



**MEETING OF THE LONDON AMBULANCE SERVICE NHS TRUST BOARD
TO BE HELD IN PUBLIC ON TUESDAY 31ST MAY AT 12.00 - 15.30
CONFERENCE ROOM, 220 WATERLOO ROAD, LONDON, SE1 8SD**

AGENDA: PUBLIC SESSION

	ITEM	SUBJECT	PURPOSE	LEAD	TAB
12.00	1.	Welcome and apologies for absence Apologies received from: Fionna Moore, Charlotte Gawne			
	2.	Patient Story To hear a story from a Trust patient	Information	FW	
	3.	Declarations of Interest To request and record any notifications of declarations of interest in relation to today's agenda		HL	
	4.	Minutes of the public meeting held on 29th March 2016 To approve the minutes of the meeting held on 29 th March 2016	Approval	HL	TAB 1
	5.	Matters arising To review the action schedule arising from previous meetings	Information	HL	TAB 2
12.30	6.	Report from the Chairman To receive a report from the Trust Chairman	Information	HL	
12.40	7.	Report from Chief Executive To receive a report from the Chief Executive	Information	KB	TAB 3
PERFORMANCE AND ASSURANCE					
12.50	8.	Integrated Board Performance Report – April 2016 8.1 To receive the integrated board performance report (including Operational Performance) 8.2 Quality report – April 2016	Information	JP FW	TAB 4
13.00	9.	Quality Improvement Programme To receive assurance on progress with the Quality Improvement Programme	Assurance	KB	TAB 5
13.20	10.	Quality Governance Committee Assurance Report 10.1 To receive the Quality Governance Committee Assurance Report – 17 th May 2016 10.2 To receive the clinical safety review report	Assurance	BMc	TAB 6
13.30	11.	Finance Report – April 2016 11.1 To receive the finance report for April 2016 11.2. To receive the report from Finance and Investment Committee – 26 th May 2016	Information Assurance	AG NM	TAB 7
13.40	12.	Workforce Committee Assurance Report 12.1 To receive the Workforce Committee Assurance Report 12.2 To approve the Terms of Reference	Assurance	KB	TAB 8
13.50	13.	Audit Committee Assurance Report 13.1 To receive the Audit Committee Assurance Report – 19 th May 2016 13.2 Audit Committee Annual Report 2015/16	Assurance Approval	JJ	TAB 9

14.00	14.	Board Assurance Framework and Risk Management To receive the Board Assurance Framework and risk register – May 2016	Information	SA	TAB 10
BREAK 14.10 – 14.20					
GOVERNANCE					
14.20	15.	Business Plan 2015/16 End of Year Review To receive the Business Plan 2015/16 End of Year Review	Assurance	KB	TAB 11
14.30	16.	Annual Report and Accounts 2015/16 16.1 To approve the Annual Report 16.2 To approve the Annual Governance Statement 16.3 To approve the Annual Accounts 16.3 To approve the Quality Account 2015/16	Approval	CG SA AG FW	TAB 12
14.50	17.	2016/17 Business and Financial Planning process To approve the Business Plan and Financial Plan 2016/17	Approval	AG	TAB 13
15.00	18.	Report from Trust Secretary To receive a report on use of the Trust Seal and tenders received	Information	SA	TAB 14
15.05	19.	Trust Board Forward Planner To receive the Trust Board forward planner	Information	SA	TAB 15
15.10	20.	Questions from members of the public		HL	
15.20	21.	Register of Interest To note the register of interests	Information	SA	TAB 16
		Any other business		HL	
		Date of next meeting The date of the next Trust Board meeting in public is on 26 th July 2016 at <u>9.30am</u>		HL	
		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 29th March 2016 at 09:30 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 (joined the meeting at 9:30)
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
Andrew Watson	Chief Information Officer
Fenella Wrigley	Medical Director

In Attendance:

Sandra Adams	Director of Corporate Affairs/Trust Secretary
Karen Broughton	Director of Transformation, Strategy and Workforce
Peter McKenna	Deputy Director of Operations (South)
Mercy Kusotera	Committee Secretary (minutes)

Members of the Public:

Malcolm Alexander	London Ambulance Service Patients' Forum
Ross Lydall	Evening Standard Reporter
Darryl Smith	Ferno UK Ltd

Members of Staff:

Rachel Baugh	Media and Communications Manager
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25. Welcome and Apologies

25.1 The Chairman welcomed all to the meeting. A particular welcome was extended to Andrew Watson, who was attending his first Trust Board meeting since his substantive appointment as Chief Information Officer. Apologies were received from Paul Woodrow, Charlotte Gawne and Jill Patterson.

26. Declarations of Interest

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

27. Patient Story

27.1 The patient story had been rescheduled for the May meeting.

28. Minutes of the Board meeting held on 2nd February 2016

28.1 The minutes of the meeting held on the 2nd February 2016 were approved as a true record of the meeting subject to:

- A minor amendment on attendance.
- 07.8 should be reworded.

Action: Sandra Adams

Date: 31st May 2016

29. Matters Arising

- 29.1 The Trust Board reviewed the action log and noted the following:
05.1 – It was noted that Jill Patterson is still reviewing the turnover metrics; the action would be carried forward.
Action: Jill Patterson
Date of completion: 31st May 2016
- 29.2 05.2 – Sandra Adams confirmed that the EOC capacity review would be presented to the Executive Team and had been scheduled for discussion in the context of 2016/17 Business Planning at the next Private Board meeting on 26th April.
Action: Paul Woodrow
Date of completion: 26th April 2016
- 29.3 07.14 – It was agreed that a detailed report on EOC should be presented to the Workforce Committee instead of the Trust Board.
Action: Karen Broughton
Date: 31st May 2016
- 29.4 14.2 – Sandra Adams confirmed that Risk Management training for the Executive Leadership Team had been scheduled for early May. She noted the need to circulate the dates.
- 29.5 17.2 - Sandra Adams reported that she had checked with the TDA re- Board Declarations (self-certification, compliance and board statements); these are no longer a requirement.
- 29.6 125.10 - Karen Broughton reported that it was unlikely that the review of the operations restructure would take place in April. Karen Broughton and Paul Woodrow would confirm the date for the review.
Action: Karen Broughton/Paul Woodrow
Date: 31st May 2016
- 29.7 126.1 – Andrew Grimshaw confirmed that no cash management action would be needed.
- 29.8 132.4- The Chairman would provide Karen with the link regarding tackling a bullying and harassment culture.
- 29.9 127.3 – A discussion on the Double Ambulance Crew (DAC) Business Case had taken place at the Finance and Investment Committee. Andrew Grimshaw reported that the Trust had received confirmation from the TDA but that the Trust could not proceed pending the outcome of the 2016/17 contract discussions.
- 29.10 125.12 – It was noted that the Emergency Operations Centre (EOC) paper would be discussed by the Executive Leadership Team in April.

30. Report from Chief Executive Officer

- 30.1 Fiona Moore, Chief Executive noted that the governance review had recommended that the Chief Executive report should provide a more strategic overview of what had been happening in the Service since the last Board meeting. Fiona Moore reported on the following key areas:
- Blue Light Collaboration – the LAS continue to work jointly with the London Fire Brigade and the Metropolitan Police Service to improve safety across London. Fiona Moore noted the recent launch of an initiative where fire-fighters from London's Fire Brigade were responding to life threatening emergencies. A scheme piloted by the LAS and Metropolitan Police Service had seen police officers

responding to cardiac arrests alongside LAS crew.

- There is positive feedback regarding expanding existing collaboration and new collaboration opportunities in the future.
- The Trust Board noted that the Chairman Richard Hunt would leave the Trust at the end of the financial year after seven years in the role; this was his last Trust Board meeting with the LAS. On behalf of the Trust Board, Fionna Moore thanked the Chairman for his contribution to the Service.
- The Trust Board noted that Heather Lawrence had been appointed by the NHS Trust Development Authority (TDA) to take up the post of Trust Chairman from the beginning of April 2016.
- A progress report on the five work streams identified to deliver the Quality Improvement Plan was available on the Trust website and had been shared internally. A significant number of managers had undertaken risk management training.
- The Trust is working closely with NHS England (London) and hospitals that have the greatest challenges with delayed patient handovers. Joint actions are now being developed.
- The Trust had fully recruited to the Hazardous Area Response Team (HART) to meet the requirements under the National Ambulance Resilience (NARU) specification.
- There had been unprecedented demand, in particular for Category A, and this had led to the use of a higher level of surge management on occasion in order to maintain our response to the sickest and most seriously injured patients.
- There had been an increase in the number of incidents being reported; improved reporting is quite welcome.

30.2 Fionna Moore was pleased to announce the appointment of Fenella Wrigley as the LAS substantive Medical Director.

30.3 It was noted that the LAS performance was not yet where it should be. Demand had increased beyond the Trust or the whole NHS expectation. Discussions with Commissioners around the planning and contracting for next year were underway. Regarding the Trust financial position, the Trust Board noted that this was expected to deliver in line with the forecast for the year end.

30.4 The new London Ambulance Service Academy went live in January and was providing an opportunity to people to train as paramedics. The academy was part of the CQC improvement plan.

30.5 Fionna reported that the LAS took part in Europe's largest disaster training in February/March 2016 to increase the preparedness for a major incident in London.

30.6 The Trust Board noted that workshops and briefing sessions had been held to raise awareness about bullying and harassment across the Service. The Trust had also signed the Blue Light Time to Change pledge to support staff and patients.

30.7 In terms of leadership visibility, each Director had adopted a sector or departmental area to get to know the people, the issues and challenges they face in more depth.

30.8 It was noted that the LAS had agreed to take part in BBC documentary series; this would be broadcasted on BBC 1 in the autumn. Fionna Moore confirmed that staff had voted to select the Charlie Chaplin Adventure Playground as the new Chief Executive's charity for the next two years.

30.9 The Trust Board was pleased with the detailed report. In response to a question

regarding an increase in demand, in particular Category A, Fionna Moore reported that the reasons for such an increase were not known. She noted that no issues, for example an outbreak of the Norovirus, had been recorded. It was noted that the NHS as a whole was experiencing this rise in demand.

30.10 Fergus Cass felt that the report was quite helpful. He sought clarification on assurance, for example around the academy – how it is being managed. It was noted that this would be within the remit of the Workforce and Organisational Development Committee.

30.11 In response to a question regarding Blue Light Collaboration timeline, Fionna Moore confirmed that the national timeline for the pilot was 3 months. Bob McFarland asked whether there was any progress regarding university recommendation. Karen Broughton noted that an update would be brought to a future meeting.

The Trust Board noted the Chief Executive report.

31. Integrated Performance – Month 11

31.1 Andrew Grimshaw presented the Integrated Performance Report outlining key areas across the Service, incorporating Quality, Operations, Workforce, Finance and the Trust Improvement Programme. The report relates to performance throughout February 2016. He noted that the report was consistent with previous reports with some improvement in some areas. The delivery of care continued to be safe but quality remained challenged. The People position continued to improve.

31.2 Zoe Packman reported that the report had been discussed in detail at the Quality Governance Committee. She highlighted the following headline messages on performance:

- A8 performance for February was 56.49% and was lower than the previous month and was below the trajectory of 68.4%.
- Safeguarding training completion was at 93% and was over the agreed target of 90% and exceeded the national target of 85%.
- Complaints - there had been an increase in the number of complaints. This trend was being monitored closely.
- Frequent callers – a Darzi fellow joined the Trust in September and had increased frequent caller management activity.

31.3 Fenella Wrigley highlighted the following points:

- The number of incidents flagged for investigation and learning continued to increase and it was anticipated that the implementation of DatixWeb and more streamlined processes would see a further increase.
- The second learning from incidents report had been presented to the Quality Governance Committee and learning outcomes were being incorporated into business as usual.
- Core Skills Refresher (CSR) training –had some challenges (lower number of available courses) due to sicknesses, some staff were unable to attend
- Prevention of future death – the LAS had received Regulation 28 Prevention of Future death report for response. It was noted that the process to address the recommendation had been in place for 3 weeks.
- Medicines management remained a big area of focus. Audit of drug usage had been completed in February; some compliance issues had been identified. This had been escalated to Quality Governance and Assurance Managers and Group Station Managers to manage locally.
- Cardiac arrest data was currently being gathered for annual reporting.

31.4 In response to a question relating to earlier discussion around demand, Fenella Wrigley

noted that the safety review would provide assurance around the safety of the service.

- 31.5 Fergus Cass observed that in February performance was low and was below our trajectory. He recalled earlier discussions around demand and he noted that the Trust capacity seemed to be below demand. He noted the need to understand the reasons behind the shortfall and he asked whether the Trust was comfortable with this; if not, what more could be done to address the issue. The Chief Executive highlighted that the Trust was not comfortable with current performance levels and the internal safety review that Fenella Wrigley was leading would provide assurance on any impact of increased demand and our response. In terms of what more could be done, the Chief Executive noted that following Christmas the Trust had seen a reduction in bank hours but capacity had increased. She noted that Red 1 was one of the areas where collaboration with Blue Light could help.
- 31.6 Andrew Grimshaw restated that ongoing increase in demand across all demographic groups was a big problem. He noted that alcohol was one of the key reasons and the issue had been brought to the attention of Clinical Commissioning Groups (CCGs).
- 31.7 In terms of capacity, the patient facing vehicle hours deployed during February were below plan and lower than the previous month. This was mainly due to substantive hours and reduced overtime. However this variation was reduced during the early part of March.
- 31.8 Andrew Grimshaw reported that the Trust was facing recruitment challenges; in particular there were delays in Australian staff joining the Trust. He noted that this was a timing issue (when the Australians graduate). However he felt that the Trust would recover those hours and would see the benefits in coming months. Paul Woodrow, Peter McKenna and the team were exploring gaps within frontline performance.
- 31.9 The Trust Board noted that job cycle time (JCT) remained challenging and was affected by a number of factors for example graduate issues. JCT forecast of the year had been revised.
- 31.10 The Chairman highlighted that the Trust Board was not comfortable with the situation. He acknowledged that the Trust was in a difficult position, but there was a need to explore ways of using the available capacity.
- 31.11 Karen Broughton provided an update on workforce. She noted the following highlights:
- Turnover continued to improve; Trust turnover decreased from 12.4% to 12.2% this month. Turnover figures for frontline staff continued to improve.
 - Stronger recruitment pipeline – 267 new staff were expected to join the Trust in Quarter 4. Karen explained that variance between actual and planned numbers was due to amendments in graduation dates for international staff.
 - Vacancy rate for frontline staff stood at 6.7%.
 - Sickness levels continued to reduce. It was noted that the biggest challenge is long term sickness.
 - The retention strategy was being refreshed as part of the quality improvement programme (QIP) workstream, 'Making the London Ambulance Service a great place to work.'
- 31.12 Karen Broughton confirmed that bullying and harassment awareness workshops had been held across the Trust to help develop the response to last year's CQC inspection and report. Positive feedback had been received from the workshops. A full quality improvement plan was submitted and published in January 2016. Further sessions for EOC and other operational areas were held to give groups the chance to start

developing their own action plans to take back to their local teams.

31.13 The Trust Board noted the report.

32. Quality Report

32.1 It was noted that the Quality report had been included in the pack for information.

33. Quality Improvement Plan (QIP)

33.1 Karen Broughton reported that 2 QIP groups had been set up (i) Quality Improvement Programme Board being chaired by the Trust Board Chair (ii) Quality Improvement Group being led by the Chief Executive and it included all members of the Executive Leadership Team. The Quality Improvement Programme Board terms of reference were included in the pack for the Trust Board to approve.

33.2

The Trust Board approved the terms of reference of the Quality Improvement Programme Board.

March progress report

33.3 Karen reported that the TDA inspection of progress against the CQC Warning Notice across the organisation had been well received by staff. The audit was conducted in two parts (i) a submission of documented evidence (ii) an observational audit. The outcome of the review identified areas of good practice and those requiring further development.

33.4 It was noted that significant progress had been made on a number of workstreams including bullying and harassment and training managers on risk management. Briefing sessions with managers had been held to raise the profile of the Quality Improvement Programme. A potential delay relating to progression of Equality and Inclusion activities was discussed and actions to mitigate any delay were being explored. Karen Broughton reported that the QIP Board had received an update on Risk Management, TDA audit of the CQC Warning Notice and the QIP communications approach. She added that the next phase of the communication campaign would be launched next month on 'Making the LAS great.'

33.5 The Chairman acknowledged that progress against the CQC actions was being made. However he noted that operational performance was off trajectory. He felt that there was need to be mindful and clear about why there was that disconnect.

33.6 In response to a question about the overall feel (frontline staff), Peter McKenna stated that he believed there was a more positive feel amongst staff.

33.7 The Trust Board noted the progress report.

34. *Single Plan 2016/17*

34.1 Karen reported that the draft plan had been presented at the Board seminar on 23rd February. The activities that would be included in the QIP were agreed and Executive Directors were asked to further refine the projects and to define delivery dates and project leads. Karen Broughton drew the attention of the Board to additional priorities which had been further refined by Executive Directors for inclusion in the QIP.

34.2 The Trust Board reviewed the additional projects noting identified delivery dates and the key challenges for example funding issues.

34.3 The Trust Board approved the plan.

35. Quality Governance Committee Assurance Report

35.1 Bob McFarland presented the report on the meeting of the Quality Governance Committee meeting held on 15th March 2016. The terms of reference of the Committee had been reviewed and were included in the Trust Board pack for ratification. He reported that the Quality Governance Committee was still concerned that the EOC staffing review which had been under investigation and consideration for over 12 months since the problem was identified had not been finalised and presented to the Executive Leadership Team and the Trust Board. He noted that in view of the important safety functions and high staff turnover in EOC there was need to develop an action plan as soon as possible.

Action: Karen Broughton/Paul Woodrow

Date: 31st May 2016

35.2 The Trust Board noted that C3 delays were still a concern. It was noted that the safety review was underway and would be completed in April. This would provide assurance on the safety of the service.

35.3 The Trust Board noted the report and approved the terms of reference of the Quality Governance Committee.

36. Finance Report Month 11

36.1 Andrew Grimshaw presented the Finance report for month 11. The following key points were noted:

- The Trust had received £2.4m of system resilience funding from the CCGs.
- The Trust reported a year-end forecast deficit of £4.4.
- The financial position of the Trust was reviewed in detail at the Finance and Investment Committee on 24th March 2016.
- All other issues in the report were consistent with previous reports.

36.2 The Trust Board noted the Finance report.

37. Assurance from Finance and Investment Committee

37.1 Nick Martin provided an update from the meeting of the Finance and Investment Committee (FIC) meeting held on 24th March 2016 with reference to the agenda included in the Board pack. He noted that there were no items for the Trust Board approval. Nick Martin reported that Cost Improvement Plans (CIP) and cashflow remained challenged.

37.2 Fergus Cass recognised that £4.5m had been transferred from Capital to revenue as agreed with the TDA and he sought clarification on the implication of that on the financial position of the Trust. Andrew Grimshaw responded that the cash would be retained and carried forward into 2016/17 to support capital expenditure. There would be a non-recurrent improvement in income and expenditure as a result of the transfer in 2015/16.

37.3 Andrew Grimshaw reported that there was active engagement with the CCGs in the 2016/17 contract discussions.

37.4 Theo de Pencier commented that work was required on the fleet and estate strategies in the coming months as both were critical to support capital development and operational improvement.

37.5 The Trust Board noted the report.

38. Assurance from Audit Committee

38.1 John Jones provided an update from the meeting of the Audit Committee meeting held on 15th February 2016. He reported that the Committee had raised concern around red risks on the BAF; the Committee had noted that there was a lot of work being undertaken around these risks. However the Audit Committee was concerned about the pace at which action was being taken to mitigate the risks; these had remained red for a long time.

38.2 John Jones reported that the Audit Committee had raised concern about the lack of updates on some high priority internal audit recommendations. The Committee had proposed to invite the management lead to the next meeting to discuss this further if no update had been provided.

38.3 The Trust Board noted that it had been recommended that the Audit Committee should act as the Auditor Panel for appointment of external auditors. It was noted that the Trust would have to amend its Standing Financial Instructions to allow it to appoint its own external auditors.

39.4 The Trust Board approved:

- The Audit Committee would act as the Auditor Panel.
- The terms of reference for the Auditor Panel
- Changes to the Standing Financial Instructions to allow the Trust to appoint its own external auditors starting from financial year 2017/18.

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

39.1 Sandra Adams presented the current version of the BAF and the Corporate Risk Register. All the top level risks had been reviewed by the Risk and Audit Manager in conjunction with the risk owners during February and March. The risks on the BAF and the Risk Register had been updated to reflect changes in controls, mitigating actions and risk rating.

39.2 In regards to the risk relating to service performance (BAF risk 4) Sandra Adams reminded the Board that at the previous meeting in February, it had been agreed to tolerate this risk at its current level for the foreseeable future. She noted that the mitigating actions were tied into the 2016/17 planning and contracting discussions with CCGs.

39.3 The Trust Board noted that the Risk Compliance and Assurance Group reviewed the BAF risks on 8th March 2016 and agreed that some risks had been treated and mitigated sufficiently to achieve the target ratings and would therefore be archived, for example the risk relating to turnover rates for frontline staff (BAF 3). It was noted that the risk relating to NHS 111 contracts (BAF risk 20) was reviewed by the lead director and the rating was reduced. This would be recommended to the Risk Compliance and Assurance Group in April for removal from the BAF but to be maintained on the risk register.

39.4 It was noted that a new risk relating to medicines management and recording of usage data (BAF risk 35) had been incorporated in the March BAF and would be reviewed on 11th April.

39.5 Sandra Adams reported that Datix web was on track for implementation in the Quarter 1 2016/17 and training was underway. Risk training for Board members had been provisionally scheduled for 4th May and would follow the review and approval of 2016/17 business plan. [DN. The plan was subsequently changed with the Board work on

strategic risk on 26th April]

- 39.5 The Trust Board noted that the format of the BAF was currently being reviewed following the outcome of the NHS Trust Development Authority well-led assessment. The revised BAF would follow the work outlined in the 2016/17 business plan and identification of the key strategic risks to that plan. With greater focus on the treatment of risk by the Executive Team, the BAF would become more dynamic as would the management of the risks contained within it.
- 39.6 The Chairman recognised that a lot of training around risk management had taken place and he asked whether the effects from that training had been noticed as yet. Sandra noted that it was early days; however more work on the local risk register had been noticed. She added that the Risk and Audit Manager was working closely with the managers.
- 39.7 Fergus Cass acknowledged that grouping the risks was helpful and reviewing the BAF structure was a sensible move. However he raised concern around BAF risks relating to Fleet (risk ID 24, 25, 26 and 27); he noted that he was not sure when these risks would cease to be red. Andrew Grimshaw responded that a lot of work had been undertaken around these risks but he felt it would be too early to roll them out. He noted that vehicle numbers had been increased. There was a significant improvement around taking ownership of the vehicles. It was noted that a Deputy Director of Fleet and Logistics had been appointed and would be starting in May.
- 39.8 Nick Martin proposed that risks relating to equipment should be reviewed at the next Finance and Investment Committee meeting; it was felt that this would be helpful.
- 39.9 In response to a question relating to Cat C patients risks (risk ID 16) Sandra Adams highlighted that the level of risk had not changed as yet but was likely to do so following review by the executive team.
- 39.10 Regarding the safety of the service, Fenella Wrigley reported that a new risk on quality was likely to be written.
- 39.11 Sandra Adams reported that the Risk Management Policy had been fully reviewed to take into account changes within the organisation and committee/governance structures. The policy was approved by the Risk Compliance and Assurance Group and the Executive Leadership Team in March. She added that the policy was being presented to the Trust Board for information and ratification purposes.
- 39.12 Bob McFarland felt that the Trust Risk Appetite Statement needed further clarification.
Action; Sandra Adams
Date: 31st May 2016
- 39.13 The Trust Board approved the policy subject to the comment above.

40. Staff Survey

- 40.1 Sandra Adams reported that an update on staff survey results had been presented to the Executive Leadership Team and had been scheduled for today's Trust Board. Unfortunately the presenters were unavailable for this date due to other commitments. Fiona Moore stated that she was keen to have the Trust Board receive the update; significant improvement had been noted. It was agreed that this item would be re-scheduled for June Trust Board meeting.
Action: Karen Broughton
Date: 28th June 2016

41. Report from Trust Secretary

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

42. Forward Planner

42.1 The following were proposed:

- Strategy issues to be scheduled for Board seminars
- To add QIP/Workforce
- Patient/ staff story to be clarified

42.2 The Trust Board noted the forward planner.

43. Questions from Members of the public

43.1 Malcolm Alexander asked whether End of Life Care plan would be incorporated into Coordinate My Care. It was confirmed that Briony Sloper, Deputy Director of Nursing and Quality chaired the End of Life Care group where this was discussed.

44. Business and Financial Planning process

44.1 Andrew Grimshaw presented the Business and Financial Planning for 2016/17. He noted that there were not many changes made since the previous presentation to the Trust Board in February.

44.2 The Trust Board was requested to:

- review and approve the positions outlined in the report;
- agree to provide delegated authority to the Chair and Chief Executive to approve the final version of the plans;

44.3 Andrew Grimshaw highlighted the following overarching points:

- The Trust is forecasting performance of 64.2% across 2016/17 based on current expectations of demand, available capacity and run rate productivity.
- The London Regional Oversight Group had accepted this position and actions had been requested on major areas affecting the plan.
- There would be ongoing discussions on these actions and the Trust Board would be kept informed.
- Demand – CCGs are leading on this.
- Productivity – A deep dive into job cycle time (JCT) would be undertaken.
- Financial plan – work had been progressing.
- The level of additional investment CCGs are willing to make in support of QIP plans remained an outstanding issue.
- Additional funding from CCGs – not yet finalised.
- Deficit is dependent on delivery of CIP.
- The plan had been discussed in detail at the Finance and Investment Committee.

44.4 The Trust Board noted the key assumptions and the key corporate risks of the financial plan. In response to John Jones' question on utilisation, the Board noted that this had remained at 89%. It was noted that a further presentation of the plan would be made to the April Board seminar detailing the final plan to be submitted.

Action: Andrew Grimshaw

Date: 26th April 2016

44.5 Regarding delegated authority to the Chair to approve the final version of the plan, it was recognised that the new Chair would be joining the Trust next month. The

Chairman stated that he would brief the new Chair on the plan; she would decide how she would wish to handle that. It was recommended to arrange a special meeting to review the financial position before its submission to the TDA on 11th April.

Action: Andrew Grimshaw

Date: April 2016

44.6 The Trust Board approved the 2016/17 the positions subject to the above comments.

45. Register of Interest

45.1 The Trust Board noted the register.

46. Report from the Trust Chairman

46.1 The Chairman gave an update on activity since the last Trust Board meeting and noted the following:

- The Chairman had attended the launch of NHS Improvement. The Secretary of State attended the launch. The key area of focus was around issues facing the NHS as a whole, for example increase in demand.
- The Chairman had attended NHS provider meeting. The focus of attention was (i) success as defined by the CQC (ii) meeting financial target (iii) meeting access standards (national ambulance standards)
- Attended NHS London Chairs meeting – key area for discussion was around Trusts concerns regarding standards.
- Ride outs with Assistant Directors of Operations and discussing key issues such as culture of collective leadership, responsibility and accountability. He noted that most of the issues identified were embraced in QIP.

46.2 The Chairman wished the Board and the Trust well.

47. Any Other Business

47.1 There was none.

48. Date of next meeting

48.1 The next meeting of the Trust Board would be on Tuesday 31st May 2016 at 12 Noon 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: 29th March 2016

<u>Meeting Date</u>	<u>Minute No.</u>	<u>Action Details</u>	<u>Responsibility</u>	<u>Progress and outcome</u>
29/03/16	<u>28.1</u>	Sandra Adams to amend the minutes.	<u>SA</u>	Completed
29/03/16	<u>29.1</u>	Jill Patterson to review all the indicators on turnover metrics.	<u>JP</u>	The workforce indicators have been reviewed for 2016/17 and can be found in the KPI assurance document shared with Board members for information
29/03/16	<u>29.2</u>	Control services staffing review: Discuss within the context of 2016/17 Business Planning Karen Broughton to present an EOC report to the Workforce Committee in April 2016. Paul/Karen to develop an action for EOC issues	<u>PW</u> <u>KB</u>	Paper presented to the Executive Leadership Team on 6 th April. Update to be given at Trust Board on 31 st May 2016 – Matters Arising
29/03/16	<u>29.3</u>			
	<u>35.1</u>			
29/03/16	<u>29.6</u>	Paul Woodrow and Karen Broughton to review the operations structure and to confirm the timescale.	<u>PW/KB</u>	Matters Arising 31 st May 2016
29/03/16	<u>39.12</u>	Sandra to update the Trust Risk Appetite Statement	<u>SA</u>	Policy statement completed. Work underway with executives with a view to finalising for presentation at the Board seminar on 28 th June
29/03/16	<u>40.1</u>	Karen Broughton to reschedule the staff survey presentation for the June Board seminar.	<u>KB</u>	Discussed at the Workforce and Organisational Development committee – May 2016
29/03/16	<u>44.4</u>	Andrew to present the Business Plan to the Trust Board in April	<u>AG</u>	Completed
<u>Actions from previous meetings</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 the time papers are 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>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>	TBC

24/11/15	<u>122.2</u>	Fenella Wrigley to add a deep dive on cardiac care to the next meeting of the Clinical safety and Standards committee.	<u>FW</u>	This would be incorporated in the 2015/16 Cardiac Arrest Annual Report.
24/11/15	<u>119.1</u>	Jill Patterson to review the turnover metric and check with other ambulance Trusts.	<u>JP</u>	Merged with 05.1 above.
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.
<u>COMPLETED ACTIONS</u>				
02/02/16	<u>19.2</u>	To update Trust Board calendar.	<u>SA</u>	Completed.
02/02/16	<u>05.9</u>	Sandra Adams to extend the Chief Executive report time.	<u>SA</u>	Completed.
02/02/16	<u>17.2</u>	Sandra to check with TDA re Board Declarations – self certification, compliance and board statements.	<u>SA</u>	Completed
02/02/16	<u>14.2</u>	Sandra to identify dates for ELT and Trust Board risk management training.	<u>SA</u>	Completed
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>	Completed
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>	

Chairman's Board Report – May 2016

It is now two months since I came into post and I wanted to update the Board on how I have spent my time.

I have met all Board members individually as part of my induction and spent time in EOC and out with a crew to experience at first hand service delivery. I have found all front line staff to be committed and professional. I also attended the Patients Forum meeting.

My focus must be on ensuring that as an organisation we are moved out of special measures and much of my time has been spent engaging with partner organisations most notably with Anne Gibbs and Lesley Stephens from the Trust Development Authority (TDA). I also have a meeting arranged with Dr Ted Baker, Deputy Chief Inspector of Hospitals at the Care Quality Commission (CQC). Fionna and I have also met with Dr Kathy McClean, Medical Director of NHSI to update her with the progress we have made on the Quality and Improvement Plan. Whilst we are making progress we have much to do both before the TDA visit us in June and before the formal reinspection by CQC in the late autumn. I have now Chaired two Quality Improvement Programme (QIP) Boards and note that we are improving on Assurance but have further to go on this.

Specifically in relation to the Board with regards to the management structure I am pleased to inform the Board that on 12th May 2016 the Remuneration Committee approved the Executive Structure. Two Board posts need to be substantively appointed to; the Director of Operations and a new post Chief of Quality. The interviews for the first of these are to take place on the 22nd June 2016. The recruitment to the post of Chief Quality Officer will be handled by an agency specialising in 'head hunting'. The process for the selection of an agency is underway.

Andrew Grimshaw and I met with Sir Robert Naylor and Jason Dorsett to discuss their roles in the national estates review and how we might work with them. I have asked Theo de Pencier to take the Non- Executive Director lead and together with Andrew progress our estates strategy. The estates strategy must follow the development of our overall strategy along with the clinical, IM&T and workforce strategies.

I have engaged Adrienne Fresko from GE Healthcare Finnamore to undertake a Board skills review and her team will be in contact with Board members to set up a one on one meeting soon. They will then observe two Board meetings, the first of which is today. At a later stage, when the team is completed, they will then undertake a 'Well Led Review.' I will circulate information on the company and the individuals that we will meet shortly.

Vision and Strategy also needs a refresh and to that end I have engaged Dr Penny Dash to work with us at our Strategy and Planning session on June 28th. This will be a Private session however it is my strong intention that we should subsequently engage with all stakeholders, internal and external as we develop our strategy.

On the 24th May I attended a session at the Reform Group where the Rt Honorable Therese May announced her plans for the Fire and Rescue service that will be embedded in legislation. I note that many of the issues she raised such as diversity of the workforce, bullying and harassment and the need to embrace change are the same issues that we face and must address.

I can confirm that along with Nick Martin I have received my Safe Guarding training.



Report to:	London Ambulance Service Trust Board
Date of meeting:	31st May 2016
Document Title:	Chief Executive's report to the Board
Report Author(s):	Daryl Belsey
Presented by:	Karen Broughton
Contact Details:	Fionna.moore@lond-amb.nhs.uk
History:	n/a
Status:	For information

Background/Purpose

The Chief Executive's report gives an overview of progress and key events within the Service since the last time the Board convened.

The report is structured in four sections, covering the primary areas of focus of the Trust and the Board:

- Strategy
- Quality
- Delivery – performance, money, workforce
- Culture and Engagement

Action required

The Board are asked to take note of the contents of this report as the Trust progresses with its strategic objectives.

Assurance

N/A

Key implications and risks arising from this paper

Clinical and Quality	X
Performance	X

Financial	X
Governance and Legal	X
Equality and Diversity	X
Reputation	X
Other	
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	This paper provides key information to the Board, informing them of the progress to date of the Trust against key objectives and ensures that the Chair, Executive Leadership Team and Non Executives Directors are fully briefed on the Trust's achievements.

CHIEF EXECUTIVE REPORT TO THE LONDON AMBULANCE SERVICE (LAS) TRUST BOARD **MEETING HELD ON 31ST May 2016**

The Chief Executive's report gives an overview of progress and events since the last time the Board convened. The report is presented in four sections, covering the primary areas of focus of the Trust and the Board:

- Strategy
- Quality
- Delivery – performance, money, workforce
- Culture and Engagement

Strategy

Sustainability and transformation plans

Details of the sustainability and transformation plans are emerging across London. Across each health and care system Clinical Commissioning Groups (CCGs), Providers and Local Authorities are working together to produce a Sustainability and Transformation Plan (STP); which sets out how local services will deliver improved health and wellbeing, care and finances over the next five years, built around the needs of the local population.

The STP will set out how local health and care services will transform and become sustainable over the next five years, building and strengthening local relationships and ultimately delivering the vision set out in the NHS Five Year Forward View.

There are five newly forming STPs in London and we are working closely with ADOs and Directors to make sure our view and role is represented at all five.

Operating Plan

The final version of the Trust's operating plan was submitted to NHS Improvement on 11 April 2016; this contained feedback received from on our draft version and outlined our approach to activity planning, quality planning, and workforce and financial planning.

'Making the LAS Great'

The Trust has held four manager's briefing sessions during May, led by the Chief Executive and Director of Transformation, Strategy and Workforce, and attended by all Directors. The session was to talk to all our managers about progress and the focus going forward on our Quality Improvement Plan

This was also the platform in which the new appraisal guide and paperwork were launched, setting the compliance targets for the relevant departments to achieve to ensure we have marked improvement on the last year's results. As part of these events we discussed the LAS vision and our values – 'Making the LAS Great' and the branding we have tested and will be using with staff across the Service.



On Tuesday 7th June we will be launching 'Making the LAS Great', an internal campaign to encourage a conversations and discussions between managers and staff around the vision for the Service, our values and what people's role and involvement is in our improvement programme. Engagement will be driven locally, supported by the Executive Leadership Team and will be supported by corporate communications across the organisation.

