



**MEETING OF THE LONDON AMBULANCE SERVICE NHS TRUST BOARD  
TO BE HELD IN PUBLIC ON TUESDAY 28<sup>th</sup> MARCH 2017 AT 09.00am – 12.00pm  
CONFERENCE ROOM, 220 WATERLOO ROAD, LONDON, SE1 8SD**

**AGENDA: PUBLIC SESSION**

	ITEM	SUBJECT	PURPOSE	LEAD	TAB
9.00	1.	<b>Welcome and apologies for absence</b> Apologies received from: Jessica Cecil and Theo de Pencier			
	2.	<b>Declarations of Interest</b> To request and record any notifications of declarations of interest in relation to today's agenda		HL	
	3.	<b>Minutes of the meeting held in public on 31<sup>st</sup> January 2017</b> To approve the minutes of the meeting held on 31 <sup>st</sup> January 2017	Approval	HL	TAB 1
	4.	<b>Matters arising</b> To review the action schedule arising from previous meetings	Information	HL	TAB 2
9.15	5.	<b>Report from the Chair</b> 5.1 To receive a report from the Chair 5.2 Feedback from Non-Executive Directors	Information	HL	TAB 3
9.25	6.	<b>Report from Chief Executive</b> To receive a report from the Chief Executive	Information	AG	TAB 4
<b>PERFORMANCE AND ASSURANCE</b>					
9.35	7.	<b>Board Assurance Framework and Risk Management</b> 7.1 - To receive the Board Assurance Framework and risk register – March 2017 (cover sheet). 7.2 To approve clinical governance structure	Assurance Approval	AG TB	TAB 5
9.50	8.	<b>Integrated Board Performance Report – February 2017</b> To receive the integrated board performance report (including Quality, Finance, Performance and Workforce)	Information	AB	TAB 6
10.10	9.	<b>Staff Survey 2016</b> To discuss the 2016 Staff Survey results and the high level action plan	Discussion	KB	TAB 7
10.20	10.	<b>Quality Governance Committee Assurance Report</b> To receive the Quality Governance Committee Assurance Report – 7 <sup>th</sup> March 2017	Assurance	BMc	TAB 8
10.30	11.	<b>Finance Investment and Performance Committee Assurance Report</b> To receive the Finance Investment and Performance Committee Assurance Report – 23 <sup>rd</sup> March 2017	Assurance	HL	TAB 9
10.40	12.	<b>Workforce Committee Assurance Report including WRES Oversight</b> To receive the Workforce Committee Assurance Report – 20th March 2017	Assurance	FC	TAB 10

10.50	13.	<b>Audit Committee Assurance Report</b> To receive the Audit Committee Assurance Report – 15 <sup>th</sup> February 2017	Assurance	JJ	TAB 11
11.00	14.	<b>Logistics and Infrastructure Committee</b> To receive the Logistics and Infrastructure Assurance Report – 13 <sup>th</sup> February 2017	Assurance	TdP	Verbal
<b>BREAK 11.10 – 11.20</b>					
<b>STRATEGY AND BUSINESS PLANNING</b>					
11.20	15.	<b>Operational and financial planning 2017 -2019</b> 14.1 To approve the final submission for the 2017/18 operational and financial plan	Information	AB	TAB 12
11.30	16.	<b>Business Plan 2017/18</b> To approve the Business Plan	Approval	KB	TAB 13
<b>GOVERNANCE</b>					
11.45	17.	<b>Report from Trust Secretary</b>	Information	SA	TAB 14
11.50	18.	<b>Trust Board Forward Planner</b> To receive the Trust Board forward planner	Information	SA	TAB 15
11.55	19.	<b>Questions from members of the public</b>		HL	
	20.	<b>Register of Interest</b> To note the register of interests	Information	SA	TAB 16
12.00	21.	<b>Any other business</b>		HL	
		<b>Meeting Closed</b> The meeting of the Trust Board in public closes		HL	
		<b>Date of next meeting</b> The date of the next Trust Board meeting in public is on 25 <sup>th</sup> May 2017 at 2.00pm		HL	



**TRUST BOARD MEETING (PUBLIC)**

Minutes of the meeting held on Tuesday 31<sup>st</sup> January 2017 at 9.00am  
in the Conference Room, 220 Waterloo Road, London SE1 8SD

<p><b>Present:</b> Heather Lawrence Andrew Grimshaw Fergus Cass John Jones Nick Martin Bob McFarland Theo de Pencier Jessica Cecil Jayne Mee Trisha Bain Andy Bell Fenella Wrigley Paul Woodrow</p>	<p>Chair Acting Chief Executive Non-Executive Director Non-Executive Director Non-Executive Director (joined the meeting at 9:30) Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Quality Officer Acting Director of Finance Medical Director Director of Operations</p>
<p><b>In attendance:</b> Sandra Adams Mark Hirst Sally Herne Angela Flaherty Mercy Kusotera</p>	<p>Director of Corporate Governance/Trust Secretary Interim Director of Human Resources Improvement Director Deputy Director of Transformation and Strategy (item 17 only) Corporate Governance Manager (Minutes)</p>
<p><b>Members of the Public:</b> Daryl Smith</p> <p><b>Members of Staff:</b> Anna Macarthur</p>	<p>Ferno UK Ltd</p> <p>Head of Communications</p>
<p><b>1.</b></p>	<p><b><u>Welcome and Apologies</u></b></p>
<p>1.1</p>	<p>The Chair welcomed all to the meeting. A particular welcome was extended to Jayne Mee (Non-Executive Director), Trisha Bain (Chief Quality Officer), Sally Herne (Improvement Director) and Andy Bell (Acting Director of Finance). Apologies were received from Karen Broughton.</p>
<p><b>2.</b></p>	<p><b><u>Declarations of Interest</u></b></p>
<p>2.1</p>	<p>There were no declarations of interest in matters on the agenda</p>
<p><b>3.</b></p>	<p><b><u>Minutes of the Board meeting held on 29<sup>th</sup> November 2016</u></b></p>
<p>3.1</p>	<p>The minutes of the meeting held on 29<sup>th</sup> November 2016 were approved as a true record of the meeting subject to a minor amendment to item 140.3. <b>Action: Sandra Adams</b> <b>Date: 28<sup>th</sup> March 2017</b></p>

4.	<b>Matters Arising</b>
4.1	<p>The Trust Board reviewed the action log and noted the following:  132.3 – Demand analysis tools – Andy Bell was scheduling a session for non-executive directors.  <b>Action: Andy Bell</b>  <b>Date: 28<sup>th</sup> March 2017</b></p>
4.2	<p>132.6 – Sandra Adams confirmed that 90% of outstanding actions from serious incidents had now been completed and closed.</p>
4.3	<p>132.10 – Clinical Team Leader role: Paul Woodrow confirmed that this would be linked into the update on the review of the operations structure.</p>
4.4	<p>134.5 – Details of Assistant Directors of Operations and Executive director leads: Paul Woodrow reported that there had been some changes to the structure and he would share an update by Friday 3<sup>rd</sup> February 2017.  <b>Action: Paul Woodrow</b>  <b>Date: 3<sup>rd</sup> February 2017</b></p>
4.5	<p>136.4 – Sustainability and Transformation Plan (STP) would be linked into the strategy development work commencing in February. STP leads were confirmed as follows:</p> <ul style="list-style-type: none"> <li>• Heather Lawrence – South East</li> <li>• Bob McFarland – South West</li> <li>• Fergus Cass – North West</li> <li>• Theo de Pencier – North West</li> <li>• John Jones – North Central</li> <li>• Fenella Wrigley and Paul Woodrow – South East</li> <li>• Karen Broughton – South West</li> <li>• Andrew Grimshaw – North Central and probably North West as well.</li> <li>• Trisha Bain – North West</li> </ul>
4.6	<p>The Chair noted the need to link the newly appointed Non-Executives (Jayne Mee and Sheila Doyle) to STPs.</p>
4.7	<p>Fenella Wrigley suggested nominating a Non-Executive who would link with the control room; Theo de Pencier was nominated.</p>
4.8	<p>105.16 – Safeguarding CPI completion rate: it was noted that Trisha Bain and Briony Sloper were progressing the actions.</p>
5.	<b><u>Report from the Chair</u></b>
5.1	<p>The following points were noted from the report:</p> <ul style="list-style-type: none"> <li>• The LAS 111 service had been rated ‘good’ by the CQC following their review which was undertaken in September 2016.</li> <li>• Computer Aided Dispatch (CAD) system failure on 1<sup>st</sup> January 2107 -- the Executive Team were thanked for their handling of the event.</li> <li>• Non-Executive Directors recruitment – the Chair confirmed the appointment of Jayne Mee whose expertise is in Human Resources and Organisational Development. It was noted that Sheila Doyle, whose expertise is in Information Technology, would be joining the Trust on 6<sup>th</sup> February 2017. Profiles would be circulated to Trust Board members.</li> <li>• The Chair was still seeking to address the diversity gap at the Board and was in conversation with NHS Improvement (NHSI).</li> <li>• The Chair had represented the Trust at the Metropolitan Police Service (MPS) Holocaust</li> </ul>

5.2	<p>Service on 27<sup>th</sup> January 2017.</p> <p>The Trust Board <u>noted</u> the Chairman's report.</p>
6.	<p><b><u>Report from the Chief Executive Officer</u></b></p>
6.1	<p>Andrew Grimshaw presented the Chief Executive's report giving an overview of progress and events within the Service since the last time the Board convened. He reported on the following key areas:</p> <ul style="list-style-type: none"> <li>• <b><i>New Year's Day Computer Assisted Dispatch system outage</i></b> - The item would be discussed in detail later on the agenda.</li> <li>• <b><i>Organisation Performance</i></b> – higher than planned demand was the most significant issue impacting on the Trust's performance. The Trust continued to source more capacity to address this demand. Work was underway with NHS England (NHSE), NHSI and commissioners to help reduce demand and to improve handover times.</li> <li>• The Trust's 111 services continued to perform well and had been recognised by the CQC who awarded the service a rating of Good in a recent inspection.</li> <li>• <b><i>Strategy and Business Planning</i></b> – the Trust had refreshed its Clinical Strategy; this had been included in the pack for approval later on the agenda. Work to operationalize this strategy had started and it would be linked to STP planning.</li> <li>• Work around identifying the priorities for the next 3-6 months had commenced; this would be completed by the first week of February. Managers across the Trust had been engaged to identify their priorities to help inform the development of a plan by the Executive Team. The outcome would be fed back to managers and then the wider organisation.</li> <li>• The Trust had agreed contract terms for 2017/18.</li> <li>• <b><i>Executive Team</i></b> - it was confirmed that Dr Trisha Bain had joined the Trust this month following her appointment as Chief Quality Officer.</li> <li>• <b><i>Governance</i></b> – the Trust continued to prepare for the Care Quality Commission re-inspection scheduled to commence on the 7<sup>th</sup> February 2017. This would be a full re-inspection and would result in a new rating being issued later in the year. Good progress continued to be made against the actions contained within the Quality Improvement Plan.</li> </ul> <p>6.2 Andrew Grimshaw reported on an issue relating to medicines management: oral morphine had been notified as missing, presumed stolen, and this had been declared a serious incident. The MPS were investigating and steps were being taken to prevent re-occurrence. There was no discernible impact on patient care.</p> <p>6.3 Theo de Pencier commented that the Chief Executive's CQC presentation on 30<sup>th</sup> January 2017 was very good. It highlighted where the Trust was addressing areas which needed to be improved following the CQC inspection in 2015. Heather Lawrence agreed that the presentation was good and she noted that she had received some feedback following the presentation; this would be picked up in the private meeting of the Board.</p> <p>6.4 Theo de Pencier reported on the Estates workshop on 30<sup>th</sup> January 2017 where there had been good interaction and a consensus view reached. The strategy would be brought to the February Board strategy meeting.</p> <p>6.5 Fergus Cass referred to the item in the CEO report on Freedom to Speak Up and the recent meeting with the National Guardian, Dr Henrietta Hughes, who had also visited the Control Room and spoken to staff. Dr Hughes had been positive about the Trust's policy, communications and identification of issues. Fergus also commented that internal audit was currently reviewing this area.</p> <p>6.6 It was agreed to add feedback from Non-Executive directors on the agenda.</p>

6.7	<p><b>Action: Sandra Adams</b>  <b>Date: 28<sup>th</sup> March 2017</b></p> <p>The Trust Board <u>noted</u> the Chief Executive's report.</p>
7.	<p><b><u>Integrated Performance – December 2016</u></b></p>
7.1	<p>Andy Bell presented the Integrated Performance Report providing organisational oversight of all key areas across the Trust. He noted that the overall performance position had been consistent with previous months. Delivery of care continued to be safe but quality of service remained challenged.</p>
7.2	<p><i>Quality</i></p> <p>Fenella Wrigley reported on several items in the quality section of the integrated report. She noted that there had been continued focus on monitoring quality and patient safety; the Trust continued to carry out clinical reviews and to monitor serious incidents and to act on any trends. The Trust remained at Surge Red, with 13 periods of Surge Purple and 1 period of Surge Blue in December 2016 when the volume of calls was unprecedented.</p>
7.3	<p>Trisha Bain reported that 1 complaint exceeded the 35 working day completion target. She added that a new national system to identify the relevant NHS 111 provider had been set up; it was anticipated that this would assist in future queries.</p>
7.4	<p>In response to the Patients Forum's question around infection control, it was noted that the Trust continued to encourage staff to be vaccinated against influenza with uptake now at 65%. It was noted that there were no penalties for frontline staff for taking sick leave. In terms of safeguarding training, it was confirmed that the Trust would ensure that Bank staff would receive adequate levels of training.</p>
7.5	<p><i>Performance</i></p> <p>Paul Woodrow reported that A8 performance for December 2016 was 64.1% against a trajectory of 66.5%. Overall demand was 7.6% above plan. The Trust had moved to REAP level 3 (severe) on 6<sup>th</sup> December 2016. The decision was made by the Service Delivery Group (SDG) following a review of the escalation triggers. Category A performance and activity levels were the primary causes for the escalation. 9<sup>th</sup> December 2016 was the busiest day with 450 x 999 calls per hour at some points in the day. Paul Woodrow and Fenella Wrigley had overseen Surge Blue and the de-escalation to Surge Red.</p>
7.6	<p>Job Cycle Time for December was 3.6minutes above the monthly trajectory of 83.1 minutes; this was due to ongoing handover issues, for example hospital breaches had increased by 162% compared to December 2015. The multiple attendance ratio was 1.28.</p>
7.7	<p>LAS 111 had implemented V12 NHS Pathways successfully. Demand had increased by 29% in month with over 2000 calls on 27<sup>th</sup> December 2016.</p>
7.8	<p><i>Workforce</i></p> <p>Mark Hirst drew the attention of the Board to the key points around workforce: overall vacancy rates had increased from 5.2% to 5.8%; overall turnover remained at 9.5%. When compared to other ambulance services, the Trust had the fifth best turnover rate. The International Paramedics had joined the Trust in Q4 instead of Q3 and Mark was confident that the target for paramedic recruitment would be achieved this year.</p>
7.9	<p>Frontline sickness rate remained at 5% but more focussed work was underway to address specific areas. In terms of sickness rate, the Trust was ranked 2<sup>nd</sup> when compared to all 11 Ambulance Trusts. Appraisal rates of 92% for corporate staff and 72% operations staff had been achieved. Mark also reported that as at 31<sup>st</sup> December 716 staff had attended bullying and harassment</p>

7.10	sessions and 40 staff had been trained in mediation. There was 1 formal bullying and harassment case open in December; it was anticipated that this would be closed this week.
7.11	Jayne Mee commented that in terms of long term sickness, it would be helpful to know how long staff had been away due to sickness. It was felt that the rate was still high. Fergus Cass noted that there was an action for measures for the prevention and management of sickness and the Workforce and Organisational Development (OD) Committee was waiting to see the Health & Wellbeing Strategy. Executives were urged to remain focused on reducing the rate of sickness.
7.12	Jessica Cecil congratulated the executive team on meeting the extraordinary challenges and on the lowest re-referral rates for 999 nationally. She then asked whether there was any clinical risk relating to on scene times for stroke and trauma to which Fenella Wrigley explained that clinical risk was being managed; for example there was focus on minimising the time taken to identify that a person needs to be taken to hospital.
7.13	PTS/NETs were seeing a significant increase in the number of journeys in support of front line operations.
7.14	The Board wishes to acknowledge the amazing work of front line operations, control services and Paul and Fenella over the period.
	<i>Finance</i>
	In terms of money, the following key points were noted:
7.15	<ul style="list-style-type: none"> <li>• The Trust was reporting a year-end deficit to plan - £6.7m</li> <li>• Commissioners had confirmed £2.1m for Quarter 2</li> <li>• In principle £3.6m for Quarter 3 and £3.3m for Quarter 4 had been recognised by LAS Commissioners subject to sign off by the Clinical Commissioning Groups (CCGs).</li> <li>• CIP – adverse position of £0.3m and the Finance Investment and Performance Committee had been given assurance that the full CIP would be achieved</li> <li>• Capital spent was £3.6m against a revised capital plan of £8.2m.</li> <li>• CRL of £19m of which we were expecting to spend £15m but had now revised that in discussion with NHSI to £14m with agreement to roll forward any underspend to future years</li> <li>• Income was £2.1m favourable to plan.</li> <li>• Cash position was £1.9m adverse to plan.</li> <li>• Some updates to CQUINS were underway.</li> </ul>
7.16	In response to a question around the Trust's responsiveness, it was noted that NHSE and NHSI were urging acute Trusts to resolve issues relating to delays and reduce the number of breaches. This would improve patient experience. John Jones asked about the impact on performance as a result of delays at hospital and Paul Woodrow confirmed that Jill Patterson's team was looking at this; Andrew Grimshaw said that for every 1000 hours delay, 1% was lost on performance.
7.17	Fergus Cass sought assurance around managing pressure; he asked whether there was focus on most urgent cases. It was agreed to further discuss this in the demand management seminar.
7.18	The Board discussed the forthcoming implementation of the Ambulance Response Profile (ARP) and what impact this might have on performance. Paul Woodrow reported that the 'tail' of patients waiting would reduce as would the length of delay for Cat C patients. He confirmed we were starting to plan for ARP and would then be able to provide assurance on this.
7.19	The Trust Board <u>noted</u> the report.

8.	<b><u>Quality Improvement Plan (QIP)</u></b>
8.1	<p>Andrew Grimshaw presented the QIP report outlining the delivery of the QIP up to the end of December. It was noted that some good progress had been made across all areas. The following points were noted in discussion:</p> <ul style="list-style-type: none"> <li>• Overall progress of the programme remained good.</li> <li>• Monthly managers' briefings were being held.</li> <li>• Learning from experience – 'Insight' magazine was published on 1<sup>st</sup> December 2016; the magazine would be published quarterly and would contain case studies along with key learning points.</li> <li>• Activities which were delayed or reporting at risk were outlined, for example the Clinical Strategy (scheduled for approval later on the agenda). Reasons for delay and actions being taken to ensure delivery were outlined in the summary. Updates would be brought to the March Board meeting.</li> </ul>
8.2	<p>It was noted that it would be helpful to assess whether completing the actions taken had made a difference; this would provide assurance. Andrew Grimshaw said this would be included in the next report and as part of the discussion on what would replace the QIP.</p>
8.3	<p>Bob McFarland sought clarity on a completion timeline for EOC recruitment. Paul Woodrow explained that there were constraints with the physical estate, turnover levels with call handlers joining front line operations, and Operational Research in Health Limited re-visiting some of the assumptions in the original review. Paul confirmed that the 40 additional staff would not be recruited this year and work was still ongoing. It was noted that the recruitment, training and capacity issues would be discussed further by the QIP Board in February. More detail was needed on the issues and what action was required to address these. Jayne Mee said that she would expect to see a workforce plan and career pathway.</p>
9.	<b><u>Quality Governance Committee Assurance Report</u></b>
9.1	<p>Bob McFarland presented the assurance report on the meeting of the Quality Governance Committee meeting held on 10<sup>th</sup> January 2017. He drew the attention of the Trust Board to the following key points:</p>
9.2	<p><b><i>Medicines Management</i></b></p> <p>The Quality Governance Committee had been assured that substantial progress had been made regarding processes for issuing and signing for drugs, regular audits and a change in staff culture following recent road shows. However there was still inconsistency, with some exemplary sites and others unreliable. Whilst it was recognised that smaller stations with less management presence had been previously regarded as outliers; this was not always the case and incidents were sporadic across the Trust. It was felt that lack of regular management cover should add impetus to the need for a sensible estates strategy.</p>
9.3	<p>It was noted that the use of door codes had improved although there was still a need to replace multiple codes with swipe card system. The Chair noted the need to understand the implications of the decision to use swipe cards. Andrew Grimshaw suggested taking a review of the sites to determine whether it was reasonable to continue to operate from 71 sites, and that this should not wait for the Estates strategy.</p>
9.4	<p><b><i>Reporting Committees</i></b></p> <p>Bob McFarland reported that the Quality Governance Committee had not received a progress report on 2016/17 Infection Prevention and Control action plan; this was due to the lead being absent. Single lead departments had been an issue across the Trust. Bob also reported that the reporting Committee reports (Clinical Safety and Standards, Improving Patient Experience and Risk Compliance and Assurance Group) had not been available due to either not having met since</p>



9.5	<p>the last Quality Governance meeting or the responsible person being absent. Trisha Bain had agreed to review the timetables and the effectiveness of the reporting committees.  <b>Action: Trisha Bain</b>  <b>Date: 28<sup>th</sup> March 2017</b></p> <p><b>Education</b></p> <p>The Clinical Education and Professional Standards Committee had been established and would report to the Clinical Safety and Standards Committee but with an important link to the Workforce Organisational Development Committee. The Quality Governance Committee were pleased to know that the LAS had received accreditation to deliver the Trainee Emergency Ambulance Crew program through the FQ Providers and that the internal Quality Assurance program was one of the best nationally.</p>
<b>10.</b>	<b><u>Finance Investment and Performance (FIPC) Assurance Report</u></b>
10.1	<p>Nick Martin reported on the items discussed on the meeting held on 26<sup>th</sup> January 2017 including the committee terms of reference and self-assessment of the committee, Month 9 Integrated performance report and Finance Report Month 9. He noted that concerns around CQUINS relating to mobile IT and flu. The Committee had agreed a new set of terms of reference now that the Logistics and Infrastructure Committee was established and would have oversight of Estates, IM&amp;T and Fleet &amp; Logistics.</p>
10.2	<p>The FIPC had received an update on 2017/19 Financial Plan; there was limited visibility on year two. Further details on financial planning were included in Financial Plan paper to be discussed later on the agenda. The Committee had received assurance on 16/17 CIPs but the current position for 17/18 showed nearly £4m unidentified CIPs and that this would become embedded in the transformation programme.</p>
10.3	<p>The Committee had reviewed the Perfect Ward Business Case and noted the need to speed up the process. Cashflow position had improved but continued to be challenging. The Committee heard that if the Trust achieved its year-end control total then match funding would be available through the Sustainable Transformation Fund. There was no fundamental change to the financial risks but there was a combined forward financial risk.</p>
<b>11.</b>	<b><u>Assurance from the Workforce and Organisational Development (Workforce) Committee</u></b>
11.1	<p>Fergus Cass reported that the Committee had held its fifth meeting on 23<sup>rd</sup> January 2017. The Committee had received a planning and recruitment update including projections for 2017/18. Current forecast indicated a need to recruit approximately 350 paramedics in 2017/18. This assumed zero growth in activity and an increase in turnover, reflecting the possibility that some Australian paramedics who would complete two years' service in 2017/18 might choose to go home. There was also strong competition for Australian paramedics, including stronger demand within Australia.</p>
11.2	<p>The Committee noted the progress with appraisals; it was intended to review the lessons learnt in 2016/17 and the outcome would be considered by the Committee. In terms of morale and wellbeing, further gains were reported around Staff Friends and Family Test for Quarter 2. A framework for reporting to the Committee about safety and wellbeing would be developed in conjunction with the formulation of the wellbeing strategy. The results of the annual Staff Survey would be reported in early March. More visibility would be monitored via the executive team. It was expected that the committee would review the annual staff engagement plan in June.</p>
11.3	<p>Focus on WRES would be maintained. The Committee had been informed that KPIs relating to the five key priorities of the WRES were being developed and a draft report would be presented to the Committee in March.</p>

11.4	<p>The Committee was briefed on the plan to ensure that all staff in roles with patient contact had a new enhanced DBS check during the next three years. It was explained that such checks were already in place for new recruits and that 98% of those who should have a DBS check had one at some point. It was noted that there had been a slippage in Phase 1 of the programme, where the target was for 192 staff in HART and Central Operations were supposed to have an application in progress by end of December; 50 staff had not yet applied. These were being actively followed up.</p>
11.5	<p>The planned skill mix remained challenging and would affect the recruitment requirement for paramedics and TEACs. This needed to be resolved. In terms of recruitment, the Trust Board agreed to have a plan session in February 2017.  <b>Action: Mark Hirst/Karen Broughton</b>  <b>Date: 28<sup>th</sup> February 2017</b></p>
11.6	<p>The Chair asked whether the number of Australian paramedics who would be going home was known. It was noted that this would be followed up and a report would be provided to the executive team.  <b>Action: Karen Broughton/Mark Hirst</b>  <b>Date: 28<sup>th</sup> March 2017</b></p>
11.7	<p>The development of workforce risks had been helpful and clear. The highest graded risks related to paramedic recruitment, rest break policy, issues relating to Band 6, holiday pay and DBS checks. Both Fergus Cass and John Jones asked why the higher rated/red risks were not on the BAF and this led to a discussion about the process for the review and approval of risks for the corporate risk register and the BAF. Andrew Grimshaw would be leading a piece of work on the risks to delivery of the corporate and strategic objectives and using these to populate the BAF. The assurance committees would be used to support this through to the Board.</p>
11.8	<p>Fergus reported that there had been a number of positive developments during the year including morale, meeting recruitment targets, and improvements with ESR and Oracle learning. There were however a number of areas that hadn't progressed including strategies for Workforce and Health &amp; Wellbeing, and he was unable to give full assurance on these areas, or to have a fuller discussion on WRES at this time. KPIs were in development and a 1<sup>st</sup> draft would be available to the Committee in March as would information on how the £0.5m from Health Education England would be targeted and allocated. Andrew Grimshaw explained some of the mitigating actions underway and that he had asked for a separate Workforce report to be brought to the executive team from now on.</p>
11.9	<p>The Trust Board noted the Workforce Committee report and thanked Fergus for the update.</p>
<b>12.</b>	<p><b><u>Board Assurance Framework (BAF) and Corporate Risk Register</u></b></p>
12.1	<p>Sandra Adams presented the latest versions of the BAF and corporate risk register. One new risk had been added to the BAF since the November Trust Board: the risk relating to LAS CAD system (BAF 39) following the serious incident on New Year's Day, and further work was required on the description of the risk and detail on the mitigating actions, controls and assurances. The acting Director of IM&amp;T was undertaking this work. The Board supported the rating of 20 for this risk.</p>
12.2	<p>There was no closure date given to BAF risk 7 and Paul Woodrow would take this forward and representatives from each of the following Board Committees would come together to review the plan: Workforce &amp; OD, Finance Performance &amp; Investment, and Quality Governance.</p>
12.3	<p>It was noted that four new risks had been added to the Trust risk register following a review by the Risk Compliance and Assurance Group which had continued to meet monthly. These were; two risks relating to driving standards; one regarding ongoing delays at hospital emergency departments; and the risk escalated to the BAF regarding the CAD system. It was noted that</p>

<p>12.4</p> <p>12.5</p> <p>12.6</p> <p>12.7</p>	<p>workforce risks and CAD risk had not been included on the BAF as yet; this could be a timing issue.</p> <p>Sandra Adams reported that KPMG had been reviewing the design and operation of controls at the Trust for managing and escalating risks at local and directorate level in October 2016. The Trust had been provided an overall assessment of significant assurance with minor improvement opportunities; this was in line with management's expectation. A number of areas of good practice had been noted, for example positive feedback had been received from the Quality Governance and Assurance Managers. There were also areas for improvement; for example, the time dedicated to risk review at the quarterly Area Quality Governance and Assurance was deemed not enough to cover the significant risks at sector level. Work was underway to implement the recommendations.</p> <p>A discussion took place around the workforce risks; some of the risks were graded high and should be on the corporate risk register and the Board was clear it wanted to see a Workforce risk on the BAF. Andrew Grimshaw stated that the executive team would review with HR as part of the planning work for the February Board Strategy meeting and add to the corporate risk register and BAF as appropriate. It was noted that the workforce strategy was being developed. It was agreed that workforce issues including workforce strategy and Health and Wellbeing Strategy would be discussed at the February Strategy session.</p> <p><b>Action: Karen Broughton</b> <b>Date: 28<sup>th</sup> February 2017</b></p> <p>The Chair reiterated the need to link papers to the risk appetite.</p> <p>The Trust Board <u>noted</u> the report.</p>
<p>13.</p>	<p><b><u>EPRR</u></b></p>
<p>13.1</p> <p>13.2</p> <p>13.3</p> <p>13.4</p> <p>13.5</p>	<p>Paul Woodrow presented the Emergency Preparedness, Resilience and Response (EPRR) Annual Assurance report outlining the outcome of the EPRR review undertaken in collaboration with NHS England (London). Paul confirmed that the Trust's level of compliance was as follows:</p> <ul style="list-style-type: none"> <li>• MTFA – full compliance</li> <li>• HART – substantial compliance. It was noted that with regard to the HART vehicle fleet, the Trust had placed an order for the initial fleet replacement; however the standard would remain amber because the vehicles would not be delivered until mid-2017.</li> <li>• EPRR HAZMAT/CBRN – substantial compliance. All standards relating to HAZMAT and CBRN were assessed as fully compliant; four EPRR standards were rated as amber.</li> </ul> <p>It was noted that an action plan had been developed and agreed with NHSE (London) to address all standards rated as amber. A copy of the action had been included in the pack for information. Quarterly meetings had been scheduled between NHS England (London)'s EPRR team and LAS to monitor and review progress against the action plan.</p> <p><b><i>Business Continuity</i></b></p> <p>It was noted that the Trust was not currently fully compliant in terms of its business continuity arrangements. A specialist in business continuity was recruited on 4<sup>th</sup> November 2016 to develop and strengthen business continuity arrangements across the Trust. A copy of the current business continuity work plan was attached for information.</p> <p>The Trust Board noted that the final business continuity plan was scheduled to be presented at the Trust Board meeting on 1<sup>st</sup> August 2017.</p> <p>Fergus Cass asked whether there was any additional support needed to get the business</p>

13.6	<p>continuity plan on track. Paul Woodrow commented that there was an ongoing fundamental review of business continuity. In terms of priority there was need for improvement in some departments. However he felt that the risk was not red. He added that the business continuity policy had been updated in October 2016; part of the review included input and contributions from NHS England (London).</p> <p>The Trust Board <u>noted</u> the report.</p>
<b>14.</b>	<b><u>Operational and Financial planning 2017-2019</u></b>
14.1	<p>Andy Bell provided an update on the plan which had been discussed at the Finance Investment and Performance Committee. He outlined the followed headlines:</p> <ul style="list-style-type: none"> <li>• Ongoing challenges of securing more funding from CCGs given overall system pressures.</li> <li>• The Trust had made submissions to deadline requirements: initial plan submission on 23<sup>rd</sup> November 2016 and a final submission on 24<sup>th</sup> December 2016.</li> <li>• The required plan should meet the national performance standards, for example meeting the standard for delivering A8 - 75% within 8 minutes and move the Trust from a deficit to surplus position in the next 2 years.</li> <li>• Commissioners had agreed to an increase of 6% funding and 3% 'pay as you earn' to enable additional capacity; commissioners would be required to deliver at least 7% demand management improvements. Beyond 9% growth the contract would be subject to re-negotiation.</li> <li>• The Heads of Terms for the plan was agreed with Commissioners on 24<sup>th</sup> December 2016 and the core contract terms were signed off on 13<sup>th</sup> January 2017.</li> <li>• A planned CIP total of £17.8m.</li> <li>• The cash position remained challenging.</li> <li>• The impact of the Estates Strategy needed to be confirmed.</li> <li>• Band 6 had been left out of the plan at the request of NHSI as this was a national issue.</li> <li>• Capital funding would be predominately for Estates, Fleet &amp; IM&amp;T.</li> <li>• The Trust needed to become more efficient and to manage demand more effectively; the internal productivity gain needed to move from 71% to 75% in 17/18.</li> <li>• The final plan would be signed off by 31<sup>st</sup> March 2017.</li> </ul>
14.2	<p>In response to a question around risk on specialist services, Andy Bell stated that discussions were ongoing with NHSE. Andrew Grimshaw would draft a note expressing the Board's concern to NHSE and another to NHSI about the lack of clarity over Band 6 funding and the risk that this presented.</p>
14.3	<p><b>Action: Andrew Grimshaw</b> <b>Date: 28<sup>th</sup> March 2017</b></p> <p>The Trust Board <u>noted</u> the update.</p>
<b>15.</b>	<b><u>Clinical Strategy</u></b>
15.1	<p>Fenella Wrigley presented the Clinical Strategy 2016-21 for final approval. The Strategy reinforced the Trust's commitment to be the emergency and urgent care provider for London with 111 an integral part of this. It had been developed following engagement with stakeholders and through strategy sessions with the Trust Board. Feedback from stakeholders had been incorporated.</p>
15.2	<p>The Chair asked that the plans for workforce, IM&amp;T and finance are aligned with the implementation plan of the clinical strategy.</p>
15.3	<p>The Trust Board <u>approved</u> the strategy subject to minor changes following discussion.</p>

<b>16.</b>	<b><u>IM&amp;T Strategy</u></b>
16.1	Andrew Grimshaw presented the strategy which had been developed based on interpreted levels of ambition and the business priorities of the Trust. The strategy had been presented before Christmas; all comments had been incorporated into this version. Andrew reminded the Trust Board that the LAS existed within a system which required joined up priorities to deliver benefits for the system as a whole. The development of a robust IM&T strategy was seen as key element in delivering targeted Transformation. The Trust would need to work with STPs to ensure compelling business cases were in place and that these clearly demonstrated the benefits realisation for LAS and for other local health economy partners.
16.2	In discussion it was noted that funding was a significant issue. The estimated cost to deliver the IT enabler programmes over the next 4 years was circa £45m. Therefore the Trust might need to adjust the level of ambition and strategic priorities over time.
16.3	Fergus Cass commented that he was not sure whether required funding was included in the finance plan and he thought that it would be useful to understand to what extent the plan was included in the financial plan. Figures needed to be aligned. A significant proportion was included in capital across the 5-year plan. The Trust would need to generate the funds to support this. <b>Action: Andy Bell</b> <b>Date: 28<sup>th</sup> February 2017</b>
16.4	Jayne Mee commented that the strategy needed to be underpinned by organisational design, workforce training and development, and she urged that the cost of the latter should not be underestimated.
16.5	It was noted that it would be helpful to develop a detailed plan with milestones on what it needs to achieve. There was need to link the strategy to other strategies.
16.6	The Trust Board <u>approved</u> strategy subject to the above and agreed that the Trust would not develop systems in-house but would develop strategic partnerships.
<b>17.</b>	<b><u>Transformation Programme</u></b>
17.1	Angela Flaherty joined the meeting for this item. She talked through the proposed approach to transformation noting the following key points: <ul style="list-style-type: none"> <li>• The LAS had previously run two organisation-wide change programmes; the Performance Improvement Programme (2015-16) and the Quality Improvement Programme (2016-17).</li> <li>• There was need to put in place a new transformation programme to ensure continued and sustained change.</li> <li>• The proposed transformation had two components (i) driving change – this would include activities required to structure, drive, direct and automate the required transformation (ii) Releasing change – focussing around activities to inspire, enable, encourage and facilitate people involved in the change.</li> <li>• Staff engagement would be crucial throughout each stage; a number of methodologies were recommended, these included LEAN, collective leadership and PDSA.</li> <li>• In terms of governance, it was propose to adopt the model used for the QIP programme which incorporated Executives and Board level engagement.</li> <li>• The proposed Transformation Programme Board would meet on a monthly basis and would report to the Trust Board with the core membership including the Director leads and three Non-Executive Directors.</li> </ul>

<p>17.2</p> <p>17.3</p> <p>17.4</p> <p>17.5</p>	<ul style="list-style-type: none"> <li>• The ELT would review progress against the plan on a monthly basis.</li> </ul> <p>In terms of resource, wherever possible, the programme would utilise the skills and capabilities within the organisation. The broad principles had been discussed with the executive team. The estimated cost of the Transformation team would be £900k and the Chair suggested this would be at least £500k through internal resourcing and backfilling.</p> <p>The following comments were noted:</p> <ul style="list-style-type: none"> <li>• There was need to ensure that the programme was aligned to LAS values</li> <li>• In terms of resources, there was need to ensure there was right resourcing in place</li> <li>• The Executive Team to identify with the top three priorities</li> <li>• The budget needed to be defined</li> <li>• A ½ day session would be arranged on 'Making the LAS Great'</li> <li>• Learning from other organisations, for example West Midlands Ambulance services (what makes them outstanding)</li> <li>• Job cycle time would be incorporated in the programme</li> <li>• The full Board and executive team needed to be aligned to the priorities.</li> </ul> <p>The Board discussed the proposed Hive model and the need to focus on what needed to be delivered, and to determine whether this would be transactional or transformational. A culture of continuous improvement needed to start with the Trust Board.</p> <p>In summary, the Trust Board applauded the approach and agreed it needed Board ownership and vision; that we know what people are doing across the organisation; that we run an internal PMO and separate out 'business as usual'; and that we use the Porter definition for identifying what would make the most difference for patients and staff.</p>
<p>18.</p>	<p><b><u>1<sup>st</sup> January 2017 CAD Outage</u></b></p>
<p>18.1</p> <p>18.2</p> <p>18.3</p>	<p>It was noted that the exact causes of the issue were being externally investigated to ensure the full causes of the incident were understood and the action which could be taken to prevent any recurrence.</p> <p>The Trust had apologised to any patients who were impacted by the delay in response times during the period of the outage. Affected patients had been asked to contact the Trust. The staff on duty during the time of the incident worked extremely hard under very challenging conditions to maintain safe services to patients.</p> <p>The Trust Board <u>noted</u> the report.</p>
<p>19.</p>	<p><b><u>Report from Trust Secretary</u></b></p>
<p>19.1</p>	<p>The Trust Board <u>noted</u> the report.</p>
<p>20.</p>	<p><b><u>Trust Board Forward Planner</u></b></p>
<p>20.1</p> <p>20.2</p>	<p>It was agreed to schedule additional strategy sessions.  <b>Action: Sandra Adams/Andrew Grimshaw</b>  <b>Date: 28<sup>th</sup> March 2017</b></p> <p>The Trust Board <u>noted</u> the forward planner.</p>

<b>21.</b>	<b><u>Questions from members of the public</u></b>
21.1	<p><b><i>Board Papers: Will the Board please ensure that Board papers are placed on the LAS website 7 days before each meeting?</i></b></p> <p>It was noted that normally papers were shared within 7 days; however Trust Board papers for January had not been received on time; and as a result they had been published on the website late.</p>
21.2	<p><b><i>Infection Control: Will the Board review its infection control policies to ensure that all staff are vaccinated against influenza and that front line staff don't suffer penalties for taking sick leave?</i></b></p> <p>This had been covered in earlier discussion.</p>
21.3	<p><b><i>Safeguarding Training: Will the Board ensure that they exercise full governance over the Safeguarding training of Bank staff in view of the inadequate levels of training through CSR for this group of staff?</i></b></p> <p>This had been covered in earlier discussions.</p>
21.4	<p><b><i>CAD Outage Inquiry: Will the Board provide names of the internal and external experts who are investigating the outage, and invite the Forum to observe the investigation?</i></b></p> <p>Questions around CAD outage inquiry – the review was ongoing so the detailed questions submitted by the Patients Forum would be responded to outside the meeting.</p>
<b>22.</b>	<b><u>Register of Interest</u></b>
22.1	The Trust Board <u>noted</u> the register.
<b>23.</b>	<b><u>Any Other Business</u></b>
23.1	There was no other business discussed.
<b>24.</b>	<b><u>Date of Next Meeting</u></b>
24.1	The next meeting of the Trust Board would be on Tuesday 28 <sup>th</sup> March 2017 at 09.00am in the Conference Room, Waterloo.

## ACTIONS

from the Public meeting of the Trust Board of Directors of  
LONDON AMBULANCE SERVICE NHS TRUST

Date of schedule: 28<sup>th</sup> March 2017

<u>Meeting Date</u>	<u>Minute No.</u>	<u>Action Details</u>	<u>Responsibility and date</u>	<u>Progress and outcome</u>
31/01/17 29/11/16 04/10/16	<u>4.1</u> <u>132.3</u> <u>105.8</u> <u>105.11</u>	<b><u>Integrated Performance: Demand analysis tools</u></b> Session to be arranged for non-executive directors	<b><u>AB</u></b> <b><u>28<sup>th</sup> March 2017</u></b>	25 <sup>th</sup> April 2017 – added to next iteration of Forward Planner
31/01/17 29/11/16 04/10/16	<u>4.3</u> <u>132.10</u> <u>107.21</u>	<b><u>Clinical Team Leader role</u></b> To be linked into the update on the review of the operations structure.	<b><u>PW</u></b> <b><u>28<sup>th</sup> March 2017</u></b>	Matters Arising 28 <sup>th</sup> March 2017
31/01/17 29/11/16	<u>4.4</u> <u>134.5</u>	Paul Woodrow to share an update on details of the sector Assistant Directors of Operations leads	<b><u>PW</u></b> <b><u>3<sup>rd</sup> February 2017</u></b>	Completed.
31/01/17	<u>6.6</u>	Add a standing item to the Board agenda for non-executive director feedback on service visits	<b><u>SA</u></b> <b><u>28<sup>th</sup> March 2017</u></b>	Completed - added to Forward Planner
31/01/17	<u>9.4</u>	<b><u>Quality Governance reporting committees</u></b> Trisha Bain to review the timetable and effectiveness of reporting committees	<b><u>TB</u></b> <b><u>28<sup>th</sup> March 2017</u></b>	Update to be given through the Agenda on 28 <sup>th</sup> March 2017 – clinical governance structure
31/01/17	<u>11.5</u>	<b><u>Skill Mix</u></b> Session to be arranged for the Board	<b><u>KB</u></b> <b><u>28<sup>th</sup> March 2017</u></b>	25 <sup>th</sup> April 2017 - added to next iteration of Forward Planner
31/01/17 17/03/17	<u>11.6</u> <u>11.1</u>	<b><u>International Paramedics</u></b> Report to be provided to the Executive Leadership Team on the number of IPs returning to Australia	<b><u>KB</u></b> <b><u>28<sup>th</sup> March 2017</u></b>	Due at ELT on 12 <sup>th</sup> April Oversight through Workforce & OD Committee
31/01/17 28/02/17 17/03/17	<u>12.5</u> <u>10.</u> <u>14.</u>	<b><u>Workforce</u></b> <ul style="list-style-type: none"> <li>- Discuss workforce issues including workforce strategy and Health &amp; Wellbeing strategy at the February strategy session</li> <li>- More detail on the workforce numbers and plan for the strategy</li> </ul>	<b><u>KB</u></b> <b><u>28<sup>th</sup> February 2017</u></b> <b><u>28<sup>th</sup> March 2017</u></b>	To incorporate in the development of the Workforce Strategy Matters Arising – 28 <sup>th</sup> March 2017
31/01/17	<u>14.2</u>	<b><u>Operational and financial planning 2017 – 2019</u></b> AG to draft a note to NHSE regarding the funding risk on specialist services and another to NHSI about the lack of clarity over Band 6 funding and the risk this presented.	<b><u>AG</u></b> <b><u>28<sup>th</sup> March 2017</u></b>	Matters Arising 28 <sup>th</sup> March 2017



31/01/17	<b><u>16.3</u></b>	<b><u>IM&amp;T Strategy</u></b> Andy Bell to align the financial implications of the strategy with the financial plan	<b><u>AB</u></b> <b><u>28<sup>th</sup> March 2017</u></b>	Operational and financial plan – 28 <sup>th</sup> March 2017
31/01/17 28/02/17	<b><u>20.1</u></b> <b><u>1.</u></b>	<b><u>Strategy and business planning sessions</u></b> Schedule additional strategy sessions and consider how to set and structure Board strategy meetings in future	<b><u>AG/SA</u></b> <b><u>28<sup>th</sup> March 2017</u></b>	Trust Board days extended to include 2.00 - 4.00pm board development and strategy sessions Additional Private Board session on 17 <sup>th</sup> March
<b>Actions from Strategy and Business Planning meeting on 28<sup>th</sup> February 2017</b> <b><i>(note some actions are incorporated in Board actions above if same thread)</i></b>				
28/02/17	<b><u>2.</u></b>	<b><u>STPs</u></b> - KB to add CCGS clinical leads to the schedule and send to Board members - AG to consider how NEDs can interface with STPs and to discuss with CCGs	<b><u>KB</u></b> <b><u>17<sup>th</sup> March 2017</u></b>  <b><u>AG</u></b> <b><u>17<sup>th</sup> March 2017</u></b>	Completed
28/02/17	<b><u>3.</u></b>	<b><u>CQC Feedback</u></b> - KB to speak to CQC about DBS checks underway but not completed - KB to clarify statutory training modules for NEDs	<b><u>KB</u></b> <b><u>17<sup>th</sup> March 2017</u></b>	Matters Arising 28 <sup>th</sup> March 2017
28/02/17	<b><u>3.</u></b>	<b><u>Rest Breaks</u></b> AG to confirm the date by which the Board will see the plan for review before the March Board	<b><u>AG</u></b> <b><u>2<sup>nd</sup> March 2017</u></b>	Discussed on 17 <sup>th</sup> March 2017
28/02/17	<b><u>5.</u></b>	<b><u>Business Planning</u></b> KB to circulate Porter's Definition and to work with CD to draft the next iteration of the plan for discussion on 17 <sup>th</sup> March; Workshops to be arranged for staff	<b><u>KB</u></b> <b><u>17<sup>th</sup> March 2017</u></b>	Matters Arising 28 <sup>th</sup> March 2017
28/02/17 17/03/17	<b><u>6.</u></b> <b><u>12.</u></b>	<b><u>Setting the Strategy</u></b> Set date for 1 <sup>st</sup> workshop and the external Summit and circulate output from planning meeting with McKinsey	<b><u>KB</u></b> <b><u>17<sup>th</sup> March 2017</u></b>	Matters Arising 28 <sup>th</sup> March 2017 and Business Plan agenda item
28/02/17 17/03/17	<b><u>7.</u></b>	<b><u>BAF and Strategic Risks</u></b> - AG to tidy up the 7/8 high level risks - SA and Philippa Harding to work out how to move from the current BAF to the new	<b><u>AG</u></b> <b><u>SA/PH</u></b> <b><u>17<sup>th</sup> March 2017</u></b>	Incorporate in the development of the strategy and identifying the strategic risks
28/02/17 17/03/17	<b><u>8.</u></b>	<b><u>Estates Strategy</u></b> - Finalise the strategy document - Strategic Outline Case to Trust Board	<b><u>AG</u></b> <b><u>28<sup>th</sup> March 2017</u></b> <b><u>25<sup>th</sup> May 2017</u></b>	Revised date of 25 <sup>th</sup> May 2017 for the Trust Board – added to the next iteration of the Forward Planner

28/02/17	<b><u>9.</u></b>	<b><u>CAD – New Year’s Day incident</u></b> <ul style="list-style-type: none"> <li>- AG to circulate the final Root Cause Analysis</li> <li>- Interim report to Trust Board</li> <li>- Final report to Logistics and Infrastructure Committee and Trust Board</li> </ul>	<b><u>AG</u></b> <b><u>17<sup>th</sup> March 2017</u></b> <b><u>28<sup>th</sup> March 2017</u></b> <b><u>25<sup>th</sup> May 2017</u></b>	<div style="background-color: #cccccc; padding: 2px;">Completed</div> <div style="padding: 2px;">Agenda 28<sup>th</sup> March 2017</div>
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## **Report of the Chair – 28 March 2017**

### **1. CEO appointment**

Saxton-Bampfyld carried out a comprehensive search, nationally and internationally for candidates for consideration for the CEO appointment. We considered a long list of 19 candidates and short listed 3, one of whom withdrew due to opportunities in their own organisation.

The selection process took place on 16th March and consisted of the following:-

A stakeholder event consisting of staff members across the organisation, Trade Union, CCG and STP and Patient's forum representation where the candidates spoke to the following topic-

'How their Leadership style would enable LAS to become great for patients and staff'

Speed dating discussion event where the candidates met four groups of two- a NED partnered with an Executive Director to cover :-

- Finance
- Quality
- Operations and Performance
- Clinical

The formal interview panel consisted of:

Myself as Chairman of the Trust, Theo de Pencier Non-Executive Director of the Trust, Will Hancock CEO of SCAMB and outside assessor and Steve Russell London Director of Performance at NHSI.

Prior to the interviews the panel received feedback on the above activities and the psychometric profile assessment carried out by an independent occupational psychologist.

At the interview candidates spoke for five minutes on how they would work with the sector to control demand.

A preferred candidate was selected and a provisional offer has been made and accepted, subject to the normal employment checks

### **2. Director of Corporate Services**

Today is Sandra's last day in the Trust after 8 years of service and I would like to thank her for her contribution and diligence in her role over that period of time. I will update the Board at the meeting on the progress we have made in making an appointment to succeed Sandra.

### **3. Royal visit Thursday 2 February 2017**

His Highness Prince Harry visited the Trust with the Heads Together charity on the launch of Time to talk Day and spent two hours meeting our staff and hearing about their experiences and the support that they had received in the Trust.

We are grateful to Control Services Practice Manager Jules Lockett for making the connection and the work she has done in the Trust in terms of improving staff welfare. Jules leads on a number of mental health initiatives within the Service, such as Mind's Blue Light programme and Mind Call Handler Techniques for our EOC staff.

The Prince was accompanied by the Lord Lieutenant for London who has developed a strategy, 'Building Bridges.' I will follow up with Kenneth Olisa to see if the Trust can benefit from this and be engaged in his work (appendix 1).

### **4. Cyber security**

As part of our risk assessment, Sheila Doyle Non-Executive Director has suggested that we receive a talk from a cyber expert at a future Board meeting. Sheila has asked Mark Hughes, CEO of BT Security to do this for us and he has agreed. Mark is a Non-Executive Director on the governments Center for the Protection of our National Infrastructure. We will arrange a suitable date.

### **5. Schedule of Board meetings**

I inherited a schedule of alternate monthly Board meetings and Board Strategy sessions. The agenda is such that I have decided to return to monthly Board meetings in Public that will also have a private session (Part B) for discussions of a commercial nature and or about individuals. Clearly, strategy is important and I will schedule regular but separate sessions for the Board to discuss and take forward

### **6. Deloitte - Well Led Review**

Board members have received the Deloitte Well Led Review and the recommendations that now need to be translated into a plan of action. As the awaited CQC report is likely to have considerable overlap on this aspect, Andrew and I both wish to incorporate the action into one action plan.

The QIP Board outstanding actions will be picked up by the Quality Oversight Group led by Trisha Bain. A key message is about the need to ensure we have a 'golden thread' from the Board to all staff and this is understood and reflected in the Board approved strategies, objectives and business plans, supported by robust quality and risk assurance frameworks. We have aligned Non-Executive Directors to Executives and Sustainability Transformation groups, however we need to formalise these visits and I would welcome feedback on the best way to achieve this.

## **7. External meetings**

### **ACCE**

I attended the Chairman and Chief Executive meeting of ACCE and Andrew Grimshaw joined for the CEO session. It is not clear what the governance arrangements are between ACCE and individual Boards which we will seek to clarify.

I attach the strategic priorities for this financial year (appendix 2) and the proposed priority work streams for 2017/18 (appendix 3) which are now being updated to include IT. One of the benefits of these meetings is to hear from across the U.K and the networking opportunity. On this occasion Scotland's utilisation of information was of particular interest and worth a visit.

## **8. NHS Confederation**

I attended a session for Chairman aimed at assisting Niall Dickson their new CEO on the priorities for the Confederation going forwards. I await the outcome of the meeting

## **9. NHSI Chairman's Group**

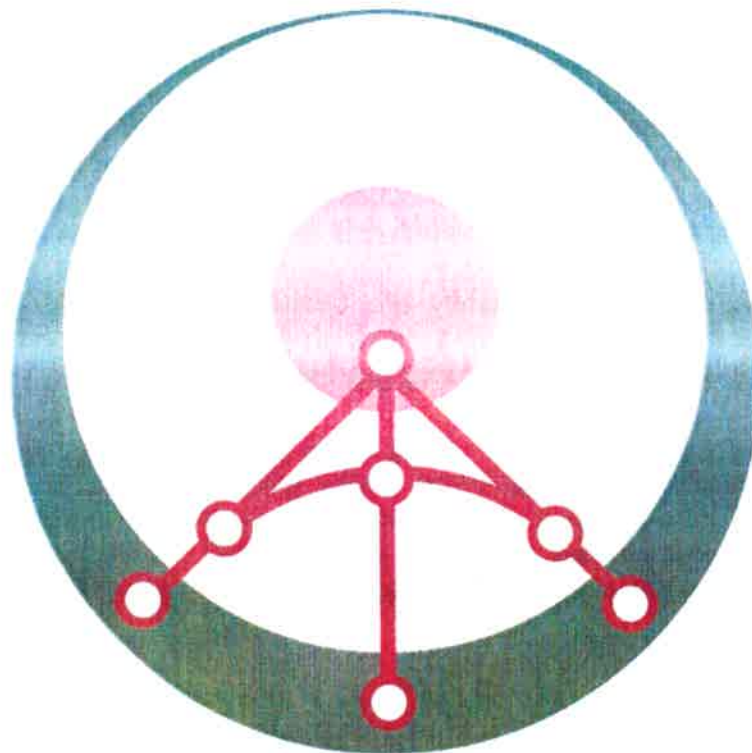
Ed Smith updated the group on current performance across the sector and there was a general discussion

**Heather Lawrence OBE**  
**Chair**



**GREATER LONDON  
LIEUTENANCY**

**Building bridges for a fairer London:  
Strategic framework for 2015 – 2026**



15th September 2015  
Version: F1

## Foreword by HM Lord-Lieutenant of Greater London, Mr Kenneth Olisa OBE



The role of Her Majesty's Lord-Lieutenant of Greater London is to uphold the dignity of the Crown and to follow the example of The Queen by providing Londoners with a focus for national identity, unity and pride.

Over many years and under my distinguished predecessors, the Greater London Lieutenancy has worked hard, with great success, to discharge both of these obligations. I know from discussions with informed stakeholders how highly they value the hard work and dedication of our Deputy Lieutenants.

However, it is clear to me that many Londoners do not know about the Lieutenancy and its role; we will therefore reach out to more people so that they value our work. In particular, as London is one of the most connected cities in the world we will take advantage of the Internet to help us reach and engage with new audiences.

The expectations of the Lieutenancy are evolving. As a consequence of that evolution, support for the Monarch's work in widening the sense of belonging amongst all her people will assume much greater emphasis.

This mission resonates with me as I have made advancing social inclusion my life's work. As an international businessman, I take great pride that in my country age, disability, gender, race, religion, belief and sexual orientation are barriers neither to personal progress nor to belonging. As a philanthropist, I have endeavoured to help the disadvantaged and the vulnerable to build their self-esteem and participate more fully in the community.

Sadly, there are elements who would have it otherwise. Consequently, I intend through my appointment, to use the Lieutenancy's considerable influence to build bridges between Londoners and their institutions to increase the collective sense of belonging and pride.

This strategy, which has been extensively consulted upon within the Lieutenancy, sets the direction for this bridge building.

Our mission:

**We support the Monarch and the Royal Family in Greater London, and in addition, we will be a bridge-builder, connecting individuals, organisations and social networks, to enhance Londoners' sense of belonging and thus increase social inclusion within the capital.**

Our values:

**Duty – We serve the Monarch, the Nation and Greater London unselfishly; and Respect – We are inclusive and accessible to all.**

Our positioning:

**Her Majesty's representative for all Londoners.**

The Lieutenancy's mission will be delivered by reference to three key dimensions of belonging: Heritage, Occupation and Faith, and a strengthened structural modus operandi.

In closing, as I embark on the first stages of what I hope will be a long and fruitful journey, I consider myself to be immensely honoured to have been appointed to this role by The Queen. I have inherited a Lieutenancy which is well run, in good heart and supported by some 90 highly regarded Deputy Lieutenants who have already given so much service. I wish to take this opportunity to pay tribute to them.

As with any honour comes an obligation and I intend to discharge that obligation by ensuring that the Lieutenancy earns its place in the history of our nation, not only for directly supporting the Monarch, but also for increasing the scale of belonging amongst our fellow Londoners.

Thank you.

A handwritten signature in brown ink that reads "Ken Olisa" followed by a long, sweeping horizontal stroke.

Ken Olisa OBE  
HM Lord-Lieutenant of Greater London



## London: The greatest city in the world

London is truly a vibrant global city that is almost uniquely a national capital and a world power in itself: culturally, economically and politically.

- 8.6 million people live in London today, making it Europe's largest city. By 2020, numbers will reach more than 9 million, pushed up by immigration and rising birth rates.
- London is home to more than 270 nationalities and 300 languages. It has the highest foreign-born population of any major city in the world; 3 million were not born in the UK.
- London is the world's leading financial centre for international business and commerce. It has the fifth largest city economy in the world. By way of comparison, London's economy is roughly the same size as that of Sweden or Iran.
- London generates approximately 22 per cent of the UK's GDP. 841,000 private sector businesses were based in London at the start of 2013, more than in any other region or country in the UK. 18 per cent are in the professional, scientific and technical activities sector while 15 per cent are in the construction sector. Many of these are small and medium-sized enterprises.
- Unlike anywhere else in the country, London has a graduate economy with 60% of the working-age population in inner London having a degree.
- London is one of the most visited cities in the world and a key destination for inbound visitors to the UK. In 2014, 17.4 million visitors spent time in the capital, spending almost £12bn. This represents over half of all inbound visitor spending. London's history, ceremony and world-class cultural institutions are key attractions.

But, while London is a prosperous city and an economic gateway, the city continues to be divided by huge inequalities. It is a city of contradictions:

- It is the richest part of the country, but it is also most unequal, with the highest levels of poverty. Studies show that 28 per cent of people in London are in poverty, 7 per cent higher than the rest of England.
- It is home to some of the world's most expensive real estate, but has the highest proportion of renters of any area of the country, many of whom are locked out of home ownership.
- It has some of the world's best teaching hospitals, but suffers from profound health inequalities.
- It is also by far the most culturally diverse part of the country, a melting pot of ethnicities, languages, faiths and traditions, more liberal and tolerant than the rest of Britain. But comfortable coexistence does not equal integration: there is actually less social mixing by ethnicity, age and class in London than in the rest of the country. More than 80 per cent of children in inner London primary schools are from ethnic minorities and more than half do not speak English as a first language.
- An inequality of access to opportunities, education, social networks and facilities exists, partly based on a blend of income levels, family history and support and geography.

## Towards 2026

The appointment of the new Lord-Lieutenant of Greater London, Mr Kenneth Olisa OBE, from 29<sup>th</sup> May 2015, provides the Lieutenancy with the opportunity to review its ambition, role, structure and processes. This builds on the significant achievements of the Lieutenancy over the recent past and includes the wishes of the new Lord-Lieutenant further to develop and deepen the Lieutenancy's engagement in London life so that it becomes ever more relevant to the lives of the people we serve.

As Her Majesty's Representative in Greater London the Lord-Lieutenant is charged with responsibility for five core areas of activity:

- **Royal visits** – receiving members of the Royal Family at visits in Greater London, receiving Heads of States' visits and helping to organise said visits;
- **Honours and awards** – promoting national honours and awards, organising the presentations of the British Empire Medals to local recipients, validating local nominations, supporting The Queen's Awards for Enterprise and Voluntary Service;
- **Military liaison** – supporting the local military (regulars, reserves and cadets) in concert with the Greater London Reserve Forces' and Cadets' Association, of which the Lord-Lieutenant is President;
- **Civic and charity support** – working closely with elected representatives (in London's 32 Borough Councils and the Greater London Authority) to pursue mutually beneficial objectives; and
- **Community engagement** – encouraging and supporting positive community cohesion and engagement.

The above responsibilities can be divided into two distinct headings:

- Supporting the Monarch and the Royal Family; and
- Enhancing Londoners' sense of belonging, therefore increasing social inclusion.

The conduct of the Lieutenancy's work in pursuit of the first responsibility is laid out in the Lord-Lieutenants' Guide and elsewhere; this document will therefore focus on the strategic framework within which the Lieutenancy will discharge the second responsibility. This strategy follows the spirit set out in the Guide:

*"As a leader in his county, or area, involved in its civic community, enterprise and social life, the Lord-Lieutenant will inevitably find himself giving encouragement to a wide range of voluntary activity. Indeed this is the work where the Lord-Lieutenant has arguably the biggest impact on the community. In many situations he can act as a catalyst and bridge-builder and a focus for key parts of the life of his county or area."*<sup>1</sup>

Our mission therefore is:

**We support the Monarch and the Royal Family in Greater London, and in addition, we will be a bridge-builder, connecting individuals, organisations and social networks, to enhance Londoners' sense of belonging and thus increase social inclusion within the capital.**

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<sup>1</sup> Guide to the Duties of Lord-Lieutenants, Association of Lord-Lieutenants

## **What is 'Social Inclusion'?**

Put simply, 'social inclusion' describes the opposite effect to 'social exclusion'.

A sense of belonging is a human need just like that for food and shelter, and is irrespective of age, disability, gender, race, religion and belief, and sexual orientation. The majority of Londoners manifestly enjoy a sense of belonging to this great city. They live peacefully, going about their business without negatively affecting the lives of their fellow Londoners and many, through their work or as volunteers, seek to make a positive contribution to the circumstances of others. The Queen and the Royal Family are exemplars of a genuine commitment to the service of others in the cause of enhanced belonging. And there are many other examples such as the Chelsea Pensioners who wear their pride in belonging, quite literally, on their sleeves through to the lawyers who give up their time to work pro bono for local charities.

Unfortunately, there are others who perhaps through economic, physical or mental circumstances, alternative interpretations of heritage and faith, or a sense of grievance, live their lives far from the constructive epicentre.

With or without justification, the socially excluded (and those at risk of becoming so) believe that they have no recognition by, or voice or stake in, society at large.

Communities and individuals might also remove themselves from wider social networks citing inequality or conspiracy as the cause of their straightened circumstances. But equally, harrowing tales of aged men and women who live their lives alone and uncared for serve to remind us that exclusion is a far wider challenge than tackling alienation or prejudice.

Recent tragic stories of young people seeking martyrdom on the streets of London or abroad serve to remind us that not everyone shares the same viewpoints or values or sense of belonging, and that the actions of some individuals impact further afield.

In his work with the homeless, the long-term unemployed and disconnected youth, the Lord-Lieutenant has concluded that there is a correlation between a sense of belonging and high self-esteem. The corollary is that low self-esteem and alienation are closely connected.

Though core, self-esteem is not the only factor affecting whether a person or sub-group feels socially included. A wider set of related factors enables London's population (both individuals and social networks) to be placed along a spectrum which ranges from those enjoying a high sense of belonging to those who feel detached, or even alienated. The majority of people – the mainstream – fall somewhere in the middle of this engaged-disengaged spectrum.

Each end of that spectrum is characterised by a combination of factors, for example:

<b>Belonging</b>	<b>Alienated</b>
<b>Engaged</b>	<b>Disengaged</b>
<b>Giving</b>	<b>Taking</b>
<b>Constructive</b>	<b>Destructive</b>
<b>Social</b>	<b>Anti-social</b>
<b>High self-esteem</b>	<b>Low self-esteem</b>

It is also important to recognise that some socially excluded people are in that position due to circumstances beyond their control. For example, the Lord-Lieutenant's experience with homeless people has shown him that many rough sleepers are in poor mental and physical health. That perspective is mirrored by his work with the long-term unemployed – whether as a result of disability, illness or habit. In both cases, the solution lies in assisting people to raise their self-esteem and one of the principal ways of achieving this is by highlighting role models – people who have overcome adversity to achieve success. This is exemplified by peer landlords, peer mentors and volunteers – manifestations of success who are proof positive that low self-esteem does not necessarily have to be permanent.

### **Building Bridges**

It is the Lord-Lieutenant's intention to use the Lieutenancy's influence to build bridges between those who are proud to belong and those who consider themselves to be on the outside of, and therefore not sharing fairly in, the benefits of society. The Greater London Lieutenancy has a noble history of building such bridges, examples of which include:

- Celebrating the signing-up of the 500<sup>th</sup> school to the pan-London medical education project, Saving Londoners' Lives.
- Acting as a conduit between Barnet's youth groups and the Borough Council to help make the groups more financially sustainable through an agreement that allows them to retain all the funds they raise in Council premises.
- Bringing together the Army Reserves with Ealing's Sikh community to encourage young Sikhs to volunteer to join the Reserves, helping to make the Armed Forces more representative and diverse.
- Promoting the Queen's Award for Voluntary Service in Enfield resulting in two awards to local groups, lifting morale and raising their profile through such recognition.
- Organising Hackney's Remembrance Sunday events to ensure that all interested organisations are involved and have the opportunity for commemoration.
- Connecting a local children's charity in Haringey with The King's Troop, resulting in a fundraising dinner being held at their barracks that raised £15,000 for the charity.
- Encouraging the Mayor of Hounslow to extend an invitation to the local Townswomen's Guild, an organisation that had felt ignored, resulting in a raised profile for the Guild and their wider participation in the Borough.

