



**MEETING OF THE LONDON AMBULANCE SERVICE NHS TRUST BOARD
TO BE HELD IN PUBLIC ON TUESDAY 2nd FEBRUARY 2016 AT 09.00 - 12.30
CONFERENCE ROOM, 220 WATERLOO ROAD, LONDON, SE1 8SD**

AGENDA: PUBLIC SESSION

	ITEM	SUBJECT	PURPOSE	LEAD	TAB
09.00	1.	Welcome and apologies for absence			
	2.	Declarations of Interest			
	3.	Patient or Staff Story To receive a presentation on 'Improving Mental Health' from Jesse Cunnett	Information	ZP	
	4.	Minutes of the public meeting held on 24th November 2015	Approval	RH	TAB 1
	5.	Matters arising	Information	RH	TAB 2
	6.	Chief Executive's Report	Information	FM	TAB 3
PERFORMANCE, QUALITY, OPERATIONS, WORKFORCE and FINANCE					
10.00 – 11.20	7.	Performance – Month 9 7.1 Integrated Board Performance Report 7.2 Quality and safety 7.3 Operations including resilience 7.4 Finance 7.5 Workforce	Information	JP ZP/FW PW AG PB	TAB 4
	8.	Finance Report – Month 9	Information	AG	TAB 5
	9.	Board Assurance Framework, Risk Register	Information	SA	TAB 6
	10.	Assurance Reports 10.1 Quality Governance Committee – 12 th January 2016 10.2 Finance and Investment Committee – 21 st January 2016	Assurance	BMc NM	TAB 7
BREAK 11.20 – 11.30am					
GOVERNANCE AND COMPLIANCE					
11.30	11.	Quality Improvement Programme	Information	KB	TAB 8
	12.	Statement of Readiness concerning preparedness for a major incident	Approval	PW	TAB 9
	13.	Board Declarations – self certification, compliance and board statements	Approval	SA	TAB 10
	14.	Report from Trust Secretary	Information	SA	TAB 11
	15.	Report from the Trust Chairman	Information	RH	Oral

	16.	Trust Board Forward Planner	Information	SA	TAB 12
	17.	Register of Interest	Information	SA	TAB 13
	18.	Questions from members of the public		RH	
	19.	Any other business		RH	
	20.	Date of next meeting The date of the next Trust Board meeting in public is 29 th March 2016		RH	
12.30	Meeting Closed The meeting of the Trust Board in public closes				

**LONDON AMBULANCE SERVICE NHS TRUST
TRUST BOARD MEETING IN PUBLIC**

Minutes of the meeting held on Tuesday 24th November 2015 at 09:00 a.m.
in the Conference Room, 220 Waterloo Road, London SE1 8SD

Present:

Richard Hunt	Chairman
Fionna Moore	Chief Executive
Fergus Cass	Non-Executive Director
Jessica Cecil	Non-Executive Director
John Jones	Non-Executive Director
Nick Martin	Non- Executive Director
Bob McFarland	Non-Executive Director
Theo de Pencier	Non-Executive Director
Andrew Grimshaw	Director of Finance and Performance
Zoe Packman	Director of Nursing and Quality
Paul Woodrow	Interim Director of Operations
Fenella Wrigley	Interim Medical Director

In Attendance:

Sandra Adams	Director of Corporate Affairs/Trust Secretary
Karen Broughton	Director of Transformation, Strategy and Workforce
Jill Patterson	Interim Director of Performance
Mark Whitbread	Director of Paramedic Education and Development
Briony Sloper	Deputy Director of Nursing and Quality
Lea Agambar	Community Treatment Team (for item 2)
Debbie Richmond	Community Treatment Team (for item 2)
Nicola Foad	Head of Legal Services
Mercy Kusotera	Committee Secretary

Members of the Public:

Malcolm Alexander	London Ambulance Service Patients' Forum
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Members of Staff:

Anna MacArthur	Communications Manager
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115. Welcome and Apologies

115.1 The Chairman welcomed all to the meeting.

116. Declarations of Interest

116.1 There were no declarations of interest in matters on the agenda.

117. Patient Story

117.1 Zoe Packman introduced Lea Agambar and Debbie Richmond who gave a presentation on Community Treatment Team (CTT) services and 'Keeping frail elderly patients safely at home and out of hospital'.

117.2 The team reported that the CTT was established in January 2013 to assist in preventing unnecessary admissions to Barking Havering and Redbridge University Trust (BHRUT). The CTT provide specialist response emergency services to people over the age of 18 in the boroughs of Barking, Dagenham, Havering and Redbridge and is a nurse led service with support from therapists and health care assistants. The service is provided to people in their homes when experiencing a physical health crisis that does not warrant immediate conveyance to hospital.

- 117.3 The team highlighted that the service could be accessed via the :
- Acute hub in the hospital – patients would be assessed by a therapist or a social worker for treatment, referral to other services, or discharge.
 - Community hub – patients could refer themselves or they could be referred by friends or relatives.
 - 999 - K466 CTT/LAS Car – typically for patients (over the age of 60) who had fallen and were unable to get up, and had no obvious bony injuries.
- 117.4 Debbie restated that the CTT/LAS Car K466 was established to develop a service to improve care for frail and older people and the service was a product of collaboration between the Frailty Academy and the Community Treatment Team and London Ambulance Service. The service operated from 07.00 – 19.00 7 days a week.
- 117.5 Lea reported that up to October 2015, 1324 patients had been attended by K466, and 857 patients remained safely in their homes, releasing frontline ambulances to attend other calls, and making an estimated saving of £166,882 for the local hospitals and Clinical Commissioning Groups. In addition paramedics working on K466 were able to utilise their learning in patient care when deployed on an ambulance or fast response unit.
- 117.6 The service was valued by patients; very positive feedback in patient surveys was received as exemplified in Sydney's story. Sydney's family had written to say how grateful they were for all the help and support provided to allow him to remain safe and at home. Lea added that the team loved their job and want to keep other "Sydneys" at home. The CTT and K466 had won the 'Patient Safety Congress Award' (July 2015), and won the Doctors Advancing Patient Safety award (November 2015); they had also been shortlisted for the Health Service Journal Award (September 2015).
- 117.7 The Chairman congratulated the team for their significant achievements.
- 117.8 In response to a question regarding equipment, Debbie explained that K466 operated with standard equipment which included a mangar elk, and packs for wounds, and that items such as commodes and walking aids were available at ambulance stations for collection if required.
- 117.9 In response to a question from the Chairman, regarding challenges and areas of improvement, the team highlighted that dispatch was challenging, as the dispatch profile was not yet on the system. However, linking to the Clinical Hub had been useful and staff were able through geotracker to self-select calls to attend. Paul Woodrow agreed that the dispatch issues needed to be resolved, and said that Gerard Murray was leading on that piece of work.
- 117.10 Nick Martin asked if the CTT would be extended across London and Fenella Wrigley replied that six cars were deployed to similar calls elsewhere.
- 117.11 The Chairman asked about the future funding arrangements for CTT services. It was noted that this was a grey area. Andrew Grimshaw said that there was no guarantee on future funding and therefore there was a need to demonstrate the savings that could be achieved. Karen Broughton added that the savings should be considered across the entire patient experience. Briony Sloper confirmed that the Trust Development Authority was reviewing the costings and said that the CTT fitted the national model for integrated care.
- 117.12 The Board thanked the team for the presentation and acknowledged the great care and collaboration between CTT and LAS.

118. Minutes of the Board meeting held on 29th September 2015

118.1 The minutes of the meeting held on 29th September 2015 were approved as a true record of the meeting subject to a minor amendment to 99.5 to record that the increase in the number of university places funded had not yet occurred so should read 'was intended to increase to 500'.

119. Matters Arising

119.1 99.11 – Karen Broughton reported that she had revisited the original construct of the turnover metric which had been discussed with the Executive Management Team as to whether it was deliverable. There was no science behind the construct and Jill Patterson would review. It was suggested to check with other ambulance Trusts.

Action: Jill Patterson

Date of completion: 2nd February 2016

119.2 99.12 – Sandra Adams confirmed that the EOC capacity review would be presented to EMT in December and scheduled for the next Trust Board meeting.

Action: Sandra Adams

Date of completion: 2nd February 2016

120. Report from Chief Executive Officer

120.1 Fiona Moore, Chief Executive provided an update on recent developments and highlighted the following points:

- Following the recent Paris terrorist attacks on 13th November which led to serious loss of life and injury and the on-going concern in Brussels there was a severe threat alert in place in the UK. The Trust would be represented at the debriefing meeting following the Emergo exercise in Leicester on the planning and management of a similar number of casualties as occurred in Paris at multiple sites. The Chief Executive recalled how previous attacks in London had been managed, and reported that the Trust had been reviewing the major incident plan and focusing on the preparedness and capacity to respond to both conventional and multi-site incidents in the event of a Paris style attack on London.
- The Chief Executive and Director of Paramedic Education and Standards had seen over 900 staff at 23 locations in the staff engagement exercises which began on 28 September 2015. The feedback given by frontline, Control Services, and support services staff was being reviewed but many comments related to the commitments given about making the LAS a better place to work, getting the basics right, and delivering on the improvement programme. An update on the further actions to address the concerns raised would be provided by mid-December. Two staff recognition events had been held including a retirement ceremony where staff had reached a combined service of over 550 years. The Chief Executive also reported on the shift she had worked with a Clinical Incident Officer.

120.2 Fergus Cass asked whether there were ways to learn directly from the response to the events in Paris and if the Trust had enough resources to respond to similar attacks should they happen in London. In response the Chief Executive said that the Trust would learn from the events in Paris and Paul Woodrow said that a further update would be provided in the Trust Board part 2 meeting.

121. Integrated Board Performance – Month 7

121.1 Jill Patterson presented the Integrated Performance Report outlining key areas across

the Service, incorporating Quality, Operations, Workforce, Finance and the Performance Improvement Programme. All Directors provided information for the Report. Delivery of care continued to be safe, but quality remained challenged at times. Performance against the 8 minute response target “A8” was 65%, higher than the previous months and the new revised forecast of 63.3%, albeit lower than the contract trajectory of 78%. Some patients were experiencing longer waiting times due to capacity constraints and longest waiting times by category of call were being monitored.

- 121.2 The financial position continued to be challenged, the forecast outturn deficit of £9.0 million could not be relied upon, and in the year to date a deficit of £9.7 million was reported. The level of income was £0.3 million adverse in October and £3.5 million adverse for the year to date. The level of expenditure was £0.1 million adverse in October and £0.3 million adverse for the year to date with the Trust’s main cost pressures attributable to the additional frontline resourcing costs. The cost improvement plan was adverse in October, and in the year to date, but it was expected that the full year target saving of £8.4 million would be achieved. Cash was £4.5m below plan but necessary controls were in place to remedy the situation.
- 121.3 Jill Patterson confirmed that the backlog in the number of complaints had fallen for the fourth consecutive month. However, the number of complaints recorded increased to 101 in October compared with 75 complaints in September, with delay and staff conduct remaining as the main themes. Six serious incidents had been declared of which four related to delay and one to medicine management.
- 121.4 Jill Patterson reported that there had been one period lasting 6 hours and 31 minutes where the Trust had moved from Surge Red to Surge Purple Enhanced. Job cycle continued to be challenging and forecasts for the year end had been revised to 107 minutes and were expected to peak at 113 minutes in December / January.
- 121.5 The metrics for “Our people” were moving in the right direction. Front line and total vacancy rates had continued to improve, with the front line vacancy rate at 10% in October compared with 11.3% in September. The trend was expected to continue through to March 2016, as turnover fell to 13.9% compared to 14.5% in the previous month. 177 new staff were expected to join from the third Australian recruitment drive, and 570 applications for frontline posts were in the recruitment pipeline. Sickness levels at 5.8% were lower than earlier in the year.
- 121.6 Jill Patterson reported that a structure to support the implementation of Executive ‘walkabouts’ had been agreed to provide better understanding of problems and issues faced by staff, utilising feedback ensuring that learning is shared and embedded across the organisation.
- 121.7 Theo de Pencier said that the report was helpful in drawing out the salient points about the Trust’s performance but that there was more to do, and requested clarification on the role of the bullying and harassment advisor. Karen Broughton explained that the key focus would be to support delivery of the Trust’s action plan in addressing bullying and harassment issues and to design front line training. The bullying and harassment advisor would not be working alone and would have the support of an EMT lead for issues the advisor could not resolve. In reply to John Jones’ suggestion that the Integrated Performance Report might be divided into business areas Jill Patterson said it was intended that bench marking and profiling would be introduced.
- 121.8 Fergus Cass sought clarification on the graph relating to ‘capacity – patient vehicle hours’ for October. Andrew Grimshaw confirmed that the Trust was nearing the point of seeing a net positive impact from the recruitment undertaken as the productive hours worked increased. Bob McFarland added that the Quality Governance Committee had discussed capacity and asked whether the Trust should be recruiting to the establishment level. Paul Woodrow replied that Category A demand had increased over

the last three months but that performance was being maintained. Karen Broughton added that slide number 11 indicated that performance against the A8 target was improving and that it was expected there would be steady improvement in the number of patient facing hours worked.

- 121.9 In response to a question from Jessica Cecil regarding job cycle time, Paul Woodrow said that a new performance monitoring tool and a clinical support tool had been introduced. There would be a reduction in the use of automatic dispatch and in the deployment of multi vehicle attendance. In addition the Trust needed to address the issue of staff finishing their shift on time and having rest breaks so that staff could benefit from the performance improvement.
- 121.10 The Trust Board thanked Jill Patterson for the Integrated Performance Report and the new format.

122. Quality Report

122.1 Zoe Packman introduced the Quality Report which was based on data recorded in October 2015.

122.2 It was noted that overall the Trust remained clinically safe but quality was challenged in some areas. The following points were noted:

- Core Skills Refresher training CSR 2015.2 had been completed and CSR 2015.3 would commence in December.
- More serious incidents were being raised for review although this did not equate to a commensurate increase in the number of serious incidents being declared.
- One serious incident in medicines management had been declared in which no patient harm had occurred and a full review of medicines management was underway.
- The Safeguarding Action Plan – some actions were red-rated because target completion dates had not been met this year however this had had little if any impact on children or vulnerable adult patient care. The Action Plan had been discussed in detail at the Safeguarding Committee meeting on 23rd November and mitigating actions had been taken including applying for extra funding to provide safeguarding supervision across the Trust.
- The pan-London information sharing agreement (Safeguarding Action plan 6.2), to replace the Borough based agreements with adult and child safeguarding boards, was not expected to be completed until February 2016.
- A process mapping exercise and review of the complaints process had been completed and presented to the Quality Governance Committee in November 2015. It was anticipated that the implementation of the recommendations from the review would support the further reduction in the number of open complaints and the timeliness of response.
- Regarding patient involvement, Fenella Wrigley reported that seven mental health focus groups with service users had been held between March and September 2015.
- The process to support Executive walkabouts aligned EMT members to sectors and utilised a feedback tool to share and embed learning. Subject to review and discussion with the Chairman the walkabouts were intended to be extended to involve non –executive directors.
- The Trust was undertaking a full review of the medicines management processes in place.
- Fergus Cass recalled previous discussions (regarding cardiac care) at the Quality Governance Committee meeting and he asked if there was any feedback on that. Fenella Wrigley noted on-going issues with the NHS database and confirmed that a deep dive would be scheduled for the next Clinical Safety and Standards Committee.

Action: Fenella Wrigley

Date: 17th February 2016

122.3 In response to a question from Malcolm Alexander, on behalf of the Patient's Forum, about the steps taken to ensure that staff from private ambulance services had safeguarding training it was confirmed that the contractors had their own training programmes, all PAS clinicians recorded as active with the LAS were checked under the Disclosure and Barring Service scheme, and had a pin number issued after clearance and completion of level 2 safeguarding training.

Action: Zoe Packman to provide Malcolm Alexander with a copy of the checks made on PAS clinicians.

Date of completion: 26th January 2016

122.4 In response to a question from Fergus Cass about the survival to discharge trend information and whether this was less favourable than previous months Fenella Wrigley explained that it can take several months for the hospital outcome data to be received. Fiona Moore added that it was necessary to read the annual survival to discharge report to obtain a better understanding of the trend. The Trust Board agreed that the monthly survival to discharge reports were helpful nonetheless so that when a change in the trend was observed action could be taken immediately.

123. Medicines Management

123.1 The Trust Board approved the appointment of the Medical Director to oversee medicines management and medication errors. The Board also noted that Bob McFarland would act as the Non-Executive lead to support the Medical Director in this role.

124. Quality Governance Committee Assurance Report

124.1 Bob McFarland reported on the meeting of the Quality Governance Committee meeting held on 17th November. The Committee had received a detailed presentation on the Workforce Report and been informed that all of the Quality Governance and Assurance Managers had been appointed. The Committee had taken assurance from the deep dive on staff recruitment and noted that EOC was the next area to study in depth.

124.2 The Committee had received a report on the review of complaints and assured that action to address the delay issues was being taken.

124.3 A discussion had taken place around cardiac arrest indicators.

124.4 Bob McFarland reported that last year the Trust was reassured by the internal and external safety reviews and confirmed that Fenella Wrigley's proposal to repeat the internal review of safety before the end of this year, using the same methodology, to provide further assurance that the Trust remains a safe service, had been agreed.

125. Workforce Report

125.1 Karen Broughton presented the workforce update outlining the progress on frontline recruitment, the operational restructure, and phase two of the Trust's approach to address bullying and harassment.

125.2 The strategic workforce focus since October 2014 has been in four areas to:

- Address the significant recruitment challenges
- Improve the retention of staff
- Address the issues raised in staff feedback and engagement surveys including bullying and harassment issues
- Strengthen operational management through a management restructure.

- 125.3 The recruitment plan had been re-profiled following an error in the number of front line staff in post and the assumed number of candidates in training. The error had been corrected but the outcome was that 113 staff would not be in post until the end of February 2016.
- 125.4 It was anticipated that the Trust will have recruited 727 new staff between April 2015 and March 2016. 82 candidates were in the graduate pipeline of national paramedics, 284 whole time equivalents were in the Trainee Emergency Ambulance Crew pipeline, and 281 candidates from the international paramedic pipeline were expected to start by 1 April 2016. Paramedics who trained at universities in / near to London were quickest to be placed in post and a steady flow of graduates was expected to continue to March 2016. Between January and March 2016 277 international paramedics from the first and second recruitment trips were expected to start their training. Applicants from the third recruitment trip were being processed.
- 125.5 Karen Broughton reported that since the last update to the Trust Board 33 frontline staff had left the Trust (21 voluntary leavers, 6 retired and 6 dismissed). The Trust had begun to develop the 3-year workforce plan in conjunction with the new clinical strategy and review of the clinical, operational, and financial models.
- 125.6 Regarding recruitment performance against plan, Karen Broughton reported that in quarter 3 the Trust was behind its target. She explained that the confidence levels set for new starters were based on an 80% pass rate but in October the TEAC course pass rate had been lower. The revised forecast was that the recruitment target would be reached in February 2016. It was acknowledged that there would be an on-going need to monitor the affordability of the level of overtime offered and the impact on performance and productivity.
- 125.7 Theo de Pencier sought clarification about the confidence that the EOC vacancy rate was being addressed. Karen Broughton reported that there was an on-going recruitment drive for EOC, and that Katy Millard (Deputy Director of Operations) was working closely with the team to review what could be done to address the factors impacting on retention such as the flat career structure and pressurised working environment.
- 125.8 Karen Broughton provided an update on the work to move into phase two towards a bullying and harassment-free service. She reported that the key areas of focus in phase two included awareness and training to develop mutual respect and awareness about expected behaviour, defining what constituted bullying and harassment, and training for bullying and harassment champions. Few calls were being made to the bullying and harassment support line and in the future there would need to be a review of whether it provided value for money.
- 125.9 The Trust Board noted that a dedicated and experienced bullying and harassment advisor had been appointed and that a Non-Executive Director would be appointed as a lead/advisor in this area.
- 125.10 Karen Broughton provided an update on the operational restructure. It was noted that a number of appeals were in progress on whether the posts offered were suitable and that in the new financial year the Directors of Operations and Transformation, Strategy and Workforce would conduct a review of the operations restructure to ascertain what roles were working well.
Action: Karen Broughton and Paul Woodrow
Date: April 2016
- 125.11 Fergus Cass said that he thought the report gave a good account of the trends but sought further clarification on the process used by the Executive Management Team and Senior Management Teams to identify adverse trends. Karen Broughton stated that the programme would start at Board level, and act on the request by the Trust

Development Authority to look at how the University Hospitals of Morecambe Bay NHS Foundation Trust had acted to change their culture.

125.12 In reply to a question from Bob McFarland about the sustainability of the recommendations made by ORH about EOC it was confirmed that a costed option paper would be presented by Katy Millard to EMT and subsequently to the Commissioners.

Action: Katy Millard/Karen Broughton/Paul Woodrow

Date: April 2016

125.13 The Trust Board noted the significant progress in recruitment, the progress in operational restructure, and approved phase two of the Trust's approach to bullying and harassment.

126. Finance Report – Month 7

126.1 Andrew Grimshaw presented the Finance report for month 7. The following key points were noted:

- The Trust was reporting an adverse position of £3.9m from plan, a deficit of £9.7m in the year to date, and a forecast deficit position of £13.3m. Principally the adverse position was driven by a step up in Month 7 in frontline pay related to substantive and overtime hours as well as additional incentive costs; a reduction in income provision of £1.1 million due to the fall in Category C activity; not expecting to receive the full value of the CBRN income; and the additional pressure of not delivering the unidentified Cost Improvement Plan sum of £0.5m.
- A detailed forecast paper had been presented to the Finance and Investment Committee.
- There were on-going discussions with the Clinical Commissioning Groups regarding the imposition of penalties.
- Cash remained stressed with £4.5m below plan with some elements of contract income being invoiced and received later than planned, creating timing issues within cash and an expected reduction in planned income. The 12 month rolling cash forecast was being reviewed to include these issues and confirm if any cash management action would be needed, and would be discussed at the December Strategy Review & Planning meeting.

Action: Andrew Grimshaw

Date: 15th December 2015

126.2 Fergus Cass noted the forecast deficit of £13.3m and that all the risks were stated on the downside; and that the cash position was reasonably robust but stressed.

126.3 The Trust Board noted Month 7 financial position.

127. Assurance from Finance and Investment Committee

127.1 Nick Martin provided an update from the meeting of the Finance and Investment Committee (FIC) meeting held on 20th November 2015 and reported on the agenda included in the board papers. It was noted that the membership of the Committee would be reviewed in March 2016.

127.2 It was reported that the business case for the procurement of 140 double crewed ambulances over two years was above the Trust's delegated limit of £5m and required the approval of the Trust Development Authority (TDA) before procurement could start. The draft Business Case had been considered by the TDA and they had requested the addition of the tender evaluation and selection, the outline plan for completion of the van conversion trial, and for the cost improvement programme planning assumptions to be based on the 2015/16 view of 2016/17.

127.3 The Trust Board approved the delegated authority to the Chairman supported by the FIC Chairman to approve the Full Business Case (FBC) for double crewed ambulances to the TDA. The Chairman would email non-executive directors once he had reviewed the FBC.

Action: The Chairman / Nick Martin/ Andrew Grimshaw

Date: 2nd February 2016

127.4 It was reported that a business case had been presented to lease 57 non - emergency transport vehicles for 6 years. Further work was to be undertaken to ascertain whether maintenance was included and that VAT was recoverable. Theo de Pencier said that he believed leasing the vehicles was the right course of action to take. The Chairman confirmed that he would review the business case carefully with Andrew Grimshaw and Nick Martin prior to exercising delegated authority to authorise the potential inclusion of maintenance in the lease.

127.5 The Trust Board endorsed the procurement of 57 non - emergency vehicles on a 6 year lease and approved Chairman's action to authorise the inclusion of maintenance subject to the review with Andrew Grimshaw and Nick Martin.

Action: The Chairman / Nick Martin / Andrew Grimshaw

Date: 2nd February 2016

128. Board Assurance Framework (BAF) and Corporate Risk Register

128.1 Sandra Adams presented the current version of the BAF which had already been presented to the Audit Committee and the Quality Governance Committee. She reported that all the risks had been reviewed by the Risk and Audit Manager in conjunction with the risk owners in October 2015 and the risks on the BAF and Trust Risk Register had been updated to reflect changes in controls, mitigating actions and risk rating. The top strategic risks for October related to performance, people, safety and quality, and the financial position. All of these strategic risks had at least one BAF risk. The risk that patient safety may be compromised for category C call patients due to demand exceeding available resources remained on the BAF and on-going actions were being taken to improve the situation.

128.2 The risk concerning satellite navigation units was under review in light of a number of incidents and had been escalated to the clinical directors with an action plan immediately implemented for mitigation to reduce the risk until the longer term plan could be put in place.

128.3 A BAF planning session on risk tolerance had been held with board members in October and the executive team was reviewing the high level risks which could prevent the Trust from achieving its objectives.

128.4 Sandra Adams reported that a report from the internal audit review of risk management presented to the Audit Committee on 9th November from a deep dive review into six of the Trust's key strategic risks gave an overall assessment of 'significant assurance with minor improvement opportunities.' The Governance Team were working with local managers to address the gaps from the review of local risk registers. A programme of risk management training for managers had commenced in November. The Trust's Risk Management Strategy was being reviewed to take into account the revised operational management structure and amending the threshold to 12 or above for a risk to be added to the Trust's risk register. A Risk Assurance Committee was to be established to manage high level risk and ascertain that risk was being managed at local level, reporting to the Executive Management Team.

128.5 The Trust Board noted that a lot of activity had occurred and progress achieved, and that training at local level would make the progress more secure. Fergus Cass sought an assurance on whether the risk relating to insufficient vehicles to meet demands (risk

ID 441) would improve when the proposed business case had been approved. Andrew Grimshaw stated that it was anticipated that the risk would improve when the new double crewed ambulances were in service assuming no other change occurred.

128.6 The Trust Board thanked Sandra Adams and noted the report.

129. Audit Committee Assurance Report

129.1 John Jones presented the report from the Audit Committee meeting held on 9th November 2015. He noted the discussion on the BAF and risks. The Committee was concerned that the BAF trajectory showed no progress downwards and had asked the executive team to progress the actions against the risks classified as red to bring about an improvement by the next Audit Committee meeting in February 2016.

129.2 The Audit Committee had heard from the Director of Finance and Performance about the work underway to review risks in Fleet and Logistics and overall was assured that the risk management process was working well, that there was to be more focus on the true risks facing the Trust, identifying any gaps, and taking action to address these.

129.3 The Audit Committee noted the Charitable Funds Annual Report and Accounts 2014/15 and recommended their adoption to the Trust Board.

129.4 John Jones confirmed that the Audit Committee terms of reference had been reviewed and approved by the Audit Committee and were on the agenda for Trust Board ratification.

129.5 The Audit Committee had approved the extension of the internal audit contract for a further two years.

129.6 The Trust Board noted the report and ratified the revised Audit Committee terms of reference.

130. Charitable Fund Annual Report and Account 2014/15

130.1 The Board approved the annual report and accounts for 2014/15.

131. Report from Trust Secretary

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

132. Report from the Trust Chairman

132.1 The Chairman reported that he had presented at Blue Light London for the third time and noted that there were more attendees than previous conferences. Peter O'Reilly had provided an update on what is happening in the North West on collaboration between the ambulance and fire and rescue services.

132.2 The Chairman had attended an NHS Providers conference and leadership in the NHS was one of the key topics of discussion. The research findings of Professor Mike West on collective leadership in health care had been strongly supported. The Chairman recommended obtaining copies of "Developing Collective Leadership" which was now recognised as a key leadership style in achieving good outcomes. In due course further discussion on this would be planned.

132.3 The Chairman had attended the Association of Ambulance Service Chief Executives meeting and reported that the challenge of consistently meeting performance and financial targets had been discussed. The mood of the meeting reflected the difficulties

being faced. With the exception of West Midlands other ambulance services were struggling to meet their performance targets. Lord Prior had been a guest speaker and spoke about the real drivers of transformation and change.

132.4 The Chairman reported that he had had a conversation with the Chief Executive of North West trust about their initiatives to tackle a bullying and harassment culture over the past six years. The Chairman felt that it would be helpful for Karen Broughton to link with the NWS Chief Executive to explore what learning the Trust could take from the experience.

Action: Karen Broughton

Date: 2nd February 2016

132.5 The Chairman would be attending NHS Providers conference on 25th November 2015.

133. Trust Board Forward Planner

133.1 An additional Audit Committee meeting had been scheduled for 25th May 2016 to review the draft annual accounts, and the SOC for eAmbulance would be removed from the planner and superseded by the IM&T Strategy.

Action: Sandra Adams

Date: 2nd February 2016

133.2 The Trust Board noted the forward planner.

134. Register of Interest

134.1 The Chairman reminded members to notify Sandra Adams by email if there are any changes. The Trust Board noted the register.

135. Questions from Members of the Public

135.1 Malcolm Alexander, Chair of the LAS Patients' Forum raised the following points:

- Safeguarding requirements in place for private providers. This was covered in earlier discussions (Quality report).
- Whether it would be a requirement for frontline staff to wear visible name badges? Paul Woodrow responded that the requirement was for registered clinicians' roles to be identifiable. The Trust had been following the convention of the emergency services of using first names. Fiona Moore added that in emergency departments there was no requirement to display full names. The Trust was seeking to introduce a scheme "Hello, my name is" subject to securing the funding.
- Had the Trust Board estimated the cost of complying with the major requirements arising from the CQC inspection? Andrew Grimshaw responded that until all the actions had been defined at the Quality Summit they could not be costed, thereafter the costing would be done as quickly as possible.

136. Any Other Business

136.1 There was none.

137. Date of next meeting

137.1 The next meeting of the Trust Board would be on Tuesday 2nd February 2016 at 09.00am in the Conference Room, Waterloo.

ACTIONS

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

Date of schedule: November 2015

<u>Meeting Date</u>	<u>Minute No.</u>	<u>Action Details</u>	<u>Responsibility</u>	<u>Progress and outcome</u>
24/11/15	<u>119.1</u>	Jill Patterson to review the turnover metric and check with other ambulance Trusts.	<u>JP</u>	
24/11/15	<u>119.2</u>	Sandra Adams to confirm that the EOC capacity review would be presented to EMT and would be scheduled for the next Trust Board meeting.	<u>SA</u>	Review due for discussion with the Executive Leadership Team in January 2016. This will be discussed in the private Board meeting on 23 rd February in the context of 2016/17 and business planning.
24/11/15	<u>122.2</u>	Fenella Wrigley to add a deep dive on cardiac care to the net meeting of the Clinical Safety and Standards committee.	<u>FW</u>	
24/11/15	<u>122.4</u>	Zoe Packman to provide Malcolm Alexander with a copy of the checks made on PAS clinicians.	<u>ZP</u>	Completed
24/11/15	<u>125.10</u>	Paul Woodrow and Karen Broughton to review the operations restructure to ascertain what roles were working well in April.	<u>PW/KB</u>	
24/11/15	<u>125.12</u>	Katy Millard to present a paper outlining EOC costing to EMT and subsequently to Commissioners.	<u>KB/Katy Millard/PW</u>	
24/11/15	<u>126.1</u>	Andrew to confirm if any cash management action would be needed.	<u>AG</u>	
24/11/15	<u>127.3</u>	The Chairman to email non-executive directors once he had reviewed the Full Business Case.	<u>Chairman/AG</u>	At time papers published, work ongoing on both items
24/11/15	<u>127.5</u>	The Chairman to authorise inclusion of maintenance following review with Andrew Grimshaw and Nick Martin.	<u>Chairman/AG</u>	

24/11/15	<u>132.4</u>	Karen Broughton to link with the NWAS Chief Executive to explore what learning the Trust could take from the NWAS experience (tackling a bullying and harassment culture over 6 years)	<u>KB</u>	
24/11/15	<u>133.1</u>	Sandra to remove SOC from the planner.	<u>SA</u>	Completed
<u>Actions from September 2015</u>				
29/09/15	<u>99.11</u>	Karen Broughton to revisit the original construct of the turnover metric in order to understand how the target figure had been set.	<u>KB</u>	Merged with 119.1 above.
29/09/15	<u>99.12</u>	Sandra Adams to add the EOC capacity review and turnover to the forward planner.	<u>SA</u>	Merged with 119.2 above.



LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 2ND FEBRUARY 2016

PAPER FOR APPROVAL/INFORMATION

Document Title:	Chief Executive Report to the London Ambulance Service (LAS) Trust Board
Lead Director:	Fionna Moore
Report Author(s):	Daryl Belsey
Contact Details:	daryl.belsey@lond-amb.nhs.uk
Why is this coming to the Trust Board?	To keep the board informed of key issues
This paper has been previously presented to:	<input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Executive Management Team <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Finance and Investment Committee <input type="checkbox"/> Other:
Recommendation for the Trust Board:	To note
Key issues and risks arising from this paper	
Nil	
Executive Summary	
This report covers the following items:	
<ol style="list-style-type: none"> 1. Initiative to improve Out Of Hospital Cardiac Arrest survival (OOHCA) 2. New Years Eve event 3. CEO clinical engagement 4. Public Education news 5. Re-introduction of LAS news 6. 111 CEO Road show 7. Quality summit success 8. Defence Medical Services (DMS) Leadership development program 9. Exercise Unified Response (EUR) Launch 10. New NHS Planning System 	
Attachments	
Nil	

Quality Strategy

This paper supports the following domains of the quality strategy

- Preventing people from dying prematurely
- Enhancing quality of life for people with long-term conditions
- Helping people to recover from episodes of ill health or following injury
- Ensuring people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm
- Caring for the workforce

LAS Strategic Goals and Priorities

This paper supports the achievement of the following strategic goals and priorities:

LAS Strategic Goals

- To improve the quality of care we provide to our patients
- To develop care with a highly skilled and representative workforce
- To provide value for money

2013/14 Priorities

- Modernisation Programme
- Communication and Engagement
- Sustain performance to ensure safe service to patients
- Building sustainable financial position for 14/15 and beyond

Risk Implications

This paper supports the mitigation of the following strategic risks:

- That we fail to effectively fulfil responsibilities to deliver high quality and safe care
- That we cannot maintain and deliver the core service along with the performance expected
- That we are unable to match financial resources with priorities
- That our strategic direction and pace of innovation to achieve this are compromised

Equality Analysis

Has an Equality Analysis been carried out?

- Yes for each constituent project
- No

Key issues from the assessment: Nil

CHIEF EXECUTIVE REPORT TO THE LONDON AMBULANCE SERVICE (LAS) TRUST
BOARD MEETING HELD ON 2nd February 2016

1. Initiative to improve Out Of Hospital Cardiac Arrest survival (OOHCA)

London Fire Brigade Co- Responder program:

The LAS and LFB will be running a co-responding pilot as part of a national trial. The pilot will operate in four boroughs in London – Merton, Wandsworth, Newham and Lambeth. The first pilot is due to launch on 16 February 2016 in Merton. As the pilots are part of a national trial they all need to conclude by the end of June 2016.

The LFB will co-respond to specific Red 1 determinants. They will not convey patients but, if they arrive on scene first, will be able to provide Basic Life Support (BLS) and if appropriate, defibrillation.

MPS Co- Responder program:

A new initiative which sees police officers prepared to respond to life-threatening emergencies began on the 30th November.

The scheme, piloted by London Ambulance Service and Metropolitan Police Service, will see 110 defibrillators carried by police response cars and placed in custody suites across the boroughs of Enfield, Croydon and Ealing. This will enable over 725 officers to be available to respond to select Red 1 calls

Good SAM App:

The Service has embarked on an exciting new partnership with the internationally acclaimed GoodSAM app, in which clinically trained ambulance staff and members of the public trained to an approved standard are able to sign up as volunteers to respond to life-threatening emergency calls, including cardiac arrests.

2. New Year's Eve event

The Service received over 500 emergency calls an hour at peak times – double the number of calls it normally receives – as Londoners welcomed in the New Year.

During the busiest hour, 2am to 3am, call takers answered 512 emergency calls compared to 469 last year. During an average hour the Service would normally only take around 250 emergency calls an hour.

However there were fewer patients treated in the central London event area compared to last year. In total 146 people were cared for in the St John Ambulance treatment centres and 55 patients were taken to hospital. Last year 200 people needed medical attention and 66 were taken to hospital.

As part of our #EatDrinkBeSafe campaign over 150 people signed up to our Whatsapp alerts. The alert system provided Londoners with helpful video hints and reminders from the capital's emergency services directly to their phone, over the Christmas and New Year period.

3. CEO Clinical engagement

Since the last Board meeting I have undertaken the following clinical shifts/clinical engagements.

- 18.12.15 – Night shift with West area Incident Response Officer (IRO)
- 22.12.15 – Clinical shift on Physician Response Unit (PRU)
- 24.12.15 – Visited LAS Beckenham 111, Cody Road, Lewisham A&E, Bow and both Emergency Operation Centres (EOC)
- 07.01.16 – Clinical shift on Fast Response Unit (FRU)
- 14.01.16 – CEO Road show LAS Beckenham 111
- 15.01.16 – clinical shift on Physician Response Unit (PRU)

4. Public Education news

The Public Education team have been invited to over 876 events in 2015 and have attended 597 which is a fantastic achievement

Safe Drive Stay Alive: (SDSA) is a partnership between the emergency services, boroughs and Transport For London (TFL) and operates across 18 boroughs. It's aimed at young people just as they start to drive. It takes place at a local theatre and is a powerful full stage production lasting 90 minutes. The aim is to reduce the disproportionate number of road casualties among young road users.

The production is opened by a DJ, then moves to a filmed reconstruction of a crash involving five young people with footage of the services attending. This is interspersed by a police traffic officer, a paramedic and a fire-fighter who come on stage to give an account of their personal experiences.

The audience leave knowing the risks and able to identify the common causes for crashes and prevention strategies.

Last year they presented to 20,000 young people in 18 boroughs and 12 operational staff across London spoke on stage.

City of Westminster College Careers Event: "On behalf of all students, staff and of course I at the City of Westminster College, we would like to thank you, or members of your organisation, for attending our Careers Fair yesterday (13th October). We received some fantastic feedback from students and tutors and it appears everyone here thought the event was a success"

Louise Rochford - Careers Advisor

5. Re-introduction of LAS news

The last edition of LAS News, the Service's staff magazine, was published in October 2014. However, feedback received from staff indicated they wanted it's return so it has been reintroduced and will be circulated to stations at the end of January. It has been redesigned to make it more interesting and engaging, with new features such as staff-generated content. It will now be a quarterly publication to supplement our existing channels such as the refreshed intranet, e-bulletin and team briefing system.

6. 111 CEO Road show

Paul Woodrow, Director of Operations, Fenella Wrigley, Interim Medical Director and I were among the senior staff who met with more than 20 staff at our 111 service in Beckenham. We discussed their excellent performance (for example, we are the best provider in London with the lowest referrals to 999), the future of the service and how it can be better integrated with the rest of the organisation. The feedback was collated and any actions will be followed up.

7. Quality Summit success

The Quality Summit brought together a range of stakeholders, including commissioners, NHSE, Health-watch representatives, other Trusts, CQC and the TDA to discuss our improvement plan. The CQC acknowledged the progress already made by the Service. The table discussions were positive and engaging, with each table agreeing specific pledges where stakeholders could support us in moving forward and delivering our action plan.

8. Defence Medical Services (DMS) Leadership development program

We will be working with The Defence Medical Services to develop a programme for middle management which will support them in providing leadership at a local level. Defence Medical Services have experience in improving patient care in the conflict in Afghanistan and managing the Ebola outbreak in West Africa as well as delivering educational packages to senior and middle management.

9. Exercise Unified Response (EUR)

Exercise Unified Response will be the largest emergency service exercise in Europe held between 29th February and 3rd March with over 2500 live casualties taking part and over 750 NHS staff.

The overall goal of the exercise is to demonstrate the London Resilience Partnership (LRP) has the ability to work alongside national and international partners to provide an effective emergency response.

The plan is to test response arrangements from the frontline up to the strategic co-ordination, and then on into central government and EU levels.

Exercise Unified Responses will test London's emergency services ability to work effectively with each other as well as with other key agencies such as local authorities, Transport for London and the utilities sector.

It will also be used as an opportunity to validate arrangements for integrating assistance from specialist teams - such as those responsible for urban search and rescue - that are based elsewhere in the UK and from other countries in the European Union.

Key aims of the exercise:

- Test activation and understanding of the EU Community Mechanism to provide mutual aid to the UK from EU member states
- Review the relationship between the deployment of USAR modules under the EU Mechanism, and the deployment of DVI teams under the coordination of INTERPOL
- Test the sharing of information between the UK and participating states about missing persons, victims, and public health advice for those involved in the disaster

- Review London's multi-agency strategic coordination arrangements, including the London Strategic Coordination Centre, multi-agency plans, policy and procedures
- Provide EU and other observers an interactive role during the exercise, in order to contribute to the evaluation of the project
- Ensure effective dissemination of identified lessons to participating and other member states, eligible third countries, and to the European Commission, to drive improvements in emergency response and recovery procedures (including large-scale underground disasters), and the activation and deployment of EU assets

10. NHS Planning System

The guidance for the 2016/17 Operating Plan has been released and we will be working to submit a draft plan by 8th February and the final plan by 11th April. These plans will include a summary narrative section, a financial plan, and activity plan and a workforce plan. There is a particular emphasis this year on working in partnership with commissioners and therefore we will submit joint commissioner/provider activity plans to assure NHS England that we are aligned with commissioners. As is expected there is a clear direction on NHS finances and all NHS Trusts are expected to improve their individual financial positions with the outcome being a return to financial balance for the NHS as a whole.

This year NHSE, TDA and Monitor require a five year 'place based' Sustainability & Transformation Plan (STP). Each 'local Health & Care System' needs to develop a single STP in partnership with all relevant organisations including NHS Organisations, Local Government and Health & Wellbeing Boards. There is also a strong emphasis on consultation with the public and patients. The STP will require LAS and all NHS Trusts to look at planning in a new and more joined up way and we will be working closely with commissioners, stakeholders and other organisations to develop this plan in the coming months.

The overall planning guidance outlines nine National 'must dos' for 2015/16 which are outlined below, those in bold are the ones which most readily apply to LAS:

1. Develop a high quality and agreed STP, and achieve what you determine as your most locally critical milestones towards achieving the aims of the Forward View
2. Return the system to aggregate financial balance.
3. Develop and implement a local plan to address the sustainability and quality of General Practice
4. Get back on track with access standards for A&E and Ambulance Waits, including that all ambulance trusts respond to 75% of Cat A calls within 8 minutes. Including making progress in implementing the Urgent & Emergency Care Review and associated ambulance standard pilots
5. Improvement of referral to treatment times
6. Deliver the cancer waiting standard and one year survival rates.
7. Achieve and maintain the two new mental health access standards and continue to meet the dementia diagnosis rate
8. Deliver actions set out in local plans to transform care for people with learning disabilities.
9. Develop and implement an affordable plan to make improvements in quality particularly for organisations in special measures. Also participate in the annual publication of avoidable mortality rates.



Report to:	London Ambulance Service Trust Board
Date of meeting:	2nd February 2016.
Document Title:	Integrated Performance Report – Trust Board Executive Summary.
Report Author(s):	Jill Patterson
Presented by:	Andrew Grimshaw
Contact Details:	0207 783 2037 / 07825733445
History:	Executive Leadership Team – 20/01/2015
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>It brings together the areas of Quality, Operations, Workforce, Finance and the Trust Service Improvement Programme. Key messages from all areas are escalated on the front summary page.</p> <p>This Integrated Report benchmarks Trust-wide performance against Key National, Local and Contractual Indicators.</p> <p>This Executive Summary is designed to inform the business decisions of the Trust.</p>	
Action required	
<p>For Trust Board to note the Integrated Performance Report and receive it for information, assurance and discussion.</p>	
Assurance	
<ul style="list-style-type: none">▪ To assure the provision of high quality data and intelligence to support the Trust's decision making processes.▪ To provide an integrated and comprehensive picture of the Trust's overall performance.▪ To ensure that the Trust Board receives early oversight of trends and issues.	