Quality

Quality account

The quality account is presented today to the board, detailing progress in the year 2015/2016. In addition to reviewing our progress on quality last year, the Medical Director recently conducted an internal routine review of safety across the Trust. This paper will be presented at the May meeting.

Control Service Award

In April 2016, Control Services received the Cabinet Office Customer Service Excellence Award for the sixth year running. The award, which is nationally recognised, was given following an external inspection supported by EOC Watch Manager Cathy-Anne Burchett. The inspection took place over a day and a half and assessed all aspects of Control Services from listening to 999 calls to quality assurance. An extract from the report said that 'Control Services has a deep understanding of and commitment to Customer Service Excellence'.

Quality Improvement Plan

Progress on our Quality Improvement Plan (QIP) remains strong as we enter the fifth month of the programme. Whilst some areas have been reported as at risk, the majority of these have been recovered by the Executive leads with support from the PMO and the SRO. The communications department continues to ensure our progress is publically available on the Trust website as per our requirements within special measures.

Our first KPI report was submitted for external scrutiny this month following some intense work by the PMO and Business intelligence teams. This report will be used to provide assurance against the relevant milestones documented in the QIP and to ensure that the changes made are making the desired impact on the frontline.

In March 2016, NHS Improvement reviewed our progress against our Quality Improvement Plan. This comprised of two parts reviewing over 160 documents and a series of visits across 16 ambulance stations on the day. Each team was headed by someone from NHSI / NHSE or CCGs and were accompanied by colleagues from the patient forum and LAS managers. The reviewers came to look in particular at frontline staffing, resilience, medicines management, governance, risk management and the culture within the Service. Even though we still have some hard work to do, the outcome of the review was positive, and we are moving quickly in the right direction.

On 24 May 2016, the Chief Executive and the Trust Chair met with the NHS Improvement Medical Director to provide an update on progress against the Quality Improvement programme, specifically:

- a. How the Trust Board is assured of progress against the improvement plan
- b. The risks to making continued progress on the improvement plan, and how these risks are being mitigated
- c. Culture change, particularly progress on tackling bullying and harassment
- d. An update on recruitment of executive directors
- e. An evaluation of improvement support and any further support needed

We are working with NHS Improvement on a Clinical Review of the Trust's progress against the CQC Domains and the Quality Improvement programme, and this is scheduled for June 2016.

Delivery – performance, money and workforce

Performance

In May the Director of Operations, Medical Director and Chief Executive met with National Health Service England (NHSE) to take part in a demand management workshop. The aim of the workshop was to discuss the context of our increased demand, drivers of demand and ways in which we as a service can work with our external stakeholders to mitigate demand.

- We also saw an above trajectory Cat A performance for Q3 but declined in Q4 due to extremely high call volumes, consistently 9-10% higher than last year (c10,700 incidents a week against 9,600 in Q4 15/16). We saw a strong improvement in April above trajectory with our current performance also above trajectory.
- Re-contact rate following discharge by telephone 2015-16 at 2.9% (2nd lowest in England)
- Call abandonment rate 2015-16 at 0.2% (the lowest in England and down from last year's 0.4%)
- Incidents closed by phone 2015-16 at 12.9% (13.5% last year)
- PAS/VAS PFVH week ending 24 April at 2,887 (PAS last year 3,186)

Money

Negotiations have been on-going with commissioners to regarding additional funding to support the quality improvement plan for 2016/17. The Board will be kept updated on progress with contractual negotiations.

Workforce

The Trust not only achieved, but exceeded the recruitment target for 2015/16, ending the year with a frontline vacancy rate of 3.6% against the agreed vacancy factor of 5%. This has further decreased to 2.9% due to a strong recruitment pipeline and a reduction of our frontline turnover, April had the lowest rate of staff leavers for over two years. Whilst staffing levels are at full establishment there still remains a significant number of staff in training so the full impact of recruitment will take some time to be fully realised on the frontline line and in our performance against national ambulance targets.

Culture and Engagement

Mental Health Awareness Week

The service took part in Mental Health Awareness week which saw managers and staff across the service speaking out about their experiences of mental health by posting poems, video blogs and personal stories. The trust introduced the RUOK? a campaign to promote staff to ask each other 'RUOK?' Local managers spoke with over 80 members of staff at various Emergency Departments across London to provide tea, coffee, soft drinks and snacks and to ask the question are you ok? The service dedicated each day throughout the week to a particular support service available to staff, highlighting their work and how to access them. The time was also taken to highlight the work undertaken by the trust to support staff and our patients suffering ill mental health.

Dignity at Work

Over 350 staff have now completed bullying and harassment awareness training, with on-going workshops and sessions being tailored for local areas by Bullying and Harassment specialist, Cathe Gaskell. In addition, we have recently commissioned training sessions in both mediation and investigation skills so that managers better support staff and issues can be dealt with quickly and effectively.

Staff recognition

The second VIP annual awards ceremony took place in April to recognise the achievements of our staff. The event named Clinical Team Leader, Karen MacDonald from Kenton, as the Employee of the Year following a staff vote.

The ceremony also celebrated:

- the 26 VIP winners from across
- Recipients of the Long Service Medal and Medallion
- Winners of the Public Recognition Award
- Chief Executive's Commendations, including awards to paramedics Laura Mannes and William Harrison for their actions during the Paris terror attacks

The London Marathon

Sixteen runners from across the Service took part in the London Marathon on Sunday 24th April raising an incredible £9,538.36 for the Charlie Chaplin Adventure Playground our Chief Executive's charity. The service, as per previous years, assisted St John Ambulance in providing medical cover to the event.

Chief Executive Officer clinical Shifts

01.04.2016: Physician Response Unit (PRU) shift

15.04.2016: Clinical shift with West Sector IRO

21.04.2016: PRU shift

24.04.2016: Clinical shift providing support at The London Marathon

05.05.2016: Clinical shift R301, (Wimbledon)

13.05.2016: Clinical shift providing cover at Royal Windsor Horse Show (During annual leave)

15.05.2016: Clinical shift providing cover at HMQ pageant

Dr Fionna Moore
Chief Executive



Report to:	London Ambulance Service Trust Board
Date of meeting:	31st May 2016
Document Title:	Integrated Performance Report – Trust Board Executive Summary. Key Performance Indicator - Assurance Document.
Report Author(s):	Jill Patterson
Presented by:	Jill Patterson
Contact Details:	
History:	Executive Leadership Team – 18/05/2016
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>The Key Performance Indicator (KPI) Assurance Report underpins the High – Level Integrated Performance Report and provides a monthly status position of each KPI from all the key areas.</p> <p>Both reports bring together the areas of Quality, Operations, Workforce and Finance.</p> <p>They enable effective monitoring and highlighting of potential issues to inform the business decisions of the Trust.</p> <p>Key messages from all areas are escalated on the front summary pages in both reports.</p> <p>They are designed to highlight key risks and support benchmarking of Trust-wide performance against Key National, Local and Contractual Indicators.</p>	
Action required	
<p>For Trust Board to note the Integrated Performance Report and receive it for information, assurance and discussion.</p>	
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 Quality Improvement Plan Workstreams:	
Making the London Ambulance Service a great place to work	YES
Achieving Good Governance	YES
Improving Patient Experience	YES
Improving Environment and Resources	YES
Taking Pride and Responsibility	YES



London Ambulance Service



NHS Trust

INTEGRATED PERFORMANCE REPORT – TRUSTBOARD EXECUTIVE SUMMARY

MAY 2016

- * All available data is correct as of the 15th of every month.
- * Please note that this report relates to performance throughout April 2016 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 Trust is currently £0.1m adverse YTD. The Trust has a planned deficit of £5.5m which is viewed as a challenging but achievable target. A8 performance ended at 64.7%. This is above the LAS trajectory of 63.0%. Trust Turnover is now at 11.5% against a target of 13%, down from 12% in March.

OUR PATIENTS

- ↔ Of the 45 incidents reviewed in April 2016, 6 were declared as serious incidents. There were 7 overdue cases escalated to ELT to progress.
- ↑ 99% of STEMI patients were taken to the appropriate destination and a 4% increase was seen in patients with sustained Return of Spontaneous Circulation (ROSC) to hospital for the month of February.
- ↓ CPI feedback is still low. Further work is required with Group Stations to improve this.

OUR MONEY

- ↔ Plan / Target – The Trust has a planned deficit target of £5.5m.
- ↔ Year to date the Trust reports £0.1m adverse variance from the original plan of £0.7m deficit.
- ↑ Cost Improvement – Cost Improvement Plan (CIP) is currently on plan as final programmes are being reviewed by the Resources Committee.
- ↔ Capital spend is £0.1m against a Capital plan of £2.3m. The £2.2m underspend relates mainly to delays in the DCA business case. The trust is permitted to undershoot its Capital.
- ↑ Cash is £19.2m, this is £2.1m below plan. This mainly relates to the Trust awaiting final sign off of the A&E contract notably the Quality Improvement Plan (QIP) income of £16m this accounts for £1.3m of the variance.

OUR PERFORMANCE

- ↑ A8 Performance was 64.7% for the month of April. This is above than the trajectory figure of 63.0%.
- ↔ There were 42,217 category A incidents in April (1.7% above trajectory). Category C demand was 0.9% below trajectory. Overall demand was at 87,657 incidents, 0.4% above plan.
- ↔ Average job cycle time for April 2016 was 1.8 minutes above the trajectory of 85.3 minutes.
- ↑ Capacity was above trajectory with patient facing vehicle hours at 4.9% above plan.
- ↓ The multiple attendance ratio has fallen to 1.25 in April.

OUR PEOPLE

- ↑ The vacancy rate for front line staff, compared to the previous month has increased from 3.6% to 4.9%.
- ↓ Turnover has further improved from 12% in March to 11.5% in April.
- ↔ Sickness levels have remained at 5.1%, for the month of April 2016.

**111 service delivery remains safe. Call demand has stabilised resulting in an improvement to calls answered in 60 seconds.
PTS has remained constant in patient waiting times.**

LAS 111 (SOUTH EAST LONDON)

- ↔ Service projects have concentrated on stabilising the telephony system introduced on 31 March and planning for the site relocation.
- ↔ The LAS 111 service achieved an overall figure of 94.8% for April. 111 achieved 90% or more of calls answered in 60 seconds on 27 days and achieved KPI on 20 days.
- ↓ Referrals by LAS 111 to 999 since are showing a decrease and there is a focus on increasing appropriateness and reducing overall referrals to Emergency Departments.

PATIENT TRANSPORT SERVICE

- ↑ 5,478 journeys were completed in April 2016, an increase from the previous month's total of 5,264 journeys.
- ↔ April 2016 saw no change in the arrival at hospital KPI at 95%.
- ↓ There was a slight drop in the patient departure KPI down to 96% in April from 97% in March.

Our Patients

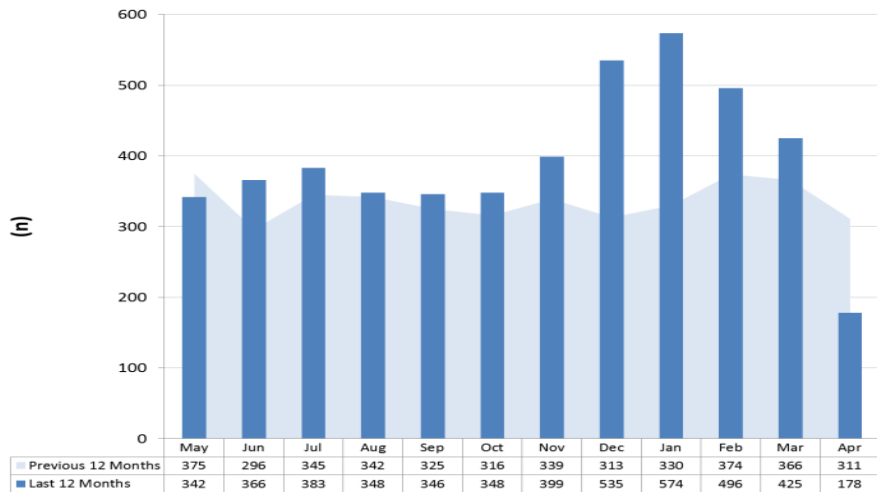


Section	Key Headlines From Each Sub-Section	Feb	Mar	Apr
SAFETY	<ul style="list-style-type: none"> 6 serious incidents were declared of 45 incidents reviewed, with 7 overdue cases escalated internally to the Executive Leads. CSR 2016.1 commenced with 25% completion in first month. Darzi Fellow (pharmacist) application has been approved and additional pharmacy support has been sourced to work on the Medicines Management improvement plan. Compliance with medicines management policy and drug audits are being monitored through independent audits. All non compliance is being immediately escalated to the Assistant Director of Operations (ADO) and the Quality and Governance Assurance Manager (QGAM) for each Group Stations. 			
EFFECTIVE	<ul style="list-style-type: none"> 99% of STEMI patients were taken to the most appropriate destination. 30% of patients had sustained ROSC to hospital, an increase of 4% on February's data. Time on scene remains lengthy and this is being addressed with individual clinicians through Clinical Information & Support Overview (CISO) feedback. 			
CARING	<ul style="list-style-type: none"> The East Sector had the best overall CPI completion rates with HART being the best performing Group Station. CPI feedback is still low and work with Group Stations is required to improve this. 			
RESPONSIVE	<ul style="list-style-type: none"> There were 3 periods of Surge Purple Enhanced during April. Excessive hospital breaches were identified during April, particularly at NWL Hospitals. Revised REAP levels will be introduced during May in line with recommendations from the National Ambulance Resilience Unit (NARU). LAS is operating at REAP 2. 			
WELL LED	<ul style="list-style-type: none"> VIP awards ceremony was held. Filming for the LAS documentary has begun. 	N/A	N/A	N/A



Serious & Adverse Incidents (SI)

Adverse Incidents Reports



Adverse Incidents

It is estimated that only 60.9% of incidents that took place in March 2016 and reported using LA52 have been received by Health and Safety. As such any forecast of figures will be inaccurate, and so the figures below are only the raw figures received from the incident forms (LA52 / LA277) completed in April. This issue will be addressed through the roll out of Datix Web in Q1.

Staff Incidents: 103

- Manual Handling incidents: 24
- Assault and Abuse: 30

Patient Incidents: 88

- Failure of equipment: 24
- Missing Equipment: 13
- Issues with Patient Treatment: 40

Adverse Incidents due to items which failed or missing

Failed in use

- Ambulance tail lift 9
- Laerdal Suction unit 4
- Carry chair 3
- Trolley Bed 3

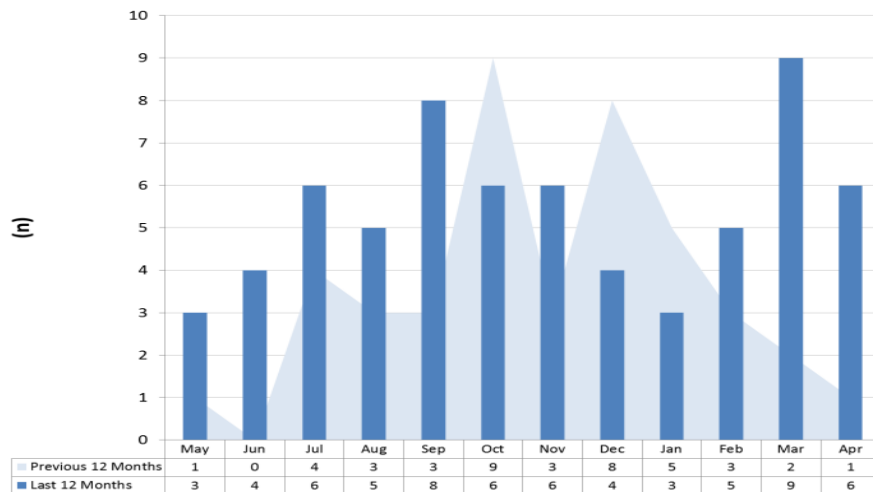
Missing Items

- Drug Packs 5
- Mangar Elk lifting device 2
- PALS kit 2



Serious Incidents / Governance

Serious Incidents (LAS Declared)



Serious Incidents (SIs)

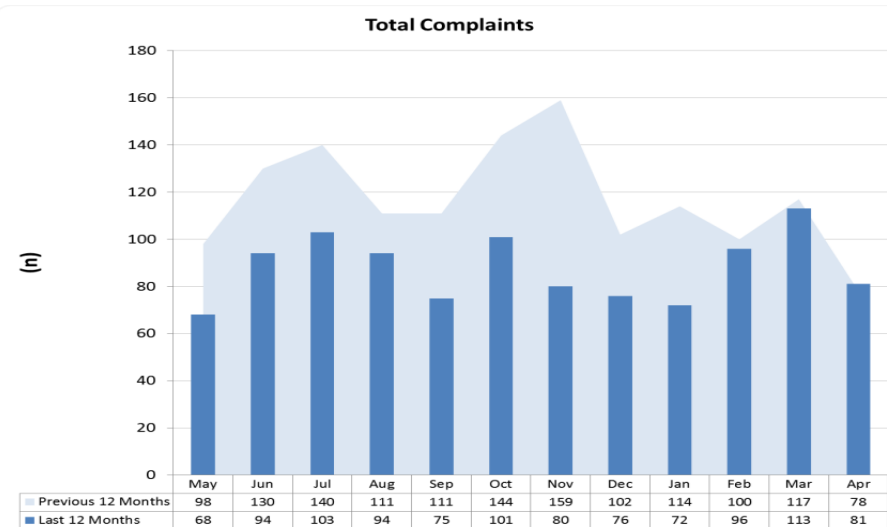
- 6 SIs were declared in April out of 45 incidents reviewed. There was a decrease of three on the previous month but 1 higher than the average for 2015/16.
- 8 SI reports were submitted in April, an increase of 6 on the previous month and almost double the average for the previous year.
- At the end of April there were 7 SIs overdue all of which have been escalated to ELT. This is 2 higher than the average for the previous year but in line with the previous 6 months. Of these 7, 5 are due to be submitted before the end of May.

Reporting Month	Potential Serious Incidents referred to SIG	Serious Incidents declared	No of SI under investigation (overdue)	No of SIs closed in month
Apr-15	12	2	6	
May-15	22	3	6	6
Jun-15	30	4	3	3
Jul-15	27	6	2	5
Aug-15	40	5	2	4
Sep-15	45	8	3	1
Oct-15	39	5	6	2
Nov-15	45	6	7	3
Dec-15	38	4	8	5
Jan-16	26	3	6	9
Feb-16	30	7	9	3
Mar-16	42	9	7	2
Apr-16	45	6	7	8
Total	441	68	72	51

- The table shows the Serious Incidents referred to the Serious Incident Group (SIG) which meets weekly, to review and declare as incidents requiring further investigation if required.
- The table shows a much higher number of incidents being referred to SIG, however numbers declared are consistent. The increased reporting is encouraging as there has been a focus on developing a more open and supportive culture and encouragement to highlight incidents to Managers. Individual feedback is provided to crews who raise incidents for consideration of a serious incident which has been well received. The QGAM role has now embedded into the Sectors - their support and feedback to the Crew Team Leaders (CTLs), undertaking of Duty of Candour and facilitation of 'round table' learning discussions is well received by staff and patient's alike.
- The number of QGAMS per sector and operational area may need to be reviewed.



Complaints – Volume & Response time



- 81 complaints were received in April which was lower than March (113) – 96 in February, 72 in January, 76 in December and 80 in November. However it compares similarly to April 2015/16 when 78 complaints were received.
- Awaiting Quality Assurance (QA) reports continues to remain the predominant cause of delays in throughput (currently 47/180 = 26% awaiting QA analysis) although this figure has reduced significantly in recent months. This issue will be addressed through the EOC review where an expansion of QA will be seen to reflect the increase in calls and ensure that the 1% audit is maintained in addition to the QA for complaint and incident investigations.

2015/16	Total complaints	Number of closed complaints by month	Totals closed within 35 working days	Percentage of complaints closed within 35 working days
Nov-15	80	80	31	39%
Dec-15	76	93	34	36%
Jan-16	72	76	27	38%
Feb-16	96	76	47	49%
Mar-16	113	113	52	46%
Apr-16	81	106	16	20%
Average			38%**	

** The performance target for April cannot be reliably calculated until 26 May 2016 so the analysis using the data available indicates **45%** minimum performance outcome.

Month	Complaint numbers	Acknowledged in 3 working days	Outside target
May-15	68	68 (100%)	0%
Jun-15	94	93 (99%)	1 (1%)
Jul-15	104	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%
Jan-16	72	72 (100%)	0%
Feb-16	96	96 (100%)	0%
Mar-16	113	112 (99%)	1%
Apr-16	81	81 (100%)	0%
Totals	1054	1046	99% (rounded)



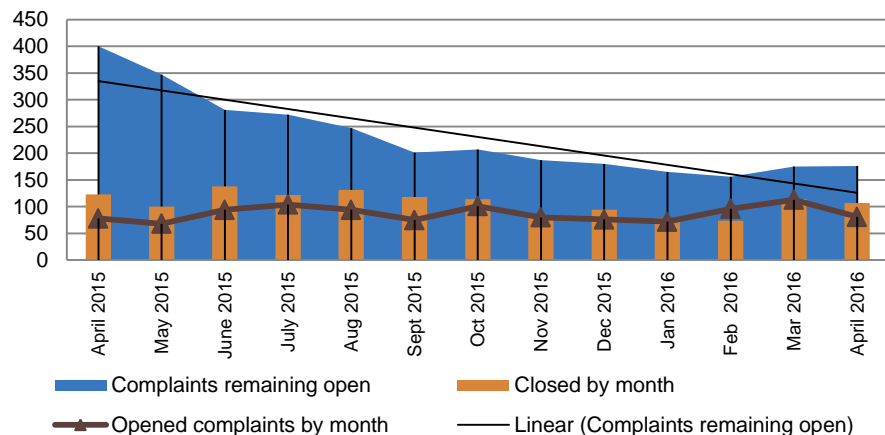
Complaints – Volume & Response time

Comparison of complaints received against calls attended by month April 2015 to March 2016

Month	Calls <u>attended</u>	Complaints received	Percentage of complaints against calls attended (rounded)
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
Jan-16	91193	72	0.08
Feb-16	85605	96	0.11
Mar-16	93490	113	0.12
Apr-16	87658	81	0.09
Totals	1047574	1053	1.19
Average			0.09%

- The percentage of complaints against calls received in April 2016 was 0.09%. There was a decrease in call rates which is reflected in number of complaints where delay is the key subject.
- Complaints about delay have remained steady although complaints across all subject areas are lower than 2015/16. Call rates have dipped slightly over March and activation levels are lower. This may have impacted on the increase in the number of complaints relating to non-conveyance.

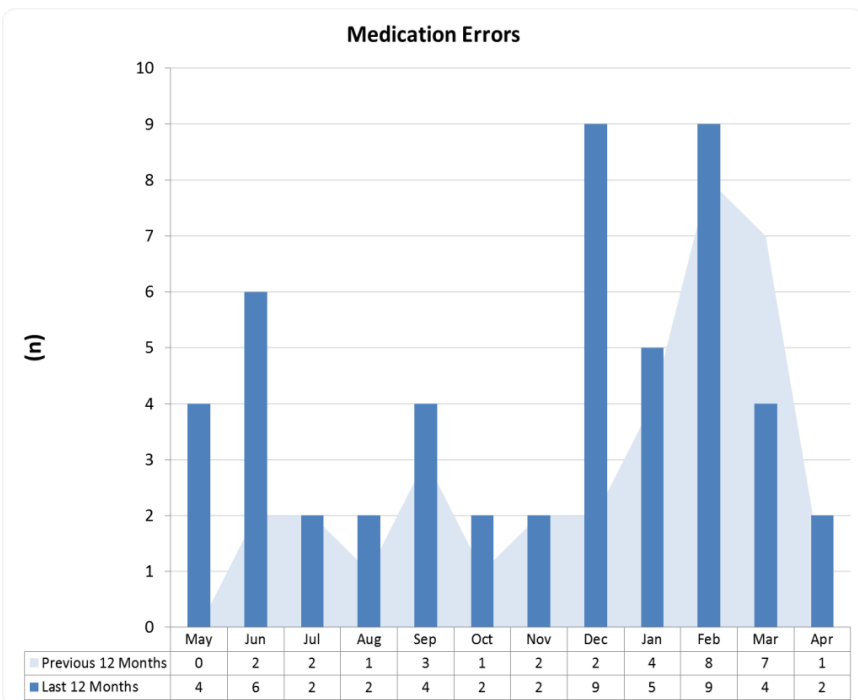
Summary of April 2015 to April 2016 showing opened complaints, closed complaints and the number remaining open



- March and April have been challenging for the department. However, closure rates have been consistent with 107 cases in April 2016. There are 176 cases remaining open of which 31 are in final draft form.
- Case officers continue to focus on the *out of time* cases and to try and close all other cases within the 35 day target. Of the 54 cases remaining over 35 days, the oldest of these is from February.



Medicines Management



A newly designed modular drugs pack has been designed and shown to a range of frontline staff and logistics team members to get feedback. It has also been shared with two pharmacists to ensure compliance with regulatory requirements. This new modular drug system will be trialled as part of the North East make ready/logistics trial.

The Controlled Drugs Local Intelligence Network report has been submitted for Quarter 4. The report detailed 5 unaccounted for losses of controlled drugs and 1 case of known theft from a service vehicle.

There have been two controlled drugs incidents in April.

- Paramedic identified an ampoule in the morphine safe without a label. The incident was escalated to the MPS CD team due to concerns that a morphine ampoule may have been substituted for another ampoule type.
- An ambulance was broken into outside St John’s Wood ambulance station and the paramedic drug pack stolen. This investigation remains open and is being handled by the MPS CD team.

As the CQC recommendation suggested there was a need for PGDs for two specific drugs remains under discussion a paper has been submitted to the Quality Governance Committee providing assurance around the current administration of drugs by LAS clinicians.

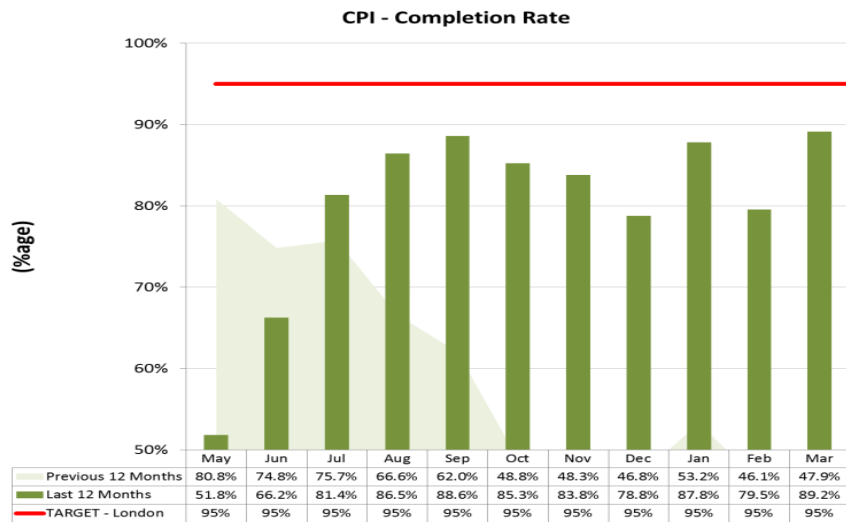
LAS will be recruiting a Darzi fellow pharmacist and has secured additional pharmacist support to oversee the logistics review.

Unannounced audits have begun on a weekly basis and whilst compliance is better than previously reported there is still work to do and ADOs and QGAMs are engaged in managing this.

Labelling of adrenaline 1:1000 ampoules has commenced to provide a visual warning that the drug is for intramuscular use only.



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



April figures are included but are not yet validated

CPI Completion

- The number of PRFs audited in March 2016 was higher than in the previous six months. There have been increases in most sectors, however, the East Sector should be congratulated for the number of PRFs they audited in March. Deptford, Edmonton, Friern Barnet and Hillingdon Group Stations, as well as HART, audited all PRFs available for the last eight months. Croydon, Fulham, Hanwell and Romford Group Stations, as well as Central Operations and CRU, should also be congratulated for auditing all PRFs available in March.
- GSM's to receive regular reporting on CPI completion rates for their Group Stations for review and action.

CPI Compliance

- The care provided to patients with a diagnosed mental health condition continued to plateau in March with 90% of patients receiving appropriate care.
- For the sixth month in a row, a consistently high level of care was provided to non-conveyed patients across the LAS.
- A high standard of care continued to be provided to ACS patients across the Service in March with HART delivering optimal care to all of their patients.
- The documentation of care for patients in cardiac arrest was excellent again in March with 98% of patients receiving appropriate care. HART should be congratulated for documenting all aspects of care.
- The care provided to patients in a glycaemic emergency and those who have had a stroke remains consistently high as does general documentation.

CPI Feedback

- Service wide, fewer than half the staff received the desired two face-to-face feedback sessions this financial year, with Camden and New Malden Group Stations, as well as the Clinical Hub and Volunteer Responders, receiving exceptionally low levels of feedback.
- Hillingdon Group Station, however, made sure 95% of their staff received two face-to-face feedback sessions.
- The following eight group stations exceeded their monthly feedback target in March 2016: Camden; Friern Barnet; Fulham; Hanwell; Hillingdon; Newham; New Malden, and Romford, as well as HART. However, this was not sufficient to make up for low levels of feedback earlier in the year.



CARU Reports (Cardiac and Stroke) - March 2016

CARDIAC CARE (March 2016)

- Resuscitation efforts were commenced on **42%** of cardiac arrest patients attended by LAS crews, a decrease of **4%** on the previous month.
- The average time from 999 call to LAS on scene was **9 minutes**, thus exceeding the target by **1 minute**.
- **30%** of cardiac arrest patients that had resuscitation commenced gained and sustained ROSC (Return of Spontaneous Circulation) until arrival at hospital and this is a **4%** increase from February.
- For the Utstein comparator, **40** patients had a witnessed cardiac arrest of presumed cardiac cause (VF/VT) and **24** of these patients had a ROSC which was sustained to hospital. ROSC sustained to hospital rate for the Utstein group of patients was **60%** (n=24/40).
- **35** patients with ROSC presented with a STEMI following their cardiac arrest. **33** of these patients were conveyed to HACs in line with the pathway and 2 were conveyed appropriately to ED.
- An advanced airway management device was placed successfully in **88%** of cardiac arrest patients where resuscitation was attempted. This is **5%** decrease on the previous month with the main reasons for unsuccessful placement including poor grade view and persistently soiled airway. Of these patients, **99%** had end tidal CO2 levels measured. **Three** patient had no end-tidal CO2 level documented on their PRF nor accompanying capnography printout and these have been shared with Sector Management Teams for further investigation.
- Approximately **5%** of cases had defibrillator downloads submitted, all of which were submitted by APP's.

STEMI (March 2016)

- **99%** of patients (293 to Heart Attack Centre [HAC] and 8 to Emergency Department [ED]) were conveyed to an appropriate destination. **One** patient was taken to ED when they met the criteria for the HAC pathway as per cardiac circular 003.
- The average time from the 999 call to arrival on scene increased by **1** minute to **13** minutes in March, exceeding the category A target by **5** minutes. Not all Heart Attacks are initially Cat A calls as they may present with other symptoms. **90%** of calls were triaged as Category A receiving a response within **10** minutes. The remaining **10%** were triaged as Category C calls.
- Average on scene time has decreased by **2** minutes but still remains high at **45** minutes, while call to hospital times have decreased by **1** minute to **76** minutes. These continue to require monitoring and review to identify themes. This is being picked up with individual clinicians through the CISO feedback.
- The percentage of patients who received a complete care bundle (aspirin, GTN, two pain assessments and analgesia) has increased by **2%** to **74%**, with **Fulham** station group supplying the full care bundle to 100% of patients attended this month. Analgesia administration continues to be the element where least compliance is seen, with **80%** of patients receiving pain relief. Initial Pain assessments were carried out on **99%** of patients, with secondary pain scores carried out on **95%** of patients. The good pain assessment scores indicate it is a documentation issue and this is being picked up through a bulletin.



CARU Reports (Cardiac and Stroke) - March 2016

STROKE (March 2016)

- **96%** of all suspected stroke patients were provided with a full pre-hospital care bundle or a valid exception to its provision was recorded on the PRF.
- **99%** of FAST positive patients had the time of onset of symptoms recorded or it was documented that the time of onset could not be established.
- **99.7%** FAST positive patients were conveyed to the most appropriate destination for their condition. However, **3** FAST positive patients (**0.3%**) were transported to an ED when they should have been conveyed to a HASU. Feedback has been provided to these crews through their QGAMs / CTLs.
- The average response time for 999 call to arrive on scene is **15** minutes – this reflects that not all Stroke patients are initially categorised as Red (Category A) calls as they present with a diverse range of symptoms.
- The average time on scene is **37** minutes, which remains longer than the recommended 30 minutes. Less than half of LAS crew (**46%**) attending stroke patients, who were potentially eligible for thrombolysis, spent 30 minutes or less on scene.
- The percentage of patients, who were potentially eligible for thrombolysis and arrived at a HASU within 60 minutes, has decreased from 59% in February to **58%** in March 2016.

MAJOR TRAUMA (Q4 2015-16)

- **1206** patients were attended by the LAS from January to March 2016; an average of **13** per day which is a slight reduction on the previous quarter (14).
- The overall average time spent on scene has increased by 2 minutes to **34** minutes. By mechanism the average on scene times have remained fairly constant:
 - **38** minutes for blunt injuries (previously 39 minutes).
 - **16** minutes for penetrating injuries (previously 16 minutes).
- **103** patients were conveyed to a MTC although the major trauma decision tree did not indicate that they required a MTC and the MTC was not the nearest trauma unit. This information is taken from the PRF where it was not indicative that the criteria for conveyance to MTC was met. Feedback is provided to the QGAMs who facilitate reflective learning through the CTLs.
- The average call to scene time increased to **14** minutes from **12** minutes in the previous quarter.
- The busiest Major Trauma Centre is St Mary's MTC, followed by the Royal London, Whitechapel.

Our Performance



Sub-Section	Performance Summary	Feb	Mar	Apr
A8 Performance	A8 Performance was 64.7% for the month of April. This is higher than the trajectory figure of 63.0%.			
Other Performance	Performance for Red 1, Red 2 and A19 were all above the trajectory for April. All four cat C performance measures increased from previous month therefore providing improved patient care and better clinical outcomes.			
Demand	There were 42,217 category A incidents in April (1.7% above trajectory). Category C demand was 0.9% below trajectory. Overall demand was at 87,657 incidents, 0.4% above plan.			
Capacity	The patient facing vehicle hours (PFVH) deployed during April were above trajectory by 4.9%. This was primarily due to the number of patient facing overtime vehicle hours which was 53.6% above plan.			
Efficiency	Job Cycle Time has remained above the trajectory at 87.1 minutes. This is 1.8 minutes above the expected trajectory for April (85.3 minutes). MAR has improved to 1.25 and this is below the plan of 1.29.			
EOC – Call Answering	5 Second Call Answering for April was at 98.2%, this was 3.2% above the target of 95%, 3.0% above the previous month and at the same level as April 2015.			
EOC – FRU Cat C Share	FRU share of Cat C for April was 7.9%, this was 2.9% above the target of 5% and 1.1% above April 2015.			



Ambulance Quality Indicators (AQI) Update – March 2016

The AQIs for March 2016 were published on 12th May 2016. The list of AQIs detailed below make up part of the Ambulance System Indicators. These indicators enable comparison between the 11 Ambulance Trusts across England.

The table below details 7 of these indicators. It shows the indicator description, the LAS performance and it's position in relation to the other 11 ambulance trusts.

The System Indicators will show complete data for the previous month.