- Supporting the Lambeth Air Cadet Unit 50(F) Squadron to provide life-changing opportunities for young people in one of the most gang-ridden estates in London.
- Working with a local charity in Newham to provide space in a church for the teaching of religion by different religious groups.
- Persuading the Borough Council in Southwark to relocate an Army Cadet Unit in Bermondsey to new premises within the Globe Academy, thereby retaining the Unit's footprint in the area.

## **Influence**

The Lieutenancy is an apolitical institution and has no formal powers, but it does have influence, which it can use to really positive effect. The Lieutenancy will work with relevant and interested bodies who share our ambition.

The Lieutenancy will:

- **Convene:** Establish a common cause by bringing together groups and individuals who may not otherwise collaborate;
- **Honour:** Identify, recognise and promote role models whose contributions to society inspire others;
- **Advocate:** Champion and herald entities and causes which advance social inclusion; and
- **Encourage:** Provide effective endorsement to people and organisations exemplifying a positive spirit and a sense of belonging.

## **Three Key Dimensions**

Acknowledging the deep but limited resources available to the Lieutenancy, the strategy calls for a concentration of the Lieutenancy's proactive work via three key dimensions of belonging and social inclusion:

- **Heritage:** Irrespective of an individual's personal history, all Londoners should have an understanding of and take pride in, our shared national heritage. That heritage holds cultural diversity, tolerance and mutuality at its core and cements London's special place in the world.
- **Occupation:** Having a meaningful occupation – be it working, training, studying or volunteering – enhances social inclusion through building self-esteem and the confidence to interact with others.
- **Faith:** Possessing a faith can play a positive role in building self-esteem and confidence; and, by definition, being a member of an organised religion increases one's sense of belonging.

The Lieutenancy will adopt the following priorities for each of the key dimensions:

- **Heritage:** We will use the energy released from combining personal and common heritages to engender a sense of belonging.
- **Occupation:** As a convenor we will help enhance the efforts of people, charities and institutions to assist the disadvantaged gain employment, education or practical skills. We will use our influence to recognise and reward

the social contributions of people, charities and enterprises to promote inspirational role models.

- **Faith:** We will work with faith groups and individual believers to assist their engagement with the wider London population.

Three Deputy Lieutenant Councils (described below) will be formed and charged with transforming these aspirations into implementable plans.

## Values

Underpinning the Lieutenancy's work are two core values:

- **Duty:** We serve the Monarch, the Nation and Greater London unselfishly. The Lord-Lieutenant is appointed by The Queen on the advice of the Prime Minister. The role is an honour of the highest order, but the unquestioned recognition which appointment confirms, demands an unquestioning commitment to upholding the dignity of the Crown and the principles which define life in London and the UK;
- **Respect:** We are inclusive and accessible to all. A fundamental attribute of being British is tolerance. Following the commitment to inclusion exemplified by The Queen and the Royal Family, the Lieutenancy will spare no effort in demonstrating that we care about and are accessible to all Londoners.

## Modus Operandi

The Lieutenancy can trace its roots back to the 16th Century. Its ability to change and adapt while maintaining the core purpose of supporting the Monarch is its principal strength. A 21<sup>st</sup> Century Greater London Lieutenancy must operate efficiently and effectively to uphold the dignity of the Crown; and we must also demonstrate relevance to all Londoners. We will conduct an initial assessment to ensure that our operations are optimised and that we raise the public's awareness of our work. This will be conducted particularly with reference to the use of technology. We will review our modus operandi annually thereafter.

The strategy acknowledges that the Lieutenancy has access to limited resources. However, underpinning our ability to influence outlined above, are the potent assets of the Vice Lord-Lieutenant and the cadre of Deputy Lieutenants and the Lieutenancy Office. The collective career experience of the Deputy Lieutenants, their local connections and avowed commitment to public service, coupled with a well-respected Clerk and Deputy Clerk, combine to offer a uniquely formidable force for good.

Deputy Lieutenants are appointed by the Lord-Lieutenant to assist him in his duties. They must live within Greater London, or within 7 miles of the boundary. Unless revoked earlier, each serves the Lord-Lieutenant until they reach the statutory retirement age of 75.

There are currently some 90 Deputy Lieutenants in Greater London representing a very powerful asset to the Lieutenancy and their work is appreciated across Greater

London, whilst acknowledging that the workload is not spread evenly amongst the cadre. It must be noted that all are volunteers and do not receive expenses for their service.

The strategy calls for an increased degree of proactivity in the work of the Lieutenancy in addition to a continuation of the faultless discharge of the Lord-Lieutenant's responsibilities to the Monarch.

Achieving this will require changes to the way in which the Lieutenancy conducts its business, not the least of which will entail building a far greater awareness by others of our role and work. This will be achieved by raising our profile – not only with key stakeholders who will be identified in a separate Communications Plan – but also with the widest population of London so that the roles of the Lieutenancy are better understood and Londoners are aware of how the Lieutenancy can assist them.

The Vice Lord-Lieutenant will lead an operational review to ensure that the Lieutenancy has the most effective and efficient administrative systems to support delivery of the new elements of the strategy, while still ensuring that the Lieutenancy meets the evolving requirements of duty and service to the Royal Family.

Tapping into the individual and collective resources of the Deputy Lieutenants in pursuit of the objectives described in the strategy will require a more formal structure than presently exists and an increase in the number of Deputy Lieutenants. Retired volunteer Deputy Lieutenants may be called on to assist in the future.

Principal amongst the structural changes are:

- **Vice Lord-Lieutenant:** The Lord-Lieutenant will appoint a Vice Lord-Lieutenant to assist him in his duties for a fixed 3-year term. This will ensure continuity at the beginning and end of the period to 2026, as well as providing the opportunity for different perspectives.
- **Representative Deputy Lieutenants:** The current Representative Deputy Lieutenant structure is critically important in a city with over 8.6 million people. Representative Deputy Lieutenants will continue to provide a close working relationship between the Lieutenancy and the population and civic leadership in each of London's 32 Boroughs. Representative Deputy Lieutenants will be encouraged to ask Deputy Lieutenants who live in their Borough to assist them with their duties if needed.

Future Representative Deputy Lieutenants will be appointed for a fixed term of 7 years, with the potential for extension of a further 3 years by mutual agreement, in order to strike a balance between continuity and renewal. Handover periods will be encouraged. Future appointees will have a close association with (e.g. live or work within) the Boroughs for which they are Representatives, to ensure the Lieutenancy is seen to be as well connected as possible to the Borough it serves.

- **Deputy Lieutenant Councils:** The Lord-Lieutenant will establish 3 Councils of Deputy Lieutenants, chaired by a Lead Deputy Lieutenant, for each of the strategic dimensions: Heritage, Occupation and Faith.

The Councils, in co-ordination with the Representative Deputy Lieutenants, will be responsible for advancing the thinking and implementation of pan-London programmes in each of the three key dimensions. Terms of reference for these Councils will be developed, but it is envisaged that Councils will meet at least twice a year. The Council structure will give all Deputy Lieutenants the opportunity to apply their extensive knowledge and expertise to achieve the objectives of the strategy through specific engagement with one or more of the three dimensions.

These appointments will also provide the Lord-Lieutenant with intelligence on relevant activities in each perspective for wider dissemination across the Lieutenancy and to form an element of the regular feedback requested by the Monarch. Lead Deputy Lieutenants will be appointed for a limited fixed term of 5 years with the possibility of renewal by agreement.

Inclusion applies to the Lieutenancy as much as to Londoners at large and those Deputy Lieutenants who do not hold formal posts such as Vice Lord-Lieutenant, Representative or Lead Deputy Lieutenants will be given the opportunity to participate in one of the Councils, to take an active part in one of the key functions of the Lieutenancy, or in the administration of the Lieutenancy (e.g. steering the promotion and organisation of the Lieutenancy's role in The Queen's Award for Voluntary Service).

When appointing new Deputy Lieutenants, the Lord-Lieutenant will consider those who:

- Share the Lieutenancy's values;
- Can evidence a personal commitment to social inclusion; and
- Where relevant, can offer talents that are currently missing from the Lieutenancy.

### **Communications Plan**

A Communications Plan will be developed, which will include a stakeholder map and key messages to be used consistently to build awareness of the Lieutenancy and its work.

The stakeholder map will identify the many important people and organisations with which the Lieutenancy must have strong links in order to be able to exercise its influence.

A major priority of the Communications Plan will be to find ways to improve the public's understanding of the role of the Lord-Lieutenant and his Deputies.



## Implementation Plan

We will deploy a phased approach to implementation that engages social networks to encourage and emphasise social inclusion.

Functions of the Lieutenancy	Strategic perspectives		
	Occupation	Heritage	Faith
<b>Royal visits</b>	We will support, encourage and emphasise Royal visits that highlight education, training, volunteering and work opportunities for the socially excluded.	We will support, encourage and emphasise Royal visits that highlight and celebrate the widest range of backgrounds combined with a commitment to The Queen, Country and London.	We will support, encourage and emphasise Royal visits that highlight the role played by faith-based organisations in the advancement of social inclusion.
<b>Honours and awards</b>	We will act proactively to support and encourage nominations of worthy candidates for awards and honours. These will be role models who either: - have been socially excluded and through education, training, volunteering and or work have become socially included - those who have assisted the socially excluded into education, training, volunteering and or work.	We will act proactively to support and encourage new appropriate nominations of worthy candidates for awards and honours. These will be role models from the widest range of backgrounds, the recognition of whom will promote commitment to The Queen, Country and London.	We will act proactively to support and encourage appropriate nominations of worthy candidates from a faith background for awards and honours. These will be role models who have used their faith to assist the advancement of social inclusion.
<b>Military liaison</b>	We will support the military in London and encourage their engagement activities, especially those that promote their contribution to meaningful occupation.	We will support the military in London and encourage and promote their engagement activities across the widest range of social groups and communities.	We will support the military in London and encourage their activities to engage with different faiths with the aims of <ul style="list-style-type: none"> <li>increasing recruitment from diverse</li> </ul>

			<p>faith backgrounds; and</p> <ul style="list-style-type: none"> <li>• developing a better understanding of different faiths within the armed forces.</li> </ul>
<b>Civic and charity support</b>	We will seek to influence London's civic and charity networks to help provide opportunities for getting the socially excluded into education, training, volunteering and or work.	We will seek to influence London's civic and charity networks to celebrate our shared national heritage, enhance integration and provide citizenship education.	We will seek to support London's civic and charity networks to celebrate different faiths, enhance integration and support faith groups who make a positive difference for the disadvantaged and excluded.
<b>Engagement with groups and communities</b>	We will build bridges with groups and communities to facilitate opportunities for the socially excluded to gain education, training, volunteering and or work and promote positive role models.	We will build bridges with groups and communities to facilitate opportunities to celebrate our shared national heritage, enhance integration and provide citizenship education.	We will build bridges with faith groups and communities to facilitate opportunities for social inclusion and to promote positive role models.
<b>A Lieutenancy fit for the 21<sup>st</sup> Century</b>	We will work in the most effective and efficient manner.		

## Evaluation

To ensure that the strategy is appropriately defined and executed, a set of metrics will be defined to enable tracking against achievements of the key objectives.

Principal amongst these will be engagement, namely the degree to which the Lieutenancy connects with its stakeholders. This will be measured by reference to reach, frequency and dialogue.

- **Reach:** the number of stakeholders who connect with the Lieutenancy;
- **Frequency:** the number of times that each stakeholder is connected with; and
- **Dialogue:** the number of times that a connection is bilateral.

In addition, it is intended that occasional awareness surveys will be conducted to assess the general public's understanding of the Lieutenancy and its work.

## **Funding**

Many of the activities envisaged in the strategy are not new but require wider application of work already being carried out by a minority of Deputy Lieutenants within the Lieutenancy. Although there is no prospect of funding for expenses, the extension and incremental actions described above are likely to entail increased administrative costs above the current budgetary levels.

In the current economic climate it is unlikely that the Lieutenancy will be able to secure increased funding from the Cabinet Office. It will, therefore, need to work in partnership with like-minded agencies and, where appropriate, carefully explore alternative sources of funding, such as sponsorship and in-kind donations. The pro-bono support of a PR Agency (Yellow Jersey) has already been secured which it is hoped will be the first of many such offers.

## **Timescale**

This strategy covers the Lord-Lieutenant's term (a period of 11 years up to October 2026) during which it will be reviewed regularly to ensure the Lieutenancy remains relevant.

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### Strategic Priorities: 2016-2017 – End of Year Position

Outlined below are the five strategic priorities identified by the AACE for progression in 2016/2017. Although divided into five areas of focus, these priorities are inextricably linked and will be progressed and considered in their entirety rather than on a single-priority basis.

Area of Focus	Objectives	July 2016	End of Year 2016/17
<div style="background-color: #0056b3; color: white; padding: 20px; border-radius: 15px; text-align: center;"> <h2 style="margin: 0;">Workforce, Education and Development</h2> </div>	<p><b>A.</b></p> <ul style="list-style-type: none"> <li>Comprehensive and sustained workforce planning in alignment with the urgent and emergency care review, addressing issues of under-representation in certain workforce categories</li> </ul>	<ul style="list-style-type: none"> <li>○ Being progressed by Human Resource Directors' Group</li> <li>○ Issues with paramedic recruitment being resolved at local level – better position than at start of 2016/17</li> <li>○ Looking to work with Yvonne Coghill, NHS England, to address issues re under-representation of BME groups and ensure strong equality and diversity element to February 2017 Ambulance Leadership Forum</li> </ul>	<p><b>A.</b></p> <ul style="list-style-type: none"> <li>✓ HRDs continue to progress activity and understanding in workforce requirements, sharing good practice in respect of recruitment and retention and aiming to reduce variation in role nomenclature and scopes of practice</li> <li>✓ National work has commenced by QGARD and NAUECG with the aim of achieving consistency across the country in introducing roles for nurses and other AHPs into the ambulance sector</li> <li>✓ AACE is working with HEE and the Right Care programme to find solutions and models for the role of the paramedic working in community settings</li> <li>✓ A national ambulance sector WRES Project has been initiated. Supported by the national WRES Team, the</li> </ul>



Area of Focus	Objectives	July 2016	End of Year 2016/17
	<p><b>B. Proactive participation in the implementation of the Paramedic Evidence Based Education Project (PEEP) influencing effectively as required</b></p> <p><b>C. Senior executive talent management and development; mentoring and coaching; masterclasses and top class seminars for members</b></p>	<ul style="list-style-type: none"> <li>o Being progressed by Human Resource Directors' Group</li> <li>o Progression of idea for second cohort of Aspiring Operations Directors' programme – preparedness of trusts to identify candidates and fund not as great as expected however</li> </ul>	<p>project is led by Tracy Myhill, CEO Wales Ambulance Service/Lead Chief Executive to the AACE for Equality and Inclusion. The remit of the project is to co-produce a suite of WRES interventions and identify good practices and processes that can initiate continuous improvement on the workforce race equality agenda across the ambulance sector.</p> <p><b>B. ✓</b> To support this HRD work, AACE are represented on the programme board, along with HEE &amp; CoP members for the PEEP stakeholders group.</p> <p><b>C. ✓</b> Leadership development is being progressed at trust level accessing locally available NHS and external development programmes which may provide better value</p>



Area of Focus	Objectives	July 2016	End of Year 2016/17
<div style="background-color: #0056b3; height: 200px;"></div>	<p><b>D. The mental health and wellbeing of the ambulance service workforce</b></p>	<ul style="list-style-type: none"> <li>o Masterclass and mentoring concepts being developed by AAACE team</li> <li>o Commencement of preventing staff suicide study in May 2016 having received Health Research Authority approval and meeting National Institute for Health Research Clinical Research Network support eligibility criteria</li> <li>o Majority – if not all – trusts in UK participating in some way</li> <li>o AAACE agreed work through HRD Group/National Ambulance Strategic Partnership Forum. Collaborative programme of activity between Ambulance Employers/Trade Unions/NHS Employers organisation to improve mental health and wellbeing of ambulance service workforce.</li> </ul>	<p><b>D.</b></p> <ul style="list-style-type: none"> <li>✓ Ambulance service suicide research started in May 2016 having received Health Research Authority approval and meeting National Institute for Health Research Clinical Research Network support eligibility criteria. Draft study write up and recommendations to be discussed in May 17 by the steering group.</li> <li>✓ All trusts in UK expected to have participated partly or fully with the research in some way.</li> <li>✓ AAACE is a member of a national group called the Coalface coalition, aimed at preventing suicide, mainly amongst males. Ongoing work with partners including Network Rail, Samaritans, RNLI and CALM.</li> <li>✓ Collaborative established comprising HRDs/TUs/NHS Employers/Zeal Solutions/other external stakeholders -</li> </ul>



Area of Focus	Objectives	July 2016	End of Year 2016/17
			<p>governance through NASPF/HRDs to AACE.</p> <ul style="list-style-type: none"><li>✓ Working groups established for each work stream comprising HRDs/Trust Representatives/Trade Unions/other stakeholders. Some supporting financial resource secured through NHS Employers to support work streams.</li><li>✓ Development of Ambulance Sector 'Leading Healthy Programme supporting improving health and wellbeing is a key aim – programme is currently in development and will be available for Trust roll out in early 17/18.</li><li>✓ National recommendations in respect of bullying and harassment are forming basis of this workstream.</li></ul>

Area of Focus	Objectives	July 2016	End of Year 2016/17
<p><b>Operating model and demand</b></p>	<p><b>E. Comprehensive adoption of dispatch on disposition (DoD) concept</b></p> <p><b>F. Maintained full participation in the ambulance response programme effectively influencing to achieve fundamental target change</b></p> <p><b>G. Continued emphasis on the need for and development of outcome measures rather than time-based targets</b></p>	<ul style="list-style-type: none"> <li>o DoD trial ongoing</li> <li>o ARP trial ongoing – three trusts currently participating with AACE support</li> <li>o Feedback provided to NHS England in their development of urgent and emergency care system-wide outcomes</li> <li>o Expectation that target review will proceed completion of ambulance response programme pilot</li> </ul>	<p><b>E.</b> ✓ DoD concept proven and adopted by all trusts.</p> <p><b>F.</b> ✓ ARP Trial concluded. Evaluation report completed in draft form.</p> <p><b>G.</b> ✓ Proposals for revised standards developed within the ARP awaiting SoS approval.</p> <p>✓ Focus on time based standards remains but the design of those standards is now much more appropriately clinically focussed. ARP recommendations include a rolling national programme of clinical audit to be led and co-ordinated through NASMED.</p>





Area of Focus	Objectives	July 2016	End of Year 2016/17
	<p>H. Embedding new target regime holistically across services, including within control rooms, staffing and fleet</p>	<ul style="list-style-type: none"> <li>o Will proceed following ambulance response programme completion and determination of new target regime</li> </ul>	<p>H. ✓ Implementing any new targets will proceed following confirmation of SoS approval of proposed measures.</p>
	<p>I. Enhanced understanding of factors influencing increases in demand</p>	<ul style="list-style-type: none"> <li>o Ongoing at national and local levels</li> </ul>	<p>I. ✓ Ongoing using the AACE academic demand review as a basis</p> <p>✓ Embedded relationship with leads at Emergency &amp; Urgent Care Research CURE - Centre for Urgent &amp; Emergency Care Research School of Health and Related Research, University of Sheffield assisting with understanding of demand drivers, non conveyance etc.</p> <p>✓ AACE is working with the TSA and it's members to ensure calls received by 999 through telecare providers (c.1.25m/year) are receiving the most appropriate and timely response – e.g. development of care standards, triage algorithm, education packages and improving use of NHS 111</p>

Area of Focus	Objectives	July 2016	End of Year 2016/17
<div style="background-color: #008000; color: white; padding: 20px; border-radius: 15px; text-align: center;"> <h2 style="margin: 0;">Patient safety and quality</h2> </div>	<p><b>J.</b> Clinical safety maintained and enhanced; improved quality of service for patients ensured</p> <p><b>K.</b> Continued implementation of five-year clinical strategy (2014-21019) - Seven key clinical areas of focus:</p> <ul style="list-style-type: none"> <li>i. Emergency care</li> <li>ii. Urgent care</li> <li>iii. Mental Health</li> <li>iv. Frail, elderly, fall &amp; dementia</li> <li>v. Long Term conditions</li> <li>vi. End of Life patients</li> <li>vii. Public health &amp; prevention</li> </ul>	<ul style="list-style-type: none"> <li>o Progressed via Quality, Governance and Risk Directors' Group (QGARD) and National Ambulance Service Medical Directors (NASMeD)</li> <li>o Ongoing work by NASMeD</li> </ul>	<p><b>J.</b> ✓ NASMeD receiving regular reports from the head of patient safety at NHS improvement, and reviews these and takes any action to share national lessons learned</p> <p><b>K.</b> ✓ A 12 month review of the temperature of medicines in ambulance vehicles was undertaken with 7 trusts participating. The results showed that temperatures were rarely above 40°C and on occasions were below 0°C but not for sustained periods longer than 24 hours.</p> <p>✓ The revised statements of best practice in adult cardiac arrest care were sent to Trusts in September 16 following a successful third national workshop. Trusts report that these statements are helpful to inform the cardiac arrest practice in their own organisation.</p>



Area of Focus	Objectives	July 2016	End of Year 2016/17
			<ul style="list-style-type: none"><li>✓ Following a review of the use of a piece of equipment called a T Piece a decision was made by JRCALC and NASMeD to remove this from clinical practice for life threatening asthma.</li> <li>✓ Both NASMeD and JRCALC representatives have been involved in the working group of the development of the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) process. The group has wide stakeholder representation, including patients and the public, the Resuscitation Council (UK), Royal Colleges, General Medical Council, Royal College of Nursing and the Care Quality Commission and is now in implementation stage.</li> <li>✓ NASMeD and AACE have continued to support and provide input into the continued work of the Paramedic Independent Prescribing project, along with the College of Paramedics and NHS England.</li> <li>✓ A position statement was written and approved by NASMeD and sent to Trusts in July 16 regarding consent of</li></ul>



Area of Focus	Objectives	July 2016	End of Year 2016/17
	<p><b>L. Sustained input into the review and revision of ambulance service clinical quality indicators, and clinical guidelines as required</b></p>	<p>o Ongoing work by NASMeD</p>	<p>patients to be referred after a hypoglycaemic episode.</p> <ul style="list-style-type: none"> <li>✓ A revised list of the paediatric equipment and maternity pack minimum standards that should be kept on ambulance emergency vehicles nationally was sent to Trusts in July 16. The list is a revised consensus view from lead paramedics and medical directors of UK ambulance trusts and is the third version of this standard.</li> <li>✓ The 2016 version of the UK clinical practice guidelines, including the new App became available to trusts and staff</li> <li>L. ✓ The review and revision of ambulance service clinical quality indicators, and the JRCALC UK ambulance service clinical practice guidelines has continued</li> <li>✓ Support of JRCALC continues to facilitate production of new guidelines and revision of identified existing guidance.</li> </ul>



Area of Focus	Objectives	July 2016	End of Year 2016/17
	<p><b>M.</b> Enhanced role for ambulance services in the public health and prevention arena in collaboration with external health partners</p>	<ul style="list-style-type: none"> <li>o Development of consensus statement recognising the sector's current and future contribution in this sphere in conjunction with external partners</li> <li>o Development of training package with Royal Society of Public Health to help enhance sector's understanding of and contribution in this area</li> </ul>	<p><b>M.</b></p> <ul style="list-style-type: none"> <li>✓ Joint consensus statement 'Working together with ambulance services to improve public health and wellbeing' was signed off and launched in February 2017, recognising the sector's current and future contribution in this sphere and our commitment to working with external partners to enhance the impact</li> <li>✓ Development of a video training package to help enhance sector's understanding of and contribution in this area</li> <li>✓ Workshop for ambulance trust PH leads and consensus statement partner organisations scheduled for 9<sup>th</sup> May 2017.</li> </ul>
	<p><b>N.</b> Continued sharing of lessons learnt, and monitoring of actions implemented</p>	<ul style="list-style-type: none"> <li>o Ongoing work by NASMeD</li> </ul>	<p><b>N.</b></p> <ul style="list-style-type: none"> <li>✓ All ambulance trusts now have individuals trained in PROCLUS Lessons Identified Debriefing (LID) tool to upload and share lessons learned and common actions needed in relation to SUIs and PFDs.</li> </ul>



Area of Focus	Objectives	July 2016	End of Year 2016/17
<div style="background-color: #008000; color: white; padding: 10px; border-radius: 15px; text-align: center;">                     Efficient working at a system- level                 </div>			✓ QGARD are to provide PROCLUS LID reports to NASMeD meetings to discuss any wider actions needed, however the production of reports has been intermittent and not all trusts are currently keeping up-to-date with uploading to the system
	<p><b>O.</b> Efficiencies and quality improvements through scale; identification of primary areas of focus and subsequent action</p> <p><b>P.</b> Move to work more coherently as one workforce</p>	<ul style="list-style-type: none"> <li>○ Progressed by national director groups; launch of Northern Ambulance Alliance</li> </ul>	<p><b>O.</b></p> <ul style="list-style-type: none"> <li>✓ Northern Alliance continues to make progress on identified areas of work to increase efficiency across NWAS, YAS and NEAS</li> <li>✓ Similar considerations are being looked at between SCAmb and SCAS</li> </ul> <p><b>P.</b></p> <ul style="list-style-type: none"> <li>✓ Band 6 agreement for Paramedics has led to streamlining of job roles and agreements on preceptorship</li> </ul>



Area of Focus	Objectives	July 2016	End of Year 2016/17
<p><b>Q.</b> Increased system-working; enhanced collaboration with local trusts to improve the response to public and general efficiency</p> <p><b>R.</b> Support of and participation in local devolution agendas; learning and best practice shared</p>	<p><b>Q.</b> Where/when in public's best interest, engagement locally with other emergency services or other NHS trusts to realise efficiency gains</p> <p><b>R.</b> Ongoing – learning from Devolution Manchester shared</p>	<p><b>Q.</b> ✓ Some trusts proactively working with local FRS in respect of co-location of control rooms and other services, as well as co-responder schemes</p> <p><b>R.</b> ✓ AACE continues to work with members in the devolved administrations to share learning from their experiences and operating models</p> <p>✓ Discussions within ARP have involved consideration of the Welsh clinical model. The Welsh collaborative commissioning framework, CAREMORE, is also being looked at in the NHSI Sustainability Review commissioning workstream, with a view to incorporating similar principles and not 'reinventing the wheel'</p> <p>✓ AACE has learnt from the Scottish government economic modelling exercise undertaken to identify potential return on investment to the wider health system by investing in transformation in the Scottish</p>	

Area of Focus	Objectives	July 2016	End of Year 2016/17
<p>Meeting and managing expectations</p>	<p><b>S.</b> Delivering the ambulance service 2020 and beyond vision and supporting the delivery of the Five Year Forward View</p> <p><b>T.</b> Meeting the expectations of the Care Quality Commission and realigned expectations of the new regulatory system under NHS Improvement</p> <p><b>U.</b> Alignment of public expectation with the reality of</p>	<ul style="list-style-type: none"> <li>○ Ongoing; elements delivered at local, national director group and AACE level</li> <li>○ Proactive engagement and liaison with NHS Improvement; sharing of CQC inspection findings and lessons learnt at national level</li> <li>○ Drafting of 'Addressing the Reality' document – primarily</li> </ul>	<p>ambulance service, and continues to encourage NHSE to do the same exercise in order to inform STP developments</p> <p><b>S.</b> ✓ Challenges in implementation of the 2020 vision and ambulance role within the UEC Review are being recognised by NHS England and NHS Improvement. A new NHSE work stream has been established to support ambulance trusts and the wider health system in addressing these challenges.</p> <p><b>T.</b> ✓ A national ambulance CQC Learning group has been established to share lessons learnt and actions taken following CQC inspection of all ambulance trusts completed in 16/17.</p> <p><b>U.</b> ✓ NAO review and report undertaken in 16/17 has identified and confirmed</p>



Area of Focus	Objectives	July 2016	End of Year 2016/17
	<p>current ambulance service provision: public education</p> <p>V. <b>Negotiating appropriate funding levels to assure the delivery of safe clinical care</b></p>	<p>aimed at key organisational stakeholders and staff; some messages contained could filter out to the public</p> <ul style="list-style-type: none"> <li>o Ongoing at local level; continued AACE liaison with National Ambulance Commissioning Group / NHS England etc</li> </ul>	<p>many of the points raised in the draft ATR document. This is being finalised in response to the NAO report and in anticipation of the NHSI Sustainability Review currently underway, due to complete later in 2017/18.</p> <p>V. <b>✓</b> Awaiting outcome of the NHSI Sustainability Review, and responses to NAO Audit report, including introduction of a collaborative commissioning framework and other measures to reduce variation across England and inform appropriate operating models within the resource envelopes available</p>



## DRAFT Strategic Priorities: 2017-2018

Outlined below are the strategic priorities identified by the AACE for progression in 2017/18 many of which will be delivered through our network of national ambulance groups and sub-groups.

Although divided into six areas of focus, these priorities are inextricably linked and will be progressed and considered in their entirety rather than on a single-priority basis.

AREA of FOCUS	STRATEGIC PRIORITIES
<p><b>Sustainability of Ambulance Services</b></p>	<ol style="list-style-type: none"> <li>1) Working closely with NHSI and NHSE, nationally and regionally, to inform the NHSI sustainability review – supporting AACE CEO leads to deliver the work streams they are leading on behalf of the sector</li> <li>2) Implementing recommendations from the NAO Audit report (HC 972) and outcomes from the NHSI sustainability review (due December 2017)</li> <li>3) Influencing development and introduction of a nationally applied, collaborative commissioning framework for urgent and emergency care services delivered by ambulance services</li> <li>4) Continuing to lobby for NHS ambulance trusts to be the preferred provider for NHS111</li> <li>5) Supporting Ambulance Trusts to achieve productivity and quality improvements through scale and collaboration between trusts; identification of primary areas of focus and subsequent action</li> <li>6) Promoting increased system-working; enhanced collaboration with local providers of health &amp; social care to improve the overall service to the public and increase efficiency</li> <li>7) Participating in local devolution agendas in England and support of those within the devolved administrations - sharing learning and best practice</li> <li>8) Protecting and enhancing the reputation of the ambulance service through our interactions with the media, other national bodies (e.g. DH, NHSE, NHSI), commissioners and at events nationally and locally</li> </ol>
<p><b>Delivery of the Five Year Forward View</b></p>	<ol style="list-style-type: none"> <li>9) Supporting delivery of the ambulance role within the FYFV through realisation of our '2020 and beyond' vision</li> <li>10) Working at national and regional levels to engage and embed ambulance trusts as integral providers within Sustainability &amp; Transformation Plans and Accountable Care Organisations as these develop</li> <li>11) Comprehensive adoption of Ambulance Response Programme outcomes and requirements to improve our responses for all patients</li> <li>12) Expansion of new models of care including development of Clinical Assessment Services (hubs) and enhancement of Hear &amp; Treat and See &amp; Treat responses, integrating 999, 111 and all available referral pathways</li> <li>13) Embedding the role of ambulance services in promoting public health and ill-health prevention initiatives, in line with our Consensus Statement, to support demand management for the whole NHS</li> </ol>
<p><b>Clinical Quality &amp; Safety</b></p>	<ol style="list-style-type: none"> <li>14) Continued implementation of five-year clinical strategy (2014-19) focusing on: ♦ Emergency care ♦ Urgent care ♦ Mental Health ♦ Frail, elderly, falls &amp; dementia ♦ Long Term conditions ♦ End of Life patients ♦ Public health &amp; prevention</li> <li>15) Development and execution of a nationally coordinated rolling clinical audit &amp;</li> </ol>



	<p>research programme led by NASMeD to inform design and revision of performance measures</p> <ul style="list-style-type: none"><li>16) Development of a national ambulance quality &amp; safety framework (2 year project)</li><li>17) Supporting ambulance trusts to achieve Good or Outstanding CQC ratings across the sector</li><li>18) Continuing to work with CQC to further refine and improve the inspection process for ambulance trusts</li></ul>
<b>Monitoring Ambulance Response Programme Objectives</b>	<ul style="list-style-type: none"><li>19) Working with ambulance trusts to help reduce variation in performance across the sector where this is impacting negatively on clinical outcomes</li><li>20) Where possible sharing individual modelling outcomes across the sector to allow sharing of best practice and encourage more consistency</li><li>21) Working with NHSE to develop accurate and appropriate AQI technical guidance to support the aims of the Ambulance Response model and ensure consistent application</li><li>22) Influencing the design and revision of any new immediate performance standards and the development of more refined measures in the mid-term</li><li>23) Ensuring that there is continued emphasis on the need for the development of true patient outcome measures rather than time-based targets</li></ul>
<b>Collaboration with Other Emergency Services</b>	<ul style="list-style-type: none"><li>24) Working closely with the National Fire Chiefs Council (NFCC) and the National Police Chiefs Council (NPCC) to ensure that there are productive national and regional liaison structures in place</li><li>25) Developing and evaluating joint initiatives with emergency services partners which can be scaled up to improve services for patients whilst offering value for the public purse</li><li>26) Ensuring that any such joint initiatives have appropriate governance arrangements in place in agreement with NPCC and NFCC as appropriate</li><li>27) Working with NFCC and NPCC to wherever possible standardise educational and competency standards for police and firefighters involved in joint response initiatives with the ambulance service</li></ul>



<b>Report to:</b>	<b>Trust Board</b>
<b>Date of meeting:</b>	<b>28<sup>th</sup> March 2017</b>
<b>Document Title:</b>	<b>Chief Executive's Report</b>
<b>Report Author(s):</b>	<b>Chief Executive</b>
<b>Presented by:</b>	<b>Chief Executive</b>
<b>Contact Details:</b>	<b>Jacqui.Galletta@lond-amb.nhs.uk</b>
<b>History:</b>	<b>n.a.</b>
<b>Status:</b>	<b><i>Information</i></b>
<b>Background/Purpose</b>	
<p>The Chief Executive's report gives an overview of progress and events of key events within the Service since the last time the Board convened.</p> <p>The report is structured in sections, covering key areas of focus of the Trust and the Board:</p>	
<b>Action required</b>	
<p>To note the report.</p>	
<b>Links to Board Assurance Framework and key risks</b>	
<p>The CEO report provides the overview of Trust activity in the period since the last Board meeting.</p>	

<b>Key implications and risks in line with the risk appetite statement where applicable:</b>	
<b>Clinical and Quality</b>	<b>Yes</b>
<b>Performance</b>	<b>Yes</b>
<b>Financial</b>	<b>Yes</b>
<b>Workforce</b>	<b>Yes</b>
<b>Governance and Well-led</b>	<b>Yes</b>
<b>Reputation</b>	<b>Yes</b>
<b>Other</b>	<b>Yes</b>
<b>This paper supports the achievement of the following Quality Improvement Plan Workstreams:</b>	
<b>Making the London Ambulance Service a great place to work</b>	<b>Yes</b>
<b>Achieving Good Governance</b>	<b>Yes</b>
<b>Improving Patient Experience</b>	<b>Yes</b>
<b>Improving Environment and Resources</b>	<b>Yes</b>
<b>Taking Pride and Responsibility</b>	<b>Yes</b>

**London Ambulance Service NHS Trust**  
**Trust Board 28<sup>th</sup> March 2017**  
**Chief Executive's Report**

This report provides an update on key issues and events since the last meeting of the Trust Board.

**Organisational Performance**

1. In February higher than planned demand is the most significant issue impacting on the Trust's performance. In total demand was 5.8% above contracted values for the month. This level of growth is lower than in previous months but remains very challenging. Commissioners have supported LAS to source more capacity to help address this demand.
2. Across this period the Trust was able to respond to 67.7% of Category A patients in under 8 minutes. LAS remains one of the strongest performing ambulance trusts in the country. The Board is asked to note the ongoing performance challenge resulting from high demand, this is highlighted in the Integrated Performance Report (IPR).
3. The quality of services provided remains good as evidenced in the IPR, although some patients continue to experience longer wait times for a response.
4. Staff continue to respond professionally and with outstanding care and compassion to meet these unprecedented levels of demand and the Trust Board will want to recognise their continued hard work in what are often challenging circumstances.
5. Financially we remain on target, although this is dependent on additional income from commissioners to support the additional capacity being mobilised. The Trust is reporting a deficit year to date, this is consistent with plans. Based on current forecasts the Trust continues to look at ways to support and enhance frontline capacity.
6. The Trust's 111 service in South East London continues to deliver strong performance. The quality of this service has recently been recognised by the CQC who awarded this service a rating of GOOD in a recent inspection. The Trust Board are asked to note their appreciation for the hard work of all those involved in this service.

**Strategy and Business Planning**

7. Planning for 2017/18 and 2018/19 continues, and there are papers included in these Board papers on the financial and operating plan, and organisational objectives.
8. Four goals were agreed by the Trust Board in mid-March, and the executive Team are in the process of developing the underlying objectives and action plans necessary to ensure they are delivered. The goals are;
  - a. Patients receive safe, timely and effective care.
  - b. Staff are valued, respected and engaged.
  - c. Partners are supported to deliver change in London.
  - d. Efficiency and sustainability will drive us.
9. Work continues with CCGs to identify actions to reduce demand on LAS services by identifying alternative avenues for certain patient groups meaning they do not need to call 999. This is a challenging area, but is key to how the system works together to manage operational pressures.

**Governance**

10. The Care Quality Commission completed the planned inspection in February. This was a full re-inspection and will result in a new rating being issued to the Trust later in the year. The report is not expected until May.

11. The CQC thanked the Trust for the professional and comprehensive approach to the inspection. I would like to thank staff for all their hard work over the last year in working to address the issues raised by the CQC, and their support in preparing for the re-inspection.

#### **New Year's Day Computer Assisted Dispatch system outage**

12. The report into the CAD outage on New Year's Day will be reported to the Trust Board in May. This report will cover the technical issues as well as a clinical review of our response to patients during the period of the outage. This work is being supported by external IM&T experts, NHS Digital, NHSI and NHSE.
13. The Serious Incident review of the patient who died during the time of the outage continues. To date we have not identified any evidence of harm to other patients during the period of the CAD outage.

#### **Executive Team**

14. The Trust is in the process of recruiting a new Director of Human Resources and Organisational Development. Interviews are planned for April.

Andrew Grimshaw, Chief Executive  
March 2017.



<b>Report to:</b>	<b>Trust Board</b>
<b>Date of meeting:</b>	<b>28<sup>th</sup> March 2017</b>
<b>Document Title:</b>	<b>Board Assurance Framework and Trust Risk Register March 2017</b>
<b>Report Author(s):</b>	<b>Frances Field, Risk and Audit Manager</b>
<b>Presented by:</b>	<b>Andrew Grimshaw, Chief Executive</b>
<b>Contact Details:</b>	<a href="mailto:andrew.grimshaw@lond-amb.nhs.uk">andrew.grimshaw@lond-amb.nhs.uk</a>
<b>History:</b>	<b>N/A</b>
<b>Status:</b>	<b>Trust Risk Register and Board Assurance Framework - March 2017</b>

#### **Background/Purpose**

##### **Board Assurance Framework (BAF)**

The current version of the BAF has been reviewed and updated by the lead directors and there is one addition: BAF risk 40 – there is a risk that the Trust may not be able to recruit sufficient Paramedics to meet workforce profile requirements in 2017/18.

A proposal is being made to the Finance Investment and Performance Committee on 23<sup>rd</sup> March to agree to reduce the risk rating for BAF risk 34 concerning financial balance in 2016/17, from 16 to 15.

Further work is underway to review other BAF risks as outlined in the attached summary paper.

The next iteration of the BAF which will be presented to the Trust Board in May will reflect the strategy development work about to commence and the emerging strategic risks.

##### **Trust Risk Register**

The risk register as presented will be updated and amended to reflect the changes made to the BAF risks.

##### **Top 3 Risks**

The Executive Leadership Team have reviewed the BAF risks and agreed the following should be presented as the top 3 risks:

1. BAF risk 37 – there is a risk that the agreed A8 trajectory for the current year may be adversely affected by sustained over-activity against contractually agreed growth.
2. BAF risk 7 – there is a risk that patients could suffer avoidable harm across shift change over periods due to deterioration in response times as a result of reduced resource availability.
3. BAF risk 14 – it is likely that NHS financial and operational planning will include the need to develop efficiencies in order to offset other cost pressures for the foreseeable



future. Failure to identify and deliver CIPs will threaten the ongoing viability and solvency of the Trust.

### General update on Risk Management

The Risk Management Policy has been updated to reflect changes to organisational structure and executive director portfolios and is due for review by the Executive Leadership Team by the end of March.

### Action required

To note the progress made with mitigating controls and actions for risks included in the Board Assurance Framework.

### Links to Board Assurance Framework and key risks

All papers link to the Board Assurance Framework and key Trust risks.

### Key implications and risks in line with the risk appetite statement where applicable:

<b>Clinical and Quality</b>	
<b>Performance</b>	
<b>Financial</b>	
<b>Workforce</b>	
<b>Governance and Well-led</b>	The Board has a responsibility to put in place governance structures and processes to ensure that the organisation operates effectively and meets its strategic objectives.
<b>Reputation</b>	
<b>Other</b>	
<b>This paper supports the achievement of the following Quality Improvement Plan Workstreams:</b>	
<b>Making the London Ambulance Service a great place to work</b>	
<b>Achieving Good Governance</b>	The Trust Risk Register and Board Assurance Framework provide the Trust Board with information on how the organisation is currently managing its risk and provides an opportunity for scrutiny and escalation where required.
<b>Improving Patient Experience</b>	
<b>Improving Environment and Resources</b>	
<b>Taking Pride and Responsibility</b>	

## Trust Board

28<sup>th</sup> March 2017

### BAF and Risk Register – Status Report

#### 1. Introduction

The Trust Board and Executive Leadership Team (ELT) have been reviewing and discussing a refreshed approach to the development and management of the Board Assurance Framework (BAF) and that this review will be led by the Acting Chief Executive. This work is included in the ELT Priorities for 2017/18 and linked to the outcome of the external Well-led governance review and the early feedback from the CQC Inspection undertaken in February 2017.

#### 2. BAF

The current version of the BAF was reviewed by the ELT on 22<sup>nd</sup> March with the following outcomes:

- 2.1 BAF risk 7 – no change to the risk but the heat map wording will be updated.
- 2.2 BAF risk 14 – no change.
- 2.3 BAF risks 25 and 26 – clear dates in place for mitigating actions to be completed and the risk closed so no change.
- 2.4 BAF risk 29 – the Director of Operations will undertake a fundamental review of this risk. ELT discussed the 2 elements to this risk – the management of long-waiting patients and whether the call-back process adequately identifies deterioration in a patient's condition.
- 2.5 BAF risk 37 – further actions had been identified and added but these need to be reflected in the gaps in controls and assurances so are being added to the BAF control sheet.
- 2.6 BAF risk 34 – the current forecast is for the Trust to achieve an improved position on the planned deficit so a proposed change to the rating from likely(4) to possible (3) will reduce the risk to 15. This will be presented to the Finance Investment and Performance Committee on 23<sup>rd</sup> March and an update given to the Trust Board.
- 2.7 BAF risk 36 – no change other than to the heat map description.
- 2.8 BAF risk 39 – no change.

One new risk has been identified for the BAF:

- 2.9 BAF risk 40 – there is a risk that the Trust may not be able to recruit sufficient Paramedics to meet workforce profile requirements in 2017/18. This risk was reviewed by the Risk Compliance and Assurance Group (RCAG) and referred back to HR for further work. The risk was then reviewed by the Workforce and OD Committee on 20<sup>th</sup> March and agreed at a rating of 16 and therefore meeting the BAF threshold.

The next iteration of the BAF which will be presented to the Trust Board in May and this will reflect the strategy development work about to commence and the emerging strategic risks.

### **3. Risk Register**

The Trust Board is asked to note that there will be further updates and amendments to the risk register presented this month following the review by the ELT of the BAF risks and the feedback from the Workforce and OD Committee on workforce risks.

The Chief Executive will be leading the work on the review of risks within each function and directorate to ensure that the most significant risks and issues are being identified and action taken to mitigate and manage these, and these will be presented to the RCAG providing an opportunity to check and challenge before inclusion on the Corporate risk register and the BAF. Greater focus also will be on the role of executive committees in reviewing risks and presenting these to ELT and through the assurance committees to the Trust Board.

### **4. Top 3 Risks**

The ELT reviewed the BAF risks and agreed the following should be presented to the Trust Board as the top 3:

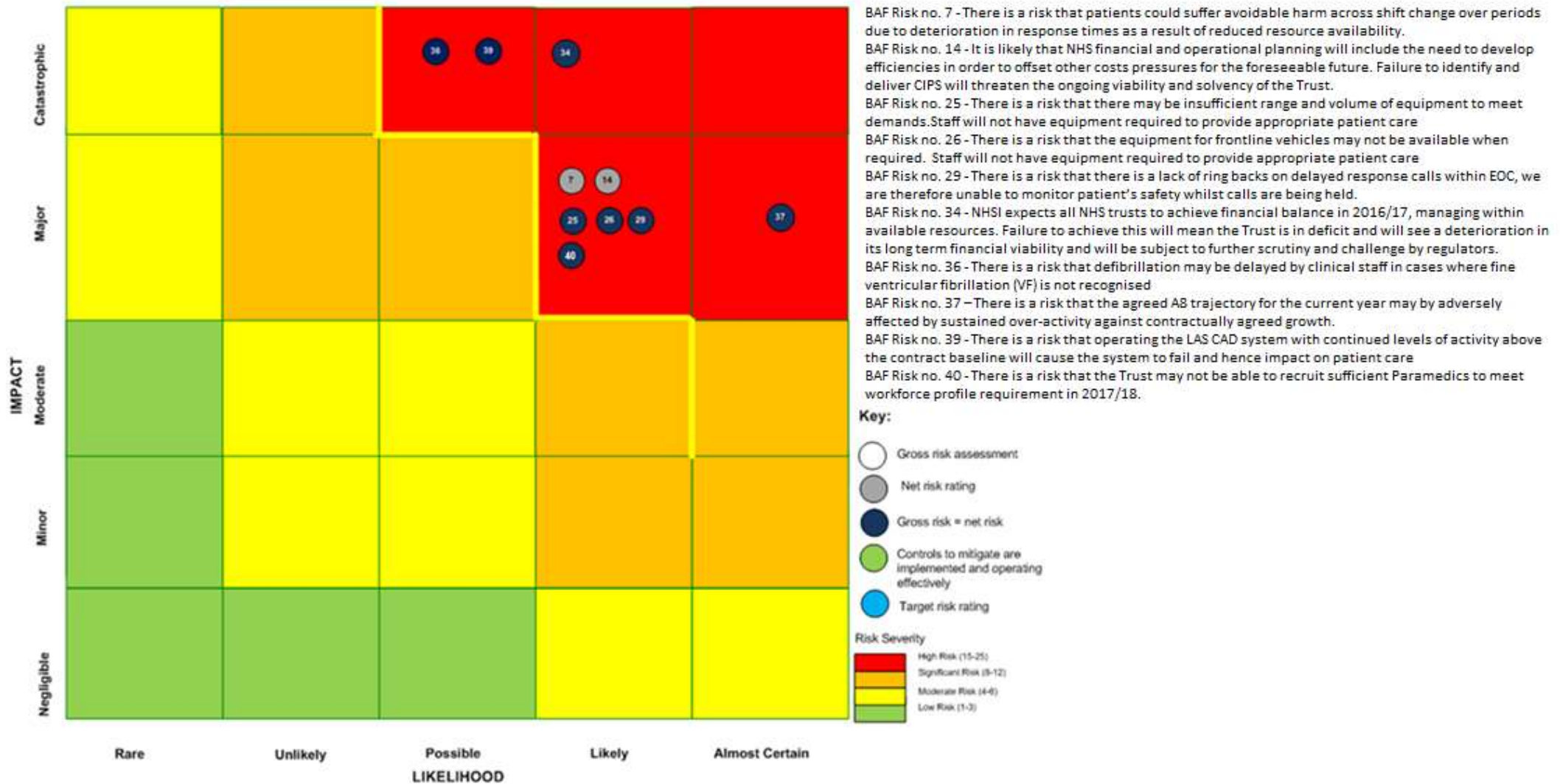
- 4.1 BAF risk 37 – there is a risk that the agreed A8 trajectory for the current year may be adversely affected by sustained over-activity against contractually agreed growth.
- 4.2 BAF risk 7 – there is a risk that patients could suffer avoidable harm across shift change over periods due to deterioration in response times as a result of reduced resource availability.
- 4.3 BAF risk 14 – it is likely that NHS financial and operational planning will include the need to develop efficiencies in order to offset other cost pressures for the foreseeable future. Failure to identify and deliver CIPs will threaten the ongoing viability and solvency of the Trust.

### **5. Summary**

A new approach to risk is being led by the Trust Board through the Chief Executive and will align to the development of the Trust strategy through the strategic goals, corporate objectives and the most significant risks to their delivery. The aim of the BAF will be to drive the Board agenda in order to mitigate and manage those significant risks thereby enabling the Trust to work towards and achieve its strategic goals.

Sandra Adams  
Director of Corporate Governance/Trust Secretary

## Board Assurance Framework – March 2017



BAF Risks Summary Sheet

<b>Risk ID:</b> 26	<b>Description:</b> There is a risk that the equipment for frontline vehicles may not be available when required. Staff will not have equipment required to provide appropriate patient care	<b>Risk opened:</b>	21/05/2015	<b>Low Risk</b>	<b>Medium Risk</b>					<b>High Risk</b>			
		<b>Expected risk closure:</b>	31/08/2017	6	8	9	10	12	15	16	20	25	
<b>Linked Risk(s):</b>  120	Risk Owner: Director of Finance	<b>Is this risk on track for closure?</b>	Yes	T						G N			
		It should be noted that whilst implementation of a Make Ready system within LAS will mitigate significantly against this risk, it is felt that this risk will always be an underlying or residual issue for any ambulance organisation.			Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017
				16	16	16	16	16	16	16	16	16	

<b>Risk ID:</b> 25	<b>Description:</b> There is a risk that there may be insufficient range and volume of equipment to meet demands. Staff will not have equipment required to provide appropriate patient care	<b>Risk opened:</b>	21/05/2015	<b>Low Risk</b>	<b>Medium Risk</b>					<b>High Risk</b>			
		<b>Expected risk closure:</b>	31/08/2017	6	8	9	10	12	15	16	20	25	
<b>Linked Risk(s):</b>  121	Risk Owner: Director of Finance	<b>Is this risk on track for closure?</b>	Yes	T						G N			
		It should be noted that whilst implementation of a Make Ready system within LAS will mitigate significantly against this risk, it is felt that this risk will always be an underlying or residual issue for any ambulance organisation.			Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017
				16	16	16	16	16	16	16	16	16	

<b>Risk ID:</b> 34	<b>Description:</b> NHSI expects all NHS trusts to achieve financial balance in 2016/17, managing within available resources. Failure to achieve this will mean the Trust is in deficit and will see a deterioration in its long term financial viability and will be subject to further scrutiny and challenge by regulators.	<b>Risk opened:</b>	17/11/2015	<b>Low Risk</b>	<b>Medium Risk</b>					<b>High Risk</b>			
		<b>Expected risk closure:</b>	31/03/2017	6	8	9	10	12	15	16	20	25	
<b>Linked Risk(s):</b>  214	Risk Owner: Director of Finance  <i>It is proposed that the net rating will be reduced to Catastrophic x Possible = 15</i>	<b>Is this risk on track for closure?</b>	Yes				T				G N		
		Please note Trust wide finance risks will not close as they are systemic and recur on an annual basis. However, actions will be reviewed and refreshed annually to reflect new pressures and situations			Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017
				20	20	20	20	20	20	20	20	20	

<b>Risk ID:</b> 14	<b>Description:</b> It is likely that NHS financial and operational planning will include the need to develop efficiencies in order to offset other costs pressures for the foreseeable future. Failure to identify and deliver CIPS will threaten the ongoing viability and solvency of the Trust.	<b>Risk opened:</b>	20/06/2016	<b>Low Risk</b>	<b>Medium Risk</b>					<b>High Risk</b>			
		<b>Expected risk closure:</b>	30/06/2017	6	8	9	10	12	15	16	20	25	
<b>Linked Risk(s):</b>  217	Risk Owner: Director of Finance	<b>Is this risk on track for closure?</b>	Yes	T							G N		
		Please note Trust wide finance risks will not close as they are systemic and recur on an annual basis. However, actions will be reviewed and refreshed annually to reflect new pressures and situations			Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017
				20	20	20	20	20	20	20	20	20	

Legend: G = Gross Rating | N = Net Rating | T = Target Rating

BAF Risks Summary Sheet

<b>Risk ID:</b> 29	<b>Description:</b> There is a risk that there is a lack of ring backs on delayed response calls within EOC, we are therefore unable to monitor patient's safety whilst calls are being held.	<b>Risk opened:</b>	28/02/2015	<b>Low Risk</b>	<b>Medium Risk</b>					<b>High Risk</b>			
		<b>Expected risk closure:</b>	30/06/2017	6	8	9	10	12	15	16	20	25	
<b>Linked Risk(s):</b>  339	Risk Owner: Director of Operations	<b>Is this risk on track for closure?</b>	Yes		T					G N			
				Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	
					16	16	16	16	16	16	16	16	

<b>Risk ID:</b> 7	<b>Description:</b> There is a risk that patients could suffer avoidable harm across shift change over periods due to deterioration in response times as a result of reduced resource availability.	<b>Risk opened:</b>	08/12/2006	<b>Low Risk</b>	<b>Medium Risk</b>					<b>High Risk</b>			
		<b>Expected risk closure:</b>	30/09/2017	6	8	9	10	12	15	16	20	25	
<b>Linked Risk(s):</b>  430	Risk Owner: Director of Operations	<b>Is this risk on track for closure?</b>	Yes		T					N	G		
				Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	
					20	20	20	20	20	16	16	16	16

<b>Risk ID:</b> 36	<b>Description:</b> There is a risk that defibrillation may be delayed by clinical staff in cases where fine ventricular fibrillation (VF) is not recognised	<b>Risk opened:</b>	28/07/2016	<b>Low Risk</b>	<b>Medium Risk</b>					<b>High Risk</b>			
		<b>Expected risk closure:</b>	31/06/2017	6	8	9	10	12	15	16	20	25	
<b>Linked Risk(s):</b>  445	Risk Owner: Medical Director	<b>Is this risk on track for closure?</b>	Yes				T		G N				
		Pending the planning of future training / supervisory support for clinical staff.		Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	
					15	15	15	15	15	15	15	15	

<b>Risk ID:</b> 37	<b>Description:</b> There is a risk that the agreed A8 trajectory for 16/17 may be adversely affected by sustained over-activity against contractually agreed growth.	<b>Risk opened:</b>	14/11/2016	<b>Low Risk</b>	<b>Medium Risk</b>					<b>High Risk</b>			
		<b>Expected risk closure:</b>	01/10/2017	6	8	9	10	12	15	16	20	25	
<b>Linked Risk(s):</b>  531	Risk Owner: Director of Operations	<b>Is this risk on track for closure?</b>	Yes					T			G N		
				Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	
									16	16	16	16	

Legend: G = Gross Rating | N = Net Rating | T = Target Rating

BAF Risks Summary Sheet

<b>Risk ID:</b> 39	<b>Description:</b> There is a risk that operating the LAS CAD system with continued levels of activity above the contract baseline will cause the system to fail and hence impact on patient care	<b>Risk opened:</b>	12/01/2017	<b>Low Risk</b>	<b>Medium Risk</b>					<b>High Risk</b>			
		<b>Expected risk closure:</b>	This is linked to the external review described below.	6	8	9	10	12	15	16	20	25	
<b>Linked Risk(s):</b> 577	Risk Owner: Interim CIO	<b>Is this risk on track for closure?</b>		T					N		G		
		This description of this risk should be seen as interim pending the completion of the External review into the NTD Incident. A report to the Trust Board is planned in May 2017. The date for closure of the risk will be defined once the review is complete and the necessary actions identified to address the causes of the CAD outage.			Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017
											15	15	

<b>Risk ID:</b> 40	<b>Description:</b> There is a risk that the Trust may not be able to recruit sufficient Paramedics to meet workforce profile requirement in 2017/18.	<b>Risk opened:</b>	06/03/2017	<b>Low Risk</b>	<b>Medium Risk</b>					<b>High Risk</b>			
		<b>Expected risk closure:</b>		6	8	9	10	12	15	16	20	25	
<b>Linked Risk(s):</b> 533	Risk Owner: Interim Director of HR	<b>Is this risk on track for closure?</b>			T						GN		
					Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017

Legend: G = Gross Rating | N = Net Rating | T = Target Rating

**BAF Risk no. 26**

There is a risk that the equipment for frontline vehicles may not be available when required. Staff will not have equipment required to provide appropriate patient care

**Risk Classification:**

**Risk Owner:** Grimshaw, Andrew

**Scrutinising Committee:** Fleet and Logistics Risk Review Group

**Underlying Cause/Source of Risk:** This risk was 443 on the old register  
 There is a perennial challenge in the nature of our business and our operating model in the context of increasing demand that we may have circumstances where equipment might be moved between vehicles or used or lost throughout the course of a shift.

**Gross Rating**

**Current/Net Rating**

**Target Rating**

16

16

6

**Existing Controls**

**Positive Assurance of Controls**

**Further Actions**

**Due Date**

- 1, Serial numbers on all re-usable equipment that can be accurately tracked.
- 2, Agree and set requirements for stock levels on vehicles. Ensure regular monitoring occurs
- 3, Define 'shell' and maintain a reserve of essential equipment centrally to backfill and ensure vehicle can go back into service with minimal delays
- 4, Agree ownership and responsibilities for equipment ensuring that all VP responsibilities are included within the VP contract, to include FRUs and DCAs, ensure equipment is not transferred between vehicles
- 5, Complex based fleet in place to increase availability for VP checking and restocking/equipping vehicles
- 6, Electronic VDI pilot completed, all equipment has bar code or serial number
- 7, NE VP pilot rolled out to include secure local equipment stores and day time "Quatermaster" role
- 8, Interserve are providing feedback to Logistics regarding Vehicle Daily Inspection (VDI) reports.
- 9, Current VP contract reviewed and any immediate changes are agreed
- 10, Planned rollout of complex based fleet to increase vehicle availability for VP to enable agreed stock requirements to be provided completed
- 11, Pilot project in NE area to provide and resupply equipment store implemented.
- 12, Business case for the roll out of VP pan London has been agreed
- 13, Project board and working groups established.
- 14, Review of delivery standards completed
- 15, New KPIs reported through to QIP
- 16, Deep dive by QIP panel completed
- 17, Preparation of tender documents and standard commencing DEC2016
- 18, Contract variations being developed to increase scope of works to include FRU and NETS vehicles
- 19, Proposal developed for the implementation of a depot based make Ready managers and 2 Make Ready Operations Managers to oversee the delivery of the contractor, coordinate more effectively with Fleet Workshop managers and local operational management teams on a daily basis.
- 20, Additional equipment is being sourced to facilitate the roll out where needed.
- 21, Vehicle equipment being recovered pan Trust. To date £350K

- 1, Clinical Equipment Group;
- 2, Asset tracking report;
- 3, VP reports;
- 4, VP Contract;
- 5, Equipment Process;
- 6, Project completion
- 7, Board reports and meeting minutes.

**Gaps in Assurance**

None

**Gaps in Controls**

Review of processes and controls in Logistics team  
 Review of medical device registers  
 Need for the development of a planned replacement programme for Medical equipment.  
 Development of a process that records missing equipment via CSU (PD33).  
 Approval of Fleet Strategy with aligned 'unit' equipment.

501  
1801  
1802  
1803

Email Justin Wand to see if thinks this risk should be merged with 121  
 Roll out Vehicle Preparation to rest of service  
 Ensure adequate stocks of consumables and equipment are available to VP staff  
 Fully develop equipment database reports to indicate where any equipment is missing

Complete  
31/08/2017  
31/08/2017  
31/08/2017



(Nov2016)  
22, Implementation of 'managed stock' project across the Trust in line with VP roll out.  
23, Approval of BC for new vehicles for delivery during 2017

**Signed:** Wand, Justin

**Date Reviewed:** 10/03/2017



**BAF Risk no. 25**

There is a risk that there may be insufficient range and volume of equipment to meet demands. Staff will not have equipment required to provide appropriate patient care

**Risk Classification:****Risk Owner:** Grimshaw, Andrew**Scrutinising Committee:** Fleet and Logistics Risk Review Group**Underlying Cause/Source of Risk:** This was risk 442 on the old risk register

There is a perennial challenge in the nature of our business and our operating model in the context of increasing demand that we may have circumstances where equipment might be moved between vehicles or used or lost throughout the course of a shift.

**Gross Rating****Current/Net Rating****Target Rating****16****16****6****Existing Controls**

1. Agreed 'standard load list' of vehicle equipment including re-usable v disposable in place.
2. Equipment stock levels agreed and maintained
3. Responsibility for each item of equipment clearly defined
4. Budget responsibilities for replacement equipment clear
5. Review of personal issue kit
6. A "core" equipment list for DCA & FRU has been defined and agreed
7. Funding for NE Sector Revised Vehicle Prep Pilot - fully managed equipment solution has been agreed.
8. An equipment amnesty and physical review all stations and complexes for "retained" equipment has been undertaken.
9. A new paper based VP VDI form has been introduced.
10. Pilot to assess benefits of VP proposal carried out and documents describing benefit drafted.
11. BC for roll out of VP system pan London developed.
12. Board approval gained for BC
13. Project board and working group developed
14. Project plan defined and agreed
15. Additional equipment purchased to support roll out
16. project reclaiming, decontaminating and resupplying medical equipment established.
17. 'Managed stores' system established to support VP and daily supply of medical consumables
18. 'Blanket' trial and evaluation established and recommendations developed.
19. KPIs developed and monitored for the completion of wash and stocking of vehicles
20. Medicines management programme defined encapsulating all aspects of prep, supply and delivery, collection and disposal.

**Positive Assurance of Controls**

- 1, Progress made in agreement of core equipment and further equipment amnesty.
- 2, Decontamination of equipment commenced and robust.
- 3, Analysis of asset tracking systems being undertaken.
- 4, VP VDI improved
- 5, Ops VDI process changed and LA1 updated

**Gaps in Assurance**

None

**Further Actions****498**  
**499**  
**607**

Roll out VP hubs to 14 sites Trust Wide  
Implement working group to review personal issue kit – check status of any existing work with CEG  
Email Justin Wand to see if thinks this risk should be merged with 120

**Due Date**20/07/2016  
20/07/2017

Complete

**Gaps in Controls**

Review of all logistics processes.  
Review of KPIs detailing equipment supply on shift by shift basis  
Review of equipment inventory including maintenance records  
Review of contracts for equipment support  
Development of project group to support the aim of vehicle based  
equipment removing 'personal issue' equipment from staff.  
Real time reporting of asset tracking

**Signed:** Wand, Justin      **Date Reviewed:** 10/03/2017



**BAF Risk no. 34**

NHSI expects all NHS trusts to achieve financial balance in 2016/17, managing within available resources. Failure to achieve this will mean the Trust is in deficit and will see a deterioration in its long term financial viability and will be subject to further scrutiny and challenge by regulators.

**Risk Classification:****Risk Owner:** Grimshaw, Andrew**Scrutinising Committee:** Finance Investment & Performance Committee

**Underlying Cause/Source of Risk:** Failure to achieve this will mean the Trust is in deficit and will see deterioration in its long term financial viability and will be subject to further scrutiny and challenge by regulators.

**Gross Rating****Current/Net Rating****Target Rating****20****20****10****Existing Controls****Positive Assurance of Controls****Further Actions****Due Date**

1. Demand predictions for future years are robust and understood, both for annual value and monthly, daily and weekly profiles
2. Clear view on operational capacity required to deliver ambulance performance targets
3. Clear view of achievable productivity targets which support performance targets
4. Clear view of operational staff recruitment against establishments targets as set. Clear sight these targets can be delivered
5. Funding from CCGs is consistent with capacity, productivity and demand assessments
6. Other factors such as investment for CQC are clearly understood, and associated funding identified
7. NHS wide efficiency targets can be achieved, and other opportunities to generate efficiency are identified, managed and delivered.
8. Inflationary pressures are understood and managed within the overall financial position
9. Capital investment plans and their revenue consequences are understood.

Assurance of Finance Risks are provided via regular review of controls from the Finance and Investment Committee

**Gaps in Assurance**

None identified

**1139**

Productivity: Develop a clear understanding of productivity and how it can be influenced and managed.

Complete

**1140**

Funding: Appropriately funded contract in place with commissioners

Complete

**1141**

All other areas of investment reviewed and agreed; this must include major items such as the impact of the CQC improvement plan.

Complete

**1142**

Efficiency targets have scoped, stress tested and clear plans are in place to deliver.

