Patients – Data is at **7th May 2020** and is subject to change | Public Value – Data presented is for **March 2020**

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We have structured our management of performance and business plan around our organisational goals: **our patients, our people, our partners and public value:**

Update on performance:

Provide outstanding care for **our patients**

999 Performance in all national measures have broadly remained stable over time throughout the year, suffering significantly from the Covid-19 impact. Whilst seeing unprecedented demand during March owing to Covid-19 activity, April saw a more stable period where demand was on a downward trend, missing the C1 mean by just 10 seconds. C2 activity remains challenged.

111 Performance on calls answered within 60 seconds SLA improved at both North East London (NEL) and South East London (SEL), due to the impact of the national role 111 were taking in COVID-19 response and additional interventions that have been introduced to meet 111 / IUC calls

Be a first class employer, valuing and developing the skills, diversity and quality of life of **our people**

Our overall vacancy rate has remained at 2.7%. Our turnover remains at 10%. Sickness rates have increased from 4.9% to 7.2%, due to Covid. Our in-ops vacancy rate has increased from 2.5% to 5.3% due to redeployments into other areas to support Covid activity. Trust compliance in Statutory and Mandatory training is above target at 86%.

Provide the best possible value for the tax paying **public**, who pay for what we do

The Trust's full year position at month 12 is a £194k surplus, inclusive of £125k prior year adjustments – slightly ahead of plan. The position includes technical mitigations as a result of asset re-lifting of £3.4m (£1.3m higher than expected an M11) and additional funding of £6.8m in respect of costs associated with the Trust's response to COVID-19. An additional £1.3m of Financial Recovery Fund Incentive income was also notified to the Trust in April 2020 and is included in the Trust's financial position. The Trust has achieved a use of resources score of 1 for the full year, which is in line with plan.

Partner with the wider NHS and public sector to optimise healthcare and emergency services provision across London

The Trust saw Handover to Green performance broadly in line with March 2020. Similarly, the ED conveyance during April continues to remain low during the Covid-19 period. As business planning and target setting have been delayed due to Covid-19, the comparison are currently looked at in view of the trend and against the 2019/20 targets.

Our national position saw us achieve best for H&T, leaving us at 2nd best on ED conveyance.

Achievements since the last Board

- April saw the roll out of a trust wide Covid-19 response that resulted in improved performance across the board.
- NEL/SEL continued to play a big part in the national response to COVID-19, which is impacting the call taking performance.

- Staff Turnover rates remains at 10% (at target).
- The 'in-ops' vacancy rate for our frontline registered and non-registered staff has increased from 2.5% to 5.3%.
- Stat and mandatory training at 86% (above target).
- PDR rates at 68% (below target – temporarily suspended due to REAP levels).

- The Trust was able to deliver its control total outturn for 2019-20 and achieved capital spend equivalent to 99.4% of it's Capital Resource Limit whilst also managing increased resource requirements in response to COVID-19.
- Financial Recovery Fund Incentive income of £1.3m was awarded to the Trust in April 2020.
- The Trust Cash position finished the year £10.8m above plan.

- ED conveyance performance in April was within the 2019/20 targets.
- H&T performance remained strong in April, similar to end of 2019/20.



Patients Scorecard

April 2020

| April 2020 | | | | Current Performance | | | | | | Benchmarking (Month) | | |
|--|---------|-----------------|---------------|---|---|--------------|---------------------------|-------------------|---------------|----------------------|---------------------|--|
| Indicator (KPI Name) | Basis | Data From Month | Target Status | Target & Type (Internal / Contractual / National / All) | | Latest Month | Year To Date (From April) | Rolling 12 Months | National Data | Best In Class | Ranking (out of 11) | |
| Category 1 response – Mean | mm:ss | Apr-20 | <div></div> | 07:00 | A | 00:07:10 | 00:07:10 | 00:06:57 | 19:48 | 06:05 | 7 | |
| Category 1 response - 90th centile | mm:ss | Apr-20 | <div></div> | 15:00 | A | 00:12:19 | 00:12:19 | 00:11:41 | 21:37 | 10:10 | 7 | |
| Category 1T response – 90th centile | mm:ss | Apr-20 | <div></div> | 30:00 | N | 00:17:26 | 00:17:26 | 00:20:02 | | | | |
| Category 2 response – Mean | mm:ss | Apr-20 | <div></div> | 18:00 | A | 00:23:33 | 00:23:33 | 00:24:23 | 15:19 | 11:45 | 10 | |
| Category 2 response - 90th centile | mm:ss | Apr-20 | <div></div> | 40:00 | A | 00:56:15 | 00:56:15 | 00:51:07 | 06:34:28 | 00:20:42 | 11 | |
| Category 3 response – Mean | h:mm:ss | Apr-20 | <div></div> | 1:00:00 | A | 00:45:05 | 00:45:05 | 01:09:23 | 07:36:27 | 00:23:23 | 6 | |
| Category 3 response - 90th centile | h:mm:ss | Apr-20 | <div></div> | 2:00:00 | A | 01:34:42 | 01:34:42 | 02:46:56 | 17:17:43 | 00:46:19 | 6 | |
| Category 4 response - 90th centile | h:mm:ss | Apr-20 | <div></div> | 3:00:00 | A | 02:13:48 | 02:13:48 | 03:48:13 | 24:21:11 | 01:00:53 | 7 | |
| Call Answering Time - 90th centile | ss | Apr-20 | <div></div> | 24 | I | 191 | 191 | 99 | | | | |
| ROSC at Hospital | % | Nov-19 | <div></div> | 33% | N | 34.3% | 33.6% | 34.1% | 31.1% | 34.3% | 1 | |
| Severe Sepsis Compliance - (national AQI reported quarterly) | % | Sep-19 | <div></div> | N/A | | 91.0% | 90.4% | N/A | 77.6% | 89.9% | 1 | |

Benchmarking Key

Top 3

Ranked 4-7

Ranked 7+

Please note:

999 performance data is correct as at 07/05/20 and is subject to change due to data validation processes

| | |
|-----|---|
| ● G | KPI on or ahead of target |
| ● A | KPI off target but within agreed threshold |
| ● R | KPI off target and outside agreed threshold |
| ● | KPI not reported / measurement not started |

Note: Sepsis is measured quarterly

*National average YTD



Patients Scorecard (NEL IUC)

April 2020

| April 2020 | | | | Current Performance | | | | | Benchmarking (Month) | | |
|--|-------|-----------------|---------------|---|---|--------------|---------------------------|-------------------|----------------------|---------------|----------------------|
| Indicator (KPI Name) | Basis | Data From Month | Target Status | Target & Type (Internal / Contractual / National / All) | | Latest Month | Year To Date (From April) | Rolling 12 Months | London Data | Best In Class | Ranking (Pan London) |
| Percentage of calls answered within 60 seconds | % | Apr-20 | ● | 95.0% | A | 79.9% | 79.9% | 69.3% | 73.7% | 81.4% | 2 |
| Percentage of Total number of calls abandoned after 30 seconds | % | Apr-20 | ● | 5.0% | A | 7.8% | 7.8% | 13.8% | 10.5% | 5.7% | 2 |
| Total calls - Priority 1: dealt within 15 min | % | Apr-20 | ● | 95.0% | C | 61.2% | 61.2% | 63.6% | | | |
| Total calls - Priority 2: dealt within 30 min | % | Apr-20 | ● | 95.0% | C | 71.1% | 71.1% | 56.2% | | | |
| Total calls - Priority 3: dealt within 60 min | % | Apr-20 | ● | 95.0% | C | 70.9% | 70.9% | 48.3% | | | |
| Total calls - Priority 4: dealt within 120 min | % | Apr-20 | ● | 95.0% | C | 81.9% | 81.9% | 48.8% | | | |
| Total calls - Priority 5: dealt within 180 min (NEL only) | % | Apr-20 | ● | 95.0% | C | 84.7% | 84.7% | 59.1% | | | |
| Total calls - Priority 6: dealt within 240 minutes | % | Apr-20 | ● | 95.0% | C | 87.8% | 87.8% | 61.6% | | | |
| % of calls closed with no onward referral (health advisor and clinician) | % | Apr-20 | ● | 33.0% | A | 21.1% | 21.1% | 27.0% | | | |
| % of calls transferred to 999 | % | Apr-20 | ● | 10.0% | A | 5.3% | 5.3% | 7.7% | 8.2% | 5.5% | 1 |
| % of calls recommended to ED | % | Apr-20 | ● | 5.0% | A | 7.0% | 7.0% | 8.4% | 7.5% | 6.7% | 2 |

Benchmarking Key

Top 3

Ranked 4-7

Ranked 7+

- G KPI on or ahead of target
- A KPI off target but within agreed threshold
- R KPI off target and outside agreed threshold
- KPI not reported / measurement not started



Patients Scorecard (SEL IUC)

April 2020

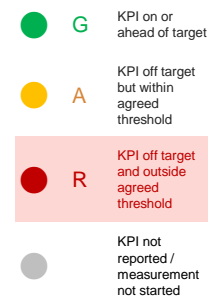
| April 2020 | | | | Current Performance | | | | | Benchmarking (Month) | | |
|--|-------|-----------------|---------------|---|---|--------------|---------------------------|-------------------|----------------------|---------------|----------------------|
| Indicator (KPI Name) | Basis | Data From Month | Target Status | Target & Type (Internal / Contractual / National / All) | | Latest Month | Year To Date (From April) | Rolling 12 Months | London Data | Best In Class | Ranking (Pan London) |
| Percentage of calls answered within 60 seconds | % | Apr-20 | ● | 95.0% | A | 77.3% | 77.3% | 69.9% | 73.7% | 81.4% | 3 |
| Percentage of Total number of calls abandoned after 30 seconds | % | Apr-20 | ● | 5.0% | A | 8.4% | 8.4% | 12.0% | 10.5% | 5.7% | 3 |
| Total calls - Priority 1: dealt within 15 min | % | Apr-20 | ● | 95.0% | C | 66.1% | 66.1% | 68.4% | | | |
| Total calls - Priority 2: dealt within 30 min | % | Apr-20 | ● | 95.0% | C | 71.2% | 71.2% | 53.4% | | | |
| Total calls - Priority 3: dealt within 60 min | % | Apr-20 | ● | 95.0% | C | 66.2% | 66.2% | 50.5% | | | |
| Total calls - Priority 4: dealt within 120 min | % | Apr-20 | ● | 95.0% | C | 79.7% | 79.7% | 58.1% | | | |
| Total calls - Priority 6: dealt within 240 minutes | % | Apr-20 | ● | 95.0% | C | 87.7% | 87.7% | 73.7% | | | |
| Total calls - Priority 7: dealt within 360 min (SEL only) | % | Apr-20 | ● | 95.0% | C | 92.5% | 92.5% | 77.0% | | | |
| % of calls closed with no onward referral (health advisor and clinician) | % | Apr-20 | ● | 33.0% | A | 21.4% | 21.4% | 27.4% | | | |
| % of calls transferred to 999 | % | Apr-20 | ● | 10.0% | A | 9.6% | 9.6% | 8.0% | 8.2% | 5.5% | 3 |
| % of calls recommended to ED | % | Apr-20 | ● | 5.0% | A | 6.7% | 6.7% | 8.4% | 7.5% | 6.7% | 1 |

Benchmarking Key

Top 3

Ranked 4-7

Ranked 7+



1. Our Patients

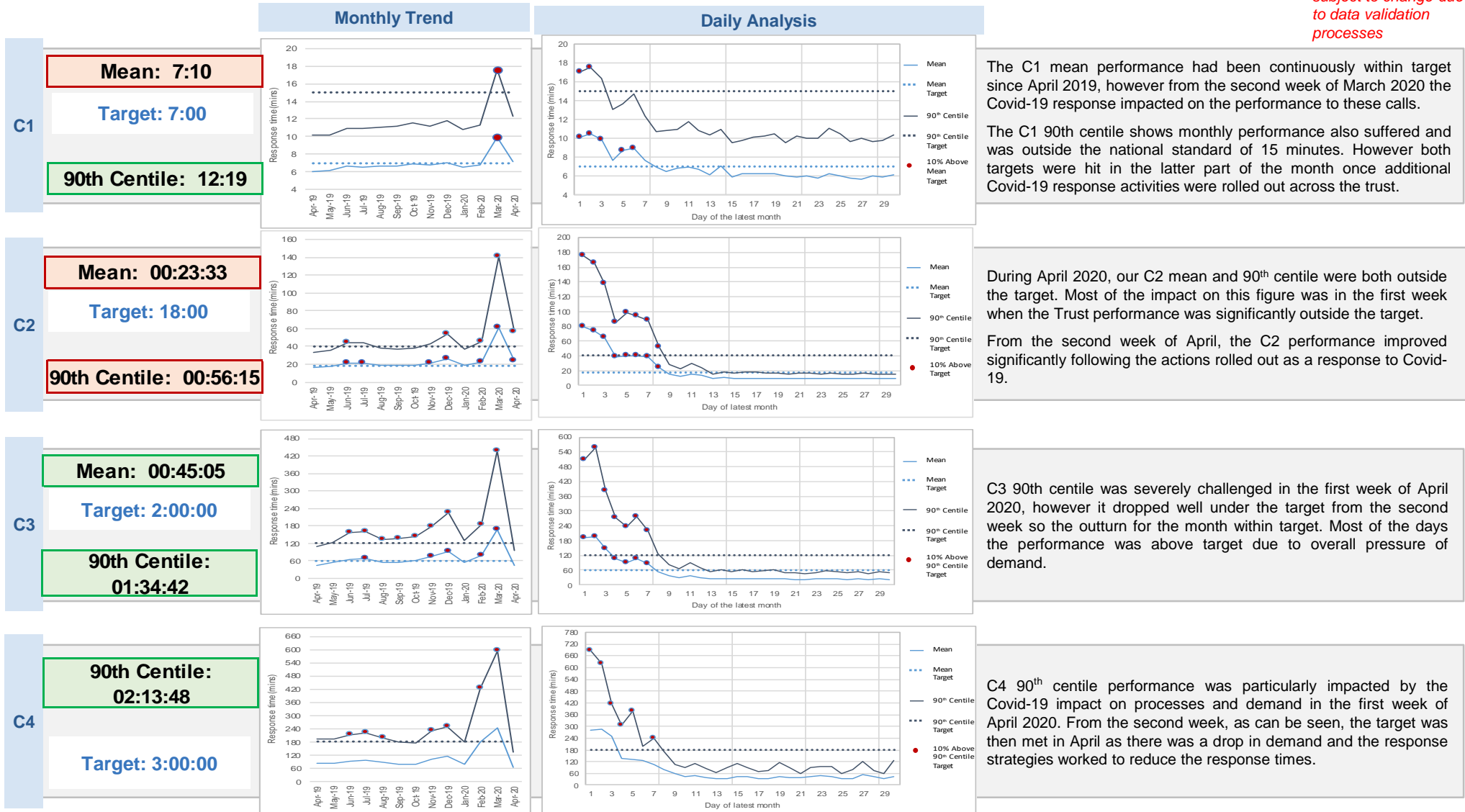
999 Response Time Performance



Please note:

999 performance data is correct as at 07/05/20 and is subject to change due to data validation processes

The April Category 1 mean returned 7 minutes 10 seconds while the Category 1 90th centile was 12 minutes 19 seconds. The Category 1 90th centile had remained within the standard each week since the implementation of the Ambulance Response Programme (ARP), until the Covid-19 impact and shows that our most critical patients are being responded to quickly. The latest nationally published data shows that the Trust is ranked first in the Category 1 mean measure and ranked first in the Category 1 90th centile measure when compared to all Ambulance Trusts across England.



1. Our Patients

999 Response Time Performance

Operational Demand



Please note:

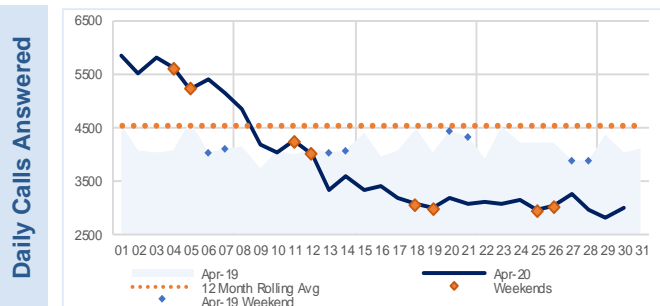
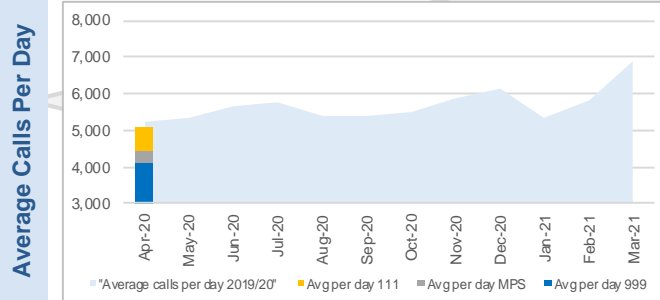
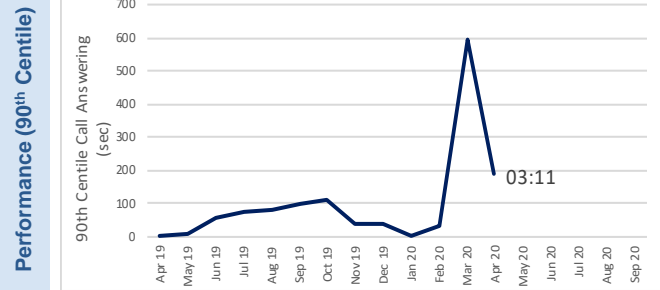
999 performance data is correct as at 07/05/20 and is subject to change due to data validation processes

The level of demand each month has a direct relationship on our performance metrics. Ensuring we make the most appropriate response is critical to managing demand effectively and therefore making the most of our resources and capacity to respond to our most critical patients.

The analysis below describes: **1) Calls Received**, **2) Incidents and Response Type** (incl. Hear & Treat, See & Treat, See & Convey), **3) Incident Category**

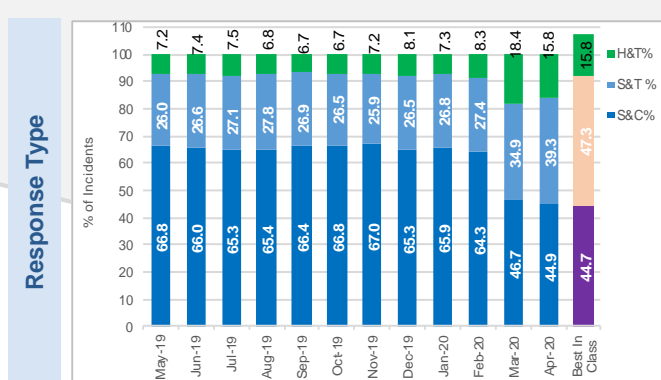
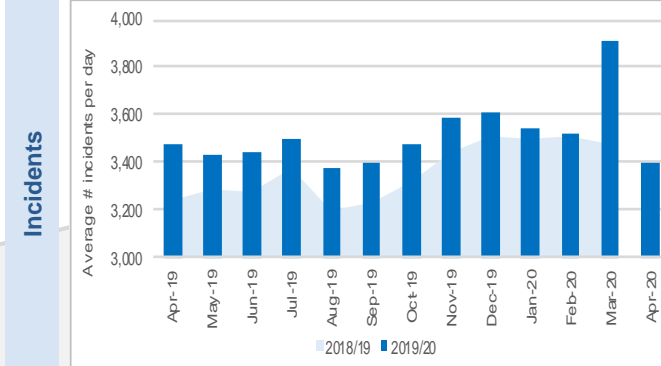
999 Calls Received

April 2020 saw a high number of calls in the beginning of the month with a significant reduction later in the month, which resulted in a significant improvement in response times as the month progresses. However this was still challenged against our target on call answering 90th centile, which is less than 24 seconds



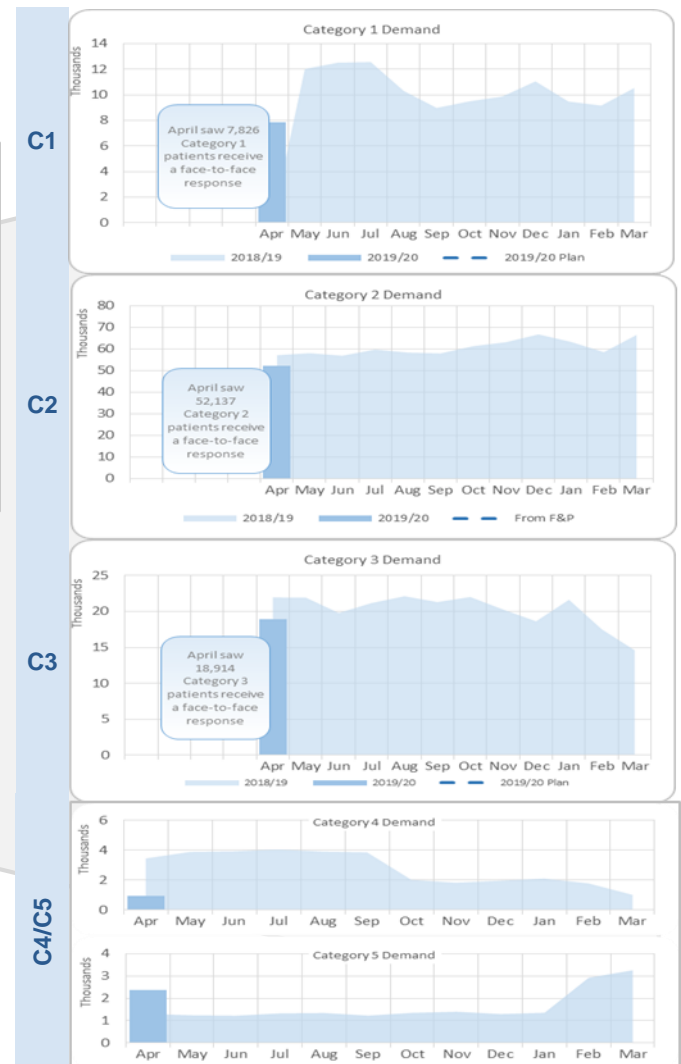
Incidents and Response Type

April 2020 saw a reduction of the number of incidents compared to March and to April 2019. Performance improved for ED conveyance and Hear & Treat compared to 2019/20 due to concentrated effort on these measures and a modified response from the trust to Covid-19.



During April 2020, SWAS was best in class achieving 47.3% for See & Treat. LAS gained 1st place and was best in class for both See & Convey and Hear & Treat categories, achieving 44.7% and an astonishing 15.8% respectively. This was due to the changes in responses to COVID 19 incidents.

Incident Category (By Month)

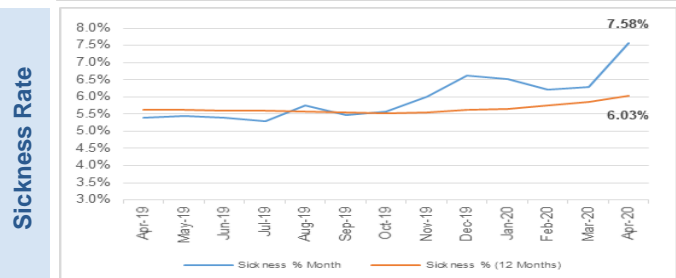
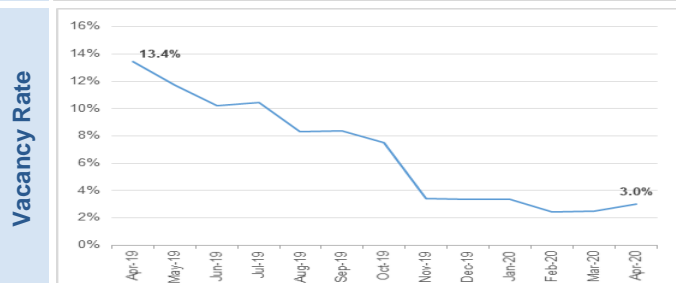
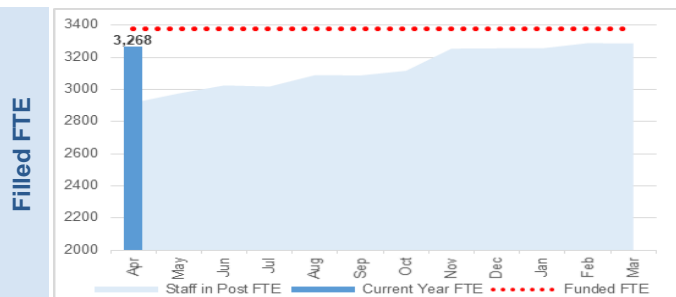




Our ability to meet this demand is dependent on our operational capacity and our ability to minimise the time that this unavailable. We consider two aspects of our capacity: our operational staff and our fleet of response vehicles.

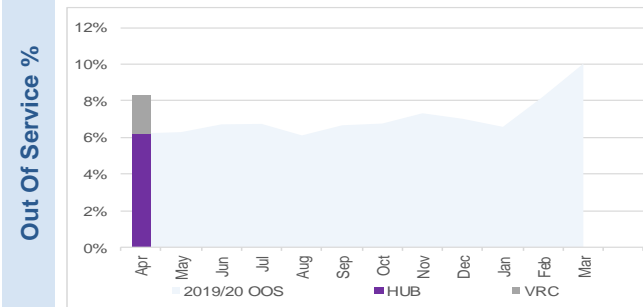
Frontline Operational Staff

Our overall vacancy rate has remained at 3%. Our turnover remains at 10%. Sickness rates have increased from 6.3% to 7.5%, due to Covid. Our in-ops vacancy rate has increased from 2.5% to 3% due to redeployments into other areas to support Covid activity.