Key implications and risks arising from this paper	
Clinical and Quality	
Performance	
Financial	
Governance and Legal	
Equality and Diversity	
Reputation	
Other	
This paper supports the achievement of the following 2015/16 objectives	
Improve the quality and delivery of urgent and emergency response	YES
To make LAS a great place to work	YES
To improve the organisation and infrastructure	YES
To develop leadership and management capabilities	YES



London Ambulance Service



NHS Trust

INTEGRATED PERFORMANCE REPORT – TRUSTBOARD EXECUTIVE SUMMARY

JANUARY 2016

- * All available data is correct as of the 15th of every month.
- * Please note that this report relates to performance throughout December 2015 unless otherwise stated.



Delivery of care continues to be safe, but quality remains challenged at times. Some patients experience longer waits due to capacity constraints. The financial position continues to be challenging with pressure on the forecast outturn. A revised Target of £8.8m deficit has been agreed with the TDA. A8 performance ended at 66.07%. This is higher than previous months and also higher than the newly reinstated LAS forecast of 57.3%. Turnover is now at 12.8%, from 13.5% in November.

OUR PATIENTS

↑ Complaint acknowledgement target met in December 2015 with 100% acknowledged within 3 working days

↔ There have been 4 serious incidents declared out of 38 incidents reviewed

99% of STEMI patients were conveyed to the correct destination

↑ The % of patients eligible for thrombolysis arriving at HASU's within 60 minutes has increased by 4% to 65% for November 2015

OUR MONEY

↔ Plan / Target – The Trust has a revised deficit target of £8.8m. This is related to the receipt of additional specialised services income of £2.0m and a projected increase of £2.5m in Quarter 4 from a Capital to Revenue Transfer

↔ Year to date the Trust reports £3.5m adverse variance from plan. The Trust is expected to reach its revised target of £8.8m

↓ Cost Improvement - CIP remains adverse to plan due to unidentified savings programmes required due to the reduction in specialised services funding

↔ Cash - £8.2m below plan. The Trust cash position remains robust but cash management action will be required to maintain this to year end

OUR PERFORMANCE

↓ A8 Performance was 66.07% for the month. This is higher than the previous month's figure of 64.54% and above the trajectory of 57.3%

↔ Cat A demand was the 2nd busiest month on record for the LAS. Category C incidents saw the highest levels since May 2014

↔ Job cycle time remained at 109.6 minutes for the month. This was below the expected increased trajectory of 113 minutes

OUR PEOPLE

↔ Our vacancy rate for substantive staff is now 8.4%. Down from 8.5% last month

↔ Turnover has fallen from 13.5% in November to 12.8% in December

↔ The current total trust yearly sickness level is 5.4%, down from last month's 5.7% having peaked at 6.6% in March 2015

Our Patients

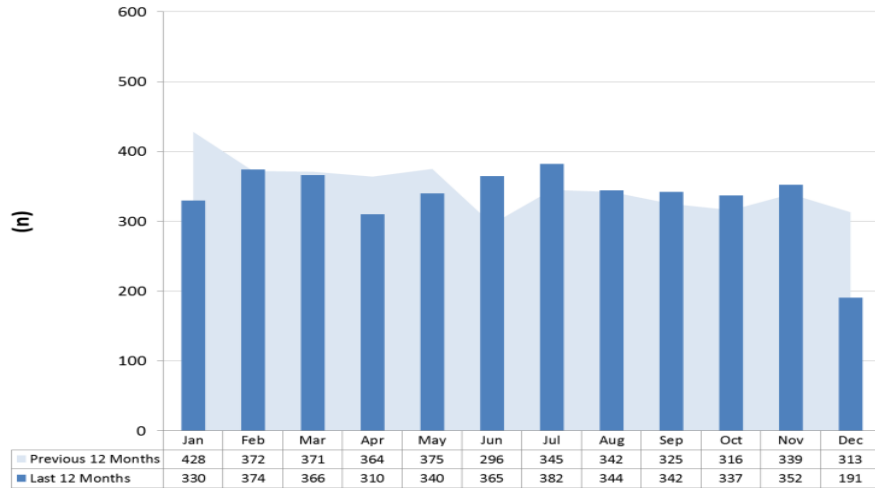


Section	Key Headlines From Each Sub-Section	Current RAG	Historic RAG	RAG
Safety	<ul style="list-style-type: none"> 4 serious incidents declared of 38 incidents reviewed. 25 open cases and 8 overdue cases escalated internally to the Executive Leads Core Skills Refresher (CSR) 2015.3 has commenced Paramedic seconded to Medicines Management Group to oversee audit and remedial works 			
Effective	<ul style="list-style-type: none"> 99% of STEMI patients conveyed to appropriate destination Frequent caller data remains high, although 22 cases have been closed this month ETC02 recording consistent with last month at 99% The % of patients eligible for thrombolysis arriving at HASU's within 60 minutes has increased by 4% to 65% for November 2015 			
Caring	<ul style="list-style-type: none"> CPI completion rates declined overall, despite an increase in Team Leaders undertaking audits. There remains a number of vacancies in specific areas which is being addressed with Team Leader training courses, in January and February 2016 The Patient and Public Education Team attended 22 events during December 2015, of which 13 were BLS sessions 			
Responsive	<ul style="list-style-type: none"> One period of Surge Purple Enhanced on New Years Eve 			
Well led	<ul style="list-style-type: none"> Following the Quality Summit the LAS are on target to meet the requirements for submission of a Quality Improvement Plan to the CQC. A suite of KPI's are being developed 	N / A	N / A	N / A



Serious & Adverse Incidents (SI)

Adverse Incidents Reports



Adverse Incidents

85.8% of incidents that took place in December 2015 have been received and entered onto the database. Some data entry is still outstanding and below is a forecast based on this:

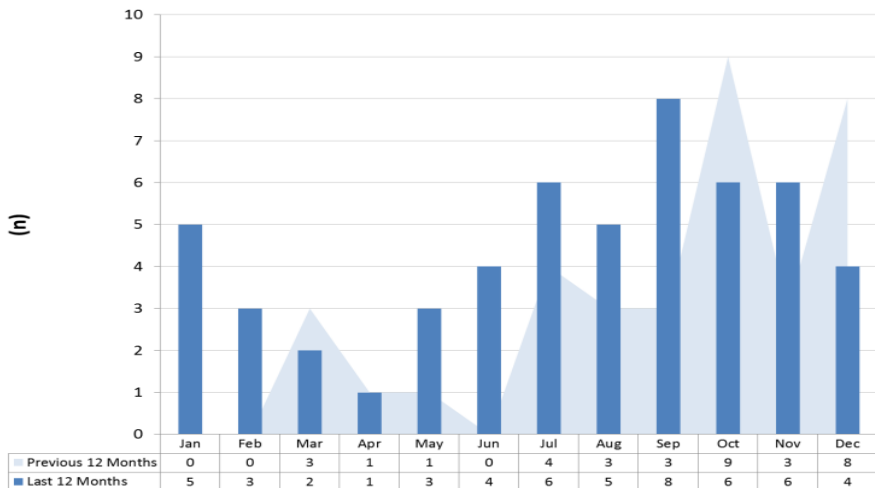
Staff Incidents: 205 (previous: 215, ↓ 4.7%)

- Manual Handling incidents: 42 (previous: 32, ↑ +31.3%)
- Assault and Abuse: 62 (previous: 70, ↓ 11.4%)
- Sharp Object (incl. needlesticks): 16 (previous: 22, ↓ 27.3%)

Patient Incidents: 149 (previous: 159, ↓ 6.3%)

- Failure of equipment: 38 (previous: 40, ↓ 5.0%)
- Issues with resource dispatch: 14 (previous: 23, ↓ 39.1%)
- Issues with removal from scene: 21 (previous: 20, ↑ +5.0%)

Serious Incidents (LAS Declared)

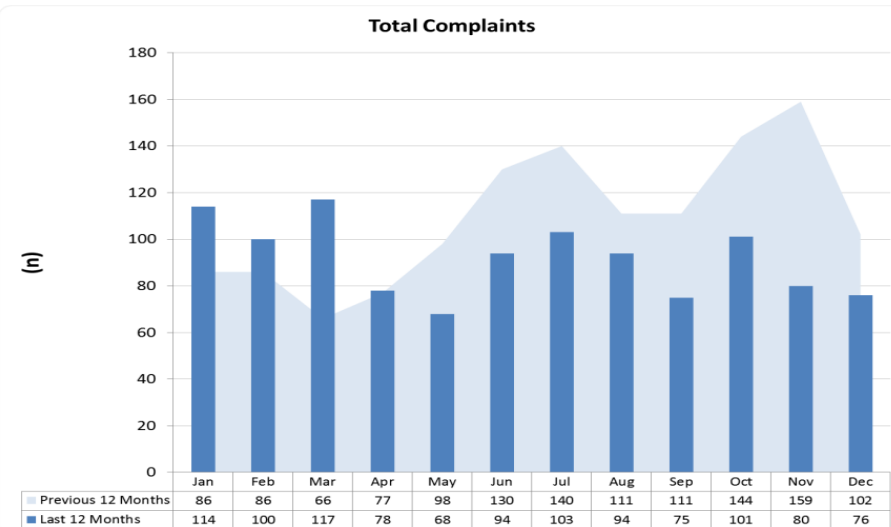


Serious Incidents

- 4 SIs declared having reviewed 38 incidents in December 2015
- As at the end of December 25 SI's remain open, a reduction of 2 on the previous month. 8 are overdue, with 17 within timescale. Those overdue have been escalated internally to Executive Leads to ensure progression towards completion
- The second Learning from Experience report was presented to the Quality Governance Committee on 12th January 2016. Key themes were identified which will be discussed and actions agreed, when the report is published



Complaints – Volume & Response time



- 76 complaints received during December. This is a steady decline over previous months. This is reflective of a general trend of complaints at this time of year
- Complaint acknowledgement target met in December 2015 with 100% acknowledged within 3 working days
- Complaints across all subject areas are lower than the previous 12 months, despite operational pressures and continued REAP level

2014/15	Total complaints	Number of closed complaints by month	Totals closed within 35 working days	Percentage of complaints closed within 35 working days
July	103	122	51	50%
August	94	131	37	39%
September	75	118	35	47%
October	101	114	36	36%
November	80	80	32	40%
December	76	95	16	40% **
Totals:	373	660	344	212%
			35 day response **	35%

** A true reflection of the 35 day response target will not be met until 26 January 2016 so we have thus used a predicted figure of 40%

Month	Complaint numbers	Acknowledged in 3 working days	Outside target
Apr-15	78	73 (94%)	5 (6%)
May-15	68	68 (100%)	0%
Jun-15	94	93 (99%)	1 (1%)
Jul-15	103	102 (99%)	1 (1%)
Aug-15	94	93 (99%)	1 (1%)
Sep-15	75	74 (99%)	1 (1%)
Oct-15	101	101 (100%)	0%
Nov-15	80	78 (98%)	2 (1%)
Dec-15	76	76 (100%)	0%
Totals	769	99%	1%



Complaints – Volume & Response time

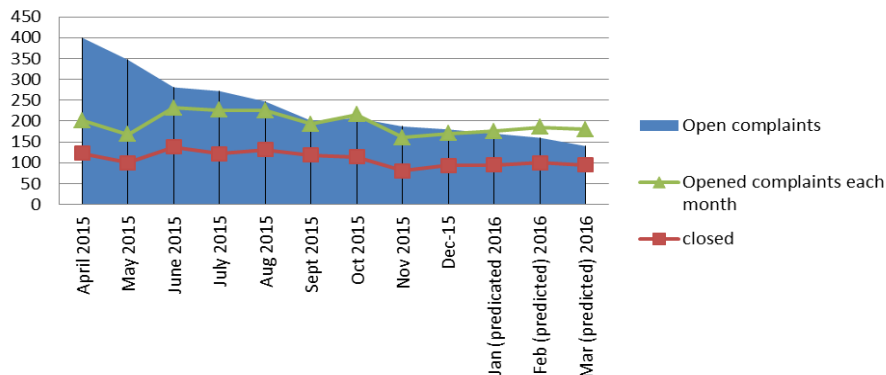
Comparison of complaints received against calls attended by month December 2014 to December 2015

Month	Calls <u>attended</u>	Complaints received	Percentage of complaints against calls attended (rounded)
Dec-14	87487	102	0.12
Jan-15	84090	114	0.14
Feb-15	76560	100	0.13
Mar-15	85203	117	0.13
Apr-15	81523	78	0.10
May-15	84230	68	0.08
Jun-15	82847	94	0.11
Jul-15	86074	103	0.12
Aug-15	84876	94	0.11
Sep-15	82964	75	0.09
Oct-15	88283	101	0.11
Nov-15	88106	80	0.09
Dec-15	92248	76	0.08
Totals	1104491	1202	141.00%
Average			0.11%

- Complaints relating to delay (35) and staff conduct (33) continue to be the main themes
- Complaints about conduct and behaviour have risen slightly this month (30 in November against 33 in December)
- % of complaints against calls attended has declined from November and is the lowest it has been since May 2015. This is despite having the highest call rate for the year

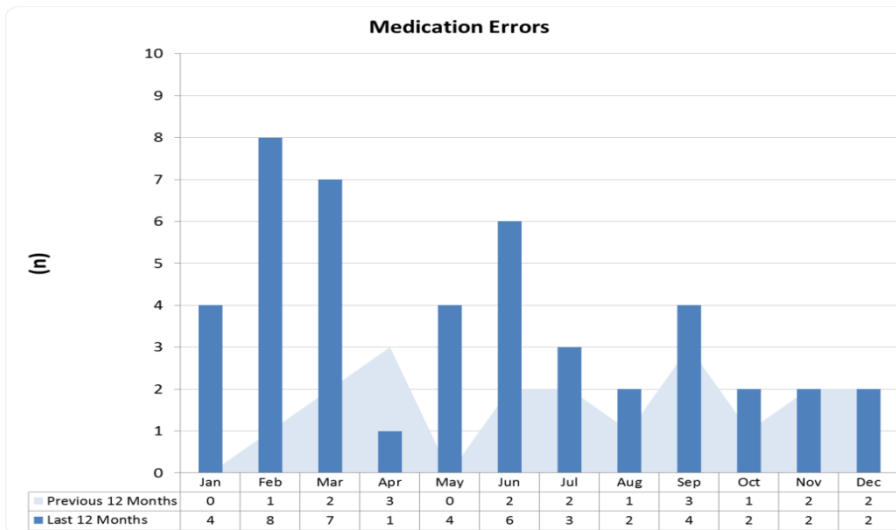
- December has seen a continued decrease in the number of open complaints. Securing the Quality Assurance reports are the main cause of delay. This impacts on the overall performance achieved
- A true reflection of the 35 day response target will not be met until 26th January 2016 so a predictive figure of 40% has been used

The following graph shows 'open' complaints, versus 'closed' cases 2015/16 showing tail-end detail





Medicines Management



Efforts to address the medicines management issues highlighted in the CQC inspection report are on-going

A National meeting is being scheduled via the TDA regarding the Patient Group Directions (PGDs) requirement for legal administration of rectal diazepam and oral morphine. In the event these are required, the Trust has pre-prepared PGDs for diazepam and oral morphine

A paramedic has been seconded to the Clinical and Quality Directorate to provide support to the Medicines Management Group. Key tasks - spot check audits pan London, detailing remedial works / actions required to ensure compliance at a local level

Medicines Management Group meeting dates have been circulated for 2016 with the medicines management task group meetings scheduled fortnightly

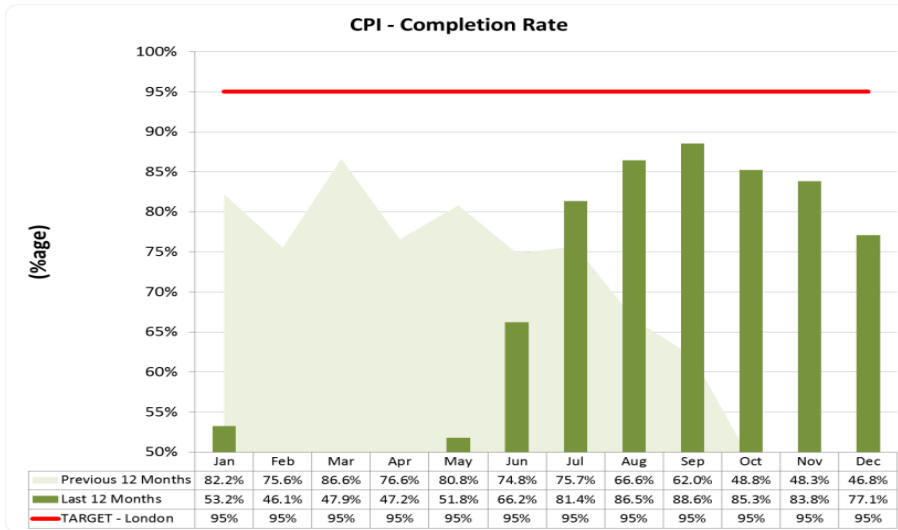
There have been no further reports of inappropriate administration of adrenaline 1:1000 since the last medicines management report

The medicines management group database has been established

There have been four controlled drug incidents since the last medicines management report. These have been investigated and managed locally by the relevant Group Station Management Team and we continue to liaise with MPS and Home Office colleagues regarding these incidents. MPS colleagues are undertaking regular spot checks for controlled drugs which is supported by the Medicines Management Group



CPI Completion, Feedback Sessions and Compliance (November 2015 data)



CPI Completion

- CPI completion decreased for the second month in a row in November, particularly at Brent, Camden and Hanwell Group Stations, where vacancies remain high. CPI completion also requires improvement at Bromley and Westminster Group Stations but this can be partly mitigated with reduced numbers of team leaders due to vacancies and CTL's on secondment. A new Team Leader course is due to commence in January for 12 staff, with a further scheduled for February 2015
- GSM's to receive regular reporting on CPI completion rates for their Group Stations for review and action
- Auditors at Group Stations where there is consistent high CPI completion are encouraged to support less performing ones

CPI Compliance

- November saw a drop in Mental Health CPI compliance of 2%. A Mental Health Risk Assessment tool has been introduced across frontline services and best practice examples are being shared
- Non conveyed compliance was excellent by HART, Edmonton and Romford Group Stations
- There is good compliance for cardiac arrest and glycaemic patient CPI's. However, recording whether the arrest was witnessed for cardiac arrest, and full observations including 12 lead ECG for Glycaemic emergencies will improve compliance across all sites

CPI Feedback

- November saw more than 50% of the expected feedback target achieved for the first time this financial year
- 105 sessions were delivered with the majority in South East Sector, specifically Greenwich. Hillingdon continue to deliver a high proportion of face to face sessions
- Less than a third of frontline staff at a number of Group Stations have not received two face-face feedback sessions, with non for volunteer responders, which remains a concern. The key driver to improve this will be the recruitment to unfilled CTL vacancies
- Fulham Group Station fell just short of their feedback target but a concerted effort to deliver more sessions would see this target being met in the coming months



CARU Reports (Cardiac, Stroke, Trauma)

CARDIAC CARE (November 2015)

- Resuscitation efforts were commenced on **45%** of cardiac arrest patients attended by LAS crews
- The average time from 999 call to LAS on scene was **8 minutes**, thus meeting the target
- **28%** of cardiac arrest patients that had resuscitation commenced gained and sustained ROSC (Return of Spontaneous Circulation) until arrival at hospital
- An advanced airway management device was placed successfully in **88%** of cardiac arrest patients where resuscitation was attempted. Of these patients, **99%** had end tidal CO₂ levels measured. **One** patient had no end-tidal CO₂ level documented on their PRF nor accompanying capnography printout
- Approximately **7%** of cases had defibrillator downloads submitted

STEMI (November 2015)

- Over 99% of patients were conveyed to an appropriate destination
- The average time from the 999 call to arrival on scene increased by 2 minutes to 12 minutes in November
- Average overall on scene time has increased by 1 minute to 44 minutes, while call to hospital times have increased by 3 minutes to 74 minutes. These continue to require monitoring and review to identify themes
- The percentage of patients who received a complete care bundle (aspirin, GTN, two pain assessments and analgesia) has decreased by 3% to 69%

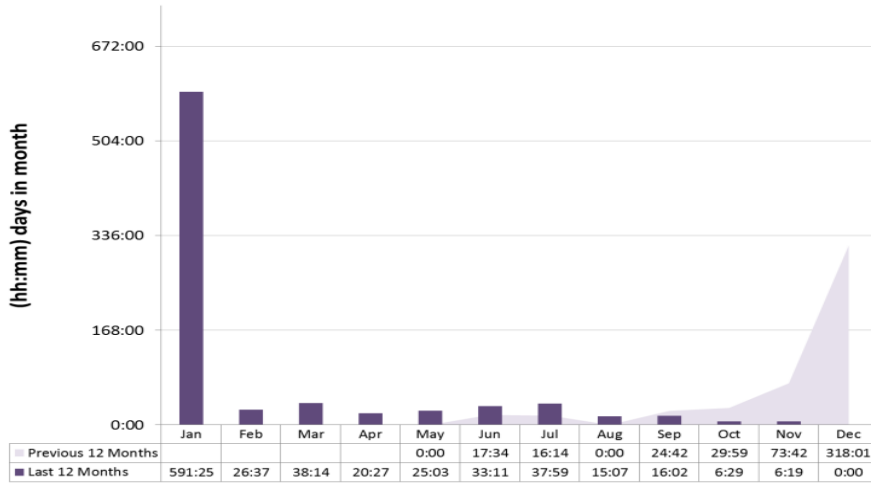
STROKE (November 2015)

- **97%** (n=1091) of all suspected stroke patients were provided with a full pre-hospital care bundle or a valid exception to its provision was recorded on the Patient Record Form (PRF)
- Almost all FAST positive patients (**99%**, n=1048) 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 (**99.6%**, n=1043) were conveyed to the most appropriate destination for their condition. However, **4** FAST positive patients (**0.4%**) were transported to an ED when they should have been conveyed to a Hyper Acute Stroke Unit (HASU)
- The average response time for 999 call to arrive on scene is **13** minutes. This is a **1** minute decrease from October 2015
- The average time on scene is 35 minutes, which remains longer than the recommended 30 minutes. More than half of LAS crew (**52%**) 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 61% in October 2015 to **65%** in November 2015



EOC Surge Status

Surge (above Red)



- There was 1 period at Surge Purple Enhanced lasting 6 hours. This was on 31st December 2015 (New Years Eve)
- We remain at surge RED as agreed for this financial year. A review of the criteria to continue at this level confirms we are still operating under significant operational pressure

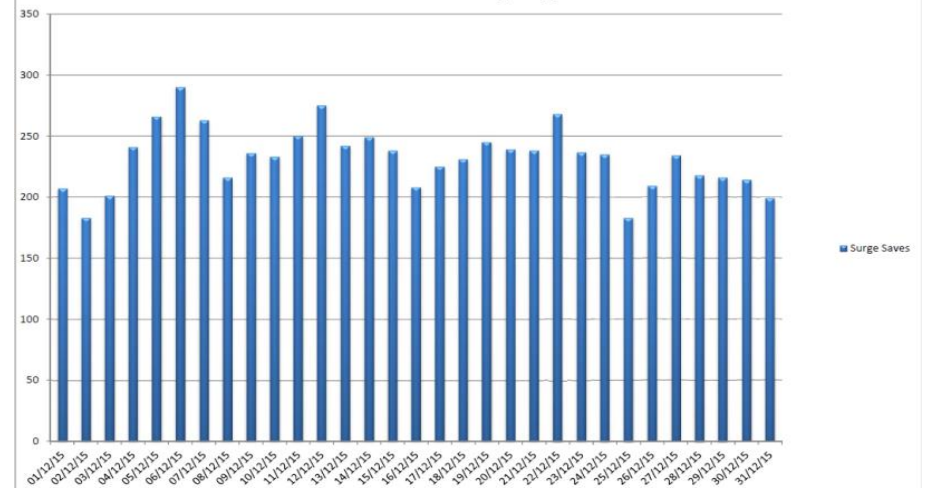
Ambulances Saved YTD		Total Surge Green Saves	Total Surge Pre Amber Saves	Total Surge Amber Saves	Total Surge Red Saves	Total Surge Purple/Purple Enhanced Saves	Total Surge Blue Saves	Total Surge Black Saves
Date	Surge Saves							
April	7312				6652	660		
May	7421				7094	327		
June	7552				7448	104		
July	7587				6936	460	191	
August	6933				6676	257		
September	7016				6467	549		
October	7124				7113	11		
November	7058				6936	122		
December	7189				7013	176		
January								
February								
March								

Total Saves	
Total Green Saves	0
Total Pre-Amber Saves	0
Total Amber Saves	0
Total Red Saves	62335
Total Purple Saves	2666
Total Blue Saves	191
Total Black Saves	0

TOTAL SAVES	65192
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Total Saves	65192	0	0	0	62335	2666	191	0
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Ambulances Saved during Surge - Dec 2015



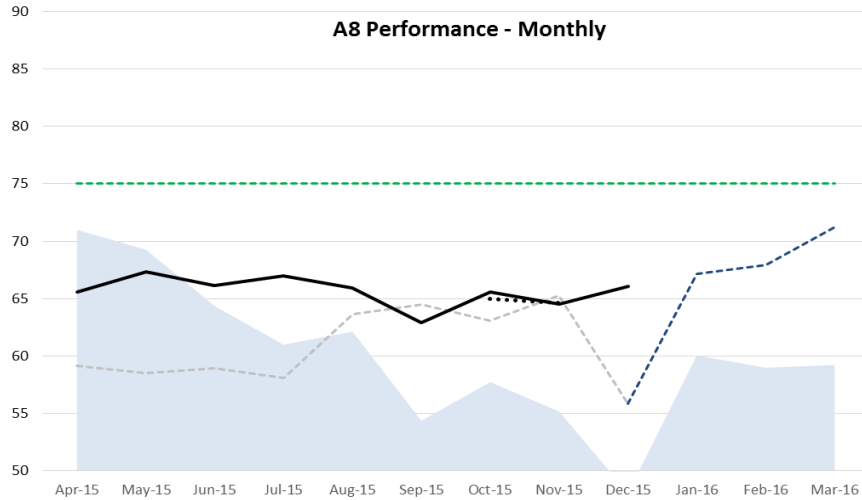
Our Performance



Sub-Section	Comment	Current Dec	Nov	Oct	Sep
A8 Performance	A8 Performance was 66.07% for the month. This is higher than the trajectory agreed at the end of September of 57.3%				
Other Performance	Performance across all Categories of incident from Category A to Category C has improved				
Demand	It was 2nd busiest month ever, for Cat A incidents, at 45,632. It was also the busiest month for Category C incidents, since May 2014				
Capacity	The vehicle hours deployed during November were significantly higher than the previous month The level of substantive staff continues to increase – driven by trainees hitting the frontline				
Efficiency	JCT has fallen slightly to 85.6 minutes [109.6 Full JCT]. This is much lower than the expected trajectory of 113 minutes. JCT forecasts for year end have been revised to 107, peaking at 113 for Dec/Jan The Multiple Attendance Ratio (MAR) target has been revised to 1.32				
Forecasting	The forecasting model is still tracking below performance by 4%. This is being rebased now				

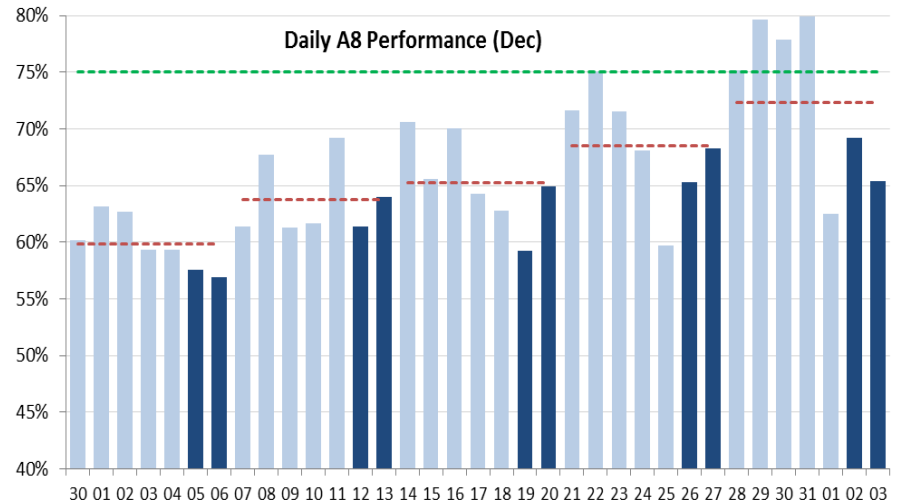
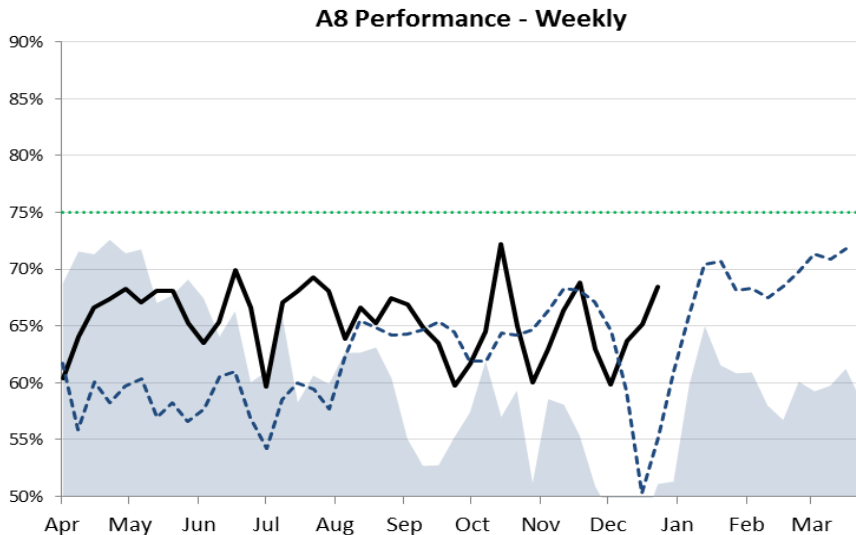


A8 Performance



A8 Performance for December was 66.07%. This was lower than the contract trajectory of 78.5%, but higher than the newly restated LAS forecast of 57.3%

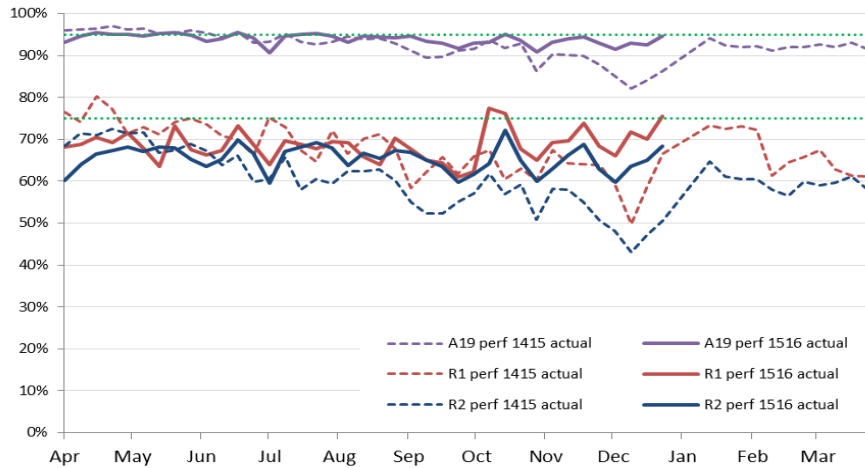
There were 5 days in December where Category A performance ranged from 70-74% and another 4 days with performance ranging from 75-79.9%





Other Performance

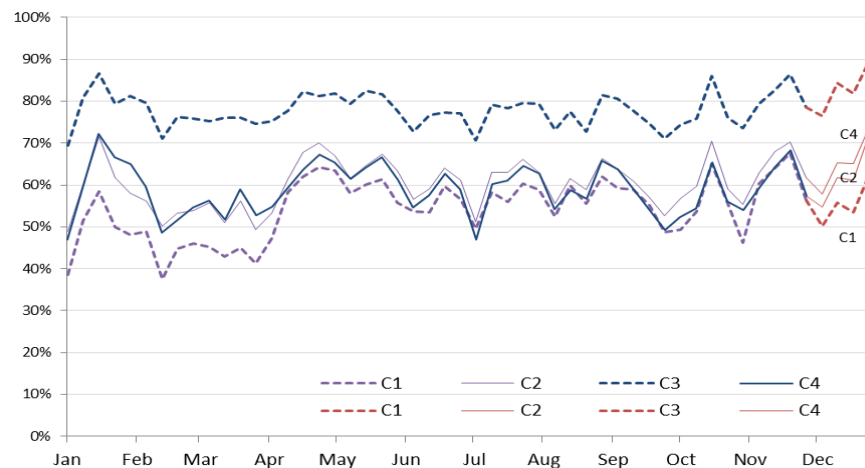
A19, R1 & R2 Performance



Performance in December was higher compared to November 2015 for all categories apart from C1, which fell slightly

It was also the highest level of performance on R1 and C2-C4 this financial year

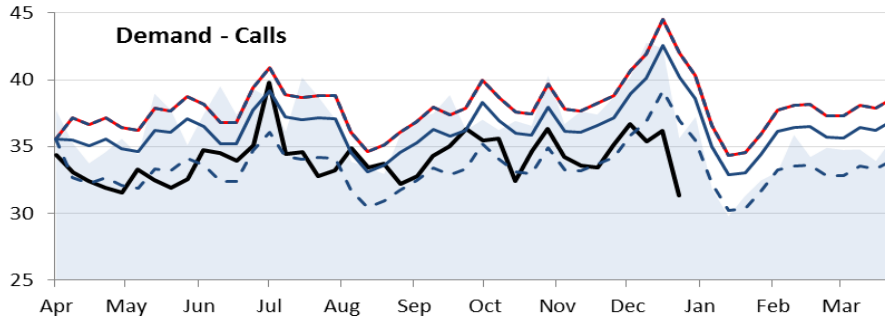
C1, C2, C3, C4 Performance



wk ending	A8	A19	R1	R2	C1	C2	C3	C4
29-Nov								
06-Dec	63	93	68	63	56	62	79	57
13-Dec	60	92	66	60	50	58	77	55
20-Dec	64	93	72	64	56	65	84	62
27-Dec	65	93	70	65	54	65	82	61
	68	95	75	68	63	74	90	72
Oct-15	66	93	71	65	55	61	78	57
Nov-15	65	93	69	64	61	65	81	62
Dec-15	66	93	73	66	58	68	85	66

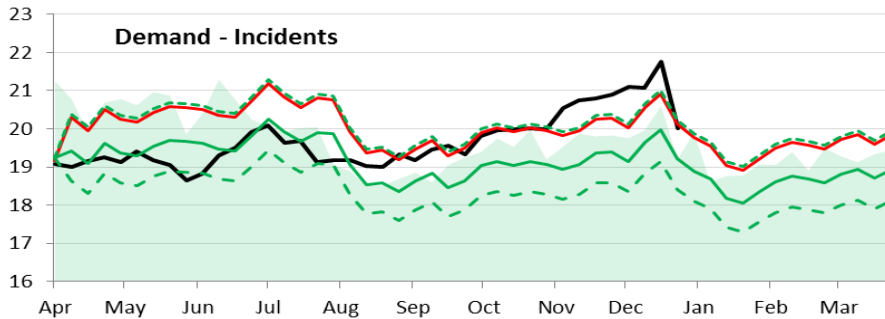


Demand

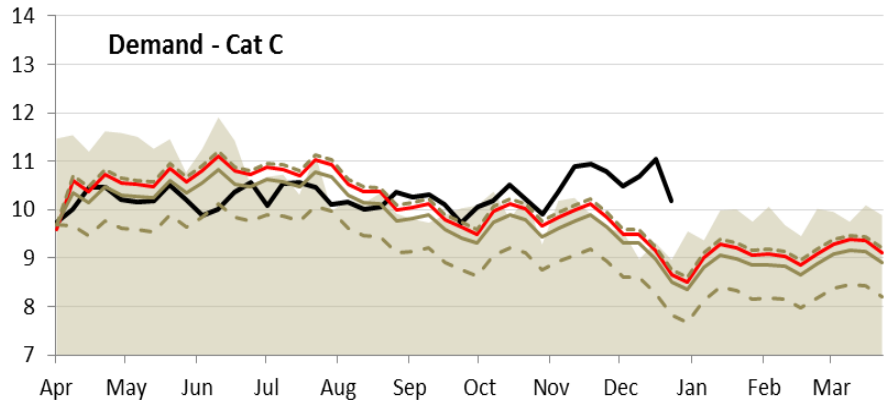
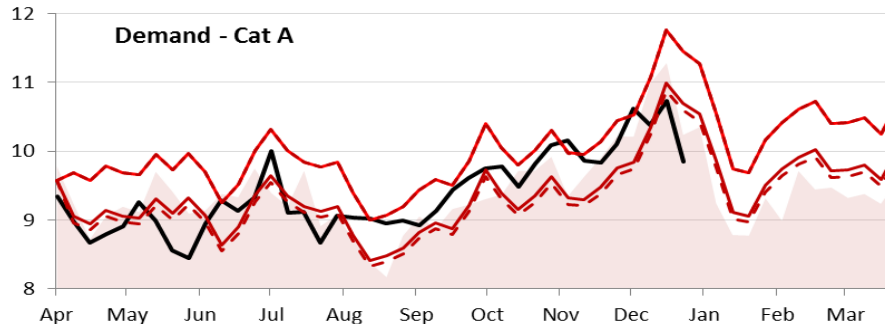


Cat A demand was the 2nd busiest month on record for the LAS. Category C incidents saw the highest levels since May 2014

Category C incidents remain well above contracted levels
Call volumes are now below contracted levels

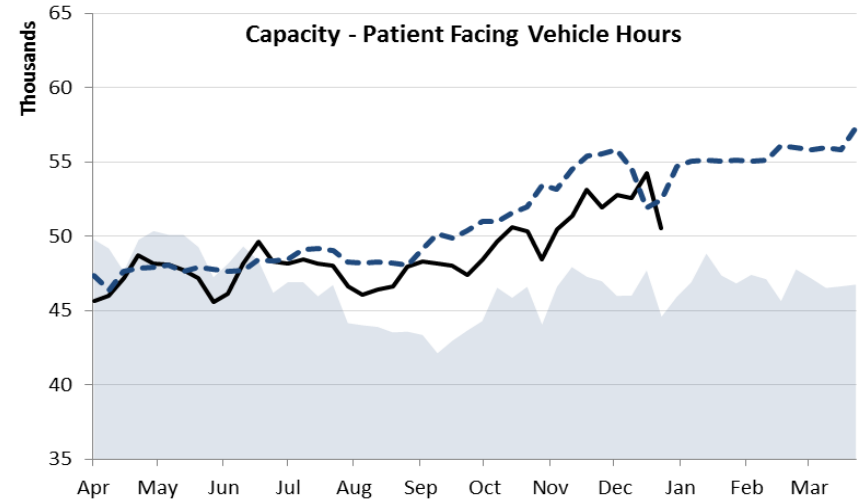
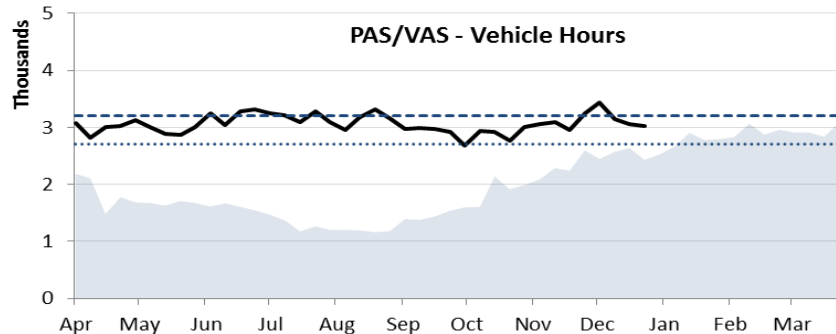
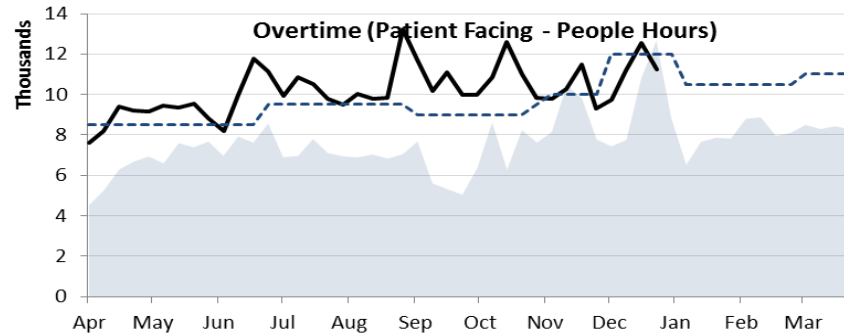
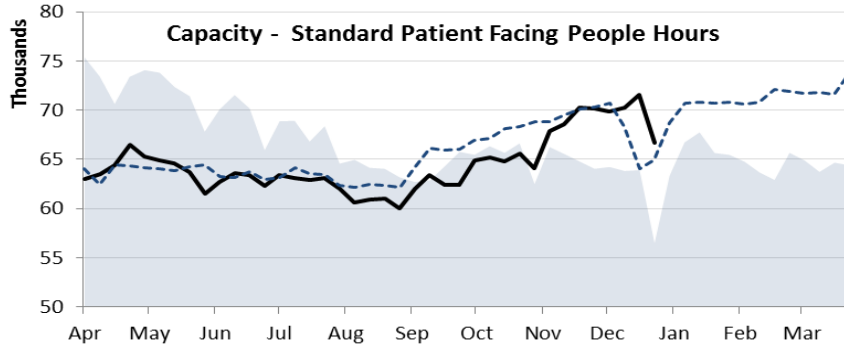


	Key	Calls	Inc.	Cat A	Basis
High	Short Dash	4.6%	5%	7%	contract
Medium	Solid Line	0%	0%	0%	14/15 actual
Low	Long Dash	- 8%	-4%	-1%	Q1 actual





Capacity



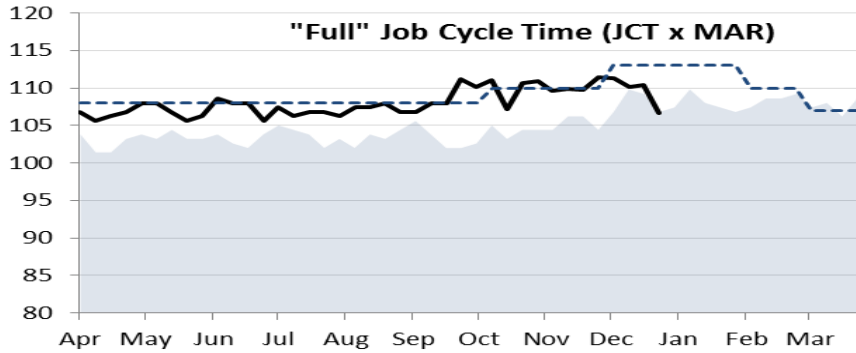
Capacity substantially improved in December 2015 and was at its highest level since March 2014

Overtime hours during December were higher than November and the highest this financial year

