



**MEETING OF THE LONDON AMBULANCE SERVICE NHS TRUST BOARD
TO BE HELD IN PUBLIC ON TUESDAY 31ST JANUARY 2017 AT 09.00am – 12.00pm
CONFERENCE ROOM, 220 WATERLOO ROAD, LONDON, SE1 8SD**

AGENDA: PUBLIC SESSION

ITEM	SUBJECT	PURPOSE	LEAD	TAB
1.	Welcome and apologies for absence Apologies received from:			
2.	Declarations of Interest To request and record any notifications of declarations of interest in relation to today's agenda		HL	
3.	Minutes of the meeting held in public on 29th November 2016 To approve the minutes of the meeting held on 29 th November 2016	Approval	HL	TAB 1
4.	Matters arising To review the action schedule arising from previous meetings	Information	HL	TAB 2
5.	Report from the Chair To receive a report from the Chair	Information	HL	TAB 3
6.	Report from Chief Executive To receive a report from the Chief Executive	Information	AG	TAB 4
PERFORMANCE AND ASSURANCE				
7.	Integrated Board Performance Report – December 2016 To receive the integrated board performance report (including Quality, Finance, Performance and Workforce)	Information	AB	TAB 5
8.	Quality Improvement Programme Board Assurance Report To receive a progress report – 19 th January 2017	Assurance	AG	TAB 6
9.	Quality Governance Committee Assurance Report To receive the Quality Governance Committee Assurance Report – 10 th January 2017	Assurance	BMc	TAB 7
10.	Finance Investment and Performance Committee Assurance Report To receive the Finance Investment and Performance Committee Assurance Report – 26 th January 2017	Assurance	NM	TAB 8
11.	Workforce Committee Assurance Report including WRES Oversight To receive the Workforce Committee Assurance Report – 23 rd January 2017	Assurance	FC	TAB 9
12.	Board Assurance Framework and Risk Management To receive the Board Assurance Framework and risk register – January 2017	Assurance	SA	TAB 10
13.	EPRR 13.1 To receive an assurance report 13.2 Business Continuity update	Assurance Information	PW	TAB 11
BREAK				

STRATEGY AND BUSINESS PLANNING					
	14.	Operational and financial planning 2017 -2019 14.1 To receive an update on the December submission 14.2 To receive an update on development of the 2017/18 business plan	Information	AB	TAB 12
	15.	Clinical Strategy To approve the Clinical Strategy	Approval	FW	TAB 13
	16.	IM&T Strategy To approve the IM&T Strategy	Approval	AG	TAB 14
	17.	Transformation Programme To receive outline proposal for LAS 'HIVE' Transformation Programme	Information		TAB 15
GOVERNANCE					
	18.	1st January 2017 CAD Outage To receive an interim report on the event and the action underway to investigate and mitigate	Information	AG	TAB 16
	19.	Report from Trust Secretary	Information	SA	TAB 17
	20.	Trust Board Forward Planner To receive the Trust Board forward planner	Information	SA	TAB 18
	21.	Questions from members of the public		HL	
	22.	Register of Interest To note the register of interests	Information	SA	TAB 19
	23.	Any other business		HL	
	24.	Meeting Closed The meeting of the Trust Board in public closes		HL	
	25.	Date of next meeting The date of the next Trust Board meeting in public is on 28 th March 2017.		HL	



TRUST BOARD MEETING (PUBLIC)

Minutes of the meeting held on Tuesday 29th November at 9.00am
in the Conference Room, 220 Waterloo Road, London SE1 8SD

Present:

Heather Lawrence	Chair
Fionna Moore	Chief Executive
Fergus Cass	Non-Executive Director
John Jones	Non-Executive Director
Nick Martin	Non-Executive Director (joined the meeting at 9:30)
Bob McFarland	Non-Executive Director
Theo de Pencier	Non-Executive Director
Jessica Cecil	Non-Executive Director
Andrew Grimshaw	Director of Finance and Performance
Fenella Wrigley	Medical Director
Paul Woodrow	Director of Operations

In attendance:

Sandra Adams	Director of Corporate Governance/Trust Secretary
Karen Broughton	Director of Transformation, Strategy and Workforce
Mercy Kusotera	Committee Secretary (Minutes)

Members of the Public:

Malcolm Alexander	LAS Patients' Forum
Nick Russon	Zoll – Providers of Defibrillators
Daryl Smith	Ferno UK Ltd
Lesley Cave	Associate Director of Quality and Safety, Brent Clinical Commissioning Group
Pippa Street	Director of Quality and Safety, Brent Clinical Commissioning Group

Members of Staff:

Tracy Jepson	Group Station Manager – Brent
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Observers:

John Murray	Deloitte
Tracy Myhill	CEO of Welsh Ambulance Service NHS Trust

129. Welcome and Apologies

129.1 The Chair welcomed all to the meeting. Apologies were received from Briony Sloper, Interim Chief Quality Officer.

130. Declarations of Interest

130.1 There were no declarations of interest in matters on the agenda

131. Minutes of the Board meeting held on 4th October 2016

131.1 The minutes of the meeting held on 4th October 2016 were approved as a true record of the meeting subject to:

- 104.2 to be amended: change 'Red call' to 'Red 1'
- 105.10: 'Jessica Cecil asked whether we could use 111 to manage demand and safety where we had...'
- 112.2 to be re-worded: 'multi-site exercises'

- 116.1 to be amended: to read 'BAF 29 – ring backs'

Action: Sandra Adams

Date: 31st January 2017

132. Matters Arising

- 132.1 The Trust Board reviewed the action log and noted the following:
103.2 – It was noted that Blue Light Collaboration governance arrangements had been included on the board governance structure and the Finance Investment and Performance Committee would have oversight; the action was closed.
- 132.2 102.1 – Complaints: it was noted that Briony Sloper had emailed confirming that ethnicity monitoring data would be included in the November complaints report; the action was closed.
- 102.1 and 81.8 – STEMI: Fenella Wrigley confirmed that on scene time for STEMI patients had been discussed at the Quality Governance Committee on 15th November 2016. Action closed.
- 102.1 – A detailed report on the trajectory for reducing long-term sickness rates had been presented at the Strategy Review meeting on 25th October 2016. This trajectory needed to be confirmed.
Action: Mark Hirst/Karen Broughton
Date: 31st January 2017
- 132.3 105.8 – Demand analysis tools: Andrew Grimshaw reported that a session for non-executive directors had not been arranged as yet; however a lot of work had been done internally and with the CCGs. It was anticipated that the session would be scheduled before the January Trust Board meeting.
Action: Andrew Grimshaw
Date: 31st January 2017
- 132.4 105.11- Workforce planning: the workforce model needed to be decided before the operational/financial plan submission on 23rd November, and the detail linked to demand management and covered in the session being arranged by Andrew Grimshaw (see 132.3 above).
- 132.5 105.14 – Demand management: It was noted that the Trust Board had to decide whether the plan would work and have a mitigating plan in place (early December) in the event this doesn't happen.
- 132.6 105.22 – Serious incidents: Fenella Wrigley reported that 81% of outstanding actions for serious incidents had been completed and evidenced. The review had identified 40 deliverables linked to the Quality Improvement Plan (QIP) which were therefore part of other workstreams. It was anticipated that over 90% of the remaining actions would be completed by the end of January 2017.
- 132.7 105.25 – CIPs: It was confirmed that Andrew Grimshaw had presented the CIP plan and quality impact assessments against each to the November Quality Governance Committee; the action was closed.
- 132.8 105.27 – Appraisal rates details had been covered in the workforce report.
- 132.9 107.4 – CQC preparation: At the Trust Board strategy session the Board received and discussed details on the scale and scope of the relief roster review. It was expected that executive appointments would be completed by 31st December 2016.
- 132.10 107.21 – Clinical Team Leader role: a Board session on the proposals and implementation plan for the future role had been scheduled for 13th December 2016.

- 132.11 112.3 - Resilience: Paul Woodrow reported that KPIs to monitor progress with compliance against standards had been identified and were included in the EPRR assurance submission. Quarterly assessment would be presented to the January Quality Governance Committee meeting for assurance to the Board.
Action: Paul Woodrow
Date: 10th January 2017
- 132.12 116.7 – Board Assurance Framework: this was covered in the BAF paper to be discussed later on the agenda.
- 132.13 117.4 – risk appetite statement: this had been updated; the action was closed.
- 132.14 118.5 – IM&T Strategy: it was noted that this was ongoing. The action was kept open.
- 132.15 119.3 - Equality and Inclusion: Karen Broughton reported that bi-monthly updates were being included in the workforce report and would be brought to each Trust Board meeting.
- 132.16 123.1- HES Report: It was noted that the report had been circulated to Board members for comments on the recommendations for the Workforce and OD Committee. The action was closed.

133. Report from the Chair

- 133.1 The following points were noted from the report:
- Requirement Notice issued by the Care Quality Commission – the Trust had responded in full to this requirement notice; the actions had been incorporated into the Quality Improvement Plan. The action plan aimed to meet all the CQC requirements.
 - Well-led review – NHSI had asked the Trust to engage Deloitte to undertake a Well-led Review in advance of the CQC re-inspection visit on 7th – 9th February 2017. The Chair reminded Board members to individually complete a survey online by Friday 2nd December 2016. A meeting had been scheduled with NHS Improvement for 19th December 2016; Non-executive directors were asked to attend the meeting as well. Feedback for 360^o session had been arranged for Tuesday 13th December 2016.
 - Non-Executive Directors recruitment – interviews would be held on 16th and 22nd December 2016.
- 133.2 The Chair provided an update from Association of Ambulance Chief Executives' (AACE) meeting held on 15-16 November 2016 – the following key points were noted:
- Band 6**
- 133.3 Profile for the Paramedic Band 6 had been published; clarification on funding for the implementation of this was due soon.
- Workforce Race Equality Standards (WRES)**
- 133.4 All Ambulance Trusts had been formally asked to commit to WRES. Tracy Myhill, Chief Executive, Welsh Ambulance Service NHS Trust, was leading a national ambulance sector WRES project. The remit of the project was to develop a suite of WRES interventions and identify minimum standards and good practice to address some of the key areas for WRES development within the sector, for example Trust Leadership and governance arrangements.

133.5 It was noted that the ambulance sector had struggled to employ and retain a workforce that is a reflective of the communities that they serve. The LAS was regrettably way behind on that. Tracy Myhill reported that she was working with NHSE exploring actions to be taken to get to at least a minimal level. Tracy Myhill felt it was positive to see WRES on the LAS Board agenda and the rest of the ambulance sector could learn from this approach. The Trust Board would receive a quarterly update on progress.

Action: Karen Broughton/Mark Hirst

Date: 28th March 2017

133.6 The Chair had visited Sainsbury's at Nine Elms with Malcolm Alexander to hear about the many defibrillators now in place across Sainsbury's stores, and Malcolm Alexander reported that John Lewis had now agreed to out these in place in their stores.

133.7 Trust Board noted the Chairman's report.

133.8 Nick Martin joined the meeting.

134. Report from the Chief Executive Officer

134.1 Fionna Moore paid tribute to the UNISON Branch Secretary Eric Robert who died on 24th November 2016 after a recent illness. Eric had joined the service 42 years ago.

134.2 Fionna Moore then presented the Chief Executive report; giving an overview of progress and events within the Service since the last time the Board convened. She reported on the following key areas:

- **Strategy** - The House of Commons Health Select Committee report on winter planning in A&E departments had been published in November 2016.
- Mayor of London had appointed Lord Toby Harris of Haringey to undertake an independent London-wide strategic review following the terrorist attacks in Paris and Brussels. The review commended London's emergency services for their improved major incident readiness. The recommendations which specifically related to the LAS were outlined for example; Recommendation 53 which proposed four 24/7 Hazardous Area Response Teams (HART) to be strategically located around London. The LAS was working with NHS England London to consider the recommendations, to provide a response to Lord Harris report and to ensure appropriate action was taken to address the recommendations.
- **Quality** – restart a heart day joint partnership including British Heart Foundation, AACE and St John Ambulance Services. The campaign aimed at training over 100,000 young people throughout the UK in CPR. The LAS assisted to train over 3,053 members of the public.
- Mental Health simulation training – excellent feedback had been received from participants.
- End of Life care – Macmillan had funded 8 places on Christopher's Hospice Quality End of Care for a course held on 21-25 November 2016.
- **Performance** – detailed performance data had been included in the integrated performance report.
- Croydon Tram incident 9th November 2016 – the London Ambulance Services crews treated a number of patients on scene; took 51 patients to hospital. There were 7 fatalities.
- Ladbroke Grove incident 17th November 2016 – multiple resources were sent to the scene including four ambulance crews.
- Workforce – an offer of appointment to the new post of the Director of HR and Organisational Development had been made subject to the completion of standard employment checks. The Chief Quality Officer position had been offered and accepted by Trisha Bain.
- A dedicated Deputy Director post had been created for our 111 service across South East

London. Katy Millard would have full responsibility and oversight for existing 111 service delivery and also the development of future 111 bids.

- **Cultural Engagement** – two managers’ briefings were held to ensure that managers understood what actions they needed to take locally and to ensure that they are up to date with plans and progress ahead of the CQC re-inspection in February 2017. A series of CEO road shows had been held across the service.
- **Emerging issues** – ongoing negotiations regarding implementation of Band 6 for Paramedics. The Trust was waiting for confirmation of the details of the agreement. Staff side and the Trust Management were committed to working together in partnership to complete the local job assimilation processes.
- **CQC Requirement Notice** – the action plan response to the requirement notice was formally submitted to the CQC on 18th November 2016.

134.3 In response to a question relating to Lord Harris review, it was noted that the National Ambulance report was still in draft form and would be finalised in January 2017.

134.4 A short discussion took place around the CommandPoint (CAD) failure suffered last week; the system affected 999 call logging system in both control rooms and maps on MDT screens for front line crews. Full functionality was achieved; staff had worked really hard to ensure that the impact on patients and colleagues was as minimal as possible. The Chair asked when this had last happened and whether there was an emerging risk. Paul Woodrow responded that there had previously been two outages but these had been to ancillary systems around CommandPoint but not to the CAD itself. The Trust had implemented OP66 in order to work on paper from 12.14 and had fully restored power and systems by 20.00 hours. He gave assurance that this was a well-rehearsed practice; there had been some delays and the outage had been declared as a serious incident. Lessons would be learnt from the root cause analysis process.

134.5 STPs: it had been agreed by Board members that Non-executive directors would be aligned to sectors and STPs. Paul Woodrow would provide details of the sector Assistant Directors of Operations and Executive director leads.

Action: Paul Woodrow
Date: 31st January 2017

134.6 Theo de Pencier asked about resilience and the robustness of the LAS plans. Paul Woodrow confirmed that these were constantly reviewed following other events and no changes had been made to the current plans. He also confirmed the Trust had achieved substantial compliance against the EPRR assurance assessment; more work was required on business continuity and he planned to bring the strategy to the January Board having hired a specialist lead to take this forward.

134.7 The Trust Board noted the Chief Executive’s report.

135. Integrated Performance – October 2016

135.1 Andrew Grimshaw 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 at times. The year-end position of £6.7m deficit was at risk due to the additional capacity required to meet increased activity.

135.2 In terms of money, the commissioners had confirmed £2.1m for Quarter 2 and further funding in Quarter 3 and 4 (depending on the overall consequence). In terms of workforce, the vacancy rate had improved from 5.6% to 4.7% reporting against 100% of establishment.

Quality

- 135.3 Fenella Wrigley reported on several items in the quality section of the integrated performance report. Five serious incidents had been declared in October out of 34 incidents reviewed. Four reports were overdue as of 30th October 2016. The Trust continued to focus on those overdue reports and to ensure that there was particular support and focus where a large number of reports were due for submission in a short period of time. Lessons learnt were being incorporated in the learning and sharing report.
- 135.4 The Trust was working closely with the CCGs – managing demand; for example managing frequent callers ensuring those patients had plans in place; the complaints response time was improving with fewer exceeding 35 working day completion. Feedback leaflets for complaints had been developed. There was significant progress on flu vaccination rate compared to last year; as at 25th November, frontline staff (47%); non-frontline (48%). Deptford had achieved 79%. NHS employer indicated that the Trust was currently one of the Trusts with better uptake rates.
- 135.5 The Trust had remained at Surge Red with three periods of Surge Purple Enhanced throughout October.

Performance

- 135.6 Paul Woodrow reported on the following:
- A8 performance ended at 66.4% against the trajectory of 69.2%. This was the second month in a row that A8 had been below trajectory; however this was an improvement on last month by 3%.
 - Cat C performance was above contracted trajectory.
 - A19 improved by 0.9% compared to last year. Overall demand was 7.2% above trajectory in October 2016. To address that, overtime was being used. It was anticipated that with new staff joining the Trust, reliance on third party providers would be reduced.
 - Job cycle time (JCT) for October was 3 minutes above the monthly trajectory of 81.7; however this had improved by 0.6 minutes compared to previous month. The multiple attendance ratio was on target
 - EOC call answering- the 5 second call answering for October was 95%; an increase of 2% from the previous month.
- 135.7 The Chair commented that there was a reduction on hear and treat. Paul Woodrow responded that this was due to more available operational capacity. He noted that conveyance rate remained static. Fergus Cass commented that by national standards the Trust had performed well on hear and treat but he noted that previously we had performed higher than this. Paul Woodrow stated that changes to case mix plus availability of the non-emergency transport service (NETS) meant the clinical hub had more options to use. He confirmed that the clinical hub was a key area in the clinical strategy; STPs were planning to set up virtual hubs; telemedicine would be an enabler for this type of service.
- 135.8 In response to a question around JCT, Paul Woodrow commented that JCT was a challenging issue nationally for the ambulance sector. He added that some of the elements of JCT were beyond the scope of the Trust. Nick Martin asked whether there was good evidence that other ambulance services had made a significant shift and Paul Woodrow confirmed that different models were in place and learning was shared across the ambulance sector; if so what had they done.
- 135.9 Theo de Pencier asked whether there were any signs that frontline staff would be tired and unwilling to take overtime. Paul Woodrow responded that this wasn't yet being seen.
- 135.10 Andrew Grimshaw reported that he had attended a meeting the previous week with Haringey CCG who had raised a concern about performance levels in North Central London sector and they had asked us to develop a plan to address that. The local Assistant Director of Operations was

working closely with commissioners. The issues were not directly linked to distribution of staff, but also to the local emergency departments and the availability of pathways. The Chair noted the need to link with STP plans and support the workforce across London to achieve more equitable performance.

Question around handover

- 135.11 Paul Woodrow reported that the Trust had been working with NHSI re-how to reduce ambulance handover time. The issue was a concern for the Trust. There had been a rise in the number of breaches. The information was being shared with the CCGs. The Trust had run a pan-London workshop on process and flow in November. A range of performance forecasts had been discussed at the Regional Oversight Group (ROG) and Andrew Grimshaw reported that if activity continued at 5-6% above plan we would struggle to achieve the trajectory. This would be discussed further at the next Board strategy session.

Action: Andrew Grimshaw

Date: 13th December 2016

Financial

- 135.12 Andrew Grimshaw reported that the financial position of the Trust was consistent with previous months. The year end position of £6.7m remained at risk due to the additional capacity required to meet higher than planned activity.

- 135.13 Cash was slightly behind plan; the Trust was awaiting confirmation regarding invoicing some of specific lines from Brent CCG (£2.4m) and LAS Commissioners (£2.5m); the £19.1m capital resource allocation had been confirmed.

- 135.14 The Chair requested that the Executive team identify detailed responses to address the CIP shortfall, with a weekly focus at ELT. Confirmation and assurance should be given at the Trust Board in January 2017.

Action: Andrew Grimshaw

Date: 31st January 2017

Workforce

- 135.15 Karen Broughton drew the attention of the Board to the key points: vacancy rates continued to improve; frontline turnover improved to 8.2% (the 3rd best rate nationally); frontline sickness rate remained at 5.4% but more focussed work was underway to address specific areas. In terms of sickness rate, the Trust was ranked 5th when compared to all 11 Ambulance Trusts. Karen also reported that as at 27th October 620 staff had attended bullying and harassment sessions; 5 workshops had been facilitated. The Department of Health had approached Cathe Gaskell about sharing the good practice nationally.

- 135.16 The Trust Board were pleased to hear that, since April 2016, there had been 2,733 (71%) appraisals completed with 69% compliance) and 92% in corporate areas.

- 135.17 Karen Broughton reported that the Trust was on track with DBS rechecking; the target for December 2016 was for all Phase 1 staff (183 staff) to have an application in progress. As at 31st October, 63 staff had been cleared; 37 were in progress and 83 had been contacted. Fergus Cass recalled that DBS issues had been discussed at the November meetings of the Quality Governance and Workforce & Organisational Development (OD) Committees; there was a clear robust process in place for new staff and it was noted that it would take three years to complete the process for all existing staff. DBS was on the risk register and would be reviewed again.

- 135.18 In terms of the Workforce Race Equality Standard; the LAS had 12.3% staff from a BME background compared to a London population of 50%. The Trust would continue to work with people inside and outside the organisation to address this. It was agreed to have a regular update on the item through the Workforce and OD Committee. Fergus Cass said that the data was

needed to measure this and Karen Broughton confirmed this was in hand.

Action: Mark Hirst/Karen Broughton

Date: 31st January 2017

- 135.19 The Trust Board passed on congratulations to the team who had recently won an HSJ Award for mentoring in training stations. It was noted that it was intended to expand training stations to cover all front line staff.
- 135.20 The Trust Board noted the following key points from the report:
- There was a need to focus on demand
 - JCT work needed to progress
 - DBS to be kept on the agenda
 - The new reporting format was found to be helpful.

136. Quality Improvement Plan (QIP)

- 136.1 Karen Broughton presented the QIP report outlining the delivery of the QIP up to the end of October. A QIP action plan had been developed incorporating all external requirements, planning and internal assurance processes in place for a comprehensive CQC inspection in February 2017. It was noted that some good progress had been made across all areas. The following points were noted in discussion:
- There had been significant progress of the programme – 50% of scheduled activities were completed by October 2016
 - Monthly managers briefing being held
 - Areas not covered were outlined for example: roll out of pan-London processes for pre-booking palliative care patients had been further delayed and was now expected to be rolled out in November
 - The Clinical strategy had been drafted; awaiting feedback from ELT
 - Change on delivery date for the Workforce and OD strategy. The amended delivery date would not distract the Trust from its current focus on the recruitment target
 - Karen Broughton had a further meeting with McKinsey on 15th December to discuss development of the Trust strategy
 - Issues around new PPE had been resolved
 - Phase 2 countdown plan included revised actions for medicines management
 - All directorates would be required to complete a self-assessment of all functions against the CQC domains
 - Staff Friends and Family Test – significant improvement but not yet to the national level of 64%. Progress was being made but there was still a long way to go.

- 136.2 The report was noted by the Trust Board who asked that the summary report be strengthened in future.

Action: Karen Broughton

Date: 31st January 2017

Sustainability and Transformation Plan (STP)

- 136.3 Karen Broughton reported that multi-year Sustainability and Transformation Plan (STP) had been developed across London to show how local services would evolve and become sustainable over the next five years, ultimately delivering the Five Year Forward View vision of better health, better patient care and improved NHS efficiency.
- 136.4 The health and care organisations within these geographic footprints had worked together to develop STPs which would help drive sustainable transformation in patient experience and health outcomes. On 20 October 2016, all the five STPs had submitted their Sustainability and Transformation Plans. The London Ambulance Service NHS is aligned to the five London STPs.

It was agreed to keep STPs on the agenda.

Action: Sandra Adams

Date: 31st January 2017

137. Quality Governance Committee Assurance Report

137.1 Bob McFarland presented the assurance report on the meeting of the Quality Governance Committee meeting held on 15th November 2016. He drew the attention of the Trust board to the following key points:

Medicines Management

137.2 Bob McFarland reported that whilst there had been significant improvement the recent Internal Audit by KPMG and our own “spot checks” had shown that consistency remained an issue and assurance reports showed there were still frequent lapses of security and good practice in management of medicines (including Controlled Drugs) and medical gases. This was a disappointing finding after a year of determined work around these issues. An updated medicines management action planner had been agreed which would see focus on the areas where improvement was still required – action delivery would be overseen by the Medical Director and all three key directorates (medical, logistics and operations) would report twice weekly.

The new risk around power supply to both Waterloo and Bow EOC

137.3 Bob McFarland reported that the Board should note the risk that both Waterloo and Bow are at critical full power supply capacity and that currently there is no proposal to solve this critical issue regarding power to the Emergency Operations Centres (see Minute 141.9 to follow).

The results of deep dive into cardiac outcomes

137.4 The Quality Governance Committee was pleased to note that the outcomes of a deep dive for both Stroke and Cardiac Arrest patients were good. To achieve a step change in outcomes, response times would need to be quicker than 8 minutes, including access to public access defibrillators (PAD). This would be addressed in the clinical strategy. Evidence would come from the current trials of the new ambulance response profile and Bob McFarland added that assurance came from the good and consistent results at surge red and purple which meant the Trust was prioritising the response to this small but high priority group of patients.

137.5 The Quality Governance Committee had approved the following annual reports; all three reports were recommended for approval by the Board :

- Cardiac Arrest Annual Report
- Stroke Care Annual Report 2015/16
- Clinical Audit Annual Report

137.6 The Trust Board approved the three annual reports.

137.7 The Board noted that the Mental Health action plan had been completed and would be presented at the Quality Governance Committee meeting in January 2017. The action plan had been reviewed at the October Mental Health Committee meeting. This had raised the issue again of business continuity where single leads were in post, and for the executive to raise this and action when it meant potential non-delivery of actions.

138. Finance and Investment Assurance Report

138.1 John Jones had chaired the Finance and Investment Committee meeting held on 24th November. He reported on the items discussed including development of 2017/18 financial plan. He noted that the focus for next financial year would be on cash management in order to improve the deficit position and move to a surplus in 2018/19. It was essential that the LAS hit the plan and focus on

improved productivity.

- 138.2 The Finance and Investment Committee had discussed technical releases and publication and it was agreed that a session on the new single oversight framework, and specifically the new finance ratings would be set up so that all Board members understood this.

Action: Andrew Grimshaw

Date: 31st January 2017

139. Assurance from the Workforce and Organisational Development (Workforce) Committee

- 139.1 Fergus Cass reported that the Committee had held its third meeting on 26th October 2016 and had also met on 21st November 2016. Currently it was expected that recruitment of international paramedics would continue to be necessary and the executive team had agreed to advertise in readiness for this.

- 139.2 Nick Martin asked for an update in terms of Australians going back home. Karen Broughton responded that a survey of international paramedics had been completed and the outcomes were being built into the workforce plan. More radical solutions might be required in order to stay within the resource envelope; the skill mix model needed to be progressed, and we needed to build a workforce that would stay with the LAS. The Chair asked whether video conferencing would be an option instead of travelling to Australia. The workforce team would explore this.

Action: Karen Broughton

Date: 31st January 2017

- 139.3 The Committee was briefed on the progress of the WRES Action Plan. It noted the focus on five indicators: % of BME and white staff in each Agenda for Change band and overall; relative likelihood of staff being appointed from shortlisting; relative likelihood of staff entering the formal disciplinary process; relative likelihood of staff accessing non-mandatory training and CPD; and Board representation. It was noted that Oracle and ESR development was on track.

- 139.4 On 21st November the Workforce Committee heard a presentation about the Healthcare Engagement Scale for the London Ambulance Service, compiled by Professor Spurgeon from the University of Warwick. The HES report had been previously circulated to the Trust Board, discussed at Executive Leadership Team and with senior operational staff. A lot of actions, for example bullying and harassment showed improved response. However improvement was needed in some areas, for example interaction between managers and staff; face-to-face was difficult in our set up. Paul Woodrow noted the challenge (how clinical team leaders could be used to improve that interaction) and reported that he had since led an engagement session with staff.

- 139.5 The Committee had looked at workforce risks and recognised more work was needed.

- 139.6 The Chair summarised that there had been a huge amount achieved on workforce in the past year and there was still more to do to achieve improved results in the Friends and Family Test.

- 139.7 The Trust Board noted the Workforce Committee report and thanked Fergus for the update.

140. Audit Committee

- 140.1 John Jones reported on the Audit Committee meeting held on 7th November 2016.

- 140.2 The review on Medicines Management had been completed and the report presented to the Audit Committee. The review had concluded with an assurance rating of partial assurance with improvements required. A number of areas of good practice had been identified along with a number of areas for development and there were 7 recommendations from the report. Two high

priority recommendations related to insecure storage of medicines and medical gases, and there were 3 medium priority recommendations. The Committee was disappointed with the report considering that a lot of work had been done to address medicines management.

- 140.3 John Jones reported that the Auditor Panel, which was created by the Board in March 2016 to lead the tender process for appointment of Trust external auditors, had recommended re-appointment of Ernst & Young LLP as the external auditors for the Trust. The panel felt that they were happy with Ernst & Young performance and recommended them to the Trust Board for re-appointment for three years from 2018/19.
- 140.4 The Trust Board approved re-appointment of Ernst & Young for the Trust's External Audit Service.
- 140.5 The Audit Committee noted the Charitable Funds Annual Report and Accounts 2015/16 and recommended their adoption to the Trust Board.
- 140.6 The Trust Board approved the Charitable annual account and annual report. For 2015/16.
- 141. Board Assurance Framework (BAF) and Corporate Risk Register**
- 141.1 Sandra Adams presented the latest versions of the BAF and corporate risk register. Three new risks had been added to the BAF since the October Trust Board (i) risk relating to defibrillation (BAF 36) in cases of fine VF where defibrillation is indicated. Actions were underway to mitigate the risk. (ii) risk relating to A8 trajectory for 16/17 (BAF 37) (iii) risk around the management of controlled drugs (BAF 38).
- 141.2 In terms of risk management, Sandra Adams reported that over 90% of managers had received risk management training. Sessions were being set up with the remainder of staff yet to attend, which mainly comprised of new staff, staff who were on rotas which had made it difficult for them to attend previously and staff returning to work after a period of absence.
- 141.3 Three risks had been removed from the BAF since the previous Board meeting (i) BAF 4 – risk relating to service performance; this was superseded by BAF 37 (ii) risk relating to cyber-attacks (BAF 33) (iii) risk relating to potential industrial action (BAF 35).
- 141.4 It was noted that a number of risks had been added to the Trust risk register following a review by the Risk Compliance and Assurance Group; the group met monthly. There had been a significant amount of activity across the Trust since the risk module on Datix was introduced in June this year. A large number of risks that had been added to the system and were being reviewed by their areas, to establish whether they needed to be included on the Trust Risk Register. The Governance and Assurance team had circulated these risks to the responsible Directors, with a request that these risks were escalated through the system as appropriate.
- 141.5 Sandra Adams reported that KPMG had been reviewing specific areas as part of their review of local risk management procedures including sector services and operational review of risks on the Trust Risk Register and Board Assurance Framework. It was expected that there would be some recommendations coming out of this review, around ensuring the escalation process was clear both through Datix and communication required with the Governance and Assurance team to escalate risks to the Risk Compliance and Assurance Group. It was anticipated that this would be rated amber/red so Sandra had asked KPMG to do a further review in December to take account of the actions taken since the initial audit as much of the work to address the recommendations had already taken place and was near completion. The final report would be taken to the February 2017 Audit Committee meeting.
- 141.6 Fergus Cass asked whether there were specific actions to address issues relating to staff change over. Paul Woodrow responded that variation was due to rostering system. There was a plan to

carry out a comprehensive review of rostering in 2018/19 and this was currently being scoped after which the risk would be revisited.

- 141.7 Jessica Cecil noted that the risk relating to lack of ring backs (BAF 29) was due to be closed in March 2017 and she asked for an update on that. Paul Woodrow confirmed that this was part of EOC transformation plan and was on track.
- 141.8 John Jones sought clarity around the timeline for the closure of the risk relating to management of controlled drugs (BAF 38); Fenella Wrigley highlighted that the risk was around managing drugs at station level, she noted that variability was a problem and this would be discussed in a later conversation about medicines management.
- 141.9 Bob McFarland recalled previous discussion around power supply (at both Waterloo and Bow) (see Minute 137.3) at the Quality Governance Committee and asked whether there was a plan to address that. It was confirmed that there was a risk on the risk register pertaining to this. The issue concerned the load on the HQ building and not the protected power supply. The latter could be maintained with full generator back-up at HQ and Bow. The former concerned the capacity to put more into the HQ building and this would be included in the Estates strategy. Andrew Grimshaw confirmed that systems were regularly tested.
- 141.10 The Trust Board noted the report.

142. Questions from members of the public

- 142.1 ***Can the Board provide details of the new Equality and Diversity Committee and its Terms of Reference? When will the new Committee meet and will the Patients' Forum be invited to its meetings?***
Sandra Adams reported that she had emailed Malcolm Alexander in response to this. An internal planning meeting had been held to discuss the format and membership of the re-established committee. There would be two areas of focus: (i) service user and (ii) workforce, with a core membership of the committee and additional members depending on the subject matter. It was anticipated that the first meeting would be held in January 2017.
Action: Sandra Adams
Date: 31st January 2017
- 142.2 ***Is the Board satisfied with the governance of the taxi service used to convey patients to A&E when an ambulance is not available? Is the use of this service safe for patients who need a clear 'handover' to clinical teams in A&E?***
Paul Woodrow reported that there was a process in place whereby patients who do not require an ambulance conveyance may be suitable for a taxi journey, and there was a governance process around this. Fenella Wrigley added that patients who might be suitable for taxi conveyance received a full hear and treat assessment before the decision was made and offered to the patient.
- 142.3 ***What evidence is there that joint work with NHSI to hold 14 acute trusts to account for handover delays, is releasing more vehicles to meet Cat A responses? What can be done to mitigate the handover delays reported at Barnet, Royal Free and Princess Royal (1347 exceeding one hour)?***
This had been covered in earlier discussions.
- 142.4 ***Has the Directory of Service (DOS) for London been developed sufficiently to enable the potential for care and treatment to be provided to greater numbers of patients out of hospital to be realised?***
Fenella Wrigley commented that this was part of the ongoing work with the 111 service and the clinical hub which Katy Millard was taking forward.

142.5 ***What actions does the Board consider are required to increase the number of referrals from the LAS clinical hub into existing local clinical services to support patients at home?***
Fenella Wrigley responded in the context of care pathways and ensuring these are accessible 24/7, with robust governance and assurance in place.

143. Fit and Proper Person Policy

143.1 Sandra Adams presented the policy outlining commitment of the Trust to ensuring that all persons appointed as directors satisfy the requirements set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 ('the Regulated Activity Regulations'). A summary of the policy highlighting the objective of the policy and how the Trust would progress this was shared. HR were developing a template to enhance the process. The same process would also apply to non-executive directors. The policy would replace the current process which was implemented in November 2013.

143.2 Following discussion it was agreed that Sandra Adams would amend the policy and circulate it for approval.

[DN. The Trust Board approved this policy following amendment]

Action: Sandra Adams

Date: 2nd December 2016

144. Strategy and Business Planning

144.1 Andrew Grimshaw drew the attention of the Trust board to a range of challenges faced by the Trust in developing a two year plan for 2017-19. He noted that this was work in progress; a number of issues needed to be confirmed. Regular meetings with CCGs were being held. By 23rd November the Trust was required to submit an initial plan for the next two years, with the final plan and signed contract with CCGs completed by 23rd December. A paper outlining some of the key challenges would be presented to Part 2 of the Trust Board since the plan was still in draft at this stage.

144.2 Fionna Moore reported that PA Consulting were undertaking a refresh review of the current IT strategy following their work in 2015 and would recommend a strategy model to be taken forward.

144.3 Paul Woodrow confirmed that the operational strategy would be developed in line with the 2 year operating and financial plan.

144.4 Karen Broughton reported that Workforce plans had been agreed and the development of the strategy would be dependent on the appointment of the new HR & OD director so she anticipated this being completed by the end of the financial year.

144.5 Andrew Grimshaw confirmed that the Estates strategy was in development and would be completed in January 2017.

144.6 The Trust Board noted the plan and the Chair stated that she would prefer to have each strategy in place by February 2017.

144.7 STPs: Karen Broughton had given a presentation at the Board strategy session in late October. Each STP had a linked LAS executive director. Fergus Cass asked how the themes from STP plans would be brought into those of LAS and the Chair confirmed that this would be picked up in the clinical strategy. STPs/commissioners were likely to want to see more hear/see and treat and less see and convey.

145. Standing Orders, Standing Financial Instructions and the Scheme of Delegation (SOs, SFIs and SoD)

145.1 Sandra Adams presented the item; she highlighted that the documents had not been included in the packs because of volume but had been circulated separately to Board members. The final versions would be published. The Audit Committee and Finance and Investment Committee had reviewed the updated SOs, SFIs and SoD; the Audit Committee had recommended the documents to the Trust Board for approval. Sandra Adams reported that she would circulate the documents to each director to sign and confirm they had read them, and for executive directors to share with their senior teams.

145.2 The Trust Board commended Andrew Grimshaw and the finance team for reviewing the documents; the SOs, SFIs and SoD were approved.

146. Terms of Reference for Board Committees

Audit Committee

146.1 The Trust Board approved the terms of reference.

Quality Governance

146.2 The Trust Board approved the terms of reference subject to (i) confirmation of membership re - the Director of Nursing. Noted that the patient story would be added back on the Trust Board forward planner.

Action: Sandra Adams
Date: 31st January 2017

Finance Investment and Performance

146.3 The Trust Board approved the terms of reference.

Workforce and Organisational Development

146.4 The Trust Board approved the terms of reference subject to amendment on the committee's secretarial arrangements (item 6.1).

Action: Sandra Adams
Date: 31st January 2017

Quality Improvement Programme Board

146.5 The Trust Board approved the terms of reference.

Charitable Funds

146.6 The Trust Board approved the terms of reference.

Nominations and Remuneration

146.7 The Trust Board approved the terms of reference

Logistics and Infrastructure

146.8 The Trust Board approved the terms of reference subject to clarification on secretarial arrangements.

Action: Andrew Grimshaw
Date: 31st January 2017

147. Report from Trust Secretary

147.1 The Trust Board noted the report from the Trust Secretary about the key transactions made in compliance with Standing Orders and Standing Financial Instructions.

148. Trust Board Forward Planner

148.1 It was noted that EPRR would be reported quarterly to the Trust Board.

148.2 The Trust Board noted the forward planner.

149. Register of Interest

149.1 The Chair reported an update to a registered interest. Sandra Adams would update accordingly.

Action: Sandra Adams

Date: 31st January 2017

150. Questions from Members of the public

150.1 These had been covered in earlier discussions.

160. Any Other Business

160.1 Theo de Pencier asked if the 360° process had identified strengths and areas for improvement to support better working as a unitary Board. The Chair confirmed that this would be covered on the Board development session on 13th December.

161. Date of Next Meeting

161.1 The next meeting of the Trust Board would be on Tuesday 31st January 2017 at 09.00am in the Conference Room, Waterloo.

DRAFT

ACTIONS

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

Date of schedule: 29th November 2016

<u>Meeting Date</u>	<u>Minute No.</u>	<u>Action Details</u>	<u>Responsibility and date</u>	<u>Progress and outcome</u>
29/11/16	<u>131.1</u>	Minutes of previous Trust Board meeting held on 4th October 2016 Sandra Adams to amend the minutes.	<u>SA</u> <u>31st January 2017</u>	Completed
29/11/16 04/10/16	<u>132.2</u> <u>102.1</u>	Integrated Performance – August 2016: Sickness levels Mark Hirst/Karen Broughton to confirm the trajectory for reducing sickness levels with an emphasis on long term sickness, by sector.	<u>MH/KB</u> <u>31st January 2017</u>	Matters arising 31 st January 2017.
29/11/16 04/10/16	<u>132.3</u> <u>105.8</u> <u>105.11</u>	Integrated Performance: Demand analysis tools Session to be arranged for non-executive directors	<u>AB</u> <u>31st January 2017</u>	Matters arising 31 st January 2017.
29/11/16 04/10/16	<u>132.6</u> <u>105.22</u>	Integrated Performance: serious incidents and incident reporting Complete 90% of outstanding actions for serious incidents by end of January 2017	<u>FW/SA</u> <u>31st January 2017</u>	Matters arising 31 st January 2017.
29/11/16 04/10/16	<u>132.9</u> <u>107.22</u>	CQC Preparation Complete the executive appointments	<u>AG</u> <u>31st December 2016</u>	Matters arising 31 st January 2017.
29/11/16 04/10/16	<u>132.10</u> <u>107.21</u>	Clinical Team Leader role Arrange a Board session on the proposals and implementation plan for the future role.	<u>PW</u> <u>13th December 2016</u>	Board strategy session – new date to be set
29/11/16	<u>132.11</u> <u>112.3</u>	Resilience a) Quarterly assessment to the Quality Governance Committee for assurance to the Board	<u>PW</u> <u>10th January 2017</u>	Agenda item 31 st January 2017 - EPRR
29/11/16 04/10/16	<u>133.5</u> <u>119.3</u>	Equality and Inclusion The Trust Board would receive a quarterly update on progress. Add WRES progress to the monthly performance report.	<u>KB</u> <u>28th March 2017</u>	Bi-monthly updates were being included in the workforce report and would be brought to each Trust board meeting.
29/11/16	<u>134.5</u>	Workforce Race Equality Standards (WRES) Paul Woodrow to provide details of the sector Assistant Directors of Operations and Executive director leads.	<u>PW</u> <u>31st January 2017</u>	Matters arising 31 st January 2017.

29/11/16 04/10/16	<u>135.11</u> <u>105.14</u>	<u>Integrated Performance: Demand management</u> The Trust to decide whether the plan would work and have a mitigating plan in place (early December) in the event this doesn't happen.	<u>AB</u> <u>13th December</u> <u>2016</u>	Board strategy session - December 2016
29/11/16	<u>135.14</u>	<u>Integrated Performance: CIP</u> The Executive team to identify detailed responses to address the CIP shortfall; confirmation and assurance to be given to the Trust Board.	<u>AB</u> <u>31st January 2017</u>	Matters arising 31 st January 2017.
29/11/16	<u>135.18</u>	<u>Workforce Race Equality Standards (WRES) - BME</u> Mark Hirst/Karen Broughton to provide regular update through the Workforce and OD Committee	<u>MH/KB</u> <u>31st January 2017</u>	
29/11/16	<u>136.2</u>	<u>Quality Improvement Plan</u> The summary report to be strengthened in future.	<u>KB</u> <u>31st January 2017</u>	
29/11/16	<u>136.4</u>	<u>Sustainability and Transformation Plan (STP)</u> To keep STPs on the agenda.	<u>SA</u> <u>31st January 2017</u>	Added to the Forward Planner
29/11/16	<u>138.2</u>	<u>Finance and Investment Assurance Committee Report</u> Arrange a session on the new single oversight framework.	<u>AG</u> <u>31st January 2017</u>	
29/11/16	<u>139.2</u>	<u>Workforce and OD Assurance Committee Report</u> To explore whether video conferencing would be an option instead of travelling to Australia for recruitment.	<u>KB</u> <u>31st January 2017</u>	
29/11/16	<u>142.1</u>	<u>Questions from members of the public</u> To advise the date for Equality and Diversity Committee meeting.	<u>SA</u> <u>31st January 2017</u>	31 st January 2017 at 3.00pm
29/11/16	<u>143.2</u>	<u>Fit and Proper Person Policy</u> To amend the policy.	<u>SA</u> <u>31st January 2017</u>	Completed and implemented
29/11/16	<u>146.2</u>	<u>Terms of reference – Quality Governance</u> To add the patient story to the Trust Board forward planner.	<u>SA</u> <u>31st January 2017</u>	Completed
29/11/16	<u>146.4</u>	<u>Terms of reference – Workforce and Organisational Development</u> Secretarial arrangement to be amended.	<u>SA</u> <u>31st January 2017</u>	Completed
29/11/16	<u>146.8</u>	<u>Terms of reference – Logistics and Infrastructure</u> To clarify secretarial arrangements.	<u>AG</u> <u>31st January 2017</u>	Completed

29/11/16	<u>149.1</u>	<u>Register of Interest</u> To update the register.	<u>SA</u> <u>31st January 2017</u>	Completed
04/10/16	<u>105.16</u>	<u>Integrated Performance: Safeguarding CPI completion rate</u> Briony Sloper to develop actions to deliver 95%.	<u>TB</u> <u>31st March 2017</u>	
04/10/16	<u>105.21</u>	<u>Integrated Performance: Cardiac arrest</u> Amend the sentence on average time from 999 call to LAS on scene was 8 minutes to read 'target time.....was 8 minutes'.	<u>AG</u> <u>29th November</u> <u>2016</u>	
04/10/16	<u>113.2</u>	<u>Workforce and OD Committee governance</u> Sandra Adams to share good governance practice with HR to support this committee.	<u>SA</u> <u>29th November</u> <u>2016</u>	Completed
04/10/16	<u>118.5</u>	<u>IM&T Strategy</u> a) Work across the next 4 weeks to develop the 100-day plan b) Develop the strategy c) Develop the plan and costings to meet this.	<u>AG</u> <u>29th November</u> <u>2016</u>	Completed
<u>COMPLETED ACTIONS</u>				
04/10/16	<u>103.2</u>	<u>Blue Light Collaboration – governance arrangements</u> Sandra Adams to include governance on Blue Light Collaboration in the Finance and Investment Committee planner and Board governance structure	<u>SA</u> <u>25th October 2016</u>	Governance arrangements included on the board governance structure. Finance Investment and Performance Committee would have oversight.
04/10/16	<u>102.1</u>	<u>Integrated performance – August 2016: Complaints</u> Briony Sloper to include ethnicity monitoring data in future complaints reports.	<u>BS</u> <u>29th November</u> <u>2016</u>	Ethnicity data was included in November complaints report.
04/10/16 26/07/16	<u>102.1</u> <u>81.8</u>	<u>Integrated Performance – August 2016: STEMI</u> Fenella Wrigley to provide a report on scene time for STEMI patients to the next Quality Governance Committee.	<u>FW</u> <u>15th November</u> <u>2016</u>	The Quality Governance Committee discussed the action on 15 th November 2016.
	<u>105.25</u>	<u>Integrated Performance: CIPs</u> Andrew Grimshaw to: - present the CIP plan and quality impact assessments against each to the November Quality Governance Committee	<u>AG</u> <u>15th November</u> <u>2016</u>	Andrew Grimshaw presented the CIP plan and quality impact assessment to the Quality Governance Committee on 15 th November 2016.

	<u>105.27</u>	Integrated Performance: appraisal rates Karen Broughton to <ul style="list-style-type: none"> - add appraisal rates to the KPI report and report to the October Workforce and OD Committee - aim to increase appraisal rates to that of acute trusts (85%) 	<u>KB</u> <u>29th November</u> <u>2016</u>	Completed.
04/10/16	<u>107.4</u> <u>107.10</u> <u>107.22</u> <u>107.14</u> <u>107.19</u> <u>107.19</u>	CQC Preparation <ol style="list-style-type: none"> Board to receive details on the scale and scope of the relief roster review Mobile devices: Board and FIC to consider investment in mobile devices and apps Develop and articulate the strategy for the LAS and ensure Board focus on this; and to include sustainability and STP work Board to consider executive team capacity Weekly trajectory on progress on addressing the 4 key areas Assurance to the October QIP Board that action plans for the 4 key areas are in place 	<u>PW</u> <u>AG</u> <u>KB</u> <u>HL/FM</u> <u>KB</u> <u>KB</u>	At the Trust Board strategy session the Board received and discussed details on the scale and scope of the relief roster.
04/10/16	<u>112.3</u>	Resilience Establish a set of KPIs to monitor progress with compliance against standards and provide board assurance.	<u>PW</u>	KPIs to monitor progress with compliance against standards had been identified and were included in the EPRR assurance submission.
04/10/16	<u>116.7</u>	Board Assurance Framework <ul style="list-style-type: none"> - Review and re-describe BAF risk 29 - Operations risks and risk >2 years to be brought back to the Board 	<u>SA</u> <u>29th November</u>	It was confirmed that this was part of the EOC transformation plan.
04/10/16	<u>117.4</u>	Risk Appetite Statement <ol style="list-style-type: none"> Update the statement from Board feedback for the November meeting. Further develop the managers' and staff guides with Communications. 	<u>SA</u> <u>25th October</u>	This had been updated.
04/10/16	<u>123.1</u>	HES Report Circulate to Board members for comments on the recommendations for the Workforce and OD Committee to consider.	<u>KB/FC</u>	Completed.



Report of the Chair – 31 January 2017

1. Computer Aided Dispatch (CAD) system failure – 1 January 2017

As the Board are aware, the CAD system went down at 00:30 on New Year's Day – the busiest day of the year. Our staff reverted to paper as is usual in these circumstances. On 4 January 2017, the Board held a teleconference to agree the terms of reference for the investigation into the incident and to review the press statement.

NHS Improvement and NHS England (London) have been fully involved in setting up an oversight committee with particular emphasis on wider UK resilience in the event of either a terrorist or cyber attack.

Will Smart, the Chief Information Officer for Health and Social Care, is working with the Trust. Andrew Grimshaw (Chief Executive Officer) is fully engaged in these activities and it is now up to the Trust to provide both the governance into this event and to assure itself of the reliability of the system. A meeting is being scheduled for me to meet with Mr Grimshaw, Mr Smart and Theo de Pencier, Non-Executive Director, prior to taking forward the agreed governance of this serious untoward incident.

I would like to take this opportunity to thank the executive team, in particular Dr Fenella Wrigley (Medical Director) and Paul Woodrow, (Director of Operations) who, under Andrew's leadership, should be congratulated for their handling of the event at the time. In addition I would like to thank all of the staff working that night and, in particular, the control room staff who worked through the night to respond to emergency calls in very difficult circumstances.

2. Care Quality Commission (CQC)

CQC review outcome - 111

The LAS's 111 service has been rated 'good' by the CQC following their review which was undertaken between 27 and 29 September 2016.

The CQC report highlights that the 111 service has '*a clear vision and strategy to deliver a high quality service and promote good outcomes for people using the service*' and that a culture of openness and honesty is encouraged.

The report did however note the following areas where the Service should make improvements:

- Continue to address the challenges of recruiting substantive staff and the high reliance on agency staff to ensure adequate numbers of skilled staff are available to provide a safe and effective service.

Specifically, ensure sufficient staff are available to meet all call performance targets.

- Ensure that the telephony platform issues do not continue to impact on the ability to provide timely and accurate performance data.
- Look at ways to increase the opportunity for all staff to meet as a team to share experiences.

Peter Wyman, Chair – CQC

Mr Wyman visited the Service on Thursday 19 January and was given a brief introduction by myself, Mr Grimshaw and Mr Woodrow before visiting and meeting with staff in the control room (which included a mental health nurse).

Following this, Mr Wyman met with Karen MacDonald, Clinical Team Leader, to discuss the End of Life care pilot; with Cathe Gaskell to discuss bullying and harassment; and with Melissa Berry who is the Trust's Equality and Diversity lead for the Workforce Race Equality Standard.

Mr Wyman has since written to thank me for both the time given and for the insight he received. He advised that he was particularly struck by the demand "spikes" and that the population groups which are causing these increases are not as he had expected. Mr Wyman also commented on the professionalism and enthusiasm of the staff he met and wished us every success in our endeavours, while noting that the Service is vital to the well-being of people who visit, live and work in London.

3. Non-Executive Directors (NEDs) appointments

When undertaking the 360% board skills appraisal, the Trust identified the need for NED expertise in:

- Human Resources and Organisational Development (HR&OD)
- Information technology

After an extensive search and selection process, we have recommended two candidates to NHS Improvement who has since approved the appointments. I can confirm the appointment of Jayne Mee, whose expertise is in HR&OD, and expect to be in a position to confirm the second appointment very soon.

At the same time, the Trust is undertaking a review of its Board sub-committees to strengthen their existing membership and to ensure that there is appropriate crossover between the different committees where necessary.

4. Chief Executive Officer (CEO) recruitment

The Trust is working with Saxton Bamfylde to recruit a wide field of potential candidates for the CEO position. Interviews are scheduled for Thursday 16 March 2017.

5. Chair's visit to Bow

Mr Woodrow and I visited various departments at Bow between Christmas and New Year including the control room, the resource centre and fleet & logistics. The staff we met were professional and enthusiastic and provided lots of positive feedback.