Vehicle Availability and Patient Facing Hours

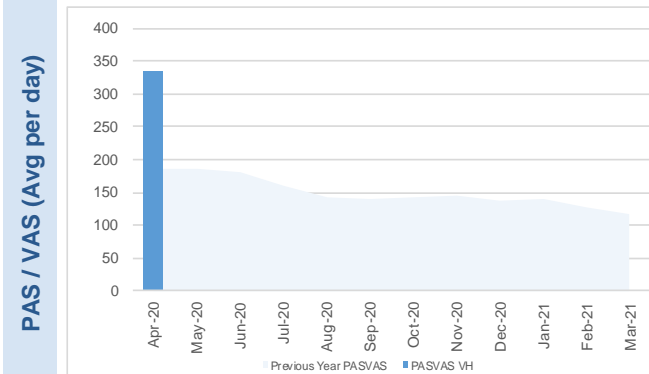
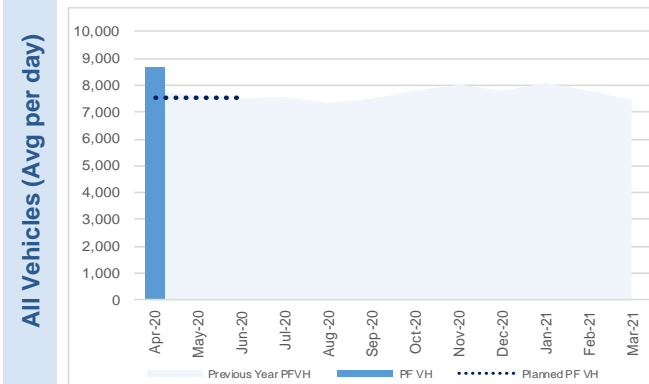
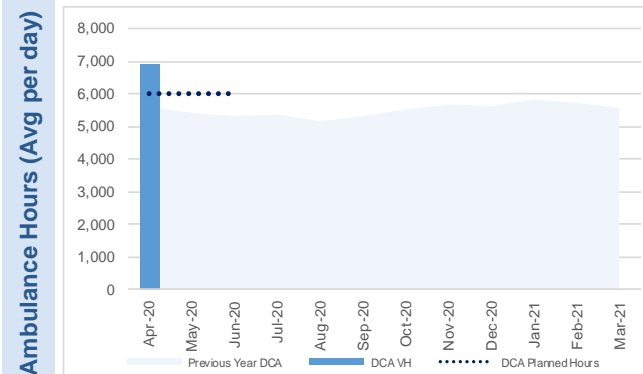
Overall Out Of Service rate averaged out at 9.8% in April 2020, a decrease 0.6% from the previous month. During the Peak Phase of COVID-19 there has been a significant increase in the daily DCA vehicle requirement which peaked at 481. COVID 19 vehicle decontamination has decreased, this task is now undertaken by Interserve which has impacted positively against DCA vehicle availability. The Trust has provided an average of 10,559 patient facing vehicle hours per day in April 2020 an increase from March 2020 of 9,403. The Trust DCA fleet from 472 (March 2020) to 537 (April 2020), we have seen an increase in DCA shells however we are working towards reducing this to single figures/zero. (At the time of writing the DCA shell figure is reduced to 5). During the Peak Phase of COVID-19 the daily DCA PVR continues to challenge the Fleet & Logistics Team. The increase in the DCA fleet has assisted the VRC Team however the overtime shifts which commence at 22.00hrs have caused the DCA fleet to be moved across the Trust to accommodate the shift start. The VRC and Scheduling continue to work together to alleviate the multiple vehicle movements.



Note:

OOS HUB - This account for out of service codes related to people/crew reasons for out of service hours

OOS VRC - This account for out of service codes related to vehicle reasons for out of service hours



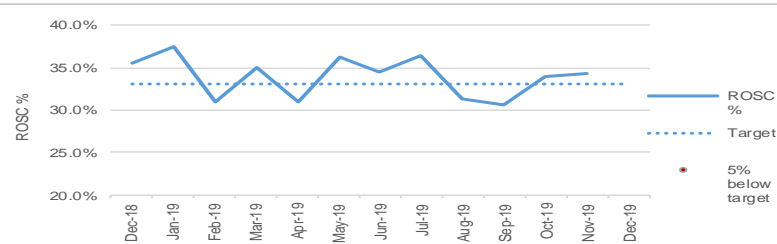


Our Trust-wide scorecard covers four of the key Ambulance Quality Indicators: Cardiac Arrest - Return of Spontaneous Circulation (ROSC) at Hospital, Sepsis - Care Bundle, STEMI - Call to angiography and Stroke - Call to door. The data presented is from November 2019, which is the most recent month published by NHS England.

ROSC at Hospital

Month:
34.3%

Target: 33%



For the first time this financial year, the LAS ranked 1st for ROSC on arrival at hospital for both the overall and Utstein groups achieving 34.3% and 76.6% respectively, above the national averages of 31.1% and 55.2%. However, we remained below average for survival to discharge in both the overall (7.8%) and Utstein comparator groups (28.6%). NHS England did not publish Post-Resuscitation Care Bundle data for November, the next data due to be published will be for January (in June).

Sepsis Care Bundle

Month: TBC

Target: TBC

Due to Covid-19 and the need to release capacity across the NHS to support the response, NHSE have paused the collection and publication of

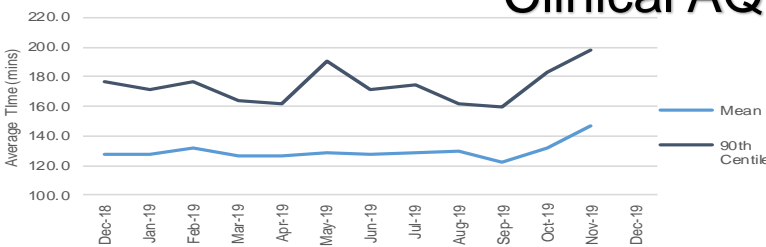
NHS England did not publish Sepsis Care Bundle data for November, the next data due to be published will be for December (in May).

Clinical AQIs

STEMI call to angiography

Mean: 02:27

Target: TBC

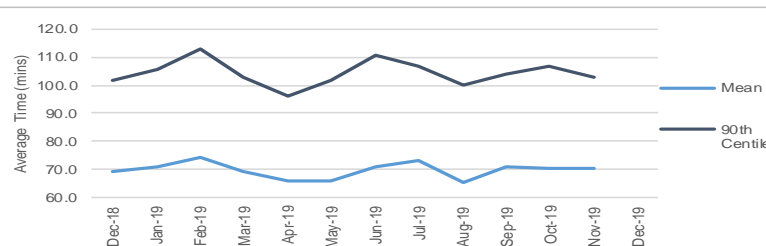


In November the LAS average call to angiography time was 02:27, this is a continued increase and above the national average of 02:16. NHS England did not publish STEMI Care Bundle data for November, the next data due to be published will be for January (in June).

Stroke call to door

Mean: 01:09

Target: TBC



The LAS continues to lead the rest of the country in terms of our mean call to hospital time for suspected stroke patients (01:09) in November, above the national average of 01:28. However, despite achieving the Stroke Diagnostic Bundle for 97.8% of our patients in November, this places us 7th.



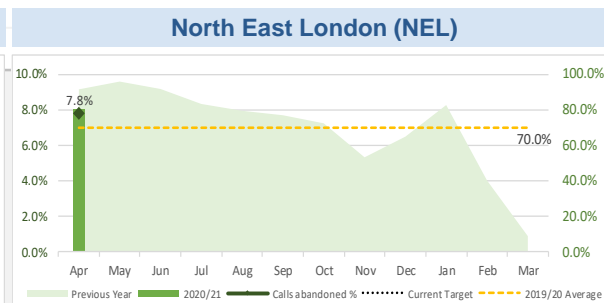
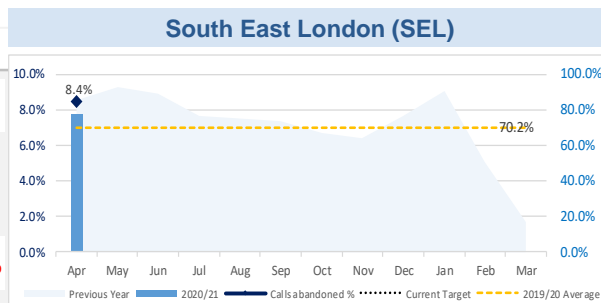
Call answering recovered in April 2020 for North East London (NEL) and South East London (SEL) in comparison to March due to the 111 services picking up a large part of the Trust and National response to COVID-19 in assessing, signposting and tracking affected people. Both sites are within target for calls transferred to 999, where we consistently perform better than the London average. However, due to heavy pressure of the COVID-19 response, we have seen higher abandonment rates this month.

Call Answering & Abandoned Calls

SEL: 77.3% / 8.4%

Target: 95% (CA) and 5%

NEL: 79.9% / 7.8%



The 111/IUC has been critically important in national Covid-19 response as any concerns were directed to 111 across England. In April following review of the working practices improved the response rates.

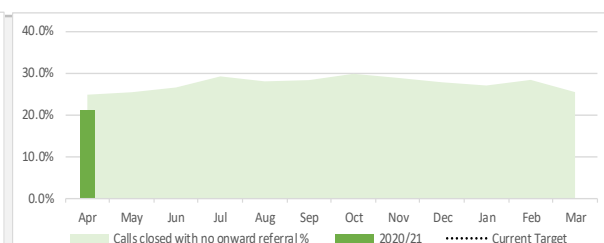
The number of calls abandoned by patients has been significantly higher due to the heavy demand of the COVID-19 response.

% of calls closed with no onward referral

SEL: 21.4%

Target: >33%

NEL: 21.1%



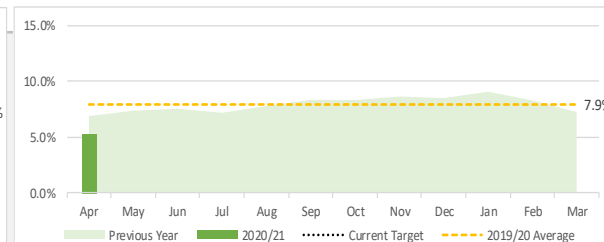
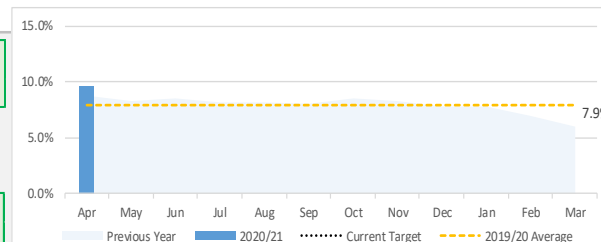
We are continuing to work to identify which patients benefit most from being managed via the CAS so that patients can have an advanced clinical assessment made and their care completed without onward referral. This significantly improves the quality of care provided over a standard 111 service and releases pressure on the wider healthcare system.

Calls Outcome: Transferred to 999

SEL: 9.6%

Target: <10%

NEL: 5.3%



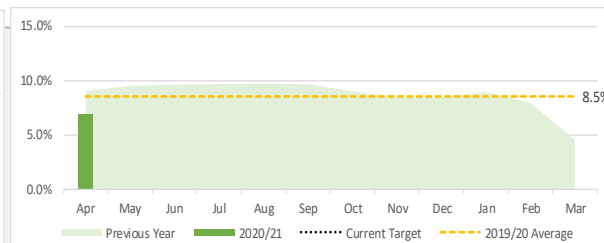
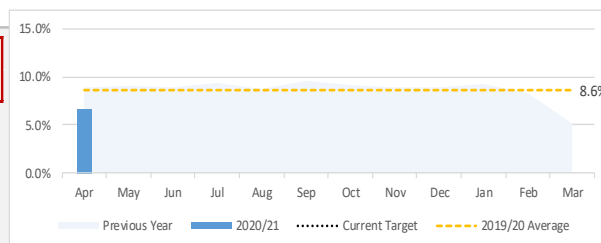
Referrals to 999 services remain within the 10% national standard for both NEL and SEL. During March, NEL delivered 5.3%, with SEL delivering 9.6%. This performance compares positively against the London average which was circa 10% and remains the lowest of all providers in London, indicating the benefits of a clinical assessment service (CAS).

Calls Outcome: Recommended to attend ED

SEL: 6.7%

Target: <5%

NEL: 7.0%



The development of our IUC services has enabled NEL and SEL to consistently outperform other providers in terms of A&E avoidance, however there is still a lot more work to do to minimize the recommendation for patients to attend A&E. The performance for April was better than the average for 2019/20.