PAS/VAS hours remain above the revised forecasted level

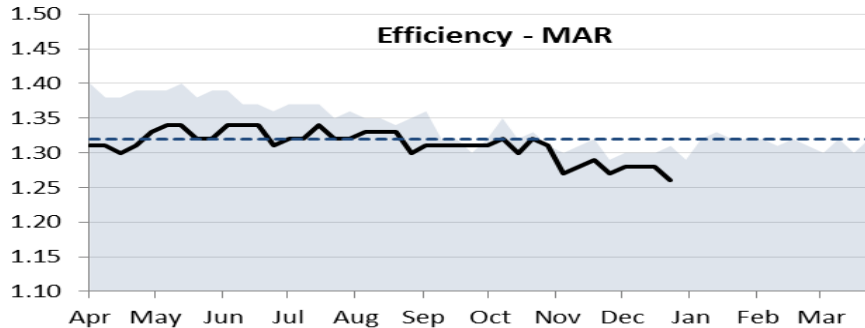
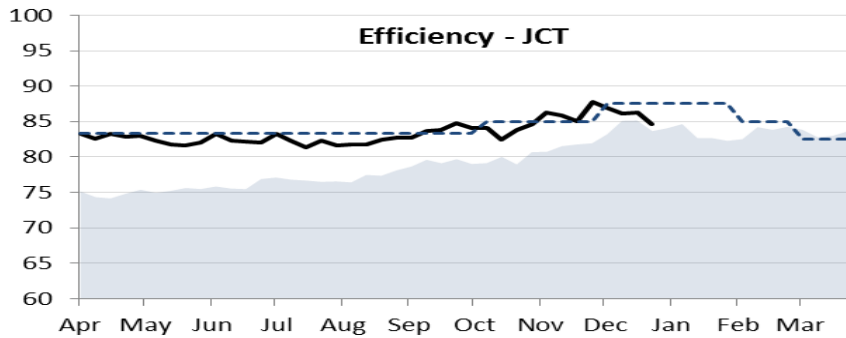


Efficiency



Job Cycle Time has fluctuated around 86 minutes (109.6 minutes for Full Job Cycle Time) – considerably lower than expected for December 2015

The re-forecast JCT trajectory peaks at 113 minutes in Dec/Jan returning to 107 minutes by March



Our Money

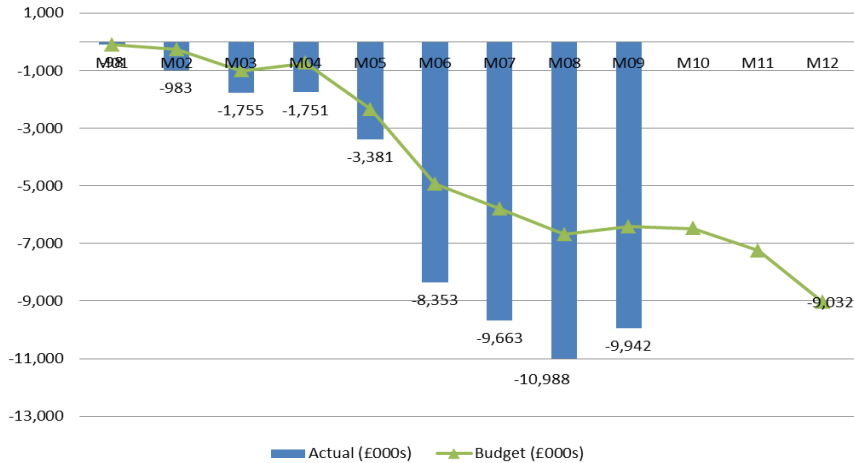


Finance Summary: M9 – December (2015/16)

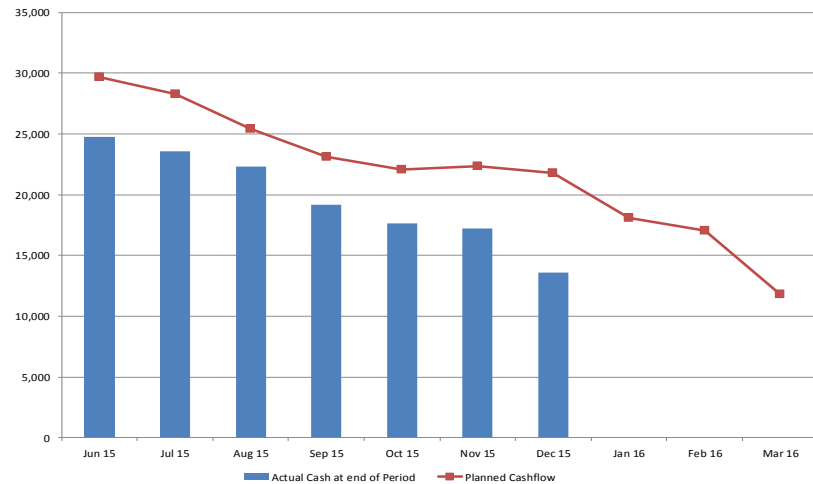
Financial Indicator	Summary Performance	Current Month	Previous month
Surplus	In month the position is £0.8m favourable to plan, with the year to date reporting £3.5m adverse from plan. The Trust is reporting a £10m deficit YTD. The year end forecast is now £8.8m deficit; this is expected to be achieved. A reconciliation of the forecast target is shown on the next page		
	The adverse position in month is driven by: <ul style="list-style-type: none"> A significant step up in Month 9 Frontline pay related to substantive and overtime hours as well as additional incentive costs Income reduction provision of £1.4m related to a >2% reduction in Cat C activity The Trust has now agreed a revised level of specialised services income of £2.0m. This will represent a £2.3m shortfall against the original £4.3m plan £0.5m additional pressure due to unidentified CIP not delivered 		
Income	Income is £1.2m favourable in Month and £2.8m adverse year to date. The key drivers for this position are: <ul style="list-style-type: none"> Income reduction provision of £1.4m related to a >2% reduction in Cat C activity The Trust has now agreed a revised level of specialised services income of £2.0m. £1.5m of this has been reported in month which is the driver for the favourable variance in month Securing all the additional transformation funds is now expected and being finalised with Commissioners, although timing has yet to be confirmed		
Expenditure (incl. Financial Charges)	In month expenditure is £0.4m adverse to plan, and year to date £0.7m adverse. The key drivers for this position are: <ul style="list-style-type: none"> Across the Christmas and New Year period the Trust increased its substantive Frontline Staffing and Overtime. Additional incentive spend was made available to encourage overtime across this period to address increased demand and high levels of annual leave £0.5m additional pressure due to unidentified CIP not delivered Partially offset by £3.2m of planned reserves released to support the position 		
	The Trust's main cost pressures arise from additional frontline resourcing costs. There are 3 key drivers for the additional expenditure: <ul style="list-style-type: none"> In Month Substantive Frontline WTEs increased due to ongoing recruitment. Bank usage reduced across the festive period Overtime spend remained at levels comparable with November (circa 80k frontline hours spent) Incentive Rates were increased by £200k. They were restructured with disruption payments reduced by 30% but introducing a £500 to £700 additional incentive across the festive period to increase uptake at key periods 		
CIPs	Year to date CIPs are expected to be £0.5m adverse to plan. The full year plan of £8.4m is still expected to be largely achieved once additional schemes are implemented. Further, efficiencies and cost controls are being developed to close the remaining gap		
Balance Sheet	Capital expenditure totals £5.8m to the end of M09, with spend of £6.3m expected before the end of the year. The Trust is expecting an adjustment to its CRL to reflect the loan not being taken and a capital to revenue transfer. The revised CRL is expected to be £12.1m		
Cashflow	Cash is £8.2m below plan. Some elements of contract income are being invoiced and received later than planned, this is creating timing issues within cash. Any further risk to the transformation funding could cause further cash stress. The 12 month rolling cash forecast is being reviewed to include these issues and confirm if any cash management action is needed		

Executive Summary - Key Financial Metrics

Cumulative Net Position - Budget Vs Actual



Actual Cash at end of December 2015 vs Planned Cashflow



	2015/16 - Month 9			Year to Date			FY 2015/16
	Budg	Act	Var	Budg	Act	Var	Budg
	£000	£000	£000	£000	£000	£000	£000
			fav (adv)			fav (adv)	
Dept Health							
Surplus / (Deficits)	268	1,047	779	(6,419)	(9,937)	(3,518)	(9,025)
EFL				(7,051)	1,103	(8,154)	8,648
CRL				11,848	5,828	6,020	20,664
Suppliers paid within 30 days - NHS	95%	49%	(46.0%)	95%	77%	(18.0%)	95%
Suppliers paid within 30 days - Non NHS	95%	88%	(7.0%)	95%	88%	(7.0%)	95%
Monitor							
EBITDA %	6.1%	8.5%	2.3%	2.9%	1.3%	(1.6%)	6.3%
EBITDA on plan	1,755	2,525	770	6,815	2,987	(3,828)	8,756
Net Surplus	268	1,047	779	(6,419)	(9,937)	(3,518)	(9,025)
NRAF (net return after financing)				(4.8%)	(7.4%)	(2.6%)	-6.90%
Liquidity Days				(5.16)	(4.48)	0.7	(10.86)
FSRR (Financial Sustainability Risk Rating)				2.0	2.0	0.0	2.0

- In Month the position is £0.8m favourable to plan while year to date the Trust is reporting a £3.5m adverse variance from plan.
- On-going pressures are:
 - Additional spend in support of performance.
 - Recruitment and retention of substantive staff and the cost of overtime and PAS (Private Ambulances) to cover vacancies and enhance capacity.
 - Identification and delivery of CIPs.
 - Reduced income recovery due to Cat C under-performance.
 - specialised services Income £4.3m will not be received in full. The Trust will now receive £2.0m
- Cash is £8.2m below plan. The Trust is expecting to receive the £2.0m of £4.3m specialised services funding included in the plan for this year, this shortfall will add considerable stress to the cash flow. Timing issues are impacting on contract income cash flows.
- The EFL variance is due to lower than planned cash balances.
- Monitor has replaced the existing Continuity of Service Risk Rating (CSRR) with the Financial Sustainability Risk Rating (FSRR). FSRR includes two new measures I&E Margin and I&E Margin variance from plan. The Trust would expect to score a FSRR of 2 for the YTD results based on the current Monitor metrics (maximum rating).
- CRL position – The capital plan is £6.2m behind target, of which £4.7m is due to slippage and £1.5m has been deferred due to the Trust not going ahead with the £6.0m capital investment loan this year. The TDA have approved a capital to revenue transfer of £2.5m in month 9. A revised CRL is expected in January
- The Trust has revised its plan in line with NTDA guidance and committed to additional savings of £0.5m.

Our People



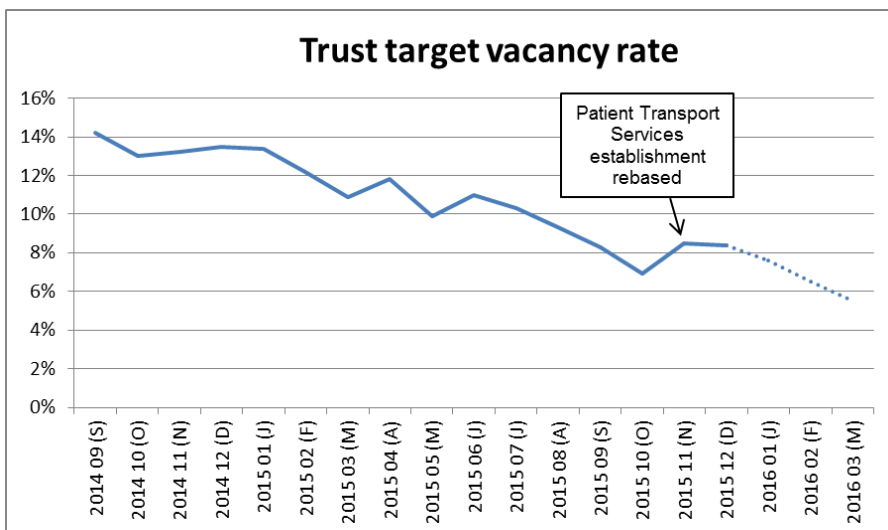
Section	Key Headlines From Each Section.	Current RAG	Historic RAG	Historic RAG
Vacancy	<ul style="list-style-type: none"> Vacancy rate for the Trust as a whole is 8.42% for substantive staff. Vacancy Rate for front Line now stands at 7.66% We are confident, based on recruitment estimates and current turnover, that vacancy rates will continue to fall through March 2016. 			
Turnover	<ul style="list-style-type: none"> Trust turnover has fallen from 13.5% to 12.8% this month (12 m rolling figure). The turnover figure for all frontline staff fell from 13.1% to 12.6%. Turnover for frontline staff has fallen in each of the last seven months 			
Recruitment	<ul style="list-style-type: none"> We had 155 starters against a plan of 186 for Q3. This change is due to the difference between the original analysis of international paramedics and their actual start dates. We are currently expecting 282 new staff to join our payroll in Q4 against a plan of 66. Current variance between actual and planned is due to amendments in graduation dates for the internationals . 			
Sickness	<ul style="list-style-type: none"> Sickness levels continue lower than earlier this year. The current total trust sickness level is 5.4% having peaked at 6.6% in March. Annual sickness levels for operational sectors stand at 8.9% for North East and 5.5% for South East over the past 12 months, both down on last month. 			



Vacancy – Trust wide

	Target in post	In post	Target vacancy	Vacancy %
1. Paramedic	1862.1	1585.21	276.89	14.87%
2. Apprentice Paramedics	140.32	126	14.32	10.21%
3. Frontline EAC / TEAC	642.98	753.44	-110.46	-17.18%
4. Frontline EMT & support tech	523.8	461.8	62	11.84%
Subtotal	3169.2	2926.45	242.75	7.66%
5. Non frontline Paramedics	281.02	223	58.02	20.65%
6. EOC staff on watches	371	392.98	-21.98	-5.92%
7. All other staff	1258.87	1109.93	148.94	11.83%
Total	5080.09	4652.36	427.73	8.42%
Total Paramedic	2143.12	1808.21	334.91	15.63%
Total Non FL Staff	1910.89	1725.91	184.98	9.68%

- The number of total substantive staff in post has risen this month from 4650 to 4652.
- This month's total vacancy is 8.42%. Down from 8.50% last month.



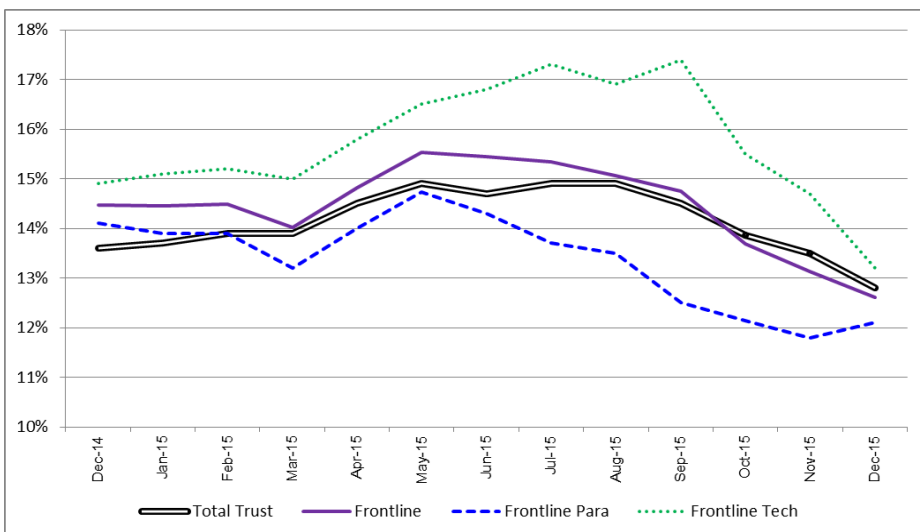
- The Patient Transport Services establishment has been rebased in the General Ledger. 108 WTE of posts relating to PTS were added to the establishment in November.
- Vacancy numbers will continue to fall for the final three months of the financial year due to recruitment of front line staff.



Turnover – Trust wide

12 month rolling turnover	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Frontline Paramedics	13.7%	13.5%	12.5%	12.1%	11.8%	12.1%
Apprentice Paramedics	11.4%	10.8%	10.2%	7.3%	7.3%	5.4%
Frontline Technicians	17.3%	16.9%	17.4%	15.5%	14.7%	13.2%
non-frontline paramedics	8.4%	10.1%	10.7%	10.9%	10.1%	9.6%
PTS and Ambulance Persons	23.2%	23.6%	25.9%	23.4%	22.2%	19.9%
EOC staff on watches	28.6%	29.1%	26.1%	23.9%	22.7%	21.5%
All other staff	8.3%	8.9%	9.6%	11.8%	11.7%	11.1%
Total	14.9%	14.9%	14.5%	13.9%	13.5%	12.8%
(All Frontline staff)	15.3%	15.1%	14.7%	13.7%	13.1%	12.6%

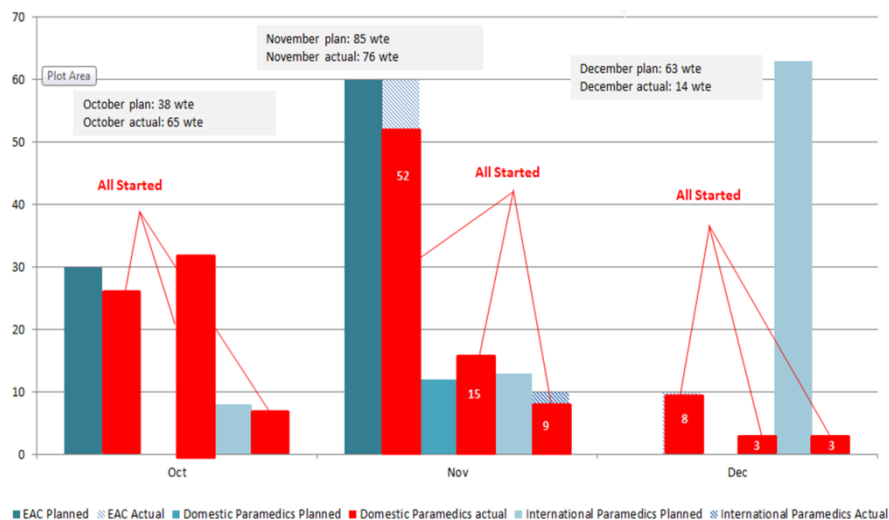
- The turnover figure for frontline staff only now stands at 12.6%, down from 13.1% last month.
- Trust total turnover fell this month from 13.5% to 12.8% (12 month rolling figure).
- December turnover was 0.7% down on November levels.
- Trust turnover has fallen month on month for the past four months.



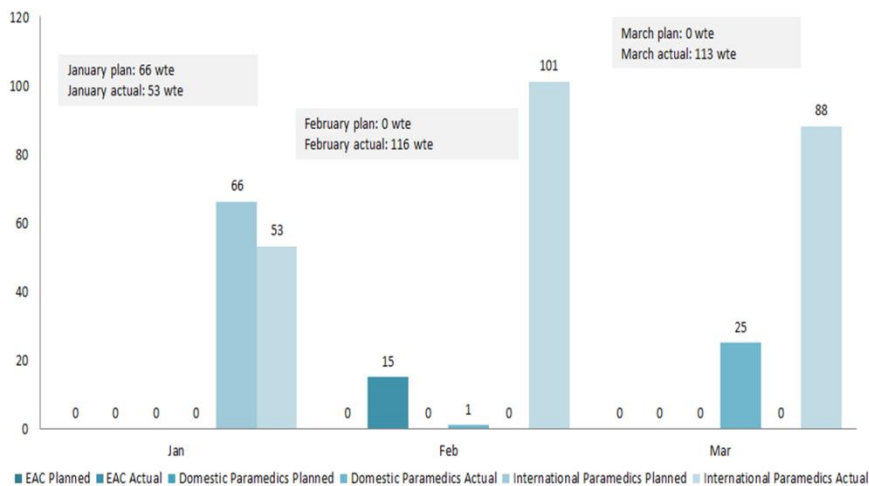
- The graph at left shows 12 month rolling turnover since December 2014.
- Frontline turnover has been falling since May 2015.
- Total Trust turnover has been falling since August 2015.



Recruitment



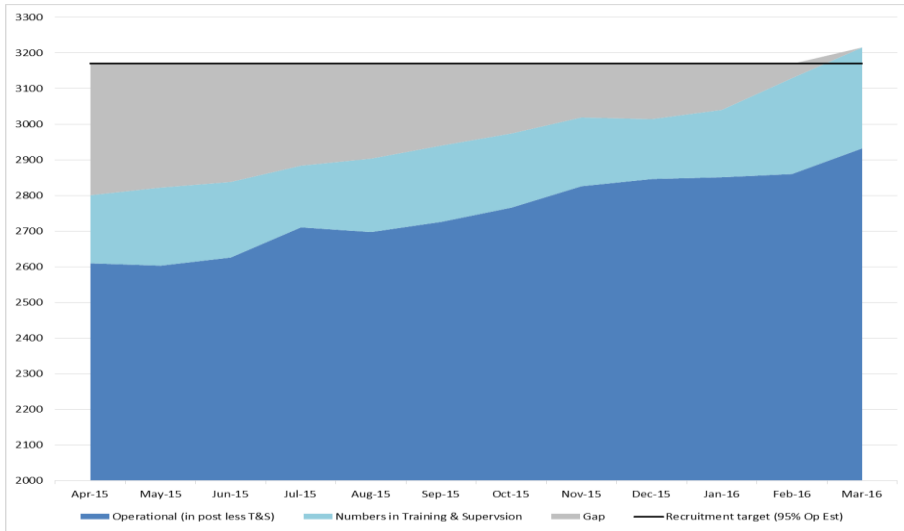
- The graph on the left shows the frontline recruitment plan from October to December. Figures are new staff starting at LAS in each month.
- We had 155 starters against a plan of 186 for the quarter. This change is due to the difference between the original analysis of international paramedics and their actual start dates.



- The graph on the left shows expected numbers of frontline staff joining London Ambulance Service in the next quarter.
- We are currently (at end Dec 15) expecting 282 new staff to join our payroll in Q4 against a plan of 66.
- The variance between actual and planned numbers is due to amendments in graduation dates for the internationals.
- These cohorts of staff will undergo a period of training and supervision prior to becoming fully operational on the frontline.
- There will be a fourth recruitment trip to Australia in April '16



Operational In post - Trajectory



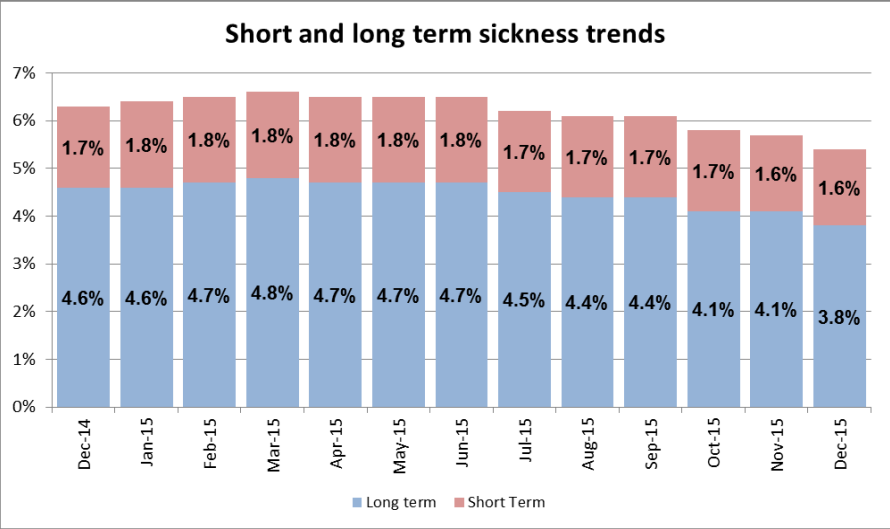
• The graph at left shows our operational in post staff position month by month, including those in training and supervision.

This shows that by the end of March we will have:

- 2932 Operational staff working on the front line (93%)
- 283 Staff still in supervision and training
- Total staff in post 3215 WTE



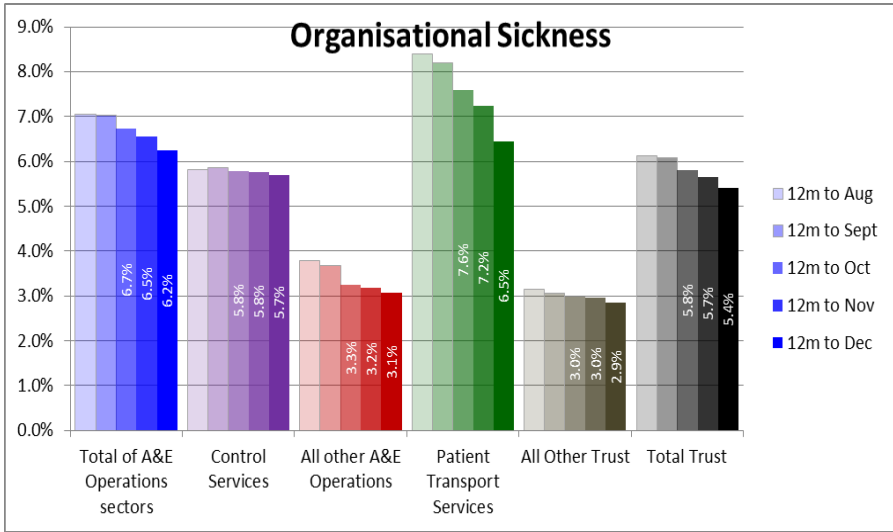
Short and Long Term Sickness



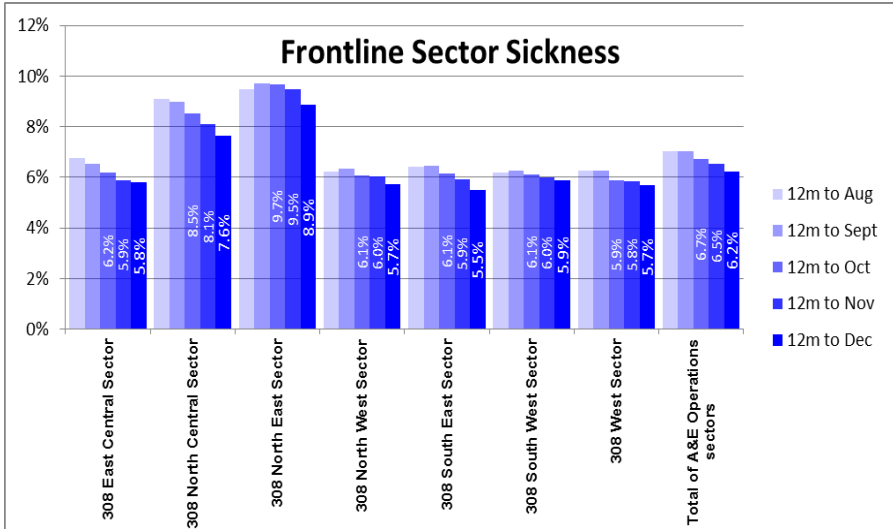
- The current total trust 12 month sickness level is 5.4% over the last twelve months from 5.7% last month (source: ESR).
- The total Trust 12 month sickness level has reduced by 1.2% since its peak of 6.6% in March and the monthly trend continues downwards month on month.
- Long term sickness shows greater decline than short term.
- There is to be a review of the LAS approach to long term absence management.
- A review of the case management approach with Occupational Health is also planned.



Operational and Business Area Sickness



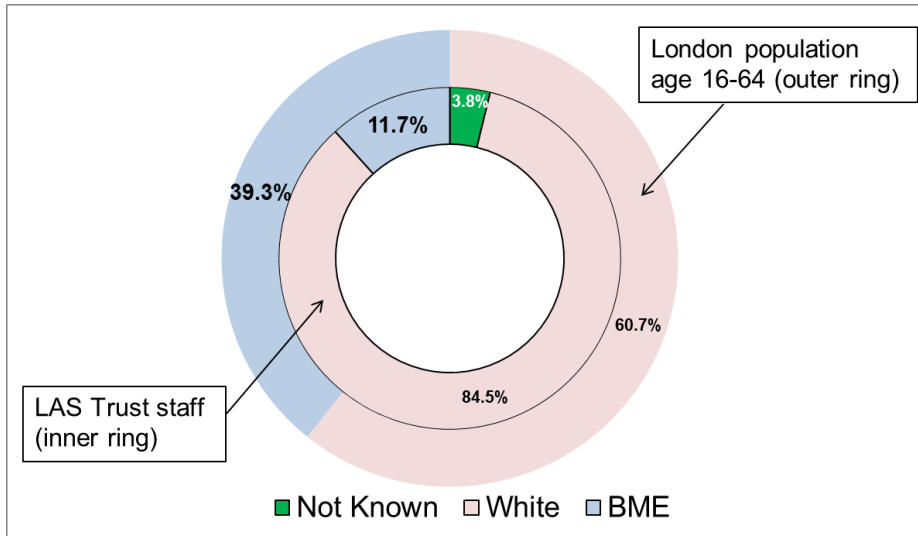
- 12 month sickness figures for major business areas vary between 6.5% for Patient Transport Service (down from 8.2% in August) to 2.9% for corporate and central areas of the trust.
- Trust total sickness level fell from 5.7% to 5.4% (12 m rolling figure, source ESR).
- The Management of Attendance Project is to be reviewed and refocused.



- 12 month sickness for individual sectors varies between 8.9% for North East to 5.5% for South East.
- Biggest fall in 12 month sickness rates was in North East Sector (0.6% drop, following a 0.2% fall last month).
- No operational sector has shown a rise in 12 months sickness rates at any time since September.



Equality and Diversity Information



- BME representation in the workforce is currently 11.7% compared to 39.3% in the London working age population.
- The proportion of staff whose Ethnic Origin is not known is 3.8%.
- In December 21% of new starters were from BME backgrounds. 19% of leavers were from BME backgrounds.
- KPIs for Equalities are currently being developed through the Equality and Inclusion Strategy Action Plan. There is an objective to reflect the diversity of the local population in LAS.



Report to:	London Ambulance Service Trust Board
Date of meeting:	2 nd February 2016
Document Title:	Workforce Update
Report Author(s):	Karen Broughton, Director of Transformation, Strategy and Workforce
Presented by:	Karen Broughton Director of Transformation, Strategy and Workforce
Contact Details:	Ext: 112046
History:	<i>n/a</i>
Status:	<i>For Information and assurance</i>
Background/Purpose	
<p>The workforce update provides:</p> <ul style="list-style-type: none">• Progress on the 2015/16 recruitment plan• An overview of our plans for the 2016/17 recruitment plan to ensure the Trust has sufficient staffing capacity• A brief overview of our plans for Human Resources Function Transformation	
Action required	
<ul style="list-style-type: none">• To note progress on the 2015/16 recruitment target and plan• To note the draft 2016/17 recruitment plan which will be subject to review following the outcome of the 2016/17 contracting round• To note our plans for transformation of the HR function• To note the formal transfer of workforce responsibilities from the Director of Transformation and Strategy to the newly appointed Director of Human Resources	
Assurance	
<ul style="list-style-type: none">• We have achieved recruitment success and will see all frontline vacancies exceeded by the end of March 2016• We continue to move forward on our bullying and harassment actions	

Key implications and risks arising from this paper	
Clinical and Quality	There are no clinical or quality risks identified in this paper
Performance	This paper sets out the recruitment progress to date, and therefore the reduction in vacancies which will support improved performance
Financial	The financial impact of the 2016/17 recruitment plan are being finalised and will be subject to review following the outcome of the 2016/17 contracting round
Governance and Legal	There are no governance or legal concerns identified in this paper.
Equality and Diversity	There are no equality and diversity concerns identified in this paper
Reputation	The Trust's reputation could be at risk if the actions highlighted in our approach to bullying and harassment are not addressed
Other	n/a
This paper supports the achievement of the following 2015/16 objectives	
Improve the quality and delivery of urgent and emergency response	All aspects of the attached paper are targeted at improving the delivery of an urgent and emergency response, either by directly increasing the number of frontline resources or by ensuring they are well motivated
To make LAS a great place to work	With the timely investigation and robust management of any alleged episode of bullying/harassment, staff will feel able to highlight any concerns and feel confident that these will be addressed A reduction in vacancies should have a positive impact on job cycle time and utilisation and therefore support an improvement in the working environment for our staff.
To improve the organisation and infrastructure	A key success of the attached paper is to successfully recruit establishment, removing vacancies in the frontline workforce and ultimately reducing their utilisation
To develop leadership and management capabilities	As part of phase two of our approach to bullying and harassment, managers within the Trust will undergo specific training and bullying and harassment investigators will also be identified and trained

London Ambulance Service Trust Board

2 February 2016

Workforce Update

1. Introduction

The London Ambulance Service has an ambition is to make the Service a great place to work. In order to ensure we achieve this ambition we have focussed on a number of objectives over the last year. These are:

- Meeting our significant recruitment challenge
- Improving our retention of staff
- Addressing issues identified through staff feedback and engagement surveys including the Staff Survey and the Bullying & Harassment Review
- Strengthening operational management through a management restructure

At each Trust Board meeting, the integrated performance report is presented to highlight a range of workforce metrics and our performance and progress against them.

In addition to the integrated performance report, a separate Workforce Update is provided to consider areas of our workforce agenda in greater detail.

2. Our focus for the January Workforce Update

The attached presentation provides:

- Progress on the 2015/16 recruitment plan
- An overview of our plans for the 2016/17 recruitment plan to ensure the Trust has sufficient staffing capacity
- A brief overview of our plans for Human Resources Function Transformation

3. Action for the Trust Board

The Trust Board is asked to:

- To note progress on the 2015/16 recruitment plan
- To note the draft 2016/17 recruitment plan which will be subject to review following the outcome of the 2016/17 contracting round
- To note our plans for transformation of the HR function
- To note the formal transfer of workforce responsibilities from the Director of Transformation and Strategy to the newly appointed HR Director



London Ambulance Service



NHS Trust

Workforce update for the Trust Board

January 2016



Our strategic workforce focus

- Our ambition is to make the LAS a great place to work
- A significant proportion of both our 5 Year Strategy and the 15/16 Business Plan focus on the activities we will undertake to achieve this
- Our workforce focus since October 2014 has been on 4 key areas;
 - Meeting our significant recruitment challenge
 - Improving our retention of staff
 - Addressing issues identified through staff feedback and engagement surveys including the Staff Survey and the Bullying & Harassment Review
 - Strengthening operational management through a management restructure

This workforce update will focus on: recruitment progress and HR transformation.

Progress since the last Trust Board update

- Recruitment continues to be strong for Q4 and has been re-profiled following a review of the Transformation Plan
- Recruitment in Quarter Four will see 282 staff join the Trust against a plan of 66 and approximately 105 more will become fully operational
- We saw 26 frontline staff leave the Trust in December – 2 (8%) retired; 3 (12%) were dismissed; and 21 (80%) voluntary leavers
- Jan – Dec 2015 saw 290 leavers, against 637 new starters
- We have appointed a Director of Human Resources who take over responsibility for the workforce agenda as of 1st February, 2016



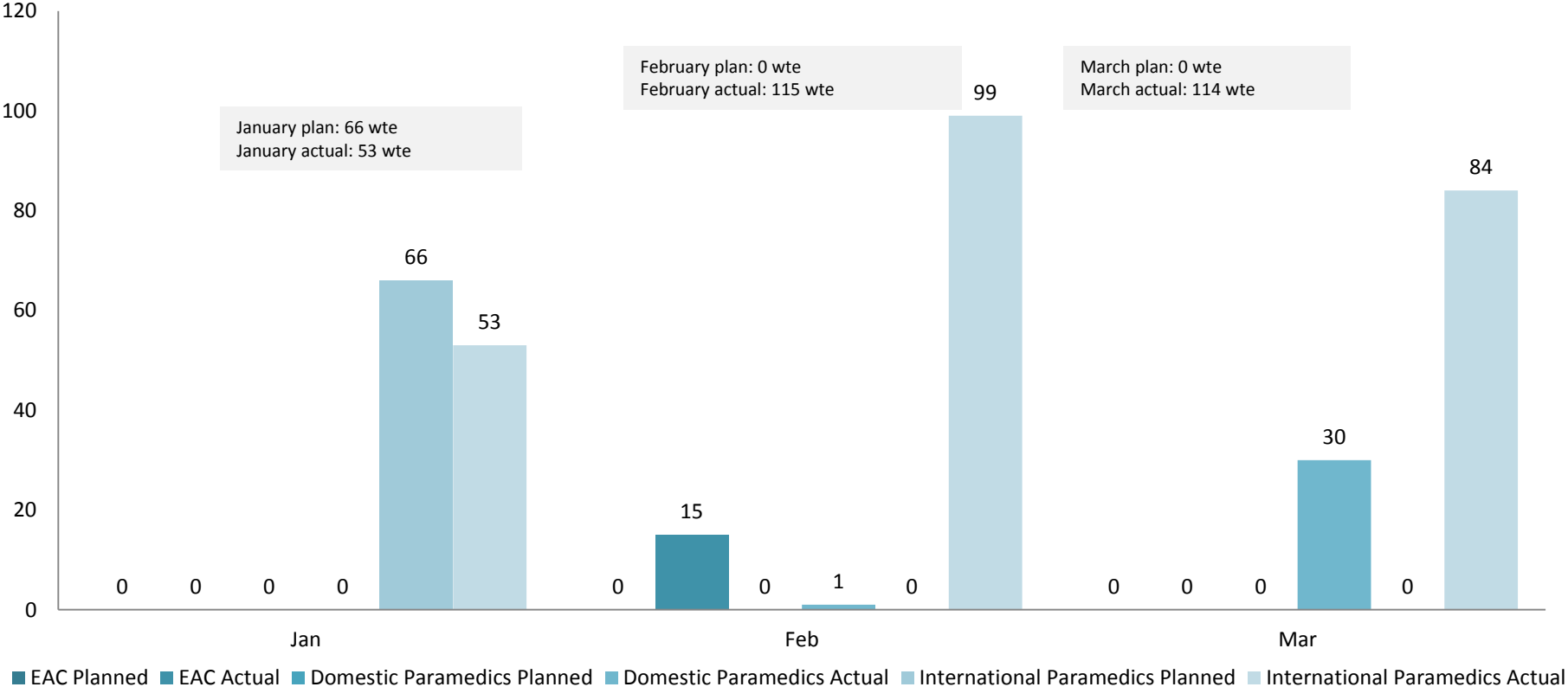
Recruitment – 2015/16



New Starters Recruited 15/16 Q4

Summary

We are currently expecting 282 new staff to join our payroll in Q4 against a plan of 66. Current variance between actual and planned is due to amendments in graduation dates for the internationals. These cohorts of staff will undergo a period of training and supervision prior to becoming fully operational on the frontline. Confidence levels are currently being established as we confirm Visas and HCPC registrations. The first cohort of staff start on the 18th January 2016



Starters and Leavers

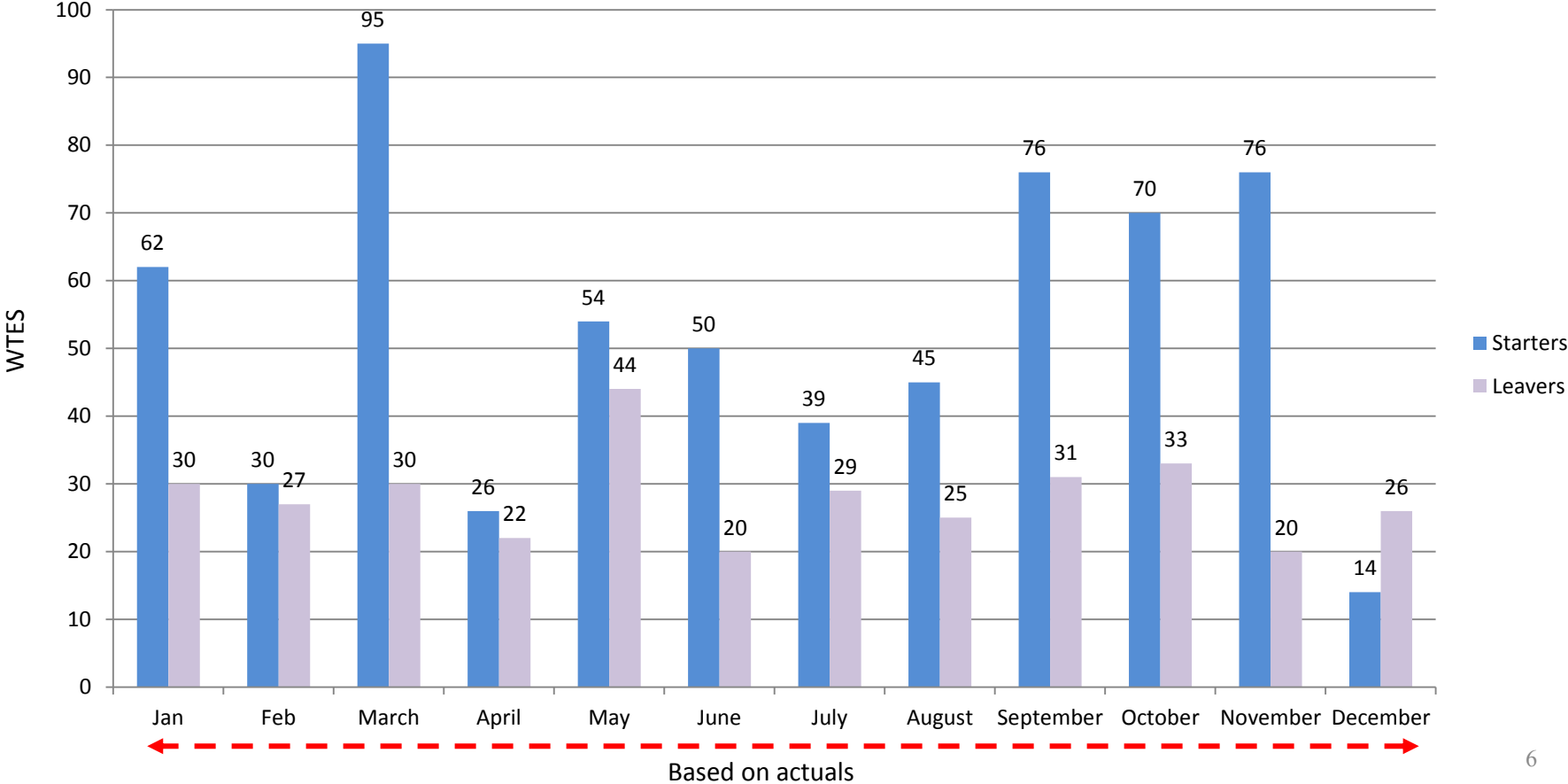
Based on actual leaver and starters data since January 2015

Leavers: 290 since Jan 2015
 Average external leavers since Jan 2015 = 24 per month

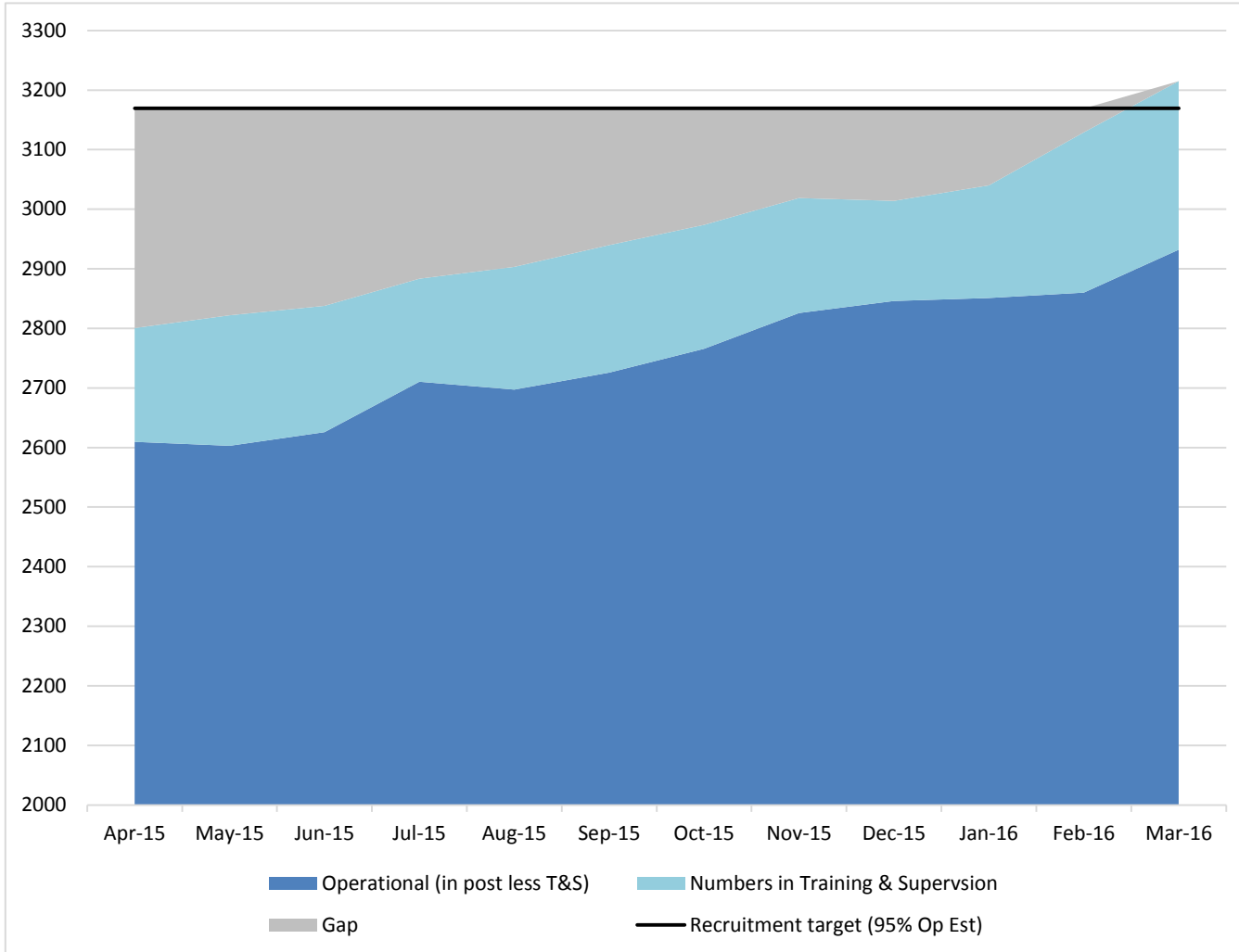
Starters: 637 since Jan 2015
 Average starters since Jan 2015 = 53 per month

December leavers 2015: 26
 21 Voluntary resignations
 2 Retirement
 3 Dismissals

Average external leavers since Jan 2015 = 24



Operational In Post - Trajectory



The graph opposite shows our operational in post position by month, with those in training and supervision also.