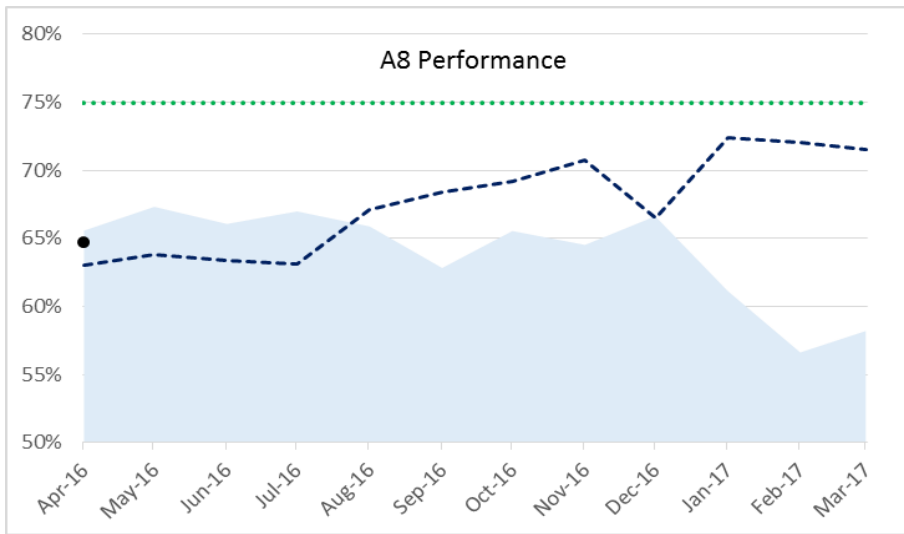
Source: NHS ENGLAND			Last 3 months			Ranking Position		
AQI Indicator Description SYSTEM INDICATORS	Units	Target	MAR	FEB	JAN	MAR	FEB	JAN
The time taken to answer 95% of 999 calls in the emergency control room	(secs)	5 secs	4	9	2	2	3	2
The percentage of callers who have hung up before their call was answered in the emergency control room	%		0.3%	0.3%	0.1%	1	1	1
The percentage of Category A Red 1 (most time critical) calls reached within 8 minutes	%	75%	65.6%	64.7%	67.3%	6	9	8
The percentage of Category A Red 2 (serious but less immediately time critical) calls reached within 8 minutes	%	75%	57.9%	56.4%	60.9%	7	8	8
The time taken to reach 95% of Category A (Red 1) calls	(mins)		14.2	14.3	13.6	3	4	3
The percentage of Category A calls reached within 19 minutes	%	95%	91.1%	91.3%	92.6%	5	6	6
The time taken to arrive at the scene of 95% Category A (Immediately Life Threatening) calls	(mins)		21.9	21.5	20.2	5	5	5

Latest Publication : 12th May 2016 (Mar-16 data)

Date of next publication : 9th June 2016



A8 Performance

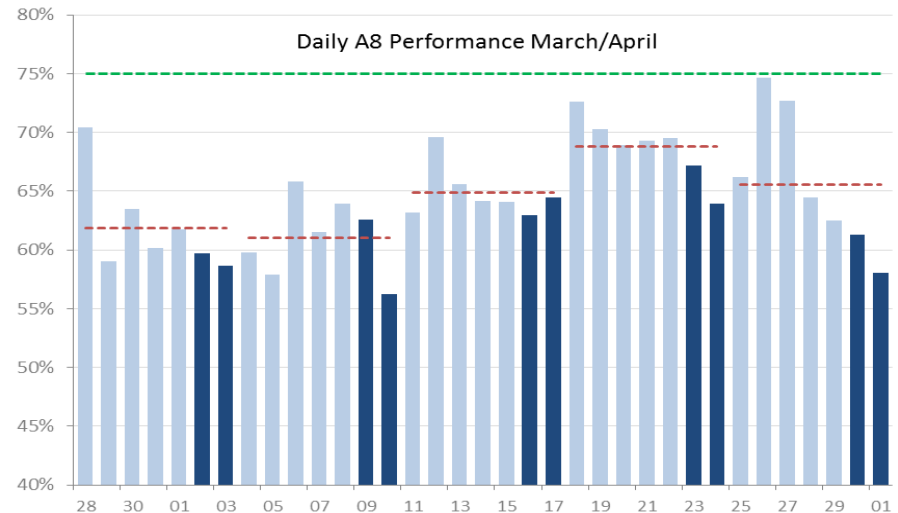
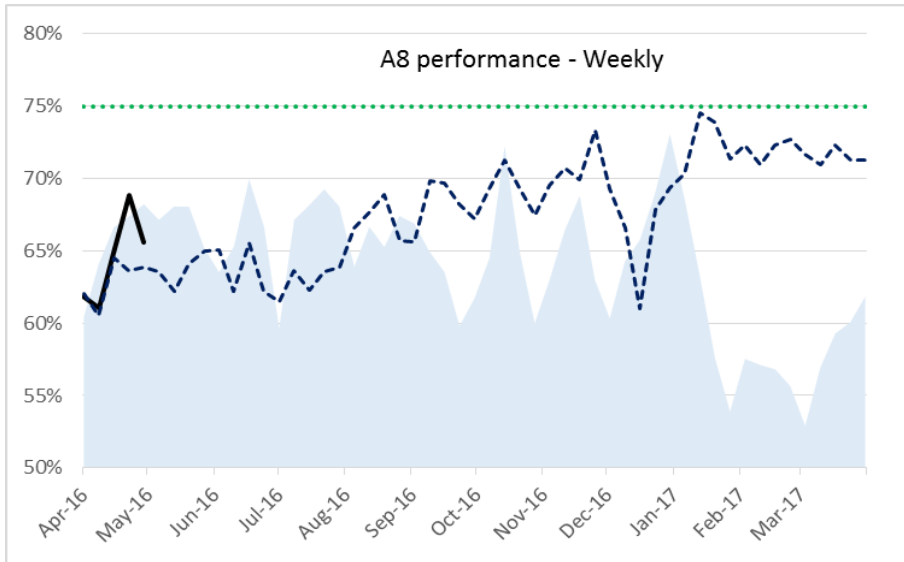


A8 Performance for April 2016 was 64.7%. This was higher than the contract trajectory of 63.0%, for additional context, April 2015's figure was 65.6%.

The following factors may have contributed significantly to April's Cat A performance:

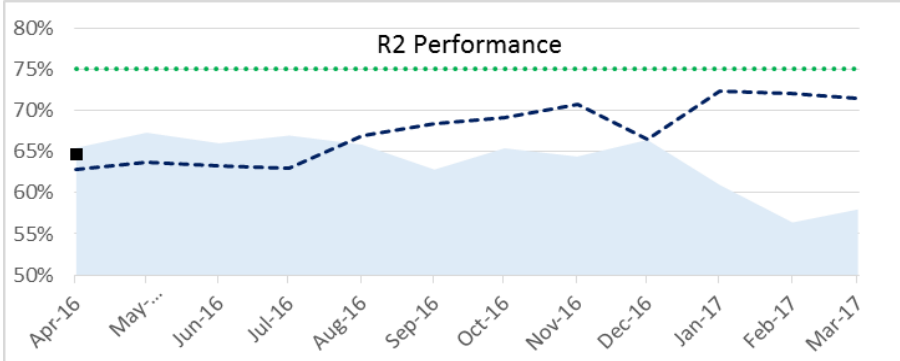
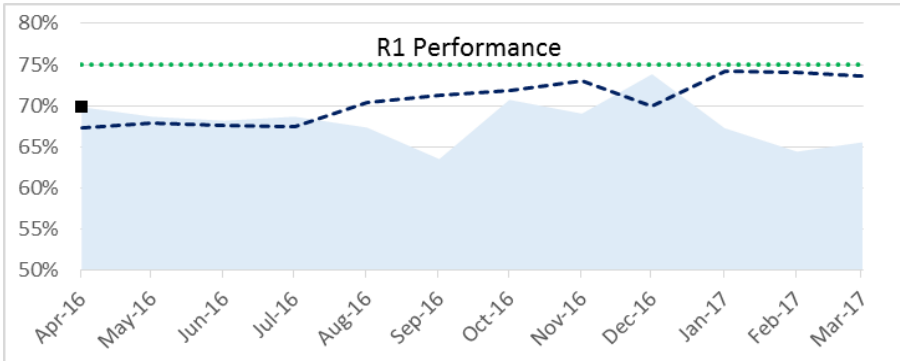
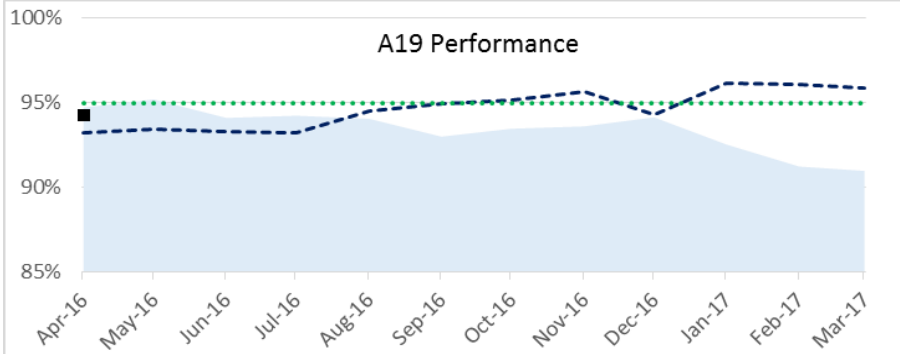
- **Demand** – Overall the number of incidents was just 0.4% above plan. Cat A was 1.7% above trajectory, however Cat C was 0.9% below plan.
- **Capacity** – Overall patient facing hours were 4.9% above plan with overtime vehicle hours 54% above trajectory for April.
- **Efficiency** - Average job cycle time was 1.8 minutes above trajectory however MAR was 1.25 below the plan of 1.29.

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





Other Performance



Performance in April 2016 improved across all categories when compared with March 2016. A19 rose by 3.2% from 91.0% to 94.2%.

Both Red 1 and Red 2 performance finished above trajectory for April 2016.

- Red 1 was 69.9%, above plan by 2.5%.
- Red 2 was 64.6%, above plan by 1.7%.
- A19 was 94.2%, above plan by 1%.

All Cat C performance categories (C1 to C4) saw a significant increase compared with last month. All were between 8% - 12% higher than March 2016.

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

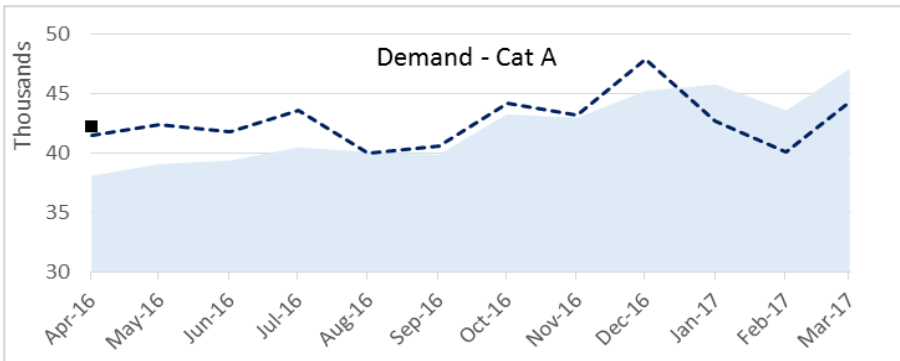
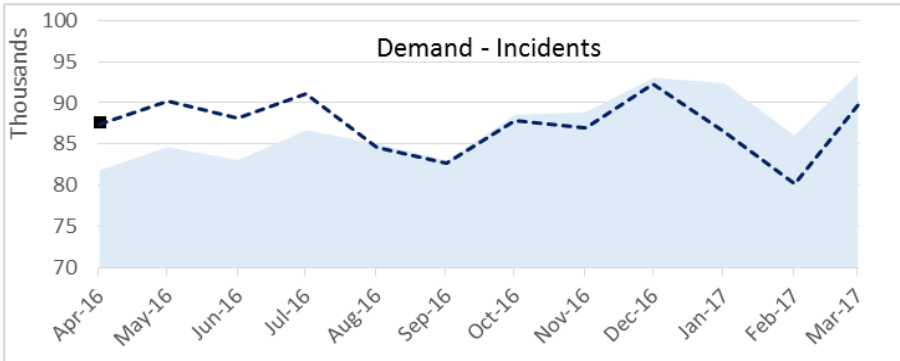
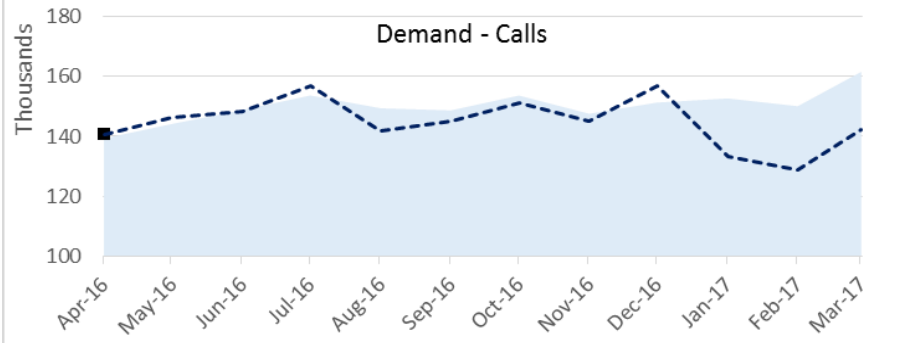
Weekending	A8	A19	R1	R2	C1	C2	C3	C4
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03-Apr	61.8	92.8	69.8	61.6	58.8	63.6	83.2	62.2
10-Apr	61.0	92.8	64.8	60.9	57.3	61.8	80.3	58.4
17-Apr	64.8	94.4	68.2	64.7	59.2	67.9	85.5	65.0
24-Apr	68.8	95.3	76.0	68.6	69.3	75.4	88.0	71.7
01-May	65.6	95.0	70.2	65.4	69.0	70.4	85.4	65.2

Feb-16	56.6	91.2	64.4	56.4	48.5	53.4	75.0	53.9
Mar-16	58.2	91.0	65.6	58.0	51.3	58.2	77.2	57.0
Apr-16	64.7	94.2	69.9	64.6	63.1	68.6	85.1	65.2



Demand



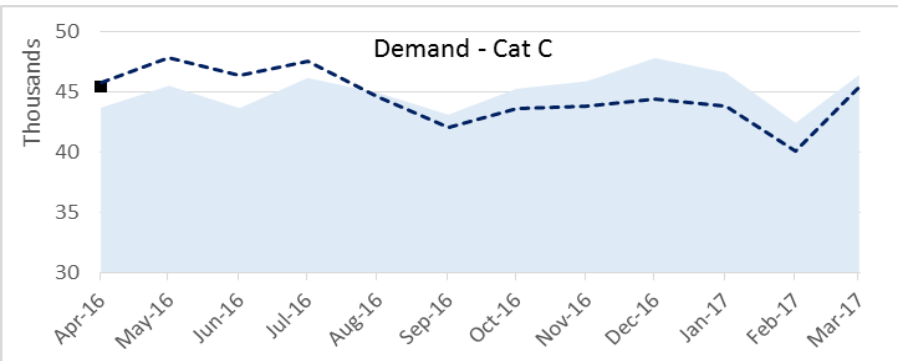
Overall demand was 0.4% above trajectory in April and 7.2% higher than April 2015.

Cat A demand was 1.7% above plan and 10.8% higher than April 2015.

Category C incidents were just below trajectory by 0.9% but higher than last year by 4.0%.

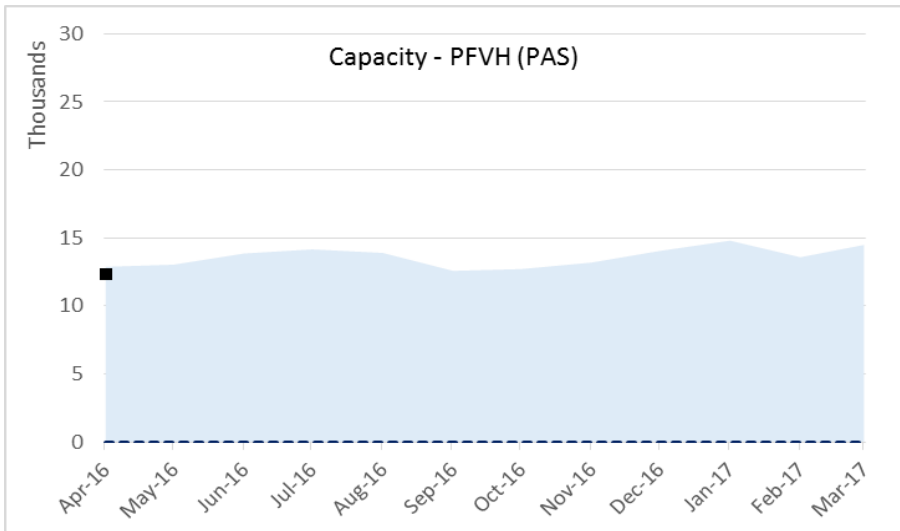
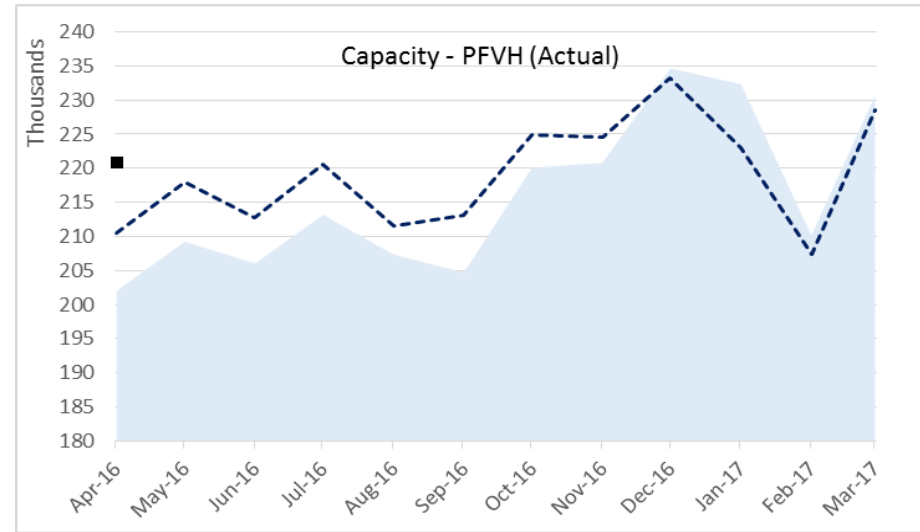
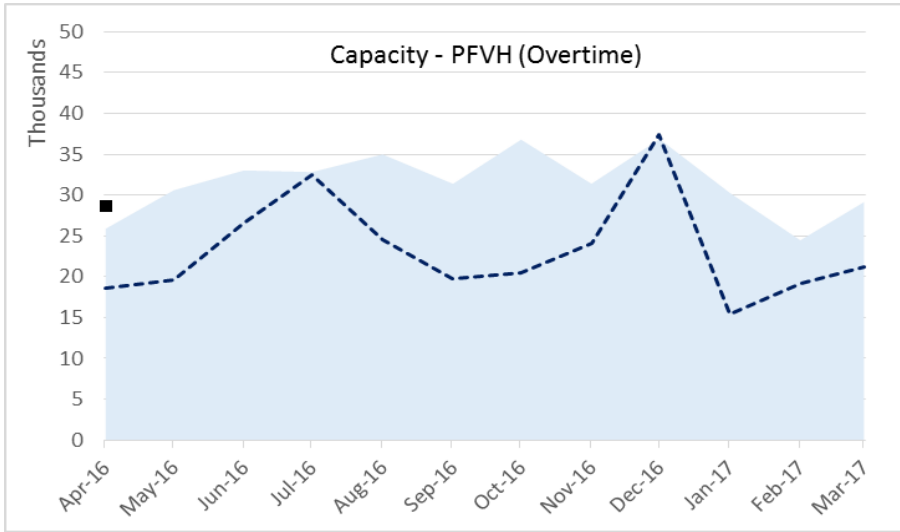
Call volumes were 0.2% above contract level for April 2016 and 1.1% above April last year.

15/16 actual data
 16/17 actual data
 Trajectory





Capacity



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

Total patient facing hours were above the trajectory for April. The actual hours at 220,787 (hrs) against a plan of 210,569 (hrs) a 4.9% increase.

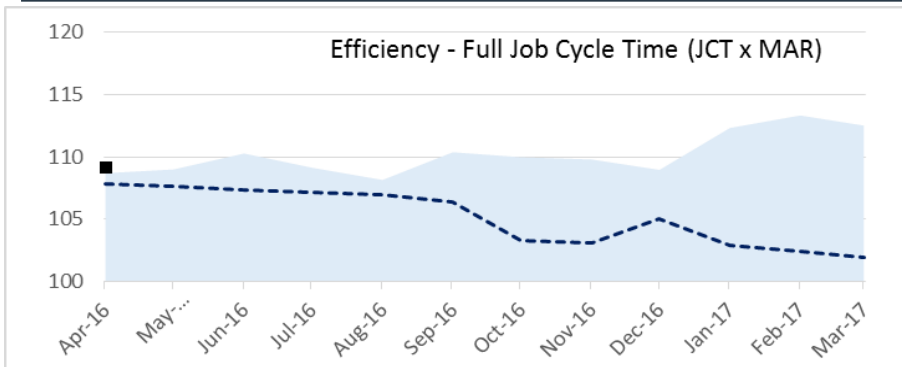
However there was a small decrease in capacity on last month, March 2016, by an average of 79 (hrs) per day.

Overtime hours were 53.6% above trajectory.

PAS/VAS hours for April 2016 were 4.4% below the level of April 2015.



Efficiency

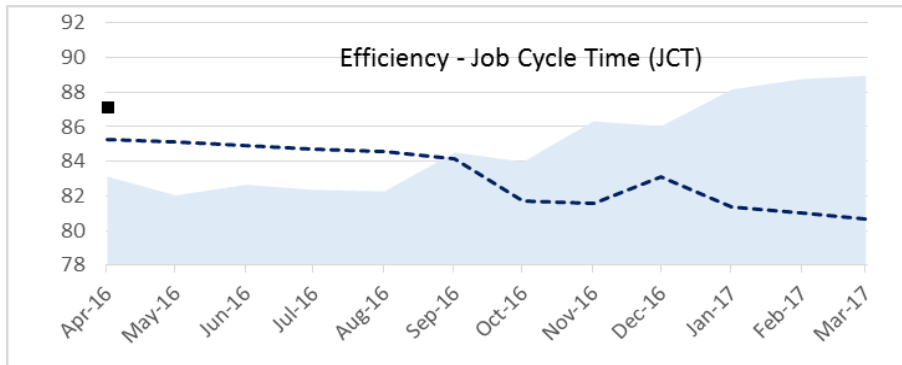


Job Cycle Time for April 2016 was 87.1 minutes, above the trajectory of 85.3 by 1.8 minutes.

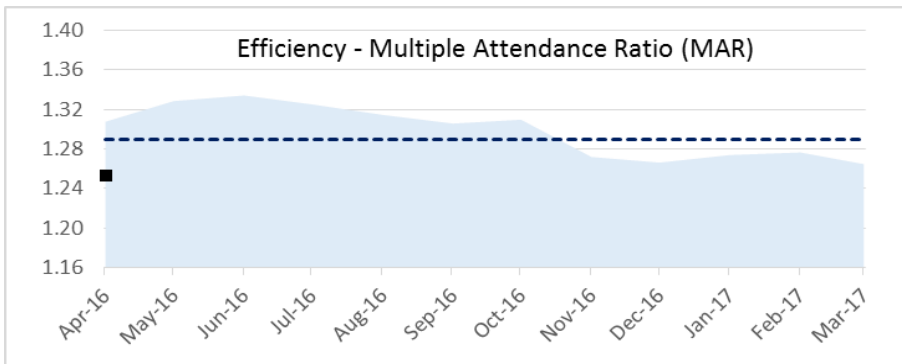
However this was an improvement of 1.9 minutes on the previous month.

Full Job Cycle (JCT x MAR) was 109.1 minutes, also above the April trajectory of 107.8.

The Multiple Attendance Ratio (MAR) improved again for April, falling to 1.25. The trajectory for every month this year is 1.29.

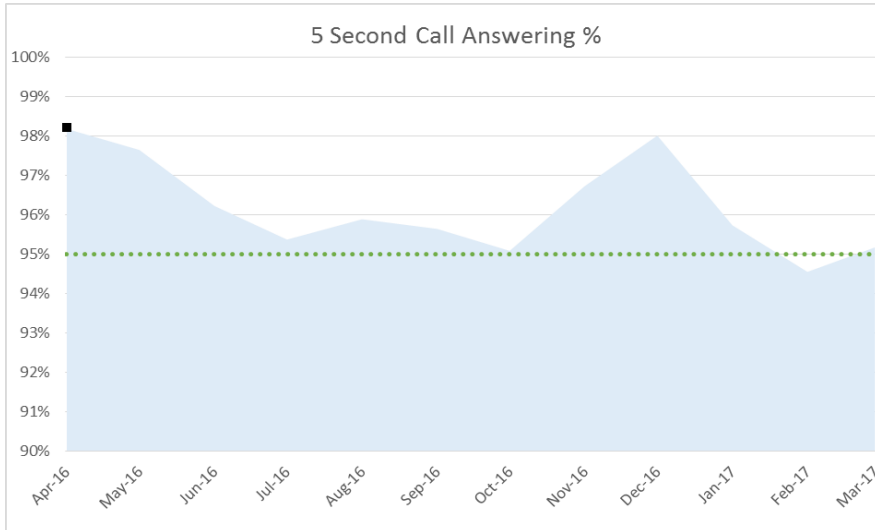


- 15/16 actual data
- 16/17 actual data
- Trajectory





Emergency Operations Centre (EOC)

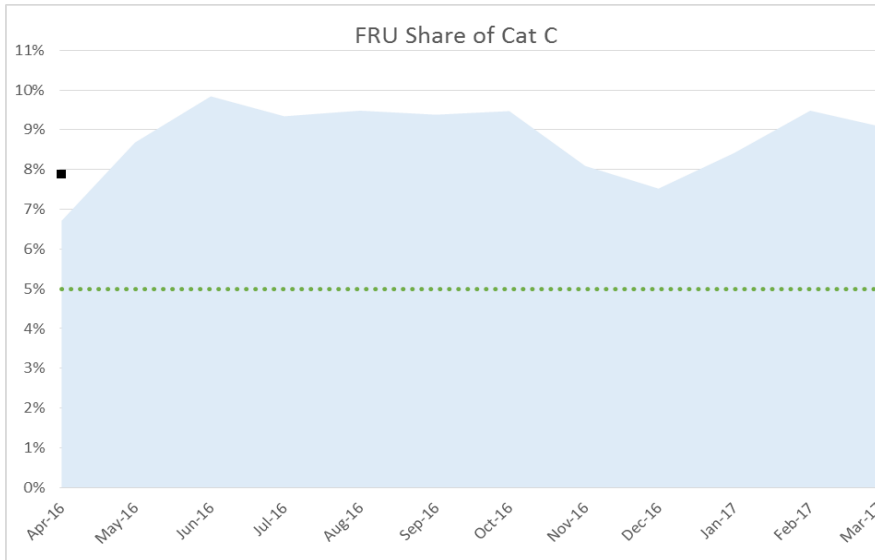


5 Second Call Answering for April was at 98.2%, this was 3.2% above the target of 95%, 3.0% above the previous month and at the same level as April 2015.

FRU share of Cat C for April was 7.9%, this was 2.9% above the target of 5% and 1.1% above April 2015.

However there was a 1.2% improvement on the previous month.

- 15/16 actual data
- 16/17 actual data
- Target



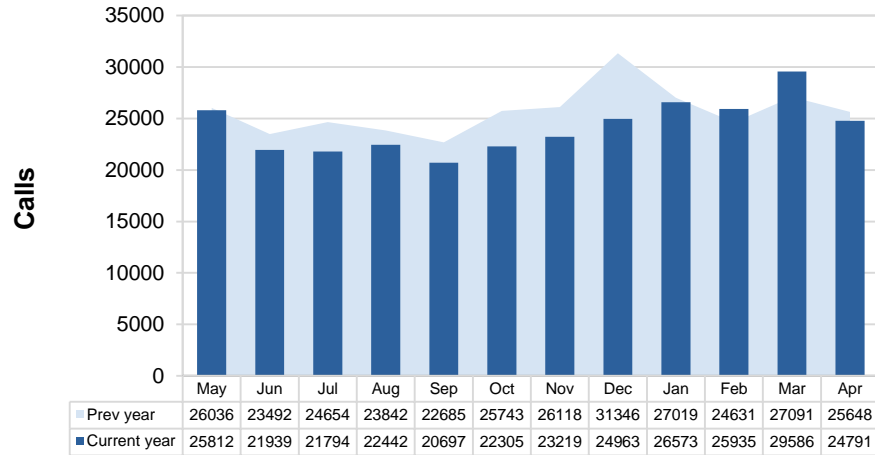
5 Second Call Answering %		
Month	2015-16	2016-17
Apr	98.19%	98.21%
May	97.65%	
Jun	96.23%	
Jul	95.37%	
Aug	95.89%	
Sep	95.64%	
Oct	95.09%	
Nov	96.73%	
Dec	98.02%	
Jan	95.73%	
Feb	94.55%	
Mar	95.18%	

FRU Share of Cat C		
Month	2015-16	2016-17
Apr	6.71%	7.88%
May	8.68%	
Jun	9.84%	
Jul	9.34%	
Aug	9.48%	
Sep	9.38%	
Oct	9.47%	
Nov	8.09%	
Dec	7.52%	
Jan	8.42%	
Feb	9.48%	
Mar	9.09%	



LAS 111 (South East London) - Demand and Capacity

QR02: Total calls answered



Demand: Higher call volumes since late January have stabilized since 5th April and been within forecast.

Efficiency: The percentage of calls answered in 60 seconds was 90% or more on 27 days and achieved KPI on 20 days achieving an overall figure of 94.8% for April.

Service Projects: The service will relocate to Croydon in late spring/early summer. The first phase of telephony changes was implemented on 31st March 2016 and during April there has been a focus on the resolution of issues related to this.

Capacity: The last 3 months has seen short falls in staffing due to sickness, maternity leave and vacancies

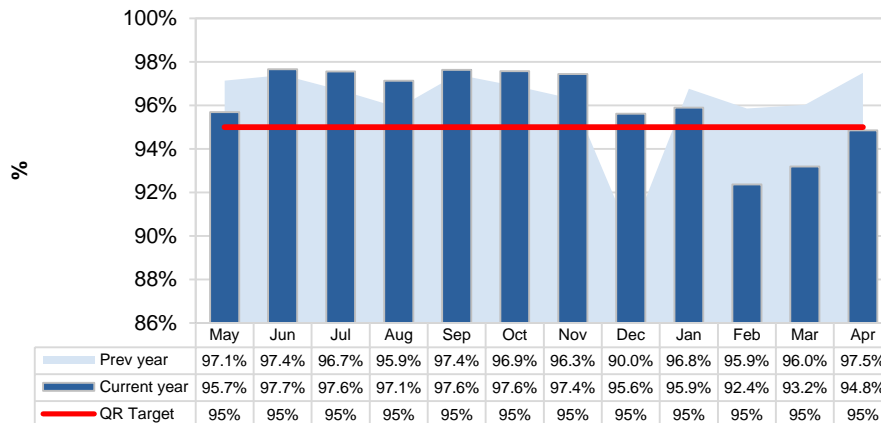
Covering vacant positions through agency has been challenging as the staff promised have not been delivered and shifts covered have been day shifts leaving greater shortfall over night shifts.

There is a review of rosters being undertaken urgently to address the mismatch between night and day shifts

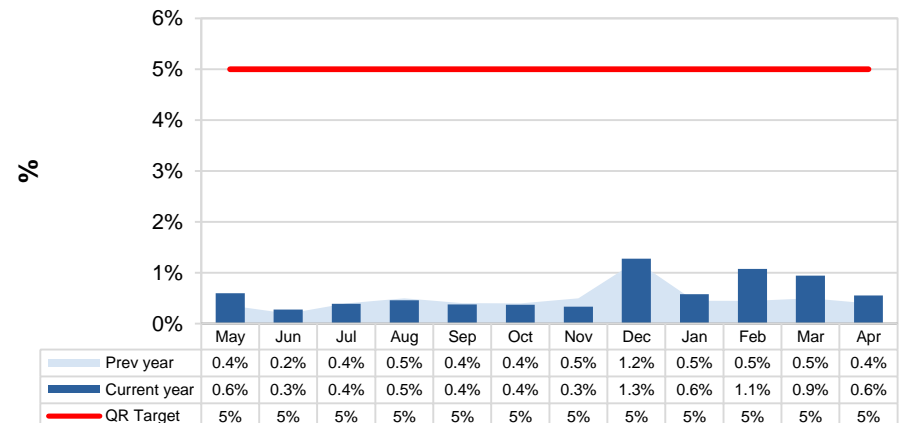
A recruitment campaign has been on-going which will see additional call handlers in post by the end of June.

WTE - Whole Time Equivalent

QR05: Calls answered within 60s



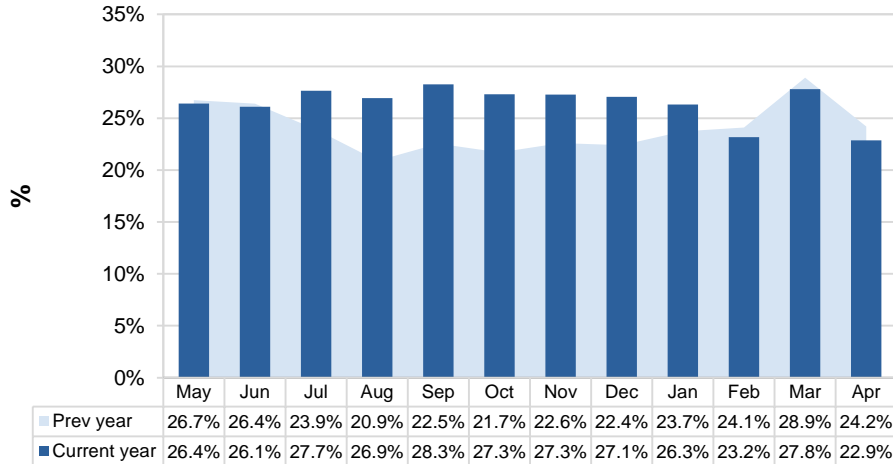
QR04: Calls abandoned after 30s





LAS 111 (South East London): Call Destinations

QR12a: % of calls referred to a clinical advisor

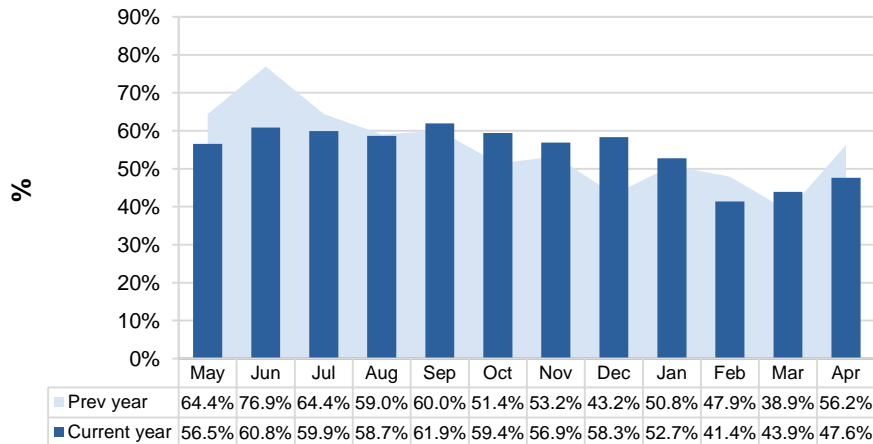


Quality Indicators: Calls requiring a Clinical Advisor are either transferred directly (warm transfer) or placed in a queue for call back. Factors influencing these figures include complexity of calls, enhanced clinical assessment for green ambulance outcomes and availability of Clinical Advisors to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

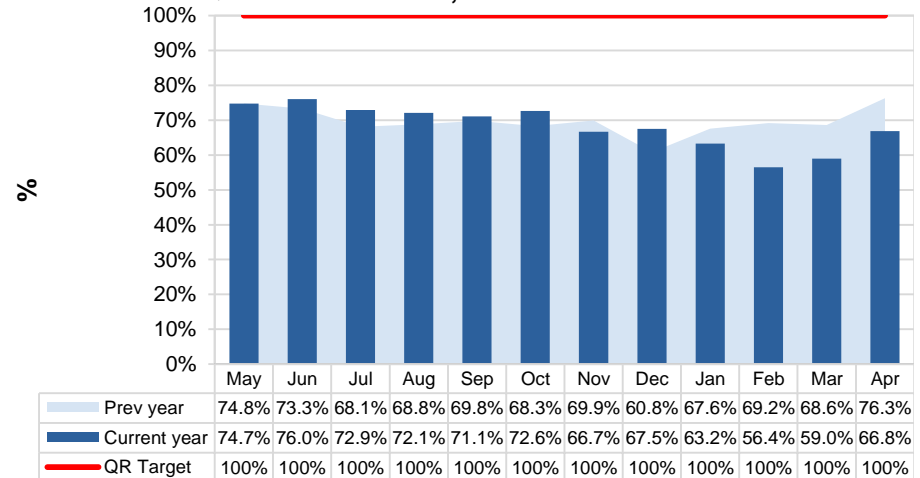
Safety: There were 66 Incidents reported in Datix by the LAS 111 Team. Of these, 39.4% related to calls referred to an incorrect OOH Provider, 20.5% to demographic errors, 7.7% breaches of procedure and the remaining 32.4% to other issues. Incidents are under investigation and feedback given to staff where appropriate.