2. Our People

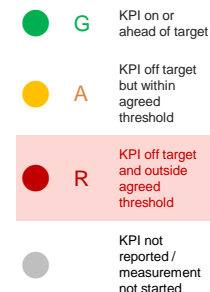
Trust wide Scorecard



People Scorecard

April 2020

| April 2020 | | | | Current Performance | | | | | | | Trajectory | Benchmarking | | |
|--|-----------|-------|-----------------|---------------------|---|----------|--------------|---------------------------|-------------------|--------------------|---------------|---------------|---------------------|--|
| Indicator (KPI Name) | Frequency | Basis | Data From Month | Target Status | Target and Type (Internal / Contractual / National / All) | | Latest Month | Year To Date (From April) | Rolling 12 Months | FY20/21 Trajectory | National Data | Best In Class | Ranking (out of 11) | |
| Staff Engagement Theme Score | Yearly | (n) | Apr-20 | <div></div> | 6.5 | Internal | 6.1 | | 6.2 | | 6.3 | 6.6 | | |
| Staff Survey Response Rate | Yearly | % | Apr-20 | <div></div> | ≥65% | Internal | 72% | | | | | 72% | 1 | |
| Vacancy Rate (% of establishment) | Monthly | % | Apr-20 | <div></div> | 5% | Internal | 2.8% | 2.8% | 2.9% | | | | | |
| Staff Turnover (% of leavers) | Monthly | % | Apr-20 | <div></div> | 10% | Internal | 10.1% | 10.1% | 11.1% | | | | | |
| Equality, Diversity & Inclusion Theme Score | Annual | (n) | Apr-20 | <div></div> | 8.3 | Internal | 8.1 | | 8.0 | | 8.5 | 9.5 | | |
| BME Staff Engagement Theme Score | Yearly | (n) | Apr-20 | <div></div> | 6.4 | Internal | 6.2 | | 6.1 | | | | | |
| % of BME Staff | Quarterly | % | Apr-20 | <div></div> | 17.5% | Internal | 16.0% | 16.0% | 15.7% | | | | | |
| Staff Sickness levels (%) | Monthly | % | Apr-20 | <div></div> | 5% | Internal | 5.7% | 5.7% | 5.4% | | | | | |
| Health and Safety (% of RIDDOR reports mtg <15day or less tgt) | Monthly | % | Apr-20 | <div></div> | 100% | Internal | 25% | 25% | 74% | | | | | |
| MSK Related Staff Injuries (Staff Survey) | Yearly | % | | <div></div> | <48% | National | | | | | | | | |
| Rate of working days per 1,000 incidents lost due to MSK injuries | Monthly | (n) | Apr-20 | <div></div> | 3.5 | Internal | 0.10 | 0.10 | 3.00 | | | | | |
| Bullying & Harassment (Safe Environment Theme) | Yearly | (n) | Apr-20 | <div></div> | 7.3 | Internal | 7.0 | | 6.1 | | 7.4 | 7.5 | | |
| Flu Vaccination Rate (Trust Total) | Monthly | % | Apr-20 | <div></div> | 75% | Internal | 55.0% | 55.0% | 55.0% | | | | | |
| Statutory & Mandatory Training (85% or above) | Monthly | % | Apr-20 | <div></div> | 85% | Internal | 86.0% | 86.0% | 84.0% | | | | | |
| Staff PDR Compliance (85% or above) | Monthly | % | Apr-20 | <div></div> | 85% | Internal | 67.6% | 67.6% | 77.6% | | | | | |
| Improve leadership and management across the Trust (Visible and Engaging Leader Programmes - target of 36% of Trust Managers in 2019/20) | Monthly | (n/%) | Apr-20 | <div></div> | 36% | Internal | 14.0% | 14.0% | 14.0% | | | | | |
| Level 3 Safeguarding Training Completed (90% target over 3yr period) | Monthly | % | Apr-20 | <div></div> | 800 | National | 100.0% | 85.0% | 85.0% | | | | | |



2. Our People

Vacancy Rates, Staff Turnover and Sickness

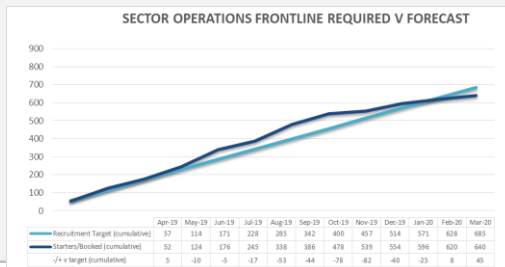


Recruitment

Month:

0 FTE

Target: 0 FTE



Required Frontline:
685FTE

Supply:640FTE

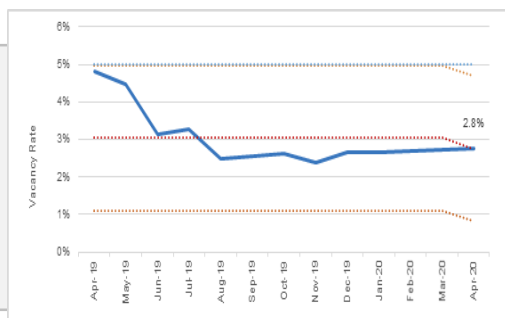
Gap: 45FTE

For those available to be rostered (the 'in-ops' rate) is 5.3% (178fte vacancies). This has increased due to Sector Operations being deployed to other non-Sector areas to support Covid-19 activity. Planning for our 2020/2021 frontline requirements is continuing as planned for UK Grads and Qualified Paramedics. Our international recruitment is continuing but this has been reduced due to the current restrictions in place for Covid-19. We have 36 due to join in June and July (3 started in May). We also have a small cohort of UK based paramedics starting on 11th May with others allocated to courses in June. We have 27 (TEACs) to start in June and July. Assessments now planned for 23 May (circa 38 candidates) and interviews 30 May. The impact of our reduced international and domestic recruitment is an end of year forecasted gap of 200fte against our 3,370fte establishment.

Vacancy Rate

Month: 2.8%

Target: 5%



All Frontline: 5.3%

Paramedics: 4%

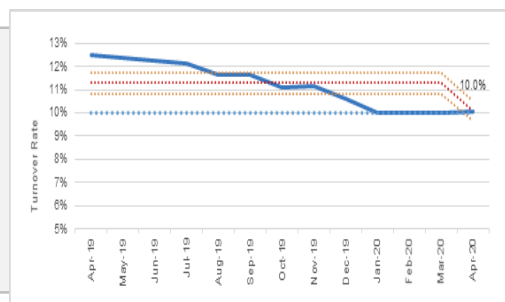
EOC: 0%

Our overall vacancy rate is below target at 2.7%. EOC Recruitment – all posts are now filled and this includes 27 staff in training. The 1st June course is full and the 20th July course is being recruited to (Super Saturday event on 16th May). For the third successive month we have seen a reduction in the expected number of leavers in EOC. NETS recruitment has progressed well and we are currently over-established. The overall 111 vacancy rate has remained at 19%. A workforce planning model is being developed to identify requirements and potential pipelines for the next three year period.

Staff Turnover

12 Month
Rolling: 10.0%

Target: 10%

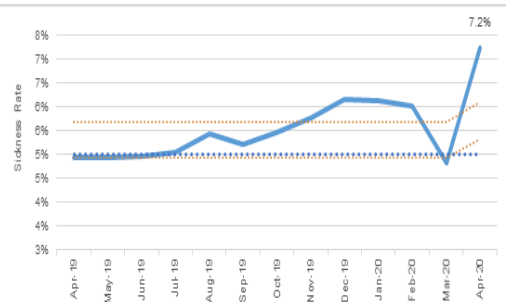
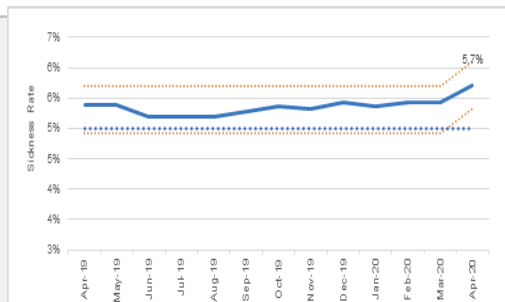


Staff turnover rates have remained on target at 10%. We continue to see a lower number of EOC leavers than forecasted. An exit interview pilot is currently being designed with NHS Shared Business Services and it is expected that this will start in May 2020. A draft retention improvement plan has been collated following feedback received from staff via the LIA Facebook post and RIB Survey. The next step will be to set up a Retention Steering Group. The one to one retention interviews with the international paramedics approaching their three year anniversary with the LAS have continued and this is helping to improve retention for this group. We have also agreed to fund any international paramedics who wish to apply for indefinite leave to remain. We are supporting staff to utilise the Government's automatic one year visa extension. We are one of the Trusts in the 5th Cohort National Retention Programme, a jointly led programme by NHSIE and NHS Employers. The programme offers trusts a range of support, which now forms an essential part of delivering the [interim NHS People Plan](#) and the [NHS Long Term Plan](#).

Sickness

12 Month
Rolling: 5.7%

Target: 5%



Trust wide sickness has increased from 4.8% to 7.2% and this is due to Covid-19. Our non-Covid sickness is tracking at the same level as the same period 12 months ago. As at 30th April, we had 60 cases of confirmed Covid sickness, 51 non-confirmed and 348 staff self-isolating. As at 14th May, these numbers have reduced to 41, 38 and 318 respectively. We have seen higher than average sickness rates in 111 Services (13%) and a deep dive is underway to better understand this increase.



Compliance with Health and safety action plan:

Actions arising from the Health and Safety Review have been progressed in line with the action plan; 66/69 actions have been completed (and continue to be embedded) and 3 actions are in progress and on schedule/behind schedule.

Adverse Staff Events

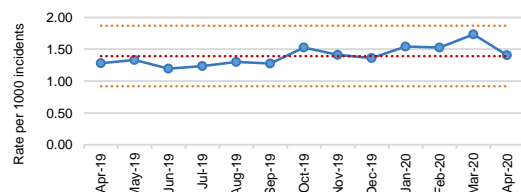
The total number of H&S incidents reported during April'20 was 471 resulting in **5.49 events per 1000 A&E (face to face) incidents**. The breakdown of these events is shown in the analysis below.

121 (26%) of the H&S related incidents reported during April – 2020 resulted in Low Harm.

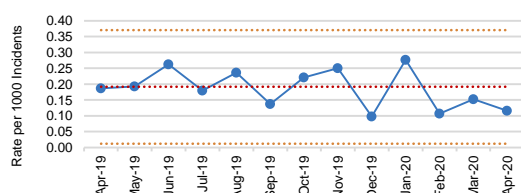
10 (2%) of the H&S related incidents reported during April - 2020 resulted in Moderate Harm.

In line with the Trust Risk Management Strategy all RIDDOR incidents are graded as minimum moderate harm, this also aligns with the HSE RIDDOR requirements. This will help ensure management attention is focussed on proportionate interventions. (Hence the spike from April 2019).

Month: 1.41



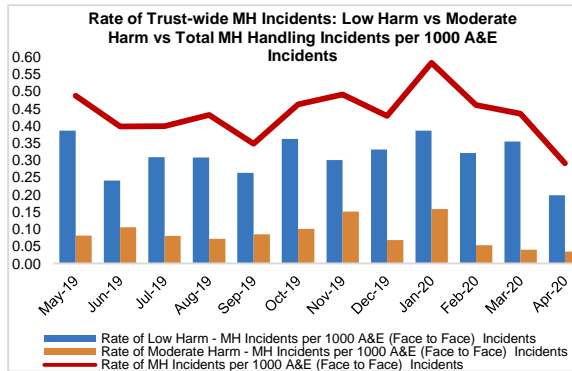
Month: 0.12



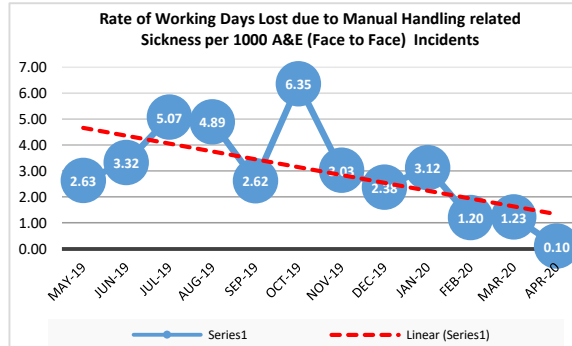
Manual Handling

- Work to start on formalising Standard Operating Procedures, updating Risk Assessments and producing training aides for Moving and Handling Equipment in collaboration with frontline staff.
- The Manual Handling Steering Group is taking place and we are working towards agreeing the next years' MSK work plan.

Manual Handling

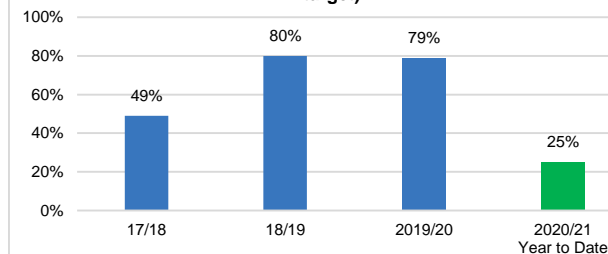


Manual Handling Related Sickness

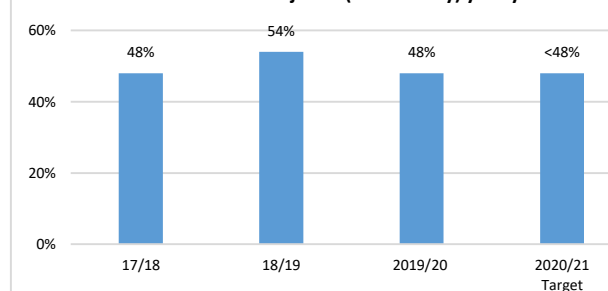


New Indicator 2020/21

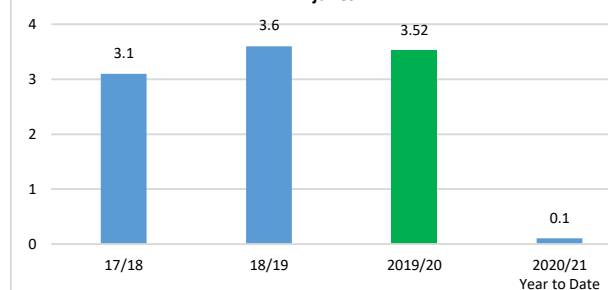
Health and Safety (% of RIDDOR reports <15day target)



MSK related staff injuries (staff survey) yearly %



Rate of working days lost per 1,000 incidents due to MSK injuries

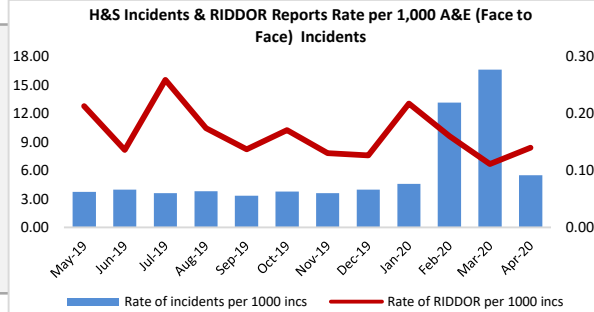




The analysis below looks at 1) H&S Incidents rate & RIDDOR Report Rate *per 1000 A&E (face to face) incidents* 2) RIDDOR Incidents by Cause and 3) Assaults on Staff :

Monthly Trend

Rate of Incidents

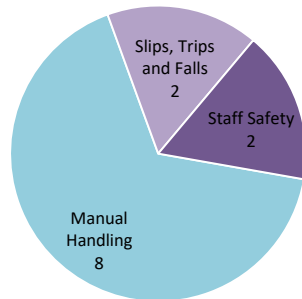


The graph on the left highlights the YTD rate of H&S and RIDDOR incidents per 1000 A&E incidents attended by the Trust.