This shows by the end of March we will have:

2932 Operational staff working on the front line (93%)

283 Staff still in supervision and training

Total staff in post 3215 WTE (46 WTE over target)

Recruitment – 2016/17



Our workforce planning assumptions

Year	Establishment	Recruitment Target (less 5%)	Frontline turnover		Growth to hit 75% (WTE)	Growth Activity	Total Recruitment Needed
			%	WTE			
2015/ 2016	3336	3169	14				
2016/2017	3336	3169	15	475	150 – 300	4%	475 - 607 (775 if 300 posts agreed)
2017/2018	3486	3311 (if 150 posts agreed in 16/17)	16	529	n/a	4%	529
2018/2019	3486	3311 (if 150 posts agreed in 16/17)	22	728	n/a	4%	728

Assumptions:

- ✓ 150 new posts are agreed in 16/17
- ✓ Turnover increases to 15% in 16/17 to take into account increased number of retirements and growing Acute market
- ✓ 2017-2018 turnover of 22% is to allow for 250 Australians to return home post 2 years with LAS



Operational in Post Plan - 2016 / 2017

	Q1	Q2	Q3	Q4	Total
Leavers	119	119	119	119	476
Graduates	25	20	104	18	167
TEACs	45	80	<i>Will need to recruit for Q1 and Q2</i>		125
Internationals	88	20	75	75	258
Total	158	120	179	93	550

Assumptions:

- Establishment remains at 3169
- Turnover stands at 15% (475 WTE)
- 39 leavers per month (119 per quarter)
- Graduate pipeline = 140 posts
- Fourth Australia Trip = 150 posts
- EACs = 145 rising to 445 if 300 posts agreed or 295 if 150 agreed



Operational in Post Plan by Month - 2016 / 2017

	Quarter One (175)			Quarter Two (133)			Quarter Three (149)			Quarter Four (93)			
Month	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
TEAC	45	0	0	30 (2)	15	35	0	0	0	0	0	0	125
International	88	0	17	0	3	30 (2)	15	15	15	0	45	30	258
Graduates	0	25	0	0	0	20	18	51 (3)	35 (2)	18	0	0	167
Total	133	25	17	30	18	85	33	66	50	18	45	30	550

- All TEAC numbers have already been recruited and require no further adverts to be published

- All green cells denote those already in the pipeline



HR Transformation



Review of Workforce & OD

- Stage 1- Diagnostic review interviews
- Stage 2- development of new service model
- Stage 3- consultation of new service model
- Stage 4- Finalise service model and feedback to staff and stakeholders
- Stage 5- Assessment process
- Stage 6- Implement new service model



Progress to date

- Stage 1 - diagnostics almost completed through a number of one to one interviews
- Initial feedback to staff and HR Leadership Team
- Stage 2 - development phase has started with initial plans developed for new structure



In summary



In summary

- Recruitment is gripped and re-profiled: we have achieved recruitment success which will now see all frontline vacancies exceeded by the end of March 2016
- 2016/17 recruitment plan has been drafted and the first six months of the plan secured
- A Director of Human Resources has been appointed and is moving forward with HR transformation plans
- Responsibility for Workforce and Recruitment will transfer to the Human Resources Director on the 1st February, 2016

Action required: The Trust Board is asked to note the workforce update and the draft recruitment plan for 2016/17



Report to:	London Ambulance Service Trust Board
Date of meeting:	2nd February 2016
Document Title:	Finance Report Month 09 - Part 1
Report Author(s):	Director of Finance and Performance
Presented by:	Andrew Grimshaw
Contact Details:	02077832041
History:	<i>EMT, Finance & Investment Committee</i>
Status:	<i>To note the paper</i>
Background/Purpose	
Statement of Comprehensive Income <p>In month the position is £0.8m favourable to plan, with the year to date reporting £3.5m adverse from plan. The Trust is reporting a £10m deficit YTD. The year end forecast is now £8.8m deficit; this is expected to be achieved.</p> <p>The adverse position in month is driven by:</p> <ul style="list-style-type: none">• A significant step up in Month 9 Frontline pay related to substantive and overtime hours as well as additional incentive costs.• Income reduction provision of £1.4m related to a >2% reduction in Cat C activity• The Trust has now agreed a revised level of specialised services income of £2.0m. This will represent a £2.3m shortfall against the original £4.3m plan.• £0.5m additional pressure due to unidentified CIP not delivered.	
Statement of Position Capital expenditure totals £5.8m to the end of M09, with spend of £6.3m expected before the end of the year. The Trust is expecting an adjustment to its CRL to reflect the loan not being taken and a capital to revenue transfer. The revised CRL is expected to be £12.1m	
Statement of Cashflow Cash is £8.2m below plan. Some elements of contract income are being invoiced and received later than planned, this is creating timing issues within cash. Any further risk to the transformation funding could cause further cash stress. The 12 month rolling cash forecast is being reviewed to include these issues and confirm if any cash management action is needed, this will be reviewed by the FIC.	
Action required	
Note the financial position reported as at Month 9 (December) 2015	

Assurance

The reporting of the financial position is as follows:

Timely: the report relates to the latest financial period (Month 9 – December)

Accurate: The report covers all core financial statements and key issues and conforms to all accounting rules and regulations.

All reports have been submitted to respective internal and external stakeholders within agreed timescales.

Key implications and risks arising from this paper

Clinical and Quality	
Performance	
Financial	This report covers all key financial issues, risks and challenges
Governance and Legal	
Equality and Diversity	
Reputation	
Other	

This paper supports the achievement of the following 2015/16 objectives

Improve the quality and delivery of urgent and emergency response	
To make LAS a great place to work	
To improve the organisation and infrastructure	
To develop leadership and management capabilities	

London Ambulance Service NHS Trust
Finance Report - Part 1 – 2015/16
Month 9: December

Trust Board – 2nd February 2016

Andrew Grimshaw
Finance Director

Finance Summary: M9 (2015/16)

Financial Indicator	Summary Performance	Current Month	Previous month
Surplus (Year to date)	In month the position is £0.8m favourable to plan, with the year to date reporting £3.5m adverse from plan. The Trust is reporting a £10m deficit YTD. The year end forecast is now £8.8m deficit in line with the revised outturn agreed with the TDA; this is expected to be achieved. A reconciliation of the forecast target is shown on the next page.	AMBER	RED
	The adverse position in month is driven by: <ul style="list-style-type: none"> A significant step up in Month 9 Frontline pay related to substantive and overtime hours as well as additional incentive costs. Income reduction provision of £1.4m related to a >2% reduction in Cat C activity The Trust has now agreed a revised level of specialised services income of £2.0m. This will represent a £2.3m shortfall against the original £4.3m plan. £0.5m additional pressure due to unidentified CIP not delivered. 		
Income	Income is £1.2m favourable in Month and £2.8m adverse year to date. The key drivers for this position are: <ul style="list-style-type: none"> Income reduction provision of £1.4m related to a >2% reduction in Cat C activity The Trust has now agreed a revised level of specialised services income of £2.0m. £1.5m of this has been reported in month which is driver for the favourable variance in month. Securing all the additional transformation funds is now expected and being finalised with Commissioners, although timing has yet to be confirmed.	AMBER	RED
Expenditure (incl. Financial Charges)	In month expenditure is £0.4m adverse to plan, and year to date £0.7m adverse. The key drivers for this position are: <ul style="list-style-type: none"> Across the Christmas and New Year period the Trust increased its substantive Frontline Staffing and Overtime. Additional incentive spend was made available to encourage overtime across this period to address increased demand and high levels of annual leave £0.5m additional pressure due to unidentified CIP not delivered. Partially offset by £3.2m of planned reserves released to support the position. 	AMBER	AMBER
	The Trust's main cost pressures arise from additional frontline resourcing costs. There are 3 key drivers for the additional expenditure: <ul style="list-style-type: none"> In Month Substantive Frontline WTEs increased due to ongoing recruitment. Bank usage reduced across the festive period. Overtime spend remained at levels comparable with November (circa 80k frontline hours spent). Incentive Rates were increased by £200k. They were restructured with disruption payments reduced by 30% but introducing a £500 to £700 additional incentive across the festive period to increase uptake at key periods. 		
CIPs	Year to date CIPs are expected to be £0.5m adverse to plan. The full year plan of £8.4m is still expected to be largely achieved once additional schemes are implemented. Further, efficiencies and cost controls are being developed to close the remaining gap.	RED	RED
Balance Sheet	Capital expenditure totals £5.8m to the end of M09, with spend of £6.3m expected before the end of the year. The Trust is expecting an adjustment to its CRL to reflect the loan not being taken and a capital to revenue transfer. The revised CRL is expected to be £12.1m	AMBER	AMBER
Cashflow	Cash is £8.2m below plan. Some elements of contract income are being invoiced and received later than planned, this is creating timing issues within cash. Any further risk to the transformation funding could cause further cash stress. The 12 month rolling cash forecast is being reviewed to include these issues and confirm if any cash management action is needed.	RED	RED

Revised Full Year Deficit Target

	£m
Original Planned Deficit	-9.5
NTDA agreed "Stretch" target	0.5
Revised Planned Deficit	-9.0
Initial withdrawal of planned CBRN Income	-4.3
Revised Planned Deficit including CBRN	-13.3
Agreed special services Income Settlement	2.0
Capital to Revenue Transfer benefit (NTDA)	2.5
Revised Deficit Target as at 31/12/15	-8.8

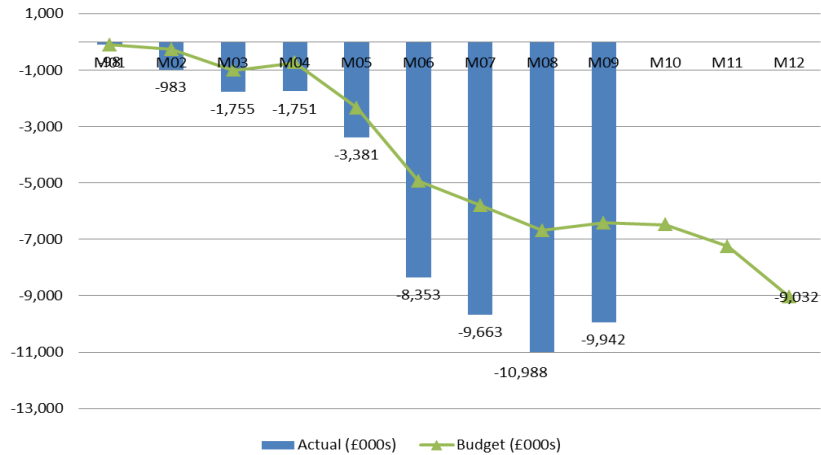
This is a summary to show the LAS' revised Deficit target as agreed with the NTDA and Commissioners

The revised target is an £8.8m deficit

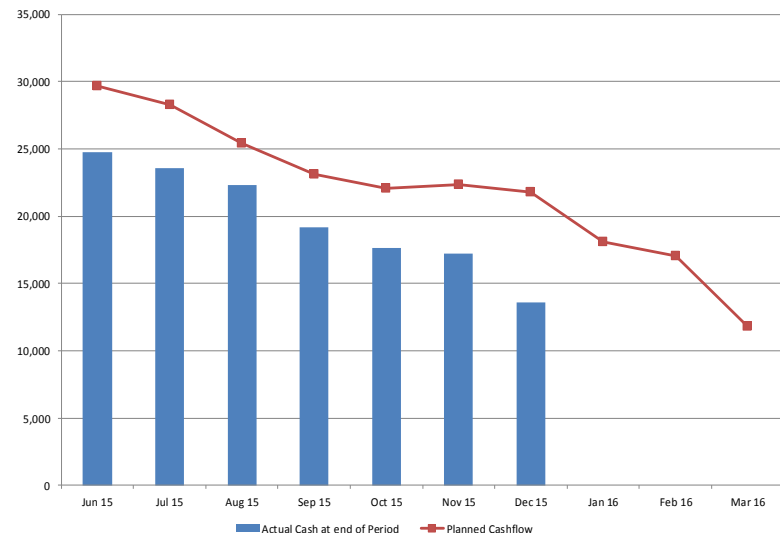
- The original plan was £9.5m deficit
- This was improved to £9.0m deficit through additional CIPs agreed with the NTDA as a stretch target.
- In year the Trust was notified that it would not receive the planned special service income which created an additional £4.3m cost pressure and revised the plan position to a £13.3m deficit
- In month 9 it has been agreed that the Trust will receive:
 - £2.0m relating to special services income provision
 - £2.5m as a Capital to Revenue Transfer that will be released across quarter 4

Executive Summary - Key Financial Metrics

Cumulative Net Position - Budget Vs Actual



Actual Cash at end of December 2015 vs Planned Cashflow



	2015/16 - Month 9			Year to Date			FY 2015/16
	Budg	Act	Var	Budg	Act	Var	Budg
	£000	£000	£000	£000	£000	£000	£000
			fav (adv)			fav (adv)	
Dept Health							
Surplus / (Deficits)	268	1,047	779	(6,419)	(9,937)	(3,518)	(9,025)
EFL				(7,051)	1,103	(8,154)	8,648
CRL				11,848	5,828	6,020	20,664
Suppliers paid within 30 days - NHS	95%	49%	(46.0%)	95%	77%	(18.0%)	95%
Suppliers paid within 30 days - Non NHS	95%	88%	(7.0%)	95%	88%	(7.0%)	95%
Monitor							
EBITDA %	6.1%	8.5%	2.3%	2.9%	1.3%	(1.6%)	6.3%
EBITDA on plan	1,755	2,525	770	6,815	2,987	(3,828)	8,756
Net Surplus	268	1,047	779	(6,419)	(9,937)	(3,518)	(9,025)
NRAF (net return after financing)				(4.8%)	(7.4%)	(2.6%)	-6.90%
Liquidity Days				(5.16)	(4.48)	0.7	(10.86)
FSRR (Financial Sustainability Risk Rating)				2.0	2.0	0.0	2.0

- In Month the position is £0.8m favourable to plan while year to date the Trust is reporting a £3.5m adverse variance from plan.
- On-going pressures are:
 - Additional spend in support of performance.
 - Recruitment and retention of substantive staff and the cost of overtime and PAS (Private Ambulances) to cover vacancies and enhance capacity.
 - Identification and delivery of CIPs.
 - Reduced income recovery due to Cat C under-performance.
 - specialised services Income £4.3m will not be received in full. The Trust will now receive £2.0m
- Cash is £8.2m below plan. The Trust is expecting to receive the £2.0m of £4.3m specialised services funding included in the plan for this year, this shortfall will add considerable stress to the cash flow. Timing issues are impacting on contract income cash flows.
- The EFL variance is due to lower than planned cash balances.
- Monitor has replaced the existing Continuity of Service Risk Rating (CSRR) with the Financial Sustainability Risk Rating (FSRR). FSRR includes two new measures I&E Margin and I&E Margin variance from plan. The Trust would expect to score a FSRR of 2 for the YTD results based on the current Monitor metrics (maximum rating).
- CRL position – The capital plan is £6.2m behind target, of which £4.7m is due to slippage and £1.5m has been deferred due to the Trust not going ahead with the £6.0m capital investment loan this year. The TDA have approved a capital to revenue transfer of £2.5m in month 9. A revised CRL is expected in January
- The Trust has revised its plan in line with NTDA guidance and committed to additional savings of £0.5m.

Statement of Comprehensive Income

2015/16 - Month 9			Description	Year to Date			FY 2015/16
Budg	Act	Var		Budg	Act	Var	Budg
£000	£000	£000	£000	£000	£000	£000	
fav/(adv)			fav/(adv)				
Income							
26,084	25,901	(183)	Income from Activities	213,401	211,771	(1,630)	282,370
2,535	3,882	1,347	Other Operating Income	23,428	22,217	(1,211)	30,944
28,619	29,782	1,164	Subtotal	236,828	233,987	(2,841)	313,315
Operating Expense							
20,395	20,601	(206)	Pay	174,984	175,981	(997)	234,161
6,469	6,657	(188)	Non Pay	55,030	55,020	10	70,398
26,864	27,257	(393)	Subtotal	230,014	231,001	(987)	304,559
1,755	2,525	770	EBITDA	6,815	2,987	(3,828)	8,756
6.1%	8.5%	2.3%	EBITDA margin	2.9%	1.3%	(1.6%)	2.8%
Depreciation & Financing							
1,158	1,109	49	Depreciation	10,132	9,628	505	13,657
304	319	(15)	PDC Dividend	2,735	2,867	(133)	3,646
25	50	(25)	Interest	367	429	(63)	481
1,487	1,478	9	Subtotal	13,234	12,924	310	17,785
268	1,047	779	Net Surplus/(Deficit)	(6,419)	(9,937)	(3,518)	(9,029)
0.9 %	3.5%	2.6%	Net margin	-2.7%	-4.2%	-1.5%	-2.9%

The overall financial position is favourable £0.8 to plan. This relates primarily to the improvement in Specialised services income in December of £1.5m partially offset by increases in incentives paid in month above plan.

Income

- Income is £1.2m favourable in Month and £3.8m adverse YTD. This relates to:
- £1.4 income reduction provision related to a >2% reduction in Category C income as per the CCG core contract.
- The Trust is now expecting to receive £2.0m of the full value of the £4.3m related to specialised services income. We have accrued £1.5m (75%) of this in December.

Operating Expenditure (excl. Depreciation and Financing)

- Overall £0.4m adverse in Month and £0.7m adverse YTD primarily due to:
- Additional Frontline Resourcing costs of £3.5m. This is driven by 2 main factors – additional incentive rates to maintain capacity to deliver required performance levels and higher than expected unproductive hours related to the Training and supervision of new recruits (EACs and International Paramedics)
- Additional scrutiny and review are now in place for overtime and incentives to ensure robust figures in the short term. Wider system issues are now under review for longer term stability.
- £0.5m pressure due to unidentified CIP not delivered.
- The adverse movements are partially offset by £3.2m of planned reserve releases to support the position.

Depreciation and Financing

- Overall Financial Charges are on plan in Month and £0.3m favourable YTD due to minor delays in the Capital Programmes.

Divisional Expenditure (excludes Income)

2015/16 - Month 9			Description	Year to Date			FY 2015/16
Budg	Act	Var		Budg	Act	Var	Budg
£000	£000	£000	£000	£000	£000	£000	
fav/(adv)			fav/(adv)				
Operational Divisions							
14,145	14,458	(314)	Core Frontline (Rostered)	113,700	122,314	(8,614)	149,293
1,283	1,263	20	Core Frontline (Non Rostered)	11,545	12,574	(1,029)	15,394
0	0	0	Other Frontline	0	0	0	0
1,912	2,015	(103)	EPRR	17,150	16,060	1,090	22,888
0	0	0	Resource Centre	0	0	0	0
2,157	1,784	373	EOC	19,412	18,362	1,050	25,883
146	177	(31)	PTS	1,903	2,091	(188)	2,340
552	414	138	NETS	3,759	2,994	765	5,700
616	573	43	111 Project	5,135	4,507	628	6,885
20,809	20,683	126	Subtotal	172,604	178,903	(6,298)	228,382
Support Services							
2,099	1,890	209	Fleet & Logistics	19,802	18,564	1,238	26,474
945	884	61	IM&T	8,553	8,397	156	11,389
351	343	9	HR	3,163	3,284	(121)	4,217
0	0	0	Education & Development	0	0	0	0
839	772	67	Estates	7,254	6,766	488	9,689
19	14	4	Support Services Management	169	206	(37)	226
4,253	3,904	350	Subtotal	38,942	37,217	1,724	51,994
Corporate							
234	231	3	Chief Executive & Chair	2,109	1,927	181	2,810
303	281	22	Corporate Services	2,726	2,790	(63)	3,635
0	0	0	Business Development	0	0	0	0
82	159	(77)	Strategic Communication	737	788	(51)	982
314	447	(133)	Finance	3,110	3,583	(472)	4,051
3	0	3	Project Management	25	43	(18)	33
123	110	13	Nursing & Quality	1,108	1,078	29	1,477
214	281	(68)	Transformation & Strategy	1,924	2,504	(580)	2,565
869	996	(126)	Clinical Education & Standards	7,825	7,521	304	10,434
108	115	(6)	Medical	973	958	14	1,298
2,251	2,620	(369)	Subtotal	20,536	21,192	(656)	27,285
Central							
1,031	1,204	(172)	Central Corporate	11,102	6,143	4,959	14,598
7	328	(321)	Other Central Costs	63	476	(413)	84
1,038	1,532	(493)	Subtotal	11,165	6,619	4,546	14,682
28,351	28,738	(387)	TOTAL	243,247	243,931	(684)	322,343
28,619	29,782	1,164	Income Memorandum	236,828	233,987	(2,841)	313,315
268	1,045	777	NET POSITION MEMORANDUM	(6,419)	(9,944)	(3,525)	(9,029)

Operational Divisions

- Expenditure is currently £0.1m a favourable in month and £6.3m adverse YTD
- Frontline Spend is Currently £8.6m adverse due to ongoing performance pressures (and additional use of overtime and PAS) and the requirements for additional incentive rates.
- The Non-Rostered Frontline is £1m adverse to plan due to the pending allocation of staff in the Operational Management restructure. This is offset by favourable positions in other operational areas notably EOC and EPRR.
- EOC is favourable due to vacancies in the CHUB.
- EPRR is reported here as £1.1m favourable. EPRR is understated as no Overtime is included within the total as it is all reported into the core frontline budgets. Future statements will seek to correct this.
- NETS is favourable due to timing differences between planned and actual spend as the service is developed.
- PTS is currently showing a small negative variance (£0.2). This is however offset by a positive income variance.

Support Services

- Support Services is favourable to plan £1.7m YTD.
- Fleet is underspent £1.2m YTD mainly due to variation in maintenance spending.
- HR are overspent £0.1m due to additional double running costs associated with the new Occupational Health arrangements. This ceased at month 4 and costs have now been returned to within budget.
- Estates are £0.5m favourable to plan due to lower utility costs.

Corporate

- Overall Corporate divisions are £0.4m adverse in mth and £0.7m adverse YTD.
- Corporate Services is £0.1m overspent due partly to the CQC related costs in Q1.
- Finance is £0.5m overspent due to Planned consultancy costs in Performance as part of the Transformation programme. The current overspend is driven by timing differences in the budget phasing.
- Transformation and Strategy is overspent (£0.6m) due to additional agency costs in the contracting team which will continue subject to an imminent restructure.
- Clinical education is underspent by £0.3m due to timing differences between Transformation programme roll out and budget phasing

Central –

- Central Corporate is favourable mainly due to the release of reserves to support divisional positions.
- Planned Creditors of £3.2m have been released YTD in order to support the operational position.
- In addition £5.9m of other reserves have been released
- £3.7m of CIP remains unallocated which partially offsets the above.

Income

- Income is as per the Statement of Comprehensive Income (SOC1)

Statement of Financial Position: YTD

	YTD							Dec-15		
	Mar-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Plan	Var	%
	Act	Act	Act	Act	Act	Act	Act			
	£000	£000	£000	£000	£000	£000	£000			
Non Current Assets										
Property, Plant & Equip	134,668	135,439	134,933	134,637	133,852	133,469	132,784	136,655	(3,871)	-2.83%
Intangible Assets	10,634	9,828	9,607	9,369	9,147	8,929	8,715	8,943	(228)	-2.55%
Trade & Other Receivables	0	0	0	0	0	0	0	0	0	
Subtotal	145,302	145,267	144,540	144,006	142,999	142,398	141,499	145,598	(4,099)	-2.82%
Current Assets										
Inventories	3,026	3,041	3,045	3,055	3,044	3,056	3,068	3,028	40	1.32%
Trade & Other Receivables	33,813	21,170	21,200	17,738	18,829	18,589	26,122	14,535	11,587	79.72%
Cash & cash equivalents	14,699	23,556	22,311	19,133	17,637	17,180	13,596	21,750	(8,154)	-37.49%
Non-Current Assets Held for Sale	101	101	101	101	101	101	101	101	0	
Total Current Assets	51,639	47,868	46,657	40,027	39,611	38,926	42,887	39,414	3,473	8.81%
Total Assets	196,941	193,135	191,197	184,033	182,610	181,324	184,386	185,012	(626)	-0.34%
Current Liabilities										
Trade and Other Payables	(39,303)	(37,142)	(37,564)	(36,551)	(36,743)	(37,167)	(39,446)	(37,158)	(2,288)	6.16%
Provisions	(7,357)	(7,281)	(6,399)	(5,154)	(4,815)	(4,453)	(4,116)	(3,577)	(539)	15.07%
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	(46,660)	(44,423)	(43,963)	(41,705)	(41,558)	(41,620)	(43,562)	(40,735)	(2,827)	6.94%
Non Current Assets plus/less net current assets/Liabilities	150,281	148,712	147,234	142,328	141,052	139,704	140,824	144,277	(3,453)	-2.39%
Non Current Liabilities										
Trade and Other Payables	0	0	0	0	0	0	0	0	0	
Provisions	(9,963)	(10,145)	(10,297)	(10,364)	(10,398)	(10,375)	(10,451)	(10,262)	(189)	1.84%
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	(10,070)	(10,252)	(10,404)	(10,471)	(10,505)	(10,482)	(10,558)	(10,369)	(189)	1.82%
Total Assets Employed	140,211	138,460	136,830	131,857	130,547	129,222	130,266	133,908	(3,642)	-2.72%
Financed by Taxpayers Equity										
Public Dividend Capital	62,516	62,516	62,516	62,516	62,516	62,516	62,516	62,516	0	0.00%
Retained Earnings	30,746	28,995	27,365	22,392	21,082	19,757	20,801	24,443	(3,642)	-14.90%
Revaluation Reserve	47,368	47,368	47,368	47,368	47,368	47,368	47,368	47,368	0	0.00%
Other Reserves	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	0	0.00%
Total Taxpayers Equity	140,211	138,460	136,830	131,857	130,547	129,222	130,266	133,908	(3,642)	-2.72%

Non Current Assets

- Non current assets stand at £141.5m, £4.1m below plan. This is due to capital slippage.

Current Assets

- Current assets stand at £42.9m, £3.5m above plan.
- Cash position as at December is £13.6m, £8.2m below plan. This is due to higher than planned trade & other receivables, provision balances and trade & other payables.
- Within Trade & Other Receivables, Receivables (debtors) at £4.8m are £1.0m above plan, accrued income at £17.4m is £11.0m above plan and prepayments at £3.9m are £0.5m below plan. The reason for the higher than planned accrued income is that the service level agreement (SLA) for the transformation funding requires the Trust to raise invoices quarterly in arrears. The LAS commissioners have not yet approved Q2 & Q3 transformation and Q3 CQUIN funding.

Current Liabilities

- Current liabilities stand at £43.6m, a £2.8m increase on plan.
- Payables and accruals at £38.9m are £1.9m above plan.
- The Trust has a high volume of unapproved trade payables at £4.3m.
- Current provisions at £4.1m are £0.5m higher than plan. The Trust is waiting for the final bills from the police and army for their support during the strike. Also the Trust has not incurred any redundancy costs associated with the first stages of the management restructure.

Non Current Liabilities

- Non current provisions and borrowings are £0.2m above plan.

Taxpayers Equity

- Taxpayers Equity stands at £130.3m, £3.6m lower than plan.
- Retained Earnings at £20.8m, £3.6m lower than plan. The Trust has a higher than planned year to-date deficit.

Cashflow Statement YTD

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	YTD Move	YTD Plan	Var
	Actual	Actual	Actual	Actual	Actual	Actual	Dec-15	Dec-15	Dec-15
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Opening Balance	24,757	23,556	22,311	19,133	17,637	17,180	14,699	14,699	0
Operating Surplus	1,356	(258)	(3,488)	121	107	2,478	2,564	6,558	(3,994)
(Increase)/decrease in current assets	(739)	(34)	3,452	(1,080)	228	(7,545)	7,649	19,274	(11,625)
Increase/(decrease) in current liabilities	(430)	1,229	620	251	324	1,874	4,291	(446)	4,737
Increase/(decrease) in provisions	51	(741)	(1,189)	(316)	(397)	(273)	(2,856)	(3,581)	725
Net cash inflow/(outflow) from operating activities	238	196	(605)	(1,024)	262	(3,466)	11,648	21,805	(10,157)
Cashflow inflow/outflow from operating activities	238	196	(605)	(1,024)	262	(3,466)	11,648	21,805	(10,157)
Returns on investments and servicing finance	18	10	10	10	8	7	93	105	(12)
Capital Expenditure	(1,457)	(1,451)	(936)	(482)	(727)	(125)	(11,197)	(13,216)	2,019
Dividend paid	0	0	(1,647)	0	0	0	(1,647)	(1,643)	(4)
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	(1,439)	(1,441)	(2,573)	(472)	(719)	(118)	(12,751)	(14,754)	2,003
Movement	(1,201)	(1,245)	(3,178)	(1,496)	(457)	(3,584)	(1,103)	7,051	(8,154)
Closing Cash Balance	23,556	22,311	19,133	17,637	17,180	13,596	13,596	21,750	(8,154)

There has been a net outflow of cash from the Trust of £8.2m. This is putting additional pressure on the Trust's Balance Sheet.

Cash funds at 31 December stand at £13.6m.

Operating Surplus

- The operating surplus is £4.0m lower than planned due to a higher than planned deficit.

Current Assets

- The ytd movement on current assets is £7.6m, a £11.6m decrease on plan.
- Current assets movement was lower than planned due to an increase in accrued income (£11.1m), receivables (£1.0m) and in decrease in prepayments £0.5m. The increase in accrued income is mainly due to the Q2 & Q3 transformation & Q3 CQUIN income not being invoiced.

Current Liabilities

- The ytd movement on current liabilities is £4.3m, a £4.7m increase on plan.
- Current liabilities movement was higher than planned due to increases in accruals £2.8m and trade and other payables £1.9m.

Provisions

- The ytd movement on provisions is (£2.9m), a £0.7m below plan. The Trust is continually reviewing its provisions and releasing from the balance sheet as required. Currently, Redundancy and Employee Tribunal spends are lower than expected and so provisions have been reduced as a result.

Capital Expenditure

- Capital cash outflow is £2.0m behind plan year.



Report to:	London Ambulance Trust Board
Date of meeting:	2nd February 2016
Document Title:	Board Assurance Framework and Trust Risk Register (Strategic Risks)
Report Author(s):	Frances Field, Risk and Audit Manager
Presented by:	Sandra Adams, Director of Corporate Affairs
Contact Details:	Sandra.adams@lond-amb.nhs.uk
This paper has been previously presented to:	Executive Management Team
Recommendation:	To review strategic risks included on the Trust Risk Register and Board Assurance Framework and note the actions in place to mitigate them.

Background/Purpose

Trust Risk Register and Board Assurance Framework

A risk review was carried out by the Risk and Audit Manager in conjunction with risk owners during December 2015 and January 2016. The risks included on the board Board Assurance Framework and Trust Risk Register have been updated to reflect changes in controls, mitigating actions and grading by risk owners. The Governance and Assurance Team are continuing to work with the risk owners to ensure that there is sufficient information contained in the BAF and Trust Risk Register to provide assurance and evidence of actions where there are gaps in the controls for the mitigation of the risks. This will be reinforced via the risk management training which will be extended to the Executive Leadership Team.

Please note the following risks are under review:

BAF risk 3 - Front line turnover increases by significant numbers

This risk will be split into two to reflect recruitment and retention separately. The Director responsible has reviewed the likelihood of the risk and the net rating has been amended from major x likely = 16 to major x unlikely = 8. The risk will therefore not appear in the next iteration of the BAF.

BAF risk 4 – Service performance may be adversely affected by the inability to match resources to demand

The Trust Board are asked to consider accepting the current level of this risk until work has been completed by McKenzie on the restatement of funding and performance.

BAF risk 16 – Patient safety for category C patients may be compromised due to demand exceeding available resources

The Executive Leadership Team have discussed this risk and noted that consideration needs to be given to the current rating and any assurance provided by the safety review against this risk.

BAF risk 28 – There are currently no arrangements for routine quality assurance (QA) of dispatch functions.

Current rating to be reviewed by the risk owner in line with incidents resulting from allocation decisions (January 2016)

BAF risk 29 – There is a lack of ring-backs on delayed response calls within EOC

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. Decision to be made by Trust Board.

BAF risk 30 – Risk of exposure to category 4 infectious disease organisms as well as other infectious diseases of high consequence.

This risk is being split into two new risks which will not qualify for inclusion on the BAF.

The attached extract from the risk register includes strategic risks incorporated within the Board Assurance Framework and risks with a net scoring of 15 and higher. To note: not all of these risks are included on the Board Assurance Framework.

BAF risk 32 - Funding for the improvement programme activities is delayed or reduced as a result not achieving the agreed commissioner performance trajectories or gateways (overall programme or projects).

This risk has been reviewed by the Performance Improvement Programme Board and updated and the net rating has been proposed for amendment from a major x likely = 16 to a major x possible = 12 and is awaiting sign off by the responsible director.

Risk Management Training for Managers

The risk management training sessions which started at the end of November have been well attended with staff actively booking themselves onto sessions planned for the New Year. The Governance Team are closely monitoring attendance and are re-booking staff on to further courses if they are unable to attend their planned session. 114 operational and support staff have been trained to date and a further 119 are booked on sessions scheduled for January, February and early March 2016. Lines Managers are asked to check that all staff within their areas / directorates who require risk management training have undertaken the training or are booked onto a session, as we aim to complete this tranche of training by March 2016.

The risk sessions' focus has been on the principles of risk management and the application of the process within the LAS. This is aligned to areas of improvement identified by the CQC, in the management of risk at local level and the escalation of risk onto the Trust Risk Register so that is visible to the rest of the organisation. Managers attending the sessions are asked to cascade the learning within their teams and to integrate the local risk management principles within their area, seeking the assistance of the Governance Team where necessary for guidance on the process.

Action required

Please note the controls in place and actions required to mitigate the strategic risks included in the Board Assurance Framework

Implications

This paper has the following implications and has been discussed with the appropriate director:

- Quality and patient engagement (Director of Nursing and Quality)
- Safety (Medical Director)
- Clinical Education (Director of Paramedic Education)
- Operations (Director of Operations)
- Financial (Director of Finance and Performance)
- Strategic (Director of Transformation and Strategy)
- Fleet and Logistics (Director of Finance and Performance)

- IM&T (Director of Finance and Performance)
- Human Resources (Director of Transformation and Strategy)
- Estates (Director of Director of Corporate Affairs/Trust Secretary)
- Governance (Director of Corporate Affairs/Trust Secretary)

Quality Framework

This paper supports the following domains of the quality framework:

- Safety and Standards
- Development, Education and Enablers
- Effectiveness, Experience and Evaluation

LAS Objectives

This paper supports the achievement of the following objectives for 2015/16:

- Improve patient care
- Improve recruitment and retention
- Achieve sustainable performance
- Simplify our business processes
- Increase organisational effectiveness and development

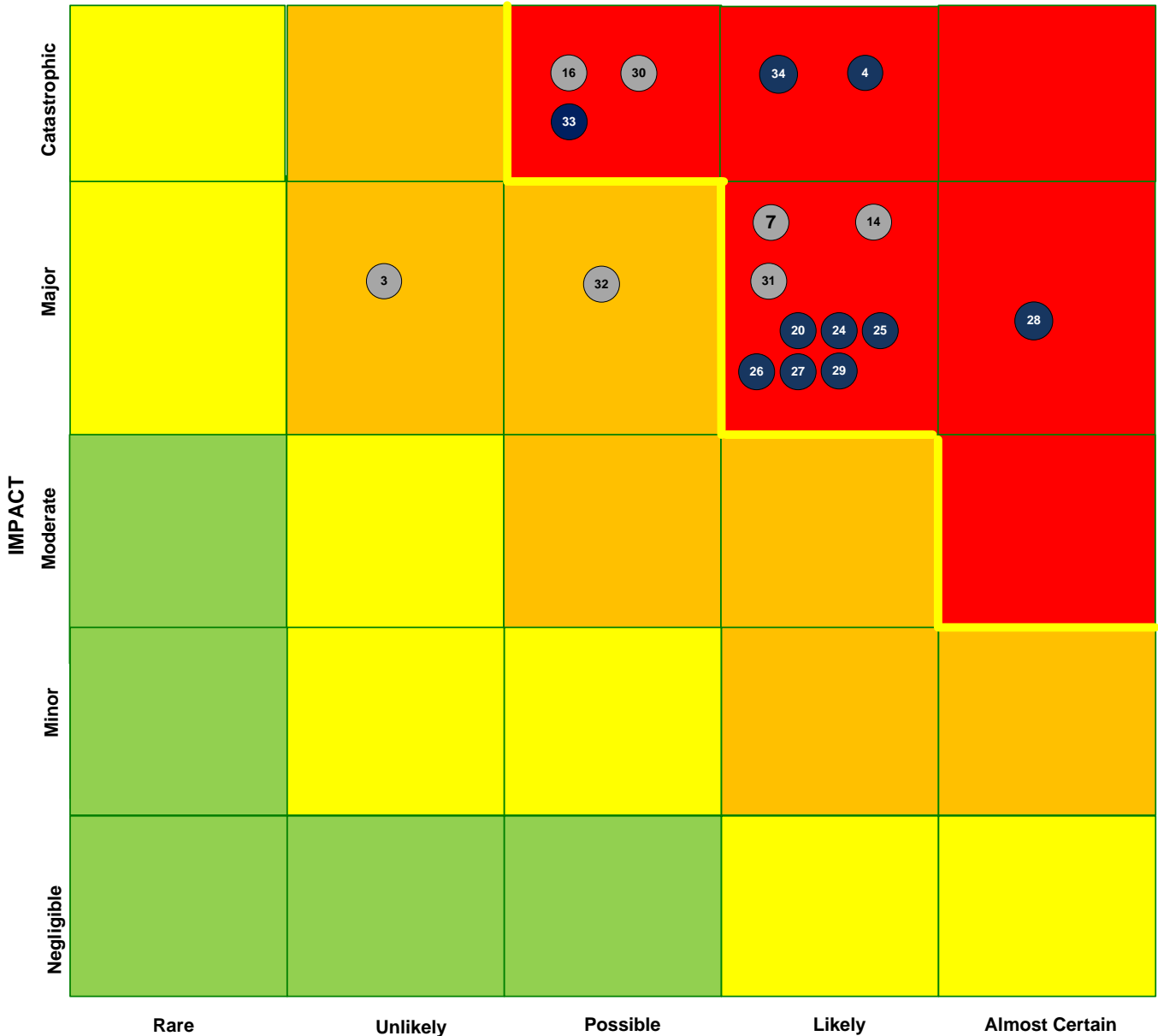
Equality Analysis

Has an Equality Analysis been carried out?

- Yes
- No

Key issues from the assessment:

Board Assurance Framework – January 2016



Key:

- Gross risk assessment
- Net risk rating
- Gross risk = net risk
- Controls to mitigate are implemented and operating effectively

Risk Severity

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

LIKELIHOOD

- BAF Risk 3 - RR 388 Reduced staff due to turnover
- BAF Risk 4 - RR 265 Service Performance affected by the inability to match resources to demand
- BAF Risk 7 - RR 269 Performance falls at staff changeover time
- BAF Risk 14 - RR 394 Developing and delivering cost improvements
- BAF Risk 16 - RR 410 Patient safety for category C patients
- BAF Risk 20 - RR 440 Acquiring new 111 contracts as stated in the 5 year strategy
- BAF Risk 24 - RR 441 There may be insufficient vehicle numbers to meet demands
- BAF Risk 25 - RR 442 There may be insufficient range and volume of equipment on vehicles
- BAF Risk 26 - RR 443 Availability of equipment for frontline vehicles
- BAF Risk 27 - RR 444 Condition of equipment for frontline vehicles
- BAF Risk 28 - RR 429 No routine arrangements for quality assurance of dispatch in place
- BAF Risk 29 - RR 451 Lack of ring backs on delayed response calls
- BAF Risk 30 - RR 445 Exposure to category 4 infectious disease organisms
- BAF Risk 31 - RR 454 Improvement Programme objectives may not fully achieve the targets
- BAF Risk 32 - RR 453 Funding for Improvement programme is delayed or reduced
- BAF Risk 33 - RR 420 EOC systems environment could be compromised by a cyber attack
- New risk BAF Risk 34 - RR 460 Delivering a balanced financial plan for 2016/17

Risk trajectory since November 2015



Board Assurance Framework – Risk Trajectory

Business Objective 1: To improve quality and delivery of our urgent and emergency response
Business Objective 2: To make LAS a great place to work
Business Objective 3: To improve our organisation and infrastructure
Business Objective 4: To develop our leadership and management capabilities

	*	CRR Ref	Mar 2015	April 2015	May 2015	July 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016
PRINCIPAL RISK 3 Staff turnover	1	388	16	16	16	16	16	16	16	16	16	8
PRINCIPAL RISK 4 Resources vs. demand	1	265	20	20	20	20	20	20	20	20	20	20
PRINCIPAL RISK 7 Performance at changeover	1	269	16	16	16	16	16	16	16	16	16	16
PRINCIPAL RISK 14 Delivery of cost improvement	3	394	16	16	16	16	16	16	16	16	16	16
PRINCIPAL RISK 16 Category C patients	1	410	15	15	15	15	15	15	15	15	15	15
PRINCIPAL RISK 20 Potential inability to win new NHS 111 contracts	1, 3	440		16	16	16	16	16	16	16	16	16
PRINCIPAL RISK 24 Insufficient vehicle	1	441	-	-	16	16	16	16	16	16	16	16
PRINCIPAL RISK 25 Insufficient volume of equipment	1	442	-	-	16	16	16	16	16	16	16	16
PRINCIPAL RISK 26 Availability of equipment	1	443	-	-	16	16	16	16	16	16	16	16
PRINCIPAL RISK 27 Effective equipment	1	444	-	-	16	16	16	16	16	16	16	16
PRINCIPAL RISK 28 QA for dispatch functions	1	429	-	-	-	20	20	20	20	20	20	20
PRINCIPAL RISK 29 Lack of ring back on delayed response calls	1	451	-	-	-	-	16	16	16	16	16	16
PRINCIPAL RISK 30 Staff exposure to Cat C disease organism	2	445	-	-	-	-	15	15	15	15	15	15
PRINCIPAL RISK 31 improvement programme objectives	1	454	-	-	-	-	-	-	-	16	16	16
PRINCIPAL RISK 32 delay or reduction to improvement programme funding	1	453	-	-	-	-	-	-	-	16	16	12
PRINCIPAL RISK 33 loss or compromise of sensitive data	3	420	-	-	-	-	-	-	-	15	15	15
PRINCIPAL RISK 34 delivering a balanced financial plan for 2016/17												20

* Business Objective reference number.