Complete

**1143**

Capital investment plans, funding and associated revenue implications are defined and agreed.

Complete

**Gaps in Controls**

See actions to be taken

**Signed:** Bell, Andy

**Date Reviewed:** 22/03/2017 *(The net rating will be proposed for regrading to major x possible and the Finance Investment and Performance Committee on the 23<sup>rd</sup> March 2017.)*

**BAF Risk no. 14** It is likely that NHS financial and operational planning will include the need to develop efficiencies in order to offset other costs pressures for the foreseeable future. Failure to identify and deliver CIPS will threaten the ongoing viability and solvency of the Trust.

<b>Risk Classification:</b>	<b>Risk Owner:</b> Grimshaw, Andrew	<b>Scrutinising Committee:</b> Finance Investment & Performance Committee
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<b>Underlying Cause/Source of Risk:</b> • Appropriate supporting evidence not available • CIPs not supported by detailed milestone plan. • CIPs not embedded in budgets. • CIPs not owned by relevant manager. • Benchmarking of CIPs not undertaken. • CIP governance not clearly defined and in place. • Board/FIC scrutiny of CIP planning and delivery not in place. • CIPs not delivering in line with expectations. • Capacity and capability not available to support delivery.	<b>Gross Rating</b>	<b>Current/Net Rating</b>	<b>Target Rating</b>
	20	20	6

Existing Controls	Positive Assurance of Controls	Further Actions		Due Date
1. Appropriate supporting evidence available for CIP. 2. All CIPs supported by detailed milestone plan. 3. All CIPs embedded in budgets. 4. All CIPs owned by relevant manager. 5. Benchmarking of CIP opportunity. 6. CIP governance clearly defined and in place. 7. Board/FIC scrutiny of CIP planning and delivery in place. 8. CIPs delivering in line with expectations. 9. Capacity and capability available to support delivery. 10. All CIPs supported by Quality Inputs Assessments.  <b>Gaps in Controls</b>  See actions to be taken	Assurance of Finance Risks are provided via regular review of controls from the Finance and Investment Committee  <b>Gaps in Assurance</b>  None identified	<b>1111</b>	Review support and engage additional support to drive the CIP Programme.	Complete
		<b>1112</b>	Ensure all schemes have clear project plans, including evidence to support, milestone plans and are owned by project leads.	Complete
		<b>1113</b>	Embed all CIPs in budgets.	Complete
		<b>1114</b>	Review current benchmarking information.	Complete
		<b>1115</b>	Establish Management of CIP as key Function of Resource Committee	Complete
		<b>1116</b>	Ensure all CIPs have QIA in place that have been agreed with the Medical Director	Complete
		<b>2609</b>	Review 17/18 CIP plan and develop detail and ownership (see sub actions)	31/03/2017

**Signed:** Bell, Andy      **Date Reviewed:** 22/03/2017

**BAF Risk no. 29**

There is a risk that there is a lack of ring backs on delayed response calls within EOC, we are therefore unable to monitor patient's safety whilst calls are being held.

**Risk Classification:****Risk Owner:** Cranmer, Pauline**Scrutinising Committee:** Control Services Quality Meeting**Underlying Cause/Source of Risk:** Availability of frontline resourcesAvailability of EOC staff  
Demand**Gross Rating****Current/Net Rating****Target Rating****16****16****8****Existing Controls**

1. Clinical Hub scrutiny of held calls
2. Ring back status monitors.
3. Redistribution of staff to ringback functions as required
4. On-going recruitment and retention activities
5. Operational Procedures on ring backs (OP23)
6. Exit messaging – worsening advice

**Gaps in Controls**

1. On-going further vacancies against the increasing demand means the impact on ability to carry out ring backs remains high.
2. ORH report received due to go to ELT, identifies minimum of 31 staff required even when full establishment of operational staffing is in place. Therefore additional recruitment will be required into control services and a change in the base line staffing level.
3. Additional front line resources are required.(covered by BAF risk 265 and 388)

**Positive Assurance of Controls**

Hub activity report weekly (1)  
Watch Manager live monitoring (2)  
IDM handover report and call taking manager's log (3)  
Serious Incident types reported through Control Services

**Gaps in Assurance**

1. ORH report received due to go to ELT, identifies minimum of 38 staff required even when full establishment of operational staffing is in place. Therefore additional recruitment will be required into control services and a change in the base line staff

**Further Actions****2119**  
**1062**  
**1381**

Evaluation of the ringback function  
Evaluation of the ringback function  
ORH report received due to go to ELT, identifies minimum of 38 staff required even when full establishment of operational staffing is in place. Therefore additional recruitment will be required into control services and a change in the base line staffin  
Control Services to provide a report to the ELT on how they can create further capacity within the in order to determine the specific number of additional staff required for the base line staffing level  
Delivery of EOC improvement programme (ringback process and desk realignment)

**1382****2120****Due Date**Complete  
Complete  
31/03/2017

31/03/2017

31/03/2017

**Signed:** Harding, Simon**Date Reviewed:** 07/03/2017

**BAF Risk no. 7**

There is a risk that patients could suffer avoidable harm across shift change over periods due to deterioration in response times as a result of reduced resource availability.

**Risk Classification:****Risk Owner:** Woodrow, Paul**Scrutinising Committee:** Executive Leadership Team / Quality Governance Committee / Trust Board**Underlying Cause / Source of Risk:**

Current roster configuration  
2006 Rest break arrangements  
Staff wanting to finish their shifts on time and avoid late finishes

**Gross Rating****Current/Net Rating****Target Rating****20****16****8****Existing Controls**

1. Daily focus to place MRU / CRU / TRU / Hart and APPs on rest break during rest break window
2. Current target in place for 5 DCAs per hour of rest break window to be placed on rest breaks per 12 hour shift
3. Management and escalation of staff who actively avoid having a rest break
4. Parallel work in progress to protect end of shift times to avoid late jobs (as reasonably possible)
5. Current negotiations with the Trade Unions regarding the implementation of a new rest break policy

**Gaps in Controls**

- Culture and behaviour of staff being driven by perverse incentives within the current rest break agreement
- The want of staff to end their shift on time and avoid late finishes
- Sufficient management capacity within EOC
- Management of non compliance with rest break allocations

**Positive Assurance of Controls**

1. Re-focused DDS desk within EOC to allocate rest breaks
2. Rest break dashboard developed to give oversight of compliance and performance
3. KPIs in place to monitor rest break allocation as part of the Quality Improvement Plan KPI report
4. Monthly updates provided to the scrutinising committees on progress and compliance

**Gaps in Assurance**

1. There appears to be a relationship between the number of rest breaks allocated per day and out of service (OOS) rates at shift end. The more rest breaks that are given the higher the end of shift OOS and this is being looked into

**Further Actions**

- Current rest breaks arrangements to be implemented
- Agree the new rest break policy with Trade Unions
- Implement new rest break policy
- On-going rigorous management of out of service
- Review management capacity within EOC

**Due Date**

On-Going  
31/03/2017  
30/06/2017  
On-Going  
Complete

**Signed:** Woodrow, Paul**Date Reviewed:** 20<sup>th</sup> March 2017

**BAF Risk no. 36**      There is a risk that defibrillation may be delayed by clinical staff in cases where fine ventricular fibrillation (VF) is not recognised

<b>Risk Classification:</b>	<b>Risk Owner:</b> Wrigley, Fenella	<b>Scrutinising Committee:</b> Clinical Safety and Standards/Quality Governance Committee
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<b>Underlying Cause/Source of Risk:</b> There have been a number of cases identified by telephone during clinical on-call and during attendance at resuscitation attempts where staff have identified VF but failed to deliver shocks as they have judged that the ECG demonstrates fine VF and their interpretation of current LAS guidance is that Trust policy is not to shock fine VF and to continue resuscitation until such time as the VF coarsens.	<b>Gross Rating</b>	<b>Current/Net Rating</b>	<b>Target Rating</b>
	<b>15</b>	<b>15</b>	<b>10</b>

Existing Controls	Positive Assurance of Controls	Further Actions	Due Date												
<p>Recent revision of Trust internal Adult Advanced Life Support guidance to provide further advice and clarification around the management of fine VF CSR updates specifically addressing the need to provide prompt defibrillation in cases of VF with apparent signs of life.</p> <p><b>Gaps in Controls</b></p> <p>Revisions to Trust guidance are publicised via The Pulse and the information is available electronically. The Trust does not provide a means through which operational staff can access these documents remotely when deployed on frontline clinical duties. All staff should attend Core Skills Refresher training but a period of time will elapse before a critical mass of staff have undertaken this training.</p>	<p>Increasing numbers of monitor-defibrillator downloads are being obtained by Advanced Paramedic Practitioners and Clinical Team Leaders which will enable treatment of VF to be monitored. Records are maintained of staff attending CSR training.</p> <p><b>Gaps in Assurance</b></p> <p>Overall, the number of monitor-defibrillator downloads obtained as a proportion of the total number of resuscitation attempts within the Service remains relatively low.</p>	<table border="1"> <tr> <td><b>2128</b></td> <td>To monitor the incidences of VF arrests where there has been a delayed time to shock</td> <td>31/12/2017</td> </tr> <tr> <td><b>1201</b></td> <td>Increase number of defibrillator downloads to monitor trends</td> <td>31/12/2017</td> </tr> <tr> <td><b>1200</b></td> <td>Medical Bulletin - Management of ventricular fibrillation</td> <td>Complete</td> </tr> <tr> <td><b>1228</b></td> <td>CSR updated with revised training notes for current training schedule of CSR2016.2</td> <td>Complete</td> </tr> </table>	<b>2128</b>	To monitor the incidences of VF arrests where there has been a delayed time to shock	31/12/2017	<b>1201</b>	Increase number of defibrillator downloads to monitor trends	31/12/2017	<b>1200</b>	Medical Bulletin - Management of ventricular fibrillation	Complete	<b>1228</b>	CSR updated with revised training notes for current training schedule of CSR2016.2	Complete	
<b>2128</b>	To monitor the incidences of VF arrests where there has been a delayed time to shock	31/12/2017													
<b>1201</b>	Increase number of defibrillator downloads to monitor trends	31/12/2017													
<b>1200</b>	Medical Bulletin - Management of ventricular fibrillation	Complete													
<b>1228</b>	CSR updated with revised training notes for current training schedule of CSR2016.2	Complete													

**Signed:**      Nevett, Joanne      **Date Reviewed:**      06/03/2017



**BAF Risk no. 37**      There is a risk that the agreed A8 trajectory for the current year may be adversely affected by sustained over-activity against contractually agreed growth.

**Risk Classification:**      **Risk Owner:** Woodrow, Paul      **Scrutinising Committee:** Risk Compliance & Assurance Group

**Underlying Cause/Source of Risk:** Demand, productivity, financial constraints

	<b>Gross Rating</b>	<b>Current/Net Rating</b>	<b>Target Rating</b>
	<b>20</b>	<b>20</b>	<b>12</b>

<b>Existing Controls</b>	<b>Positive Assurance of Controls</b>	<b>Further Actions</b>	<b>Due Date</b>
<p>1.Surge Plan 2.REAP 3.OOS hub 4.Clinical Hub 5.Dispatch on Disposition 240 seconds implemented on 4th October 2016 6.Static defib performance recovery group 7.Non-clinical vacancy freeze and financial controls implemented in order to target additional spending at operational capacity 8.Sickness management on-going 9.Removed cat C determinants from FRU 10. Robust management of activity and performance trajectories from 2017/18 contractual agreements 11. Alert and escalation – Gold Groups/daily calls arranged during periods of excessive demand reviewing clinical safety levels 12. Increasing NETS/taxi journeys</p> <p><b>Gaps in Controls</b></p> <p>As identified in further actions.</p>	<ul style="list-style-type: none"> <li>• NHSE regional oversight group monthly review (1)</li> <li>• Strategic commissioning management board monthly review (1)</li> <li>• Service Delivery Group (2, 3, 4, 9, 10)</li> <li>• A&amp;E Resource Group (9)</li> <li>• Operations Board</li> <li>• Weekly tri-partite calls with NHS Improvement, NHS England (London) and lead commissioners</li> <li>• Contract and Performance meetings</li> </ul> <p><b>Gaps in Assurance</b></p> <p>None identified</p>	<p><b>2029</b>      Reduction in JCT of 7 minutes from baseline by 31/10/2017</p> <p><b>2031</b>      Co-responding schemes full rollout across London (MPS / LFB)</p> <p><b>2032</b>      Increase operational in-post from 95% to 100%</p> <p><b>2033</b>      Undertaking review of MPS/METDG and MAR</p> <p><b>2027</b>      Additional Resources to be added to METDG desk function Resilience workshop to be held.</p> <p><b>2752</b>      Production of CCG and demand management packs</p> <p><b>2753</b>      Delivery of our demand management objectives from the 17/18 contract (i.e. JCT reduced over the year by 7 minutes See and Treat/Hear and Treat – stretch target of 2% improvement</p> <p><b>3487</b>      Increase operational establishment by (WTE TBC) posts funded through additional investment from CCGs as part of the 2017/18 contract.</p>	<p>31/10/2017</p> <p>01/04/2017</p> <p>March 2018</p> <p>April 2017</p> <p>Complete Complete</p> <p>2017/18</p> <p>2017/18</p>

**Signed:**      **Woodrow, Paul**      **Date Reviewed:**      15/03/2017

**BAF Risk no. 39**

There is a risk that operating the LAS CAD system with continued levels of activity above the contract baseline will cause the system to fail and hence impact on patient care

**Risk Classification:****Risk Owner:** Wynn, Victor**Scrutinising Committee:** Risk Compliance and Assurance Group**Underlying Cause/Source of Risk:** The CAD experienced an outage in the early hours of New Year's Day 2017 resulting in the need for the Trust to move dispatch processes to paper. New Year's Day represents one of the busiest periods of time for LAS. As paper based dispatch is slower than CAD this could have resulted in patients experiencing a delay in response times.**Gross Rating****Current/Net Rating****Target Rating****20****15****5****Existing Controls****Positive Assurance of Controls****Further Actions****Due Date**

1. Resilience designed into the CAD architecture (multiple servers with semi-automated failover and secondary datacentre sites) to cater for complete CAD failure.

2. Maintenance Contract in place with the supplier to recover the system from incidents. This include oncall staff.

3. LAS Technical and management staff on call to manage incidents

4. Automated alerting of rising issues and system monitoring to both supplier and LAS staff.

5. Daily and weekly assurance checks of the system and fall back mechanisms.

6. Documented paper process for paper operations (OP66) intended for EOC to operate safely.

**Gaps in Control**  
LAS has commissioned an external review of the CAD environment to determine the reasons for the outage. At this time the "Root Cause" of the issue is in the process of being established. The "gaps in control" relating to the CAD will be revised once that work is complete.

**Gaps that have been identified to date are;**

1. The extent of the monitoring of the system. It is unclear if this is a casual issue at this stage.

2. Database management. It is unclear if these are causal issues at this stage.

3. Senior support in IM&T. The CIO post was vacant at the time of the outage.

An external review has been commissioned to undertake a root and branch review of the LAS CAD environment. This will;

1. Fully understand the complex underlying issues with the CAD solution to evaluate, respond to and ensure appropriate actions are taken from the Root Cause Analysis.

2. Support and enhance the IM&T management and leadership capability, including implementing any immediate actions that come out of the incident review or are required from the application of Best Practice IT service management.

3. Perform a more holistic resilience review that will cover a range of business and technology resilience angles including, but not limited to, hardware infrastructure resilience; software package resilience; contractual position of IT services; EOC business resilience; staff resilience.

This work is being undertaken in conjunction with NHSI and NHSE in their respective roles of regulator and system resilience lead.

**Gaps in Assurance**

TBC

1. An initial Root Cause Analysis report is being developed by LAS, system suppliers, NHSD and external IM&T experts.

2. Enhanced monitoring has been put in place around the CAD. T

3. An action plan has been developed in respect of one specific database issue. This will be actioned on 21/2/17.

4. An interim CIO has been engaged to lead the IM&T Dept. In post.

5. Additional technical support has been provided by NHS Digital. In place.

6. Specialist have been engaged to complete an external review of the CAD environment. In place.

7. A clinical review of the impact on patients of the New Year's Day outage has been started.

8. An Operational review has started

Full report on all aspects of the NYD CAD Outage to May 2017 Trust Board.

Weekly updates to the LAS Trust Board.

Fortnightly meetings with NHSI and NHSE taking place

**Signed:** Wynn, Victor**Date Reviewed:** 16/01/2017

**BAF Risk no. 40**

There is a risk that the Trust may not be able to recruit sufficient Paramedics to meet workforce profile requirement in 2017/18.

<b>Risk Classification:</b>		<b>Risk Owner:</b> Mark Hirst		<b>Scrutinising Committee:</b> Workforce Committee		
<b>Underlying Cause / Source of Risk:</b>				<b>Gross Rating</b>	<b>Current/Net Rating</b>	<b>Target Rating</b>
Increase in paramedic numbers over and above planned 2016 levels in order to meet agreed 2017/18 contract; existing and known shortfall in supply of UK graduate paramedics, exacerbated by “fallow year” in 2017 due to degree programme extending from 3 to 4 years.				16	16	8
<b>Existing Controls</b>		<b>Positive Assurance of Controls</b>		<b>Further Actions</b>		<b>Due Date</b>
<ul style="list-style-type: none"> <li>Recruitment Plan for 2017/18 developed against initial requirement for paramedics (prior to agreed projected increase in demand)</li> <li>Based on anticipated graduate numbers (90) and apprentice paramedics (76), an additional requirement for c.400 has now been confirmed, 300 of which we have already planned to source internationally.</li> <li>Clinical Education capacity identified</li> </ul> <p><b>Gaps in controls</b></p> <ul style="list-style-type: none"> <li>Skill mix profile as yet undefined/unconfirmed.</li> <li>Identify source of supply of c. 100 additional paramedics</li> </ul>		<ul style="list-style-type: none"> <li>Initial recruitment Plan for 2017/18 developed.</li> <li>Monthly meetings with Director of Transformation and leads from Clinical Education, Recruitment and Workforce information to review on-going intake and forward planning.</li> <li>Monthly reporting to ELT on front line recruitment.</li> <li>Progress against recruitment plan a standing item at Workforce and OD Committee</li> <li>Number of Paramedics required identified.</li> <li>International Recruitment campaign underway in Australia.</li> <li>Healthy TEAC recruitment pipeline</li> <li>Working with universities to encourage graduates to London.</li> <li>Implementation of Band 6 - will reduce migration to other Trusts.</li> <li>Improved workforce planning and reporting.</li> <li>Closer working relationships with HEE.</li> <li>Potential conversion of other HCPs.</li> </ul>		<ul style="list-style-type: none"> <li>Review recruitment plan and capacity against revised requirements</li> <li>Review skill mix in line with clinical strategy</li> <li>Review skill mix in line with ARP.</li> <li>Apprentice paramedic pipeline, including EAC progression</li> <li>Further development of LAS Academy pathway</li> <li>Continue to identify additional partner Universities</li> <li>Review mentoring capacity</li> <li>Explore strategies/benefits to encourage UK graduates to see LAS as “employer of choice”</li> </ul>		<p>March 2017</p> <p>2017/18 Q2/on-going</p> <p>On-going</p> <p>On-going</p> <p>On-going</p> <p>2017/18 Q2</p> <p>2017/18 2017/18Q1</p>

**Signed: Mark Hirst      Date Reviewed: 22 March 2017**

Trust Risk Register - March 2017

ID	Description	BAF Reference:	Risk Subtype	Gross Impact	Gross Likelihood	Gross Rating	Gross Level	Controls in place	Manager	Last review date	Consequence (current)	Likelihood (current)	Rating (current)	Risk level (current)	Description	Responsibility ('To')	Due date	Done date	Assurance	Consequence (Target)	Likelihood (Target)	Rating (Target)	Risk level (Target)	Sector / Department
214	NHSI expects all NHS trusts to achieve financial balance in 2016/17, managing within available resources. Failure to achieve this will mean the Trust is in deficit and will see a deterioration in its long term financial viability and will be subject to further scrutiny and challenge by regulators.	34	Finance	Catastrophic	Likely	20	High	1. Demand predictions for future years are robust and understood, both for annual value and monthly, daily and weekly profiles 2. Clear view on operational capacity required to deliver ambulance performance targets 3. Clear view of achievable productivity targets which support performance targets 4. Clear view of operational staff recruitment against establishments targets as set. Clear sight these targets can be delivered 5. Funding from CCGs is consistent with capacity, productivity and demand assessments 6. Other factors such as investment for CQC are clearly understood, and associated funding identified 7. NHS wide efficiency targets can be achieved, and other opportunities to generate efficiency are identified	Grimshaw, Andrew	26/01/2017	Catastrophic	Likely	20	High	Productivity: Develop a clear understanding of productivity and how it can be influenced and managed. Funding: Appropriately funded contract in place with commissioners All other areas of investment reviewed and agreed; this must include major items such as the impact of the CQC improvement plan. Efficiency targets have scoped, stress tested and clear plans are in place to deliver. Capital investment plans, funding and associated revenue implications are defined and agreed.	Paul Woodrow Andrew Grimshaw Andrew Grimshaw Andrew Grimshaw Andrew Grimshaw	31/12/2016 31/05/2016 31/05/2016 31/07/2016 31/07/2016	18/11/2016 02/09/2016 02/09/2016 02/09/2016 02/09/2016	Assurance of Finance Risks are provided via regular review of controls from the Finance and Investment Committee	Catastrophic	Unlikely	10	Significant	Finance
217	It is likely that NHS financial and operational planning will include the need to develop efficiencies in order to offset other costs pressures for the foreseeable future. Failure to identify and deliver CIPs will threaten the ongoing viability and solvency of the Trust.	14	Finance	Catastrophic	Likely	20	High	1. Appropriate supporting evidence available for CIP. 2. All CIPs supported by detailed milestone plan. 3. All CIPs embedded in budgets. 4. All CIPs owned by relevant manager. 5. Benchmarking of CIP opportunity. 6. CIP governance clearly defined and in place. 7. Board/FIC scrutiny of CIP planning and delivery in place. 8. CIPs delivering in line with expectations. 9. Capacity and capability available to support delivery. 10. All CIPs supported by Quality Inputs Assessments.	Grimshaw, Andrew	26/01/2017	Catastrophic	Likely	20	High	Review support and engage additional support to drive the CIP Programme. Ensure all schemes have clear project plans, including evidence to support, milestone plans and are owned by project leads. Embed all CIPs in budgets. Review current benchmarking information. Establish Management of CIP as key Function of Resource Committee Ensure all CIPs have QIA in place that have been agreed with the Medical Director Review 17/18 CIP plan and develop detail and ownership (see sub actions)	Andrew Grimshaw Andrew Grimshaw Andrew Grimshaw Andy Bell Andrew Grimshaw Andrew Grimshaw Andrew Grimshaw Andrew Grimshaw Andy Bell	31/12/2016 30/09/2016 31/10/2016 30/09/2016 30/09/2016 30/09/2016 31/03/2017	18/11/2016 18/11/2016 18/11/2016 05/10/2016 18/11/2016 18/11/2016	Assurance of Finance Risks are provided via regular review of controls from the Finance and Investment Committee	Moderate	Unlikely	6	Moderate	Finance
531	There is a risk that the agreed A8 trajectory for 16/17 may be adversely affected by sustained over-activity against contractually agreed growth.	37	Operational	Major	Almost certain	20	High	1. Surge Plan 2. REAP 3. OOS hub 4. Clinical Hub 5. Dispatch on Disposition 240 seconds implemented on 4th October 2016 6. Static defib performance recovery group 7. Non-clinical vacancy freeze and financial controls implemented in order to target additional spending at operational capacity 8. Sickness management on-going 9. Removed cat C determinants from FRU 10. Robust management of activity and performance trajectories from 2017/18 contractual agreements 11. alert and escalation: Gold Groups/daily calls arranged during periods of excessive demand reviewing clinical safety levels	Woodrow, Paul	15/03/2017	Major	Almost certain	20	High	JCT Programme Increasing NETS/taxi journeys Development of performance improvement programme (over-arching programme of recovery actions) Co-responding schemes full rollout across London (MPS / LFB) Increase operational in-post from 95% to 100% Undertaking review of MPS/METDG and MAR Additional Resources to be added to METDG desk function Resilience workshop to be held.	Paul Woodrow Nicholas Daw Paul Woodrow Kevin Bate Mark Hirst Pauline Cranmer Simon Harding Paul Woodrow	31/12/2017 31/12/2017 31/03/2017 01/04/2017 29/09/2017 30/04/2017 28/02/2017 31/01/2017	20/01/2017 27/01/2017	NHSE regional oversight group monthly review (1) Strategic commissioning management board monthly review (1) Service Delivery Group (2, 3, 4, 9, 10) A&E Resource Group (9) Operations Board Weekly tri-partite calls with NHSI, NHSE, and lead commissioners. Contract and performance meetings Strategic Commissioning management Board	Moderate	Likely	12	Significant	Office of the Director of Operations

430	There is a risk that patients could suffer avoidable harm across shift change over periods due to deterioration in response times as a result of reduced resource availability.	7	Operational	Major	Almost certain	20	High	<ol style="list-style-type: none"> <li>Daily monitoring of and focus on rest break allocation to resolve end of shift losses</li> <li>Use of bridging shifts for VAS/PAS</li> <li>Roster reviews/changes include staggered shifts</li> <li>Incident management control desk within EOC. This currently operates when staffing allows or there is a serious incident, however sustained running relies on sufficient EOC resourcing (ORH review)</li> <li>Working group initiated to review the rest break process however due to competing pressures minimal progress has been made so far</li> </ol>	Woodrow, Paul	27/02/2017	Major	Likely	16	High	<p>757 - Out of Service (OOS) Hub implemented. Central Support Unit (CSU) on PD33 deals with all OOS requests</p> <p>Recruit additional frontline staff</p> <p>Current rest breaks arrangements to be reviewed</p> <p>Update skill mix model</p> <p>Out of service HUB implemented</p> <p>Agree the process for the rest break arrangements to be implemented.</p> <p>Recruiting frontline staff to 3169 by March 2016</p> <p>Skill mix: the skill mix model has been updated in January 2015 to include international recruit. This was reviewed in Aug. 2015 and published in September 2015</p> <p>Implement new rest break policy</p> <p>On-going rigorous management of out of service. We are unlikely to meet the final target by the end of the Programme (end March 2016), however what was felt to be achievable is a target of 7.2% (vehicle)</p>	<p>Paul Woodrow</p> <p>Paul Woodrow</p> <p>Paul Woodrow</p> <p>Paul Woodrow</p> <p>Kevin Bate</p> <p>Paul Woodrow</p> <p>Karen Broughton</p> <p>Paul Woodrow</p> <p>Mark Hirst</p> <p>Paul Woodrow</p>	<p>29/07/2016</p> <p>31/07/2017</p> <p>31/03/2016</p> <p>31/10/2016</p> <p>15/07/2016</p> <p>15/07/2016</p> <p>30/09/2016</p> <p>15/07/2016</p> <p>15/07/2016</p> <p>28/02/2017</p> <p>31/03/2016</p>	<p>29/07/2016</p> <p>31/03/2016</p> <p>31/10/2016</p> <p>15/07/2016</p> <p>15/07/2016</p> <p>15/07/2016</p> <p>15/07/2016</p>	<ol style="list-style-type: none"> <li>New Rotas in place since Q2 14/15. Modernisation Programme Board minutes and weekly tracking report</li> <li>Skill mix: the skill mix model was updated in Sept 2015 to include international recruits</li> <li>Rota changes to be implemented</li> </ol>	Major	Unlikely	8	Significant	Office of the Director of Operations
120	There is a risk that the equipment for frontline vehicles may not be available when required. Staff will not have equipment required to provide appropriate patient care	26	Fleet and Logistics	Major	Likely	16	High	<ol style="list-style-type: none"> <li>Serial numbers on all re-usable equipment that can be accurately tracked.</li> <li>Agree and set requirements for stock levels on vehicles. Ensure regular monitoring occurs</li> <li>Define 'shell' and maintain a reserve of essential equipment centrally to backfill and ensure vehicle can go back into service with minimal delays</li> <li>Agree ownership and responsibilities for equipment ensuring that all VP responsibilities are included within the VP contract, to include FRUs and DCAs, ensure equipment is not transferred between vehicles</li> <li>Complex based fleet in place to increase availability for VP checking and restocking/equipping vehicles</li> <li>Electronic VDI pilot completed, all equipment has bar code or serial number</li> </ol>	Grimshaw, Andrew	10/03/2017	Major	Likely	16	High	<p>Email Justin Wand to see if thinks this risk should be merged with 121</p> <p>Roll out Vehicle Preparation to rest of service</p> <p>Ensure adequate stocks of consumables and equipment are available to VP staff</p> <p>Fully develop equipment database reports to indicate where any equipment is missing</p>	<p>Geoffrey Davidson</p> <p>Christopher Vale</p> <p>Christopher Vale</p> <p>Christopher Vale</p>	<p>20/07/2016</p> <p>31/08/2017</p> <p>31/08/2017</p> <p>31/08/2017</p>	25/10/2016	<ol style="list-style-type: none"> <li>Clinical Equipment Group;</li> <li>Asset tracking report;</li> <li>VP reports;</li> <li>VP Contract;</li> <li>Equipment Process;</li> <li>Project completion</li> <li>Board reports and meeting minutes.</li> </ol>	Moderate	Unlikely	6	Moderate	Fleet and Logistics
121	There is a risk that there may be insufficient range and volume of equipment to meet demands. Staff will not have equipment required to provide appropriate patient care	25	Fleet and Logistics	Major	Likely	16	High	<ol style="list-style-type: none"> <li>Agreed standard load list of vehicle equipment including re-usable v disposable in place.</li> <li>Equipment stock levels agreed and maintained</li> <li>Responsibility for each item of equipment clearly defined</li> <li>Budget responsibilities for replacement equipment clear</li> <li>Review of personal issue kit</li> <li>A "core" equipment list for DCA &amp; FRU has been defined and agreed</li> <li>Funding for NE Sector Revised Vehicle Prep Pilot - fully managed equipment solution has been agreed.</li> <li>An equipment amnesty and physical review all stations and complexes for "retained" equipment has been undertaken.</li> <li>A new paper based VP VDI form has been introduced.</li> <li>Pilot to assess benefits of VP proposal carried out and documents describing benefit drafted</li> </ol>	Grimshaw, Andrew	10/03/2017	Major	Likely	16	High	<p>Roll out VP hubs to 14 sites Trust Wide</p> <p>Implement working group to review personal issue kit - check status of any existing work with CEG</p> <p>Email Justin Wand to see if thinks this risk should be merged with 120</p>	<p>Justin Wand</p> <p>Justin Wand</p> <p>Geoffrey Davidson</p>	<p>20/07/2016</p> <p>20/07/2017</p> <p>20/07/2017</p>	21/10/2016	<ol style="list-style-type: none"> <li>Progress made in agreement of core equipment and further equipment amnesty.</li> <li>Decontamination of equipment commenced and robust.</li> <li>Analysis of asset tracking systems being undertaken.</li> <li>VP VDI improved</li> <li>Ops VDI process changed and LA1 updated</li> </ol>	Moderate	Unlikely	6	Moderate	Fleet and Logistics

339	There is a risk that there is a lack of ring backs on delayed response calls within EOC, we are therefore unable to monitor patient's safety whilst calls are being held.	29	Operational	Major	Likely	16	High	1. Clinical Hub scrutiny of held calls 2. Ring back status monitors. 3. Redistribution of staff to ringback functions as required 4. On-going recruitment and retention activities 5. Operational Procedures on ring backs (OP23) 6. Exit messaging – worsening advice	Cranmer, Pauline	07/03/2017	Major	Likely	16	High	Evaluation of the ringback function Evaluation of the ringback function ORH report received due to go to ELT, identifies minimum of 38 staff required even when full establishment of operational staffing is in place. Therefore additional recruitment will be required into control services and a change in the base line staffing Control Services to provide a report to the ELT on how they can create further capacity within the in order to determine the specific number of additional staff required for the base line staffing level Delivery of EOC improvement programme (ringback process and desk realignment)	Graham Seamons Simon Harding Katy Millard Pauline Cranmer Simon Harding	31/08/2016 19/08/2016 31/03/2017 31/03/2017 31/03/2017	22/08/2016 18/08/2016 07/03/2017	Hub activity report weekly (1) Watch Manager live monitoring (2) IDM handover report and call taking manager's log (3) Serious Incident types reported through Control Services	Major	Unlikely	8	Significant	Emergency Operations Centre
577	There is a risk that operating the LAS CAD system with continued levels of activity above the contract baseline will cause the system to fail and hence impact on patient care	39	Operational	Catastrophic	Likely	20	High	Automated alerting of rising issues and system monitoring	Wynn, Victor	12/01/2017	Catastrophic	Possible	15	High				External review	Catastrophic	Rare	5	Moderate	Information Management & Technology (IM&T)	
279	There is a risk of staff not being able to download information from Defibrillators and 12 lead ECG monitors leading to incomplete patient records.		Clinical	Moderate	Almost certain	15	High	1. Mark Whitbread is the Trust lead for the defibrillator download 2. Card reading and transmission is performed by team leaders. - obsolete control, no card readers. 3. Messages given out at Team Leaders Conferences. 4. Encourage more routine downloading of information from defib downloads. 5. LP1000 AED's have been rolled out and all complexes have been issued with new defib downloads for these units. 6. New Malden pilot has trialled the transmission of data from the LP15. 7. Defib downloads are conducted by TL's and APP's via cables. 8. APP use of defib data download as normal practice.	Wrigley, Fenella	15/03/2017	Moderate	Almost certain	15	High	Review of IG issues with patient data transmission via bluetooth on ambulances / FRU's Funding request for Bluetooth download technology for all LP15's	Victor Wynn Mark Whitbread	31/12/2017 31/12/2017		1. Establish the current resources of LP 1000, how many in use, which complexes carry them, are there spares available for 1 for 1 swap. 2. Establish a process at station level to link a specific cardiac arrest to the LP1000 it is stored on. 3. Publicise download returns by complex as part of Area Governance Reports, via PIM or Staff Officer for the Area. 4. Consider roll out of transmittable data from LP15 once vehicle on station. MW to source modems and establish proof of concept. 5. A small pilot study is planned to take place at Westminster using two advanced paramedics in cars, which will have a cable to plug into a lap top to establish the benefits that come of out of it. The evaluation of this exercise will be reviewed in February 2015. This practice is in place all of the time now.	Moderate	Unlikely	6	Moderate	Medical Directorate
445	There is a risk that defibrillation may be delayed by clinical staff in cases where fine ventricular fibrillation (VF) is not recognised	36	Clinical	Catastrophic	Possible	15	High	Recent revision of Trust internal Adult Advanced Life Support guidance to provide further advice and clarification around the management of fine VF  CSR updates specifically addressing the need to provide prompt defibrillation in cases of VF with apparent signs of life.	Wrigley, Fenella	06/03/2017	Catastrophic	Possible	15	High	To monitor the incidences of VF arrests where there has been a delayed time to shock Increase number of defibrillator downloads to monitor trends Medical Bulletin - Management of ventricular fibrillation CSR updated with revised training notes for current training schedule of CSR2016.2	Mark Whitbread Mark Whitbread Timothy Edwards Timothy Edwards	31/12/2017 31/12/2017 30/08/2016 31/10/2016	26/08/2016 20/10/2016	Increasing numbers of monitor-defibrillator downloads are being obtained by Advanced Paramedic Practitioners and Clinical Team Leaders which will enable treatment of VF to be monitored.  Records are maintained of staff attending CSR training.	Catastrophic	Rare	5	Moderate	Medical Directorate
218	There is a risk that If the Trust does not plan effectively it will not be aware of risks and threats. These could result in significant risk to the ongoing viability of the organisation, operations and clinical safety.		Finance	Catastrophic	Likely	20	High	1. An LTFM is in place. 2. Regular reports are provided to the FIC on forward financials. 3. Future assessments take account of low level (departmental) plans as well as high level (organisational) issues. 4. Plans include I&E, balance sheet, capital and cash. 5. Future CIP plans are scoped and where possible identified, 2-3 year ahead.	Grimshaw, Andrew	26/01/2017	Major	Possible	12	Significant	Update LTFM (full revision by end of Q3) Develop means to collect departmental and divisional plans for review and inclusion in overall financial plan. Develop future CIP planning. Develop Future CIP Planning (2) Review and Update LTFM (Q2 17/18)	Andy Bell Andy Bell Andy Bell Andy Bell Andy Bell	23/12/2016 31/03/2017 23/12/2016 31/03/2017 30/09/2017	09/01/2017 06/01/2017	Assurance of Finance Risks are provided via regular review of controls from the Finance and Investment Committee	Moderate	Unlikely	6	Moderate	Finance

286	There is a risk that the control and operational staff may fail to recognise serious maternity issues or fail to apply correct guidelines which may lead to serious adverse patient outcomes in maternity cases.	Clinical	Major	Almost certain	20	High	<p>1. Consultant Midwife now employed substantially 3 days were week (commenced January 2015)</p> <p>2. A deep dive audit was carried out which was reported to the Quality Committee in Autumn 2015. To be repeated as required.</p> <p>Review incidents reported through LA52's, Patient Experiences and legal Claims relating to problematic obstetric incidents.</p> <p>Delivery of CSR 2013/2014 obstetric update (detailed in 2013 UK Ambulance Service Clinical Practice Guidelines) &amp; updates written by Consultant Midwife.</p> <p>POETS e-learning programme in place. to be checked AM Drop in sessions arranged by new consultant midwife for EOC, EMD's and Clinical Hub Staff Breach Masterclasses delivered (August 2015) and to be completed around London</p>	Wrigley, Fenella	06/03/2017	Major	Possible	12	Significant	Present K2 Obstetric Emergency Training software as an alternative to current POET online training. Maternity simulations Maternity Screening Tool training	Amanda Mansfield Amanda Mansfield Amanda Mansfield	31/12/2016 31/10/2016 31/10/2016	20/12/2016 20/12/2016 28/10/2016	<p>1. Monitor processes at CQSE and Corporate Health and Safety Group. Direct feedback to CQD from Legal Services.</p> <p>2. Incident reporting.</p> <p>3. Reports to CQSEC, SI group, Learning from Experiences</p> <p>4. The six weekly maternity risk summit meeting to review collection of evidence</p> <p>5. Obstetric emergency decision tool has been issued to all front line staff new entrant / CSR 2016.2.</p> <p>6. Obstetrics emergencies clinical update article written and will appear in the next clinical update magazine</p> <p>7. Birthing Sim-manikin ordered and training is planned for January with nominated clinical tutors from around London.</p> <p>8. Maternity care update articles in the Clinical Update to be completed for March 2016.</p> <p>9. CSR2016.2 maternity update training (2 hour session) is in progress (end Nov 2016) to all</p>	Major	Possible	12	Significant	Medical Directorate
288	There is a risk that failure to undertake comprehensive clinical assessments may result in the inappropriate non-conveyance or treatment of patients.	Clinical	Major	Almost certain	20	High	<p>1. Monitor level of CSR training and delivery.</p> <p>2. CPis are used to monitor the standard of assessments provided.</p> <p>3. Incident reporting is in place and reports are provided to the Clinical Safety &amp; Standards Committee (CSSC) and the Area Governance Groups.</p> <p>4. The Operational Workplace Review has been reviewed and will now include ride outs.</p> <p>5. A system for clinical updates is in place.</p> <p>6. An enhanced patient assessment component has been introduced within the APL Paramedic Course. The training has been subject to a major review and now includes a mentored period of operational duties.</p> <p>7. Introduction of Paramedic Pathfinder – an adaptation of the Manchester Triage System to safely identify the most appropriate destination for</p>	Wrigley, Fenella	15/03/2017	Moderate	Likely	12	Significant	Core Skill Fresher Training 2016/17 2. Design processes to audit and monitor the effectiveness of the pathfinder tool. Incorporate a defined clinical career structure within the clinical strategy New risk to be submitted to SMT/ELT to reflect current clinical risk for ongoing clinical supervision.	Tina Ivanov Jaqualine Lindridge Timothy Edwards Neil Thomson	31/03/2017 31/05/2017 31/01/2017 31/10/2016	06/02/2017 02/02/2017 03/11/2016	<p>CPI reports</p> <p>OWRs</p> <p>CSDEC</p> <p>EMT/TB reports</p> <p>Learning from Experience</p>	Moderate	Possible	9	Significant	Medical Directorate
451	There is a risk that staff members who drive on behalf of the trust are not compliant with Trust policy, which states that checks will be undertaken every six months and these do not always occur to the standard or frequency defined.  Whilst 93% may appear to be a high compliance this leaves 7% of our frontline staff open to this risk. We are currently unable to identify which of these 7% it may apply to.	Operational	Major	Almost certain	20	High	<p>Driving license checks to ensure drivers are doing so legally.</p> <p>UPDATE 7/3/17. All drivers without valid driving licences checks have been identified (focussing on Ops). Letters will be going out to staff this month to stand them down from driving duties until checks are completed.</p> <p>Work on going to implement an electronic solution c6 months away that will adequately control this risk</p>	Bate, Kevin	07/03/2017	Major	Possible	12	Significant	Shortlist potential driver database solutions	Mark Crouch	31/01/2017	17/01/2017	<p>Driving licence checks every 6 months</p> <p>Check drives and licence checks following long term absences and some driving related incidents</p> <p>Driving course proof asked for and checked at recruitment stage</p>	Major	Rare	4	Moderate	Central Ops Management

108	There is a risk that patient safety could be compromised due to the possibility of contaminated patient equipment collected from A&E departments being reused without undergoing a decontamination process. This may breach the hygiene Code and could jeopardised continuous CQC registration.	Health and Safety	Major	Likely	16 High	<p>1, Education - embedded cleaning standard into LAS daily practice - induction, CSR Training content revised to raise awareness of need for equipment to be cleaned after each use by correct use of wipes and correct cleaning method</p> <p>2, IPC arranged visit with Logistics to a third party decontamination service provider (Essentials) in March 2014 with a view to a one off clean of all ambulance equipment and setting up a regular service.</p> <p>3, Third party decontamination service for A&amp;E equipment and soiled equipment by St Thomas' hospital</p> <p>4 There is now a proper process in place to collect and clean equipment left at hospitals. The management of Medical Devices policy now sits with the Clinical Equipment Working Group. Also the method of cleaning medical equipment should be in the</p>	Grimshaw, Andrew	01/03/2017	Major	Possible	12 Significant	<p>Write process for collection and distribution of equipment to Vehicle Preparation hubs</p> <p>IPC Taskforce 19/08/15 KM/EH/FF to review and amalgamate risks 411 and 326</p> <p>The management of Medical Devices Policy needs to include the Decontamination process, be finalised and communicated to front line staff on the arrangements both in and out of hospital</p> <p>IPC training for logistics drivers</p>	Christopher Vale Karen Merritt Karen Merritt Gordon Ballard	04/04/2017 23/06/2016 20/07/2016 23/12/2016	23/06/2016 25/10/2016	<p>1, Decontamination lead to oversee and report to IPCC quarterly</p> <p>2, Policies: Management of Medical Devices Policy, Decontamination Policy</p> <p>3, Third party decontamination service, Pam London framework</p> <p>4, Quarterly monitoring at IPCC</p>	Major	Unlikely	8 Significant	Fleet and Logistics
116	There is a risk that there may be insufficient emergency ambulances and cars to meet demands	Fleet and Logistics	Major	Likely	16 High	<p>1, Forward view of fleet requirement for next 5 years</p> <p>2, Asset management plan in place to ensure that no frontline vehicle is over 7 years old and that unplanned maintenance levels do not adversely affect fleet capacity and the provision of safe environment to operational staff</p> <p>3, Ensure capital investment is committed to support fleet volume and replacement</p> <p>4, External/stakeholder support in place as required</p> <p>5, Maintain a capacity plan base on operational rotas and other frontline vehicle requirements agreed with operations that maintains currency with the operational plan</p> <p>6, Have an agreed vehicle specifications</p> <p>7, Agree and maintain adequate headroom in fleet numbers to manage variation</p> <p>8, BC 140 new vehicles agreed</p> <p>9, DCA and FRU specification</p>	Grimshaw, Andrew	01/02/2017	Major	Possible	12 Significant	<p>Review case to retain ambulances following introduction of 140 new vehicles</p> <p>Retain 20 FRU cars to increase size of fleet to 180</p> <p>Review additional ambulance capacity to support roll out of new Vehicle Preparation Scheme</p> <p>Delivery of 140 new vehicles throughout 2017</p>	Justin Wand Christopher Vale Christopher Vale Justin Wand	20/07/2016 20/07/2016 20/07/2016 30/11/2017	25/10/2016 25/10/2016 25/10/2016 22/11/2016	<p>1, Forward view of fleet requirements</p> <p>2, Plan in place to move current fleet to under 7 years</p> <p>3, Capital investment requirement understood and reflected in LTFM</p> <p>4, vehicle specification in place.</p>	Moderate	Possible	9 Significant	Fleet and Logistics
117	There is a risk that the equipment for front line vehicles may not be properly maintained. This may result in clinical failure due to faulty equipment	Fleet and Logistics	Major	Likely	16 High	<p>1, Replacement equipment budgets in place, process agreed and adhered to.</p> <p>2, Maintenance/Replacement of kit undertaken when required</p> <p>3, Process for maintenance of equipment reviewed</p> <p>4, asset database showing maintenance records</p>	Grimshaw, Andrew	01/02/2017	Major	Possible	12 Significant	<p>Clarify the risk and totally review Roll out of vehicle preparation project</p>	Christopher Vale Christopher Vale	20/07/2016 31/08/2017	25/10/2016	<p>Project completion/VP reports (Report due Jan 2016); Contract, VP &amp; Decontamination reports; New process/Fleet Reports and OOS reports</p>	Moderate	Unlikely	6 Moderate	Fleet and Logistics
240	Archiving space for training records is insufficient and now decentralised	Governance	Major	Likely	16 High	<p>1) Systems are in place to organise existing documents but don't incorporate new documents</p>	Ivanov, Tina	10/03/2017	Major	Possible	12 Significant	<p>review risk and its activity with Deputy Director, Clinical Education</p> <p>Undertake meeting with external scanning providers</p> <p>Investigate funding stream for external scanning</p> <p>Host meeting</p>	Ian Bullamore Jessica Cruz-Esteves Tina Ivanov John Hailstone	16/01/2017 25/11/2016 31/05/2017 09/12/2016	16/01/2017 15/11/2016	<p>Reviewed at monthly managers meeting</p>	Negligible	Unlikely	2 Low	Clinical Education & Standards



273	LAS will not be in a position to win new NHS Integrated Urgent Care (IUC), ie 111/OoH contracts as stated in the 5-year strategy.	Corporate	Major	Likely	16 High	<p>1. Interim Bid Team required: current activities include gathering information on service requirements, understanding expected service models, i.e. IUC implementation.</p> <p>2. Contract meetings with SEL CCG maintain local relationship</p> <p>3. BD monitoring market to review local opportunities, gather intelligence around commissioning requirement and competitors</p> <p>4. Long list of Out of Hours (OoH) 'partners' drawn up and reviewed against capability and suitability to provide</p> <p>5. Legal advice being sought around 'partnership arrangement' set up and management</p> <p>Update: 6. Regular updates on remaining</p>	Broughton, Karen	17/02/2017	Major	Possible	12 Significant	<p>Bid for new 111 services as opportunities arise</p> <p>Local engagement</p> <p>IUC model would require LAS to partner with provider(s), a broad review of potential OoH providers has been undertaken to identify suitable partner(s)</p> <p>Understanding of opportunities and the timeframes for tendering opportunities established through market research structure / process – this monitors all 111 and Out of Hours procurement activity, i.e. IUC model</p> <p>Work with CCGs to influence 111 system development across London</p>	<p>Jo Nightingale</p> <p>Katy Millard</p> <p>Jo Nightingale</p> <p>Jo Nightingale</p> <p>Jo Nightingale</p>	<p>31/03/2018</p> <p>31/03/2018</p> <p>31/03/2018</p> <p>31/03/2018</p>	<p>31/01/17 - BID FUNCTION</p> <p>1. No interim bid staff have been engaged, in part due to the agency cap and the budget restrictions:</p> <p>(a) Established monitoring of market place/ on-going intelligence gathering;</p> <p>(b) Indicative procurement time lines for bids across London monitored;</p> <p>(c) Interim Local Operations team engaged to prep/ plan bid submission;</p> <p>(d) Stakeholder feedback on LAS as a provider of 111 services</p> <p>2. ELT updates on NHS111 bid process, opportunities and progress</p> <p>3. Update reports to FIC and Trust Board where required.</p> <p>NB. No interim bid staff engaged, in part due to the agency cap, budget, and organisations agency restriction</p>	Moderate	Unlikely	6 Moderate	Contract Management	
282	The ProQA version currently in use is now superseded by ProQA Paramount. To upgrade to new versions of MPDS (beyond 12.2) Paramount is required.	Operational	Major	Likely	16 High	<p>1. IM&amp;T trying to find a solution to the costs involved in installation of Paramount (Changes to NG).</p> <p>2. Instructions to staff to find workarounds to mitigate the identified clinical risks.</p>	Cranmer, Pauline	07/03/2017	Moderate	Likely	12 Significant	<p>User Acceptance Testing , will include Training needs analysis. IM&amp;T then to schedule implementation and EOC Training &amp; QA to deliver training/develop documentation.</p> <p>V12.2 installed however, Paramount still required to address all identified clinical risks here. IM&amp;T to identify scope of changes and financial implications of CP integration of Paramount.</p>	<p>Lyn Sugg</p> <p>John Downard</p>	<p>31/03/2017</p> <p>30/08/2013</p>	30/08/2013	Successful implementation of Pro QA Paramount	Moderate	Unlikely	6 Moderate	Emergency Operations Centre
289	There is a risk that the management of controlled & non-controlled drugs at Station level is not in accordance with LAS procedure (OP/008 Policy & Procedure for the Use of Medicines by LAS Staff).	38 Clinical	Major	Likely	16 High	<p>1. Policy reminder to be reinforced by bulletins from Director of Operations/Medical Director.</p> <p>2. Independent audits to be carried out throughout the Trust.</p> <p>4. OP30 Policy and procedure for the Ordering, Storage and use of Morphine Sulphate within the LAS has been reviewed and issued.</p> <p>5. Daily audit checks</p> <p>6. The policy itself defines individual responsibility</p> <p>7. Area governance reports to CQSEC</p> <p>8. Mandatory LIN reports to CCG</p> <p>9. Unannounced visits by MPS</p> <p>10. Annual attendance by MMOG to AO update days</p> <p>11. MMOG reports to ELT and Trust Board</p> <p>12. Meds mgt events for Station Group management teams ongoing.</p> <p>13. Seconded paramedic for audit / information collation and</p>	McKenna, Peter	06/03/2017	Major	Possible	12 Significant	<p>Review process for managing controlled drugs</p> <p>Funding request for LAS pharmacist and subsequent recruitment to post</p>	<p>David Whitmore</p> <p>Fenella Wrigley</p>	<p>28/02/2017</p> <p>30/11/2016</p>	07/02/2017 30/08/2016	<p>1. Internal Audit</p> <p>2. Independent Audit (MET Police carrying out spot checks)</p> <p>3. LIN oversight of system</p> <p>4. MMOG to CQSEC, EMT and Trust Board</p> <p>5. New Medicine Safety Officer will carry out unannounced spot checks and provide feedback</p>	Major	Unlikely	8 Significant	Office of the Director of Operations

291	Patients being placed on the Co-ordinate my Care (CMC) Database may not have their addresses flagged in a timely manner. Particularly during the out of hours period.	Clinical	Major	Likely	16 High	<ol style="list-style-type: none"> <li>Automatic notification of CMC patients to LAS via email.</li> <li>Staffing levels increased to support Management Information staff with the process of flagging address on the LAS Gazetteer.</li> <li>Clinical Hub where possible monitor calls where a CMC flag has been triggered.</li> <li>Clinical update courses run through Education and Development and internship programme which included reference to CMC and end of life care.</li> <li>End of life care circulars regularly on the Pulse which references CMC.</li> <li>Attendance at CMC Steering Board, CMC Governance Committee and CMC Stakeholder Group where issues are raised and investigated as necessary."</li> </ol>	Sloper, Briony	12/01/2017	Major	Possible	12 Significant	<p>CHUB CTL's to process new CMC flags over weekends. CMC email to ooh.las@nhs.net unnecessary. Create new archives nhs.net email address. LAS and CMC to meet to discuss possibility of records being added directly to command point CMC to be included in Aadastra by end of march 2017 Consider a pilot project for LAS clinicians to use CMC on smartphones (it would be voluntary and therefore staff would agree to use their own phones)</p>	<p>Karen MacDonald Marie Fennell Karen MacDonald Ted Nyatanga Ted Nyatanga</p>	<p>17/11/2016 10/11/2016 10/11/2016 31/03/2017 31/03/2017</p>	<p>07/12/2016 08/11/2016 05/12/2016</p>	<p>1. CMC Stakeholder and CMC Steering Group meetings, (LAS have membership of both groups). Sen Clin Adv to Med Dir is LAS representative at CMC Steering Group and reports on a monthly basis to this group. 2. LAS monitoring of EOC / 111 systems. 3. LAS monitoring of clinical incidents / complaints related to EoLC and the use of CMC</p>	Major	Unlikely	8 Significant	Quality
302	There is a risk of not being able to readily access and manage the training records of all operational members of staff due to records being kept on separate and remote sites outside of the current records management system. NOTE: Risk ID 205	Governance	Major	Likely	16 High	<ol style="list-style-type: none"> <li>Current storage facilities have previously been compliant with IHCD accreditation requirements etc.</li> <li>Training attendance records for operational staff are held on PROMIS and GRS databases, with the more recent attendances recorded on OLM (Oracle Learning Management) system</li> </ol>	Ivanov, Tina	10/03/2017	Major	Possible	12 Significant	<p>Management of student records Undertake meeting with external scanning providers Investigate funding stream for external scanning Host meeting</p>	<p>Tina Ivanov Jessica Cruz-Esteves Tina Ivanov John Hailstone</p>	<p>31/03/2017 02/12/2016 31/05/2017 09/12/2016</p>	<p>15/11/2016 01/12/2016</p>	<p>Manager Governance responsible for: 1) Records are stored safely and securely, are identifiable and easily accessed, and meet all records management policies. 2) Records are archived in a timely manner as per Information Governance policy</p>	Major	Unlikely	8 Significant	Clinical Education & Standards
380	400 - There is a risk that Siemens VDO satellite navigation (SatNav) units in fleet vehicles will become unserviceable due to the age of the units and the withdrawal from the market place of the supplier resulting in increased vehicle out of service (OOS) or delayed response times and impact on operational efficiency.	Information Governance	Major	Likely	16 High	<ol style="list-style-type: none"> <li>Telent Ltd, (MDT/SatNav maintainer) to investigate alternative break/fix arrangements with a 3rd party.</li> <li>Assessment of fault quantities and failure frequencies.</li> <li>An audit of available equipment and spares has been conducted showing that current stocks will satisfy LAS requirements (fleet size and complexity) until after the replacement software and hardware is available.</li> </ol>	Wynn, Victor	16/03/2017	Major	Possible	12 Significant	<ol style="list-style-type: none"> <li>The current MDT software is being redeveloped to interface with the alternative Sat Nav device, a necessary precursor to action 2 &amp; 3.</li> <li>Funding has been approved for trial units of the new Sat Nav as well funding for the external specialist developer required to complete 1, above.</li> <li>Subject to proving the new software and devices are viable, funding will be sought to replace SatNavs across the fleet &amp; undertake appropriate procurement process.</li> <li>Obtain 2nd hand SatNavs from other Trusts.</li> </ol>	<p>John Downard John Downard John Downard John Downard</p>	<p>28/02/2017 30/10/2015 28/02/2017 31/12/2015</p>	<p>12/10/2015 31/12/2015</p>	<p>IM&amp;T have reviewed the planned fleet number and composition over the coming 12 months. IM&amp;T have also reviewed the current stock and spares with our managed service provider. The stock and spares currently outweigh the volume of units required. In addition the existing Sat Nav software (Maps) will be updated to ensure currency of data within the vehicles.</p>	Major	Rare	4 Moderate	Information Management & Technology (IM&T)
420	There is a risk that Trust systems are vulnerable to cyber attacks that could defeat industry standard firewalls and virus detection systems, resulting in loss of sensitive personal data and access to critical operational systems.	Information Governance	Major	Likely	16 High	<ol style="list-style-type: none"> <li>Enterprise antivirus monitoring all desktops</li> <li>Enterprise grade firewall on external facing ports</li> <li>Email system scanning for viruses and malware</li> <li>File on access scanning for viruses and malware</li> <li>Desktop ports disabled (i.e. USB, DVD)</li> <li>Web filter scans for viruses and malware</li> <li>No access to internet/ email for command and control desktops</li> <li>Air-gapped DMZ for external facing services</li> <li>Automated patch management, including for non Microsoft</li> <li>Strength in depth, layered security architecture</li> </ol>	Wynn, Victor	18/01/2017	Major	Possible	12 Significant	<p>Implement Firewall between CAC and LAS corporate Networks Monthly reporting on hacking, attacks and virus protection for EMT and Audit Committee to be defined and agreed. RCAG approval of report and format Additional information, such as patches applied / outstanding to be included in subsequent reports</p>	<p>Robert Clifford Victor Wynn Victor Wynn Victor Wynn</p>	<p>31/03/2017 01/04/2016 31/05/2017 01/04/2016</p>	<p>01/04/2016 01/04/2016</p>	<ol style="list-style-type: none"> <li>IM&amp;T daily monitoring</li> <li>Firewall patched and malware detection software kept up to date.</li> <li>Detected intrusion instances reported to IGIST and IGG</li> <li>Detected and treated virus manifestations instances reported to IGIST and IGG</li> <li>Anti-virus software updated at least daily.</li> <li>Firewall and anti-virus software subject to formal change control</li> <li>Firewall and anti-virus software on the daily IM&amp;T assurance process</li> </ol>	Major	Unlikely	8 Significant	Information Management & Technology (IM&T)

431	There is a risk that... the LARP2 project will not deliver its main objectives (of implementing the new ESN based radio system in the control room, all LAS operational vehicles and other key areas before Jan 2020 when the current LAS contract with Airwave Ltd. expires).  This will result in the Trust not being able to deliver an adequate accident and emergency service.	Operational	Major	Likely	16 High	Project board set up and meeting monthly, pan Trust representation.  Close working relationship with National programme for replacement of Airwave (ARP); represented on the LAS' project board.  Project governance in place i.e. risk and issue logs etc.  National programme risks are being managed by DH and HO project teams  Increased level of Project Management - additional team members to be recruited to assist in the management of this programme.	Wynn, Victor	03/02/2017	Major	Possible	12 Significant	Sufficient resources being available to the Project to deliver the internal changes that will be required as/when the national programmes have delivered the new ESN and different frameworks	Victor Wynn	02/07/2018	Project board established, meeting regularly. Its terms of reference reviewed in December 2015 and amended to include requirement of 75% attendance by the project board members.  Close working relationship with the national programme and attendance at Pan London ES monthly meetings to ensure that risks/issues relating to London are fully understood. Representation on the national ARP board (VW); representation from the national programme on the LAS' project board (RC & CL).	Major	Unlikely	8 Significant	Information Management & Technology (IM&T)
438	There is a risk that the inadequate facilities and lack of policy for the decontamination of equipment may increase the risk of infection in particular with regard to returned equipment from EDs which does not have an identified process for decontamination	Fleet and Logistics	Major	Likely	16 High	1, Introduction of single use items 2, Improved cleaning programme for equipment on vehicles 3, Detergent and disinfectant wipes for equipment being used 4, All operational staff are trained in infection control 5, PPE and cleaning equipment supplied to stations 6, New cleaning standards defined by IPC Lead 7, VP contract extended in line with VP pilot findings 8, VP roll out reviewing all 'sluice' facilities and updated if required to support VP 9, VP contractors trained in cleaning and preparation 10, OOS monitoring	Grimshaw, Andrew	01/03/2017	Major	Possible	12 Significant	contract subject matter expert to write draft policy consider, approve and issue policy	Karen Merritt Neil Thomson	13/07/2016 03/04/2017	27/10/2016 1, Policy approved and implemented 2, Area governance meetings 3, Incident reports 4, VP contract reports and KPIs 5, Decontamination services programme established.	Minor	Unlikely	4 Moderate	Fleet and Logistics
469	There is a risk that directors and line managers do not fully commit to staff engagement in terms of time and focus. In some cases there may be a risk that this is due to capacity of managers to find time to talk to their staff. This would result in staff becoming more disengaged which may prevent the organisation improving performance, and staff being motivated to play their part.	Corporate	Major	Likely	16 High	1. Corporate communications channels reviewed and refreshed as part of communications strategy approved by the Board in June 2014. Team Talk introduced in September 2014 and now the operational management restructure is now in place – it is believed delivery and feedback will be improved. 2. Operational restructure will improve engagement with line managers. 3. Quality Improvement Programme Governance Structure in place.	Gawne, Charlotte	24/01/2017	Major	Possible	12 Significant	Develop engagement processes for operational staff Communication audit to evaluate internal comms and engagement Hold regular managers' conferences Staff engagement effectiveness to be evaluated	Paul Woodrow Alexander Bass Alexander Bass Charlotte Gawne	30/04/2017 30/04/2017 30/04/2017 26/01/2017	30/09/2016 Management restructure now complete and new ADOs committed to and making plans for strong staff engagement. CTLs now have 50% role for supporting staff.	Major	Unlikely	8 Significant	Communications
470	There is a risk that that sector Assistant Directors of Operations (ADO's) are very focused on internal performance improvement and do not give time or focus to borough-based external stakeholder engagement (CCGs, MPs, OSCs, Healthwatch). This could result in a lack of support by stakeholders: at best this would mean no support for improvement programmes, at worst it could mean opposition. This may lead to lack of investment in the service in the future and reputational damage	Corporate	Major	Likely	16 High	1. ADOs are developing strong relationships with key stakeholders from Aug 2015 2. New Communication Public Affairs Manager started in September 2015 supporting local stakeholder engagement.	Gawne, Charlotte	24/01/2017	Major	Possible	12 Significant	Work with local stakeholder engagement managers Participate in weekly ADO call Introduce local stakeholder bulletin Support local leads Design process for local stakeholder feedback and reporting Evaluate effectiveness of stakeholder engagement Continue to support local stakeholder leads	Fiona Claridge Fiona Claridge Fiona Claridge Fiona Claridge Fiona Claridge Fiona Claridge	31/03/2017 31/03/2017 31/03/2017 31/03/2017 31/03/2017 30/06/2017 30/06/2017	18/10/2016 18/10/2016 18/10/2016 18/10/2016 To be confirmed	Major	Unlikely	8 Significant	Communications