There is no benchmark/comparable data was received from any of the other ambulance Trusts during April 2020.

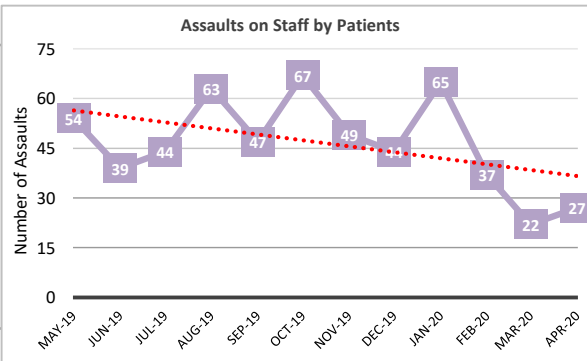
RIDDOR by Cause

RIDDOR Reportable Incidents by Cause - YTD



- Total of 12 RIDDOR incidents reported to the HSE during 2020/21 (up to end of April'20)
- 9 out of the 12 incidents reported outside the 15 days timeframe during April'20.
- The Trust wide RIDDOR reporting time frame (<15 days) compliance in April'20 was **25%**.
- Manual Handling & incidents account for the highest number of RIDDORs reported across the Trust during 2020/21 (up to end of April'20).

Assaults



There was a slight increase in the number of assaults on staff by patient related incidents in April 2020 but the trend is down-ward.

The most common underlying causes remain: intoxication (drugs/alcohol), Mental Health related issues, patients recovering from fits/seizures or reacting to medication.

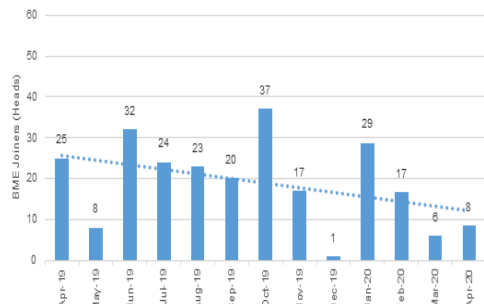


Ensuring that we try to build and retain a diverse workforce that is representative of the city of London is critical to our continued success. We must also ensure that our staff are properly trained and their performance regularly reviewed to ensure we support their development.

Equality, Diversity and Inclusion Standards

The LAS WRES action plan reports starters and leavers monthly and disciplinary and recruitment data quarterly. These graphs show the numbers of BME starters and leavers from April 2019 to March 2020. During this period we have had 238fte BME starters and 127fte BME leavers, a net increase of 111fte. 24% of our total starters in 2019/2020 were BME (Overall numbers of BME staff continue to increase (currently 998) although this representation varies at different levels in the organisation.

BME Starters



This month we have had virtual drop ins and face to face drops at 111 Barking, Croydon, Waterloo and Bow.

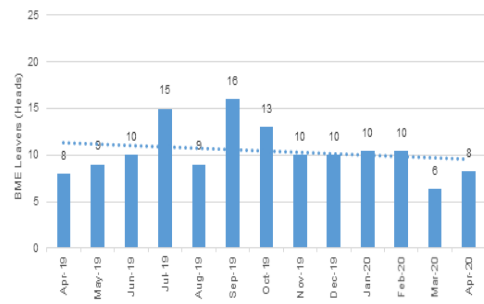
We have circulated a letter to staff (Including information on risk assessment, protecting self and families and PPE) from Melissa Berry and Garrett Emmerson.

We have prioritised fit testing for BME staff and have named fit testers for BME staff to contact in each sector.

We also celebrated staff networks day.

We have had confirmation that due to Covid-19, all WRES and WDES national submissions have been cancelled this year. There is also no longer a requirement to publish our Gender Pay details.

BME Leavers

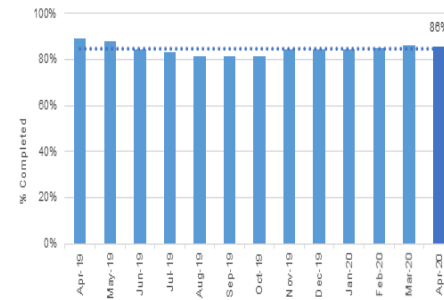


Statutory and Mandatory Training and Appraisals

Trust compliance in Statutory and Mandatory training is **86%**. Over 99% of our 6,020 substantive staff have logged into MyESR and 98% of this group have completed E-Learning.

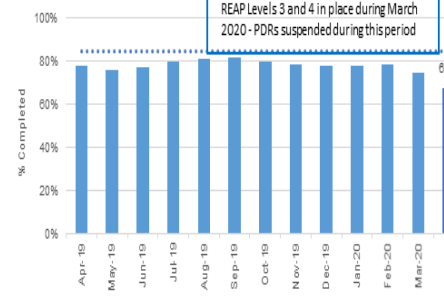
Appraisal completions at 68% at the end of April.

Statutory & Mandatory



Trust compliance is 86% with Operational teams at 86% and Corporate 84%. EOC, the subject of the CQC Must Do action, is at 89%. Information Governance is at 89% for April and will increase alongside CSR completions.

Appraisal Compliance



PDR Appraisals were at 68% at the end of April 2020.

Due to the change in REAP Levels during March and April 2020 - PDRs have been suspended until the REAP level reduces.



2. Our People

Additional Workforce Analysis - Level 3 Safeguarding Training Completion

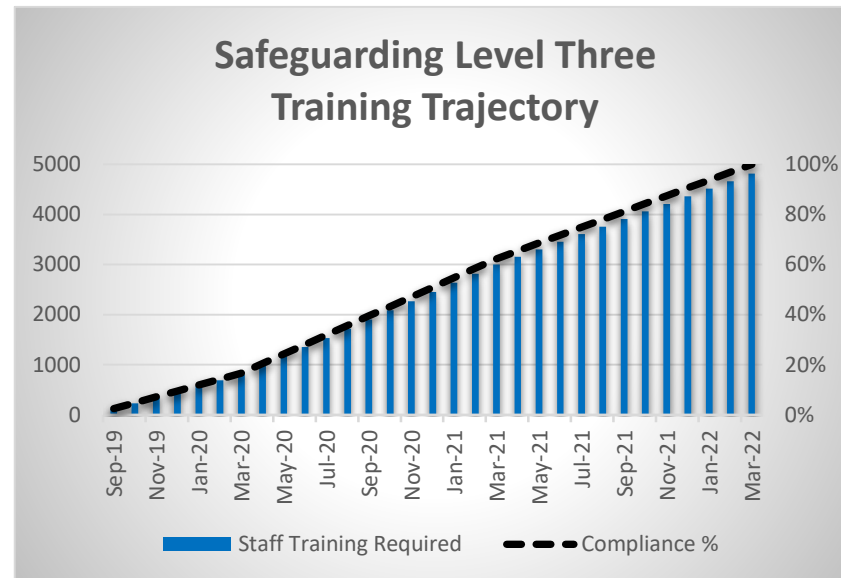
Background

1. Safeguarding Level 3 is now a National Requirement for all clinical staff as of the 1st April 2019
2. As at this date there are 4,816 staff who need to be trained.
3. We will be reporting and monitoring this from September when the Safeguarding team will have recruited additional trainers in post and additional training sessions will be rolled out from this point.
4. A training plan has been agreed with our Commissioners to deliver the training to all clinical staff by March 2022, and targets have been set for each of the years 2019/20, 2020/21 and 2021/22 as follows:

| | Year Start | Year End | Compliance Target | % Completed |
|--------|------------|----------|-------------------|-------------|
| Year 1 | Apr-19 | Mar-20 | 800 | 17% |
| Year 2 | Apr-20 | Mar-21 | 3,000 | 62% |
| Year 3 | Apr-21 | Mar-22 | 4,816 | 100% |

5. This is an additional requirement to the current 24 hour allowance for CSR training. Discussions are on-going to plan for this abstraction.
6. As at 31st January we have achieved a compliance rate of 15% against our March 31st 2020 target of 17%.

Safeguarding Trajectory





Public Value Scorecard

March 2020

| Indicator (KPI Name) | Basis | Data From Month | Target Status | Current Performance | | | | | | Outturn | | Benchmarking | | |
|---|--------|-----------------|---------------|---|---------------------|-------------------|------------|----------|-------------------|----------------|--------------|---------------|---------------|---------------------|
| | | | | Target and Type (Internal / Contractual / National / All) | Latest Month Actual | Latest Month Plan | YTD Actual | YTD Plan | Rolling 12 Months | FY19/20 Actual | FY19/20 Plan | National Data | Best In Class | Ranking (out of 11) |
| Control Total (Deficit)/Surplus | £m | Mar-20 | ● | 0.024 A | 0.857 | 0.619 | 0.069 | 0.024 | | 0.069 | 0.024 | | | |
| Performance Against Control Total | £m | Mar-20 | ● | 100% A | | | | | | 100% | 100% | | | |
| Use of resources index/indicator (Yearly) | Rating | Mar-20 | ● | 1 A | | | 1 | 1 | | 1 | 1 | | | |
| % of Capital Programme delivered | % | Mar-20 | ● | 100% A | 37% | 15% | 99% | 100% | | 99% | 100% | | | |
| Capital plan | £m | Mar-20 | ● | 20.853 A | 8.386 | 3.386 | 22.531 | 22.675 | | 22.531 | 22.675 | | | |
| Cash position | £m | Mar-20 | ● | 15.1 A | 26.0 | 15.1 | | | 22.2 | 26.0 | 15.1 | | | |
| % spend against Agency Ceiling | % | Mar-20 | ● | 92% A | 0% | 8% | 84% | 100% | | 84% | 92% | | | |
| CIP Savings YTD | £m | Mar-20 | ● | 14.808 A | 1.356 | 1.298 | 13.962 | 14.808 | | 13.962 | 14.808 | | | |
| | % | Mar-20 | ● | 100% A | 105% | | 94% | | | 94% | 100% | | | |
| CIP Savings achieved - % Recurrent | £m | Mar-20 | ● | 11.808 A | 1.068 | 1.341 | 11.312 | 11.808 | | 11.312 | 11.808 | | | |
| | % | Mar-20 | ● | 100% A | 80% | | 96% | | | 96% | | | | |
| Commercial income generation | £m | Mar-20 | ● | 0.25 I | 0 | 0 | 0 | 0 | | 0 | 0.250 | | | |
| Corporate spend as a % of turnover | % | Mar-20 | ● | <7.0% I | 12.4% | 17.7% | 14.7% | 18.0% | | 14.7% | 18.0% | | | |
| Cost per incident | £ | Mar-20 | ● | £347 I | | | | | | £ 332 | £ 332 | | | |
| Average Jobs per shift | % | Mar-20 | ● | 5.3 I | 5.5 | | 5.5 | | 5.3 | | | | | |

| | |
|-----|---|
| ● G | KPI on or ahead of target |
| ● A | KPI off target but within agreed threshold |
| ● R | KPI off target and outside agreed threshold |
| ● | KPI not reported / measurement not started |



The Commissioning for Quality and Innovation (CQUINs) payments framework encourages care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare. Details of the Trust's CQUINs is shown in the table below with details from the Q3 review to inform forecasted payments for the rest of the FY.

| Urgent Care & Emergency Services CQUIN | Description | Weighting | Owner | CQUIN YTD | CQUIN Target | Total Value FY19/20 | Predicted achievement | |
|---|---|-----------|-----------------|--|--------------|---------------------|-----------------------|------|
| Staff Flu Vaccinations | To improve the uptake of flu vaccinations amongst frontline healthcare workers with a target of 80% in 2019/20 | 0.25% | Fenella Wrigley | Q4 | >80% | £843k | £843k | 100% |
| Access to Patient Information – Assurance Process | Achievement of NHS Digital's assurance process for enabling access to patient information on scene, by ambulance crews via one of the four nationally agreed approaches i.e. SCRa (Q1, Q2, Q3 & Q4) | 0.50% | Khadir Meer | Reporting is completed via NHS Digital | | £1,687k | £1,687k | 100% |
| Access to Patient Information – Demonstration | Achieving 5% of face to face incidents resulting in patient data being accessed by ambulance staff on scene. (Q3 & Q4) | 0.25% | Khadir Meer | 0.39% | >5% | £843k | £843k | 100% |
| NHS Number reporting | To commence NHS Number reporting via the contractual MDS. | 0.25% | Khadir Meer | Q4 | >20% | £843k | £843k | 100% |
| TOTAL | 1.25% | | | | | £4,213k | £4,213k | 100% |

CQUIN achievement is guaranteed for 2019/20 as agreed as part of the contract settlement with commissioners.