Board Assurance Framework – January 2016

BAF Risk 3: Front line turnover increases by significant numbers

Risk Classification: Performance	Monitoring Committee:	Audit Committee		Gross Risk	Current or Net Risk	Target
Principal Risk Description: There is a risk that further opportunities open up for frontline staff which may result in an increase in turnover rates impacting the Trust's ability to deliver safe patient care.	Last reviewed by committee on:	9 th Nov. 2015	Linked to Corporate Risk No. 388	Impact	4	4
	Last reviewed by Director on:	21 st Jan. 2016		Likelihood	4	2
	Date of next review	11 th Feb. 2016		Total Score	16	8
Risk Consequences: <ul style="list-style-type: none"> Staff - additional pressure on staff health and wellbeing, manifesting itself as increased sickness absence, increased stress and pressure, an increase in patient complaints, a reduction in patient and staff satisfaction and potentially increasing turnover further. Patients - reduction in the response times Financial – increased loss of cover e.g. PAS/VAS & overtime Potential contractual penalties Reputation – failure to hit targets & reduced quality of service 	Underlying Cause/Source(s) of Risk 1. Competitive recruitment market for Paramedics with opportunities for clinical career progression in other organisations, which do not exist within the LAS, such as 111 and other public, private and voluntary healthcare providers; 2. Increasingly mobile workforce with a multitude of recruitment possibilities; 3. Cost of living pressures in London coupled with increasing travel costs for commuting; 4. Staff morale; 5. Perceptions of access to funding for personal development and study leave; 6. Concerns about job security; 7. National shortage of registered paramedics; 8. Relocation packages elsewhere; 9. Dissatisfaction with relief rotas and working pattern; 10. Lack of perceived care and support for staff; 11. Staff shortages leading to increased pressure for remaining staff.					
Existing Key Controls 1. Actively recruiting university and registered paramedics and emergency ambulance crew 2. NHS staff benefits (e.g. pensions, T&Cs, etc.) 3. LAS staff benefits (e.g. cycle scheme) 4. LAS retention actions 5. Listening into Action - to understand staff improvements. 6. Clinical support provides career progression opportunities, with on-going training development. 7. Actively progressing actions on the 8 retention objectives How controls are monitored/measured 1. Recruitment activity reviewed monthly at Performance Improvement Board 2. Reports and progress reviewed at EMT & Trust Board 3. Revision of the Staff Exit Surveys analysis to provide accurate information leavers and determine action required 4. Workforce data of resignations, projected leavers, projected joiners to identify reasons for resignation and opportunity to take intervention action 5. Workforce committee to report to EMT and Finance and Improvement Committee.	Positive Assurance 1. Report to EMT and Trust Board as part of retention strategy 2. Reports and progress on recruitment reviewed at Performance Improvement Board & monitored weekly at the Forecast & Planning Group. 3. Weekly recruitment reports providing updates on progress					
	Gaps in Control/Assurance Flow from recruitment to operations to target resources to right areas requires operational clarity as to where the vacancies are located					
Further actions - plans to reduce gaps in control/Improve Assurance					Due Date	
1 Exit interview analysis.					Early May 2016	
2 Update progress on retention objectives/actions.					April 2016	
3 Promote learning and development opportunities and continue to bid for LETB funding.					Awaiting LETB response 21/12/15	
4 Recruitment target for 2016/2017. Recruit to 3169 frontline staff.					March 2016	
5 Develop a Health and Wellbeing Strategy					March 2016	
6 Staff Opinion Survey results and subsequent action plan					April 2016	
7 Operations Senior Management and Resources to review posting process					31 st Jan. 2016	
Risk owner's Update: Risk to be split into two risks to address recruitment and retention separately.						
Risk owner: Director of Transformation, Strategy & Workforce		Signed:		Date: 21 st Jan. 2016		

Board Assurance Framework – January 2016

BAF Risk 4: Service Performance may be adversely affected by the inability to match resources to demand.

Risk Classification: Performance	Monitoring Committee:	Audit Committee		Gross Risk	Current or Net Risk	Target	
Principal Risk Description: There is a risk that Service Performance may be adversely affected by the inability to match resources to demand.	Last reviewed by committee on:	9 th Nov. 2015	Linked to Corporate Risk No. 265	Impact	5	5	
	Last reviewed by Director on:	11 th Jan. 2016		Likelihood	4	4	
	Date of next review	11 th Feb. 2016		Total Score	20	20	12
Risk Consequences: Patient Safety and Financial Penalties	Underlying Cause/Source(s) of Risk Recruitment; Attrition; Growing vacancy factor; Increased demand; Patient Safety and Financial Penalties						
Existing Key Controls <ol style="list-style-type: none"> 1. On-going recruitment to vacancies. 2. Use of voluntary and private sector at times of peak demand. 3. New rosters implemented successfully. 4. Targeted use of incentive based overtime including disruption payments. 5. Surge plan in place and requires review. 6. Category C workload determinants have all been reviewed and have been realigned across the 4 C Categories 7. Action has been taken to reduce the multiple attendance ratios where appropriate for all categories of calls i.e. autoback up pilot including no automatic back to FRU's for certain determinants until requested by the FRU when on scene. 8. Use of agency Paramedics to enhance bank scheme. (On-going) How are controls measured? Vacancy factors measured fortnightly at EMT. Workforce Committee monitors planning of recruitment.	Positive Assurance 1) Recruitment activity reviewed fortnightly at EMT 2) Weekly forecast & planning meetings 3) A review of the surge plan is under way and expected to be complete by January 2016. 4) Plans for non-auto dispatch back-up have been developed and are in place 5) Skill mix: the skill mix model was updated in Sept 2015 to include international recruits and is currently under review. 6) NETS now in place with 108 staff in post. 7) Staff are being trained for FRU response to increase numbers of people who can work on a car.						
	Gaps in Control/Assurance Use of private sector ambulances to be reviewed. Agreed plan in place until end of March 16 for private provision. Targeted use of incentive based overtime and disruption payments to be reviewed. Uptake of overtime has reduced and corresponds to the reduction in disruption payments due to the financial context of the Trust. Surge plan will be reviewed again in January 2016. Annual leave review - a revised annual leave policy has been drafted and is awaiting agreement. The incident management desk is only open occasionally due to staffing.						
	Further actions - plans to reduce gaps in control/Improve Assurance					Due Date	
	1	Sickness management in progress – aim to reduce sickness to 5.5%. Overall sickness for frontline staff as at January 2016 is 5%. Monitoring to continue				Target reached.	
	2	Workforce plan operations, recruitment; recruit external paramedics, direct recruitment to new band 4 role. Interviewing paramedics from universities who graduate (summer 2016) Recruiting to 3169 frontline staff by March 2016				March 2016	
	3	Improve provisioning and reduce frontline ambulance response through the use of NETS and taxi service. Current usage around 700 per week against a target of 1200. High level plan will be delivered by 15 January with a fuller plan delivered by 20 January 2016				January 2016	
4	Dispatch on disposition DH pilot. (now rolled out to four other Trusts). Effectiveness is being reviewed. part of on-going Ambulance response programme allowing additional time to make more effective decisions in the allocation of resources.				In place		
5	IMD incident management desk – to manage incidents.				In place		
Risk owner's update: The Trust Board are asked to consider accepting the current level of this risk until work has been completed by McKenzie on the restatement of funding and performance.							
Risk owner: Director of Operations		Signed:		Date: 11 th Jan. 2016			

Board Assurance Framework – January 2016

BAF Risk 7: There is a risk that at staff changeover times, LAS performance falls

<p>Risk Classification: Performance</p> <p>Principal Risk Description: There is a risk that at staff changeover times, LAS performance falls.</p>	<p>Monitoring Committee: Audit Committee</p>			Gross Risk	Current or Net Risk	Target
	<p>Last reviewed by committee on: 9th Nov. 2015</p>	Linked to Corporate Risk No. 269	Impact	4	4	4
	<p>Last reviewed by Director on: 11th Jan. 2016</p>		Likelihood	5	4	2
	<p>Date of next review 11th Feb. 2016</p>		Total Score	20	16	8
<p>Risk Consequences: delays in responses to patients and increased risk of adverse incidents</p>	<p>Underlying Cause/Source(s) of Risk Current rest break agreement permits staff to conclude shift by up to 30 minutes early where no break given by EOC</p>					
<p>Existing Key Controls</p> <ol style="list-style-type: none"> 1. Daily monitoring of 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). <p>How are controls measured & monitored?</p> <ol style="list-style-type: none"> 1. By Incident Delivery Manager and Watch Manager escalating to surge levels with gold involvement. 2. New Rotas in place since Q2 14/15 3. Modernisation Programme Board minutes 4. Weekly tracking report. 	<p>Positive Assurance</p> <p>New Rotas in place since Q2 14/15; Modernisation Programme Board minutes; and weekly tracking report. Skill mix: the skill mix model was updated in Sept 2015 to include international recruits and is currently under review. Rota changes to be implemented as result of ORH review.</p> <p>Gaps in Control/Assurance</p> <p>There is no allocation process to ensure loss is spread evenly across the day to manage impact. No current progress with EMT/staff side to change rest break arrangements. Without a change this risk is unlikely to be mitigated effectively. It may reduce as staffing improves. The Incident Management Desk is not regularly staffed.</p>					
	Further actions - plans to reduce gaps in control/Improve Assurance					Due Date
	1	Agree the process for the rest break arrangements to be implemented.				TBC
	2	Recruiting frontline staff to 3169 by March 2016				March 2016
	3	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				Completed
	4	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).				March 2016
	5	Out of service HUB implemented.				Completed
<p>Risk owner's update: Review the likelihood due to the daily impact on performance. Are we prepared to accept the risk at the current rating or is action to be taken to implement the key mitigating factor for this risk (action 1).</p>						
<p>Risk owner: Director of Operations</p>		<p>Signed:</p>		<p>Date: 11th Jan. 2016</p>		

Board Assurance Framework – January 2016

BAF Risk 14: Developing and delivering Cost Improvements

<p>Risk Classification: Finance</p> <p>Principal Risk 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 on-going viability and solvency of the Trust.</p>	<p>Monitoring Committee: Audit Committee</p>	<p>Last reviewed by committee on: 9th Nov. 2015</p> <p>Last reviewed by Director on: 21st Jan. 2016</p> <p>Date of next review 24th March 2016</p>	Linked to Corporate Risk No. 394	<p>Impact</p> <p>Likelihood</p> <p>Total Score</p>	<p>Gross Risk</p> <p style="background-color: #ff0000; color: white;">5</p> <p style="background-color: #ff0000; color: white;">4</p> <p style="background-color: #ff0000; color: white;">20</p>	<p>Current or Net Risk</p> <p style="background-color: #ff0000; color: white;">4</p> <p style="background-color: #ff0000; color: white;">4</p> <p style="background-color: #ff0000; color: white;">16</p>	<p>Target</p> <p style="background-color: #ffff00; color: black;">3</p> <p style="background-color: #ffff00; color: black;">2</p> <p style="background-color: #ffff00; color: black;">6</p>
<p>Risk Consequences: 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 on-going viability and solvency of the Trust.</p>	<p>Underlying Cause/Source(s) of Risk</p> <ul style="list-style-type: none"> Not all CIPs supported by detailed milestone plan; Not all CIPs not owned by relevant manager; Not all CIPs embedded in budgets (unidentified items) CIPs not delivering in line with expectations. Capacity and capability not available to support delivery. 						
<p>Existing Key Controls</p> <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. 	<p>Positive Assurance On-going reporting to CIP Programme Board, FIC and Quality Committee. On-going review of CIP opportunity takes place.</p> <p>Gaps in Control/Assurance As per "Underlying causes of risk"</p>						
<p>How are controls measured? Report to CIP Programme Board (Monthly) Reporting to FIC (On-going) Reports to Quality Committee (on-going)</p>	Further actions - plans to reduce gaps in control/Improve Assurance						Due Date
	1	Engage additional support to drive the CIP Programme.					30/09/15 Revised 31/03/16
	2	Ensure all schemes have clear project plans.					30/09/15 Revised 31/03/16
	3	Embed all CIPs in budgets. Ensure managers sign off.					30/09/15 Revised 33/01/16
	4	Review current benchmarking information.					On-going Revised 31/03/16
	5	Review and confirm CIP governance					31/03/16
<p>Risk owner's update:</p>							
<p>Risk owner: Director of Finance</p>		<p>Signed:</p>		<p>Date: 21st January 2016</p>			

Board Assurance Framework – January 2016

BAF Risk 16: Patient safety for category C patients may be compromised due to demand exceeding available resources.

<p>Risk Classification: Performance</p> <p>Principal Risk Description: There is a risk that patient safety for category C patients may be compromised due to demand exceeding available resources.</p>	<p>Monitoring Committee:</p>	<p>Audit Committee</p>		<p>Gross Risk</p>	<p>Current or Net Risk</p>	<p>Target</p>																																	
<p>Last reviewed by committee on:</p>	<p>9th Nov. 2015</p>	<p>Linked to Corporate Risk No. 410</p>	<p>Impact</p>	<p>5</p>	<p>5</p>	<p>5</p>																																	
	<p>Last reviewed by Director on:</p>		<p>11th Jan. 2016</p>	<p>Likelihood</p>	<p>4</p>	<p>3</p>	<p>2</p>																																
	<p>Date of next review</p>		<p>11th Feb. 2016</p>	<p>Total Score</p>	<p>20</p>	<p>15</p>	<p>10</p>																																
<p>Risk Consequences: 50% total volume of calls is Category A. Inability to match resource to demand as the responding priority is focused on more seriously ill patients.</p>	<p>Underlying Cause/Source(s) of Risk 50% total volumes of calls are Category A. Inability to match resource to demand as the responding priority is focused on more seriously ill patients.</p>																																						
<p>Existing Key Controls</p> <ol style="list-style-type: none"> 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 7. Recruitment well underway and number of leavers significantly less than number of new starters. 8. FRU performance improvement plan in place. <p>How are controls measured? Performance dashboard; Operations; SI group, governance group; Monitoring SI and complaint themes.</p>	<p>Positive Assurance 1) Recruitment activity reviewed fortnightly at EMT. 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</p> <p>Gaps in Control/Assurance Advert to action activity is rated red for delivery against target. Current figures are 2766 against final target for 31/03/15 of 3169. Financial position is stressed. There may not be financial capacity to incentive resource over the winter period.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #4b4b9b; color: white;"> <th colspan="2" style="text-align: left;">Further actions - plans to reduce gaps in control/Improve Assurance</th> <th style="text-align: left;">Due Date</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td>Recruit to Establishment minus agreed vacancy factor of 5%. Details included in advert to action in improvement programme.</td> <td>Q4 2015/16</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Deliver efficiencies in full from Capacity Review and complete Roster Implementation.</td> <td>Complete</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Recruit to establishment in the clinical hub. Band 6 is now agreed for all HUB posts.</td> <td>Complete</td> </tr> <tr> <td style="text-align: center;">4</td> <td>Review the establishment in the CHUB (Jan 2016) and recruit into posts (March 2016)</td> <td>March 2016</td> </tr> <tr> <td style="text-align: center;">5</td> <td>Allocate EMDs to clinical hub to assist with ring backs (when capacity allows)</td> <td>Complete</td> </tr> <tr> <td style="text-align: center;">6</td> <td>Increasing taxi use. Use of an SOP with taxi booking makes the process safer.</td> <td>Complete</td> </tr> <tr> <td style="text-align: center;">7</td> <td>Discussion with NHS111 regarding the green calls and outcomes</td> <td>On-going</td> </tr> <tr> <td style="text-align: center;">8</td> <td>More accurate reporting of category C delays and monitoring of safety incidents.</td> <td>On-going</td> </tr> <tr> <td style="text-align: center;">9</td> <td>Surge plan review underway to be completed with EMT by end of February 2016</td> <td>Feb 2016</td> </tr> <tr> <td style="text-align: center;">10</td> <td colspan="2">Actions included with BAF risk 4 relating to performance impact on the realisation of this risk.</td> </tr> </tbody> </table>						Further actions - plans to reduce gaps in control/Improve Assurance		Due Date	1	Recruit to Establishment minus agreed vacancy factor of 5%. Details included in advert to action in improvement programme.	Q4 2015/16	2	Deliver efficiencies in full from Capacity Review and complete Roster Implementation.	Complete	3	Recruit to establishment in the clinical hub. Band 6 is now agreed for all HUB posts.	Complete	4	Review the establishment in the CHUB (Jan 2016) and recruit into posts (March 2016)	March 2016	5	Allocate EMDs to clinical hub to assist with ring backs (when capacity allows)	Complete	6	Increasing taxi use. Use of an SOP with taxi booking makes the process safer.	Complete	7	Discussion with NHS111 regarding the green calls and outcomes	On-going	8	More accurate reporting of category C delays and monitoring of safety incidents.	On-going	9	Surge plan review underway to be completed with EMT by end of February 2016	Feb 2016	10	Actions included with BAF risk 4 relating to performance impact on the realisation of this risk.	
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<p>Risk owner's update: The Executive Team have discussed this risk and noted that consideration needs to be given to the current rating. Risk to be reviewed by Deputy Director of Operations for Control Services for further details on action completion dates and any assurance provided by the safety review against this risk. CHUB staffing levels - following recruitment of CTL and clinical advisors levels have improved. Further supported by secondments to CHUB planned for February 2016. Odd shifts remain uncovered but working towards safe cover levels. Consider risk level could be reduced.</p>																																							
<p>Risk owner: Director of Operations</p>	<p>Signed:</p>		<p>Date: 11th Jan. 2016</p>																																				

Board Assurance Framework – January 2016

BAF Risk 20: LAS will not be in a position to win new NHS 111 contracts as stated in the 5-year strategy.

<p>Risk Classification: Infrastructure/Finance</p> <p>Principal Risk Description: There is a risk that the LAS will not be in a position to win new NHS 111 contracts as stated in the 5 year strategy.</p>	<p>Monitoring Committee:</p>	<p>Audit Committee</p>		<p>Gross Risk</p>	<p>Current or Net Risk</p>	<p>Target</p>															
<p>Last reviewed by committee on:</p>	<p>9th Nov. 2015</p>	<p>Linked to Corporate Risk No. 440</p>	<p>Impact</p>	<p>4</p>	<p>4</p>	<p>3</p>															
	<p>Last reviewed by Director on:</p>		<p>21st Jan. 2016</p>	<p>Likelihood</p>	<p>4</p>	<p>4</p>	<p>2</p>														
	<p>Date of next review</p>		<p>21st Feb. 2016</p>	<p>Total Score</p>	<p>16</p>	<p>16</p>	<p>6</p>														
<p>Risk Consequences:</p> <ul style="list-style-type: none"> Successful 111 bidders and their service can adversely affect demand for 999 service Negative impact on the financial position of the organisation through failure to establish competitive pricing models based on efficiencies of scale for new bids (we remain open book as the step in provider for SEL 111) Loss of our place in the NHS111 market which could adversely affect our future bidding success Ability to maintain level of income/ margin v cost post implementation Adverse effect if required to mobilise two or more services concurrently Wider commissioner intent is to commission an integrated service (111 and OoH provision), an OoH partner(s) will be required for successful bid Other competitors may bid and begin to get a foothold in London 	<p>Underlying Cause/Source(s) of Risk</p> <ol style="list-style-type: none"> There is no consistent 111 tender process or service across London. 111 contracts across London are going out to tender dependent upon the expiry of current contracts and are constructed differently across London 111 growth may not be given adequate resource/attention due to current 999 performance pressures diverting attention away, particularly at a senior level. LAS costs may not be competitive. Detailed modelling to accurately assess what areas of London we will bid for, informing the impact on services such as, estates, IM&T, clinical support, resourcing, legal services, governance arrangements etc. has been difficult due to the tendering process and restricted timelines Capacity to implement, mobilise and integrate into core business function needs to be considered Integrated service delivery: Unknown market for us, One specification, a single contract with a lead provider, signifying a Lead/ Subcontract arrangement Mobilisation/ implementation: Operational resource - ability to recruit clinicians / staff (current delivery is heavily reliant upon agency), Resilience - business continuity and disaster recovery solutions, Multiple implementation - will add pressure to system Contract management: Capacity and expertise to deliver and manage the sub-contractors, experience in managing OoH provision – clinical and operational, executive leadership, organisational focus and accountability: is currently on core business 																				
<p>Existing Key Controls</p> <ol style="list-style-type: none"> Interim Bid team established, gathering information of service requirements / KPIs / costing of service and preparing draft response. Contract meetings with SEL Bid team monitoring market to review local opportunities, gather intelligence around commissioning requirement and competitors Long list of 'partners' drawn up and reviewed against capability and suitability to provide <p>How are controls measured / monitored?</p> <ol style="list-style-type: none"> EMT updates on NHS111 bid process, opportunities & progress Update reports to FIC and Trust Board 	<p>Positive Assurance</p> <p>Interim Bid team established, Monitoring of market place/ on-going intelligence gathering, Indicative procurement timelines for bids across London established, Local delivery team engaged to prep/ plan bid submission, Stakeholder feedback on LAS as a provider of 111 services</p> <p>Gaps in Control/Assurance</p> <p>(None identified as at 30th October 2015)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #4a4a9a; color: white;"> <th colspan="2">Further actions - plans to reduce gaps in control/Improve Assurance</th> <th>Due Date</th> </tr> </thead> <tbody> <tr> <td style="width: 5%; text-align: center;">1</td> <td style="width: 85%;">Understanding developed, through dialogue with, and research of 111 commissioners across London, of their timeframes for tendering.</td> <td style="width: 10%;">Update end of Q3</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Work with CCGs to influence 111 system development across London</td> <td>Update end of Q3</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Bid for new 111 services as opportunities arise</td> <td>Update end of Q3</td> </tr> <tr> <td style="text-align: center;">4</td> <td>Local engagement, continue to develop relationship with current 111 commissioners, maintain and improve service delivery</td> <td>Update end of Q4</td> </tr> </tbody> </table>						Further actions - plans to reduce gaps in control/Improve Assurance		Due Date	1	Understanding developed, through dialogue with, and research of 111 commissioners across London, of their timeframes for tendering.	Update end of Q3	2	Work with CCGs to influence 111 system development across London	Update end of Q3	3	Bid for new 111 services as opportunities arise	Update end of Q3	4	Local engagement, continue to develop relationship with current 111 commissioners, maintain and improve service delivery	Update end of Q4
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<p>Risk owner's update: Interim bid team established, preparation in place based on published commissioning intent/ contribution from 111 operational team, local engagement with commissioners and partnership providers continues.</p>																					
<p>Risk owner: Director of Transformation, Strategy & Workforce</p>			<p>Signed:</p>		<p>Date: 21st Jan. 2016</p>																

Board Assurance Framework – January 2016

BAF Risk 24: There may be insufficient vehicle numbers to meet demands								
Risk Classification: Infrastructure Principal Risk Description: There is a risk that there may be insufficient vehicle numbers to meet demands.	Monitoring Committee:	Audit Committee			Gross Risk	Current or Net Risk	Target	
	Last reviewed by committee on:	9 th Nov. 2015		Linked to Corporate Risk No. 441	Impact	4	4	3
	Last reviewed by Director on:	20 th Jan. 2016			Likelihood	4	4	3
	Date of next review	26 th Feb. 2016			Total Score	16	16	9
Risk Consequences: The risk above will impact on the Trust's ability to provide adequate vehicle numbers to support operational demand leading to an adverse impact on operational performance				Underlying Cause/Source(s) of Risk				
Existing Key Controls 1. Forward view of fleet requirement for next 5 years 2. Asset management plan to ensure no frontline vehicle exceeds 7 years old and that Unplanned Maintenance levels do not adversely affect Fleet Capacity and the provision of a safe environment to Operational Staff 3. Ensure capital investment is committed to support fleet volume and replacement 4. External/stakeholder support in place as required 5. Maintain a capacity plan for the Peak Vehicle Requirement (PVR) based on operational rotas and other frontline vehicle requirements agreed with operations. 6. Have an agreed vehicle specification 7. Agree and maintain adequate headroom in fleet numbers to manage variation How are controls measured/monitored? Fleet Strategy Annual Plan Business Case Approval Fleet Management Team Meetings Fleet Delivery Board				Positive Assurance 1. Forward view of fleet requirement in place. 2. Plan in place to move current fleet to under 7 years. 3. Capital investment requirement understood and reflected in LTFM.4 Vehicle specifications in place. Gaps in Control/Assurance 1. The move to complex based fleet may be placing further pressure on fleet size. 2. Increasing staff in post and continued high over time are creating pressures on fleet numbers. 3. Supporting current training activities is creating further pressure on fleet numbers. 4. Improvements in Fleet utilisation reporting required.				
Further actions - plans to reduce gaps in control/Improve Assurance						Due Date		
		1	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				15/02/16	
		2	Business case for 140 new ambulances being finalised for submission to TDA				15/02/16	
		3	Agree & sign off DCA & FRU specification				Complete	
		4	Following agreement of vehicle headroom with Operations, identify future vehicle replacement requirements and short term retention proposals.				31/03/16	
		5	Draft Fleet Strategy 2017-18 and 5 years				30/09/16	
		6	Revised Fleet reporting to be put in place				26/02/16	
		7	Increase DCA fleet by 17 by holding back vehicles due for replacement in 2015				Complete	
		8	Hold back and refurbish further 20 DCA vehicles due for replacement to cover events/training				Complete	
Risk owner's update: Business Case to deliver further 140 new DCA's in 2016. (Refer to comments 2 in positive assurance)								
Risk owner: Director of Finance		Signed:			Date: 20 th Jan. 2016			

Board Assurance Framework – January 2016

BAF Risk 25: Insufficient range and volume of equipment to meet demands							
Risk Classification: Infrastructure Principal Risk Description: There is a risk that there may be insufficient range and volume of equipment to meet demands.	Monitoring Committee:	Audit Committee			Gross Risk	Current or Net Risk	Target
	Last reviewed by committee on:	9 th Nov. 2015	Linked to Corporate Risk No. 442	Impact	4	4	3
	Last reviewed by Director on:	20 th Jan. 2016		Likelihood	4	4	2
	Date of next review	26 th Feb. 2016		Total Score	16	16	6
Risk Consequences: Staff will not have equipment required to provide appropriate patient care	Underlying Cause/Source(s) of Risk						
Existing Key Controls	Positive Assurance						
1. Agreed vehicle equipment lists 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	Progress made in agreement of core equipment and further equipment amnesty. Decontamination of equipment commenced. Analysis of asset tracking systems being undertaken.						
How are controls measured/monitored?	Gaps in Control/Assurance						
1. Vehicle Equipment Procedure 2. Fleet management information 3. Budget reports 4. Equipment Inventory 5. Fleet management information 6. Fleet reports/Equipment group 7. Report to recommend	Ensuring equipment is available when needed continues to be a concern despite additional equipment being procured and made available. Work is being scoped to review the whole "Vehicle Make Ready" process to ensure it has sufficient capacity to support the provision of a "fully equipped" vehicle for crews at the start of a shift. This will help to reduce the role of frontline crews in the maintenance and provision of equipment.						
Further actions - plans to reduce gaps in control/Improve Assurance						Due Date	
1	Define and agree a "core" equipment list for DCA & FRU.					Complete	
2	Agree funding for NE Sector Revised Vehicle Prep Pilot - fully managed equipment solution					15/02/16	
3	Carry out pilot to assess benefits of VP proposal					Feb/April 16	
4	If pilot successful agree roll out to LAS area					31 st Mar. 16	
5	Undertake an equipment amnesty and physically review all stations and complexes for "retained" equipment.					Complete	
6	Introduce new paper based VP VDI form					15 th Feb. 16	
7	Review contents, responsibility and issue of "bags" Check status of any work previously carried out and agree terms of reference, and timeline with Clinical Equipment Group					31 st Mar. 16	
8	Implement working group to review personal issue kit – check status of any existing work with CEG					31 st Mar. 16	
Risk owner's update: Refer to comments under "Positive Assurance" .							
Risk owner: Director of Finance	Signed:		Date: 20 th Jan. 2016				

Board Assurance Framework – January 2016

BAF Risk 26:

The equipment for frontline vehicles may not be available when required

<p>Risk Classification: Infrastructure</p> <p>Principal Risk Description: There is a risk that the equipment for frontline vehicles may not be available when required.</p>	<p>Monitoring Committee:</p>	Audit Committee		Gross Risk	Current or Net Risk	Target																																	
<p>Last reviewed by committee on:</p> <p>Last reviewed by Director on:</p> <p>Date of next review</p>	9 th Nov. 2015	<div style="background-color: #4a4a8a; color: white; padding: 5px; border: 1px solid black;"> Linked to Corporate Risk No. 443 </div>	Impact	4	4	3																																	
	21st Jan. 2016		Likelihood	4	4	2																																	
	26 th Feb. 2016		Total Score	16	16	6																																	
<p>Risk Consequences: Staff will not have equipment required to provide appropriate patient care</p>	<p>Underlying Cause/Source of Risk:</p>																																						
<p>Existing Key Controls</p> <ol style="list-style-type: none"> 1. Serial numbers on all re-usable equipment for accurate tracking. 2. Agree & set requirements for stock levels on vehicles and monitor regularly. 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. South stores for consumables implemented. North stores to be developed. <p>How are controls measured/monitored</p> <p>Vehicle Preparation reporting Vehicle Preparation contract monitoring OOS policy & reports</p>	<p>Positive Assurance (Evidence that shows we are reasonably managing our risks and objectives are being delivered). List any report, e.g. to the board or other committees including update on the risk, reviews, reports of surveys, etc. Clinical Equipment Group; Asset tracking report; VP reports; VP Contract; Equipment Process; Project completion</p> <p>Gaps in Control/Assurance 1. Equipment tracking. 2. Responsibilities for supply and maintenance of equipment not clearly defined 3. Storage of clean and used equipment not adequate on all stations. 4. Equipment volume and location within the Make Ready process subject to variation</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #4a4a8a; color: white;"> <th colspan="2">Further actions - plans to reduce gaps in control/Improve Assurance</th> <th>Due Date</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td>Complete electronic VDI pilot to provide improved reporting. Ensure all equipment has bar code or serial number.</td> <td style="text-align: center;">30 March 16</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Roll out pilot and fully develop equipment database reports to indicate where any equipment is missing</td> <td style="text-align: center;">Q2 2016/17</td> </tr> <tr> <td style="text-align: center;">3.</td> <td>Roll Out NE VP pilot to include secure local equipment stores and day time "Quatermaster" role</td> <td style="text-align: center;">Feb/April 2016</td> </tr> <tr> <td style="text-align: center;">4</td> <td>Roll out enhanced VP to rest of service</td> <td style="text-align: center;">From April 2017</td> </tr> <tr> <td style="text-align: center;">5</td> <td>Ensure Interserve provide feedback to Logistics regarding Vehicle Daily Inspection (VDI) reports.</td> <td style="text-align: center;">Complete</td> </tr> <tr> <td style="text-align: center;">6</td> <td>Ensure adequate stocks of consumables and equipment are available to VP staff – south are a rolled out – NE pilot area by 1st March and rest of area by end of April 16</td> <td style="text-align: center;">April 16</td> </tr> <tr> <td style="text-align: center;">7</td> <td>Review current VP contract and agree any immediate changes</td> <td style="text-align: center;">Complete</td> </tr> <tr> <td style="text-align: center;">8</td> <td>Agree essential equipment, plan and implement a process to make key items available centrally to - restock</td> <td style="text-align: center;">Superseded by 6</td> </tr> <tr> <td style="text-align: center;">9</td> <td>Plan rollout of and implement complex based fleet to increase vehicle availability for VP to enable agreed stock requirements to be provided</td> <td style="text-align: center;">Complete</td> </tr> <tr> <td style="text-align: center;">10</td> <td>Implement pilot project in NE area to provide and resupply equipment store – see 3</td> <td style="text-align: center;">29th Feb 16</td> </tr> </tbody> </table>						Further actions - plans to reduce gaps in control/Improve Assurance		Due Date	1	Complete electronic VDI pilot to provide improved reporting. 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Further actions - plans to reduce gaps in control/Improve Assurance		Due Date																																					
1	Complete electronic VDI pilot to provide improved reporting. Ensure all equipment has bar code or serial number.	30 March 16																																					
2	Roll out pilot and fully develop equipment database reports to indicate where any equipment is missing	Q2 2016/17																																					
3.	Roll Out NE VP pilot to include secure local equipment stores and day time "Quatermaster" role	Feb/April 2016																																					
4	Roll out enhanced VP to rest of service	From April 2017																																					
5	Ensure Interserve provide feedback to Logistics regarding Vehicle Daily Inspection (VDI) reports.	Complete																																					
6	Ensure adequate stocks of consumables and equipment are available to VP staff – south are a rolled out – NE pilot area by 1st March and rest of area by end of April 16	April 16																																					
7	Review current VP contract and agree any immediate changes	Complete																																					
8	Agree essential equipment, plan and implement a process to make key items available centrally to - restock	Superseded by 6																																					
9	Plan rollout of and implement complex based fleet to increase vehicle availability for VP to enable agreed stock requirements to be provided	Complete																																					
10	Implement pilot project in NE area to provide and resupply equipment store – see 3	29th Feb 16																																					
<p>Risk owner's update: Significant level of work in progress. Pilot project in NE area aimed at providing local equipment store which can be used by VP to make good deficiencies on vehicles. Improved asset tracking systems being evaluated.</p>																																							
<p>Risk owner: Director of Finance</p>		<p>Signed:</p>		<p>Date: 21st Jan. 2016</p>																																			

Board Assurance Framework – January 2016

BAF Risk 27: The equipment for frontline vehicles may not be in an effective condition

Risk Classification: Infrastructure Principal Risk Description: There is a risk that the equipment for frontline vehicles may not be in an effective condition.	Monitoring Committee: Last reviewed by committee on: Last reviewed by Director on: Date of next review	Audit Committee 9 th Nov. 2015 21st Jan. 2016 26 th Feb. 2016	Linked to Corporate Risk No. 444	Impact Likelihood Total Score	Gross Risk 4 4 16	Current or Net Risk 4 4 16	Target 3 2 6																											
Risk Consequences: Staff will not have equipment required to provide appropriate patient care	Underlying Cause/Source(s) of Risk																																	
Existing Key Controls 1. Agreed VP cleaning, deep cleaning and stocking service levels are set, maintained and monitored 2. Decontamination of equipment during VP, including monitoring 3. Decontamination of items left at hospital, including monitoring 4. Replacement equipment budgets in place. Process agreed and adhered to 5. Maintenance/Replacement of Kit undertaken when required How are controls measured/monitored Partial via VP reports Decontamination reports Partially monitored within Fleet & Logistics Monitored within Fleet & Logistics	Positive Assurance Project completion/VP reports (Report due Jan 2016); Contract, VP & Decontamination reports; New process/Fleet reports; and OOS reports. Gaps in Control/Assurance None identified as at 21st Jan. 2016. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #4b4b9b; color: white;"> <th colspan="2">Further actions - plans to reduce gaps in control/Improve Assurance</th> <th>Due Date</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td>Complex based fleet to increase vehicle availability for VP</td> <td>Complete</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Monitor Decontamination of equipment trial – trial ended 1st January – evaluation paper being prepared</td> <td>29th Jan 2016</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Implement contract for decontamination – dependent on evaluation and need to tender</td> <td>July 2016</td> </tr> <tr> <td style="text-align: center;">4</td> <td>Develop system to reintroduce equipment that gets decontaminated – system partially introduced – some equipment to feed NE pilot -</td> <td>April 2016</td> </tr> <tr> <td style="text-align: center;">5</td> <td>Establish revised process for collection of equipment left at hospital for decontamination & subsequent redistribution</td> <td>April 2016</td> </tr> <tr> <td style="text-align: center;">6</td> <td>Review process for maintenance of equipment</td> <td>Complete</td> </tr> <tr> <td style="text-align: center;">7</td> <td>Ensure Interserve provide feedback to Logistics regarding Vehicle Daily Inspection (VDI) reports.</td> <td>Complete</td> </tr> <tr> <td style="text-align: center;">8</td> <td>Ensure current performance against 95% deep clean within 6 weeks maintained.</td> <td>On going</td> </tr> </tbody> </table>							Further actions - plans to reduce gaps in control/Improve Assurance		Due Date	1	Complex based fleet to increase vehicle availability for VP	Complete	2	Monitor Decontamination of equipment trial – trial ended 1st January – evaluation paper being prepared	29th Jan 2016	3	Implement contract for decontamination – dependent on evaluation and need to tender	July 2016	4	Develop system to reintroduce equipment that gets decontaminated – system partially introduced – some equipment to feed NE pilot -	April 2016	5	Establish revised process for collection of equipment left at hospital for decontamination & subsequent redistribution	April 2016	6	Review process for maintenance of equipment	Complete	7	Ensure Interserve provide feedback to Logistics regarding Vehicle Daily Inspection (VDI) reports.	Complete	8	Ensure current performance against 95% deep clean within 6 weeks maintained.	On going
Further actions - plans to reduce gaps in control/Improve Assurance		Due Date																																
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Risk owner's update: Significant progress made on actions. Decontamination of equipment has commenced. Work being undertaken with St George's Healthcare to agree equipment maintenance trial.																																		
Risk owner: Director of Finance		Signed:		Date: 21 st Jan. 2016																														

Board Assurance Framework – January 2016

BAF Risk 28:

There are currently no arrangements for routine quality assurance (QA) of dispatch functions.