6. Strategy Development

The Trust is in the process of engaging McKinsey to work with us to develop our overall strategy. The Chief Executive's paper provides further detail about this work.

7. Well-led review

The outcome of the well-led review, which took place in December and January, will be presented to the Board by Deloitte at a feedback session scheduled for Tuesday 31 January 2017.

Part of this review included a 360° feedback session with Deloitte on Tuesday 13 December 2016.

Heather Lawrence OBE
Chair



Report to:	Trust Board
Date of meeting:	31st January 2017
Document Title:	Chief Executive's Report
Report Author(s):	Chief Executive
Presented by:	Chief executive
Contact Details:	Jacqui.Galletta@lond-amb.nhs.uk
History:	n.a.
Status:	<i>Information</i>
Background/Purpose	
<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>	
Action required	
<p>To note the report.</p>	
Links to Board Assurance Framework and key risks	
<p>The CEO report provides the overview of Trust activity in the period since the last Board meeting.</p>	

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

London Ambulance Service NHS Trust
Trust Board 31st January 2017
Chief Executive's Report

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

New Year's Day Computer Assisted Dispatch system outage

1. The Board will be fully aware of the outage of the CAD on New Year's Day. This required the Trust to move to its paper based dispatch system for a period of 5 hours from 00.30am on New Year's Day. Our control room staff are fully trained and practised in using the manual back-up system. They continued to prioritise patients in the same way.
2. We have apologised to our patients who were impacted by a delay in response times during the period of the outage, and we have asked people with any concerns to contact us, and are also speaking to our staff to learn from this incident
3. The exact causes of this issue are being independently investigated to ensure the full causes of the incident are understood and action can be taken to prevent any repetition. We are working closely with NHSI and NHSE to complete this work. A separate paper is included within these papers on this issue.
4. We will be open about the findings of the report following the investigation.

Organisational Performance

5. In December higher than planned demand is the most significant issue impacting on the Trust's performance. In total demand has been 7.7% or 99,390 above contracted values for December. This level of growth is unprecedented. Commissioners have supported LAS to source more capacity to help address this demand but it has not been possible to mobilise this capacity in the short run to maintain target performance standards. Across December LAS mobilised 6.1% more patient facing hours than originally planned.
6. Work is underway with NHSE, NHSI and commissioners to help reduce demand on the LAS and improve handover times. The Trust is actively supporting this work, and detailed sessions have been held with commissioners and CCG colleagues to develop understanding and identify actions.
7. The gap between demand and capacity means that response times have lengthened across December, with Category A performance falling from 67.4% in November to 64.1% in December. Despite this LAS remains one of the strongest performing ambulance trusts in the country. The Board is asked to note the performance challenge emerging if demand continues to exceed capacity, this is highlighted in the Integrated Performance Report (IPR).
8. The quality of services provided remains good as evidenced in the IPR, although if demand continues to exceed capacity some patients are likely to experience longer wait times for a response.
9. Staff have responded 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.
10. Steve Russell, the head of the NHS organisation in London that oversees the performance of the Service has praised the work of staff over the busy Christmas

and New Year period. He said: "I wanted to acknowledge the very significant effort that was put in by your staff to provide additional 'patient facing hours' and to crew additional ambulance vehicles during this time. It is very much appreciated, and we recognise staff gave up some of their rostered time off with their families and friends to help ensure Londoners were looked after during this time. It was an enormous privilege to meet the teams who were at work across a range of functions to respond to people who needed your help in London. Everyone was friendly, open and welcoming." He also praised the work of everyone involved in handling the CAD system failure on New Year's Day. "It was particularly helpful to meet some of the staff who were on duty and to understand some of the pressures that the situation placed upon them. In spite of these issues, I know they responded really well in difficult circumstances."

11. 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 £6.3m deficit year to date against a plan of £6.4m deficit. Based on current forecasts the Trust continues to look at ways to support and enhance frontline capacity at this time.
12. 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

13. The Trust is working to play an active role within the Sustainability and Transformation Planning process across London. We are engaged with all five STPs in London and will be working to play an active role in supporting the development of these plans. The Board needs to increase its focus on these plans to ensure the key role LAS plays within Urgent and Emergency Care is recognised.
14. The Trust has refreshed its Clinical Strategy, and this is contained within these papers for review and approval. Work to operationalize this strategy has started and will be linked to STP planning.
15. The Board have identified that the existing 5 year Trust Strategy should be refreshed to: Support the 5 London STPs and local health needs and plan; effectively respond to the increased levels of activity and acuity of patient; and respond to national urgent and emergency care priorities.
16. To take this review forward, and ensure we actively engage in our future direction with patients, stakeholders and staff, I am currently in the process of sourcing specialist support. I anticipate the review taking 8-10 weeks initially, with start dates being firmed up shortly. I am working to conclude this review in late Spring.
17. I have started work to identify the priorities for the next 3-6 months. I have engaged with wide group of managers across the Trust to identify their priorities to help inform the development of a plan by the Executive Team. This work will be completed by the first week of February. The outcome will be fed back to managers and then the wider organisation.

18. In line with national planning requirements the Trust has agreed contract terms for 2017/18. CCGs will invest an additional 6% in the Trust with a further 3% on top of this if demand levels exceed 6%. This funding will be used to enhance frontline capacity. CCGs are working to reduce demand for LAS services, while hospitals are being asked to improve handover times. LAS will be expected to improve its productivity and target a return to delivering national performance targets.
19. Across January, February and March the Trust will be working to develop the detailed plans to address these issues. 2017/18 is expected to be a challenging year, but the continued investment in the service demonstrates the support for the Trust and its workforce from the London health system.
20. In December, the Chairman and I met with Sadiq to discuss the Service and how he can support us going forward. We briefed the Mayor on our plans for winter, our progress in collaborating with other blue light services and how we are continuing to deliver urgent care for London in the face of very high levels of demand.

Governance

21. The Trust continues to prepare for the Care Quality Commission inspection which is due to commence on the 7th February. This is a full re-inspection and will result in a new rating being issued later in the year.
22. Good progress continues to be made against the actions contained within the Quality Improvement Plan, with staff across the Trust supporting the effort to improve the Trust's rating.

Executive Team

23. I am pleased to be able to welcome Dr Trisha Bain, who has joined us this month as Chief Quality Officer and has more than 20 years' experience in quality improvement, patient safety and implementing system wide improvement programmes within the NHS healthcare services. Most recently Trisha was the Chief Quality Officer at Medway NHS Foundation Trust, and prior to that her career has also included roles with both the former Commission for Healthcare Improvement and the National Patient Safety Agency.

Other issues

24. Freedom to Speak Up – the Trust launched Freedom to Speak Up under the Speak Up campaign in October 2016 and introduced the role of the Freedom to Speak Up Guardian. This has been well received and has provided another route for staff to raise concerns in confidence and to have an expectation these will be listened to and a solution facilitated or that they are sign posted to the right person for this.
25. The 2015/16 Annual Reports for STEMI and Trauma will be circulated to Board members before publication on the Trust website

Andrew Grimshaw, Chief Executive
January 2017.



Report to:	London Ambulance Service Trust Board
Date of meeting:	31st January 2017
Document Title:	Integrated Performance Report – Trust Board Executive Summary.
Report Author(s):	Key Leads from Quality, Finance, Workforce and Operations
Presented by:	Jill Patterson
Contact Details:	
History:	
Status:	Information Assurance and Discussion.
Background/Purpose	
<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>	
Action required	
<p>For Trust Board to note the Integrated Performance Report and receive it for information, assurance and discussion.</p>	
Links to Board Assurance Framework and key risks	
<p>This report contains an overview of Trust Risks directly linked to the BAF but does not itself raise any risks.</p>	

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



London Ambulance Service

NHS Trust



INTEGRATED PERFORMANCE REPORT – TRUSTBOARD EXECUTIVE SUMMARY

JANUARY 2017

- * All available data is correct as of the 15th of every month.
- * Please note that this report relates to performance throughout December 2016 unless otherwise stated.



Delivery of care continues to be safe, but the rising demand pressures on the system continues to remain challenging.

YTD the financial position is on plan. The year end position of £6.7m deficit is at risk due to the additional capacity required to meet increased activity.

A8 performance ended at 63.9%. This is below the LAS trajectory of 66.5%.

The overall staff turnover rate has remained at 9.5%.

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.
- ↑ In November 2016, CPI completion rates reached their highest level since June 2013 at 94%.
- ↑ 9 Serious Incidents were declared in December out of 38 incidents reviewed, with 4 reports overdue.
- ↑ 85% of all incidents are reported on DatixWeb within 4 days of the incident occurring.
- ↔ The Trust remains at Surge Red, with 13 periods of Surge Purple and 1 period of Surge Blue in December 2016.
- ↓ 81 complaints remain open, with 1 exceeding the 35 working day completion target.

OUR MONEY

- ↔ The year end position of £6.7m deficit will not be achievable if the current pattern of spend is maintained. LAS Commissioners have confirmed £2.1m for Q2, in principle an additional £3.6m for Q3 and £3.3m for Q4 has been recognised at the Strategic Commissioning Group subject to final sign off by CCGs. Without this funding the £6.7m control total will not be met.
- ↔ Year to date the Trust reports on plan at a £6.3m deficit.
- ↔ Year to date CIPs are £0.3m 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.
- ↔ Capital spend is £3.6m against a revised Capital plan of £8.2m. NHS Improvement have approved the £4.5m of £4.9m capital under spend from 2015/16, our approved CRL is now £19.1m.
- ↔ Cash is £14.2m, £1.9m adverse to plan. The Trust is awaiting confirmation regarding invoicing some specific income from LAS Commissioners (£7.1m).

OUR PERFORMANCE

- ↓ A8 Performance for December 2016 was 63.9%. This was lower than the contract trajectory of 66.5%. This is the fourth month in a row that A8 performance has been below trajectory.
- ↑ There were 51,425 category A incidents in December, which was 7.3% above trajectory. Category C demand was 7.9% above trajectory. Overall demand was at 99,289 incidents, 7.6% above plan.
- ↑ Job Cycle Time for December was 86.7 minutes and is above the monthly trajectory of 83.1 minutes by 3.6 minutes.
- ↑ Capacity was above trajectory with patient facing vehicle hours at 6.1% above plan.
- ↓ The multiple attendance ratio is below target at 1.28 for December.

OUR PEOPLE

- ↑ The overall vacancy rate has increased from 5.2% to 5.8% (reporting against 100% of establishment).
- ↔ Overall turnover has remained at 9.5%.
- ↑ The Trust sickness percentage remained at 5% in November. This is below the 5.5% threshold.

The LAS 111 service delivery remains safe with no Serious Incidents declared during December.
The Patient Transport Service has seen an increase against Departure Against Patient Ready Time in December.

LAS 111 (SOUTH EAST LONDON)

- ↔ Calls offered during December was the highest since LAS commenced delivery of 111 with 27th December as the busiest day.
- ↔ The LAS 111 service achieved an overall figure of 93.3% in December for calls answered in 60 seconds against a target of 95%.
- ↔ LAS 111 maintained a low call abandonment rate over the Christmas and New Year period, despite the record call volumes.

PATIENT TRANSPORT SERVICE

- ↓ 4,972 journeys were completed in December 2016, a decrease from the previous month's total of 6,433 journeys. This decrease is a result of clinics being closed during the Christmas period.
- ↑ The patient departure time KPI increased to 93% this month, up from 92% last month. This is 2% below the target or 95%.

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	Dec-16	Nov-16	Oct-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	Dec-16	Nov-16	Oct-16	Chart
111	Calls answered within 60s	↓	↓	↑	
	Calls abandoned after 30s	↑	↑	↓	
	Percentage of calls referred to 999	↓	↑	↓	

	Key Performance Indicator	Dec-16	Nov-16	Oct-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. The RAG status is calculated against targets/trajectories/thresholds where available.
 The Chart column shows the trend over the previous 3 months | The arrows indicate the direction of KPI compared to previous month

	Key Performance Indicator	Dec-16	Nov-16	Oct-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	Dec-16	Nov-16	Oct-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	↑	↑	↑	

Our Patients



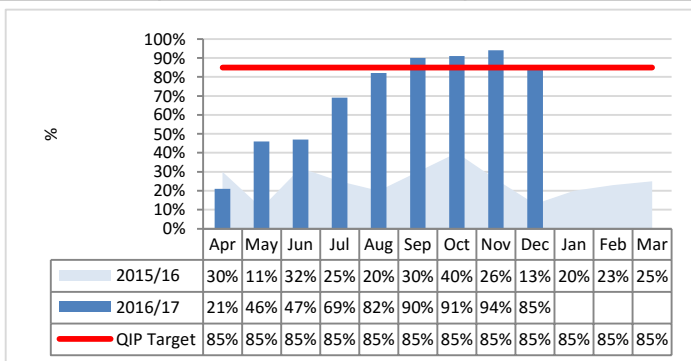
Section	Key Headlines
SAFE	<ul style="list-style-type: none"> 9 Serious Incidents (SIs) were declared in December out of 38 incidents reviewed, with 4 reports overdue as of 12th January 2016. Overdue SIs continue to be a focus at ELT level with weekly escalations taking place. There is a particular focus on completing SIs and sharing learning in a timely fashion. CSR 2016.3 rolled out on the 5th December. Prior to roll out, Clinical Tutors undertook “Train the Trainer” sessions with the session leads to ensuring consistent delivery of the materials. This new initiative of “train the trainers” has taken place for all CSR 2016 modules. 10 learners completed the EAC conversion programme and 28 learners completed the EAC programme. 51 International Paramedics and UK Graduates completed their learning programmes and now practice autonomously. 85% of patient incidents in December were reported within 4 days of the incident occurring, achieving the 85% Quality Improvement Programme target. There has been a significant improvement in the management of reported incidents since October 2016, with the West sector making the largest improvement (nearly all incidents reported are investigated within 5 days, with very few outstanding investigations remaining when the snapshot was taken). 58 complaints were received during December including 1 from health or social care providers which was treated as having been made on behalf of the patient, adhering to best practice. This is a 44% decrease on complaints received in November.
EFFECTIVE	<ul style="list-style-type: none"> 96% 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. 99% of STEMI patients were conveyed to an appropriate destination. 1 patient was taken to an ED when they should have been conveyed to a HAC. 40 patients with ROSC presented with a STEMI following their cardiac arrest, 36 of which were conveyed to Heart Attack Centres (HACs) in line with the pathway. For the second time in 2016/17, 100% of patients where an advanced airway was placed had End-Tidal CO2 levels measured.
CARING	<ul style="list-style-type: none"> The documentation of the care provided to patients with a diagnosed psychiatric problem has slightly increased to 92% from 91% in November. In November 2016, CPI completion rates reached their highest level since June 2013. HART and Hillingdon have audited all available PRFs for the 16th consecutive month. 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 (97%). Care provided to patients with severe sepsis remains high at 96%. However, improvements are required in the documentation of high flow oxygen delivery (83%). In response to this a Medical Directorate bulletin was issued to staff in December highlighting the importance of providing a full care bundle to all patients presenting with severe sepsis. 100% (18) of public events were attended by the Patient and Public Involvement team.
RESPONSIVE	<ul style="list-style-type: none"> During December the Trust was operating at Pressure Level 3 – Severe. The Trust remains at Surge Red, with 13 periods of Surge Purple and 1 period of Surge Blue in December 2016. Version 2.1 of the Trust Surge Plan was implemented on 7th December. This included the realignment of Surge levels to a 5 level plan whereby Surge Red is business as usual. Surge Purple Enhanced was removed and actions that would previously have been taken at escalation to this level are now incorporated into Surge Purple. There were 4154 hospital breaches >45 minutes during December, with 2383 exceeding 1 hour. An increase of 844 >45min breaches on the previous month. Stakeholder Engagement Managers (SEM) are working locally with hospitals to find solutions to the delays & senior managers are fully engaged with NHSE to oversee this.



Serious & Adverse Incidents (SI)

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

Target 2016/17	Actual	Variance	RAG
85%	85%	0%	



Adverse Incidents

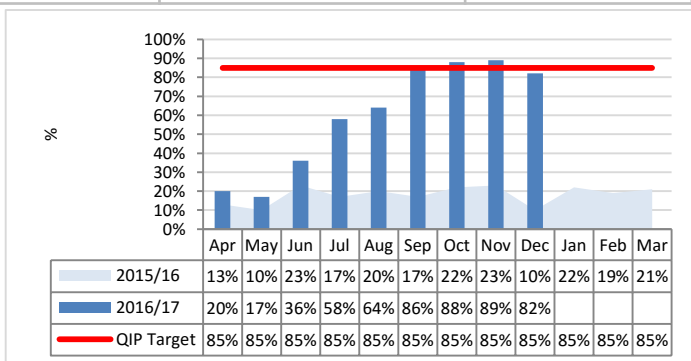
4% of incidents reported in December 2016 were via paper forms. This continues to decrease as more incidents are reported directly onto DatixWeb. We estimate that 99% of all incidents occurring in November have been received.

Incidents in December are detailed below:

Patient Incidents:	328 (+6%)
• Failure of equipment:	39 (-11%)
• Missing Equipment:	44 (-39%)
• Medication Incidents:	42 (+17%)
Staff Incidents:	282 (-4%)
• Manual Handling incidents:	69 (+17%)
• Assault and Abuse:	91 (+1%)

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

Target 2016/17	Actual	Variance	RAG
85%	82%	3%	



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

Failed in use (Top 5)

• Laerdal Suction Unit	6
• Mangar Elk	4
• LP15: ECG Leads	3
• EZIO	2
• Oxygen Cylinders	2

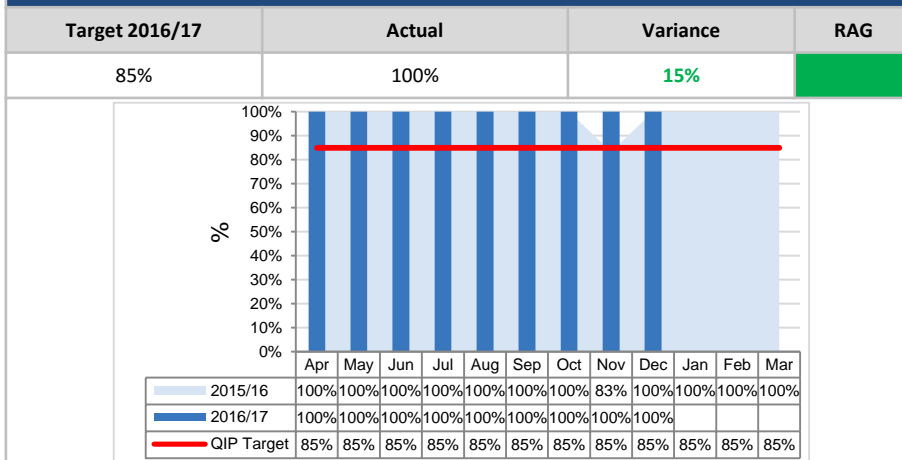
Missing Items (Top 5)

• Technician Drug Pack	6
• Paramedic Drug Pack	6
• EZIO	4
• LP15: Defib Pads	3
• Multiple items missing on VDI	3



Serious Incidents / Governance

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



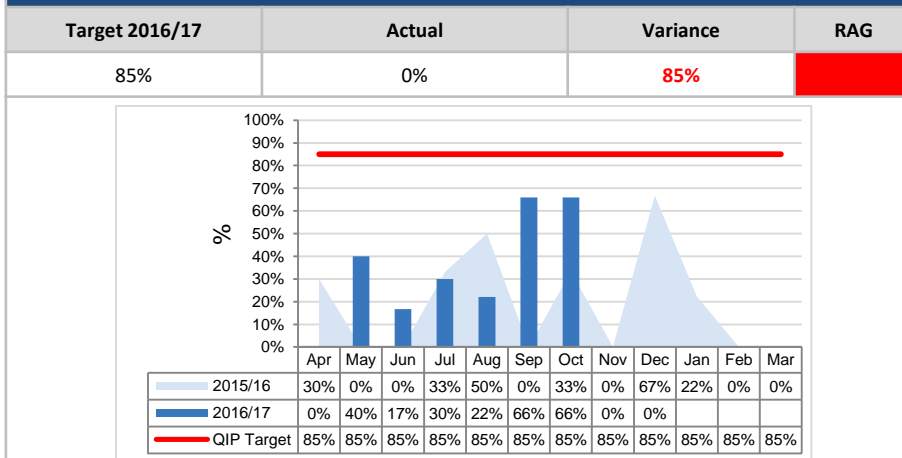
Serious Incidents

9 Serious Incidents were declared in December out of 38 incidents reviewed, with 4 reports overdue as of 12th January 2016.

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

There has been a particular focus on completing SI's and sharing learning in a timely fashion.

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



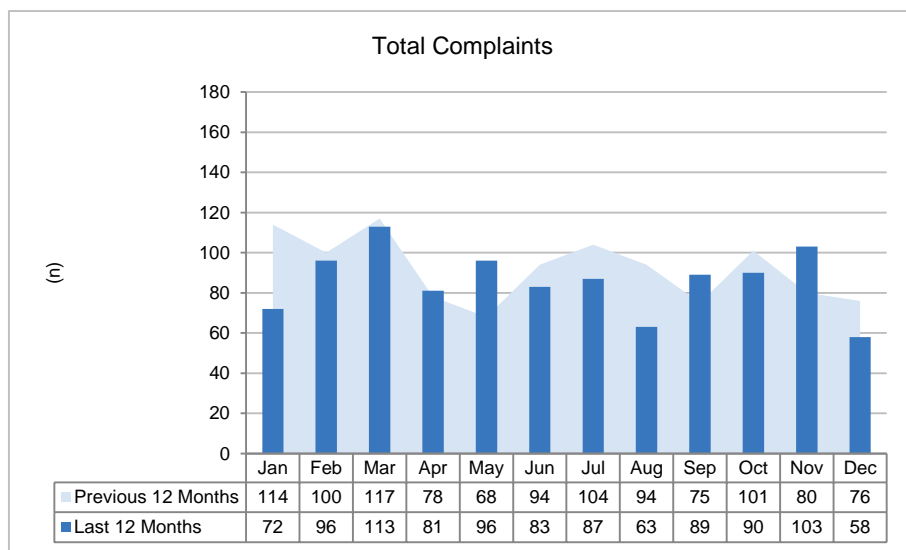
Serious Incidents investigation reports completed within 60 days

1 Serious Incident report was completed and submitted in December, which was outside the 60 day timeline.

Work is continuing to ensure that lead investigators have the tools and resources to complete investigations within the 60 day timeline.



Complaints – Volume & Response time



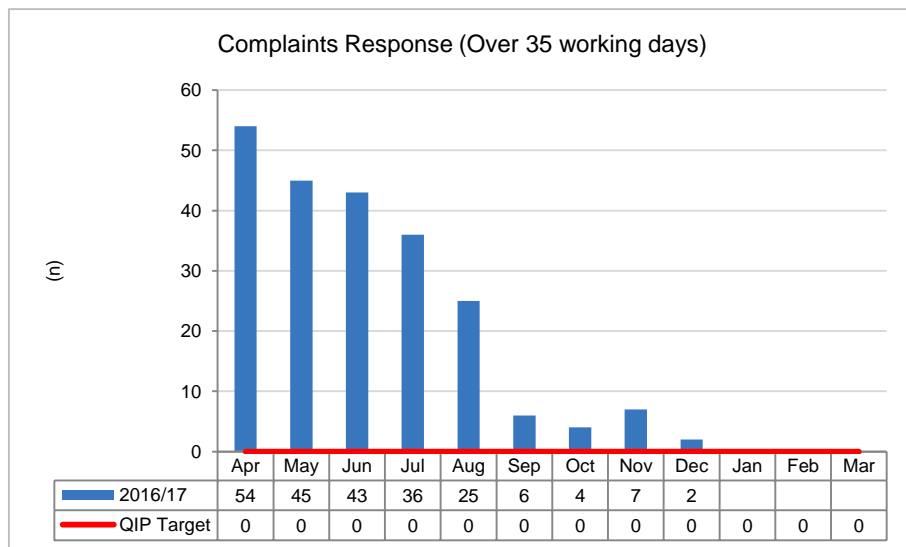
Total Complaints

58 complaints were received during December.

This includes 1 from health or social care providers which was treated as having been made on behalf of the patient, adhering to best practice.

It is not unusual to experience lower numbers during December, this could be attributed to the holiday period.

We have projected that the annual number of complaints for 2016/17 (estimated 1000) will be lower than 2015/16 (1051) and will continue to monitor this over the coming months.



KPI Report – Complaints Responses over 35 working days

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

We continue to experience delays in identifying the relevant NHS111 provider when we are the host Trust. A national system to identify this has been set up which should assist in future queries.



Complaints – Volume & Response time

	2013/14	2014/15	2015/16	2016/17
December Complaints	83	102	76	58
Average per annum	88	117	88	84 (ytd)

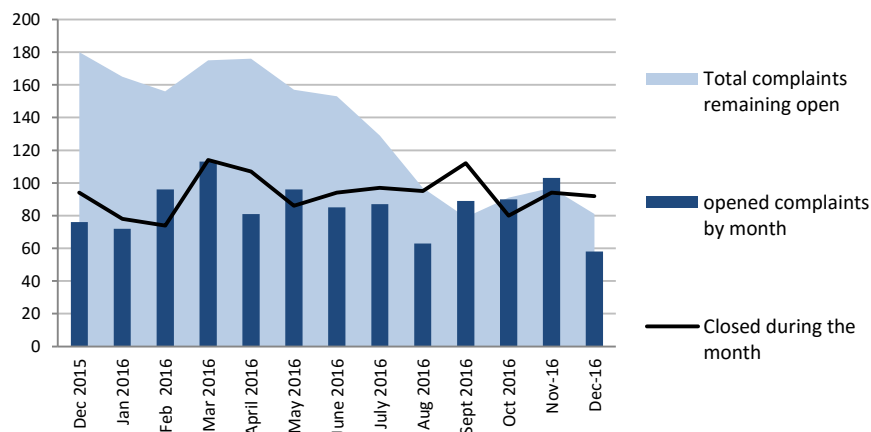
Complaint Volumes

Changes have been made to Datix to start demographic recording of complainants.

Complaints continue to be more complex in nature, involving more than one issue.

Currently there are 81 'open' complaints.

Summary Dec 2015 to Dec 2016 -
Open, closed and remaining open complaints



Complaint Volumes

The number of complaints closed during December 2016 was 92, against a monthly annual average of 95.

We have developed a tool within Datix to monitor the turnaround time for complaints with more accuracy. This data will be made available to Quality, Governance and Assurance Managers.

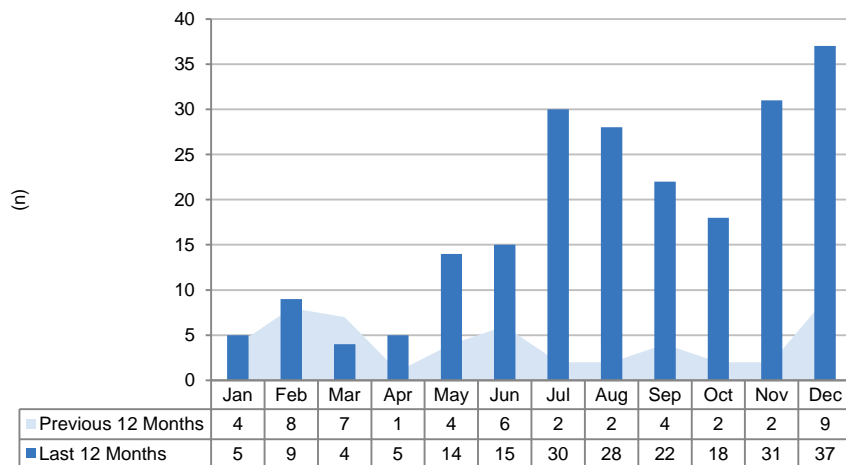
Complaint volumes have largely levelled out since 2014/15.

We continue to send out a 'Feedback on Complaints' form with every final response and will audit those received at the end of Q4.



Medicines Management

Medication Errors



Medicines Management – KPI data - Controlled Drugs (CD)

There have been **2** reportable Controlled Drugs (CD) LIN incidents in December 2016 which remain under police investigation. This is an increase on data from November 2016 during which time there were no reportable incidents.

There have been **38** CD incidents that are not LIN reportable. Thirty of these cases involve solely administrative errors such as failure to document a time of withdrawal or date. In three cases morphine was taken home at shift end. In all cases this was identified and the drugs returned promptly. In a further three cases morphine ampoules were broken during movements in or out of the CD safe. One report details a lack of station based audits due to redeployment of clinical team leaders to fully patient-facing duties. In all cases feedback and advice and guidance where appropriate has been given to staff. Its felt the overall increase of non reportable incidents is a result of heightened awareness of Datix and improvement in staff readiness to report incidents. In addition, manager audits have continued and as a result, are routinely reporting incomplete records in station based CD registers.

Other medicines management issues

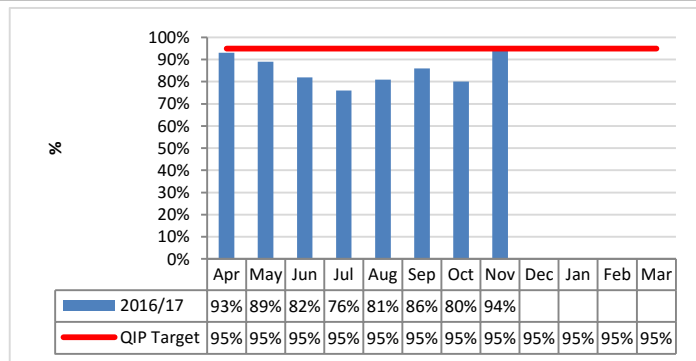
- The new Trust pharmacist will start with the Trust in January 2017.
- It should be noted that the increase in some medicines management incidents may relate to a greater readiness to report via the Datix incident management system
- The MedMan data portal providing details of compliance with drugs usage form completion is now an established data source for medicines management reporting.
- Work continues to establish a medicines management dashboard will ultimately provide an accessible graphical display of medicines management data from a range of sources.
- The medicines management group continue to contribute to the implementation of Perfect Ward which is due to be rolled out across the Trust in January.



CPI Completion, Feedback Sessions and Compliance (November 2016 data)

Number of eligible Patient Report Forms (PRFs) audited per month

Target 2016/17	Actual	Variance	RAG
95%	November: 94%	1%	



CPI Completion

- In November 2016, CPI completion rates reached their highest level since June 2013 at 94%.
- HART and Hillingdon have audited all available PRFs for the 16th consecutive month.
- Romford achieved 100% completion for the third month in a row, followed by Croydon, St Helier and Wimbledon who audited all available PRFs for the second consecutive month.
- Significant increases were achieved by Westminster (+64%), Greenwich (+41%), Homerton (+38%), Hanwell (+36%), Newham (+32%), Bromley (+30%) and New Malden (+19%) due to increased completion by Team Leaders and/or availability of restricted duties staff.
- Annual leave and a reduction in Restricted Duties staff affected CPI completion at Fulham (-11%).

CPI Compliance

- Documentation of the care provided to patients with a diagnosed psychiatric problem has increased to 92%. Documentation of safeguarding concerns (64%) should improve following Service-wide communications on safeguarding in December 2016.
- Documentation of the care for those experiencing a glycaemic emergency has decreased (96%), having been at 97% since March 2016. Improvement can be made by documenting a final set of observations (93%) and carrying out a 12 lead ECG (93%).
- Documentation of the care provided to patients with severe sepsis remains high at 96%. However, improvements are required in the documentation of high flow oxygen delivery (83%).
- Documentation of the 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 (97%).

CPI Feedback

- Service wide, 55% of expected face-to-face feedback sessions have been delivered at this point in the financial year.
- Hillingdon (95%) are on track to provide all expected sessions for the year. Similarly, Fulham, Hillingdon, Homerton and Romford have delivered over three-quarters of expected feedback sessions to date.
- Brent, Croydon, Fulham, Hanwell, Homerton, MRU and St Helier exceeded their target number of feedback sessions in November 2016
- Very few feedback sessions (1%) have been delivered to staff at Volunteer Responders and there are developments underway to improve this.



CARU Reports - Cardiac Care (November 2016)

Cardiac Arrest

- Resuscitation efforts were commenced on **43%** of cardiac arrest patients attended by LAS crews. This was a decrease of 3% from October.
- **60%** of cardiac arrest patients that were allocated a Red 1 category received an 8 minute response, which was a 1% decrease from October.
- **28%** of cardiac arrest patients that had resuscitation commenced gained and sustained ROSC (Return of Spontaneous Circulation) until arrival at hospital, a 1% decrease from October.
- **40** patients with ROSC presented with a STEMI following their cardiac arrest, **36** of whom were conveyed to HACs in line with the pathway. **2** patients achieved ROSC who later died on scene and **2** patients were conveyed to an Emergency Department with valid reasons.
- An advanced airway management device was placed successfully in **89%** of cardiac arrest patients where resuscitation was attempted. For the second time in 2016/17, **100%** had End-Tidal CO2 levels measured.

ST Segment Elevation Myocardial Infarction (STEMI)

- **99%** of patients were conveyed to an appropriate destination. **1** patient was taken to an ED when they should have been conveyed to a Heart Attack Centre.
- The average time from the 999 call to arrival on scene remained at **10** minutes in November.
- Average overall on scene time has remained at **43** minutes, while call to hospital times have also remained the same at **71** minutes. These continue to require monitoring.
- Newham, Fulham, Hanwell, St Helier and Westminster and Wimbledon 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 increased by **2%** to **75%**.
- **12** station groups provided a full care bundle to less than **80%** of patients, decreasing by **1** since last month. Local management teams have been asked to look into reasons for this.



CARU Reports - Stroke and Major Trauma (November 2016)

Stroke

- **96%** 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 (**99.7%**) 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 (**99.5%**) were conveyed to the most appropriate destination for their condition. However, **5** FAST positive patients (**0.5%**) were transported to an ED when they should have been conveyed to a HASU.
- The average time on scene is **36** minutes, which remains longer than the recommended 30 minutes. Less than half of LAS crews (**46%**) attending stroke patients, who were potentially eligible for thrombolysis, spent 30 minutes or less on scene.
- The percentage of patients, who were potentially eligible for thrombolysis, and arrived at a HASU within 60 minutes, has increased from 56% in October 2016 to **61%** in November 2016.

Major Trauma (Q2)

- **1602** patients were attended by the LAS from July to September 2016. This is an average of **17** per day which is an increase on the previous quarter's average of 15 per day, and the Q2 2015-16 average of 14 patients per day.
- The average call to scene time decreased by 1 minute to **12** minutes.
- The overall average time spent on scene was **32** minutes.
- By mechanism the average on scene times are:
 - **38** minutes for blunt injuries (same as Q1) – against a target of 30 minutes.
 - **15** minutes for penetrating injuries (same as Q1) – against a target of 10 minutes.
- Cases with extended on-scene times are shared with QGAMs, with those without a documented reason highlighted.
- The average journey time to a Major Trauma Centre (MTC) was **18** minutes.
- **138** patients were conveyed to a MTC although the major trauma decision tree did not indicate that they required a MTC, a slight decrease on the Q1 figure of 144.
- Details of patients conveyed to an MTC without triggering the major trauma decision tool have been passed to management teams and recurring themes for over triage have been shared in order to address this.

Our Performance



Section	Key Headlines	Dec	Nov	Oct
A8 Performance	A8 Performance for December 2016 was 63.9%. This was lower than the contracted trajectory of 66.5%. This is the fourth month in a row that A8 has been below trajectory.			
Other Performance	A19 performance was 91.9% in December 2016, a decrease of 1.5% from November. C1 to C4 performance all saw decreases in December when compared to November.			
Demand	There were 51,425 category A incidents in December, 7.3% above trajectory. Category C demand was 7.9% above trajectory. Overall demand was at 99,289 incidents, 7.6% above plan.			
Capacity	The patient facing vehicle hours (PFVH) deployed during December were above trajectory by 6.1%. Overtime vehicle hours were 4.9% below plan for December.			
Efficiency	Job Cycle Time (JCT) for December was 86.7 minutes, this is an increase of 1.2 minutes compared to last month. JCT was 3.6 minutes above the monthly trajectory of 83.1 minutes. The multiple attendance ratio was 1.28.			
EOC – Call Answering	The 5 Second Call Answering for December was at 95.4%, this was 0.4% above the target of 95%. This was a 1.1% decrease from the previous month.			
EOC – FRU Cat C Share	FRU share of Cat C for December was 8.9%, this was 3.9% above the target of 5%.			
Resource Escalation Action Plan (REAP)	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. Currently the Service is at REAP level 3 (Severe), the Trust moved to REAP level 3 on 6 th 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.			



Ambulance Quality Indicators (AQI) Update – November 2016

The AQIs for November 2016 were published on 12th January 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	NOV	OCT	SEP	Ranked out of	NOV	OCT	SEP
The time taken to answer 95% of 999 calls in the emergency control room	(secs)	5 secs	2	5	16	11	1	2	4
The percentage of callers who have hung up before their call was answered in the emergency control room	%		0.5%	0.2%	0.4%	11	2	1	1
The percentage of Category A Red 1 (most time critical) calls reached within 8 minutes	%	75%	70.4%	69.4%	70.1%	8	3	3	4
The percentage of Category A Red 2 (serious but less immediately time critical) calls reached within 8 minutes	%	75%	67.1%	66.3%	63.3%	8	3	3	5
The time taken to reach 95% of Category A (Red 1) calls	(mins)		13.6	13.4	13.4	8	1	4	4
The percentage of Category A calls reached within 19 minutes	%	95%	93.3%	93.8%	92.9%	8	3	2	3
The time taken to arrive at the scene of 95% Category A (Immediately Life Threatening) calls	(mins)		19.4	18.9	19.9	8	3	5	6

Latest Publication : 12th January 2017 (Nov-16 data)

Date of next publication : 9th February 2017



Ambulance Quality Indicators (AQI) Update – August 2016

The AQIs for August 2016 were published on 12th January 2017.

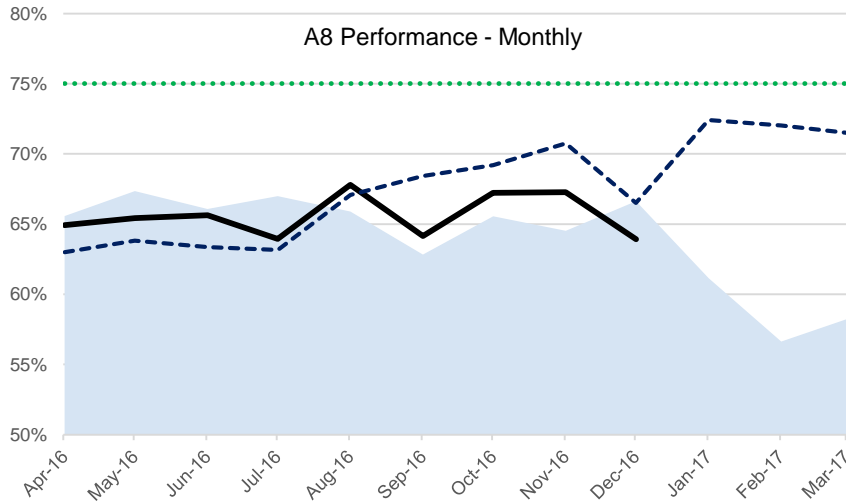
The list of AQIs detailed below make up part of the Ambulance Clinical Outcome Indicators. These indicators enable comparison between the 11 Ambulance Trusts across England. The table below details 7 of these indicators with the description and LAS performance.

Source: NHS ENGLAND			Performance in Month Last 3 months			Ranking Position		
AQI Indicator Description CLINICAL OUTCOMES	Units	Target	AUG	JUL	JUN	AUG	JUL	JUN
Cardiac Arrest out of hospital - Return of spontaneous circulation (ROSC) at time of arrival at hospital (Overall)	%	27%	25.7%	27.2%	33.3%	6	8	2
Cardiac Arrest out of hospital - Return of spontaneous circulation (ROSC) at time of arrival at hospital (Utstein Comparator Group)	%	55%	63.4%	52.1%	62.7%	2	5	3
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	%		89.5%	94.7%	92.4%	6	4	4
Percentage of patients suffering a STEMI who receive an appropriate care bundle	%	72%	64.6%	71.0%	68.2%	11	9	8
Percentage of Face Arm Speech Test (FAST) positive stroke patients (assessed face to face) potentially eligible for stroke thrombolysis, who arrive at a hyperacute stroke centre within 60 minutes of call	%	61%	67.8%	60.0%	63.7%	1	3	2
Percentage of suspected stroke patients (assessed face to face) who receive an appropriate care bundle	%	98%	97.3%	97.6%	96.5%	6	8	10
Cardiac Arrest out of hospital - Survival to discharge (Overall survival rate)	%		9.5%	7.5%	9.5%	5	8	4
Cardiac Arrest out of hospital - Survival to discharge (Utstein Comparator Group survival rate)	%		34.4%	18.4%	25.5%	5	10	5

Latest Publication : 12th January 2017 (Aug-16 data)
Date of next publication : 9th February 2017



A8 Performance

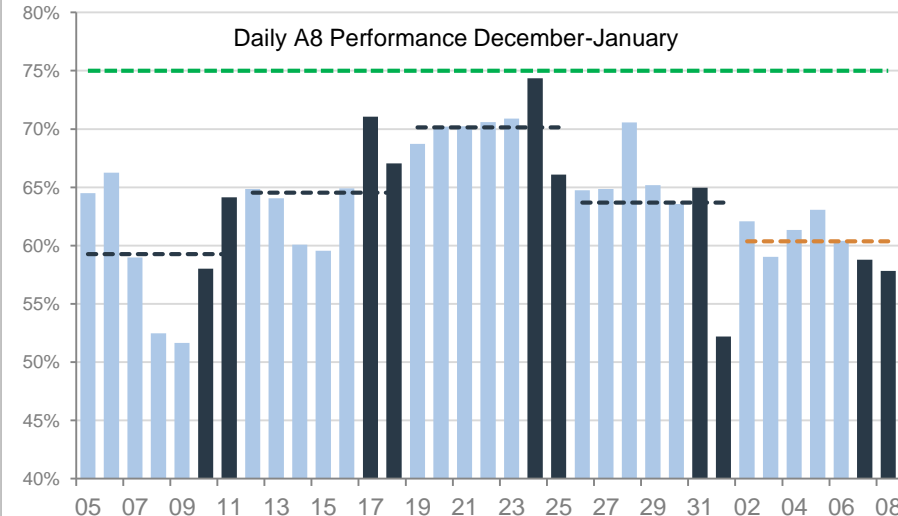
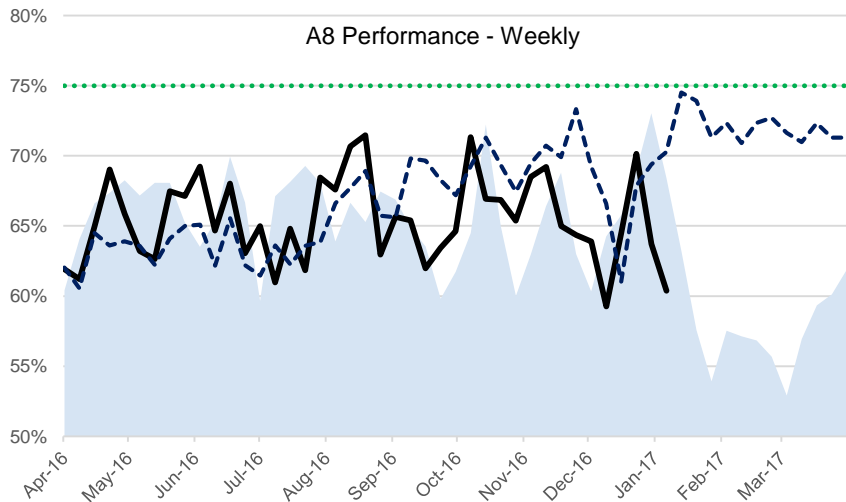


A8 Performance for December 2016 was 63.9%. This was lower than the contracted trajectory of 66.5%.

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

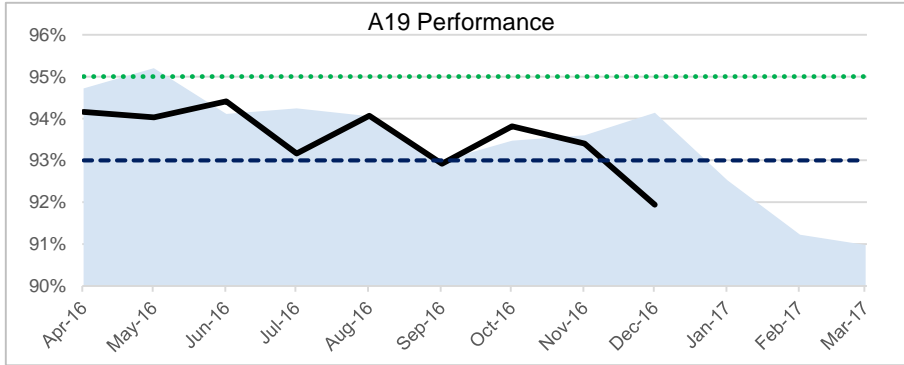
- **Demand** – Overall the number of incidents was 7.6% above plan. Cat A was 7.3% above trajectory, Cat C was 7.9% above trajectory.
- **Capacity** – Overall patient facing vehicle hours were 6.1% above plan.
- **Efficiency** - Average job cycle time was 3.6 minutes above trajectory and the Multiple Attendance Ratio was 1.28.

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





Other Performance



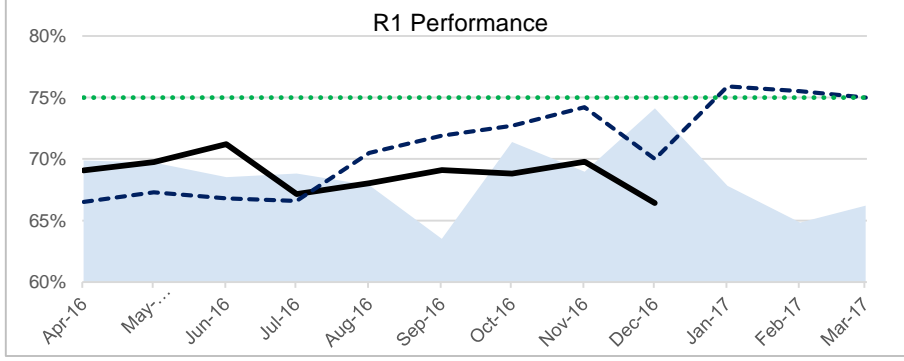
A19 performance in December 2016 decreased by 1.5% compared to last month.

- Red 1 was 66.4%, below plan by 3.6%.
- Red 2 was 63.8%, below plan by 2.6%.
- A19 was 91.9%, below plan by 1.1%.

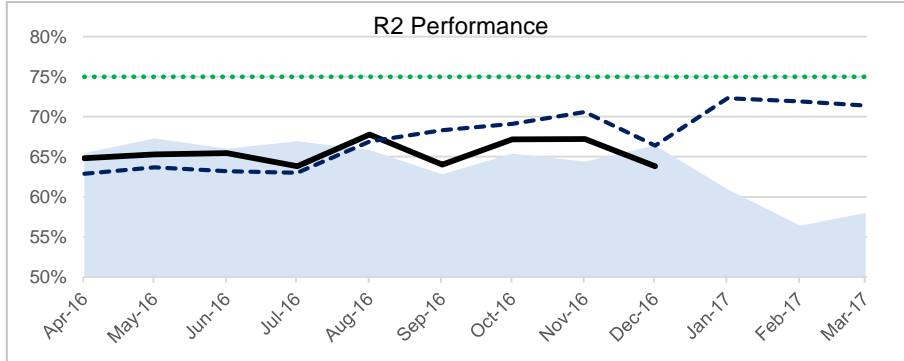
C1 to C4 performance all saw decreases in December when compared to November.

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

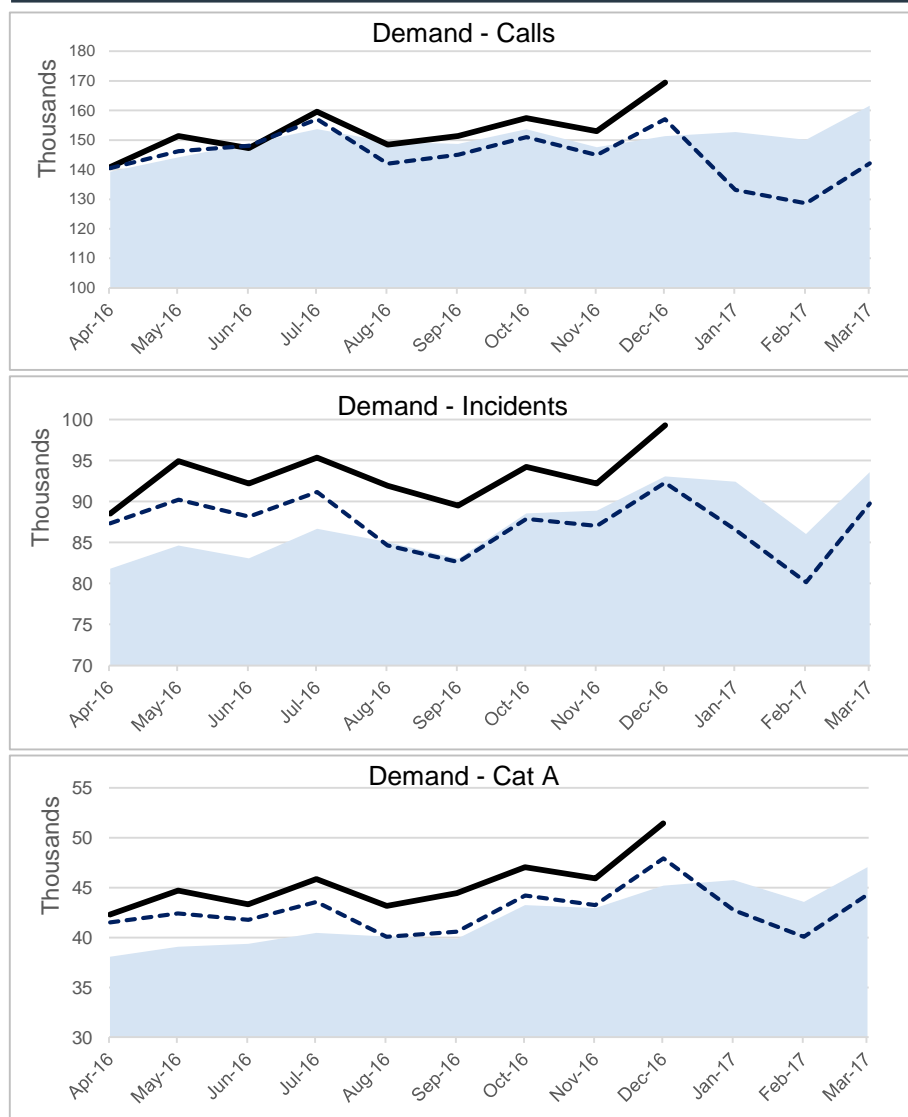


Week ending	A8	A19	R1	R2	C1	C2	C3	C4
04-Dec	63.88%	91.65%	65.57%	63.82%	68.24%	74.63%	75.37%	56.19%
11-Dec	59.27%	89.37%	58.21%	59.30%	60.88%	65.52%	68.54%	46.21%
18-Dec	64.54%	92.38%	68.45%	64.40%	69.82%	72.11%	73.93%	52.88%
25-Dec	70.14%	94.99%	71.23%	70.11%	77.74%	81.26%	82.57%	60.68%
01-Jan	63.70%	91.78%	68.73%	63.53%	66.24%	70.94%	71.10%	51.60%

Oct-16	67.23%	93.82%	68.81%	67.18%	74.16%	77.33%	79.80%	59.65%
Nov-16	67.28%	93.40%	69.78%	67.20%	75.42%	78.09%	78.64%	58.67%
Dec-16	63.92%	91.94%	66.43%	63.83%	68.71%	72.34%	74.37%	52.95%



Demand



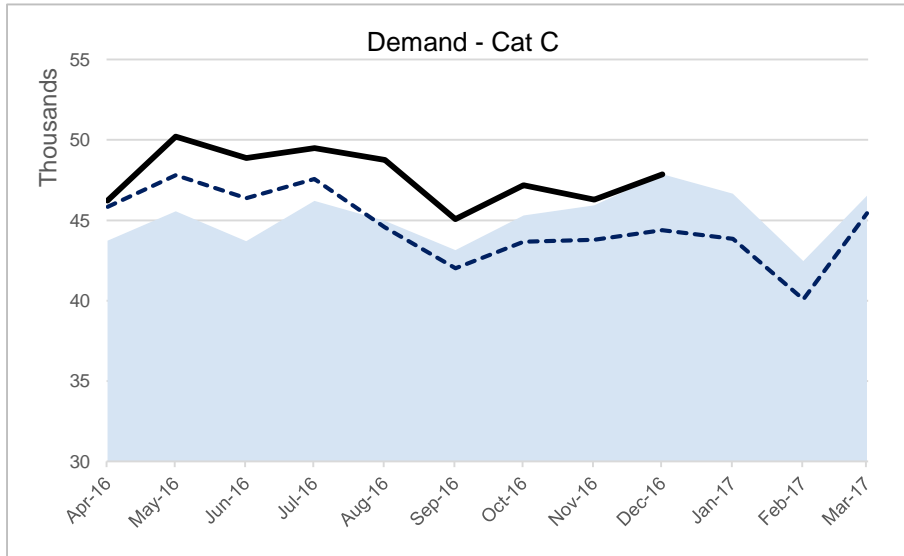
Overall demand was 7.6% above trajectory in December and 6.7% higher than December last year.