3. Public Value

CQUINs



The Commissioning for Quality and Innovation (CQUINs) payments framework encourages care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare. Details of the Trust's CQUINs is shown in the table below with details from the Q3 review to inform forecasted payments for the rest of the FY.

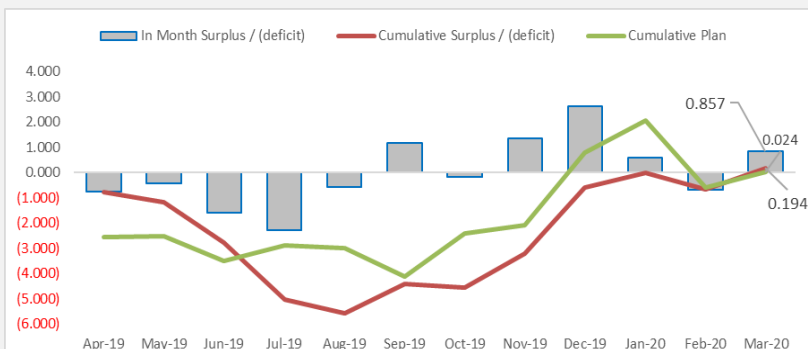
| SEL IUC CQUIN | Description | Weighting | Owner | CQUIN YTD | CQUIN Target | Total Value FY19/20 | Predicted achievement | |
|----------------------------------|---|-----------|-------------|-------------------------|--------------|---------------------|-----------------------|------|
| Calls answered in 60 seconds | Proportion of calls answered in 60 seconds | 0.25% | Khadir Meer | 77.7% | >95% | £22k | £22k | 100% |
| Cat 3 & 4 ambulance revalidation | Proportion of calls initially given a category 3 or 4 ambulance disposition that are revalidated | 0.25% | Khadir Meer | 76.9% | >80% | £22k | £22k | 100% |
| ED Disposition revalidation | Proportion of calls initially given an ED disposition that are revalidated | 0.25% | Khadir Meer | 39.5% | >80% | £22k | £22k | 100% |
| Call back targets | Proportion of call back targets being met | 0.25% | Khadir Meer | 95% across 7 priorities | | £22k | £22k | 100% |
| Activity from External sources | Reporting and reviewing of activity originating from external sources e.g. 111 online and other 111 providers | 0.25% | Khadir Meer | Multiple targets | | £22k | £22k | 100% |
| TOTAL | 1.25% | | | | | £111k | £111k | 100% |

| NEL IUC CQUIN | Description | Weighting | Owner | CQUIN Target | Total Value FY19/20 | Predicted achievement | |
|---|--|-----------|-----------------|-------------------------|---------------------|-----------------------|-----|
| Staff Flu Vaccinations | Improving the uptake of flu vaccinations for all NEL IUC staff | 0.50% | Fenella Wrigley | > 75% | £45k | £0k | 0% |
| Calls closed as Self-Care | Measuring the total numbers of calls closed which do not require onward referral, reducing pressure on the wider health service. | 0.38% | Khadir Meer | >33% | £33k | £17k | 50% |
| Referrals & Management of Patients within the CAS* | To promote hear and treat to support enhanced clinical decision making and avoid unnecessary A&E attendances and subsequent admission. | 0.38% | Khadir Meer | 95% across 7 priorities | £33k | £0k | 0% |
| TOTAL | 1.25% | | | | £112k | £17k | 15% |



The Trust's full year position was a surplus of £194k (incl. £125k prior year adjustments) against a planned surplus of £24k. The month ended with a strong cash position of £26m.

YTD outturn vs budget



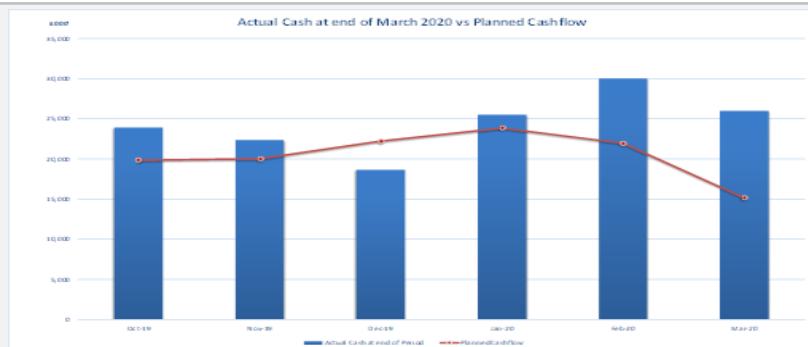
- Full year position:** The full year position at month 12 was a surplus of £194k (inclusive of £125k prior year adjustments) against a planned surplus of £24k. The position prior to assumed technical adjustments was a £3.2m deficit (a deterioration of £1.3m since M11). The position includes £3.4m of technical mitigations as a result of asset re-living. The assessment of the full extent of technical mitigations increased by £1.3m between month 11 and month 12 (from £2.1m to £3.4m).

Financial Position Metrics

| | YTD | | Full year | |
|---------------------------------|----------|----------|-----------|----------|
| | Plan | Actual | Plan | Actual |
| Capital service cover rating | 1 | 1 | 1 | 1 |
| Liquidity rating | 1 | 2 | 1 | 2 |
| I&E margin rating | 2 | 2 | 2 | 2 |
| I&E margin - distance from plan | 1 | 1 | 1 | 1 |
| Agency rating | 1 | 1 | 1 | 1 |
| Overall rating | 1 | 1 | 1 | 1 |

- Use of Resources:** NHSI rates Trust's on a Use of Resources rating. The scoring system ranks from '1' (low risk/best score) to '4' (high risk/worst score). The table to the left shows the Trust's Use of Resources rating for month 12 YTD and full year position. The Trust's rating for the year is a 1 which is in line with the submitted plan.
- Capital:** Full year capital spend was £22.53m, slightly below the Trust's adjusted CRL of £22.675m (full plan of £20.8m, plus an additional £0.7m in relation to HSLI ePCR funding confirmed in February and £1.1m in relation to the OneLondon project confirmed in January). Month 12 expenditure was £8.4m, slightly below the forecast of £8.5m, but up significantly on the M11 spend of £2.9m. There was slippage across the portfolio of schemes across the year due to the uncertainty in Q1/Q2 on the national capital position and the requirement of Trusts to scale back their original capital plans by 20%, however adjustments were able to be made to the programme to bring forward planned expenditure to offset. The position includes capital expenditure relating to the Trust's COVID-19 response of £0.1m.

Cash position



- Cash:** Cash was £26m as at 31 March 2020, £10.8m above plan, primarily due to low levels of debtors, additional PDC for capital projects, delays in the capital programme, lower provision payments related to the Flowers legal case appeal and a high level of outstanding supplier invoices.
- Better Payment Practice Code:** The government has set a target that organisations should aim to pay 95% their supplier invoices within 30 days. The NHS and Non-NHS performance by volume for March 2020 was 95.4% and 95.5% respectively. The Trust has a high volume of overdue invoices waiting to be approved and Directorate managers and staff have been sent lists of invoices that are outstanding that require approval.



Our Statement of Comprehensive Income reports the Trust's financial performance over a specific accounting period. Financial performance is assessed by giving a summary of how the Trust incurs its income and expenses through both operating and non-operating activities. It also shows the net surplus or deficit incurred over a specific accounting period.

Statement of Comprehensive Income (Month 12 – March 2020)

| | Month 12 2019-20 £000 | | | YTD Month 12 2019-20 £000 | | | Full Year 2019-20 £000 | | |
|---|--------------------------|-----------------|-----------------------|------------------------------|------------------|-----------------------|---------------------------|-----------------------|------------------------------------|
| | Budget | Actual | Variance fav/(adv) | Budget | Actual | Variance fav/(adv) | Budget | Full Year Forecast | Variance to budget fav/(adv) |
| Income | | | | | | | | | |
| Income from Activities | 33,701 | 44,495 | 10,794 | 397,937 | 416,245 | 18,309 | 397,937 | 416,245 | 18,309 |
| Other Operating Income | 830 | 2,553 | 1,723 | 6,418 | 10,151 | 3,733 | 6,418 | 10,151 | 3,733 |
| Total Income | 34,531 | 47,048 | 12,517 | 404,355 | 426,396 | 22,041 | 404,355 | 426,396 | 22,041 |
| Notional Pension Income | 0 | 12,163 | 12,163 | 0 | 12,163 | 12,163 | 0 | 12,163 | 12,163 |
| Total Income incl Notional Income | 34,531 | 59,211 | 24,680 | 404,355 | 438,559 | 34,204 | 404,355 | 438,559 | 34,204 |
| Operating Expense | | | | | | | | | |
| Pay | (24,923) | (27,394) | (2,471) | (299,572) | (307,149) | (7,577) | (299,572) | (307,149) | (7,577) |
| Non Pay | (7,038) | (18,525) | (11,487) | (83,793) | (102,813) | (19,021) | (83,793) | (102,813) | (19,021) |
| Total Operating Expenditure | (31,961) | (45,919) | (13,959) | (383,365) | (409,962) | (26,598) | (383,365) | (409,962) | (26,598) |
| Notional Pension Expenditure | 0 | (12,163) | (12,163) | 0 | (12,163) | (12,163) | 0 | (12,163) | (12,163) |
| Total Operating Expenditure incl Notional Income | (31,961) | (58,082) | (26,122) | (383,365) | (422,125) | (38,761) | (383,365) | (422,125) | (38,761) |
| EBITDA | 2,570 | 1,128 | (1,442) | 20,990 | 16,434 | (4,556) | 20,990 | 16,434 | (4,556) |
| EBITDA margin | 7.4% | 2.4% | (5.0%) | 5.2% | 3.9% | (1.3%) | 5.2% | 3.9% | (1.3%) |
| Depreciation & Financing | | | | | | | | | |
| Depreciation & Amortisation | (1,570) | 214 | 1,784 | (16,400) | (11,478) | 4,922 | (16,400) | (11,478) | 4,922 |
| PDC Dividend | (388) | (486) | (98) | (4,656) | (4,846) | (190) | (4,656) | (4,846) | (190) |
| Finance Income | 8 | 30 | 21 | 117 | 188 | 72 | 117 | 188 | 72 |
| Finance Costs | (2) | 6 | 8 | (27) | (45) | (18) | (27) | (45) | (18) |
| Gains & Losses on Disposals | 0 | (36) | (36) | 0 | (59) | (59) | 0 | (59) | (59) |
| Total Depreciation & Finance Costs | (1,951) | (272) | 1,680 | (20,966) | (16,240) | 4,726 | (20,966) | (16,240) | 4,726 |
| Remove STP funding 2018/19 | 0 | 0 | 0 | 0 | (125) | (125) | 0 | (125) | (125) |
| Net Surplus/(Deficit) | 619 | 857 | 238 | 24 | 69 | 45 | 24 | 69 | 45 |
| NHSI Adjustments to Fin Perf | | | | | | | | | |
| Remove Depr on Donated assets | 3 | 3 | (1) | 38 | 35 | (3) | 38 | 35 | (3) |
| Adjusted Financial Performance | 622 | 859 | 237 | 62 | 104 | 42 | 62 | 104 | 42 |
| Net margin | 1.8% | 1.8% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.2% |

Full Year Position

The full year position was a £194k surplus (£69k surplus excluding 18/19 STP funding), which was on plan. Asset re-living adjustments of £3.4m are included in the position and income to offset COVID-19 costs (£6.8m excluding increased annual leave accrual costs of £1.4m) has been provided.

Key Drivers of Position

Key drivers of the position were:

- A&E contract income based on the revised contract of £373m, which is full year over performance of £5m, and additional income to support recurrent workforce cost pressures that have arisen in year of £5m e.g. Emergency Ambulance Crew pay uplift, holiday pay overtime.
- An additional £6.8m income and £8.1m costs (including increased annual leave accruals) in respect of the Trust's COVID-19 response.
- Other operating income £3.7m favourable to plan full year forecast driven by training & education funding (£1.8m favourable full year), additional FRF incentive funding (£1.3m) advised to the Trust in April 2020 and apprenticeship income (£0.3m favourable full year).
- Technical mitigations as a result of asset re-living (£3.4m favourable).
- Ambulance Services and IUC pay overspends of £10.6m and £1.7m respectively driven by costs of delivering increased activity and stability of services earlier in the year and COVID-19 responses in Q4, offset by underspends in 999 Services (£1.4m) and vacancies across non-frontline operations teams (£4.4m).
- £10m full year unbudgeted spend on managed services and GP costs relating to delivery of safe levels of performance within IUC and incorporating increased resourcing in response to COVID-19 IUC response requirements.

In addition to these, notional income and expenditure are recognised in the Trust's annual accounts (£12.163m each) to reflect the payment of increased employer pension contributions (increase in rates from 14.38% to 20.68%) centrally on behalf of the Trust.



Our Cashflow Statement summarises the amount of cash and cash equivalents entering and leaving the Trust. It measures how well the Trust manages its cash position, meaning how well the Trust generates cash to pay its debt obligations and fund its operating expenses.