559	there is a risk that ongoing delays in ambulance crews handing over their patients at Northwick Park Hospital ED will reduce operational cover in the surrounding area and compromise patient care.	Operational	Major	Likely	16	High	<ul style="list-style-type: none"> <li>1. Intelligent conveyance desk</li> <li>2. 24/7 monitoring of London EDs by Incident and Delivery Manager (IDM)</li> <li>3. Regular hospital visits by Incident Response Officers</li> <li>4. Regular meetings with NWP and NW SEM</li> <li>5. Trolley bed vehicle can be deployed to EDs where there are significant problems</li> </ul>	Woodrow, Paul	14/03/2017	Major	Possible	12	Significant	<ul style="list-style-type: none"> <li>Hospital Meetings</li> <li>Raise hospital issues at CCG meetings</li> <li>attend daily NWL surge conference calls</li> <li>Daily contact with NWP</li> <li>Staffing of performance cell</li> <li>Attendance at daily LAS performance meetings</li> <li>staff communication</li> <li>Provide updates on NWP patient Cohort nurse</li> </ul>	Emily Grist Ian Johns Emily Grist Ian Johns Emily Grist Emily Grist	31/03/2017 31/03/2017 31/03/2017 31/03/2017 31/03/2017 31/03/2017 31/03/2017	<ul style="list-style-type: none"> <li>1. Intelligent conveyance report - including crew compliance</li> <li>2. IDM shift report</li> <li>3. Report by exception in the IDM shift report</li> <li>4. feedback at the weekly NW Sector performance meeting</li> <li>5. Trust Performance cell running for 16hours daily which monitors ED activity/build up.</li> <li>6. 2 x daily performance meetings/conference calls</li> <li>7. Daily NWL Surge conference calls attended by SEM</li> <li>8. Strong local links with NWP senior/Exec Management team</li> <li>9. Daily visits/contact with NWP by SEM</li> </ul>	Major	Rare	4	Moderate	North West Sector	
20	There is a risk that... The organisation does not accurately and effectively report incidents that have resulted in moderate, severe harm or death to the patient. A failure to do so will prevent the organisation accurately reporting to the NRLS. TRR 462	Governance	Moderate	Almost certain	15	High	<ul style="list-style-type: none"> <li>1. Risk Systems Manager has responsibility for submitting reports to the NRLS monthly and oversee data quality via Datix.</li> <li>2. New Operational structure reinforces an open reporting structure</li> <li>3. Acknowledgement given to staff for reporting incidents submitted to the Serious Incident Group</li> <li>4. Call centre 8am-8pm in place from 28/6/16 for incident reporting</li> <li>5. Deployment of Datixweb across the LAS now complete</li> <li>6. Health Safety and Risk are being tasked with bringing down the backlog of incidents reported being added to Datix. Backlog currently less than a week and Datixweb is live. – consider this closed</li> <li>7. Benchmark level of Serious Incident reporting against other ambulance services – results shared with EMT and Quality Governance Committee. This is</li> </ul>	Adams, Sandra	16/01/2017	Moderate	Likely	12	Significant	<ul style="list-style-type: none"> <li>Take risk to the Risk Compliance and Assurance Group on 15/12/16 with a proposal to close the risk.</li> <li>Launch of EBS call centre for Datix incident reporting</li> <li>NRLS submission report to be shared with the Governance Department and Quality Governance Committee. Second 6 month submission for 2015/16 was made on time</li> </ul>	Frances Field Peter Nicholson Andy Batters	15/12/2016 28/06/2016 29/07/2016	28/06/2016 08/08/2016	<ul style="list-style-type: none"> <li>The Trust has submitted its NRLS data on time for the last two submission dates. Datixweb also puts harm level at the centre of incident reporting.</li> </ul>	Moderate	Rare	3	Low	Governance and Assurance
112	There is a risk that the service does not comply with DH guidance on the re use of linen for patients and the quality of care delivered to patients may be affected which may have an adverse reputational risk to the trust	Fleet and Logistics	Moderate	Almost certain	15	High	<ul style="list-style-type: none"> <li>1. Laundry contract in place for blankets</li> <li>2. Some local arrangements for use of sheets at hospitals</li> <li>3. Additional capacity for reusable/disposable blankets in store</li> <li>4. Single use couch rolls in place</li> <li>5. Single use trolley cover has been sourced and the IPC taskforce and the QIP Blanket group approved it for the trial.</li> <li>6. working group developed to support the implementation of final solution following trial and evaluation</li> <li>7. Proposal / BC in draft for the supply and cleaning of a 'patient specific' linen pack, processed and resupplied at Hospitals.</li> <li>8. VP to record the supply of linen to vehicles.</li> <li>9. VP KPIs to monitor the compliance for blanket supply.</li> </ul>	Grimshaw, Andrew	01/02/2017	Moderate	Likely	12	Significant	<ul style="list-style-type: none"> <li>Options paper to be prepared by K. Merritt to be taken forward to SMT and EMT for discussion and decision on plan of action</li> <li>Options paper has been considered by blanket group and it has been agreed that the best option is using hospital blankets, formalising what is already happening in many areas. This is the system used by other ambulance trusts.</li> <li>set up a Trial using hospital blankets at 2 sites (to be confirmed). Agreements to be put in place with hospitals</li> <li>Single use trolley cover has been sourced, this will be presented to IPC Taskforce in March and CEWG (next meeting) and VWG (April 16) by KM and CV</li> <li>Costs paper to be written</li> <li>Confirm future plan for blanket management</li> </ul>	Karen Merritt Daniel Law Daniel Law Karen Merritt Karen Merritt Donia Harker	20/07/2016 20/07/2016 20/07/2016 20/07/2016 20/07/2016 31/03/2017	25/10/2016 25/11/2016 25/11/2016 31/05/2016	<ul style="list-style-type: none"> <li>1. VP audit check sheets</li> <li>2. KPI reports evidencing blanket supply at wash and stock</li> <li>3. Incident reporting</li> <li>4. Contracts for supply and laundering of linen</li> </ul>	Minor	Unlikely	4	Moderate	Fleet and Logistics

377	380 - The instability (in terms of technical failure) of the Bow telephony voice recorder service will mean that 999 calls may not be recorded. This could then impede investigations and clarification related to decisions made by control room staff and communication with patients and other agencies. This risk is further exacerbated by the intermittent inability to access and retrieve historical radio and telephony conversations currently held on obsolete hardware and software.	Information Governance	Moderate	Almost certain	15 High	Tender specification developed to encompass all recording across the Trust, with an aim to Deliver in 2015/16. Historical 999 call Data (over 2 yrs) will be converted to the format used by the newly selected system. Dat tapes will need to be converted to a current format and a gating template is in the development process. Engineers are running proactive weekly checks over the systems to ensure service continuity. Further investigations with the supplier are on-going to provide additional maintenance and operational plans to ensure the stability of the service	Wynn, Victor	18/11/2016	Moderate	Likely	12 Significant	Deploy new recording service	Simon Alhadi	31/03/2017	Replacement will be complete with the latest supported version of software.	Moderate	Rare	3 Low	Information Management & Technology (IM&T)		
13	There is a risk that the Board Assurance Framework and/or the Trust Risk Register may not be up to date because of the delays in or lack of response to requested for information. This can have a negative reflection on the LAS when involving external parties e.g. NHS Improvement	Governance	Major	Possible	12 Significant	Risk management training sessions for managers was rolled out across the Trust from November 2015 and monthly sessions are still on-going.  Risk registers are reviewed quarterly by the Governance and Assurance Team and areas of non compliance are reported to the Risk Compliance and Assurance Group.  The Governance and Assurance Team provide support to areas and directorates through the attendance at meetings and 1:1 support where required.	Adams, Sandra	23/02/2017	Major	Possible	12 Significant	Governance Team to work with Departments and Areas to bring their risk registers in line with required standard.  Audit of local risk registers to be presented to RCAG each month for escalation of non compliance.	Frances Field Frances Field	31/03/2017 28/02/2017	28/02/2017	Compliance with the process is reviewed by the Risk Compliance and Assurance Group and areas of non compliance are escalated to the appropriate Directors.	Major	Rare	4 Moderate	Governance and Assurance	
18	There is a risk that declared serious incidents are not investigated thoroughly and within a timely manner. TRR 405	Governance	Moderate	Likely	12 Significant	All potential serious incidents are reviewed at an internal weekly meeting (Serious Incident Group Meeting) with the Governance Team and key stakeholders for example Head of Legal, Deputy Director of Operations, Director of Corporate affairs, Director of Nursing, Director of Paramedic Education, Medical Director and the Chief Executive.  A further meeting is held with the Governance Co-ordinator to ensure the necessary documentation and information has been requested and received for decision making purposes on a potential Serious Incidents.  A detailed Serious Incident process 'New Ways of Working' has been developed and approved by Quality Committee on 22nd August 2014.  Where appropriate internal RCA investigations are commenced for incidents not meeting the SI	Adams, Sandra	15/03/2017	Moderate	Likely	12 Significant	SI process review SI training for lead investigators SI policy review SI session for SMT/ELT members SI training session for lead investigators	Peter Nicholson Peter Nicholson Peter Nicholson Peter Nicholson Peter Nicholson	28/04/2017 31/01/2017 20/10/2016 31/01/2017 30/09/2016	20/01/2017 21/10/2016	23/09/2016	A weekly outstanding investigations paper is presented at ELT detailing all SIs where a finalised report has not been submitted. This information is also presented Trust Board. % out of 7 reports were submitted in time in September-Early October	Moderate	Unlikely	6 Moderate	Governance and Assurance

28	<p>There is a risk that voice recordings of 999 calls and radio transmissions more than 2-3 years old cannot be retrieved for the purpose of investigating claims and preparing for inquests.</p> <p>This is contrary to Records Management: NHS Code of Practice which states that the minimum retention period for ambulance records is 10 years. Audio records are covered by the retention schedule.</p> <p>The impact of this may be:</p> <ul style="list-style-type: none"> <li>* adverse publicity / reputation</li> <li>* court order for specific disclosure which has financial implications;</li> <li>* adverse finding by HM Coroner / trial judge;</li> <li>* financial implication of settling claim as a result of not having any evidence to rebut allegations which could be</li> </ul>	Support Services	Major	Possible	12 Significant	Whilst the call log provides a summary of information noted this is not deemed to be an adequate control. Work is being undertaken by IM&T to source parts to keep the system running as and when required	Adams, Sandra	21/02/2017	Major	Possible	12 Significant	<p>Have we heard from R Clifford? Provide update for Risk Register</p> <p>HWI from R Clifford?</p> <p>Speak with IM&amp;T re 111 risk</p> <p>Speak with Pauline Cramer re risk of over-recording</p> <p>Revert to RC for more detail</p> <p>Procurement and installation of new equipment</p> <p>Investigate conversion of DAT tapes to a modern media</p>	<p>Laura O'Donoghue</p> <p>Robert Clifford</p> <p>Laura O'Donoghue</p> <p>Kirstie Smith</p> <p>Laura O'Donoghue</p> <p>Laura O'Donoghue</p> <p>Robert Clifford</p> <p>Robert Clifford</p>	<p>09/12/2016</p> <p>09/01/2017</p> <p>28/12/2016</p> <p>07/02/2017</p> <p>06/03/2017</p> <p>10/02/2017</p> <p>31/03/2017</p> <p>31/03/2017</p>	<p>09/12/2016</p> <p>11/01/2017</p> <p>06/01/2017</p> <p>20/01/2017</p> <p>07/03/2017</p> <p>13/02/2017</p>	IM&T are working on two projects to convert existing tapes and to procure and install new equipment and to investigate conversion of DAT tapes into a modern media	Major	Unlikely	8 Significant	Legal Services
63	<p>There is a risk that the Trust is unable to meet the obligation of engagement with partner agencies within set timescales due to lack of capacity within the safeguarding team to manage the increased workload, notably Marac requests for information. This may impact on the care of vulnerable adults and children.</p> <p>Original Risk ID 426</p>	Support Services	Major	Possible	12 Significant	<p>1. Local managers running own reports in absence of safeguarding officer.</p> <p>2. Out of office message to manage expectations.</p>	Sloper, Briony	23/02/2017	Major	Possible	12 Significant	<p>1. Increase in members of safeguarding team to provide support across trust and partners (pending agreement of funding).</p> <p>2. Develop an administrator post for safeguarding to cover increase workload and also support Safeguarding Officer when off (pending agreement of funding).</p> <p>Obtain resources to employ full time administrator</p>	<p>Briony Sloper</p> <p>Briony Sloper</p> <p>Briony Sloper</p>	<p>29/07/2016</p> <p>08/08/2016</p> <p>31/03/2017</p>	<p>29/07/2016</p> <p>08/08/2016</p>	<p>1. None.</p> <p>2. Limited effectiveness.</p> <p>3. None.</p>	Major	Unlikely	8 Significant	Safeguarding
65	<p>There is a risk that due to our inability to link safeguarding referrals and identify previous referrals made to Social Services, this will impact on our ability to escalate any continued safeguarding concerns identified, which will impact on patient care.</p> <p>Original Risk ID 458</p>	Clinical	Major	Possible	12 Significant	None	Sloper, Briony	23/02/2017	Major	Possible	12 Significant	<p>2. Develop escalation policy to manage multiple referrals</p> <p>1. Introduce web based solution, confirm its ability to identify multiple calls.</p>	<p>Alan Hay</p> <p>Alan Hay</p>	<p>24/02/2017</p> <p>30/09/2016</p>	24/01/2017	<p>1. Due date for Datix web is 01/09/16.</p> <p>2. To be developed once Datix web is imbedded.</p>	Major	Rare	4 Moderate	Safeguarding
69	<p>There is a risk that the Trust is unable to provide assurance that it is compliant with safeguarding training requirements for clinical and non-clinical staff.</p> <p>(Links to TRR - 446 and 439)</p> <p>Original Risk ID 2</p>	Clinical	Major	Possible	12 Significant	<p>Figures obtained from various locations. Recorded on safeguarding balanced score care. Part of a larger risk on Trust risk register with capturing training figures across Trust.</p>	Sloper, Briony	23/02/2017	Major	Possible	12 Significant	<p>1. Letters have been sent out to staff and an article has been placed in the RIB</p> <p>2. ILAs need to be incorporated into all rosters when</p> <p>3. A process needs to be put in place to monitor/review the compliance with managing the ILA process</p> <p>Establish a central reporting system</p> <p>1. Monitor compliance of training received and report to the Executive Management Team by the end of May.</p>	<p>Pauline Cranmer</p> <p>Paul Woodrow</p> <p>Paul Woodrow</p> <p>Jane Thomas</p> <p>Nikki Fountain</p>	<p>31/12/2017</p> <p>31/12/2016</p> <p>31/12/2016</p> <p>31/03/2016</p> <p>31/05/2016</p>	30/08/2016	(Links to TRR - 446 and 439)	Major	Rare	4 Moderate	Safeguarding

119	The potential lack of paramedic and/or Technician drug bags for use by operational staff causes a risk of providing clinical care for patients due to vehicles being deficient of drugs for all or part of a shift	Fleet and Logistics	Moderate	Likely	12 Significant	<p>1, OPO2 The procedure covering the issues and use of drugs by LAS staff</p> <p>2, Local management on stations monitoring adherence to OPO2</p> <p>3, Need to comply with drugs policies reinforced through messages in the RIB</p> <p>4, Message to just take one paramedic pack per vehicle reinforced through messages on the RIB</p> <p>5, Medicines Management event held</p> <p>6, Instigate 'Drug Pack Amnesty' to promote return of drug packs that may have been retained by staff and are therefore not in circulation</p>	Grimshaw, Andrew	03/02/2017	Moderate	Likely	12 Significant	<p>Instigate drug pack amnesty to promote return of drug packs</p> <p>Buy 350 Paramedic and 250 Technician drugs bags</p> <p>Review the maximum and minimum ordering checking on station.</p> <p>Tracking systems need to be looked at to monitor the location of drugs bags</p> <p>Identify stations where over ordering occurs and identify the reasons for this</p> <p>Trial Drug Pouch System in NE later in the year</p> <p>600 Paramedic and Tech bags to be prepared by 16/12/16</p> <p>Perfectward application to be piloted at Ilford hub</p>	<p>Karen Merritt</p> <p>Karen Merritt</p> <p>Karen Merritt</p> <p>Karen Merritt</p> <p>Gordon Ballard</p> <p>Karen Merritt</p> <p>Karen Merritt</p> <p>Karen Merritt</p>	<p>30/11/2016</p> <p>23/06/2016</p> <p>23/06/2016</p> <p>23/06/2016</p> <p>29/03/2017</p> <p>16/12/2016</p> <p>31/03/2017</p>	<p>22/11/2016</p> <p>18/07/2016</p> <p>25/10/2016</p> <p>25/10/2016</p> <p>25/10/2016</p> <p>22/11/2016</p> <p>03/02/2017</p>	<p>1. Shortages of drug bags are reported via the area governance meetings.</p> <p>2. Issues regarding medicines management are monitored at the medicines management meeting and escalated where appropriate.</p> <p>3. New Station Managers and Quality &amp; Assurance Managers are in post.</p> <p>4. Medicine Safety Officer will carry out unannounced spot checks.</p> <p>5. formal review of stock requirement undertaken to determine the shift start stock levels needed.</p> <p>6. 800 additional drugs packs sourced and prepared and delivered on a daily basis to meet the stock level determined by the number of shift starts.</p> <p>7. additional staff sourced to manage the demand training in logistics undertaken to reinforce the standards and quality expectations</p>	Moderate	Rare	3 Low	Fleet and Logistics	
263	There is a risk that there are currently no arrangements in place for routine quality assurance of dispatch functions which may affect the quality of call management and the service provided to patients. Lack of QA for dispatch resulting in an unquantifiable level of risk from poor compliance with dispatch protocols. Links to TRR 429	Operational	Moderate	Likely	12 Significant	<p>1. Training for CP Dispatch and Allocation</p> <p>2. Updated Operational procedures</p> <p>3. Increased breach analysis</p> <p>4. Recent training for Area Controllers and EMD 3 allocators included a session on learning from incidents, focusing on the errors /decision making which has been identified as poor risk mitigation and providing less optimal patient care.</p>	Cranmer, Pauline	07/03/2017	Moderate	Likely	12 Significant	<p>Development and Introduction of KPI's for Dispatch</p> <p>QAD audit of DDS embedding into normal procedures to improve standards and mitigate risks to patients of poor quality welfare checks.</p>	<p>Graham Seamons</p> <p>Susan Watkins</p>	<p>31/01/2017</p> <p>31/01/2017</p>	30/06/2016	<p>Implementation of KPIs dispatch and integration into performance management systems.</p> <p>Reduced complaints/issues arising from Call backs.</p> <p>How are controls measured/monitored?</p> <p>The Dispatch function is reviewed through a Quality Improvement process arising from the investigation of complaints Seriously Incidents and Inquests. Issues relating to technical and individual performance are identified through this process and actioned accordingly</p> <p>The Quality Assurance Unit is now starting regular reviews of EMDs adherence to protocol on both the DDS (welfare ring backs) and on similar functions on Met DG.</p> <p>SMT</p> <p>Five-weekly watch reviews</p>	Moderate	Possible	9 Significant	Emergency Operations Centre	
411	424 There is a risk that the lack of ownership of and responsibility for information assets will increase the likelihood of a security breach or data loss incident occurring.	Information Governance	Moderate	Likely	12 Significant	None	Wynn, Victor	03/02/2017	Moderate	Likely	12 Significant	<p>Identify the IT information assets and owners</p> <p>Introduce a policy to assign an Information Asset owner (individual) to every new and existing IT information asset</p>	<p>Victor Wynn</p> <p>Stephen Moore</p>	<p>31/03/2017</p> <p>30/12/2016</p>		<p>Risk discussed and monitored by IM&amp;T SMT</p>	Moderate	Rare	3 Low	Information Management & Technology (IM&T)	
439	There is a risk that tail lift failures on operational ambulances will impact on patient care. Due to various causes ranging from the age of the operational vehicles, user error electrical, mechanical etc. There has been an increase in the failure rate of tail lifts.	Fleet and Logistics	Major	Possible	12 Significant	<p>1. All A&amp;E operational vehicles with tail lifts are inspected on an 8 week basis. PTS vehicles on a 26 week basis (Updated 11/15 – S.Westrope amended maintenance schedule for A&amp;E – every 12 weeks).</p> <p>2. Crew staff undertake vehicle daily inspections.</p> <p>3. All tail lifts are inspected in line with Lola compliance. Additionally independent inspections by the Freight Transport Association are undertaken. These are on a 10% inspection basis.</p> <p>4. Reduce age of vehicles as the tail-lift is being used past the "designed life".</p> <p>5. Ambulance design reviewed to include tail lift (from further actions)</p> <p>6. Alternative tail lift has been fitted to a small percentage of vehicles (from further actions)</p> <p>7. Training programme for workshops on fault finding organised (from further actions)</p>	Grimshaw, Andrew	07/02/2017	Major	Possible	12 Significant	<p>Fit new parts and springs to tail lifts at LOLER safety checks</p> <p>Fit new springs and covers to vehicles at next service and then at MOT</p> <p>140 new ambulances with new external tail lift subject of business case are awaiting TDA approval</p>	<p>Paul Farrow</p> <p>Christopher Vale</p> <p>Christopher Vale</p>	<p>11/09/2017</p> <p>14/04/2017</p> <p>30/03/2018</p>	07/02/2017	25/11/2016	<p>1. Motor risk management group review identified incident related to operational vehicles.</p> <p>2. Corporate Health and Safety Group review all incident statistic trends.</p> <p>3. Fleet management meet on a weekly basis and also review vehicle incident rate trends.</p>	Major	Unlikely	8 Significant	Fleet and Logistics

442	There is a risk that there may be insufficient staff to manage the three key functions of the clinical hub (1. hear and treat 2. crew queries 3. surge level). Impact will be increased demand on operational frontline with likely increase to ED departments.	Operational	Major	Possible	12 Significant	1. Ongoing action to maintain staffing levels 2. Accommodation of flexible hours to attract staff 3. Strong teams led by seven quality governance managers 4. All hub trained staff must do 120 hours annually to maintain their accreditation 5. Director of Operatins agreed that the Clinical Team Leaders on the HUB will receive the additional £2500 awarded to Team Leaders. 6. New job description for Clinical Advisors on the HUB banded at 6.	Cranmer, Pauline	23/01/2017	Major	Possible	12 Significant	Ensuring the 100 approximate staff out in operations book their 120 hours in a managed way 50:50 split, 27 operational Clinical Team Leaders being approached to do the majority of their operational shifts in the clinical hub Band 6 for Clinical Advisors Review of balance of Advisors to Team Leaders	Tracy Pidgeon Michael Ward Tracy Pidgeon Katy Millard	31/03/2017 01/06/2016 31/03/2017 31/03/2017	27/09/2016 01/06/2016 01/06/2016 27/09/2016	None	Major	Unlikely	8 Significant	Clinical Hub (CHUB)
495	Children involved in youth violence may suffer greater harm as a result of a safeguarding referral not being made and appropriate help and support may not be provided by the local authority or other agencies as a result.	Clinical	Moderate	Likely	12 Significant	1. EBS to check for gang involvement on safeguarding concerns raised. 2. Article written for clinical update (to be included in October 2016 edition).	Sloper, Briony	23/02/2017	Moderate	Likely	12 Significant	1. RIB article reminding crews of need to report and undertake staff survey post CSR to check learning. 2. CSR 2016.3 session on children and gangs. 3. Scope possible gang work with Red Thread. 4. Undertake a re Audit of code 65 PRF's 5. Raise awareness in EOC to identify potential gang involvement and notify EBS.	Ginika Nwafor-Iwundu Alan Taylor Alan Taylor Ginika Nwafor-Iwundu Ginika Nwafor-Iwundu	10/11/2016 18/11/2016 31/03/2017 31/03/2017 31/12/2016	10/11/2016 16/11/2016	1. EBS to continually review referrals data.	Moderate	Unlikely	6 Moderate	Safeguarding
341	There is a risk that patient safety for category C patients may be compromised due to demand exceeding available resources.	Operational	Catastrophic	Likely	20 High	1. Undertaking ring backs within set time frames for held calls 2. Fully trained workforce with 20 minute education breaks throughout shift. LAS overtime +PAS/VAS to add capacity. Focussed incentivisation to more challenged hours of the day. 3. Additional focus on safety reporting. QA – MPDS (999); QA – CHUB MTS (H&T; ) – Report safeguarding incident concerns. 4. Falls care is being introduced. Flag elderly fallers on vulnerable person monitor (VP). Clear process of escalation of response process implemented. 5. Implementation of VP (mental health / elderly fallers) and CP (sickle cell / septic patients) screen to monitor higher risk patients. 6. Managing patients through use of NETS options where clinically appropriate. NETS desk and HCP lines starting 1st July which enable selected lower	Cranmer, Pauline	07/03/2017	Catastrophic	Unlikely	10 Significant	Deliver efficiencies in full from Capacity Review and complete Roster Implementation. Recruit to establishment in the clinical hub. Band 6 is now agreed for all HUB posts. Review the establishment in the CHUB (Jan 2016) and recruit into posts (March 2016). Recruitment of 40 Team Leaders, 30 band 6's and 4 Mental Health Nurses has been agreed. Currently reviewing 24/7 Mental Health Nurse coverage and adjusting the need for Allocate EMDs to clinical hub to assist with ring backs (when capacity allows) Recruit to front line Establishment minus agreed vacancy factor of 5%. Details included in advert to action in improvement programme.	Paul Woodrow Katy Millard Katy Millard Katy Millard Karen Broughton	31/03/2017 01/06/2016 30/04/2016 01/04/2016 30/04/2016	01/06/2016 30/04/2016 01/04/2016 30/04/2016	1) Recruitment activity reviewed fortnightly at ELT 2) Weekly forecast & planning meetings. 3) Medical Director and DDO (Control Services) to review surge plan as required, and plan to do again imminently. 4) Plans for non-auto dispatch back-up have been developed and will run from 3/11/15 for 3 weeks and this should reduce MAR 5) Overtime disruption payments are in place until 6th January 2016 6. Medical Directorate clinical safety review carried out.	Catastrophic	Unlikely	10 Significant	Emergency Operations Centre
246	Failure of the 999 and EBS lines recording system to record all calls into and out of the Control Suites will compromise the Trust's ability to maintain a full Patient Record, to manage quality or respond or learn from queries, complaints and investigations.	Operational	Catastrophic	Possible	15 High	1. Review by IM&T of all lines to be recorded and provision of extended service to EBS 2. Testing of recording at Bow to ensure consistency of service	Wynn, Victor	24/01/2017	Catastrophic	Unlikely	10 Significant	Ongoing monitoring of the system, particularly at Bow, where problems have been experienced. IM&T to work to ensure all critical lines recorded at both sites.	Simon Harding John Downard	31/03/2017 31/03/2017		1. On-going monitoring of the system, particularly at Bow, where problems have been experienced. 2. IM&T to work to ensure all critical lines recorded at both sites	Catastrophic	Rare	5 Moderate	Emergency Operations Centre
538	There is a risk around the security of personal information that is sent around the Trust without the use of encrypted email (egress). Legal services send call logs and prfs by egress to stations and staff and receive unencrypted emails back from some stations with witness statements containing personal information attached.	Governance	Minor	Almost certain	10 Significant	Legal Services send the information out by egress Staff undertake Information Governance Training	Adams, Sandra	21/02/2017	Minor	Almost certain	10 Significant	Nicola to discuss with SA and LOD to submit to RCAG? Meet with NC to discuss Dx as a solution Arrange IGG meeting to discuss risk Consider pilot re shared folder access Prepare paper for IGG with PS Discuss at team meeting to ensure full risk captured Ascertain from SM outcome of IGG and update on NHSmail2 SM to take to IGG to discuss raising profile/training on egress Prepare risk to go to RCAG Ascertain position on pdf passwords for Paul Schack HWH from PS re outlook encryption	Laura O'Donoghue Laura O'Donoghue Stephen Moore Laura O'Donoghue Laura O'Donoghue Laura O'Donoghue Laura O'Donoghue Stephen Moore Laura O'Donoghue Laura O'Donoghue Laura O'Donoghue	06/12/2016 10/02/2017 17/03/2017 07/02/2017 24/02/2017 22/11/2016 10/02/2017 19/01/2017 06/12/2016 28/11/2016 30/01/2017	09/12/2016 13/02/2017 06/02/2017 21/02/2017 22/11/2016 14/02/2017 14/02/2017 09/12/2016 02/12/2016 06/02/2017	All Legal Services staff have access to egress and are up-to date with Information Governance Training. The Trust ensures all staff undertakes information governance training	Minor	Unlikely	4 Moderate	Legal Services





<b>Report to:</b>	<b>Trust Board</b>
<b>Date of meeting:</b>	<b>28<sup>th</sup> March 2017</b>
<b>Document Title:</b>	<b>Revised Clinical Governance Framework</b>
<b>Report Author(s):</b>	<b>Dr P Bain, Chief Quality Officer (CQO)</b>
<b>Presented by:</b>	<b>Dr P Bain</b>
<b>Contact Details:</b>	<a href="mailto:trisha.bain@lond-amb.nhs.uk">trisha.bain@lond-amb.nhs.uk</a>
<b>History:</b>	<b>Quality Governance Committee and Executive Leadership Team</b>
<b>Status:</b>	<b>For approval</b>
<b>Background/Purpose</b>	
<p>Over the last few years a number of changes have been made to the clinical governance framework. On appointment the CQO undertook a review of the current structures and, in liaison with Medical Director and other internal staff members proposed a new, rationalised structure. The groups and committees also follow national guidance on those that should be chaired by corporate level roles and feed into executive leadership team meetings i.e. Infection Prevention and Control committee.</p> <p>In addition comments relating to governance and risk structures were made during the CQC inspection and the Trust responded that action would be taken to strengthen quality governance frameworks across the Trust.</p> <p>The presentation attached sets out the rationale for the changes and represents the current and proposed structures.</p>	
<b>Action required</b>	
<p>The Trust Board is asked:</p> <ul style="list-style-type: none"><li>• To approve the structure, the composition of the groups feeding into the corporate level committees, and the implementation of this structure from 1<sup>st</sup> April 2017</li><li>• To approve the proposal that a new corporate level Quality Oversight Group is introduced to provide corporate and strategic oversight and direction to the quality agenda across the Trust.</li><li>• To agree that the Quality Governance Committee acts as an assurance committee rather than an operational group for quality and this committee will be re-named the Quality Assurance Committee</li></ul>	
<b>Links to Board Assurance Framework and key risks</b>	
The structure will provide oversight on clinical and quality governance risks aligned to the BAF.	

<b>Key implications and risks in line with the risk appetite statement where applicable:</b>	
<b>Clinical and Quality</b>	Ensure that risks and quality issues are reported and risks escalated to appropriate level and committees.
<b>Performance</b>	Provides information relating to performance that impacts on quality and vice versa
<b>Financial</b>	
<b>Workforce</b>	
<b>Governance and Well-led</b>	Ensures robust governance and assurance processes in place
<b>Reputation</b>	Resolves issues highlighted by CQC and will support further inspections
<b>Other</b>	
<b>This paper supports the achievement of the following Quality Improvement Plan Workstreams:</b>	
<b>Making the London Ambulance Service a great place to work</b>	
<b>Achieving Good Governance</b>	Yes
<b>Improving Patient Experience</b>	Yes
<b>Improving Environment and Resources</b>	
<b>Taking Pride and Responsibility</b>	Yes



London Ambulance Service  
NHS Trust



# Chief Quality Officer Review of Clinical, Quality Governance and Assurance Systems and Processes

March 2017



# What is Governance?

## Quality Governance

Quality Governance determines how the Trust will provide a quality service evidenced through its governance and assurance frameworks to demonstrate its compliance with the necessary quality and safety standards. This will include compliance to: NHSI requirements, CQC Registration Regulations (Health Act 2008); Quality Accounts national framework; NHS Litigation Authority (NHS LA) Risk Management standards; Information Governance ISO Standards; GMC, NMC and other regulatory bodies Codes of Professional Conduct and national and local Key Performance Indicators. Patient safety will be a golden thread that runs throughout the Trust's business as a priority and is supported by appropriate committee structures, information and performance management.

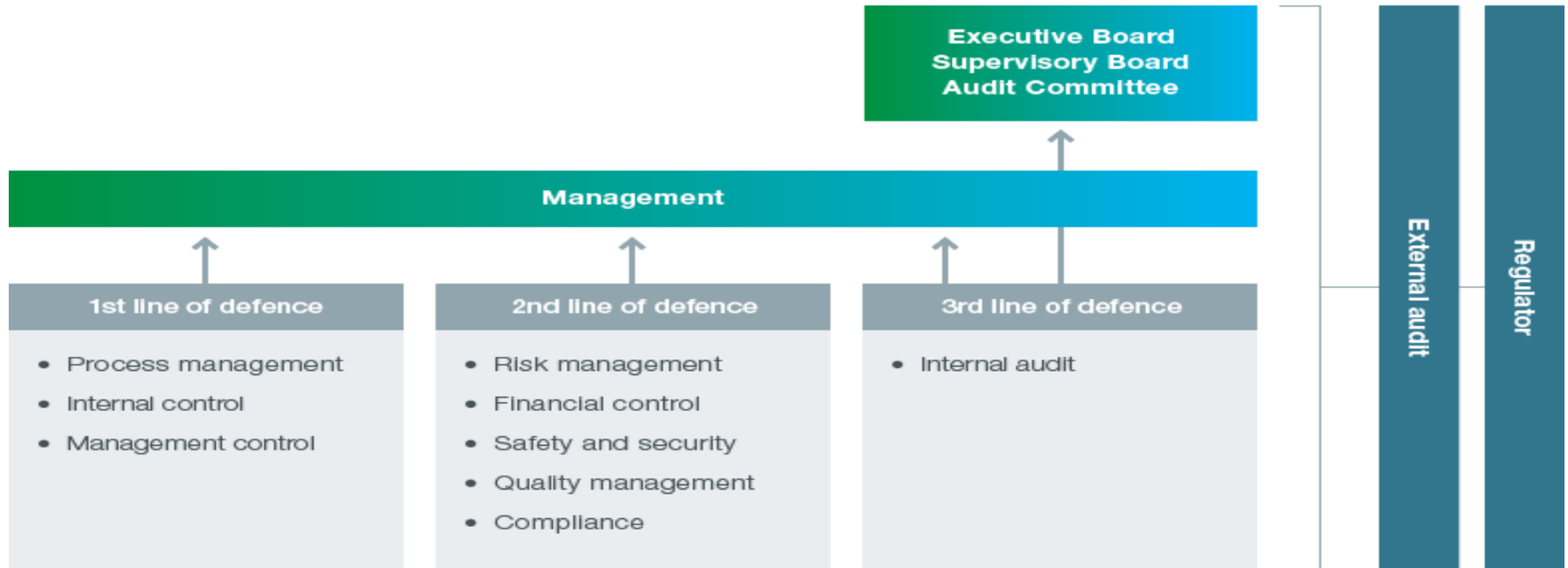
## Clinical Governance

Clinical Governance is a framework through which healthcare organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. Clinical governance is the mechanism for understanding and learning to develop the fundamental components required to facilitate the delivery of quality care – no blame, questioning, learning culture, excellent leadership, and an ethos where staff are valued and supported to deliver high quality care to patients.

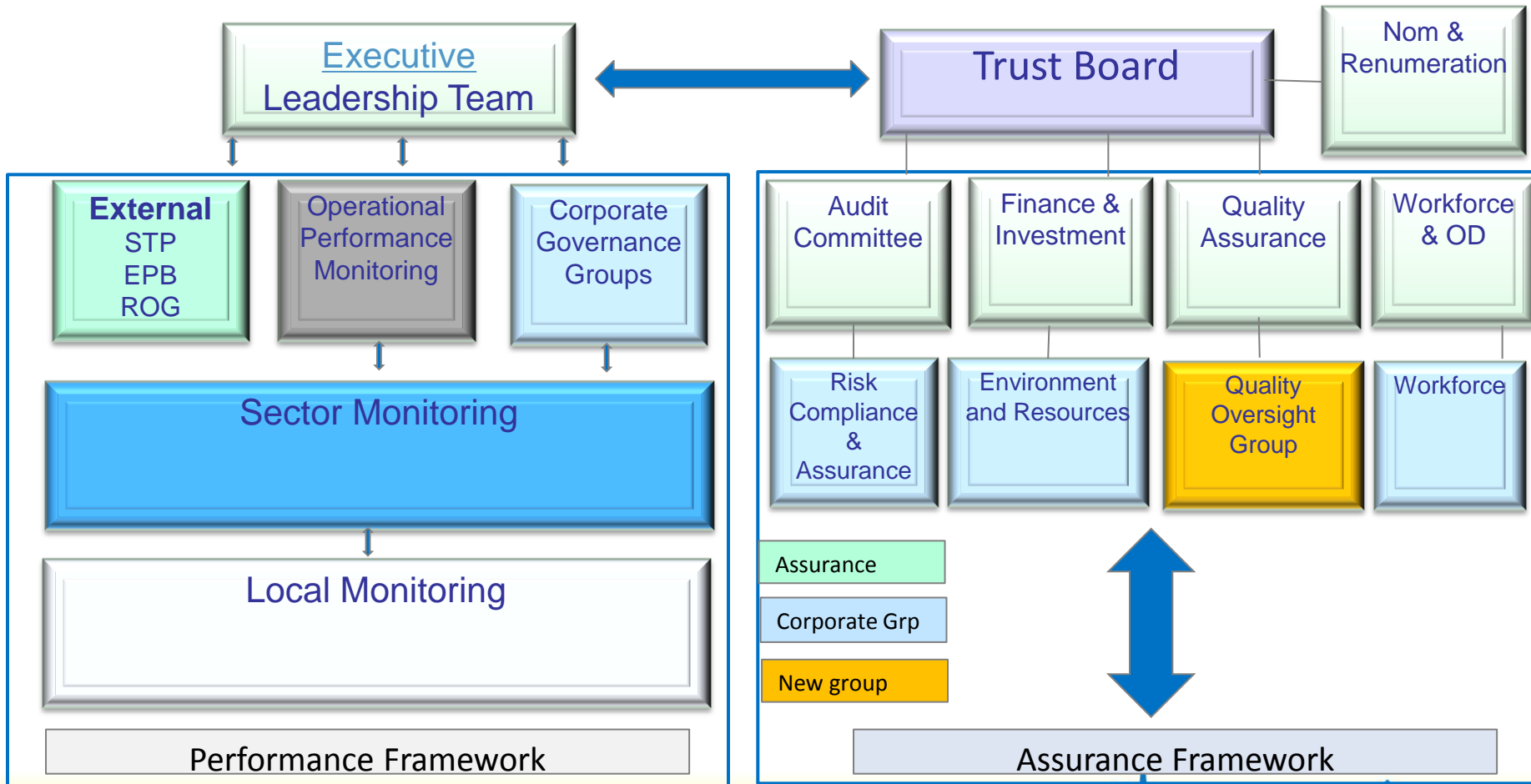
**Corporate governance** is about achieving objectives and about good business conduct in accordance with the national regulations.

# Assurance: 3 Lines of Defence

## Three lines of defence model

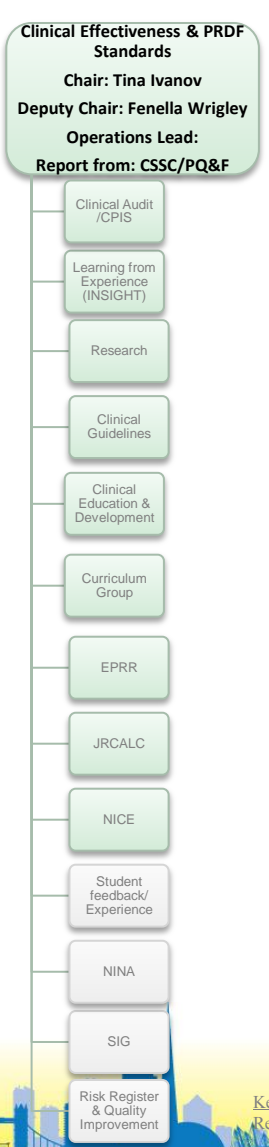
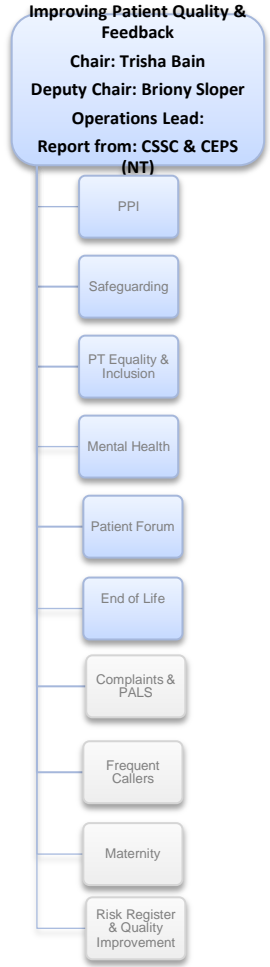
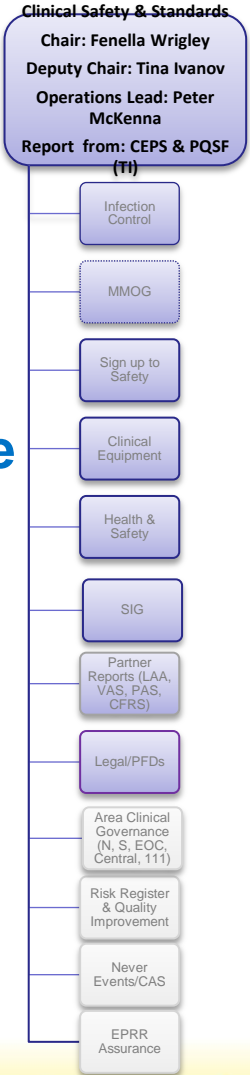


# Performance & Assurance Structures



# Executive Team

## Clinical/quality governance committee structures 'as is'



Key: Report



# Clinical Governance 'to be'

*See handout*

- Groups rationalised and re-named
- New groups Quality Improvement to lead strategic and operational oversight feed into QGC
- QGC – Assurance role focus
- Medicines Management, IP&C, Safeguarding – stand alone corporate committees
- Clinical Equipment? Estates and Logistics?



# Patient representation

Patient representation should be sought for, as a minimum:

- Quality Governance Committee
- Patient Safety, Patient Feedback , Clinical Effectiveness
- End of Life Care
- PPI

# Next steps:

- Review Terms of reference
- Review membership
- Develop standardised agendas based on CQC domains
- Align to sector governance and replicate approach
- Review committee reporting and escalation processes/formats
- Implement new structure and process April 2017

# Executive Group and Clinical Governance Structure

Trust Board

London Ambulance Service

Audit Committee

Executive Group

Quality Assurance Committee

Compliance and Risk Group

Information Governance Group

EPRR Group

Health and Safety Group

Medical Devices Management Group

Quality Oversight Group

Clinical Patient Safety Group

Patient Feedback & Involvement Group

Clinical Effectiveness & Standards Group

Medicines Management Group (Inc Medical Gases)

Safeguarding Assurance Group

Infection Prevention & Control Committee

Serious Incident Group

End Of Life Care Group

Clinical Audit & NICE Guidance Compliance Group (inc JCALC)

Medical Gases

Operational Safeguarding Group

Infection Prevention & Control Group (inc. Water Safety)

Clinical Equipment Group

PPI Group (inc Patient Forum)

Mortality & Morbidity Group

Decontamination Group

Sign up to Safety Group

Mental Health Group

Research Development Group

Sector Governance Groups

Click on link to view Terms of Reference

## KEY

Board Sub-Committee

Executive Groups

Operational Groups



<b>Report to:</b>	<b>London Ambulance Service Trust Board</b>
<b>Date of meeting:</b>	<b>28<sup>th</sup> March 2017</b>
<b>Document Title:</b>	<b>Integrated Performance Report – Trust Board Executive Summary.</b>
<b>Report Author(s):</b>	<b>Key Leads from Quality, Finance, Workforce and Operations</b>
<b>Presented by:</b>	<b>Jill Patterson</b>
<b>Contact Details:</b>	
<b>History:</b>	
<b>Status:</b>	<b>Information Assurance and Discussion.</b>
<b>Background/Purpose</b>	
<p>This high level Integrated Performance Report serves to provide an Executive Summary for Trust 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>	
<b>Action required</b>	
<p>For Trust Board to note the Integrated Performance Report and receive it for information, assurance and discussion.</p>	
<b>Links to Board Assurance Framework and key risks</b>	
<p>This report contains an overview of Trust Risks directly linked to the BAF but does not itself raise any risks.</p>	

<b>Key implications and risks in line with the risk appetite statement where applicable:</b>	
<b>Clinical and Quality</b>	
<b>Performance</b>	
<b>Financial</b>	
<b>Workforce</b>	
<b>Governance and Well-led</b>	
<b>Reputation</b>	
<b>Other</b>	
<b>This paper supports the achievement of the following Quality Improvement Plan Workstreams:</b>	
<b>Making the London Ambulance Service a great place to work</b>	<b>YES</b>
<b>Achieving Good Governance</b>	<b>YES</b>
<b>Improving Patient Experience</b>	<b>YES</b>
<b>Improving Environment and Resources</b>	<b>YES</b>
<b>Taking Pride and Responsibility</b>	<b>YES</b>



# London Ambulance Service



NHS Trust

## INTEGRATED PERFORMANCE REPORT – TRUSTBOARD EXECUTIVE SUMMARY

### March 2017

- \* All available data is correct as of the 15th of every month.
- \* Please note that this report relates to performance throughout February 2017 unless otherwise stated.








**Delivery of care continues to be safe, but the rising demand pressures on the system continues to remain challenging. YTD position is ahead of plan by £1.3m. £6.7m deficit control total remains at risk subject to securing agreed capacity funding from CCGs.**






**A8 performance ended at 67.7%. This is below the LAS trajectory of 72.0%. Demand was 4.9% above plan.**

**The Trust vacancy rate has improved from 5.8% to 5.1%. The Trust frontline paramedic vacancies in February are below 10%.**






## OUR PATIENTS

-  Current demand pressures on the system and our capacity to meet these are of concern. We continue to carry out clinical reviews and close monitoring to ensure the safety of our patients.
-  CPI Completion rates increased to 85% in January 2017, a level last seen in July 2016.
-  9 Serious Incidents were declared in February out of 55 incidents reviewed, with 12 reports overdue.
-  94% of patient safety incidents were reported within 4 days of the incident occurring. This is an improvement of 4% on last month.
-  117 complaints remain open, 2 of which exceeded the 35 working day completion target.




## OUR MONEY

-  Plan / Target – Year to date the position is ahead of plan due to additional income confirmed by NHSI. The year end position of £6.7m deficit will not be achievable if additional funding agreed with commissioners is not received.
-  Year to date the Trust is ahead of plan by £1.3m with a £5.9m deficit.
-  Year to date CIPs are on plan. Some programmes have continued to be delayed due to on-going performance pressures. The full year plan of £10.5m is seen as challenging but achievable. Additional opportunities have been identified to close the CIP gap across Q4
-  Capital spend is £4.9m against a revised Capital plan of £16.4m. NHSI have approved the £4.5m of £4.9m capital under spend from 2015/16, our approved CRL is now £19.1m
-  Cash is £16.2m, £4.3m above plan. The Trust received £2.9m in advance from CCGs for February's SLA invoices.

## OUR PERFORMANCE

-  A8 Performance for February 2017 was 67.74%. This was lower than the contract trajectory of 72.0%.
-  There were 43,066 category A incidents in February (8.7% above trajectory). Category C demand was 2.3% above trajectory. Overall demand was at 84,083 incidents, 4.9% above plan.
-  Job Cycle Time for February was 86.4 minutes and is above the monthly trajectory of 81 minutes by 5.4 minutes. Hours lost in hospital handovers were at 5,121 in February, in January there were 8,363.
-  Capacity was above trajectory with patient facing vehicle hours at 5.8% above plan.
-  The multiple attendance ratio was above target at 1.30 for February.




## OUR PEOPLE

-  The overall vacancy rate has reduced to 5.1% (reporting against 100% of establishment). We have received over 330 applications from our Australian recruitment initiative.
-  Overall turnover has remained at 9.8%. There were 18 frontline leavers in February.
-  The sickness percentage has increased from 5.1% to 5.2% (January position). Frontline sickness has increased and there are varying levels across the Sectors.



The 111 service achieved 96.6% for calls answered in 60 seconds in February 2017. Above the 95% target.

The Patient Transport Service has seen a 6.7% decrease in activity from the previous month.

## LAS 111 (SOUTH EAST LONDON)

-  The 111 service achieved 96.6% of calls answered within 60 seconds in February. This is above the 95% target.
-  February saw a reduction in the percentage of referrals made to 999 from 7.6% in January to 7.0% in February.
-  The number of calls abandoned after 30 seconds reduced to 0.4% in February from 0.6% in January.

## PATIENT TRANSPORT SERVICE

-  4,912 journeys were completed in February 2017, a decrease from the previous month's total of 5,266 journeys.
-  In February we saw one contract finish with us and one contract start to reduce on the services we provide.

## LAS IMPROVEMENT

### Single Oversight Framework

The purpose of the Single Oversight Framework (SOF) is to identify where providers may benefit from, or require, improvement support across a range of areas. The five themes are: Quality of care, Finance and use of resources, Operational performance, Strategic change, and Leadership and improvement capability.

NHSI segment the provider according to the scale of issues faced. It does not give a performance assessment in its own right.

- 1 - Providers with maximum autonomy
- 2 - Providers offered targeted support
- 3 - Providers receiving mandated support for significant concerns
- 4 - Special measures

LAS Current Status	
LAS Shadow Segmentation	4
LAS Breach Status	Breach & Special measures

CQC Overall Rating	Caring	Effective	Responsive	Safe	Well-led
Inadequate	Good	Requires improvement	Requires improvement	Inadequate	Inadequate



# Key Performance Indicator Report Summary



	Key Performance Indicator	Feb-17	Jan-17	Dec-16	Chart
QUALITY	Adverse Incidents (Patient)	↓	↑	↑	
	Adverse Incidents (Staff)	↓	↑	↓	
	Potential Serious Incidents referred to SI Group	↑	↑	↓	
	Serious Incidents (LAS Declared)	↓	↑	↓	
	Serious Incidents (LAS Declared) Overdue	↑	↔	↔	
	Regular Reporting of Incidents - Shared Learning	↔	↔	↔	
	Total Complaints	↓	↑	↓	
	Complaint Acknowledgement 3 days	↔	↔	↔	
	Complaints Response (Over 35 Days)	↑	↔	↓	
	Controlled Drug Incidents - Not reportable to LIN	↓	↓	↑	
	All LIN Reportable Incidents	↔	↓	↑	
	Overall Medication Errors	↓	↓	↑	
	Missing Equipment Incidents	↑	↓	↓	
	Failure of Device/Equipment/Vehicle Incidents	↓	↑	↓	
CPI - Completion Rate	↑	↓	↑		

	Key Performance Indicator	Feb-17	Jan-17	Dec-16	Chart
111	Calls answered within 60s	↑	↓	↓	
	Calls abandoned after 30s	↓	↓	↑	
	Percentage of calls referred to 999	↓	↓	↓	

	Key Performance Indicator	Feb-17	Jan-17	Dec-16	Chart
WORKFORCE	Vacancy Rate (Frontline Paramedic)	↓	↔	↓	
	Vacancy Rate (Frontline)	↓	↓	↑	
	Vacancy Rate (Trust)	↓	↔	↑	
	Turnover Rate (Frontline Paramedic)	↓	↑	↓	
	Turnover Rate (Frontline)	↓	↑	↓	
	Turnover Rate (Trust)	↔	↑	↔	
	Sickness (Trust)*		↑	↑	
	Sickness (Frontline)*		↑	↑	

\* Sickness KPIs are reported a month in arrears

KPI Summary  
These KPIs underpin the integrated performance report. This is a summary of all the KPIs and their related performance for the last 3 months.

	Key Performance Indicator	Feb-17	Jan-17	Dec-16	Chart
PERFORMANCE	A8 Performance	↑	↓	↓	
	A19	↑	↓	↓	
	R1	↑	↑	↓	
	R2	↑	↓	↓	
	Calls	↓	↓	↑	
	Incidents	↓	↓	↑	
	Cat A Incidents	↓	↓	↑	
	Cat C Incidents	↓	↓	↑	
	Patient Facing Vehicle Hours (PFVH)	↓	↓	↑	
	Full Job Cycle Time	↓	↑	↑	
	Job Cycle Time (JCT)	↓	↑	↑	
	Multiple Attendance Ratio (MAR)	↑	↑	↓	
	EOC - Call Answering Rate	↑	↓	↓	
	EOC - FRU Cat C Share	↓	↑	↑	

	Key Performance Indicator	Q1	Q2	Q3
FINANCE	Financial Stability Risk Rating (FSRR)	↓	↓	↓
	Capital Service Capacity	↓	↓	↓
	Liquidity Days	↑	↑	↑
	Access to PDC for Liquidity Support	↑	↑	↑

	Key Performance Indicator	Feb-17	Jan-17	Dec-16	Chart
FINANCE	Cash Balance - Monthly Profile - £000s	↑	↑	↑	
	Income and Expenditure Deficit by Month - £000s	↑	↑	↓	
	Income and Expenditure Deficit Cumulative - £000s	↑	↑	↓	
	Income Variance from Plan - £000s	↑	↑	↓	
	CIP Delivery Against Plan - £000s	↑	↑	↑	
	CIP Forecast Against Plan - £000s	↓	↑	↑	
	Forecast Capital Spend Against the CRL - £000s	↑	↑	↑	

The RAG status is calculated against targets/trajectories/thresholds where available. The arrows indicate the direction of each KPI compared to previous month. The spark line charts show the trend over the previous 3 months are not to scale.

# Our Patients



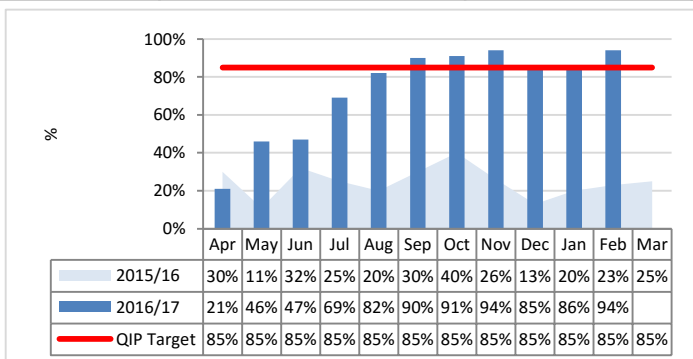
Section	Key Headlines
<b>SAFE</b>	<ul style="list-style-type: none"> <li>9 Serious Incidents declared in February out of 55 incidents reviewed, with 12 reports overdue as of 8<sup>th</sup> March 2017. 5 Serious Incident reports were completed and submitted in February, with 4 reports submitted outside the 60 day timeline. Overdue SI's continue to be a focus at ELT level with weekly escalations taking place. The Governance and Assurance team has additional resources for a limited time to support the process and improve the speed in which incident reports are completed.</li> <li>CSR2016.3 - In February, a total of 1,104 places were made available, 960 places were booked with 842 learners completing the programme. 120 places were cancelled due to no learners booked onto the class.</li> <li>There were a total of 118 staff recorded as "Did Not Complete" for February. Investigation into the reasons for non-attendance will help further improve these rates.</li> <li>CSR 2016.3 was due for completion by the end of March however it was identified that approximately 300 staff missed this training. Therefore an additional 500 spaces have been provided and will now be completed by mid-April.</li> </ul>
<b>EFFECTIVE</b>	<ul style="list-style-type: none"> <li>97% (+2% on January 2017) of all suspected stroke patients were provided with a full pre-hospital care bundle, or a valid exception to its provision was recorded on the Patient Record Form.</li> <li>Over 99% of STEMI patients were conveyed to an appropriate destination in January 2017. 1 patient was conveyed to ED inappropriately and this feedback has been communicated to the local QGAM.</li> <li>31% of cardiac arrest patients that had resuscitation commenced, gained and sustained ROSC (Return of Spontaneous Circulation) until arrival at hospital. This represents a 4% increase from December.</li> <li>An advanced airway management device was placed successfully in 90% of cardiac arrest patients where resuscitation was attempted. Of these patients, 99% had End-Tidal CO2 levels measured.</li> </ul>
<b>CARING</b>	<ul style="list-style-type: none"> <li>The documentation of care provided to patients with a diagnosed psychiatric problem has remained at 91% for the second month.</li> <li>The documentation of care for patients in cardiac arrest continues to be of a very high standard at 98%, as does the documented care provided to patients discharged at scene (97%) and general documentation for all patients (96%).</li> <li>The documentation of care provided to patients with severe sepsis remains high at 97%. However, improvements are required in the documentation of high flow oxygen delivery (86%).</li> <li>CPI Completion rates increased to 85% in January 2017, a level last seen in July 2016.</li> <li>39 out of 53 public events were attended by the Patient and Public Involvement team in February 2017.</li> <li>108 Friends and Family Test responses were received in February 2017 with 81% of responders stating they are extremely likely to recommend the LAS to friends and family if they needed care or treatment.</li> </ul>
<b>RESPONSIVE</b>	<ul style="list-style-type: none"> <li>There was 1 period of Surge Purple in February 2017.</li> <li>There were 2,828 hospital breaches &gt;45 minutes during January, with 1,330 exceeding 1 hour. This represents a decrease of 2,517 &gt;45 minutes breaches and 1,644 &gt;1 hour breaches on the previous month. These figures represent significant improvements which may be attributed to a number of internal and system-wide actions as well as a reduction in demand as we exit the New Year / winter pressures period.</li> </ul>



# Serious & Adverse Incidents (SI)

## Patient safety incidents reported on DatixWeb within 4 days of incident occurring

Target 2016/17	Actual	Variance	RAG
85%	94%	9%	



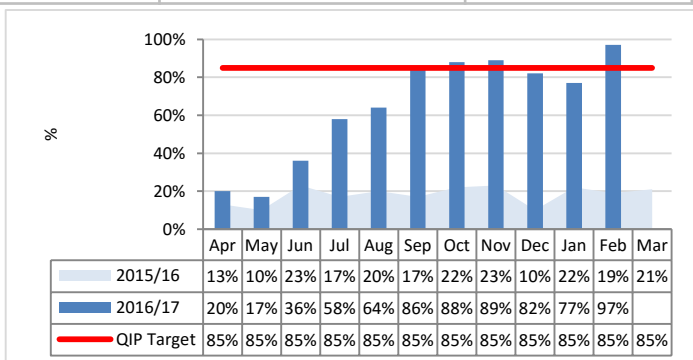
## Adverse Incidents

It is estimated that 96% of incidents from February 2017 have been received. Incidents in February are detailed below:

- Staff Incidents: 296 (-12.9%)**
- Manual Handling incidents: 45 (-32%)
  - Assault and Abuse: 63 (-26%)
- Patient Incidents: 319 (-15.2%)**
- Failure of equipment: 42 (-2%)
  - Missing Equipment: 36 (+29%)
  - Medication Incidents: 14 (-36%)

## Staff safety incidents reported on DatixWeb within 4 days of incident occurring

Target 2016/17	Actual	Variance	RAG
85%	97%	12%	



## Adverse Incidents due to items of equipment which failed or were missing

### Failure of Device/Equipment

- Entonox Cylinder: 6
- Mangar Elk: 4
- LP 15: ECG leads: 3

### Missing Equipment

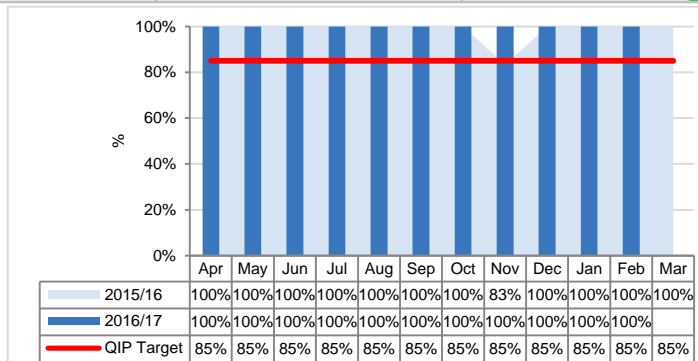
- Paramedic Drug Pack: 5
- EZIO: 5
- Drug Packs (General): 4



# Serious Incidents / Governance

## Percentage of Serious Incidents (SIs) reported on STEIS within 48 hours of being declared

Target 2016/17	Actual	Variance	RAG
85%	100%	15%	



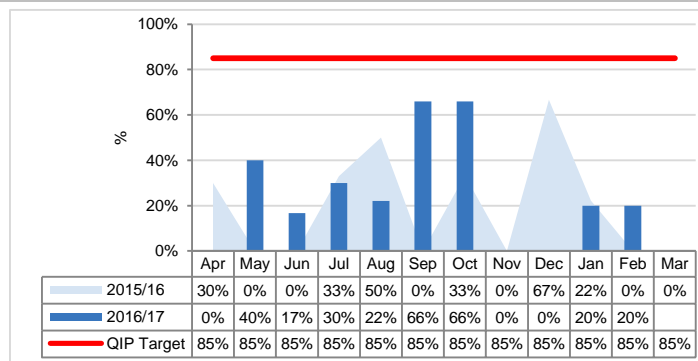
## Serious Incidents

9 SI's declared in February out of 55 incidents reviewed, with 12 reports overdue as of 8<sup>th</sup> March 2017.

Overdue SI's continue to be a focus at ELT level with weekly escalations taking place.

## Completed investigations and reports within 60 working days of a serious incident being declared

Target 2016/17	Actual	Variance	RAG
85%	20%	65%	



## Serious Incidents investigation reports completed within 60 days

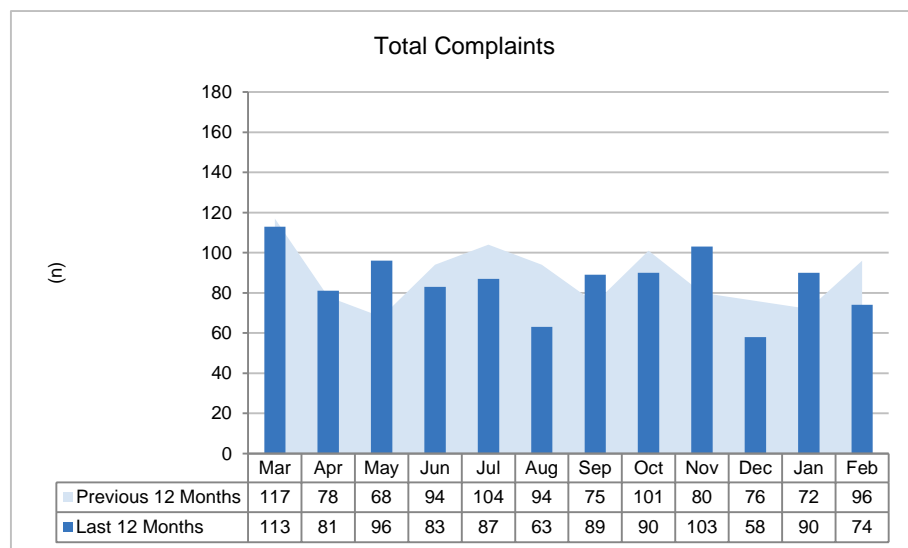
5 Serious Incident reports were completed and submitted in February, with 4 reports submitted outside the 60 day timeline.

There is a particular focus on completing SI's within 60 days and sharing learning in a timely fashion.

The Governance and Assurance team has additional resource for a limited time to help support the process to speed up the completion of incident reports.



# Complaints – Volume & Response time

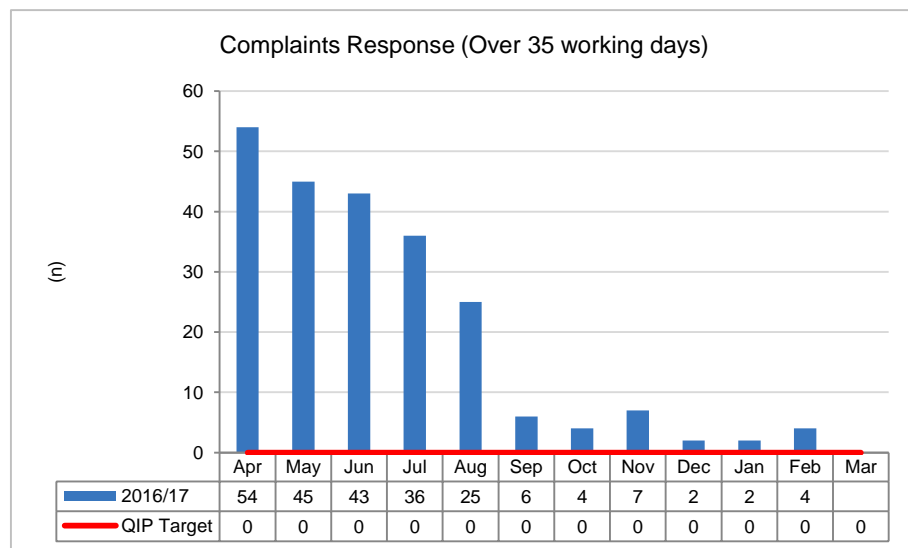


## Total Complaints

74 complaints were received during February.

We have projected that the annual number of complaints for 2016/17 (now estimated at 1,005) will be slightly lower than 2015/16 (1,051) and we will continue to monitor this over the coming months.

Complaint volumes have largely levelled out since 2014/15. We continue to use 2013/14 as our benchmark.



## KPI Report – Complaints Responses over 35 working days

The QIP KPI data reflects the number of complaints over 35 working days that remain open.

34 complaints remain open up to February, only 4 were overdue in this period.

Complaints citing poor attitude of staff as the key component has remained similar to January. This has resulted in a higher number of requests for crew statements but in some cases this has taken over 30 days to achieve.



# Complaints – Volume & Response time

	2013/14	2014/15	2015/16	2016/17
February complaints	86	100	96	74
Average per annum	88	117	88	84 (ytd)

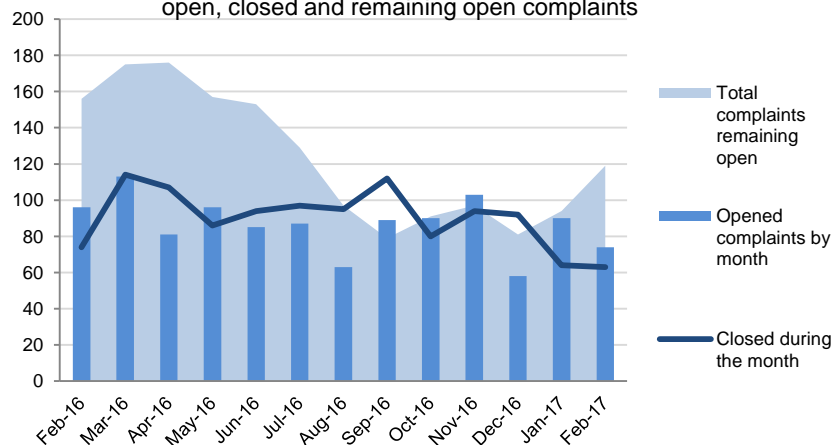
## Complaint Volumes

Complaint volumes have largely levelled out since 2014/15. We continue to use 2013/14 as our benchmark.

We continue to send out a 'Feedback on Complaints' form with every final response and will audit those received at the end of Q4 (currently only 3 have been returned).

A number of complaints have had the target extended, in keeping with routine practice, where the case has dynamically become more complex and involve a number of agencies.

12 month summary  
open, closed and remaining open complaints



## Complaint Volumes

There was a 22% decrease in complaint numbers during February but an increase of 22% over December (74 v 58).