Cat A demand was 7.3% above plan and 13.8% higher than December last year.

Category C incidents were above trajectory by 7.9% and equal to December 2015's incidents.

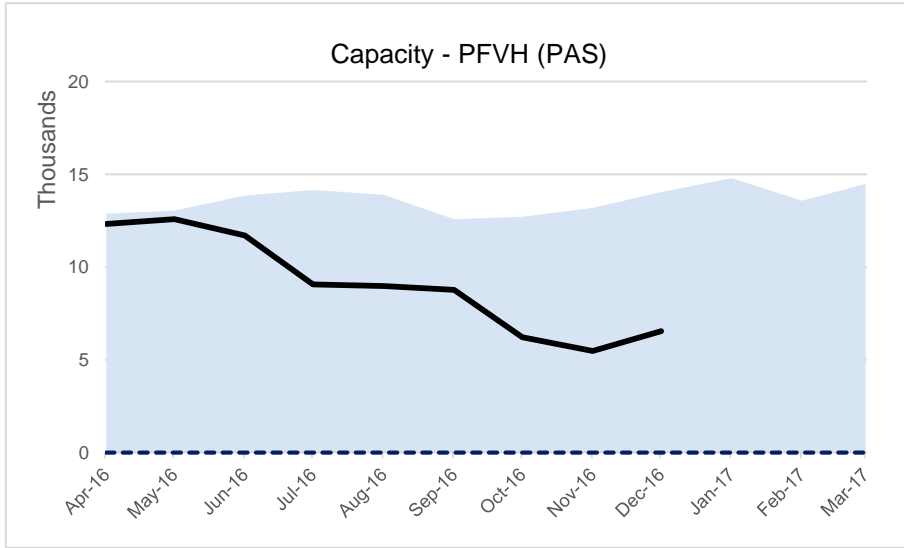
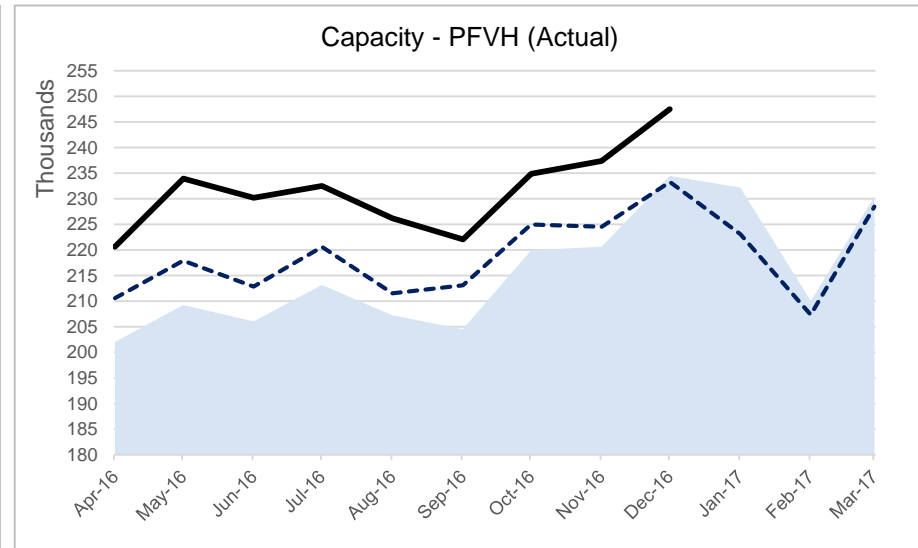
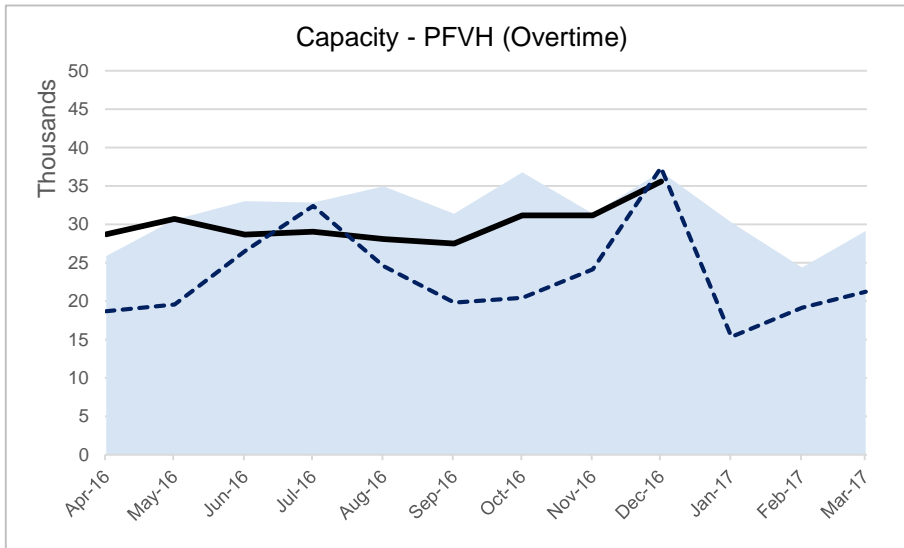
Call volumes were 7.9% above contract level for December 2016 and 12.0% higher than December last year.

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





Capacity



Total patient facing vehicle hours were above trajectory for December 2016. The hours deployed were 247,518 against a plan of 233,257 hours, a 6.1% difference.

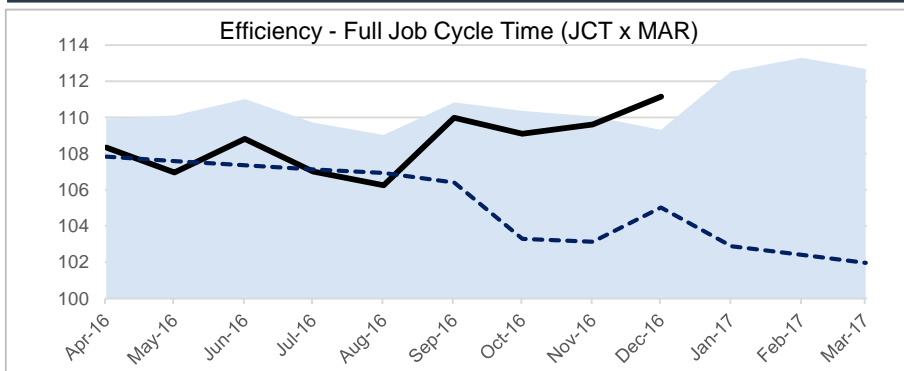
Overtime vehicle hours for December 2016 were 5% below trajectory.

PAS/VAS hours for December 2016 were 53.4% below the level of December 2015.

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



Efficiency

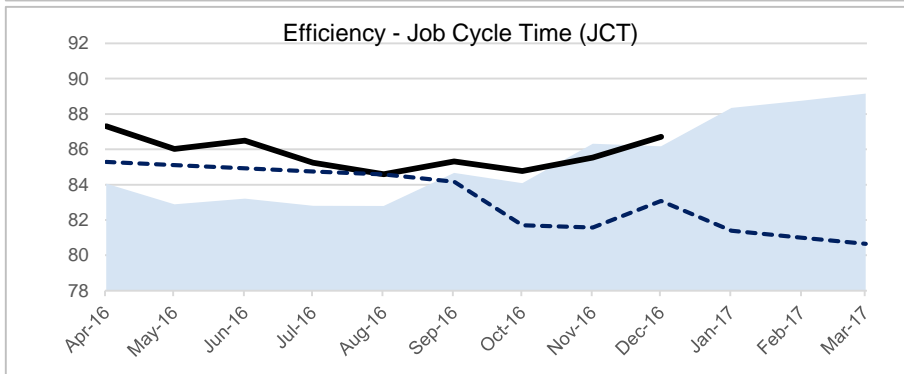


Job Cycle Time for December 2016 was 86.7 minutes, above the trajectory of 83.1 by 3.6 minutes.

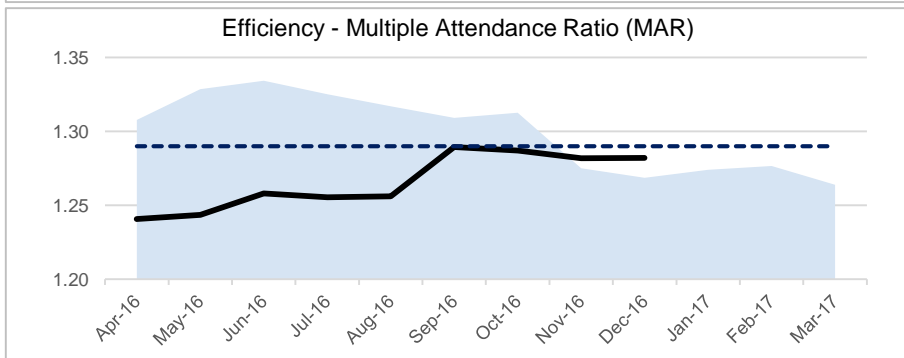
This was an increase of 1.2 minutes from the previous month.

Full Job Cycle (JCT x MAR) was 111.2 minutes, above the December trajectory of 105.0.

The Multiple Attendance Ratio (MAR) was just below target for December at 1.28. The trajectory for every month this year is 1.29.

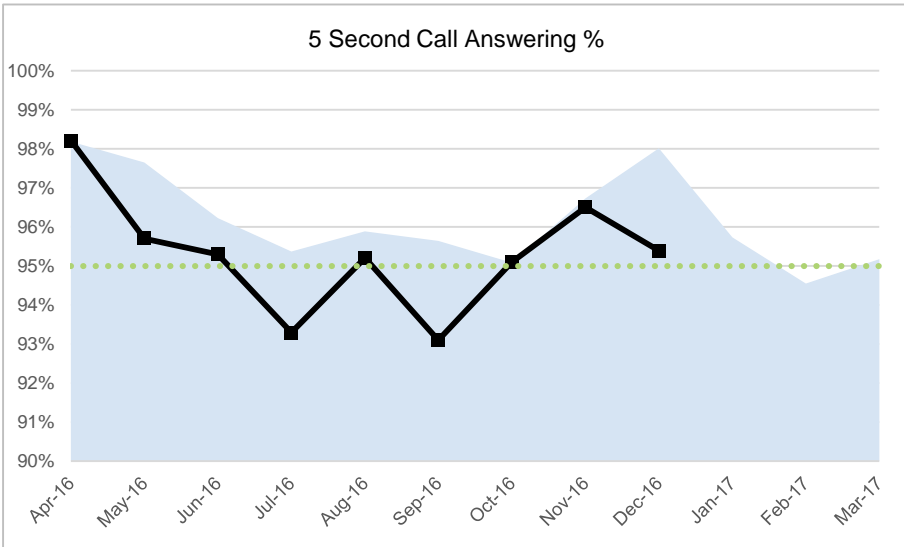


■ 15/16 actual data
— 16/17 actual data
- - - Trajectory





Emergency Operations Centre (EOC)

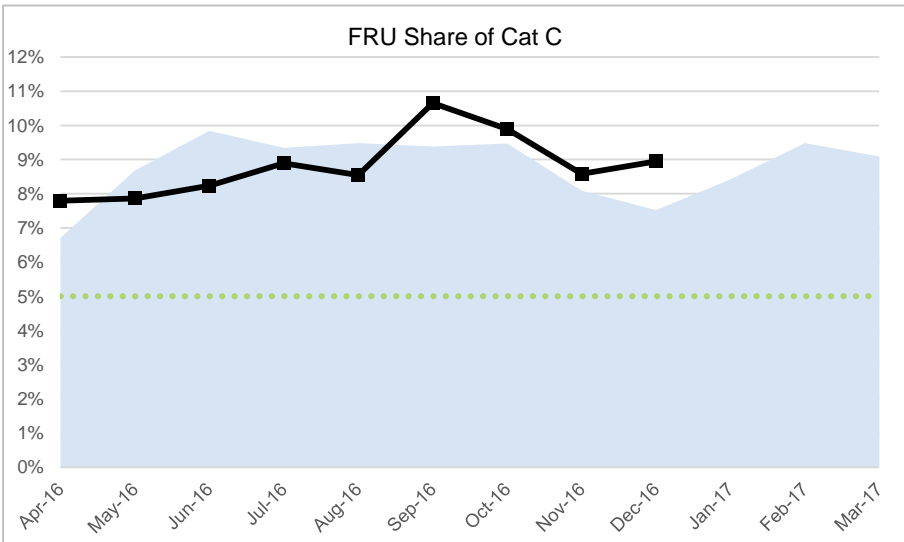


5 Second Call Answering for December was at 95.4%, which is above the 95% target.

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 December was 8.9%, this was 3.9% above the target of 5%. This was a 0.37% increase on the previous month.

15/16 actual data
16/17 actual data
Target



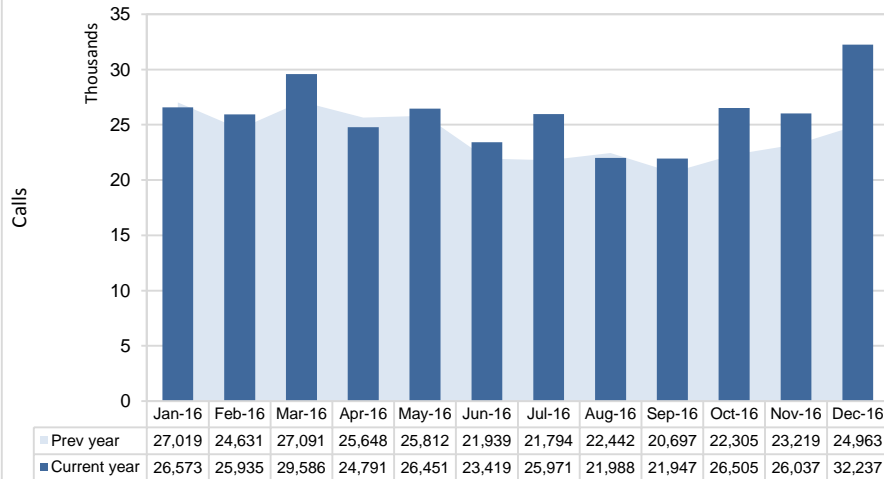
Month	5 Second Call Answering %	
	2015-16	2016-17
Apr	98.19%	98.21%
May	97.65%	95.70%
Jun	96.23%	95.30%
Jul	95.37%	93.30%
Aug	95.89%	95.21%
Sep	95.64%	93.10%
Oct	95.09%	95.10%
Nov	96.73%	96.50%
Dec	98.02%	95.40%
Jan	95.73%	
Feb	94.55%	
Mar	95.18%	

Month	FRU Share of Cat C	
	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%	
Feb	9.48%	
Mar	9.09%	



LAS 111 (South East London) – Demand and Capacity

QR02: Total calls answered



Demand: Call demand was 29% higher than in December 2015 and over forecast on 10 days. However the increase in demand over the Christmas period lead to the busiest day for the service on 27th December and calls offered exceeded 2,000 for the first time.

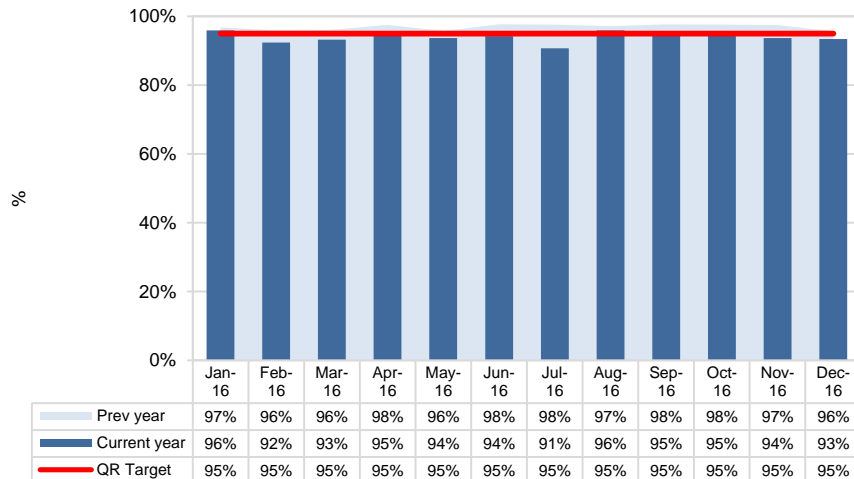
Capacity: 4WTE Clinical Advisors have been recruited to commence at the end of January and the Call Handler establishment is more stable. The rolling recruitment programme is now focused on the January 2017 induction for both skill groups.

Efficiency: The percentage of calls answered in 60 seconds was 93.3% in December with the target achieved on 10 days.

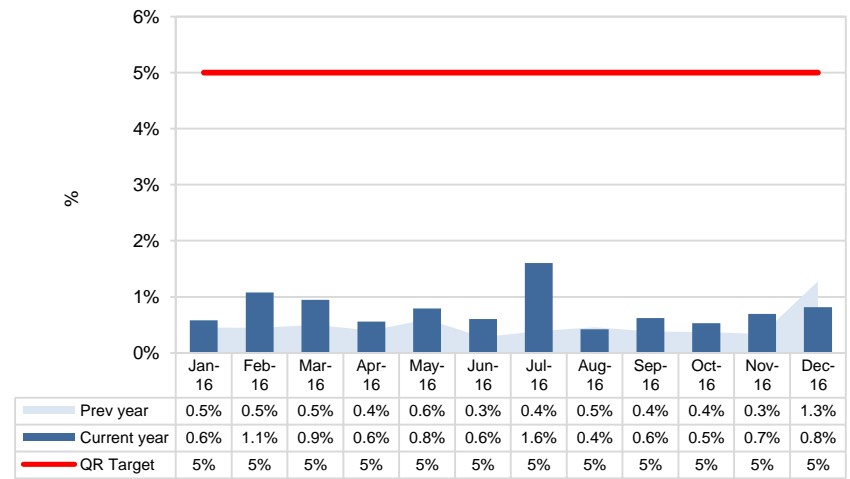
Service Projects: The service focus throughout December continued to be reporting (live and historical) and preparations for Christmas and New Year.

NHS Pathways version 12 went live in early December. This transition was smooth and successful with no issues identified.

QR05: Calls answered within 60s



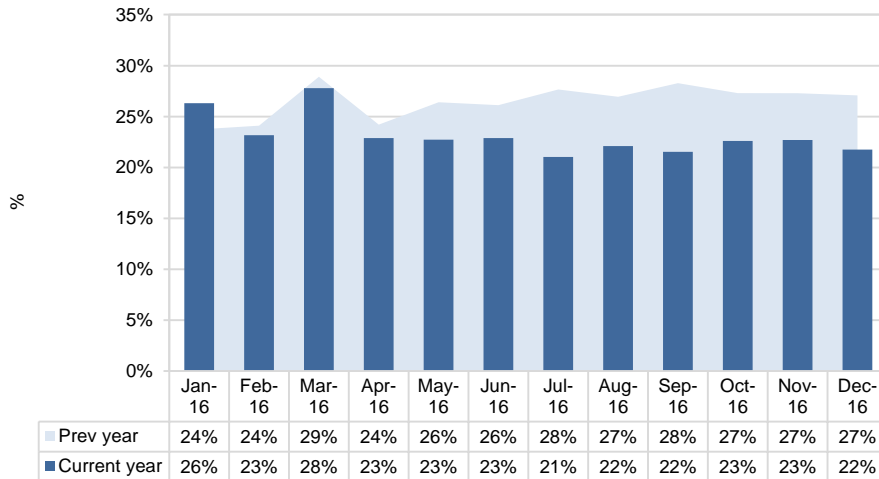
QR04: Calls abandoned after 30s





LAS 111 (South East London) – Call Destinations

QR12a: % of calls referred to a clinical advisor

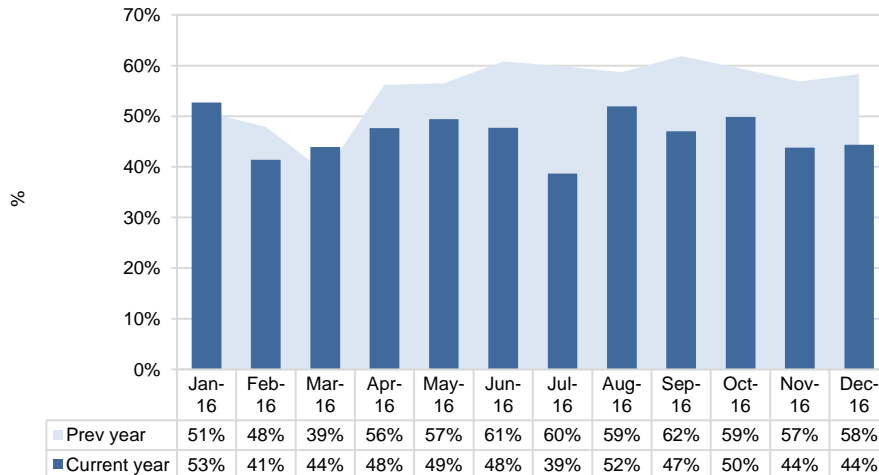


Quality Indicators: Calls requiring a Clinical Advisor are either transferred directly (warm transfer) or placed in a queue for call back. Factors influencing these figures include complexity of calls, enhanced clinical assessment for low acuity ambulance outcomes and availability of Clinical Advisors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

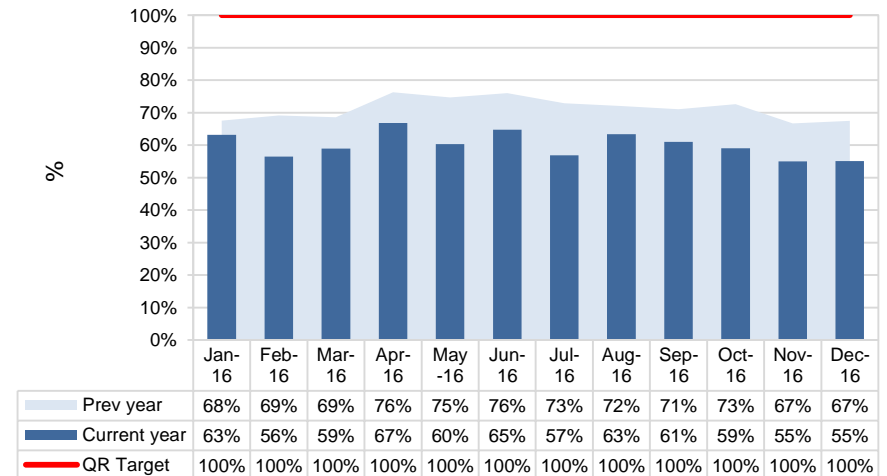
Safety: There were 74 Incidents reported in Datix by the LAS 111 Team. Of these, 35 (47%) related to calls referred to an incorrect Out Of Hours Provider, 11 (15%) breaches of procedure, 7 (9.5%) referred to external agencies and the remaining 21 (28%) to other issues. Incidents are under investigation and feedback given to staff where appropriate.

No Serious Incidents (SIs) were identified and the service received two complaints, five compliments and feedback from one Health Care Professional. No new SIs are under investigation.

QR12: Of calls transferred, % transferred warm



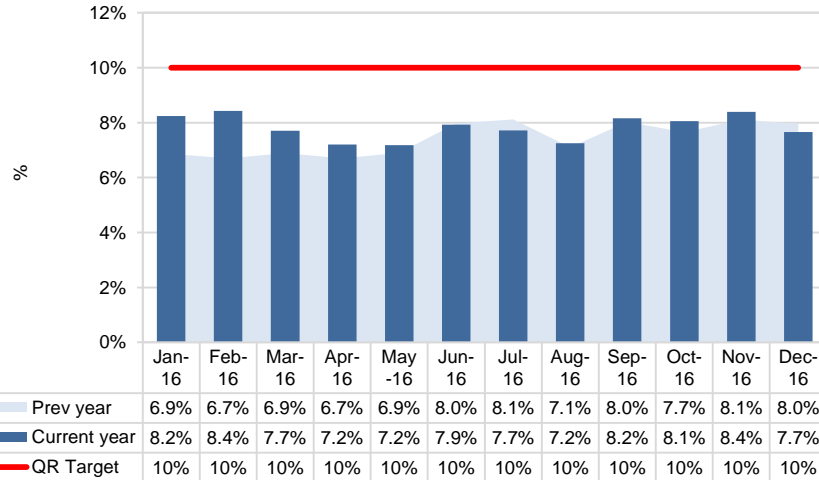
QR14: Of call backs, % within 10 minutes





LAS 111 (South East London) – Triage destinations

QR10: % of calls referred to 999

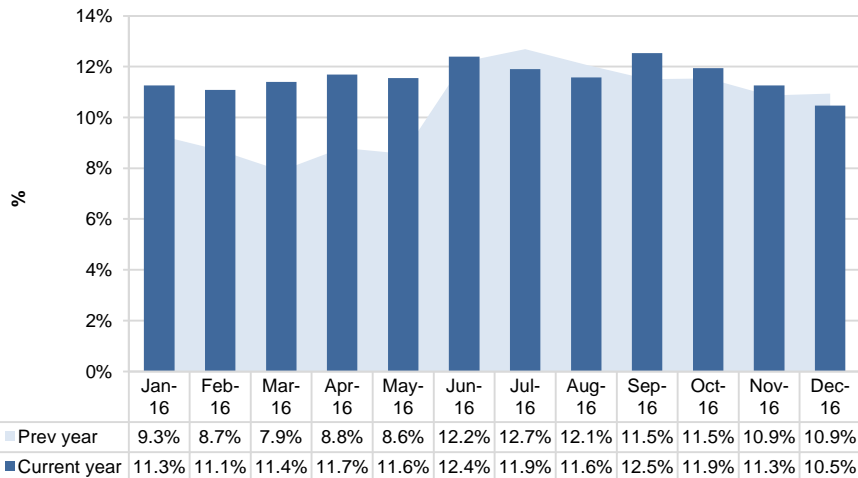


LAS 111 consistently and successfully have the lowest referral rate to 999 in London and the highest percentage of enhanced re-assessment for low acuity ambulance outcomes.

Referrals to Emergency Treatment Centres have reduced and LAS were ranked third of all the London Providers in December. This figure includes Urgent Care Centres and Walk-in Centres.

When combined this gives an indication of the impact on Emergency and Urgent Care and LAS 111 were successfully the lowest in London.

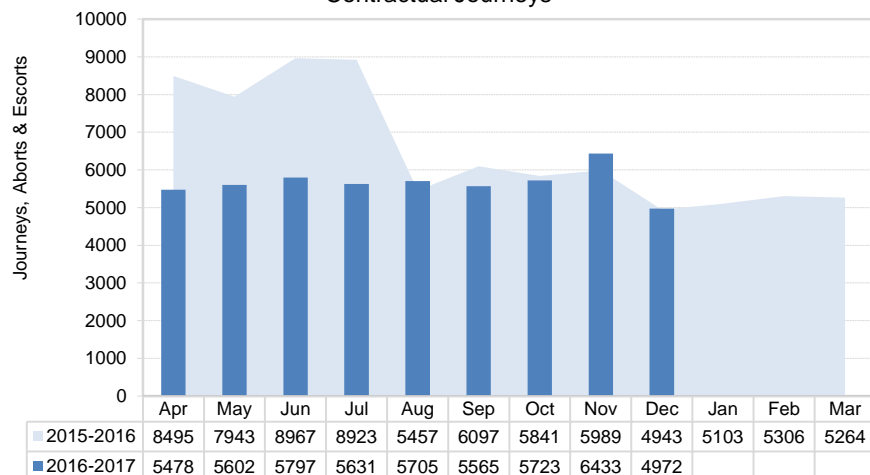
QR11: % of calls referred to Emergency Department





Patient Transport Service – Activity Update

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



PTS Journeys

4,972 journeys were completed in December 2016, a decrease from the previous month's total of 6,433 journeys.

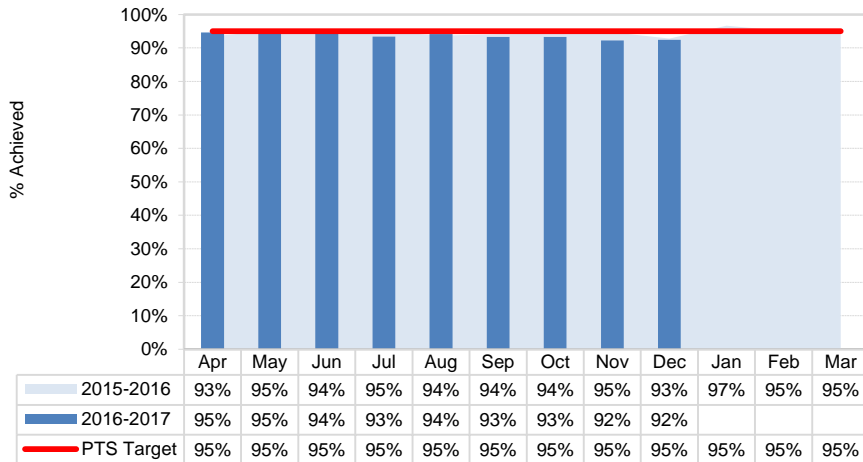
This decrease is consistent with the number of journeys delivered in December 2016 and is as a direct result of clinics being closed during the Christmas period.

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	
Feb	15232	9787	5306	
Mar	13978	10520	5264	
Total	184092	125988	78328	45928



Patient Transport Service – KPI Update

Arrival at Hospital Against Appointment Time

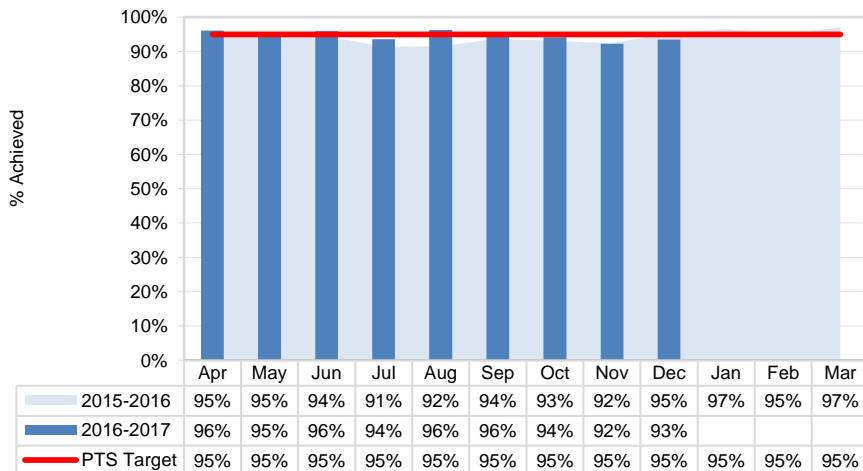


PTS – KPI Update

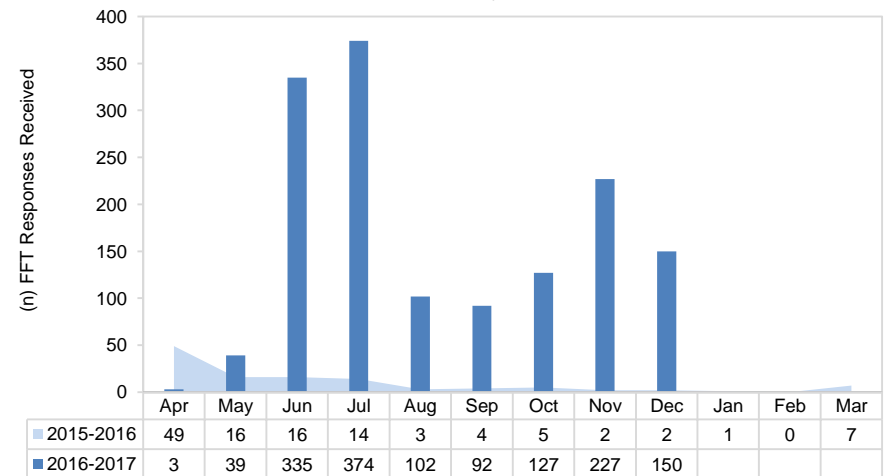
Performance against the Key Performance Indicators for the month are shown in these graphs. The arrival KPI stayed the same at 92% whilst departure KPI increased to 93% in December.

Resource capacity remains difficult given current staff shortages.

Departure Against Patient Ready Time

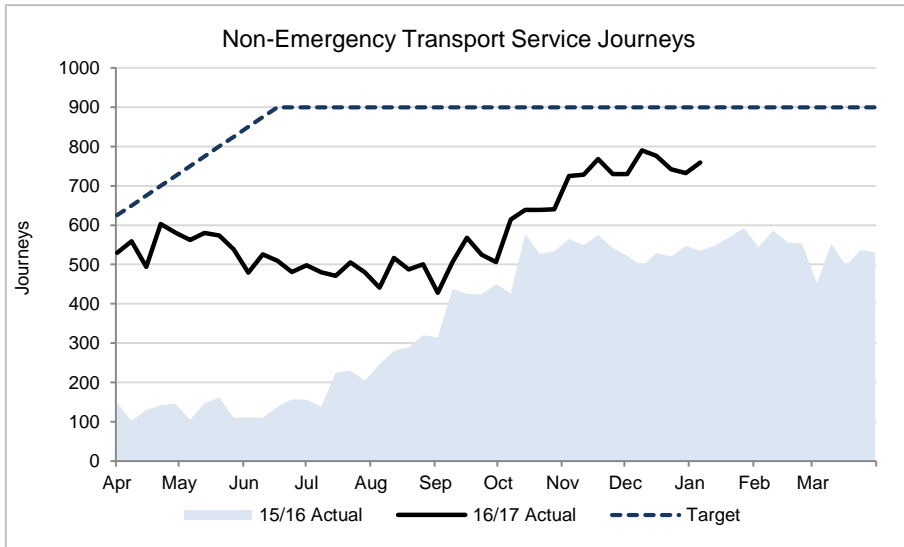


PTS Friends & Family Test Responses Received





Non-Emergency Transport Service



Non-Emergency Transport Update

- NETs continues to deliver approximately 750 journeys per week.
- Last 2 weeks of December have suffered due to increasingly lengthy handover times at hospitals.

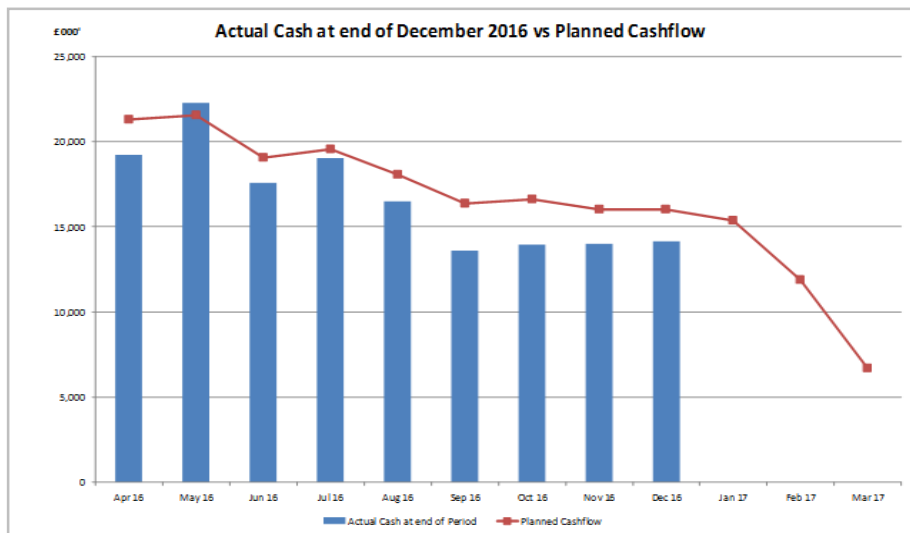
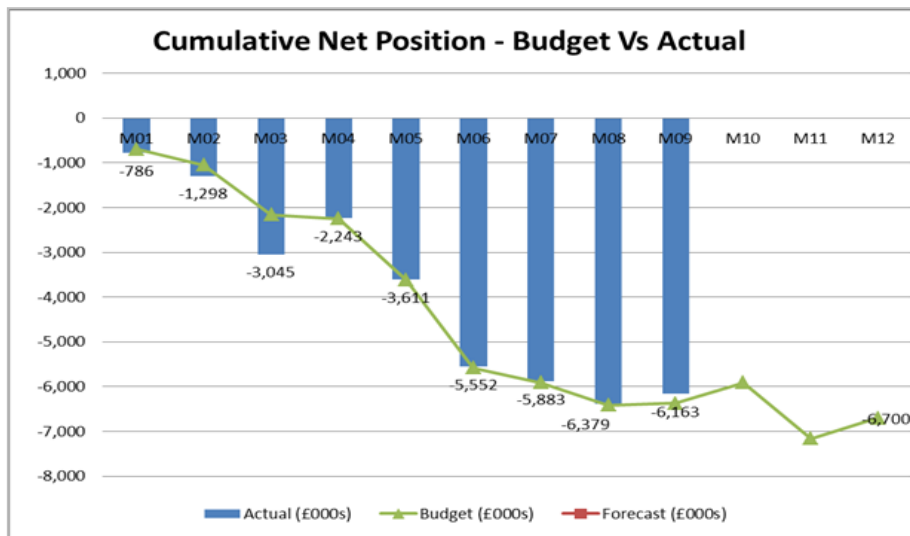
Our Money



Financial Indicator	Key Headlines	Dec	Nov	Oct
Surplus (Year to date)	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.	■	■	■
	Key issues in the position are: <ul style="list-style-type: none"> Additional Overtime, Incentive and PAS support for Frontline Capacity to address increased demand in Q1 & Q2. Demand is currently running above contracted activity growth (circa 5.8% YTD and 7.3% in December). This capacity is partially funded by £2.1m agreed by LAS commissioners for Q2 and £3.6m for Q3 due to activity above plan. 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. 			
Income	Income is £2.3m favourable in month and £5.6m favourable YTD. <ul style="list-style-type: none"> £2.1m additional income has been agreed by commissioners to support increased activity in Q2, and a further £3.6m has been recognised in Q3 as agreed in principle with LAS Commissioners. Education & 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. 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. 	■	■	■
Expenditure (incl. Financial Charges)	In month expenditure is £2.0m adverse to plan, YTD the position is £5.6m adverse to plan. The key drivers for this YTD position are: <ul style="list-style-type: none"> Core frontline operational costs are £11.6m over budget. This includes £6.1m for PAS. £6.5m Favourable due to underspends in Operational Management etc. £0.5m Adverse in Non Core Operational divisional spend. 	■	■	■
CIPs	Year to date CIPs are £0.3m 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.	■	■	■
Balance Sheet	Capital spend is £3.6m against a revised Capital plan of £8.2m. NHSI have approved the £4.5m of £4.9m capital under spend from 2015/16, our approved CRL is now £19.1m.	■	■	■
Cashflow	Cash is £14.2m, £1.9m adverse to plan. The Trust is awaiting confirmation regarding invoicing some specific income from LAS Commissioners (£7.1m).	■	■	■



Executive Summary - Key Financial Metrics



	2016/17 - Month 9			Year to Date			FY 2016/17
	Budg	Act	Var	Budg	Act	Var	Budg
	£000	£000	£000	£000	£000	£000	£000
			fav (adv)			fav (adv)	
Dept Health							
Surplus / (Deficits)	39	219	179	(6,373)	(6,302)	71	(6,700)
EFL				4,184	6,055	(1,871)	13,509
CRL				8,145	3,645	4,500	19,599
Suppliers paid within 30 days - NHS	95%	97%	2.0%	95%	84%	(11.0%)	95%
Suppliers paid within 30 days - Non NHS	95%	85%	(10.0%)	95%	85%	(10.0%)	95%
Monitor							
EBITDA %	5.6%	5.5%	(0.0%)	3.0%	2.8%	(0.2%)	3.6%
EBITDA on plan	1,588	1,705	116	7,539	7,205	(335)	11,905
Net Surplus	39	219	179	(6,373)	(6,302)	71	(6,700)
NRAF (net return after financing)				(2.5%)	(2.4%)	0.1%	(2.1%)
Liquidity Days				(8.01)	(3.24)	4.8	(17.20)
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 and £3.6m for Q3 and further funding for Q4. 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 and £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 5.8% YTD and 7.3% in December). 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 £4.6m behind target. NHSI approved the DCA business case in November 2016.
- Cash is £14.2m, £1.9m below plan. The Trust is awaiting confirmation regarding invoicing some specific income from LAS Commissioners (£5.0m was expected to have been received by Q3).
- From month 7 the trust will 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 9			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)			
Income							
26,909	32,609	5,700	Income from Activities	232,141	237,841	5,700	310,243
1,653	(1,775)	(3,427)	Other Operating Income	15,520	15,456	(64)	20,396
28,562	30,835	2,273	Subtotal	247,661	253,297	5,636	330,640
Operating Expense							
21,823	22,336	(513)	Pay	188,527	184,661	3,866	252,380
5,151	6,797	(1,647)	Non Pay	51,766	61,537	(9,770)	66,020
26,974	29,133	(2,159)	Subtotal	240,293	246,198	(5,905)	318,400
1,588	1,702	113	EBITDA	7,368	7,099	(268)	12,239
5.6%	5.5%	0.0%	EBITDA margin	3.0%	2.8%	(0.2%)	3.7%
Depreciation & Financing							
1,195	1,122	73	Depreciation	10,728	10,321	407	14,518
350	350	0	PDC Dividend	3,153	3,150	3	4,204
4	13	(10)	Interest	32	36	(4)	42
0	(3)	3	P&L on Disposal of Fixed Assets	(172)	(105)	(66)	(172)
1,549	1,483	63	Subtotal	13,740	13,401	339	18,764
39	219	177	Net Surplus/(Deficit)	(6,373)	(6,302)	71	(6,525)

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 £2.3m favourable to plan in month and £5.6m favourable to plan YTD. LAS Commissioners have confirmed £2.1m to support increased demand in Q2 and £3.6m in Q3.
- Education & Training Income is currently below the expected plan YTD by £0.4m. This should recover by year end e.g. the Trust is expecting £0.5m of Workforce Race Equality Standards (WRES) Income.
- 111 Income is £0.4m adverse 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)

- £2.2m adverse in month and £5.9m 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 costs have all reduced 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 £0.3m 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 then the Trust would miss its control total (estimated at £3.2m).
- 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



Divisional Expenditure (excl. Income)

2016/17 - Month 9			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)			
Operational Divisions							
12,464	15,364	(2,901)	Core Frontline (Rostered)	110,793	122,432	(11,639)	147,434
1,506	1,290	216	Core Frontline (Non Rostered)	13,574	11,613	1,961	18,093
0	0	0	Other Frontline	0	0	0	0
2,002	1,785	217	EPRR	17,756	16,697	1,059	23,763
0	0	0	Resource Centre	0	0	0	0
2,423	2,383	41	EOC	21,462	19,159	2,303	28,732
107	296	(190)	PTS	1,211	2,349	(1,138)	1,531
666	460	206	NETS	5,980	3,995	1,985	7,978
560	537	23	111 Project	5,116	4,737	380	6,704
19,728	22,115	(2,387)	Subtotal	175,892	180,981	(5,090)	234,234
Support Services							
2,153	2,279	(126)	Fleet & Logistics	19,782	20,627	(845)	26,238
924	904	20	IM&T	8,356	8,419	(63)	11,126
402	366	36	HR	3,617	3,885	(268)	4,822
0	0	0	Education & Development	0	0	0	0
826	878	(53)	Estates	7,160	7,424	(263)	9,555
18	18	(0)	Support Services Management	164	175	(11)	219
4,323	4,445	(122)	Subtotal	39,079	40,529	(1,450)	51,960
Corporate							
233	271	(38)	Chief Executive & Chair	2,101	2,122	(21)	2,800
374	287	87	Corporate Services	3,369	3,143	226	4,492
0	0	0	Business Development	0	0	0	0
85	74	10	Strategic Communication	761	709	52	1,015
338	310	29	Finance	3,295	3,116	179	4,310
3	0	3	Project Management	25	0	25	33
202	212	(9)	Nursing & Quality	1,821	1,875	(54)	2,429
129	130	(1)	Transformation & Strategy	1,162	1,199	(37)	1,550
647	592	56	Clinical Education & Standards	8,375	9,119	(744)	10,857
217	318	(102)	Medical	1,950	2,169	(219)	2,600
2,229	2,194	35	Subtotal	22,861	23,454	(593)	30,086
Central							
2,236	1,823	414	Central Corporate	16,139	14,347	1,792	20,975
7	(15)	22	Other Central Costs	63	25	38	84
0	57	(57)	Central Support	0	280	(280)	0
2,243	1,865	378	Subtotal	16,202	14,652	1,551	21,059
28,523	30,619	(2,096)	TOTAL	254,033	259,616	(5,583)	337,340
28,562	30,835	2,273	Income Memorandum	247,661	253,297	5,636	330,640
39	216	176	NET POSITION MEMORANDUM	(6,373)	(6,319)	54	(6,700)

Operational Divisions

- Expenditure is currently £2.4m adverse in month and £5.1m adverse YTD
- This is driven by continued high spends on PAS and Overtime to support frontline capacity to Q3. Some overtime costs will be partially offset against other areas (non rostered front line, EPRR, EOC)
- PAS costs have reduced from Month 7 due to agreed PAS contract changes, however we have seen an increase in PAS usage over Christmas period of £0.16m.
- NETS is favourable due to timing differences between planned and actual spend as the service is developed.
- PTS is currently showing a negative variance (£1.1m). This is however offset by income.

Support Services

- Support Services is £0.1m adverse in month and £1.5m adverse YTD.
- Fleet & Logistics is £0.2m adverse to plan in month and £0.8m adverse YTD mainly due to additional QIP allocation for medicines management and vehicle preparation partially offset by additional maintenance costs in month.
- HR is £0.3m 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 on plan in month and £0.6m adverse YTD.
- Finance is £0.2m favourable to plan due to consultancy fees for PMO support for QIP. Permanent recruitment is currently underway.
- Clinical education is on plan in month and £0.7m adverse YTD due to higher than planned training costs related to Paramedic and EAC recruitment.

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 (SOI)



Statement of Financial Position YTD

	Mar-16 Act							Dec-16		
		Jul-16 Act	Aug-16 Act	Sep-16 Act	Oct-16 Act	Nov-16 Act	Dec-16 Act	Plan	Var	%
	£000	£000	£000	£000	£000	£000	£000	£000	£000	
Non Current Assets										
Property, Plant & Equip	143,403	141,523	140,935	140,428	139,814	139,515	138,864	142,499	(3,635)	-2.55%
Intangible Assets	8,704	7,676	7,453	7,228	6,999	6,793	6,580	7,012	(432)	-6.16%
Trade & Other Receivables	0	0	0	0	0	0	0	0	0	
Subtotal	152,107	149,199	148,388	147,656	146,813	146,308	145,444	149,511	(4,067)	-2.72%
Current Assets										
Inventories	2,999	3,086	3,016	3,021	3,020	3,017	3,032	2,999	33	1.10%
Trade & Other Receivables	14,461	15,593	16,543	20,991	21,623	23,753	25,352	13,944	11,408	81.81%
Cash & cash equivalents	20,209	19,000	16,491	13,609	13,956	14,010	14,154	16,025	(1,871)	-11.68%
Non-Current Assets Held for Sale	101	44	44	44	44	44	44	44	0	
Total Current Assets	37,770	37,723	36,094	37,665	38,643	40,824	42,582	33,012	9,570	28.99%
Total Assets	189,877	186,922	184,482	185,321	185,456	187,132	188,026	182,523	5,503	3.01%
Current Liabilities										
Trade and Other Payables	(33,495)	(33,239)	(32,200)	(34,923)	(35,548)	(37,761)	(38,430)	(34,076)	(4,354)	12.78%
Provisions	(4,609)	(4,199)	(4,142)	(4,170)	(4,118)	(4,048)	(4,029)	(3,025)	(1,004)	33.19%
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	
Net Current Liabilities	(38,104)	(37,438)	(36,342)	(39,093)	(39,666)	(41,809)	(42,459)	(37,101)	(5,358)	14.44%
Non Current Assets plus/less net current assets/Liabilities	151,773	149,484	148,140	146,228	145,790	145,323	145,567	145,422	145	0.10%
Non Current Liabilities										
Trade and Other Payables	0	0	0	0	0	0	0	0	0	
Provisions	(9,796)	(9,751)	(9,779)	(9,807)	(9,699)	(9,728)	(9,757)	(9,895)	138	-1.39%
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	
Total Non Current Liabilities	(9,903)	(9,858)	(9,886)	(9,914)	(9,806)	(9,835)	(9,864)	(10,002)	138	-1.38%
Total Assets Employed	141,870	139,626	138,254	136,314	135,984	135,488	135,703	135,420	283	0.21%
Financed by Taxpayers Equity										
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	25,894	24,522	22,582	22,252	21,756	21,971	21,670	301	1.39%
Revaluation Reserve	56,153	56,135	56,135	56,135	56,135	56,135	56,135	56,153	(18)	-0.03%
Other Reserves	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	0	0.00%
Total Taxpayers Equity	141,870	139,626	138,254	136,314	135,984	135,488	135,703	135,420	283	0.21%

Non Current Assets

- Non current assets stand at £145.4m, (£4.1m) below plan. This is due to capital slippage.

Current Assets

- Current assets stand at £42.6m, £9.6m above plan.
- Cash position as at December is £14.2m, £1.9m below plan. The trust is pursuing overdue debtors.
- Within Trade & Other Receivables, Receivables (debtors) at £1.8m are £0.3m below plan, accrued income at £18.1m is £12.7m above plan and prepayments at £5.4m are £1.4m 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 £42.5m, is £5.4m above plan.
- Payables and accruals at £36.5m, is £2.5m above plan.
- The Trust has a high volume of unapproved trade payables at £3.5m.
- Current provisions at £4.0m are £1.0m 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 MTFAs and system resilience funding being paid in advance and an income adjustment for the level of activity.

Non Current Liabilities

- Non current provisions at £9.8m is £0.1m below plan and borrowings are on plan.

Taxpayers Equity

- Taxpayers Equity stands at £135.7m, £0.3m higher than plan.
- Retained Earnings stands at £21.7m, £0.3m higher than plan.



Cashflow Statement YTD

	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	YTD Move	YTD Plan	Var
	Actual	Actual	Actual	Actual	Actual	Actual	Dec-16	Dec-16	Dec-16
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Opening Balance	17,587	19,000	16,491	13,609	13,956	14,010	20,209	20,209	0
Operating Surplus	2,273	137	(441)	1,167	1,059	1,701	7,257	7,337	(80)
(Increase)/decrease in current assets	3,817	(880)	(4,453)	(631)	(2,127)	(1,614)	(10,924)	2,480	(13,404)
Increase/(decrease) in current liabilities	(3,933)	(337)	4,522	355	1,650	640	5,243	(2,407)	7,650
Increase/(decrease) in provisions	(275)	(41)	44	(172)	(53)	(2)	(726)	(1,584)	858
Net cash inflow/(outflow) from operating activities	1,882	(1,121)	(328)	719	529	725	850	5,826	(4,976)
Cashflow inflow/outflow from operating activities	1,882	(1,121)	(328)	719	529	725	850	5,826	(4,976)
Returns on investments and servicing finance	27	6	8	5	12	(2)	71	72	(1)
Capital Expenditure	(496)	(1,394)	(361)	(377)	(487)	(579)	(4,775)	(7,883)	3,108
Dividend paid	0	0	(2,201)	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
Cashflow inflow/outflow from financing	(469)	(1,388)	(2,554)	(372)	(475)	(581)	(6,905)	(10,010)	3,105
Movement	1,413	(2,509)	(2,882)	347	54	144	(6,055)	(4,184)	(1,871)
Closing Cash Balance	19,000	16,491	13,609	13,956	14,010	14,154	14,154	16,025	(1,871)

There has been a net outflow of cash from the Trust of £6.1m.
Cash funds at 31 December stand at £14.2m.