No Serious Incident (SIs) were identified during April and the service received three complaints, one HCP feedback and one compliment. No SIs are under investigation.

QR12: Of calls transferred, % transferred warm



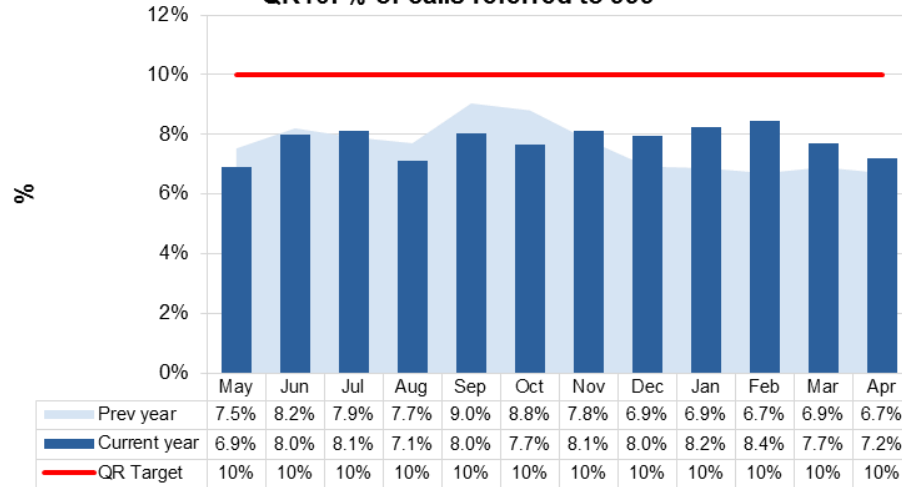
QR14: Of call backs, % within 10 minutes





LAS 111 (South East London): Triage Destinations

QR10: % of calls referred to 999



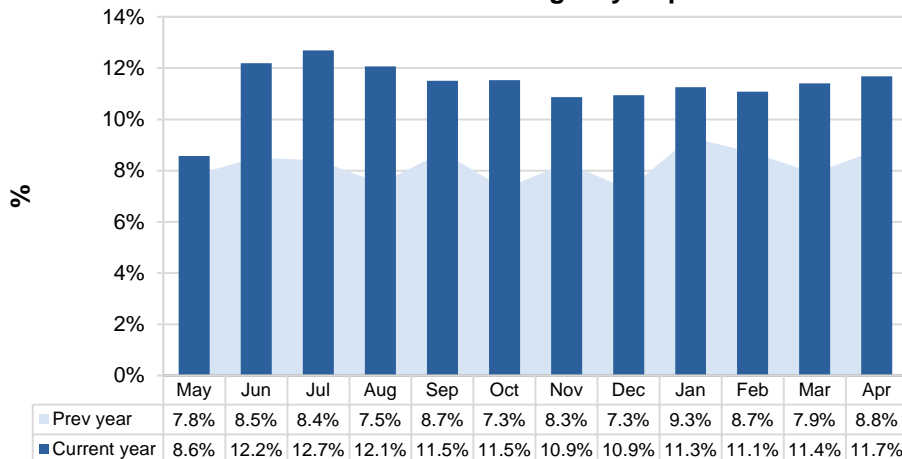
LAS 111 consistently has the lowest referral rate to 999 in London and the highest percentage of enhanced re-assessment for Green ambulance outcomes.

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

When combined this gives an indication of the impact on Emergency and Urgent Care. LAS 111 is consistent with other London Providers.

A project is underway to optimise referrals to ED and has identified areas for development and individuals in need to support.

QR11: % of calls referred to Emergency Department





LAS 111 (South East London): Glossary

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

London providers – areas covered:

London Ambulance Service (LAS): 1. South East London

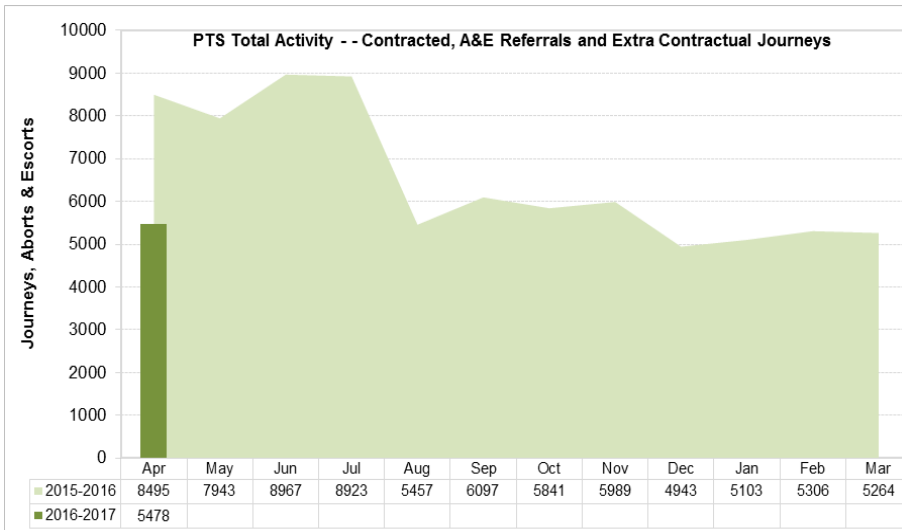
Care UK: 1. Hillingdon, 2. Croydon, 3. Wandsworth, 4. Sutton & Merton, 5. Kingston & Richmond, 6. North West London

Partnership of East London Co-operatives (PELC): 1. East London & City

London Central & West: 1. Inner North West London, 2. North Central London



Patient Transport Service – Activity and Profitability Update

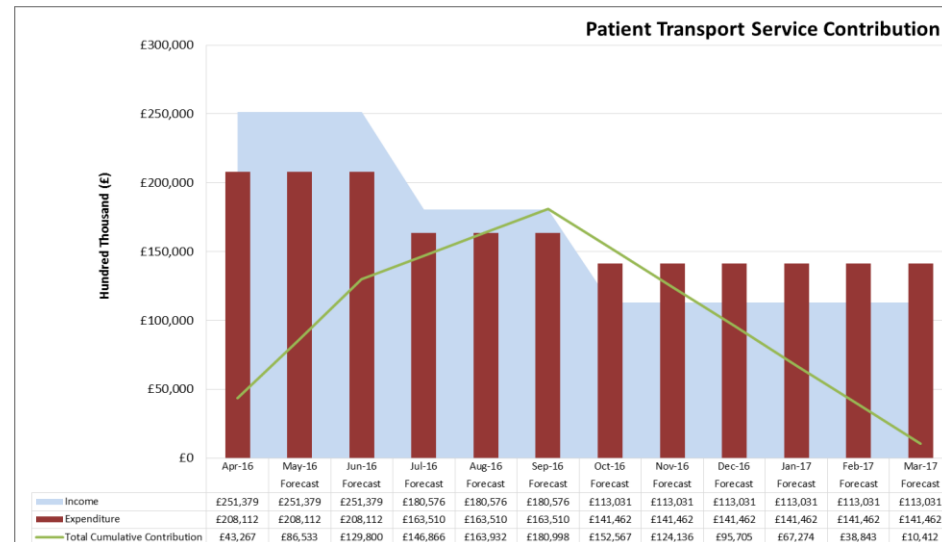


5,478 journeys were completed in April 2016, an increase from the previous month's total of 5,264 journeys.

Income for the month has again been supported by additional numbers of Extra Contractual Journeys completed in the month.

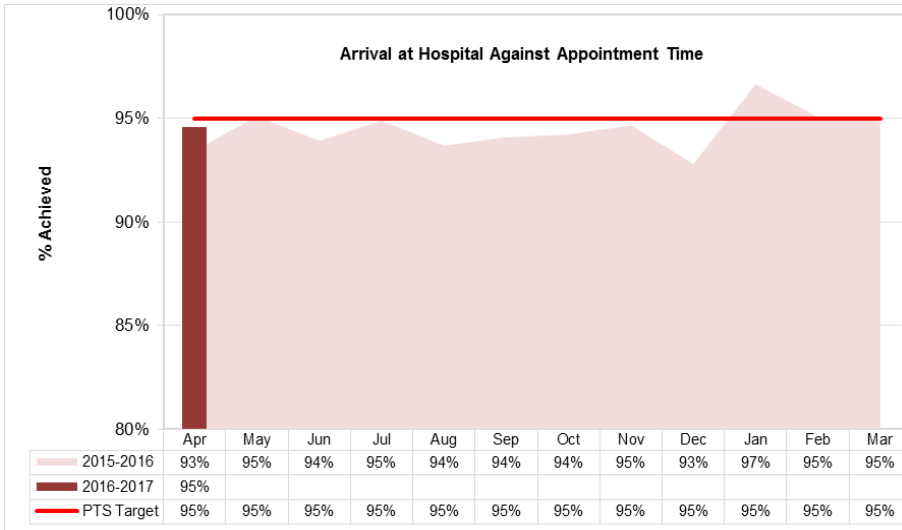
The graph below shows income and expenditure for April 2016 with a monthly forecast along side the total cumulative contribution back to the LAS.

Month	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
Apr	13533	15044	13227	8495	5478
May	16100	15987	13164	7943	
Jun	13459	14852	10129	8967	
Jul	17879	16481	10508	8923	
Aug	18494	14401	9028	5457	
Sep	14742	15002	9602	6097	
Oct	15406	16739	10957	5841	
Nov	14898	15981	10063	5989	
Dec	11398	13986	9250	4943	
Jan	14495	16409	9753	5103	
Feb	13531	15232	9787	5306	
Mar	13444	13978	10520	5264	
Total	177379	184092	125988	78328	5478





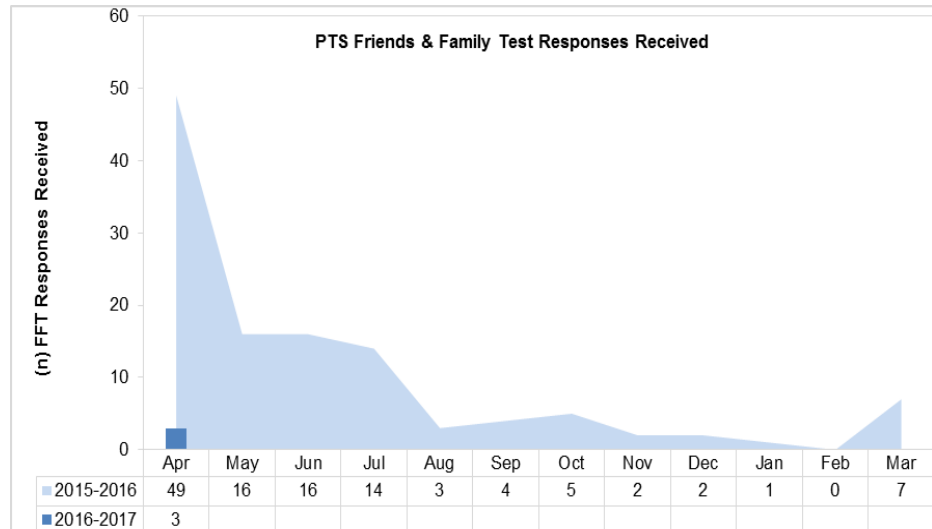
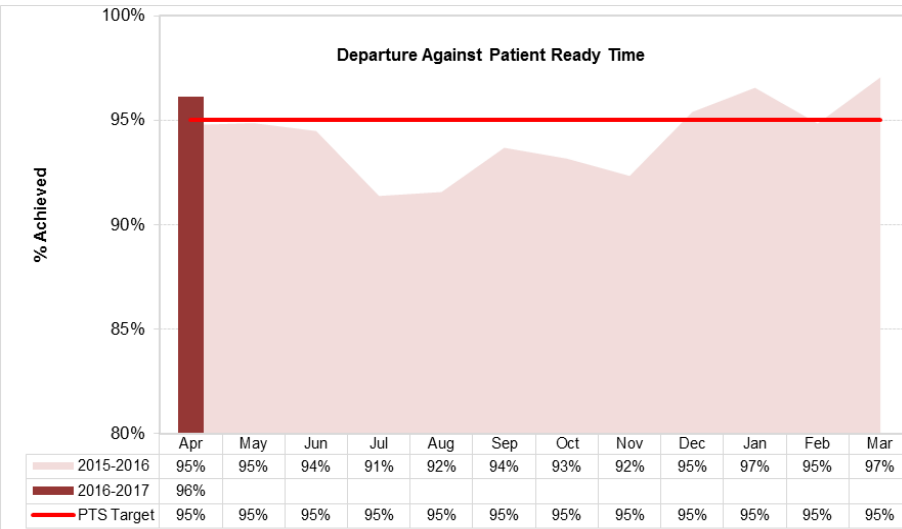
Patient Transport Service – KPI Update



Performance against KPI's for the month are shown in graphs attached. There was no change in the arrival KPI at 95% however there was a slight drop in the patient departure KPI down to 96% from 97% for March.

The CQC highlighted the need to review current waiting times for PTS patients. The action plan in place as part of the Quality Improvement Plan (QIP) and the activities supporting this has led to the improvement in the departure time KPI this month.

The Friends and Family Test (FFT) responses have decreased slightly this month. During the month of May we will be conducting a daily mailshot to all patients that have travelled with PTS, as part of the above QIP Plan.



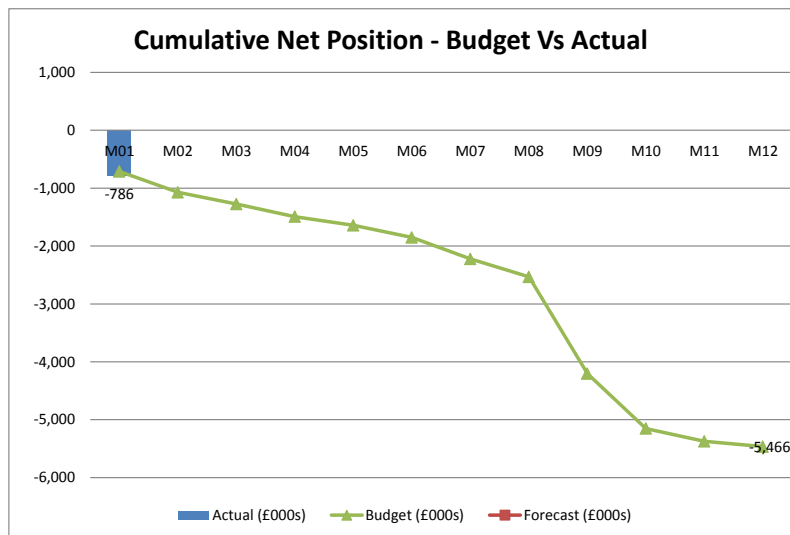
Our Money



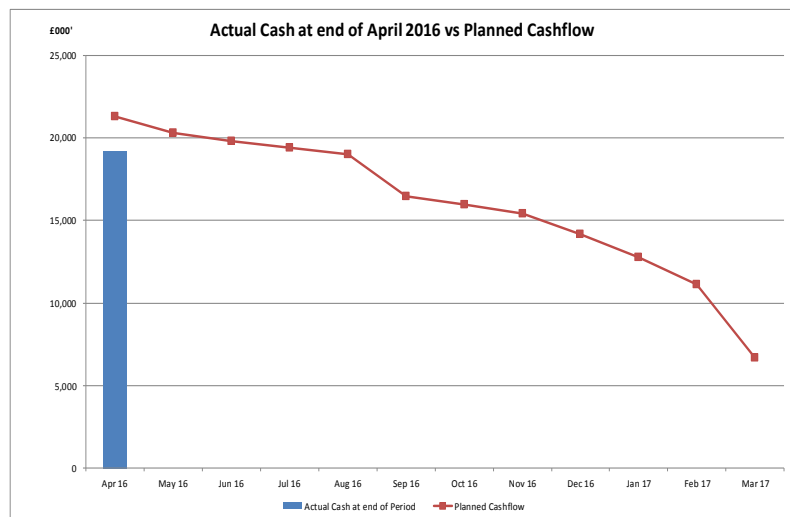
Financial Indicator	Summary Performance	Feb	Mar	Apr
Surplus (Year to date)	In month the position is £0.1m adverse to plan, The year end position of £5.5m deficit is seen as challenging but achievable.			
	The adverse position is driven by: <ul style="list-style-type: none"> Additional Overtime and PAS support for Frontline Capacity in Q1. 			
	The finance report has been approached at a higher level at Month 1 as contracts, final plans and year end is finalised. The position is seen as accurate.			
Income	Income is £0.2m adverse in month. The key drivers for this position are: <ul style="list-style-type: none"> This relates to the original plan containing £18m CIP the £2.0m shortfall will be mitigated against cost. This position assumes that the Trust secures the £16m additional QIP and £5.1m Specialised Services funding. 			
Expenditure (incl. Financial Charges)	In month expenditure is £0.1m favourable to plan. The key drivers for this position are: <ul style="list-style-type: none"> £0.7m favourable in Pay mainly due to Frontline and EOC vacancies. £0.6m adverse in Non Pay Expenditure primarily related to on-going high levels of spend on PAS. 			
	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 on-going recruitment and extended training. Overtime and PAS spend remains in Q1 to support operational delivery. Incentives remain in place for disruption and have been focused on FRU and weekend cover. 			
CIPs	Year to date CIPs are on plan. The full year plan of £10.0m is still expected to be achieved. Final plans are currently being developed and will be assessed and monitored by the Resource Committee on a monthly basis.			
Balance Sheet	Capital expenditure totals £0.1m for the year against a plan CRL of £2.3m. This is due to a delay in the approval of the DCA business case. Capital milestones will be monitored at the Resource Committee to ensure delivery across the year.			
Cashflow	Cash is £19.2m, this is £2.1m below plan. This mainly relates to the Trust awaiting final sign off of the A&E Contract notably the QIP income of £16m this accounts for £1.3m of the variance.			



Executive Summary - Key Financial Metrics












	2016/17 - Month 1			Year to Date		
	Budg	Act	Var	Budg	Act	Var
	£000	£000	£000	£000	£000	£000
			fav (adv)			fav (adv)
Dept Health						
Surplus / (Deficits)	(711)	(786)	(75)	(711)	(786)	(75)
EFL				(1,064)	999	(2,063)
CRL				2,301	91	2,210
Suppliers paid within 30 days - NHS	95%	88%	(7.0%)	95%	88%	(7.0%)
Suppliers paid within 30 days - Non NHS	95%	80%	(15.0%)	95%	80%	(15.0%)
Monitor						
EBITDA %	2.9%	2.7%	(0.3%)	2.9%	2.7%	(0.3%)
EBITDA on plan	824	747	(77)	824	747	(77)
Net Surplus	(711)	(786)	(75)	(711)	(786)	(75)
NRAF (net return after financing)				0.0%	0.0%	0.0%
Liquidity Days				0.00	0.00	0.0
FSRR (Financial Sustainability Risk Rating)				0.0	0.0	0.0



- In Month the position is £0.1m adverse to 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.
 - Delivery of CIPs.
 - Securing additional QIP and MTF A funding with Commissioners.
- Cash is £19.2m, £2.1m below plan. £1.3m of this relates to finalisation of QIP funding is pending.
- The EFL variance is due to lower than planned cash balances of £2.1m.
- CRL position – The capital plan is £2.2m behind target, primarily due to delays in approval of the DCA business plan.
- Please note Liquidity days and FSRR are not calculated by NHSI at Month 1 but are due to be consistent with the Trust’s planned position.

Our People



Section	Key Headlines From Each Section	Feb	Mar	Apr
Vacancy and Recruitment	<ul style="list-style-type: none"> The overall establishment has increased by 64 (wte) and this has increased our vacancy rate from 4.7% to 6.0%. The vacancy rate for front line staff has increased from 3.6% to 4.9% against a target of 5%. The total number of paramedics in post has improved from 1,730 (wte) to 1,774 (wte). International Paramedic Recruitment - the 4th recruitment trip to Australia in April was a success with conditional offers made to 151 candidates. UK Paramedic Recruitment - 112 graduates have been offered Paramedic positions, 92% of these are from our partner universities. 			
Turnover	<ul style="list-style-type: none"> Trust turnover has further improved from 12.0% to 11.5%. Frontline turnover has improved from 12.3% to 11.3%. Frontline paramedic turnover has improved from 11.6% to 11.4%. 			
Sickness	<ul style="list-style-type: none"> Sickness levels have remained at 5.1%. 			



Vacancy – Trust Wide

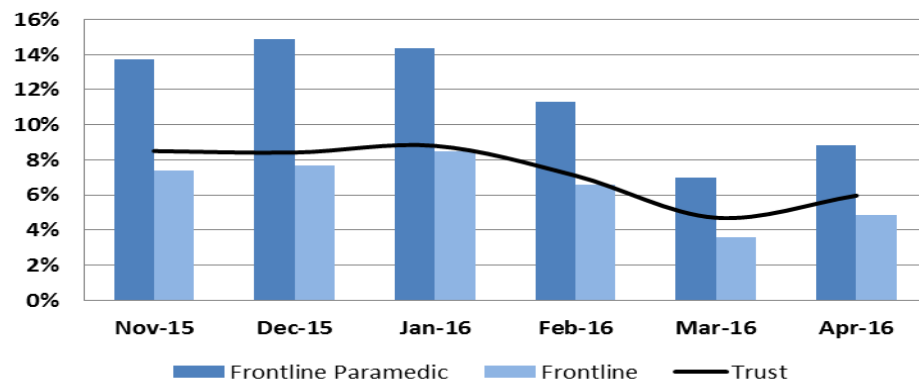
	Target Inpost	In post	Target Vacancy	Vacancy %
1. Paramedic	1945.79	1774.51	171.28	8.80%
2. Apprentice Paramedics	85	125.72	-40.72	-47.91%
3. Frontline EAC / TEAC	773.19	753.12	20.07	2.60%
4. Frontline EMT & support tech	425.97	419.97	6	1.41%
Subtotal	3229.95	3073.3	156.63	4.85%
5. Non frontline Paramedics	282.02	236.05	45.97	16.30%
6. EOC staff on watches	378	402.79	-24.79	-6.56%
7. All other staff	1251.38	1122.87	128.51	10.27%
Total	5141.35	4835	306.32	5.96%
Total Paramedic	2227.81	2010.56	217.25	9.75%
Total Non FL Staff	1911.4	1761.71	149.69	7.83%

- The vacancy rate for front line staff has increased from 3.6% to 4.85% against a target of 5%. This is due to an increase in establishment of 64 (wte).
- The total number of paramedics in post has improved from 1,730 (wte) to 1,774 (wte). The new cohort of staff will undergo a period of training and supervision prior to becoming fully operational on the frontline.
- The overall establishment has increased by 64 (wte) and this has increased our vacancy rate from 4.7% to 6.0%.

Source of data: Finance Ledger

**wte - whole time equivalent

Trust Vacancy Rate

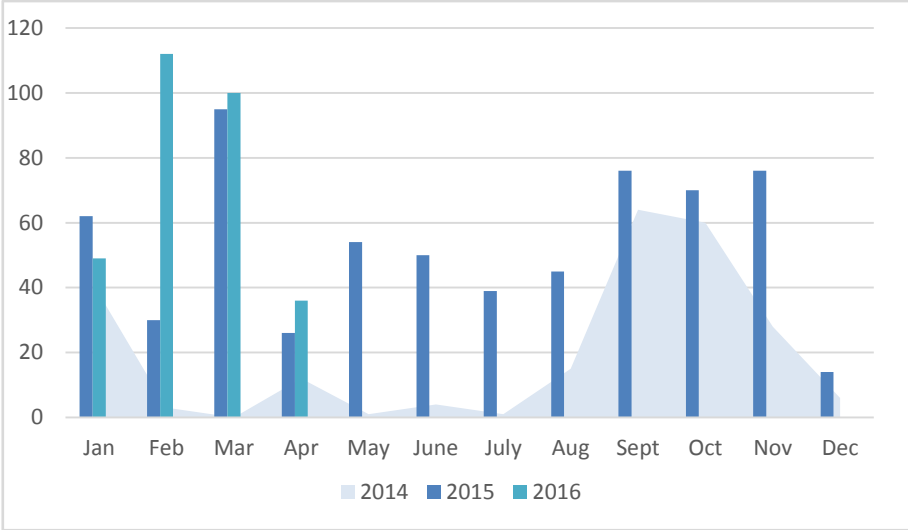


International Paramedic Recruitment - the 4th recruitment trip to Australia in April was a success with conditional offers made to 151 candidates, 90 of whom are scheduled to commence their training in either July or August 2016.

UK Paramedic Recruitment - 112 graduates have been offered Paramedic positions resulting from the Super Saturday events in February and Recruitment drives in March and April. 92% of these are from our partner universities. All graduates are due to commence between August 2016 and November 2016. An additional 44 Partner University students have been invited for assessment in May and July 2016.



Recruitment

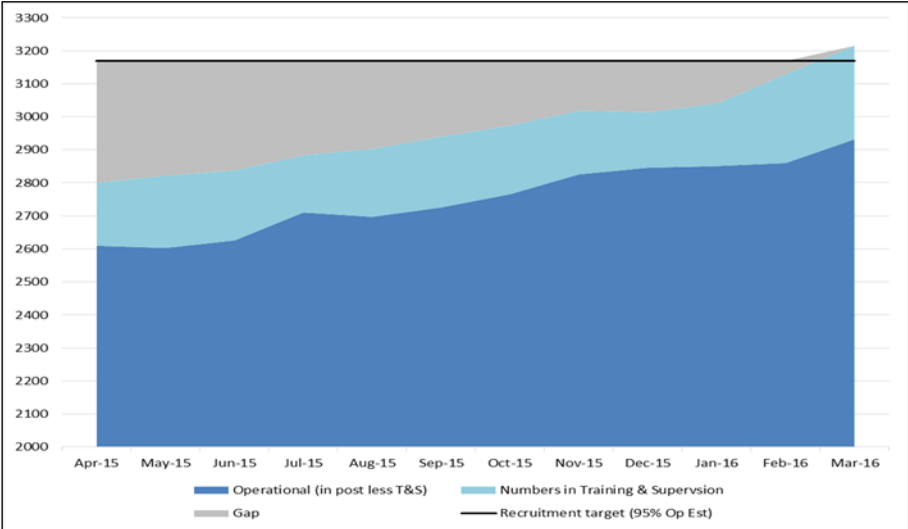


Trainee Emergency Ambulance Crew (TEAC) Recruitment

54 TEACs started between February and April 2016 and a further 30 will start in May and June 2016. There are an additional 130 are at assessment stage as follows:

- 60 invited for assessment and interview on 14th May Super Saturday event.
- 30 candidates invited for assessment on 20th May.
- 40 candidates in the pipeline – planning for additional assessments is underway.

**wte - whole time equivalent



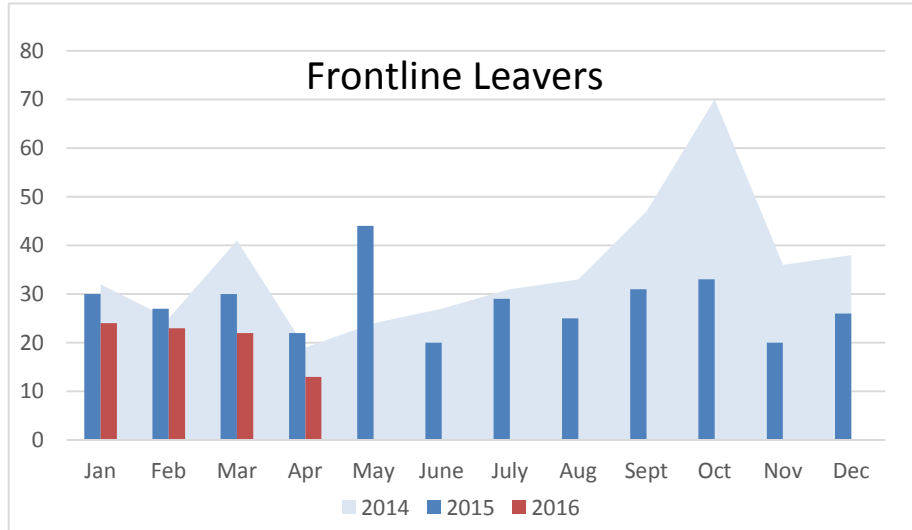
- This graph shows our operational staff in post position by month, including those in training and supervision.
- The Trust continues to be in a strong position, with a recruitment target of 3,195 allowing for a 5% vacancy factor.



Turnover – Trust Wide

12 Month Rolling Turnover	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Frontline Paramedics	15.3%	15.3%	14.6%	14.5%	13.5%	13.3%	12.8%	13.0%	12.3%	12.2%	11.6%	11.4%
Apprentice Paramedics	12.5%	11.9%	11.4%	10.8%	10.2%	7.3%	8.1%	6.2%	5.4%	3.1%	3.1%	2.4%
Frontline Technicians	17.2%	17.6%	18.2%	18.1%	18.0%	15.8%	14.8%	13.2%	13.4%	13.4%	13.1%	11.8%
Non-Frontline Paramedics	6.6%	6.0%	4.8%	5.1%	5.0%	5.3%	5.0%	4.8%	5.3%	4.9%	5.4%	6.1%
PTS & Ambulance Persons	30.7%	12.6%	13.5%	21.2%	21.4%	21.3%	21.2%	19.0%	19.0%	19.5%	18.6%	15.7%
EOC Staff on Watches	18.4%	18.8%	19.7%	20.8%	21.3%	21.4%	22.2%	21.1%	20.0%	17.3%	18.1%	18.7%
All Other Staff	12.6%	11.2%	11.4%	11.8%	11.7%	11.6%	11.4%	10.9%	10.7%	11.1%	11.0%	11.5%
Trust Total	15.1%	14.6%	14.6%	14.9%	14.5%	13.8%	13.4%	12.7%	12.4%	12.2%	12.0%	11.5%
(All Frontline Staff)	16.1%	16.3%	16.2%	16.1%	15.5%	14.4%	13.7%	13.1%	12.8%	12.7%	12.3%	11.3%

- The turnover figure for frontline paramedics is 11.4%, down from 11.6% last month (target 15%).
- The turnover for all frontline staff has continued to improve for the tenth month in a row, currently standing at 11.3% (target 15%).
- The total Trust turnover fell this month from 12% to 11.5% (12 month rolling figure). The monthly target is 13%.
- Trust turnover has improved month on month for the past eight months.

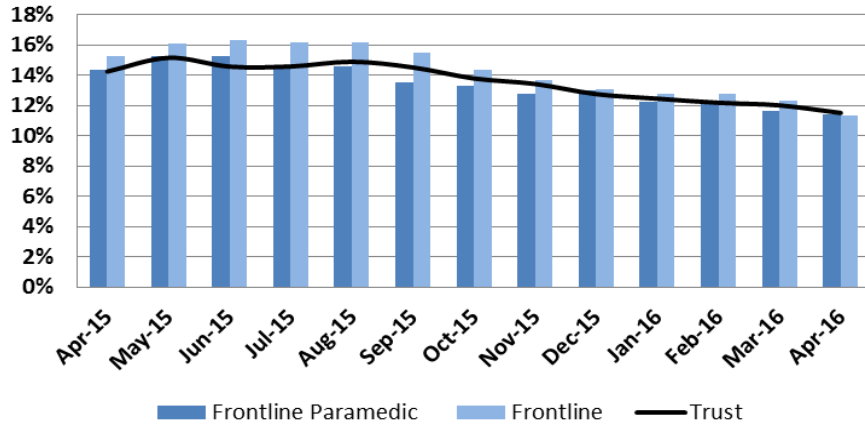


- This graph shows the number of frontline leavers per month since January 2014.
- Leavers continue to show a downward trend, with 13 leavers in April (9 resignations and 4 retirements), our lowest monthly total for over two years.
- Leavers have significantly reduced from a peak in Oct 2014 of 71 frontline staff.
- There has been an average of 28 frontline leavers per month since April 2015.



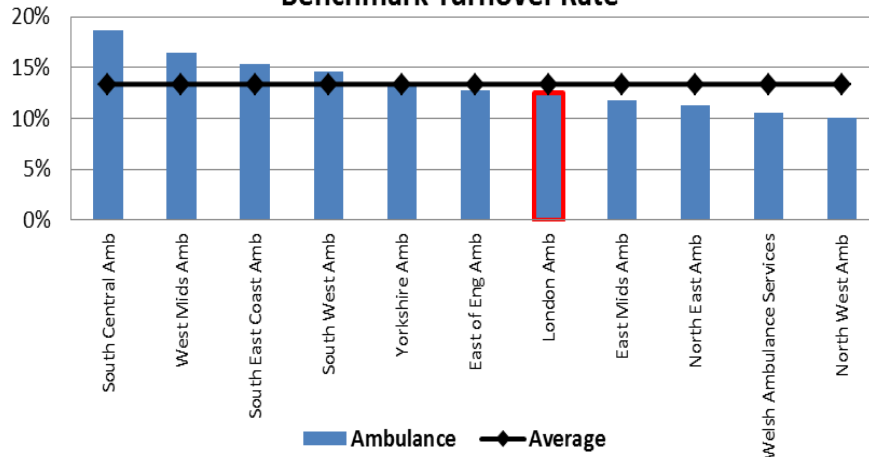
Turnover – Trust Wide

Trust Turnover Rate



- There were a total of 35 leavers in April, 13 of whom were frontline staff.
- 77% of leavers were unplanned i.e. resignations and 23% were planned (retirements).
- The LAS academy offers existing emergency ambulance crew and emergency medical technicians the chance to enhance their careers and develop professionally to become a registered paramedic. Our first cohort of 17 candidates started in January and our 2nd cohort of 18 candidates are at conditional offer stage.
- As part of the QIP Programme we are refreshing the retention strategy.