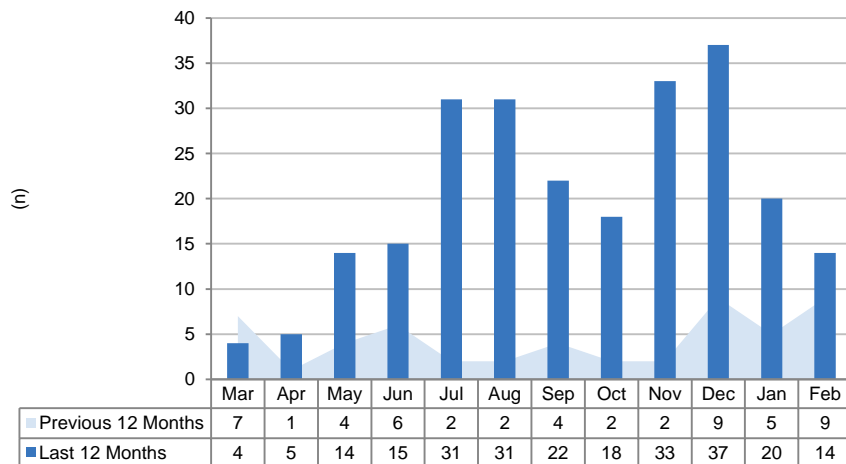
Complaints continue to be more complex in nature, involving more than one issue. 7 complaints were from health or social care providers this month which were treated as having been made on behalf of the patient.

Currently there are 117 'open' complaints (dataset as at 08 March 2017), of these only 2 exceed the 35 day target. Currently a high number of complaint drafts are awaiting sign-off by Executive Office.



# Medicines Management

Medication Errors



## Medicines Management – KPI data - Controlled Drugs (CD)

There has been **1** reportable (controlled drugs) LIN incident in February 2017 which involves the apparent theft of multiple bottles of oral morphine from ambulance stations in South-East London and remains under police investigation.

There have been **17** CD incidents that are not LIN reportable. The most common incidents (n=8) relate to documentation errors. In five cases injectable morphine was inadvertently retained when staff went off duty. In all these cases the error was identified and the drugs returned in a timely fashion. Other incidents reported include the CD safe door being left open (n=2), inadequate supplies of injectable morphine (n=1) and discovery of oral morphine amongst a patient's medication left on an ambulance (n=1). In cases where staff retained morphine during off duty periods or documentation errors occurred, advice and guidance and policy reminders were provided where appropriate. There was a small reduction in the number of incidents where morphine was retained by staff going off duty and in documentation errors. There were no cases of drugs access codes being written in drugs areas.

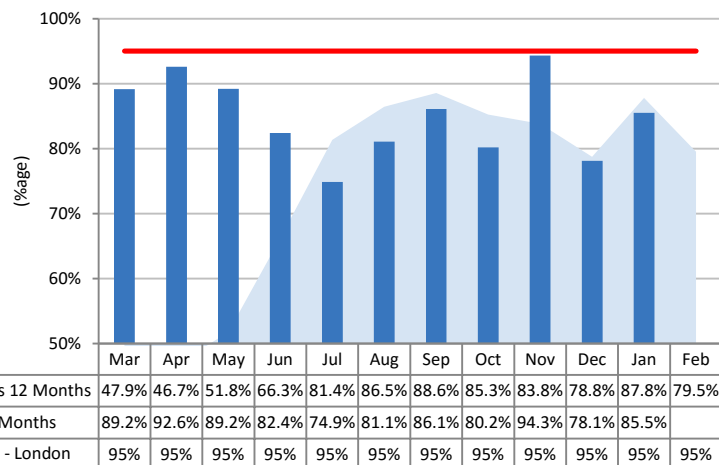
## Other medicines management issues

- The incidents involving apparent theft or misappropriation of oral morphine remain subject to police investigation and have created significant demands in terms of management time and resources. Mitigating actions include temporary withdrawal of oral morphine from paramedic drug packs in affected areas and relocation of staff from a satellite to main station.
- Incident reporting continues to increase following the introduction of the Datix system.
- The MedMan data portal has been further developed to provide a prototype dashboard incorporating geographical drugs usage data.
- IRO medicines management spot-checks are now fully automated via the Perfect Ward system providing real time data.
- The Perfect Ward system has now been rolled out pan London in order to track general and paramedic drugs packs.



# CPI Completion, Feedback Sessions and Compliance (January 2017 data)

Clinical Performance Indicator - Completion Rate



## CPI Completion

- Completion rates increased to 85% in January 2017, a level last seen in July 2016.
- Nearly all groups had an increase in completion, or maintained their high completion levels from December 2016.
- HART and Hillingdon audited all available PRFs for the 18th consecutive month.
- Romford and St Helier achieved 100% completion for the fifth and fourth months respectively. The Clinical Hub and MRU audited all available PRFs for the third month in a row. Similarly Newham audited all PRFs for the second consecutive month.
- Westminster saw a decrease in completion (-53%) due to two vacant Team Leader positions. The CRU also saw a reduction in completion (-55%) due to their Team Leaders being solely patient facing for this period. Both groups were also affected by restricted duties staff returning to operational duty and/or going on leave.

## CPI Compliance

- The care provided to patients with a diagnosed psychiatric problem has remained at 91% for the second month. Following a rise in December 2016, documentation of safeguarding concerns has decreased to 62%.
- After a slight dip in December 2016 (96%), care for those experiencing a glycaemic emergency has returned to previous levels (97%). Improvement can be made by documenting a final set of observations (93%) and carrying out a 12 lead ECG (93%).
- Care provided to patients with severe sepsis remains high at 97%. However, improvements are required in the documentation of high flow oxygen delivery (86%).
- Care for patients in cardiac arrest continues to be of a very high standard at 98%, as does the care provided to patients discharged at scene (97%) and the general documentation for all patients (96%).

## CPI Feedback

- Service wide, 56% of expected face-to-face feedback sessions have been delivered at this point in the financial year.
- Hillingdon (93%) are on track to provide all expected sessions for this financial year, followed by Fulham (89%).
- The Clinical Hub, Hanwell, HART, Hillingdon, Homerton and St Helier exceeded their target number of feedback sessions in January 2017.
- CRU, Edmonton, Friern Barnet, Romford, Westminster and Wimbledon have moved further away from their targets at this point in the financial year.
- Very few feedback sessions (1%) have been delivered to Volunteer Responder staff. There is continued work underway to improve this.





# CARU Reports

## Cardiac Care (January 2017)

### Cardiac Arrest

- Resuscitation efforts were commenced on **41%** of cardiac arrest patients attended by LAS crews.
- **58%** of cardiac arrest patients that were allocated a Red 1 category received an 8 minute response, which was a 4% decrease from October.
- The average time from 999 call to LAS on scene was **9 minutes**, exceeding the national response target by 1 minute.
- **31%** of cardiac arrest patients that had resuscitation commenced gained and sustained ROSC (Return of Spontaneous Circulation) until arrival at hospital. This was a 4% increase from December.
- An advanced airway management device was placed successfully in **90%** of cardiac arrest patients where resuscitation was attempted. Of these patients, **99%** had End-Tidal CO<sub>2</sub> levels measured.
- Approximately **8%** of cases had defibrillator downloads submitted, which was a **1%** increase from December. All of the downloads were submitted by Advanced Paramedic Practitioners.

## Cardiac Care (January 2017)

### ST Segment Elevation Myocardial Infarction (STEMI)

- Over **99%** of patients were conveyed to an appropriate destination in January 2017. 1 patient was conveyed to A&E inappropriately.
- Average overall on scene time has increased by **2 minutes** and is now **45 minutes**, while call to hospital time has increased by **4 minutes** and is now **75 minutes**. These continue to require monitoring.
- **Brent, Hanwell, Hillingdon** and **St Helier** station groups achieved average overall on scene times notably lower than the LAS average for this month.
- The percentage of patients who received a complete care bundle (aspirin, GTN, two pain assessments and analgesia) has decreased by **1%** and is now **74%**.
- **11** station groups (plus **PAS & VAS** vehicles) provided a full care bundle to less than **80%** of patients. Local management should look into reasons for this.



# CARU Reports

## Stroke (January 2017)

### Stroke

- **97%** of all suspected stroke patients were provided with a full pre-hospital care bundle or a valid exception to its provision was recorded on the PRF.
- Almost all FAST positive patients (**99.9%**) had the time of onset of symptoms recorded or it was documented that the time of onset could not be established.
- Almost all FAST positive patients (**99.7%**) were conveyed to the most appropriate destination for their condition. However, 3 FAST positive patients (**0.3%**) were transported to an ED when they should have been conveyed to a HASU.
- The average time on scene is **37** minutes, which remains longer than the recommended 30 minutes. Less than half of LAS staff (**47%**) attending stroke patients, who were potentially eligible for thrombolysis, spent 30 minutes or less on scene.
- **57%** of patients, who were potentially eligible for thrombolysis, arrived at a HASU within 60 minutes.

## Major Trauma

- Quarter 3 report will be released on 16<sup>th</sup> March 2017

# Our Performance



Section	Key Headlines	Feb	Jan	Dec
<b>A8 Performance</b>	A8 Performance for February 2017 was 67.74%. This was lower than the contract trajectory of 72.0%.			
<b>Other Performance</b>	A19 performance was at 93.36% in February 2017. An increase in C1 to C4 performance in February 2017.			
<b>Demand</b>	There were 43,066 category A incidents in February (8.7% above trajectory). Category C demand was 2.3% above trajectory. Overall demand was at 84,083 incidents, 4.9% above plan.			
<b>Capacity</b>	The patient facing vehicle hours (PFVH) deployed during February were above trajectory by 5.8%. Overtime vehicle hours were 70.2% above plan for February.			
<b>Efficiency</b>	Job Cycle Time (JCT) for February 2017 was 86.4 minutes, an increase of 1.81 minutes compared to January 2017. JCT was 5.4 minutes above the monthly trajectory of 81 minutes. The multiple attendance ratio was 1.30 which is above the target of 1.29.			
<b>EOC – Call Answering</b>	The 5 Second Call Answering for February was at 96.8%, this was 1.8% above the target of 95%. This was a 3.1% increase from the previous month.			
<b>EOC – FRU Cat C Share</b>	FRU share of Cat C for February was 8.38%, this was 3.38% above the target of 5%.			
<b>Resource Escalation Action Plan (REAP)</b>	In line with the National Ambulance Resilience Unit recommendations, our REAP identifies the level of pressure the Service is under at any given time, and gives a range of options to deal with the situation. Four levels of escalation are used, which aim to help ambulance services integrate into the wider NHS surge or escalation framework. These levels are used to determine what actions are necessary to protect service delivery and supply the best possible level of service to patients with the resources available.  The REAP score remained at level 2 (Moderate) during February 2017.			



## Ambulance Quality Indicators (AQI) Update – January 2017

The AQIs for January 2017 were published on 9th March 2017. The list of AQIs detailed below make up part of the Ambulance System Indicators. These indicators enable comparison between the 11 Ambulance Trusts across England.

The table below details 7 of these indicators with the description and LAS performance.

Please Note: Due to the Ambulance Response Programme for Category A measures the Yorkshire, West Midlands and South Western Ambulance Trusts are only included in the first two measures in the table below (Ranking Position).

Source: NHS ENGLAND			Performance in Month Last 3 months			Ranking Position			
AQI Indicator Description SYSTEM INDICATORS	Units	Target	JAN	DEC	NOV	Ranked out of	JAN	DEC	NOV
The time taken to answer 95% of 999 calls in the emergency control room	(secs)	5 secs	14	3	2	11	4	1	1
The percentage of callers who have hung up before their call was answered in the emergency control room	%		1.0%	0.1%	0.5%	11	7	1	2
The percentage of Category A Red 1 (most time critical) calls reached within 8 minutes	%	75%	67.1%	66.3%	70.4%	8	5	5	3
The percentage of Category A Red 2 (serious but less immediately time critical) calls reached within 8 minutes	%	75%	62.2%	64.0%	67.1%	8	3	3	3
The time taken to reach 95% of Category A (Red 1) calls	(mins)		13.6	13.7	13.6	8	1	1	1
The percentage of Category A calls reached within 19 minutes	%	95%	91.3%	91.9%	93.3%	8	2	2	3
The time taken to arrive at the scene of 95% Category A (Immediately Life Threatening) calls	(mins)		22.4	21.7	19.4	8	3	3	3

Latest Publication : 9th March 2017 (Jan-17 data)  
Date of next publication : 13th April 2017



## Ambulance Quality Indicators (AQI) Update – October 2016

The AQIs for October 2016 were published on 9th March 2017. The list of AQIs detailed below make up part of the Ambulance Clinical Quality Indicators. These indicators enable comparison between the 11 Ambulance Trusts across England.

The table below details 7 of these indicators with the description and LAS performance.

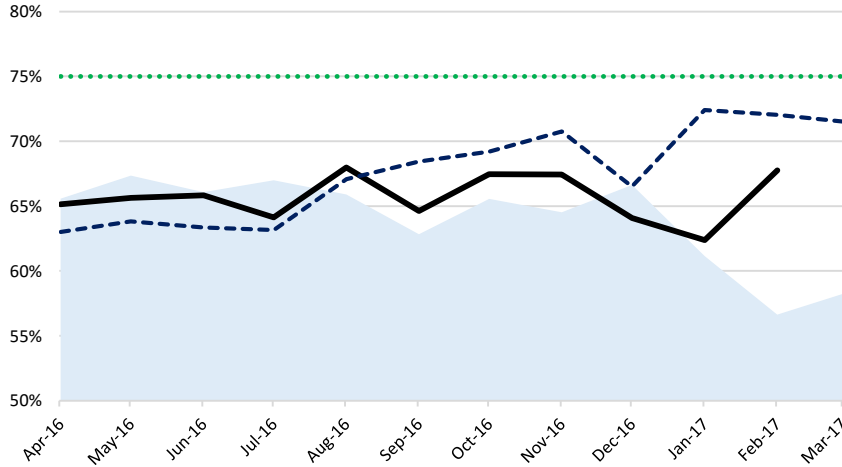
Source: NHS ENGLAND			Performance in Month Last 3 months			Ranking Position		
AQI Indicator Description CLINICAL OUTCOMES	Units	Target	OCT	SEP	AUG	OCT	SEP	AUG
Return of spontaneous circulation (ROSC) at time of arrival at hospital (Overall)	%	27%	27.1%	31.6%	25.7%	4	3	5
Return of spontaneous circulation (ROSC) at time of arrival at hospital (Utstein Comparator Group)	%	55%	48.1%	37.1%	63.4%	5	9	2
Percentage of patients suffering a STEMI who are directly transferred to a centre capable of delivering primary percutaneous coronary intervention (PPCI) and receive angioplasty within 150 minutes of call	%		87.8%	93.5%	89.5%	5	2	6
Percentage of patients suffering a STEMI who receive an appropriate care bundle	%	74%	72.0%	74.2%	64.4%	9	9	11
Percentage of Face Arm Speech Test (FAST) positive stroke patients (assessed face to face) potentially eligible for stroke thrombolysis, who arrive at a hyper acute stroke centre within 60 minutes of call	%	63%	56.2%	61.4%	67.8%	3	2	1
Percentage of suspected stroke patients (assessed face to face) who receive an appropriate care bundle.	%	98%	96.9%	97.0%	97.3%	9	7	6
Survival to discharge – Overall survival rate	%		7.6%	8.1%	10.5%	6	9	2
Survival to discharge – Utstein Comparator Group survival rate	%		25.5%	11.8%	38.2%	5	11	3

Latest Publication : 9th March 2017 (Jan-17 data)  
Date of next publication : 13th April 2017



# A8 Performance

A8 Performance - Monthly



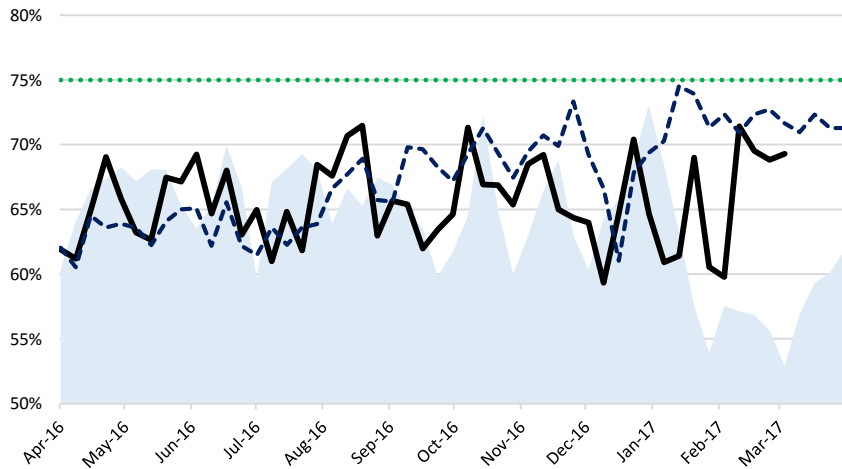
A8 Performance for February 2017 was 67.74%. This was lower than the contract trajectory of 72.0%. For additional context, the figure for February 2016 was 56.6%.

The following factors have contributed to February's Cat A performance:

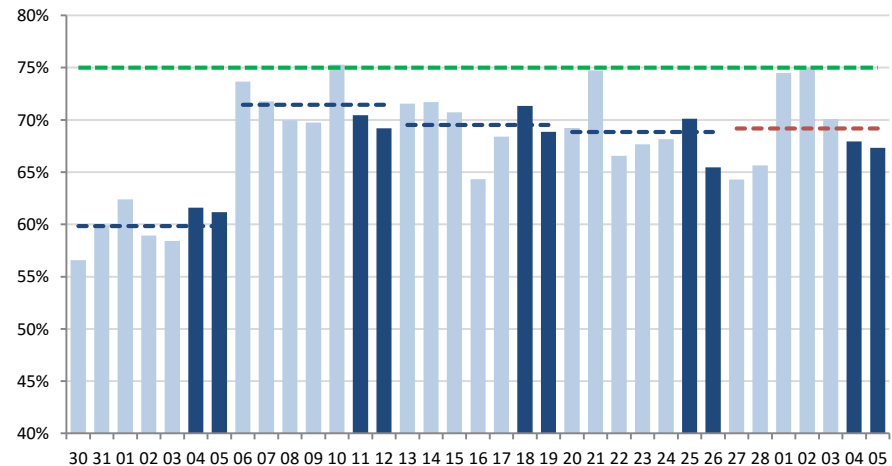
- **Demand** – Overall the number of incidents was 4.9% above plan. Cat A was 8.7% above trajectory, Cat C was 2.3% above trajectory.
- **Capacity** – Overall patient facing vehicle hours were 5.8% above plan.
- **Efficiency** - Average job cycle time was 5.4 minutes above trajectory and MAR was 1.30 and above target.

■ 15/16 actual data  
— 16/17 actual data  
- - - Trajectory  
- - - National target

A8 Performance - Weekly

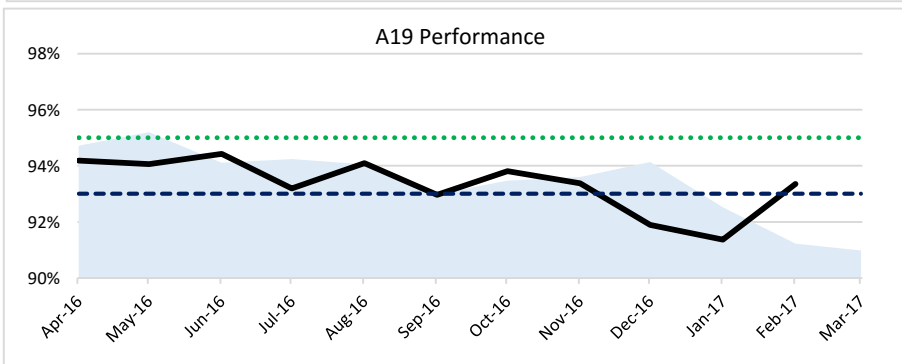
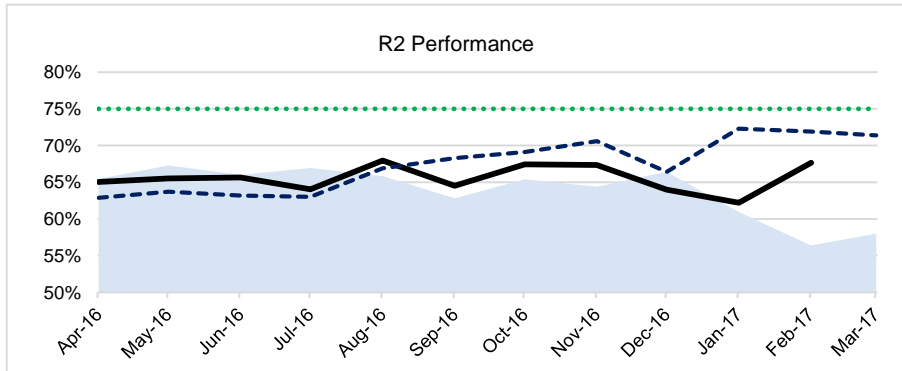
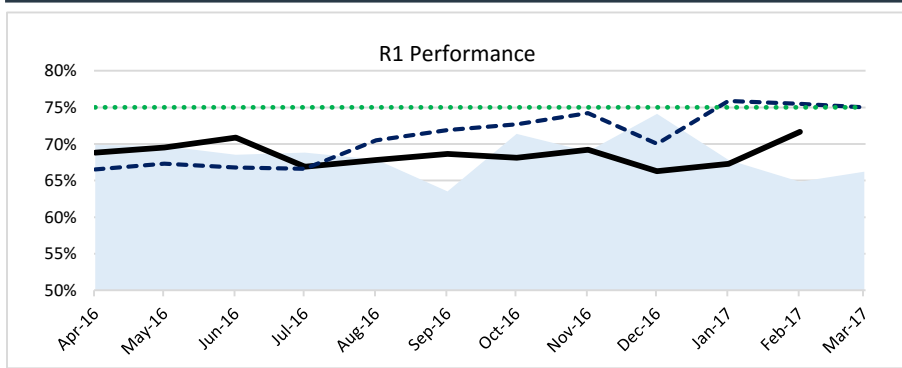


Daily A8 Performance January-March





# Other Performance



A19 performance in February increased by 5.4% compared to last month.

- Red 1 was 71.64%, below plan by 3.9%.
- Red 2 was 67.61%, below plan by 4.3%.
- A19 was 93.36%, below plan by 0.36%.

C1 to C4 performance all saw increases in February when compared to January.

The contracted target for Cat C performance has changed for 2016-17. The new measures are:

- C1 performance - 50% within 45 minutes.
- C2, C3 and C4 performance – 50% within 60 minutes.

■ 15/16 actual data  
■ 16/17 actual data  
- - - Trajectory  
- - - National target

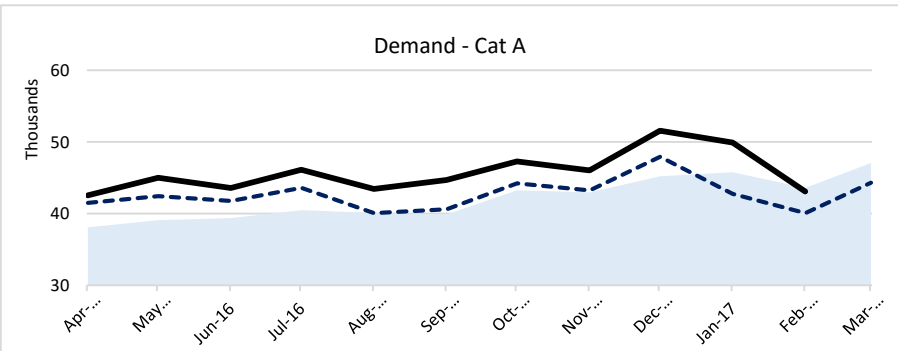
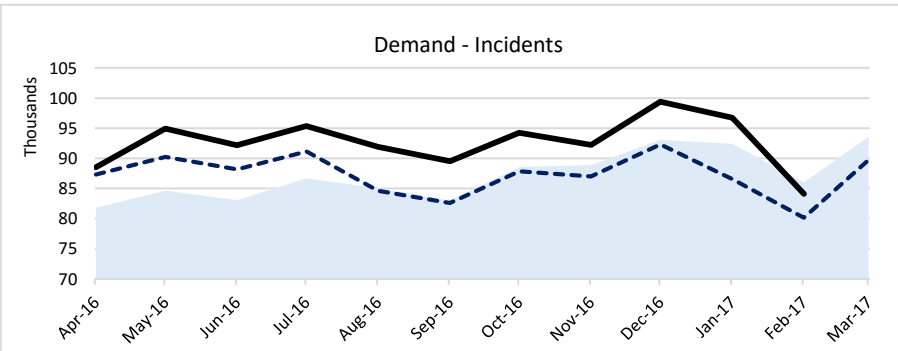
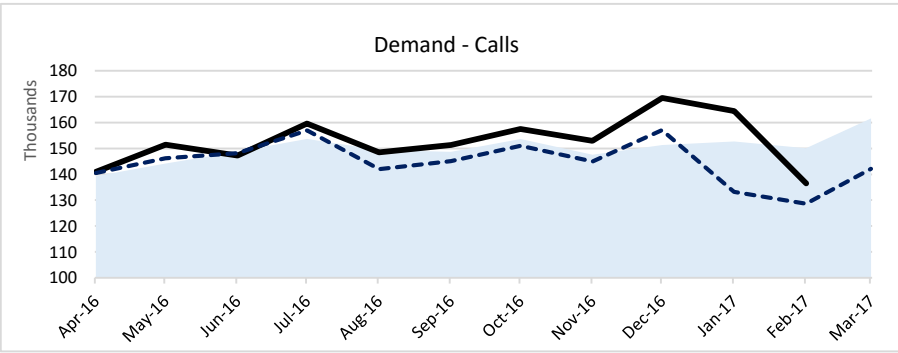
Weekending	A8	A19	R1	R2	C1	C2	C3	C4
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05-Feb	59.8	90.0	67.8	59.6	62.6	65.5	68.8	44.4
12-Feb	71.4	95.1	76.4	71.2	81.8	84.2	84.3	66.7
19-Feb	69.5	94.2	68.3	69.6	75.9	78.9	80.6	59.8
26-Feb	68.8	93.8	71.3	68.7	73.1	79.1	80.4	58.6
05-Mar	69.2	93.9	70.4	69.1	78.6	81.2	80.2	60.4

Dec-16	64.1	91.9	66.2	64.0	68.4	72.2	74.3	52.8
Jan-17	62.4	91.4	67.3	62.2	65.8	70.9	73.5	52.0
Feb-17	67.7	93.4	71.6	67.6	74.1	77.9	79.3	58.4



# Demand



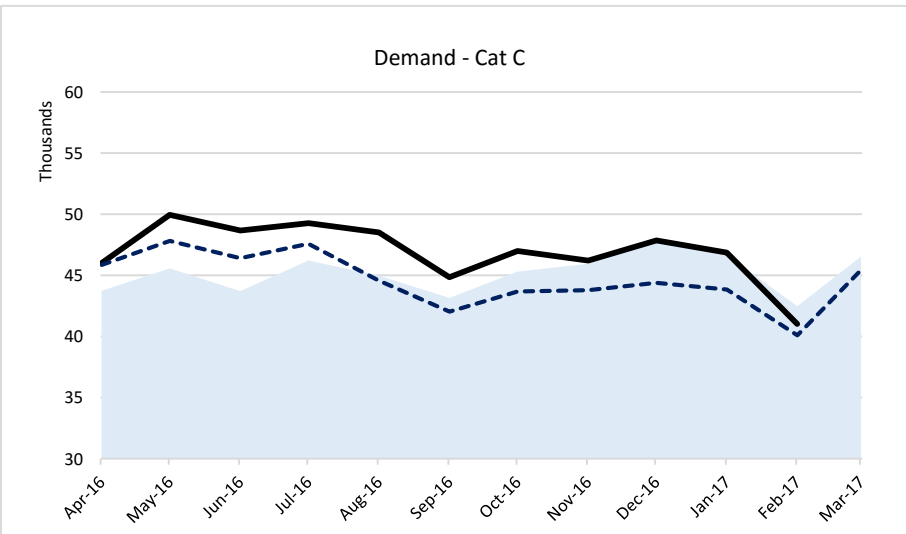
Overall demand was 4.9% above trajectory in February but 2.3% lower than February last year.

Cat A demand was 7.5% above plan and 1.1% higher than February last year.

Category C incidents were above trajectory by 2.3% and 3.4% lower than February 2016's incidents.

Call volumes were 6.1% above contract level for February 2017 but 9.1% lower than February last year.

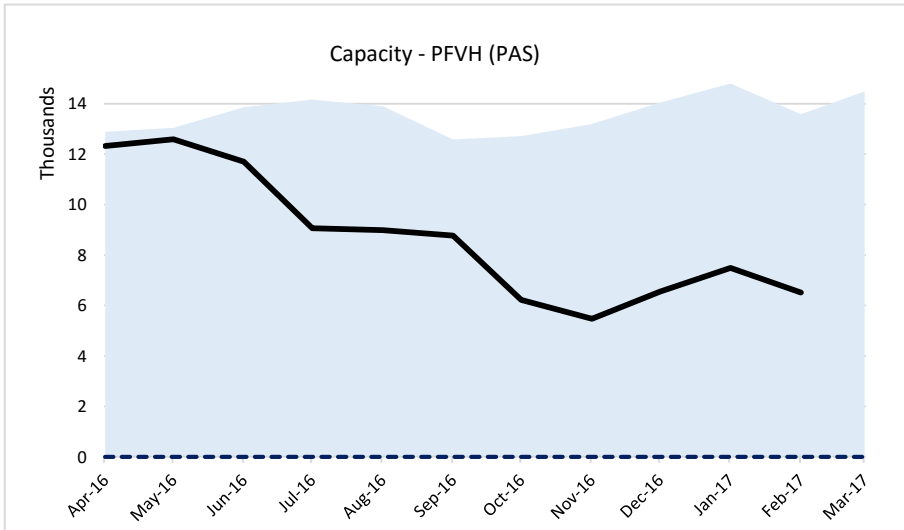
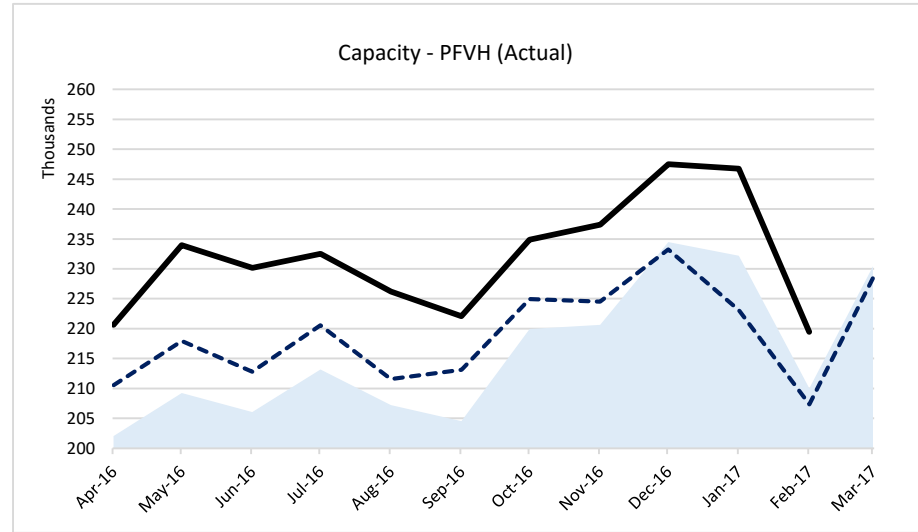
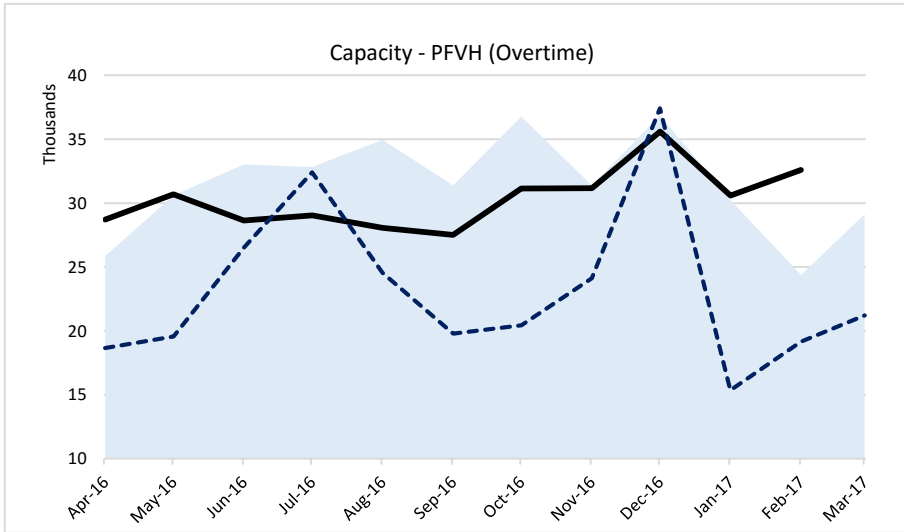
15/16 actual data  
16/17 actual data  
Trajectory







# Capacity



Total patient facing vehicle hours were above trajectory for February.

The hours deployed were 204,295 against a plan of 196,710 hours, a 3.9% difference.

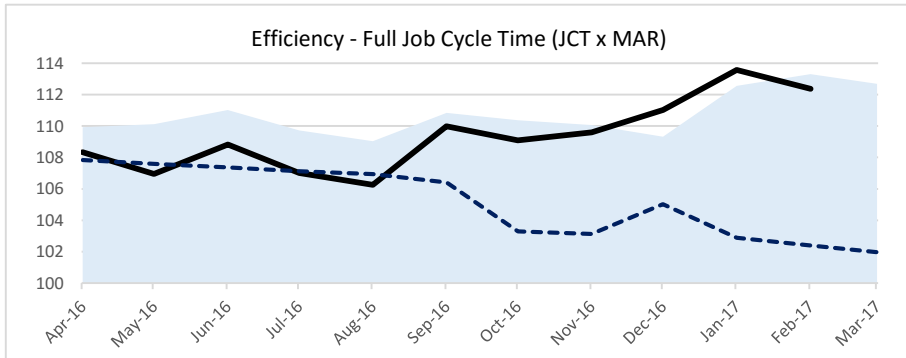
Overtime vehicle hours for February 2017 were 70.2% above trajectory.

PAS/VAS hours for February 2017 were 80% below the level of February 2016.

■ 15/16 actual data  
■ 16/17 actual data  
- - - Trajectory



# Efficiency



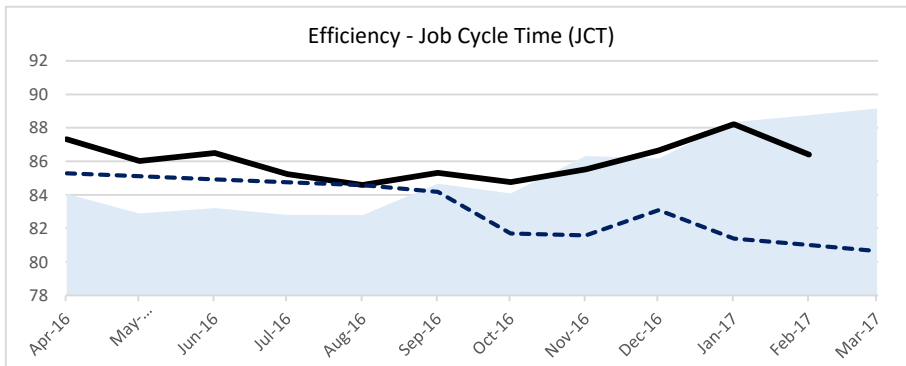
Job Cycle Time for February 2017 was 86.4 minutes, above the trajectory of 81 by 5.4 minutes.

This was a decrease of 1.8 minutes from the previous month.

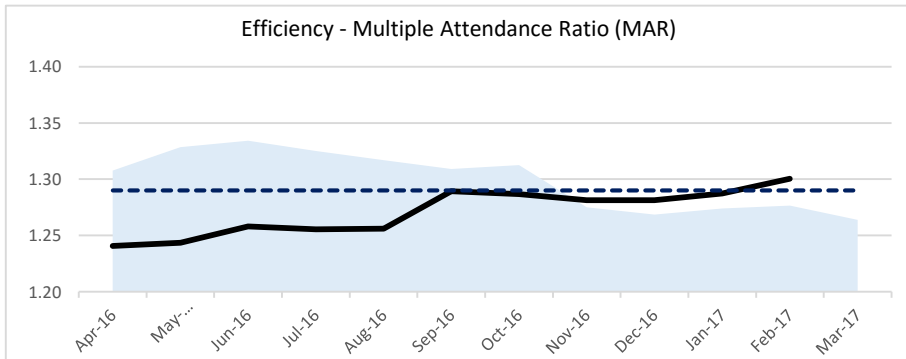
Hours lost in hospital handovers were at 5,121 in February, in January there were 8,363.

Full Job Cycle (JCT x MAR) was 112.4 minutes, above the February trajectory of 102.4.

The Multiple Attendance Ratio (MAR) was above target for February at 1.30. The trajectory for every month this year is 1.29.

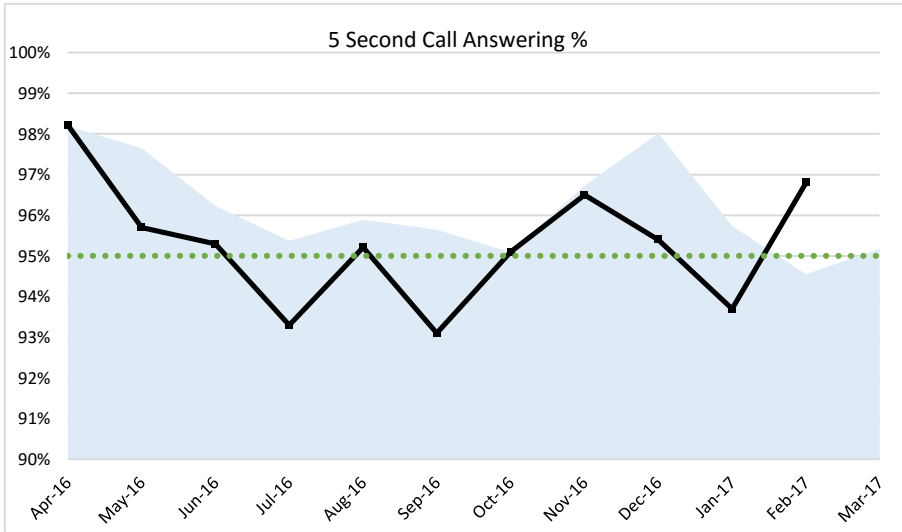


15/16 actual data  
16/17 actual data  
Trajectory





# Emergency Operations Centre (EOC)

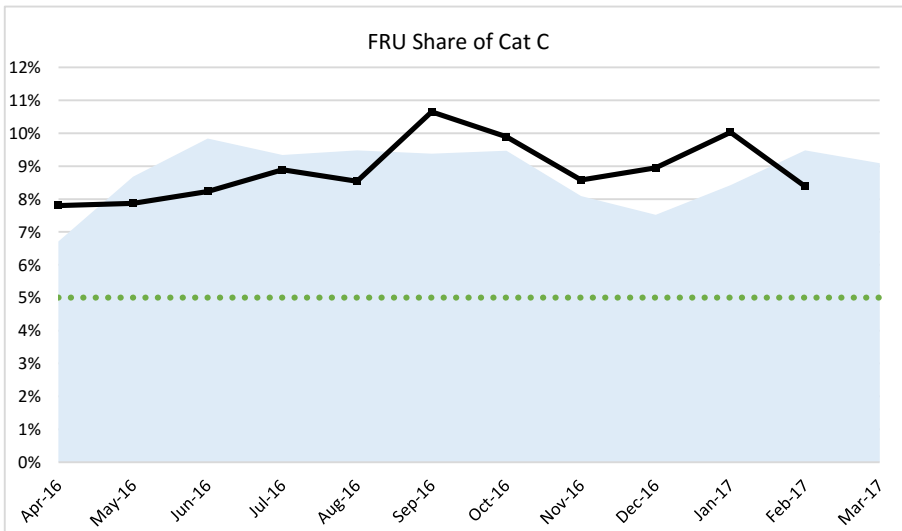


5 Second Call Answering for February was at 96.8%, which is above the 95% target.

When compared to the 11 Ambulance Services across England, the London Ambulance Service ranks first in answering 95% of all 999 calls within 5 seconds.

FRU share of Cat C for February was 8.4%, this was 3.4% above the target of 5%. This was a 1.75% decrease on the previous month.

15/16 actual data  
16/17 actual data  
National target



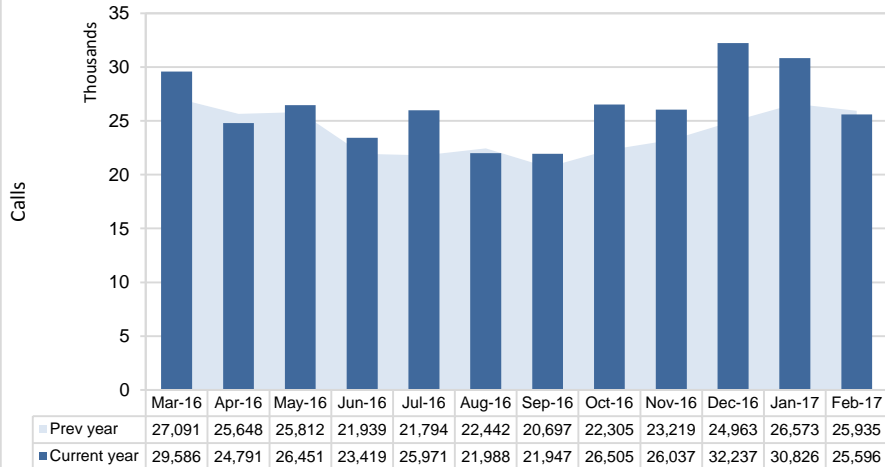
5 Second Call Answering %		
Month	2015-16	2016-17
Apr	98.19%	98.21%
May	97.65%	95.70%
Jun	96.23%	95.30%
Jul	95.37%	93.30%
Aug	95.89%	95.21%
Sep	95.64%	93.10%
Oct	95.09%	95.10%
Nov	96.73%	96.50%
Dec	98.02%	95.40%
Jan	95.73%	93.70%
Feb	94.55%	96.80%
Mar	95.18%	

FRU Share of Cat C		
Month	2015-16	2016-17
Apr	6.71%	7.80%
May	8.68%	7.87%
Jun	9.84%	8.23%
Jul	9.34%	8.89%
Aug	9.48%	8.54%
Sep	9.38%	10.65%
Oct	9.47%	9.89%
Nov	8.09%	8.58%
Dec	7.52%	8.95%
Jan	8.42%	10.03%
Feb	9.48%	8.38%
Mar	9.09%	



# LAS 111 (South East London) – Demand and Capacity

QR02: Total calls answered



**Demand:** Call volumes were lower this month than February 2016 and 17% lower than in January this year.

**Capacity:** The Call Handlers who commenced at the end of January are now 'live' and taking calls.

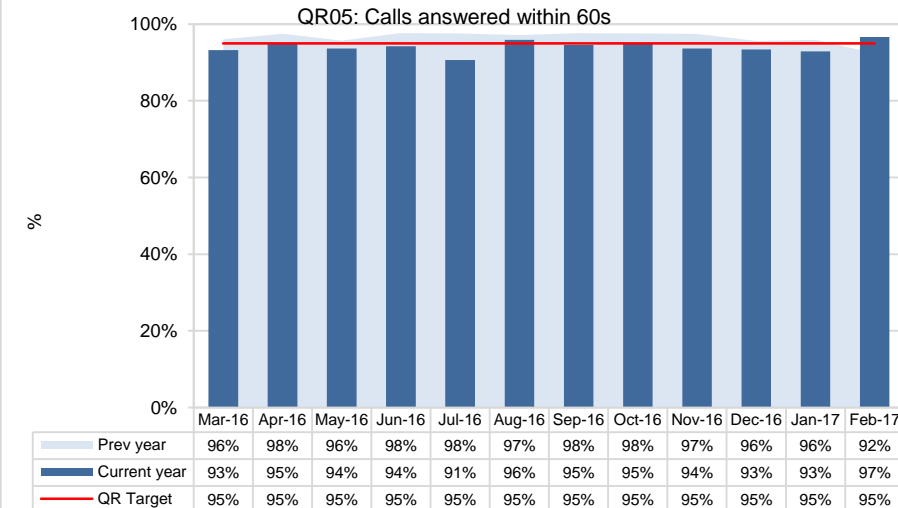
**Efficiency:** The percentage of calls answered in 60 seconds was 96.6% in February. The highest since November 2016.

The operational focus has been on balancing access to the service and minimizing time to clinical call back. Additionally, there was an increase in call backs achieved within 10 minutes.

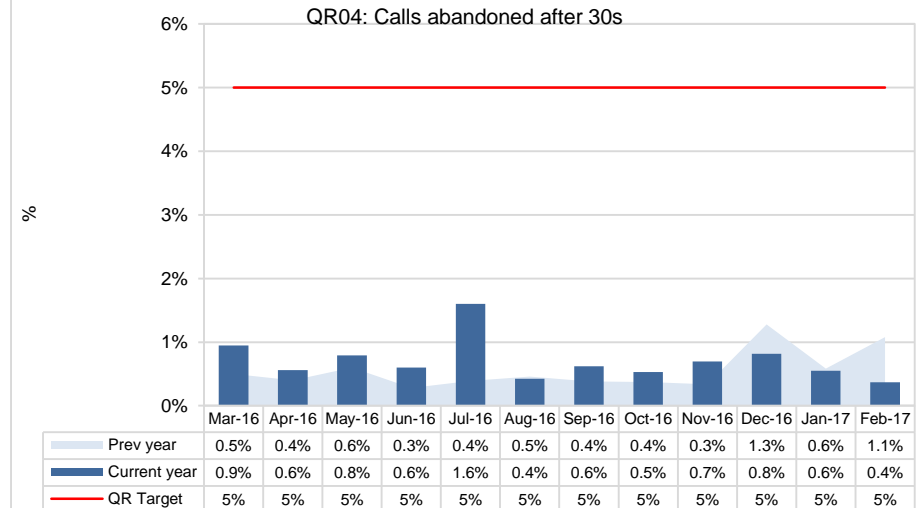
**Service Projects:** The service focus throughout February has been on 111 / Integrated Urgent Care Winter Pilots to support HCPs and reduce demand on 999 and EDs.

February had a significant focus on submission of our bid for the South East London 111 and Integrated Urgent Care Service.

QR05: Calls answered within 60s



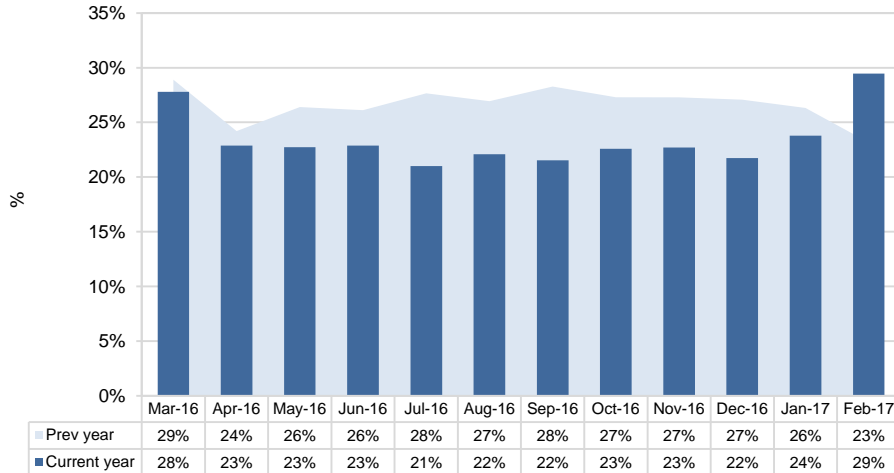
QR04: Calls abandoned after 30s





# LAS 111 (South East London) – Call Destinations

QR12a: % of calls referred to a clinical advisor



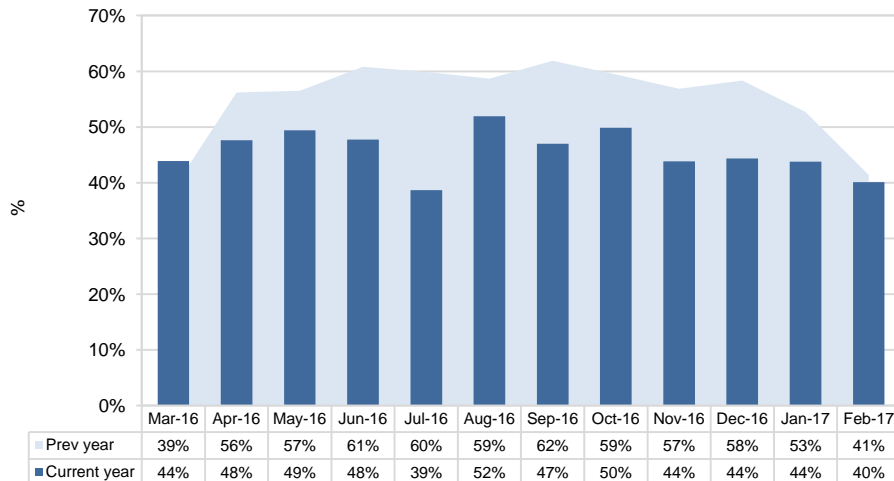
**Quality Indicators:** Calls requiring a Clinical Advisor are either transferred directly (warm transfer) or placed in a queue for call back. Factors influencing these figures include complexity of calls, enhanced clinical assessment for low acuity ambulance outcomes and availability of Clinical Advisors to accept a warm transfer. A prioritisation system is in place to inform those decisions.

**Safety:** There were 41 Incidents in Datix with completed investigations in February. Of these:

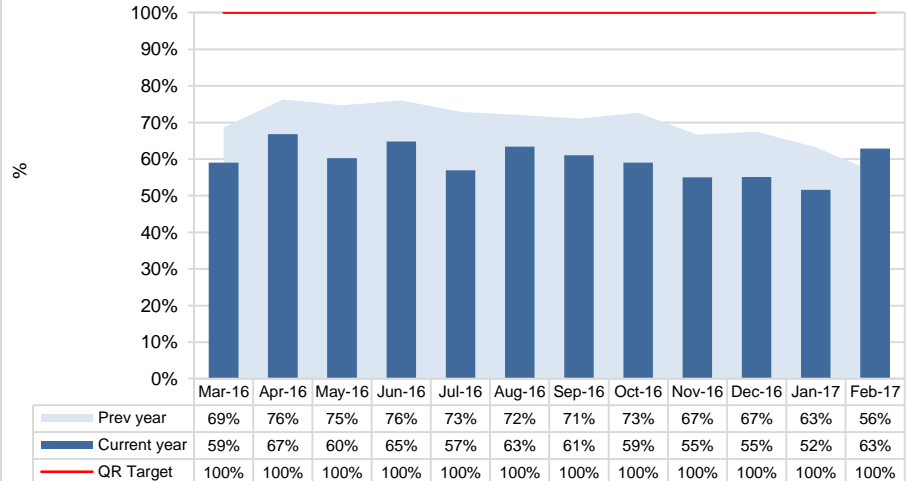
- 17% (n=7) related to authorized breaches in confidentiality including safeguarding referrals made with our patients consent.
- 22% (n=9) to failure to follow procedure.
- 12% (n=5) with no further action required.
- 49% (n=21) to other issues.

Incidents are under investigation and feedback is given to staff where appropriate. No Serious Incidents (SIs) were identified and the service received three complaints and feedback from one HCP.

QR12: Of calls transferred, % transferred warm



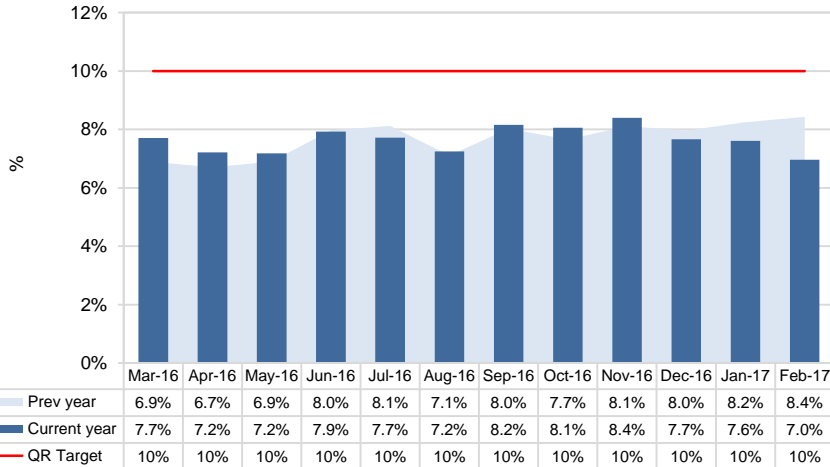
QR14: Of call backs, % within 10 minutes





# LAS 111 (South East London) – Triage destinations

QR10: % of calls referred to 999



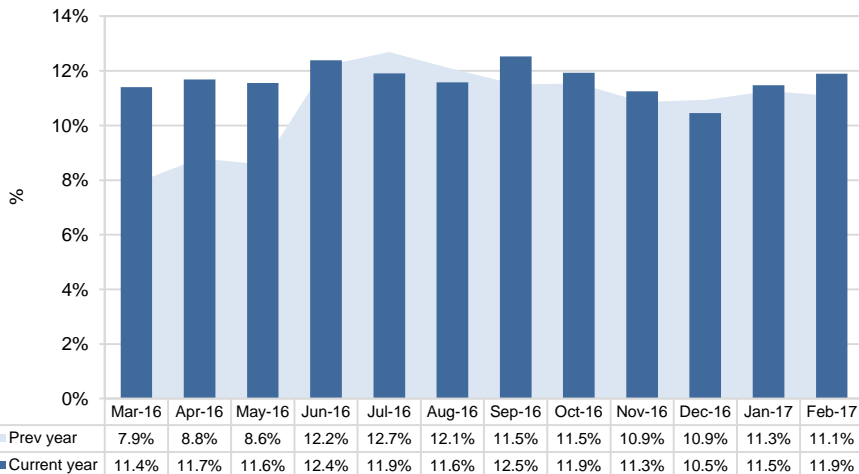
LAS 111 consistently has the lowest referral rate to 999 in London and the highest percentage of enhanced re-assessment for low acuity ambulance outcomes.

Referrals to 999 were at the lowest level since March 2015.

Referrals to Emergency Departments are higher than for other providers, this figure includes Urgent Care Centres and Walk-in Centres.

When combined this gives an indication of the impact on Emergency and Urgent Care. LAS 111 refers the lowest number of calls overall.

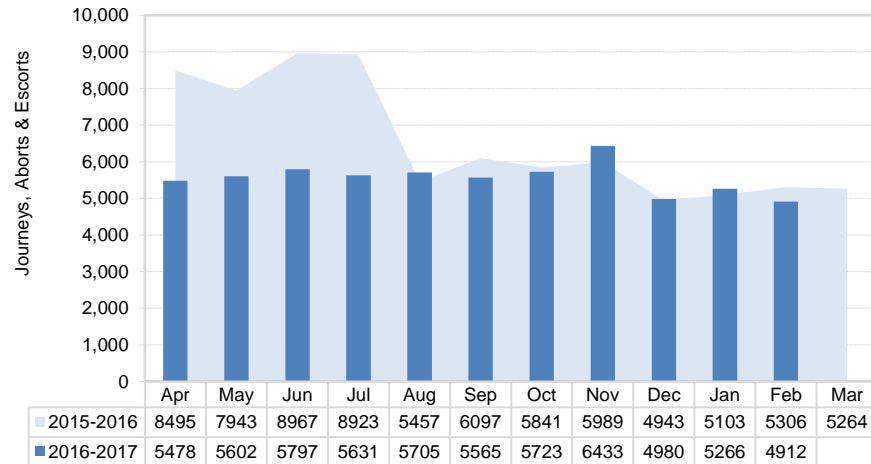
QR11: % of calls referred to Emergency Department





# Patient Transport Service – Activity Update

PTS Total Activity - Contracted, A&E Referrals and Extra Contractual Journeys



4,912 journeys were completed in February 2017, a decrease from the previous month's total of 5,266 journeys.

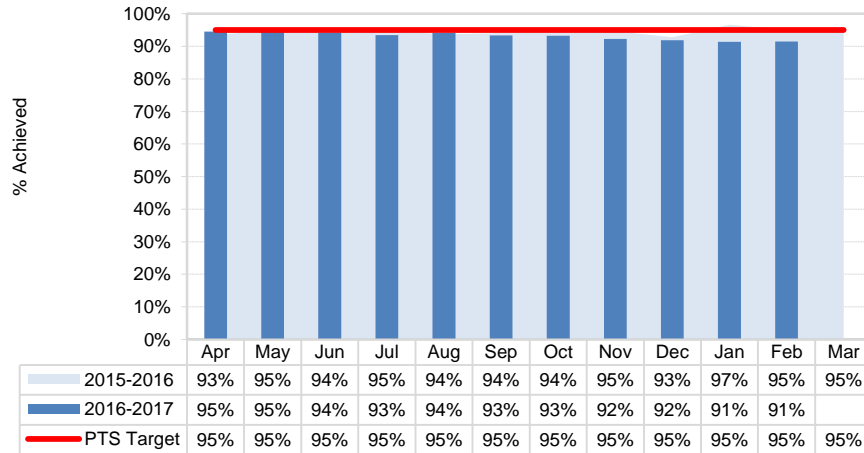
In February one PTS contract finish and one contract began to reduce the services provided.

Month	2013-2014	2014-2015	2015-2016	2016-2017
Apr	15044	13227	8495	5478
May	15987	13164	7943	5602
Jun	14852	10129	8967	5797
Jul	16481	10508	8923	5631
Aug	14401	9028	5457	5705
Sep	15002	9602	6097	5565
Oct	16739	10957	5841	5723
Nov	15981	10063	5989	6433
Dec	13986	9250	4943	4972
Jan	16409	9753	5103	5263
Feb	15232	9787	5306	4912
Mar	13978	10520	5264	
<b>Total</b>	<b>184092</b>	<b>125988</b>	<b>78328</b>	<b>45928</b>



# Patient Transport Service – KPI Update

Arrival at Hospital Against Appointment Time

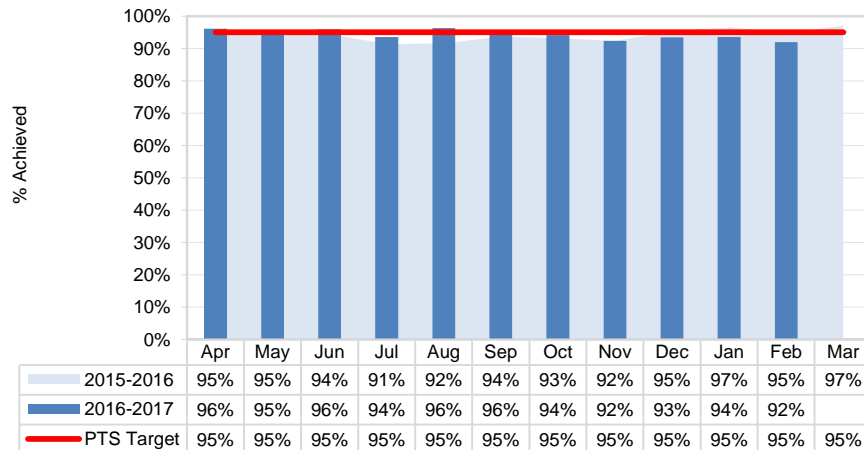


Performance against KPI's for the month are shown in these graphs. The arrival KPI stayed the same at 91% whilst departure KPI decreased to 92% in February.

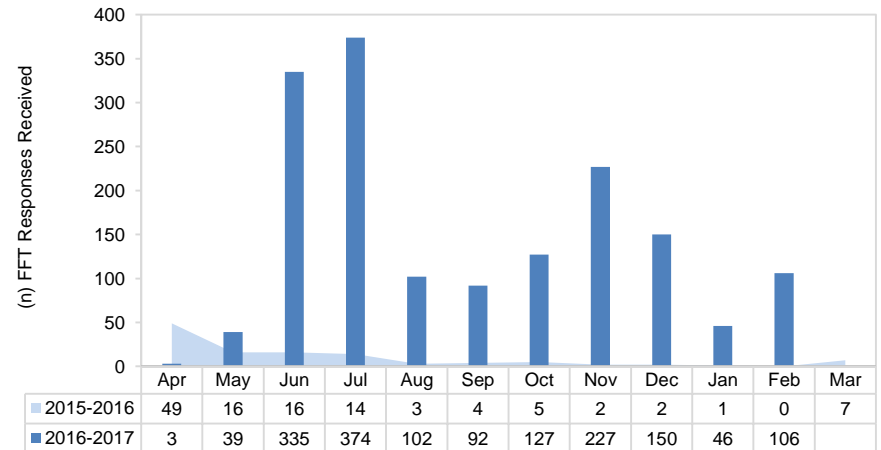
Quality Statistics will become more difficult to sustain as the impact of the closure of contracts and the fragmented operational model shrinks as a result.

The Friends & Family Test is only sent to new patients using the service. The overall reduction of activity is reflected proportionally in the number of returns.

Departure Against Patient Ready Time



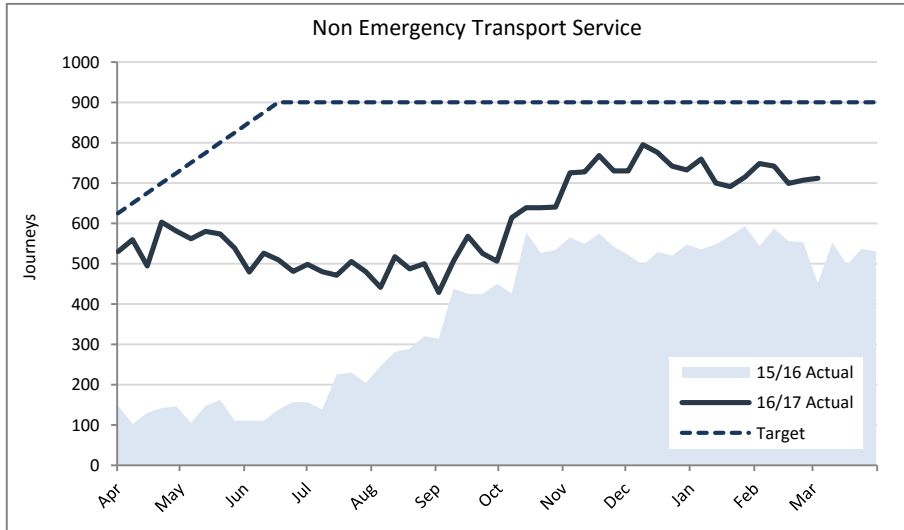
PTS Friends & Family Test Responses Received







# Non-Emergency Transport Service



NETs continues to deliver approximately 720 journeys per week.

Throughout February, NETs overall performance has suffered due to increasingly lengthy handover times at hospitals along with the impact of a drop in the number of calls provided to NETs.

From the daily conference call, plans and reporting have been put in place to increase the number of calls given to NETs and completed.

Additional staff (13 Apprentices) are now in post and will become operational in March.