Operating Surplus

- The operating surplus is £0.1m lower than planned.

Current Assets

- The ytd movement on current assets is (£10.9m), a (£13.4m) increase on plan.
- Current assets movement was higher than planned due to a decrease in receivables £0.8m, increase in accrued income (£12.7m) and increase in prepayments (£1.4m).

Current Liabilities

- The ytd movement on current liabilities is £5.2m, a £7.7m increase on plan.
- Current liabilities movement was higher than planned due to trade and other payables (£1.1m), accruals £6.9m and deferred income £1.8m.

Provisions

- The ytd movement on provisions is (£0.7m), is £0.9m increase on plan.

Capital Expenditure

- Capital cash outflow is £3.1m 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>E-Solution 1: Preparing the roadmap for LAS digital integration with London wide U&E Care</p> <p>Quarter 2 deliverable/milestone: 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				30-Nov: Quarter 2 report submitted 21 st Oct, clarification queries raised by CCGs, achievement under review. 31-Dec – Q3: Pending receipt of appropriate evidence & documentation for Q3.
2	<p>E-solution 2: 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>Quarter 2 deliverable/milestone: 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				30-Nov: Quarter 2 report submitted 21 st Oct, no additional queries raised by CCGs. 31-Dec: Quarter 3 report to commissioners: No update received from local lead on progress for Q3.
3	<p>E-learning development - Supporting the move to a total workforce information approach, a review to identify a comprehensive learning management system.</p> <p>Quarter 2 deliverable/milestone: 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				30-Nov: Quarter 2 report submitted 21 st Oct, clarification queries raised by CCGs, achievement under review. 31-Dec: Quarter 3: Pending receipt of appropriate evidence & documentation for Q3.
4	<p>Improving LAS focus on special patient groups: Bariatric, Mental Health & Sickle Cell crisis</p> <p>Quarter 2 deliverable/milestone: 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				30-Nov: Quarter 2 report submitted 21 st Oct, clarification queries raised by CCGs, achievement under review. 31-Dec: Quarter 3: Pending receipt of appropriate evidence & documentation for Q3.

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>Improving LAS Emergency Operations Centre: supporting consistent delivery of improved patient care, patient safety, experience and outcomes and strengthening LAS governance and quality assurance processes.</p> <p>Quarter 2 deliverable/milestone: 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 21st 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>National CQUIN 1a (Opt B): The introduction of health & wellbeing initiatives covering physical activity, mental health & improving access to physiotherapy for people with MSK issues</p> <p>Quarter 2 deliverable/milestone: 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 & documentation for Q3</p>
7	<p>National CQUIN 1b: Healthy food for NHS staff, visitors and patients</p> <p>Quarter 2 deliverable/milestone: 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>National CQUIN 1c: Improving the uptake of flu vaccinations for front line staff within Providers</p> <p>Quarter 2 deliverable/milestone: 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>
Total Value (2.5% of contract value)		£7,261,427						

Our People



Section	Key Headlines	Dec	Nov	Oct
Vacancy and Recruitment	<ul style="list-style-type: none"> The overall vacancy rate has increased from 5.2% to 5.8%. <ul style="list-style-type: none"> The vacancy rate for front line staff has increased from 7.2% to 7.6% The vacancy rate for frontline paramedics has reduced from 10.6% to 10.3%. This is reporting against 100% of the establishment. The timeliness of the job evaluation process has had 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. 			
Turnover	<ul style="list-style-type: none"> Trust turnover has remained at 9.5%. <ul style="list-style-type: none"> Frontline turnover has improved from 8.5% to 8.3% Frontline paramedic turnover has improved from 8.1% to 7.8%. 			
Sickness	<ul style="list-style-type: none"> Overall trust sickness has remained at 5% against a threshold of 5.5%. Frontline sickness has increased from 5.4% to 5.5%. <p>* Sickness is reported two months in arrears (as at 30th November 2016)</p>			



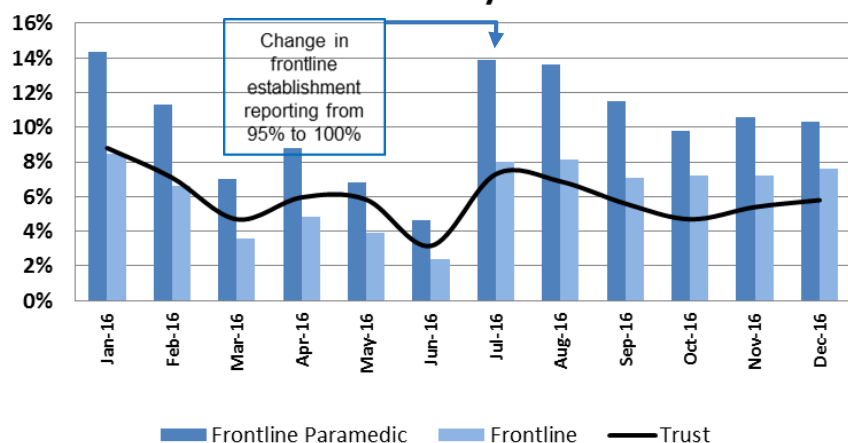
Vacancy – Trust wide

	Establishment	In post	Vacancy wte	Vacancy %
Trust Total	5,205.62	4,904.9	300.7	5.8%
Total Frontline	3,372.7	3,117.6	255.1	7.6%
Paramedic	2,088.5	1,874.4	214.1	10.3%
Apprentice Paramedics	85.0	99.1	-14.1	-16.6%
EAC / TEAC	773.2	772.9	0.28	0%
EMT & support tech	426.0	371.3	54.7	12.8%
EOC	378.0	393.8	-15.8	-4.2%
Other staff	1,454.9	1,393.5	61.4	4.2%

Paramedic recruitment

- We are running a total of 8 IPARA (International Paramedic) courses starting between January and March 2017 and we have 102 planned starters during this period.
- We continue to advertise monthly for graduate and experienced and qualified paramedics and hold monthly assessments and interviews.
- We have received over 150 applications so far from our advert in Australia.
- We have made offers to 35 UK graduate and qualified paramedics and are organising course dates for this group.

Trust Vacancy Rate



TEAC recruitment

- There are an additional two courses in January and February and all 30 places have been filled. We continue to focus on recruitment into the North West and North Central sectors. Recruitment is on-going in anticipation of turnover and to support the pipeline for the LAS Academy.

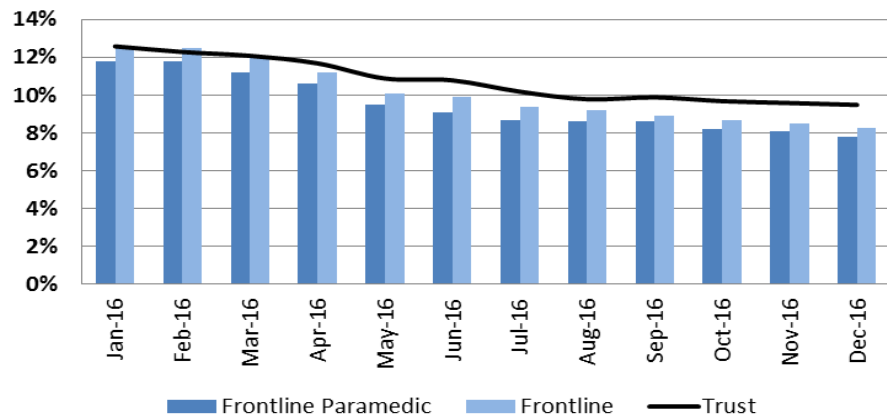
EOC recruitment (EMDs)

- There are Trainee EMD courses in January, February and March and 21 out of 50 places have been filled. A rolling advert, assessments and interview are in progress. We have EMD open evenings planned in February and April 2017.



Turnover – Trust wide

Trust Turnover Rate



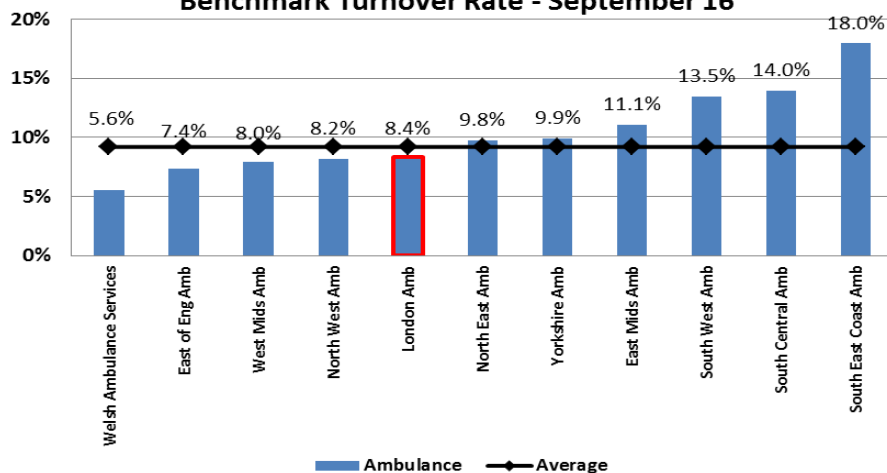
Trust Turnover

The turnover figure for frontline paramedics has improved from 8.1% to 7.8%. The turnover for all frontline staff has improved from 8.5% to 8.3%. The total Trust turnover has remained at 9.5% (12 month rolling figure).

We had 22WTE frontline leavers in December (14 paramedics, 1 EAC, 5 TEACs and 2 EMTs). There were 18 unplanned resignations for reasons of: relocation (9), promotion (3), not known (2), further training (2) and other (2).

In January 2017, our original cohort of international paramedics reach two year's service and this may affect our retention. It is also expected that turnover may increase with the current recruitment drives in Australia. We will be looking specifically at the turnover rates for this group.

Benchmark Turnover Rate - September 16



Trust Turnover

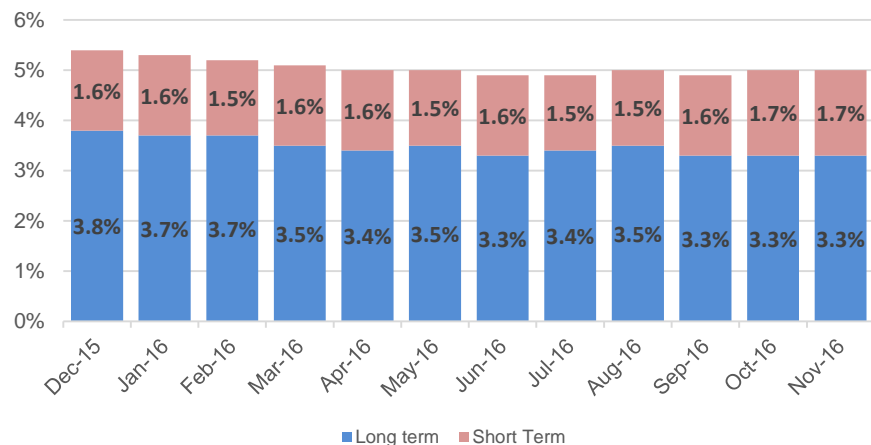
This graph shows the 12 month rolling turnover rate for all 11 Ambulance Trusts.

The London Ambulance Trust has the 5th best turnover rate (3rd in August) and is below the national average of 9.2%.



Sickness Absence – Trust level

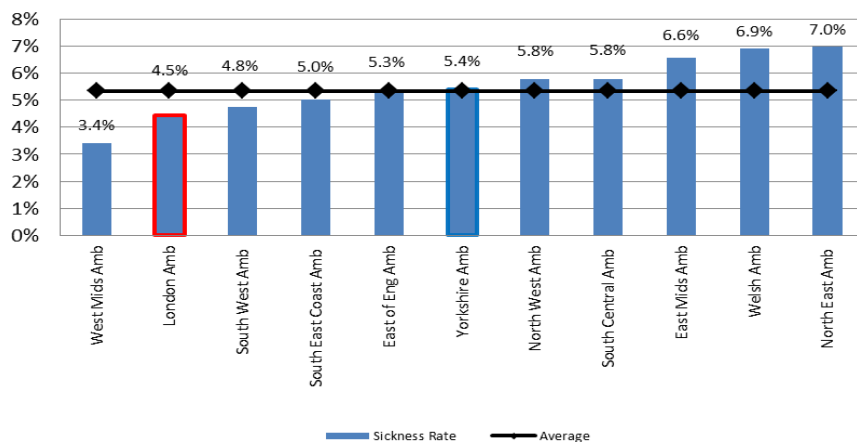
Short and Long Term Sickness Trends



Trust Sickness

- The current Trust 12 month sickness level has remained at 5% against a target/threshold of 5.5%, as at 30th November 2016. The number of days lost to sickness is 87,400.
- Frontline sickness has increased from 5.4% to 5.5%.
- The current ESR improvement programme has highlighted some process weaknesses in Corporate areas where sickness has not been accurately recorded. The process redesign work will address this and improve both data quality and reporting.
- Sickness is currently reported two months in arrears. An interface linking GRS and ESR is being developed (with a planned implementation in Q1, 2017-18) and this should align sickness reporting to one month in arrears.

Benchmark Sickness Rate - September 16



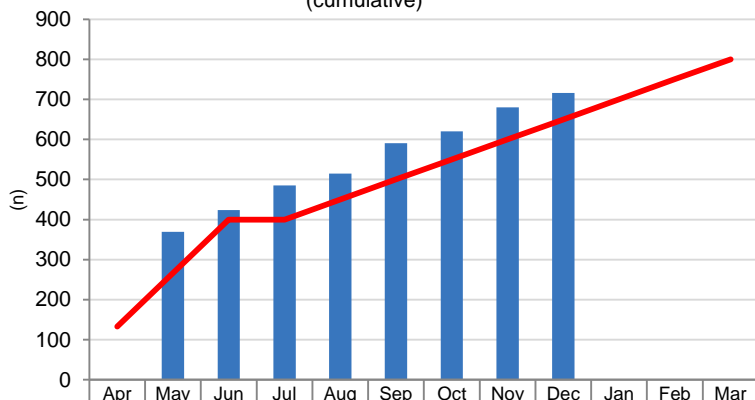
Trust Sickness

- This graph shows the sickness rate for all 11 Ambulance Trusts.
- The London Ambulance Service is 2nd (5th in August).



Bullying and Harassment

Bullying and Harassment Training Sessions (cumulative)



Month	2016/17	QIP Target
Apr		133
May	369	266
Jun	424	400
Jul	485	400
Aug	515	450
Sep	591	500
Oct	620	550
Nov	680	600
Dec	716	650
Jan		700
Feb		750
Mar		800

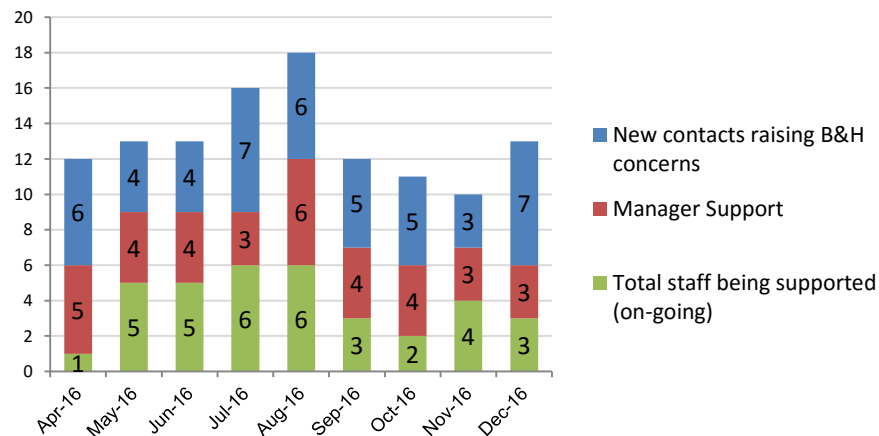
Bullying and Harassment

Bullying and Harassment workshops - as at 31st December we have delivered sessions to 716 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 teams.

We had another 14 staff complete the practical skills in mediation workshops bringing the total to 44 staff, of which 36% are BAME staff.

Formal B&H cases – In December there was one formal bullying and harassment case open and this has breached our 28 day indicator.

Bullying & Harassment Recording



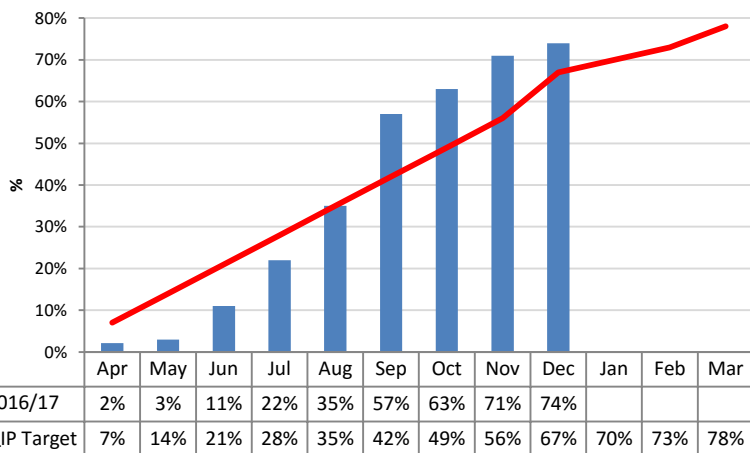
Additional activity

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.



Appraisals and Disclosure & Barring Service (DBS)

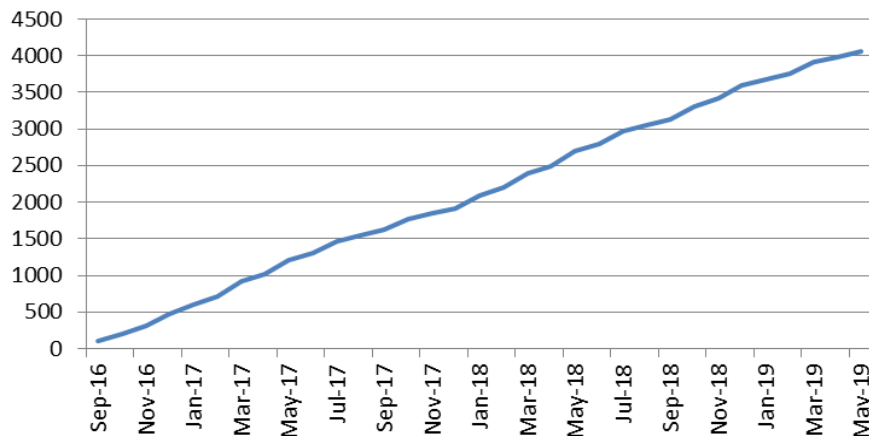
Appraisal rates since April 2016



Appraisals

- Since April there have been 3,346 appraisals completed (74% compliance).
- Operations (72.4%) have exceeded their 31st December target (64%). This is likely to remain at this level for the next month due to service pressures.
- Corporate areas have delivered 92% against their target of 100% (31st 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 LAS.

DBS Update Service - Monthly Checks Trajectory

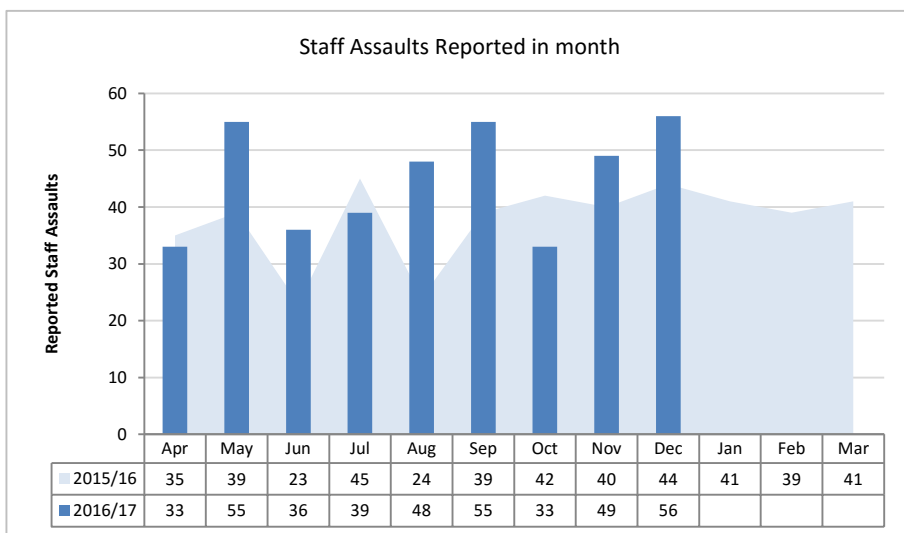


Disclosure and Barring Service

- DBS February 2016 Audit – 100% of checks have been completed for the original 175 employees.
- DBS rechecking - the target for December 2016 is for all Phase 1 staff to have an application in progress with the DBS (192 staff). As at 31st December, 117 have been cleared and 75 are in progress. We have also contacted all 400 bank staff. We have asked Phase 1 staff to voluntarily sign up to the DBS Update Service. This will future proof the checking process and gives an additional level of assurance.
- Phase 1 has highlighted some opportunities to use our recruitment and local HR resources in a more efficient and collaborative way. In light of this we are reviewing the phasing plan - please note that this will not affect the overall plan.



Staff Assaults



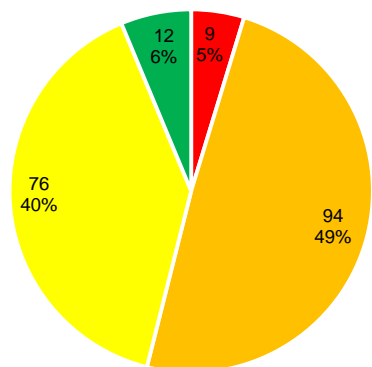
Staff Assaults

- 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	9	5%
8-12	Significant	94	49%
4-6	Moderate	76	40%
1-3	Low	12	6%
Total		191	

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.

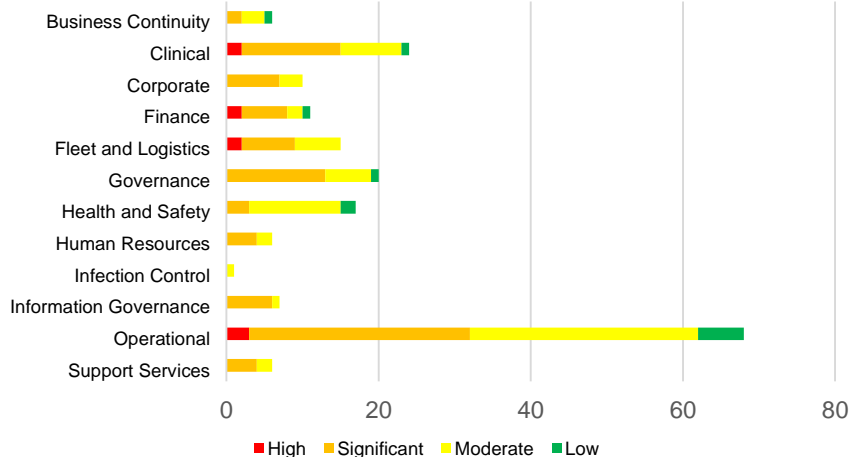
Each area has a designated contact from the Governance Team to support them. Feedback has been provided to each area on their risk registers and they have been invited to either attend a drop-in session or a meeting to facilitate their risk discussions.

The register of risks approved showed the following at 12th January:

- Over half of the trusts risk register has a risk level of High or Significant (54%).
- Just over a third thirds of the overall trusts risks sit within Operations (36%), with Clinical risks accounting for 12%.
- There are 9 risks with a risk level of High, these sit in Operations (3), 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 12th January 2017.

Risks by Subtype





Our Risks

The following risks are all rated at 20 out of 25 as at 12th January 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"> 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	16/12/2016	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"> 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. 	Assurance of Finance Risks are provided via regular review of controls from the Finance and Investment Committee	18/11/2016	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"> 1. CCGs have been directed to develop action plans to reduce activity by 5% by 1st January 2017 2. Surge Plan 3. REAP 4. OOS hub 5. Clinical Hub 6. Dispatch on Disposition 240 seconds implemented on 4th October 2016 7. Static defibrillator performance recovery group 8. Non-clinical vacancy freeze and financial controls implemented in order to target additional spending at operational capacity 9. Sickness management on-going 10. Removed cat C determinants from FRU 	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)	11/11/2016	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
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
FRU	Fast Response Unit
GCS	Glasgow Coma Scale

Acronym	Meaning / Description
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



Report to:	London Ambulance Service Trust Board
Date of meeting:	31 st January 2017
Document Title:	Quality Improvement Programme Update
Report Author(s):	Janet Wint PMO Manager, Quality Improvement Programme
Presented by:	Andrew Grimshaw - Chief Executive
Contact Details:	Janet.wint@lond-amb.nhs.uk
History:	Update on the Quality Improvement Programme
Status:	For assurance and information
Background/Purpose	
The purpose of this paper is to provide the Trust Board a status report on the delivery of the Quality Improvement Programme	
Action required	
The Trust Board are asked to note: <ul style="list-style-type: none">the QIP progress and KPI report (December 2016)	
Links to Board Assurance Framework and key risks	
<ul style="list-style-type: none"><i>Non-applicable</i>	

Key implications and risks in line with the risk appetite statement where applicable:	
Clinical and Quality	<p>The QIP details activities to mitigate against identified clinical risks including deliverables relating to medicines management, improving patient outcomes for bariatric and mental health patient groups, and how the organisation learns from reportable incidents, risks and complaints.</p> <p>Additionally, the development of a Trust Quality and Clinical strategy will set the direction and organisational approach to managing clinical and quality risks.</p>
Performance	There may be risk to Trust performance if activities within the QIP are not delivered to time, or they do not have the anticipated impact on operational functions to improve performance. This needs to be continually reviewed and understood to maintain sustainability.
Financial	n/a
Workforce	
Governance and Well-led	The QIP Board is a subcommittee of the Trust Board which meets monthly. It will provide a report to formal Trust Board meetings on progress
Reputation	There may be a reputational risk if the Trust does not deliver against the QIP in making effective changes that result in meeting the standards required by the CQC and other stakeholders.
Other	
This paper supports the achievement of the following Quality Improvement Plan Workstreams:	
Making the London Ambulance Service a great place to work	Activities within the QIP will lead in due course to achievement of this objective.
Achieving Good Governance	Activities within the QIP will lead in due course to achievement of this objective.
Improving Patient Experience	Activities within the QIP will lead in due course to achievement of this objective.
Improving Environment and Resources	Activities within the QIP will lead in due course to achievement of this objective.
Taking Pride and Responsibility	Activities within the QIP will lead in due course to achievement of this objective.



2016/17 QUALITY IMPROVEMENT PROGRAMME

Progress Report: December 2016

January 2017







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Definitions

Project Delivery

-  All scheduled activities have been completed
-  The scheduled activities are on track for completion by the due date
-  The scheduled activities have been delayed and are no more than 4 weeks
-  The scheduled activities are at risk and have delays over 4 weeks

Project Performance

-  Performance has been met or is over 95% towards the agreed trajectory / target
-  Performance is between 85-95% towards the agreed trajectory / target
-  Performance is below 85% of the agreed trajectory / target

EXECUTIVE SUMMARY

December 2016



Progress this month

- There have been a high amount of deliverables due in December resulting in 16 out of 23 activities being delivered, with 70% of scheduled activities completed.

The activities that are delayed or reporting at risk relate to:

- Review of the LAS 5 year strategy and the Trust Operating Model has been delayed to allow time for the Trust Board in conjunction with Mckinsey to revise the strategy.
- Clinical Education Strategy has been delayed, the first draft has been completed and is currently scheduled to go to Trust Board on 31 January 2017.
- Development of a staff behaviour model has been delayed to ensure full partnership engagement with staff and staff side representatives
- Design and publish the annual training plan has been delayed. The annual training plan is awaiting the finalised clinical training plan in order for this to be incorporated into the annual training plan.
- EOC - Embed outcomes of the review to include recruitment has been delayed due to Operational Research in Health Limited re-visiting some of the assumptions in the original review. This work is still ongoing and embedding the outcomes is now due for completion by March 2017.
- Roll out a single process for pre-booking palliative care patients has been delayed by one month due to the late start of rolling out the pilot. The single process for pre-booking palliative care patients is due to be rolled out by the end of January 2017.
- Scope and implement a method of assuring the quality of the Occupational Workplace Reviews (OWR), Clinical Information and Support Overview (CISO) and Clinical Performance Indicators (CPI) feedback has been delayed due a review of the OWR process which is currently being reviewed and due for completion by the end of March 2017.
- Review the existing 111 service to further improve the service and the cost of the service has been delayed as ongoing work is carried out to complete this comprehensive review.

Theme	Executive Director	Planned December Deliverables			Deliverables to date		
		# Complete	% Complete	RAG	# Complete	% Complete	RAG
Making LAS a great place to work	Mark Hirst	3/5	60%	Red	37/40	93%	Yellow
Achieving good governance	Sandra Adams	9/9	100%	Blue	84/85	99%	Green
Improving patient experience	Briony Sloper	1/2	50%	Red	21/22	95%	Green
Improving environment and resources	Andrew Grimshaw	3/3	100%	Blue	65/65	100%	Blue
Taking pride and responsibility	Fenella Wrigley	0/4	0%	Red	28/32	88%	Yellow



PROGRAMME SUMMARY

Forecast View



Programme:

- Preparation and planning for the comprehensive inspection of the London Ambulance Service in February 2017.
- January Managers Briefing focussing on “Lightning Talks” covering EOC, Drug Packs and being a learning organisation.
- Throughout January the “ Making the LAS Great “ campaign will focus on managing confidential and personal information in a secure way. The campaign will include top tips on managing information safely and looking at how this applies to frontline, control room and support staff.

		Jan 2017				Feb 2017			
Theme	Executive Director	Complete	On Track	Delayed	At Risk	Complete	On Track	Delayed	At Risk
Making LAS a great place to work	Mark Hirst						1		
Achieving good governance	Sandra Adams		1				1		
Improving patient experience	Briony Sloper								
Improving environment and resources	Andrew Grimshaw		2						
Taking pride and responsibility	Fenella Wrigley								
Total			3				2		



WORKSTREAM PROGRESS REPORTS



1 | MAKING THE LAS A GREAT PLACE TO WORK

Executive Lead: Mark Hirst



HIGHLIGHTS THIS MONTH

BULLYING AND HARASSMENT

- The Round table skills facilitators workshops were launched in December with 20 attendees, this was aimed at staff who had attended the Practical skills in mediation workshops – This gave attendees an opportunity to share process and procedures and gain peer support for this new service.
- With the addition of 2 further workshops conducted on Bullying and Harassment Awareness, we have now increased the total number trained to 716.
- Bullying and Harassment Specialist, Cathe Gaskell was interviewed in December about the progressive work that has been done at LAS which will be featured on NHS employers as an example of good practice.

EQUALITY AND INCLUSION

- Chairman Heather Lawrence and Interim Equality and Inclusion Lead Melissa Berry held the first of a series of open discussions on the 7 December; 17 people attended this meeting which invited staff from BME backgrounds to talk about working for the Service and discuss their experiences.

ADVERT TO ACTION – Frontline resourcing

- In order to further develop visibility on current and future frontline resourcing numbers a workforce profile model, using ESR and TRAC data, is currently in development. This model will be able to accommodate recruitment pipeline (planned starters), staff in training, staff fully operational, secondments and planned leavers and is due for completion in February 2017.

VISION & STRATEGY – Staff behaviour model

- The staff behaviour model which sets out mutually agreed standards of conduct for the staff and organisation has been delayed while the workforce and OD team ensure this model is developed in full partnership with employees and staff side representatives.

SUPPORTING STAFF – Annual Training plan

- The design and publishing of the annual training plan; incorporating both patient and non patient facing staff development activities has been delayed but is due to be completed when the Education Group finalizes the clinical training plan which will be incorporated into the overall plan by March 2017.





1 | MAKING THE LAS A GREAT PLACE TO WORK

Progress – December 2016

Deliverable	Lead
Advert to Action (Recruitment)	Tracey Watts
Bullying and Harassment	Cathe Gaskell
Training	Jane Thomas
Equality and Inclusion	Melissa Berry
Vision and Strategy	Karen Broughton
Supporting Staff	Gill Heuchan
Retention	Lindsay Koppenhol
Workforce and Organisational Development	Karen Broughton

December 2016		
Complete	Delayed	At Risk
2		
	1	
1	1	

Outstanding actions
<p>The 5 year strategy refresh is currently being planned and will now be developed in May and June 2017.</p> <p>At the December QIP Board it was agreed that the new delivery date for the Workforce and OD strategy be February 2017.</p> <p>The staff behaviour model requires further employee and staff side engagement.</p> <p>The annual training plan is awaiting the finalised clinical training plan.</p>



1 | MAKING THE LAS A GREAT PLACE TO WORK

Forecast View



Focus for next month	Key risks and challenges
<ul style="list-style-type: none"> There are no deliverables in January and one deliverable in February for Theme 1, teams will be focussed on completing delayed deliverables and detailed actions as part of the countdown action plan 	

Deliverable	Lead
Advert to Action (Recruitment)	Julie Cook
Bullying and Harassment	Cathe Gaskell
Training	Jane Thomas
Equality and Inclusion	Melissa Berry
Vision and Strategy	Karen Broughton
Supporting Staff	Gill Heuchan
Retention	Lindsay Koppenhol
Workforce and Organisational Development	Karen Broughton

Jan 2017			
Complete	On Track	Delayed	At Risk

Feb 2017			
Complete	On Track	Delayed	At Risk
	1		



2 | ACHIEVING GOOD GOVERNANCE

Executive Lead: Sandra Adams



HIGHLIGHTS THIS MONTH

IMPROVING INCIDENT REPORTING

- The evaluation of Datix has now been completed and a report will be submitted to ELT in January 2017. As at the end of December over 5000 incidents have been reported since May 2016, an increase of approximately 50% on the previous year.

CAPACITY AND CAPABILITY OF HEALTH, SAFETY AND RISK FUNCTION

- The December Health & Safety newsletter focussed on Display Screen Assessments (DSA), the newsletter included frequently asked questions on DSA within this issue.

OPERATIONAL PLANNING – EOC

- A small test of change with a group of EMD call handlers from one watch has been introduced; this involves call handlers asking three new pre-triage questions. This process will allow the Emergency Operations Centres to identify those patients who will have a triage outcome as 'Red 1' earlier and supports a number of actions being taken to make sure that the Trust are responding to the most critical patients quickly, protecting their chance of survival.

BUSINESS INTELLIGENCE SYSTEMS

- Performance Management Strategy has been revised and submitted to ELT. Clinical indicators have now been introduced into the Integrated Trust Board Report providing national benchmarking against other Ambulance Trust.
- A new section on risk has been included into the Integrated Trust Board Report which provides the top 3 corporate risks along with a breakdown of directorate risk levels.



2 | ACHIEVING GOOD GOVERNANCE

Progress – December 2016



Deliverable	Lead
Risk Management	Sandra Adams
Capability and capacity of Health, Safety and Risk function	Sandra Adams
Improving incident reporting	Sandra Adams
Duty of Candour	Sandra Adams
Operational planning	Pauline Cranmer
Listening to patients	Fenella Wrigley
Blue light collaboration	Karen Broughton
CQC reinspection	Fionna Moore
Business intelligence systems	Jill Patterson
Internal audit	Sandra Adams
Policy and guidance review	Sandra Adams

Dec 2016		
Complete	Delayed	At Risk
1		
2		
1		
		1
1		
2		
1		
1		

Outstanding actions
<p>EOC – Operational Planning</p> <p>The work by ORH is still ongoing it is anticipated that embedding outcomes from the review will be completed by March 2017.</p>



2 | ACHIEVING GOOD GOVERNANCE

Forecast View



Focus for next month	Key risks and challenges
<ul style="list-style-type: none"> Continue to progress with implementing quick wins within EOC. Preparation and planning for CQC re-inspection in February. 	<ul style="list-style-type: none"> Capacity issues within EOC and the delay of ORH revising assumptions in the EOC review has had an impact on deliverable time scales.

Deliverable	Lead
Risk Management	Sandra Adams
Capability and capacity of Health, Safety and Risk function	Sandra Adams
Improving incident reporting	Sandra Adams
Duty of Candour	Sandra Adams
Operational planning	Paul Woodrow
Listening to patients	Fenella Wrigley
Blue light collaboration	Karen Broughton
CQC reinspection	Andrew Grimshaw
Business intelligence systems	Jill Patterson
Internal audit	Sandra Adams
Policy and guidance review	Sandra Adams

Jan 2017			
Complete	On Track	Delayed	At Risk
	1		
			1

Feb 2017			
Complete	On Track	Delayed	At Risk
	1		
			1

3 | IMPROVING PATIENT EXPERIENCE

Executive Lead: Briony Sloper



HIGHLIGHTS THIS MONTH

PATIENT TRANSPORT SERVICE

- The pre-booking of end of life care journeys commenced with St Joseph's as planned in mid-December and to date has been operating without any issues. St Joseph's will be providing the Patient Transport Service with feedback on their experiences to date by Wednesday 11th January.
- The service will be engaging with other hospices in mid January to commence the rollout of the system. Dependant on each hospices circumstances, we anticipate operating the e-booking system with all hospices by the end January 2017.

MEETING PEOPLES NEEDS – BARIATRIC

- The Bariatric Working Group met in December and discussed finalising a process to be able to accurately capture calls by bariatric patients. Recommendations from the Bariatric Working Group, which focussed on type of equipment, vehicles required and staffing options, have been approved by the Operations Board and will now be developed into a business case and implementation for consideration by the Trusts' Executive Leadership Team.

LEARNING FROM EXPERIENCES

- Insight magazine was published on 1 December 2016, the Trust new Learning from Experience casebook. Insight will be published quarterly and will contain case studies along with key learning points. The first issue included case studies on obstetric emergency, spinal injury serious incident, cardiac arrest serious incident, IM& T virus alert serious incident , Airway obstruction serious incident and severe shock incident.



3 | IMPROVING PATIENT EXPERIENCE

Progress – December 2016



Deliverable	Lead
Patient Transport Service	Paul Woodrow
Meeting peoples needs	Briony Sloper/ Paul Woodrow
Response Times	Paul Woodrow
Learning from experiences	Briony Sloper

Dec 2016		
Complete	Delayed	At Risk
	1	

Outstanding actions
The roll out of the single process for pre-booking palliative care has been delayed and is due to be delivered in January.

3 | IMPROVING PATIENT EXPERIENCE

Forecast View



Focus for next month	Key risks and challenges
<ul style="list-style-type: none"> There are no deliverables in January and February for Theme 3, teams will be focussed on completing the roll out of the single process for pre-booking palliative care patients. 	

Deliverable	Lead
Patient Transport Service	Paul Woodrow
Meeting peoples needs	Briony Sloper / Paul Woodrow
Response Times	Paul Woodrow
Learning from experiences	Fenella Wrigley

Jan 2017			
Complete	On Track	Delayed	At Risk

Feb 2017			
Complete	On Track	Delayed	At Risk



4 | IMPROVE ENVIRONMENT AND RESOURCES

Executive Lead: Andrew Grimshaw



HIGHLIGHTS THIS MONTH

Vehicle Preparation / Make Ready

- All Stage 1 roll out milestones have been achieved with North West (Brent and Hillingdon) and West (Fulham and Isleworth) Gold roll outs now complete.
- Silver roll outs to the South West sector (Wimbledon and St. Helier) have also now been completed.
- Stakeholder meetings have continued with broader internal communications activities underway, in particular with the ADO group and with local management teams at hub site locations.

Zero Tolerance Maintenance Work

- Zero tolerance maintenance work is part of BAU practice and has been in place since September 2015. Approximately 1,350 zero tolerance jobs have been completed by workshop teams since September 2015 with approximately 300 jobs completed from October to December 2016.

Estates Cleaning Compliance

- There have been 275 cleaning audits conducted between the October and November period with the contractor, local LAS teams and Estates teams completing multiple audits across the estate. The average cleaning score has been 95% against a pass mark of 90%.

Frontline Equipment

- Reviews and improvements to frontline equipment have been conducted throughout the year with upgrades introduced to airwave radios in August 2016, MDT Software enhancements in September 2016, Olympic Map Books in October 2016 and Life Pak 1000 upgrades in November 2016.

Blankets

- Further meetings have been arranged with laundry providers to finalise an agreeable solution to the issues with blankets provision. There has been a steady improvement in the provision of four blankets at the start of shift in the past two months.



4 | IMPROVE ENVIRONMENT AND RESOURCES

Progress – December 2016



Deliverable	Lead
Fleet / Vehicle Preparation	Andrew Grimshaw
Information Management and Technology	Andrew Watson
Infection prevention and control	Fenella Wrigley
Facilities and Estates	Andrew Grimshaw
Resilience functions	Paul Woodrow
Operations Management	Paul Woodrow
Improving operational productivity	Paul Woodrow
Cost improvement programme	Andrew Grimshaw
Frontline equipment and uniforms	Paul Woodrow / Andrew Grimshaw

Dec 2016		
Complete	Delayed	At Risk
1		
1		
1		

Outstanding actions



4 | IMPROVE ENVIRONMENT AND RESOURCES

Forecast View



Focus for next month	Key risks and challenges
<ul style="list-style-type: none"> • Maintain progress against Vehicle Preparation delivery timeline and continue stakeholder meetings with upcoming roll out locations. • Finalise Fleet Strategy for approvals process in early January. • Finalise Estates Strategy hypothetical options model and define the timeline. • Continue to work with laundry providers to identify a suitable solution for implementation. 	<p>Blankets</p> <ul style="list-style-type: none"> • Working with laundry providers to resolve the blanket issue for the LAS is a key challenge as a collaborative and cooperative working arrangement between contracting parties is required. <p>Fleet / Vehicle Preparation: Make Ready</p> <ul style="list-style-type: none"> • Contractor recruitment is a key risk to the timely roll out of gold service vehicle preparation hub sites.

Deliverable	Lead
Fleet / Vehicle Preparation	Andrew Grimshaw
Information Management and Technology	Andrew Watson
Infection prevention and control	Fenella Wrigley
Facilities and Estates	Andrew Grimshaw
Resilience functions	Paul Woodrow
Operations Management	Paul Woodrow
Improving operational productivity	Paul Woodrow
Cost improvement programme	Andrew Grimshaw
Frontline equipment and uniforms	Paul Woodrow / Andrew Grimshaw

Jan 2017			
Complete	On Track	Delayed	At Risk
	1		
	1		

Feb 2017			
Complete	On Track	Delayed	At Risk





5 | TAKING PRIDE AND RESPONSIBILITY

Executive Lead: Fenella Wrigley

HIGHLIGHTS THIS MONTH

Clinical Supervision

- The scoping and implementing of a method of assuring the quality of Occupational Workplace Reviews (OWR), Clinical Information and Support Overview (CISO) and Clinical Performance Indicators (CPI) feedback was due for completion in December. This has been delayed as the OWR process is undergoing a thorough review to ensure the OWR adds value to clinical supervision. It is envisaged that once the review of this process has been completed that quality assurance aspect of this work will be completed.

Medicine Management

- In December the reporting aspect of the Med Man portal has been further improved to provide more detailed breakdown of drug usage, dosage and drug form compliance.
- Four hundred general packs and four hundred paramedic packs have been distributed throughout all sites matching stock levels to the volume of shift starts at each station.
- As part of the robust Medicines Management Action plan developed in response to the warning notice issues by the CQC, a Medicines Management Strategy has been developed. The strategy outlines the Trust strategic Medicine Management focus and improvements for the next 18 months.
- Perfect Ward – In December, Ilford pilot site was set up to test the app for signing drug packs in and out and extensive hardware testing was also carried out .

Developing the 111 Service

- A comprehensive review of the 111 service to further improve the work and cost of the service was due for completion in December. Further work is being carried out to ensure that in depth cost modelling of this service has been completed to allow the Trust to gain competitive advantage when bidding for 111 procurement opportunities across London.



5 | TAKING PRIDE AND RESPONSIBILITY

Progress – December 2016



Deliverable	Lead
Clinical supervision	Fenella Wrigley
Consent MCA	Fenella Wrigley
Medicine Management	Fenella Wrigley
Safeguarding	Fenella Wrigley
Quality and clinical strategy	Fenella Wrigley
Operating model and clinical training strategy	Paul Woodrow / Karen Broughton
Developing the 111 Service	Paul Woodrow / Karen Broughton

December 2016		
Complete	Delayed	At Risk
	1	
	2	
	1	

Outstanding actions
<ul style="list-style-type: none"> • OWR process requires a thorough review before a method of quality assurance can be implemented for Clinical Supervision. The review is likely to be completed in March 2017. • The operating model is still being developed and the clinical training strategy will be submitted to the next Trust Board. • Comprehensive review of the 111 service is still ongoing and is due for completion by April 2017.

5 | TAKING PRIDE AND RESPONSIBILITY

Forecast View



Focus for next month	Key risks and challenges
<ul style="list-style-type: none"> There are no deliverables in January and February for Theme 5, teams will be focussed on completing delayed deliverables and detailed actions as part of the countdown action plan . 	

Deliverable	Lead
Clinical supervision	Fenella Wrigley
Consent MCA	Fenella Wrigley
Medicine Management	Fenella Wrigley
Safeguarding	Fenella Wrigley
Quality and clinical strategy	Fenella Wrigley
Operating model and clinical education & training strategy	Paul Woodrow / Karen Broughton
Developing the 111 Service	Paul Woodrow / Karen Broughton

Jan 2017			
Complete	On Track	Delayed	At Risk

Feb 2017			
Complete	On Track	Delayed	At Risk



Report to:	London Ambulance Service Trust Board
Date of meeting:	31st January 2017
Document Title:	Assurance report from the Quality Governance Committee
Report Author(s):	Bob McFarland, Non-executive director and Chair of the committee
Presented by:	Bob McFarland
Contact Details:	mercy.kusotera@lond-amb.nhs.uk
History:	<i>Not applicable</i>
Status:	Assurance report from the meeting held on 10th January 2017.
Background/Purpose	
<p>The Quality Governance Committee is a Board committee with oversight of quality and safety. The committee meets bi-monthly and this is the assurance report from the meeting held on 10th January 2017.</p>	
Action required	
<p>To receive assurance from the committee and to note any areas of concern.</p>	
Links to Board Assurance Framework and key risks	
<p>The Committee reviewed the BAF and the clinical risks on the Trust Risk Register.</p>	

Key implications and risks in line with the risk appetite statement where applicable:	
Clinical and Quality	The committee has oversight of clinical governance and will bring to the attention of the Board areas of good practice and areas of concern and any potential risks.
Performance	The committee considers the impact/implications of performance issues on the quality and safety of services for patients.
Financial	The committee seeks assurance during the year on the quality impact of cost improvement programmes.
Workforce	The committee considers workforce issues in relation to the provision of safety and quality of services to patients.
Governance and Well-led	Providing assurance on quality governance.
Reputation	
Other	
This paper supports the achievement of the following Quality Improvement Plan Workstreams:	
Making the London Ambulance Service a great place to work	Yes
Achieving Good Governance	Yes
Improving Patient Experience	Yes
Improving Environment and Resources	Yes
Taking Pride and Responsibility	Yes

Report from the Quality Governance Committee on 10th January 2017

The Quality Governance committee met on 15th November. We were pleased to welcome Trisha Bain (Chief Quality Officer) and Sumithra Maheswaran (Trust Pharmacist) to their first meeting.

Medicines Management

Fenella Wrigley and Neil Thomson assured the committee that substantial progress has been made regarding processes for issuing and signing for drugs, regular audits, and a change in staff culture following recent roadshows. Prepopulated lists of batch numbers are now available for drug issue. Usage of Controlled Drugs and “simple” medicines can be tracked and regularly audited to identify, for example, individual high usage - although this still requires a manual transfer of information from the PRF. Staff can now use “Perfect Ward” to regularly check premises for compliance and peer review has led to staff taking responsibility for their area. Regular checks by IROs are followed up with individuals by local managers. Use of door codes is improved although there is still a need to replace multiple codes with the swipe card system.

There is still inconsistency with some exemplary sites and others unreliable – often small, hard to manage stations and this should add impetus to the need for a sensible estates strategy. However, it is expected that the current state of medicines management will be recognised as significantly improved when we are inspected.

Serious Incidents

In November, 50 incidents were reported and 16 declared as Serious Incidents. This is a significant increase. When questioned, the team were clear that this is due to increased reporting following the introduction of Datix; a culture change where staff are more prepared to report clinical errors; the change in the national threshold for reporting SIs and also our own tendency to declare. This increase will be monitored and an analysis of incidents by staff level and experience is due to report.

The latest review of themes highlighted four areas: Information Governance and Data protection and three clinical decision making areas – Delay in identifying the appropriate transport resource, recognition of severity of condition (spinal injury, concealed haemorrhage, sepsis), recognition of shockable rhythm early in cardiac arrest. Training is underway to address these issues.

The number of outstanding actions has reduced to 80% of all actions since 2014. The committee asked for a better understanding of the detail underlying this figure next time.

We were pleased to hear of systems to link learning from SI, complaints, PALS, Risk registers etc. with both the “Insight” magazine and the education faculty.

Education

Tina Ivanov reported the first meeting of the Clinical Education and Professional Standards committee which will primarily report to Clinical Safety and Standards but also with an important link to the Workforce committee. This committee will also oversee the examinations system. Work with universities is underway to develop the opportunity for in LAS Academy trained paramedics to obtain a degree. We were pleased to hear that our TEAC Programme has been recommended for the “Best in Nation” award.

BAF Risk 7 The committee noted that increasing rest breaks did not improve performance at handover time. This risk which has implications for patient safety has still not been addressed.

Update Mental Health Action Plan 2016/2017

Most of the plan is on schedule for completion this year and the team are to be commended. There is still work underway on developing the role of Mental Health nurses – patient facing time, links with MH Trusts, Clinical Supervision. Also, there is work to improve data reporting especially around Section 136 and with Care Pathways.

CPI compliance for assessment of Mental Health patients has been a Red Flag on the dashboard for years. Although there is a new training focus the committee asked the Mental Health team to review plans to address this item.

Update Safeguarding Action Plan 2016/2017

The committee received a written report. Most actions are either complete or on track. Our attention was drawn to the slow roll out of DBS checks which will be taken forward by the Workforce committee. Also to the implementation of 24/7 electronic referrals into EBS – but we were told that by next week this would be live for adults and was already live for children.

Note. It was intended to use this meeting to also review progress on the 2016/2017 action plans for Infection Prevention and Control and progress against the overall Quality Account objectives for 2016/2017. However, these reports were not available and nor were reports from the three committees that report to Quality Governance (Clinical Safety and Standards, Improving Patient Experience and RCAG) either due to not having met or the responsible person being absent.

Trisha Bain has agreed to review our timetables and effectiveness. It was agreed the Quality Account should be formally reviewed at each meeting and that teams should be able to ensure that reports and reporting do not depend on one individual.