Benchmark Turnover Rate



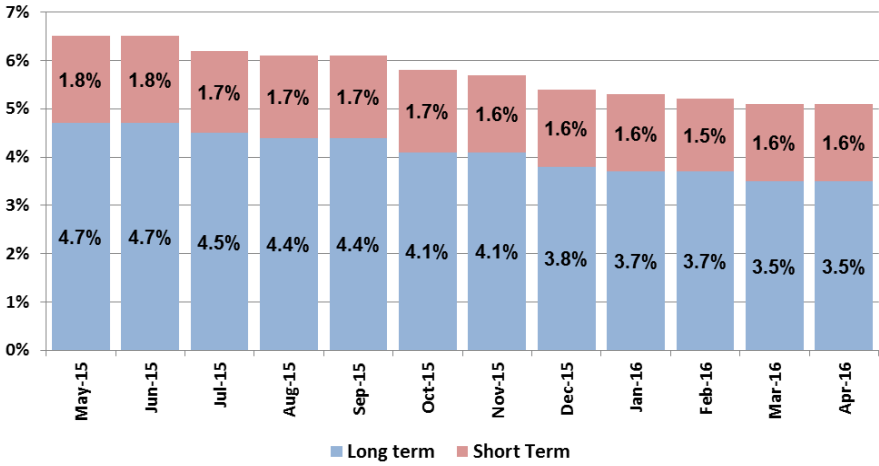
- This graph shows the 12 month rolling turnover rate for all 11 Ambulance Trusts.
- The London Ambulance Trust has the 5th best turnover rate and is below the national average of 13.4%.

Source of data: NHS Health and Social Care Information Centre – data as at 31st January 2016



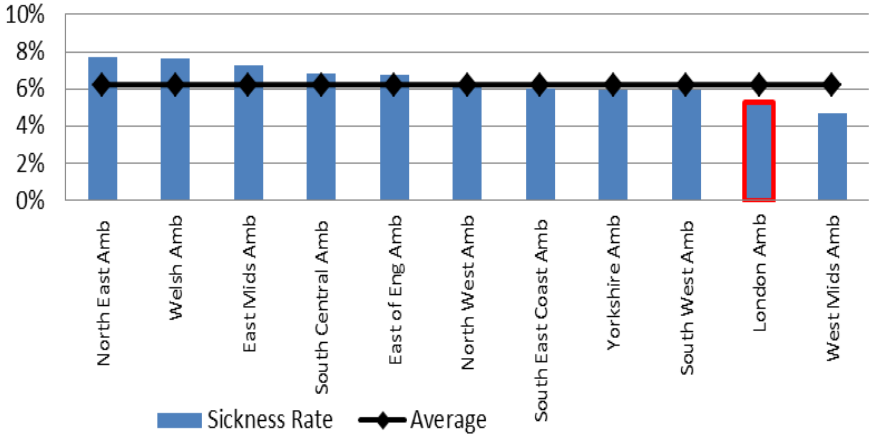
Sickness Absence – Trust Level

Short and Long Term Sickness Trends



- The current trust 12 month sickness level remains at 5.1% against a target of 5.5%.
- The Trust 12 month sickness level has reduced by 1.4% since its peak of 6.6% in March 2015.
- Short term sickness remains unchanged and there is a slight increase in long-term sickness.
- The ‘Supporting Your Health and Well-Being’ objective under the Trust’s retention strategy is under review as part of Theme 1: Making the London Ambulance Service (LAS) a great place to work.
- A national CQUIN has been set for health and wellbeing and by July 2016 the Trust will identify three health and wellbeing objectives as part of the CQUIN.

Benchmark Sickness Rate



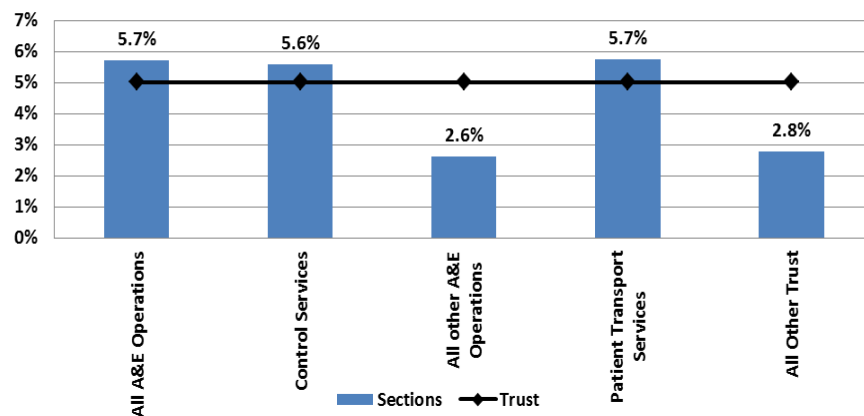
- This graph shows the sickness rate for all 11 Ambulance Trusts.
- The London Ambulance Service has the 2nd best sickness rate and is below the national average of 6.2%.
- Our sickness target for 16/17 is 5.5%.

Source of data: NHS Health and Social Care Information Centre – data as at 31st January 2016



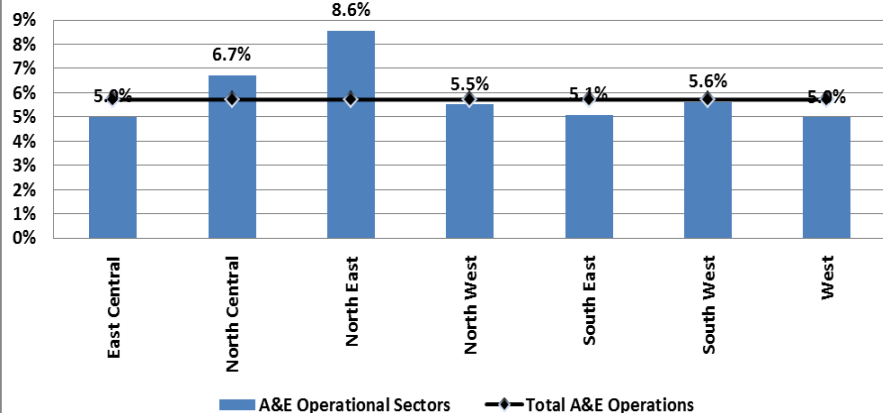
Operational and Business Area Sickness

**Organisational Sickness
12m to Apr'16**



- Frontline sickness has remained at 5.7%.
- 12 month sickness figures for major business areas vary between 5.7% for Patient Transport Service (down from 8.2% in August) to 2.8% for non-operational areas.

**Frontline Sector Sickness
12m to Apr'16**



- Annual sickness levels for operational sectors stand at 8.6% for North East and 6.7% for North Central.
- HR are working closely with their management teams to support an on-going improvement in absence levels.
- Key to this are the weekly dial-in absence conferences, led by the ADOs, where managers outline actions being taken to resolve any outstanding absence cases as well as support being given to those who are ill.
- In addition to this, the 'Supporting Your Health and Well-Being' objective under the Trust's retention strategy is under review as part of the Trust's QIP Plan.



Friends and Family Test – 2015/16 – Staff Responses

Friends and Family Test

How likely are you to recommend the LAS to friends and family as a place to work?

	Q1	Q2	Q3	Q4	Q4 v Q2
Responses	431	353		439	24%
Extremely likely	5%	6%		6%	+5%
Likely	17%	16%		21%	
Neither likely nor unlikely	12%	16%		12%	-4%
Unlikely	23%	26%		24%	-2%
Extremely unlikely	43%	36%		36%	
Don't know	0%	1%		1%	-

How likely are you to recommend the LAS to friends and family if they needed care or treatment?

	Q1	Q2	Q3	Q4	Q4 v Q2
Responses	431	353		439	24%
Extremely likely	23%	22%		31%	+8%
Likely	34%	37%		36%	
Neither likely nor unlikely	17%	21%		10%	-11%
Unlikely	11%	10%		13%	+2%
Extremely unlikely	15%	10%		9%	
Don't know	1%	1%		1%	-

- These tables show the results of the Friends and Family Test for 2015/16.
- We are monitoring these figures on a quarterly basis as part of our Quality Improvement Plan.
- The recent Q4 performance was the strongest of the year with an increase in responses and more staff recommending the LAS as a place to work and a place to be treated.
- Please note that we do not run this survey in Q3 as this coincides with the National Staff Survey (this is the same for all NHS Trusts).

Data source: Survey Monkey



Report to:	London Ambulance Service Trust Board
Date of meeting:	31st May 2016
Document Title:	Quality Report – May 2016
Report Author(s):	Dr Fenella Wrigley
Presented by:	Dr Fenella Wrigley, Medical Director
Contact Details:	Fenella.wrigley@lond-amb.nhs.uk
History:	Executive Leadership Team
Status:	For assurance
Background/Purpose	
<p>The monthly quality report is produced to give organisational assurance that quality and safety standards are being met. The May 2016 report, reviewing April 2016 data, is attached for noting. The report is structured against the 5 Care Quality Commission domains: safe, effective, caring, responsive and well-led.</p> <p>Key messages from all areas are escalated on the front summary page and, in more detail, at the beginning of each section.</p>	
Action required	
To take assurance from the report.	
Key implications	
LAS continues to provide a safe service to patients in London. Quality remains consistent with previous months. Some patients experience longer waits due to capacity constraints however this number is reducing.	

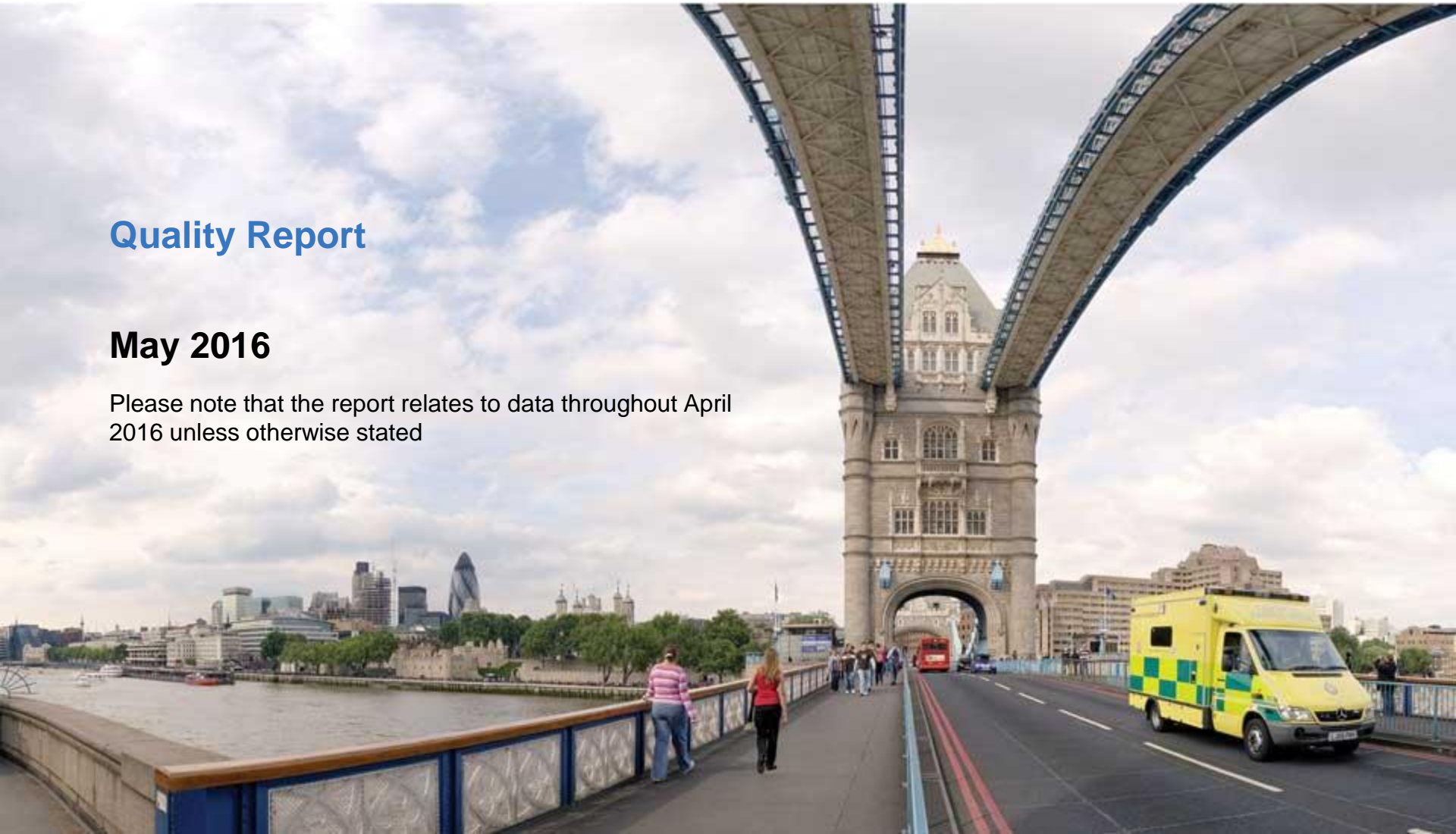
Key implications and risks arising from this paper	
Clinical and Quality	Safe, effective, caring: LAS continues to provide a safe service
Performance	Responsive: mitigating actions such as the Surge Plan reduce the level of risk to patient care at times of performance pressure
Financial	
Workforce	
Governance and Well-led	Well-led: governance structures are in place and report through to the executive team and the Trust Board.
Reputation	
Other	
This paper supports the achievement of the following Quality Improvement Plan Workstreams:	
Making the London Ambulance Service a great place to work	Yes
Achieving Good Governance	Yes
Improving Patient Experience	Yes
Improving Environment and Resources	Yes
Taking Pride and Responsibility	Yes



Quality Report

May 2016

Please note that the report relates to data throughout April 2016 unless otherwise stated



Our Patients



Section	Key Headlines From Each Sub-Section.
SAFETY	<ul style="list-style-type: none"> • 6 serious incidents declared of 45 incidents reviewed, with 7 overdue cases escalated internally to the Executive Leads. • CSR 2016.1 commenced with 25% completion in first month. • Darzi Fellow (pharmacist) application approved and additional pharmacy support sourced to work on the Medicines Management improvement plan. • Compliance with medicines management policy and drug audits being monitored through independent audits and non compliance is being immediately escalated to complex management teams
EFFECTIVE	<ul style="list-style-type: none"> • The number of frequent caller incidents and patients has fallen in April, in part due to an enhanced collaborative approach and the implementation of the new frequent caller strategy • 30% of patients had sustained ROSC to hospital, an increase of 4% on February's data. • Time on scene remains too long for STEMI, Stroke and major trauma patients and this is being addressed with individual clinicians through CISO feedback
CARING	<ul style="list-style-type: none"> • The East Sector had the best overall CPI completion rates - HART were the best performing • CPI feedback is still low - the Trust achieved 47% of the expected face to face feedback sessions service wide. Work with Group Stations is being undertaken to address this.
RESPONSIVE	<ul style="list-style-type: none"> • Excessive hospital breaches were identified during April, particularly at NWL Hospitals. LAS is engaged in working with NHSE and the most challenged Acute Trusts. • Revised REAP levels will be introduced during May in line with recommendations from NARU. LAS is operating at REAP 2
WELL LED	<ul style="list-style-type: none"> • VIP awards ceremony was held – a team leader from Kenton was voted employee of the year. • Executive visits to operational complexes, EOC and support services have continued. These visits have been well received and provide an opportunity to talk to staff in a more informal environment • ADOs are engaged with the new Urgent and Emergency Care Network (STPs) and the SEMs remain closely engaged with the local CCGs and Acute Trusts.

SAFETY



Sub-Section	Key Headlines From Each Sub-Section.
Training & CSR	<ul style="list-style-type: none"> • 25% completion rate for CSR2016.1 which commenced in April. • New entrant numbers were 115 for April 2016, an increase of 78 on the previous April. • The new Diploma for Associate Ambulance Practitioners introduced for Emergency Ambulance Crew (EAC).
Adverse Incidents	<ul style="list-style-type: none"> • 103 Staff related incidents were reported in April, the most reported relating to manual handling incidents. • 88 patient related incidents were reported in April - 24 were relating to equipment failure and 13 to missing equipment. main themes were missing or faulty equipment and issues with patient treatment. • Missing items mainly insufficient drugs packs and tail lift failures were the main issues. This is being addressed through the Medicines Management Task Group and Clinical Safety and Standards Committee.
Medicines Management	<ul style="list-style-type: none"> • A new modular drugs pack has been presented to a selection of front line staff and logistics for review and feedback. • Darzi Fellow (pharmacist) application approved and additional pharmacy support sourced to work on the Medicines Management improvement plan.
Safeguarding	<ul style="list-style-type: none"> • Safeguarding referrals have remained constant for the last 6 months. • EOC have begun their CSR training – this will address the lack of safeguarding training provided in 2015 -16 • The reduction in adult welfare referrals noted is due to greater awareness and training of appropriate referrals.

SAFETY

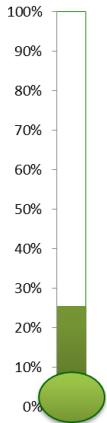


Sub-Section	Key Headlines From Each Sub-Section.
Serious Incidents	<ul style="list-style-type: none"> • 6 SI's declared in April out of 45 incidents reviewed, with 7 overdue. Overdue SI's have been escalated internally to the Executive Lead for completion compliance. • SI themes from the first 8 months of 2015 – 16 are being covered in 2016 – 17 CSR and Clinical Updates eg airway management, advanced life support, management of traumatic back and neck injuries
Total Complaints	<ul style="list-style-type: none"> • 81 complaints were received in April 2016, a reduction on the previous two months. • There are 176 complaints open of which 54 are over the 35 day target. • Awaiting QA reports is the main delay in completion and subsequent closure of complaints. This is being addressed through the EOC review which will see an expansion in the QA team. • The percentage of complaints against call volume for April 2016 was 0.06%, a decrease on the previous month.
NHS CAS Alerts	<ul style="list-style-type: none"> • 1 notification was received in April, informing that the NRLS and CAS functions are being transferred from NHS England to NHS Improvement.
Prevention of Future Deaths and Legal Claims	<ul style="list-style-type: none"> • One PFD was received by the Trust in April 2016 which is being reviewed in preparation for a response in June 2016.
LAS external safety review	<ul style="list-style-type: none"> • The LAS external safety review (Benger Report) from November 2015 has been reviewed and appropriate actions are now incorporated in to the CQC QIP



Training and CSRs

➤ Core Skill Refresher (CSR)



CSR 2016.1 has commenced with positive attendance rates – a 25% completion rate to date. Whilst 960 places were made available, 60 of these were cancelled due to insufficient booking numbers. OF the 900 places available 822 bookings made for April. When the number of non-attendances were included, the final number of attendances was 777. This is a positive start and if this trend continues, the projected attendance will be above target.

We have explored reasons for non-attendance to help further improve attendance rates. Some of the reasons given by paramedics and clinicians recorded as 'Did Not Complete (DNC)' include:

- * *There were cancellation / booking errors for 9 attendees*
- * *4 DNCs did attend but at the wrong venue*
- * *3 DNCs had their bookings cancelled by their Management Team or stated they were unaware of their booking.*
- * *18 DNCs – reasons unknown.*
- * *8 DNCs were due to sickness or unauthorised attendance*
- * *3 DNCs were due to personal issues (car break down, failed alarm)*

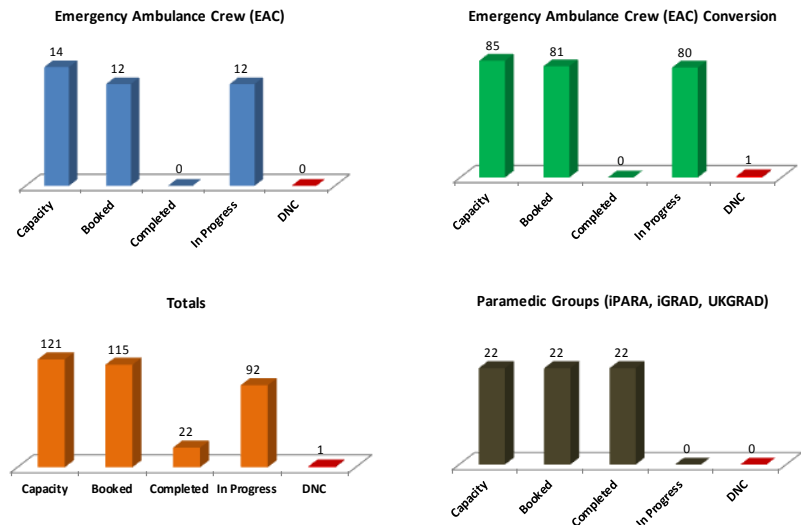
Due to the need to manually enter attendees on receipt of achievement records, the dashboard data lags behind the Clinical Education and Standards Department data records. The total number of clinicians required to attend for this month is 3048.

➤ New Entrant Course Numbers

April starters across all courses has resulted in the year commencing with 115 learners, an uplift of 78 from last year April which started at 37 learners. International paramedic groups make up the bulk of the paramedics, with the remainder including EACs and EAC Conversions. The bulk of the new starters are a result of the 5 x EAC Conversion courses that commenced simultaneously.

During April LAS launched the new National Qualification for EACs, a 20 week Diploma course for Associate Ambulance Practitioners. The first course included 12 learners. The new Driving Certification Course has also launched with an already clinically trained cohort of EACs and this will continue to run alongside the remainder of our IHCD courses for the year.

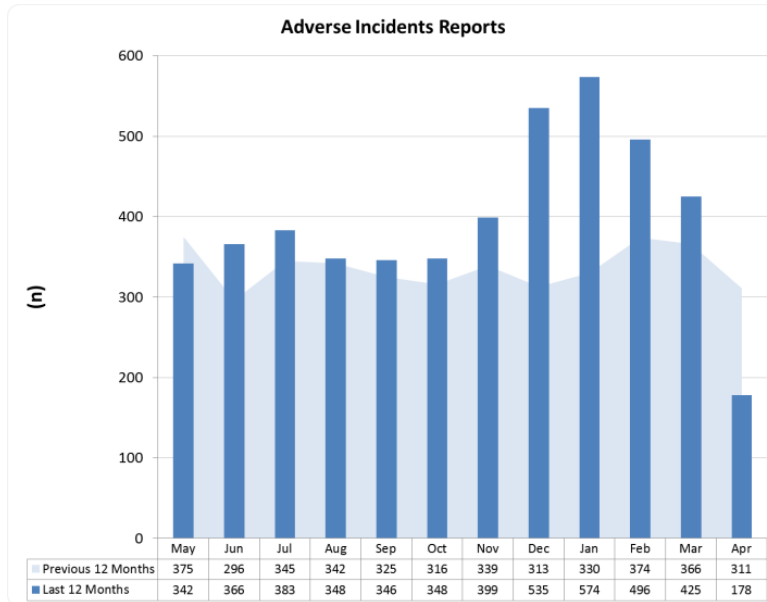
The PED (Placement Educator) program is proving popular with a throughput for April of 31 trained PED 1's, 8 trained PED 2's and 14 trained PED 3's. These programs result in suitably skilled mentors to support in-field learners and students.



*DNC = Did Not Complete



Serious & Adverse Incidents (SI)



Adverse Incidents

It is estimated that only 60.9% of incidents that took place in March 2016 and reported using LA52 have been received by Health and Safety. As such any forecast of figures will be inaccurate, and so the figures below are only the raw figures received from the incident forms (LA52 / LA277) completed in April. This issue will be addressed through the roll out of Datix Web in Q1.

Staff Incidents: 103

- Manual Handling incidents: 24
- Assault and Abuse: 30

Patient Incidents: 88

- Failure of equipment: 24
- Missing Equipment: 13
- Issues with Patient Treatment: 40

Adverse Incidents due to items which failed or missing

Failed in use

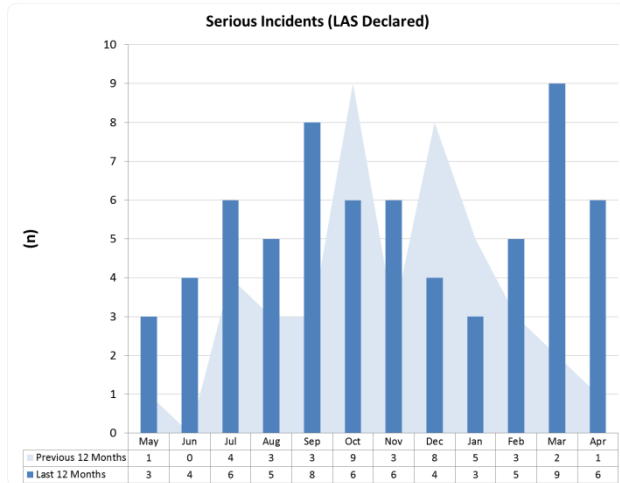
- Ambulance tail lift 9
- Laerdal Suction unit 4
- Carry chair 3
- Trolley Bed 3

Missing Items

- Drug Packs 5
- Mangar Elk lifting device 2
- PALS kit 2



Serious Incidents / Governance



Reporting Month	Potential Serious Incidents referred to SIG	Serious Incidents declared	No of SI under investigation (overdue)	No of SIs closed in month
Apr-15	12	2	6	
May-15	22	3	6	6
Jun-15	30	4	3	3
Jul-15	27	6	2	5
Aug-15	40	5	2	4
Sep-15	45	8	3	1
Oct-15	39	5	6	2
Nov-15	45	6	7	3
Dec-15	38	4	8	5
Jan-16	26	3	6	9
Feb-16	30	7	9	3
Mar-16	42	9	7	2
Apr-16	45	6	7	8
	441	68		49

Serious Incidents

- 6 SIs were declared in April, out of 45 incidents reviewed, a decrease of three on the previous month but 1 higher than the average for 2015/16.
- 7 SI reports were submitted in April, an increase of 5 on the previous month and almost double the average for the previous year.
- At the end of April there were 7 SIs overdue all of which have been escalated to ELT. This is 2 higher than the average for the previous year but in line with the previous 6 months. Of these 7, 5 are due to be submitted before the end of May.

- The table shows the Serious Incidents referred to the Serious Incident Group (SIG) which meets weekly, to review and declare as incidents requiring further investigation if required.
- The table shows a much higher number of incidents being referred to SIG, however numbers declared are consistent. The increased reporting is encouraging as there has been a focus on developing a more open and supportive culture and encouragement to highlight incidents to Managers. Individual feedback is provided to crews who raise incidents for consideration of a serious incident which has been well received. The QGAM role has now embedded into the Sectors - their support and feedback to the CTLs, undertaking of Duty of Candour and facilitation of 'round table' learning discussions is well received by staff and patient's alike.
- The number of QGAMS per sector and operational areas may need to be reviewed.



Governance and Assurance – Learning From Experience

There were a few recurrent clinical themes in Serious Incidents, complaints and legal cases. It should be noted that there were a small number of each case but each was felt to have some learning which needed sharing across the organisation and this has been addressed as follows:

- Failure to assess the patient capacity to make decisions adequately – CSR 16.1 has a module on Mental Capacity Assessment
- Airway management – CSR 16.1 has an airway management module which will ensure that, before an airway is inserted, a check for obstructions is made
- Management cardiac arrests – ALS scenario training will be in CSR2016.2
- Assessment of traumatic neck and back injuries – a clinical update has been written by the LAS Paramedic Trauma Lead, a session will be taught in CSR 16.3 which will be complemented by a video available through the Intranet.
- Two cross-organisational Sis identified that, when NHS 111 passed a call to LAS 999 despatch queue there was no method to flag if the NHS 111 clinician was concerned about the condition of the patient. A flagging system has been introduced which showed good compliance for Month 1 and no Sis raised.
- Maternity incidents – a maternity card has been produced which highlights learning from difficult maternity cases. The distribution of this card will be supported by a video delivered by the Consultant Midwife.

Sharing of learning across all staff groups remains challenging but is being addressed as follows:

- To further support learning and sharing of lessons learnt CPD events have been delivered – locally these are arranged and delivered by the QGAMs, CTLs and Assistant Medical Directors
- The clinical audit topics for 2016 – 17 have been agreed and cover several topics which were near misses eg heart failure, sickle cell disease
- Learning from incidents is a theme for QIP and a group chaired by the Medical Director is being set up. Learning will be shared through the Clinical Update, area mortality meetings, a governance page on the Pulse and hot topics in CSR.



LAS External Safety Review – Bengier Report.

NHS England commissioned an external clinical safety review of the LAS in December 2014. The outcome report included a number of recommendations for the LAS and for partner agencies. NHS England passed responsibility for monitoring the actions to the Clinical Quality Review Group (CQRG). They undertook a review in November 2016.

Following the publication of the Care Quality Commission Inspectors report (November 2016) a decision was made by the Executive Leadership Team to have one fully inclusive quality improvement plan (QIP).

There were 14 actions - six were LAS led of these 4 are on track to deliver and two are complete

There are some actions that will be delivered as part of the QIP, and these include:

- Incident reporting
- Outcome reporting
- Workforce
- Staff Development
- Response to Bullying and Harassment
- Turnaround times

It is proposed that these actions are added into the QIP plan and monitored accordingly

This leaves the following actions that still require completion:

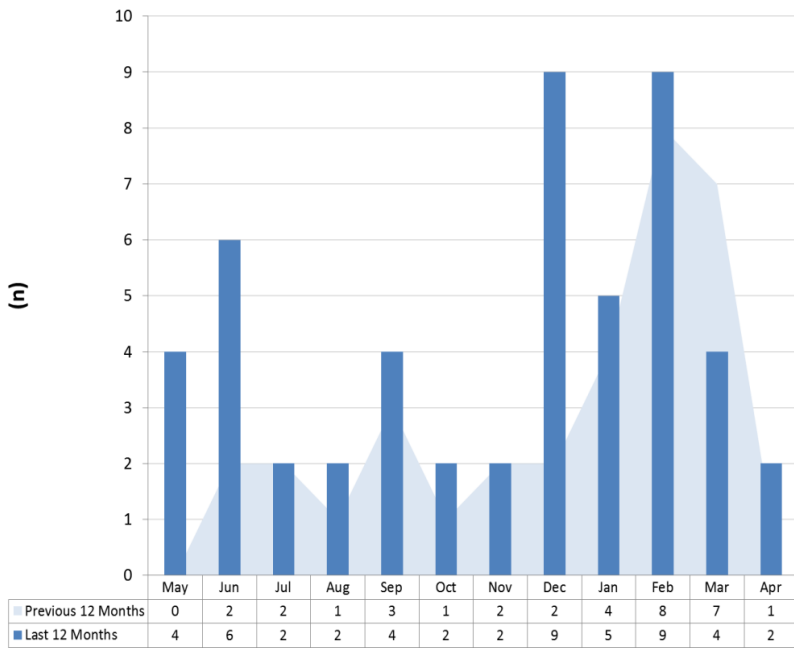
- Primary care commissioning support
- Calls from residential homes
- Healthcare professional calls
- Primary and Community Care

It has been agreed that these actions continue to be monitored by CQRG



Medicines Management

Medication Errors



A modular drugs pack has been designed and shown to a range of frontline staff and logistics team members for comment. It has been shared with two pharmacists to ensure compliance with regulatory requirements. Following a review of the feedback obtained, this new modular drug system will be trialled as part of the North East make ready/logistics trial.

The Controlled Drugs Local Intelligence Network report has been submitted for Quarter 4. The report detailed 5 unaccounted for losses of controlled drugs and 1 case of known theft from a service vehicle.

There have been two controlled drugs incidents in April.

- Paramedic identified an ampoule in the morphine safe without a label. The incident was escalated to the MPS CD team due to concerns that a morphine ampoule may have been substituted for another ampoule type.
- An ambulance was broken into outside St John's Wood ambulance station and the paramedic drug pack stolen. This investigation remains open and is being handled by the MPS CD team.

As the CQC recommendation that there was a need for PGDs for two drugs remains under discussion, a paper has been submitted to the Quality Governance Committee to provide assurance around the current administration of drugs by LAS clinicians.

LAS will be recruiting a Darzi fellow pharmacist and has secured additional pharmacist support to oversee the logistics review.

Unannounced audits have begun on a weekly basis and whilst compliance is better than previously reported, there is still work to do and ADOs and QGAMs are engaged in managing this robustly.

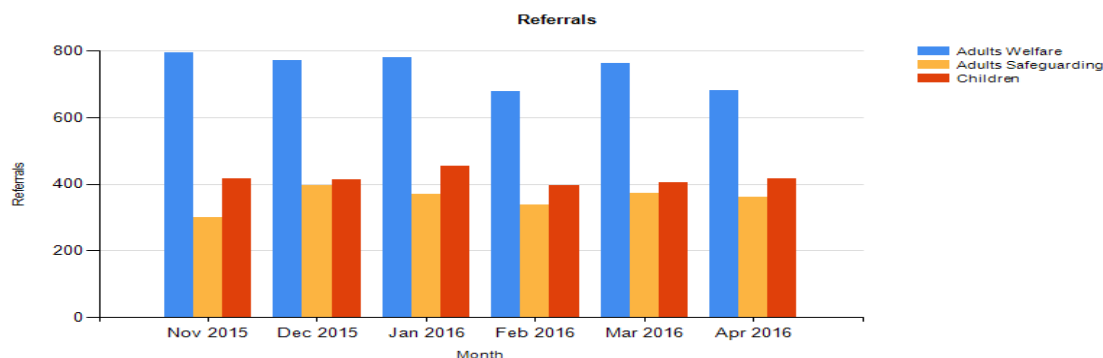
Labelling of adrenaline 1:1000 ampoules has commenced to provide a visual warning that the drug is for intramuscular use only.



Safeguarding Referral Activity

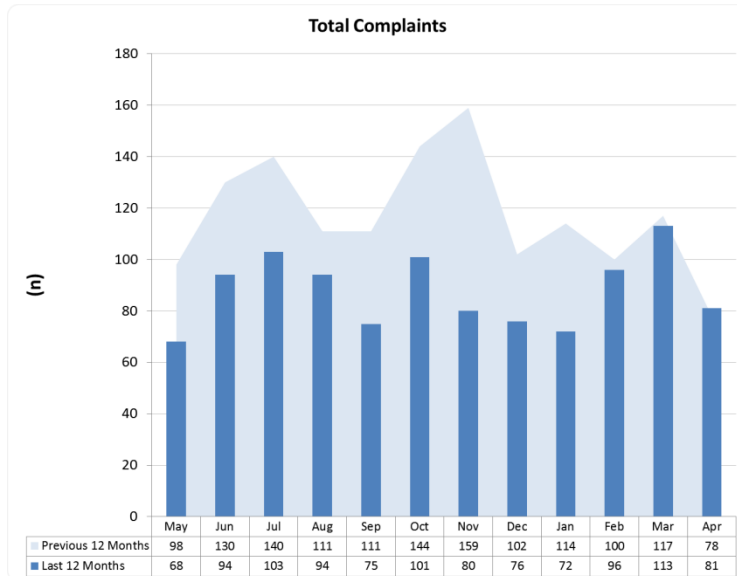
	Adults Safeguarding	Adults Welfare	Children	Total Referrals	Adults Feedback	Children Feedback	Total Feedback	Incidents	Referrals as % of incidents
Total	2139	4470	2497	9106	51	111	162	504,362	1.81%
Nov 2015	299	794	415	1508	14	16	30	82,765	1.82%
Dec 2015	396	771	413	1580	8	16	24	86,891	1.82%
Jan 2016	371	781	453	1605	5	25	30	86,684	1.85%
Feb 2016	337	678	395	1410	6	16	22	80,550	1.75%
Mar 2016	374	764	405	1543	11	26	37	86,393	1.79%
Apr 2016	362	682	416	1460	7	12	19	81,079	1.80%

- Total referrals have remained stable over the last 6 months at around 1,500 per month, although there is a small decrease in the second half of the period.
- Referral rates of 1.8% of all incidents also remain stable, with a similar small decrease in the second half of the period.
- The decrease is mostly evident in adult welfare referrals. These have been the focus of training and awareness work throughout the year aimed at better dealing with those which are inappropriate (mental health referrals, those without consent, etc.), and is likely to reflect crews' better understanding of these issues and their accessing the correct pathways for these patients.