Week Commencing	Calls Conveyed	Calls Handed Back	Calls Passed from CHUB to NETS
26/12/2016	737	329	1066
02/01/2017	766	312	1078
09/01/2017	722	311	1033
16/01/2017	694	233	927
23/01/2017	720	225	945
30/01/2017	761	215	976
06/02/2017	745	169	914
13/02/2017	705	188	893
20/02/2017	711	189	900
27/02/2017	718	209	927

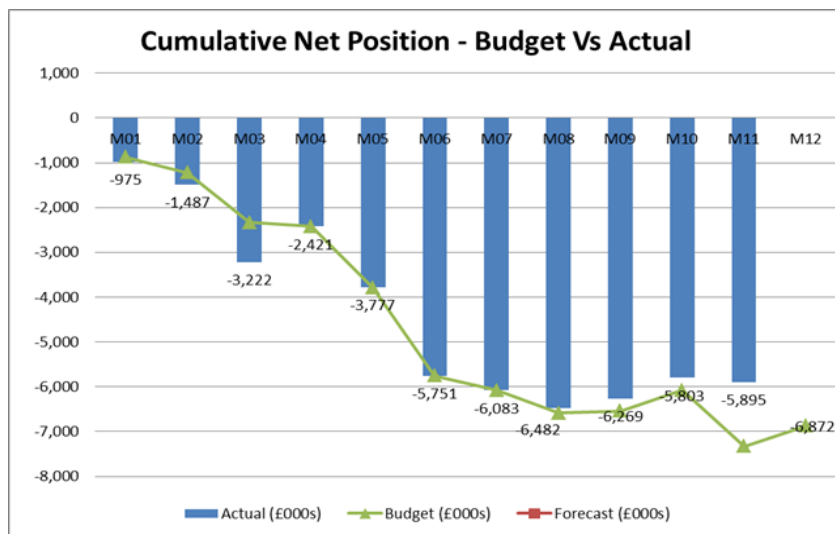
# Our Money



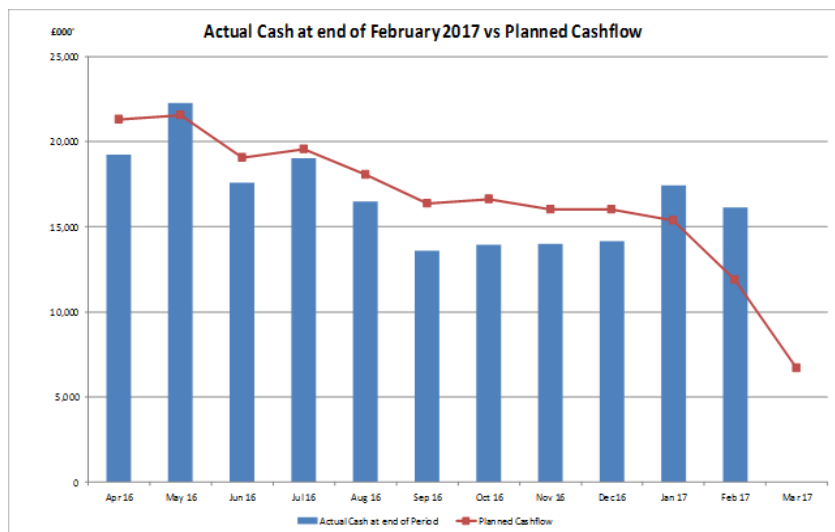
Financial Indicator	Key Headlines	Feb	Jan	Dec
<b>Surplus (Year to date)</b>	Year to date the position is on plan. The year end position of £6.7m remains at risk due to the additional capacity required to meet higher than planned activity. LAS Commissioners have confirmed £2.1m for Q2. In principle an additional £3.6 for Q3 and £3.2 for Q4 has been recognised by LAS Commissioners at the Strategic Commissioning Group subject to final sign off by CCGs. Without this funding the £6.7m control total will not be met. LAS needs to support this position through demand management and productivity improvements to limit the scale of the funds required.			
	Key issues in the position are: <ul style="list-style-type: none"> <li>Additional Overtime, Incentive and PAS support for Frontline Capacity to address increased demand in Q1 &amp; Q2. Demand is currently running above contracted activity growth (circa 6.4% YTD and 11.0% in January). This capacity is partially funded by £2.1m agreed by LAS commissioners for Q2, £3.6m for Q3 and £1.3m for M10 due to activity above plan.</li> <li>Across the year to date position this overspend is partly offset by underspends in other areas. This cannot be sustained across Q4 without a combination of additional funds, demand management and improved productivity.</li> </ul>			
<b>Income</b>	Income is £1.9m favourable in month and £7.5m favourable YTD. <ul style="list-style-type: none"> <li>£2.1m additional income has been agreed by commissioners to support increased activity in Q2, £3.6m in Q3 and a further £1.3m has been recognised in M10 as agreed in principle with LAS Commissioners.</li> <li>Education &amp; Training Income is currently below the expected plan YTD by £0.6m. This will recover by £0.5m in Q4 with the receipt of additional WRES funding.</li> <li>111 Income is £0.4m adverse due to continuing review of operating costs with commissioners. This is offset against reduced cost. Non Contract PTS income is £0.6m favourable. This is offset by increased costs.</li> </ul>			
<b>Expenditure (incl. Financial Charges)</b>	In month expenditure is £1.9m adverse to plan, YTD the position is £7.4m adverse to plan. The key drivers for this YTD position are: <ul style="list-style-type: none"> <li>Core frontline operational costs are £13.2m over budget. This includes £7.3m for PAS.</li> <li>£7m Favourable due to underspends in Operational Management etc.</li> <li>£1.3m Adverse in Non Core Operational divisional spend.</li> </ul>			
<b>CIPs</b>	Year to date CIPs are £0.2m adverse to plan. Some programmes have continued to be delayed due to on-going performance pressures. The full year plan of £10.5m is seen as challenging but achievable. Additional opportunities are being identified to close the CIP gap across Q4.			
<b>Balance Sheet</b>	Capital spend is £4.8m against a revised Capital plan of £11.6m. NHSI have approved the £4.5m of £4.9m capital under spend from 2015/16, our approved CRL is now £19.1m.			
<b>Cashflow</b>	Cash is £17.4m, £2.0m above plan. The Trust received £2.9m in advance from CCGs for February's SLA invoices.			
<b>BPPC</b>	Target 95%, NHS 94% and Non-NHS 74% for the month, NHS 85% and Non-NHS 84% YTD, YTD delivery is in line with BPPC achievement across 2015/16 (NHS 84%, Non NHS 85%). This is due to the Trust implementing more stringent working capital measures to maintain the required cash position. BPPC has improved across January as additional income was secured from Commissioners.			



# Executive Summary - Key Financial Metrics



	2016/17 - Month 11			Year to Date			FY 2016/17
	Budg	Act	Var	Budg	Act	Var	Budg
	£000	£000	£000 fav (adv)	£000	£000	£000 fav (adv)	£000
<b>Dept Health</b>							
Surplus / (Deficits)	(1,248)	(89)	1,158	(7,157)	(5,893)	1,264	(6,700)
EFL				8,315	4,052	4,263	13,509
CRL				16,386	4,903	11,483	19,599
Suppliers paid within 30 days - NHS	95%	91%	(4.0%)	95%	85%	(10.0%)	95%
Suppliers paid within 30 days - Non NHS	95%	80%	(15.0%)	95%	84%	(11.0%)	95%
<b>Monitor</b>							
EBITDA %	1.4%	5.1%	3.7%	3.2%	3.4%	0.2%	3.6%
EBITDA on plan	370	1,381	1,011	9,818	10,545	727	11,905
Net Surplus	(1,248)	(89)	1,158	(7,157)	(5,893)	1,264	(6,700)
NRAF (net return after financing)				(2.6%)	(1.6%)	1.1%	(2.1%)
Liquidity Days				(15.24)	(0.75)	14.5	(17.20)
Use of Resources Rating					3.0		



In Month and YTD the position is ahead of plan due to additional income confirmed by NHSI. The year end position of £6.7m remains at risk due to the additional capacity required to meet higher than planned activity. LAS Commissioners have confirmed £2.1m for Q2, £3.6m for Q3 and projected a further £3.2m funding for Q4 depending on demand growth. Without this funding the £6.7m control total will not be met. LAS needs to support this position through demand management and productivity improvements to limit the scale of the funds required.

- Key issues in the position are:
  - £2.1m additional income has been agreed by commissioners to support increased demand in Q2, £3.6m for Q3. £3.2m is also expected to be agreed to support capacity to meet increased demand in Q4.
  - Additional Overtime, Incentive and PAS support for Frontline Capacity to address increased demand in Q1, Q2 and Q3. Demand is currently running above contracted activity growth (circa 6.3% YTD and 4.9% in February). This capacity is partially funded by £2.1m agreed by LAS commissioners for Q2 and £3.6m for Q3 due to activity above plan.
  - Due to continued demand pressure, an increase in PAS has been agreed, along with support for Incentives for Q4.
- CRL position – the capital plan is £11.5m behind target primarily due to delayed business case approval (NHSI approved the DCA business case in November 2016).
- Cash is £16.2m, £4.3m above plan. This is due to lower than expected cash receipts £4.3m and over spends on non-pay £4.9m being offset by lower than planned payments on capital £7.9m and pay £5.6m.
- Since month 7 the trust has begun to be assessed against the new Use of Resources Rating. There are no budgeted figures as the basis of the rating has changed. The rating is scored 1 – 4 with 1 being the highest rating.
- In order to support the on-going sustainability of the position going forward, a number of cost control measures will be required beyond frontline productivity and demand management.



# Statement of Comprehensive Income

2016/17 - Month 11			Description	Year to Date			FY 2016/17
Budg	Act	Var		Budg	Act	Var	Budg
£000	£000	£000		£000	£000	£000	£000
fav/(adv)				fav/(adv)			
<b>Income</b>							
25,027	24,823	(204)	Income from Activities	284,749	291,535	6,786	310,243
1,623	2,210	587	Other Operating Income	18,769	19,860	1,091	20,396
<b>26,650</b>	<b>27,034</b>	<b>383</b>	<b>Subtotal</b>	<b>303,518</b>	<b>311,396</b>	<b>7,878</b>	<b>330,640</b>
<b>Operating Expense</b>							
21,035	19,651	1,384	Pay	231,335	225,653	5,682	252,380
5,246	5,973	(727)	Non Pay	62,365	75,198	(12,833)	66,192
<b>26,281</b>	<b>25,624</b>	<b>657</b>	<b>Subtotal</b>	<b>293,700</b>	<b>300,851</b>	<b>(7,151)</b>	<b>318,572</b>
<b>370</b>	<b>1,410</b>	<b>1,040</b>	<b>EBITDA</b>	<b>9,818</b>	<b>10,545</b>	<b>727</b>	<b>12,067</b>
1.4%	5.2%	3.8%	<b>EBITDA margin</b>	3.2%	3.4%	0.2 %	3.6%
<b>Depreciation &amp; Financing</b>							
1,264	1,134	130	Depreciation	13,255	12,670	585	14,518
350	350	0	PDC Dividend	3,854	3,850	4	4,204
4	16	(12)	Interest	39	52	(14)	42
0	(29)	29	P&L on Disposal of Fixed Assets	(172)	(135)	(37)	(172)
<b>1,617</b>	<b>1,470</b>	<b>118</b>	<b>Subtotal</b>	<b>16,975</b>	<b>16,438</b>	<b>538</b>	<b>18,764</b>
<b>(1,248)</b>	<b>(60)</b>	<b>1,158</b>	<b>Net Surplus/(Deficit)</b>	<b>(7,157)</b>	<b>(5,893)</b>	<b>1,264</b>	<b>(6,697)</b>

## Risks

- If the Trust does not secure the £5.7m income for Q2 and Q3 activity then LAS will miss its control total.
- If the Trust does not secure sufficient additional funds across the remainder of Q4 (estimated at £3.2m) then the Trust would miss its control total.
- If the criteria for STP funding is not met (e.g. Agency cap) then a further £2.0m would be withheld which would mean the Trust would miss its control total.

The overall financial position is ahead of plan YTD due to additional income confirmed by NHSI.

The year end position of £6.7m is expected to improve due to the additional income notified, however remains at risk due to the additional capacity required to meet higher than planned activity.

## Income

- Income is £0.4m favourable to plan in month and £7.9m favourable YTD. Commissioners have confirmed £2.1m to support increased demand in Q2 and £3.6m in Q3. £3.2m is expected for Q4.
- Education & Training Income is currently below the expected plan YTD by £0.4m. This should recover by year end (the Trust is expecting £0.5m of Workforce Race Equality Standards (WRES) Income).
- 111 Income is £0.6m adverse due to lower than expected costs and activity. This is offset against reduced cost.
- PTS income is higher than expected by £0.9m YTD due to extended contracts.

## Operating Expenditure (excl. Depreciation and Financing)

- £0.6m favourable in month and £7.2m adverse YTD due to:
- Ongoing vacancies in Frontline Pay (incl. EOC)
- Offset by high PAS usage in Q1, Q2 and Q3.
- Overtime, Incentives and PAS were all reduced on a staged basis from Month 4 due to agreed overtime construct and PAS contract changes. In addition PAS (25%) and Overtime Incentives (circa 10%) have reduced in Q3, however additional resources and incentives were targeted across the festive period (£1.4m).

## Depreciation and Financing

- Overall Financial Charges are £0.1m favourable to plan in month and £0.5m favourable YTD.



## Divisional Expenditure (excl. Income)

2016/17 - Month 11			Description	Year to Date			FY 2016/17
Budg	Act	Var		Budg	Act	Var	Budg
£000	£000	£000	£000	£000	£000	£000	
fav/(adv)			fav/(adv)				
<b>Operational Divisions</b>							
12,007	13,167	(1,161)	Core Frontline (Rostered)	135,202	149,545	(14,343)	147,141
1,495	1,281	214	Core Frontline (Non Rostered)	16,464	14,143	2,321	17,959
0	0	0	Other Frontline	0	0	0	0
2,093	2,040	53	EPRR	22,152	20,814	1,338	24,189
0	0	0	Resource Centre	0	0	0	0
2,423	2,220	203	EOC	26,308	23,732	2,576	28,732
107	176	(69)	PTS	1,425	2,785	(1,360)	1,531
666	560	106	NETS	7,312	5,175	2,137	7,978
526	519	7	111 Project	6,174	5,606	568	6,704
<b>19,318</b>	<b>19,963</b>	<b>(646)</b>	<b>Subtotal</b>	<b>215,036</b>	<b>221,800</b>	<b>(6,764)</b>	<b>234,234</b>
<b>Support Services</b>							
2,153	1,826	327	Fleet & Logistics	24,089	25,230	(1,141)	26,238
924	851	72	IM&T	10,203	10,271	(68)	11,126
402	384	17	HR	4,418	4,656	(239)	4,819
0	0	0	Education & Development	0	0	0	0
798	965	(167)	Estates	8,784	9,083	(299)	9,559
18	12	6	Support Services Management	201	208	(8)	219
<b>4,295</b>	<b>4,039</b>	<b>256</b>	<b>Subtotal</b>	<b>47,694</b>	<b>49,448</b>	<b>(1,755)</b>	<b>51,957</b>
<b>Corporate</b>							
233	263	(30)	Chief Executive & Chair	2,567	2,700	(134)	2,800
374	299	75	Corporate Services	4,118	3,803	316	4,492
0	0	0	Business Development	0	0	0	0
85	58	27	Strategic Communication	930	847	83	1,019
339	271	67	Finance	3,975	3,710	265	4,314
3	0	3	Project Management	31	0	31	33
202	208	(6)	Nursing & Quality	2,226	2,307	(80)	2,429
129	109	21	Transformation & Strategy	1,421	1,409	12	1,550
890	200	690	Clinical Education & Standards	10,304	10,387	(84)	10,857
217	392	(176)	Medical	2,383	2,874	(491)	2,600
<b>2,472</b>	<b>1,800</b>	<b>671</b>	<b>Subtotal</b>	<b>27,955</b>	<b>28,038</b>	<b>(83)</b>	<b>30,089</b>
<b>Central</b>							
1,807	1,270	537	Central Corporate	19,914	17,597	2,316	20,979
7	(16)	23	Other Central Costs	77	36	40	84
0	39	(39)	Central Support	0	392	(392)	0
<b>1,814</b>	<b>1,294</b>	<b>520</b>	<b>Subtotal</b>	<b>19,991</b>	<b>18,025</b>	<b>1,965</b>	<b>21,059</b>
<b>27,898</b>	<b>27,097</b>	<b>801</b>	<b>TOTAL</b>	<b>310,675</b>	<b>317,312</b>	<b>(6,637)</b>	<b>337,340</b>
26,650	27,034	383	Income Memorandum	303,518	311,396	7,878	330,640
<b>(1,248)</b>	<b>(63)</b>	<b>1,185</b>	<b>NET POSITION MEMORANDUM</b>	<b>(7,157)</b>	<b>(5,916)</b>	<b>1,241</b>	<b>(6,700)</b>

Overall expenditure is £0.8M favourable in month, but £6.6m adverse YTD primarily due to additional capacity spend.

### Operational Divisions

- Operational expenditure is currently £0.6m adverse in month and £6.8m adverse YTD.
- This is driven by continued high spends on PAS and Overtime to support frontline capacity. Some overtime costs will be partially offset against other areas (non rostered front line, EPRR, EOC).
- PAS costs were reduced from Month 7 due to agreed PAS contract changes, however this trend has been reversed over the Christmas period and in M10 to address increased demand.
- NETS is favourable due to timing differences between planned and actual spend as the service is developed.
- PTS is currently showing a negative variance (£1.4m) due to extended contracts and PAS usage. This is however partially offset by higher than planned income.

### Support Services

- Support Services is £0.3m favourable in month and £1.8m adverse YTD.
- Fleet & Logistics is £0.3m favourable to plan in month and £1.1m adverse YTD mainly due to high agency usage and high drug, medical gas and equipment expenditure.
- HR is £0.2m adverse YTD due to ongoing high levels of agency usage to support recruitment and payroll.
- Estates are £0.3m adverse to plan YTD due to fluctuations in estates maintenance costs.

### Corporate

- Overall Corporate divisions are £0.7m favourable in month and £0.1m adverse YTD.
- Clinical education is £0.7m favourable in month and £0.1m adverse YTD due to higher than planned training costs related to Paramedic and EAC recruitment.
- Medical is £0.5m adverse YTD due to Consultancy for QIP medicines management.

### Central

- Central Corporate is favourable mainly due to the management of the Trust reserves position.

### Income

- Income is as per the Statement of Comprehensive Income (SOC).



# Statement of Financial Position YTD

	Mar-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Feb-17		
	Act	Act	Act	Act	Act	Act	Act	Plan	Var	%
	£000	£000	£000	£000	£000	£000	£000	£000	£000	
<b>Non Current Assets</b>										
Property, Plant & Equip	143,403	140,428	139,814	139,515	138,864	139,028	138,196	148,540	(10,344)	-6.96%
Intangible Assets	8,704	7,228	6,999	6,793	6,580	6,366	6,150	6,636	(486)	-7.32%
Trade & Other Receivables	0	0	0	0	0	0	0	0	0	
<b>Subtotal</b>	<b>152,107</b>	<b>147,656</b>	<b>146,813</b>	<b>146,308</b>	<b>145,444</b>	<b>145,394</b>	<b>144,346</b>	<b>155,176</b>	<b>(10,830)</b>	<b>-6.98%</b>
<b>Current Assets</b>										
Inventories	2,999	3,021	3,020	3,017	3,032	3,007	3,005	2,999	6	0.20%
Trade & Other Receivables	14,461	20,991	21,623	23,753	25,643	25,859	26,935	13,752	13,183	95.86%
Cash & cash equivalents	20,209	13,609	13,956	14,010	14,154	17,427	16,157	11,894	4,263	35.84%
Non-Current Assets Held for Sale	101	44	44	44	44	44	44	44	0	
<b>Total Current Assets</b>	<b>37,770</b>	<b>37,665</b>	<b>38,643</b>	<b>40,824</b>	<b>42,873</b>	<b>46,337</b>	<b>46,141</b>	<b>28,689</b>	<b>17,452</b>	<b>60.83%</b>
<b>Total Assets</b>	<b>189,877</b>	<b>185,321</b>	<b>185,456</b>	<b>187,132</b>	<b>188,317</b>	<b>191,731</b>	<b>190,487</b>	<b>183,865</b>	<b>6,622</b>	<b>3.60%</b>
<b>Current Liabilities</b>										
Trade and Other Payables	(33,495)	(34,923)	(35,548)	(37,761)	(38,346)	(41,001)	(39,592)	(36,533)	(3,059)	8.37%
Provisions	(4,609)	(4,170)	(4,118)	(4,048)	(4,029)	(4,058)	(4,182)	(2,673)	(1,509)	56.45%
Borrowings	0	0	0	0	0	0	0	0	0	
Working Capital Loan - DH	0	0	0	0	0	0	0	0	0	
Capital Investment Loan - DH	0	0	0	0	0	0	0	0	0	
<b>Net Current Liabilities</b>	<b>(38,104)</b>	<b>(39,093)</b>	<b>(39,666)</b>	<b>(41,809)</b>	<b>(42,375)</b>	<b>(45,059)</b>	<b>(43,774)</b>	<b>(39,206)</b>	<b>(4,568)</b>	<b>11.65%</b>
<b>Non Current Assets plus/less net current assets/Liabilities</b>	<b>151,773</b>	<b>146,228</b>	<b>145,790</b>	<b>145,323</b>	<b>145,942</b>	<b>146,672</b>	<b>146,713</b>	<b>144,659</b>	<b>2,054</b>	<b>1.42%</b>
<b>Non Current Liabilities</b>										
Trade and Other Payables	0	0	0	0	0	0	0	0	0	
Provisions	(9,796)	(9,807)	(9,699)	(9,728)	(10,132)	(10,396)	(10,500)	(9,917)	(583)	5.88%
Borrowings	(107)	(107)	(107)	(107)	(107)	(107)	(107)	(107)	0	0.00%
Working Capital Loan - DH	0	0	0	0	0	0	0	0	0	
Capital Investment Loan - DH	0	0	0	0	0	0	0	0	0	
<b>Total Non Current Liabilities</b>	<b>(9,903)</b>	<b>(9,914)</b>	<b>(9,806)</b>	<b>(9,835)</b>	<b>(10,239)</b>	<b>(10,503)</b>	<b>(10,607)</b>	<b>(10,024)</b>	<b>(583)</b>	<b>5.82%</b>
<b>Total Assets Employed</b>	<b>141,870</b>	<b>136,314</b>	<b>135,984</b>	<b>135,488</b>	<b>135,703</b>	<b>136,169</b>	<b>136,106</b>	<b>134,635</b>	<b>1,471</b>	<b>1.09%</b>
<b>Financed by Taxpayers Equity</b>										
Public Dividend Capital	58,016	58,016	58,016	58,016	58,016	58,016	58,016	58,016	0	0.00%
Retained Earnings	28,120	22,582	22,252	21,756	21,971	22,437	22,394	20,885	1,509	7.23%
Revaluation Reserve	56,153	56,135	56,135	56,135	56,135	56,135	56,115	56,153	(38)	-0.07%
Other Reserves	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	0	0.00%
<b>Total Taxpayers Equity</b>	<b>141,870</b>	<b>136,314</b>	<b>135,984</b>	<b>135,488</b>	<b>135,703</b>	<b>136,169</b>	<b>136,106</b>	<b>134,635</b>	<b>1,471</b>	<b>1.09%</b>

## Non Current Assets

- Non current assets stand at £144.3m, (£10.8m) below plan. This is due to capital slippage and the related under spend on depreciation.

## Current Assets

- Current assets stand at £46.1m, £17.5m above plan.
- Cash position as at February is £16.2m, £4.3m above plan.
- Within Trade & Other Receivables, Receivables (debtors) at £12.8m are £8.4m above plan, accrued income at £10.0m is £4.6m above plan and prepayments at £4.2m are £0.2m above plan. The increase in accrued income relates to CQC investment, CQUIN and additional funding for over activity waiting to be invoiced. The Trust is pursuing the Lead Commissioners to approve.

## Current Liabilities

- Current liabilities stand at £43.8m, £4.6m above plan.
- Payables and accruals at £37.7m are £1.3m above plan.
- The Trust has a high volume of unapproved trade payables at £4.0m.
- Current provisions at £4.2m are £1.5m higher than plan. This is due to lower than expected payments being made to international recruits and in relation to legal claims.
- Deferred Income at £1.9m is £1.8m above plan. The increase in deferred income relates to MTF A and system resilience funding being paid in advance and an income adjustment for the level of activity.

## Non Current Liabilities

- Non current provisions at £10.5m are £0.6m above plan due to the recent change in the discount rate issued by Treasury being more than expected. Borrowings are on plan.

## Taxpayers Equity

- Taxpayers Equity stands at £136.0m, £1.5m higher than plan.
- Retained Earnings stands at £22.4m, £1.5m higher than plan.



# Cashflow Statement YTD

	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	YTD Move	YTD Plan	Var
	Actual	Actual	Actual	Actual	Actual	Actual	Feb-17	Feb-17	Feb-17
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Opening Balance</b>	16,491	13,609	13,956	14,010	14,154	17,427	<b>20,209</b>	<b>20,209</b>	<b>0</b>
Operating Surplus	(441)	1,167	1,059	1,701	2,033	1,411	10,701	9,813	888
(Increase)/decrease in current assets	(4,453)	(631)	(2,127)	(1,905)	(191)	(1,074)	(12,480)	2,672	(15,152)
Increase/(decrease) in current liabilities	4,522	355	1,650	556	1,565	(1,086)	5,638	(2,956)	8,594
Increase/(decrease) in provisions	44	(172)	(53)	373	281	216	146	(1,936)	2,082
Net cash inflow/(outflow) from operating activities	(328)	719	529	725	3,688	(533)	4,005	7,593	(3,588)
<b>Cashflow inflow/outflow from operating activities</b>	<b>(328)</b>	<b>719</b>	<b>529</b>	<b>725</b>	<b>3,688</b>	<b>(533)</b>	<b>4,005</b>	<b>7,593</b>	<b>(3,588)</b>
Returns on investments and servicing finance	8	5	12	(2)	13	(6)	78	88	(10)
Capital Expenditure	(361)	(377)	(487)	(579)	(428)	(731)	(5,934)	(13,797)	7,863
Dividend paid	(2,201)	0	0	0	0	0	(2,201)	(2,199)	(2)
Financing obtained	0	0	0	0	0	0	0	0	0
Financing repaid	0	0	0	0	0	0	0	0	0
<b>Cashflow inflow/outflow from financing</b>	<b>(2,554)</b>	<b>(372)</b>	<b>(475)</b>	<b>(581)</b>	<b>(415)</b>	<b>(737)</b>	<b>(8,057)</b>	<b>(15,908)</b>	<b>7,851</b>
Movement	(2,882)	347	54	144	3,273	(1,270)	(4,052)	(8,315)	4,263
<b>Closing Cash Balance</b>	<b>13,609</b>	<b>13,956</b>	<b>14,010</b>	<b>14,154</b>	<b>17,427</b>	<b>16,157</b>	<b>16,157</b>	<b>11,894</b>	<b>4,263</b>

There has been a net outflow of cash from the Trust of £4.1m.  
Cash funds at 28 February stand at £16.2m.

## Operating Surplus

- The operating surplus is £0.9m higher than planned.

## Current Assets

- The YTD movement on current assets is £12.5m, a £15.2m increase on plan.
- Current assets movement was higher than planned due to an increase in receivables (£10.4m), increase in accrued income (£4.6m) and an increase in prepayments (£0.2m).

## Current Liabilities

- The YTD movement on current liabilities is £5.6m, a £8.6m increase on plan.
- Current liabilities movement was higher than planned due to trade and other payables £1.3m, accruals £5.6m and deferred income £1.8m.

## Provisions

- The YTD movement on provisions is £0.1m, is £2.1m increase on plan.

## Capital Expenditure

- Capital cash outflow is £7.9m behind plan for the year.



# CQUIN schemes for 2016/17

The Commissioning for Quality and Innovation (CQUIN) framework supports improvements in the quality of services and the creation of new, improved patterns of care. These slides show the CQUIN schemes contained within the 2016/17 LAS contract and progress against milestones.

#	CQUIN Indicator title – Quarter 2 UPDATE	Annual value (% of contract)	Final indicator period	Milestone/ weighting (% available)	Progress Status			Risk/ issue
					Qtr 1	Qtr 2	Qtr 3	
1	<p><b>E-Solution 1:</b> Preparing the roadmap for LAS digital integration with London wide U&amp;E Care</p> <p><b>Quarter 2 deliverable/milestone:</b> Provide a quarterly update detailing project progress, to include an update on project plan, activity, assurance on progress and evidence of achievement of key milestones or deliverables and lessons learned</p>	£871,371 (0.30%)	Final Period – Q4 2016-17	Q1 = 20% £174,274 Q2 = 25% £217,843 Q3 = 25% £217,843 Q4 = 30% £261,411				<p>30-Nov: Quarter 2 report submitted 21<sup>st</sup> Oct, clarification queries raised by CCGs, achievement under review.</p> <p>31-Dec – Q3: Pending receipt of appropriate evidence &amp; documentation for Q3.</p>
2	<p><b>E-solution 2:</b> supporting a mobile workforce</p> <p>To seek to identify initiatives which will bring forward some benefits of the e-Ambulance digital healthcare initiative, to improve patient care and staff welfare and LAS service delivery.</p> <p><b>Quarter 2 deliverable/milestone:</b> Provide a quarterly update detailing project progress, to include an update on project plan, activity, assurance on progress and evidence of achievement of key milestones or deliverables and lessons learned</p>	£2,2178,428 (0.75%)	Final Period – Q4 2016-17	Q1 = 15% £326,764 Q2 = 25% £544,607 Q3 = 30% £653,528 Q4 = 30% £653,528				<p>30-Nov: Quarter 2 report submitted 21<sup>st</sup> Oct, no additional queries raised by CCGs.</p> <p>31-Dec: Quarter 3 report to commissioners: No update received from local lead on progress for Q3.</p>
3	<p><b>E-learning development -</b> Supporting the move to a total workforce information approach, a review to identify a comprehensive learning management system.</p> <p><b>Quarter 2 deliverable/milestone:</b> Provide a quarterly update detailing project progress, to include an update on project plan, activity, assurance on progress and evidence of achievement of key milestones or deliverables and lessons learned</p>	£726,143 (0.25%)	Final Period – Q4 2016-17	Q1 = 30% £217,843 Q2 = 20% £145,229 Q3 = 20% £145,229 Q4 = 30% £217,843				<p>30-Nov: Quarter 2 report submitted 21<sup>st</sup> Oct, clarification queries raised by CCGs, achievement under review.</p> <p>31-Dec: Quarter 3: Pending receipt of appropriate evidence &amp; documentation for Q3.</p>
4	<p><b>Improving LAS focus on special patient groups:</b> Bariatric, Mental Health &amp; Sickle Cell crisis</p> <p><b>Quarter 2 deliverable/milestone:</b> Provide a quarterly update detailing project progress, to include an update on project plan, activity, assurance on progress and evidence of achievement of key milestones or deliverables and lessons learned</p>	£435,686 (0.15%)	Final Period – Q4 2016-17	Q1 = 30% £130,706 Q2 = 20% £87,137 Q3 = 20% £87,137 Q4 = 30% £130,706				<p>30-Nov: Quarter 2 report submitted 21<sup>st</sup> Oct, clarification queries raised by CCGs, achievement under review.</p> <p>31-Dec: Quarter 3: Pending receipt of appropriate evidence &amp; documentation for Q3.</p>

#### Key - RAG status

- Red denotes: no or marginal progress made, appropriate evidence & documentation yet to be provided, funding is at risk.
- Amber denotes: in progress, all appropriate evidence & documentation yet to be provided, funding at potential risk.
- Green denotes: in progress, appropriate evidence & documentation provided, no evident risk to funding.





# CQUIN schemes for 2016/17

#	CQUIN Indicator title – Quarter 2 UPDATE	Annual value (% of contract)	Final indicator period	Milestone/ weighting (% available)	Progress Status			Risk/ issue
					Qtr 1	Qtr 2	Qtr 3	
5	<p><b>Improving LAS Emergency Operations Centre:</b> supporting consistent delivery of improved patient care, patient safety, experience and outcomes and strengthening LAS governance and quality assurance processes.</p> <p><b>Quarter 2 deliverable/milestone:</b> Provide a quarterly update detailing project progress, to include an update on project plan, activity, assurance on progress and evidence of achievement of key milestones or deliverables and lessons learned</p>	£781,371 (0.30%)	Final Period – Q4 2016-17	Q1 = 20% £174,274 Q2 = 25% £217,843 Q3 = 25% £217,843 Q4 = 30% £261,411				<p>30-Nov: Quarter 2 report submitted 21<sup>st</sup> Oct, clarification queries raised by CCGs, achievement under review.</p> <p>31-Dec: Quarter 3 report to commissioners: No update received from local lead on progress for Q3.</p>
6	<p><b>National CQUIN 1a (Opt B):</b> The introduction of health &amp; wellbeing initiatives covering physical activity, mental health &amp; improving access to physiotherapy for people with MSK issues</p> <p><b>Quarter 2 deliverable/milestone:</b> Provide a quarterly update detailing project progress, to include an update on project plan, activity, assurance on progress and evidence of achievement of key milestones or deliverables and lessons learned</p>	£726,143 (0.25%)	Final Period – Q4 2016-17	Q1 = 20% £145,229 Q2 = % £ --- Q3 = % £ --- Q4 = 80% £580,914				<p>30-Nov: Internal assurance provided. CQUIN is on track, in line with national reporting schedule no formal report due to Commissioners.</p> <p>31-Dec: Quarter 3: Pending receipt of appropriate evidence &amp; documentation for Q3</p>
7	<p><b>National CQUIN 1b:</b> Healthy food for NHS staff, visitors and patients</p> <p><b>Quarter 2 deliverable/milestone:</b> Provide a quarterly update detailing project progress, to include an update on project plan, activity, assurance on progress and evidence of achievement of key milestones or deliverables and lessons learned</p>	£726,143 (0.25%)	Final Period – Q4 2016-17	Q1 = 20% £145,229 Q2 = % £ --- Q3 = % £ --- Q4 = 80% £580,914				<p>30-Nov: Internal assurance provided. CQUIN is on track, in line with national reporting schedule no formal report due to Commissioners.</p> <p>31-Dec: Quarter 3 report to commissioners: No update received from local lead on progress for Q3</p>
8	<p><b>National CQUIN 1c:</b> Improving the uptake of flu vaccinations for front line staff within Providers</p> <p><b>Quarter 2 deliverable/milestone:</b> Provide a quarterly update detailing project progress, to include an update on project plan, activity, assurance on progress and evidence of achievement of key milestones or deliverables and lessons learned</p>	£726,143 (0.25%)	Final Period – Q4 2016-17	Q1 = % £ --- Q2 = % £ --- Q3 = % £ --- Q4 = 100% £726,143				<p>30/11 Internal assurance provided CQUIN is on track, in line with national reporting schedule no formal report due to Commissioners.</p> <p>31/12 – Qtr 3 report to commissioners: No update received from local lead on progress for Qtr 3</p>
<b>Total Value (2.5% of contract value)</b>		<b>£7,261,427</b>						

# Our People



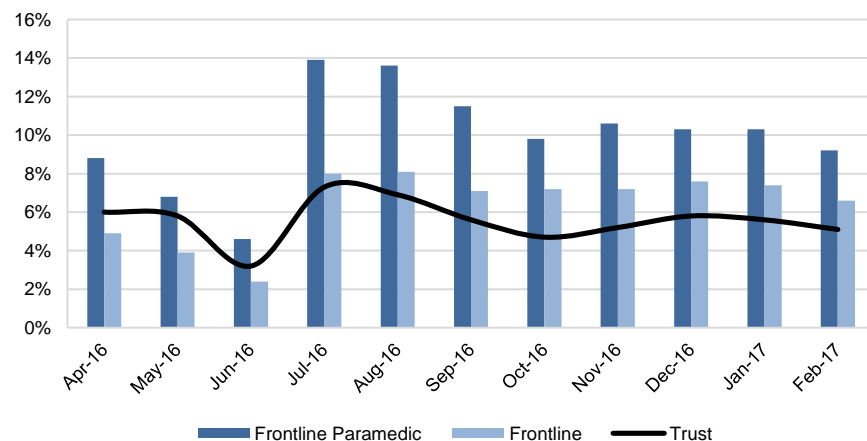
Section	Key Headlines	Feb	Jan	Dec
<b>Vacancy and Recruitment</b>	<ul style="list-style-type: none"> <li>The overall vacancy rate has remained at 5.8%.                             <ul style="list-style-type: none"> <li>The vacancy rate for front line staff has reduced from 7.4% to 6.6%.</li> <li>The vacancy rate for frontline paramedics has reduced from 10.3% to 9.2%. This is reporting against 100% of the establishment.</li> <li>The timeliness of the job evaluation process has a direct impact on the recruitment time to hire process. We have developed a KPI which monitors both the volume and performance against a two week timescale and this will minimise any delays to the recruitment process.</li> </ul> </li> </ul>			
<b>Turnover</b>	<ul style="list-style-type: none"> <li>Trust turnover has remained at 9.8%.                             <ul style="list-style-type: none"> <li>Frontline turnover has improved from 8.7% to 8.4%.</li> <li>Frontline paramedic turnover has improved from 8.9% to 8.8%.</li> </ul> </li> </ul>			
<b>Sickness</b>	<ul style="list-style-type: none"> <li>Overall trust sickness has increased to 5.2% against a target / threshold of 5.5%.</li> <li>Frontline sickness has increased from 5.6% to 5.7%.</li> <li>Sickness is reported two months in arrears (January 2017 position).</li> </ul>			



## Vacancy – Trust wide

	Establishment	In post	Vacancy wte	Vacancy %
<b>Trust Total</b>	<b>5,200.1</b>	<b>4,934.4</b>	<b>265.7</b>	<b>5.1%</b>
<b>Total Frontline</b>	3,372.7	3,151.4	221.3	6.6%
Paramedic	2,088.5	1,896.2	192.4	9.2%
Apprentice Paramedics	85	99.1	-14.1	-16.6%
EAC / TEAC	773.2	799.0	-25.8	-3.3%
EMT & support tech	426.0	357.1	68.9	16.2%
<b>EOC</b>	378.0	389.1	-11.1	-2.9%
<b>Other staff</b>	1,449.40	1,393.90	55.50	3.83%

Trust Vacancy Rate



### Paramedic Recruitment

In February we had 36 iPara starters and we are running further courses during March (iParas) and April (UK Graduates). We have 36 planned starters during these two months.

We have received over 330 applications from our Australian recruitment drive. We will be interviewing candidates in Australia in March.

We continue to advertise monthly for paramedics and hold monthly assessments and interviews.

We have visited partner universities to run application and interview workshops for those candidates who have undertaken their three year placements with LAS.

Data source: Financial Ledger.

### Trainee Emergency Ambulance Crew recruitment

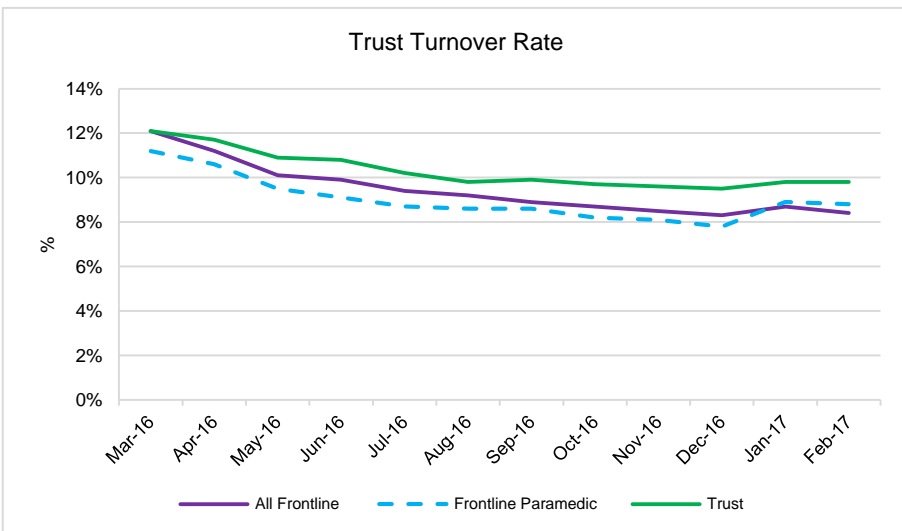
In February we recruited 13 TEACs and we have now exceeded our recruitment target for 16/17. From our recent TEAC recruitment initiative, we have had 769 applications. We held Super-Saturday interviews on 25<sup>th</sup> February where we invited 42 candidates, 34 of whom were successful. We are holding assessments and interviews throughout March and are specifically focusing on recruitment into the North West and North Central sectors.

### Emergency Operations Centre Recruitment (Emergency Medical Dispatchers)

There are Trainee EMD courses in January, February, March and May and 38 out of 74 places have been filled. A rolling advertisement, assessments and interviews are in progress. We had an EMD open evening in February and another is planned for April 2017.



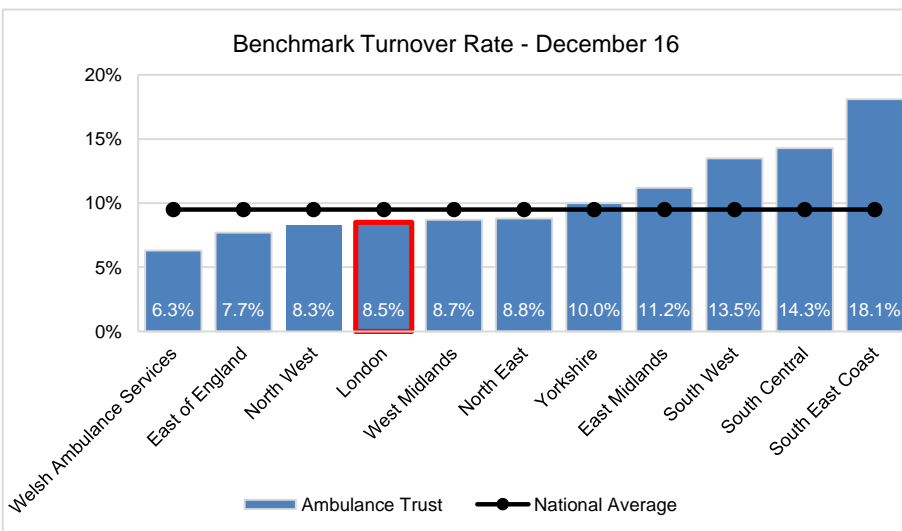
# Turnover – Trust wide



## Trust Turnover

There were 18 frontline leavers in February. This includes 11 Paramedics, 4 Emergency Medical Practitioners and 3 Emergency Ambulance Crew. 9 of the paramedic staff are relocating, 6 of whom are international staff who are returning home. All 6 have two year's or less service.

Frontline paramedic turnover has improved from 8.9% to 8.8%.  
 The turnover for all frontline staff has improved from 8.7% to 8.4%.  
 The total Trust turnover has remained at 9.8% (12 month rolling figure).



## Trust Turnover

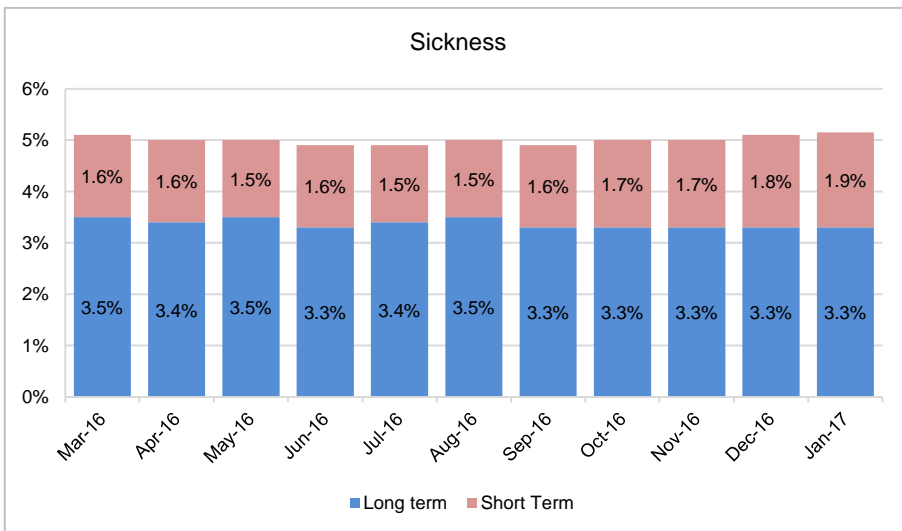
This graph shows the 12 month rolling turnover rate for all 11 Ambulance Trusts.

The London Ambulance Trust has the 4<sup>th</sup> best turnover rate, down from 3<sup>rd</sup> in the previous month. The LAS is below the national average of 9.44%.

Data Source : NHS Health and Social Care Information Centre – data as at 31st December 2016.



# Sickness Absence – Trust level

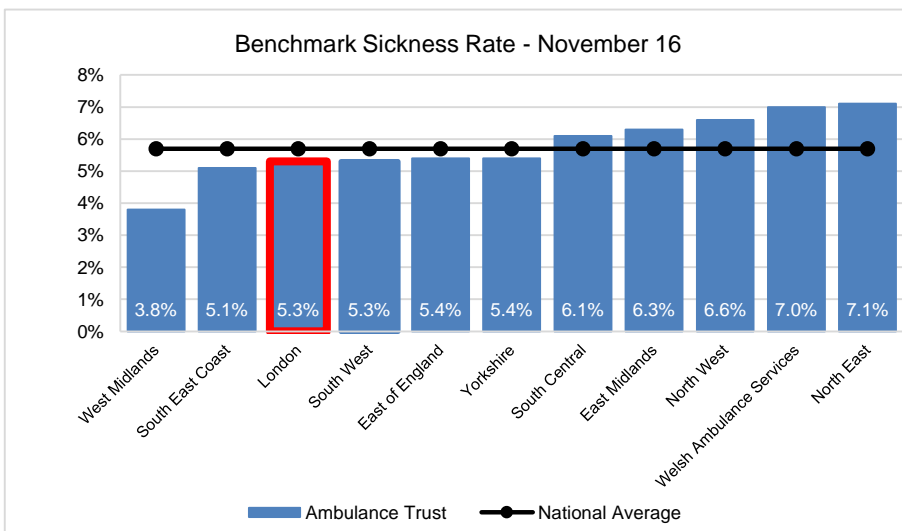


## Trust Sickness

The current 5.2% sickness level is equal to 92,442 days lost for the 12 month period. Frontline sickness has slightly increased from 5.6% to 5.7%. Short-term sickness has increased in most frontline areas - feedback from frontline managers is that some of this is related to an annual trend based on the end of Christmas and New Year bonuses.

Sickness rates per Sector

	January	December
North Central	6.19%	6.12%
North East	6.90%	6.68%
North West	4.30%	4.31%
South East	5.53%	5.49%
South West	5.82%	5.79%



## Trust Sickness

This graph shows the sickness rate for all 11 Ambulance Trusts. The London Ambulance Service has moved from 2<sup>nd</sup> to 3<sup>rd</sup> place.

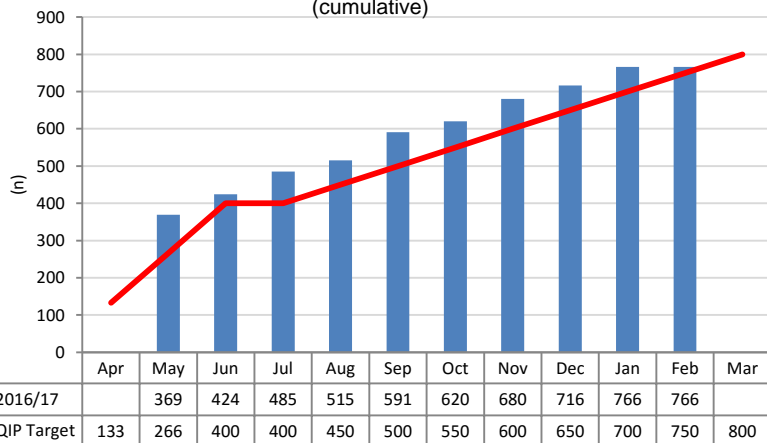
Data Source: NHS Health and Social Care Information Centre – data as at 30<sup>th</sup> November 2016.

NB. Please note that a different formula is used by HSCIC to calculate sickness rates. All Trusts are therefore showing a slightly lower % than their local reporting.



# Bullying and Harassment

Bullying and Harassment Training Sessions (cumulative)



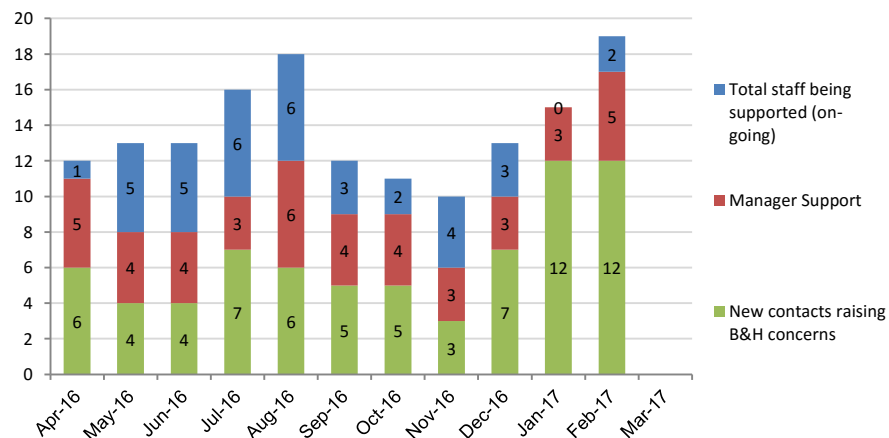
## Bullying and Harassment

As at 24<sup>th</sup> February we have delivered 61 sessions to 766 staff. Sessions to date have been open to all staff, covering a cross-section of both operational and support services staff and attendees have given feedback on the benefits of working across different team.

We had another 13 staff complete the practical skills in mediation workshops bringing the total to 57 staff. Formal B&H cases.

In February there were two formal bullying and harassment cases open and one of these has breached the 28 day indicator.

Bullying & Harassment Recording 2016-17



## Additional Activity

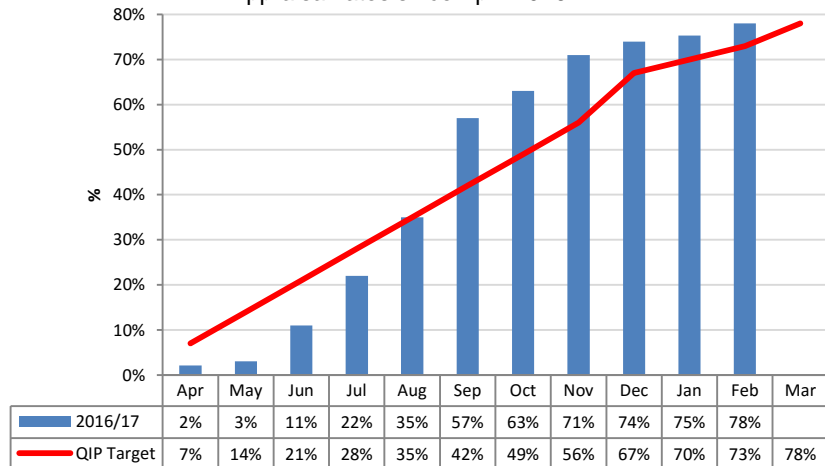
The Trust's B&H Specialist is capturing data which reflects the significant activity they undertake to support and advise staff and managers in bullying and harassment issues. This work accounts for approximately 25%- 30% of their time and should have a positive impact in avoiding formal cases, staff well-being and retention.

The Trust's B&H Specialist is leaving at the end of March. The work associated with this role will need to be mainstreamed in order to keep the momentum.



# Appraisals and Disclosure & Barring Service (DBS)

Appraisal rates since April 2016



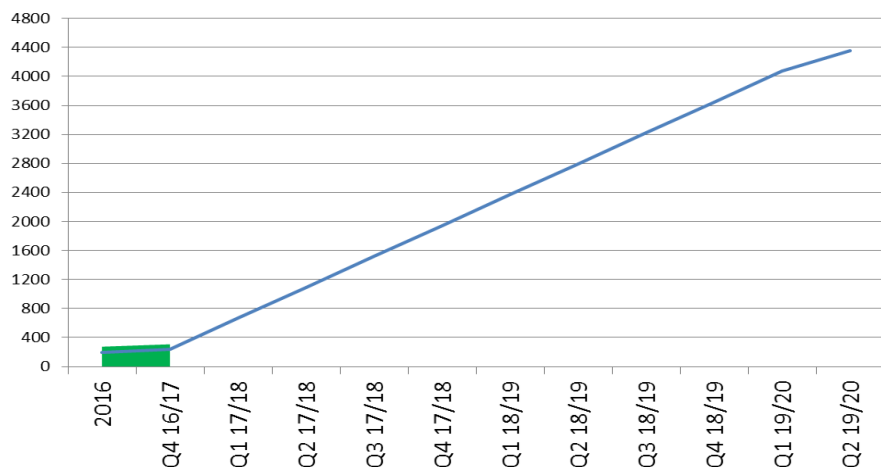
## Appraisals

Since April there have been 3,446 appraisals completed (78% compliance). Operations have completed 76% of appraisals.

Corporate areas have delivered 93% against their target of 100% (31<sup>st</sup> July).

NB. Please note that these figures exclude those on long-term sick leave, career break, maternity leave and those who have worked for less than 9 months at the LAS.

DBS Update Service - Monthly Checks Trajectory



## Disclosure and Barring Service

We have exceeded the planned number of rechecks for 2016 and our trajectory for Q4 16/17 is on plan. We have made a number of changes during the last month to enhance the process and plan as follows:

The plan remains to complete the 4,500 checks by September 2019 (three years). To meet this target we need to ensure that 142 applications are in progress with the DBS each month.

We have communicated the new process to HR and local management teams who will be supporting the process. These teams are best placed to identify staff availability and can escalate any resourcing or compliance issues.

DBS Update Service - all starters from 1<sup>st</sup> April 2017 have a contractual term which requires them to sign up to the DBS Update Service. All recruitment adverts also highlight this requirement.

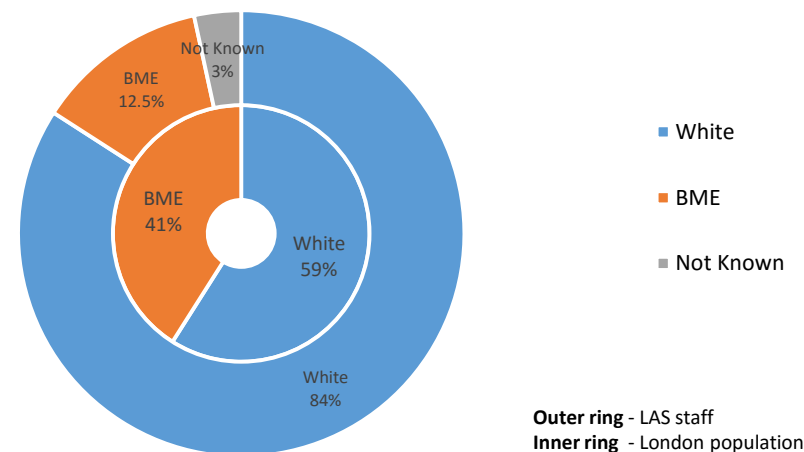


# Workforce Race Equality Standard (WRES)

## Quarter 4 activities

- BME Staff Open Meetings – a programme of open meetings are in progress with the Chair, CEO and WRES Lead for BME staff to share their experiences of working for LAS.
- We have secured £500,000 from Health Education England to fund:
- Outreach into schools to raise profile of LAS as an employer and paramedic science as a potential career with BME students (and others).
- Coaching & mentoring for our BME talent.
- Supporting and building the BME Staff Network to give staff a forum for raising issues and the Trust a BME 'focus group'.
- Positive action advertising to encourage applicants for posts from BME (and other under-represented communities).
- BME talent management - to identify BME talent and to promote BME role models.
- The Chair is exploring the possibility of appointing an Associate NED from a BME background.
- Recruitment Reporting - good progress made to date. All required data is held in the TRAC system and there are a number of standard reports available. A data cleanse exercise is underway which will take approximately one month and it is planned to have an initial set of data available from late Q4 and then routine reporting from April 2017. An initial set of data is featured in this pack.

Breakdown of LAS staff by Ethnicity compared with London population







## WRES Indicators – Board Profile and Disciplinary Data

### WRES indicator:

Does the Board meet the requirement on Board membership that Boards are expected to be broadly representative of the population they serve ?

WRES Category	Headcount	Headcount %	Board Headcount	Board Headcount %
BME	646	12.48	0	0.00
White	4362	84.25	14	100.00
Z Not Stated/Not Given	169	3.00	0	0.00
<b>Total</b>	<b>5177</b>	<b>100</b>	<b>14</b>	<b>100</b>

### WRES indicator:

The relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This should be measured over a 24 month period.

This data shows the formal disciplinary cases for the period April 1st 2015 - 28th February 2017. It shows that the relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, is a ratio of 0.03 to 0.01 ie BME staff are three times as likely to enter the formal disciplinary process compared to white staff.

1st April 2015 - 28th February 2017

WRES Category	Headcount	Disciplinary Headcount	Ratio
BME	646	37	0.06
White	4362	88	0.02
Z Not Stated/Not Given	169	2	0.01
<b>Total</b>	<b>5177</b>	<b>127</b>	

### Progress to date:

1. Data quality has improved significantly during the last 12 month period. All formal cases are entered into ESR and this information is shared and validated with HR teams on a regular basis.
2. The LAS WRES lead and National WRES Lead have held sessions with HR and ADO colleagues to ensure that managers are considering fairness and equity of approach and that consideration is given to resolving issues on an informal basis.



## WRES Indicators – Trust Profile

WRES indicator: Percentage of BME staff in Bands 1-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce.

Pay Band	Ethnic Group						Grand Total
	BAME	%	White	%	Unknown	%	
Band 2	11	1.7%	17	0.4%	4	2.4%	32
Band 3	179	27.6%	350	8.0%	14	8.3%	543
Band 4	143	22.0%	831	19.1%	103	60.9%	1077
Band 5	98	15.1%	764	17.6%	6	3.6%	868
Band 6	167	25.7%	1979	45.5%	35	20.7%	2181
Band 7	33	5.1%	257	5.9%	2	1.2%	292
Band 8A	10	1.5%	60	1.4%	2	1.2%	72
Band 8B	5	0.8%	49	1.1%	2	1.2%	56
Band 8C	2	0.3%	18	0.4%	1	0.6%	21
Band 8D			12	0.3%			12
Band 9			1	0.0%			1
VSM	1	0.2%	12	0.3%			13
<b>Grand Total</b>	<b>649</b>	<b>100.0%</b>	<b>4350</b>	<b>100.0%</b>	<b>169</b>	<b>100.0%</b>	<b>5168</b>

Breakdown as a proportion of the grand total for each ethnic group

Pay Band	Ethnic Group						Grand Total
	BAME	%	White	%	Unknown	%	
Band 2	11	34.4%	17	53.1%	4	12.5%	32
Band 3	179	33.0%	350	64.5%	14	2.6%	543
Band 4	143	13.3%	831	77.2%	103	9.6%	1077
Band 5	98	11.3%	764	88.0%	6	0.7%	868
Band 6	167	7.7%	1979	90.7%	35	1.6%	2181
Band 7	33	11.3%	257	88.0%	2	0.7%	292
Band 8A	10	13.9%	60	83.3%	2	2.8%	72
Band 8B	5	8.9%	49	87.5%	2	3.6%	56
Band 8C	2	9.5%	18	85.7%	1	4.8%	21
Band 8D			12	100.0%			12
Band 9			1	100.0%			1
VSM	1	7.7%	12	92.3%			13
<b>Grand Total</b>	<b>649</b>	<b>12.6%</b>	<b>4350</b>	<b>84.2%</b>	<b>169</b>	<b>3.3%</b>	<b>5168</b>

Breakdown as a proportion of the grand total for each band



# WRES Indicators – Recruitment

<b>WRES indicator:</b>	This data covers the period 1st March 2016 to 28th February 2017 and only includes completed episodes of recruitment. It shows the number of those who applied, of that number those who were shortlisted and of that number, those who were appointed. The percentages and ratios relate only to those who were appointed from shortlist.
Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.	

All recruitment	Applied	Shortlisted	Appointed	%	Ratio	
White	3571	672	163	24.3%	4.1	1.6 times more likely to be appointed
BME	3482	411	61	14.8%	6.7	
Not stated	176	38	14	36.8%	2.7	
<b>Grand Total</b>	<b>7229</b>	<b>1121</b>	<b>238</b>	<b>21.2%</b>	<b>4.7</b>	
<b>TEACs</b>						
	Applied	Shortlisted	Appointed	%	Ratio	
White	496	108	18	16.7%	6.0	1.6 times more likely to be appointed
BME	244	50	5	10.0%	10.0	
Not stated	10	2	2	100.0%	1.0	
<b>Grand Total</b>	<b>750</b>	<b>160</b>	<b>25</b>	<b>15.6%</b>	<b>6.4</b>	
<b>Corporate</b>						
	Applied	Shortlisted	Appointed	%	Ratio	
White	1061	355	90	25.4%	3.9	2.1 times more likely to be appointed
BME	1336	228	27	11.8%	8.4	
Not stated	84	26	11	42.3%	2.4	
<b>Grand Total</b>	<b>2481</b>	<b>609</b>	<b>128</b>	<b>21.0%</b>	<b>4.8</b>	
<b>EMD</b>						
	Applied	Shortlisted	Appointed	%	Ratio	
White	1610	122	50	41.0%	2.4	1.3 times more likely to be appointed
BME	1619	85	27	31.8%	3.1	
Not stated	62	5	1	20.0%	5.0	
<b>Grand Total</b>	<b>3291</b>	<b>212</b>	<b>78</b>	<b>36.8%</b>	<b>2.7</b>	

National average = 1.7

### Notes:

1. Please note that this data reports on 238 appointments for the period 1st March 2016 to 28th February 2017.

2. This represents approximately 50% of the total of those appointed during this period.

3. The recruitment team are currently working with IT to complete the work so that we can report on 100% of those appointed.

4. This work is due to be completed by the end of March 2017.



## WRES Indicators – CPD

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### **Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff**

This data is not currently collected centrally and we are exploring options for recording this data for 17/18, ESR being the most likely option. For 16/17, we plan to identify available data from individual departments in order that we can meet this indicator. Additional resources will be required to facilitate the data collection, cleansing and inputting.



# WRES Indicators – Staff Survey

## Workforce Race Equality Standard (WRES)

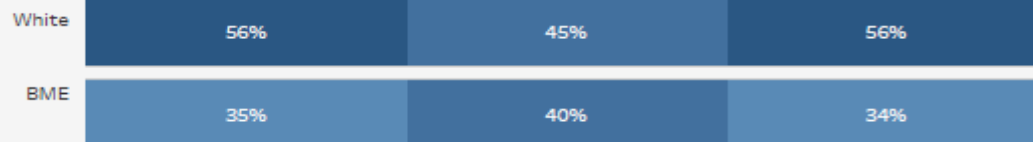
The scores presented below are the un-weighted question level score for question Q17b and un-weighted scores for Key Findings 25, 26, and 21, split between White and Black and Minority Ethnic (BME) staff, as required for the Workforce Race Equality Standard.

In order to preserve the anonymity of individual staff, no data is displayed if the staff group in question contributed fewer than 11 responses to that score. Instead, a percentage sign (%) will be displayed.

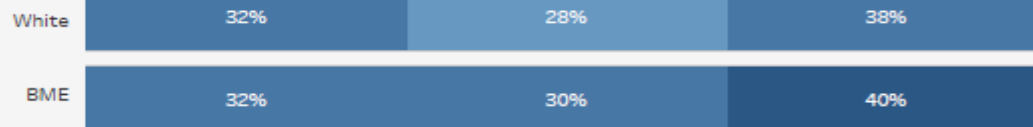


Your score in 2016      Benchmark group median      Your score in 2015

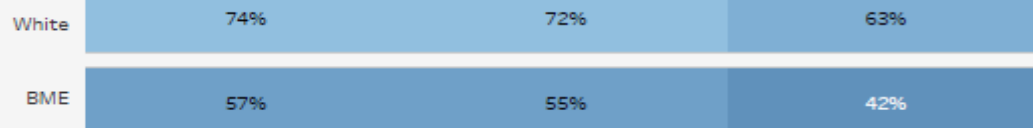
KF25 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months



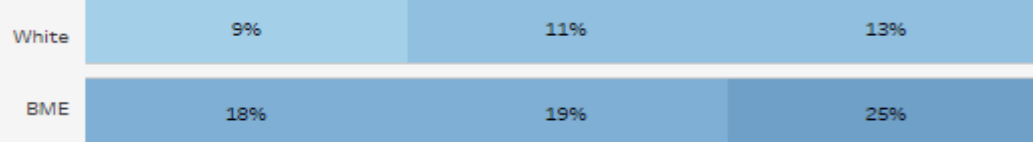
KF26 - Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months



KF21 - Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion



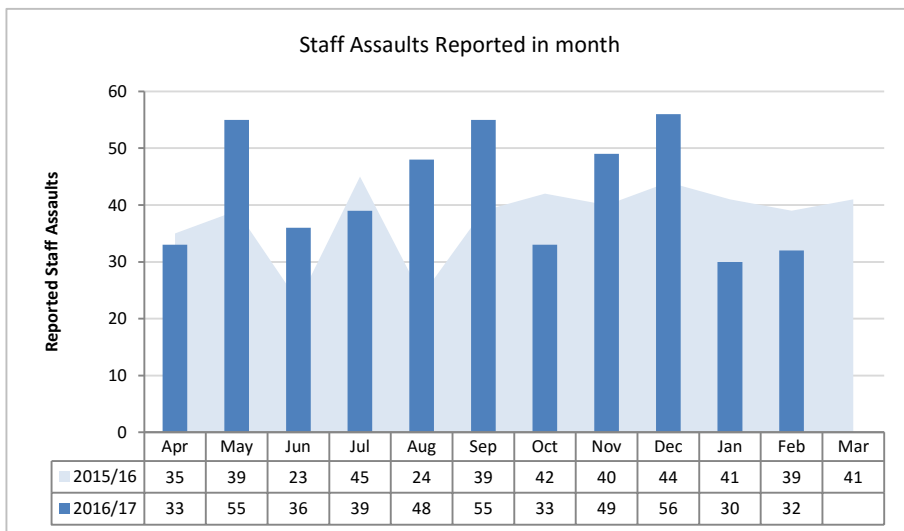
Q17b - In the 12 last months have you personally experienced discrimination at work from manager/team leader or other colleagues?



1. The LAS has improved in three out of the four indicators.
2. Compared with all Ambulance Trusts, the LAS has performed above the benchmark group median in three of the four indicators.