<p>Risk Classification: Clinical & Quality</p> <p>Principal Risk Description: 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.</p>	<p>Monitoring Committee: Audit Committee</p>	<p>Last reviewed by committee on: 9th Nov. 2015</p>	<div style="background-color: #4b4b9b; color: white; padding: 5px; font-weight: bold;">Linked to Corporate Risk No. 429</div>	<p>Impact</p>	4	4	4												
				<p>Last reviewed by Director on: 11th Jan. 2016</p>	<p>Likelihood</p>	5	5	2											
				<p>Date of next review 11th Feb. 2016</p>	<p>Total Score</p>	20	20	8											
<p>Risk Consequences: Lack of QA for dispatch resulting in an unquantifiable level of risk from poor compliance with dispatch protocols.</p>	<p>Underlying Cause/Source(s) of Risk No real time proactive checking of dispatch regimes. Routine QA is undertaken for call handling, but the only detailed examination of the dispatch process is done arising from complaints and incidents. Although there are metrics available relating to performance we have limited information on the quality of the allocation decisions and call management within EOC. Instances of sub-optimal dispatch have been identified within Serious Incident and complaint investigations.</p>																		
<p>Existing Key Controls</p> <ol style="list-style-type: none"> 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. <p>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. <i>SMT</i> <i>Five-weekly watch reviews</i></p>	<p>Positive Assurance Whilst there is work that is done in a reactive way there is still work to be done to identify possible issues.</p> <p>Gaps in Control/Assurance We are unable to measure this except through a manual process in real time for individual CADs. A breach analysis is performed if we have a period of poor performance, however we are not always able to do this because of resources.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #4b4b9b; color: white;"> <th colspan="2" style="text-align: left;">Further actions - plans to reduce gaps in control/Improve Assurance</th> <th style="text-align: left;">Due Date</th> </tr> </thead> <tbody> <tr> <td style="width: 5%; text-align: center;">1</td> <td style="width: 80%;">Introduce a QA process within dispatch. Through the investigation process, identifying technical and individual issues.</td> <td style="width: 15%;">Complete</td> </tr> <tr> <td style="text-align: center;">2</td> <td>KPI within dispatch. (MI fix for quantitative measurements not yet achieved, has been given to external contractor for action, however this is not a priority, no fixed dated provided for completion)</td> <td>November 2015 To be revised</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Training opportunities for staff in order for them to progress further. J. Locket to provide a list of development courses completed and planned.</td> <td>November 2015</td> </tr> </tbody> </table>							Further actions - plans to reduce gaps in control/Improve Assurance		Due Date	1	Introduce a QA process within dispatch. Through the investigation process, identifying technical and individual issues.	Complete	2	KPI within dispatch. (MI fix for quantitative measurements not yet achieved, has been given to external contractor for action, however this is not a priority, no fixed dated provided for completion)	November 2015 To be revised	3	Training opportunities for staff in order for them to progress further. J. Locket to provide a list of development courses completed and planned.	November 2015
Further actions - plans to reduce gaps in control/Improve Assurance		Due Date																	
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3	Training opportunities for staff in order for them to progress further. J. Locket to provide a list of development courses completed and planned.	November 2015																	
<p>Risk owner's update: Current rating to be reviewed in line with incidents resulting from allocation decisions (January 2016)</p>																			
<p>Risk owner: Director of Operations / Deputy Director of Operations – Control Services</p>		<p>Signed:</p>		<p>Date: 11th Jan. 2016</p>															

Board Assurance Framework – January 2016

BAF Risk 29: There is a lack of ring-backs on delayed response calls within EOC

<p>Risk Classification: Clinical & Quality</p> <p>Principal Risk 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.</p>	<p>Monitoring Committee:</p>	Audit Committee		Gross Risk	Current or Net Risk	Target
<p>Last reviewed by committee on:</p> <p>Last reviewed by Director on:</p> <p>Date of next review</p>	9 th Nov. 2015	Linked to Corporate Risk No. 451	Impact	4	4	4
	11 th Jan. 2016		Likelihood	4	4	3
	11 th Feb. 2016		Total Score	16	16	12
<p>Risk Consequences: Patients are not contacted meaning their condition can deteriorate without the EOC being aware and being able to re-triage</p>	<p>Underlying Cause/Source(s) of Risk 1.Inability of the Service to provide resources to dispatch on calls in a timely manner. 2. Insufficient resources in EOC to carry out the ring backs. 3. Instances of serious incidents and inquests where patients have deteriorated when there has been no contact by the service for a significant period of time. 4. Increased demand vs. resource.</p>					
<p>Existing Key Controls</p> <ol style="list-style-type: none"> 1. More involvement by the Clinical Hub who monitors the calls and identifying priorities for ring backs. 2. Additional technical support to prompt re-categorisation and contact. 3. New ring back status monitors. 4. New information within EOC to be able to properly inform patients of the likely wait time for a response. 5. Staff removed from call handling to undertake ring backs when capacity allows. Recent training for Area Controllers and EMD 3 allocators included a session on learning from incidents, focusing on the errors /decision making which has been identified as poor risk mitigation and providing less optimal patient care. <p>How are controls measured? The Dispatch function is reviewed through a Quality Improvement process arising from the investigation of</p>	<p>Positive Assurance Patients who are most at risk are flagged via the hub to focus the ring backs.</p> <p>Gaps in Control/Assurance 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 EMT, 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>					
Further actions - plans to reduce gaps in control/Improve Assurance				Due Date		
1		Two call-handling courses are under way in October 2105 which will bring a maximum of 32 new staff to EOC pre-Christmas.			31 st December 2015	
2		ORH report received due to go to EMT, 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.			Paper to EMT January 2016	
<p>Risk owner's update:</p>						
<p>Risk owner: Director of Operations / Deputy Director of Operations – Control Services</p>			<p>Signed:</p>		<p>Date: 11th Jan. 2016</p>	

Board Assurance Framework – January 2016

BAF Risk 30:

Risk of exposure to Category 4 infectious disease organisms as well as other infectious diseases of high consequence

<p>Risk Classification: Clinical & Quality</p> <p>Principal Risk Description: There is a risk of exposure to Category 4 infectious disease organisms as well as other infectious diseases of high consequence, resulting in potential adverse consequence to the health</p>	<p>Monitoring Committee:</p>	<p>Audit Committee</p>		<p>Gross Risk</p>	<p>Current or Net Risk</p>	<p>Target</p>	
<p>Principal Risk Description: There is a risk of exposure to Category 4 infectious disease organisms as well as other infectious diseases of high consequence, resulting in potential adverse consequence to the health</p>	<p>Last reviewed by committee on:</p>	<p>9th Nov. 2015</p>	<p>Linked to Corporate Risk No.445</p>	<p>Impact</p>	<p>5</p>	<p>5</p>	<p>5</p>
	<p>Last reviewed by Director on:</p>	<p>3rd Dec. 2015</p>		<p>Likelihood</p>	<p>4</p>	<p>3</p>	<p>2</p>
	<p>Date of next review</p>	<p>3rd Jan. 2016</p>		<p>Total Score</p>	<p>20</p>	<p>15</p>	<p>10</p>
				<p>Underlying Cause/Source(s) of Risk</p>	<p>1) Staff lack of equipment because they haven't been fitted with the (PPE) FFP3 respirator mask. 2) Lack of knowledge and training regarding infectious disease processes, use of regular and enhance IPC PPE, to prevent self-contamination 3) A potential increase in staff sickness levels as a result of staff exposures to VHF and the need for quarantine/treatment. 4) Lack of clarity regarding HR processes to manage staff exposure.</p>		
<p>Risk Consequences: Resulting in potential adverse consequence to the health of LAS staff and general public to whom they are responding. This will have impact on core business due to potential increase in staff sickness levels. Risk to health of staff and the public. Staff's risk of infection.</p>	<p>Underlying Cause/Source(s) of Risk</p> <p>1) Staff lack of equipment because they haven't been fitted with the (PPE) FFP3 respirator mask. 2) Lack of knowledge and training regarding infectious disease processes, use of regular and enhance IPC PPE, to prevent self-contamination 3) A potential increase in staff sickness levels as a result of staff exposures to VHF and the need for quarantine/treatment. 4) Lack of clarity regarding HR processes to manage staff exposure.</p>						
<p>Existing Key Controls</p> <ol style="list-style-type: none"> 1. Infection Control Workbook; standard infection prevention control training programme in place. 2. Task and finish group for Category 4/VHF (Ebola) assurance (chaired by EPRR). Plus regular EPRR Ebola management bulletins, including algorithms for early identification of possible cases of VHF 3. Support from the Clinical Hub and Health Protection Unit for enhanced risk assessment on suspected cases. 4. Waste contract in place – includes Cat A waste for incineration 5. IPC at Clinical Basic Training and CSR 6. Ebola assurance monitoring by VHF Group and at IPCC 7. National Transfer procedures agreed 8. On-going engagement with PHE 9. Develop VHF Plan – Action cards, transfer process, VHF bulletins 10. Process for Cat 4 patients works effectively. 11. Review the requirements of involvement of individuals. 12. VHF Group set up for compliance and assurance. 	<p>Positive Assurance Clear process for confirmed Ebola case between LAS and the Royal Free and working arrangement with Health Protection Units.</p> <ul style="list-style-type: none"> FFP3 Fit testing and provision of personal issued respirators, basic clinical training for existing staff – captured at FITFLU Programme commenced 15/10/14. <p>Gaps in Control/Assurance</p> <ul style="list-style-type: none"> Current OHS contract does not include contract tracing– new contract from 1st April 2015 for new provider has enhanced specification Infection Control Specialist and OHD service (not 24 hrs.) 						
<p>How are controls measured/monitored?</p>	<p>Further actions - plans to reduce gaps in control/Improve Assurance</p>					<p>Due Date</p>	
	<p>1</p>	<p>LAS Ebola VHF processes (e.g. policy and procedures) internally and externally aligned</p>				<p>Completed as part of 1 above</p>	
	<p>2</p>	<p>Share HART training package with the education and development department to ensure a consistent standard of infection control training including the use of enhanced PPE – awaiting funding for PPE.</p>				<p>On-going</p>	
	<p>3</p>	<p>Enhance the decontamination process for vehicles as per national and expert guidance, to include for example hypochlorite / Bioquell, for use by all crews.</p>				<p>31/05/15</p>	
	<p>4</p>	<p>Ensure availability of a secure information exchange portal between OHD & LAS</p>				<p>On-going</p>	
<p>Risk owner's update: This risk is being split into two new risks which will not qualify for inclusion on the BAF</p>							
<p>Risk owner: Director of Operations</p>		<p>Signed:</p>		<p>Date: 3rd December 2015</p>			

Board Assurance Framework – January 2016

BAF Risk no. 31

Improvement programme objectives may not fully achieve the agreed levels within the expected timescales.

<p>Risk Classification: Performance</p> <p>Principal Risk Description: The Improvement Programme objectives may not fully achieve the agreed levels within the expected timescales. This may be seen across a number of the relevant projects.</p>	<p>Monitoring Committee:</p>	<p>Improvement Programme Board</p>		Gross Risk	Current or Net Risk	Target												
<p>Last reviewed by committee on:</p> <p>Last reviewed by Director on:</p> <p>Date of next review</p>	<p>13th Jan. 2016</p> <p>13th Jan. 2016</p> <p>13th Feb. 2016</p>	<p>Linked to Corporate Risk No. 454</p>	Impact	4	4	4												
	Likelihood		5	4	2													
	Total Score		20	16	8													
<p>Risk Consequences: This will put at risk achievement of the Trust A8 performance trajectory.</p>	<p>Underlying Cause/Source of Risk Project delivery has been impacted by:</p> <ul style="list-style-type: none"> - Slower than anticipated increases in operationally independent frontline staff - Delayed communication to operational staff on project objectives as a result of delays in linked corporate communications. - Optimistic modelling used in the transformation business case has resulted targets being more challenging than originally anticipated - A number of actions identified in project plans have been delivered and not had the anticipated impact on delivery 																	
<p>Existing Key Controls All projects are managed through a formal Programme Structure. The Programme Board meets regularly to hold project leads to account on progress. The Programme reports to EMT and is subject to external scrutiny. All projects are led by an Executive Director who is accountable for delivery. Each project also has a defined delivery team to plan and drive delivery.</p> <p>How are controls measured All projects have developed detailed plans for delivering against the specific targets</p>	<p>Positive Assurance Programme Board will monitor the progress on a monthly basis. EMT will take a monthly report from the Programme Board. Trust Board will also review progress as part of the Integrated Board reporting process.</p> <p>Gaps in Control/Assurance None identified as at 13th January 2016</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #4a4a8a; color: white;"> <th colspan="2" style="text-align: left;">Further actions - plans to reduce gaps in control/Improve Assurance</th> <th style="text-align: left;">Date</th> </tr> </thead> <tbody> <tr> <td style="width: 5%; text-align: center;">1</td> <td style="width: 85%;">New improvement activities not in the original scope of the Programme were agreed for inclusion at the December Programme Board. Delivery of activity against scheduled timeframes will be managed robustly by the Programme Board.</td> <td style="width: 10%;">31st Mar. 2016</td> </tr> <tr> <td style="text-align: center;">2</td> <td>The Programme Board has requested that projects that fall significantly below required targets develop an action plan that aims to recover performance to meet January trajectories.</td> <td>31st Jan. 2016</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Development of an Quality Improvement Plan is underway, which coordinates all organisational strategies and actions plans, including the Improvement Programme. This will provide greater visibility of activities to be delivered by Executive Sponsors in alignment with organisational priorities, and this will be subject to a governance and assurance framework yet to be confirmed.</td> <td>31st Mar. 2016</td> </tr> </tbody> </table>						Further actions - plans to reduce gaps in control/Improve Assurance		Date	1	New improvement activities not in the original scope of the Programme were agreed for inclusion at the December Programme Board. Delivery of activity against scheduled timeframes will be managed robustly by the Programme Board.	31 st Mar. 2016	2	The Programme Board has requested that projects that fall significantly below required targets develop an action plan that aims to recover performance to meet January trajectories.	31 st Jan. 2016	3	Development of an Quality Improvement Plan is underway, which coordinates all organisational strategies and actions plans, including the Improvement Programme. This will provide greater visibility of activities to be delivered by Executive Sponsors in alignment with organisational priorities, and this will be subject to a governance and assurance framework yet to be confirmed.	31 st Mar. 2016
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<p>Risk owner's update: A revised trajectory presented to the Secretary of State in October 2015 has been agreed to by Commissioners for specified work streams: job cycle time, non-emergency transport, and multiple attendance ratio. The Programme Board and Project teams are focussed to ensure activities are aligned with achieving the revised targets.</p>																		
<p>Risk owner: Director of Operations</p>		<p>Signed:</p>		<p>Date: 13th Jan. 2016</p>														

Board Assurance Framework – January 2016

BAF Risk no. 32	Funding for the improvement programme activities is delayed or reduced as a result not achieving the agreed commissioner performance trajectories or gateways (overall programme or projects).						
Risk Classification: Finance Principal Risk Description: Funding for the improvement programme activities is delayed or reduced as a result not achieving the agreed commissioner performance trajectories or gateways (overall programme or projects).	Monitoring Committee: Improvement Programme Board	Last reviewed by committee on: 12 th January 2016	Linked to Corporate Risk No. 453	Impact 4	Gross Risk 4	Current or Net Risk 4	Target 4
	Last reviewed by Director on: TBC	Likelihood 5		Total Score 20	3	2	8
	Date of next review TBC						
Risk Consequences: Delay or reduction in funding for the improvement programme activities.	Underlying Cause/Source of Risk The 2015/16 contract built in a stepped release of funding depending on the overall (A8%) achieved in each quarter. In turn this is linked to the Improvement Programme projects. A8 performance has not seen the improvements expected because of: Slower than anticipated increases in operationally independent frontline staff - Optimistic modelling used in the transformation business case has resulted targets being more challenging than originally anticipated - A number of actions identified in improvement programme project plans have been delivered and not had the anticipated impact on delivery - Some actions in this improvement plan have not been delivered (i.e. JCT)						
Existing Key Controls All projects are managed through a formal Programme Structure. The Programme Board meets regularly to hold project leads to account on progress. The Programme reports to EMT and is subject to external scrutiny. All projects are led by an Executive Director who is accountable for delivery. Each project also has a defined delivery team to plan and drive delivery. How are controls measured All projects have developed detailed plans for delivering against the specific targets. Regular update meetings are held with the Commissioners, TDA and NHS England to discuss progress with improvement programme and other activities.	Positive Assurance LAS Commissioners have indicated they will support the Transformation across Q1, Q2 and Q3. Final confirmation on Q4 being sought but seen to be positive.						
	Gaps in Control/Assurance None identified as at 13 th January 2016						
	Further actions - plans to reduce gaps in control/Improve Assurance						Date
	1	New improvement activities not in the original scope of the Programme were agreed for inclusion at the December Programme Board. Delivery of activity against scheduled timeframes will be managed robustly by the Programme Board.					31 st Mar. 2016
	2	The Programme Board has requested that projects that fall significantly below required targets develop an action plan that aims to recover performance to meet January trajectories.					31 st Jan. 2016
	3	Revised funding release mechanism to be agreed with CCGs					31 st Jan. 2016
Risk owner's update: : This risk was reviewed at the Performance Improvement Board on the 12th January 2016 and is subject to the next review on [TBC] A revised trajectory presented to the Secretary of State in October 2015 has been agreed to by Commissioners for specified work streams: job cycle time, non-emergency transport, and multiple attendance ratio. The Programme Board and Project teams are focussed to ensure activities are aligned with achieving the revised targets.							
Risk owner: Director of Finance		Signed:			Date:		

Board Assurance Framework – January 2016

BAF Risk no. 33

There is a risk that the CAC (EOC systems environment) could be compromised by an external cyber attack resulting in the loss or compromise of sensitive data.

<p>Principal Risk Description: The technical environment utilised by EOC is directly linked to the wider LAS IT estate which increases the possibility that external attacks could compromise this sensitive environment resulting in a loss of systems or a compromise / loss of data. Risk Lead/Task Owner: Steve Bass, CIO</p>	<p>Monitoring Committee: IM&T Senior Management Team</p>	<p>Last reviewed by committee on: 19th Nov. 2015</p>	<p>Last reviewed by Director on: 21st Dec. 2015</p>	<p>Date of next review 21st Jan. 2016</p>	<p style="background-color: #4b4b9b; color: white; padding: 5px;">Linked to Corporate Risk No. 420</p>	<p>Gross Risk 5</p>	<p>Current or Net Risk 5</p>	<p>Target 5</p>																								
<p>Risk Consequences: Failures caused by external attacks within the wider LAS will be disruptive but the impact on EOC would require OP66 invocation and potentially for an extended duration affecting LAS performance.</p>	<p>Underlying Cause/Source of Risk LAS, as any other business, will never be able to completely prevent external parties that have the desire / will / capability and expertise to attack our systems doing so. Current industry experts suggest around 5,000 cyber attacks are undertaken every day in the UK alone. By ensuring all systems are up to date with security “patches” we can limit the exposure level. Through controlling access within EOC we apply further protection. Separating the CAC environment from the wider LAS estate is the final control process available (with reasonable costs).</p>																															
<p>Existing Key Controls 1. Prevention of external access to LAS network is monitored by a system called FireEye. This was implemented in 2015 and reports generated are regularly reviewed. 2. LAS systems are, from 2015 onwards, updated with supplier generated “patches” that limited the available opportunities for external attacks. 3. Plans are developed to implement a separation of networks between EOC (CAC) and the wider LAS through a firewall device. 4. EOC based IT equipment is highly restricted and controlled to prevent unintentional access methods for external attack. Internet, for example, cannot be accessed. How are controls measured Preventative measures implemented in 2015 (FireEye Intrusion detection and Lumention Patching software) produce monthly reports. These are being tailored and will be evidenced to the IM&T SMT as part of the monthly Risk Review.</p>	<p>Positive Assurance The existing controls have been carefully considered and applied during the past six months. Whilst the initial reporting suggests they are effective IM&T need to work on these reports to provide empirical evidence that they are collectively comprehensive.</p> <p>Gaps in Control/Assurance Reporting on successful LAS protection to be refined and issued. Implementing a firewall between CAC and the wider LAS IT is in planning.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #4b4b9b; color: white;"> <th colspan="2">Further actions - plans to reduce gaps in control/Improve Assurance</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td style="width: 5%; text-align: center;">1</td> <td style="width: 85%;">Implement Firewall between CAC and LAS corporate</td> <td style="width: 10%;">Mar 16</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Monthly reporting on hacking, attacks and virus protection for EMT and Audit Committee to be defined and agreed</td> <td>Jan 16</td> </tr> <tr> <td style="text-align: center;">3</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">4</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">5</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">7</td> <td></td> <td></td> </tr> </tbody> </table>								Further actions - plans to reduce gaps in control/Improve Assurance		Date	1	Implement Firewall between CAC and LAS corporate	Mar 16	2	Monthly reporting on hacking, attacks and virus protection for EMT and Audit Committee to be defined and agreed	Jan 16	3			4			5			6			7		
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7																																
<p>Risk owner’s update: Monthly reviews to continue.</p>																																
<p>Risk owner: Director of IM&T</p>			<p>Signed:</p>			<p>Date: 21st Dec. 2015</p>																										

Board Assurance Framework – January 2016

BAF Risk no. 34

Delivering a balanced financial plan for 2016/17

<p>Principal Risk 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.</p>	<p>Monitoring Committee: Finance and Investment Committee</p>	<p>Last reviewed by committee on: 21st Jan. 2016</p>	<p>Last reviewed by Director on: 21st Jan. 2016</p>	<p>Date of next review 24th March 2016</p>	<p>Gross Risk 5</p>	<p>Current or Net Risk 5</p>	<p>Target 5</p>	
		Linked to Corporate Risk No. 460		<p>Impact 5</p>	<p>Likelihood 4</p>	<p>Total Score 20</p>	<p>Current or Net Risk 20</p>	<p>Target 10</p>
<p>Risk Consequences: 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.</p>	<p>Underlying Cause/Source of Risk</p> <ol style="list-style-type: none"> 1. Demand levels for 2016/17 yet to be agreed with CCGs 2. Productivity targets for 2016/17 to be agreed. 3. Further work required on capacity plan once demand and productivity confirmed. 4. Discussions regarding further funding from CCGs to be concluded 5. Costs associated with CQC being finalised. 6. Internal ability to deliver efficiency 7. Pressures on capital investment 							
<p>Existing Key Controls</p> <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 establishment's 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. <p>How are controls measured</p> <p>Report to EMT (Monthly) Reporting to FIC (On-going) Reports to Quality Committee (On-going)</p>	<p>Positive Assurance</p> <ol style="list-style-type: none"> 1. Planning has started with CCGs regarding 2016/17 demand, capacity, productivity and funding. 2. CQC costs being developed <p>Gaps in Control/Assurance As per "Underlying causes of risk"</p>							
		Further actions - plans to reduce gaps in control/Improve Assurance						Date
		1	Demand: Build a demand model and agree with CCGs					15th Feb. 2016
		2	Agree an operational model based on demand, productivity and capacity					31st Mar. 2016
		3	Define a recruitment plan to support the above Operational model					31st Mar. 2016
		4	Agree contract with CCGS					31st Mar. 2016
		5	Efficiency targets scoped and plans in place to deliver					31st Mar. 2016
		6	All areas of investment reviewed and agreed, includes CQC					31 st Mar. 2016
<p>Risk owner's update: Presented and agreed at January FIC</p>								
<p>Risk owner: Andrew Grimshaw</p>		<p>Signed:</p>		<p>Date: 21st Jan. 2016</p>				

Report from the Quality Governance Committee on 12th January 2016

The meeting on 12th January was not quorate as only two NEDs present at the meeting.

INTERNAL ASSURANCE

Clinical Governance

The committee was pleased to take reports from the Improving Patient Experience and Medicines Management committees and review the Quality Reports for October and November 2015.

We understand the remit of the several reporting committees is again under review in light of the new executive-led Workforce and Risk and Assurance groups although the latter has not yet met. The importance of a clear lead on training and standards for frontline staff was emphasised and we were pleased to welcome Tina Ivanov (newly appointed Deputy Director of Paramedic Education).

We are concerned that the long awaited report on EOC staffing, presented in principle to us in November 2015, has not led to a plan being presented to EMT. Failure to make welfare ring backs is identified as a key safety mitigation when there is delayed dispatch; secondly, QA shortages contribute to delays in responding to Serious Incidents and complaints. We have been told for more than six months that progress depends on the result of this ORH review.

There was further discussion about Cardiac survival figures (available up to July 2015) which require further investigation to explain the apparent difference by month or by year.

The Improving Patient Experience report highlighted significant improvement in a number of areas (Mental Health Nurse recruitment, Frequent callers, Public involvement). However it was noted that in some areas our results, though improved, still were substantially below acceptable (Friends and Family test, Complaints delays) and in others we were still short of our target level despite reported incremental progress over many months (Mental Health CPI).

We are pleased the Internal Safety review is underway.

Briony Sloper introduced the multi - professional End of Life Care Steering Group, convened in June 2015, and which will report through the Improving Patient Experience committee and we were pleased to endorse this important initiative.

The second (Q2) Learning from Experience Report was presented (looking at themes arising from SI, Claims, Inquests, Complaints etc). Five themes had been identified around shift changeover times (see below), Sundays, SATNAV errors, misplaced PRFs, and Delays at times of high activity as evidenced by the use of "Surge Purple". This promises to be a valuable way of identifying areas of concern and actions being taken to mitigate these.

The BAF and Risk register were reviewed and we were pleased to hear that training sessions in risk management were underway at local level and were being in general received positively. There are two new risks added to the BAF and the remaining 15 show no improvement in rating. There was a discussion around Risk 7 (fall in performance at shift changeover) which has been rated 20 since 2006. An apparent cluster of SI reports around the 6am/6pm handovers supports the high risk rating. We were told that this problem could not be solved until we have either more staff on duty or agree phased rest breaks to crews during the shift rather than them being kept busy and taking time at the end.

BUSINESS ITEMS

Cost Improvement Plan for 2015/2016

Four items had been flagged as having possible consequences to clinical quality. These had all been appropriately considered and no significant negative effect identified. It was agreed that it would be appropriate to provide this assurance earlier in the year.

DEEP DIVE

Quality Improvement Plan

Zoe Packman presented the draft plan "Moving Forward Together" which outlines the programme of work for 2016. Karen Broughton is the senior responsible officer and the final plan was to be submitted to an extraordinary Board meeting on Thursday and submitted to the CQC on Friday 15th January.

The committee congratulated the team on producing the document and was assured that there was an appropriate level of detail behind the report and the actions had been agreed and were owned by the members of staff responsible for making them happen. There was a general discussion from which several points emerged:

- The Trust Vision (Care and Clinical excellence and Commitment) should be prominent on the first page.
- Moving Forward Together should not be limited to responding to the CQC "must and should do" critique as turning around the service will require a broader overarching strategy from us and support from others. Initiatives within the service must be done but will not be enough.
- Clear references to issues around Paramedic education, remuneration, estate rationalisation should be included. These are examples of more fundamental changes in the service than indicated in a simple point by point response to the CQC directions (for example, it will not ever be possible to ensure effective management of medicines, equipment, infection control and clinical supervision of staff across 69 sites)
- There are funding issues around staff, estates and equipment. Support will be needed from Commissioners and also from other parts of the London NHS and other services.
- Successful implementation requires Resources and Enabling support to make significant change. The Risk is that this is not forthcoming.

This bigger picture should be clear in the document and particularly in the Executive summary The general feeling was that this would be the main project for 2016 and therefore it would be a mistake to make a narrow response focussed just on the CQC report

Date of next meeting

The next meeting of the Quality Governance Committee is on Tuesday 15th March 2016.

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.

Subsequent meetings next year will be on 17th May, 12th July, 13th September, 15th November 2016.



Report to:	London Ambulance Service Trust Board
Date of meeting:	02 February 2016
Document Title:	Report from the Finance and Investment Committee (FIC)
Report Author(s):	Director of Finance
Presented by:	Chair of the FIC
Contact Details:	
History:	<i>This paper summarises the agenda for the FIC meeting of the 20 Nov for the Trust Board.</i>
Status:	<i>Assurance</i>
Background/Purpose	
This paper details the agenda for the FIC meeting of the 21 st Jan. It is not possible to prepare a detailed paper between this date on the Trust Board papers being issued. The Chairman of the FIC will update the Trust Board on key items discussed at the meeting and any items requiring approval.	
Action required	
To note the agenda for the FIC of 21 st Jan.	
Assurance	
This paper details the published agenda for the FIC.	

Key implications and risks arising from this paper	
Clinical and Quality	
Performance	
Financial	Management of the Trust's financial position and performance.
Governance and Legal	
Equality and Diversity	
Reputation	
Other	
This paper supports the achievement of the following 2015/16 objectives	
Improve the quality and delivery of urgent and emergency response	Yes
To make LAS a great place to work	Yes
To improve the organisation and infrastructure	Yes
To develop leadership and management capabilities	

Trust Board 2nd February 2016.**Report from the Finance and Investment Committee (21st Jan 2016).**

The following table summarises the agenda for the FIC meeting planned for the 21st Jan. The table details;

1. The action the FIC was requested to take for each agenda item.
2. Any potential action that the Trust Board is requested to take or note in relation to the discussion at the FIC.

The Chairman of the FIC will provide a verbal update to the Trust Board at the meeting on the 21st January.

ITEM	SUBJECT	Purpose	Potential Action for Trust Board
3.	3.1 Finance Report Month 09 2015/16 3.2 Rolling 09 Months Cash Flow 3.3 Forecast 2015/16 3.4 Financial Controls	Note Note Note Note	Note paper to Trust Board
4.	4.1 Development 2016/17 Financial Plan 4.2 Costing and SLR Update	Note Note	
5.	5.1 Financial Risks and Update Assurance Framework 5.2 Set Annual Workplan and Review 5.3 Review Range & Quality of Financial Reporting 5.4 Review of Financial Policies	Approve Note Note Approve	Note if FIC Approved Note if FIC Approved
6.	6.1 Procurement Update 6.2 Fleet Delivery Board 6.3 IM&T Update	Note Note Note	
7.	7.1 Agenda Planner 2015/16	Note	



Report to:	London Ambulance Service Trust Board
Date of meeting:	2 nd February 2016
Document Title:	Quality Improvement Plan
Report Author(s):	Karen Broughton, Director of Transformation, Strategy and Workforce
Presented by:	Karen Broughton Director of Transformation, Strategy and Workforce
Contact Details:	Ext: 112046
History:	<i>n/a</i>
Status:	<i>For Information and assurance</i>

Background/Purpose

The Care Quality Commission (CQC) Chief Inspector of Hospitals inspection of The London Ambulance Service NHS Trust took place between 1st and 5th June 2015, and 17th and 18th June 2015, with further unannounced inspections on 12th, 17th and 19th June 2015. This inspection was carried out as part of the CQC's comprehensive inspection programme.

Four core services were inspected:

- Emergency Operations Centres
- Urgent and Emergency Care
- Patient Transport Services
- Resilience planning including the Hazardous Area Response Team

The CQC inspection report was published on 27th November 2015. Overall, the trust was rated by the CQC as 'Inadequate'.

The London Ambulance service has developed an Improvement Plan to address the issues arising from the CQC inspection. Our Quality Improvement Plan has five work streams:

- Making The London Ambulance Service a great place to work
- Achieving good governance
- Improving the patient experience
- Improving the environment and resources
- Taking pride and responsibility

Attached are three documents which outline the action we will take and how we will measure success. The narrative document also outlines the governance arrangements that shall be put in

place to manage delivery of the actions identified.

These documents were agreed by members of the Trust Board prior to submission to the CQC on Friday 15 January 2016.

Action required

The Board is asked to:

- Agree the Quality Improvement Plan
- Agree the governance arrangements to manage delivery of the Quality Improvement Plan actions
- Agree the recommended Chair of the Quality Improvement Board

Assurance

- The Trust Board of The London Ambulance Service welcomed the CQC report and its findings and directed swift and comprehensive action following the CQC inspection in June 2015.
- Pages 7 – 13 of the attached narrative document identify the considerable action taken to date.

Key implications and risks arising from this paper

Clinical and Quality	The Quality Improvement Plan is designed to address issues identified as a result of The Care Quality Commission (CQC) Chief Inspector of Hospitals inspection of The London Ambulance Service NHS Trust in June 2015. The actions will therefore impact all areas of the Trust with the ultimate goals of delivering better care for patients and making The London Ambulance Service a better place to work for our staff.
Performance	The Quality Improvement Plan is designed to address issues identified as a result of The Care Quality Commission (CQC) Chief Inspector of Hospitals inspection of The London Ambulance Service NHS Trust in June 2015. The actions are designed to support the Trust to improve performance against national ambulance targets, particularly through the recruitment of permanent staff.
Financial	The resource implications of this plan will be discussed in detail with commissioners as part of the year's contracting round. The detailed actions within this plan may, therefore, be subject to change and are dependent upon financial support from CCGs.
Governance and Legal	The Quality Improvement Plan is designed to address issues identified as a result of The Care Quality Commission (CQC) Chief Inspector of Hospitals inspection of The London Ambulance Service NHS Trust in June 2015. The "Achieving good governance" work stream identifies the action we will take to improve governance.
Equality and Diversity	The Quality Improvement Plan is designed to address issues identified as a result of The Care Quality Commission (CQC)

	Chief Inspector of Hospitals inspection of The London Ambulance Service NHS Trust in June 2015. The “Making the London Ambulance Service a great place to work” work stream identifies the action we will take to improve equality and diversity.
Reputation	The Quality Improvement Plan is designed to address issues identified as a result of The Care Quality Commission (CQC) Chief Inspector of Hospitals inspection of The London Ambulance Service NHS Trust in June 2015. The actions will therefore impact all areas of the Trust with the ultimate goals of delivering better care for patients and making The London Ambulance Service a better place to work for our staff.
Other	n/a
This paper supports the achievement of the following 2015/16 objectives	
Improve the quality and delivery of urgent and emergency response	The Quality Improvement Plan is designed to address issues identified as a result of The Care Quality Commission (CQC) Chief Inspector of Hospitals inspection of The London Ambulance Service NHS Trust in June 2015. The actions will therefore impact all areas of the 2015/16 organisational objectives and has the ultimate goals of delivering better care for patients and making The London Ambulance Service a better place to work for our staff.
To make LAS a great place to work	
To improve the organisation and infrastructure	
To develop leadership and management capabilities	



Professor Sir Mike Richards
Chief Inspector of Hospitals
Care Quality Commission
3rd Floor,
151 Buckingham Palace Road,
London
SW1W 9SZ

Executive Office
Headquarters
220 Waterloo Road
London
SE1 8SD

Tel: 020 7783 2046
Fax: 020 7783 2053

Dear Professor Sir Richards,

CQC Inspection of London Ambulance Service

Account number: RRU

CQC reference: SPL1-19836222367

In reference to the Care Quality Commission's inspection of The London Ambulance Service NHS Trust in June 2015, and the overall rating of 'Inadequate', I enclose:

- The high level quality improvement plan
- A narrative that explains how we will deliver this plan including our approach to governance
- A table that relates the actions within the quality improvement plan to the CQC domains.

The Board of The London Ambulance Service welcomed the CQC report and its findings and accepted the content of the warning notice. We will make sure swift and comprehensive action is taken to improve our Service for patients and make it a better place to work for staff.

We have highlighted the action we have already taken since the inspection, and explained the five work streams for action going forward. These work streams are:

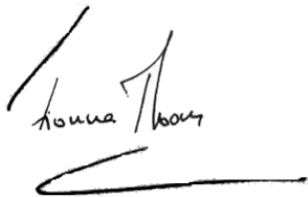
- Making The London Ambulance Service a great place to work
- Achieving good governance
- Improving the patient experience
- Improving the environment and resources
- Taking pride and responsibility

We have also been clear on how we intend to deliver this plan with staff engagement, strong programme governance and close partnership working.

A great deal of work has already been done and we are starting to see the benefit of this in our improved performance position and increasing staff establishment. We have actively engaged with stakeholders in the development of this plan, through both the Quality Summit held in December and our usual communication routes. We recognise the scale of the work we have to do and that a number of aspects such as improving the culture of the organisation will take time and on-going commitment.

Should you require any further information, please do not hesitate to contact me.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Fiona Moore', with a long horizontal flourish underneath.

Dr Fiona Moore
Chief Executive



London Ambulance Service
NHS Trust



Our quality improvement plan



Moving Forward Together

January 2016



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The context

The London Ambulance Service NHS Trust is one of 10 Ambulance Trusts (and Ambulance Foundation Trusts) in England, responding to over 1.9m calls and attending over 1 million incidents each year. We provide emergency medical services to the whole of Greater London, which has a population of around 8.9 million people. We are the busiest emergency ambulance service in the UK. The Service employs over 4,600 whole time equivalent (WTE) staff, who work across a wide range of roles based in over 70 ambulance stations and support centres.

‘The London Ambulance Service NHS Trust is here to care for people in London: saving lives; providing care; and making sure they get the help they need.’

Our purpose is supported by the following values:

In everything we do we will provide:

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.

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

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

The main role of the Service is to respond to emergency 999 calls, 24 hours a day, 365 days a year. 999 calls are received by the Emergency Operations Centres (EOC), which provides call handling, triage, disposition, emergency ambulance dispatch, hear and treat, and clinical advice. Other services provided include: Non-



Emergency Transport (NETS) for patients not requiring further assessment or intervention; Patient Transport Services (PTS) for transporting non-emergency patients between healthcare locations or their home address; NHS 111 in SE London (the non-emergency number for clinical advice); and other specialist services including the Hazardous Area Response Teams (HART) who are trained to work in challenging or difficult environments.

At its heart our Quality Improvement Plan is about delivering better care for patients and making The London Ambulance Service a better place to work. In order to achieve this, we need to fundamentally transform the Service. This document describes how we will do this.

What the Care Quality Commission said about The London Ambulance Service

The Care Quality Commission (CQC) Chief Inspector of Hospitals inspection of The London Ambulance Service NHS Trust took place between 1st and 5th June 2015, and 17th and 18th June 2015, with further unannounced inspections on 12th, 17th and 19th June 2015. This inspection was carried out as part of the CQC's comprehensive inspection programme.

Four core services were inspected:

- Emergency Operations Centres
- Urgent and Emergency Care
- Patient Transport Services
- Resilience planning including the Hazardous Area Response Team

The CQC inspection report was published on 27th November 2015. Overall, the trust was rated by the CQC as 'Inadequate'.

Of the five CQC domains: Safe was rated as 'Inadequate', Effective was rated as 'Requires Improvement', Caring was rated as 'Good', Responsive was rated as 'Requires Improvement', and Well-led was rated as 'Inadequate'.

The report identifies a number of "must do" and "should do" actions for the Service and these are embedded within the section entitled: "Our Quality Improvement Plan – The Five Work Streams"

We are pleased the CQC recognised:

- That patients in London receive good clinical care
- Our staff are caring and compassionate
- Paramedics and nurses in our control room give good advice to frontline staff while our intelligence conveyance system prevents overload of ambulances at any one hospital



- In the event of a major incident we have clear systems and plans in place and an alert system for staff who have proved they are always keen to respond – even when not on duty
- We have effective systems to manage large scale events such as Notting Hill Carnival and the central London New Year’s Eve event
- We are highly skilled at responding to major incidents in London and practice our response regularly with our 999 partners
- Staff were positive about local leadership and said the management style of the new Chief Executive would improve the service and staff retention.

Improvements we have already made since the CQC inspection

The CQC inspected The London Ambulance Service in June 2015. We were already acutely aware of many of the issues that the CQC inspection and report raised, and many actions were already in progress to improve the organisation for our staff and patients.

In broad terms since the inspection:

- We have 284 additional frontline staff responding to incidents in London and over 177 in training and supervision while our recruitment campaign continues. More staff will help take some of the pressure from our staff who work incredibly hard in often difficult circumstances
- Our Chief Executive and members of our Executive Leadership Team have met over 900 people during October 2015, during our staff road shows, and the discussion and feedback from these sessions have helped shaped the projects within our plan
- We have introduced the London Ambulance Service Academy to offer existing non-clinical staff the opportunity to train as paramedics and are working with universities to create more graduate paramedic places
- We have new leadership teams in place that are resolutely determined to create a positive working environment for everyone
- We have trained all of our most senior managers on how to tackle inappropriate behaviour in the work place.

In detail - progress since the inspection

Between the CQC inspection in June 2015 and December 2015 we have taken action and made significant progress in five particular areas across the Service:

- Resilience
- Medicines Management
- Risk and Governance
- Culture
- Workforce and staff morale

There is still work to do in each area and this is described later in this document in an overview of the Quality Improvement Plan, but it is important to emphasise the progress that has already been made to deliver better care for patients and provide a supportive working environment for our staff.

This progress was discussed at The London Ambulance Service CQC Quality Summit and our stakeholders, in particular our Clinical Commissioning Group lead commissioners, NHS England (London) and the Trust Development Authority, have asked that their appreciation of the progress made already by the Service was acknowledged in this document.

Resilience

CQC said we must :

Recruit to the required level of Hazardous Area Response Team (HART) paramedics to meet its requirements under the National Ambulance Resilience (NARU) specification.

Progress as of January 2016



- Recruited to all of of the 84 HART posts; 83 of these posts will have completed national HART training and be fully operational by 31 March 2016
- We have issued a guidance document setting out the rare occasions when HART resources can be used on the frontline. This has been communicated to all relevant staff
- The Major Incident Protocol has been revised and approved by Trust Board
- New rosters have been designed and implemented to spread skill-mix and increase capacity and flexibility
- We have reviewed staffing on rosters, and for January 2016 we were compliant 94% of the time. This figure continues to improve
- We have negotiated a formal agreement with South East Coast Ambulance Service to provide additional cover at Heathrow Airport should we need it
- Core Skills Refresher (CSR) training has now been redesigned and now includes Major Incident training for all frontline staff
- We have implemented a physical competency assessment for all HART staff
- We have set up a Resilience Action Group to ensure compliance against the HART National Ambulance Resilience Unit specification
- We have deep cleaned the HART premises and we are conducted an announced mock-inspection for medicines management
- The Executive Leadership Team have considered a proposal about HART vehicles and are now awaiting the reviewed national specification for these vehicles before making a final decision.

Medicines Management

CQC said we must improve its medicines management including:

Formally appoint and name a board director responsible for overseeing medical errors and formally appoint a medication safety officer; Review the system of code access arrangements for medicine packs to improve security; Set up a system of checks and audit to ensure medicines removed from paramedic drug packs have

been administered to patients; Set up control systems for the issue and safekeeping of medical gas cylinders.

Progress as of January 2016

- Appointed a medicines safety officer in August 2015, and the Medical Director is the executive lead for medicines safety on the Board
- Undertaken a review and process- mapped the journey of a drug from when it arrives in the Service to when it is administered to a patient. As a result we have implemented audits at key points during this journey
- Medicines management communication campaign started called “Shut it, Lock it, Prove it” co-designed with Clinical Team Leaders and supported by communication with clinical staff
- We are working with the Trust Development Agency (TDA) and CQC to review and update the guidance for administering drugs by paramedics in the UK.

Risk and Governance

CQC said we must:

Improve the system of governance and risk management to ensure that all risks are reported, understood, updated and cleared regularly; Address under reporting of incidents including the perceived pressure in some departments not to report incidents

Progress as of January 2016

- Baseline audit of the status of all local risk registers completed for all departments and all group stations



- Designed a risk-management training programme for all managers, which launched in November 2015 and we will have trained all managers by 31 March 2016
- The Governance Team are attending local meetings to raise the profile of risk management and provide advice and support
- All local risk registers will be updated by the end of March 2016
- HART and EOC risk registers have been reviewed and updated
- As a result of the new operational management structure being fully implemented in September 2015, clear accountability for risk management and governance is now specified and understood
- Duty of Candour training has been underway since the end of 2015 for staff leading Serious Incident investigations. We are beginning to see evidence of the application of Duty of Candour for serious incidents and potential serious incidents
- To simplify and improve incident reporting we are in the final stages of preparation for the launch of *Datix Web*, a new electronic risk management system for all staff to use, in April 2016 and full implementation will be complete by June 2016.

Culture

CQC said we must:

Develop a detailed and sustained action plan to tackle bullying and harassment and a perceived culture of fear in some parts.

Progress as of January 2016

- Awareness training in bullying and harassment has been completed for the Executive Leadership Team and the Senior Leadership Team
- An independent Telephone Advisory Service has been in place since July 2015



- In November 2015 we appointed a specialist Bullying and Harassment Lead
- We commissioned independent investigators to lead on any bullying allegations within the Service
- We have designed and launched simple and easy-to-follow guidance for staff to understand and report bullying and harassment
- We appointed an Organisational Development Specialist in November 2015 to support our work on changing the culture within the Service
- We have designed a training course for all staff on bullying and harassment which is currently being tested with key staff groups
- We have appointed a Non-Executive Director to lead on bullying and harassment.

Workforce and Staff Morale

CQC said we must:

Recruit sufficient frontline paramedic and other staff to meet patient safety and operational standards requirements; Improve staff morale

Progress as of January 2016

- By the end of December 2015, since the CQC inspection in June 2015 we have an additional 284 frontline staff responding to patients
- Further 177 in training and supervision
- 297 more staff to join by end of March 2016
- Frontline staff turnover has decreased from 15.1% in April 2015 to 12.6% in December 2015
- Frontline sickness is 6.5% compared to 6.9% at the same point last year
- Over 5,000 more patient facing vehicle hours per week than last year
- The 2016/17 recruitment plan has been designed to ensure that the Trust maintains its staffing levels



- The new operational management structure has now been implemented (September 2015) and we now have dedicated local management teams in place to lead and support staff
- Since the 1 July 2015, our Clinical Team Leaders have had 50% of their time protected to support frontline clinicians
- We have submitted a bid to Health Education England to support the training and development of our clinical staff
- We have agreed with commissioners and Local Education and Training Boards (LETB) bursary funding for graduates training in London if they then agree to take up a role at The London Ambulance Service in qualifying
- In January 2016 we opened The London Ambulance Service Academy to train non-registered clinical staff to become our paramedics of the future
- We have met 900 people at the staff road shows in October 2015 their feedback has shaped our work plan for the coming months
- The second round of VIP nominations with category winners has been announced and a celebration event has taken place.
- To improve our non-pay benefits offer to staff we have launched new bicycle and lease car schemes

An overview of the London Ambulance Service Quality Improvement plan

The Board of The London Ambulance Service welcomed the CQC report and its findings and will make sure swift and comprehensive action is taken to improve for Service for patients and make it a better place to work for staff.

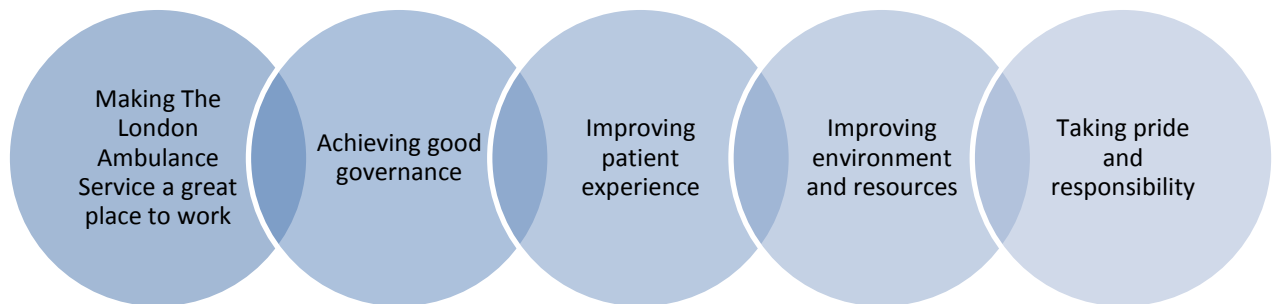
Our Quality Improvement Plan has five work streams:

- Making The London Ambulance Service a great place to work
- Achieving good governance
- Improving the patient experience
- Improving the environment and resources
- Taking pride and responsibility

The following pages summarise the projects for each work stream and how we will measure delivery on each.

Our Quality Improvement Plan – The Five Work Streams

The following pages summarise the projects for each of our five work streams, and how we will measure delivery on each. Our detailed action plan with milestones, key sub-tasks, and lead responsibilities can be found on our website and intranet.