Complaints – Volume & Response time



- 81 complaints were received in April which was lower than March (113) – 96 in February, 72 in January, 76 in December and 80 in November. However it compares similarly to April 2015/16 when 78 complaints were received.
- Awaiting QA reports continues to remain the predominant cause of delays in throughput (currently 47/180 = 26% awaiting QA analysis) although this figure has reduced significantly in recent months. This issue will be addressed through the EOC review where an expansion of QA will be seen to reflect the increase in calls and ensure that the 1% audit is maintained in addition to the QA for complaint and incident investigations

2015/16	Total complaints	Number of closed complaints by month	Totals closed within 35 working days	Percentage of complaints closed within 35 working days
Nov-15	80	80	31	39%
Dec-15	76	93	34	36%
Jan-16	72	76	27	38%
Feb-16	96	76	47	49%
Mar-16	113	113	52	46%
Average			45%**	
** The performance target for April cannot be reliably calculated until 26 May 2016 so the analysis using the data available indicates 45% performance outcome.				

Month	Complaint numbers	Acknowledged in 3 working days	Outside target
May-15	68	68 (100%)	0%
Jun-15	94	93 (99%)	1 (1%)
Jul-15	104	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%
Jan-16	72	72 (100%)	0%
Feb-16	96	96 (100%)	0%
Mar-16	113	112 (99%)	1%
Apr-16	81	81 (100%)	0%
Totals	1054	1046	99% (rounded)

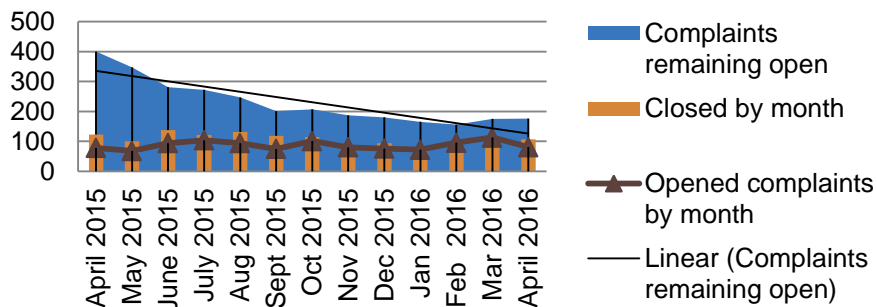


Complaints – Volume & Response time

Comparison of complaints received against calls attended by month April 2015 to March 2016

Month	Calls <u>attended</u>	Complaints received	Percentage of complaints against calls attended (rounded)
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
Jan-16	91193	72	0.08
Feb-16	85605	96	0.11
Mar-16	93490	113	0.12
Apr-16	87658	81	0.09
Totals	1047574	1053	1.19
		Average	0.09%

Summary of April 2015 to April 2016 showing opened complaints, closed complaints and the number remaining open



- The percentage of complaints against calls received in April 2016 was 0.06%. There was a decrease in call rates which is reflected in number of complaints where delay is the key subject.
- Complaints about delay have remained steady although complaints across all subject areas are lower than 2015/16. Call rates have dipped slightly over March and activation levels are lower. This may have impacted on the increase in the number of complaints relating to non-conveyance.

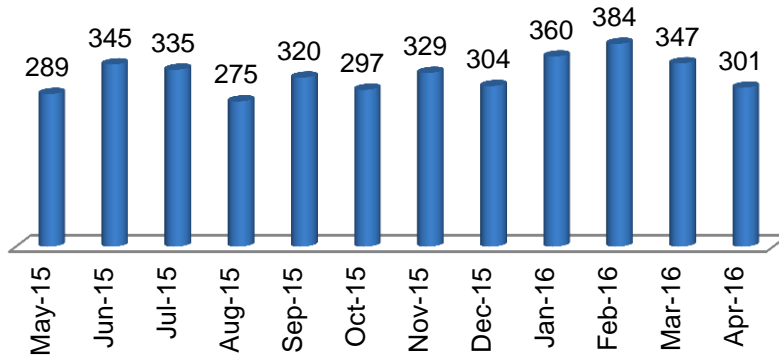
March and April have been challenging for the department. However, closure rates have been consistent with 107 cases in April 2016. There are 176 cases remaining open of which 31 are in final draft form.

Case officers continue to focus on the *out of time* cases and to try and close all other cases within the 35 day target. Of the 54 cases remaining over 35 days, the oldest of these is from February.



PALS

**PALS specific
May 2015 to April 2016**



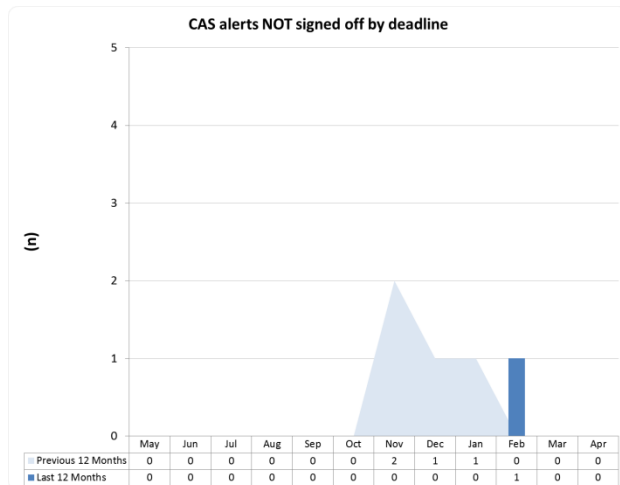
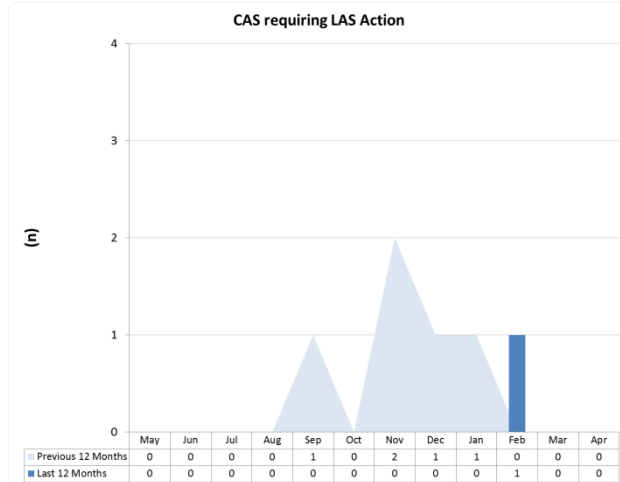
- PALS specific enquiries April 2016 = 301
- Average monthly for 2015/16 = 322
- As of April 2016, there are 57 x PALS cases remaining open; this includes 16 requests for medical records awaiting consent from the patient, 39 cases awaiting QA reports/further supporting information and 2 cases under liaison with the Consultant Midwife.
- Cover is provided by the Patient Experiences team on the duty phone and each officer undertakes a duty session.

Subject – April 2016	Number of enquiries
Information/Enquiries	183
Lost Property	51
Other	29
Medical Records (patient request)	24
Appreciation	14
Totals:	301

- Themes are consistent with previous months regarding information and enquiries:-
 - Patient destination
 - Signposting to other departments
 - Policy and procedure requests
 - Families seeking clarification of events
- A number of PALS enquiries have a higher level of complexity, for example 13 cases in April 2016 required a written organisational response. These cases usually involve queries post receipt of medical records.



NHS CAS Alerts & Preventing Future Death (PFD) Notifications



April 2016:

No estates fields notices were received for high voltage hazard alerts for electrical incidents.

- 1 notification was received in April, informing all that the NRLS and CAS functions are being transferred from NHS England to NHS Improvement.

All notifications were acknowledged and no action was required to be taken by the Trust.

The Safety and Risk department continues to respond within the notification window, on behalf of the Service, for modifiable alerts

Preventing Future Deaths Reports:

- There was one Preventing Future Death report received in April 2016 which is being assessed and will be responded to during June 2016.
- A system is being discussed with other ambulance services to ensure reliable sharing of PFDs.

EFFECTIVENESS

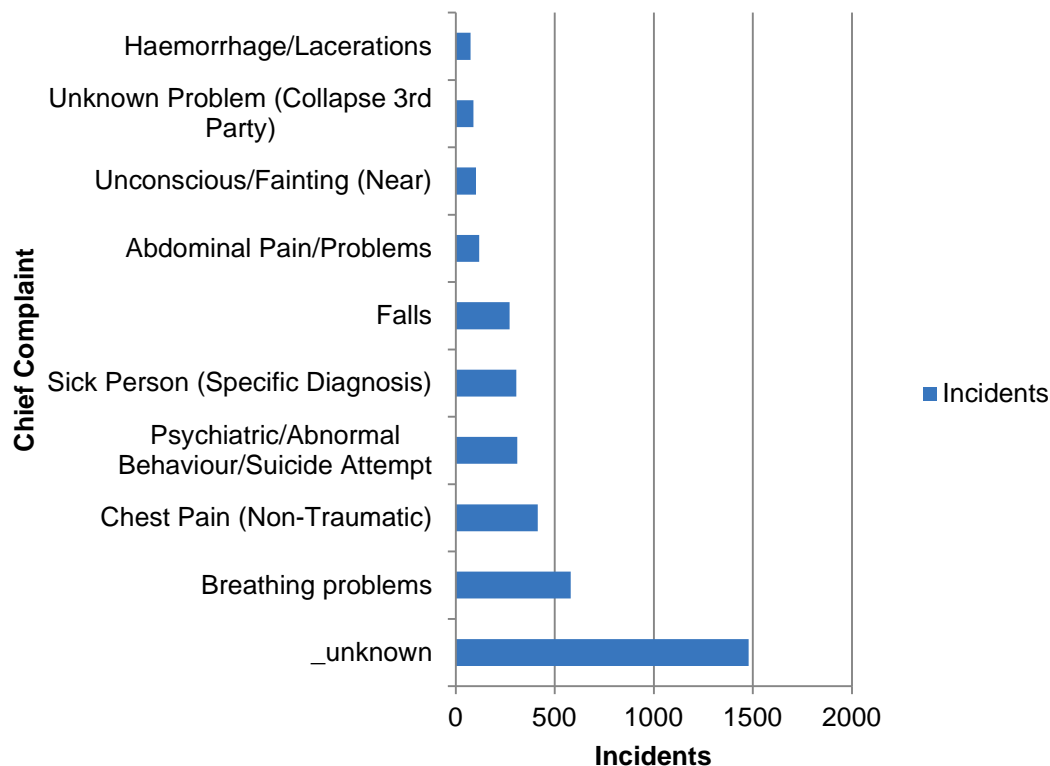


Sub-Section	Key Headlines From Each Sub-Section. Should be supported by following slides
Frequent Callers	<ul style="list-style-type: none"> ➤ The number of frequent caller incidents and patients has fallen in April, in part due to an enhanced collaborative approach and the implementation of the new frequent caller strategy ➤ The cumulative impact to LAS of frequent callers is equivalent to 3028 12 hour ambulance shifts, £4.4 million LAS cost and £18.8 cost to the healthcare economy
CARU Report Cardiac Arrest Care	<ul style="list-style-type: none"> ➤ Average time to call is 9 minutes, an increase of 1 minute on the previous month. ➤ 30% of patients had sustained ROSC to hospital, an increase of 4% on February's data.
CARU Report STEMI Care	<ul style="list-style-type: none"> ➤ 99% of STEMI patients taken to the most appropriate destination. ➤ Initial pain scores taken on 99% of patients presenting with ACS but documentation of administration of pain relief is only 80% - this is being addressed by a bulletin
CARU Report Stroke Care	<ul style="list-style-type: none"> ➤ 96% of stroke patients were provided with the full pre-hospital care bundle. ➤ 99.7% of stroke patients were conveyed to the most appropriate destination, with 3 patients conveyed to ED who should have been conveyed to HASU.
CARU Reports Major Trauma Care	<ul style="list-style-type: none"> ➤ The LAS attended to 1206 patients during the period January to March 2016. ➤ Average on scene time has increased by 2% on the previous quarter to 34 minutes.



Frequent Callers

Predominant Frequent Caller Chief Complaint



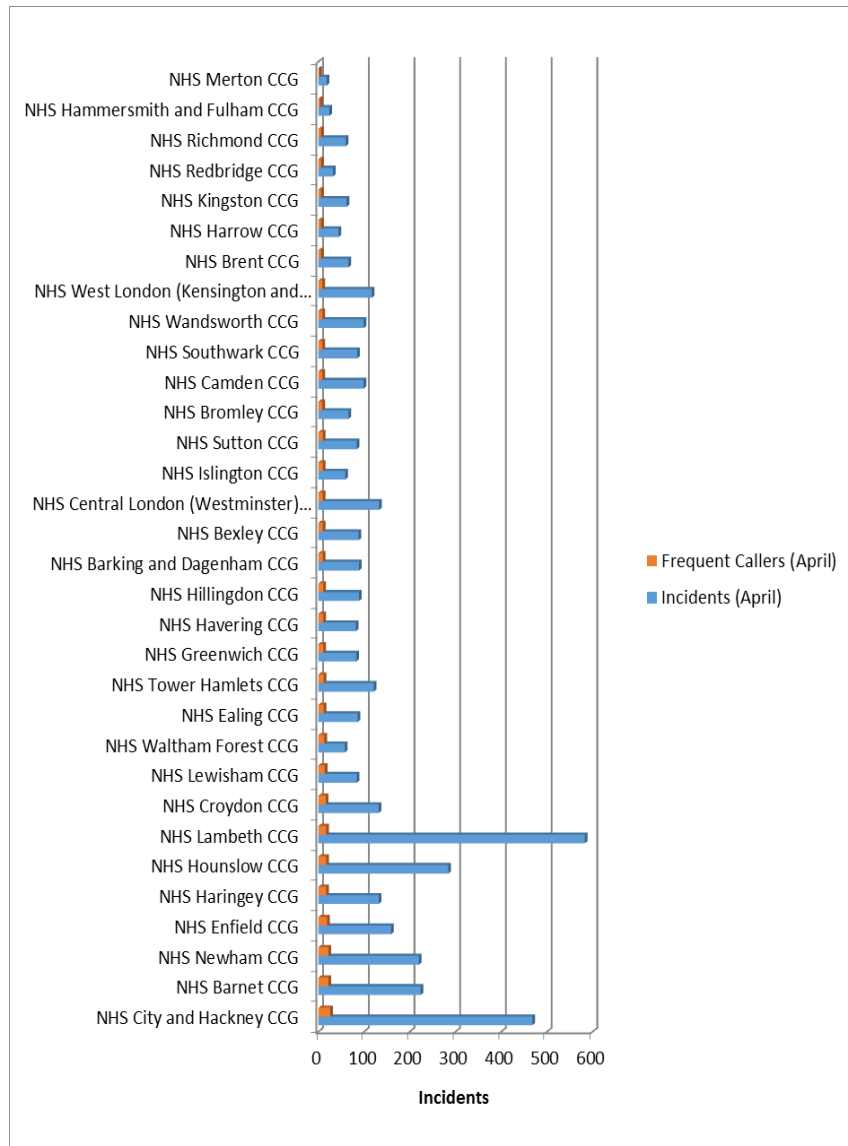
CCG	HRG Cost	Cumulative resource time (mins)
NHS Barking and Dagenham CCG	£11,095.60	6726
NHS Barnet CCG	£18,380.16	11978
NHS Bexley CCG	£14,550.28	7205
NHS Brent CCG	£7,205.20	3475
NHS Bromley CCG	£9,762.06	5238
NHS Camden CCG	£8,033.02	4818
NHS Central London (Westminster) CCG	£11,119.80	5866
NHS City and Hackney CCG	£22,428.00	10893
NHS Croydon CCG	£12,972.24	5994
NHS Ealing CCG	£7,339.40	4438
NHS Enfield CCG	£9,635.04	4752
NHS Greenwich CCG	£10,757.96	5736
NHS Hammersmith and Fulham CCG	£3,268.80	2094
NHS Haringey CCG	£7,295.60	4496
NHS Harrow CCG	£6,187.28	2965
NHS Havering CCG	£8,904.82	5294
NHS Hillingdon CCG	£9,606.44	5090
NHS Hounslow CCG	£16,642.00	9466
NHS Islington CCG	£4,993.58	3382
NHS Kingston CCG	£8,338.32	4561
NHS Lambeth CCG	£27,497.30	11874
NHS Lewisham CCG	£6,989.06	3366
NHS Merton CCG	£2,157.34	936
NHS Newham CCG	£17,051.70	8888
NHS Redbridge CCG	£4,137.50	2278
NHS Richmond CCG	£4,997.04	2969
NHS Southwark CCG	£7,113.76	3712
NHS Sutton CCG	£10,865.84	5538
NHS Tower Hamlets CCG	£10,179.90	4876
NHS Waltham Forest CCG	£4,928.70	3218
NHS Wandsworth CCG	£7,220.94	3122
NHS West London CCG	£13,406.16	6709
Grand Total	£345,337.30	181363

- The table to the right indicates cumulative HRG cost and resource time for frequent user activity throughout February.
- The table above demonstrates the top ten chief complaints presented by the frequent caller cohort. A total of 30 chief complaints were used throughout February.



Frequent Callers

Number of FC incidents by CCG



- The number of frequent caller incidents and patients has fallen in April, in part due to an enhanced collaborative approach and the implementation of the new frequent caller strategy
- Informal case reviews are being conducted to explore areas for improvement of the frequent caller pathway.
- The frequent caller care plan review is underway however, initial findings indicate a reduction in active plans which are available for use and this is being addressed.
- Data continues to be received from two 111 providers to assist with the stratification and management of patients across the health care economy. Discussions are underway to import special patient note data within current care plans and to explore the generation of new care plans.
- NHSE has met with the Trust in response to a bid to support Friends and Family Testing / alternative methodologies to elicit feedback on our service. A bid has been submitted to look at a 'co-production' model of patient engagement with frequent callers.
- The CQUIN Q4 Frequent Caller review has been approved and will be distributed to stakeholders, clinicians and commissioning colleagues within the forthcoming weeks. The review captures current frequent caller processes and procedures and presents recommendations to improve frequent caller management.
- The graph to the left demonstrates the number of patients per CCG in orange and the number of incidents they generated in blue. CCG's are ranked following calculation of the number of frequent callers relative to CCG population. Better performing areas are located at the top of the graph.



CARU Reports (Cardiac, Stroke, Trauma)

CARDIAC CARE (March 2016)

- Resuscitation efforts were commenced on **42%** of cardiac arrest patients attended by LAS crews, a decrease of **4%** on the previous month.
- The average time from 999 call to LAS on scene was **9 minutes**, thus exceeding the target by **1 minute**.
- **30%** of cardiac arrest patients that had resuscitation commenced gained and sustained ROSC (Return of Spontaneous Circulation) until arrival at hospital and this is a **4%** increase from February.
- For the Utstein comparator, **40** patients had a witnessed cardiac arrest of presumed cardiac cause (VF/VT) and **24** of these patients had a ROSC which was sustained to hospital. ROSC sustained to hospital rate for the Utstein group of patients was **60%** (n=24/40).
- **35** patients with ROSC presented with a STEMI following their cardiac arrest. **33** of these patients were conveyed to HACs in line with the pathway and 2 were conveyed appropriately to ED.
- An advanced airway management device was placed successfully in **88%** of cardiac arrest patients where resuscitation was attempted. This is **5%** decrease on the previous month with the main reasons for unsuccessful placement including poor grade view and persistently soiled airway. Of these patients, **99%** had end tidal CO2 levels measured. **Three** patient had no end-tidal CO2 level documented on their PRF nor accompanying capnography printout and these have been shared with Sector Management Teams for further investigation.
- Approximately **5%** of cases had defibrillator downloads submitted, all of which were submitted by APP's.

STEMI (March 2016)

- **99%** of patients (293 to Heart Attack Centre [HAC] and 8 to Emergency Department [ED]) were conveyed to an appropriate destination. **One** patient was taken to ED when they met the criteria for the HAC pathway as per cardiac circular 003.
- The average time from the 999 call to arrival on scene increased by **1** minute to **13** minutes in March, exceeding the category A target by **5** minutes. Not all Heart Attacks are initially Cat A calls as they may present with other symptoms. **90%** of calls were triaged as Category A receiving a response within **10** minutes. The remaining **10%** were triaged as Category C calls.
- Average on scene time has decreased by **2** minutes but still remains high at **45** minutes, while call to hospital times have decreased by **1** minute to **76** minutes. These continue to require monitoring and review to identify themes. This is being picked up with individual clinicians through the CISO feedback.
- The percentage of patients who received a complete care bundle (aspirin, GTN, two pain assessments and analgesia) has increased by **2%** to **74%**, with **Fulham** station group supplying the full care bundle to 100% of patients attended this month. Analgesia administration continues to be the element where least compliance is seen, with **80%** of patients receiving pain relief. Initial Pain assessments were carried out on **99%** of patients, with secondary pain scores carried out on **95%** of patients. The good pain assessment scores indicate it is a documentation issue and this is being picked up through a bulletin.



CARU Reports (Cardiac, Stroke, Trauma)

STROKE (March 2016)

- **96%** of all suspected stroke patients were provided with a full pre-hospital care bundle or a valid exception to its provision was recorded on the PRF.
- **99%** of FAST positive patients had the time of onset of symptoms recorded or it was documented that the time of onset could not be established.
- **99.7%** FAST positive patients were conveyed to the most appropriate destination for their condition. However, **3** FAST positive patients (**0.3%**) were transported to an ED when they should have been conveyed to a HASU. Feedback has been provided to these crews through their QGAMs / CTLs.
- The average response time for 999 call to arrive on scene is **15** minutes – this reflects that not all Stroke patients are initially categorised as Red (Category A) calls as they present with a diverse range of symptoms.
- The average time on scene is **37** minutes, which remains longer than the recommended 30 minutes. Less than half of LAS crew (**46%**) attending stroke patients, who were potentially eligible for thrombolysis, spent 30 minutes or less on scene .
- The percentage of patients, who were potentially eligible for thrombolysis and arrived at a HASU within 60 minutes, has decreased from 59% in February to **58%** in March 2016.

MAJOR TRAUMA (Q4 2015-16)

- **1206** patients were attended by the LAS from January to March 2016; an average of **13** per day which is a slight reduction on the previous quarter (14)
- Not all trauma patients are initially Cat A calls as they may not present with immediately life-threatening symptoms or signs.
- The overall average time spent on scene has increased by 2 minutes to **34** minutes. By mechanism the average on scene times have remained fairly constant:
 - **38** minutes for blunt injuries (previously 39 minutes),
 - **16** minutes for penetrating injuries (previously 16 minutes).
- **103** patients were conveyed to a MTC although the major trauma decision tree did not indicate that they required a MTC and the MTC was not the nearest trauma unit. This information is taken from the PRF where it was not indicative that the criteria for conveyance to MTC was met. Feedback is provided to the QGAMs who facilitate reflective learning through the CTLs.
- The average call to scene time increased to **14** minutes from **12** minutes in the previous quarter.
- The busiest Major Trauma Centre is St Mary's, followed by The Royal London.

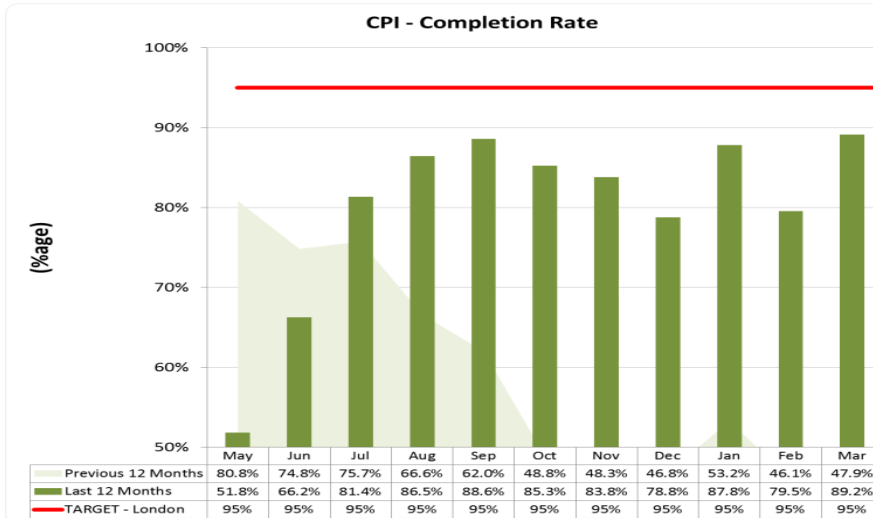
CARING



Sub-Section	Key Headlines From Each Sub-Section. Should be supported by following slides
CPI Compliance	For the 6 th month in a row, high quality of care was documented for ACS and non-conveyed patient groups. Greenwich, Bromley and St Helier were the highest group stations for CPI compliance for March 2016.
CPI completion	The number of PRF's audited was the highest in the previous six month period across all sectors, with the East Sector completing the most. The top group station for completion for March 2015 was HART.
CPI Feedback	Face-to-face feedback continues to be below that expected. Only 47% of frontline staff have received face-to-face feedback. Group stations have been informed of the need to address this and ensure action is taken to show significant improvement.
Friends & Family Test	4 FFT responses were received for April, a decrease of 6 on the previous month. A bid has been submitted for funding to use a co-production strategy to engage complex patients who, through their experiences, can help make a significant difference to the care of current and future patients.
Patient & Public Education	21 events were attended out of 33 events entered on the database. This included 3 careers events and 2 school visits.



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



CPI Completion

- The number of PRFs audited in March 2016 was higher than in the previous six months. There have been increases in most sectors, however, the East Sector should be congratulated for the number of PRFs they audited in March. Deptford, Edmonton, Friern Barnet and Hillingdon Group Stations, as well as HART, audited all PRFs available for the last eight months. Croydon, Fulham, Hanwell and Romford Group Stations, as well as Central Operations and CRU, should also be congratulated for auditing all PRFs available in March.
- GSM's to receive regular reporting on CPI completion rates for their Group Stations for review and action.

CPI Compliance

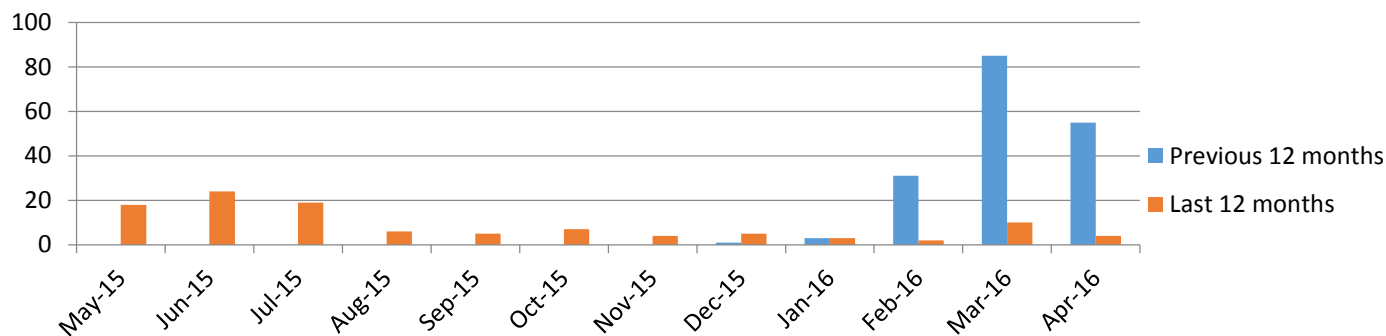
- The care provided to patients with a diagnosed mental health condition continued to plateau in March with 90% of patients receiving appropriate care.
- For the sixth month in a row, a consistently high level of care was provided to non-conveyed patients across the LAS.
- A high standard of care continued to be provided to ACS patients across the Service in March with HART delivering optimal care to all of their patients.
- The documentation of care for patients in cardiac arrest was excellent again in March with 98% of patients receiving appropriate care. HART should be congratulated for documenting all aspects of care.
- The care provided to patients in a glycaemic emergency and those who have had a stroke remains consistently high as does general documentation.

CPI Feedback

- The Trust achieved 47% of the expected face to face feedback sessions service wide, against the expected Group Station annual target of pan-London 4920 sessions.
- Hillingdon Group Station, performed well with 95% of their staff receiving two face-to-face feedback sessions, and Fulham delivering 76% face-to-face feedback sessions.
- The following eight group stations exceeded their monthly feedback target in March 2016: Camden; Friern Barnet; Fulham; Hanwell; Hillingdon; Newham; New Maldon, and Romford, as well as HART. However, this was not sufficient to make up for low levels of feedback earlier in the year.



Friends and Family



	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Previous 12 months	0	0	0	0	0	0	0	1	3	31	85	55
Last 12 months	18	24	19	6	5	7	4	5	3	2	10	4

Friends and Family Test figures for **April 2016**

- Total number of FFT responses received = 4
 - Extremely likely = 3
 - Likely = 1
 - Unlikely = 0
- PTS responses = 3
- Number of PTS journeys = 4,102
- See & treat responses = 1
- Number of see & treat patients = 24,192 (this figure will change by 17th May)

In order to address the low numbers of FFT responses a proposal has been submitted, with the support of NHS I, for a 'co-production strategy'. If the bid is successful it would involve recruitment of expert patients to provide, implement and act upon feedback surrounding the experiences of care delivered by London Ambulance Service. The idea underpinning co-production is that people who use the services are a hidden resource who can be utilised to generate quality and efficiency. Adopting this approach in the management of complex patients will support current, and subsequent, users through the delivery of patient education programmes whilst enhancing the organisational approach to chronic disease and crisis management.



Patient & Public Engagement

April 2016

Events on database = 33

Events attended = 21

- 3 Careers events
- 4 People who help us (4-5yr olds)
- 1 First aid badges (Brownies, Cubs etc)
- 2 School visitis
- 2 Older people
- 4 PPI
- 5 other

Public engagement feedback

People who help us topic W13 –TEAC

“The session went really well thank you! Turn out wasn’t as much as we had expected due to the sun shining! But TEAC was lovely and the children loved the activity books and bugs especially. Thank you again for your help and kindness and an extra special thank you to TEAC for giving up his time for us!”

Industry/Careers Fair April 2016

EMD

“Thank you so much for your time and energy yesterday talking with our students at the fair; it was much appreciated. You gave them information and advice which inspires them and helps to identify goals they wish to achieve. Thank you for this support – it makes a difference.”

Careers in FOCUS April 2016

EMD

“EMD was brilliant. Her session was great, and provided the students with a valuable insight into the world of the London Ambulance Service”

Patient and Public Involvement (PPI)

On 12th April we held a Patient Reference Group meeting with representatives from Healthwatch groups and the voluntary sector to talk about our Quality Improvement Plan, then focusing on complaints and mental health.

We are reviewing our committees and aim to increase the numbers of patient representatives on formal trust committees

EOC have just revalidated their customer service excellence award, and the trust’s PPI structure and activities were noted as an area of “compliance plus.”

RESPONSIVENESS



Sub-Section	Key Headlines From Each Sub-Section. Should be supported by following slides
EOC Surge Plans	<ul style="list-style-type: none"> ➤ The Trust has remained at Surge Red as agreed for this financial year and a review of the criteria to continue at this level confirms we are still operating under significant operational pressure. ➤ There were three episodes where Surge Purple Enhanced was invoked (2 x 2 hour periods and 1 x 3 hour period). Surge Purple Enhanced is designed to ensure that resources are directed to the most critically ill and injured patients to maintain patient safety.
Hospital Delays	<ul style="list-style-type: none"> ➤ There were a number of hospital breaches throughout April exceeding 45 minutes target. ➤ Of particular concern were long delays at Northwick Park with 33 breaches in excess of 2 hours. Other hospitals of concern were Barnet, Queen Elizabeth (Woolwich) and Princess Royal, Farnborough.
Revised REAP Levels	<p>The Trust will introduce in May a revised Resource Escalation Action Plan (REAP) in line with the national recommendation from the National Ambulance Resilience Unit (NARU). This will consist of four REAP levels. LAS is now operating at REAP 2. This level will be reviewed monthly by the Director of Operations</p>

WELL LED



Sub-Section	Key Headlines From Each Sub-Section. Should be supported by following slides
CQC	Work has been on-going to ensure delivery and communication of the QIP plan.
Executive Visits	<p>Executive visits have continued to both frontline complexes, EOC and support services. These visits have been well received and provide an opportunity to talk to staff in a more informal environment</p> <p>The private Trust Board meeting was held at Cody Road – at the conclusion of the meeting colleagues based at Cody Road joined the Board members for lunch providing an opportunity for them to talk to Board members.</p>
CCG engagement	<p>The CEO, Medical Director and Director of Nursing attended Lambeth CCG Integrated Governance Committee to brief them on the progress LAS has made since the CQC report and answer questions</p> <p>ADOs are engaged with the new Urgent and Emergency Care Network (STPs) and the SEMs remain engaged with the local CCGs and Acute Trusts.</p>
Quality Report	The draft Annual Quality Report has been shared with Hillingdon Overview and Scrutiny Committee, CQRG and the Patient's Forum.
VIP awards	The LAS VIP awards were held on 28 th April – the employee of the year was a Karen MacDonald a Clinical Team Leader from Kenton. Karen was nominated by her colleagues for her overall support but also her work in an end of life care project



Report to:	London Ambulance Service Trust Board
Date of meeting:	31 st May 2016
Document Title:	Quality Improvement Programme Progress Report
Report Author(s):	Donna Fong PMO Manager, Quality Improvement Programme
Presented by:	Karen Broughton Programme Director, Quality Improvement Programme
Contact Details:	
History:	Update following the Quality Improvement Programme Board meeting held on 17/05/2016
Status:	For assurance and information
Background/Purpose	
The purpose of this paper is to provide the Trust Board a status report on the delivery of the Quality Improvement Programme during April.	
Action required	
The Trust Board are asked to note: <ul style="list-style-type: none">• the QIP Board report• the QIP progress report (April performance)• the QIP KPI report (April performance)	
Assurance	
The Quality Improvement Programme Board have reviewed activities delivered up to the end of April, and no significant concern has been raised on programme delivery in relation to the milestones and actions that required completion	

Key implications and risks arising from this paper	
Clinical and Quality	<p>The QIP details activities to mitigate against clinical risks including deliverables relating to medicines management, improving patient outcomes for bariatric and mental health patient groups, and how the organisation learns from reportable incidents, risks and complaints.</p> <p>Additionally, the development of a Trust Quality and Clinical strategy will set the direction and organisational approach to managing clinical and quality risks.</p>
Performance	<p>There may be risk to Trust performance if activities within the QIP are not delivered to time, or they do not have the anticipated impact on operational functions to improve performance. This needs to be continually reviewed and understood to maintain sustainability.</p>
Financial	<p>Delivery of the QIP will require dedicated funding. These requirements will be included in the 2016/17 contract negotiations with Commissioners, which are still under negotiation.</p>
Governance and Legal	<p>The QIP Board is a sub committee of the Trust Board which meets monthly. It will provide a report to formal Trust Board meetings on progress</p>
Equality and Diversity	<p>There are no specific equality and diversity risks identified in this paper.</p>
Reputation	<p>There may be a reputational risk if the Trust does not deliver against the QIP in making effective changes that result in meeting the standards required by the CQC and other stakeholders.</p>
Other	

This paper supports the achievement of the following 2015/16 objectives	
Improve the quality and delivery of urgent and emergency response	<p>Activities within the QIP will lead in due course to achievement of this objective.</p>
To make LAS a great place to work	<p>Activities within the QIP will lead in due course to achievement of this objective.</p>
To improve the organisation and infrastructure	<p>Activities within the QIP will lead in due course to achievement of this objective.</p>
To develop leadership and management capabilities	<p>Activities within the QIP will support achievement of this objective, over time.</p>

**Quality Improvement Programme Board
Programme Director Report to the Trust Board**

Programme Progress

1. A key focus for the programme during April was to recover the delivery of activities reported in March 2016 as being delayed or at risk. There has been steady progress made on the programme during April resulting in 79% of scheduled activities completed. The activities are reporting as at risk relate to:
 - a. agreement with Commissioners for additional funding relating to the Quality Improvement Programme in the 2016/17 contract
 - b. activities to be delivered by the Equality and Inclusion Team which has been affected by unexpected staff absences.