Date of next meeting

The next meeting of the Quality Governance Committee is on Tuesday 14th March 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, INVESTMENT & PERFORMANCE COMMITTEE

TO BE HELD ON THURSDAY 26TH JANUARY 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			NM / PB	
ACTIONS					
2.	2.1 Conflicts of Interest 2.2 Minutes of previous meeting (22/9 & 24/11) 2.3 Actions from previous meetings 2.4 Matters Arising 2.5 FIPC ToR and Self-Assessment of the Committee Performance	2:00 2:10	Agree	NM NM NM NM SA	Paper Paper Paper
FINANCE & PERFORMANCE REPORTING					
3.	3.1 Integrated Performance Report Month 9 3.2 Finance Report Month 09 3.3 CIP Update 3.4 Rolling 09 Months Cash Flow 3.5 Forecast 2016/17	2:20 2:35 2:50 3:05 3:10	Note Note Note Note Note	JP AB AB MJ AB	Paper Paper Paper (To Follow) Paper Paper
FINANCIAL PLANNING					
4.	4.1 Update 2017/18 Financial Plan 4.2 Costing and SLR 4.3 Business Case: Perfect Ward 4.4 Business Case: FRU	3:30 3:40 3:55 4:05	Note Note Note Note	AB AB GD AB	Paper (To Follow) Paper Paper Paper (To Follow)
FINANCIAL GOVERNANCE					
5.	5.1 Financial Risks and Update Assurance Framework 5.2 Set Annual Workplan and Review (Item 8.1) 5.3 Review Range & Quality of Financial Reporting	4:15 4:25 4:35	Approve Note Note	AB AB AB	Paper Verbal Verbal
OTHER FINANCIAL INFORMATION					
6.	6.1 Technical Releases and Publications	4:40	Note	MJ	Paper
REPORTS ASSOCIATED ACTIVITIES					
7.	7.1 Procurement Update	4:45	Note	AB	Paper
ANY OTHER BUSINESS					
8.	8.1 Agenda Planner 2016/17	4:55	Note	AB	Paper

Date of Next Meeting

The next meeting of the Finance & Investment Committee will take place on Thursday 23rd March 2017, 2pm - 5pm, Conference Room, HQ.



Report to:	London Ambulance Service Trust Board
Date of meeting:	31st January 2017
Document Title:	Workforce and OD Committee: progress report to the Board by the Committee Chair
Report Author(s):	Fergus Cass, Non-Executive Director and Chair of the Workforce and OD Committee
Presented by:	Fergus Cass
Contact Details:	sandra.adams@lond-amb.nhs.uk
History:	<i>Not applicable</i>
Status:	Assurance report from the meeting held on 23rd January 2017.
Background/Purpose	
<p>The Workforce and Organisational Development (OD) Committee was established in 2016 and is a sub-committee of the Trust Board and therefore chaired by a Non-Executive Director.</p> <p>The attached report from the Committee Chair summarises the progress made to date by the committee.</p>	
Action required	
<p>The Trust Board is asked to take assurance from the report of the Workforce and Organisational Development Committee meeting on 23rd January 2017.</p>	
Links to Board Assurance Framework and key risks	
<p>The Committee reviewed the workforce risks on the Trust Risk Register.</p>	

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

Report to the Board following the meeting of the Workforce & Organisational Development (OD) Committee, 23 January 2017

The Committee reviewed the assurance that it is currently able to provide on all elements of its Term of Reference (ToR). These elements are covered below, in the order in which they appear in the ToR.

1. Strategies

The following major exercises are in hand: a workforce strategy; a health and wellbeing strategy; a refresh of the Trust's five year strategy; and a transformation strategy. These will be reviewed by the Committee as they emerge, starting with the workforce strategy in March.

2. Workforce planning

The Committee received a planning and recruitment update, including projections for 2017/18.

Paramedic vacancies are currently 10%, based on 100% establishment; it is anticipated that this percentage will fall to 5% by the end of March. EAC/TEAC numbers are in line with establishment and this is expected to continue. The sector-level picture shows significant imbalances in some areas; the Committee was informed that action is in hand to deal with these and that, in the meantime, the position is being covered by relief staff and by the normal processes of managing ambulance responses on a London-wide basis.

Current forecasts indicate a need to recruit approximately 350 paramedics in 2017/18. This assumes zero growth in activity and an increase in turnover, reflecting the possibility that some Australian paramedics who will complete two years' service in 2017/18 may choose to go home. Both assumptions are subject to uncertainty. UK sources, including universities and the LAS Academy, could contribute in the region of 230, leaving a gap to be filled from abroad; this is currently being worked on. There is increasing competition for Australian paramedics, including stronger demand within Australia. In the Workforce Risk Register, inability to recruit sufficient paramedics is a red risk. A recruitment requirement for approximately 230 TEACs is anticipated; there is confidence that this can be achieved and there is a clear intention to seek a significant BAME intake. The Committee noted that the planned skill mix will affect the recruitment requirement for paramedics and TEACs, and remains to be resolved.

3. Performance (based mainly on December figures)

The Committee noted the progress with appraisals; December compliance was 74%, ahead of the QIP trajectory (67%). The overall vacancy rate (on 100% establishment), has increased slightly to 5.6%. The latest sickness information – November - indicated a stable level at 5%. Turnover and sickness rates are below national averages for ambulance services. Bullying and harassment training is ahead of plan.

The Committee agreed an expanded set of workforce key performance indicators (KPIs), which will be phased in during the next twelve months.

4. Training and education plans

The Quality Governance Committee has oversight of the content of clinical training. At a future meeting the Workforce and OD Committee will review the training plan, which is expected to be produced in conjunction with the transformation strategy. The Committee will monitor delivery of the plan.

5. Appraisal system

Progress of appraisal was noted above. It is intended to review the lessons learned in 2016/17 and the outcome will be considered by the Committee.

6. Industrial and employee relations

The Committee received a verbal update on three areas: firstly, Band 6 implementation, which is being progressed in line with national agreements and was stated to be on track; secondly, the rest break policy, where there has been some slippage in the timetable and discussions are now expected to be completed by the end of February; and, finally, the preparation of a new partnership agreement with the trade unions.

7. Equality, diversity and human rights

Owing to the illness of the Equality and Inclusion Manager, the Committee was unable to receive a full update on this area. The Committee was informed that KPIs relating to the five key priorities of the WRES will be reported as soon as possible, with a draft report coming to the March meeting.

8. Requirements of external bodies

Actions to meet the workforce-related recommendations of the CQC Report have been managed through the QIP programme.

The Committee discussed how it can be assured that the Trust is compliant with all relevant workforce legislation: this will be reviewed with Internal Audit.

The Committee was updated on the plan to ensure that all staff in roles with patient contact have a new, enhanced DBS check during the next three years. It was explained that such checks are already in place for new recruits and that 98% of those who should have a DBS check have had one at some point, albeit that these now need to be renewed under the new policy. There has been some slippage in Phase 1 of the programme, where the target was for 192 staff in HART and Central Operations to have an application in progress by the end of December; 50 people have not yet applied and the Committee was informed that these are being actively followed up. In excess of 4,000 staff will need to apply in the coming three years and it was agreed that the Committee would receive regular updates on progress.

9. Reporting on safety, morale and wellbeing

Board members have seen the results of the Staff Friends and Family Test for Quarter 2. Further gains were reported, although scores are not yet at the level of other ambulance services and of the NHS as a whole. Staff are significantly more positive about the care that the Trust provides than they were in 2014 / 2015. The results of the annual NHS national Staff Survey will be reported in early March.

A framework for reporting to the Committee about safety and wellbeing will be developed in conjunction with the formulation of the wellbeing strategy.

10. Staff engagement plan

Following the presentation of the Health Engagement Scale (HES) Report at the Committee's November meeting, it was agreed that the Director of Operations and the Director of Communications will develop a plan for improving clinical engagement, building on actions already taken under the QIP programme. It is expected that this plan will be reviewed by the Committee in March and presented to the Board.

The Committee will review the annual staff engagement plan at its June meeting.

11. Workforce Risks

The report received by the Committee on workforce risks was significantly more detailed than that discussed for the first time in November. The five highest graded risks relate to: paramedic recruitment; the rest break policy; knock-on effects of Band 6; DBS checks; and holiday pay. Mitigating actions for the first four of these were discussed. The first two are rated red. The Committee has yet to review workforce-related risks that are currently included on other registers such as those for health and safety and organisational development, but will do so at its next meeting.

12. Other matters

- The Committee was briefed on progress with projects that will significantly enhance the Trust's use of the NHS ESR (Electronic Staff Record) and OLM (Oracle Learning Management) systems. The Committee was informed that these projects are on schedule, are starting to deliver the planned benefits, and will significantly enhance the scope and accuracy of workforce and training KPIs. The Committee stressed the importance of maintaining momentum and resourcing.
- In relation to two key Internal Audit (IA) recommendations, the Committee noted the Objectives for the Workforce Directorate and was informed that all HR policies are up to date. At its next meeting the Committee will review progress in implementing all IA reports relating to HR and workforce. In relation to the Objectives, the Committee recommended inclusion of target dates for completion.



Report to:	Trust Board
Date of meeting:	31st January 2017
Document Title:	Board Assurance Framework and Trust Risk Register January 2017
Report Author(s):	Frances Field
Presented by:	Sandra Adams
Contact Details:	sandra.adams@lond-amb.nhs.uk
History:	N/A
Status:	Trust Risk Register and Board Assurance Framework current as at 23rd January 2017

Background/Purpose

Board Assurance Framework (BAF)

The Executive Leadership Team has identified a range of issues that are under discussion and may inform the next iteration of the BAF. This will become a quarterly review process that ties in the risks coming up through the organisation with those identified through internal programmes of work and external factors. One new risk has been added to the BAF since the November 2016 Trust Board and is included in the attached iteration of the BAF:

- **BAF risk 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.

Trust Risk Register

Four new risks have been added to the Trust Risk Register following review by the Risk Compliance and Assurance Group this month. These include two relating to driving standards; one regarding ongoing delays at a hospital ED; and the risk escalated to the BAF regarding the CAD system.

General update on Risk Management

KPMG reviewed the design and operation of controls at the Trust for managing and escalating risks at local and directorate level in October 2016 and provided an overall assessment of significant assurance with minor improvement opportunities, which was in line with management's expectation.

In summary the findings were as follows:

Areas of good practice

- The feedback from the Quality Governance and Assurance Managers was that they found

the risk management processes at the Trust had improved in the last year, with better awareness of risks across the Trust.

- The Risk and Audit Manager attends the North and South Area Quality Governance and Assurance meetings and Control Services Governance & Quality Group meetings. This ensures central oversight of risk management at the Trust and consistency of ratings.
- The level of discussion for risks reviewed at the North Area Quality Governance and Assurance meeting was appropriate, with sufficient challenge from the Deputy Director of Operations and the Audit and Risk Manager over the risks rating. There was also good discussion of the actions in place and further controls required.

Areas for improvement

- The time dedicated to risk review at the quarterly Area Quality Governance and Assurance was deemed insufficient to cover the significant risks at Sector level.
- The Trust would benefit from a consistent approach to reporting and use of the Datix risk management system across the local areas reviewed
- The Risk Management Policy and Risk Assessment and Reporting Procedure have not been updated since the introduction of Datix.
- A low level recommendation in respect of inconsistent risk matrices.

Work is already underway for implementation of these recommendations.

Whilst there is work to do across the Trust to ensure a consistent approach to risk management there has been a marked improvement in the escalation of risk and the identification of action plans. This can be evidenced by the risks being reviewed at the Risk Compliance and Assurance Group meetings and the committees that feed into the Quality Governance Committee. A framework has also been drawn up to establish a more robust process for escalating risks from sector level through to the Operations Board. This is being evidenced by risk discussions at the Operations Governance Meetings and the Operations Board.

Status of Local Risk Management Practices

A review of local risk registers was carried out in December 2016 which indicated that all directorates and sectors had a risk register in place and that a review group had been established. Areas for improvement were identified around the review times of risks to ensure that they are reviewed in line with their net rating and that the risk record was complete. The Governance and Assurance team have identified the outstanding risks with the areas concerned and have seen an improvement in the quality of risk records since they were first added to Datix in June 2016. The Governance and Assurance team will be completing another review in Quarter 4 and will produce a status update to the Risk Compliance and Assurance Group in April 2017.

Action required

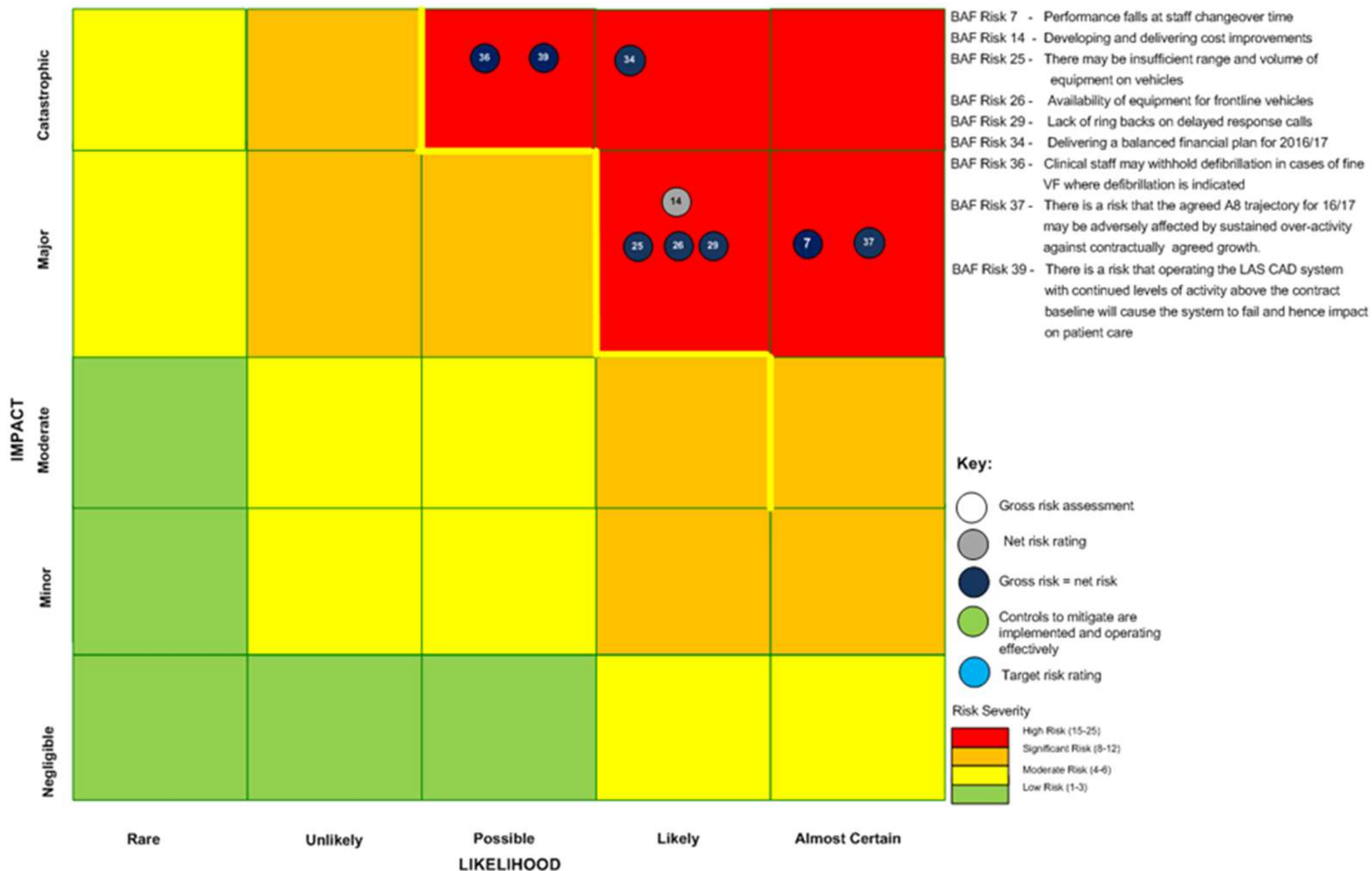
To note the progress made with mitigating controls and actions for risks included in the Board Assurance Framework.

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:	
Clinical and Quality	
Performance	
Financial	
Workforce	
Governance and Well-led	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.
Reputation	
Other	
This paper supports the achievement of the following Quality Improvement Plan Workstreams:	
Making the London Ambulance Service a great place to work	
Achieving Good Governance	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.
Improving Patient Experience	
Improving Environment and Resources	
Taking Pride and Responsibility	

Board Assurance Framework – January 2017



BAF risks matched to Quality Improvement Plan 4: Improving Environment and Resources

Risk ID: 14	Description: 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.	Risk opened:	20/06/2016	Low Risk	Medium Risk				High Risk			
		Expected risk closure:	N/A	<=6	8	9	10	12	15	16	20	25
Linked Risk(s): 217	Risk Owner: Director of Finance	Is this risk on track for closure?	N/A	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			Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016
				20	20	20	20	20	20	20	20	20

Risk ID: 25	Description: 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 opened:	21/05/2015	Low Risk	Medium Risk				High Risk			
		Expected risk closure:	31/08/2017	<=6	8	9	10	12	15	16	20	25
Linked Risk(s): 121	Risk Owner: Director of Finance	Is this risk on track for closure?	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.			Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016
				16	16	16	16	16	16	16	16	16

Risk ID: 26	Description: 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 opened:	21/05/2015	Low Risk	Medium Risk				High Risk			
		Expected risk closure:	31/08/2017	<=6	8	9	10	12	15	16	20	25
Linked Risk(s): 120	Risk Owner: Director of Finance	Is this risk on track for closure?	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.			Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016
				16	16	16	16	16	16	16	16	16

Risk ID: 34	Description: The TDA 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 opened:	17/11/2015	Low Risk	Medium Risk				High Risk			
		Expected risk closure:	31/12/2016	<=6	8	9	10	12	15	16	20	25
Linked Risk(s): 214	Risk Owner: Director of Finance	Is this risk on track for closure?	No				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			Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016
				20	20	20	20	20	20	20	20	20

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

BAF risks matched to Quality Improvement Plan Work stream 3: Improving Patient Experience

Risk ID: 7	Description: 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 opened:	08/12/2006	Low Risk	Medium Risk				High Risk			
		Expected risk closure:	N/A	<=6	8	9	10	12	15	16	20	25
Linked Risk(s): 430	Risk Owner: Director of Operations	Is this risk on track for closure?	N/A		T					N	G	
		Risk currently under review by the Director of Operations.			Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016
				20	20	20	20	20	20	20	16	16

Risk ID: 29	Description: 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 opened:	28/02/2015	Low Risk	Medium Risk				High Risk			
		Expected risk closure:	31/03/2017	<=6	8	9	10	12	15	16	20	25
Linked Risk(s): 339	Risk Owner: Director of Operations	Is this risk on track for closure?	Yes		T					G N		
					Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016
				16	16	16	16	16	16	16	16	16

Risk ID: 36	Description: There is a risk that clinical staff will withhold defibrillation in cases of fine VF where defibrillation is indicated	Risk opened:	28/07/2016	Low Risk	Medium Risk				High Risk			
		Expected risk closure:	31/03/2017	<=6	8	9	10	12	15	16	20	25
Linked Risk(s): 445	Risk Owner: Medical Director	Is this risk on track for closure?	No				T		G N			
		Pending the planning of future training / supervisory support for clinical staff.			Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016
							15	15	15	15	15	15

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

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

Risk ID: 39	Description: 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 opened:	16/01/2017	Low Risk	Medium Risk				High Risk			
		Expected risk closure:	N/A	6	8	9	10	12	15	16	20	25
Linked Risk(s): 577	Risk Owner: Director of IM&T	Is this risk on track for closure?	N/A	T					N		G	
		This risk is being further scoped out by the Director of IM&T to identify existing controls, assurances and an action plan.			Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016

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

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: Operational Delivery		
Underlying Cause/Source of Risk: Roster configuration Rest break arrangements Increased OOS High demand Response model	Gross Rating	Current/Net Rating	Target Rating	
	20	16	8	
Existing Controls	Positive Assurance of Controls	Further Actions		Due Date
<p>1. Daily monitoring of and focus on rest break allocation to resolve end of shift losses</p> <p>2. Use of bridging shifts for VAS/PAS</p> <p>3. Roster reviews/changes include staggered shifts</p> <p>4. 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)</p> <p>5. Working group initiated to review the rest break process however due to competing pressures minimal progress has been made so far</p> <p>Gaps in Controls</p> <p>1. There is no allocation process to ensure loss is spread evenly across the day to manage impact</p> <p>2. No current process with ELT/staff-side to change rest break arrangements. Without a change this risk is unlikely to be mitigated effectively. It may reduce as staffing improves</p> <p>3. The Incident Management Desk is not open consistently 24/7 due to sub-optimal staffing and relies mainly on overtime to ensure staff cover</p>	<p>1. New Rotas in place since Q2 14/15. Modernisation Programme Board minutes and weekly tracking report</p> <p>2. Skill mix: the skill mix model was updated in Sept 2015 to include international recruits</p> <p>3. Rota changes to be implemented</p> <p>Gaps in Assurance</p> <p>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</p>	<p>2122 757 - Out of Service (OOS) Hub implemented. Central Support Unit (CSU) on PD33 deals with all OOS requests</p> <p>2123 Recruit additional frontline staff</p> <p>2125 Rest breaks to be reviewed</p> <p>2124 Update skill mix model</p> <p>757 Out of service HUB implemented</p> <p>753 Agree the process for the rest break arrangements to be implemented.</p> <p>754 Recruiting frontline staff to 3169 by March 2016</p> <p>755 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>756 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 2.2% (vehicle element).</p>	<p>Complete</p> <p>Complete</p> <p>31/03/2017</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>31/03/2016</p>	

Signed: McKenna, Peter

Date Reviewed: 23/01/2017

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.

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

Underlying Cause/Source of Risk: • 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.

Gross Rating**Current/Net Rating****Target Rating****20****20****6****Existing Controls**

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.

Gaps in Controls

See actions to be taken

Positive Assurance of Controls

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

Gaps in Assurance

None identified

Further Actions**1111**

Review support and engage additional support to drive the CIP Programme.

Complete

1112

Ensure all schemes have clear project plans, including evidence to support, milestone plans and are owned by project leads.

Complete

1113

Embed all CIPs in budgets.

Complete

1114

Review current benchmarking information.

Complete

1115

Establish Management of CIP as key Function of Resource Committee

Complete

1116

Ensure all CIPs have QIA in place that have been agreed with the Medical Director

Complete

2609

Review 17/18 CIP plan and develop detail and ownership (see sub actions)

31/03/2017**Signed:** Bell, Andy**Date Reviewed:** 16/12/2016

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: 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
<p>1. Agreed 'standard load list' of vehicle equipment including re-usable v disposable in place.</p> <p>2. Equipment stock levels agreed and maintained</p> <p>3. Responsibility for each item of equipment clearly defined</p> <p>4. Budget responsibilities for replacement equipment clear</p> <p>5. Review of personal issue kit</p> <p>6, A "core" equipment list for DCA & FRU has been defined and agreed</p> <p>7, Funding for NE Sector Revised Vehicle Prep Pilot - fully managed equipment solution has been agreed.</p> <p>8, An equipment amnesty and physical review all stations and complexes for "retained" equipment has been undertaken.</p> <p>9, A new paper based VP VDI form has been introduced.</p> <p>10, Pilot to assess benefits of VP proposal carried out and documents describing benefit drafted.</p> <p>11, BC for roll out of VP system pan London developed.</p> <p>12, Board approval gained for BC</p> <p>13, Project board and working group developed</p> <p>14, Project plan defined and agreed</p> <p>15, Additional equipment purchased to support roll out</p> <p>16, project reclaiming, decontaminating and resupplying medical equipment established.</p> <p>17, 'Managed stores' system established to support VP and daily supply of medical consumables</p> <p>18, 'Blanket' trial and evaluation established and recommendations developed.</p> <p>19, KPIs developed and monitored for the completion of wash and stocking of vehicles</p> <p>20, Medicines management programme defined encapsulating all aspects of prep, supply and delivery, collection and disposal.</p> <p>Gaps in Controls</p> <p>See right</p>	<p>1, Progress made in agreement of core equipment and further equipment amnesty.</p> <p>2, Decontamination of equipment commenced and robust.</p> <p>3, Analysis of asset tracking systems being undertaken.</p> <p>4, VP VDI improved</p> <p>5, Ops VDI process changed and LA1 updated</p> <p>Gaps in Assurance</p> <p>None</p> <p>Gaps in Controls</p> <p>Review of all logistics processes.</p> <p>Review of KPIs detailing equipment supply on shift by shift basis</p> <p>Review of equipment inventory including maintenance records</p> <p>Review of contracts for equipment support</p> <p>Development of project group to support the aim of vehicle based equipment removing 'personal issue' equipment from staff.</p> <p>Real time reporting of asset tracking</p>	<p>498</p> <p>Roll out VP hubs to 14 sites Trust Wide</p>	<p>499</p> <p>Implement working group to review personal issue kit – check status of any existing work with CEG</p>	<p>20/07/2017</p> <p>20/07/2017</p>

Signed: Wand, Justin **Date Reviewed:** 25/01/2017

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: 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
<p>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 (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</p> <p>Gaps in Controls</p> <p>See right</p>	<p>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.</p> <p>Gaps in Assurance</p> <p>None</p> <p>Gaps in Controls</p> <p>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.</p>	<p>1801 Roll out Vehicle Preparation to rest of service</p> <p>1802 Ensure adequate stocks of consumables and equipment are available to VP staff</p> <p>1803 Fully develop equipment database reports to indicate where any equipment is missing</p>	<p>31/08/2017</p> <p>31/08/2017</p> <p>31/08/2017</p>	

Signed: Wand, Justin **Date Reviewed:** 25/01/2017

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: Pauline Cranmer	Scrutinising Committee: Control Services Quality Meeting		
Underlying Cause/Source of Risk: Availability of frontline resources Availability of EOC staff Demand		Gross Rating	Current/Net Rating	Target Rating
		16	16	8
Existing Controls	Positive Assurance of Controls	Further Actions		Due Date
<ol style="list-style-type: none"> Clinical Hub scrutiny of held calls Ring back status monitors. Redistribution of staff to ringback functions as required On-going recruitment and retention activities Operational Procedures on ring backs (OP23) Exit messaging – worsening advice <p>Gaps in Controls</p> <ol style="list-style-type: none"> On-going further vacancies against the increasing demand means the impact on ability to carry out ring backs remains high. 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. Additional front line resources are required.(covered by BAF risk 265 and 388) 	<p>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</p> <p>Gaps in Assurance</p> <ol style="list-style-type: none"> 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 	<p>2119 Evaluation of the ringback function</p> <p>1062 Evaluation of the ringback function</p> <p>1381 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</p> <p>1382 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</p> <p>2120 Delivery of EOC improvement programme (ringback process and desk realignment)</p>	<p>Complete</p> <p>Complete</p> <p>31/03/2017</p> <p>31/03/2017</p> <p>31/03/2017</p>	

Signed: Harding, Simon**Date Reviewed:** 23/01/2017

BAF Risk no. 34

The TDA 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 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:** 16/12/2016

BAF Risk no. 36

There is a risk that clinical staff will withhold defibrillation in cases of fine VF where defibrillation is indicated

Risk Classification:	Risk Owner: Wrigley, Fenella	Scrutinising Committee: Clinical Safety and Standards		
Underlying Cause/Source of Risk: 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.		Gross Rating	Current/Net Rating	Target Rating
		15	15	10
Existing Controls	Positive Assurance of Controls	Further Actions		Due Date
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.	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.	2128	To monitor the incidences of VF arrests where there has been a delayed time to shock	31/12/2017
Gaps in Controls 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.	Gaps in Assurance Overall, the number of monitor-defibrillator downloads obtained as a proportion of the total number of resuscitation attempts within the Service remains relatively low.	1201	Increase number of defibrillator downloads to monitor trends	31/10/2016
		1200	Medical Bulletin - Management of ventricular fibrillation	Complete
		1228	CSR updated with revised training notes for current training schedule of CSR2016.2	Complete
Signed: Whitbread, Mark	Date Reviewed: 03/01/2017			

BAF Risk no. 37

There is a risk that the agreed A8 trajectory for 16/17 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		Gross Rating	Current/Net Rating	Target Rating
		20	20	12
Existing Controls	Positive Assurance of Controls	Further Actions		Due Date
1.CCGs have been directed to develop action plans to reduce activity by 5% by 1st January 2017 2.Surge Plan 3.REAP 4.OOS hub 5.Clinical Hub 6.Dispatch on Disposition 240 seconds implemented on 4th October 2016 7.Static defib performance recovery group 8.Non-clinical vacancy freeze and financial controls implemented in order to target additional spending at operational capacity 9.Sickness management on-going 10.Removed cat C determinants from FRU	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) Gaps in Assurance None identified	2029 JCT Programme 2030 Increasing NETS journeys 2031 Development of performance improvement programme (over-arching programme of recovery actions) 2032 Co-responding schemes full rollout across London (MPS / LFB) 2033 Increase operational in-post from 95% to 100% 2027 Undertaking review of MPS 2752 Additional Resources to be added to METDG desk function 2753 Resilience workshop to be held.	31/01/2017 31/01/2017 02/12/2016 01/04/2017 29/09/2017 12/12/2016 Complete 31/01/2017	
Gaps in Controls				
None identified				

Signed: McKenna, Peter

Date Reviewed: 23/01/2017

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: IM&T	Risk Owner: Vic Wynn	Scrutinising Committee: Risks Compliance and Assurance Group		
Underlying Cause/Source of Risk: Through the RCA of a technical fault		Gross Rating	Current/Net Rating	Target Rating
		20	15	6
Existing Controls	Positive Assurance of Controls	Further Actions		Due Date
Automated alerting of rising issues and system monitoring Gaps in Control Responsibilities and responses to alerts unclear	External review		External review of previous failures and completion of actions to mitigate the causes. Action plan of technical measures to make the system more resilient, Improved service management of the CAD facility	
Signed: Vic, Wynn	Date Reviewed: 16/01/2017 This risk is being fully scoped out for existing controls, assurance and a complete action plan.			

ID	Description	Opened	BAF Reference:	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	Assurance	Consequence (Target)	Likelihood (Target)	Rating (Target)	Risk level (Target)
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.	17/11/2015	34	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, 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.	Grimshaw, Andrew	16/12/2016	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	Assurance of Finance Risks are provided via regular review of controls from the Finance and Investment Committee	Catastrophic	Unlikely	10	Significant
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.	20/06/2016	14	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	16/12/2016	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 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	Assurance of Finance Risks are provided via regular review of controls from the Finance and Investment Committee	Moderate	Unlikely	6	Moderate
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.	14/11/2016	37	Major	Almost certain	20	High	1.CCGs have been directed to develop action plans to reduce activity by 5% by 1st January 2017 2.Surge Plan 3.REAP 4.OOS hub 5.Clinical Hub 6.Dispatch on Disposition 240 seconds implemented on 4th October 2016 7.Static defib performance recovery group 8.Non-clinical vacancy freeze and financial controls implemented in order to target additional spending at operational capacity 9.Sickness management on-going 10.Removed cat C determinants from FRU	Woodrow, Paul	20/01/2017	Major	Almost certain	20	High	JCT Programme Increasing NETS 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 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	31/01/2017 31/01/2017 24/02/2017 01/04/2017 29/09/2017 28/02/2017 28/02/2017 31/01/2017	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)	Moderate	Likely	12	Significant
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.	08/12/2006	7	Major	Almost certain	20	High	1. Daily monitoring of and focus on rest break allocation to resolve end of shift losses 2. Use of bridging shifts for VAS/PAS 3. Roster reviews/changes include staggered shifts 4. 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) 5. Working group initiated to review the rest break process however due to competing pressures minimal progress has been made so far	Woodrow, Paul	20/01/2017	Major	Likely	16	High	757 - Out of Service (OOS) Hub implemented. Central Support Unit (CSU) on PD33 deals with all OOS requests Recruit additional frontline staff Rest breaks to be reviewed Update skill mix model Out of service HUB implemented Agree the process for the rest break arrangements to be implemented. Recruiting frontline staff to 3169 by March 2016 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 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 2.2% (vehicle element).	Paul Woodrow Paul Woodrow Paul Woodrow Paul Woodrow Kevin Bate Paul Woodrow Karen Broughton Paul Woodrow Paul Woodrow	29/07/2016 31/07/2017 31/03/2017 15/07/2016 15/07/2016 30/09/2016 15/07/2016 15/07/2016 31/03/2016	1. New Rotas in place since Q2 14/15. Modernisation Programme Board minutes and weekly tracking report 2. Skill mix: the skill mix model was updated in Sept 2015 to include international recruits 3. Rota changes to be implemented	Major	Unlikely	8	Significant

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	21/05/2015	26	Major	Likely	16	High	<ul style="list-style-type: none"> 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 	Grimshaw, Andrew	25/01/2017	Major	Likely	16	High	<ul style="list-style-type: none"> 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 	Christopher Vale Christopher Vale Christopher Vale	31/08/2017 31/08/2017 31/08/2017	<ul style="list-style-type: none"> 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. 	Moderate	Unlikely	6	Moderate
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	21/05/2015	25	Major	Likely	16	High	<ul style="list-style-type: none"> 1. Agree standard issue 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 cleaning medical equipment established 	Grimshaw, Andrew	25/01/2017	Major	Likely	16	High	<ul style="list-style-type: none"> 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 	Justin Wand Justin Wand Geoffrey Davidson	20/07/2017 20/07/2017	<ul style="list-style-type: none"> 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 	Moderate	Unlikely	6	Moderate
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.	28/02/2015	29	Major	Likely	16	High	<ul style="list-style-type: none"> 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	18/11/2016	Major	Likely	16	High	<ul style="list-style-type: none"> 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) 	Graham Seamons Simon Harding Katy Millard Katy Millard Simon Harding	31/08/2016 19/08/2016 31/03/2017 31/03/2017 31/03/2017	<ul style="list-style-type: none"> 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
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	12/01/2017	39	Catastrophic	Likely	20	High	<ul style="list-style-type: none"> Automated alerting of rising issues and system monitoring 	Wynn, Victor		Catastrophic	Possible	15	High			External review	Catastrophic	Rare	5	Moderate	

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.	04/04/2006	Moderate	Almost certain	15 High	<p>1. Mark Whitbread is the Trust lead for the defibrillator download</p> <p>2. Card reading and transmission is performed by team leaders. - obsolete control, no card readers.</p> <p>3. Messages given out at Team Leaders Conferences.</p> <p>4. Encourage more routine downloading of information from defib downloads.</p> <p>5. LP1000 AED's have been rolled out and all complexes have been issued with new defib downloads for these units.</p> <p>6. New Malden pilot has trialled the transmission of data from the LP15.</p> <p>7. Defib downloads are conducted by TL's and APP's via cables.</p> <p>8. APP use of defib data download as normal practice.</p>	Wrigley, Fenella	06/12/2016	Moderate	Almost certain	15 High	<p>Review of IG issues with patient data transmission via bluetooth on ambulances / FRU's</p> <p>Funding request for Bluetooth download technology for all LP15's</p>	Victor Wynn Mark Whitbread	31/12/2017 31/12/2017	<p>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.</p> <p>2. Establish a process at station level to link a specific cardiac arrest to the LP1000 it is stored on.</p> <p>3. Publicise download returns by complex as part of Area Governance Reports, via PIM or Staff Officer for the Area.</p> <p>4. Consider roll out of transmittable data from LP15 once vehicle on station. MW to source modems and establish proof of concept.</p> <p>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 out of it. The evaluation of this exercise will be reviewed in February 2015. This practice is in place all of the time now</p> <p>Team leaders now in place 50/50 will influence the output. Determine the impact of this risk review 3 months.</p>	Moderate	Unlikely	6 Moderate
445	There is a risk that defibrillation may be delayed by clinical staff in cases where fine ventricular fibrillation (VF) is not recognised	28/07/2016	36 Catastrophic	Possible	15 High	<p>Recent revision of Trust internal Adult Advanced Life Support guidance to provide further advice and clarification around the management of fine VF</p> <p>CSR updates specifically addressing the need to provide prompt defibrillation in cases of VF with apparent signs of life.</p>	Wrigley, Fenella	06/12/2016	Catastrophic	Possible	15 High	<p>To monitor the incidences of VF arrests where there has been a delayed time to shock</p> <p>Increase number of defibrillator downloads to monitor trends</p> <p>Medical Bulletin - Management of ventricular fibrillation</p> <p>CSR updated with revised training notes for current training schedule of CSR2016.2</p>	Mark Whitbread Mark Whitbread Timothy Edwards Timothy Edwards	31/12/2017 31/12/2017 30/08/2016 31/10/2016	<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.</p> <p>Records are maintained of staff attending CSR training.</p>	Catastrophic	Unlikely	10 Significant
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.	10/04/2014	396 Catastrophic	Likely	20 High	<p>1. An LTFM is in place.</p> <p>2. Regular reports are provided to the FIC on forward financials.</p> <p>3. Future assessments take account of low level (departmental) plans as well as high level (organisational) issues.</p> <p>4. Plans include I&E, balance sheet, capital and cash.</p> <p>5. Future CIP plans are scoped and where possible identified, 2-3 year ahead.</p>	Grimshaw, Andrew	16/12/2016	Major	Possible	12 Significant	<p>Update LTFM (full revision by end of Q3)</p> <p>Develop means to collect departmental and divisional plans for review and inclusion in overall financial plan.</p> <p>Develop future CIP planning.</p> <p>Develop Future CIP Planning (2)</p> <p>Review and Update LTFM (Q2 17/18)</p>	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	<p>Assurance of Finance Risks are provided via regular review of controls from the Finance and Investment Committee</p>	Moderate	Unlikely	6 Moderate
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.	14/11/2002	Major	Almost certain	20 High	<p>1. Consultant Midwife now employed substantively 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 LAS2'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) & updates written by Consultant Midwife. POETS e-learning programme in place. to be checked AM</p> <p>Drop in sessions arranged by new consultant midwife for EOC, EMD's and Clinical Hub Staff</p> <p>Breech Masterclasses delivered (August 2015) and to be continued around London Education Centre</p> <p>Advanced Life Support Bootcamp course run every 2 months, including a maternity update theory session and maternity scenario. unclear on when next dates become available</p> <p>Maternity update evening (external venue, attended by LAS and midwifery staff from london hospitals). Scenarios based learning.</p> <p>New sim-Mum purchased and delivered.</p>	Wrigley, Fenella	06/12/2016	Major	Possible	12 Significant	<p>Present K2 Obstetric Emergency Training software as an alternative to current POET online training.</p> <p>Maternity simulations</p> <p>Maternity Screening Tool training</p>	Amanda Mansfield Amanda Mansfield Amanda Mansfield	31/12/2016 31/10/2016 31/10/2016	<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. Obstetric 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 operational staff.</p>	Major	Possible	12 Significant

288	There is a risk that failure to undertake comprehensive clinical assessments may result in the inappropriate non-conveyance or treatment of patients.	14/11/2002	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. LAS2 incident reporting is in place and reports are provided to the Clinical Quality Safety and Effectiveness Committee (CQSEC) and the Area Clinical Quality 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 adaption of the Manchester Triage System for use pre-hospitally to safely identify the most appropriate destination for individual patients.</p> <p>8. Introduction of reflective practice (as part of Module J programme).</p> <p>9. Regular review of clinical incident reporting and serious incidents.</p> <p>9. Medical Directorate and CARU monitor trends and themes via incident reporting mechanisms.</p> <p>10. Clinical team leader and clinical manager updates completed.</p>	Wrigley, Fenella	20/10/2016	Moderate	Likely	12	Significant	<p>Core Skill Fresher Training 2016/17</p> <p>2. Design processes to audit and monitor the effectiveness of the pathfinder tool.</p> <p>3. Development of the clinical career structure. New risk to be submitted to SMT/ELT to reflect current clinical risk for ongoing clinical supervision.</p>	Tina Ivanov Jaqualine Lindridge Timothy Edwards Neil Thomson	<p>31/03/2017</p> <p>31/03/2017</p> <p>31/01/2017</p> <p>31/10/2016</p>	<p>CPI reports</p> <p>OWRs</p> <p>CSDEC</p> <p>EMT/TB reports</p> <p>Learning from Experience</p>	Moderate	Possible	9	Significant
451	There is a risk that staff members who drive on behalf of the trust may be breaching driving standards. The trust may be held vicariously liable for this as our policy states that checks will be undertaken every six months and these do not always occur to the standard or frequency defined.	09/08/2016	Major	Almost certain	20	High	Driving license checks to to be carried out.	Bate, Kevin	06/01/2017	Major	Possible	12	Significant	Shortlist potential driver database solutions	Mark Crouch	31/01/2017	<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
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).	21/10/2008	38 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 staff engagement.</p> <p>14. findings from unannounced MPS visits shared with DDO's and ADO's.</p> <p>15. Medicines management update for CSR2016.1 has been completed.</p>	Wrigley, Fenella	20/10/2016	Major	Possible	12	Significant	<p>Review process for managing controlled drugs</p> <p>Funding request for LAS pharmacist and subsequent recruitment to post</p>	David Whitmore Fenella Wrigley	<p>28/02/2017</p> <p>30/11/2016</p>	<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
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.	08/10/2014	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&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 infection control handbook</p>	Grimshaw, Andrew	24/11/2016	Major	Possible	12	Significant	<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>	Karen Merritt Karen Merritt Gordon Ballard	<p>23/06/2016</p> <p>20/07/2016</p> <p>23/12/2016</p>	<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

116	There is a risk that there may be insufficient emergency ambulances and cars to meet demands	10/06/2016	Major	Likely	16 High	<p>1, Forward view or meet 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 signed off</p> <p>10, Revised fleet monitoring</p> <p>11, DCA fleet increased to support VP roll out</p> <p>12, 20 DCA vehicle held back for events/training</p> <p>13, Vehicle allocations to complex being revisited to assess against areas with excessive out of service time. Re-allocation and consideration of holding spares at Sector level to be considered.</p> <p>14, Business case for 140 new ambulances is finalised for submission to TDA by DoF</p> <p>15, DCA & FRU specification agreed & signed off by</p>	Grimshaw, Andrew	24/11/2016	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	<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
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	21/05/2015	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	24/11/2016	Major	Possible	12 Significant	<p>Clarify the risk and totally review</p> <p>Roll out of vehicle preparation project</p>	Christopher Vale Christopher Vale	20/07/2016 31/08/2017	<p>Project completion/VP reports (Report due Jan 2016); Contract, VP & Decontamination reports; New process/Fleet Reports and OOS reports</p>	Moderate	Unlikely	6 Moderate
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.	20/06/2016	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:</p> <p>6. Regular updates on remaining opportunities provided;</p> <p>7. Local engagement with commissioners and partnership providers continues (note: SEL 111 have extended LAS contract to March 2017 due to delay in their procurement project)</p>	Broughton, Karen	21/11/2016	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>	Jo Nightingale Katy Millard Jo Nightingale Jo Nightingale	31/03/2018 31/03/2018 31/03/2018 31/03/2018	<p>1. Interim Bid team established: (a) Established monitoring of market place/ on-going intelligence gathering; (b) Indicative procurement time lines for bids across London monitored; (c) Interim Local delivery team engaged to prep/ plan bid submission; (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>	Moderate	Unlikely	6 Moderate
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.	28/02/2013	Major	Likely	16 High	<p>1. IM&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	24/11/2016	Moderate	Likely	12 Significant	<p>User Acceptance Testing , will include Training needs analysis. IM&T then to schedule implementation and EOC Training & QA to deliver training/develop documentation. V12.2 installed however, Paramount still required to address all identified clinical risks here. IM&T to identify scope of changes and financial implications of CP integration of Paramount.</p>	Lyn Sugg John Downard	31/03/2017 30/08/2013	<p>Successful implementation of Pro QA Paramount</p>	Moderate	Unlikely	6 Moderate
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.	12/02/2014	Major	Likely	16 High	<p>1. Automatic notification of CMC patients to LAS via email.</p> <p>2. Staffing levels increased to support Management Information staff with the process of flagging address on the LAS Gazeteer.</p> <p>3. Clinical Hub where possible monitor calls where a CMC flag has been triggered.</p> <p>4. Clinical update courses run through Education and Development and internship programme which included reference to CMC and end of life care.</p> <p>5. End of life care circulars regularly on the Pulse which references CMC.</p> <p>6. Attendance at CMC Steering Board, CMC Governance Committee and CMC Stakeholder Group where issues are raised and investigated as necessary."</p>	Sloper, Briony	12/01/2017	Major	Possible	12 Significant	<p>CHUB CTL's to process new CMC flags over weekends.</p> <p>CMC email to ooh.las@nhs.net unnecessary.</p> <p>Create new archives nhs.net email address.</p> <p>LAS and CMC to meet to discuss possibility of records being added directly to command point</p>	Karen MacDonald Marie Fennell Karen MacDonald	17/11/2016 10/11/2016 10/11/2016	<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.</p> <p>2. LAS monitoring of EOC / 111 systems.</p> <p>3. LAS monitoring of clinical incidents / complaints related to EoL and the use of CMC</p>	Major	Unlikely	8 Significant
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	01/06/2005	Major	Likely	16 High	<p>1. Current storage facilities have previously been compliant with IHCD accreditation requirements etc.</p> <p>2. 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</p>	Ivanov, Tina	05/12/2016	Major	Possible	12 Significant	<p>Undertake meeting with external scanning providers</p> <p>Investigate funding stream for external scanning Host meeting</p>	Jessica Cruz-Esteves Tina Ivanov John Hallstone	02/12/2016 27/01/2017 09/12/2016	<p>Manager Governance responsible for:</p> <p>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

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.	11/06/2014		Major	Likely	16	High	<ol style="list-style-type: none"> 1. Telent Ltd, (MDT/SatNav maintainer) to investigate alternative break/fix arrangements with a 3rd party. 2. Assessment of fault quantities and failure frequencies. 3. 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. 	Wynn, Victor	16/11/2016	Major	Possible	12	Significant	<ol style="list-style-type: none"> 1. The current MDT software is being redeveloped to interface with the alternative Sat Nav device, a necessary precursor to action 2 & 3. 2. 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. 3. Subject to proving the new software and devices are viable, funding will be sought to replace SatNavs across the fleet & undertake appropriate procurement process. 5. Obtain 2nd hand SatNavs from other Trusts. 	John Downard John Downard John Downard	30/12/2016 30/10/2016 30/12/2016 31/12/2015	IM&T have reviewed the planned fleet number and composition over the coming 12 months. IM&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.	Major	Rare	4	Moderate
420	420/BAF33 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.	01/07/2016	33	Major	Likely	16	High	<ol style="list-style-type: none"> 1. Enterprise antivirus monitoring all desktops 2. Enterprise grade firewall on external facing ports 3. Email system scanning for viruses and malware 4. File on access scanning for viruses and malware 5. Desktop ports disabled (i.e. USB, DVD) 6. Web filter scans for viruses and malware 7. No access to internet/ email for command and control desktops 8. Air-gapped DMZ for external facing services 9. Automated patch management, including for non Microsoft 10. Strength in depth, layered security architecture 	Wynn, Victor	18/11/2016	Major	Possible	12	Significant	<p>Implement Firewall between CAC and LAS corporate Networks</p> <p>Monthly reporting on hacking, attacks and virus protection for EMT and Audit Committee to be defined and agreed.</p> <p>RCAG approval of report and format</p> <p>Additional information, such as patches applied / outstanding to be included in subsequent reports</p>	Robert Clifford Victor Wynn Victor Wynn Victor Wynn	31/12/2016 01/04/2016 31/10/2016 01/04/2016	<ol style="list-style-type: none"> 1. IM&T daily monitoring 2. Firewall patched and malware detection software kept up to date. 3. Detected intrusion instances reported to IGIST and IGG 4. Detected and treated virus manifestations instances reported to IGIST and IGG 5. Anti-virus software updated at least daily. 6. Firewall and anti-virus software subject to formal change control 7. Firewall and anti-virus software on the daily IM&T assurance process 	Major	Unlikely	8	Significant
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.	05/07/2016		Major	Likely	16	High	<p>Project board set up and meeting monthly, pan Trust representation.</p> <p>Close working relationship with National programme for replacement of Airwave (ARP); represented on the LAS' project board.</p> <p>Project governance in place i.e. risk and issue logs etc.</p> <p>National programme risks are being managed by DH and HO project teams</p> <p>Increased level of Project Management - additional team members to be recruited to assist in the management of this programme.</p>	Wynn, Victor	05/10/2016	Major	Possible	12	Significant	<p>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</p>	Victor Wynn	02/07/2018	<p>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.</p> <p>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).</p>	Major	Unlikely	8	Significant
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	17/05/2010		Major	Likely	16	High	<ol style="list-style-type: none"> 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	24/11/2016	Major	Possible	12	Significant	<p>contract subject matter expert to write draft policy consider, approve and issue policy</p>	Karen Merritt Neil Thomson	13/07/2016 30/12/2016	<ol style="list-style-type: none"> 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
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.	11/02/2015	433	Major	Likely	16	High	<ol style="list-style-type: none"> 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	18/10/2016	Major	Possible	12	Significant	<p>Line managers to be set engagement objectives</p> <p>Communication audit to evaluate internal comms and engagement</p> <p>Hold regular managers' conferences</p>	Fionna Moore Alexander Bass Alexander Bass	30/04/2017 30/04/2017 30/04/2017	<p>Management restructure now complete and new ADOs committed to and making plans for strong staff engagement. CTLs now have 50% role for supporting staff.</p>	Major	Unlikely	8	Significant
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 thorough-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	11/02/2015		Major	Likely	16	High	<ol style="list-style-type: none"> 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	18/10/2016	Major	Possible	12	Significant	<p>Work with local stakeholder engagement managers</p> <p>Participate in weekly ADO call</p> <p>Introduce local stakeholder bulletin</p> <p>Support local leads</p> <p>Design process for local stakeholder feedback and reporting</p>	Fiona Claridge Fiona Claridge Fiona Claridge Fiona Claridge	31/03/2017 31/03/2017 31/03/2017 31/03/2017	<p>To be confirmed</p>	Major	Unlikely	8	Significant

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.	05/12/2016	Major	Likely	16	High	<ul style="list-style-type: none"> 1. Intelligent conveyance desk 2. 24/7 monitoring of London EDs by Incident and Delivery Manager (IDM) 3. Regular hospital visits by Incident Response Officers 4. Regular meetings with NWP and NW SEM 5. Trolley bed vehicle can be deployed to EDs where there are significant problems 	Woodrow, Paul	16/01/2017	Major	Possible	12	Significant	<ul style="list-style-type: none"> Hospital Meetings Raise hospital issues at CCG meetings attend daily NWL surge conference calls Daily contact with NWP Staffing of performance cell Attendance at daily LAS performance meetings staff communication Provide updates on NWP patient Cohort nurse 	Emily Grist Ian Johns Emily Grist Emily Grist Ian Johns 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 31/03/2017	<ul style="list-style-type: none"> 1. Intelligent conveyance report - including crew compliance 2. IDM shift report 3. Report by exception in the IDM shift report 4. feedback at the weekly NW Sector performance meeting 5. Trust Performance cell running for 16hours daily which monitors ED activity/build up. 6. 2 x daily performance meetings/conference calls 7. Daily NWL Surge conference calls attended by SEM 8. Strong local links with NWP senior/Exec Management team 9. Daily visits/contact with NWP by SEM 	Major	Rare	4	Moderate
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	27/01/2016	Moderate	Almost certain	15	High	<ul style="list-style-type: none"> submitting reports to the NRLS monthly and oversee data quality via Datix. 2. New Operational structure reinforces an open reporting structure 3. Acknowledgement given to staff for reporting incidents submitted to the Serious Incident Group 4. Call centre 8am-8pm in place from 28/6/16 for incident reporting 5. Deployment of Datixweb across the LAS now complete 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 7. Benchmark level of Serious Incident reporting against other ambulance services – results shared with EMT and Quality Governance Committee. This is included in the SI annual report currently with SA 8. Level of harm will be reviewed via the new operational structure, allowing Quality Governance Assurance managers in each sector to review the level of harm for those judged to be of at least moderate harm. This is now in place and will be strengthened by the call centre introduction as the questioning is stronger than LAS2s. 	Adams, Sandra	16/01/2017	Moderate	Likely	12	Significant	<ul style="list-style-type: none"> Take risk to the Risk Compliance and Assurance Group on 15/12/16 with a proposal to close the risk. Launch of EBS call centre for Datix incident reporting 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 	Frances Field Peter Nicholson Andy Batters	15/12/2016 28/06/2016 29/07/2016	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.	Moderate	Rare	3	Low
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	07/05/2013	Moderate	Almost certain	15	High	<ul style="list-style-type: none"> 1, Laundry contract in place for blankets 2, Some local arrangements for use of sheets at hospitals 3, Additional capacity for reusable/disposable blankets in store 4, Single use couch rolls in place 5, Single use trolley cover has been sourced and the IPC taskforce and the QIP Blanket group approved it for the trial. 6, working group developed to support the implementation of final solution following trial and evaluation 7, Proposal / BC in draft for the supply and cleaning of a 'patient specific' linen pack, processed and resupplied at Hospitals. 8, VP to record the supply of linen to vehicles. 9, VP KPIs to monitor the compliance for blanket supply. 	Grimshaw, Andrew	24/11/2016	Moderate	Likely	12	Significant	<ul style="list-style-type: none"> Options paper to be prepared by K. Merritt to be taken forward to SMT and EMT for discussion and decision on plan of action 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. set up a Trial using hospital blankets at 2 sites (to be confirmed). Agreements to be put in place with hospitals 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 Costs paper to be written Confirm future plan for blanket management 	Karen Merritt Daniel Law Daniel Law Karen Merritt Karen Merritt Donia Harker	20/07/2016 20/07/2016 20/07/2016 20/07/2016 31/01/2017	<ul style="list-style-type: none"> 1, VP audit check sheets 2, KPI reports evidencing blanket supply at wash and stock 3, incident reporting 4, Contracts for supply and laundering of linen 	Minor	Unlikely	4	Moderate
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.	05/02/2013	Moderate	Almost certain	15	High	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Deploy new recording service 	Simon Alhadi	31/03/2017	Replacement will be complete with the latest supported version of software.	Moderate	Rare	3	Low
432	The Quality Improvement Programme fails to achieve tangible outcomes in the first 6-12 months diminishing stakeholder support	15/07/2016	Moderate	Almost certain	15	High	<ul style="list-style-type: none"> * In January 2016, the QIP narrative and milestone plan was published and provides detail of activities to be delivered during 2016/17 * A robust governance and assurance framework for the QIP is in place to monitor achievement of scheduled activity, and regular reporting obligations to key stakeholders * A PMO has been established that will central monitor and review programme progress 	Broughton, Karen	17/11/2016	Moderate	Likely	12	Significant	<ul style="list-style-type: none"> Monthly QIP ELT Meetings to review progress to date Establish Quality Improvement Board as sub committee of Trust Board To participate NHS Improvement Warning Notice Review 	Fionna Moore Fionna Moore Karen Broughton	31/03/2017 31/03/2017 16/03/2016	All assurance groups within the governance of the QIP should provide sufficient challenge to Executive Leads to ensure that tangible outcomes are achieved to time	Moderate	Unlikely	6	Moderate