# Staff Assaults



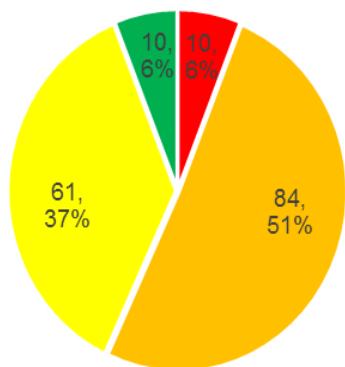
## Staff Assaults

- During 2015/16 452 Staff related assaults were reported, as shown in the graph opposite.
- On average one staff member is assaulted each day in London.
- All staff are offered counselling and support following an assault. Each individual is different and the level of support required varies according to individual need. Everyone can access the same level of support, but not everyone needs it.
- We flag addresses if there is evidence of a previous assault or threat of violence against our staff. This helps to protect our staff from being sent into a potentially dangerous situation. (High Risk Register).
- The Trust has a zero tolerance policy. Spit kits have been rolled out across the Service in support of our staff.

# OUR RISKS



Trust Risks by Risk Level



Risk Rating	Risk Level	Risks	Percentage
15-25	High	10	6%
8-12	Significant	84	51%
4-6	Moderate	61	37%
1-3	Low	10	6%
<b>Total</b>		<b>165</b>	

The Trust's risks are escalated via an established governance framework of committees, from local level meetings to the Trust Board. Thresholds are set for local, Trust, and Board Assurance level risks. They are reviewed and monitored at the appropriate committee meeting as set out in the Trust's Risk Assessment and Reporting Procedure (TP035).

Risks qualifying for inclusion for the Trust Risk Register (risks with a net score of 10 and above) and risks qualifying for inclusion on the Board Assurance Framework (risks with a net rating of 15 and above) need to be approved by the Risk Compliance and Assurance Group (RCAG) which currently sits monthly and reports into ELT.

The RCAG also has responsibility for approving the de-escalation of risks currently included on the Board Assurance Framework and Trust Risk Register. Compliance with management of risk at all levels is reviewed by the RCAG. A status report of local risk management is provided to the group and areas of non-compliance are highlighted to and escalated via the RCAG on a regular basis.

The Governance Team are working with risk coordinators and leads across all departments to assist them in ensuring their risks are updated on a regular basis in line with their net rating.

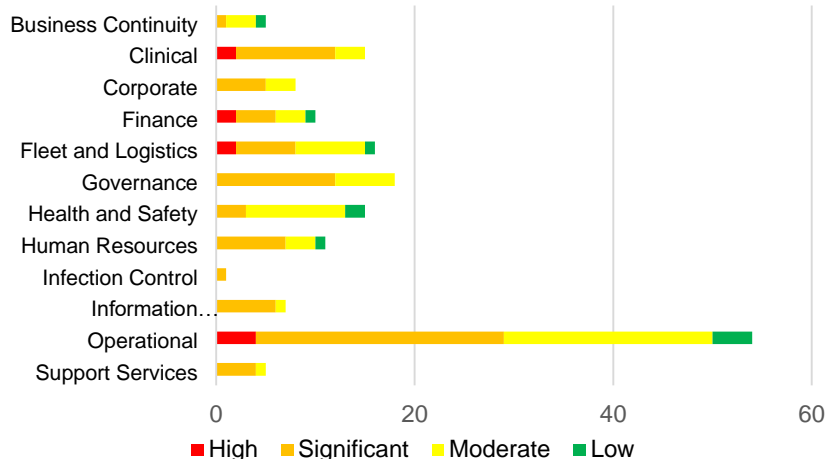
Each area has a designated contact from the Governance Team to support them. Feedback has been provided to each area on their risk registers and they have been invited to either attend a drop-in session or a meeting to facilitate their risk discussions. There will be a Quarter 4 local risk register review undertaken in March which will report into RCAG and escalate areas where required.

The register of risks approved showed the following at 9th March:

- Over half of the Trusts risk register has a risk level of High or Significant (57%) a decrease of 1% on the previous month.
- A third of the overall Trusts risks are Operations risks (32%), with Governance risks accounting for 11% and Clinical risks 10%.
- There are 10 risks with a risk level of High, these sit in Operations (4), Finance and Performance (2), Medical directorate (Clinical) (2) and Fleet and Logistics (2). 3 of these risks are rated at 20 out of 25.

**These charts reflect the trust risks by risk level and risk subtype. These are the approved risks rated 10 and above approved by RCAG and risks 9 and below which have been locally approved as at 9th March 2017.**

Risks by Subtype





# Our Risks

The following risks are all rated at 20 out of 25 as at 9<sup>th</sup> March 2017.

Description	Controls in place	Assurance	Last review date	Risk Subtype	Rating (current)	Risk level (current)
NHSI expects all NHS trusts to achieve financial balance in 2016/17, managing within available resources. Failure to achieve this will mean the Trust is in deficit and will see a deterioration in its long term financial viability and will be subject to further scrutiny and challenge by regulators..	<ol style="list-style-type: none"> <li>1. Demand predictions for future years are robust and understood, both for annual value and monthly, daily and weekly profiles</li> <li>2. Clear view on operational capacity required to deliver ambulance performance targets</li> <li>3. Clear view of achievable productivity targets which support performance targets</li> <li>4. Clear view of operational staff recruitment against establishments targets as set. Clear sight these targets can be delivered</li> <li>5. Funding from CCGs is consistent with capacity, productivity and demand assessments</li> <li>6. Other factors such as investment for CQC are clearly understood, and associated funding identified</li> <li>7. NHS wide efficiency targets can be achieved, and other opportunities to generate efficiency are identified, managed and delivered.</li> <li>8. Inflationary pressures are understood and managed within the overall financial position</li> <li>9. Capital investment plans and their revenue consequences are understood.</li> </ol>	Assurance of Finance Risks are provided via regular review of controls from the Finance and Investment Committee	26/01/2017	Finance	20	High
It is likely that NHS financial and operational planning will include the need to develop efficiencies in order to offset other costs pressures for the foreseeable future. Failure to identify and deliver CIPs will threaten the ongoing viability and solvency of the Trust.	<ol style="list-style-type: none"> <li>1. Appropriate supporting evidence available for CIP.</li> <li>2. All CIPs supported by detailed milestone plan.</li> <li>3. All CIPs embedded in budgets.</li> <li>4. All CIPs owned by relevant manager.</li> <li>5. Benchmarking of CIP opportunity.</li> <li>6. CIP governance clearly defined and in place.</li> <li>7. Board/FIC scrutiny of CIP planning and delivery in place.</li> <li>8. CIPs delivering in line with expectations.</li> <li>9. Capacity and capability available to support delivery.</li> <li>10. All CIPs supported by Quality Inputs Assessments.</li> </ol>	Assurance of Finance Risks are provided via regular review of controls from the Finance and Investment Committee	26/01/2017	Finance	20	High
There is a risk that the agreed A8 trajectory for 16/17 may be adversely affected by sustained over-activity against contractually agreed growth.	<ol style="list-style-type: none"> <li>1.CCGs have been directed to develop action plans to reduce activity by 5% by 1st January 2017</li> <li>2.Surge Plan</li> <li>3.REAP</li> <li>4.OOS hub</li> <li>5.Clinical Hub</li> <li>6.Dispatch on Disposition 240 seconds implemented on 4th October 2016</li> <li>7.Static defib performance recovery group</li> <li>8.Non-clinical vacancy freeze and financial controls implemented in order to target additional spending at operational capacity</li> <li>9.Sickness management on-going</li> <li>10.Removed cat C determinants from FRU</li> </ol>	NHSE regional oversight group monthly review (1) NHSI Performance oversight group monthly review (1) Strategic commissioning management board monthly review (1) Service Delivery Group (2, 3, 4, 9, 10) A&E Resource Group (9)	27/02/2017	Operational	20	High





# London Ambulance Service



NHS Trust

## INTEGRATED PERFORMANCE REPORT – TRUSTBOARD EXECUTIVE SUMMARY

### Abbreviations & Glossary





# Integrated Performance Report – Abbreviations & Glossary

Acronym	Meaning / Description
A19	Category A incidents requiring an 19 minute response
A8	Category A incidents requiring an 8 minute response
ADO	Assistant Directors of Operations
APP	Advanced Paramedic Practitioners
AQI	Ambulance Quality Indicator
BME	Black and Minority Ethnic
CARU	Clinical Audit and Research Unit
CCG	Clinical Commissioning Group
CD	Controlled Drugs
CDLO	Controlled Drugs Liaison Officers
CISO	Clinical Information & Support Overview
CPI	Clinical Performance Indicator
CQUIN	Commissioning for Quality and Innovation
CRL	Capital Resource Limit
CRU	Cycle Response Unit
CSR	Core Skills Refresher (Training)
DBS	Disclosure & Barring Scheme
DOC	Duty of Candour
EAC	Emergency Ambulance Crew
ED	Emergency Department
ELT	Executive Leadership Team
EMD	Emergency Medical Dispatcher
EMT	Emergency Medical Technician
EOC	Emergency Operations Centre
ESR	Employee Service Record
FAST	Face, Arm, Speech, Time (Indicators of a Stroke)
FFT	Friends and Family Test
FLACC	Face, Legs, Activity, Cry, Consolable - paediatric pain scale
FRU	Fast Response Unit

Acronym	Meaning / Description
GCS	Glasgow Coma Scale
GTN	Glyceryl Trinitrate
HAC	Heart Attack Centres
HART	Hazardous Area Response Teams
HASU	Hyper Acute Stroke Unit
HCP	Health Care Professional
iPara	International Paramedic
JCT	Job Cycle Time
KPI	Key Performance Indicator
LIN	Local Intelligence Network
LINC	Listening Informal Non-Judgemental Confidential
MAR	Multiple Attendance Ratio
MRU	Motorcycle Response Unit
MTC	Major Trauma Centre
NETs	Non-Emergency Transport
OOH	Out Of Hours
PAS / VAS	Private / Voluntary Ambulance Services
PED	Patient Experiences Department
PFVH	Patient Facing Vehicle Hours
PRF	Patient Record Form
PTS	Patient Transport Service
QGAM	Quality, Governance and Assurance Manager
QIP	Quality Improvement Plan
QR	Quality Requirement
ROSC	Return of Spontaneous Circulation
SI	Serious Incident
STEMI	ST-Segment Elevation Myocardial Infarction
TEAC	Trainee Emergency Ambulance Crew
TRU	Tactical Response Unit
YTD	Year to Date
WTE	Whole Time Equivalent



# Integrated Performance Report – Glossary

Other Terminology	Meaning
Green ambulance outcomes	Lower acuity ambulance outcomes

LAS 111 (South East London)			
QR	Measure	Target	Description
	Total calls answered		Number of calls made to 111 and answered by an LAS call handler.
05	Calls answered within 60 seconds	95%	Of the total answered calls, how many were answered within 60 seconds of being queued for an advisor?
04	Calls abandoned after 30 seconds	1%	Of the total calls offered and reaching 30 seconds following being queued for an advisor, how many did the caller hang up before they were answered?
	Calls referred to a clinical advisor		Of the total answered calls, what percentage were directly triaged by a clinician during their 111 episode?
	Of calls transferred, percentage transferred warm		Of the total answered calls that were transferred to a trained 111 clinical advisor, how many were transferred while the caller was on hold?
13	Of call backs, percentage within 10 minutes	100%	Of the total calls where person was offered a call back by a 111 clinician, for how many was the person actually called back within 10 minutes of the end of their first call?
10	Calls referred to 999	10%	Of the total number of calls answered, what were the number of final dispositions that result in an ambulance being dispatched?
11	Calls referred to Emergency Department	5%	Of the total calls received and triaged by a 111 call handler or clinician, how many were referred to a type 1 or 2 A&E department?

Other London 111 service provider	Areas Covered
London Ambulance Service (LAS)	1. South East London
Care UK	1. Hillingdon, 2. North West London
Partnership of East London Co-operatives (PELC)	1. East London & City. 2. Outer North East London
London Central & West (LCW)	1. Inner North West London, 2. North Central London
Vocare	1. Croydon, 2. Wandsworth, 3. Sutton & Merton, 4. Kingston & Richmond



<b>Report to:</b>	<b>Trust Board (Public)</b>
<b>Date of meeting:</b>	<b>28<sup>th</sup> March 2017</b>
<b>Document Title:</b>	<b>Financial Report – Part 1</b>
<b>Report Author(s):</b>	<b>Andy Bell</b>
<b>Presented by:</b>	<b>Andy Bell</b>
<b>Contact Details:</b>	<b>Andy.bell@lond-amb.nhs.uk</b>
<b>History:</b>	<b>ELT, FPC</b>
<b>Status:</b>	<b>information</b>
<b>Background/Purpose</b>	
<p><b>Headline:</b></p> <ul style="list-style-type: none"><li>Year to date the position is ahead of plan due to additional income confirmed by NHSI. The year end position of £6.7m remains at risk due to the additional capacity required to meet higher than planned activity. LAS Commissioners have confirmed £2.1m for Q2 and £3.6m for Q3. In principle an additional £3.2m for Q4 has been recognised by LAS Commissioners at the Strategic Commissioning Group subject to final sign off by CCGs. Without this funding the £6.7m control total will not be met. LAS needs to support this position through demand management and productivity improvements to limit the scale of the funds required.</li></ul>	
<p><b>5 key Points</b></p> <ul style="list-style-type: none"><li>Plan / Target – Year to date the position is ahead of plan due to additional income confirmed by NHSI. The year end position of £6.7m deficit will not be achievable if the current pattern of spend is maintained. (Amber)</li><li>Year to date the Trust reports ahead of plan at a £5.9m deficit (Amber).</li><li>Year to date CIPs are on plan. Some programmes have continued to be delayed due to on-going performance pressures. The full year plan of £10.5m is seen as challenging but achievable. Additional opportunities have been identified to close the CIP gap across Q4 (Amber).</li><li>Capital spend is £4.9m against a revised Capital plan of £16.4m. NHSI have approved the £4.5m of £4.9m capital under spend from 2015/16, our approved CRL is now £19.1m (Amber).</li><li>Cash is £16.2m, £4.3m above plan. The Trust received £2.9m in advance from CCGs for February's SLA invoices (Green).</li></ul>	
<b>Action required</b>	
The Trust Board is requested to review and note the Financial Results provided.	
<b>Links to Board Assurance Framework and key risks</b>	

<u>ID</u>	<u>Description</u>	<u>Gross Level</u>	<u>Risk level (current)</u>	<u>Risk level (Target)</u>
<a href="#">218</a>	<a href="#">There is a risk that If the Trust does not plan effectively it will not be aware of risks and threats. These could result in significant risk to the ongoing viability of the organisation, operations and clinical safety.</a>	High	Significant	Moderate
<a href="#">217</a>	<a href="#">It is likely that NHS financial and operational planning will include the need to develop efficiencies in order to offset other costs pressures for the foreseeable future. Failure to identify and deliver CIPS will threaten the ongoing viability and solvency of the Trust.</a>	High	High	Moderate
<a href="#">214</a>	<a href="#">NHSI expects all NHS trusts to achieve financial balance in 2016/17, managing within available resources. Failure to achieve this will mean the Trust is in deficit and will see a deterioration in its long term financial viability and will be subject to further scrutiny and challenge by regulators.</a>	High	High	Significant
<a href="#">232</a>	<a href="#">There is risk that failure to identify and then deliver necessary capital investment could result in the Trust failing to deliver safe clinical services to the required standards.</a>	High	Moderate	Moderate
<a href="#">365</a>	<a href="#">There is a risk that on occasions where individuals breach the terms of the SFIs or SOs there are no consequences to those breaches and therefore risks are not properly mitigated or resolved. Therefore financial controls can be ineffective.</a>	High	Significant	Moderate
<a href="#">231</a>	<a href="#">There is a risk that if the Trust does not understand its cost structures, it will not be able to make effective decisions regarding the viability of services, and it may limit the organisation's ability to defend services that are subject to market testing by commissioners or to win new business.</a>	Significant	Significant	Moderate
<a href="#">227</a>	<a href="#">There is a risk that if the Trust does not create an effective procurement function and ensure that staff comply with its requirements when procuring goods and services, it will result in poor procurement. This could impact on both patient safety and value for money.</a>	Significant	Significant	Moderate
<a href="#">226</a>	<a href="#">There is a risk that the Trust fails to manage its financial position compromising the agreed financial plan and ultimately presenting a challenge to the solvency of the organisation.</a>	Significant	Significant	Moderate
<a href="#">222</a>	<a href="#">Failure to manage cash could result in the Trust not being able to meet its liabilities when they fall due. Ultimately poor cash management could result in the organisation and its directors acting illegally if it were to cease to be a going concern.</a>	Significant	Significant	Moderate
<a href="#">219</a>	<a href="#">Failure to maintain an effective financial control environment could lead to poor decision making and the waste of public funds.</a>	Significant	Significant	Moderate

<b>Key implications and risks in line with the risk appetite statement where applicable:</b>	
<b>Clinical and Quality</b>	
<b>Performance</b>	
<b>Financial</b>	Review of the Financial Position by ELT will provide assurance to the Trust Board
<b>Workforce</b>	
<b>Governance and Well-led</b>	
<b>Reputation</b>	
<b>Other</b>	
<b>This paper supports the achievement of the following Quality Improvement Plan Workstreams:</b>	
<b>Making the London Ambulance Service a great place to work</b>	
<b>Achieving Good Governance</b>	
<b>Improving Patient Experience</b>	
<b>Improving Environment and Resources</b>	X
<b>Taking Pride and Responsibility</b>	

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**London Ambulance Service NHS Trust**  
**Finance Report - Part 1 – 2016/17**  
**Month 11: February 2017**

Regional Oversight Group (ROG)  
20<sup>th</sup> February 2017

Andy Bell  
Finance Director

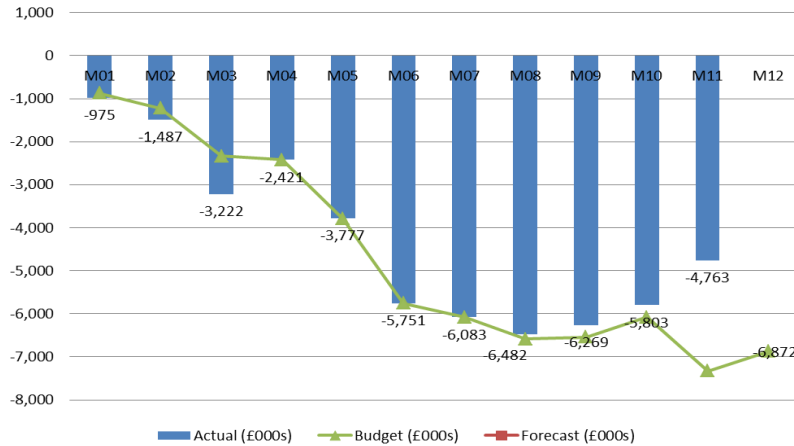
# Finance Summary: M11 (2016/17)

Financial Indicator	Summary Performance	Current Month	Previous month
<b>Surplus (Year to date)</b>	Year to date the position is on plan, The year end position of £6.7m remains at risk due to the additional capacity required to meet higher than planned activity. LAS Commissioners have confirmed £2.1m for Q2. In principle an additional £3.6 for Q3 and £3.3 for Q4 has been recognised by LAS Commissioners at the Strategic Commissioning Group subject to final sign off by CCGs. Without this funding the £6.7m control total will not be met. LAS needs to support this position through demand management and productivity improvements to limit the scale of the funds required.	<b>AMBER</b>	<b>AMBER</b>
	Key issues in the position are: <ul style="list-style-type: none"> <li>Additional Overtime, Incentive and PAS support for Frontline Capacity to address increased demand in Q1 &amp; Q2. Demand is currently running above contracted activity <b>growth (circa 6.4% YTD and 11.0% in January)</b>. This capacity is partially funded by £2.1m agreed by LAS commissioners for Q2, £3.6m for Q3 and £2.1m for M10 and M11 due to activity above plan.</li> <li>Across the year to date position this overspend is partly offset by underspends in other areas. This cannot be sustained across Q4 without a combination of additional funds, demand management and improved productivity.</li> </ul>		
<b>Income</b>	Income is £1.6m favourable in month and £9m favourable YTD. <ul style="list-style-type: none"> <li>£2.1m additional income has been agreed by commissioners to support increased activity in Q2, £3.6m in Q3 and a further £2.1m has been recognised in M10 and M11 as agreed in principle with LAS Commissioners.</li> <li>Education &amp; Training Income is currently below the expected plan YTD by £0.6m. This will recover by £0.5m in Q4 with the receipt of additional WRES funding.</li> <li>111 Income is £0.4m adverse due to continuing review of operating costs with commissioners. This is offset against reduced cost. Non Contract PTS income is £0.6m favourable. This is offset by increased costs.</li> </ul>	<b>GREEN</b>	<b>GREEN</b>
<b>Expenditure (incl. Financial Charges)</b>	In month expenditure is £0.6m favourable to plan, YTD the position is £6.7m adverse to plan. The key drivers for this YTD position are: <ul style="list-style-type: none"> <li>Core frontline operational costs are £14.3m over budget. This includes £7.4m for PAS.</li> <li>£7.6m Favourable due to underspends in Operational Management etc.</li> <li>£1.3m Adverse in Non Core Operational divisional spend.</li> </ul>	<b>AMBER</b>	<b>AMBER</b>
<b>CIPs</b>	<ul style="list-style-type: none"> <li><b>Year to date CIPs are £0.2m adverse to plan. Some programmes have continued to be delayed due to on-going performance pressures. The full year plan of £10.5m is seen as challenging but achievable. Additional opportunities are being identified to close the CIP gap across Q4.</b></li> </ul>	<b>AMBER</b>	<b>AMBER</b>
<b>Balance Sheet</b>	Capital spend is £4.9m against a revised Capital plan of £16.4m. NHSI have approved the £4.5m of £4.9m capital under spend from 2015/16, our approved CRL is now £19.1m.	<b>AMBER</b>	<b>AMBER</b>
<b>Cashflow</b>	Cash is £16.2m, £4.3m above plan. This due to lower than expected cash receipts £4.3m and over spends on non-pay £4.9m being offset by lower than planned payments on capital £7.9m and pay £5.6m.	<b>GREEN</b>	<b>AMBER</b>
<b>BPPC</b>	<ul style="list-style-type: none"> <li>Target 95%, NHS 94% and Non-NHS 74% for the month, NHS 85% and Non-NHS 84% YTD, YTD delivery is in line with BPPC achievement across 2015/16 (NHS 84%, Non NHS 85%). This is due to the Trust implementing more stringent working capital measures to maintain the required cash position. BPPC has improved across February as additional income was secured from Commissioners.</li> </ul>	<b>AMBER</b>	<b>AMBER</b>

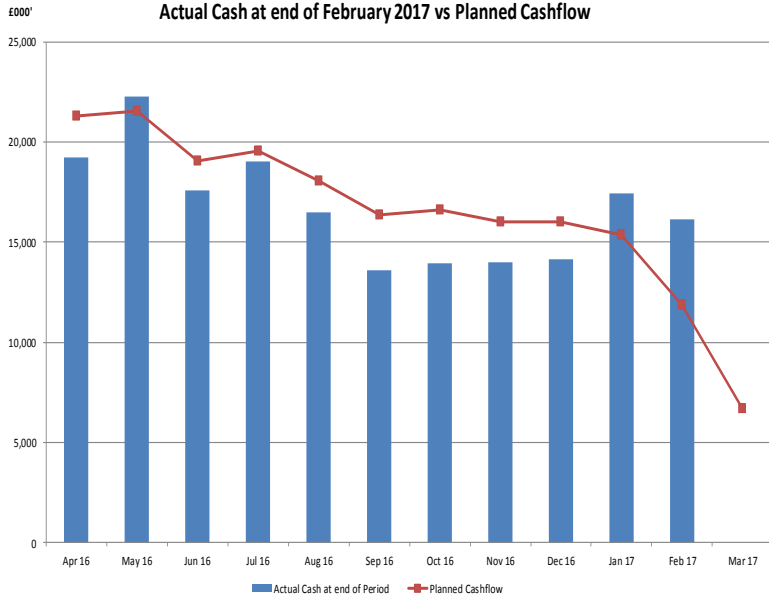


# Executive Summary - Key Financial Metrics

### Cumulative Net Position - Budget Vs Actual



### Actual Cash at end of February 2017 vs Planned Cashflow



	2016/17 - Month 11			Year to Date		
	Budg	Act	Var	Budg	Act	Var
	£000	£000	£000	£000	£000	£000
			fav (adv)			fav (adv)
<b>Dept Health</b>						
Surplus / (Deficits)	(1,248)	(222)	1,025	(7,157)	(6,026)	1,131
EFL				8,315	4,052	4,263
CRL				16,386	4,903	11,483
Suppliers paid within 30 days - NHS	95%	91%	(4.0%)	95%	85%	(10.0%)
Suppliers paid within 30 days - Non NHS	95%	80%	(15.0%)	95%	84%	(11.0%)
<b>Monitor</b>						
EBITDA %	1.4%	4.6%	3.2%	3.2%	3.3%	0.1%
EBITDA on plan	370	1,248	878	9,818	10,412	593
Net Surplus	(1,248)	(222)	1,025	(7,157)	(6,026)	1,131
NRAF (net return after financing)				(2.6%)	(1.7%)	1.0%
Liquidity Days				(15.24)	(0.89)	14.4
Use of Resources Rating					3.0	

In Month and YTD the Position is on plan. The year end position of £6.7m remains at risk due to the additional capacity required to meet higher than planned activity. LAS Commissioners have confirmed £2.1m for Q2, £3.6m for Q3 and projected a further £3.2m funding for Q4 depending on demand growth. Without this funding the £6.7m control total will not be met. LAS needs to support this position through demand management and productivity improvements to limit the scale of the funds required.

- Key issues in the position are:
  - £2.1m additional income has been agreed by commissioners to support increased demand in Q2, £3.6m for Q3. £3.2m is also expected to be agreed to support capacity to meet increased demand in Q4.
  - Additional Overtime, Incentive and PAS support for Frontline Capacity to address increased demand in Q1, Q2 and Q3. Demand is currently running above contracted activity growth (circa 6.4% YTD and 11.0% in January). This capacity is partially funded by £2.1m agreed by LAS commissioners for Q2 and £3.6m for Q3 due to activity above plan.
  - Due to continued demand pressure, an increase in PAS has been agreed, along with support for Incentives for Q4.
- CRL position – The capital plan is £11.5m behind target. NHSI approved the DCA business case in November 2016.
- Cash is £16.2m, £4.3m above plan. This due to lower than expected cash receipts £4.3m and over spends on non-pay £4.9m being offset by lower than planned payments on capital £7.9m and pay £5.6m.
- Since month 7 the trust has begun to be assessed against the new Use of Resources Rating. There are no budgeted figures as the basis of the rating has changed. The rating is scored 1 – 4 with 1 being the highest rating.
- In order to support the overall position a number of cost control measures will also be required beyond frontline productivity and demand management.

# Statement of Comprehensive Income

2016/17 - Month 11			Description	Year to Date			FY 2016/17
Budg	Act	Var		Budg	Act	Var	Budg
£000	£000	£000		£000	£000	£000	£000
		fav/(adv)			fav/(adv)		
<b>Income</b>							
25,027	24,823	(204)	Income from Activities	284,749	291,535	6,786	310,243
1,623	3,476	1,853	Other Operating Income	18,769	21,126	2,357	20,396
<b>26,650</b>	<b>28,299</b>	<b>1,649</b>	<b>Subtotal</b>	<b>303,518</b>	<b>312,661</b>	<b>9,143</b>	<b>330,640</b>
<b>Operating Expense</b>							
21,035	19,784	1,251	Pay	231,335	225,786	5,549	252,380
5,246	6,002	(756)	Non Pay	62,365	75,198	(12,833)	66,192
<b>26,281</b>	<b>25,786</b>	<b>495</b>	<b>Subtotal</b>	<b>293,700</b>	<b>300,984</b>	<b>(7,284)</b>	<b>318,572</b>
<b>370</b>	<b>2,513</b>	<b>2,143</b>	<b>EBITDA</b>	<b>9,818</b>	<b>11,677</b>	<b>1,859</b>	<b>12,067</b>
1.4%	8.9%	7.5%	<b>EBITDA margin</b>	3.2%	3.7%	0.5 %	3.6%
<b>Depreciation &amp; Financing</b>							
1,264	1,134	130	Depreciation	13,255	12,670	585	14,518
350	350	0	PDC Dividend	3,854	3,850	4	4,204
4	16	(12)	Interest	39	52	(14)	42
0	(29)	29	P&L on Disposal of Fixed Assets	(172)	(135)	(37)	(172)
<b>1,617</b>	<b>1,470</b>	<b>118</b>	<b>Subtotal</b>	<b>16,975</b>	<b>16,438</b>	<b>538</b>	<b>18,764</b>
<b>(1,248)</b>	<b>1,043</b>	<b>2,261</b>	<b>Net Surplus/(Deficit)</b>	<b>(7,157)</b>	<b>(4,761)</b>	<b>2,396</b>	<b>(6,697)</b>

The overall financial position is on plan YTD.

The year end position of £6.7m remains at risk due to the additional capacity required to meet higher than planned activity.

## Income

- Income is £1.6m favourable to plan in month and £9.1m favourable YTD. Commissioners have confirmed £2.1m to support increased demand in Q2 and £3.6m in Q3. £3.2m is expected for Q4.
- Education & Training Income is currently below the expected plan YTD by £0.4m. This should recover by year end (the Trust is expecting £0.5m of Workforce Race Equality Standards (WRES) Income).
- 111 Income is £0.5m favourable due to reducing 111 contracts and activity. This is offset against reduced cost
- PTS Non contract income is higher than expected (£0.3m)

## Operating Expenditure (excl. Depreciation and Financing)

- £0.6m favourable in month and £6.7m adverse YTD due to:
  - Ongoing vacancies in Frontline Pay (incl EOC)
  - Offset by high PAS usage in Q1, Q2 and Q3
  - Overtime, Incentives and PAS were all reduced on a staged basis from Month 4 due to agreed overtime construct and PAS contract changes. In addition PAS (25%) and Overtime Incentives (circa 10%) have reduced in Q3, however additional resources and incentives were targeted across the festive period (£1.4m).

## Depreciation and Financing

- Overall Financial Charges are £0.1m favourable to plan in month and £0.5m favourable YTD.

## Risks

- If the Trust does not secure the £5.7m income for Q2 and Q3 activity then LAS will miss its control total.
- If the Trust does not secure sufficient additional funds across the remainder of Q4 (estimated at £3.2m) then the Trust would miss its control total.
- If the criteria for STP funding is not met (e.g. Agency cap) then a further £2.0m would be withheld which would mean the Trust would miss its control total.
- If LAS does not deliver the requisite demand management gains, productivity improvements and cost controls then the Trust will miss its control total

## Additional Capacity Income- **GD to check**

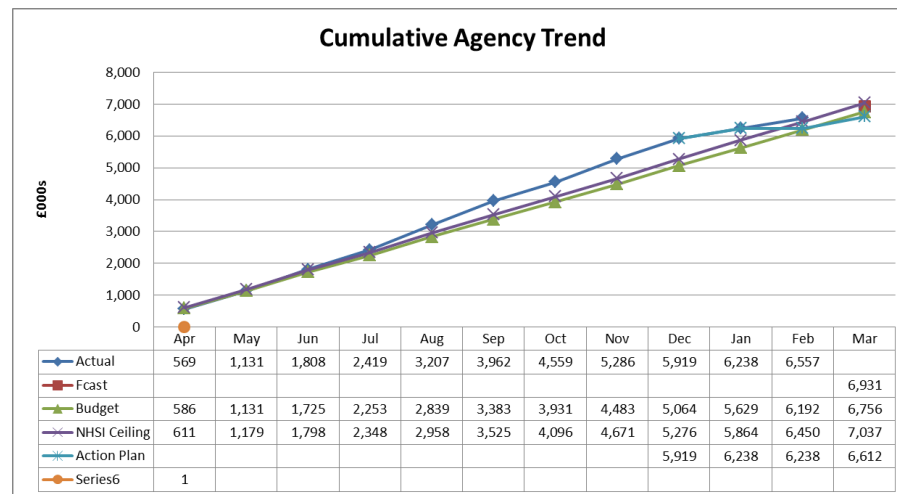
		<b>Additional income</b>		<b>No of Invoices paid</b>		<b>Billed</b>
Q2 Actual		-2,100,000		3 out of 32		10/01/2017
Q3 Actual		-3,623,703		0 out of 32		10/02/2017
Q4 Estimate		-3,225,308				
<b>Total</b>		<b>-8,949,011</b>				

- LAS is projecting £8.9m total additional capacity costs related to circa 6.4% YTD over activity above contract. Without this additional funding the agreed LAS control total will not be met.
- This has been agreed with LAS commissioners who have issued a letter to all CCG chiefs on 7<sup>th</sup> December 2016 outlining the additional funding requirements.
- Further detail was provided and agreed with Commissioners at Strategic Commissioning Board on 10<sup>th</sup> January 2017.
- LAS has billed £2.1m for Q2 and £3.6m for Q3 as agreed.
- As at 10<sup>th</sup> Feb 2017 only 3 CCGs had paid the Q2 invoice
- Due to the exceptionally high demand levels seen across January (circa 11% above plan) there is upward pressure on the £3.2m projected for Q4. LAS will continue to monitor this with commissioners



# Agency Analysis **GD to check**

	In Month				YTD			Full Year		Run Rate
	Budget £000s	Actual £000s	Variance £000s	Actual WTE	Budget £000s	Actual £000s	Variance £000s	Budget £000s	Fcast £000s	
<b>Clinical</b>										
Ambulance Staff	0	0	0	5.00	0	3	-3	0	3	
Nurses	114	1	113	1.52	1,190	870	320	1,306	949	
Medical Staff	0	0	0	0.00	0	0	0	0	0	
Other	0	0	0	0.00	0	0	0	0	0	
<b>Subtotal</b>	<b>114</b>	<b>1</b>	<b>113</b>	<b>6.52</b>	<b>1,190</b>	<b>872</b>	<b>318</b>	<b>1,306</b>	<b>952</b>	
<b>Non Clinical</b>										
Managers & Executives	222	137	85	0.03	2,509	3,054	-545	2,732	3,332	
Admin & Clerical	206	147	59	0.06	2,265	2,213	51	2,470	2,414	
Maintenance & Works	21	50	-30	0.02	228	374	-146	249	408	
Other	0	4	-4	0.00	0	64	-64	0	70	
<b>Subtotal</b>	<b>449</b>	<b>338</b>	<b>111</b>	<b>0.11</b>	<b>5,002</b>	<b>5,705</b>	<b>-704</b>	<b>5,450</b>	<b>6,224</b>	
<b>Total</b>	<b>563</b>	<b>339</b>	<b>223</b>	<b>6.63</b>	<b>6,192</b>	<b>6,578</b>	<b>-386</b>	<b>6,756</b>	<b>7,175</b>	



## Agency Compliance

Rule	Measurement	Description	Target	Achieved	Variance
Framework	% Agencies used on Framework	Are all agencies used on an approved framework?	100%	91.20%	8.8%
Agency Ceiling	£000s	Is the Trust on Track to deliver on or below its agreed agency ceiling?	7,037	7,175	-138
Price Cap	% Agency Staff over Price Cap	Is the Trust paying at or below the 55% price cap to agencies	10%	25%	-15%
Wage Cap	% Agency Staff over Wage Cap	Is the Trust paying at or below the 55% wage cap to individual agency staff	10%	25%	-15%

- From 1st October NHSI require additional Agency analysis (Top 20 high cost staff, Top 30 longest serving, Trend spend by Cost Centre). This will be used to hold the Board to account for agency reductions.
- On the 30<sup>th</sup> November the Trust submitted an agency assurance questionnaire which was signed by the CEO and the Chair.
- YTD The Trust has spent £6.5m on agency which is £0.4m adverse to plan.
- In Month spend is £339k.
- Based on the run rate the Trust would spend £7.2m which is £0.2m above the Trust's maximum agency ceiling of £7.0m.
- Agency reduction actions are on-going with Divisional leads and ELT members. Reductions are expected across Q4 and the Trust expects to meet its agency cap target.
- For Price and Wage cap compliance 21% of agency staff shifts reviewed in Month 9 were not compliant**

## 2016/17 CIP Programme – project detail

No	Programme Workstream and Project	Division	Annual Plan (£000s)		Delivery YTD (£000s)			Delivery risk			Q/A needed	Quality		Year end Forecast £000	
			Original 16/17 Plan	Revised plan	Plan to date	Actual to date	Variance	Planning risk MX	Delivery risk Mx	Total Risk MX		Previous	Current		
1	Vehicle Consolidation	Fleet	200	200	166	-	-	166	4	4	16	N			0
2	Accident & Damage Insurance	Fleet	705	705	575	150	-	425	4	4	16	N			150
3	Leasing to Purchase FYE 15/16	Fleet	204	204	170	170	-	-	5	5	25	N			204
4	Leasing to Purchase FYE 16/17	Fleet	1,000	1,000	832	832	-	-	5	5	25	N			1,200
5	Maintenance - Fleet Renewal	Fleet	500	500	370	370	-	-	5	4	20	N			574
6	Fuel	Fleet	96	96	80	117	37	37	4	4	16	N			141
7	Make Ready	Fleet	880	880	680	680	-	-	3	4	12	N			880
8	Nets Vehicles	Fleet	300	300	250	321	71	71	5	5	25	N			435
9	IM&T Contracts	IM&T	200	200	166	209	43	43	2	4	8	N			284
10	Multi Functional Devices (MFD)	IM&T	100	100	82	-	-	82	3	4	12	N			0
11	Site Efficiency & Consolidation	Estates	250	250	166	189	23	23	3	4	12	N			189
12	Energy	Estates	48	48	40	40	-	-	4	5	20	N			56
13	HR Department	Corporate	250	250	208	-	-	208	2	4	8	N			0
14	Procurement Price Control	Corporate	420	420	330	377	47	47	4	4	16	Y		4	452
15	Training Centres	Training	156	156	130	65	-	65	3	4	12	N			156
16	Training Department Management	Training	348	348	290	473	183	183	2	4	8	N			568
17	Stores	Fleet	150	150	124	124	-	-	3	4	12	N			150
18	Rest Breaks	Operations	749	749	589	-	-	589	3	4	12	Y		9	0
19	Collaboration	Operations	273	273	203	-	-	203	2	2	4	N			0
20	Agency - Controls	Corporate	722	722	588	100	-	488	3	4	12	N			300
21	Emergency planning (EPRR) Review	Operations	600	600	500	500	-	-	3	5	15	N			600
22	LEAN Review - Corporate	Corporate	1,225	1,225	925	201	-	724	1	3	3	N			200
23	Medicines Management - Waste	Fleet	36	36	30	30	-	-	3	4	12	N			36
24	Heathrow Contribution	Operations	100	100	82	82	-	-	5	5	25	N			100
25	Asset lives and valuation	Finance	150	150	100	100	-	-	4	4	16	N			150
26	Budget review & slippage	Finance	342	842	284	2,639	2,355	2,355	4	4	16	Y		4	3,672
	<b>Total/average</b>		<b>10,004</b>	<b>10,504</b>	<b>7,960</b>	<b>7,769</b>	<b>-</b>	<b>191</b>			<b>14</b>				<b>10,497</b>

# Statement of Financial Position: YTD

	Mar-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Feb-17		
	Act	Act	Act	Act	Act	Act	Act	Plan	Var	%
	£000	£000	£000	£000	£000	£000	£000	£000	£000	
<b>Non Current Assets</b>										
Property, Plant & Equip	143,403	140,428	139,814	139,515	138,864	139,028	138,196	148,540	(10,344)	-6.96%
Intangible Assets	8,704	7,228	6,999	6,793	6,580	6,366	6,150	6,636	(486)	-7.32%
Trade & Other Receivables	0	0	0	0	0	0	0	0	0	
<b>Subtotal</b>	<b>152,107</b>	<b>147,656</b>	<b>146,813</b>	<b>146,308</b>	<b>145,444</b>	<b>145,394</b>	<b>144,346</b>	<b>155,176</b>	<b>(10,830)</b>	<b>-6.98%</b>
<b>Current Assets</b>										
Inventories	2,999	3,021	3,020	3,017	3,032	3,007	3,005	2,999	6	0.20%
Trade & Other Receivables	14,461	20,991	21,623	23,753	25,643	25,859	26,935	13,752	13,183	95.86%
Cash & cash equivalents	20,209	13,609	13,956	14,010	14,154	17,427	16,157	11,894	4,263	35.84%
Non-Current Assets Held for Sale	101	44	44	44	44	44	44	44	0	
<b>Total Current Assets</b>	<b>37,770</b>	<b>37,665</b>	<b>38,643</b>	<b>40,824</b>	<b>42,873</b>	<b>46,337</b>	<b>46,141</b>	<b>28,689</b>	<b>17,452</b>	<b>60.83%</b>
<b>Total Assets</b>	<b>189,877</b>	<b>185,321</b>	<b>185,456</b>	<b>187,132</b>	<b>188,317</b>	<b>191,731</b>	<b>190,487</b>	<b>183,865</b>	<b>6,622</b>	<b>3.60%</b>
<b>Current Liabilities</b>										
Trade and Other Payables	(33,495)	(34,923)	(35,548)	(37,761)	(38,346)	(41,001)	(39,725)	(36,533)	(3,192)	8.74%
Provisions	(4,609)	(4,170)	(4,118)	(4,048)	(4,029)	(4,058)	(4,182)	(2,673)	(1,509)	56.45%
Borrowings	0	0	0	0	0	0	0	0	0	
Working Capital Loan - DH	0	0	0	0	0	0	0	0	0	
Capital Investment Loan - DH	0	0	0	0	0	0	0	0	0	
<b>Net Current Liabilities</b>	<b>(38,104)</b>	<b>(39,093)</b>	<b>(39,666)</b>	<b>(41,809)</b>	<b>(42,375)</b>	<b>(45,059)</b>	<b>(43,907)</b>	<b>(39,206)</b>	<b>(4,701)</b>	<b>11.99%</b>
<b>Non Current Assets plus/less net current assets/Liabilities</b>	<b>151,773</b>	<b>146,228</b>	<b>145,790</b>	<b>145,323</b>	<b>145,942</b>	<b>146,672</b>	<b>146,580</b>	<b>144,659</b>	<b>1,921</b>	<b>1.33%</b>
<b>Non Current Liabilities</b>										
Trade and Other Payables	0	0	0	0	0	0	0	0	0	
Provisions	(9,796)	(9,807)	(9,699)	(9,728)	(10,132)	(10,396)	(10,500)	(9,917)	(583)	5.88%
Borrowings	(107)	(107)	(107)	(107)	(107)	(107)	(107)	(107)	0	0.00%
Working Capital Loan - DH	0	0	0	0	0	0	0	0	0	
Capital Investment Loan - DH	0	0	0	0	0	0	0	0	0	
<b>Total Non Current Liabilities</b>	<b>(9,903)</b>	<b>(9,914)</b>	<b>(9,806)</b>	<b>(9,835)</b>	<b>(10,239)</b>	<b>(10,503)</b>	<b>(10,607)</b>	<b>(10,024)</b>	<b>(583)</b>	<b>5.82%</b>
<b>Total Assets Employed</b>	<b>141,870</b>	<b>136,314</b>	<b>135,984</b>	<b>135,488</b>	<b>135,703</b>	<b>136,169</b>	<b>135,973</b>	<b>134,635</b>	<b>1,338</b>	<b>0.99%</b>
<b>Financed by Taxpayers Equity</b>										
Public Dividend Capital	58,016	58,016	58,016	58,016	58,016	58,016	58,016	58,016	0	0.00%
Retained Earnings	28,120	22,582	22,252	21,756	21,971	22,437	22,261	20,885	1,376	6.59%
Revaluation Reserve	56,153	56,135	56,135	56,135	56,135	56,135	56,115	56,153	(38)	-0.07%
Other Reserves	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	0	0.00%
<b>Total Taxpayers Equity</b>	<b>141,870</b>	<b>136,314</b>	<b>135,984</b>	<b>135,488</b>	<b>135,703</b>	<b>136,169</b>	<b>135,973</b>	<b>134,635</b>	<b>1,338</b>	<b>0.99%</b>

## Non Current Assets

- Non current assets stand at £145.3m, (£10.8m) below plan. This is due to capital slippage and the related under spend on depreciation.

## Current Assets

- Current assets stand at £46.1m, £17.5m above plan.
- Cash position as at February is £16.2m, £4.3m above plan.
- Within Trade & Other Receivables, Receivables (debtors) at £12.8m are £8.4m above plan, accrued income at £10.0m is £4.6m above plan and prepayments at £4.2m are £0.2m above plan. The increase in accrued income relates to CQC investment, CQUIN and additional funding for over activity waiting to be invoiced. The Trust is pursuing the Lead Commissioners to approve.

## Current Liabilities

- Current liabilities stand at £43.9m, £4.7m above plan.
- Payables and accruals at £37.8m are £1.4m above plan.
- The Trust has a high volume of unapproved trade payables at £4.0m.
- Current provisions at £4.2m are £1.5m higher than plan. This is due to lower than expected payments being made to international recruits and in relation to legal claims.
- Deferred Income at £1.9m is £1.8m above plan. The increase in deferred income relates to MTFa and system resilience funding being paid in advance and an income adjustment for the level of activity.

## Non Current Liabilities

- Non current provisions at £10.5m are £0.6m above plan due to the recent change in the discount rate issued by Treasury being more than expected. Borrowings are on plan.

## Taxpayers Equity

- Taxpayers Equity stands at £136.0m, £1.3m higher than plan.
- Retained Earnings stands at £22.3m, £1.4m higher than plan.

# Cashflow Statement YTD

	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	YTD Move	YTD Plan	Var
	Actual	Actual	Actual	Actual	Actual	Actual	Feb-17	Feb-17	Feb-17
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Opening Balance</b>	16,491	13,609	13,956	14,010	14,154	17,427	<b>20,209</b>	<b>20,209</b>	<b>0</b>
Operating Surplus	(441)	1,167	1,059	1,701	2,033	1,278	10,568	9,813	755
(Increase)/decrease in current assets	(4,453)	(631)	(2,127)	(1,905)	(191)	(1,074)	(12,480)	2,672	(15,152)
Increase/(decrease) in current liabilities	4,522	355	1,650	556	1,565	(953)	5,771	(2,956)	8,727
Increase/(decrease) in provisions	44	(172)	(53)	373	281	216	146	(1,936)	2,082
Net cash inflow/(outflow) from operating activities	(328)	719	529	725	3,688	(533)	4,005	7,593	(3,588)
<b>Cashflow inflow/outflow from operating activities</b>	<b>(328)</b>	<b>719</b>	<b>529</b>	<b>725</b>	<b>3,688</b>	<b>(533)</b>	<b>4,005</b>	<b>7,593</b>	<b>(3,588)</b>
Returns on investments and servicing finance	8	5	12	(2)	13	(6)	78	88	(10)
Capital Expenditure	(361)	(377)	(487)	(579)	(428)	(731)	(5,934)	(13,797)	7,863
Dividend paid	(2,201)	0	0	0	0	0	(2,201)	(2,199)	(2)
Financing obtained	0	0	0	0	0	0	0	0	0
Financing repaid	0	0	0	0	0	0	0	0	0
<b>Cashflow inflow/outflow from financing</b>	<b>(2,554)</b>	<b>(372)</b>	<b>(475)</b>	<b>(581)</b>	<b>(415)</b>	<b>(737)</b>	<b>(8,057)</b>	<b>(15,908)</b>	<b>7,851</b>
Movement	(2,882)	347	54	144	3,273	(1,270)	(4,052)	(8,315)	4,263
<b>Closing Cash Balance</b>	<b>13,609</b>	<b>13,956</b>	<b>14,010</b>	<b>14,154</b>	<b>17,427</b>	<b>16,157</b>	<b>16,157</b>	<b>11,894</b>	<b>4,263</b>

There has been a net outflow of cash from the Trust of £4.1m.  
Cash funds at 28 February stand at £16.2m.

## Operating Surplus

- The operating surplus is £0.8m higher than planned.

## Current Assets

- The ytd movement on current assets is (£12.5m), a (£15.2m) increase on plan.
- Current assets movement was higher than planned due to an increase in receivables (£10.4m), increase in accrued income (£4.6m) and increase in prepayments (£0.2m).

## Current Liabilities

- The ytd movement on current liabilities is £5.7m, a £8.7m increase on plan.
- Current liabilities movement was higher than planned due to trade and other payables £1.3m, accruals £5.6m and deferred income £1.8m.

## Provisions

- The ytd movement on provisions is £0.1m, is £2.1m increase on plan.

## Capital Expenditure

- Capital cash outflow is £7.9m behind plan for the year.





<b>Report to:</b>	<b>Trust Board</b>
<b>Date of meeting:</b>	<b>28<sup>th</sup> March 2017</b>
<b>Document Title:</b>	<b>NHS Staff Survey Results 2016</b>
<b>Report Author(s):</b>	<b>Charley Frampton, HR Manager- Employee Relations</b>
<b>Presented by:</b>	<b>Karen Broughton, Director of Strategy, Transformation and Workforce</b>
<b>Contact Details:</b>	<a href="mailto:Mark.Hirst@lond-amb.nhs.uk">Mark.Hirst@lond-amb.nhs.uk</a> / <a href="mailto:Charley.Frampton@lond-amb.nhs.uk">Charley.Frampton@lond-amb.nhs.uk</a>
<b>History:</b>	<i>Presented to Executive Leadership Team on 8<sup>th</sup> March 2017</i>
<b>Status:</b>	<i>For information, assurance and discussion</i>
<b>Background/Purpose</b>	
<p>The 2016 NHS Staff Survey results were published on 7<sup>th</sup> March 2017. The purpose of this paper and associated documents is to enable the Board to:</p> <ol style="list-style-type: none"><li>1. Compare the Trust's 2016 results with those of 2015</li><li>2. Compare the Trust's results with those of other Ambulance Trusts</li><li>3. Identify priority areas for action over the coming year</li></ol> <p>This paper and associated documents provide:</p> <ul style="list-style-type: none"><li>• A summary of the internal-only 'Picker' report (containing census data for all questions)</li><li>• A summary of the externally published 'national' report (with benchmarking against Ambulance Trusts and all NHS Trusts)</li><li>• Analysis of areas of concern identified from the above reports</li><li>• Recommendations for priority actions</li></ul>	
<b>Action required</b>	
<ol style="list-style-type: none"><li>1. Note the improvements in the 2016 results:<ul style="list-style-type: none"><li>• The overall indicator for staff engagement (included in the national report) has increased from 3.13 in 2015 to 3.40. This is against a national average for Ambulance Trusts of 3.41.</li><li>• All QIP projects under the 'Making the London Ambulance Service a Great Place to Work' Stream have seen significant improvements in associated questions and WRES data has improved.</li><li>• There are no areas in either the Picker or national reports which show a decline.</li></ul></li><li>2. Note that national benchmarking data shows that there are some areas where the Trust falls behind the average (although the number of areas has reduced since 2015) and some areas in the Picker report where scores are particularly low.</li><li>3. Discuss recommendations for corporate action areas. N.B. ELT has committed to having 3 corporate action areas, while all Departments will be expected to have 3 local actions based on their own results.</li></ol>	

<b>Links to Board Assurance Framework and key risks</b>	
There are no specific risks associated with the NHS Staff Survey itself and there are no plans to raise any such risks. However, the results can provide assurance around a wide range of issues, as summarised in the attached documents.	
<b>Key implications and risks in line with the risk appetite statement where applicable:</b>	
<b>Clinical and Quality</b>	The Staff Survey provides one of the richest sources of staff feedback, which is essential in developing quality improvement plans.
<b>Performance</b>	The survey is a central aspect of the Trust's staff engagement work. Research consistently demonstrates that high levels of staff engagement lead to improved organisational performance.
<b>Financial</b>	There may be financial and resourcing implications associated with the selected corporate action areas.
<b>Workforce</b>	The Staff Survey provides one of the richest sources of staff feedback. It is essential in developing workforce priorities. It is also a source of WRES data and an opportunity to assess progress against Equality and Diversity initiatives.
<b>Governance and Well-led</b>	The survey results can provide assurance on wide-ranging issues across the Service, and address areas of senior management influence.
<b>Reputation</b>	The national survey report is publicly available and may be subject to scrutiny by external agencies.
<b>Other</b>	
<b>This paper supports the achievement of the following Quality Improvement Plan Workstreams:</b>	
<b>Making the London Ambulance Service a great place to work</b>	<b>Yes-</b> Many questions in the survey link directly to this workstream and show significant improvements.
<b>Achieving Good Governance</b>	
<b>Improving Patient Experience</b>	
<b>Improving Environment and Resources</b>	
<b>Taking Pride and Responsibility</b>	

## NHS Staff Survey Results 2016 Summary Analysis

The NHS Staff Survey 2016 took place late December- December 2016. The Service conducted a census, with 4893 staff eligible.

### Response rates

2063 staff completed a survey, an overall response rate of 42.2%. This is a 7% improvement on 2015 and is the second highest response rate the Service has achieved in a census survey (the highest was 42.8% in 2008).

The 2016 national average for all Trust types was 42%.

### Picker report vs National report

The Trust receives 2 reports:

1. **Picker report** contains detail on all survey questions from all respondents, so is particularly good for internal action planning. External benchmarking is only against the 5 other Ambulance Trusts who use Picker as their survey provider, so is not included in this summary. This report is not made public.
2. **National report** released publicly on 7<sup>th</sup> March. It is based on weighted sample data and consolidates questions into fewer 'key findings'. External benchmarking is against all other Ambulance Trusts, so it is particularly good for this purpose.

### Summary of Picker Report

#### Comparison with 2015 results

The questionnaire included 88 questions comparable with 2015:

Total number of questions with <b>significantly better</b> results compared with 2015:	67
Total number of questions where there has been <b>no significant change</b> :	21
Total number of questions with <b>significantly worse</b> results compared with 2015:	0

This continues the upward trend in results which was also seen between 2014 and 2015.

#### Areas of most significant improvement

'Positive scores' (% of staff giving a good response to a question) have increased by more than 10% for 23 questions. These can be categorised into key themes as follows:

Theme	Question and positive score	Change since 2015
Appraisals and career progression	78% of respondents reported having had an appraisal in the last year	+38%
	32% said the organisation's values were definitely discussed at their appraisal	+16%
	72% said the organisation acts fairly: career progression	+12%
Line managers and team working	60% said their immediate manager takes a positive interest in their health & well-being	+17%
	55% said their immediate manager gives clear feedback on their work	+16%
	63% said they were satisfied with the support they receive from	+14%

	their immediate manager	
	61% said their immediate manager values their work	+14%
	60% said their immediate manager encourages team working	+13%
	67% said their immediate manager can be counted upon to help with difficult tasks	+12%
	62% said team members have a set of shared objectives	+11%
Use of patient feedback	35% said feedback from patients/service users is used to make informed decisions within their directorate/department	+16%
	32% said they receive regular updates on patient/service user feedback in their directorate/ department	+14%
	59% said the organisation acts on concerns raised by patients/service users	+11%
Error reporting	45% said the organisation treats staff involved in errors fairly	+15%
	49% would feel confident that organisation would address concerns about unsafe clinical practice	+15%
	80% said the organisation encourages reporting of errors	+14%
	50% said the organisation takes action to ensure errors are not repeated	+12%
	43% said staff are given feedback about changes made in response to reported errors	+12%
Training	80% said training helped them to do their job more effectively	+15%
	75% said training helped them deliver a better patient / service user experience	+15%
Advocacy	70% said that if a friend/relative needed treatment they would be happy with standard of care provided by the organisation	+14%
	58% said care of patients/service users is the organisation's top priority	+13%
	42% would recommend the organisation as place to work	+13%

### Questions which show the greatest room for improvement

The 10 questions for which the Trust achieved its lowest 'positive scores' were:

1. 11% of respondents said they had not put themselves under pressure to come to work when not feeling well enough
2. 13% said their appraisal definitely helped them improved how they do their job
3. 18% said they definitely left their appraisal feeling their work is valued
4. 18% said the organisation definitely takes positive action on health and wellbeing
5. 21% said they were satisfied with their level of pay
6. 22% said clear work objectives were definitely agreed during their appraisal
7. 23% said senior managers act on staff feedback
8. 23% said there are enough staff in the organisation to do their job properly
9. 23% said senior managers try to involve staff in important decisions
10. 26% said communication between senior management and staff is effective

## Bullying and harassment

Bullying and harassment has been a key focus for the Trust and an area of external scrutiny.

Question and positive score	Change in 'positive score' compared with 2015
76% of respondents said they had <u>not</u> experienced harassment, bullying or abuse from managers	+7% (a statistically significant improvement)
81% said they had <u>not</u> experienced harassment, bullying or abuse from other colleagues	No change
31% had reported their last experience of harassment/bullying/abuse	No change

### Summary of National Report

#### Comparison with 2015 results

The report covers 32 'key findings'

Total number of key findings with <b>significantly better</b> results compared with 2015:	24
Total number of key findings where there has been <b>no significant change</b> :	8
Total number of questions with <b>significantly worse</b> results compared with 2015:	0

This reflects the more detailed results provided in the Picker report.

The Trust's overall indicator of staff engagement has increased from 3.13/5 in 2015 to 3.40/5 in 2016. This takes into account advocacy, motivation and ability to contribute to improvements. The average score for Ambulance Trusts was 3.41.

#### Benchmarking against other Ambulance Trusts

Total number of key findings <b>above Ambulance Trust average</b> :	3
Total number of key findings <b>not significantly different</b> to Ambulance Trust average:	13
Total number of questions <b>below Ambulance Trust average</b> :	16

This is an improvement on 2015, when the Trust was below average on 28 key findings, average on 4 and above average on 0.

The 2016 results show **above average results** on the following key findings:

	LAS	Average	Best
% staff satisfied with opportunities for flexible working	37%	34%	37%
% staff believing that the organisation provides equal opportunities for career progression or promotion	73%	70%	76%
% staff reporting good communication between senior management and staff	22%	19%	28%

The areas where the Trust is **below average** can be themed as below:

Theme	Key Finding	Trust result	Average
Bullying, harassment, violence and discrimination	% staff experiencing physical violence from patients, relatives or the public in last 12 months	35%	32%
	% staff/ colleagues reporting most recent experience of violence	60%	64%

	% staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	52%	48%
	% staff experiencing harassment, bullying or abuse from staff in last 12 months	32%	28%
	% staff/ colleagues reporting most recent experience of harassment, bullying or abuse	32%	39%
	% staff experiencing discrimination at work in the last 12 months	26%	20%
Errors and Feedback	% staff witnessing potentially harmful errors, near misses or incidents in last month	40%	36%
	% staff reporting errors, near misses or incidents witnessed in the last month	79%	81%
	Effective use of patient/ service user feedback	3.20/5	3.28/5
Wellbeing	% staff feeling unwell due to work related stress in the last 12 months	50%	48%
	% staff attending work in the last 3 months despite feeling unwell because they felt pressure from manager, colleagues or themselves	66%	64%
Motivation	Staff motivation at work	3.53/5	3.66/5
	Staff satisfaction with level of responsibility and involvement	3.51/5	3.58/5
	Staff satisfaction with the quality of work and care they are able to deliver	3.67/5	3.84/5
	% staff agreeing that their role makes a difference to patients/ service users	84%	87%
	Quality of non-mandatory training/ learning/ development	3.84/5	3.90/5



London Ambulance Service  
NHS Trust



# Staff Survey 2016

Identifying priority action areas

Trust Board- 28<sup>th</sup> March 2017



# Response rate



Number of staff in the original sample:	4996
Total number of eligible staff:	4893
Returned Completed:	2063
<b>Response rate:</b>	<b>42.2%</b>
Average response rate for 'Picker' Ambulance Trusts:	40.5%
Average response rate for all Trust types:	42%



# Reports and publication



- The 'Picker' report is based on raw census data for all questions. It is best for analysing in-depth internal results and historical comparisons.
- The 'national' report (published 7<sup>th</sup> March) uses sampling, 'key findings' and weighted data. It is most useful for benchmarking against other Ambulance Trusts.
- Reports do broadly reflect each other this year

# Changes from 2015 at a glance (Picker data)



Of the 88 questions in the survey:



67 showed a statistically significant improvement on 2015



21 showed no statistically significant difference from 2015



0 showed a statistically significant worsening from 2015

# Key improvements from 2015



## Themes:

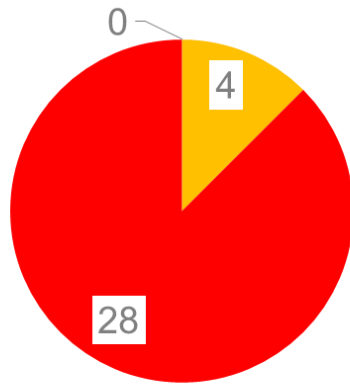
- Number of appraisals and fair career progression
- Line manager support and team working
- Use of patient feedback
- Error reporting (feeling encouraged and confident)
- Training
- Advocacy

# Benchmarking at a glance (national report data)

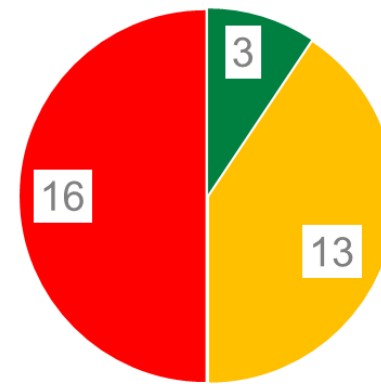


## Questions combined into 32 Key Findings

Ambulance Trust benchmarking 2015



Ambulance Trust benchmarking 2016



■ Above average ■ Average  
■ Below average

■ Above average ■ Average  
■ Below average

# 9 themes covered by the national report



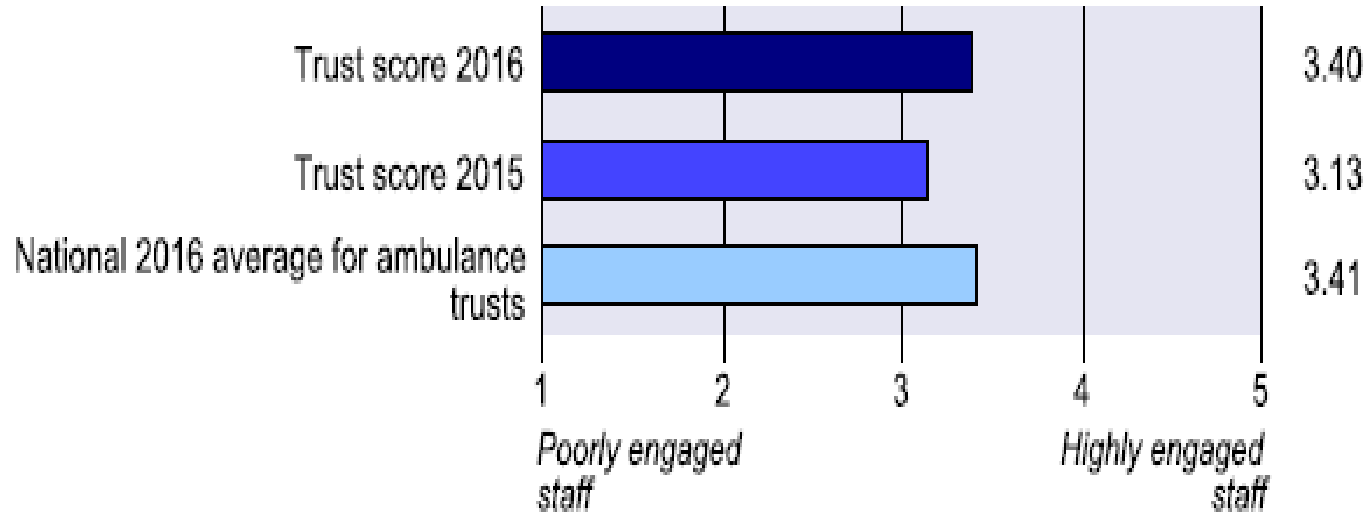
- Appraisals & support for development
- Equality & diversity
- Errors & incidents
- Health and wellbeing
- Working patterns
- Job satisfaction
- Managers
- Patient care & experience
- Violence, harassment & bullying

# Overall staff engagement indicator



*(the higher the score the better)*

*Scale summary score*



# Above average key findings



	LAS	Average	Best
% staff satisfied with the opportunities for flexible working patterns	37%	34%	37%
% staff believing that the organisation provides equal opportunities for career progression or promotion	73%	70%	76%
% staff reporting good communication between senior management and staff	22%	19%	28%

# Identifying areas for improvement



1. In which areas have we achieved the lowest absolute (Picker) scores?
2. In which areas do we fare least favourably compared with other Ambulance Trusts?