Negotiations continue in relation to finalising the 2016/17 contract, and deliverables relating to Equality and Inclusion have been reassigned.

2. A review of progress for each of the workstreams did not raise significant concern, however the QIP Board asked for accelerated progress for the following QIP activities:
 - a. rest breaks on shift for frontline staff
 - b. delayed equality and inclusion activities
3. The April KPI report shows several areas of good performance, including:
 - a. Staff turnover continues to perform favourably, and during April the lowest rate seen across the Trust for the past 12 months was reported at 11.3%.
 - b. To date 319 staff have attended bullying and harassment workshops and 777 staff have completed their Core Skills Refresher, putting LAS on track to meet the required target.
 - c. We exceeded our target of 95% patients waiting less than 60 minutes for departure from hospital on our Patient Transport Service.
 - d. Both unplanned and planned vehicle maintenance targets were exceeded.
 - e. 100% compliance with drug locker code changes was achieved.
 - f. 82.% staff have completed Duty of Candour training to date, putting LAS on track for its 85% target
 - g. Data reported for the Make Ready pilot in North East London are presenting good results during April.
4. The April KPI report also highlighted areas which will be given additional focus and actions around them:
 - a. As we begin to record the number of appraisals completed in the 2016/17 financial year, we are showing performance below target. However, we are confident that this position will be recovered with the launch the new Trust appraisal process in May 2016 which has an emphasis on the process and reporting requirements. A trajectory to achieve required targets will be reviewed and included in future KPI reports
 - b. There is a continued focus on implementation of DatixWeb for the reporting of serious incidents and risk, which was launched in May 2016
 - c. As scheduled as part of the Quality Improvement Plan, there will be a review of the Trust rest break policy at the end of June 2016. Although this target

metric has not been defined, we are aware that data presented to date is substantially below where the Trust should be.

- d. There is continued work within the Operations Directorate to identify actions to be taken to improve performance from handover to green. An action plan will be developed and implemented as soon as possible to address this area of performance.
 - e. In April we achieved 92.5% compliance on filling the Hazardous Area Response Teams (HART) to required levels. HART rosters are reviewed on a daily basis to maximise capacity as far as possible and overtime incentives are offered to fill gaps in the rosters. The gaps experienced in April are due to staff being unavailable because of annual leave and training. At this present time, we are working with NHS Improvement, Commissioners and NHS England to determine the number of HART officers required.
5. The overall view of the QIP board is that substantial progress continues to be made in delivering the QIP during April but continued pace is required to ensure the Trust Board is assured that impactful and sustainable improvement are maintained.

Upcoming Activity

6. On 24 May 2016, the Trust Chair and Chief Executive have been asked to provide the NHS Improvement Medical Director an update on progress against the Quality Improvement programme, specifically:
 - a. How the Trust Board is assured of progress against the improvement plan
 - b. The risks to making continued progress on the improvement plan, and how these risks are being mitigated.
 - c. Culture change, particularly progress on tackling bullying and harassment.
 - d. An update on recruitment of executive directors.
 - e. An evaluation of improvement support and any further support needed.
7. NHS Improvement have scheduled a Clinical Review of the Trust's progress against the Quality Improvement programme, and this is scheduled for the week commencing 27 June 2016. The approach for the review will be similar to a CQC inspection, where the assessment will consider the five CQC quality domains through site visits, and focus groups with staff.
8. The Trust will incorporate and lessons learnt from the Warning Notice review conducted in March 2016 in preparation for this upcoming review.
9. In addition, the Trust has worked closely with Commissioners and have developed a joint assurance programme. The outcome of these reviews will be shared with the Trust Board, and external stakeholder groups.
10. The launch of the Making the LAS Great campaign will be publicised widely across the Trust in early June, and this will support the new appraisal system that was introduced to the organisation in mid May 2016.

Recommendation

11. The Trust Board are asked to note progress on the delivery of the Quality Improvement Plan.



Moving Forward Together

2016/17 QUALITY IMPROVEMENT PROGRAMME

Progress Report

April 2016



CONTENTS







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
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Definitions

Project Delivery

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

Project Performance

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

EXECUTIVE SUMMARY

April 2016



Moving Forward Together

Progress this month

- A key focus for the programme during April was to recover the delivery of activities reported in March 2016 as being delayed or at risk.
- There has been steady progress made on the programme during April resulting in 11 out of 14 activities delivered, with 79% of scheduled activities completed.
- Activities that continue to report at risk relate to:
 - the ongoing delay with the agreement of the 2016/17 contract with Commissioners, which is expected to be agreed as soon as possible
 - activities to be delivered by the Equality and Inclusion Team which has been affected by unexpected staff absences. Resources to backfill absences are now in post and dates to deliver activities are under review.
- In response to feedback received from the Bullying and Harassment Awareness sessions, shadowing opportunities have been made available across the organisation for staff to experience “A day in the life of...” to learn and gain understanding about what other parts of the organisation are doing and to be part of making the Service a great place to work.

Theme	Executive Director	RAG	% Complete
Making LAS a great place to work	Karen Broughton	Red	0
Achieving good governance	Sandra Adams	Yellow	86
Improving patient experience	Zoe Packman	Blue	100
Improving environment and resources	Andrew Grimshaw	Blue	100
Taking pride and responsibility	Fenella Wrigley	na	na



PROGRAMME SUMMARY

Forecast View



Moving Forward Together

Programme:

- The launch of the 'Making the LAS Great' campaign is scheduled to take place at the next management briefings on 18-20 May 2016.
- Preparation and planning for the TDA review of the Trust in June 2016 is underway.
- The number of activities to be delivered by the end of June 2016 is high comparative to previous months, therefore teams will need to focus on implementation of activities during May for successful delivery in June.

Workstream Challenges:

- There are currently two activities that are reporting at risk from March 2016 relating to the finalisation of the 2016/17 contract, and the baseline assessment against the Equality Diversity System 2 and Racial Equality. Further details of progress can be found in individual workstream reports.

Theme	Executive Director	May 2016				June 2016			
		Complete	On Track	Delayed	At Risk	Complete	On Track	Delayed	At Risk
Making LAS a great place to work	Karen Broughton		2				9		
Achieving good governance	Sandra Adams		3				19		
Improving patient experience	Zoe Packman		1				3		
Improving environment and resources	Andrew Grimshaw		2				6		
Taking pride and responsibility	Fenella Wrigley		1				5		
Total			9				42		



Moving Forward Together

WORKSTREAM PROGRESS REPORTS



1 | MAKING THE LAS A GREAT PLACE TO WORK

Executive Lead: Karen Broughton



Moving Forward Together

HIGHLIGHTS THIS MONTH

Although no deliverables were scheduled for delivery for Theme 1 in April 2016, continued progress is being made to ensure future activities will meet scheduled timeframes.

Retention

- Finalisation of the 2016/17 contract remains outstanding and delivery of this milestone is now showing at risk. Confirmation of contract funding is required to enable the Trust to move forward on its plans to implement a band 6 specialist paramedic role to further supplement the clinical career structure. Discussion and negotiations continue with Commissioners and it is anticipated that the contract will be agreed as soon as possible.

Bullying and Harassment

- The provider procured to deliver training on difficult conversations has visited the Trust to gain an understanding of the requirements and to identify some of the potential pitfalls that managers may face when having difficult conversations. These factors will be incorporated into the training sessions scheduled for June 2016.
- A week long event of “a day in the life of” was held across the Trust during April, where 30 staff members from across the Trust had taken the opportunity to shadow key areas within the Operations Directorate. Informal feedback received from attendees has been positive and further consideration will be given to repeating the event.
- The Bullying and Harassment specialist is currently working with staff to encourage use of facilitated conversations as a first line of response to concerns raised, so that initial discussions can take place prior to the initiation of formal grievance processes.
- Planning has commenced with the People and Organisational Development Team to ensure Bullying and Harassment awareness is incorporated into the Trust induction programme to reaffirm the Trust values in line with the Dignity at Work policy .

Vision and Strategy

- Dates for the 2016/17 CEO Roadshows have been confirmed, with an implementation plan currently being coordinated. The plan will incorporate learning and feedback from previous sessions to ensure greater attendance from operational sectors and engagement from corporate departments.

Training

- Redesign of the corporate induction has been progressing, with process and content meetings held with all relevant subject matter experts in conjunction with the Skills for Health Core Skills Training framework to ensure all new staff are fully compliant with statute. All materials have been redesigned and formatted with corporate branding and is accessible through the Trust intranet site. In addition ownership for the induction process being transferred over to People and Organisational Development from Human Resources.
- A working group chaired by the Director of Transformation, Strategy and Workforce has been created to deliver the Electronic Staff Record Element (ESR) with a phased delivery project plan created. This will be led by a specialist ESR project manager who is due to be recruited in the next few weeks.

Supporting Staff

- Appraisal documentation and guidance notes have been redesigned, incorporating values based word clouds designed as part of the management briefing sessions and is due to be launched in May 2016 along with a new report which will state completion rates across the Trust.



1 | MAKING THE LAS A GREAT PLACE TO WORK

Progress – April 2016



Moving Forward Together

Deliverable	Lead
Advert to Action (Recruitment)	Julie Cook
Bullying and Harassment	Karen Broughton
Training	Karen Broughton
Equality and Inclusion	Andrew Buchannan
Vision and Strategy	Karen Broughton
Supporting Staff	Karen Broughton
Retention	Greg Masters
Workforce and Organisational Development	Karen Broughton

April 2016		
Complete	Delayed	At Risk
na		
na		
na		
		1
na		
na		
		1
na		

Outstanding actions
<p>At Risk:</p> <ul style="list-style-type: none"> Undertake baseline assessment against the Equality Delivery System 2 and Racial Equality Strategy. <p>This activity is at risk due to unexpected staff absences. Resources to backfill absences are now in post and dates to deliver activities are under review, and will be clarified in mid-May.</p> <ul style="list-style-type: none"> Negotiate the funding for 'The London Package' as part of contracting round 2016/17 <p>Discussion and negotiations continue with Commissioners and it is anticipated that the contract will be agreed as soon as possible.</p>

1 | MAKING THE LAS A GREAT PLACE TO WORK

Forecast View



Moving Forward Together

Focus for next month	Key risks and challenges
<ul style="list-style-type: none"> To scope the potential for some of the Bullying and Harassment functions to be incorporated as business as usual for the Human Resources team, so that the capacity of the specialist advisor is protected and remains focussed on delivering activities as part of the quality improvement programme. Arrangements for mediation workshops provided by an external supplier is underway for delivery in May 2016 An away day has been arranged with GMB representatives to deliver bullying and harassment awareness training Completion of the statutory and mandatory training matrix and gain formal sign off Roll out of the new Personal Development Review (PDR) process and guidance documentation widely across the Trust 	<ul style="list-style-type: none"> Limited involvement from Unison regarding the Dignity at Work programme despite active engagement from other Trade Unions . The Trust will continue to deliver the programme as planned. There continues to be priority placed on ensuring the principals of bullying and harassment awareness is embedded within the Trust culture. Numerous requests for training has been provided by the bullying and harassment specialist, which has resulted in reduced capacity for the specialist advisor. A review will be completed at the end of May 2016 to determine the ongoing support required by the Trust. Further development of the People and Organisational Development function requires funding to be agreed through the 2016/17 contract negotiations. Once confirmed, a team structure will be developed and work will commence on developing the strategy for People and Organisational Development.

Deliverable	Lead
Advert to Action (Recruitment)	Julie Cook
Bullying and Harassment	Karen Broughton
Training	Karen Broughton
Equality and Inclusion	Andrew Buchannan
Vision and Strategy	Karen Broughton
Supporting Staff	Karen Broughton
Retention	Greg Masters
Workforce and Organisational Development	Karen Broughton

May 2016			
Complete	On Track	Delayed	At Risk
na			
na			
	1		
na			
	1		
na			
na			
na			

June 2016			
Complete	On Track	Delayed	At Risk
	1		
	3		
	1		
	1		
na			
	2		
na			
	1		



2 | ACHIEVING GOOD GOVERNANCE

Executive Lead: Sandra Adams



Moving Forward Together

HIGHLIGHTS THIS MONTH

- The delayed and at risk activities reported in March for risk management and the Health and Safety functions, have been deferred in order to realign dates with other dependent activities. These changes were presented and agreed by the Quality Improvement Programme Board.

Listening to Patients

- The scope, design and creation of patient information leaflets has been completed, with the final version being approved and ready for printing. Further conversations with fleet regarding distribution will be required to ensure these are accessible to patients and frontline staff
- The external website has been updated with changes relating to the complaints process so that patients and members of the public are provided with information about the complaints process, our responsibilities and details for the ombudsman. This activity due from March 2016 is now complete.
- The feedback process on the complaints process is behind on delivery due to the delay of the patient information leaflets being made available on vehicles, and confirmed mechanism for forms to be returned at no cost to the user to ensure maximum returns. The Patient Experiences Department have processes in place to ensure complainants are routinely informed of the progress on their complaint.

Risk Management

- A statement outlining the Trust's risk appetite has been agreed by the Executive Leadership Team, and further work on this will be done by the Trust Board.
- The alignment of the strategic risk review against local risk registers and the Board Assurance Framework is well underway for delivery by June 2016.
- The Trust Board completed a strategic risk review in line with the Trust's Business Plan for 2016/17 during their meeting in April 2016, and the Executive Leadership Team will continue to refine these risks

Improving Incident Reporting

- A Health and Safety bulletin published in April and was disseminated to all staff via the Pulse and emailed electronically to the Group Station Managers.

Operational Planning

- Two external reviews have been conducted in the Emergency Operations Centre, one by an other Ambulance Service and one by Operational Research in Health (ORH) relating to the current operating model and establishment. A business case has been completed for the Trust Board with proposed recommendations to be taken forward



2 | ACHIEVING GOOD GOVERNANCE

Progress – April 2016



Moving Forward Together

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

April 2016		
Complete	Delayed	At Risk
2		
na		
1		
na		
1		
2	1	
na		
na		
na		
na		

Outstanding actions
<p>Delayed:</p> <ul style="list-style-type: none"> Establish system to gain feedback from complainants on the LAS complaints process <p>Processes to facilitate the return of feedback on the complaint process is under development and will be implemented as soon as possible.</p>



2 | ACHIEVING GOOD GOVERNANCE

Forecast View



Moving Forward Together

Focus for next month	Key risks and challenges
<ul style="list-style-type: none"> The focus for May is to recover deliverables in the Listening to Patients workstream to ensure no further slippage on actions due in June 2016. The proposed structure and consultation document for the Health and Safety team is due to be launched in May 2016 DatixWeb is scheduled for go live on 9 May 2016, therefore the roll out and subsequent training for Datix will be implemented, including wide ranging communications to all staff across the Trust The Audit Committee on 19 May 2016 will be provided with an update on progress against internal audit actions recommended by KPMG 	<ul style="list-style-type: none"> Capacity within the Patient Experiences Department continues to be a concern with unexpected staff absences. Work has been reassigned to ensure capacity remains focussed on priority work, however this impact remains a challenge for the team.

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

May 2016			
Complete	On Track	Delayed	At Risk
na			
	1		
	1		
na			
na			
na			
na			
na			
	1		
na			

June 2016			
Complete	On Track	Delayed	At Risk
	4		
	3		
	5		
	1		
	1		
	2		
na			
	1		
na			
	1		



3 | IMPROVING PATIENT EXPERIENCE

Executive Lead: Zoe Packman



Moving Forward Together

HIGHLIGHTS THIS MONTH

Although no deliverables were scheduled for delivery for Theme 3 in April 2016, continued progress is being made to ensure future activities will meet scheduled timeframes.

Learning from experience

- The patient voice strategy outlines the Trust's commitment to patient and public engagement over the next four years to 2020. A draft document has been shared internally with the Patient and Public Involvement (PPI) Committee. Once final comments have been collated this will be presented to the Executive Leadership Team for approval at the end of May 2016.

Meeting Peoples Needs – Mental Health Patients

- The Mental Health Committee have provided additional input into the approved mental health protocols for staff. These revisions will be included in the policies and will be communicated to staff once ratified.
- It is proposed the survey to monitor staff feedback is extended over the lifespan of the programme, and a change request will be submitted to the Quality Improvement Programme Board for consideration at their meeting in May.

Meeting Peoples Needs – Bariatric Patients

Significant progress has been made in relation in this workstream:

- An aide memoire on the definition of Bariatric patients is being developed
- The Bariatric working group has been established and their first meeting is scheduled for early May
- Data has been requested from Yorkshire Ambulance Service who are also working on the management of bariatric patients in pre-hospital care. Additionally, data has been received from the Australian Ambulance service on the management of bariatric patients which will also be reviewed
- Assistance has been requested from Business Intelligence to review public health data regarding the profile of bariatric people to establish an imperial baseline and forecast to support the development of the operational plan for the future management of bariatric patients.

Patient Transport Service

- The delayed action from March 2016 regarding communication to patients and providers on estimated waiting times and action plans is now complete.



3 | IMPROVING PATIENT EXPERIENCE

Progress – April 2016



Moving Forward Together

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

April 2016		
Complete	Delayed	At Risk
1		
na		
na		
na		

Outstanding actions
There are no outstanding actions.

3 | IMPROVING PATIENT EXPERIENCE

Forecast View



Moving Forward Together

Focus for next month	Key risks and challenges
<ul style="list-style-type: none"> The patient engagement strategy has been drafted and has been circulated for comments in readiness for approval by the Executive Leadership Team on the 25 May 2016. Engagement with the Regional Oversight Group on hospital handover times is on going, and the next workshop is scheduled on 10/05/2016. 	<ul style="list-style-type: none"> June is expected to be a challenging month with a number of critical milestones to be completed, including ratification of the clinical guidance for bariatric patients which will define any operational requirements and processes. An Executive Lead for this theme needs to be confirmed following the departure of the Director of Nursing and Quality to lead and maintain momentum for this workstream. It is proposed that responsibility for Theme 3 is transferred to the Medical Director.

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

May 2016			
Complete	On Track	Delayed	At Risk
	na		
	na		
	na		
	1		

June 2016			
Complete	On Track	Delayed	At Risk
	1		
	1		
	1		
na			



4 | IMPROVE ENVIRONMENT AND RESOURCES

Executive Lead: Andrew Grimshaw



Moving Forward Together

HIGHLIGHTS THIS MONTH

Fleet/Vehicle Prep: Make Ready

- Work has started on the formal assessment of the pilot, and this will be completed for the end of May 2016.
- In parallel to this, the development of the Trust wide roll-out plan has commenced.
- Project management support has been engaged to support this.

Fleet/Vehicle Prep: Statutory Vehicle checks

- The existing Trust policy has been reviewed and seen to be adequate to support the delivery of statutory checks, with one minor change allowing FRU crews to have 15 minutes rather than 10 has been proposed. This has been discussed and agreed by the Director of Operations.
- Communication has been sent to all staff as a reminder that time is protected at the start of shifts to undertake checks, details provided of what constitutes a statutory check, and the recommended method of delivery.
- Further work to be undertaken to review how statutory checks can be integrated within the Make Ready Process, and to confirm a CAD process to prevent vehicles being dispatched within the 10/15 minute protected time.

Fleet/Vehicle Prep: Station responsibilities

- The Director of Finance chaired a meeting which included representatives from Operations, Fleet, Estates and IM&T to agree responsibilities at stations.
- Actions were agreed on all areas and taken back by respective leads to move forward in their areas.
- The established group have agreed to continue to meet to ensure compliance and to make any adjustments or address any emerging issues as they become apparent.
- Some further work is required to align financial flows and review policies to ensure they reflect agreed changes.

Infection Prevention and Control

- The guidance on Bare below elbow has been revised following comments from the Executive Leadership Team is being reissued with Managers briefings, a bulletin and publication on the pulse.
- The Uniform Policy has been updated to include this guidance.



4 | IMPROVE ENVIRONMENT AND RESOURCES

Progress – April 2016



Moving Forward Together

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

April 2016		
Complete	Delayed	At Risk
3		
na		
1		
na		
na		
na		
na		
na		
na		

Outstanding actions
No outstanding actions



4 | IMPROVE ENVIRONMENT AND RESOURCES

Forecast View



Moving Forward Together

Focus for next month	Key risks and challenges
<ul style="list-style-type: none"> A review will be completed on make ready and processes to enable compliance as part of the vehicle preparation workstream. It is planned for a trial to be undertaken to test the proposal and refine the offering. 	<ul style="list-style-type: none"> Confirmation of the 2016/17 contract funding is required to commence procurement of vehicles.

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

May 2016			
Complete	On Track	Delayed	At Risk
	2		
	na		
	na		
	na		
	na		
	na		
	na		
	na		
	na		

June 2016			
Complete	On Track	Delayed	At Risk
	2		
	1		
	1		
	1		
na			
	1		
na			
na			
na			



5 | TAKING PRIDE AND RESPONSIBILITY

Executive Lead: Fenella Wrigley



Moving Forward Together

HIGHLIGHTS THIS MONTH

Although no deliverables were scheduled for delivery for Theme 5 in April 2016, continued progress is being made to ensure future activities will meet scheduled timeframes.

Medicine Management:

- In April the IRO “unannounced” audit process has been reviewed and refined to allow for better tracking of audit visits and any potential follow on actions. Audit visits take place with the outcomes submitted to the medicines management team, and any remedial actions to be followed up by the Quality, Governance, and Assurance Managers. These actions will also be escalated and tracked via the monthly Quality Governance meetings with Deputy Directors of Operations and Assistant Directors of Operations where Medicine Management is a standing agenda item. Following each audit, a RAG status will be applied to each station.
- An audit of code changes on medicine lockers due in April 2016 has been completed and resulted in 100% compliance.
- Terms of reference for the Medicine Management taskforce is being developed and the preliminary meeting of key members took place on 6 May 2016
- The newly appointed Head of Fleet and Logistics has been tasked to undertake the project lead for the logistics review.
- A meeting has taken place with a pharmacist from Ealing Hospital, North West London who has agreed to support LAS one day per week to oversee the changes in the logistics management of drugs working with the Head of Fleet and Logistics and the Chief Information Officer. Agreement through NHS Improvement and the LAS Improvement Director has been requested.
- Progress has also been made relating to the appointment of pharmacist to join the organisation with:
 - a review of the proposed job description by Health Education England which is ready for submission
 - discussions with pharmacists from Barts and North West London to provide assistance
 - funding agreed for the Darzi pharmacy fellow which is being progressed.

Safeguarding

- The job descriptions for the agreed posts have been sent to Human Resources for grading
- Recruitment is underway, and offers of appointment have been made.

Clinical Supervision:

- A full update report has been received for the number of CISO (Clinical Information and Support Overview) performance management reviews completed. This tool was implemented in November 2015, and over 1000 reviews have been completed to date.
- Operational Workplace Review (OWR) completion rates have increased ten-fold since the restructure, although an action plan has been developed to increase them further to achieve completion of two reviews per clinician annually.
- Clinical Performance Indicator (CPI) audit completion rates and staff feedback session rates continue. Plans have been requested from each sectors to demonstrate how they will achieve the targets required.



5 | TAKING PRIDE AND RESPONSIBILITY

Progress – April 2016



Moving Forward Together

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

April 2016		
Complete	Delayed	At Risk
na		
na		
na		
na		
na		
na		
na		

Outstanding actions
There are currently no outstanding actions



5 | TAKING PRIDE AND RESPONSIBILITY

Forecast View



Moving Forward Together

Focus for next month	Key risks and challenges
<ul style="list-style-type: none"> Regular meetings of the new Medicine Management task force to be scheduled, and for the terms of reference and proposed workplan to be agreed Mapping the logistics of a “drug pack journey”, and to review where improvements can be introduced. 	<ul style="list-style-type: none"> Addressing medicines management across the Trust remains a high priority, and it will be the role of the Medicines management taskforce to set and monitor delivery of a workplan to address concerns and improve medicines management processes across the Trust. Timely recruitment to the pharmacist post

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

May 2016			
Complete	On Track	Delayed	At Risk
	1		
na			
na			
na			
na			
na			
na			

June 2016			
Complete	On Track	Delayed	At Risk
na			
na			
na			
	5		
na			
na			
na			



Moving Forward Together

2016/17 QUALITY IMPROVEMENT PROGRAMME

KPI Report: April 2016 Performance

April 2016





Areas where we achieved good performance:

- Staff turnover continues to perform favourably, and during April we saw the lowest rate seen across the Trust for the past 12 months at 11.3%.
- Data on frontline leavers in April reported the lowest number of leavers from the past two years of nine voluntary leavers and four staff members retiring, which is a substantial improvement compared to the peak of staff which departed in October 2014.
- To date 319 staff have attended bullying and harassment workshops and 777 staff have completed their CSR, putting us on track to meet the required target.
- We exceeded our target of 95% patients waiting less than 60 minutes for departure from hospital on our Patient Transport Service.
- 98.14% of planned maintenance of vehicles were completed within 48 hour target, and 97.9% of unplanned vehicle maintenance. In both cases targets were exceeded.
- We achieved 100% compliance with our changes to drug locker codes, ahead of our target of 85%.
- We are on track to meeting the target to achieve 85% of staff having completed Duty of Candour training, with 82.3% that has completed training to date.
- Directors have continued to attend their planned visits across the Trust in order to increase their visibility and accessibility to staff in operational areas, and during April the number of visits completed exceeded the planned number by 20%.
- Data reported for the Make Ready pilot in North East London are presenting good results during April.



Additional focus is still required in the following areas:

- As we begin to record the number of appraisals completed in the 2016/17 financial year, we are showing performance below target. However, we are confident that this position will be recovered with the launch the new Trust appraisal process in May 2016 which has an emphasis on the process and reporting requirements. A trajectory to achieve required targets will be reviewed and included in future KPI reports
- There is a continued focus on implementation of DatixWeb for the reporting of serious incidents and risk , which was launched in May 2016
- As scheduled as part of the QIP programme, there will be a review of the Trust rest break policy at the end of June 2016 and this will define the level of rest breaks that should be allocated during a shift. Although this target metric has not been defined, we are aware that data presented to date is substantially below where the Trust should be.
- There is continued work within the Operations Directorate to identify actions to be taken to improve performance from handover to green. An action plan will be developed and implemented as soon as possible to address this area of performance.
- In April we achieved 92.5% compliance on filling HART to required levels. HART rosters are reviewed on a daily basis to maximise capacity as far as possible and overtime incentives are offered to fill gaps in the rosters. The gaps experienced in April are due to staff being unavailable because of annual leave and training. At this present time, we are working with NHSI ,Commissioners and NHSE to determine the number of HART officers required.
- In April the percentage of audited PRFs with drug bag numbers recorded was below target by 24%, achieving a total of 71%. We are investigating how to best approach this issue and it will be a key area of focus going forward.

Performance Dashboard



Moving Forward Together

Theme	Key performance indicator	RAG	Page
MAKING THE LAS A GREAT PLACE TO WORK	Frontline recruitment	Green	7
	Staff(all) turnover	Green	7
	Frontline starters	Yellow	7
	Frontline leavers	Green	7
	Bullying and harassment cases resolved within 28 days	July	8
	Bullying and harassment workshops	Green	8
	Staff trained in bullying and harassment investigations	June	8
	85% of all clinical staff will have completed their CSR	Green	8
	Planned Director visits take place	Green	9
	Staff with all training recorded on an online system	Oct	9
	Appraisal Rates from April 2016	Red	9
	EOC Management Surgeries held by 31/03/2017	June	9
	Staff Sickness	Green	10
	Staff recommending LAS as a place to work on Family & Friends test	Q2	10

Definitions

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

Note: please be aware that some data may still be subject to data validation and may change



Performance Dashboard



Moving Forward Together

Theme	Key performance indicator	RAG	Page
ACHIEVING GOOD GOVERNANCE	Updated local risk registers	Q2	11
	Risk management training	Aug	11
	Number of serious incidents reported	July	11
	Percentage of SIs reported on STEIS within 48 hours of being declared		11
	Patient safety incidents reported on DatixWeb within 4 days of incident occurring	July	12
	Staff safety incidents reported on DatixWeb within 4 days of incident occurring	July	12
	Frontline Staff trained on Duty of Candour		12
	Staff taking a rest break during shift		13
	% complaints responded to within 35 days		13
	Categories of complaints	July	13
IMPROVING PATIENT EXPERIENCES	PTS patients will not wait longer than the 60 minute contracted departure window		14
	Handover to Green takes place within 15 minutes		14
	Lost time at hospital handovers		14
IMPROVING ENVIRONMENT AND RESOURCES	Available vehicles that enter the NE clean and equip process pilot in the North East area pilot		15
	Available vehicles that are made ready with essential kit in the North East area pilot		15
	Available vehicles that enter the clean and equip process across the Trust	Q2	15
	Available vehicles that are made ready with essential kit across the Trust	Q2	15
	Vehicle deep clean completed as a rolling average every 6 weeks		16
	12 week cycle planned maintenance / servicing to be completed against schedule		16



Performance Dashboard



Moving Forward Together

Theme	Key performance indicator	RAG	Page
IMPROVING ENVIRONMENT AND RESOURCES	Planned maintenance of vehicles to be completed within 48 hour target	Green	17
	Unplanned jobs (defects) to be completed within 48 hours	Green	17
	Minimum of 4 blankets available at start of shift	June	17
	Number of double crewed ambulances available against peak vehicle requirements	Q2	17
	Number of station premises cleaning compliance audits are passed	June	18
	HART shifts fully staffed with 6 officers per team 24/7	Yellow	18
TAKING PRIDE AND RESPONSIBILITY	Number of eligible PRFs audited per month	Green	19
	Frontline staff having two operational workplace reviews completed per year	July	19
	Compliance with completion of drug pack forms	July	19
	Audited Patient Report Forms with drug bag numbers recorded if applicable	Red	19
	Percentage compliance of drug code changes	Green	20
	Percentage of staff trained to the appropriate safeguarding level by year end	Q2	21



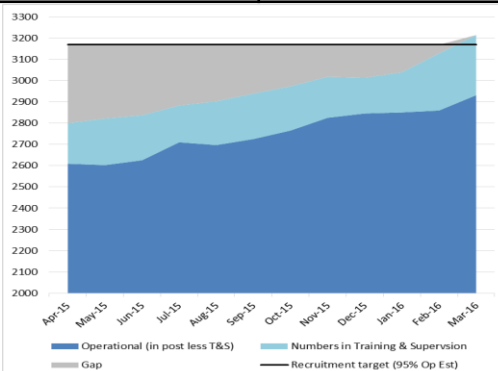
1 | MAKING THE LAS A GREAT PLACE TO WORK



Moving Forward Together

Frontline recruitment

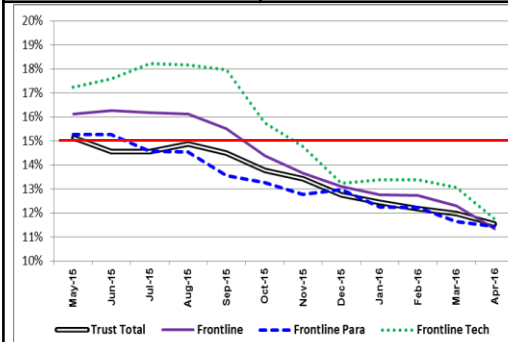
Target 2016/17	Actual	Variance	RAG
3195 wte	3238	69	



The Trust continues to be in a strong position, with an establishment target of 3195 allowing for a 5% vacancy factor. We are currently holding a 2.9% vacancy rate against our full establishment of 3363.

Staff (all) turnover

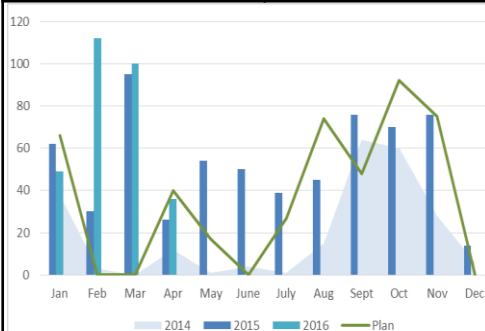
Target 2016/17	Actual	Variance	RAG
15%	11.3%	3.7%	



Turnover across the Trust continues to fall, with the lowest rate seen across the Trust for the past 12 months at 11.3%.

Frontline starters

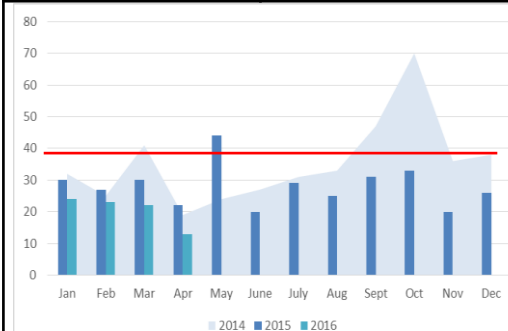
Planned – Apr 2016	Actual	Variance	RAG
40 wte	36 wte	-4	



Actual starters was down on plan for April by 4 wte which was due to some Trainee Emergency Ambulance Crew applicants withdrawing their applications due to problems obtaining their C1 driving course qualification.

Frontline leavers

Target 2016/17	Actual	Variance	RAG
33 wte (12% turnover)	13 wte	20 wte	



April 2016 saw the lowest leavers from the Trust since prior to 2014.

With 13 wte against a projection of 33 wte per month, 4 of which were due to retirement.



1 | MAKING THE LAS A GREAT PLACE TO WORK



Moving Forward Together

Bullying and harassment cases resolved within 28 days

Target 2016/17	Actual	Variance	RAG
100%			
<p><i>Reporting from July</i></p> <p>The 28 days target has been stipulated as part of the newly launched Dignity at Work policy.</p> <p>The Dignity at Work Policy was launched at the end of March 2016 and took effect from April 1st.</p>			

Bullying and harassment workshops

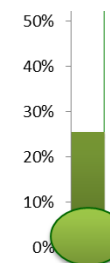
Target - June 2016	Actual	Variance	RAG
400	369	[n/a]	
		<p>The Trust has held 18 integrated workshops so far with 319 staff attending. 12 bespoke presentations have been delivered to individual teams at the request of managers, with 50 staff in attendance. This KPI is on track to deliver to over 400 staff by end of June.</p>	

Staff trained in bullying and harassment investigations

Target 2016/17	Actual	Variance	RAG
24	[n/a]	[n/a]	
<p><i>Reporting from June</i></p> <p>There are currently planned session dates for May and June and we will be in a position to report on attendance from June.</p>			

85% of all clinical staff will have completed their Core Skills Refresher training

Target April – July 16	Actual	Variance	RAG
21.25%	25%	3.75%	
<p>Topics included within 2016.1:</p> <ul style="list-style-type: none"> • Mental Capacity Act • Managing a difficult airway • Medicines Management • Abbreviated Mental Test and Dementia 		<p>The completion rate for 2016.1 currently stands at 25% with 777 frontline staff trained.</p> <p>85% is the target for the four month duration of the particular CSR programme and we on track to achieve this.</p>	



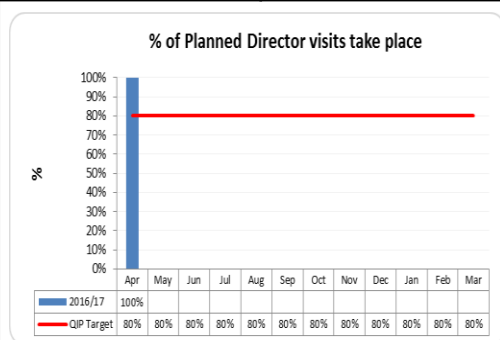
1 | MAKING THE LAS A GREAT PLACE TO WORK



Moving Forward Together

Planned Director visits take place

Target 2016/17	Actual	Variance	RAG
80%	100%	20% over target	



10 visits have so far being completed by the Executive Leadership Team against a plan of 8 visits

Staff with all training recorded on an online system

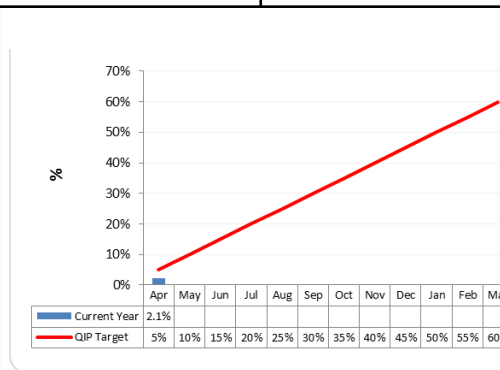
Target 2016/17	Actual	Variance	RAG
100%	[n/a]	[n/a]	

Reporting from October

Incorporated within the ESR project as per the QIP deliverables, OLM will be in place by end of September 2016 and progress against this will be monitored from October 2016 onwards.