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	27/05/2016	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	16/01/2017	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	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
18	There is a risk that declared serious incidents are not investigated thoroughly and within a timely manner. TRR 405	09/07/2014	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 threshold. Active monitoring of our reporting timescale. Standing agenda item at bi-weekly Senior Management Team meetings (report up to EMT where appropriate). Weekly update on progress is sent to SIG Group. Serious incident policy in place. Weekly overdue and over 40 days are sent to ELT for discussion and chasing	Adams, Sandra	06/01/2017	Moderate	Likely	12 Significant	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	31/01/2017 20/10/2016 31/01/2017 30/09/2016	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
28	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. 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. The impact of this may be: * adverse publicity / reputation * court order for specific disclosure which has financial implications; * adverse finding by HM Coroner / trial judge; * financial implication of settling claim as a result of not having any evidence to rebut allegations which could be disproved with the benefit of accessing voice recordings.	10/02/2016	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	10/01/2017	Major	Possible	12 Significant	Have we heard from R Clifford? Provide update for Risk Register HWH from R Clifford? Speak with IM&T re 111 risk Speak with Pauline Cramer re risk of over-recording Revert to RC for more detail Procurement and installation of new equipment Investigate conversion of DAT tapes to a modern media	Laura O'Donoghue Robert Clifford Laura O'Donoghue Kirstie Smith Laura O'Donoghue Laura O'Donoghue Robert Clifford Robert Clifford	09/12/2016 09/01/2017 28/12/2016 07/02/2017 07/02/2017 07/02/2017 31/03/2017 31/03/2017	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
63	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. Original Risk ID 426	10/09/2014	Major	Possible	12 Significant	1. Local managers running own reports in absence of safeguarding officer. 2. Out of office message to manage expectations.	Sloper, Briony	11/01/2017	Major	Possible	12 Significant	1. Increase in members of safeguarding team to provide support across trust and partners (pending agreement of funding). 2. Develop an administrator post for safeguarding to cover increase workload and also support Safeguarding Officer when off (pending agreement of funding). Obtain resources to employ full time administrator	Briony Sloper Briony Sloper Briony Sloper	29/07/2016 08/08/2016 31/03/2017	1. None. 2. Limited effectiveness. 3. None.	Major	Unlikely	8 Significant
65	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. Original Risk ID 458	08/06/2016	Major	Possible	12 Significant	None	Sloper, Briony	11/01/2017	Major	Possible	12 Significant	2. Develop escalation policy to manage multiple referrals 1. Introduce web based solution, confirm its ability to identify multiple calls.	Alan Hay Alan Hay	30/09/2016 30/09/2016	1. Due date for Datix web is 01/09/16. 2. To be developed once Datix web is imbedded.	Major	Rare	4 Moderate
69	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. (Links to TRR - 446 and 439) Original Risk ID 2	08/06/2016	Major	Possible	12 Significant	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.	Sloper, Briony	11/01/2017	Major	Possible	12 Significant	1. Letters have been sent out to staff and an article has been placed in the RIB 2. ILAs need to be incorporated into all rosters when 3. A process needs to be put in place to monitor/review the compliance with managing the ILA process Establish a central reporting system 1. Monitor compliance of training received and report to the Executive Management Team by the end of May.	Pauline Cranmer Paul Woodrow Paul Woodrow Jane Thomas Nikki Fountain	31/12/2017 31/12/2016 31/12/2016 31/03/2016 31/05/2016	(Links to TRR - 446 and 439)	Major	Rare	4 Moderate

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	13/08/2014	Moderate	Likely	12	Significant	1, OPO2 The procedure covering the issues and use of drugs by LAS staff 2, Local management on stations monitoring adherence to OPO2 3, Need to comply with drugs policies reinforced through messages in the RIB 4, Message to just take one paramedic pack per vehicle reinforced through messages on the RIB 5, Medicines Management event held 6, Instigate 'Drug Pack Amnesty' to promote return of drug packs that may have been retained by staff and are therefore not in circulation	Grimshaw, Andrew	24/11/2016	Moderate	Likely	12	Significant	Instigate drug pack amnesty to promote return of drug packs Buy 350 Paramedic and 250 Technician drugs bags Review the maximum and minimum ordering checking on station. Tracking systems need to be looked at to monitor the location of drugs bags Identify stations where over ordering occurs and identify the reasons for this Trial Drug Pouch System in NE later in the year 600 Paramedic and Tech bags to be prepared by 16/12/16 Perfectward application to be piloted at Ilford hub	Karen Merritt Karen Merritt Karen Merritt Gordon Ballard Karen Merritt Karen Merritt Karen Merritt	30/11/2016 23/06/2016 23/06/2016 23/06/2016 29/03/2017 16/12/2016 31/03/2017	1. Shortages of drug bags are reported via the area governance meetings. 2. Issues regarding medicines management are monitored at the medicines management meeting and escalated where appropriate. 3. New Station Managers and Quality & Assurance Managers are in post. 4. Medicine Safety Officer will carry out unannounced spot checks.	Moderate	Rare	3	Low
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	24/02/2012	Moderate	Likely	12	Significant	1. Training for CP Dispatch and Allocation 2. Updated Operational procedures 3. Increased breach analysis 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.	Cranmer, Pauline	01/12/2016	Moderate	Likely	12	Significant	Development and Introduction of KPI's for Dispatch QAD audit of DDS embedding into normal procedures to improve standards and mitigate risks to patients of poor quality welfare checks.	Graham Seamons Susan Watkins	31/01/2017 31/01/2017	Implementation of KPIs dispatch and integration into performance management systems. Reduced complaints/issues arising from Call backs. How are controls measured/monitored? 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 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. SMT Five-weekly watch reviews	Moderate	Possible	9	Significant
349	There is a risk that the processes and enabling technology for operating on paper across two sites are not sufficiently robust and resilient resulting in a delayed LAS response	23/06/2016	Moderate	Likely	12	Significant	1. PC Logger with current configuration now enhanced to more directly support fall back to paper by substantially increasing print speed. 2. OP/66 operational procedure updated for two site paper operations.	Woodrow, Paul	03/11/2016	Moderate	Likely	12	Significant	Planned OP66 exercise dates	Simon Harding	31/12/2016	None	Minor	Possible	6	Moderate
372	282: There is a risk that general failure of personnel to adequately 'back-up' IT may lead to the loss of data.	03/07/2007	Major	Possible	12	Significant	1. The move of business information from hard drives to network drives. 2. Part of the 2010/11 audit programme will test this facility and give assurances. 3. IM&T Infrastructure Team to review and take actions as appropriate.	Wynn, Victor	18/11/2016	Major	Possible	12	Significant	Implement new system Awareness campaign and future EDRMS strategy Awareness campaign - Via Comms	Robert Clifford Robert Clifford Robert Clifford	28/06/2016 18/11/2016 27/01/2017	Risk discussed and monitored by IM&T SMT	Major	Unlikely	8	Significant
423	There is risk that the Trust could incur unnecessary expenditure replacing lost assets. The loss of such assets could also lead to reputational damage and information governance breaches (i.e. lost/stolen desktop devices or other unencrypted devices)	08/10/2014	Moderate	Likely	12	Significant	1. Local asset registers held by IM&T Infrastructure Teams. 2. Local asset registers held of decommissioned IT equipment	Wynn, Victor	18/11/2016	Moderate	Likely	12	Significant	Implementation of a system management Service	Robert Clifford	31/03/2017	Risk discussed and monitored by IM&T SMT	Moderate	Rare	3	Low
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.	08/10/2014	Moderate	Likely	12	Significant	None	Wynn, Victor	24/10/2016	Moderate	Likely	12	Significant	Identify the IT information assets and owners Introduce a policy to assign an Information Asset owner (individual) to every new and existing IT information asset	Victor Wynn Stephen Moore	30/12/2016 30/12/2016	Risk discussed and monitored by IM&T SMT	Moderate	Rare	3	Low
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.	07/10/2013	Major	Possible	12	Significant	1. All A&E operational vehicles with tail lifts are inspected on an 8 week basis. PTS vehicles on a 26 week basis (Updated 11/15 - S.Westrop amended maintenance schedule for A&E - every 12 weeks). 2. Crew staff undertake vehicle daily inspections. 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. 4. Reduce age of vehicles as the tail-lift is being used past the "designed life". 5. Ambulance design reviewed to include tail lift (from further actions) 6. Alternative tail lift has been fitted to a small percentage of vehicles (from further actions) 7. Training programme for workshops on fault finding organised (from further actions) 8. Signage placed in Ambulances to indicate the type and correct operation of the tail lift in question. (from further actions) 9. Instructional video demonstrating the procedure to operate the tail-lift in an emergency - placed on the "Pulse" June 2015 plus notes in "RIB" (from further actions) 10. 104 new A&E Ambulances to replace 67 x 12yr old units. (from further actions)	Grimshaw, Andrew	24/11/2016	Major	Possible	12	Significant	140 new ambulances with new external tail lift subject of business case are awaiting TDA approval	Christopher Vale	30/03/2018	1. Motor risk management group review identified incident related to operational vehicles. 2. Corporate Health and Safety Group review all incident statistic trends. 3. Fleet management meet on a weekly basis and also review vehicle incident rate trends.	Major	Unlikely	8	Significant

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.	17/06/2015		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	19/10/2016	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	None	Major	Unlikely	8	Significant	
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.	18/10/2016		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	11/01/2017	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	1. EBS to continually review referrals data.	Moderate	Unlikely	6	Moderate	
341	There is a risk that patient safety for category C patients may be compromised due to demand exceeding available resources.	01/10/2014		16	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 enables selected lower acuity patients to be conveyed by them instead of a frontline vehicle and reduces the wait. 7. Recruitment well underway and number of leavers significantly less than number of new starters. 8. A business case is under preparation to increase the establishment in EOC in order to staff previously unfunded systems. 9. FRU performance improvement plan in place. 10. Increasing taxi use. Use of an SOP with taxi bookings make the egress safer.	Cranmer, Pauline	24/11/2016	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	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
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.	15/03/2012		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	Rathore, Gurjinder	24/11/2016	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	
538	Patient information may accidentally be accessed by the wrong person because it is sent around the Trust without the use of encrypted email (egress). The risk therefore centres upon the security of patient sensitive data. 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.	16/11/2016		Minor	Almost certain	10	Significant	Legal Services send the information out by egress Staff undertake Information Governance Training	Adams, Sandra	10/01/2017	Minor	Almost certain	10	Significant	Nicola to discuss with SA and LOD to submit to RCAG? Consider pilot re shared folder access Ascertain from SM outcome of IGG and update on NHSmail2 Discuss at team meeting to ensure full risk captured 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	Laura O'Donoghue Laura O'Donoghue Laura O'Donoghue Laura O'Donoghue Stephen Moore Laura O'Donoghue Laura O'Donoghue	06/12/2016 07/02/2017 20/01/2017 22/11/2016 19/01/2017 06/12/2016 28/11/2016	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	



Report to:	Trust Board
Date of meeting:	31 January 2017
Document Title:	Emergency Preparedness, Resilience and Response (EPRR) Annual Assurance Review – Board Briefing
Report Author(s):	Kevin Bate, Deputy Director of Operations (Central Operations)
Presented by:	Paul Woodrow, Director of Operations
Contact Details:	paul.woodrow@lond-amb.nhs.uk
History:	This paper provides an update on the 2016/17 EPRR assurance process following the Board meetings on 4 and 25 October 2016
Status:	This paper is presented for information and to provide assurance
Background/Purpose	
<p>This paper informs the Board of the outcome of the annual EPRR assurance review undertaken in collaboration with NHS England (London). The paper contains the following information:</p> <ul style="list-style-type: none">• A background summary• The final assurance levels achieved• An explanation of the core standards which were rated amber• A copy of the action plan which has been developed and agreed with NHS England (London) to address the standards rated as amber• The next steps in the process.	
Action required	
This paper is presented for information and to provide assurance.	

Key implications and risks arising from this paper	
Clinical and Quality	
Performance	
Financial	
Workforce	
Governance and Well-led	
Reputation	
Other	
This paper supports the achievement of the following Quality Improvement Plan Workstreams:	
Making the London Ambulance Service a great place to work	
Achieving Good Governance	Y
Improving Patient Experience	Y
Improving Environment and Resources	Y
Taking Pride and Responsibility	



EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR)

TRUST BOARD BRIEFING – 31 JANUARY 2017

1. Background

The Trust Board were briefed at its meetings on 4 and 25 October 2016 about the 2016/17 EPRR assurance process. This is the process which NHS England (London) uses in order to gain assurance that the London Ambulance Service (LAS) is prepared to respond to an emergency and has the resilience in place to continue to provide safe standards of patient care during a major incident or business continuity event.

It was reported to the Board last October that the Trust had submitted its annual self-assessment on 14 September 2016 and this had required 34 EPRR, 14 CBRN, 19 MTFAs and 21 HART related standards to be RAG-rated against our level of compliance. At the same time, a number of key documents and plans were submitted to NHS England (London) as supporting evidence.

In terms of the outcome, there are four compliance levels which Trusts can be assessed against. These are as follows:

Compliance Level	Evaluation and Testing Conclusion
Full	Arrangements are in place that appropriately address all the core standards that the organisation is expected to achieve. The Board has agreed with this position statement.
Substantial	Arrangements are in place, however they do not appropriately address one to five of the core standards that the organisation is expected to achieve. A work plan is in place that the Board has agreed.
Partial	Arrangements are in place, however they do not appropriately address six to ten of the core standards that the organisation is expected to achieve. A work plan is in place that the Board has agreed.
Non-Compliant	Arrangements in place do not appropriately address eleven or more core standards that the organisation is expected to achieve. A work plan has been agreed by the Board and will be monitored on a quarterly basis in order to demonstrate future compliance.

2. Annual EPRR Review Outcome

The first of the two assurance review meetings was held with NHS England (London) on 17 October 2016. At this meeting, the standards relating to HAZMAT & CBRN, MTFAs and HART were reviewed. The second meeting took place on 2 November 2016 during which each of the EPRR core standards was reviewed against the Trust's self-assessment.

A Trust's overall level of compliance is based on the total number of amber and red results agreed at the review. I can formally confirm that the results achieved by LAS are as follows:

MTFA	FULL Compliance
HART	SUBSTANTIAL Compliance
EPRR & HAZMAT/CBRN	SUBSTANTIAL Compliance

3. Amber Ratings

3.1 HART

The substantial compliance rating for HART was a result of two standards (core standards 9 and 12) receiving amber ratings. These standards relate to estates and fleet.

In terms of the estates issues, security audits and remedial actions have been implemented at both HART sites as a means of addressing National Ambulance Resilience Unit (NARU) concerns relating to non-compliance with the national HART estate specification. NARU visited both HART sites on 16 November 2016 to inspect the security measures which have been implemented and they have subsequently confirmed that the Trust's actions have addressed the issues which were previously identified. NARU acknowledge that the London HART estate was developed prior to the full national specification being introduced and recognise the specific difficulties relating to estate availability/cost within the capital city. NARU has provided a letter of derogation in relation to the HART estate issues which has duly been forwarded to NHS England (London). The Trust has been informed by NHS England (London) that this core standard will turn green due to NARU's written acceptance of the actions taken by the Trust.

With regard to the HART vehicle fleet, the Trust has placed orders for the initial fleet replacement however the standard will remain green because the vehicles will not be delivered until mid-2017.

3.2 EPRR & HAZMAT/CBRN

All standards relating to HAZMAT and CBRN were assessed as fully compliant.

Four EPRR standards were however rated as amber and these relate to the incident response plan and business continuity (standard 8); plans being prepared in line with current guidance and good practice (standard 9); and arrangements about how to continue the organisation's prioritised activities in the event of an emergency or business continuity incident in so far as is practical (standard 11).

The Trust acknowledged during the self-assessment process that it is not currently fully compliant or achieving best practice standards in terms of its business continuity arrangements. A specialist in business continuity was recruited on 4 November 2016 and work has already commenced to develop and strengthen business continuity arrangements across the Trust. Indeed a separate business continuity briefing is being presented alongside this paper to the Trust Board's January meeting.

4. Next Steps

An action plan has been developed and agreed with NHS England (London) to address all the standards rated as amber. A copy of the action plan is attached at Appendix 1 for the Board's information. At the time of preparing this report, all actions have either been completed or are within the agreed timescale for completion.

Quarterly meetings are scheduled between NHS England (London)'s EPRR team and LAS to monitor and review progress against the action plan.

On-going monitoring and progress against the action plan will also be reported to the Operations Board and the Risk, Compliance and Assurance Group (RCAG) which in turn will provide assurance upwards to the Executive Leadership Team and the Audit Committee. The strengthened EPRR governance and reporting arrangements were previously noted in my EPRR paper to the Board on 25 October 2016.

The Trust Board will receive EPRR reports at least every six months so that the Board can assure itself that adequate resources are being made available to enable the Trust to meet the requirements of these core standards and other obligations as per the Civil Contingencies Act 2004, the NHS England EPRR Framework 2015, the Health and Social Care Act 2012 and the NHS Standard Contract. These reports will provide details about exercises undertaken by the Trust, significant incidents and identified learning, and the Trust's current standing against the core EPRR standards.

The LAS EPRR annual assurance outcomes which have been reported in this paper will now be shared with each Area Local Health Resilience Partnership (LHRP), with the formal reporting being undertaken at the Regional Local Health Resilience Partnership meeting in March 2017.

Paul Woodrow
Director of Operations
January 2017



EPRR LEAD: Tracy Porter
Last Update: 24th Jan 2017
Version: 0.6

Core Standard	Core Standard Description	Action	Assurance RA	Status	Priority	Due Date	Complete	Owner	Notes
EPRR									
8	Incidents and emergencies (Incident Response Plan (IRP) (Major Incident Plan))	IRP review in relation to EPRR policy	AMBER	In Progress	High	Dec 16		L Lehane	
		Refresh IRP structure/streamline contents		In Progress		Jan 17		L Lehane	
		Draft for consultation		Not Started		Feb 17		L Lehane	
		Finalise IRP		Not Started		Feb 17		L Lehane	
		Publish		Not Started		Feb 17		L Lehane	
		Commence New 2017 IRP		Not Started		Apr 17		L Lehane	
		Completion of new IRP		Not Started		Aug 17		L Lehane	
8	Corporate and service level Business Continuity (aligned to current nationally recognised BC	See actions as per BC deep dive	AMBER	In Progress	High	See Below			
8	Pandemic Flu	Table top flu exercise	GREEN	Complete	Low	Jan 17		S Margetts	19th Jan Ex Zazzabi
8	Mass Countermeasures (eg mass prophylaxis, or mass vaccination)	External support - inclusion in the IRP refresh	GREEN	Not Started	Low	Feb 17		L Lehane	
8	Mass Casualties / Mass fatalities	Inclusion in the IRP refresh	GREEN	Not Started	Low	Feb 17		L Lehane	
8	Lockdown / Evacuation	External response to other NHS organisations - facilitated workshop	GREEN	Not Started	Low	May 17		T Porter	
9	Ensure that plans are prepared in line with current guidance and good practice which include	Review current EPRR documents including EP/HART/CBRN/TRU	AMBER	In Progress	Medium	Jan 17		T Porter	Document review in progress
		Map document interdependencies		In Progress	Medium	Feb 17		T Porter	Document review in progress
		Align documents as appropriate		Not Started	Medium	Apr 17		T Porter	
		Document consultation		Not Started	Medium	May 17		T Porter	
		Finalise documents		Not Started	Medium	Jun 17		T Porter	
		Publish		Not Started	Medium	Jun 17		T Porter	
		Check and summarise review dates		Not Started	Medium	Jun 17		T Porter	
		Create EPRR document library/database		In Progress	Medium	Jan 17		T Porter	
		Develop EPRR document control procedure		In Progress	Medium	Mar 17		T Porter	
11	Arrangements include how to continue your organisation's prioritised activities (critical activi	See actions as per BC deep dive	AMBER	In Progress	High	See Below			
Business Continuity									
		Appoint BC Consultant		Complete	High	Nov 16		P Woodrow	
		BC Consultant review of current BC status / documents		Complete	High	Dec 16		S Rodenhurst-Banks	Presented to ELT
		Develop BC Strategy for board approval		Complete	High	Dec 16		S Rodenhurst-Banks	
		BC Strategy Consultation		Complete	High	Jan 17		S Rodenhurst-Banks	
		Develop BC Workplan post strategy		In Progress	High	Dec 16		S Rodenhurst-Banks	Interim workplan in place
DD1	Organisation has undertaken a Business Impact Assessment	Review BIA templates in line with strategy	AMBER	Complete	Medium	Nov 16		S Rodenhurst-Banks	
		Develop guidance document for BIA completion		In Progress	Medium	Nov 16		G Long	Action reviewed: face to face consultation and guidance being provided, guidance included within BIA
		Departmental BIA completion		In Progress		Mar 17			Commenced BIA's in support services - majority of HQ based departments in progress. Ops to commence
		Submission of BIA to EPRR		Not Started		Apr 17			
DD2	Organisation has explicitly identified its Critical Functions and set Minimum Tolerable Periods	Completion of Trust wide strategic BIA	AMBER	Not Started	High	Mar 17		S Rodenhurst-Banks	
DD3	There is a plan in place for the organisation to follow to maintain critical functions and restor	Review availability/status of current Trust BC plans	AMBER	In Progress	High	Dec 16		G Long	
		Develop guidance document for BC plan completion		In Progress	High	Mar 17		S Rodenhurst-Banks	BC plan templates developed to input BIA information
		Departmental/area/sector BC plans drafts		Not Started	High	Jun-17		G Long	
		EPRR consultation and review for interdependencies		Not Started	High	Apr-17		S Rodenhurst-Banks	
		Departmental/area/sector Feedback		Not Started	High	Apr-Jul 17		G Long	
		Finalise departmental/area/sector BC plans		Not Started	High	Jul-17		G Long	
		Submit and publish departmental/area/sector BC plans		Not Started	High	Aug-17		G Long	
		Develop overarching Trust BC Plan		Not Started	High	Jul 17		G Long	
		BC Plan consultation		Not Started	High	Jun 17		G Long	
		Finalise BC Plan		Not Started	High	Jun 17		G Long	
		Submission to ELT / Board		Not Started	High	Jul 17		G Long	
		Publish Trust BC Plan		Not Started	High	Jul 17		G Long	
		Central BC document library on The Pulse		Not Started	Medium	Jul 17		G Long	
DD5	The Accountable Emergency Officers has ensured that their organisation, any providers they	Ensure BC included in all tenders	AMBER	In Progress	Medium	Jul 17		P Woodrow	Assisted with BC review of new Perfect Ward system
HART									
9	Organisations ensure that the HART fleet and associated incident technology are maintained	Order placed for LAS HART East	AMBER	Complete	High	Sep 16	Sep 16	A Grimshaw / P Woodrow	
		Order placed for LAS HART West		In Progress	High	Jan 17		A Grimshaw / P Woodrow	Chassis order placed for delivery to converter June 2017. Conversion order still to be placed
		Vehicles received LAS HART East		Not Started	High	Mar 17		M Rainey	
		Vehicles received LAS HART West		Not Started	High	Aug 17		M Rainey	
		Review all-terrain vehicle capability and replace in line with NARU requirements		Not Started	Medium	Jul 17		M Rainey	
11	Organisations ensure that a capital estate is provided for HART that meets the standards set	NARU agreement for variation to national service spec	AMBER	Complete	High	Nov 16	Nov 16	K Bate	Now GREEN - completed 16/11/16

		Security Survey	Complete	High	Oct 16	Oct 16	M Nelhams	
		Implementation of recommendations	Complete	High	Oct 16	Oct 16	M Nelhams	
		NARU inspection/review	Complete	High	16-Nov-16	16-Nov-16	C Cooper / M Rainey	
		NARU agreement and sign off	Complete	High	16-Nov-16	16-Nov-16	K Bate	



Report to:	Trust Board
Date of meeting:	31st January 2017
Document Title:	Business Continuity Update
Report Author(s):	Paul Woodrow, Director of Operations
Presented by:	Paul Woodrow, Director of Operations
Contact Details:	paul.woodrow@lond-amb.nhs.uk
History:	This briefing provides an update on the progress being made to develop and strengthen the Trust's business continuity arrangements
Status:	This paper is presented for information and to provide assurance
Background/Purpose	
<p>The Emergency Preparedness, Resilience and Response (EPRR) paper (which is also presented to this Trust Board meeting) explains that one of the EPRR core standards which was rated amber by NHS England (London) during the 2016/17 annual assurance process relates to the Trust's business continuity arrangements.</p> <p>The Trust acknowledged during the self-assessment process that it is not currently fully compliant or achieving best practice standards in terms of its business continuity arrangements.</p> <p>A specialist in business continuity (Sarah Rodenhurst-Banks) was recruited on 4 November 2016 and work has already commenced to develop and strengthen business continuity arrangements across the Trust. A copy of the current business continuity work plan is attached for information.</p> <p>The Board will note from the attached work plan that the final business continuity plan is scheduled to be presented at July's Trust Board meeting. It should also be noted that, while the business continuity policy will be reviewed in February 2017, the policy was last updated in October 2016 and part of this review included input and contributions from NHS England (London).</p>	
Action required	
This paper is presented for information and to provide assurance.	

Key implications and risks arising from this paper	
Clinical and Quality	
Performance	
Financial	
Workforce	
Governance and Well-led	
Reputation	
Other	
This paper supports the achievement of the following Quality Improvement Plan Workstreams:	
Making the London Ambulance Service a great place to work	
Achieving Good Governance	Y
Improving Patient Experience	Y
Improving Environment and Resources	Y
Taking Pride and Responsibility	

BUSINESS CONTINUITY WORK PLAN

Key	
PW	Paul Woodrow, Director of Operations
SRB	Sarah Rodenhurst-Banks, Head of Business Continuity
GL	Geoff Long, Business Continuity Coordinator
KB	Kevin Bate, Deputy Director of Operations
BC working Group	BC service leads meeting
BC steering group	SRB/GL with senior EPRR/Operations

	ACTION	LEAD	TIMELINE	PROGRESS/UPDATE
1	Business Continuity Briefing Paper to Trust Board	SRB	24.11.16	Complete
2	Business Continuity work plan to be developed and reviewed by PW	SRB	24.11.16	Complete
3	Develop Business Impact Analysis tool and guidelines	SRB/GL	09.12.16	Complete
4	Terms of reference, job description and time requirement for BC working group/leads	SRB/GL	12.12.16	Complete
5	Business Continuity presentation to ELT	SRB	14.12.16	Complete
6	Meet with service leads to discuss BC programme and requirements	SRB/GL	December/January 16/17	In progress
7	Identify leads in all LAS services	GL/SRB with service managers	December/January 16/17	In progress
8	Work plan to PW for review	SRB	24.01.17	Complete
9	Work plan to Trust Board	SRB	31.01.17	
10	Initial meeting of BC working group – provide training on BC and BIA completion	SRB/GL	February. Date TBC	
11	Work with leads on BIA completion	SRB/GL	January onwards	In progress. Proposed completion date end March 2017
12	Review Business Continuity Policy	SRB/KB	February 17	
13	Meet with NHS England to review requirements for compliance with assurance process	SRB/KB	February 17	

14	Develop baseline Business Continuity plan and template action cards	SRB/GL	January 17 – March 17	Plan and templates in development
15	Review service/staffing requirements to deliver BC work plan	PW	31.01.17	
16	Update paper to PW/Trust Board	SRB	February 17	
17	BC Working Group meeting	SRB/GL/BC leads	March 17	
18	BC Steering Group meeting	BC Steering Group	March 17	
19	Review of completed BIAs	SRB/GL	March/April 17	
20	BC Working Group feedback on BIAs and any clarification/addition information required	GL	April 17	
21	BC Steering Group update meeting	GL	April 17	
22	Development of draft BC plan from BIAs	GL	May/June 2017	
23	Draft plan to BC Working Group for review and cross check	GL	June 2017	
24	Draft plan to BC Steering Group for review and comment	GL	June 2017	
25	Assess BC plan against BS ISO 22301 for compliance.	GL	June 2017	
26	Update plan following assessment	GL	June/July 2017	
27	Final BC Plan to Trust Board	PW	July 2017	
28	Develop Business Continuity training plan	GL	July/August 2017	
29	Implementation of plan: communications, posters, implementation workshops, training etc TBC	GL	August -October 2017	
30	Develop Business Continuity exercise plan	GL	October 2017	
31	Implement exercise plan	GL	November/December 2017	
32	Review and update plan following exercise	GL	January 2018	
33	Circulate updated plan with communications	GL	February 2018	
34	6 monthly working group and steering group meetings to review and update plans as required	GL	Ongoing	



Report to:	Trust Board
Date of meeting:	31st January 2017
Document Title:	Financial & Operational Plan Update
Report Author(s):	Andy Bell
Presented by:	Andy Bell
Contact Details:	Andy.bell@lond-amb.nhs.uk
History:	<i>n/a</i>
Status:	<i>Information</i>

Background/Purpose

BACKGROUND

- LAS faced a material challenge in developing a two year plan for 2017-19.
 - Continued growth in activity levels.
 - The need to improve productivity.
 - The need to invest to improve services and infrastructure.
 - The potential need to grow to address these issues.
 - The challenge of securing more funding from CCGs given overall system pressures and previous funding.
- The Trust made an initial plan submission on the 23rd November 2016 and a final submission on 24th December 2016.
- The Heads of Terms for the plan was agreed with Commissioners on 24th December 2016 and the core contract terms were signed off on the 13th January 2017.
- This paper outlines some of the key issues and how these were addressed in the final plan.

REQUIREMENTS OF THE PLAN

- LAS is required to submit a plan that:
 - Delivers national performance standards. Locally agreed trajectories are not allowed. The targets specifically mentioned are;
 - A8 75% within 8 minutes.
 - A19 transport options for 95% within 19 minutes
 - Hospital handover to green within 15 minutes.
 - Delivers the target financial control total (£2.5m deficit in 2016/17 and £1.0m surplus in 2018/19).
 - LAS has been offered £2.0m of STP funding to support delivery of these positions. Failure to indicate they can deliver the control totals (financial and operational) would see this money withdrawn or withheld.

CONCLUSIONS

- Reasonable settlement
- Demand management & productivity are fundamental to success alongside capacity growth
- Some non contract income remains uncertain including Specialist Service Income and the national Band 6 agreement.
- Challenging CIP position requires Q4 16/17 preparation and integration with wider transformation plan moving forward.
- Liquidity will remain challenged whilst break even position is recovered across 2018/19.
- The capital plan will maintain the annual fleet renewal programme and make significant investment in Technology as part of national IT initiatives.
- The impact of the Estates Strategy needs to be confirmed.

Action required

The FIPC is requested to note the update report provided.

Links to Board Assurance Framework and key risks

ID	Description	Gross Level	Risk level (current)	Risk level (Target)
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.	High	Significant	Moderate
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.	High	High	Moderate
226	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.	Significant	Significant	Moderate

Key implications and risks in line with the risk appetite statement where applicable:	
Clinical and Quality	
Performance	
Financial	Financial plan key to Trust operational strategy, delivery and sustainability
Workforce	
Governance and Well-led	
Reputation	
Other	
This paper supports the achievement of the following Quality Improvement Plan Workstreams:	
Making the London Ambulance Service a great place to work	
Achieving Good Governance	
Improving Patient Experience	
Improving Environment and Resources	X
Taking Pride and Responsibility	



Trust Board
31st January 2017.

2017-19 Update on Financial and Operating Plans

Andy Bell
Director of Finance



Background

- LAS faced a material challenge in developing a two year plan for 2017-19.
 - Continued growth in activity levels.
 - The need to improve productivity.
 - The need to invest to improve services and infrastructure.
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Requirements of the plan

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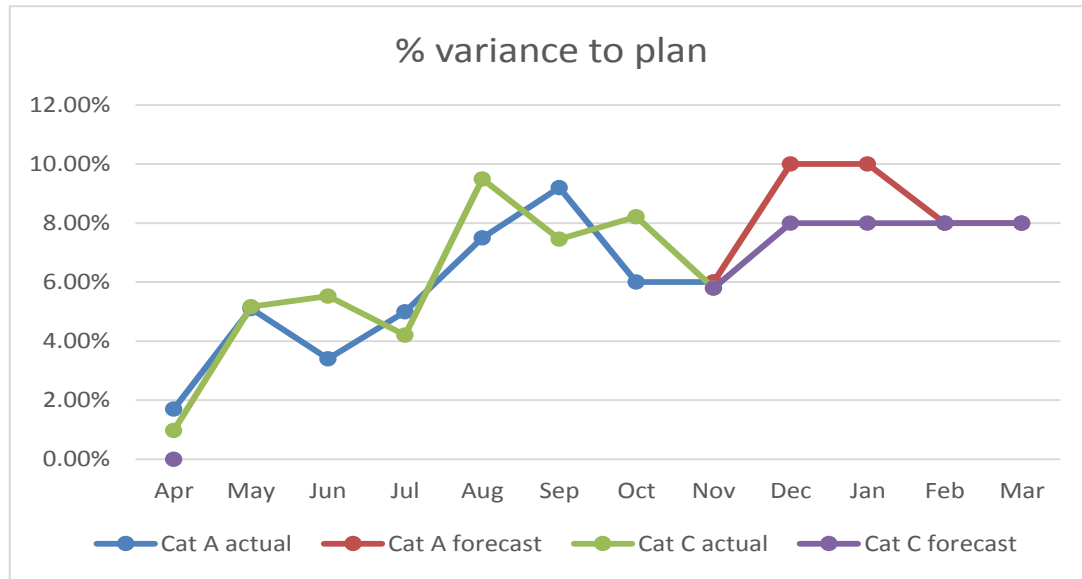
Where are we now

- We can see and have scoped the material challenges. We will continue to work with commissioning partners to finalise the details, but these should not deflect from the main picture.
- Material pressures exist within the London health economy and are expected to continue and accelerate in the short to medium term.
- Seeking to grow LAS capacity to address continued growth in activity as a sole option is not realistic given the levels of growth indicated.
- Productivity improvements within LAS are seen as challenging but available
- Commissioners have agreed to a contract structure broadly in line with that proposed by the LAS
- Heads of Terms were signed on 24th December 2016 and the Core contract schedules were signed on 13th January 2017.
- Detailed work on finalising activity and performance trajectories, demand management and CQUINs are underway and will conclude in the next few weeks.



Activity & Demand Projections

	2016/17 plan	2016/17 outturn	2017/18 based on 16/17 growth	2017/18 based on 16/17 exit run rate
Cat A	512,372	546,654	595,804	602,960
Cat C	536,675	571,654	571,654	630,534
Total	1,049,047	1,118,308	1,167,457	1,233,494
% on 16/17 plan		6.6%	11.3%	17.6%



- 2016/17 outturn would be 7% above contract if current trends continue. The graph below demonstrates the trend in activity across 2016/17.
- While additional funds are being made available to LAS in 2016/17 a recurrent solution is needed for 2017/18.
- The 2016/17 contract included 2.3% uplift on 2015/16.
- The current 2016/17 run rate is over 9% above contract. As such, overall growth rate for 2017/18 above outturn stands above 9% per annum.
- When over-performance from 2016/17 and growth forecast for 2018/19 are combined LAS could experience upwards of 17% growth in demand above 2016/17 contracted volumes.



Contract Settlement

- Demand has been agreed and modelled at circa 16% growth across 2016/17 and 2017/18.
- CCGs are seeking at least 7% demand management reduction impact
- CCGs have agreed:
 - To fund 6% Growth in the Base contract (£13.3m)
 - To fund up to 3% overperformance (£6.7m) (9% growth in total)
 - This would equate to Total additional funding of £20.0m
 - If activity exceeds 9% then the contract will need to be renegotiated
 - The Trust commits to returning to national performance standards by October 2017.
 - CQUINS are currently being finalised and will total circa £7.8m
- LAS has planned for 9% Growth as a minimum. As such capacity (workforce, recruitment, training etc.) is being planned on this basis.



Key Financials in the Plan

	31/03/2017 Year Ending £'000	31/03/2018 Year Ending £'000	31/03/2019 Year Ending £'000	
Performance against SOCI Control total	(6,642)	(2,410)	1,035	LAS is required to return to surplus by 31st March 2019 with a surplus of £1.0m. Position includes STP funding of £2.0m per annum.
Total Capital	15,000	26,002	31,000	Assumes £4.1m roll forward of Capex from 16/17 to support fleet procurement, remaining increase is additional investment in IM&T as part of digital roadmap.
Cash and cash equivalents at period end	10,931	3,932	3,492	Higher cash position in 16/17 due to the lower than planned capex spend. Ongoing liquidity pressure as LAS will have a deficit in 17/18 and a small surplus by the end of 18/19. Working capital management strategies will be implemented as necessary and interim revenue financing would be available as required.

- The table shows the Key financial figures for the Trust.
- SOCI Control Total: The Trust is planning to meet its assigned control totals in each year and return to surplus in 2018/19
- Capital: The Trust will require significant Capital Investment across the 3 years to support transformation in Fleet, Estates and Technology.
- Cash: The Trust Liquidity position is planned to be challenged until the Trust returns to a sustainable surplus position.



Key Performance Indicators in the Plan

Plan Use of Resources Risk Ratings	Forecast Out-turn 31/03/2017 Year Ending Rating	Plan 31/03/2018 Year Ending Rating	Plan 31/03/2019 Year Ending Rating	Notes
Capital Service Cover rating	1	1	1	LAS continues to have very little debt
Liquidity rating	4	4	4	Continued cash stress as LAS remains in deficit. Working capital management strategies have been identified and Interim revenue financing would be available if required.
I&E Margin rating	4	3	2	This improves as LAS moves from deficit to surplus
Variance From Control Total rating	1	1	1	LAS is planning to achieve its control total
Agency rating	1	1	1	LAS is planning to meets its agency cap
Plan Risk Rating after overrides	3	3	3	Maximum score is limited by liquidity rating of 4

- NHS Improvement has introduced a single oversight framework to replace risk assessment and accountability frameworks. Use of Resources is the measure used to assess financial performance.
- 1 is the best score that can be achieved whereas 4 is the worst.
- The overall scoring shows LAS with a score of 3. A score of 4 in any one metric limits the maximum score overall to 3.
- The score of 3 is triggered due to the Liquidity Rating of 4 in the plan position.
- I&E Margin improves across the identified period as the deficit position is reduced and the Trust returns to surplus.
- The Trust expect to remain scores of 1 in all other areas as it delivers its plan.



5 Year Capital Expenditure in the Plan

Expenditure	31/03/2018	31/03/2019	31/03/2020	31/03/2021	31/03/2022	31/03/2022
	Year Ending £'000	Year Ending £'000	Year Ending £'000	Year Ending £'000	Year Ending £'000	5 Year Plan £'000
Estates - Maintenance	1,550	750	750	750	750	4,550
IM&T	3,000	3,000	3,000	3,000	1,700	13,700
IM&T Digital Maturity Investment (external)	5,520	12,800	11,140	3,370	0	32,830
Equipment	1,306	1,000	1,000	1,000	1,000	5,306
Fleet replacement 2015/16 and 2016/17 - 2 year programme	10,006	0	0	0	0	10,006
Other Fleet	1,300	3,200				4,500
Fleet replacement - 2018/19	3,320	10,250				13,570
Fleet replacement - 2019/20	0		10,250			10,250
Fleet replacement - 2020/21	0			10,250		10,250
Fleet replacement - 2021/22	0				10,250	10,250
New Control Room	0			500		500
Lea Bridge / Romford Purchase	0		2,000			2,000
Ambulance Superstations	0			6,000	6,000	12,000
Total Capital Expenditure	26,002	31,000	28,140	24,870	19,700	129,712
Funding	31/03/2018	31/03/2019	31/03/2020	31/03/2021	31/03/2022	31/03/2022
	Year Ending £'000	Year Ending £'000	Year Ending £'000	Year Ending £'000	Year Ending £'000	5 Year Plan £'000
Internally Generated	20,482	18,200	17,000	21,500	13,045	90,227
National Grants	5,520	12,800	11,140	3,370	0	32,830
Other	0	0	0	0	6,655	6,655
Total Capital Funding	26,002	31,000	28,140	24,870	19,700	129,712

The Capital Plan within the 2017/18 to 2021/22 Capital Planning window has focused primarily on internal funding with only the National IM&T digital maturity programme requiring external funding. This recognises that capital funding is likely to be extremely constrained moving forward and additional capital will not be freely available.



2018/19 further challenges

- The Trust has been set an improvement in its control total of £3.5m for 2018/19. Moving from a deficit of £2.5m to a surplus of £1.0m. Additional efficiencies will be required to achieve this.
- The impact of both the Estate and IM&T strategies will need to be addressed. Both should provide efficiencies which will support their introduction. These will need to be scoped and defined (benefits realisation).
- Growth will continue. Opportunities for demand management may be more challenging. Further work on the operating model, especially the mix of how the Trust responds to incidents (H&T, S&T, S&C) will need to be defined. ARP will help define this, but action will need to be taken regardless of ARP.
- Back office consolidation and blue light collaboration will need to be addressed. With plans confirmed across 2017/18.
- Further funding challenges may arise from CCGs. We should seek to keep these linked to the operating model.
- The need to maintain and continue to improve quality.



Conclusions

- Reasonable settlement
- Demand management & productivity are fundamental to success alongside capacity growth
- Some non contract income remains uncertain including Specialist Service Income and the national Band 6 agreement.
- Challenging CIP position requires Q4 16/17 preparation and integration with wider transformation plan moving forward.
- Liquidity will remain challenged whilst break even position is recovered across 2018/19.
- The capital plan will maintain the annual fleet renewal programme and make significant investment in Technology as part of national IT initiatives.
- The impact of the Estates Strategy needs to be confirmed.



Appendix: Statement of Comprehensive Income (SOCI) in the Plan

	Forecast Out-turn 31/03/2017 Year Ending £'000	Plan 31/03/2018 Year Ending £'000	Plan 31/03/2019 Year Ending £'000
Operating income from patient care activities	331,974	350,097	355,462
Other operating income	3,825	2,702	3,722
Employee expenses	(254,878)	(263,093)	(267,122)
Operating expenses excluding employee expenses	(83,464)	(87,952)	(86,863)
OPERATING SURPLUS / (DEFICIT)	(2,543)	1,754	5,199
FINANCE COSTS			
Finance income	95	132	132
Finance expense	0	(132)	(132)
PDC dividends payable/refundable	(4,204)	(4,200)	(4,200)
NET FINANCE COSTS	(4,109)	(4,200)	(4,200)
Gains/(losses) on disposal of assets	0	0	0
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR PER ACCOUNTS	(6,652)	(2,446)	999
Remove capital donations/grants I&E impact	(159)	36	36
Adjusted financial performance surplus/(deficit)	(6,811)	(2,410)	1,035
Control totals for planning years		(2,511)	1,011
Performance against control total		101	24



Report to:	London Ambulance Service Trust Board
Date of meeting:	31st January 2017
Document Title:	LAS Clinical Strategy
Report Author(s):	Dr Fenella Wrigley
Presented by:	Dr Neil Thomson
Contact Details:	fenella.wrigley@lond-amb.nhs.uk
History:	Previously presented to ELT and Trust Board
Status:	Final – for approval
Background/Purpose	
<p>London Ambulance Service has the aim commitment and expertise to be the provider of emergency and urgent care, with an integral role in the development and delivery of NHS 111, for patients in London. In order to deliver this London Ambulance Service staff will be supported and trained to build its capability for the consistent delivery of high quality evidence based care for our patients. This will be underpinned by robust clinical governance and an improved educational and training plan which will embed learning and professionalism. We will listen to, and act upon, feedback from patients, staff, user groups and stakeholders to improve patient experience and outcomes.</p> <p>This clinical strategy will describe the overarching clinical leadership, accountability, responsibility and behaviours required to deliver clinical excellence in a changing NHS. It provides the framework against which developments in clinical practice will be made, and against which we will measure progress.</p> <p>The strategy has been developed following engagement events with Stakeholders and strategy sessions with the Trust Board. The principles were shared widely during the 2016 Chief Executive Roadshows. Feedback has been received and incorporated from a wide range of stakeholders including the Patients Forum.</p>	
Action required	
Trust Board is asked to approve the Clinical Strategy 2016 - 21	
Key implications	

Key implications and risks arising from this paper	
Clinical and Quality	This clinical strategy will describe the overarching clinical leadership, accountability, responsibility and behaviours of LAS clinicians and support staff
Performance	To inform the operational and clinical model
Financial	
Workforce	To inform the skill mix
Governance and Well-led	
Reputation	Wide engagement has taken place
Other	
This paper supports the achievement of the following Quality Improvement Plan Workstreams:	
Making the London Ambulance Service a great place to work	Yes
Achieving Good Governance	Yes
Improving Patient Experience	Yes
Improving Environment and Resources	
Taking Pride and Responsibility	Yes



Clinical Strategy

2016 - 2021

THIS REMAINS AN INTERNAL DOCUMENT IN DRAFT FORM UNTIL MARKED FINAL



Clinical Strategy	12 January 2017
Final v1.0	Page 1 of 27

DOCUMENT PROFILE and CONTROL.

Purpose of the document: This document sets out the Clinical Strategy for London Ambulance Service from 2016 – 2021. The Clinical Strategy will support the overall LAS 5 year Strategy and inform other strategies including the IM&T strategy, operational strategy (including estates and logistics), workforce strategy and educational strategy.

Sponsor Department: Medical Directorate

Author/Reviewer: Medical Director.

Document Status: Final 1.0

Amendment History			
Date	*Version	Author/Contributor	Amendment Details
31 st January 2017	1.0	Approval by Trust Board	
18 January 2017	1.0	Approval by ELT	
January 2017	0.7	Commissioner stakeholders, Chair of London Integrated Urgent Care, Medical Directorate, Clinical Leads for LAS, Chief Quality Officer (LAS), Patients Forum	Updated to incorporate feedback
December 2016	0.6	Final Draft circulated	To be taken to Trust Board in January for final sign off after further consultation and circulation with Commissioners and Stakeholders.
29 November 2016	0.5	LAS Trust Board and Executive Leadership Team	Minor amendments based on feedback
November 2016		CEO Road-shows - Strategy overview presented	Feedback received from LAS frontline and support staff and amendments made
October 2016	0.4	LAS CEO, Director of Performance and Chair	Numerous minor changes suggested and amendments made
September 2016	0.3	STP, NHS England London Region	Alignment of STP strategies with LAS clinical strategy
28 June 2016	0.2	LAS Trust Board Strategy Workshop	Feedback from Trust Board on overall strategy and confirmation about future role in Urgent Care and NHS111
17 June 2016	0.2	LAS Demand Management Workshop	Feedback from Stakeholders and Commissioners on next 5 years
11 May 2016	0.1	Stakeholder and Commissioner Strategy meeting	Feedback from Stakeholders and Commissioners on next 5 years
May 2016	0.1	Medical Directorate leads for areas	Feedback from medical directorate leads on plans for next 5 years

***Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until

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Executive Summary

The future system of integrated urgent and emergency care requires a radically different ambulance service which places a clear emphasis on assessment and treatment at scene and in community settings, with transport to alternative care settings where required to access established pathways of care. Transport to hospital should no longer be the default option but used for those patients who require the assessment and management skills available within an Emergency Department or an alternative healthcare centre. To deliver this clinical strategy LAS must be fully integrated with all 5 Urgent and Emergency Care Networks and Sustainability and Transformation Plans (STPs) to ensure a consistent response across London. It is recognised that whilst some healthcare pathways will be suitable to be adopted across London there will be an increasing expectation of local responsiveness and delivery of specific pathways which LAS is committed to supporting. To achieve this LAS will work closely with Clinical Commissioning Groups (CCGs).

New models of care for LAS require flexible, inter-disciplinary working across organisational boundaries with enhanced educational programmes and workforce development to support this. Electronic care records, appropriate integration of records and the standardisation of care plans must be developed and implemented.

We are committed to working with Healthwatch, the Patients' forum and voluntary sector organisations, to ensure that our services are responsive to patients' needs and that patients are always at the centre of our transformation into an urgent and emergency care provider.

Clinical Strategy	12 January 2017
Final v1.0	Page 4 of 27

Introduction

London Ambulance Service has the aim commitment and expertise to be the provider of emergency and urgent care, with an integral role in the development and delivery of NHS 111, for patients in London.

In order to deliver this London Ambulance Service staff will be supported and trained to build its capability for the consistent delivery of high quality evidence based care for our patients. This will be underpinned by robust clinical governance and an improved educational and training plan which will embed learning and professionalism. We will listen to, and act upon, feedback from patients, staff, user groups and stakeholders to improve patient experience and outcomes.

This clinical strategy will describe the overarching clinical leadership, accountability, responsibility and behaviours required to deliver clinical excellence in a changing NHS. It provides the framework against which developments in clinical practice will be made, and against which we will measure progress.

Our Purpose

We are here to care for people in London - saving lives, providing care; and making sure they get the help they need

Our Values

In everything we do we will provide:

Care: Helping people when they need us; treating people with compassion, dignity and respect; having pride in our work and our organisation.

Clinical Excellence: Giving our patients the best possible care; leading and sharing best clinical practice; using staff and patient feedback and experience to improve our care.

Commitment: Setting high standards and delivering against them; supporting our staff to grow, develop and thrive; Learning and growing to deliver continual improvement.



Clinical Strategy	12 January 2017
Final v1.0	Page 5 of 27

Context

The London Ambulance Service is the busiest ambulance service in the UK, responding to over 1.7 million calls a year. We are the only pan-London healthcare provider, providing urgent and emergency services for people in London. Commissioned by 32 CCGs and NHS England (London) for our specialist services, we also provide a patient transport service, non-emergency transport service, NHS 111, and neonatal transport services.

UK Ambulance Services have delivered significant improvement to the standard of clinical care and services to patients over recent years despite demand increasing year on year. Patient experiences of 999 emergency services are consistently positive with patients having a high level of trust and confidence in the clinicians who attend them. Ambulance clinicians continue to develop from their historical role of delivering first aid and transportation to hospitals, towards a greater emphasis on decision-making, diagnosis, treatment and referral. The NHS Five Year Forward View (5YFV) recognised this development in clinical capability and explains the need to redesign urgent and emergency care services in England for people of all ages with physical and mental health problems by improving out-of-hospital services so that we deliver more care closer to home and reduce unnecessary hospital attendances and admissions. The overarching urgent and emergency care vision is:

- *For adults and children with urgent care needs, we should provide a highly responsive service that delivers care as close to home as possible, minimising disruption and inconvenience for patients, carers and families*
- *For those people with more serious or life-threatening emergency care needs, we should ensure they are treated at the scene and then in centres with the right expertise and facilities to maximise the prospects of survival and good recovery.*

The FYFV identified five key changes which are needed in order to deliver an improved system of urgent and emergency services and which for London Ambulance Service will form the foundation for clinical development over the next five years.