Cashflow statement (Month 12 – March 2020)

| | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Mar-20 | Mar-20 | Mar-20 |
|---|---------|---------|---------|---------|---------|---------|----------|----------|---------|
| | Actual | Actual | Actual | Actual | Actual | Actual | YTD Move | YTD Plan | Var |
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| Opening Balance | 25,165 | 23,902 | 22,325 | 18,675 | 25,518 | 30,047 | 21,718 | 21,718 | 0 |
| Operating Surplus | 1,403 | 2,918 | 2,349 | 2,409 | 800 | 1,182 | 16,489 | 20,906 | (4,417) |
| (Increase)/decrease in current assets | 789 | (1,592) | (4,363) | 5,748 | 5,007 | (6,271) | 2,732 | 6,793 | (4,061) |
| Increase/(decrease) in current liabilities | (1,364) | (1,876) | 665 | 2,022 | 1,119 | 3,166 | 4,057 | 59 | 3,998 |
| Increase/(decrease) in provisions | (69) | 87 | (215) | (315) | (172) | 513 | 1,351 | (7,069) | 8,420 |
| Net cash inflow/(outflow) from operating activities | 759 | (463) | (1,564) | 9,864 | 6,754 | (1,410) | 24,629 | 20,689 | 3,940 |
| Cashflow inflow/(outflow) from operating activities | 759 | (463) | (1,564) | 9,864 | 6,754 | (1,410) | 24,629 | 20,689 | 3,940 |
| Returns on investments and servicing finance | 11 | 19 | 16 | 16 | 15 | 49 | 180 | 114 | 66 |
| Capital Expenditure | (2,033) | (1,133) | (2,102) | (3,037) | (3,340) | (978) | (17,765) | (22,720) | 4,955 |
| Dividend paid | 0 | 0 | 0 | 0 | 0 | (2,466) | (4,620) | (4,656) | 36 |
| Financing obtained | 0 | 0 | 0 | 0 | 1,100 | 722 | 1,822 | 0 | 1,822 |
| Financing repaid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cashflow inflow/(outflow) from financing | (2,022) | (1,114) | (2,086) | (3,021) | (2,225) | (2,673) | (20,383) | (27,262) | 6,879 |
| Movement | (1,263) | (1,577) | (3,650) | 6,843 | 4,529 | (4,083) | 4,246 | (6,573) | 10,819 |
| Closing Cash Balance | 23,902 | 22,325 | 18,675 | 25,518 | 30,047 | 25,964 | 25,964 | 15,145 | 10,819 |

Operating Position

- There has been a net inflow of cash to the Trust of £4.2m, this is £10.8m higher than the planned outflow of £6.6m.
- Cash funds at 31 March stand at £26.0m.
- The operating surplus at £16.5m is £4.5m below plan.

Current Assets

- The movement on current assets is £2.7m, (£4.1m) lower than the planned movement.
- Current assets movement was due to receivables £5.6m, accrued income (£8.7m), prepayments £0.9m and inventories (£1.9m).

Current Liabilities

- The movement on current liabilities is £4.1m, £4.0m higher than the planned movement.
- Current liabilities movement was higher than planned due to trade and other payables £0.4m and accruals £3.6m.

Provisions

- The movement on provisions was £1.4m, which is £8.4m higher than the planned movement. £4.8m of this movement is related to a technical adjustment to the accounts that occurred after the plan was submitted.

Capital Expenditure

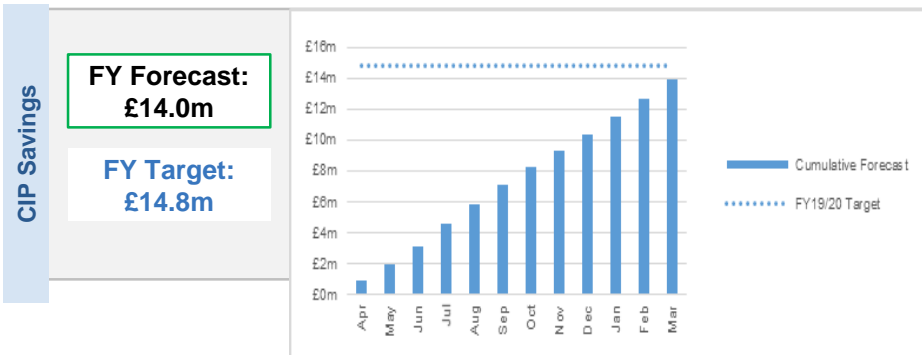
- Capital cash outflow is £17.8m, which is £4.9m below plan due to capital slippage.



To prepare our Trust for the future we need to ensure we manage our costs effectively and where possible reduce the costs of running the Trust whilst maintaining the absolute best care for our patients. We also need to strategically invest year on year in our estate, fleet and technology capability so that we can continue to offer a world-class ambulance service.

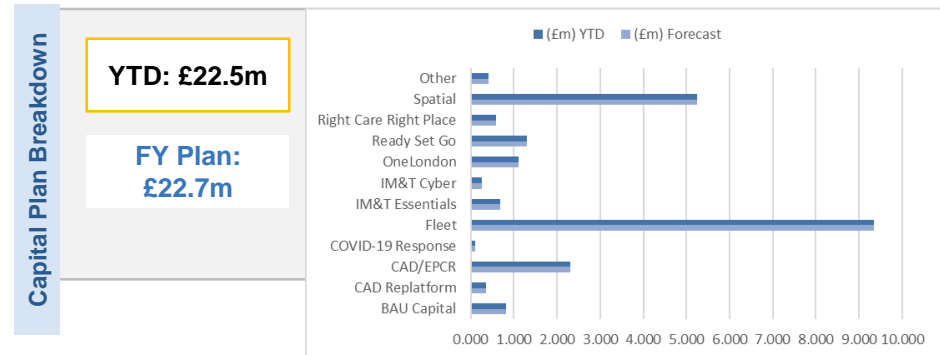
Cost Improvement Programmes (CIPS)

- CIP delivery was £14.0m against its £14.8m target in 2019/20. This £0.8m shortfall is being mitigated through additional savings identified as part of in-year financial recovery.
- Of the £14.0m forecast, 81% is recurrent delivery

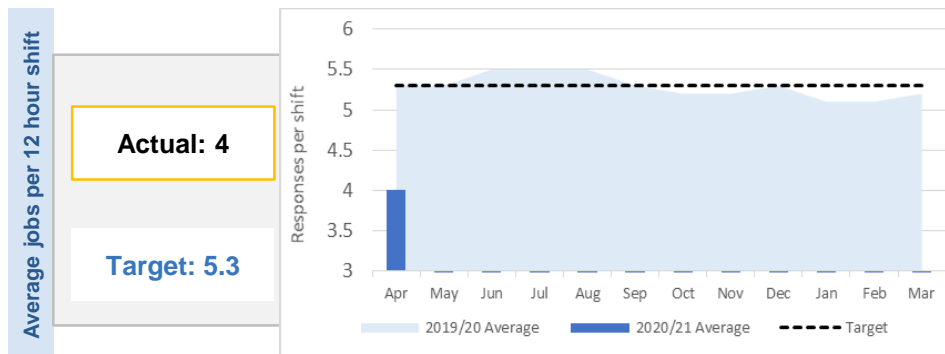


Capital Plan

- Trust capital expenditure was £22.53m, slightly below its adjusted CRL of £22.675m (full plan of £20.8m, plus an additional £0.7m in relation to HSLI ePCR funding confirmed in February and £1.1m in relation to the OneLondon project confirmed in January).
- The position includes capital expenditure relating to the Trust's COVID-19 response of £0.1m



Jobs per shift (DCA)



There is no programme of work focusing solely on this metric, a number of our efficiency and productivity schemes will impact this number. Currently due to COVID-19 the frontline capacity has increased due to the contribution of various voluntary response groups, i.e. Military support personnel. Combining this with the lower demand we are currently seeing, this has resulted in a lower jobs per shift outcome.



Following submission of the Trust Financial Plan in early March, Sir Simon Stephens, NHS Chief Executive, and Amanda Pritchard, NHS Chief Operating Office, wrote to Trusts, CCGs, and GPs outlining NHS England and NHS Improvement's next steps in the COVID-19 response on 17 March 2020 (Appendix 1). The letter set out the actions every part of the NHS need to put in place to:

- Free-up the maximum possible inpatient and critical care capacity
- Prepare for, and respond to, the anticipated large numbers of COVID-19 patients who will need respiratory support
- Support Staff, and maximise their availability
- Play our part in the wider population measures announced by Government
- Stress test operational readiness
- Remove routine burdens, so as to facilitate the above

The letter outlined the cost reimbursement arrangements and amended financial arrangements for the NHS for the period 1 April to 31 July. In summary, the letter suspended the operational planning process for 2020/21. Following the letter, further guidance was issued to Trusts where:

- NHS providers were issued with a guaranteed minimum level of income based on month 9 Agreement of Balances (AOB) return plus an uplift that allows for the impact of inflation (including pay uplifts and CNST) but excluding the tariff efficiency factor. It does not include activity growth.
- National non-COVID top-up payment to reflect the difference between the actual costs and block funding where the expected cost base (which will be calculated as the average monthly expenditure over the period November to January uplifted for inflation) is higher.
- National COVID costs will be reimbursed based on actual costs incurred directly related to the COVID-19 response. This will be claimed retrospectively on a monthly basis and Trust need to identify and evidence that these costs were necessary for response to COVID-19 and will be need to be sufficiently documented to stand up to external audit and parliamentary scrutiny.

The Trust implemented a revised financial framework in March to identify, track and approve all COVID 19 related expenditure for reimbursement and this process remains in place for the period 1 April 2020 to 31 July 2020.

Following the revised financial guidance ensures the Trust will break even over the first 4 months of 2020/21 and has sufficient cash to remain above its minimum cash holding (£6m)



Partners Scorecard

April 2020

| Indicator (KPI Name) | Basis | Data From Month | Target Status | Current Performance | | | | | Trajectory | Benchmarking (Month) | | |
|---|---------------|-----------------|---------------|---|---|--|---------------------------|-------------------|------------|----------------------|---------------|---------------------|
| | | | | Target and Type (Internal / Contractual / National / All) | | Latest Month | Year To Date (From April) | Rolling 12 Months | | National Data | Best In Class | Ranking (out of 11) |
| Hospital handover | minutes | Apr-20 | ● | 18.5 | I | 20.5 | 20.5 | 21.2 | | | | |
| Post-handover (Handover 2 Green) | minutes | Apr-20 | ● | 16.0 | I | 15.1 | 15.1 | 15.7 | | | | |
| See and Convey – to ED (Contractual Position) ** | % | Apr-20 | ● | 58.4% | C | 40.9% | 40.9% | 55.3% | | 43.6% | 40.5% | 2 |
| Hear and Treat % ** | % | Apr-20 | ● | 7.9% | C | 15.8% | 15.8% | 8.4% | | 9.2% | 15.8% | 1 |
| Hear and Treat (n) ** | % | Apr-20 | ● | 90,307 | | 16,161 | 16,161 | | | | | |
| Savings delivered to wider urgent & emergency care system through management of IUC services (£m) – Still being developed | £m | | | TBC | | This metric has proved difficult to ascertain in a way that can be tracked on a regular basis. As part of the long term financial plan development we are refreshing our strategy modelling over July and August and the specifics for this metric will come out of that work in a way that can be tracked on a regular basis through the IPR. | | | | | | |
| CQC rating - Overall | Annual Rating | | | O / S | N | TBC | Awaiting CQC Inspection | | | | | |
| CQC rating - Well-led | Annual Rating | | | G | N | TBC | | | | | | |
| Cyber Essentials Plus Accreditation | % | Sep-19 | ● | 100 | | | | TBC | | | | |

Benchmarking Key

Top 3

Ranked 4-7

Ranked 7+

Please note:

999 performance data is correct as at 07/05/20 and is subject to change due to data validation processes

- G KPI on or ahead of target
- A KPI off target but within agreed threshold
- R KPI off target and outside agreed threshold
- KPI not reported / measurement not started

4. Our Partners

Maximising safe non-conveyance to ED



Our operational efficiency is critical to our success and whilst one of our key dependencies is the ability to successfully handover if a patient is conveyed to hospital we must ensure we strive to be as efficient as possible whilst always delivering the very best care for our patients.