# Potential priorities for action (Picker data)



The lowest 10 scores:

## Questions

11% had not put pressure on themselves to work when unwell

13% said appraisal definitely helped them improve how they do job

18% left appraisal feeling their work was valued

18% said organisation definitely takes positive action on health & wellbeing

21% were satisfied with their level of pay

22% said clear work objectives were agreed during appraisal

23% said senior managers act on staff feedback

23% said there are enough staff in the organisation to do their job properly

23% said senior managers try to involve staff in important decisions

26% said communication between senior management and staff is effective



# Potential priorities for action (national benchmarking data)



Themes from our below average scores:


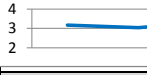
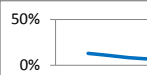



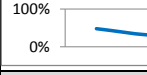

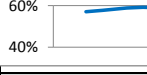
- Wellbeing (work related-stress, pressure to come to work)
- Bullying, harassment, violence & discrimination (from patients and staff)
- Motivation at work
- Errors and feedback (number of incidents witnessed and % reported)

# Potential corporate focus areas



- Leadership & management development (to incorporate effective communication)
- Wellbeing drive
- Appraisal quality
- Dignity at work/ values / professionalism
- Error reporting

## Staff Survey 2016 Benchmarking (National report data)

Key Score Finding	Historical Comparison				Position Against 2015	Trend	Ambulance Trust Comparison		
	LAS scores						National Average Ambulance Trusts 2016	Best Score for an Ambulance Trust 2016	Position Against Ambulance Average
	2013	2014	2015	2016					
1. Staff Recommendation of the organisation as a place to work or receive treatment	2.88	2.66	3.07	3.47	↑		3.47	3.57	At the Average
2. Staff Satisfaction with the quality of work and patient care they are able to deliver			3.53	3.67	↑		3.84	4	Worse than average
3. Percentage of staff agreeing that their role makes a difference to patients/ service users			80%	84%	↑		87%	98%	Worse than average
4. Staff Motivation at Work	3.18	3.04	3.36	3.53	↑		3.66	3.74	Worse than average
5. Recognition and value of staff by managers and the organisation			2.71	3.02	↑		3.02	3.25	At the Average
6. Percentage of staff reporting good communication between senior management and staff	13%	7%	13%	22%	↑		19%	28%	Better than Average
7. Percentage of staff able to contribute towards improvements at work	29%	28%	37%	46%	↑		46%	55%	At the Average
8. Staff satisfaction with level of responsibility and involvement			3.31	3.51	↑		3.58	3.76	Worse than average
9. Effective Team Working	3.27	3.26	3.08	3.31	↑		3.31	3.46	At the Average
10. Support from immediate managers	3.11	2.99	3.19	3.52	↑		3.44	3.77	At the Average
11. Percentage of staff appraised in the last 12 months	48%	30%	42%	78%	↑		76%	92%	At the Average
12. Quality of Appraisals			2.63	2.66	↔		2.69	2.96	At the Average
13. Quality of non mandatory training, learning or development			3.56	3.84	↑		3.9	4.23	Worse than average
14. Staff satisfaction with resourcing and support			2.85	3.06	↑		3.12	3.24	At the Average
15. Percentage of staff satisfied with the opportunities for flexible working patterns			29%	37%	↑		34%	37%	Best Score for Ambulance Trust
16. Percentage of staff working extra hours	86%	86%	88%	86%	↔		85%	83%	At the Average
17. Percentage of staff suffering work related stress in last 12 months	57%	59%	54%	50%	↓		48%	45%	Worse than average
18. Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell			73%	66%	↓		64%	58%	Worse than average

19. Organisation and management interest in and action on health and wellbeing			2.87	3.24			3.21	3.59	At the Average
20. Percentage of staff experiencing discrimination at work in last 12 months	25%	32%	29%	26%			20%	10%	Worse than average
21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	64%	62%	60%	73%			70%	76%	Better than Average
22. Percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months	35%	33%	36%	35%			32%	28%	Worse than average
23. Percentage of staff experiencing physical violence from staff in last 12 months	3%	4%	3%	2%			2%	0%	At the Average
24. Percentage of staff/ colleagues reporting most recent experience of violence			61%	60%			64%	74%	Worse than average
25. Percentage of staff experiencing harassment bullying or abuse from patients, relatives or the public in last 12 months	50%	54%	51%	52%			48%	38%	Worse than average
26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	26%	31%	38%	32%			28%	14%	Worse than average
27. Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse			31%	32%			39%	44%	Worse than average
28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month	46%	49%	44%	40%			36%	29%	Worse than average
29. Percentage of staff reporting errors, near misses or incidents witnessed in last month	78%	73%	79%	79%			81%	86%	Worse than average
30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents			3.08	3.39			3.38	3.56	At the Average
31. Staff confidence and security in reporting unsafe clinical practice			3.16	3.43			3.46	3.62	At the Average
32. Effective use of patient/ service user feedback			2.92	3.2			3.28	3.41	Worse than average

## Staff Survey 2016

### Review of questions related to Quality Improvement Plan initiatives- Making the London Ambulance Service a Great Place to Work Stream

Project title	Project goals	Staff Survey results (Picker data)	Change from 2015
<b>Advert to action</b>	Deliver recruitment plans to ensure we have sufficient staffing capacity to meet patient needs and national ambulance targets.	23% said there are enough staff in the organisation to allow them to do their job properly	+8%
<b>Bullying &amp; Harassment</b>	To change the culture within the organisation to one that supports and respects individuals and sets realistic targets.	76% said they had <u>not</u> experienced harassment, bullying or abuse from managers	+7%
		81% said they had not experienced harassment, bullying or abuse from other colleagues	No change
		31% said their last experience of harassment, bullying or abuse was reported	No change
<b>Training</b>	<ul style="list-style-type: none"> <li>• Make it easier for staff to complete mandatory training</li> <li>• Offer new e-learning modules</li> <li>• Roll-out Individual Learning Accounts for non-Ops staff</li> <li>• Procure a new system to enable increased e-learning</li> <li>• Redesign the corporate induction programme and core skills training programme</li> </ul>	75% had received training, learning or development in the last 12 months	+1% (not statistically significant)
		80% said training had helped them do their job more effectively	+15%
		79% said training helped them stay up-to-date with professional requirements	+11%
		75% said training helped them deliver a better patient/ service user experience	+15%
		93% had received mandatory training in the previous 12 months	+4%

<b>Equality &amp; Diversity</b>  (see also Appendix 1-WRES data)	To ensure that the Trust is an equal opportunities employer and that staff from all backgrounds feel included and part of the workforce.  To review recruitment processes, particularly in relation to internal promotion opportunities.	72% said the organisation acts fairly regarding career progression	+12%
		90% said they had <u>not</u> experienced discrimination from their manager/ team leader or other colleagues	+5%
<b>Vision &amp; Strategy</b>	To review the Service's values, drive the development of a staff charter (co-designed with staff) and improve the visibility of senior leadership across the organisation	26% said communication between senior management and staff is effective	+9%
		23% said senior managers try to involve staff in important decisions	+9%
		23% said senior managers act on staff feedback	+9%
		32% said organisation values were definitely discussed during their appraisal	+16%
<b>Supporting staff</b>  (see also 'Training' above)	To ensure that staff are supported and have opportunities to develop within the Trust. This will include completing appraisals, development of a competency framework, and we will look to enhance our training offer for staff, including the use of e-learning.	78% had received an appraisal in the previous 12 months	+38%
		13% said their appraisal/ review had definitely helped them improve how they do their job	-3% (not statistically significant)
		22% said clear work objectives were definitely agreed during their appraisal	No change
		18% said they definitely left their appraisal feeling their work is valued	+2% (not statistically significant)
		57% said training, learning or development needs were identified at their appraisal	+10%
		43% said they were supported by their manager to receive training, learning or development identified in appraisal	+2% (not statistically significant)

<b>Retention of staff</b>	To improve how we recognise and value our staff through strengthened staff engagement to make our organisation a better place to work. To include development of a London package covering banding of Paramedics and non-pay benefits.	48% said they often/always look forward to going to work	+8%
		63% said they are often/always enthusiastic about their job	+8%
		50% said time often/always passes quickly when they are working	+6%
		27% were satisfied with the extent to which the organisation values their work	+9%
		21% were satisfied with their level of pay	+3%



## 5. Workforce Race Equality Standard (WRES)

The scores presented below are the un-weighted question level score for question Q17b and un-weighted scores for Key Findings 25, 26, and 21, split between White and Black and Minority Ethnic (BME) staff, as required for the Workforce Race Equality Standard.

In order to preserve the anonymity of individual staff, a score is replaced with a dash if the staff group in question contributed fewer than 11 responses to that score.

			Your Trust in 2016	Average (median) for ambulance trusts	Your Trust in 2015
KF25	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	56%	45%	56%
		BME	35%	40%	34%
KF26	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	32%	28%	38%
		BME	32%	30%	40%
KF21	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	74%	72%	63%
		BME	57%	55%	42%
Q17b	In the 12 last months have you personally experienced discrimination at work from manager/team leader or other colleagues?	White	9%	11%	13%
		BME	18%	19%	25%

## **Report from the Quality Governance Committee on 7<sup>TH</sup> March 2017**

The Quality Governance committee met on 7<sup>th</sup> March 2017. We were pleased to welcome Dr Sarina Saiger (Quality Governance lead for Brent CCG).

### ***Quality Governance and Assurance Manager (QGAM) role***

The Committee has been aware of the potential of this role since its creation following the 2015 operations management restructure. We were therefore encouraged by a presentation from Alison Blakely and Chris Miles describing their experiences and achievements. The present QGAMs have worked hard to drive the focus on quality in their locality and made notable improvements in areas such as Medicines Management, Infection Prevention & Control, CPI completion, Safeguarding, Incident Reporting and follow through of Internal Audit and SI recommendations. In particular, they have made a real culture change in the way clinical incidents are being reported and managed. The QGAMs meet regularly to discuss emerging issues and share good practice and they feel the relationships with others in the local management structure are constructive and positive.

However, they have taken on a portfolio of activities that is recognised as too broad for the seven posts. Some functions could be undertaken more appropriately by others in management; there is a place for a similar role in EOC; for administrative support, and for regular supervision and leadership training. The local management structure is currently under review and we were pleased to hear the QGAMs are involved in the redesign.

### ***Clinical Governance Structure and Quality Report***

The Committee was given sight of a new clinical governance structure proposed by Trish Bain. The plans have yet to be discussed by the Executive Leadership Team (ELT) and Briony Sloper presented the proposed structure. There was an extended discussion in which members expressed concern that the Quality Governance Committee was not always able to reliably take assurance from the reports of the executive committees. The Committee recognised that the next iteration of the Quality Report is currently in development and will be in place from the next meeting and will include more KPIs and assurance. The Committee wanted to see a set of key indicators emerging from the more detailed work so that we can understand how we are performing against specific areas. Not all relevant indicators are currently included; it is not possible to benchmark against national standards in the narrative reports, and when there has been a substandard indicator it is not clear how much progress has been made and whether we are maintaining the intended trajectory of improvement or falling behind; we do not review the Integrated Performance Report here. Executive members agreed to take these governance issues into the discussion of the new structure.

### ***Infection Prevention and Control***

Eng- Choo Hitchcock presented a summary of the substantial progress made since September on the 2016/2017 work plan and processes underway to manage outstanding issues. It has been recognised that there is a need to increase capacity in the IPC team and a proposal is being prepared. There has been an improvement in local engagement with infection control measures (with QGAM support) and the identification and training of IPC champions. There is still inconsistency and a "mystery shopper" audit uncovered poor compliance with simple measures such as hand disinfection.

### ***Medicines Management***

Fenella Wrigley reported that the CQC inspection had recognised substantial progress but there were still pockets of concern. It had been necessary to close one station and relocate staff to a main station because of failure to comply with service guidelines. Redesign of our estate to properly manage these issues is recognised as a priority.

### ***Serious Incidents (SI)***

There is concern that there has been an increase in the number of reported incidents and the number subsequently categorised as serious (48 reported in January; 18 serious (SI)). This is a substantial (80%) increase on previous years and there remain a number of investigations that are not completed and reported within the 60 day timeline. Additional resource has been allocated to the Governance team to help progress this through supporting those writing the final outcome reports and quality assuring the final reports before sign off at executive level. 11/18 SIs involved inappropriate delay in conveyance. We were told however that none of these were in the Red 1 (emergency) category of patient, and that they reflect improved reporting. Reviewing the last 11 months a new theme has been identified (CAD outage) in addition to the previously identified themes (information governance; delay in arrival of second resource; recognition of severity of clinical condition; recognition of cardiac arrest).

The completion of actions resulting from SIs continues to improve and is assisted by the use of Datix. However, Sarina Saiger voiced concerns from our commissioners that there are still issues around call triage which need to be addressed.

### ***Mental Health CPI***

For many years the Mental Health CPI has been Red on the Quality report and this is due to crew not recording whether safeguarding issues have been considered and excluded on Mental Health patients. Positive safeguarding referrals are recorded on the PRF by tick box but not negative decisions which require free text. We were told the Mental Health Assessment Tool (which does contain a tick box for safeguarding) is due to be relaunched this year and this time across London not just in the pilot area. It is hoped we will see a significant improvement in this indicator over about six months.

The committee also received reports from the Clinical Safety and Standards Group, The Improving Patient Experience Group and the Risk Compliance and Assurance Group as well as an update on the BAF and Risk Register presented by Frances Field.

We were concerned to hear that there is not a robust system for ensuring that bank staff (approximately 150 staff) are subject to clinical updates and mandatory training, or for the DBS check process.

### ***Date of next meeting***

The next meeting of the Quality Governance Committee is on Tuesday 16<sup>th</sup> May 2017.

**NOTE THE MEETING WILL BEGIN AT 1300** in order that several members can still attend the full meeting which we will aim to finish by 1600.



## FINANCE & PERFORMANCE COMMITTEE MEETING

TO BE HELD ON THURSDAY 23<sup>rd</sup> MARCH 2017 AT 2pm - 5pm

CONFERENCE ROOM, GROUND FLOOR HQ, 220 WATERLOO ROAD, LONDON SE1 8SD

### AGENDA

ITEM	SUBJECT	Time	Purpose	LEAD	TAB
1.	Welcome and Apologies for absence			HL / PB	
<b>ACTIONS</b>					
2.	2.1 Conflicts of Interest 2.2 Minutes of previous meeting (26 Jan 17) 2.3 Actions from previous meetings 2.4 Matters Arising	2:00	Agree	HL HL HL HL	Paper Paper
<b>FINANCE &amp; PERFORMANCE REPORTING</b>					
3.	3.1 Integrated Performance Report Month 11 3.2 Finance Report Month 11 3.3 Rolling 11 Months Cash Flow 3.4 Forecast 2016/17	2:15 2:35 2:55 3:05	Note Note Note Note	JP AB MJ AB	Paper Paper Paper Paper
<b>FINANCIAL PLANNING</b>					
4.	4.1 Update 2017/18 Financial Plan 4.2 Update on CIP 4.3 Business Case Update: 111	3:15 3:40 3:55	Note Note Note	AB AB AB	Paper (To Follow) Paper Paper
<b>FINANCIAL GOVERNANCE</b>					
5.	5.1 Financial Risks and Update Assurance Framework 5.2 FIPC ToR Review 5.3 Set Annual Workplan and Review	4:05 4:15 4:30	Note Note Note	AB SA AB	Paper Paper Verbal
<b>OTHER FINANCIAL INFORMATION</b>					
6.	6.1 Technical Releases and Publications 6.2 IR35 Implications and Actions	4:40 4:45	Note Note	MJ AB	Paper Paper
<b>ANY OTHER BUSINESS</b>					
7.	7.1 Agenda Planner 2017/18	4:55	Note	AB	Paper

#### Date of Next Meeting

The next meeting of the Finance & Investment Committee will take place on Monday 22<sup>nd</sup> May 2017, 2pm - 5pm, Conference Room, HQ.

# Assurance Report to the Board following the meeting of the Workforce & Organisational Development (OD) Committee on 20th March 2017

## 1. Strategies

The Committee cannot yet give assurance about workforce-related strategies as these are currently being developed. The Committee commented on a draft of the HR Strategy 2017-22. It recommended that its scope should be widened, to become an overarching “people” strategy, incorporating areas such as training, OD and health and wellbeing. While there were differing views about format and approach, the Committee recommended that outcome should be a strategy that: addresses our current challenges; concentrates on a short set of priorities; and specifies what success looks like.

The Committee was updated on progress in developing a revised organisation structure for the Operations Directorate and will return to this at its next meeting.

## 2. Workforce planning

At its January 2017 meeting the Committee was informed that we would need to recruit 347 paramedics and 233 TEACs in 2017/18. After a reassessment, mainly in respect of activity growth, the recruitment requirement is now estimated at 616 paramedics and 375 TEACs. 300 paramedics are expected to come from Australia and 76 from the LAS Academy; however, after other UK sources are taken into account, there will be a gap of 109 paramedics and it is not yet clear how this will be filled.

The Committee recognised that forecasts are subject to uncertainties, including: the impact of the Ambulance Response Programme; skill mix; productivity; the intentions of international paramedics on completion of two years’ service; the inclusion of other clinical professionals; and financial constraints. The Committee was informed that a modelling capability is being finalised that will enable evaluation of the key variables and production of comprehensive forecasts of manpower requirements. Pending resolution of at least some of the uncertainties, and development of a three year perspective of numbers and skills, the Committee is unable to give assurance that the workforce planning system is appropriate to current needs. Assuming the current projections are valid the Committee is not yet assured that the required number of paramedics can be recruited in 2017/18.

## 3. Performance

The latest data provides assurance that key performance indicators are on track. The overall vacancy rate has improved in February to 5.1% (December: 5.8%). February turnover was 9.8%, above the December level of 9.5%. The latest sickness rate (January) was 5.2%, only slightly above December (5.1%). Turnover and sickness rates remain below the national averages for ambulance services.

## 4. Training and education plans

The Committee will consider training and education plans when the relevant strategy has been updated. It reviewed the Internal Audit Report issued in February 2017, which followed up on the actions agreed after the investigation into student paramedic exams. The Committee accepted the assurance provided, described as “significant assurance with minor improvement opportunities”. It noted the commitment of management to implement the remaining recommendations. The Committee requested further assurance relating to the training, including safeguarding, and professional development of Bank staff.

## 5. Appraisal system

Performance reports provided assurance that completion of appraisals is on track: 78% were completed by the end of February versus a target of 73%. The appraisal system is being reviewed by HR management; this is particularly relevant as the Staff Survey suggests that the quality of appraisals has not improved since 2015 and is below the NHS average. The Committee will not be able to provide assurance on the design of the appraisal system until after this review has been completed.

## 6. Industrial and employee relations

The Committee received a verbal update on: Band 6 implementation, which was stated to be on track; the rest break and end-of-shift policy, where agreement is expected by the end of March; and the preparation of a new partnership agreement with the trade unions.

## 7. Equality, diversity and human rights

The Committee noted that there had been significant progress in data availability, and reviewed reports on the ethnic profile of the organisation, on recruitment, and on the probability of entering the formal disciplinary process; these reports confirm the existence of significant diversity challenges. The recruitment data is not yet complete and information is needed on access to training; full assurance on the adequacy of reporting awaits resolution of these aspects.

The Committee reviewed the project plan that aims at: a workforce that is representative of the London population that LAS serves; greater diversity in LAS workforce and leadership; and elimination of the gap between the experiences and treatment of white and BME staff. The plan is supported by a budget, timetable and risk assessment. From this, and previous work in relation to the WRES, the Committee took assurance that there is an appropriately resourced plan in place to achieve the aims noted above. It recommended the development of SMART targets, for example in relation to BME recruitment.

## 8. Requirements of external bodies

The Committee noted that Internal Audit have been asked to ensure that their programme of work provides assurance that the Trust is compliant with all relevant workforce legislation.

The Committee was updated on the DBS rechecking programme. Organisational and administrative arrangements were outlined. The programme is still at an early stage of implementation and the Committee will receive regular assurance reports on progress against the agreed trajectory.

## 9. Reporting on safety, morale and wellbeing

The Committee reviewed: the key findings of the 2016 staff survey, including comparisons with the previous year (better), with ambulance services overall (still somewhat behind), and with the NHS as a whole (still significantly behind); an assessment of answers to questions directly related to the Quality Improvement Plan (QIP); and the ELT conclusions and focus areas. From these, it took assurance that the Survey has been digested and that areas for action have been identified. It noted that breakdowns of the data will be used in order to ascertain issues at a more granular level, and will review the results.

The Committee will consider how it can receive and provide assurance on staff safety and wellbeing, taking into consideration existing reporting to other committees.

## 10. Staff engagement plan

The Committee noted that key conclusions of Health Engagement Scale (HES) Report are being taken into consideration in developing the Operations Directorate structure.

## 11. Workforce Risks

The Committee cannot yet give full assurance in respect of the system for managing workforce-related risks, mainly because the HR/Workforce Risk Register doesn't yet capture all such risks (e.g. those relating to OD and training) and also because of debate of what constitutes a workforce risk. The Committee encouraged speedy and pragmatic resolution of these issues, while recognising that other channels are likely to exist for managing the risks not reported on the current HR/Workforce register. It reviewed the highest scoring risks (12 and above), especially the two red risks relating to paramedic recruitment and rest break/end of shift negotiations, and discussed mitigating actions. As noted, the Committee cannot yet give assurance that the recruitment risk has been adequately mitigated.

## 12. Other matters

The Committee received a brief update on progress with the **NHS ESR (Electronic Staff Record) and OLM (Oracle Learning Management) projects**; it noted that issues related to the use of Java are being addressed in order to keep the project on track.

The Committee received a report on **progress in dealing with HR matters that had been raised by Internal Audit**; it was informed that actions are on track and can give assurance that there is a systematic process to progress outstanding actions.

An Internal Audit Report on **Freedom to Speak Up** will be reviewed at the next meeting of the Committee and will enable determination of the level of assurance regarding current arrangements.

## **GOVERNANCE AND RISK MANAGEMENT**

### ***Board Assurance Framework and Corporate Risk Register***

The Audit Committee received an update on BAF risks 29 – ring backs – from the Director of Operations who was confident that the timeline for mitigating the risk by 31<sup>st</sup> March 2017 was achievable with changes to operating processes in the control rooms. We heard that the Quality Governance Committee had received a report about the management of vulnerable patients and how issues were coming under control. The Audit Committee was reassured to hear that changes were taking place and that this would lead to a review of the risk and its scoring to reduce this below the BAF threshold.

The Risk and Audit Manager reported that there were 296 risks on the Trust risk register scoring <10 and this could be reported to sector and department level. Progress was being made with the use of Datix for reporting and managing risk and there was an improvement in the balance of risks across the operational sectors. The internal audit report on risk management was positive – significant assurance with minor improvement opportunities – with evidence gathered from staff interviews and observation at meetings.

The Audit Committee heard that work was underway to refresh and revise the approach to the development of the BAF and this would be brought back to the Trust Board at the end of March. The CAD risk had been added quickly to the BAF to reflect the recent event and potential ongoing risk, however the risks reviewed at the Workforce and OD Committee that were eligible for the BAF had not been added and the Audit Committee followed up on the discussion held at the January Trust Board. It was recognised that there should be a Workforce risk on the BAF but this had yet to be clearly articulated and described and to go through the relevant process. The Director of Operations confirmed that BAF risk 37 concerning A8 performance would be re-worded to reflect the 2017/18 contract and that this risk was expected to close in October 2017 when the Trust met the A8 75% target.

The Audit Committee is able to provide assurance to the Trust Board that progress is being made in the management of risk at local level, and on the management and mitigation of some of the most significant risks. Full assurance will only be seen when those long standing BAF risks have been mitigated off the BAF and when there is greater consistency in the application of risk management processes at local level.

### ***Data Quality***

Following the presentation to the Finance Investment and Performance Committee on the integrated performance framework, and early feedback on the external well-led review, the Audit Committee sought assurance on data quality. The interim Director of Performance gave a presentation to the Committee and assurance was taken from the work on the integrated performance framework and the quality of the data on activity and performance. Further work was needed to provide the same level of assurance on the quality of workforce and quality, and to develop a data quality framework and organisational policy to underpin this. It is planned that this will be completed and brought back to the Committee in May 2017.

## **FINANCIAL REPORTING**

### ***Losses and special payments***

The Audit and Logistics and Infrastructure Committees would work together on better understanding vehicle accidents and the work required to reduce the cost to the Trust from these.

## **INTERNAL AUDIT AND LOCAL COUNTER FRAUD**

### ***Internal audit reviews***

Three internal audit reports were reviewed and the Audit Committee was pleased to note that these had each received significant assurance with minor improvement opportunities:

- Core financial systems
- Risk management
- Paramedic education strategy.

Work was underway to address the recommendations within each of these.

***Review of progress against Internal Audit recommendations***

The Committee received an update on progress against recommendations and actions. It was noted that good progress had been made since the last meeting with 15 recommendations implemented and updates provided on all recommendations. There were however 4 high priority recommendations that were overdue and would be followed up by management prior to the next meeting.

***Local Counter Fraud Specialist Progress Report***

The Committee noted the progress report since 7<sup>th</sup> November 2016 and received an update on cases.

***Contracts for Internal Audit and LCFS***

Work is underway to review and update the specifications for these service with a view to commencing the competitive tendering process this year in time to award the contract at the November 2017 Audit Committee meeting for recommendation to the Trust Board that same month.

**EXTERNAL AUDIT**

The External Auditors set out their approach to the 2016/17 audit and the Audit Committee noted that external audit had undertaken an additional piece of work in the review of IM&T during the current year.

**REPORTS FROM COMMITTEES**

The reports from the Quality Governance and Finance Investment and Performance Committees had been given to the Trust Board on 31<sup>st</sup> January.

**ANNUAL REVIEW OF THE EFFECTIVENESS OF INTERNAL AUDIT AND LCFS**

The Director of Corporate Governance/Trust Secretary would collate the responses to the review and this would be brought to the April meeting.

**Date of next meeting:** The next meeting of the Audit Committee is on 18<sup>th</sup> April 2017.





<b>Report to:</b>	<b>Trust Board</b>
<b>Date of meeting:</b>	<b>28<sup>th</sup> March 2017</b>
<b>Document Title:</b>	<b>Financial Plan</b>
<b>Report Author(s):</b>	<b>Andy Bell</b>
<b>Presented by:</b>	<b>Andy Bell</b>
<b>Contact Details:</b>	<b>Andy.bell@lond-amb.nhs.uk</b>
<b>History:</b>	<b><i>ELT, FPC</i></b>
<b>Status:</b>	<b><i>approval</i></b>
<b>Background/Purpose</b>	
<ul style="list-style-type: none"><li>• The Trust Financial Plan was approved by the Trust Board in December and submitted to NHS Improvement on 24<sup>th</sup> December 2016.</li><li>• The trust is required to resubmit its plan by midday on the 30<sup>th</sup> March adjusting for any material variations that have developed in quarter 4.</li><li>• The London Ambulance Service will be resubmitting a financial plan that is materially the same as the one submitted in December.</li><li>• The following pages detail the key items in the plan and highlight and explain any material variations and risks.</li><li>• A detailed report has been reviewed and approved by the FIPC and further detailed review sessions will be arranged with NEDs on request.</li><li>• In summary, the main changes relate to<ul style="list-style-type: none"><li>• The inclusion of the national band 6 income at £6.2m in 2017-18 and £7.7m in 2018-19 (and corresponding expenditure)</li><li>• Adjusted outturn positions for 2016/17 in I&amp;E, Capital and Cashflow</li><li>• Minor adjustments in workforce not impacting the overall financial envelope for pay</li><li>• There is more detailed analysis of, but no changes to activity and performance projections</li></ul></li></ul>	

Risk	Detail	BAF/Risk Register
Activity / Demand	Demand is projected to increase by up to 16% in 2017/18. Whilst up to 9% has been funded for additional capacity, 7% improvements in Demand management are required (primarily by Commissioners) to deliver the contracted performance standards. It should also be noted that if Demand reduces (up to 2% below baseline) Commissioners would reduce funding	531 (Risk score 20)
Workforce Delivery	The Trust has a challenging recruitment target for 2017/18 and beyond. If recruitment is delayed or reduced this will have a material impact on the delivery of the plan.	
Cost Improvement & Productivity	The Trust has committed to a challenging CIP target of £17.8m (5% of Turnover) in 2017/18. Multi-year detailed plans are currently being developed to ensure delivery	217 (Risk Score 20)
Income	Some income streams remain at risk (e.g. Specialised Services funding of £5.3m) or have been funded non recurrently (e.g. Band 6 funding for 2 years). This will create financial pressure if not secured.	214 (Risk Score 20 in 2017/18 (estimated))
<b>Action required</b>		
The Trust Board is requested to review and approve the revised financial plan		
<b>Links to Board Assurance Framework and key risks</b>		
531, 217 and 214 (these are all BAF risks)		

<b>Key implications and risks in line with the risk appetite statement where applicable:</b>	
<b>Clinical and Quality</b>	
<b>Performance</b>	
<b>Financial</b>	Review of the Financial Plan will provide assurance to the Trust Board of appropriate financial governance.
<b>Workforce</b>	
<b>Governance and Well-led</b>	
<b>Reputation</b>	
<b>Other</b>	
<b>This paper supports the achievement of the following Quality Improvement Plan Workstreams:</b>	
<b>Making the London Ambulance Service a great place to work</b>	
<b>Achieving Good Governance</b>	
<b>Improving Patient Experience</b>	
<b>Improving Environment and Resources</b>	X
<b>Taking Pride and Responsibility</b>	



London Ambulance Service **NHS**  
NHS Trust

# Financial Plan

## Trust Board

28<sup>th</sup> March 2017





## Overview

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- The Trust Financial Plan was approved by the Trust Board in December and submitted to NHS Improvement on 24<sup>th</sup> December 2016.
  - The trust is required to resubmit its plan by midday on the 30<sup>th</sup> March adjusting for any material variations that have developed in quarter 4.
  - The London Ambulance Service will be resubmitting a financial plan that is materially the same as the one submitted in December.
  - The following pages detail the key items in the plan and highlight and explain any material variations and risks.
  - A detailed report has been reviewed and approved by the FIPC and further detailed review sessions will be arranged with NEDs on request.
  - In summary, the main changes relate to
    - The inclusion of the national band 6 income at £6.2m in 2017-18 and £7.7m in 2018-19 (and corresponding expenditure)
    - Adjusted outturn positions for 2016/17 in I&E, Capital and Cashflow
    - Minor adjustments in workforce not impacting the overall financial envelope for pay
    - There is more detailed analysis of, but no changes to activity and performance projections
  - The Board is requested to review the changes and approve the revised plan for submission
-

# Risk



Risk	Detail	BAF/Risk Register
Activity / Demand	Demand is projected to increase by up to 16% in 2017/18. Whilst up to 9% has been funded for additional capacity, 7% improvements in Demand management are required (primarily by Commissioners) to deliver the contracted performance standards. It should also be noted that if Demand reduces (up to 2% below baseline) Commissioners would reduce funding	531 (Risk score 20)
Workforce Delivery	The Trust has a challenging recruitment target for 2017/18 and beyond. If recruitment is delayed or reduced this will have a material impact on the delivery of the plan.	
Cost Improvement & Productivity	The Trust has committed to a challenging CIP target of £17.8m (5% of Turnover) in 2017/18. Multi-year detailed plans are currently being developed to ensure delivery	217 (Risk Score 20)
Income	Some income streams remain at risk (e.g. Specialised Services funding of £5.3m) or have been funded non recurrently (e.g. Band 6 funding for 2 years). This will create financial pressure if not secured.	214 (Risk Score 20 in 2017/18 (estimated))



# Financial

	Previous 2017-18 Plan	New 2017-18 Plan	Difference	Explanation	Risk
SOCI Adjusted Surplus / (Deficit) (£k)	- 2,410	- 2,410	-	This represents financial performance adjusted for the effect of donated assets and is within control total	
Income (£k)	352,799	359,012	6,213	Income increase for band 6 paramedic income	Ref 214
Expenditure (£k)	- 351,045	- 357,258	- 6,213	Expenditure increase for Band 6 paramedic costs	Ref 531
Financing Costs (£k)	- 4,200	- 4,200	-		
Donated Assets Adj (£k)	36	36	-		
Capital (£k)	26,002	29,002	3,000	Capital program slippage rolled forward	
Cash (£k)	3,932	7,728	3,796	Effect of additional 2016-17 income and STF Incentive expected	
CIP (£k)	17,781	17,781	-		Ref 217

	Previous 2018-19 Plan	New 2018-19 Plan	Difference	Explanation	Risk
SOCI Adjusted Surplus / (Deficit) (£k)	1,035	1,035	-	This represents financial performance adjusted for the effect of donated assets and is within control total	
Income (£k)	359,184	366,838	7,654	Income increase for band 6 paramedic income	Ref 214
Expenditure (£k)	- 353,985	- 361,639	- 7,654	Expenditure increase for Band 6 paramedic costs	Ref 531
Financing Costs (£k)	- 4,200	- 4,200	-		
Donated Assets Adj (£k)	36	36	-		
Capital (£k)	31,000	31,000	-	Capital program slippage rolled forward	
Cash (£k)	3,492	7,288	3,796	Effect of additional 2016-17 income and STF Incentive expected	
CIP (£k)	14,869	14,869	-		Ref 217

- The 2016/17 outturn position has seen a material shift in terms of I&E, Capital expenditure and Outturn.
- There is £3.8m improved position in I&E related to non recurrent income receipts. This does not impact the 17/18 or 18/19 I&E position.
- In 2017/18 the main material change to plan is the inclusion of £6.2m income and offsetting expenditure to reflect the national agreement for Band 6 Paramedics. In 2018/19 the income and expenditure figure rises to £7.7m
- Capital spend outturn will be materially lower in 2016/17 by £3.0m. As approved by NHSI this will be rolled forward into the 2017/18 capital plan. There is no impact on 2018/19
- Cash will be materially better at the end of 2016/17 by £6.8m. This is driven by the underspend in Capital in year and the improved I&E position. In 2017/18 the position is assumed to improve by £3.8m due to the better than expected I&E position and associated positive cashflows.



# Workforce

	Previous 2017-18 Plan (WTE)	New 2017-18 Plan (WTE)	Difference	Explanation
<b>Total Establishment</b>	<b>6,001</b>	<b>6,001</b>	- 1	
<b>Total Frontline</b>	<b>3,849</b>	<b>3,869</b>	<b>20</b>	
Frontline Paramedic	1,977	2,170	193	Q4 review of required establishment
Frontline Apprentice Paramedic	85	85	-	
Frontline EAC/TEAC	1,043	956	- 87	Q4 review of required establishment
Frontline EMT & Support Tech	426	426	-	
Frontline Overtime	317	232	- 85	Q4 review of required establishment
<b>Total Non-Frontline</b>	<b>2,153</b>	<b>2,132</b>	- 21	
Non frontline Paramedics	292	292	-	
EOC staff on watches	409	409	-	
All other staff	1,354	1,333	- 21	Q4 review of required establishment
Non Frontline Overtime	98	98	0	

- Workforce numbers have been adjusted to account for updates to the workforce plan and known recruitment capacity.
- Whilst this changes individual grade's WTE position it is not expected to materially impact the overall financial position for pay
- The change in Band 6 funding does not impact WTEs in the plan.

	Previous 2018-19 Plan (WTE)	New 2018-19 Plan (WTE)	Difference	Explanation
<b>Total Establishment</b>	<b>6,158</b>	<b>6,158</b>		
<b>Total Frontline</b>	<b>3,949</b>	<b>3,970</b>	<b>21</b>	
Frontline Paramedic	2,029	2,227	198	Q4 review of required establishment
Frontline Apprentice Paramedics	87	87	-	
Frontline EAC/TEAC	1,070	981	- 89	Q4 review of required establishment
Frontline EMT & Support Tech	437	437	-	
Frontline Overtime	326	238	- 88	Q4 review of required establishment
<b>Total Non-Frontline</b>	<b>2,209</b>	<b>2,188</b>	- 21	
Non frontline Paramedics	299	299	-	
EOC staff on watches	420	420	-	
All other staff	1,389	1,368	- 21	Q4 review of required establishment
Non Frontline Overtime	100	101	0	





## Activity & Performance

	Previous 2017-18 Plan (1000s)	New 2017-18 Plan (1000s)	Difference	Explanation
Calls	1,797	1,797	-	
Total Incidents	1,142	1,142	-	
Cat A Incidents	558	558	-	
Cat C Incidents	582	582	-	
			-	
A8 Performance	72%	72%	-	

Please Note: No 2018-19 figures included as no formal activity submission made by ambulance Trusts to NHSI

- There have been no material changes in performance or activity assumptions since the plan was submitted in December.
- The business intelligence team have developed the principles in more detail and these remain consistent with the financial plan and agreed contract with commissioners.



<b>Report to:</b>	<b>Trust Board</b>
<b>Date of meeting:</b>	<b>28<sup>th</sup> March 2017</b>
<b>Document Title:</b>	<b>Developing the Trust's Business Plan</b>
<b>Report Author(s):</b>	<b>Karen Broughton</b>
<b>Presented by:</b>	<b>Karen Broughton</b>
<b>Contact Details:</b>	<a href="mailto:Karen.Broughton@Lond-amb.nhs.uk">Karen.Broughton@Lond-amb.nhs.uk</a>
<b>History:</b>	<b>Trust Board Paper – 17 March 2017</b> <b>SRP discussion session</b> <b>ELT discussion session</b>
<b>Status:</b>	To note the developing business plan and comment on proposed objectives

#### Summary

Following the discussion of the 2017/18 Business Plan goals at the recent Strategy, Review and Planning session (SRP) and the Trust Board meeting in private in March, further work has been undertaken by the Executive Leadership Team to identify the key business objectives for 2017/18.

At the March Trust Board, four overarching Goals were agreed for the Business Plan:

- Patients receive safe, timely and effective care
- Staff are valued, respected and engaged
- Partners are supported to make change in London
- Efficiency & sustainability will drive us

This paper provides a high level summary of the objectives that will form the detailed Business Plan and contribute towards achieving those four goals. This paper also includes a graphic representation of how the objectives are distributed throughout the year.

The following next steps are recommended for development of the Business Plan:

- Trust Board to provide comment on draft objectives by 7 April 2017
- ELT to finalise Business Plan outcomes and details by 7 April 2017
- Business Plan presented for sign off at Trust Board SRP on 25<sup>th</sup> April 2017
- Engagement sessions across the Trust by the end of May 2017 to create Directorate/ Sector Business Plans
- Business Plan objectives reflected in individual objectives by the end of June 2017

#### Action required

The Trust Board is asked to:

- Note the development of the business plan objectives
- Comment off line on the proposed objectives

<b>Key implications</b>	
	<ul style="list-style-type: none"> <li>The business plan sets the priorities for the Trust and will therefore have implications for all areas of the Trust</li> </ul>

<b>Key implications and risks arising from this paper</b>	
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<b>Clinical and Quality</b>	The business plan sets the priorities for the Trust and will therefore have implications for all areas of the Trust
<b>Performance</b>	
<b>Financial</b>	
<b>Workforce</b>	
<b>Governance and Well-led</b>	
<b>Reputation</b>	
<b>Other</b>	



<b>This paper supports the achievement of the following Quality Improvement Plan Workstreams:</b>	
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<b>Making the London Ambulance Service a great place to work</b>	The four organisational goals will replace the five QIP workstreams
<b>Achieving Good Governance</b>	
<b>Improving Patient Experience</b>	
<b>Improving Environment and Resources</b>	
<b>Taking Pride and Responsibility</b>	

	Q1	Q2	Q3	Q4
<b>Patients receive safe, timely &amp; effective care</b>	<ul style="list-style-type: none"> <li>Clinical Strategy milestone 1</li> <li>Plan for ARP implementation</li> <li>Roster Review plan agreed</li> <li>Medicines Management</li> <li>111 Development</li> <li>Create Learning Organisation Framework</li> <li>Quality Structures</li> <li>New Quality Governance Assurance Framework</li> </ul>	<ul style="list-style-type: none"> <li>Plan for ARP implementation</li> <li>Vehicle based equipment</li> <li>Clinical Strategy milestone 2</li> <li>Introduce mobile devices</li> <li>Complete Make Ready roll out</li> </ul>	<ul style="list-style-type: none"> <li>Clinical Strategy milestone 3</li> <li>Introduce mobile devices</li> <li>Increase Patient Engagement</li> <li>Implement ARP</li> </ul>	<ul style="list-style-type: none"> <li>CAD Resilience Upgrade</li> <li>Clinical Strategy milestone 4</li> <li>Introduce mobile devices</li> <li>Completion of 111 &amp; 999 integration</li> <li>Implement ARP</li> <li>Deliver CQUIN – Digitisation Enablers</li> <li>Deliver CQUIN – Flu Vaccinations</li> <li>Implement new Rosters</li> </ul>
<b>Staff are valued, respected &amp; engaged</b>	<ul style="list-style-type: none"> <li>Review LAS Academy</li> <li>Monthly recruitment plan</li> <li>Launch People Strategy</li> <li>WRES Actions</li> <li>Annual leave arrangements</li> </ul>	<ul style="list-style-type: none"> <li>Exec Recruitment &amp; Portfolios</li> <li>WRES Actions</li> <li>Implement Rest Breaks &amp; end of shift</li> <li>Set workforce skill mix levels</li> <li>Operational Management Structures</li> <li>Staff Charter</li> <li>Monthly recruitment plan</li> <li>Management &amp; Leadership Development</li> </ul>	<ul style="list-style-type: none"> <li>Monthly recruitment plan</li> <li>Board Development Programme</li> <li>WRES Actions</li> </ul>	<ul style="list-style-type: none"> <li>Monthly recruitment plan</li> <li>WRES Actions</li> <li>Talent Management</li> <li>Deliver CQUIN – Staff Health &amp; Wellbeing</li> <li>Deliver CQUIN – Healthy Food</li> </ul>
<b>Partners are supported to make change in London</b>	<ul style="list-style-type: none"> <li>New AHPs; with CCGs &amp; STPs</li> <li>Strategic approach to STP engagement</li> <li>Bluelight collaboration projects</li> <li>Demand management initiatives</li> </ul>	<ul style="list-style-type: none"> <li>Strategic approach to STP engagement</li> <li>Demand management initiatives</li> <li>New AHPs; with CCGs &amp; STPs</li> <li>Bluelight collaboration projects</li> </ul>	<ul style="list-style-type: none"> <li>Bluelight collaboration projects</li> <li>Demand management initiatives</li> <li>Strategic approach to STP engagement</li> <li>New AHPs; with CCGs &amp; STPs</li> </ul>	<ul style="list-style-type: none"> <li>Strategic approach to STP engagement</li> <li>New AHPs; with CCGs &amp; STPs</li> <li>Demand management initiatives</li> <li>Bluelight collaboration projects</li> <li>Deliver CQUIN – STP Engagement</li> </ul>
<b>Efficiency &amp; sustainability will drive us</b>	<ul style="list-style-type: none"> <li>Estates Strategy</li> <li>Fleet Strategy</li> <li>Data Quality Framework</li> <li>IM&amp;T Systems &amp; Services</li> <li>Set Cost Improvement Programme</li> <li>Launch Transformation Programme</li> <li>Quality Improvement Plan</li> <li>Quality Summit</li> <li>CAD Resilience Review</li> </ul>	<ul style="list-style-type: none"> <li>IM&amp;T Organisation Change</li> <li>CIP Delivery</li> <li>Launch 5 year strategy</li> <li>Deliver Estates Implementation Plan</li> <li>Drive Transformation Programme Objectives</li> </ul>	<ul style="list-style-type: none"> <li>Deliver Estates Implementation Plan</li> <li>Replace Call Recording System</li> <li>CIP Delivery</li> <li>Drive Transformation Programme Objectives</li> </ul>	<ul style="list-style-type: none"> <li>Deliver Estates Implementation Plan</li> <li>CIP Delivery</li> <li>Deliver Estates Implementation Plan</li> <li>Drive Transformation Programme Objectives</li> <li>Implement business continuity arrangements</li> </ul>

2017/18 High Level Business Plan - DRAFT

Our Goals	Our Objectives	Cross cutting priorities							Our Expected Outcomes (to be finalised)
		Original CEO priority list	Initial response to CQC February 2017 inspection	JCT	WRES	WELL LED	ARP	GREAT PLACE TO WORK	
 <p>Patients receive safe, timely &amp; effective care</p>	By the end of March 2018, we will have undertaken and implemented a Trust-wide roster review to better meet the needs of our patient			X		X	X	X	<ul style="list-style-type: none"> <li>• New rosters will be in place across the Trust by the end of March 2018 and will be populated to meet demand</li> <li>• A 7 minute reduction in Job Cycle Time will be achieved by October 2017</li> <li>• All frontline crews will have access to mobile devices by year end</li> <li>• National ambulance response targets will be met by October 2017</li> <li>• Vehicle based equipment and drugs will be in place for all crews by September 2017</li> <li>• 111 efficiencies will be secured to support any future 111 bids</li> <li>• Multiple attendance ratio will fall to 1.2 by the end October 2017</li> </ul>
	By the end of March 2018, we will have implemented year one actions of the Clinical Strategy	X		X		X	X	X	
	In October 2017, we will implement the new Ambulance Response Programme revising our operating model if required	X		X			X		
	We will roll out hand held devices between July 2017 and March 2018, so that our frontline crews can access patient care records			X				X	
	By July 2017, we will complete the full roll out of 'Make Ready' across the Trust to ensure that ambulances and clean, equipped and well maintained		X	X				X	
	By March 2018, we will have transformed the way we run our 111 service integrating with 999 services as fully as possible								
	In April 2017, we will create a new Quality and Assurance Directorate to support the delivery of high quality care which will be fully operational by August 2017		X						
	By May 2017, we will improve the way the Trust collectively learns, creating a learning framework which sets out the systems, processes and structures for continuous improvement		X				X		
	By June 2017, we will have strengthened our governance processes with a new Quality Governance Assurance Framework across the Trust	X	X				X		
By December 2017, we will outline improved patient engagement arrangements and summarise our engagement priorities in a new Patient Engagement Strategy									
 <p>Staff are valued, respected &amp; engaged</p>	In May 2017, we will launch our People Strategy to outline our workforce priorities for the next three years	X			X	X		X	<ul style="list-style-type: none"> <li>• A staff charter and behaviours model will be in place to support the values of the Trust</li> <li>• WRES action plan is delivered resulting in a X% increase in BMAE staff employed by the Trust, and a X% increase in staff satisfaction levels for BMAE staff</li> <li>• 80% of staff will receive a rest break by October 2017</li> <li>• Long term sickness will reduce from 3.5% to 3%</li> <li>• There will be no interim Directors by October 2017</li> </ul>
	By July 2017, we will implement new rest break and end of shift arrangements to support frontline staff	X	X	X		X		X	
	We will introduce new annual leave arrangements by end of June 2017 to better match activity demand with staff needs	X		X		X		X	
	By September 2017, we will have agreed our new multidisciplinary skill mix model, recruiting to frontline vacancies throughout the year	X		X	X	X	X	X	
	By July 2017, we will introduce a staff charter so that staff know what they can expect from the Trust and what is expected of them				X	X		X	
	By December 2017, we will have put in place a Board Development Programme to address board development needs including CQC well led and other review feedback	X	X						
	By September 2017, we will review Executive portfolios and complete substantive recruitment to all Executive posts	X	X						
	By September 2017, we will have in place co-designed management and leadership development programmes	X			X	X		X	
	Throughout the year we will deliver the actions in our Workplace Race Equality Scheme to improve the experience of BMAE staff and to make the Trust more representative of the communities we serve				X	X		X	
	By September 2017, we will strengthen our Operational Management structure to improve support and ensure management accountability is in place on the frontline	X			X	X		X	
	By June 2017, we will review the effectiveness and capacity of the LAS Academy to ensure it can develop a pipeline of future paramedics				X	X		X	
By March 2018, we will have designed and implemented Talent Management arrangements to improve retention and succession planning		X		X	X		X		

Our Goals	Our Objectives	Cross cutting priorities							Our Expected Outcomes (to be finalised)
		Original CEO priority list	Initial response to CQC February 2017 inspection	JCT	WRES	WELL LED	ARP	GREAT PLACE TO WORK	
	Throughout the year we will develop alternative care pathways in partnership with STPs and Clinical Commissioning Groups			X			X		<ul style="list-style-type: none"> <li>• Demand management actions will be in place across the health system to support the management of demand during peak times, particularly winter 2017</li> <li>• Joint purchasing with Blue Light Services will increase by XXXX or save £X</li> <li>• A review of Blue Light Emergency Control Rooms across London will be outline the future configuration of control rooms</li> <li>• To support London's aim of being the safest global city, the London Fire Brigade and the Metropolitan Police Service will work in partnership to co-respond to patients in London</li> </ul>
	We will work with London's five STPs to co-design and support delivery of demand management initiatives across London	X		X		X	X		
	In partnership with our Blue Light colleagues we will maximise value for money from the public purse working together to: enhance prevention and response activities; share services, buildings and resources; where is it in the best public interest to do so								
	Influence health improvement and redesign across London through our active engagement in the five London STPs			X		X			
	By March 2018, we will have delivered year one IM&T strategy actions including a review of IM&T systems and services which will see delivery of improvements across the year	X		X		X		X	<ul style="list-style-type: none"> <li>• The Trust-wide cost improvement programme will release c.£18m savings</li> <li>• Revised business continuity arrangements will result in no down time for business critical functions in 95% of cases</li> </ul>
	In May 2017, we will launch our new transformation programme to drive change and improvement throughout the Trust	X		tbc	X	X	X	X	
	We will agree a quality improvement plan to respond to the anticipated CQC report and share this at the CQC Quality Summit in June 2017		X			X		X	
	By July 2017, we will launch the Trust's 5 year strategy to reflect changing needs of patients and STPs across London	X							
	By June 2017, we will outline our fleet requirements in a new 5 year Fleet Strategy and commenced the implementation of our year one actions	X							
	By June 2017, we will have defined our Estates footprint for the next five years and commenced the implementation of our year one actions	X				X		X	
	By May 2017, we will produce a Data Quality Framework to ensure that high quality, accurate data is available and well managed throughout the Trust		X						
	By March 2018, we will have implemented new business continuity plans throughout the Trust to ensure business critical functions are maintained at all times					X			



<b>Report to:</b>	<b>Trust Board</b>
<b>Date of meeting:</b>	<b>28<sup>th</sup> March 2017</b>
<b>Document Title:</b>	<b>Trust Secretary Report</b>
<b>Report Author(s):</b>	<b>Sandra Adams, Director of Corporate Governance/Trust Secretary</b>
<b>Presented by:</b>	<b>Sandra Adams, Director of Corporate Governance/Trust Secretary</b>
<b>Contact Details:</b>	<a href="mailto:sandra.adams@lond-amb.nhs.uk">sandra.adams@lond-amb.nhs.uk</a>
<b>History:</b>	<b>N/A</b>
<b>Status:</b>	<b>For information and assurance</b>
<b>Background/Purpose</b>	
<p><b>Tenders and Use of the Trust Seal</b> Since the Trust Board meeting on 31<sup>st</sup> January 2017, there has been one tender received and opened and entered into the register; and there have been no new entries to the Register for the use of the Trust Seal.</p> <p>Following Trust Board approval of the <b>Standing Orders, Standing Financial Instructions and Scheme of Delegation</b> in November 2016, the final documents have been circulated to Trust Board members and non-voting directors for review and sign off to state these have been read and understood. Executive directors were also requested to sign to state they had shared these with their senior managers.</p> <p><b>Register of Interests</b> A request for registers of interest was sent to Trust Board members and to managers on 4<sup>th</sup> January 2017 and these have been added to the 2017 Register.</p> <p><b>Fit and Proper Person Test</b> All Directors' files and records are complete and comply with the Trust policy on Fit and Proper Persons Test.</p>	
<b>Action required</b>	
To be advised of compliance with Standing Orders and Standing Financial Instructions and with Trust Policy on Fit and Proper Persons Test.	
<b>Links to Board Assurance Framework and key risks</b>	
No key risks associated with this activity.	

<b>Key implications and risks in line with the risk appetite statement where applicable:</b>	
<b>Clinical and Quality</b>	
<b>Performance</b>	
<b>Financial</b>	
<b>Workforce</b>	
<b>Governance and Well-led</b>	<b>Compliance with Standing Orders and Standing Financial Instructions</b>
<b>Reputation</b>	
<b>Other</b>	
<b>This paper supports the achievement of the following Quality Improvement Plan Workstreams:</b>	
<b>Making the London Ambulance Service a great place to work</b>	
<b>Achieving Good Governance</b>	<b>Yes</b>
<b>Improving Patient Experience</b>	
<b>Improving Environment and Resources</b>	
<b>Taking Pride and Responsibility</b>	



**Trust Secretary Report  
March 2017**

**Tenders received**

1. Provision of Occupational Health & Associated Services

Tenders received from:

- a) Health Management Ltd
- b) Industrial Medical & Safety Services Ltd
- c) OH Assist Ltd
- d) People Asset Management Ltd
- e) Rehab Works
- f) Team Prevent UK
- g) Working in Wellbeing T/A Optima Health

**Entries to the Register for the Use of the Trust Seal**

There was no new entries to the Register.

**Standing Orders/ Standing Financial Instructions/Scheme of Delegation**

Documents approved at Trust Board in November subject to final updates to committee terms of reference. Work completed in February 2017 and documents circulated to Trust Board members and non-voting directors for confirmation that these have been read and that they agree to uphold these in line with the Standards of Business Conduct.

**Register of Interests**

Request for registers of potential conflict of interest was sent to Trust Board and LAS managers on 4<sup>th</sup> January 2017. The Directors' register is up to date and included in the Board papers. The managers' register is up to date and available on request.

Sandra Adams  
Director of Corporate Governance/Trust Secretary  
17<sup>th</sup> March 2017

### 2017 Meetings Calendar

Committee	Chair	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Timings
Trust Board	Trust Chair	31		28		25pm			1		3	28		9.00 - 14.00
Private Trust Board (Strategy Review and Planning)	Trust Chair		28		25		27				31		12	9.00 - 16.00
Annual General Meeting	Trust Chair									26				14.00 - 15.30
Charitable Funds Committee	Trust Chair						22				5			15.00 - 16.30
Nominations and Remuneration Committee	Trust Chair													
Audit Committee	John Jones		15		18	18 pm/ 25am				4		6		14.00 - 17.00
Finance Investment and Performance Committee	Nick Martin	26		23		22		20		21		23		
Quality Governance Committee	Bob McFarland	10		7		16		11		19		14		13.00 - 16.00
Workforce and Organisational Committee	Fergus Cass	23		20		22		24		18		13		14.00 - 17.00
Quality Improvement Programme Board	Trust Chair													
Logistics & Infrastructure	Andy Bell		13				19				9			15.00 - 17.00
Risk, Compliance and Assurance Committee	Chief Executive Officer	16		9			6			5			5	
Improving Patient Experience Committee	Chief Quality Officer		14		20		20		15		17		7	14.00 - 16.00
Clinical Safety and Standards Committee	Medical Director	18		7		9		4		12		7		14.00 - 16.00
Executive Leadership Team (ELT)	Chief Executive Officer	<b>Every Wednesday 9.00 - 12.00</b>											9.00 - 12.00	
Environment and Resources	Director of Finance													
Operations Board	Director of Operations	<b>3rd Thursday of every month</b>												

Clinical Education and Professional Standards	Deputy Director of Clinical Education and Standards	<b>3rd Wednesday of every month</b>	
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 Denotes formal sub-committee of the TB

 Awaydays

 Annual Reports



### TRUST BOARD FORWARD PLANNER 2017

31<sup>st</sup> January 2017 9am

Standing Items	Assurance Performance/Quality /Workforce /Finance	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
Declarations of Interest Minutes of the previous meeting Matters arising Report from the Trust Chairman Report from Chief Executive	<b>Integrated Board Performance Report</b>  <b>Assurance Reports from sub-committees</b>  <b>Finance Report M9</b>  <b>BAF and Corporate Risk Register</b>  <b>EPRR update</b>	2017-19 Business and financial planning process  STPs	Report from Trust Secretary  Trust Board Forward Planner  Outcome of the Well-led governance review  Preparation for the CQC Inspection  Quality Improvement Plan report	Quality and Governance Committee – 10 <sup>th</sup> January 2017  Finance and Investment Committee –26 <sup>th</sup> January 2017  Workforce and Organisational Development – 23 <sup>rd</sup> January 2017  Quality Improvement Programme Board -	

28<sup>th</sup> March 2017 9am

Standing Items	Assurance Performance/Quality /Workforce /Finance	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
<p>Declarations of Interest</p> <p>Minutes of the previous meeting</p> <p>Matters arising</p> <p>Report from the Trust Chairman</p> <p>Report from Non-Executive Directors</p> <p>Report from Chief Executive</p>	<p><b>Integrated Board Performance Report</b></p> <p><b>Assurance Reports from sub-committees</b></p> <p><b>BAF and Corporate Risk Register</b></p> <p><b>Finance Report M11</b></p>	<p>2017 – 19 Business, Financial and Operating Plans</p> <p>STPs</p> <p>Enabling strategies</p>	<p>Report from Trust Secretary</p> <p>Trust Board Forward Planner</p> <p>Update on the CQC Inspection</p> <p>Risk Management Policy Review</p>	<p>Audit Committee – 15<sup>th</sup> February 2017</p> <p>Board Strategy - 28<sup>th</sup> February 2017</p> <p>Logistics and Infrastructure Committee – 13<sup>th</sup> February 2017</p> <p>Quality Improvement Programme Board</p> <p>Quality Governance Committee – 7<sup>th</sup> March 2017</p> <p>Finance Investment and Performance Committee – 23<sup>rd</sup> March 2017</p> <p>Workforce and Organisational Development – 20<sup>th</sup> March 2017</p>	

25<sup>th</sup> May 2017 – 2pm

Standing Items	Annual Reporting	Assurance Performance/Quality /Workforce /Finance	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
<p>Declarations of Interest</p> <p>Minutes of the previous meeting</p> <p>Matters arising</p> <p>Report from the Trust Chairman</p> <p>Report from Non-Executive Directors</p> <p>Report from Chief Executive</p>	<p><b>Annual Report and Accounts 2016/17 including Annual Governance Statement</b></p> <p><b>Quality Account 2016/17 for approval</b></p> <p><b>Audit Committee Assurance Report</b></p> <p><b>Annual Report of the Audit Committee 2016/17</b></p> <p><b>BAF and Corporate Risk Register</b></p> <p><b>Infection Prevention and Control Annual Report 2016/17</b></p> <p><b>Annual Safeguarding Report 2016/17</b></p>	<p>Integrated Board Performance Report</p> <p>Assurance Reports from sub-committees</p> <p>Finance Report</p> <p>EPRR assurance from the Audit Committee</p> <p>Outcome of the Quality Improvement Programme</p>	<p>2017 – 19 Business and Financial Plan</p> <p>STPs</p>	<p>Report from Trust Secretary</p> <p>Trust Board Forward Planner</p> <p>Outcome of CQC Inspection</p>	<p>Audit Committee – 18<sup>th</sup> April, 18<sup>th</sup> &amp; 25<sup>th</sup> May 2017</p> <p>Board seminar - 25<sup>th</sup> April 2017</p> <p>Workforce and Organisational Development – 22<sup>nd</sup> May 2017</p>	

1<sup>st</sup> August 2017 – 9am

Standing Items	Assurance Performance/Quality /Workforce /Finance	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
<p>Declarations of Interest</p> <p>Minutes of the previous meeting</p> <p>Matters arising</p> <p>Report from the Trust Chairman</p> <p>Report from Non-Executive Directors</p> <p>Report from Chief Executive</p> <p>Serious Incidents</p>	<p><b>Integrated Board Performance Report including Quality Report</b></p> <p><b>Assurance Reports from sub-committees</b></p> <p><b>BAF and Corporate Risk Register</b></p> <p><b>Finance Report M3</b></p>	<p>Patient Engagement Strategy</p> <p>STPs</p>	<p>Report from Trust Secretary</p> <p>Trust Board Forward Planner and 2018 dates</p> <p>Security Management</p> <p>Annual Reports:            - Patient Experience            - Patient and Public Involvement and Public Education</p>	<p>Board seminar - 27<sup>th</sup> June 2017</p> <p>Quality Governance Committee – 11<sup>th</sup> July 2017</p> <p>Finance Investment and Performance Committee – 20<sup>th</sup> July 2017</p> <p>Logistics and Infrastructure Committee – 16<sup>th</sup> June 2017</p> <p>Workforce and Organisational Development – 24<sup>th</sup> July 2017</p>	

3<sup>rd</sup> October 2017 – 9am

Standing Items	Assurance Performance/Quality /Workforce /Finance	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
<p>Declarations of Interest</p> <p>Minutes of the previous meeting</p> <p>Matters arising</p> <p>Report from the Trust Chair</p> <p>Report from Non-Executive Directors</p> <p>Report from Chief Executive</p> <p>Serious Incidents</p>	<p><b>Integrated Board Performance Report including Quality Report</b></p> <p><b>Assurance Reports from sub-committees</b></p> <p><b>BAF and Corporate Risk Register</b></p> <p><b>Finance Report M5</b></p> <p><b>EPRR assurance from the Audit Committee</b></p>	<p>Review of 2017/18 Business Plan</p> <p>STPs</p>	<p>Report from Trust Secretary</p> <p>Trust Board Forward Planner</p>	<p>Audit Committee – 4<sup>th</sup> September 2017</p> <p>Quality Governance Committee – 19<sup>th</sup> September 2017</p> <p>Finance Investment and Performance Committee – 21<sup>st</sup> September 2017</p> <p>Annual General Meeting – 26<sup>th</sup> September 2017</p> <p>Workforce and Organisational Development – 18<sup>th</sup> September 2017</p>	



28<sup>th</sup> November 2017 – 9am

Standing Items	Assurance Performance/Quality /Workforce /Finance	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
Declarations of Interest Minutes of the previous meeting Matters arising Report from the Trust Chair Report from Non-Executive Directors Report from Chief Executive	<b>Integrated Board Performance Report including Quality Report</b>  <b>Assurance Reports from sub-committees</b>  <b>BAF and Corporate Risk Register</b>  <b>Finance Report M7</b>  <b>EPRR assurance from the Audit Committee</b>	6 month review of business plan  STPs	Report from Trust Secretary  Trust Board Forward Planner  Performance Reporting compliance statement  HES report	Board seminar - 31 <sup>st</sup> October 2017  Audit Committee – 6 <sup>th</sup> November 2017  Quality Governance Committee – 14 <sup>th</sup> November 2017  Finance Investment and Performance Committee – 23 <sup>th</sup> November 2017  Logistics and Infrastructure Committee – 9 <sup>th</sup> October 2017  Workforce and Organisational Development – 13 <sup>th</sup> November 2017	

Board Seminar	Topic
28 <sup>th</sup> February 2017	Strategy Review
25 <sup>th</sup> April 2017	Transformation Programme; 2017/18 Business Plan for approval; QIP closure report
27 <sup>th</sup> June 2017	Strategy review
31 <sup>st</sup> October 2017	Strategy review
12 <sup>th</sup> December 2017	Strategy review

Trust Board Register of Interest - March 2017

Name	Date	Nil declaration	Interest declared	1. Directorships, including non-executive Directorship helds in private companies or PLCs	2. Ownership or partnership or private companies, businesses or consultancies likely or possibly seeking to do business with the Trust	3. Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the Trust	4. A position of authority in a charity or voluntary body in the field of healthcare or social services	5. Any material connections with a voluntary or other body contracting for services with NHS organisation	6. Any other commercial interests in a decision before a meeting of the Trust Board
Heather Lawrence	17/01/2017	✓							
Jessica Cecil	04/01/2017		✓						
John Jones	04/01/2017	✓					Advisory board: IntoUniversity		
Fergus Cass	17/01/2017		✓	Book Aid International - Charity - Trustee; Hospices of Hope - Charity - Trustee; Hospices of Hope Trading Limited - Charity related chain of shops - Chair Melton Court Parking Limited: company managing parking spaces at block where I live: Director			As noted above, I am a trustee of Hospices of Hope. This charity supports hospice care in Romania, Serbia and Moldova	None but for completeness, alternate lay chair of the Performers List Decision Panel (PLDP) for NHS England, North West London	
Jayne Mee	09/02/2017		✓	Trustee St John Ambulance; Trustee MEI Mathematics in Education and Industry; Director, Calabash Limited (own consultancy)					
Sheila Doyle	07/02/2017		✓		I am a partner at Deloitte, full-time employee	Ino. I have small shares with BP and Telstra		No other than I am an employee at Deloitte	
Robert McFarland	10/01/2017		✓				Chair and Trustee - European Doctor's Orchestra.		
Theo de Pencier	04/01/2017	✓							
Sandra Adams	04/01/2017	✓							
Karen Broughton	09/01/2017	✓							
Andrew Grimshaw	02/01/2017		✓	LSO Consulting Ltd					
Charlotte Gawne	26/01/2017	✓							
Andy Bell	04/01/2017	✓							
Paul Woodrow	16/01/2017	✓							
Jill Patterson	26/01/2017		✓	Tall Poppies Management Ltd	Tall Poppies Management Ltd	Tall Poppies Management Ltd			
Sally Herne	09/02/2017		✓	Director, Sally Herne Consulting Ltd	Director, Sally Herne Consulting Ltd	Sole shareholder, Sally Herne Consulting Ltd			
Mark Hirst	12/07/2016		✓	Managing director of Point Clear Consulting Ltd	Managing director of Point Clear Consulting Ltd			Undertaking current interim role through Rethink Recruitment	
Vic Wynn	03/02/2017	✓							
Patricia Bain	05/01/2017	✓							
Steven Bass	03/02/2017	✓							
Fenella Wrigley	11/01/2017		✓				Regional Professional Leader for Doctors - St John Ambulance London Region		