These are:

- Providing better support for people and their families to self-care or care for their dependants.
- Helping people who need urgent care to get the right advice in the right facilities, first time.
- Providing responsive, urgent physical and mental health services outside of hospital every day of the week, so people no longer choose to queue in hospital emergency departments.
- Ensuring that adults and children with more serious or life threatening emergency needs receive treatment in centres with the right facilities, processes and expertise in order to maximise their chances of survival and a good recovery.
- Ensuring parity of esteem for all patients.
- Connecting all urgent and emergency care services together so the overall physical and mental health and social care system becomes more than just the sum of its parts and in doing so creating a highly effective, coordinated system of urgent and emergency care.

To deliver this strategy London Ambulance Service will continue to develop a professional multi-disciplinary workforce with enhanced clinical capabilities, decision making skills and leadership who are able to work as an integral part of the wider London healthcare system.

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Final v1.0	Page 6 of 27

'High Quality Care for All' remains the cornerstone with the three key dimensions of quality

- Safety
- Effectiveness
- Patient Experience

This clinical strategy echoes these quality ambitions in the pursuit of continued quality improvement, and supports the domains in the regulatory framework provided by the Care Quality Commission (CQC).

Recent NHS guidance and publications emphasise the delivery of clinical quality and LAS has a significant role to play, working with partner agencies, to ensure London delivers on the recommendations. The following documents have been considered in developing the clinical strategy.

- The NHS constitution – The NHS belongs to us all. www.gov.uk. July 2015
- Taking Healthcare to the Patient: Transforming NHS Ambulance Services – *Department of Health* – 2005
- Taking Healthcare to the Patient 2 – A review of 6 years' progress. *Association of Ambulance Chief Executives*. 2011.
- High Quality Care for All - *Department of Health* – 2008
- Transforming urgent and emergency care services in England: Urgent & Emergency Care Review Phase 1 Report – *NHS England*. November 2013
- Five Year Forward View – *NHS England*. October 2014
- Safer, faster, better: good practice in delivering urgent and emergency care – *Emergency Care Improvement Programme*. August 2015
- Integrated Urgent Care Commissioning Standards – *NHS England*. September 2015
- Clinical models for ambulance services – *NHS England*. November 2015
- Improving referral pathways between Urgent & Emergency services in England – *NHS England*. November 2015
- Vision for the ambulance service: 2020 and beyond - *Association of Ambulance Chief Executives (AACE)* – September 2015
- NHS Ambulance Services - Leading the way to care – *AACE* – October 2015
- Effective regulation and CQC registration standards
- National clinical strategies for major trauma, stroke and cardiac arrest survival

Scope

The strategy will describe the overarching clinical leadership and responsibility and professional behaviours required to deliver clinical excellence. In delivering the clinical strategy, the LAS will seek to engage with and involve staff, patients, carers, Healthwatch, Patient's Forum and the public to promote the delivery of a seamless professional service across organisational boundaries.

The clinical strategy should be considered alongside both the education and development and clinical audit and research strategies.

To deliver on the clinical strategy key enablers will be the information technology, fleet and logistics, estates workforce and operations strategies. The operational and clinical delivery model will support the delivery of the strategy and the LAS annual business plan will provide the measures by which the Trust can monitor its progress.

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Accountability and Responsibility

To ensure that patients receive the highest standards of clinical care at the right place, at the right time, by the right clinicians there will be clear accountability and responsibility for all clinical, support and managerial staff.

Every clinician is responsible for:

- Delivering the highest quality of clinical care
- Enhancing and influencing the level of care that the Trust provides
- Engaging with supervision and education and accessing leadership support where needed
- Working collaboratively with colleagues as a team to deliver high quality care for every patient
- Ensure all incidents are reported in an open and transparent way

Clinical Managers are responsible for:

- Providing clinical support to all clinicians and seeking guidance where necessary
- The quality of the care delivered to patients by the clinicians for whom they have responsibility, incorporating leadership support and supervision
- Putting the patient first in their individual and managerial decision making
- Ensuring that all staff are adequately trained
- Ensuring that incidents are investigated and learning is shared and embedded

The Trust is responsible for:

- Promoting professionalism, ownership and clinical leadership throughout the workforce
- Ensuring delivery of other strategies which support and enable the delivery of the Clinical Strategy
- Delivery of continued excellence in research, access to evidence based clinical guidance, audit of practice and availability of the most up to date clinical equipment
- Ensuring that resources are adequate to provide the highest standard of clinical care

The Chief Executive Officer is the Accountable Officer for quality for the Trust. The executive Medical Director and Chief Quality Officer are responsible and accountable for the delivery of the strategy.

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Urgent Care

LAS will provide highly responsive urgent care services outside of hospital so patients with urgent care needs receive the right care and advice in the right facility, first time.

We recognise that the public and NHS expectations of the Ambulance Service have changed considerably and that urgent and unscheduled care now makes up the majority of ambulance service workload. Ambulance services need to work in partnership with other community health care and social care providers, and broaden the workforce, to help deliver a consistent 24/7 urgent care service. LAS aims to be an integral community based urgent treatment provider rather than a disposition and transportation service by developing the workforce. To deliver this the LAS will enhance the clinical skills of paramedics and other ambulance clinicians and widen the workforce to include a range of suitably skilled healthcare professionals. In addition LAS will provide suitable transport with appropriately trained clinicians for those patients who do not require the clinical skills of a front-line emergency ambulance e.g. palliative care and mental health patients.

A number of models across the ambulance services have been developed that have extended the clinical assessment, diagnostic and treatment skills of ambulance clinicians. These enable ambulance clinicians to manage lower acuity injuries (e.g. wound management) and non-life threatening illness e.g. urinary tract infection at home in order to avoid the attendance at emergency departments and hospital admissions. LAS will increase the number of clinicians with an enhanced scope of practice, by providing appropriate education and training, to support the treatment and referral of lower acuity conditions.

Whilst we recognise that there are differences in locally-commissioned services, we will use our influence as a pan-London NHS Trust to ensure that there is an agreed set of minimum standards for appropriate care pathways across London. By working collaboratively with Clinical Commissioning Groups LAS can influence the development and utilisation of appropriate care pathways based on patient need e.g. patients at the end-of-life, patients who have fallen, patients with mental health needs and patients with minor illnesses and injuries.

Minor illness and injury

Minor illness and injury make up an increasing component of our workload as patients are unclear where to access healthcare. All too often, limited access to appropriate care pathways means that these patients are conveyed to an Emergency Department when they could be guided towards self-care or community resources. However, it is important to recognise that seemingly minor signs and symptoms can mask significant underlying illness, and that simple skin wounds need comprehensive assessment to exclude underlying tendon or neurovascular injury.

We will:

- Provide additional education and training in the assessment and management of urgent care conditions to increase the range of patients that can be managed out of hospital where appropriate
- Broaden the workforce to utilise allied health care professionals (AHPs), nurses and other professional groups e.g. health and social care with appropriate core education and skills to support the delivery of care by LAS clinicians nearer home

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- Recruit and train specialist clinicians in urgent care with extended clinical assessment, diagnostic and treatment skills
- Provide additional training for clinicians to develop an enhanced scope of practice to initiate management, support self-care and / or refer appropriately for on-going assessment and care
- Develop an Advanced Practitioner Urgent Care role who will provide education and support to the LAS clinicians and ensure LAS is integrated with local health services and out-of-hours providers to develop pathways
- Work with local providers and commissioners to establish safe, effective and accessible pathways for patients which are consistent across London and to improve access to in- and out-of-hours primary care, minor injuries units and urgent care centres
- Through digital technology ensure that clinicians have access to summary care records and special patient notes to inform the decisions they are making about the care provided for patients accessing urgent care
- Increase the availability of decision-support tools such as early-warning score systems and triage tools and red-flag 'check-lists' to aid accurate assessment and decision making through technology
- Provide additional training and support for the LAS 111 clinicians to ensure we are providing high quality advice for patients and assist in training for other London NHS 111 providers
- Work closely with Commissioners and to improve the flow of patients between 999 and NHS 111 to ensure that ambulance clinicians can access GP support and social care – this would be achieved through ease of access to the Integrated Clinical Advice Service (Clinical Hub) and an expanded Directory of Service
- Further develop the “Hear and Treat” Service to increase the scope of clinical telephone advice utilising telemedicine, Tele-health and Skype
- Develop the technology to ensure seamless transfer of calls to NHS 111 and Integrated Clinical Advice Service (Clinical Hub)
- Work closely with NHS 111 to ensure ambulance dispatch is appropriate and within the correct timeframe and that patients facing an emergency will have an ambulance dispatched without delay
- Support and assist in the development of the Integrated Clinical Advice Service (Clinical Hub) to ensure seamless transfer of care for patients requiring further care or advice
- Support the development of community care and urgent care by enabling cross-organisational working and education
- Support the reconfiguration of the ambulance fleet is appropriate to support assessment without conveyance and transportation where clinical care is not required en-route to a definitive healthcare destination
- Ensure GPs are informed about the referral, triage and dispatch processes within LAS and the skill-sets of ambulance clinicians to ensure that they are able to access the appropriate support for their patients and ease LAS to GP referral and transfer of care
- Ensure GPs and other healthcare providers receive clinical information about the care provided and advice given when their patients access emergency or urgent care via LAS 111
- Work closely with the wider healthcare system to manage patients who are high users of services

Patients with Mental Health needs

999 and NHS 111 are often the first point of care for patients experiencing a mental health crisis. We recognise the important role that we have in risk reduction, and in signposting these patients to the most appropriate point of care or service. These calls are often complex, and take time to manage well. Concomitant use of alcohol and drugs compounds the challenges faced by ambulance clinicians making a safe and reasoned assessment of the patient.

Patients in mental health crisis should have access to mental health referral assessment centres 24/7, including health-based Section 136 suite/ place of safety. These may be stand-alone facilities, or co-located with other facilities. Ambulance teams will need to access to live information about the current availability of local 136 suites and crisis houses, their contact details and information regarding the patients they can accommodate, such as children or patients with disabilities. In addition ambulance clinicians will need information about the patient's clinical condition and crisis care management.

We will:

- Work closely with patient reference groups to ensure that the care provided to patients with mental health illnesses is patient centred and appropriate
- Develop and implement appropriate emergency and urgent responses for mental health patients e.g. street triage, combined registered mental practitioner / paramedic responses
- Increase the training and support for 999 and LAS 111 call-handlers managing mental health calls
- Develop a mental health risk assessment tool based on best evidence
- Increase training for frontline and CHUB and LAS 111 clinicians in assessment of patients with mental health crises including recognition of safeguarding concerns
- Recruit additional mental health nurses to support the clinical hub hear and treat function and expand this role to include face to face assessments.
- Ensure that clinicians have access to Special Patient Notes to inform the decisions they are making about the care provided for patients
- Promote the referral of mental health patients to the mental health crisis lines to facilitate assessment and on-going care
- Provide further education for all clinicians in mental capacity assessment including deprivation of liberty guidance and application and appropriate aspects of the mental health section legislation
- Improve recognition and response to life-threatening acute behavioural disturbance, deploying Advanced Paramedic Practitioners to manage complex cases
- Improve the understanding of alcohol and recreational drug dependency and the associated physical and mental health complications
- Work closely with Commissioner's to develop alternative pathways for patients under the influence of alcohol or recreational drugs where they can be cared for in a safe and sensitive environment and all their clinical needs can be met
- Provide a pan-London coordination role for management of mental health referral assessment centres, including health-based Section 136 suite/ place of safety and in-patients beds for adults and children

- Work with local providers to establish safe, effective and accessible mental health crisis pathways for patients and agree direct access for patients who have no immediate medical need both for hear and treat and see and treat referrals
- Explore the concept of shared response models and ‘street triage’ utilising the LAS mental health practitioners
- Work with the police and social services to ensure a prompt and appropriate response for patients being taken into care
- Ensure appropriate transport is available within a clinically appropriate timeframe to convey patients with mental health illness
- Improve recognition and care of patients with dementia, learning difficulty and mental health conditions, whether or not these are the primary reason for contact with the LAS
- Work with other agencies to access the right support for our patients e.g. Samaritans and MIND
- Promote a better understanding and awareness of mental health illness both in our patients and staff and ensure we provide the necessary support for our staff

Falls and illness in Older People

NICE (2013) recognised that people over the age of 65 years have the highest risk of falling with over 50% of people aged over 80 years falling at least once per year. The aging population means that falls are one of the most common reasons for calls to the ambulance service and these patients represent a disproportionate number of acute admissions to hospitals. Falls are often an indicator of underlying complex illness, general health decline or acute illness. It is recognised that falls in older people, or patients with underlying health problems, are linked to a significant increase in morbidity and mortality, but that, with careful assessment and safety-netting, many of these patients can be managed in the community.

We will:

- Develop a bespoke multi-disciplinary response to elderly falls patients to propose to Commissioner’s including using other agencies e.g. fire brigade, voluntary services and 3rd party partners
- Enhance the competencies, education and skills needed for ambulance clinicians to assess and manage illness in older people
- Ensure that our clinicians understand and appreciate the psychosocial aspects of care of the elderly
- Ensure training is provided to overcome communication barriers for elderly patients
- Review our falls referral guidance as and when new national guidance becomes available
- Broaden the workforce to utilise AHPs, nurses and other clinical and professional groups with appropriate core education and skills to support the delivery of care by LAS clinicians nearer home
- Recruit and train specialist clinicians in falls and elderly conditions with extended clinical assessment, diagnostic and treatment skills
- Improve the recognition of significant injury (particularly to the neck and back) in the context of low-mechanism falls in older people and ensure adequate assessment of pain
- Work with local healthcare providers and commissioners to improve access to community services for falls referrals, ‘hospital-at-home’ and ‘intermediate care’, and ensure that our clinicians have the skills and support to identify which services are most appropriate for their patient

- Consider how telemedicine and Tele-health could be used to support clinical decision making
- Ensure patients with a suspected fractured neck of femur receive adequate analgesia and early conveyance to hospital
- Work with partner agencies to support their work on prevention of falls – eg installing hand rails, identifying trip hazards and alarms

Chronic illness and special patient groups

A growing number of patients with complex healthcare needs. In England, more than 15 million people have at least one long-term condition. This number is set to increase over the next ten years, with a significant increase in the number of patients with three or more conditions. London’s ethnic diversity means that there are significant numbers of patients with genetically-linked conditions such as Sickle Cell. The number of patients with very complex care needs such as cardiac-assist devices (LVAD) and children with life-limiting congenital conditions will also increase as a result of advances in healthcare.

Many of our patients have complex healthcare needs and are looked after by a range of clinicians. Hospital is not always the most appropriate place for many people. Going forward we recognise that further integration of the ambulance service with NHS 111, community health teams and social care hubs, co-located or connected virtually will become the key enabler for robust, high quality and cost effective coordination of the delivery of urgent and social care.

Access to information about on-going care is critical to providing the right care for this group of patients. Many of these patients should have their own personalised care plan to allow them to access the necessary support in the community. We recognise that many contact 999 or NHS 111 in a crisis, and that we have a responsibility to ensure that we respond appropriately and that they receive appropriate, individualised care.

We will:

- Work with patient representative groups to ensure that our response and care is appropriate to their specific needs e.g. Dementia UK, Hear Us
- Ensure that patients with long-term conditions are treated with respect and dignity and the care provided meets their specific needs
- Ensure that an appropriate ambulance resource with the right clinical equipment and clinician is available in a clinically appropriate timeframe to provide the right patient assessment and care
- Provide a robust, reproducible and accessible system of patient-specific protocols for patients with special requirements requiring a response or intervention outside the scope of standard paramedic practice
- Develop and improve access to Coordinate my Care (CMC) records, Summary Care records and Special Patient Notes, and ensure that crews have early access to information to enable them to make an informed decision about the care their patient needs
- Develop pathways for ambulance clinicians to directly access community based heart failure nurses and respiratory teams for patients with exacerbations of chronic conditions who do not require emergency conveyance to hospital

- Improve the care we provide for patients with diabetes by developing pathways for early access to specialist diabetes team advice and support and enhancing the ‘near patient diagnostics’ (ketone assay) where appropriate
- Work with hospitals, primary care providers and specialists to improve the level of information that we hold about their patients

End-of-Life Care

The ambulance service is often the first point of contact for patients nearing the end of their life. This includes planned transfers from an acute care setting to the patient’s preferred place of death; unplanned involvement following a sudden crisis, deterioration or worsening symptoms and involvement at or immediately after the patient’s death. Ambulance clinicians are often presented with situations in which they have to make decisions about starting a resuscitation attempt and whether it would be appropriate or futile. These decisions may need to be made on the basis of limited information and in the context of a distressed family.

We will:

- Improve integration with, and access to specific end of life care plans (Coordinate my Care records) so that ambulance clinicians have early access to these care plans before they arrive with the patient and to ensure an appropriate response is sent
- Ensure there is up to date and generic documentation around do not resuscitate orders / advanced care directives and when and when not to resuscitate policies
- Work closely with NHS 111, GPs and GP OOH to ensure all agencies put the best interests of the patient at the centre of all decisions made around end of life care
- Invest in education around end-of-life care, ensuring that our crews have a clear understanding of Trust policy and the legal and ethical basis of decisions made in these circumstances, and that crews understand how and when to use prescribed anticipatory care medications
- Develop a specialist role for end of life care clinicians
- Have systems in place for crews to obtain immediate support in making these complex decisions
- Work with local healthcare providers, palliative care services, hospices and commissioners to improve access to services for patients who are dying, 24 hours a day without the need to attend the Emergency Department
- Commission a bespoke transport and booking process to ensure timely discharge or transfer for patients who are at the end of their life
- Continue to work with CMC to improve the way we deliver care to patients with End-of-Life Care plans

Emergency Care

LAS will ensure that those people with more serious or life-threatening emergency care needs receive appropriate pre-hospital assessment and treatment in centres with the right facilities and clinical expertise in order to maximise the chances of survival and a good recovery.

The care of patients with life-threatening and life-changing emergencies, although relatively a smaller component of our workload by volume, remains a core priority for the LAS.

The following principles are key to reducing death and long term disability:

- Rapid recognition of critical illness at the point of first contact with 999 or NHS 111
- Timely response by appropriately trained and skilled clinicians
- Prioritisation of lifesaving interventions over non-essential activities
- Support, where needed, by clinicians with enhanced skills and additional experience
- Minimising time spent on-scene for time-dependent clinical conditions
- Transport to definitive care, with a pre-alert call to activate an appropriate response
- Direct transfer to tertiary care centres for specific conditions, including stroke, heart attack and major trauma

Stroke

Stroke remains a significant cause of morbidity and mortality across the UK, accounting for 11% of all deaths and affecting 230 people per 100 000. London has a world-class stroke service in which all patients with a new-onset stroke have direct access to hyperacute care, 24 hours a day. The LAS has been an integral part of the London Stroke System since its development and continues to be involved in the evolution of the network. We convey approximately 1000 patients directly to a hyperacute stroke unit every month. Over the last year, the LAS has been involved in the review of national clinical guidelines for Stroke in Adults, and the development of guidelines for stroke in children, hosted by the Royal Colleges of Physicians and of paediatrics and Child Health, respectively.

We will:

- Ensure early identification of a stroke by call handlers in 999 and LAS 111 including those with atypical presentation e.g. speech deficit or loss of balance
- Revise guidance to our EOC staff and clinicians on the recognition of stroke in children, and improve access to specialist care for children suspected of having a stroke
- Ensure that the right resource is dispatched within an appropriate timeframe for patients presenting with symptoms of a stroke
- Continually seek to reduce the time spent on-scene and increase the number of patients arriving at a HASU within 60 minutes of the first 999 / NHS 111 call
- Work with HASUs to minimise the 'door to needle' time for patients undergoing thrombolysis
- Work with the London HASUs to establish network arrangements for interventional neuroradiology and thrombectomy, and explore ways of identifying the patients that are most likely to benefit from this procedure
- Support local and national initiatives aimed at increasing awareness of stroke across all age groups

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Survival from Cardiac Arrest

Ensuring that patients who suffer from a cardiac arrest get the right treatment quickly is vital for their survival and longer term clinical and quality of life outcomes. Over the last decade, the LAS has seen a steady rise in survival from out-of-hospital cardiac arrest, consistently reporting some of the best outcomes amongst UK ambulance services. We recognise that improving the care that patients in cardiac arrest get before the ambulance arrives is central to improving survival. Over the last year we have worked closely with the Metropolitan Police and the London Fire Brigade to develop co-responder schemes, and have continued our development of Community First Responder networks around London to ensure early defibrillation.

We will:

- Work with the community and partner agencies to increase the number of Public Access Defibrillators across London, targeting schools, sports clubs, transport hubs, shopping centres, large businesses and industrial complexes
- Increase our collaboration with our blue-light partners to provide a rapid response to patients in cardiac arrest
- Continue to improve outcomes for patients in cardiac arrest we will increase the number of public access defibrillators so earlier access to defibrillation is facilitated
- Use technology, such as the Good-Sam App and AED locators to improve community response to cardiac arrest
- Enhance the training of call handlers in 999 and LAS 111 to recognise peri-arrest scenarios such as inadequate breathing to ensure early despatch of appropriate resources
- Review the way we train our staff in cardiac arrest management across all age-groups, focussing on the importance of recognising, and, wherever possible, addressing the underlying cause of the cardiac arrest within the first few minutes of care
- Continually review the management of cardiac arrests to ensure that care is providing the best outcomes and introduce new evidence based guidelines as appropriate
- Support the development of a structured 'hot debrief' to review the care provided to the patient and support the staff involved
- Introduce annual ALS for all registered clinicians and assessment of airway management competencies for all clinicians
- Continue to roll-out mechanical chest compression devices to support the management of cardiac arrest on scene and en route to hospital where appropriate, and increase the role of Clinical Team Leaders in the management of these patients
- Continue to develop the skills of the Advanced Paramedic Practitioners (Critical Care) to manage complex cardiac arrests including post return of spontaneous circulation (ROSC) care
- Formalise the use of cardiac ultrasound for appropriate clinicians to guide decision-making in cardiac arrest management
- Work with Heart Attack Centres to improve pathways for all patients with return of spontaneous circulation following unexpected cardiac arrest
- Participate in further high quality pre-hospital care research, for example multi-centre randomised control trials to establish to role of adrenaline in the management of pre-hospital cardiac arrest
- Improve the way that we review cardiac arrest care and increase the use of defibrillator downloads to identify areas of good practice and areas for improvement

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Heart Attacks and Cardiac Arrhythmias

The LAS is committed to ensuring that patients suffering a heart attack (STEMI and non-STEMI) are recognised promptly and treated with all clinically appropriate elements of the evidence based care bundles before being transferred for assessment in heart attack centre without delay. Currently LAS delivers this care to a high standard with the exception of being able to evidence that the pain relief element set out in the national care bundle is administered and recorded effectively.

LAS has agreed pathways for patients with cardiac arrhythmias which allows direct access for some conditions – this has shown improved outcome for these patients and further collaboration is required.

We will:

- Work closely with the London cardiovascular networks to continually review services and improve timely access to specialist facilities for our patients
- Reduce the time spent on scene for patients with a suspected STEMI or acute coronary syndrome
- Improve the management of pain, and associated documentation, in patients with a suspected STEMI and acute coronary syndrome
- Develop, in conjunction with CARU, a structured STEMI and arrhythmia feedback process so clinicians know the outcomes for their patients
- Continue to improve and audit the outcome for patients conveyed to specialist centres with other cardiac conditions e.g. cardiac arrhythmia, Kawasaki disease, Marfan's syndrome

Vascular Disease

As with many life-threatening emergencies, timely delivery of definitive care in a specialist centre is vital in reducing mortality from vascular emergencies such as a ruptured abdominal aortic aneurysm (AAA) or vascular compromise in limbs. It is important that the services required to treat these patients are located in centres that have the skill and expertise and are accessible to the ambulance service directly.

There is an evolving network of vascular centres in London, in which surgical expertise is available 24/7. In partnership with the St George's Vascular Institute, LAS crews are using a smartphone APP to gather data on patients who might have a leaking AAA, to understand the signs and symptoms that are most predictive of an immediate surgical need.

We will:

- Support the transfer of patients with a suspected leaking aortic aneurysm from local hospitals to tertiary facilities, providing a high priority response for the most at-risk patients
- Audit our care and decision-making across specific groups of patients as appropriate
- Reduce the time spent on scene for patients with a suspected vascular emergency
- Work with vascular centres to study and understand how best to recognise and triage patients with a possible leaking aneurysm, shortening the time to definitive care
- Continue to work with NHS England (London) to develop vascular network and bypass arrangements for both aortic aneurysms and other vascular emergencies e.g. acute vascular compromise in limbs

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Major Trauma

London provides a world-class major trauma system that continues to see a steady increase in the number of 'unexpected survivors'. Early identification of these patients and direct transfer to Major Trauma Centres both play a very important role in improving survival and minimising long-term disability.

Over the past five years it has become clear that the face of major trauma has changed. Whilst sadly, penetrating injury in young people is still common, the major trauma population in the UK is becoming more elderly. The current average age of major trauma cases is 60, and it is predicted that within the next few years the over 75's will be the single largest group suffering major trauma. The predominant mechanism is falls of less than 2 metres.¹

We will:

- Continue our work with the four London Trauma Networks to develop a world-class major trauma service for London
- Enhance the education for call handlers in 999 and LAS 111 to ensure that they have the underpinning knowledge to recognise mechanisms which may indicate a more serious injury
- Use video technology on the 999 CHUB to help in the remote triage and assessment of trauma patients
- Ensure that our clinicians recognise the changing face of major trauma, and have the necessary education and skills to adequately assess elderly patients following relatively low-mechanism falls to reliably exclude major trauma
- Prioritise the importance of recognition and management of neck and back trauma in older people.
- Ensure ambulance clinicians have the correct equipment to provide appropriate care at the scene and en-route to definitive care
- Ensure pain is assessed and managed adequately
- Audit our care and decision-making across specific groups of patients as appropriate and provide supportive feedback as necessary
- Reduce the time spent on scene for patients with penetrating and blunt trauma
- Deploy, where appropriate, Advanced Paramedic Practitioners to support crews in managing complex scenes and patients, and ensure that the APP skill-set meets the needs of this group of patients
- Continue our work with London's Air Ambulance, targeting a physician-paramedic team to the most seriously injured patients.
- Continue to work with the Burns network to ensure timely transfer of patients with serious burns to a specialist unit

¹ Kehoe A *et al* **The Changing Face of Major Trauma in the UK** *Emerg Med J* 2015;**32**:911-915

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Sepsis

The total number of patients developing sepsis within the UK every year is now over 100,000. Approximately 37,000 of these patients will die, with survivors suffering long term physical and psychological problems, resulting in significantly reduced quality of life. Sepsis is responsible for more deaths annually than myocardial infarction, stroke, chronic obstructive pulmonary disease (COPD) or lung cancer.

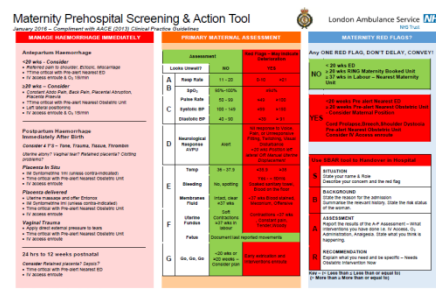
Sepsis is a time-critical condition that can lead to organ damage, multi-organ failure, septic shock and eventually death. It is caused by the body's immune response to a bacterial or fungal infection commonly originating from the urinary tract, respiratory tract or skin. Sepsis, unlike many of the other big killers, is not age or gender specific and can affect anyone, at any time. There are, however, groups of patients who are more susceptible. The LAS has an important role to play in recognising the signs and symptoms of potential sepsis both at call handling (999 and 111) and during the face-to-face assessment is important for ambulance. Early recognition of potential sepsis and prompt management 'saves' lives and improves the outcome for patients long-term.

We will:

- Continue to improve the recognition of potential sepsis at call-handling (999 and LAS 111) to ensure early despatch of an appropriate vehicle to convey the patient to definitive care
- Ensure that the early recognition, immediate management and timely transfer of patients with suspected severe sepsis
- Ensure the different presentation of children, elderly or immuno-suppressed patients with sepsis is understood
- Use screening tools to improve recognition of sepsis and differentiate between simple sepsis and severe sepsis
- Reduce the time spent on scene for patients with potential sepsis
- Audit our care and decision-making across specific groups of patients as appropriate and provide supportive feedback as necessary
- Explore the use of point-of-care testing by appropriate clinicians to guide management of patients with simple sepsis, administering antibiotics where indicated, and referring the patient to appropriate community services

Maternity Care

The LAS recognises that, for the vast majority of patients, pregnancy and birth are normal life events, are normal events, however, occasionally emergencies can occur when birth occurs unexpectedly. Obstetric emergencies are high-risk for the mother and the infant, and immediate action may be needed to prevent catastrophe. LAS is the only Ambulance Service who employs a Consultant Midwife and is therefore in a unique position to influence the care provided to pregnant women and lead the improvement in care provided. LAS clinicians have a pre-hospital screening and action tool to guide crews through assessing risk and managing less common presentations



We will:

- Ensure that staff working in the LAS control room / LAS 111 call centres have robust and reproducible guidance on screening incoming calls to pregnant women, enabling accurate triage and decision-making
- Prioritise education in recognition and management maternity and neonatal emergencies, ensuring that our clinicians have the necessary skills and support to manage the patient
- Undertake regular simulation workshops to increase competence and confidence in the management of more difficult pregnancy presentations
- Reduce the time spent on scene for patients with time-critical pregnancy complications
- Audit our care and decision-making across all groups of patients and provide supportive feedback as necessary
- Use technology opportunities to have a mobile APP to alert Community midwives to an incident requiring their assistance earlier
- Employ midwives in the Clinical Hub and on the front-line to strengthen screening, advice and referral processes for mothers, and provide immediate support to crews dealing with complicated births
- Work closely with the London Heads of Midwifery to develop and refine referral and transfer processes for pregnant women in labour
- Work with the Early Pregnancy Units to agree criteria for direct referral without the need to convey to Emergency Departments

Paediatrics

The Healthy London Partnership children and young people's transformation programme is designing easier access to more streamlined and reliable care with the aim of reducing variation across London. The scale of the challenge is significant and starts from evidence of poor outcomes in some areas of care for children and young people compared to other developed countries. The programme is delivering projects which can be most efficiently done once on behalf of 32 CCGs so offer a tremendous opportunity for LAS to engage and improve the quality of service and care for children across London.

We will:

- Promote appropriate pathways for children and young people to ensure they receive care in the right healthcare place, closer to home where appropriate, including those with mental health illness
- Increase the education around paediatric assessment and management
- Promote the early recognition, immediate management and timely transfer of children with suspected sepsis remains a priority for all our staff
- Ensure that all vulnerable children, including those with safeguarding concerns, subject to radicalisation or female genital mutilation, are recognised and managed appropriately
- Ensure that child deaths attended by LAS are reviewed and lessons learnt
- Explore the opportunities of working with a health visitor to oversee the patients aged 5 years and under who are not conveyed to a healthcare setting by LAS

Emergency Preparedness, Resilience and Response

The LAS, as a Category 1 responder, has a statutory obligation to be prepared to deal with serious and major incidents of all types and sizes.

Our Incident Response Plan has been prepared in light of guidance from the Department of Health, Home Office and builds on the Civil Contingencies Act 2004 guidance, Lessons identified by the LAS, Coroner's Inquests and subsequent Prevention of Future Death reports, and in particular the findings of the inquest into the events of the London Bombings on the 7th July 2005.

The Trust is committed to continued engagement with its partner agencies and with the Local and Regional Resilience Forums to ensure joined up multi-agency emergency preparedness and resilience which ensures a rapid response, with appropriately skilled clinicians to ensure the best clinical outcomes for the most patients affected.

We will:

- Ensure that all staff and managers have the necessary education, training, skills and guidance to enable them to manage and lead a response to complex, significant and major incidents
- Ensure that there is an adequate, deployable stock of appropriate medical equipment and consumables to support a response to several simultaneous major incidents around London
- Ensure that the education and skill-set of HART paramedics is compliant with national specifications, and that the clinical aspect of their training is given a high priority
- Ensure that HART and Tactical Response Unit paramedics are exposed to routine patient care as part of their rota to maintain skills
- Have 24/7 medical teams to support the LAS at major incidents (MERIT) and ensure that the training of these clinicians is appropriate to the role
- Develop and test the roles of Medical Advisor and Casualty Clearing Medical Lead, and the roles for Advanced Paramedic Practitioners in major incidents
- Produce clinical guidelines for use in major incidents to ensure that the level of care is appropriate for the setting and resources available
- Work closely with London's Trauma Networks to develop protocols and policies for managing large numbers of critically ill, injured or burned patients
- Exercise our plans regularly, and ensure that clinical care is adequately tested and reviewed.
- Ensure that all regulatory requirements are met
- Ensure that learning from events which happen elsewhere in the world is reviewed and clinical plans are amended accordingly

Major Events

As a thriving capital city and the seat of Government, London has a wide range of large public events – both planned and unplanned. LAS needs to work with event organisers to ensure that these are run safely and provide high quality, on-site care to minimise the impact on primary and secondary healthcare providers. In addition there must be as little impact as possible on people in the surrounding areas and the LAS core business. LAS has significant expertise in delivering medical care in partnership with the voluntary sector.

We will:

- Continually review the medical care that we deliver at large public events, ensuring that our response is appropriate to the event and perceived risk
- Ensure clinicians deployed are adequately trained to assess and manage patients specific to the event they are covering e.g endurance events
- Develop the role of enhanced care support to large events with the aims of reducing death and disability, and reducing the impact of minor illness and injury, and intoxication on neighbouring hospitals

Promotion of Public Health; Prevention of Premature Death and Disability

The LAS has an important role to play in influencing and promoting the public health agenda. Our clinicians are routinely in situations and in people's homes where they can identify healthcare concerns and social needs such as a lack of heating, low-level mental illness and vulnerability.

A significant underlying medical condition or risk factor (such as high blood sugar or atrial fibrillation) may be identified during the assessment of apparently minor illness or injury, presenting an opportunity for measures to be taken to prevent deterioration.

The number of patient contacts LAS has provides an unrivalled opportunity to play a more pro-active role in public health issues such as smoking cessation, mental health, drug and alcohol dependency and asthma awareness

We will:

- Support patients to self-care where clinically appropriate
- Develop and enhance referral processes for patients with undiagnosed hypertension, atrial fibrillation or raised blood sugar
- Play an active role in illness and injury prevention, such as smoking cessation, asthma management, cycle safety
- Work closely with local healthcare providers and commissioners to manage high service users and frequent callers
- Work with local authorities, healthcare providers and charities to provide safe facilities for management of intoxicated patients at peak times, improving safety and minimising impact on emergency departments
- Use different methodology to increase awareness of current public health issues
- Support and expand the work undertaken by the public education team to educate children and youths about the ambulance service, career opportunities, drugs and gangs
- Work with schools and colleges to increase local recruitment, by offering observer and 'taster' opportunities, which will ensure better representation of the population we care for
- Analyse trends in call volumes to identify changes in illness and demographics – dangerous drug use in night clubs or spikes in call volumes to particular long-term care facilities, for example – and work with the local health economy to manage associated risks
- Protect and promote the welfare of our own staff, recognising that the work we do has both physical and mental impacts
- Develop and strengthen our own staff support services and encourage the involvement of agencies such as the Mind Blue Light Programme
- Encourage and support a healthy lifestyle at work, such as through the 'cycle to work' scheme

Supporting Clinical Excellence - Technology

LAS will undergo a transformation in digital capability to support interoperability within the healthcare system

Effective emergency and urgent care services will be supported by the immediate availability of relevant patient information. As a pan-London organisation LAS needs to undergo a transformation in digital capability. Information technology is a significant enabler to better patient care and governance and supply-chain management. It should be recognised that this digital transformation is dependent on broader system-wide changes which includes records being available electronically and joined up to other systems and ensuring that patients have up-to-date care or crisis plans (SCR / SPN / CMC).

In order to deliver excellent clinical care LAS must continue to provide a timely and appropriate and consistent clinical response to patients who access our service for emergency or urgent care needs. This requires a responsive clinical model which ensures the right clinician, with the right clinical skills and equipment is despatched to the right patient via the right means e.g. ambulance, motorbike, car. The equipment and drugs required to assess and treat patients should be vehicle based to ensure consistency and assurance. The range of equipment and drugs should be fit-for-purpose, cost effective and there should be clear evidence and / or national guidance to support their use. Integrity of external and internal supply chains is important for delivery.

We will:

- Migrate from paper to a digital clinical records system encompassing an electronic patient report form, access to NHS spine, summary care records, special patient notes or CMC and allow seamless interoperability with the Integrated Clinical Advice Service (Clinical Hub)
- Roll out hand-held electronic devices to improve communications, compliance with audit, completion of e-learning and access to the mobile Directory of Service
- Explore the opportunities for expansion of digital technology use within the control room e.g. electronic booking of non-emergency ambulances for Healthcare professionals, telemedicine and text pre-arrival instructions
- Use logistic and pharmacy specialists to support the transformation of models of clinical care
- Use technology to support education and development e.g. webinars, podcasts
- Use technology to provide real-time tracking and traceability of medicines and improve security

Clinical Audit and Research

Clinical audit is a quality improvement process that systematically reviews the delivery of care and recommends changes to practice where the need is identified. LAS will continue to use a programme of clinical audit to ensure the highest standard of care, improve clinical quality and patient outcomes and minimise clinical risk. Our clinical audit programme will focus on areas of care that are important to us as a Trust, our staff and our patients. It will measure quality in a number of ways including adherence to clinical guidelines; health outcomes; appropriate transfer of care to another health care provider; speed of response, and patient satisfaction.

The London Ambulance Service is proud to be a leading pre-hospital research organisation. The large and diverse population we serve, with a variety of health needs, affords LAS the ability to have a wide ranging research portfolio. By developing and hosting research studies we contribute to an evidence base that informs and improves emergency medical care and outcomes in the UK and worldwide.

We will:

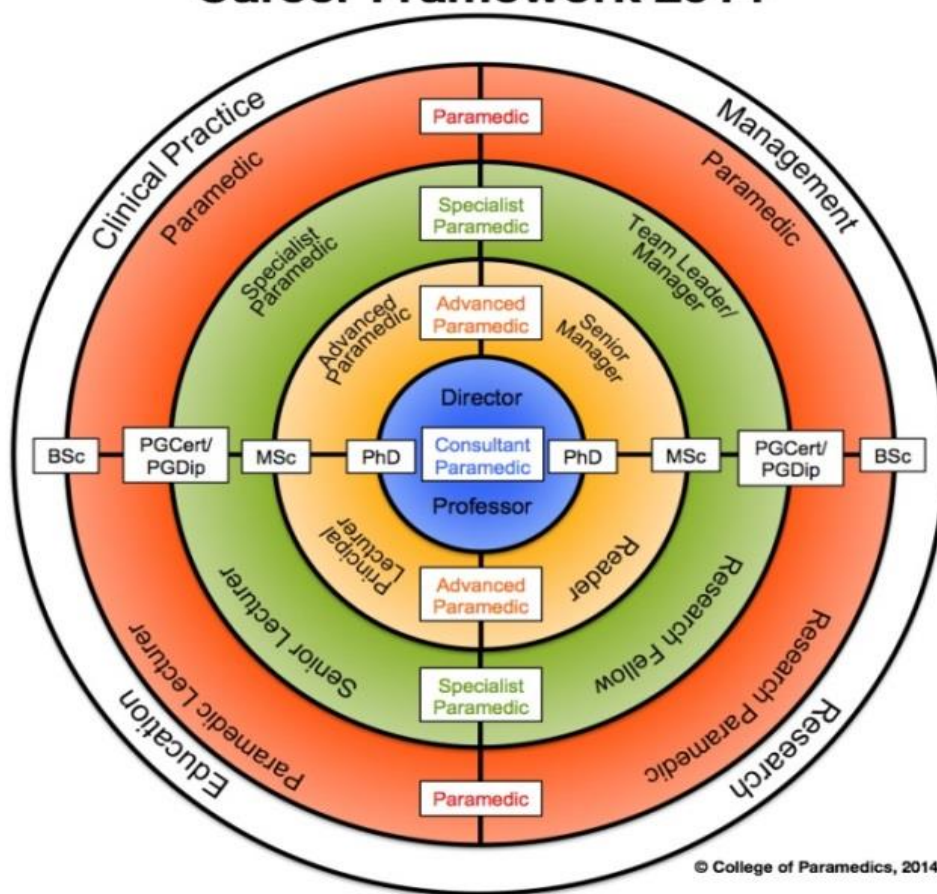
- Create an environment where staff are committed to develop and change practice and systems in light of research, clinical audit, good practice and evidence based clinical care
- Use Clinical Performance Indicators (CPIs) to audit practice in specific areas of care, particularly those that pose a significant clinical risk and minimise this risk by ensuring face-to-face CPI feedback
- Deliver an annual clinical audit programme facilitated by a clinical audit team that will enable contribution to national clinical quality indicators and publish an annual audit report.
- Work with NHS England to rewrite the Ambulance Clinical Quality Indicators to establish outcome based indicators which promotes reliable comparison across all Ambulance Trusts
- Use audit outcomes to enhance clinical care, using national, local and Trust benchmark data to identify areas for improvement and future educational packages
- Continuously audit re-contact from patients within 24 hours who were discharged from Las care following telephone or face-to-face assessment where significant deterioration has occurred to learn from the incident and reduce risk to future patients
- Continuously monitor the quality of care provided to every patient who suffers a cardiac arrest, stroke, major trauma, ST-elevation myocardial infarction
- Support information sharing agreements with other providers so patient outcomes can be shared
- Develop and promote a culture of Research and development throughout the Trust
- Develop new research in partnership with external organisations including other healthcare providers, academic institutions and commercial organisations
- Continue to demonstrate the Trust is the leading Ambulance organisation in pre-hospital research
- Lead on national and international research programmes in pre-hospital care

Clinical Career Structure

The LAS recognises the immense value of a diverse clinical workforce and the important contributions that clinicians of all grades and educational backgrounds make towards excellent patient care and clinical outcomes. We acknowledge the vital role that non-clinicians make in delivering this care be this in the in the 999 and LAS 111 control centres or in our supporting services.

Equally, we recognise that not everyone will want to follow the same career pathway, and that many of our clinicians will move from one area of development to another during their career. We will work with partners in higher education to develop a workforce that is fit for purpose, and aim to provide a pathway from entry level to board in line with the Skills for Health and College of Paramedics Career Framework.

College of Paramedics Career Framework 2014



9	More Senior Level / Clinical Director
8	Consultant Practitioner
7	Advanced Practitioner
6	Senior / Specialist Practitioner
5	Registered Practitioner
4	Associate / Assistant Practitioner
3	Senior Healthcare Assistant
2	Support Worker
1	Initial Entry Level

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We will:

- Review the workforce skill mix to ensure that LAS has the appropriate workforce to deliver the 'Right Care at the Right Time in the Right Place'
- Develop a portfolio of clinical scope of practice for a range of clinical practitioners
- Work with Health Education England and our partner Universities to develop training programmes that will meet the future needs of the ambulance service, and to deliver exceptional practice placements for all our students
- Develop the LAS academy to broaden the training delivered to include opportunities for specialist training and higher education opportunities
- Work with London's medical schools, the Faculty of Pre-hospital Care and the intercollegiate board for Training in pre-hospital emergency medicine to develop routes for basic and speciality training
- Enter into learning agreements with partner institutions to ensure learning needs are fulfilled
- Work with other healthcare providers to provide reciprocal development opportunities
- Ensure that there is strong and visible clinical leadership, in the right numbers, across all activities of the Trust, and that Trust policy puts patient care at the centre of everything that we do. This will necessitate increasing the number of advanced paramedic practitioners and clinical team leaders
- Expand the skill-set of advanced paramedic practitioners ensuring implementation is structured, evidence-based and well governed
- Develop the role of specialist paramedics with a specific interests and knowledge
- Develop and pilot the role of urgent care clinicians to deliver hear and treat and see and treat
- Increase the clinical governance and assurance support and appoint clinical advisors in quality intelligence and safety improvement, procurement and legal services
- Support information sharing agreements with other providers so outcomes can be reviewed to inform pathway development and educational packages



Report to:	Trust Board
Date of meeting:	31st January 2017
Document Title:	IM&T Strategy
Report Author(s):	Chief Executive
Presented by:	Chief executive
Contact Details:	Jacqui.Galletta@lond-amb.nhs.uk
History:	Discussed in Trust Board Strategy session
Status:	<i>For approval</i>
Background/Purpose	
<p>The Trust Board has the ambition to undertake a significant transformation of the London Ambulance Service. In summary this is about becoming an urgent and emergency care provider integrated with the wider healthcare economy so that the overall system becomes more than the sum of its unlinked parts. The development of a robust IM&T strategy to support this is seen as key element in delivering the Transformation targeted.</p> <p>This strategy has channelled the articulated ambition into a set of strategic themes and IT drivers aligned to patient, organisation and staff benefits. Based on the understanding of these themes and priorities, a number of 'IT enabler programmes' have been proposed.</p> <p>Some key next steps are outlined at the end of the Strategy. These need to be the focus of ongoing work.</p>	
Action required	
To approve the Strategy and note the next steps	
Links to Board Assurance Framework and key risks	
To improve the IM&T environment within the Trust in support of patient care	

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

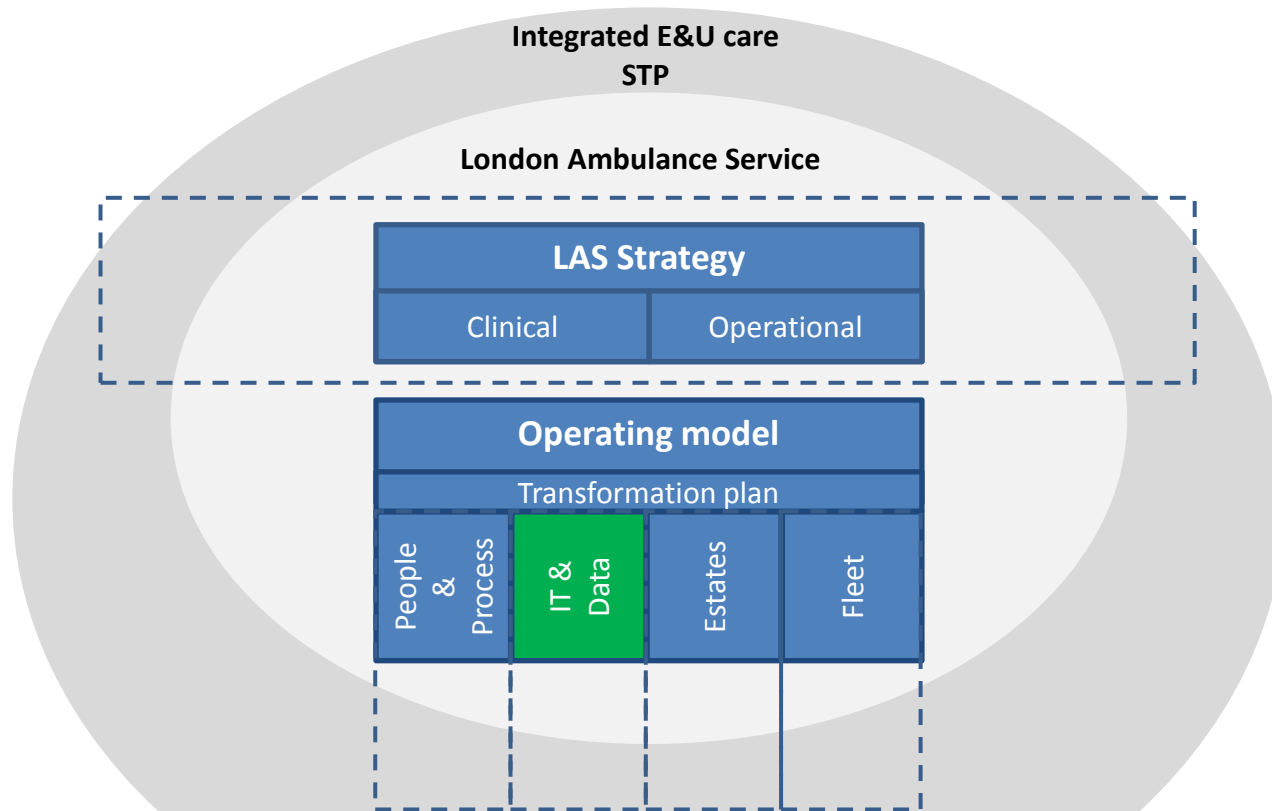
IM&T STRATEGY 2017 - 2021 EXECUTIVE SUMMARY

January 2017



The London Ambulance Service exists within a system that requires joined up priorities to deliver benefits for the system as a whole

Partnership



The Trust Board has the ambition to undertake a significant transformation of the London Ambulance Service. In summary this is about becoming an urgent and emergency care provider integrated with the wider healthcare economy so that the overall system becomes more than the sum of its unlinked parts. The development of a robust IM&T strategy to support this is seen as key element in delivering the Transformation targeted.



Executive summary

The Trust Board has the ambition to undertake a significant transformation of the London Ambulance Service. In summary this is about becoming an urgent and emergency care provider integrated with the wider healthcare economy so that the overall system becomes more than the sum of its unlinked parts. The development of a robust IM&T strategy to support this is seen as key element in delivering the Transformation targeted.

This document sets out the ambition for the Strategy. However, it must be recognised that further work is now required to set out the delivery details. In order to the Trust needs to set out and join up the tangible benefits for the emergency and urgent care system. It should be recognised that priorities could change in the delivery of this strategy as the “Whole System” view is developed with other stakeholders.

This strategy has channelled the articulated ambition into a set of strategic themes and IT drivers aligned to patient, organisation and staff benefits. Based on the understanding of these themes and priorities, a number of ‘IT enabler programmes’ have been proposed which shows an investment requirement of around £45m over a 4 year period. The associated Operational expenditure uplift over the period is estimated at around 30%.

It is clear that a realistic level of ambition and prioritisation will be required, and hence the IT enabler programmes have been mapped to business benefits to enable decision making.

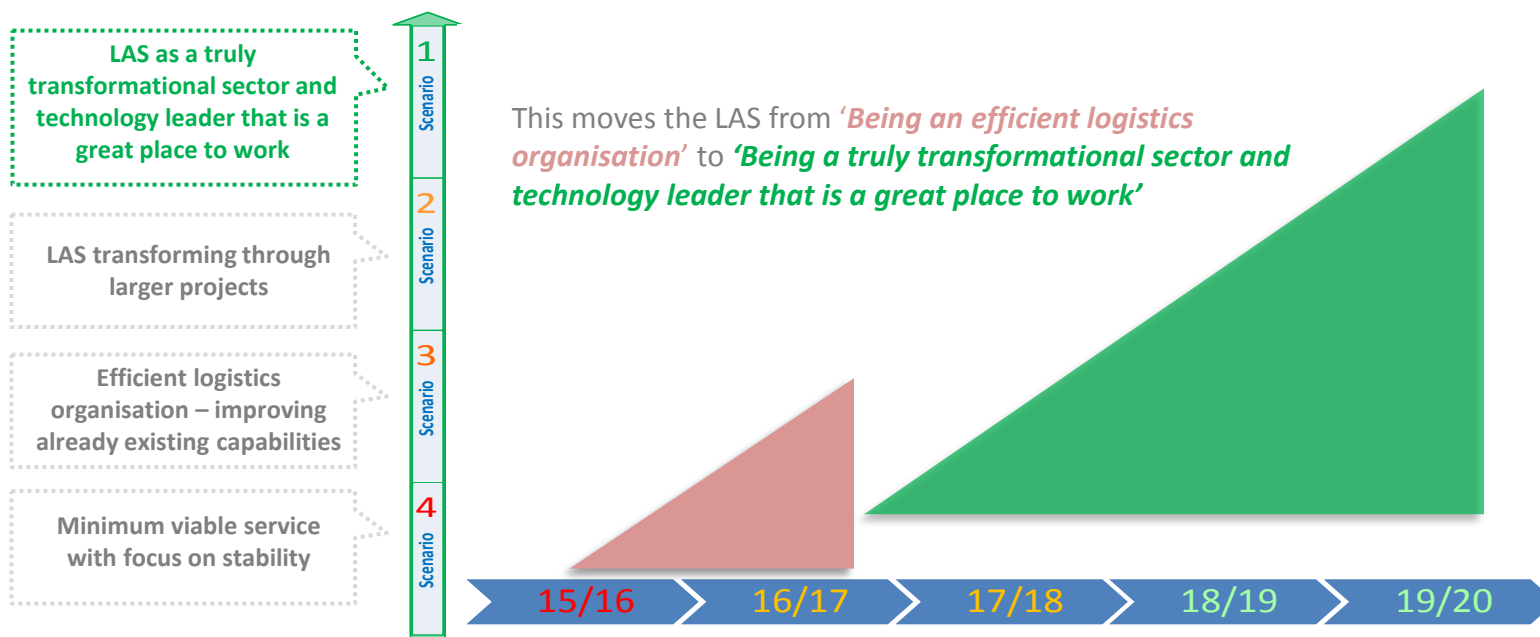
The Trust will need to review the range of delivery models by which the Trust could go about making the ambition a reality.