Making The London Ambulance Service a great place to work

Executive Lead – Paul Beal, Director of Human Resources

The CQC said the Trust must:

- *Recruit sufficient frontline paramedic and other staff to meet patient safety and operational standards requirements*
- *Develop and implement a detailed and sustained action plan to tackle bullying and harassment and a perceived culture of fear in some parts.*

The CQC said the Trust should:

- *Review development opportunities for staff*
- *Ensure all staff have sufficient opportunity to complete their mandatory training including personal alerts and control record system*
- *Communicate clearly to all staff the trust's vision and strategy*
- *Increase the visibility and day to day involvement of the trust executive team and board across all departments*
- *Provide NICE cognitive assessment training for frontline ambulance staff.*



- *Review trust equality and diversity and equality of opportunity policies and practices to address perceptions of discrimination and lack of advancement made by trust ethnic minority staff*
- *Ensure all staff receive an annual appraisal.*

We have identified seven key improvement projects under this theme that will collectively deliver our plan to make LAS a great place to work. The Trust has been working intensively to deliver these projects. They are:

- Advert to Action
- Bullying and Harassment
- Training
- Equality and Diversity
- Vision and Strategy
- Supporting staff
- Retention of staff

Advert to Action

- The aim of this project is to deliver the agreed recruitment plans to ensure we have sufficient staffing capacity to meet patient needs and national ambulance targets.
- This project will build on our recruitment success over the last year and includes international recruitment drives, a strengthening of our graduate offer and process, as well as local London recruitment of trainee emergency ambulance crew.
- To work with Health Education England nationally, to ensure that paramedic education and recruitment remains a high national priority.

Bullying and Harassment



- This project builds on phase one of our bullying and harassment action plan and aims to change the culture within the organisation to one that supports and respects individuals and sets realistic targets.
- Through this project we will deliver all staff training programmes, training for bullying and harassment investigators, set key performance targets and time frames for handling investigations, identify what is, and what is not bullying and harassment and an internal communications campaign to raise awareness and understanding.
- To support greater informal and timely resolution to issues this project will explore mediation support to assist managers and staff.

Training

- This project aims to make it easier for staff to complete their mandatory training and offer new e-learning modules. We will roll-out Individual Learning Accounts for non-operational staff that protect time for 'learning activities', and procure a new system to enable increased e-learning.
- Through this project we will redesign the corporate induction programme and the core skills training programme will include subjects such as cognitive and mental health assessment, and safeguarding vulnerable people.

Equality and Diversity

- This project aims to ensure that the Trust is as an equal opportunities employer, and that staff from all backgrounds feel included and part of the workforce. This will include running focus sessions across all staff to gather opportunities for improvement, ensuring equality objectives are embedded within the appraisal process and updating mandatory training for all line managers to include equality and diversity.
- We will also review recruitment processes, particularly in relation to internal promotion opportunities.

Vision and Strategy

- This project will review the Service's values and engage with staff in their development.
- This project will drive the development of a staff charter which will be co-designed with staff
- This project will also deliver improved visibility of the senior leadership across the organisation.

Supporting Staff

- This project will focus on ensuring staff are supported and have opportunities to develop within the Trust. This will include completing appraisals, development of a competency framework, and we will look to enhance our training offer for staff, including the use of e-learning. These, along with a training needs analysis, will support the delivery of an annual training plan.

Retention of Staff

- This project will focus on improving how we recognise and value our staff through strengthened staff engagement to make our organisation a better place to work. We have already developed a staff retention strategy that has been in place throughout 2015/16, and we will be further strengthening this as we move into 2016/17. As part of this project, we will design a London Package for staff to encourage them to stay with the Service. This package will focus on two areas, the banding of paramedics and non-pay benefits for all staff.

We will know that we have been successful when...

We will measure success against the following indicators:



- Reduced staff turnover and sickness absence rates
- Recruiting to 3,169 WTE frontline establishment
- Improved statutory and mandatory training rates.
- The number of Trainee Ambulance Crew staff working towards formal paramedic qualifications
- Improved feedback scores through the staff opinion survey on bullying and harassment
- Improved annual appraisal completion rate
- Increase number of BME staff within the Service

Achieving good governance

Executive Lead: Sandra Adams, Director of Corporate Affairs

The CQC said the Trust must:

- *Improve the system of governance and risk management to ensure that all risks are reported, understood, updated and cleared regularly.*

The CQC said the Trust should:

- *Review the capacity and capability of the trust risk and safety team to address the backlog of incidents and to improve incident reporting investigation learning and feedback to the Trust and frontline staff*
- *Review and improve trust incident reporting data*
- *Address under reporting of incidents including the perceived pressure in some departments not to report some incidents*
- *Set up learning to ensure all staff understand Duty of Candour and their responsibilities under it*
- *Review staff rotas to include time for meal breaks, and administrative time for example for incident reporting*
- *Develop a long term strategy for the EOCs*
- *Ensure better public and staff communication on how to make a complaint including provision of information in emergency and non-emergency ambulances.*

Projects and work in progress to make improvements

We have identified six key improvement projects under this theme that will collectively deliver our plan to improve quality governance. The Trust has already been working intensively to deliver these projects. They are:

- Risk management

- Capability and capacity of the health, safety and risk function
- Improve incident reporting
- Duty of candour
- Operational planning
- Listening to patients

Risk management

- This project will focus on improving the system of governance and risk management across the Trust, and has already completed a number of key milestones:
 - A risk register review was carried out by the Risk and Audit Manager in conjunction with risk 'owners' during October 2015.
 - The risk management policy is in the process of being reviewed and will be signed off by the Trust Board by March 2016.
 - A programme of risk management training was implemented in November 2015 to provide operational managers with more detail on managing risk, Trust processes and escalation procedures.
 - All managers will have been trained in risk management by March 2016
- Further milestones for the project include a strategic risk review, completing the training programme for all operational and corporate staff and establishing a Risk and Assurance Committee to report into the Executive Leadership Team (ELT).

Capability and capacity of the health, safety and risk function

- This project will focus on ensuring the Trust's capability and capacity to deliver the required risk management and governance activities is sufficient, and is providing the right level of support to managers across the organisation. The review has commenced and will report back with recommendations by March 2016.

Improve incident reporting

- The aim of this project is to improve incident reporting from front line staff, and ensure that clinical incidents as well as health and safety incidents are reported.
- This project will also ensure the smooth implementation of *Datix Web*, and other ways to simplify and increase incident reporting.
- A review has been completed to assess the current incident reporting awareness across the Trust, and a number of user friendly tools have been introduced for staff, with further plans to consider a 24 hour helpline and other engagement tools for staff.

Duty of Candour

- This project will focus on ensuring staff understand their role in duty of candour, and feel confident in applying this. An additional training module will be built into the core skills training programme for 2016/17, having been successfully piloted with staff in December 2015.
- This project will also ensure that staff leading serious incidents investigations are trained in the Duty of Candour.

Operational planning

- This project will review the operational plans for the Trust, to ensure that sufficient time is built into rotas to complete administrative tasks, training and supervision, and allow staff to have appropriate rest breaks. This project will also look over the longer term to ensure we are providing the best service we can that meets the needs of London's population and the changing demographic needs.
- This project will also focus on developing long term strategies for teams where this does not currently exist, to ensure this is aligned to the Trust strategy. This

includes the development of a strategy for the Emergency Operations Centre (EOC).

Listening to patients

- The project will focus on ensuring patients have access to the right information so they know how to feedback complaints or compliments about our Service. The project will also establish systems to gain feedback on our complaints process to make sure this is clear and easy to use. We will review how complaints feedback is fed into Service committees so that we learn from those experiences.

We will know that we have been successful when...

We will measure success against the following indicators:

- Audits shows monthly updates to all risk registers
- Increased numbers of incidents reported
- Decrease in rates for incidents resulting in injury to staff and patients
- There is not a backlog of incidents waiting to be inputted
- An increase in the number of staff able to take a rest break and time to complete non-patient facing tasks
- Improved staff satisfaction surveys
- Improved patient experience feedback
- Improved response time to complaints

Improving patient experience

Executive Lead: Zoë Packman, Director of Nursing

The CQC said the Trust should:

- *Review and improve patient waiting times for Patient Transport Service (PTS) patients*
- *Ensure PTS booking procedures account for the needs of palliative care patients*
- *Develop operational plans to respond to the growing bariatric population in London*
- *Review operational guidelines for managing patients with mental health issues and communicate these to staff*
- *Review patient handover recording systems to be more time efficient.*

Projects and work in progress to make improvements

We have identified three key improvement projects under this theme that will collectively improve the experience of patients in our care. The Trust is committed to delivering these projects. They are:

- Patient Transport Service
- Meeting people's needs
- Response times

Patient Transport Service

- This project will look at improving the performance of Patient Transport Services, to ensure that all patients receive a timely service. This will include the development, trial and implementation of pan-London process for pre-booking

and to ensure that consistent service is provided across the capital. The needs of palliative care patients will receive particular attention.

Meeting people's needs

- We will review our current policies to support an increase in the number of bariatric patients. We will re-assess whether the plans to develop our fleet of vehicles in the future are robust enough for the needs of this group of patients.
- We will update our guidance on managing people with mental health problems and ensure that front line staff receive sufficient skills training to meet the needs of this patient population.

Response times

- One of the most significant challenges we face to providing safe, sustainable care is the high number of patients who are delayed in handover to acute hospitals. We will continue to work with NHS England to address handover times at hospitals and will provide relevant information concerning delays/issues about handover times

We will know that we have been successful when...

We will measure success against the following indicators:

- Reduction in PTS patient waiting times
- Improved Friends and family test results for PTS
- Quicker hospital handover times
- Positive experiences reported by Mental Health Focus group

Improving environment and resources

Executive lead: Andrew Grimshaw, Director of Finance and Performance

The CQC found that the Trust must:

- *Recruit to the required level of HART paramedics to meet its requirements under the National Ambulance Resilience Unit (NARU) specification*

The CQC found that the Trust should:

- *Improve access to computers at ambulance stations to facilitate e-learning and learning from incidents.*
- *Ensure full compliance with bare below the elbow requirements.*
- *Ensure adequate and ready provision of protective clothing for all ambulance crews.*
- *Review and improve ambulance station cleaning to ensure full infection, prevention and control in the buildings and in equipment used to daily clean ambulances.*
- *Improve equipment checks on vehicles and ensure all equipment checks are up to date on specific equipment such as oxygen cylinders.*
- *Improve blanket exchange system pan London to prevent re-use of blankets before cleaning.*
- *Review maintenance of ambulances to ensure all are fully operational including heating etc.*
- *Review arrangements in the event of ambulances becoming faulty at weekends.*
- *Ensure consistent standards of cleanliness of vehicles and instigate vehicle cleanliness audits.*
- *Ensure sufficient time for vehicle crews to undertake their daily vehicle checks.*
- *Ensure equal provision of ambulance equipment across shifts*

- *Increase training to address gaps identified in the overall skill, training and competence of HART Paramedics*

Projects and work in progress to make improvements

We have identified five key improvement projects that will collectively deliver our plan to improve the environment and equipment for both patients and staff:

- Fleet and vehicle preparation
- Information, management and technology
- Infection, prevention and control
- Facilities and estates
- Resilience function

Fleet and Vehicle Preparation

- This project will develop a fleet strategy which will inform future vehicle requirements. This will inform the development of a strategic outline case for the period from 2017/18 to 2022/23 which will cover the number of vehicles required, the type of vehicles, the mode of procurement and delivery of maintenance.
- In the short term, this project will review the current contract in regards to vehicle preparation and equipment maintenance.

Information Management and Technology

- We will review the current provision of IT across the Service but particularly for front line staff and develop a long term strategy to support service delivery. This will include an options appraisal of hand held and vehicle devices for accessing and recording information, improving communication with our mobile staff who are adept at using information in this way.

Infection prevention and control

- This project will focus on improving infection, prevention and control across the Trust. This will include a review of current guidance on bare-below-the-elbow, protective clothing, and local monitoring for infection control.

Facilities and Estates

- This project will focus on urgently reviewing all stations to understand the scope of works required to achieve infection control standards, and review cleaning contracts to meet requirements
- The project will also consider how we make our vehicles ready for use, where responsibilities sit for fleet and equipment
- The project will see the development of a fleet strategy and the purchasing of new vehicles
- The project will also address issues with ambulance vehicle blankets.

Resilience Functions

- This project will lead the improvement of our HART service so that it meets the requirement of the national specification
- This project will ensure that all HART staff are trained to national requirements.

We will know that we have been successful when...

We will measure success against the following indicators:

- Improved compliance with vehicle cleaning standards
- Improved compliance with vehicle equipping standards
- Revised blanket system in place
- Reduced out of service vehicle hours



- Long term strategy in place to provide suitable vehicles
- Improved compliance against the national HART specification
- Improved compliance of “bare-below-the-elbow”
- Revise protective clothing pack in place for staff
- Improve compliance with station cleanliness measures
- Improved results of infection control audits
- 84 wte HART staff employed.

Taking pride and responsibility

Executive lead: Fenella Wrigley, Interim Medical Director

The CQC said the Trust must:

- *Improve medicines management including:*
 - *Review the use of PGDs to support safe and consistent medicines use.*
 - *Formally appoint and name a board director responsible for overseeing medical errors*
 - *Review the system of code access arrangements for medicines packs to improve security*
 - *Set up a system of checks and audit to ensure medicines removed from paramedic drug packs have been administered to patients*
 - *Set up control systems for the issue and safekeeping of medical gas cylinders.*

The CQC said the Trust should:

- *Improve training for staff on Mental Capacity Act assessment*
- *Ensure all staff understand and can explain what situations need to be reported as safeguarding*
- *Set up a system of regular clinical supervision for paramedic and other clinical staff*

Projects and work in progress to make improvements

We have identified four key improvement projects under this theme that will underpin excellent clinical practice across the organisation. The Trust has been working intensively to deliver these projects.

- Clinical supervision

- Delivery the Mental Capacity Act and supporting patients with Mental Health issues
- Medicines Management
- Safeguarding

Clinical supervision

- This project will ensure that a system of regular clinical supervision is in place for clinical staff, to make sure that they have workplace reviews, feedback and support.

Delivering the Mental Capacity Act and supporting patients with mental health issues

- This project will strengthen the training we provide to staff on the Mental Capacity Act and put in place a support network for staff to ensure they are confident in carrying out mental capacity assessments and able to seek clarification and guidance easily where required.

Medicines Management

- This project will review medicines management governance arrangements and ensure that the Board receives robust assurance on medicines management, it will ensure that individual responsibility for medicines management is clear, and that staff take personal responsibility for the security of medicines. The project will consider the medicines management facilities at our sites and how these can be strengthened.
- The project will also seek to clarify national policy on Patient Group Directives for oral Morphine and rectal Diazepam in partnership with the Trust Development Authority, the CQC and the national pharmacy lead.

Safeguarding

- This project will focus on ensuring all staff receive the appropriate level of safeguarding training and will also look to strengthen safeguarding links with safeguarding boards, social services and other relevant organisations. The project will also guide the implementation of safeguarding supervision for staff.

We will know that we have been successful when...

We will measure success against the following indicators:

- A programme of clinical audit which tests the points raised by the CQC and audit findings which demonstrate continuous improvement.
- Increase mandatory training compliance rate
- Spot checks on compliance with the medicines management policy
- Improved compliance with drug pack forms
- Improvement in clinical practice indicators
- Unannounced spot-checks highlight high level of compliance with control and security of medical gases
- Improvement in safeguarding key indicators, including numbers of staff trained in safeguarding
- Increased appraisal and personal development plan completion rates

How we will deliver our Quality Improvement Programme

For these detailed projects to deliver there are five critical enablers:

- Staff engagement
- Strong programme governance
- Visible leadership
- Our partnership with Defence Medical Services
- Outcome of the 2016/17 contracting round

Staff engagement

To be successful, we need all our staff to understand and own our improvement journey. We will continue to engage our staff so that everyone clearly understands what our improvement plan sets out to achieve and the actions we are taking to get there.

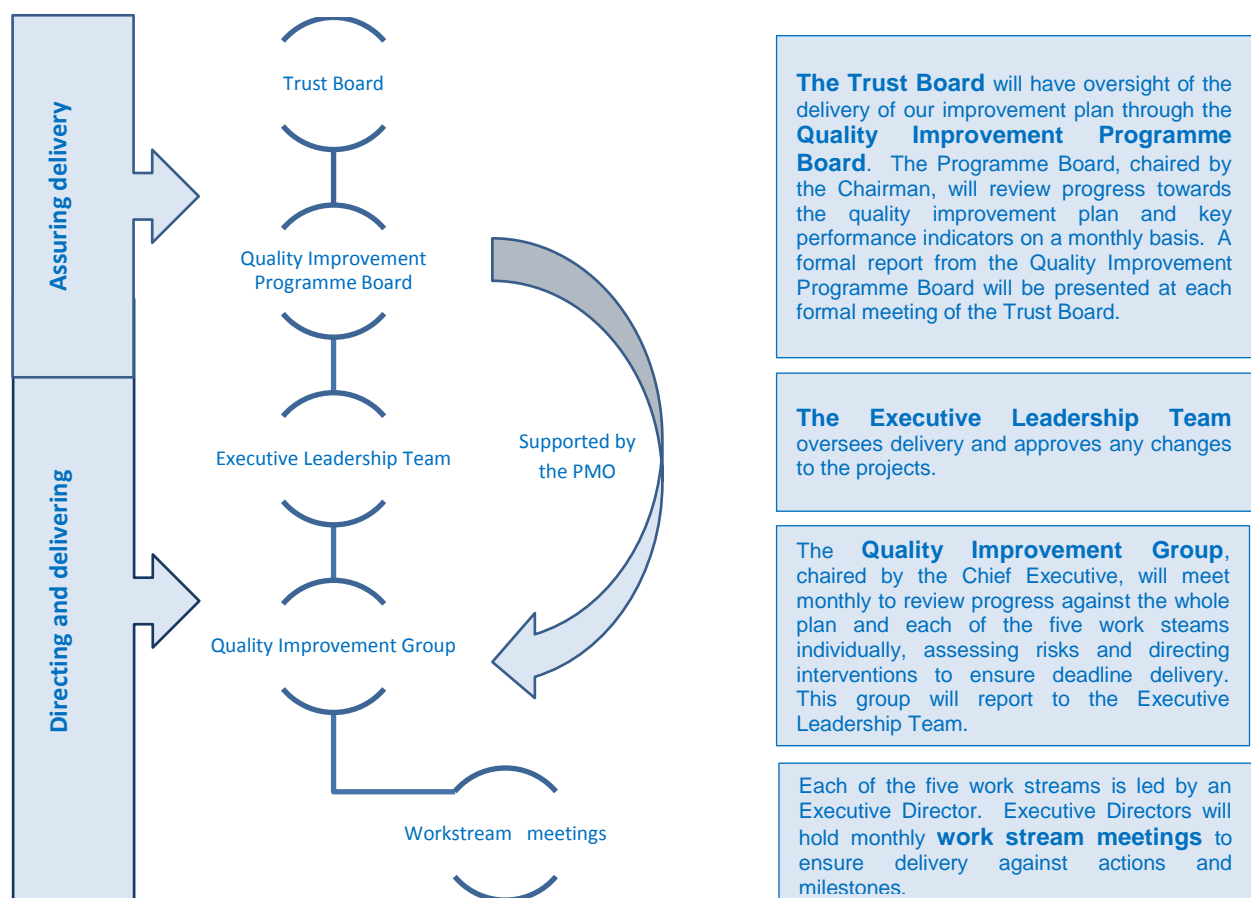
The staff road shows throughout October 2015 gave around 900 staff the opportunity to meet members of the leadership team and hear about the Trust's strategy, the vision for the future, organisational values, how the trust is tackling bullying and harassment, recruitment and the Chief Executive's commitments to staff.

We will hold local sector/departmental sessions to develop local implementation plans so that each part of the Service delivers towards our improvements. Key roles will have "action cards" to ensure that individuals are clear on what the service needs them to do. We will work closely with our managers to support them and their local teams to improve the working environment and to encourage engagement and involvement.

We will continue to update our staff, partners and other stakeholders on progress so that everyone is sighted on both our achievements and the work we still need to do.

Strong Programme Governance

We have established a clear programme of delivery, accountability and governance, led by the Director of Transformation and Strategy, and supported by a Programme Management Office (PMO), to ensure oversight and leadership in the delivery of our quality improvement plan. The diagram below identifies how the programme will be governed.



A report detailing performance against our plan will be submitted to the Clinical Quality Review Group (CQRG), chaired by the nominated quality lead from London's Clinical Commissioning Groups, as well as the Regional Oversight Group jointly chaired by the NHS Trust Development Authority (NHS Improvement) and NHS England (London).

Programme Management Office (PMO)

The PMO will:

- Closely monitor the progress of our plan and ensure that this progress along with issues and risks are reported and managed
- Hold the baseline data, delivery dates and target trajectories so that can progress can be effectively measured
- Capture any changes to planned delivery and ensure they are authorised by the Executive Leadership Team.

Specifically the PMO will track progress against:

1. Delivery

We have developed detailed action / milestone plans for each of our improvement areas. Each improvement action has a nominated lead Executive Director and a local owner who together will take accountability for the delivery of the milestone. Progress against milestones will be reviewed on a monthly basis at the work stream meetings and the Quality Improvement Group.

2. Performance metrics

In addition to key national standards, we have developed a set of measures to determine whether our improvement projects are succeeding. These measures will enable us to track progress, ensure delivery of the planned improvements and demonstrate success.

Where performance is not in line with the plan, the local owner will provide exception reports and change requests with clear remedial actions and a delivery impact assessment for approval by Executive Leadership Team.

Visible leadership

The Executive Leadership Team recognises that it needs to be more visible across the organisation and able to demonstrate that it is engaging and listening to staff. The clinical directors all carry out regular clinical shifts, as do members of their teams. The Chief Executive is a doctor and also undertakes regular clinical shifts. They and their deputies participate in clinical on-call and are available to provide clinical leadership and support to our staff.

The non-clinical executive directors undertake observational shifts with front line and control room staff and regular meetings with their management teams and wider groups of staff.

A programme has been developed and will be implemented in February 2016, to assign each executive director to a sector or support service. This will enable each director to build an understanding of the sector and support services and the issues being faced, as well as recognising the good practice and achievements that exist.

The Chairman and Non-Executive Directors also undertake observational shifts and visits to meet and talk to members of staff. In October 2015, we commenced a programme of Board meetings held at other Trust sites. This enables Board members to visit other sites and to meet local teams in a more informal setting. Staff are also invited to present local initiatives and share their experiences at these Board meeting.

Our partnership with Defence Medical Services

We recognise that we have a great deal to do, and to learn. We can't do this alone.

We are very fortunate and excited to be working with Defence Medical Services, who have experience of leading teams to deliver improvements in difficult and adverse



conditions. For example, they set up the Hospital in Camp Bastion, Afghanistan, that dealt with large volumes of patients with complex injuries. Their development of new processes and a new management approach motivated teams to deliver clinical and workplace improvements that led to better patient outcomes. We are looking forward to co-designing a leadership programme with them, for the London Ambulance Service, during January and February 2016, to be rolled out immediately.

The outcome of the 2016/17 contracting round

We work in close partnership with London's 32 CCGs who have supported the development of The London Ambulance Service over the last two years.

The resource implications of this plan will be discussed in detail with commissioners as part of the year's contracting round. The detailed actions within this plan may therefore, be subject to change, and are dependent upon financial support from CCGs.

Working in partnership to ensure delivery

At its heart our Quality Improvement Plan is about delivering better care for patients and making The London Ambulance Service a better place to work for our staff. In order to achieve this, we need to fundamentally transform the Service. We are clear that we cannot deliver our plan without the support and co-operation of our staff, patients and stakeholders. This quality improvement plan will make every part of our organisation stronger but there must be an acceptance that change and transformation on this scale will not happen over-night.

Trade Union Colleagues

Our trade union colleagues are critical to our success. We acknowledge we need to build better and closer relationships with them. We need to make a fresh start and co-design new arrangements for partnership working so that together, we get back to being the best ambulance service in the UK.

System Partners

At the CQC Quality Summit for The London Ambulance Service, we were joined by a number of our partners across London. We were struck by the support for the Service across the Capital. It was clear that everyone at the summit wanted The London Ambulance Service to improve and succeed, and to help us do this a number of commitments were made by key partners. The commitments organisations made included:

NHS England (London) and lead CCG Commissioners will support us:

- To improve access to urgent care centres
- To work with challenged providers to drive actions to support timely hospital handovers.
- To modernise our estate and information technology
- To develop a “London Package” to help retain our staff
- To develop a staff charter to outline what people can expect as an LAS employee and what is expected of an LAS employee.

Health Education England has supported our aim to develop a leadership arm of The London Ambulance Academy and has agreed to share training advice and learning resources.

We are grateful to those people and organisations who invested their time to help us shape our Quality Improvement Plan.

Clinical Commissioning Groups

We work in close partnership with London's 32 CCGs who have supported the development of The London Ambulance Service over the last two years.

The resource implications of this plan will be discussed in detail with commissioners as part of the year's contracting round. The detailed actions within this plan may, therefore, be subject to change and are dependent upon financial support from CCGs.



Theme 1: Making the London Ambulance Service (LAS) a great place to work	Exec Lead: Paul Beal	CQC Domain: Safe, Well- led, Effective
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Proposed action	Deliverables	Owner	Due date	Dependencies	Milestone plan								KPI	Exception update (first update due mid Feb)		
					Pre Jan 16	Jan-16	Feb-16	Mar-16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17				
Advert to Action (Recruitment) - Paul Beal																
Recruit sufficient frontline paramedic and other staff to meet patient safety and operational standard requirements	1.1	To deliver the Advert to Action project, ensuring that the recruitment target of 3169 wte establishment is achieved	MC	31/03/2016	Contract settlement for 2016/17, HEE funding availability				✓					*Recruitment target of 3169 is achieved by the end of March 2016, with 3040 established by end of January 2016 and 3129 at the end of February 2016 *Monthly reports produced detailing the current recruitment position against trajectory at the end of January, February and March 2016 *By the end of June 2016 a scoping review will be completed and a detailed plan outlined covering the graduate offering in relation to the overall recruitment process, the bursary and the efficiencies of the processes *By the end of September 2016 the graduate package including recruitment materials, graduate fair offering and relocation packages will be launched		
	1.2	To redesign the recruitment process to improve graduate recruitment packages, processes and efficiencies	MC	30/08/2016						✓						
	1.3	To finalise the trainee paramedic bursary contract ensuring graduates are tied in to jobs at the LAS at the end of their university training	TC	31/01/2016			✓									
	1.4	Continue to work with HEE nationally to ensure that paramedic education and recruitment remains a high national priority	TI	on-going												
	1.5	Design "Keep in touch sessions" so that LAS actively builds relationships with, and retains the interests of, graduate paramedics at all universities across the UK	MC	30/06/2016						✓						
Bullying and Harassment - Paul Beal																
Develop a detailed and sustained action plan to tackle bullying and harassment and a perceived culture of fear in some parts of the organisation	1.6	To scope and develop phase 2 of the bullying & harassment (b&h) plan	CGA	31/03/2016				✓					*By the end of March 2016 an action plan detailing phase 2 of the Trust's commitments to tackle b&h will be completed and endorsed by the Trust Board. *A NED will be appointed (scheduled for Jan 2016) to lead on the re-launch of the revised b&h policy which will be completed and disseminated by April 2016. *By the end of June 2016, 17 b&h awareness workshops will be completed. Representation will be evident from all levels of the organisation *A training programme for b&h investigators will be designed and delivered to 24 candidates by the end of March 2016			
	1.7	Appoint a Non Executive Director to enhance leadership to demonstrate the Trust Board's commitment for tackling bullying & harassment	RH	31/01/2016		✓										
	1.8	Design and set up staff bullying & harassment workshops to raise awareness across the organisation	CGA	31/03/2016				✓								
	1.9	Put in place a programme of bullying & harassment awareness training for all levels of management	CGA	30/06/2016					✓							
	1.10	Develop and deliver a training programme for internal bullying & harassment investigators	CGA	31/03/2016				✓								
	1.11	Revise bullying & harassment policy in line with phase 2 of the action plan and relaunch the policy	CGA/AB	31/03/2016				✓								
	1.12	Deliver bullying & harassment awareness sessions at a range of local forums as requested by teams and managers	CGA	31/03/2017					✓	✓	✓	✓				
	1.13	Design and deliver an on-going communication plan to raise awareness of bullying & harassment throughout the organisation	CGA	31/03/2017					✓	✓	✓	✓				
Training - Karen Broughton																
Review development opportunities for staff	1.14	Redesign the corporate induction programme so that staff are inspired and excited about working in LAS, and that they all the information they need to start their new job well	JT / JS	30/06/2016	IT to support new training records system; People and Organisational Development Strategy					✓			*The redesign of the corporate induction programme will be completed by June 2016 *The LAS Academy will be launched in January 2016 with the first cohort of students commencing their training in January 2016 *A scoping review will be undertaken to review the feasibility and practicality of implementing ILAs for all non patient facing staff *ILAs then subsequently rolled out for all non patient facing staff by end of March 2017 *A specification will be completed for a new training records system by the end of February 2016, with the new system procured and in place by the end of September 2016			
	1.15	Launch the LAS Academy, to ensure that LAS has the ability to internally train its Paramedics for the future	TI	31/01/2016			✓									
	1.16	Complete a statutory and mandatory training matrix to determine training needs and requirements across all staff groups	JT / JS	31/05/2016						✓						
	1.17	Roll out individual learning accounts, through designing and delivering statutory and mandatory training programme for non clinical staff	JT / JS	31/03/2017								✓				
	1.18	To develop a user specification for a new training records system, so that real time and accurate training data is available and non-compliance can be easily flagged and rectified	JT / JS	31/03/2016					✓							
Ensure all staff have sufficient opportunity to complete their mandatory training including personal alerts and control record system	1.19	Procure and implement the new training records system across the organisation	JT / JS	30/09/2016	IM&T Strategy						✓		*By the end of March 2016, the current training of frontline staff in cognitive assessments will be delivered within the CSR programme in accordance with NICE guidelines *By the end of March 2017, a full audit will be undertaken of the usage of, and adherence to, the cognitive assessment in clinical practice			
Provide NICE cognitive assessment training for frontline ambulance staff	1.20	To review and improve the existing training for cognitive assessment and include in the CSR programme for 2016	KD	31/03/2016	Availability of training venues				✓							



Proposed action	Deliverables	Owner	Due date	Dependencies	Milestone plan								KPI	Exception update (first update due mid Feb)	
					Pre Jan 16	Jan-16	Feb-16	Mar-16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17			
1.21	To design the process in which the usage of the cognitive assessment is routinely audited to ensure compliance across the frontline workforce	KD	31/03/2017										✓		
Equality and Inclusion - Paul Beal															
1.22	Undertake baseline assessment against the Equality Delivery System 2 and Racial Equality Strategy	JM	31/03/2016				✓							*4 focus groups will be conducted in 2016/17 with BME staff *A review of recruitment and promotion procedures will be undertaken and completed by the end of July 2016 *A recruitment masterclass will be scheduled and delivered by September 2016 *85% of all managers will attend the equality and inclusion training by the end of March 2017. A quarterly report will be presented to the workforce committee setting out the % of compliance against the trajectory	
1.23	To review current recruitment and promotion practices to ensure best practice and compliance with legislative requirements	JM	31/07/2016					✓							
1.24	To review current recruitment and selection training attendance and deliver recruitment master class	JM	30/09/2016						✓						
1.25	Roll out equality and inclusion mandatory training followed by regular refreshers for all line managers	JM	31/03/2017					✓	✓	✓	✓				
1.26	Develop local links with BME community groups, schools and support organisations	JM	30/09/2016						✓						
Vision and Strategy - Karen Broughton															
1.27	Identify Executive Leadership Team (ELT) leads across all areas across the Trust and a programme of visits scheduled to improve visibility of the team	ZP	29/02/2016	Staff being released from core duties to attend staff engagement activities			✓							*By the end of February 2016 the Executive Leadership Team will be aligned to sectors across the organisation. A programme of monthly sector visits will be circulated to the relevant sector teams. A master copy of which will be kept with the Chief Executive's Office for inspection *By the end of June 2016 an internal campaign will be designed and launched to all staff effectively communicating the Trust's purpose and values *A programme of staff engagement sessions will be determined by the of July 2016 to facilitate the design of the staff charter	
1.28	Develop and implement a plan to hold formal board meetings in sectors across the Trust	SA	31/01/2016			✓									
1.29	Review the Trust's values and engage with all staff in their development and reaffirm new values through all training and induction programmes	KB	31/07/2016						✓						
1.30	Design and deliver sector based sessions to engage staff on the design of the LAS staff charter	JT / JS	31/07/2016						✓						
1.31	Organise, design and deliver the CEO Team Road shows for 16/17	DB	31/05/2016					✓							
Supporting Staff - Karen Broughton															
1.32	Redesign and simplify the Trust appraisal system and appraisal training	JT / JS	30/06/2016	ESR workstream completed and staff released from core duties to attend appraisal sessions					✓					*Following the development of the competency framework, process and guidance materials 60% of staff will have received an annual appraisal by the end of March 2017 *Rising to 80% by end of March 2018 *An accurate method for capturing and reporting appraisal data on a monthly, cumulative basis is scoped and implemented to ensure consistency and credibility of data by end of September 2016	
1.33	Design guidance materials in relation to the new appraisal process and communicate this to all levels of the Trust	JT / JS	30/06/2016						✓						
1.34	To set up data capture processes so that appraisal completion rates can be reported to the Workforce Committee	JT / JS	31/12/2016							✓					
1.35	Design and publish the annual training plan; incorporating both patient and non patient facing staff development activities	JT / JS	31/12/2016							✓					
Retention- Karen Broughton															
1.36	To review the eight retention objectives and actions	PB	31/03/2017	Commissioning negotiations, trade union discussions									✓	*A scoping review will be undertaken to determine the feasibility and viability of a specific London package. *All of the current actions as detailed within the approved retention strategy will be completed by the end of March 2017	
1.37	Negotiate the funding for 'The London Package' as part of contracting round 2016/17	PB	31/03/2016				✓								*A turnover target of equal to, or less than, 15% will be the baseline for 2016/17. This target will be reviewed and presented to the Workforce Committee and Trust Board on a monthly basis, with supporting leaver analysis completed

R Red - A problem needs serious attention and action now
A Amber - Not complete, in progress, a risk but not an issue yet
G Green - On track, in progress and complete to plan, no issues



Theme 2: Achieving good governance	Exec Lead: Sandra Adams	CQC Domain: Safe, Well- Led, Responsive
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Proposed action	Deliverables	Key Owner	Due date	Dependencies	Milestone plan								KPI	Exception update (first update due mid Feb)	
					Pre Jan 16	Jan-16	Feb-16	Mar-16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17			
Risk Management - Sandra Adams															
Improve the system of governance and risk management to ensure that all risks are reported, understood, updated and cleared regularly. Ensure staff report all incidents and are encouraged to do so	2.1	Undertake a baseline review of all local risk registers and complete a gap analysis	PN	30/11/2015		✓									*All local risk registers will be updated monthly with all risks being reviewed within the appropriate timeframes *All risks will be clearly identified as open or closed *A log will be maintained of all incidents reported *An audit will be conducted on an annual basis to determine any issues and compliance with effectively maintaining a local risk register; with quarterly spot checks carried out by the Governance Team *Key measures will be reviewed on a quarterly basis with a report submitted into the CQRG. Key measures include incidents resulting in injury to staff and patients; claims for compensation; complaints; staff satisfaction surveys and patient experience feedback *LAS Risk Management Policy will be completed by the end of April 2016 *By the end of March 2016 the strategic risk review of the Trust Risk Register will be completed *By the end of April 2016 the strategic risk review will be aligned and evident in the Board Assurance Framework and local risk registers *By the end of March 2016 a risk management training programme will be developed and rolled out to 85% of operational managers within the service *By the end of March 2016 a risk management training programme will be developed and rolled out to 85% of corporate and support managers within the service *By the end of March 2016 a risk management training programme will be developed and rolled out to 100% of the Board *A check of understanding of risk management training will be completed by reviewing local risk registers by end of March 2016 to give the baseline for audit
	2.2	Undertake regular monitoring / audit of risk registers	PN	31/03/2017				✓	✓	✓	✓	✓			
	2.3	Update and publish revised Risk Management Policy	PN	30/04/2016					✓						
	2.4	Complete a strategic risk review of the Trust risk register	Trust Board	31/03/2016				✓							
	2.5	Align the strategic risk review with local risk registers and board assurance framework	PN	30/04/2016					✓						
	2.6	Roll out updated risk management training for all operational managers for cascading to all staff, raising awareness of risk management processes	PN	31/03/2016				✓							
	2.7	Roll out updated risk management training for all corporate and support managers (including ELT) for cascading to all staff, raising awareness of risk management processes	PN	31/03/2016				✓							
	2.8	Check on understanding of risk management across managers and staff	PN	30/06/2016						✓					
	2.9	Risk management training for NEDs and Executive Directors	PN	31/03/2016				✓							
Capability and capacity of Health, Safety and Risk function - Sandra Adams															
Review the capacity and capability of the trust risk and safety team to address the backlog of incidents and to improve incident reporting investigation learning and to feedback the trust and frontline staff	2.10	Complete benchmarking of health, safety and risk resourcing	SA / PB	31/01/2016			✓							*By the end of May 2016 an external review will be completed of the capacity and capability of the risk and safety team with recommendations and an option appraisal by the 30th June 2016 *A plan will be completed to address clearing the backlog of outstanding incidents reported. This will be completed by the end of June 2016 and presented to CQRG	
	2.11	Outcome of benchmarking will inform specification for external review of the function	SA / PB	29/02/2016			✓								
	2.12	Undertake external review and consider the recommendations	SA / PB	31/05/2016					✓						
	2.13	Produce an options appraisal to address the recommendations from the external review	SA / PB	30/06/2016					✓						
	2.14	Conclude the implementation of agreed changes to include; consultation, procurement and management of change process (where required)	SA / PB	31/03/2017								✓			
	2.15	Continue to address the backlog of incident reports on the datix system and move this to datixweb	SA / PN	30/06/2016					✓						
Improving incident reporting - Sandra Adams															
Review and improve Trust incident reporting data Address under reporting of incidents including the perceived pressure in some departments not to report some incidents	2.16	Review incident reporting awareness tools	MNI	29/02/2016	Operations teams to attend training and cascade DatixWeb system supplier			✓						*A safety and incident bulletin will be produced monthly from the end of March 2016 and circulated across the organisation to all staff *By the end of February 2016 routine site checks will include an audit to ensure the availability of LAS2 pads at every station *By the end of June 2016 datix web training will be rolled out for all operational teams	
	2.17	Introduce monthly safety and incident bulletins	MNI	31/03/2017	Funding for single point of contact team			✓	✓	✓	✓	✓	✓		
	2.18	Undertake regular audits to ensure availability of LAS2 pads at every station via routine site checks	PMCK	31/03/2017				✓	✓	✓	✓	✓	✓		
	2.19	Scope the creation of a 24 hour single point of access team to simplify incident reporting for frontline staff	PN	31/12/2015			✓								
	2.20	Implement the outcomes following the scope in creating a single point of access	PB	31/03/2015				✓							



Proposed action	Deliverables	Key Owner	Due date	Dependencies	Milestone plan								KPI	Exception update (first update due mid Feb)
					Pre Jan 16	Jan-16	Feb-16	Mar-16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17		
2.21	Develop DatixWeb training and implementation plan for roll out	PN	30/06/2016							✓				
	Design a plan for staff communication to ensure they understand the Trust updated incident management processes, following the implementation of DatixWeb	PN	30/06/2016							✓				
Duty of Candour - Sandra Adams														
Set up learning to ensure all staff understand Duty of Candour and their responsibilities under it.	2.23	Incorporate training and information on Duty of Candour into existing training programmes (e.g. induction, risk management, incident reporting, CSR programme 2015)	PN	29/02/2016			✓							*By the end of February 2016 Duty of Candour training and information will be evident within induction programmes, risk management training and incident reporting training *By the end of February 2016 Duty of Candour responsibilities will be evident within LAS' regular communication mediums, specifically the RIB and LAS News
	2.24	Implement a range of regular internal communications to outline staff responsibilities in applying DoC when a patient safety incident occurs and apology needed if appropriate	PN	31/03/2017			✓	✓	✓	✓	✓	✓		
	2.25	Agree the tools and method to test understanding of DoC across all staff groups	PN	31/03/2016			✓							
Operational planning - Paul Woodrow / Paul Beal														
Review staff rotas to include time for meal breaks, and administrative time for example for incident reporting.	2.26	Review current rest break and out of service policies and arrangements, and scope the impact of achieving full compliance with these policies	PB	30/06/2016	Partnership and negotiations with Trade Unions					✓				*A review of the Rest Break Policy and the Out of Service Policy will be completed by End of June 2016 *A strategy will be developed for EOC and evidently aligned against the wider LAS strategy. This will be completed by the end of March 2017
	2.27	Implement any changes arising from the review and communicate to staff	PW	30/09/2016							✓			
Develop a long term strategy for the EOCs.	2.28	Review current ways of operating within EOC to include fully establishing and resourcing changes to operations made as part of performance improvement plan	KM	30/04/2016	Blue light collaboration programme					✓				
	2.29	Embed and implement outcomes of review (to include recruitment and training as required)	KM	30/09/2016							✓			
	2.30	Develop a long term EOC strategy taking into account the wider LAS strategic transformation plan (STP) and the wider blue light collaboration agenda	KM	31/03/2017									✓	
Listening to patients - Zoe Packman														
Ensure better public and staff communication on how to make a complaint including provision of information	2.31	Scope, design and create information materials to be available on LAS vehicles for patients	GB	31/03/2016	Engagement with PPI team, QGAMs to ensure feedback to staff is appropriate					✓				*By the end of April 2016 a scoping review will be completed for the provision of information materials for patients *By the beginning of April 2016 LAS external website will be updated to improve the process for patient complaints *By the end of June 2016 an effective reporting process and agreed frequency of meeting dates will be established for the Patient Experience Committee *All actions from complaints will be co-ordinated and reviewed on a monthly basis to ensure implementation and completion. A quarterly update of this review process will be provided to CQRG
	2.32	Update external website and develop mechanisms to improve the process for patient feedback	GB	31/03/2016						✓				
	2.33	Establish system to gain feedback from complainants on the LAS complaints process	GB	30/04/2016							✓			
	2.34	Review how complainant feedback is fed into the Improving Patient Experience Committee	GB	30/06/2016							✓			
	2.35	Develop process to ensure staff receive feedback on complaints made by patients, in conjunction with Quality, Governance and Assurance Managers (QGAMs)	GB	30/06/2016							✓			

R Red	A problem needs serious attention and action now
A Amber	Not complete, in progress, a risk but not an issue yet
G Green	On track, in progress and complete to plan, no issues