Please note:

999 performance data is correct as at 07/05/20 and is subject to change due to data validation processes

Arrival at Hospital to Patient Handover

In April we saw a reduction of hours lost with just 762 hours lost from our arrival to patient handover over 30 mins, in line with the seasonal trend. Queens Romford, North Middlesex, and Kings College had the greatest proportion of handovers exceeding 30 minutes. Northwick park had the had the highest number of lost hours over 30 minutes, at 203 hours for the month.

| STP | Hospital | Total Conveyances | Handovers | Handovers Exceeding 30 mins | % of Handovers over 30 mins | Total Time Lost Over 30 Mins | Average Arr at Hosp to Patient Handover Time |
|---------------|--------------------|-------------------|-----------|-----------------------------|-----------------------------|------------------------------|--|
| North Central | Barnet | 1,022 | 958 | 208 | 22% | 84.8 | 26.7 |
| | North Middlesex | 1,830 | 1,735 | 411 | 24% | 75.0 | 24.3 |
| | Royal Free | 1,242 | 1,135 | 222 | 20% | 41.1 | 23.1 |
| | University College | 735 | 701 | 25 | 4% | 1.8 | 16.6 |
| | Whittington | 930 | 879 | 117 | 13% | 17.9 | 19.2 |
| North East | Homerton | 796 | 745 | 15 | 2% | 2.1 | 14.4 |
| | King Georges | 848 | 755 | 157 | 21% | 13.2 | 22.1 |
| | New ham | 1,229 | 1,117 | 216 | 19% | 16.2 | 22.0 |
| | Queens Romford | 1,932 | 1,819 | 545 | 30% | 61.3 | 25.4 |
| | Royal London | 1,066 | 920 | 172 | 19% | 16.9 | 22.0 |
| North West | Whipps Cross | 1,143 | 1,040 | 166 | 16% | 15.5 | 21.4 |
| | Charing Cross | 966 | 916 | 20 | 2% | 1.7 | 16.1 |
| | Chelsea & West | 868 | 821 | 11 | 1% | 0.9 | 16.4 |
| | Ealing | 909 | 832 | 80 | 10% | 21.8 | 18.2 |
| | Hillingdon | 1,263 | 1,205 | 63 | 5% | 11.1 | 15.5 |
| South West | Northwick Park | 1,930 | 1,830 | 349 | 19% | 203.0 | 25.6 |
| | St Marys | 1,214 | 1,122 | 188 | 17% | 19.3 | 21.6 |
| | West Middlesex | 1,345 | 1,294 | 46 | 4% | 5.0 | 15.9 |
| | Kings college | 1,478 | 1,420 | 346 | 24% | 42.2 | 24.6 |
| | Lewisham | 1,154 | 1,098 | 156 | 14% | 17.8 | 21.3 |
| South East | Princess Royal | 1,367 | 1,290 | 56 | 4% | 6.2 | 15.8 |
| | Queen Elizabeth II | 1,696 | 1,650 | 87 | 5% | 12.7 | 15.9 |
| | St Thomas' | 1,456 | 1,402 | 102 | 7% | 8.4 | 20.0 |
| South West | Croydon | 1,523 | 1,458 | 166 | 11% | 34.3 | 21.9 |
| | Kingston | 1,078 | 1,028 | 32 | 3% | 3.0 | 17.9 |
| | St Georges | 1,334 | 1,203 | 178 | 15% | 23.2 | 20.5 |
| | St Helier | 885 | 836 | 48 | 6% | 5.1 | 18.9 |
| TOTAL | | 33,239 | 31,209 | 4,182 | 13% | 762 | 20.5 |

Max average breach value
Value >10 mins per breach

Patient Handover to Green

In April, we saw a strong handover to Green performance with 15.1, starting the year in a strong position following with a steady improvement for the metric over 2019/20 due to sustained organisational focus with annual improvement plans with sectors. While over 2,300 hours were lost due to patient handover to green exceeding the 14 minute threshold, this was similar to the lowest monthly figure in 2019/20.

| Sector | Station Group | Handovers to Green | Handovers Exceeding 14 mins | % over 14 mins | Total Time Lost (hours) | Avg Time PH to Green | 90th Centile PH to Green | Avg mins lost per breach |
|---------------|---------------|--------------------|-----------------------------|----------------|-------------------------|----------------------|--------------------------|--------------------------|
| North Central | Camden | 1,240 | 606 | 49% | 102.3 | 14.7 | 28.9 | 10.1 |
| | Edmonton | 2,007 | 1,041 | 52% | 163.6 | 15.4 | 29.0 | 9.4 |
| | Friern Barnet | 1,215 | 680 | 56% | 92.5 | 15.0 | 28.1 | 8.2 |
| North East | Homerton | 1,536 | 798 | 52% | 158.1 | 15.8 | 32.0 | 11.9 |
| | New ham | 2,057 | 1,206 | 59% | 241.8 | 17.0 | 33.9 | 12.0 |
| | Romford | 2,312 | 1,262 | 55% | 174.3 | 15.0 | 28.1 | 8.3 |
| North West | Brent | 2,405 | 1,235 | 51% | 185.8 | 15.1 | 27.0 | 9.0 |
| | Fulham | 1,575 | 870 | 55% | 123.8 | 15.9 | 28.9 | 8.5 |
| | Hanwell | 1,803 | 992 | 55% | 112.1 | 14.8 | 25.8 | 6.8 |
| | Hillingdon | 1,037 | 528 | 51% | 66.4 | 14.8 | 25.6 | 7.5 |
| | Westminster | 1,062 | 478 | 45% | 57.8 | 13.2 | 24.3 | 7.3 |
| South East | Training | 844 | 491 | 58% | 81.2 | 16.7 | 29.0 | 9.9 |
| | Bromley | 1,811 | 991 | 55% | 113.8 | 15.0 | 25.4 | 6.9 |
| | Deptford | 2,949 | 1,414 | 48% | 162.4 | 14.0 | 24.0 | 6.9 |
| South West | Greenwich | 1,545 | 958 | 62% | 113.6 | 16.5 | 26.9 | 7.1 |
| | Croydon | 1,450 | 822 | 57% | 96.9 | 14.9 | 25.6 | 7.1 |
| | New Malden | 842 | 461 | 55% | 59.6 | 15.3 | 26.2 | 7.8 |
| | St Helier | 819 | 457 | 56% | 48.2 | 14.9 | 25.6 | 6.3 |
| Other | NULL | 80 | 39 | 49% | 7.3 | 15.9 | 23.0 | 11.2 |
| | IRO | 3 | 1 | 33% | 1.0 | 15.1 | 62.9 | 60.0 |
| | NETS | 1,117 | 819 | 73% | 118.6 | 16.7 | 27.8 | 8.7 |
| | Other | 530 | 321 | 61% | 62.7 | 10.6 | 34.7 | 11.7 |
| | Training | 844 | 491 | 58% | 81.2 | 16.7 | 29.0 | 9.9 |
| TOTAL | | 30,239 | 16,470 | 54% | 2343.8 | 15.1 | 27.6 | 8.5 |

Max average breach value
Value >7 mins per breach

4. Our Partners

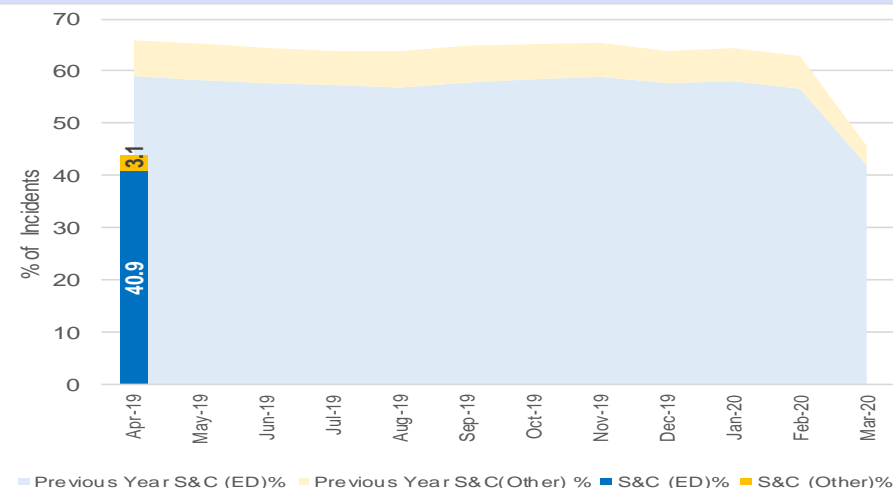
Maximising safe non-conveyance to ED



See and Convey to Emergency Department

| | | Apr-20 | Year To Date | Year-end Target |
|--|--------|--------|--------------|-----------------|
| ED conveyance % (Excl. HASU & Cath Lab) | LAS | 40.9% | 40.9% | |
| | Target | | | TBC |

The conveyance to emergency departments target (58.42%) was delivered and exceeded in April (40.9%). The metric has been steadily improving and we are currently 2nd best nationally. Covid-19 had an impact on this metric, with a stronger focus on directing patients to alternative care pathways and see & treat outcome.



Hear and Treat %

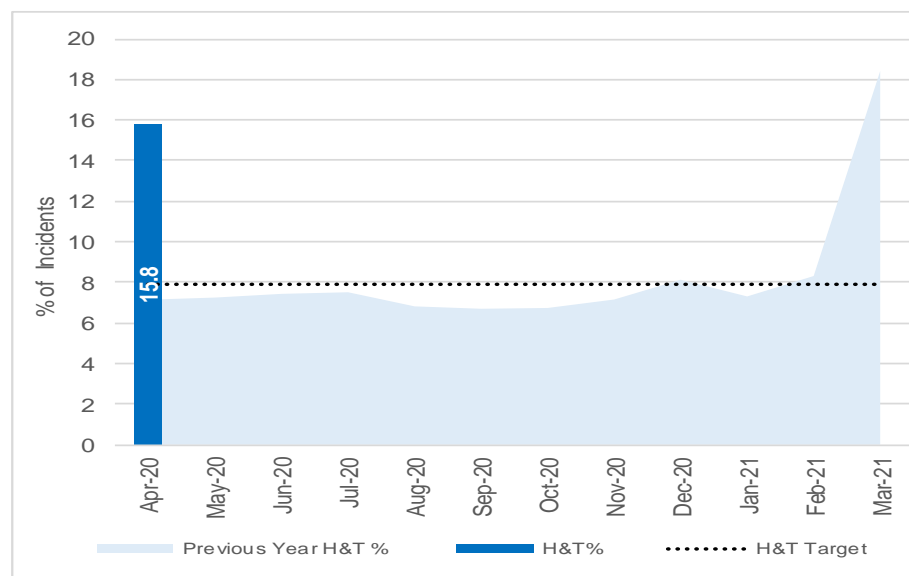
| | | Apr-20 | Year To Date | Year-end Target |
|----------------|-----|--------|--------------|-----------------|
| Hear & Treat % | % | 15.8% | 15.8% | |
| | (n) | | | TBC |

Hear and treat delivered 15.8% in April. This is an exceptional result, stemming from the operational response to Covid-19 where LAS was aiming to reduce conveyance and face to face incident response to maximize resource and while providing the most appropriate patient care.

** Please note that new procedures and processes have been implemented in April and are currently under review. H&T figures are subject to change.

Please note:

999 performance data is correct as at 06/02/20 and is subject to change due to data validation processes



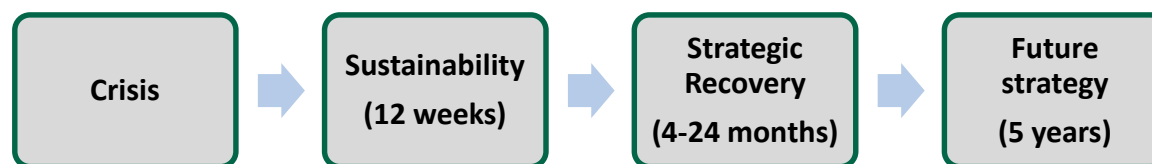


We have made significant progress in FY19/20 in delivering our organisational strategy and were planning to make further progress in FY20/21. However, due to the Covid-19 pandemic resources are being prioritised on ensuring our operational response to the pandemic, part of which has changed the context of the NHS within which we operate is markedly different than only a few months ago.

We have an opportunity to review the trust vision in light of the impact of Covid-19 on LAS and the broader NHS. However, we believe that the fundamental elements of our strategy are still correct and have in fact been some of the key ways in which we have responded to Covid-19 including;

- Over the first couple of months of the crisis we have been able to integrate 111 and 999 services in order to reduce pressure on front line services and ensure that the public are receiving the right information from the right sources in a timely way.
- We have developed IUC system interoperability with One London Health Information Exchange for seamless access to medical records
- We have been able to implement video triage in our control room to ensure that we are providing the most accurate self-care advice for those who do not need to go to hospital.
- We have strengthened our partnerships with a number of organisations including the London Fire Brigade who's staff have supported our frontline response
- We have continued to operate our mental health pioneer service at scale to provide the best care to patients with mental health needs at a hugely challenging and anxiety provoking time for them. It has now been agreed to maintain this pan-London service until at least the end of August
- We have developed remote working applications and network capability to support home-based and remote office clinicians

We will ensure that over the coming months we refresh our strategy to ensure that it aligns with our recovery phase, emerging from the Covid-19 crisis.



Our refreshed strategy will identify the ways in which the NHS has changed as a result of the current situation and the opportunities and challenges that presents us with. We will also identify whether there are any other ways in which the context in which we operate has changed, such as public expectations and demand profile.

For the medium and longer term horizons, there are a number of key activities that will be undertaken and stakeholders to be engaged to ensure that we develop the right plans and strategy for patients, for LAS and for the wider Urgent and Emergency Care system. This will include:

- A series of structured discussions with Trust Board to ensure alignment on and commitment to a shared vision for the future
- Working closely with stakeholders to develop a **'Once for London'** approach where possible, supported by the right funding and contractual mechanisms
- Detailed work to understand the impact of Covid-19 on; the level and acuity of our expected demand, the behaviour of the general public and the structural changes that have taken place throughout the wider NHS

Amidst the obvious challenges and personal impact on people of the Covid-19 crisis, we must use the opportunity of wide-scale change within the NHS to ensure that we are providing the right care, in the right way for Londoners.