Some key next steps are outlined at the end of the Strategy. These need to be the focus on ongoing work.



Refreshing the strategy and ambition

While the previous strategy and vision is still relevant, there is an increasing level of ambition and desire for transformation, at a faster pace.



The vision is shaped by internal and external drivers that aim to improve patient care, staff and organisation capability:

Provide mobile emergency and urgent care, with an integral role in the development and delivery of NHS 111

Develop the role of urgent and emergency care to deliver more "hear & treat" and "see & treat" services outside of hospital so patients get the right care in the right place, first time

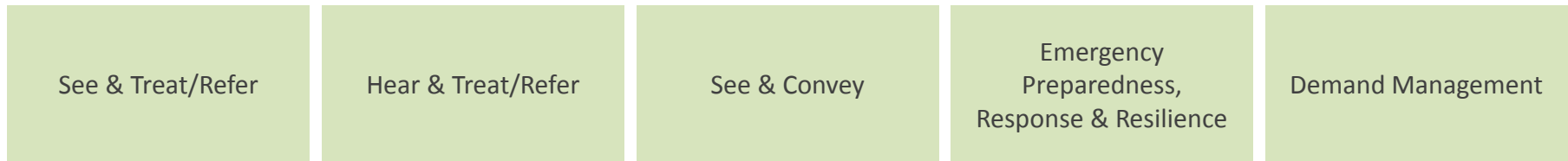
Integrate urgent and emergency care services with the wider healthcare economy so the overall system becomes more than the sum of its parts

Move from paper to electronic systems; integrate information from various sources and provide via mobile solutions to enable better decision making and seamless patient & staff experiences

The ambition has been translated into a number of strategic themes

*The strategic themes of the LAS strategy - **patients, staff and organisation** - have been used to drive the updated IM&T strategy*

Patient strategic themes



Staff and organisational strategic themes



These strategic themes have been used to identify the drivers for the IM&T strategy

Patient strategic themes

Patient strategic themes



- Incidents resolved with the patient being treated and discharged from ambulance responsibility on scene without conveyance to hospital
- Includes incidents where Paramedics arrive on the scene and refer (but do not convey) the patient to any alternative care pathway or provider

- Incidents that do not result in a Paramedic arriving on the scene
- Incidents, following emergency or urgent calls, resolved with the patient receiving clinical advice by telephone (via a clinician or operator using clinical decision support system) or referral to an alternative care pathway or provider

- Incidents, following emergency or urgent calls, where the patient is conveyed by ambulance to an alternative healthcare provider (A&E, minor injuries unit, major trauma centre, private healthcare)
- The LAS has a target to reduce this from around 65% of incidents today to around 55% in 2019/20.

- Preparation for major incidents and events (planned/unplanned) with partner agencies to ensure multi-agency preparedness and resilience, enabling a rapid response and reducing the impact on other healthcare providers
- Proactive segment to prepare effective use of reactive services (S&T, H&T, S&C) in the event of a major incident

- As 999 demand increases 10-15% per year, the LAS needs to influence this and design new services and pathways to reduce overall demand, particularly on 'See & Convey'
- Use of 'big data' to design new and improved services that reduce overall demand
- Preventative and self-care public health services

The LAS aspires to fundamentally change the way it interacts with and treats patients, much of which is enabled by technology.

Strategic themes have been used to identify IT drivers

Patient strategic themes



Mobility and Integration

- ePRF
- Patient information system (NHS#, Primary Care Record, Summary Care Record, Special Patient Notes, NHS Spine, Care Plans/EOL)
- Mobility platform (for S&T, S&C)
- Integration (information, technology and processes) with other healthcare providers (GPs, Clinical Hubs, Hospitals, Mental Health, Social Care)
- Seamless 999-111-Clinical Hub (EOC and Integrated Clinical Hub) call transfer
- Electronic access to regional and national Directory of Service
- Information security and governance

Digital Touch

- Video to specialist (S&T, S&C), patient video to EOC (H&T), Instant Messaging/Skype (H&T)

Community technology (GoodSAM, video to the EOC or ambulance, mid-wife alerting)

Electronic audit and quality assurance system (inc medicines management audit)

- ePrescription by Paramedics
- Defibrillator downloads
- Remote ICU

- eBooking for non-emergency ambulances requested by HCPs

- Inter-agency operability and information sharing
- Infrastructure resilience
- Other drivers as reactive services (S&T, H&T, S&C)

- Real-time segmentation of users to identify frequent callers/mental health/elderly/vulnerable and direct to appropriate pathways
- Call volume trends to identify changes in illness patterns (e.g. dangerous drug use)
- Anonymised aggregate data to support prevention, identify new services and reduce demand
- Prevention and self-care advice via digital channels (internet, social media, apps)

The LAS aspires to fundamentally change the way it interacts with and treats patients, much of which is enabled by technology.

Staff and organisation strategic themes

Staff and organisation strategic themes



- Make the LAS a 'magnet employer'
- Improving staff health & wellbeing and work-life balance
- Understanding and catering to graduate expectations in order to retain
- Improving staff engagement, and hence retention, through improved two-way communications and empowering staff to feedback
- Staff support services

- Improving management development and leadership – make it easier to be a leader
- Performance management (objectives, appraisals, feedback)
- Talent management and retention
- Improving capability through learning management
- Clinical Career Structure

- Less 'command and control' more 'empowered decision making'
- Make it easier for staff to do their jobs with better availability, integration and accuracy of information
- Fixing the basics for staff workflow
- Improving collaboration and engagement
- Promoting a culture of continuous improvement
- Promote R&D culture

- Improving medicine management
- Improving roster management
- Asset lifecycle management
- Improved audit and quality assurance ability
- Estates management-consolidation to fewer number of sites
- Fleet management and refresh – improving capacity, reliability and carbon footprint
- EOC expansion

- Collaborate with other emergency services to benefit from shared services (property, procurement, control rooms, training, IT)
- Support National programmes such as ESMCP
- MAIT 999-999, AS999, AS 111

The LAS aspires to manage and develop the organisation to ensure it is safe, effective and well-led, much of which is enabled by technology.

Strategic themes have been used to identify IT drivers

Staff and organisation strategic themes

Recruitment & Retention

- Mobility platform
- Online communication, collaboration and feedback (inc social media, video conferences and webinars)
- Access to organisational information and communications online

Career Development & Talent Management

- Integrated systems and information
- HR/Performance management system
- HR/Talent management system
- Learning management system - eLearning, LAS Academy, 'Learning Communities' within LAS, 'MyPortfolio' of digital learning, working with Higher Education

Culture & Environment

- Mobility platform
- Integrated systems and information
- Online collaboration (inc social media, video conferences, webinars)
- Paper to electronic document management systems
- Knowledge sharing and management
- Adoption of innovative technologies (such as cloud, IoT, autonomies and others)

Operations & Asset Management

- Medicine management system
- Intelligent roster management system
- Electronic asset management system
- Electronic audit and quality assurance system
- Estates strategy likely to require staff location moves and potentially data centre move
- Fleet management system
- Expanded EOC to meet demand

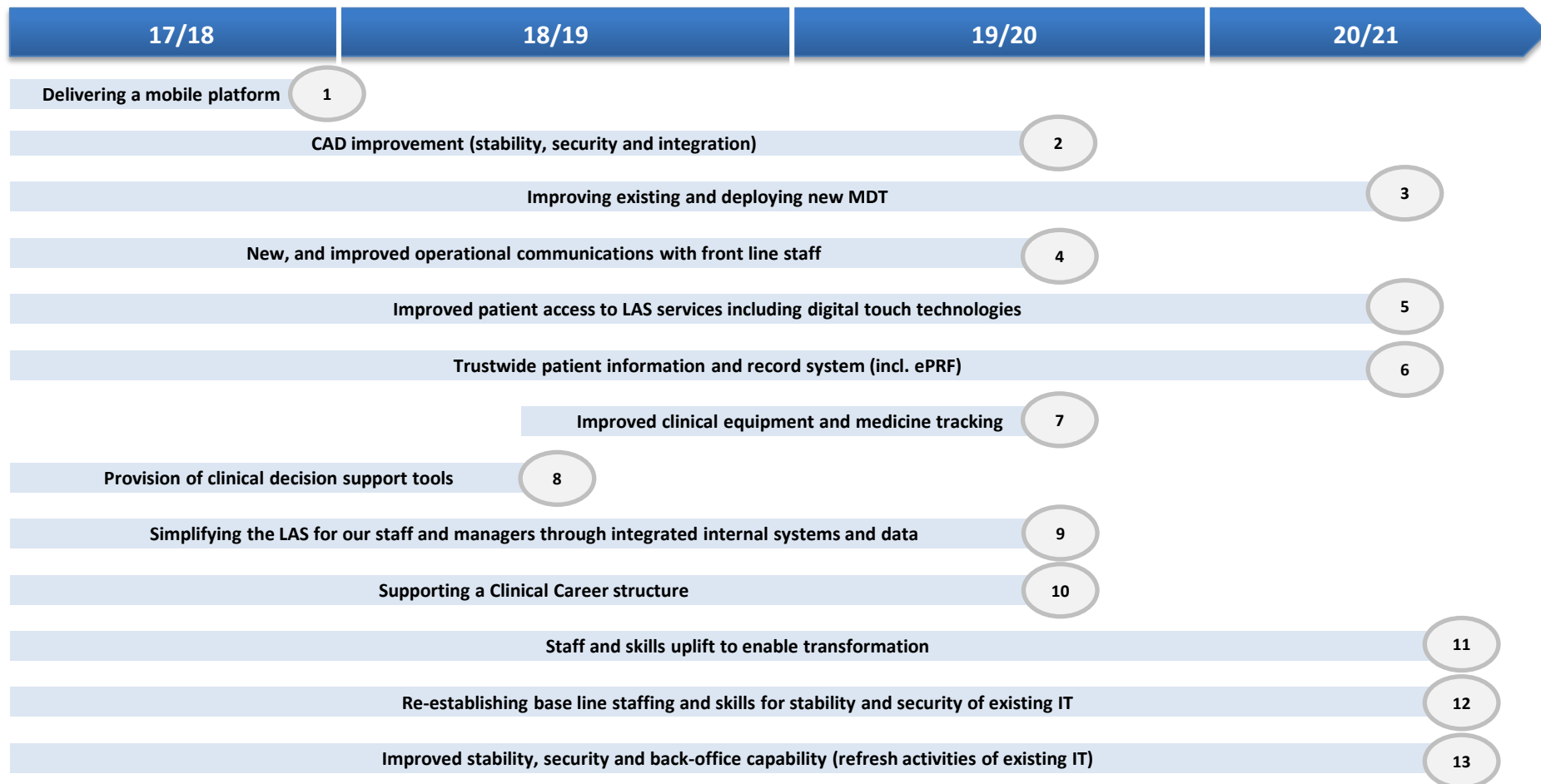
Emergency Services Collaboration

- MDT, ICCS and radio upgrade or replacement
- Information exchange and connectivity with other ambulance and emergency services
- EOC sharing and integration with other emergency services

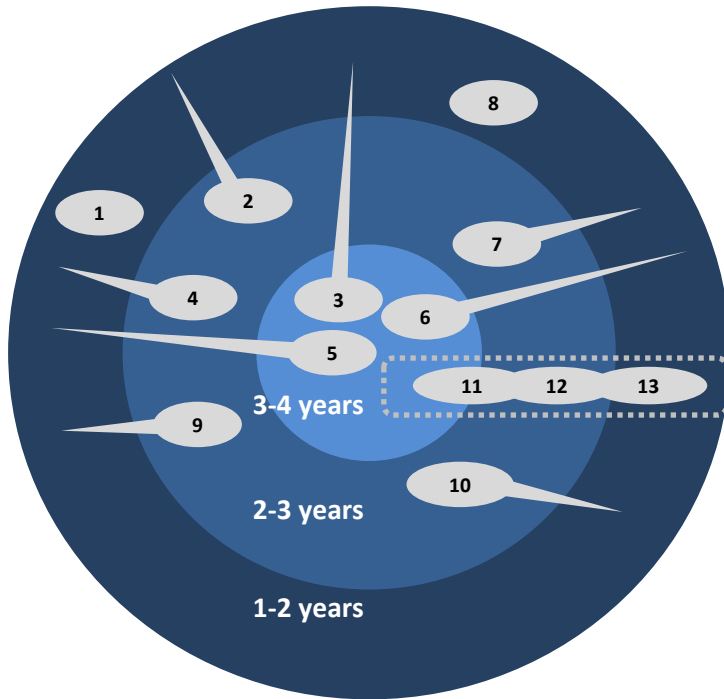
The LAS aspires to manage and develop the organisation to ensure it is safe, effective and well-led, much of which is enabled by technology.

Outline IM&T roadmap to deliver the transformation

The roadmap is based on current priorities. This may be subject to change.



Based on the understanding of the strategic themes and priorities, a number of 'IT enabler programmes' are proposed to support the transformation



IT enabler programmes

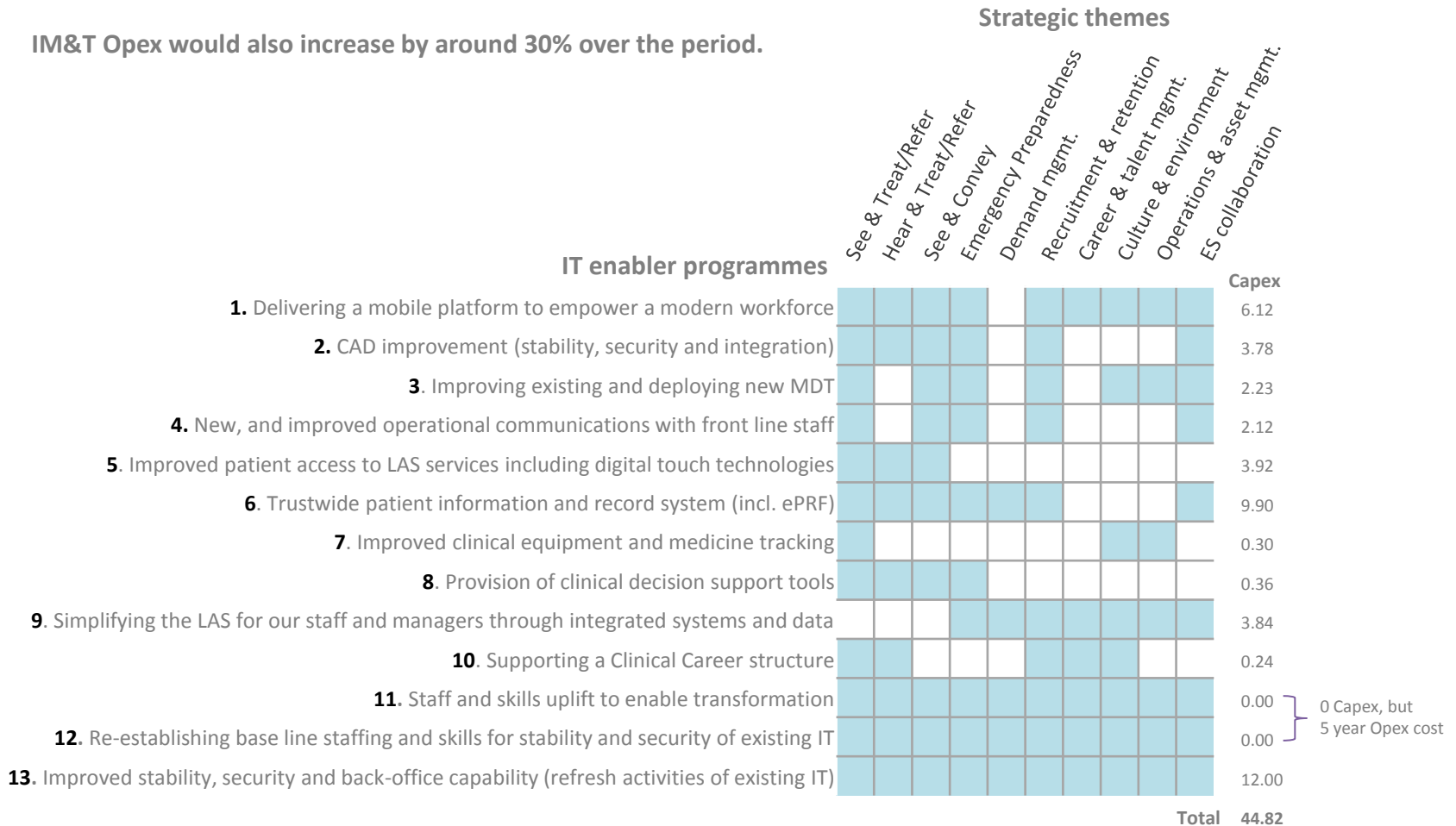
- 1 Delivering a mobile platform to empower a modern workforce
- 2 CAD improvement (stability, security and integration)
- 3 Improving existing and deploying new MDT
- 4 New, and improved operational communications with front line staff
- 5 Improved patient access to LAS services including digital touch technologies
- 6 Trustwide patient information and record system (incl. ePRF)
- 7 Improved clinical equipment and medicine tracking
- 8 Provision of clinical decision support tools
- 9 Simplifying the LAS for our staff and managers through integrated internal systems & data
- 10 Supporting a Clinical Career structure
- 11 Staff and skills uplift to enable transformation
- 12 Re-establishing base line staffing and skills for stability and security of existing IT
- 13 Improved stability, security and back-office capability (refresh activities of existing IT)

Note January 2017

The impact of the 2017 New Years Day CAD outage will need to be taken into account in finalising these priorities. It has not been possible to undertake this prior to the submission of this Strategy to the Trust Board.

The estimated cost to deliver the IT enabler programmes over the next 4 years is around £45 million

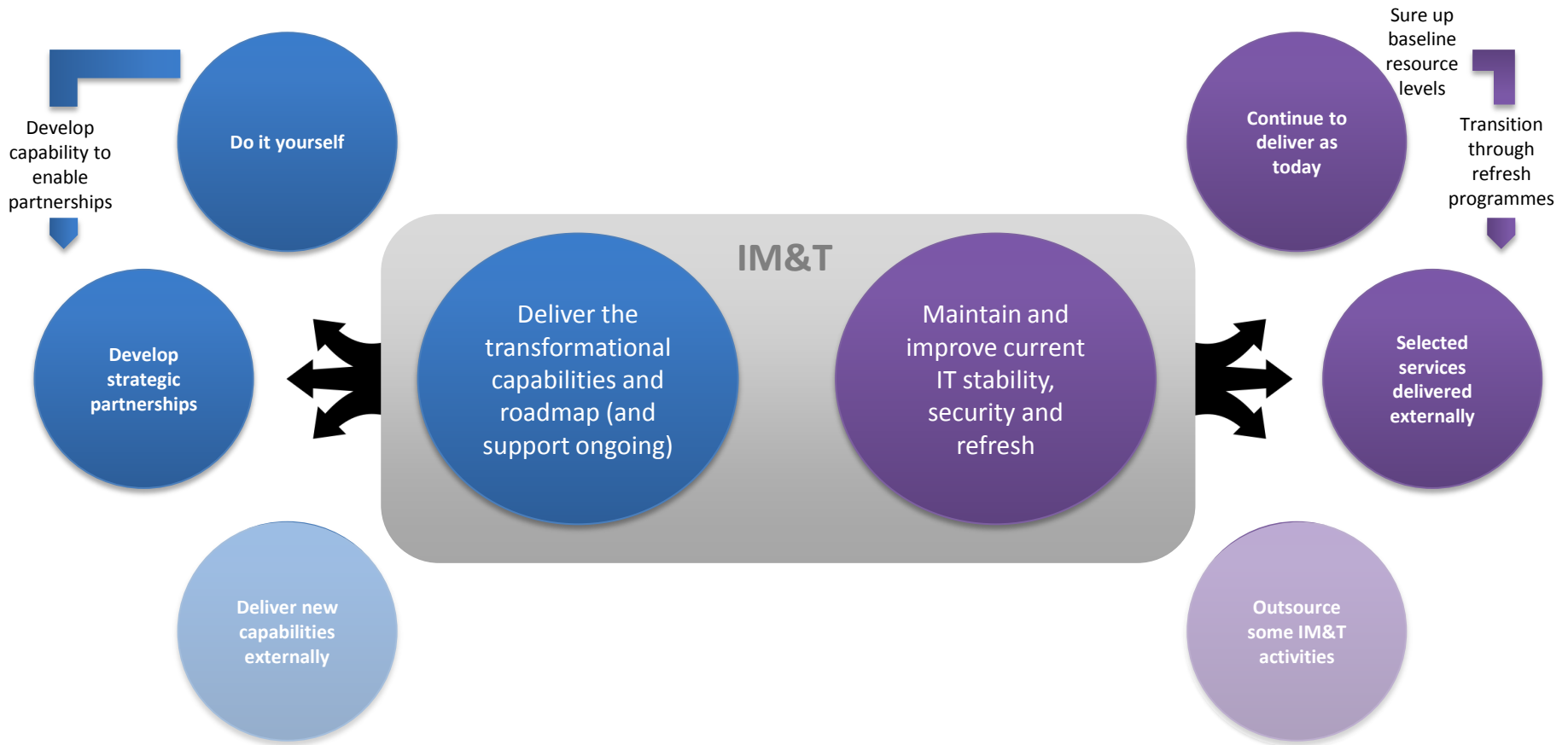
IM&T Opex would also increase by around 30% over the period.



The funding required over the period is going to be difficult to find, therefore the Trust may need to adjust the level of ambition and strategic priorities over time

Given the challenges, IM&T needs to consider how to deliver the IT enabler programmes alongside current IT operations

There are a number of options for the LAS and IM&T to consider in order to achieve this delicate balance.



Decisions and recommendations

The IM&T strategy and roadmap has been prepared based on interpreted levels of ambition and business priorities. The key next steps are:

Next steps

- 1 To align the ambition of the IM&T Strategy with the Clinical and Operational model and to link these through the Transformation Plan.
Action: Chief Information Officer working with the Medical Director and Director of Operations.
- 2 Agree how much funding is required and where it is going to come from. This may influence the speed and scale of implementation.
Action: Director of Finance
- 3 Work with the STPS and London Health economy to ensure that compelling business cases can be presented that show cost/benefits to the healthcare economy as a whole, and not just within the LAS.
Action: Director of Strategy and Transformation
- 4 Agree the IM&T delivery model to make the ambition a reality.
Action: Chief information Officer



Report to:	London Ambulance Service Trust Board
Date of meeting:	31 st January 2017
Document Title:	Outline Proposal for LAS 'Hive' Transformation Programme
Report Author(s):	Angela Flaherty, Deputy Director of Transformation and Strategy
Presented by:	Angela Flaherty, Deputy Director of Transformation and Strategy
Contact Details:	Angela.flaherty@lond-amb.nhs.uk / Karen.broughton@lond-amb.nhs.uk
History:	Executive Leadership Team
Status:	Information and approval

Background/Purpose

Over the past few years, the London Ambulance Service has run two organisation-wide change programmes; the Performance Improvement Programme (2015-2016) and the Quality Improvement Programme (2016-2017). We now need to put in place a new transformation programme in order to ensure continued and sustained change and realise our ambition of 'Making the LAS Great'. This transformation needs to specifically address a number of internal and external factors, including:

- Improve frontline capacity and productivity through a reviewed operating model
- Meet the national performance target
- Improve the working lives of our staff
- Respond to and build on the outcome of our February CQC inspection
- Develop a culture of continuous improvement
- Maximise value for money through realising hidden capacity in the organisation
- Meet our financial responsibilities including CIPs

The aim of the transformation programme is to deliver sustainable change to transform the way we provide care to our patients, improve the working lives for our staff and improve organisational efficiency and effectiveness

This paper outlines the proposed approach to transformation governance arrangements and development of the transformational projects

Action required
<p>The Trust Board are asked to:</p> <ul style="list-style-type: none"> • Approve the transformation approach and proposed change methodologies • Approve the proposed governance structure • Note the emerging shape of the transformation programme team which ELT are currently discussing • Note the approach to determine the final content of the transformation programme
Links to Board Assurance Framework and key risks
<ul style="list-style-type: none"> • Non applicable at present

Key implications and risks in line with the risk appetite statement where applicable:	
Governance and Well-led	Low risk. The aim of the transformation programme is to deliver sustainable change to transform the way we provide care to our patients, improve the working lives for our staff and improve organisational efficiency and effectiveness.
Clinical and Quality	Low risk. The aim of the transformation programme is to deliver sustainable change to transform the way we provide care to our patients, improve the working lives for our staff and improve organisational efficiency and effectiveness.
Performance	Low risk. The aim of the transformation programme is to deliver sustainable change to transform the way we provide care to our patients, improve the working lives for our staff and improve organisational efficiency and effectiveness. .
Financial	Low risk. Financial implication in that The Trust will need to commit resources to the recruitment of the recruitment of the Hive team. The specific size of the team, and therefore the exact cost pressure, will be determined by the final list of projects.
Workforce	No adverse risks on workforce. Potential positive implication in that the Hive team will provide opportunities for staff to obtain and develop new skills and experiences.
Reputation	Low risk. The aim of the transformation programme is to deliver sustainable change to transform the way we provide care to our patients, improve the working lives for our staff and improve organisational efficiency and effectiveness. .
Other	None identified
This paper supports the achievement of the following Quality Improvement Plan Workstreams:	
Making the London Ambulance Service a great place to work	Projects within the transformation programme will lead in due course to achievement of this objective.
Achieving Good Governance	
Improving Patient Experience	
Improving Environment and Resources	
Taking Pride and Responsibility	

LONDON AMBULANCE SERVICE TRUST BOARD

31 January 2017

Outline Proposal for LAS 'Hive' Transformation Programme

1. Introduction

Over the past few years, the London Ambulance Service has run two organisation-wide change programmes; the Performance Improvement Programme (2015-2016) and the Quality Improvement Programme (2016-2017). We now need to put in place a new transformation programme in order to ensure continued and sustained change and realise our ambition of 'Making the LAS Great'. This transformation needs to specifically address a number of internal and external factors, including:

- Improving frontline capacity and productivity through a reviewed operating model
- Meeting the national performance target
- Improving the working lives of our staff
- Responding to and build on the outcome of our February CQC inspection
- Developing a culture of continuous improvement
- Maximising value for money through realising hidden capacity in the organisation
- Meeting our financial responsibilities including CIPs

The aim of The Transformation Programme is to deliver sustainable change to transform the way we provide care to our patients, improve the working lives for our staff and improve organisational efficiency and effectiveness. In order for The Transformation Programme to be successful we need to:

1. Determine the transformation approach and select appropriate methodologies
2. Determine the transformational projects
3. Put in place an appropriate governance structure
4. Create a transformation team

2. Determining the Transformation Approach

Achieving Lasting Transformation

In designing our approach to transformation, we have considered both guidance from leading change experts, experience from other NHS organisations and our own learning from the Quality Improvement Programme to ensure we achieve sustainable transformation. Some key highlights of this learning include;

- Transformation initiatives fail when there is a lack up understanding that transformation is a process, not an event, resulting in a loss of momentum, reversal of achievements (J. Kotter, see appendix 1 for details)
- Programmes fail to deliver due to *the complex web of conditions and emotion*. Considering the conditions for change and critically our willingness to change is essential to our programme's success (M. Trybus, see appendix 1 for details)
- Attempting to do too much too soon can result in frustration at lack of progress and engagement. Transformation activities need to be achievable within the specified time frames

- Proceeding to transformational activities without a solid foundation can result in changes failing to stick.

In summary successful change requires effective planning and the willingness to change. We are therefore proposing a two pronged approach to realising the transformation required; ‘Driving and Releasing Change’. Our programme structure, including governance and team reflects this approach.

Transformation approach in more detail

Our approach of ‘**Driving & Releasing Change**’ is formed of two complimentary components to ensure a balanced, well run programme. The first component; ‘**Driving Change**’, includes activities to structure, drive, direct and automate the required transformation, incorporating traditional project and programme management activities. It involves:

- Determining the compelling case for change for each project
- The plans, processes, procedures, systems and rules in place to drive the change programme
- The business structure and design in place to ensure the required structure, organisation, roles, and accountabilities.

Core to the Drive component will be clearly defined benefits realisation plans that include both cash and non-cash (e.g. productivity or quality) outcomes.

The second component; ‘**Releasing change**’ is focussed around the activities to inspire, enable, encourage and facilitate, requiring strong interpersonal skills and the ability to co-create with the people involved in the change. It involves:

- Enabled leadership, providing role models, symbols, ideas and inspiration
- The engagement and enablement of staff through dialogue and engagement activities
- Embedding new behaviours through energy, motivation and collaboration

Staff engagement will be crucial throughout each stage of every project, ensuring staff are involved and a broad range of views are heard. The specific method of engagement is dependent on the particular project and could incorporate: staff surveys; small focus groups; or large engagement events. We will seek to involve our Trade Union colleagues at the outset of the Programme to agree the terms of engagement.

Improvement Methodology

Adopting an agreed improvement methodology ensures a consistent organisational approach to change. Within each project we will utilise the most appropriate methodology. We recommend adopting the following methodologies;

- LEAN (e.g. for back office improvement projects)
- Collective Leadership (e.g. for Organisational Development and Leadership Development)
- PDSA (e.g. for Care Pathways, see Appendix 2 for example).

We will train staff involved in the projects on the required methodology.

Proposed LAS Transformation Hive

We propose to structure the central programme team differently from other recent organisation-wide LAS programmes. By introducing the Hive concept we aim to capture the attention of the organisation rather than re-using the same terminology that has been used as part of the last two change programmes. 'Hive culture' has been regularly used in organisational psychology and has a number of allegories that can be applicable to our transformation programme such as:

- Shared purpose: Bees have an absolute obsession with what is good for the whole organization/team/department/group over what is good for any one bee
- Cooperation: A strong colony culture of cooperation and trust happens uniformly and automatically at every place within the hive. There is a belief that being "in colony" will produce something exceptional, far greater than doing it alone
- Collaboration: Bees pollinate while gathering nectar from outside the hive
- Communication: Bees have a clear and compelling form of communication through their unique 'waggle'
- Small steps add big value: It's not one bee that builds all the cells in the honeycomb.

By using the Hive concept we will distinguish the Transformation Programme as a wholesale change in approach to transformation within the organisation, to ensure that transformation is shared and owned across the Trust.

As part of Hive, we are proposing to introduce local 'cells' that replicate the ethos of the Hive and act as a delivery vehicle for change in localities. The diagram below demonstrates the central and local aspects of our Hive model:



The cells will be headed up by *local transformation coordinators* who will be responsible for the delivery of transformation in localities. These individuals will also be responsible for spreading good practice in their area and feeding back to the Hive on local ideas. The local transformation coordinators will be responsible for additional initiatives that do not require central Hive control or resources, but may benefit from Hive advice and support. This approach enables us to develop these key roles whilst maximising local involvement.

These local cells will be more than an office, they will be spaces that showcase progress and achievements; that engage and inspire local staff. As part of the development of local cells, we intend to carry out a stocktake of all existing projects and initiatives currently within the organisation including ones happening in each locality.

Ensuring Sustainability

Sustainability will be central to the Transformation Programme as we need to make sure that changes are truly embedded within the organisation. The NHS Quality, Service Improvement & Redesign (QSIR) workbook provides guidance on ensuring transformation is sustainable (see appendix 3). The Transformation Programme will be developed to reflect these principles and will be run and monitored to ensure that changes are sustainable and effectively embedded within the organisation

3. Determining the Transformational Projects

An initial long list of potential projects has been determined as represented in Figure 1 but requires further analysis and prioritisation. The long list has been developed through:

- An analysis of the current Quality Improvement Programme to identify the projects that will continue beyond March 2017
- Presentation of the CEO's priorities to the Top 400 Managers Forum on 11 January 2017, where managers were engaged in prioritisation
- ELT away-day
- Further engagement with the Executive and Senior Leadership Teams and Assistant Directors of Operations through the Leadership Forum
- Discussions with the Chairman to ascertain her views and relative priorities.

The following timeline identifies the key activities and forums for finalising the work streams and constituent projects:

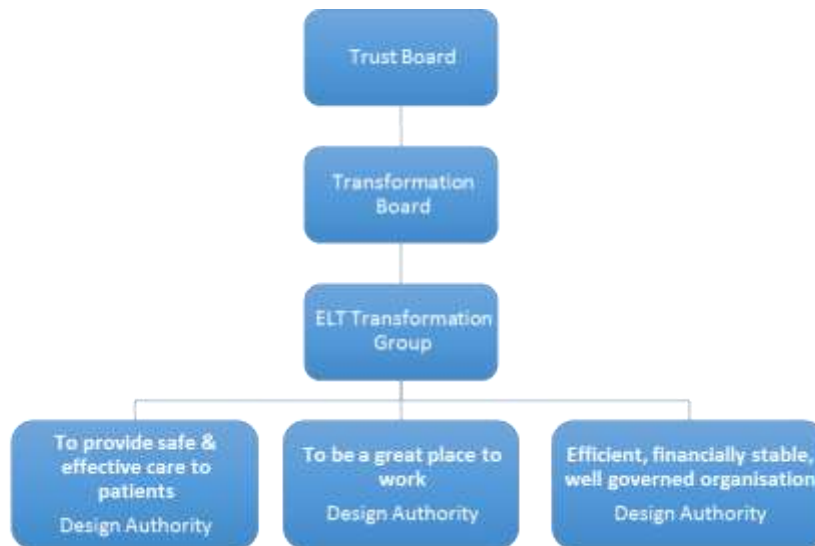
Define and Assess 30/01-17/02	Prioritise and Rationalise 20/02-10/03	Challenge and Assure 13/03-24/03	Confirm and Commit 27/03-31/03
An assessment of each proposed initiative will be undertaken to define the precise area of change, the readiness for change and the appropriateness of inclusion within the transformation programme. This will be undertaken with the relevant leads. In parallel we will undertake a stocktake of all improvement initiatives currently in progress across the organisation.	A dedicated ELT session will prioritise and rationalise the list of projects to determine the final programme content for presentation to the Quality Improvement Board.	The programme content will be presented to the March QIPB board for review and recommendation to the Trust Board.	A final paper detailing the programme structure, governance and resourcing will be presented to the Trust Board in March.

Figure 1. Long list of potential projects requiring further analysis and prioritisation



4. The Proposed Governance Structure

We propose to adopt the model used for the QIP Programme which incorporates Executive and Board Level engagement. Adopting this established governance structure will enable us to quickly establish the new programme and ensure improvement momentum is not lost. This is shown in the structure below:



The Transformation Programme Board will meet on a monthly basis and report to the Trust Board, with the core membership including the Director leads and three Non-Executive Directors, who will:

- Review progress of the Transformation Programme and work streams
- Review Key Performance Indicators

- Consider potential gaps in delivery and the plans for mitigation
- Ensure benefits realisation is on track

The Executive Leadership Team (ELT) Transformation Group, consisting of all members of the Executive Leadership Team and chaired by the CEO, will formally review progress against the plan in its entirety on a monthly basis, assessing any potential risks and directing mitigations to ensure delivery.

Each of the individual work streams will ensure that each of the projects are delivering against plan, to budget and on time, achieving the identified benefits. Monthly work stream meetings will be attended by project leads, project managers, and representatives from HR, Finance, Performance, IM&T, Operations and Medical Directorates as appropriate. These groups will agree papers which will be submitted to the ELT Transformation Group.

5. Creating a Transformation Team

This draft structure, which reflects the driving and releasing change model, will enable staff development and progression. Wherever possible the Transformation Programme will utilise and build the skills and capability within the organisation, only bringing in external support and expertise where they are not available in house.



Through additional training and practical experience, staff will be able to develop their skills and progress through the different levels of project and programme management, as well as addressing any potential gaps requiring external support. Furthermore, by including Trainee Project Managers and Transformation Agent roles we will provide an opportunity for career development within project or programme management roles.

In order to maintain pace in developing the new programme, ELT are discussing the need to move ahead and secure resource for a number of the roles as outlined above. This will enable us to rapidly mobilise the programme; develop the programme level plan, identify initial benefits and ensure the programme governance arrangements transition smoothly from the QIP Programme.

6. Next Steps

In order to take forward the Hive Transformation Programme, the following next steps will be required:

- Determine and agree the final list of project and work streams
- Identify project owners and required resources
- Transition to transformational programme governance arrangements in April 2017
- Develop high level programme plan
- Gain approval for the final work streams of The Transformation Programme
- Authority to proceed with recruiting to the following roles:
 - Head of Programmes
 - Senior Project Manager
 - Programme Administrator.

7. Trust Board are asked to:

- Approve the transformation approach and proposed change methodologies
- Approve the proposed governance structure
- Note the emerging shape of the Transformation Programme team which ELT are currently discussing
- Note the approach to determining the final content of the Transformation Programme.

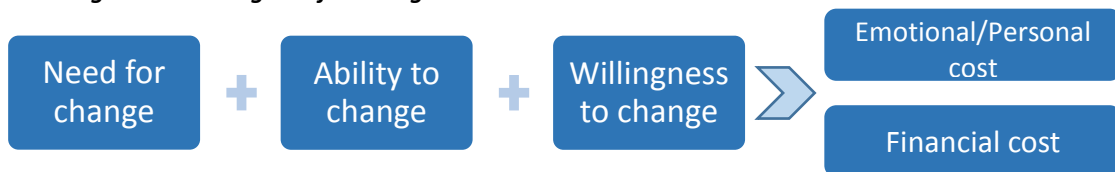
Angela Flaherty
Deputy Director of Strategy & Transformation
31.01.2017

Appendix 1 – Why Transformation Fails

Research by leading change expert John Kotter, has shown that many transformation initiatives fail to achieve their ambition due to a failure to realise that transformation is a process not an event, that advances through stages that build on each other. Often, organisations skip stages as they are pressured to deliver change more quickly. This results in a loss of momentum, reversal of achievements made and a lack of confidence in the transformation efforts. Ultimately, changes fail to stick.

In addition to Kotter’s research, Trybus argues that programmes fail to deliver due to “*the complex web of conditions and emotions*”. Considering the conditions for change is essential to our programme’s success. This can be summarised as:

Figure 1 – Willingness for change



- **Need for change** includes the requirement for objectives to be clear with defined and quantifiable outcomes which are effectively communicated to staff and stakeholders
- **Ability to change** means ensuring there is adequate capacity and capability to carry out the transformation work. It also includes ensuring that the change ambition matches the resource available and not trying to do too much
- **Willingness to change** means ensuring there is adequate senior manager and Board commitment to the change with the willingness to take necessary (well managed) risks
- **Emotional/Personal and Financial cost** includes the realistic appreciation of the barriers, costs and potential pain of change.

Further Information

John Kotter

Dr John Kotter is a professor of Leadership at Harvard Business School and the founder of Kotter International, a management consultancy firm based in Seattle and Boston that works with some of the top companies around the world to help their leaders accelerate strategy implementation in their organisations. Kotter’s seminal book; *Leading Change (1996)* is considered by many to be the seminal work in the field of change management and includes his 8-step process for change management.

As well as *Leading Change*, the other publication referenced in this paper is ‘*Leading Change; Why Transformation Efforts Fail*’, *Harvard Business Review*, January 2007. In total Kotter has authored 19 books, 12 of which have been business bestsellers and two of which are New York Times bestsellers.

Margaret Trybus

Dr Margaret Trybus is a Professor of Educational Leadership at The University of Chicago. She focusses her teaching and research on research based decision making, organisational change and instructional leadership. Whilst she largely writes about organisational change in an academic settings, she focusses heavily in achieving success through tying together change drivers, leadership and the willingness for change.

Appendix 2 – Improvement Methodology: PDSA Example

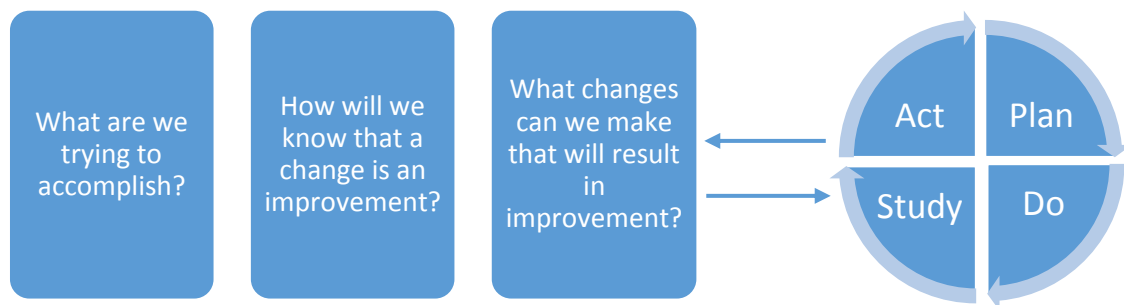
Toolkit Example

The NHS Model for Improvement is one which will be encompassed within The Transformation Programme; Plan-Do-Study Act (PDSA). The model is made up of two parts:

Part 1: Three fundamental questions:

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What changes can we make that will result in improvement?

Part 2: The Plan-Do-Study-Act Cycle to test changes in real work settings



Appendix 3 – NHS Quality, Service Improvement & Redesign definition of sustainability

The NHS QSIR workbook defines sustainability in the following way:

“Not only have the process and outcomes changed, but the thinking and attitudes behind them are fundamentally altered and the systems surrounding them are transformed as well. In other words, the change has become an integrated or mainstream way of working rather than something ‘added on’. As a result, when you look at the process or outcome one year from now or longer, you can see that at a minimum it has not reverted to the old ways of working, or old levels of performance. Further, it has been able to withstand challenge and variation; it has evolved alongside other changes and perhaps has continued to improve over time. Sustainability means holding the gains and evolving as required – definitely not going back.”

The QSIR workbook identifies ten key factors for sustainability that will be considered within the development of this programme:

Process Factors:

- Monitoring progress
- Adaptability
- Credibility of benefits
- Benefits beyond helping patients

Staff Factors:

- Training and involvement
- Behaviours
- Senior leaders
- Clinical leaders

Organisation factors:

- Infrastructure
- Fit with goals and culture



Report to:	Trust Board
Date of meeting:	31st January 2017
Document Title:	CAD Outage on New Year's Day 2017
Report Author(s):	Chief Executive
Presented by:	Chief executive
Contact Details:	Jacqui.Galletta@lond-amb.nhs.uk
History:	Incident and actions reviewed by ELT
Status:	<i>For note</i>
Background/Purpose	
<p>To update the Trust Board on the CAD outage on New Year's Day, outlining the nature of the incident together with the steps being taken to investigate it and make recommendations for action.</p> <p>We have said sorry to any patients who were impacted by a delay in response times during the period of the outage, and we have asked people with any concerns to contact us, and also speaking to our staff to learn from this incident.</p> <p>We are taking this incident very seriously and have launched a full external investigation into what caused the technical difficulties and any impact on our patients.</p>	
Action required	
Note this paper	
Links to Board Assurance Framework and key risks	
IM&T Risks	

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

London Ambulance Service NHS Trust Computer Assisted Dispatch Outage: 1st January 2017

The Board will be fully aware of the outage of the CAD on New Year's Day. This required the Trust to move to its paper based dispatch system for a period of 5 hours from 00.30am on New Year's Day. Our control room staff are fully trained and practised in using the manual back-up system. They continued to prioritise patients in the same way.

The exact causes of this issue are being externally investigated to ensure the full causes of the incident are understood and action can be taken to prevent any repetition. We are working closely with NHSI and NHSE to complete this work.

Additional monitoring of the system has been put in place, and steps taken to enhance the capacity within the IM&T Department. The Trust is working closely with the CAD supplier to identify actions and to ensure the outage is not repeated. The system is operating normally at this time.

We have said sorry to any patients who were impacted by a delay in response times during the period of the outage, and we have asked people with any concerns to contact us, and we are also speaking to our staff to learn from this incident.

We are taking this incident very seriously and have launched a full external investigation into what caused the technical difficulties and any impact on our patients.

As part of our investigation we have identified a patient who sadly died during the time of the computer issues where we would like to look more closely at whether this was potentially a contributory factor. We have launched a separate investigation to establish this.

It is too early to say what the cause of this patient's death was but we will report on the findings when the investigation is complete.

The staff on duty across the time of the incident responded brilliantly, working extremely hard under very challenging conditions to maintain safe services to patients. This is one of the busiest times of the year for calls to the service. The Trust Board should recognise the dedication and professionalism of all those staff who worked over this period.

We will be open about the findings of the report following the investigation.

Action taken to date:

Clinical review

1. A Serious Incident investigation has been started into the patient death.
2. A comprehensive clinical review of activity during the period of the outage is in progress by the Medical Director.
3. We have asked patients and staff with any concerns to contact us.

IM&T Review

1. Immediate action to enhance resilience includes; enhanced monitoring of the system and additional capacity within IM&T.

2. An external review is in progress to look into the causes of the incident and make recommendations for improvement.

Operational review

1. Formal debriefs for staff on duty that night.
2. To take feedback from staff on the incident to recommend any operational improvements.

Governance of the investigation

NHSI and NHSE, together with LAS Commissioners, are closely involved and are taking an oversight role during the course of the investigation. The LAS Chair will lead a group to review the findings of the investigation and report any recommendations to the Trust Board.

Andrew Grimshaw, Chief Executive
January 2017.



Report to:	Trust Board
Date of meeting:	31st January 2017
Document Title:	Trust Secretary Report
Report Author(s):	Sandra Adams, Director of Corporate Governance/Trust Secretary
Presented by:	Sandra Adams, Director of Corporate Governance/Trust Secretary
Contact Details:	sandra.adams@lond-amb.nhs.uk
History:	N/A
Status:	For information and assurance
Background/Purpose	
<p>Since the Trust Board meeting on 29th November 2016, there have been two tenders received and opened and entered into the register; and there has been one update to an entry on the Register for the use of the Trust Seal.</p>	
Action required	
<p>To be advised of the tenders received and entered into the tender book and entries to the Register for the use of the Trust Seal since 29th November 2016 and to be assured of compliance with Standing Orders and Standing Financial Instructions.</p>	
Links to Board Assurance Framework and key risks	
<p>No key risks associated with this activity.</p>	

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

**Trust Secretary Report
January 2017**

Tenders received

1. Installation of scanning facilities to LAS drug stores

Tenders received from:

- a) TKW Electrical Services Ltd
- b) Avatar Electrical Services Ltd
- c) Electrical Fire and Security Engineers

2. Upgrade of UPS at St Andrews House

Tenders received from:

- a) Avatar Electrical Services Ltd
- b) Turnstone Electrical Services Ltd
- c) TKW Electrical Services Ltd
- d) Artic Building Services Ltd
- e) TRS Ltd

Entries to the Register for the Use of the Trust Seal

There was one amendment to an entry reported to the November Trust Board pertaining to the Ambulance Station Situate at 140/142 Lee High Road, Lewisham, SE13 5PR. There was an error on the previous lease relating to property boundary.



TRUST BOARD FORWARD PLANNER 2017

31st 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	Integrated Board Performance Report Assurance Reports from sub-committees Finance Report M9 BAF and Corporate Risk Register EPRR update	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 th January 2017 Finance and Investment Committee –26 th January 2017 Workforce and Organisational Development – 23 rd January 2017 Quality Improvement Programme Board -	

28th 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 Chief Executive</p>	<p>Integrated Board Performance Report</p> <p>Assurance Reports from sub-committees</p> <p>BAF and Corporate Risk Register</p> <p>Finance Report M11</p>	<p>2017 – 19 Business and Financial Plan</p> <p>STPs</p> <p>Trust Strategy and enabling strategies</p>	<p>Report from Trust Secretary</p> <p>Trust Board Forward Planner</p> <p>Outcome of the CQC Inspection</p>	<p>Audit Committee – 15th February 2017</p> <p>Board Strategy - 28th February 2017</p> <p>Quality Improvement Programme Board –</p> <p>Quality Governance Committee – 14th March 2017</p> <p>Finance and Investment Committee – 23rd March 2017</p> <p>Workforce and Organisational Development – 20th March 2017</p>	

25th 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 Chief Executive</p>	<p>Annual Report and Accounts 2016/17 including Annual Governance Statement</p> <p>Quality Account 2016/17 for approval</p> <p>Audit Committee Assurance Report</p> <p>Annual Report of the Audit Committee 2016/17</p> <p>BAF and Corporate Risk Register</p> <p>Infection Prevention and Control Annual Report 2016/17</p> <p>Annual Safeguarding Report 2016/17</p>	<p>Integrated Board Performance Report</p> <p>Assurance Reports from sub-committees</p> <p>Finance Report</p> <p>Report from Finance and Investment Committee</p> <p>Risk Management Policy Review</p> <p>EPRR update</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>Audit Committee – 18th April, 18th & 25th May 2017</p> <p>Board Strategy - 25th April 2017</p> <p>Workforce and Organisational Development – 22nd May 2017</p>	

1st 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 Chief Executive</p> <p>Serious Incidents</p>	<p>Integrated Board Performance Report including Quality Report</p> <p>Assurance Reports from sub-committees</p> <p>BAF and Corporate Risk Register</p> <p>Finance Report M3</p> <p>EPRR update</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>Quality Improvement Programme Assurance Report</p> <p>Security Management</p> <p>Annual Reports: - Patient Experience - Patient and Public Involvement and Public Education</p>	<p>Board seminar - 27th June 2017</p> <p>Quality Governance Committee – 11th July 2017</p> <p>Finance and Investment Committee – 20th July 2017</p> <p>Workforce and Organisational Development – 24th July 2017</p>	


3rd 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 Chief Executive</p> <p>Serious Incidents</p>	<p>Integrated Board Performance Report including Quality Report</p> <p>Assurance Reports from sub-committees</p> <p>BAF and Corporate Risk Register</p> <p>Finance Report M5</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>Quality Improvement Programme</p>	<p>Audit Committee – 4th September 2017</p> <p>Quality Governance Committee – 19th September 2017</p> <p>Finance and Investment Committee – 21st September 2017</p> <p>Annual General Meeting – 26th September 2017</p> <p>Workforce and Organisational Development – 18th September 2017</p>	

28th 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 Chief Executive Serious Incidents	Integrated Board Performance Report including Quality Report Assurance Reports from sub-committees BAF and Corporate Risk Register Finance Report M7 EPRR update	6 month review of business plan STPs	Report from Trust Secretary Trust Board Forward Planner Performance Reporting compliance statement Quality Improvement Programme HES report	Board seminar - 31 st October 2017 Audit Committee – 6 th November 2017 Quality Governance Committee – 14 th November 2017 Finance and Investment Committee – 23 th November 2017 Workforce and Organisational Development – 13 th November 2017	

Board Seminar	Topic
28 th February 2017	Strategy Review
25 th April 2017	Strategy review
27 th June 2017	Strategy review
31 st October 2017	Strategy review
12 th December 2017	Strategy review

 Denotes formal sub-committee of the TB

 Awaydays

 Annual Reports

Trust Board Register of Interest - January 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	
Nicholas Martin	10/01/2017		✓	City of Westminster College, A2Dominion Housing Association, Cambridge Guarantee Holdings					
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			
Andrew Watson	04/05/2016	✓							
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
Patricia Bain	05/01/2017	✓							
Fenella Wrigley	11/01/2017		✓				Regional Professional Lead for Doctors - St John Ambulance London Region		