Theme 3: Improving patient experience					Exec Lead:	Zoë Packman		CQC Domain:	Responsive, Effective					
Proposed action	Deliverables	Key Owner	Due date	Dependencies	Milestone plan								KPIs	Exception update (first update due mid Feb)
					Pre Jan 16	Jan-16	Feb-16	Mar-16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17		
PTS- Paul Woodrow														
Ensure PTS booking procedures account for the needs of palliative care patients	3.1	Develop, engage external stakeholders and start pilot of pan-London process for pre-booking palliative care patients	ND	30/06/2016						✓				
	3.2	Roll out pilot of pan-London process for pre-booking palliative care patients	ND	31/07/2016							✓			
	3.3	Review pilot of pan-London process for pre-booking palliative care patients	ND	30/09/2016							✓			
	3.4	Roll out a single process for pre-booking palliative care patients following pilot	ND	31/12/2016								✓		
	3.5	Undertake audit outcome / usage of pre-booking process	ND	31/03/2017									✓	
Review and improve patient waiting times for PTS patients	3.6	Review current waiting times for PTS patients against contractual KPI and identify areas for improvement	ND	29/02/2016			✓							
	3.7	Implement identified action plan to improve waiting times for PTS patients	ND	31/03/2016				✓						
	3.8	Communication to patients and providers regarding estimated waiting times and action plan	ND	31/03/2016				✓						
	3.9	Implement feedback survey to providers to assess impact of actions on the service	ND	31/03/2017					✓	✓	✓	✓		
Meeting peoples needs- Fenella Wrigley/ Paul Woodrow														
Develop operational plans to respond to the growing bariatric population in London	3.10	Write and implement new clinical guidance from the Medical Directorate, including the review of current policies regarding bariatric patients	DW	30/06/2016						✓				
	3.11	To work with fleet, logistics, operations and clinical education to scope the implementation plans and required training in respect of new fleet vehicles and/or processes	KBA	31/07/2016							✓			
	3.12	Procure specialist assets as identified above	NP	31/03/2017									✓	
Review operational guidelines for managing patients with mental health issues and communicate these to staff	3.13	Update guidelines for managing patients with mental health issues	KD	29/02/2016			✓							
	3.14	Establish and monitor feedback process with staff to ensure they are capable of managing mental health patients	KD	31/03/2016				✓						
Response times- Paul Woodrow														
Review patient handover recording systems to be more time efficient.	3.15	Review current HAS-PIN system to identify any issues that contribute to handover delays and include recommendations for improvement for both LAS and acute providers	SK	29/02/2016	Support, commitment and action from NHS England, providers, commissioners to reduce handover delays			✓						
	3.16	Share review and recommendations with stakeholders (e.g. NHS England (London), Commissioners, Acute providers, and NHS Improvement)	SK	30/03/2016				✓						
	3.17	Support NHS England (London) plan to reduce handover times at the eight worst performing emergency departments across London	SK	29/02/2016			✓							
	3.18	In partnership with the Regional Oversight Group, implement the recommendations for improving patient handover in hospitals	SK	31/03/2017					✓	✓	✓	✓		

Problem needs serious attention and action now
 Complete, in progress, a risk but not an issue yet
 Back, in progress and complete to plan, no issues



Theme 4: Improving environment and resources					Exec Lead:	Andrew Grimshaw		CQC Domain:	Safe, Effective						
Proposed action	Deliverable	Key Owner	Due date	Dependencies	Milestone plan								KPIs	Exception update (first update due mid Feb)	
					Pre Jan 16	Jan-16	Feb-16	Mar-16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17			
Fleet / Vehicle Preparation - Andrew Grimshaw															
Ensure sufficient time for vehicle crews to undertake their daily checks	4.1	Scope and review process to provide time and resource to enable statutory vehicle checks at start of shift	KBR	31/03/2016	Fleet Strategy				✓						*Trajectory for improvement in VDI adherence to be completed by the Operations Department by end of March 2016
Improve blanket exchange system pan London to prevent re-use of blankets before cleaning	4.2	Agree roll out of scoped process	KBR	30/04/2016						✓					
Define and agree responsibilities between Operations, Fleet & Logistics, Estates and Clinical															
Improve equipment checks on vehicles and ensure all equipment checks are up to date on specific equipment such as oxygen cylinders	4.3	Define and agree responsibilities for all resource and equipment activities on stations.	AG/PW	31/03/2016					✓						*By end of March 2016, responsibility for stations, equipment and vehicle maintenance will be clearly outlined and documented
	4.4	Define implementation plan for agreed changes	AG/PW	31/03/2016					✓						
	4.5	Deliver action plan	AG/PW	31/03/2017									✓		
Vehicle procurement 140 Ambulances / 60 Fast Response Vehicles															
Ensure equal provision of ambulance equipment across shifts	4.6	Complete current Ambulance procurement (140 vehicles)	CV	31/03/2017					✓						*60 new fast response vehicles deployed by the end of June 2016
Ensure consistent standards of cleanliness of vehicles and instigate vehicle cleanliness audits	4.7	Complete current Fast response Vehicle procurement (60 vehicles)	CV	30/06/2016						✓					*140 new ambulances deployed by the end of March 2016
Fleet Strategy															
Review maintenance of ambulances to ensure all are fully operational including heating etc	4.8	Draft fleet strategy; to define scale, type and operation of LAS vehicle fleet	AG	30/09/2016									✓		*Vehicles in service and deployable will be consistently at 97.5% or above
Review arrangements in the event of ambulances becoming faulty at weekends	4.9	Agree fleet strategy	AG	31/01/2017										✓	
Vehicle Preparation: Equipment															
	4.10	Review Vehicle Daily Inspection (VDI) sheets to ensure complete and comprehensive.	KME	31/01/2016			✓								*Trajectory for improvement in VDI adherence to be completed by the Operations Department by end of March 2016
	4.11	Update 'Make Ready' staff	KME	31/01/2016			✓								* Compliance with Make Ready contract and complete equipment tracking
	4.12	Review current 'Make Ready' system to assess for capability of enabling equipment tracking	CV	29/02/2016				✓							
	4.13	Review 'Make Ready' and processes to enable compliance	KME	31/05/2016						✓					
Vehicle Preparation: Vehicle Make Ready															
	4.14	Scope agreed for revised Make Ready service. To cover vehicle equipping, cleaning and general preparation	CV	31/01/2016			✓								*Vehicles in service and deployable will be consistently at 97.5% or above
	4.15	Agree location of trial and funding for revised scope	CV	29/02/2016				✓							*Vehicle deep clean to achieve 95% as a rolling average every 8 weeks
	4.16	Undertake trial to test proposal and refine offering (trial duration expected to be 3 months)	CV	31/05/2016						✓					
	4.17	Assess trial outcomes, agree any potential refinements and develop business case for roll out across the Trust	CV	31/07/2016							✓				
	4.18	Roll out revised Make Ready across the Trust	CV	31/03/2017									✓		
Vehicle Maintenance: Workshops															
	4.19	Review workload, staffing and availability.	CV	28/01/2016				✓							*Planned maintenance cycles to be completed every 12 weeks of all deployed vehicles
	4.20	Maintain "zero tolerance" of minor defects	CV	31/03/2017					✓	✓	✓	✓	✓		*95% of planned maintenance of vehicles to be completed within 48 hours
	4.21	Review out of hours cover and assess options for extended coverage.	CV	31/03/2016					✓						*95% of unplanned jobs (defects) to be completed within 24 hours
Vehicle Maintenance: External Support															
	4.22	All existing contracts, performance and management reviewed to ensure current arrangements are adequate for service needs.	CV	31/01/2016					✓						*Active contract management to ensure current response times are within agree contract parameters on an ongoing basis
	4.23	Current arrangements adjusted following review as necessary	CV	31/03/2016					✓						
Blankets															
	4.24	Collection of used blankets from hospitals and hospital laundry providers enhanced. Supply of current blankets increased - including use of disposables	CV	31/01/2016					✓						*Vehicle Preparation to ensure 100% vehicles equipped with blankets at start of shift



Proposed action	Deliverable	Key Owner	Due date	Dependencies	Milestone plan								KPIs	Exception update (first update due mid Feb)	
					Pre Jan 16	Jan-16	Feb-16	Mar-16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17			
4.25 Options for revised supply of blankets to crews reviewed.		CV	29/02/2016				✓								
	4.26 Revised option agreed with staff and Business case developed to implement	CV	29/02/2016				✓								
	4.27 Preferred and agreed option implemented	CV	31/03/2017										✓		
Information Management and Technology - Andrew Grimshaw															
Improve access to computers at ambulance stations to facilitate e-learning and learning from incidents	4.28 Review current provision of IMT on station and in "hotdesk" areas to ensure sufficient access to support crews for e-learning and learning from incidents	SA (IMT)	04/01/2016	IMT provision to be aligned to support Training and Development strategy being developed	✓										*All stations to have access to a PC and ensure hot desk areas are clearly indicated
	4.29 Scope options to improve access including the assessment of personal issue of electronic device which will allow staff to access information remotely	SA (IMT)	30/06/2016						✓						
	4.30 Develop business case and submit to ELT to agree preferred option	ELT	31/07/2016						✓						
	4.31 Implementation plan developed	SB	31/09/2017							✓					
	4.32 Roll out agreed option as per plan	SB	31/03/2017											✓	
Infection Control and Prevention - Zoe Packman															
Ensure full compliance with bare below the elbow requirements. Ensure adequate and ready provision of protective clothing for all ambulance crews	4.33 Review current guidance on bare below the elbows and reissue to staff	KBR	31/03/2016	Operations, in conjunction with ICP expertise Vehicle preparation team					✓						*To ensure compliance with infection control local audits on an ongoing basis *Implement bare below the elbow monitoring from April 2016
	4.34 Establish local monitoring process for bare below the elbows compliance	BS	31/03/2016						✓						
	4.35 Review protective clothing pack contents to ensure staff have appropriate provision as required	KME	30/06/2016							✓					
	4.36 Implement agreed protective clothing pack for staff	KME	30/09/2016								✓				
	4.37 Communicate availability of protective clothing to all staff	KBR	30/09/2016									✓			
Facilities and Estates- Sandra Adams															
Review and improve ambulance station cleaning to ensure full infection, prevention and control in the buildings and in equipment used to daily clean ambulances	4.38 Review of stations to understand what remedial work is required to achieve infection control compliance and scope cleaning contract to meet requirements	MN	31/12/2015	Review and agree housekeeping compliance with GSMS	✓										*Complete agreed number of cleaning compliance audits each quarter from Q1 2016/17 *All staff complaints regarding cleanliness of buildings will be investigated and reported back to the member of staff and the Group Station Manager *Active contract management to ensure current response times are within agreed contract parameters on an ongoing basis
	4.39 Quote obtained to improve Ambulance station cleaning to ensure full infection, prevention and control compliance in the buildings and in the equipment used to clean ambulances on a daily basis	MN	01/12/2015		✓										
	4.40 Review options appraisal for changes to cleaning specification and contracts	MN	29/02/2016					✓							
	4.41 Implement agreed option for cleaning contracts and specifications	MN	31/03/2016						✓						
	4.42 On-going audit of cleaning compliance against specification	MN	31/03/2017							✓	✓	✓	✓		
Resilience functions- Paul Woodrow															
Recruit to the required level of HART paramedics to meet its requirements under national ambulance resilience (NARU) specification (84 WTE)	4.43 Complete HART recruitment to full establishment to meet current NARU specification	KBA	31/01/2016	NARU for national training availability, NHSE		✓									*Compliance with the current staffing establishment for HART as set out in the national specification (84 WTEs) *Compliance with the training requirements as set out in the national specification
	4.44 Train newly recruited staff to ensure they are operationally deployable	KBA	31/03/2015						✓						
Increase training to address gaps identified in the overall skill training and competence of HART paramedics	4.45 Review current HART training gap analysis to ensure HART staff are compliant with training requirements	KBA	31/12/2015		✓										
	4.46 Develop 2016/17 training plan for all resilience functions	KBA	31/03/2016						✓						
	4.47 Implement 2016/17 training plan	KBA	31/03/2017											✓	





Theme 5: Taking pride and responsibility					Exec Lead:	Fenella Wrigley		CQC Domain:	Safe, Effective						
Proposed action	ID	Deliverable	Key owner	Due date	Dependencies	Milestone plan								KPIs	Exception update (first update due mid Feb)
						Pre Jan 16	Jan-16	Feb-16	Mar-16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17		
Clinical supervision-Fenella Wrigley															
Set up a system of regular clinical supervision for paramedic and other clinical staff.	5.1	Implement Team Leader operational workplace reviews (OWR) / clinical information and support overview (CISO) / clinical performance indicators (CPI) feedback for all frontline staff	PMCK	31/05/2016						✓					*A detailed plan for conducting Operational Workforce Reviews will be completed for all paramedic and clinical staff by the end of May 2016 *All paramedic and clinical staff will have had an Operational Workforce Review completed by the end of March 2017
	5.2	Scope and implement a method of assuring the quality of the OWRs / Ciso and CPI feedback undertaken	JL / TE	31/12/2016								✓			
Consent MCA- Zoe Packman															
Improve training for staff on Mental Capacity Act assessment.	5.3	Deliver updated training for all patient facing staff on Mental Capacity Act as part of the 2016/17 CSR programme	JL	30/09/2016							✓			*At the end of Quarter 1 and Quarter 2 2016 the training records within CSR will be reviewed for the percentage of staff trained on the Mental Capacity Act. A quarterly report on percentage improvement will be submitted into CQRG	
	5.4	Review the training provided to patient facing staff and conduct an audit to ascertain their understanding of the Mental Capacity Act	JL	31/03/2017									✓		
Medicine Management- Fenella Wrigley															
Improve Medicine Management Implement patient group directives (PGDs) for the administration of morphine Formally appoint and name board director responsible for overseeing medical errors/safety Set up a system of checks and audit to ensure medicines removed from paramedic drug packs have been administered to patients Set up control systems for the issue and safekeeping of medical gas cylinders Review the system of code access arrangements for medicine packs to improve security	5.5	Review and reinforce the current process to capture batch numbers and to allow for reporting, monitoring and assurance of compliance	TE	31/03/2016	TDA and CQC regarding clarity on use of PGDs, Estates strategy					✓				*Spot checks on compliance with the medications management policy and specification will be conducted on station level *All incidents involving controlled and other drugs will be reviewed by the Medicines Management Group *A monthly audit will be undertaken on compliance with the completion of drug pack forms and fed back to CQRG and individual stations *PRF completion compliance will be reviewed on a monthly basis and fed back to CQRG and individual stations	
	5.6	LAS to work with the TDA and CQC throughout the legal aspects relating to PGDs	FW	TBC		TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC		TBC
	5.7	A Board Director is given responsibility for medicines safety	FM	31/01/2016			✓								
	5.8	Confirmation that all drug lockers can be secured and that key safes are all operative.	PW	31/01/2016				✓							
	5.9	Scope, review and if applicable rewrite the current process for the carrying out of routine checks of drug locker security	TE	30/07/2016								✓			
	5.10	Implement newly published or relaunched policy, including reporting processes and actions to be taken regarding shortfalls across Operations	PW	30/09/2016								✓			
	5.11	Effectively communicate, with all staff, plans to reduce incidents of incomplete drug records on PRFs sent out and carry out audits to ensure process is being adhered to	TE	30/11/2015			✓								
	5.12	Investigate and implement a medium and long term system for drug security including a dispensing system	TE	31/03/2017											✓
	5.13	Review physical condition and appropriateness of cylinder lockers at stations and ensure locks are in place on all lockers	CV	31/01/2016		Link to Fleet/vehicle preparation (station compliance)			✓						
	5.14	Introduce monthly review of cylinder locker conditions and process for reporting issues to Logistics to resolve any identified issues	KME	31/01/2016					✓						
Safeguarding-Zoe Packman															
Ensure all staff understand and can explain what situations need to be reported as safeguarding	5.15	Deliver EOC Safeguarding training	AT	30/06/2016						✓				*A scoping review will be undertaken to explore and determine the options for the provision of a model for safeguarding supervision. *By the end of March 2017 a model for safeguarding supervision will be in place across London Ambulance Service for all staff *Safeguarding will be embedded into the LAC operational process and all...	
	5.16	On-going delivery and audit of CSR safeguarding training	AT	31/03/2017						✓	✓	✓	✓		
	5.17	Establish and monitor feedback process with staff to ensure they are capable of handling safeguarding issues	AT	30/06/2015							✓				



Proposed action	Deliverable	Key owner	Due date	Dependencies	Milestone plan								KPIs	Exception update (first update due mid Feb)	
					Pre Jan 16	Jan-16	Feb-16	Mar-16	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17			
5.18	Deliver safeguarding training annually to staff within Patient Transport Service and Non-Emergency Transport service	AT	31/03/2017							✓	✓	✓	✓	the CAS appraisal process and all new job descriptions by the end of March 2016 *The number of safeguarding reports will be reviewed on a monthly basis by the Safeguarding Team *Feedback within the staff survey will be reviewed on a quarterly basis by the Safeguarding Committee	
5.19	Draft and embed standard paragraph on safeguarding that can be embedded in all new job descriptions	AT/GM	31/03/2015				✓								
5.20	Develop and maintain local links with safeguarding boards, social services and key stakeholders in conjunction with quality governance assurance managers and stakeholder engagement managers	AT	31/03/2017							✓	✓	✓	✓		
5.21	Put in place appropriate resource to assist in the implementation of the supervision model	AT	31/03/2016				✓								
5.22	Scope the implications and logistics of implementing a safeguarding supervision model to provide frontline staff with the appropriate level of oversight and support in handling safeguarding concerns	AT	31/07/2016								✓				
5.23	Review the findings of the scoping exercise and complete an options appraisal	AT	30/09/2016								✓				
5.24	Implement the required actions relating to the supervision model agreed	AT	31/03/2017										✓		
R Red A problem needs serious attention and action now															
A Amber Not complete, in progress, a risk but not an issue yet															
G Green On track, in progress and complete to plan, no issues															

R	Red	A problem needs serious attention and action now
A	Amber	Not complete, in progress, a risk but not an issue yet
G	Green	On track, in progress and complete to plan, no issues

Initials of Key Owners	Name	Role
NF	Nikki Fountain	Transformation & Engagement Lead
MC	Matt Crawford	Recruitment Transformational Lead
TC	Tony Crabtree	Assistant Director of Human Resources
KBA	Kevin Bate	Deputy Director of Operations - Central Operations
KBR	Kevin Brown	Deputy Director of Operations - North Thames
AT	Alan Taylor	Head of Safeguarding
TE	Tim Edwards	Consultant Paramedic
KM	Katy Millard	Deputy Director of Operations - Control Services
MN	Martin Nelhams	Head of Estates
CV	Chris Vale	Assistant Director Fleet& Logistics
JL	Jaqualine Lindridge	Consultant Paramedic
JC	Julie Cook	Head of Recruitment
JS/JT	Julia Smythe/ Jane Thomas	Head / Assistant Director of People & Organisational Excellence
KD	Kuda Dimbi	Menthal Health Advisor
SA (IMT)	Simon Alhadi	Senior IM&T Programme Manager
SK	Steve Kime	Head of Operational Business Change and Innovation
DW	Dave Whitmore	Senior Clinical Advisor
ND	Nic Daw	Head of Patient Transport Service
PMCK	Peter McKenna	Deputy Director of Operations - South Thames
DB	Daryl Belsey	Staff Officer to the Chief Executive
CGA	Cathe Gaskell	Bullying and Harassment Specialist
TI	Tina Ivanov	Deputy Director of Clinical Education and Standards
JM	Janice Markey	Head of Equiaty and Inclusion
PN	Peter Nicholson	Head of Governance & Assurance
MNI	Martin Nichols	Senior Health, Safety and Risk Advisor
GB	Gary Bassett	Head of Patient Experiences
NT	Neil Thompson	Deputy Medical Director
KME	Karen Merritt	Fleet & Logistics Performance Improvement Manager
NP	Nick Pope	Development Projects Manager
GM	Greg Masters	Senior Human Resources Manager

London Ambulance Service Directors		
Initials of Directors	Name	Role
KB	Karen Broughton	Director of Transformation, Strategy and Workforce
ZP	Zoë Packman	Director of Nursing and Quality
PW	Paul Woodrow	Interim Director of Operations
PB	Paul Beale	Interim Director of Human Resources
FW	Fenella Wrigley	Medical Director
FM	Fionna Moore	Chief Executive
CG	Charlotte Gwane	Director of Communications
AG	Andrew Grimshaw	Director of Finance & Business Planning
SA	Sandra Adams	Director of Corporate Affairs / Trust Secretary
JP	Jill Patterson	Interim Director of Performance



Report to:	London Ambulance Service Trust Board
Date of meeting:	2nd February 2016
Document Title:	Statement of Readiness – NHS Preparedness for a Major Incident
Report Author(s):	Brian Jordan, Business Manager to the Director of Operations
Presented by:	Paul Woodrow, Director of Operations
Contact Details:	paul.woodrow@lond-amb.nhs.uk
History:	This paper has been presented to, and approved by, the Executive Management Team on 20 January 2016
Status:	This paper is presented for the Board's approval
Background/Purpose	
<p>Dame Barbara Hakin, National Director – Commissioning Operations at NHS England, wrote to all NHS Trust Chief Executives, NHS Trust Medical Directors and Accountable Emergency Officers on 9 December 2015 about NHS preparedness for a major incident following the tragic events in Paris in November 2015. A copy of Dame Hakin's letter is attached at Appendix 1 for information.</p> <p>Dame Hakin's letter explains that she has written to all Trusts to request our support in continuing to ensure that the NHS remains in a position to respond appropriately to any threat of a major incident. In particular, Trusts have been asked to prepare a statement of readiness for a public board meeting which provides assurance on the following specific points:</p> <ol style="list-style-type: none">1. Cascade systems2. Access to sites3. Critical care capacity and capability4. Traumatic blast and ballistic injuries5. Declarations in Proclus.	
Action required	
The Board is asked to approve the statement of readiness.	
Assurance	
The statement of readiness was approved by the Executive Management Team at their meeting on 20 January 2016.	

Key implications and risks arising from this paper	
Clinical and Quality	N/A
Performance	N/A
Financial	N/A
Governance and Legal	N/A
Equality and Diversity	N/A
Reputation	N/A
Other	N/A
This paper supports the achievement of the following 2015/16 objectives	
Improve the quality and delivery of urgent and emergency response	Yes
To make LAS a great place to work	N/A
To improve the organisation and infrastructure	Yes
To develop leadership and management capabilities	N/A



STATEMENT OF READINESS

NHS PREPAREDNESS FOR A MAJOR INCIDENT

Dame Barbara Hakin, National Director – Commissioning Operations at NHS England, wrote to all NHS Trust Chief Executives, NHS Trust Medical Directors and Accountable Emergency Officers on 9 December 2015 about NHS preparedness for a major incident following the tragic events in Paris in November 2015. A copy of Dame Hakin’s letter is attached at Appendix 1 for information.

Dame Hakin’s letter explains that she has written to all Trusts to request our support in continuing to ensure that the NHS remains in a position to respond appropriately to any threat of a major incident. In particular, Trusts have been asked to prepare a statement of readiness for a public board meeting which provides assurance on the following specific points:

1. Cascade systems
2. Access to sites
3. Critical care capacity and capability
4. Traumatic blast and ballistic injuries
5. Declarations in Proclus

The London Ambulance Service’s (LAS’s) response to each of the specific points is as follows:

1. Cascade systems

The LAS has reviewed and tested its cascade systems to ensure that we can activate support from all staff groups in a timely manner including in the event of the loss of a primary communications system.

As detailed in ‘The Paging Procedure’, LAS uses SMS messages, pager messages and emails to contact nominated officers as part of our incident response arrangements and these have been tested live post-Paris during three significant incidents in December and January. All non-responses are followed up with the individual officers/their senior managers to ensure any issues are addressed as quickly as possible.

In addition to this, all staff can sign up to EMMA (Emergency and Major Incident Messaging Alert) which is a voluntary texting service that allows staff to receive a message in the event of a major incident. There are currently over 1,500 staff subscribed to this service. A second system, MAMMA (Managers Alert and Major Incident Messaging Alert) is an extension to this system through which managers who are not part of on-call paging lists can be contacted in the same way for critical management communications in emergency situations. EMMA and MAMMA are tested on a monthly basis.

Finally, as part of our internal review of resilience post-Paris, LAS has increased the number of staff who will respond to incidents to now include sector managers, clinical team leaders and group station managers.

2. Access to sites

The LAS has arrangements in place to ensure that staff can still gain access to sites in circumstances where there may be disruption to the transport infrastructure (including public transport where appropriate) in an emergency.

In the event of such incidents which threaten business continuity, LAS has a number of nominated ambulance stations which staff will be directed to. Advice about these locations will be provided to staff via messages from the resource centre. Staff will assemble at these locations and, if necessary, will be transported to the incident site/s via minibuses, patient transport service (PTS) vehicles and non-emergency transport service (NETS) vehicles. This process is documented in the adverse weather and winter plan which is part of LAS's wider business continuity plan and was last tested in 2013.

3. Critical care capacity and capability

LAS has plans in place to significantly increase critical care capacity and capability over a protracted period of time in response to an incident, including where patients may need to be supported for a period of time prior to transfer for definitive care.

LAS capacity will be increased by recalling staff to duty (as described earlier under cascade systems) and using the resource centre to co-ordinate available staff and extend the shifts of those staff who are on shorter shifts. We will aim to increase our capacity further through the use of private and voluntary staff and through mutual aid arrangements which will be requested via the national ambulance co-ordination centre (NACC).

Decisions to increase capacity will be made by Gold commanders when they convene a gold group and as part of their considerations/actions. Gold commanders have a specific action card to help support them with these decisions/actions and this is referenced in LAS's incident response plan. Arrangements for requesting and supporting mutual aid via the NACC is documented in the NACC plan which is an appendice of the incident response plan.

In terms of critical care, the Medical Emergency Response Incident Team (MERIT) will provide the additional critical care capacity required and this will enable more protracted management at the scene. LAS also has advanced paramedics on duty 24 hours a day, 7 days a week who are specialists in critical care. In addition to this, the LAS incident response provides for the deployment of enhanced care teams from London's Air Ambulance and the British Association for Immediate Care (BASICS).

4. Traumatic blast and ballistic injuries

The Trust has worked with external specialists to develop systems for the management of multiple victims of ballistic and blast injury and has exercised plans on a number of occasions. Equipment for the management of catastrophic haemorrhage is available to all crews for use in routine and extreme circumstances. Large quantities of this equipment are carried on dedicated response cars and on the Trust's major incident vehicles. The incident response plan documents that this equipment is held on equipment support vehicles and mass casualty vehicles. Specific action cards about these vehicles and their equipment are available in the Emergency Operations Centre (EOC).

In addition to operational ambulance personnel, the LAS incident response plan provides for the deployment of enhanced care teams from London's Air Ambulance, MERIT and the British Association for Immediate Care (BASICS). The Trust has several tiers of medical advice available for both routine and extraordinary situations.

5. Declarations in Proclus

LAS actively ensures that the marauding terrorism and firearms (MTFA), hazardous area response team (HART), chemical, biological, radiological and nuclear (CBRN) capacity and capability is declared live in Proclus and updated at least every 12 hours.

Conclusion

LAS is adequately prepared to respond appropriately to any threat of a major incident. Our incident response arrangements are tested at least twice annually through table top exercises and live exercises such as Exercise Unified Response (EUR) which is a large scale multi-agency exercise being run on behalf of the London Resilience Partnership between 29 February and 3 March 2016. This exercise will see the participation of local, national and international agencies and is aimed at testing London's resilience at operational, tactical and strategic levels.

It should also be noted that, in line with our incident response procedures, there is always a review and de-brief following any significant and major incidents so that LAS is continually learning and improving on its response to such events.

In terms of funding, in 2015/16 resilience is supported non-recurrently with an allocation from NHS England. For 2016/17 onwards, a bid for recurrent funding has been submitted.

Paul Woodrow
Interim Director of Operations
January 2016

**Publications Gateway Reference
No.04494**

Dame Barbara Hakin
National Director: Commissioning
Operations
NHS England
Skipton House
80 London Road
London
SE1 6LH

E-mail: england.epr@nhs.net

To:
NHS Trust Chief Executives
NHS Trust Medical Directors
Accountable Emergency Officers

9 December 2015

Dear Colleague

RE: NHS preparedness for a major incident

In light of the recent tragic events in Paris, NHS England together with the Department of Health and other national agencies are reviewing and learning from the incidents that occurred and will ensure that this is then reflected fully in our established Emergency Preparedness Resilience and Response procedures. We have already undertaken significant work on the clinical implications and expect to communicate with you on this shortly. In the meantime, I am writing to request your support in continuing to ensure that the NHS remains in a position to respond appropriately to any threat.

It is important to be clear that the threat level remains unchanged since 29 August 2014. The threat assessment to the UK from international terrorism in the UK remains SEVERE. SEVERE means an attack is highly likely.

We appreciate that you will currently be in the process of undertaking the annual EPRR assurance process, in line with the recently refreshed NHS England Assurance Framework, available at: <https://www.england.nhs.uk/ourwork/epr/gf/>. In addition, it will be important that all trusts review the following immediately and that you are able to provide assurance that:

- You have reviewed and tested your cascade systems to ensure that they can activate support from all staff groups, including doctors in training posts, in a timely manner including in the event of a loss the primary communications system;
- You have arrangements in place to ensure that staff can still gain access to sites in circumstances where there may be disruption to the transport infrastructure, including public transport where appropriate, in an emergency;

- Plans are in place to significantly increase critical care capacity and capability over a protracted period of time in response to an incident, including where patients may need to be supported for a period of time prior to transfer for definitive care; and
- You have given due consideration as to how the trust can gain specialist advice in relation to the management of a significant number of patients with traumatic blast and ballistic injuries.

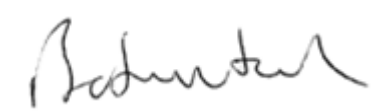
Ambulance trusts should also assure themselves that they:

- Ensure that the Marauding Terrorism and Firearms, Hazardous Area Response Team, Chemical, Biological, Radiological and Nuclear capacity and capability is declared live in Proclus and updated a minimum of every 12 hours.

Please could you ensure that your responses to the above form part of a statement of readiness at a public board meeting in the very near future as part of the normal assurance process.

Both my team and I appreciate your continuing support in ensuring that the NHS is in a position to respond to a range of threats and hazards at any time.

Yours faithfully



Dame Barbara Hakin
National Director: Commissioning Operations

Cc.

Prof. Sir Bruce Keogh – National Medical Director – NHS England
 Prof. Keith Willett – NHS England – Director for Acute Care
 Dr Bob Winter – NHS England – National Clinical Director EPRR
 Richard Barker – NHS England - North
 Paul Watson – NHS England – Midlands & East
 Anne Rainsberry – NHS England – London
 Andrew Ridley – NHS England – South
 Hugo Mascie-Taylor - Monitor
 Helen Buckingham – Monitor
 Dr K McLean – NHS Trust Development Authority
 Peter Blythin – NHS Trust Development Authority
 National on Call Duty Officers NHS England
 NHS England Heads of EPRR
 NHS England Medical Directors

High quality care for all, now and for future generations



Report to:	London Ambulance Service Trust Board
Date of meeting:	2nd February 2016
Document Title:	Board Statements and Declarations
Report Author(s):	Sandra Adams, Director of Corporate Affairs/Trust Secretary
Presented by:	Sandra Adams
Contact Details:	sandra.adams@lond-amb.nhs.uk
History:	N/A
Status:	Approval
Background/Purpose	
<p>The Trust makes two monthly governance compliance submissions to the Trust Development Authority: Board Statements and Monitor Compliance. These statements are brought to the Trust Board with an exception report where there is a risk of, or actual, non-compliance. The Board is asked to approve submission of a full compliance return for Board declarations and a partial compliance return for the Board statements based on non-compliance against the following:</p> <p>Board Statement 2 - The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements;</p> <p>Board statement 5 – The board will ensure that the trust remains at all times compliant with has regard to the NHS Constitution;</p> <p>Board statement 10 - Board statement 10 - The board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) as set out in the relevant TDA quality and governance indicators; and a commitment to comply with all known targets going forwards;</p>	
Action required	
To approve submission of a full compliance statement with the exception of Board Statements 2, 5 & 10.	
Assurance	
Evidence is available against each of the other statements to support compliance.	

Key implications and risks arising from this paper	
Clinical and Quality	The CQC Chief Inspector of Hospitals (CIH) Inspection of the Trust resulted in a rating of 'Inadequate'. The improvement plan

	was submitted to the CQC on 15 th January.
Performance	Performance is off trajectory and Cat A8 75% will not be achieved in 2015/16.
Financial	Any financial implications would be linked to performance targets and to the achievement of the quality improvement plan.
Governance and Legal	The Trust has been rated as 'Inadequate' under the CQC CIH inspection process.
Equality and Diversity	Incorporated in the CQC inspections report and the quality improvement plan.
Reputation	The Trust has been rated as 'Inadequate' under the CQC CIH inspection process.
Other	Workforce – staff survey/staff satisfaction and engagement; CQC CIH report.
This paper supports the achievement of the following 2015/16 objectives	
Improve the quality and delivery of urgent and emergency response	X
To make LAS a great place to work	X
To improve the organisation and infrastructure	X
To develop leadership and management capabilities	X

London Ambulance Service NHS Trust

Board of Directors

2nd February 2016

Board statements and declarations – January 2016

The Trust makes two monthly governance compliance submissions to the TDA: Board Statements and Monitor Compliance. These statements are brought to the Trust Board with an exception report where there is a risk of, or actual, non-compliance. The Trust Board can confirm compliance with each statement and requirement with the exception of the following where there is a risk of/actual non-compliance:

Board Statement 2 - The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.

The quality improvement plan was submitted to the CQC on 15th January 2016.

Board statement 5 – NHS Constitution – the 2014 staff survey was reported to the Strategy Review and Planning Committee as 'failing against all 4 staff pledges'. The Trust meets the pledges for patients. We are awaiting the outcome of the 2015 staff survey.

Board statement 10 - Board statement 10 - The Board is unable to declare compliance with this statement this month having re-run the forecasting model for activity and planned capacity in the coming months. We will not achieve the national target until we are at full establishment and all new staff in training are released to the front line operations.

The above statements will be declared as one of non-compliance.



Report to:	London Ambulance Service Trust Board
Date of meeting:	2nd February 2016
Document Title:	Trust Secretary Report
Report Author(s):	Sandra Adams, Director of Corporate Affairs/Trust Secretary
Presented by:	Sandra Adams
Contact Details:	sandra.adams@lond-amb.nhs.uk
History:	N/A
Status:	For information
Background/Purpose	
<ol style="list-style-type: none">1. Lease for Barnet Fire Station: London Fire & Emergency Planning Authority and London Ambulance Service NHS Trust2. Lease for Lombard Business Park (for education and training facilities): Workspace 14 Ltd and London Ambulance Service NHS Trust. (No seal required)	
Action required	
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 25 th November 2015 and to be assured of compliance with Standing Orders and Standing Financial Instructions.	
Assurance	
Compliance with Standing Orders and Standing Financial Instructions.	

Key implications and risks arising from this paper	
Clinical and Quality	None
Performance	None
Financial	Controls and mitigations against any risk: Compliance with Standing Orders and SFIs; 2015/16 Financial Plan
Legal	Controls and mitigations against any risk: Compliance with Standing Orders and SFIs
Equality and Diversity	None
Reputation	None

Other	Controls and mitigations against any risk: Compliance with Standing Orders and SFIs
This paper supports the achievement of the following 2015/16 objectives	
Improve the quality and delivery of urgent and emergency response	Yes
To make LAS a great place to work	Yes
To improve the organisation and infrastructure	Yes
To develop leadership and management capabilities	

Trust Secretary Report

Trust Board

2nd February 2016

This report is intended to inform the Trust Board about key transactions thereby ensuring compliance with Standing Orders and Standing Financial Instructions.

Tenders received

Four new tenders were received and opened in January 2016. Details of 3 are set out below with the 4th being reported at the meeting due to the date of opening:

1. Water treatment

Tenders received from:

Advance Environmental Limited
Airborne Environmental Consultants
Biochemical UK Limited
Churchill Contract Services
Clearwater Technologies Limited
Envirocure Limited
Graham Asset Management Ltd
Green Compliance Water Division Ltd
HSL Compliance Limited
Integrated Water Services
Severn Trent Services
Suez Advanced Solutions UK Ltd
Teams Northern Limited
Urban Environments Ltd

2. **Qualified Tutors to deliver C1 driving course**

Tenders received from:

Elite Advanced Driver Training
Keep it Simple Driver Training
Next Level Driving
Wallace School of Transport

3. **Qualified Tutors to deliver Emergency Ambulance driving**

Tenders received from:

Elite Advanced Driver Training
Emergency Services Training and Resilience Ltd
FTS Solutions Limited

Use of the Trust Seal

There have been no new entries to the Register for the use of the Trust Seal.



TRUST BOARD FORWARD PLANNER 2016

2nd February 2016

Standing Items	Quality Assurance	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
Patient Story Declarations of Interest Minutes of the previous meeting Matters arising Report from the Trust Chairman Report from Chief Executive	Integrated Board Performance Report Clinical Directors' Joint Report Quality Governance Committee Assurance Report Finance Report M9 Report from Finance and Investment Committee BAF and Corporate Risk Register	2016/17 Business and financial planning process Fleet Replacement business case	Board Declarations Report from Trust Secretary Trust Board Forward Planner	Quality and Governance Committee – 12 th January Finance and Investment Committee – 21 st January	

29th March 2016

Standing Items	Quality Governance and Risk	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
<p>Staff Story</p> <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>Clinical Directors' Joint Report</p> <p>Audit Committee Assurance Report</p> <p>BAF and Corporate Risk Register</p> <p>Risk Management Strategy and Policy review</p> <p>Finance Report M11</p> <p>Report from Finance and Investment Committee</p>	<p>2016/17 Business Plan</p>	<p>Board Declarations</p> <p>Report from Trust Secretary</p> <p>Trust Board Forward Planner</p> <p>Register of interests</p>	<p>Audit Committee – 15th February</p> <p>Strategy Review and Planning - 23rd February</p> <p>Quality Governance Committee – 15th March</p> <p>Finance and Investment Committee – 24th March</p>	

31st May 2016 – 2pm

Standing Items	Annual Reporting	Quality Assurance	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
<p>Patient Story</p> <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 2015/16 including Annual Governance Statement</p> <p>Quality Account 2015/16 for approval</p> <p>Audit Committee Assurance Report</p> <p>Annual Report of the Audit Committee 2015/16</p> <p>BAF and Corporate Risk Register</p> <p>Patient Voice and Service Experience Annual Report 2015/16</p> <p>Infection Prevention and Control Annual Report 2015/16</p> <p>Annual Safeguarding Report 2015/16</p>	<p>Integrated Board Performance Report</p> <p>Clinical Directors' Joint Report</p> <p>Quality Governance Committee Assurance Report</p> <p>Finance Report</p> <p>Report from Finance and Investment Committee</p> <p>Risk Management Strategy and Policy Review</p>	<p>2015/16 Business Plan - summary report</p>	<p>Board Declarations</p> <p>Report from Trust Secretary</p> <p>Trust Board Forward Planner</p>	<p>Audit Committee – 18th April, 19th & 31st May</p> <p>Strategy Review and Planning - 26th April</p>	

2nd August

Standing Items	Quality Assurance	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
<p>Staff Story</p> <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>Clinical Directors' Joint Report</p> <p>Quality Committee Assurance Report</p> <p>BAF and Corporate Risk Register</p> <p>Finance Report M3</p> <p>Report from Finance and Investment Committee</p>	<p>Q1 Business Plan review</p>	<p>Annual Equality Report 2015/16</p> <p>Board Declarations</p> <p>Report from Trust Secretary</p> <p>Trust Board Forward Planner</p>	<p>Strategy Review and Planning - 28th June</p> <p>Quality Governance Committee – 12th July</p> <p>Finance and Investment Committee – 21st July</p>	

4th October 2016

Standing Items	Quality Governance and Risk	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
<p>Patient Story</p> <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>Clinical Directors' Joint Report</p> <p>Audit Committee Assurance Report</p> <p>Annual Audit Letter 2015/16</p> <p>BAF and Corporate Risk Register</p> <p>Finance Report M5</p> <p>Report from Finance and Investment Committee</p>	<p>Business planning 17/18</p>	<p>Board Declarations</p> <p>Report from Trust Secretary</p> <p>Trust Board Forward Planner</p>	<p>Audit Committee – 5th September</p> <p>Quality Governance Committee – 13th September</p> <p>Finance and Investment Committee – 22nd September</p> <p>Annual General Meeting – 27th September</p>	

29th November 2016

Standing Items	Quality Assurance	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
<p>Staff Story</p> <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>Clinical Directors' Joint Report</p> <p>Quality Governance Committee Assurance Report</p> <p>Audit Committee Assurance Report</p> <p>BAF and Corporate Risk Register</p> <p>Finance Report M7</p> <p>Report from Finance and Investment Committee</p>	<p>6 month review of business plan</p>	<p>Board Declarations</p> <p>Report from Trust Secretary</p> <p>Trust Board Forward Planner</p> <p>Performance Reporting compliance statement</p>	<p>Strategy Review and Planning - 25th October</p> <p>Audit Committee – 7th November</p> <p>Quality Governance Committee – 15th November</p> <p>Finance and Investment Committee – 24th November</p>	

2016 Meetings Calendar

Committee	Chair	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Timings
Trust Board	Trust Chair		2	29		31 pm			2		4	29		9.00 - 14.00; 31/5 2-5pm
Strategy Review and Planning	Trust Chair		23		26		28				25		13	9.00 - 16.00
Annual General Meeting	Trust Chair									27				14.00 - 15.30
Charitable Funds Committee	Trust Chair													
Nominations and Remuneration Committee	Trust Chair													
Audit Committee	John Jones		15		18	19 pm/ 31 am				5		7		14.00 - 17.00
Finance and Investment Committee	Nick Martin	21		24		19		21		22		24		
Quality Governance Committee	Bob McFarland	12		15		17		12		13		15		14.00 - 17.00
Improving Patient Experience Committee	Director of Nursing and Quality		16		19		29		16		18		13	14.00 - 16.00
Clinical Safety and Standards Committee	Medical Director		17		28		29			1		1		14.00 - 16.00
Clinical Development & Professional Standards	Director of Paramedic Education & Development		9		5		14		15		11		6	14.00 - 16.00
Executive Leadership Team (ELT)	Chief Executive Officer	Every Wednesday 9.00 - 12.00											9.00 - 12.00	
	Denotes formal sub-committee of the TB													
	Awaydays													
	Annual Reports	Trust Board will take place from 1pm on 31st May 2016.						Audit Committee will take place from 9am on 31st May 2016						

Trust Board Register of Interest - October 2015

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
Richard Hunt	04/03/2015		✓	Director of Maven Executive Coaching and Mentoring	Director of Attan Partners Ltd				
Jessica Cecil	25/02/2015		✓				On the advisory board of IntoUniversity, a charity aimed at getting disadvantaged young people to university	One sister is an NHS physiotherapist who also sees patients privately; another sister is a public health researcher at Imperial College.	
John Jones	04/02/2015	✓							
Fergus Cass	04/03/2015		✓	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, a charity supporting hospice care in Romania and neighbouring countries		
Nicholas Martin	24/02/2015		✓	Cambridge Guarantee Holdings (Director); A2Dominion Housing Association (Director)			Chair, City of Westminster College		
Robert McFarland	05/02/2015	✓					Trustee and Chair of the European Doctor's Orchestra.		
Theo de Pencier	04/03/2015		✓	Non-executive directorat Transport Focus					
Sandra Adams	04/02/2015	✓							
Karen Broughton	05/02/2015	✓							
Andrew Grimshaw	05/02/2015		✓	Director of LSO Consulting Ltd.					
Charlotte Gawne	17/03/2015		✓	Director – Vannin Consulting (currently a dormant IT consultancy)					
Fionna Moore	05/03/2015		✓	Medical Director, Location Medical Services.			Member Executive Committee, Resuscitation Council (UK)		
Paul Woodrow	10/02/2015	✓							
Zoe Packman	09/03/2015		✓					Honorary senior clinical fellow, Kingston University and St George's University of London	
Jill Patterson									
Paul Beal									
Fenella Wigley	14/02/2015		✓				Regional Professional Lead for Doctors - St John Ambulance London Region		Expert Clinical Advisor to UKBA; Consultant in Emergency Medicine, Barts Health NHS Trust