Appraisal Rates from April 2016

Target 2016/17	Actual	Variance	RAG
60%	2.1%	2.9%	



The Trust appraisal rate is currently 2.1% for the new financial year, with 104 appraisals completed to date.

Work is currently underway to launch the new process which has emphasis on the reporting requirements.

EOC Management Surgeries held by 31/03/2017

Target 2016/17	Actual	Variance	RAG
22	[n/a]	[n/a]	

Reporting from June

Surgeries are due to commence from May, with the first surgeries scheduled on the 16 and 25 May. These will be attended by the Deputy Director of Operations (Control Services) and Head of EOC and the 2 General Managers.



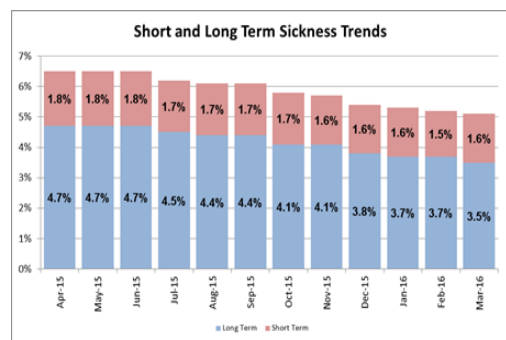
1 | MAKING THE LAS A GREAT PLACE TO WORK



Moving Forward Together

Staff Sickness

Target 2016/17	Actual	Variance	RAG
5.5%	5.1% (Mar 2016)	0.4%	

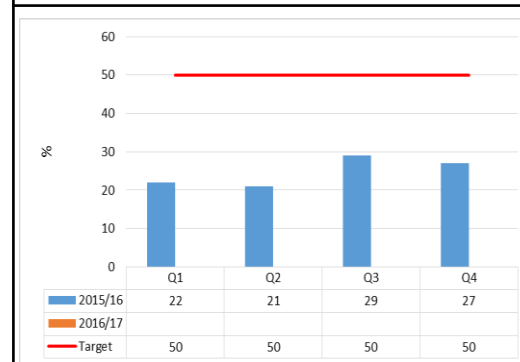


This metric reports 5.1% for March 2016. An continued downward trend since October 2015.

April 2016 data is waiting to be validated and will feature in next month's report.

Staff recommending LAS as place to work on Friends & Family test

Target 2016/17	Actual	Variance	RAG
Awaiting Quarter 1 Data			



Data showing here is for 2015/16 as a baseline for the 2016/17 reporting period.

Due to the collection methodology Q1 will be reportable from Q2.



2 | ACHIEVING GOOD GOVERNANCE



Moving Forward Together

Updated local risk registers

Target Apr-Jun	Actual	Variance	RAG
85%			
<i>Reporting from Q2</i>		These are reviewed on a quarterly basis by the Risk and Audit Manager and will be reported in Q2.	

Risk management training

Target 2016/17	Actual	Variance	RAG
85%			
<i>Reporting from August</i>		263 managers have currently been trained regarding Risk Management to date. Trajectories are being agreed and data collection will start from July.	

Number of serious incidents reported

Target 2016/17	Actual	Variance	RAG
85%			
		<p>Full reporting against this KPI will commence in July 2016, once full analysis is available of the data against DatixWeb.</p> <p>9 SIs were declared in March, the highest number for a single month in 2015-16. The main themes for those declared are related to delay in ambulance responses and inadequate clinical assessment.</p>	

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

Target 2016/17	Actual	Variance	RAG
85%	100%		
		<p>The Strategic Executive Information System (STEIS) is the system used nationally to record serious incidents on.</p> <p>We always aim to upload the information the day after the SI has been declared and aim to hit 100% each month.</p>	



2 | ACHIEVING GOOD GOVERNANCE



Moving Forward Together

Patient safety incidents reported on Datix Web within 4 days of incident occurring

Target Apr-Jun	Actual	Variance	RAG
85%			
<i>Reporting from July</i>		This will be reported against once able to analyse data from DatixWeb.	

Staff safety incidents reported on Datix Web within 4 days of incident occurring

Target Apr-Jun	Actual	Variance	RAG
85%			
<i>Reporting from July</i>		This will be reported against once able to analyse data from DatixWeb.	

Frontline Staff trained on Duty of Candour

Target 2016/17	Actual	Variance	RAG
85%	82.3%	- 2.2%	
<p>■ Completed ■ Not Completed</p>		<p>Duty of Candour was taught in the Core Skills Refresher programme 2015.3; with 2510 members of staff completing this training element against staff in post of 3048.</p> <p>The remaining 18% are being captured by Clinical team leaders and supported by informative clinical updates.</p>	



2 | ACHIEVING GOOD GOVERNANCE



Moving Forward Together

Staff taking a rest break during shift

Target 2016/17	Actual	Variance	RAG
[TBC]	10.1%		

Month	Previous 12 Months	Last 12 Months	QIP Target
May	10%	8.2%	
Jun	7%	8.6%	
Jul	5%	8.6%	
Aug	8%	8.0%	
Sep	5%	6.1%	
Oct	6%	7.6%	
Nov	6%	8.6%	
Dec	4%	10.1%	
Jan	8%	7.9%	
Feb	7%	4.8%	
Mar	6%	5.7%	
Apr	11%	10.1%	

% of staff allocated rest breaks has improved since January 2016 with an increase of 2.2% in the past four months, with significant improvement seen on February by 5.3%.
A review of rest breaks is currently underway to ensure the number of rest breaks allocated during shifts is increased. This will be completed by the end of June 2016.

% complaints responded to within 35 days

Target 2016/17	Actual	Variance	RAG
85%	46% (March 2016)	39%	

Month	2015/16	2016/17	QIP Target
Apr	24%	45%	85%
May	27%		85%
Jun	33%		85%
Jul	50%		85%
Aug	39%		85%
Sep	47%		85%
Oct	36%		85%
Nov	39%		85%
Dec	36%		85%
Jan	38%		85%
Feb	49%		85%
Mar	46%		85%

The performance for April cannot be reliably calculated until 26 May 2016 so the analysis using the data available indicates 45% performance outcome.

Categories of complaints

Predominant Frequent Caller Chief Complaint	Incidents
Unconscious/Fainting (Near)	~200
Haemorrhage/Lacerations	~100
Abdominal Pain/Problems	~100
Unknown Problem (Collapse 3rd Party)	~100
Psychiatric/Abnormal Behaviour/Suicide Attempt	~100
Falls	~100
Sick Person (Specific Diagnosis)	~100
Chest Pain (Non-Traumatic)	~100
Breathing problems	~100
_unknown	~2000

This is the top ten categories of complaint types in April for the Trust.
The introduction of DatixWeb, which was launched in May 2016, will further refine our ability to capture this data and we will report fully in July.



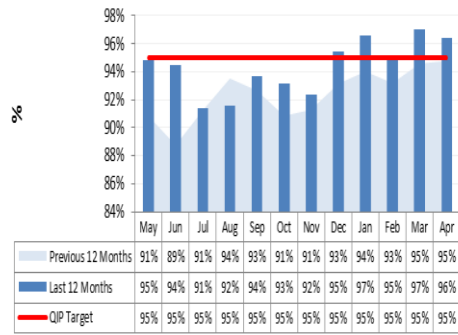
3 | IMPROVING PATIENT EXPERIENCES



Moving Forward Together

Patient Transport Service patients will not wait longer than the 60 minute contracted departure window

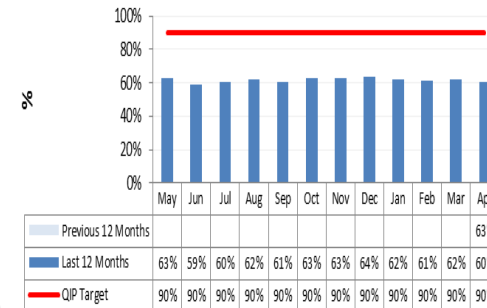
Target 2016/17	Actual	Variance	RAG
95%	96%	1%	



In April 2016 the contracted departure time from hospital exceed the target of 95%, with 96% of patients waiting no longer than 60 minutes.

Handover to Green takes place within 15 minutes

Target 2016/17	Actual	Variance	RAG
90%	60%	30%	



In April 2016 we achieved 60% of handovers to green within 15 minutes.

An action plan has been developed to address and improve this position and is currently being implemented in operations.

Lost time at hospital handovers

Target 2016/17	Actual	Variance	RAG
	12,238 hours 6/03-8/05		



Over the last 10 weeks, 26% of time lost for handovers greater than 15 minutes originated entirely from 4 hospitals (Kings College, North Middlesex, Princess Royal, Royal Free).

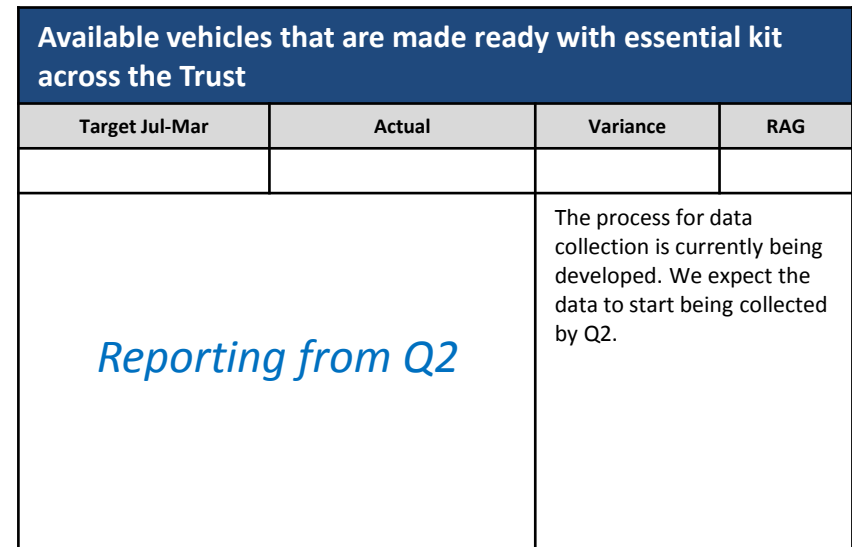
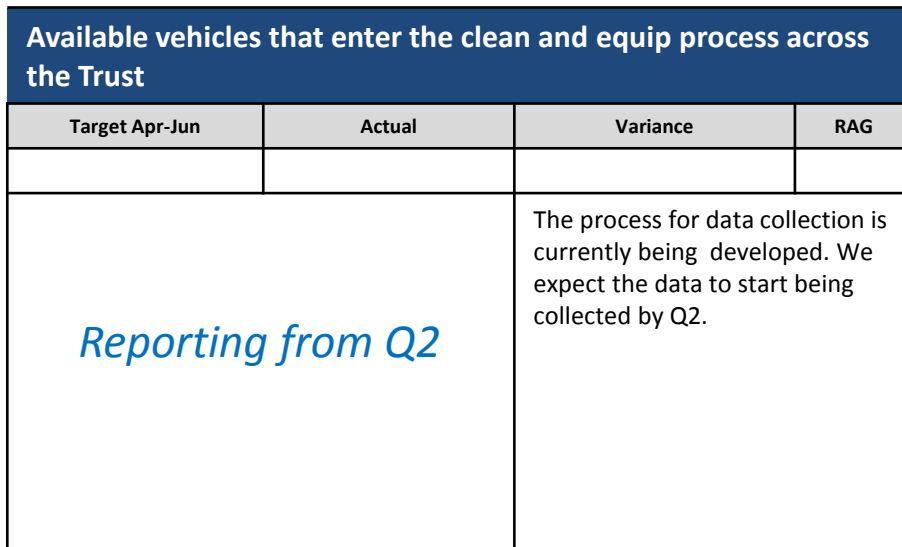
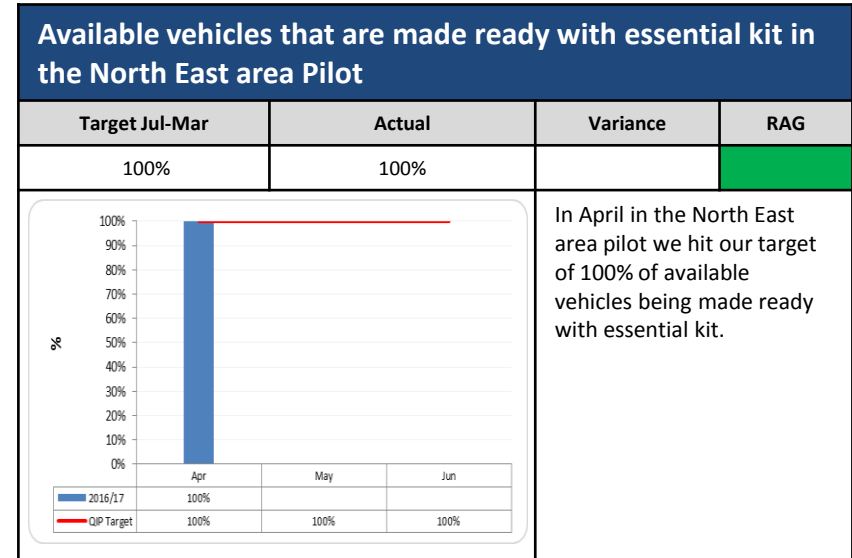
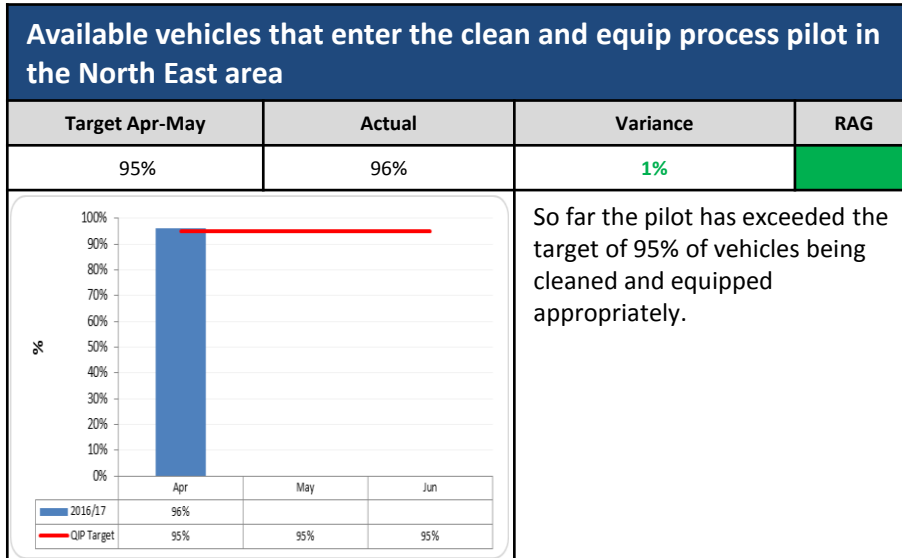
We continue to work with external stakeholders to address these on-going delays.



4 | IMPROVING ENVIRONMENT AND RESOURCES



Moving Forward Together



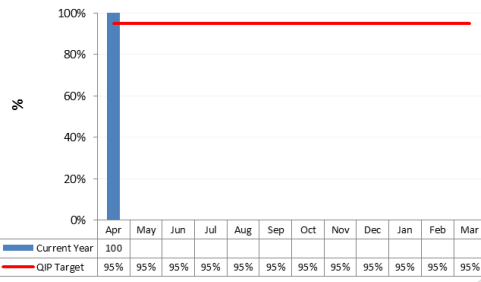
4 | IMPROVING ENVIRONMENT AND RESOURCES



Moving Forward Together

Vehicle deep clean completed as a rolling average every 6 weeks

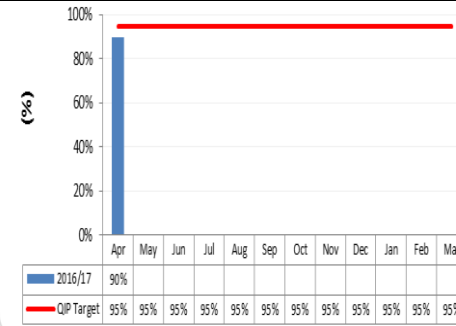
Target 2016/17	Actual	Variance	RAG
95%	100%	5%	



In April we exceeded our target of 95% and deep cleaned 100% of all vehicles due within the rolling 6 week cycle.

12 week cycle planned maintenance / servicing to be completed against schedule

Target 2016/17	Actual	Variance	RAG
95%	89.78%	5.22%	



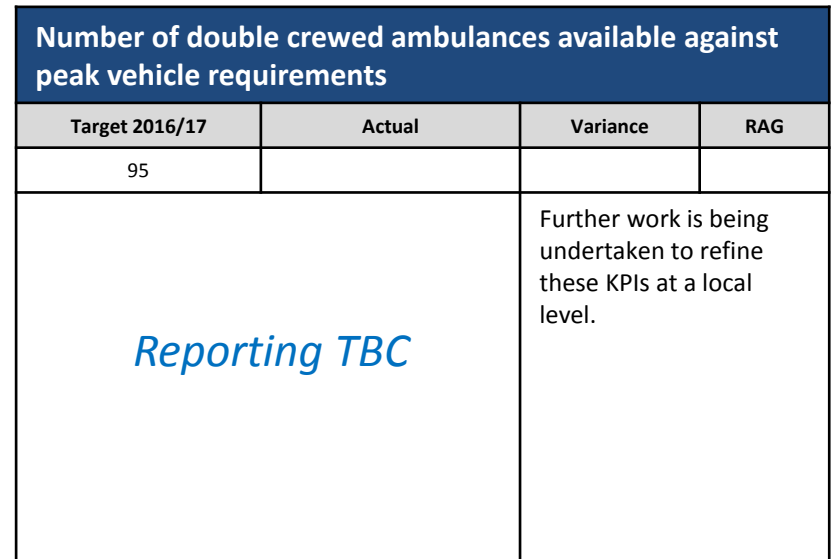
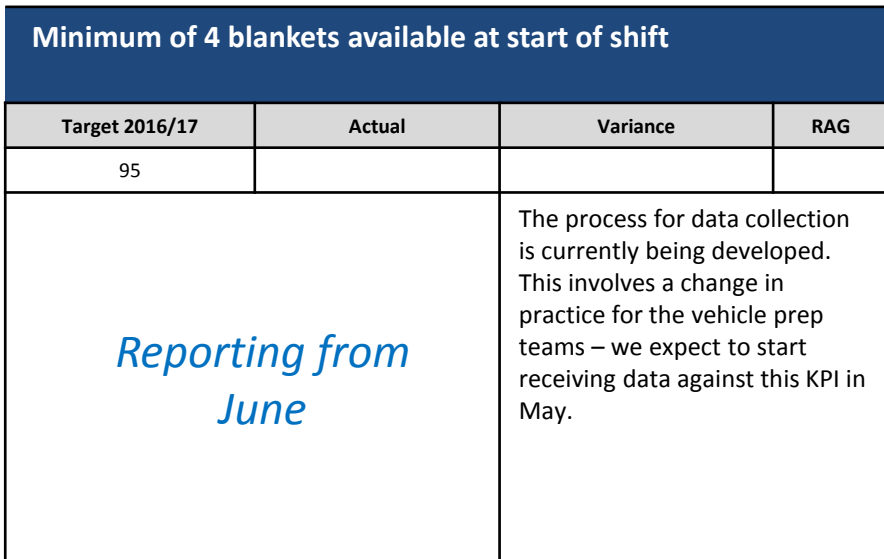
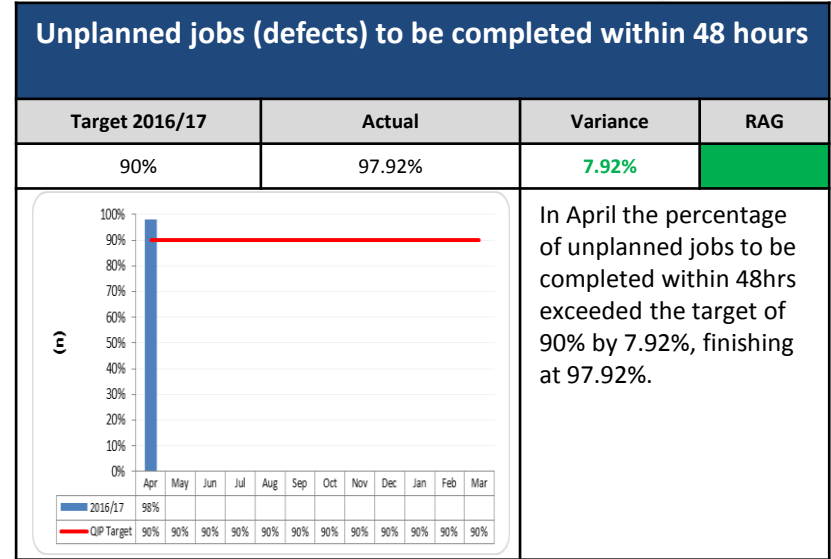
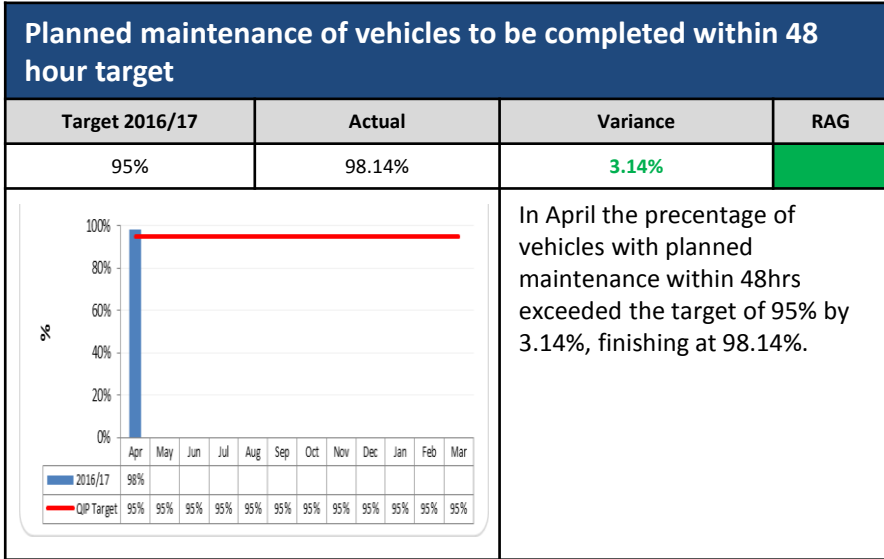
In April against the 12 week planned cycle we reached 89.78% of vehicles against a target of 95%.



4 | IMPROVING ENVIRONMENT AND RESOURCES



Moving Forward Together



4 | IMPROVING ENVIRONMENT AND RESOURCES



Moving Forward Together

Number of station premises cleaning compliance audits are passed

Target Jul-Mar	Actual	Variance	RAG
85%			
<p><i>Reporting from June</i></p>		<p>A new cleaning regime was rolled out into operation in April.</p> <p>Audits will be undertaken on a quarterly basis, and this will be reported from the end of Quarter 1.</p>	

HART shifts fully staffed with 6 officers per team 24/7

Target 2016/17	Actual	Variance	RAG
100%	92.5%	7.5%	

In April we achieved 92.5% compliance on filling Hart shifts with 6 officers against a target of 100%

HART rosters are reviewed on a daily basis to maximise capacity as far as possible and overtime incentives are offered to fill gaps in the rosters. The gaps experienced in April are due to staff being unavailable because of annual leave and training. At this present time, we are working with NHSI, Commissioners and NHSE to determine the number of HART officers required.

In those instances when two full HART teams are not available, we comply with the notification protocols required by NARU and we have systems in place to notify the London Fire Brigade and the Metropolitan Police Service. Our formal agreement with South East Coast Ambulance Service (SECAMB) to provide coverage at Heathrow at times when LAS HART staffing is incomplete was signed in December 2015 and is still active. While 7.5% of our HART shifts were incomplete in April, it should however be noted that (as per our agreement with SECAMB) they did not have to move their HART assets on any of these occasions because our two HART teams always had more than ten officers on duty.



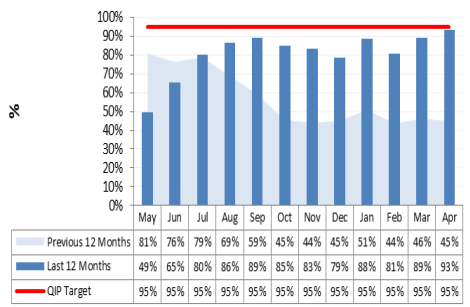
5 | TAKING PRIDE & RESPONSIBILITY



Moving Forward Together

Number of eligible PRFs audited per month

Target 2016/17	Actual	Variance	RAG
95%	93%	2%	



In April the % of PRFs to be audited per month missed our target of 95% by 2%, finishing at 93%.

Frontline staff having two operational workplace reviews completed per year

Target 2016/17	Actual	Variance	RAG
85%			

Reporting from July

Operational teams are currently developing plans to schedule the delivery of two OWRs per clinician during 2016/17. These plans are due at the end of May and performance against this set trajectory will be available from July 2016.

Compliance with completion of drug pack forms

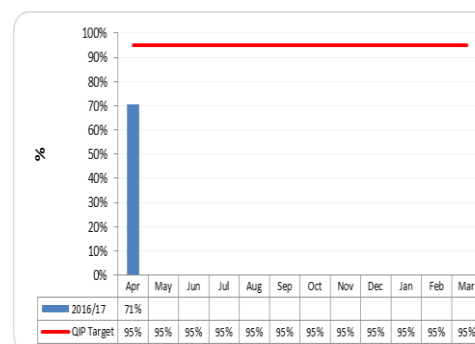
Target 2016/17	Actual	Variance	RAG
85%			

Reporting from July

Due to new collection methods that have been identified, reporting will only begin in July/

Audited Patient Report Forms with drug bag numbers recorded if applicable

Target 2016/17	Actual	Variance	RAG
95%	71%	24%	



In April the % of audited PRFs with drug bag numbers recorded was below target of 95% by 24%, achieving 71%.



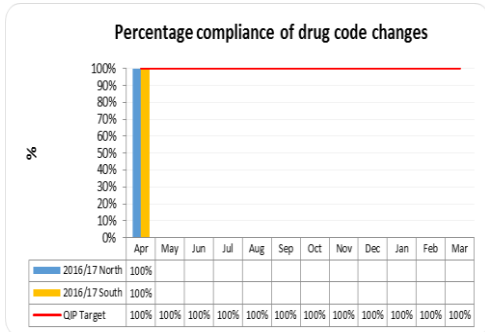
5 | TAKING PRIDE & RESPONSIBILITY



Moving Forward Together

Percentage compliance of drug code changes

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



In April in both North and South London we exceeded our target of 85% by 15%, achieving 100% compliance of changes to drug locker codes following audits.

5 | TAKING PRIDE & RESPONSIBILITY



Moving Forward Together

Percentage of staff trained to the appropriate safeguarding level by year end

Target 2016/17				Actual																	Variance	RAG
95%																						
Training required	owner reporting	Total Staff	Frequency of training	2014	Target to be trained 2015/16	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total trained 2015/16	% of target 2015/16	3 year cumulative % of total staff trained		
Level One																						
Induction	HR-	various	on joining		various	28	10	14	9	0	14	19	19	17	53	0	26	209				
E Learning	Raja Habib	1389	3 yearly	672	356	69	220	67	35	18	40	60	34	22	32	33	32	662	186%	96%		
Level Two																						
New Recruits	Ed Dev	Various	on joining		various	Nil	53	88	31	39	124	13	16	47	27	74	177	689				
Core Skills Refresher	Ed Dev	3019	annually		3019	N/A	N/A	N/A	N/A	310	596	785	936	N/A	178	N/A	N/A	2805	93%			
EOC Core Skills Refresher	Jules Lockett	443	annually		443	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	0%			
EOC new staff	Jules Lockett	Various	on joining		various	34	10	9	27	4	12	17	0	14	7	12	8	154				
PTS/NET	Jason Challen	114	annually		114	Nil	N/A	20	N/A	25	29	N/A	N/A	N/A	N/A	N/A	N/A	74	65%			
Bank staff	Gareth Hughes	390	annually	58	390	N/A	N/A	N/A	6	8	43	66	0	31	N/A	N/A		154	39%	54%		
111	Jane Burke	152	annually	101	51	9	15	3	0	1	2	16	9	5	26	1	6	93	182%	128%		
Community first Responders (St John)	Chris Hartley-Sharp	140	3 yearly	135	50	Nil	12	13	10	13	12	12	14	15	N/A	13	12	126	252%	186%		
Emergency responders	Sharp	150	3 yearly		100	Nil	Nil	Nil	Nil	Nil	29	11	Nil	69	N/A	7	10	126	126%			
Level Three																						
EBS	Alan Hay	30	3 yearly		25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	13	14	N/A	27	108%			
111	jane Burke	11	3 yearly	11	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0		100%		
Local leads	Alan Taylor	various	3 yearly		various	6	5	N/A	N/A	N/A	7	6	12	N/A	N/A	N/A	N/A	36				
Specific training																						
Prevent- clinical staff	Ed Dev	3019	one off		3019	N/A	N/A	N/A	N/A	310	596	785	936	0	178	N/A	N/A	2805	93%			
Prevent- Non clinical	Alan Palmer	1389	one off		0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	0%			
Trust Board	Alan Taylor	17	3 yearly		17	N/A	N/A	12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	12	71%			
HR/ Ops managers	Alan Taylor	Various			various	29	N/A	N/A	N/A	N/A	7	N/A	N/A	N/A	N/A	N/A	N/A	36				
Private providers	Jon Goldie	450	3 yearly	226	112	26	21	13	10	19	16	14	11	6	18	21	13	188	168%	92%		
Other safeguarding	Various	various	as required			104	12	N/A	N/A	N/A	N/A	N/A	12	0	0	0	75	203				
Nil = no figures provided																		8399	total			
N/A= no course planned this month																						

Safeguarding training delivered is regularly reported in the Trust Quality Report.

There is work underway to refine the system in which we record safeguarding training, and once this is complete targets and trajectories will be developed.





Report to:	Trust Board
Date of meeting:	31st May 2016
Document Title:	Assurance report from the Quality Governance Committee
Report Author(s):	Bob McFarland, Non-Executive Director and Chair of the Committee
Presented by:	Bob McFarland
Contact Details:	sandra.adams@lond-amb.nhs.uk
History:	N/A
Status:	Assurance
Background/Purpose	
<p>The purpose of this report is to update the Trust Board on key items of discussion at the Quality Governance Committee on 17th May 2016.</p> <p>We are pleased the Clinical Safety review undertaken by the Medical Directorate has shown that although the patient experience is not what we would wish.</p> <p>Note the committee was able to recommend that the Board approve the Annual Quality Account for 2015/2016, and the Patient Experiences Annual Report. The Infection Prevention and Control Report was not available and the Patient and Public Involvement Report and Education was tabled for information.</p> <p>The committee cannot recommend the Board approve the Annual Safeguarding report as presented to this meeting</p>	
Action required	
<p>The report is intended to provide assurance on quality governance and to bring any areas of concern to the Board's attention. The Board is asked to note also the recommendations regarding annual reports presented to the committee on 17th May.</p>	
Key implications	
<p>The primary focus of the Quality Governance Committee is to assure the Board on clinical governance, risk and audit through monitoring the standards of care set by the Board ensuring that the three key facets of quality – effectiveness and outcomes, patient safety and patient experience – are being met. This in turn will enhance the Board's oversight of quality performance and risk.</p>	

Key implications and risks arising from this paper	
Clinical and Quality	The internal clinical safety review provided assurance that when the service is under pressure and there are delays in responding to incidents, the measures we have in place to mitigate the risk prevent the risk materialising into actual harm to patients.
Performance	
Financial	
Workforce	
Governance and Well-led	The committee was that there were a number of issues raised in the Savile Lampard action plan in 2015/16 which appeared not to have progressed.
Reputation	
Other	
This paper supports the achievement of the following Quality Improvement Plan Workstreams:	
Making the London Ambulance Service a great place to work	
Achieving Good Governance	Yes
Improving Patient Experience	Yes
Improving Environment and Resources	
Taking Pride and Responsibility	Yes

Report from the Quality Governance Committee on 17th May 2016

We are pleased the Clinical Safety review undertaken by the Medical Directorate has shown that when the service is under pressure and there are delays in responding to incidents, the measures we have in place to mitigate the risk prevent the risk materialising into actual harm to patients although the patient experience is not what we would wish.

Note the committee was able to recommend that the Board approve the Annual Quality Account for 2015/2016, and the Patient Experiences Annual Report. The Infection Prevention and Control Report was not available and the Patient and Public Involvement Report and Education was tabled for information.

The committee cannot recommend the Board approve the Annual Safeguarding report as presented to this meeting (see below).

INTERNAL ASSURANCE

Clinical Governance

There is still uncertainty concerning the executive structure supporting Quality Governance although the reporting committees continue to function. The Clinical Education and Standards group has still not met although the Clinical Education Delivery group is functioning.

We were pleased to hear that a plan for EOC staffing will be presented to the next Board meeting.

The committee approved a statement concerning the CQC warning notice for some specific controlled drugs (appended below) which we are advised makes the absence of a Patient Group Directive (PGD) clear. We were also pleased to approve a change of colour for the new disposable blankets to distinguish them from the old reusable blankets.

The ***Internal Safety Review***, using the same methodology as in 2014 is now available. During five days in November 2015 (including a weekend and four and a half hours at Surge Purple) all red calls with a delayed response and a sample of C calls with a delay were reviewed. In brief – 238 patient records were reviewed (fewer than 2014) and categorised as at high risk (6); Medium risk (46); low risk (92); no risk (94) Of harm. Detailed clinical review showed that no patient had suffered a clinical deterioration as a result of the delay. We can be assured that, although the quality of our response is not always ideal, current measures do mitigate the safety risk of delay and prevent the risk materialising into actual harm when the service is under pressure.

There is some evidence to suggest that a delay in response has an impact on the outcome for patients in cardiac arrest. The numbers are too small to know whether this is significant and further more detailed review is underway.

The BAF and Risk register were noted with the agenda for the recent RCAG. The Quality Dashboard was not available and the committee again felt this should be included in the meeting pack for information.

The Q3/Q4 Learning from Experience report was presented highlighting the increase in Serious Incidents (35) which translates into a 44% increase from the previous year. If this is, as is thought, because recent changes have improved reporting, this can be considered a positive change but it will be necessary to watch these numbers carefully. There has also been an increase in Complaints, most commonly about delays, conduct and road handling. Important themes identified are Clinical Assessment issues, Missing equipment (including drugs), Call Triage issues and Delay. We were assured improved training was underway on the specific issues and others were within the QIP.

BUSINESS ITEMS

Safeguarding Annual Report for 2015/2016

The Trust is committed to participating in multidisciplinary meetings to develop safeguarding systems across London and also those where individual incidents are discussed. Substantial work is undertaken but this was not reflected in the table in the paper. Even so the Quality Governance Area Managers (QGAM) cannot cover all the meetings which take place nor are always invited. Work is underway which it is hoped will lead to a more consistent and effective involvement.

Substantial training was given to new and current staff last year with the exception of training updates for EOC – this is being corrected this year in Q1. We were also told there will be an electronic record of staff training by September. The procedures for reporting safeguarding issues in patients and among our staff appeared robust.

However the committee was significantly concerned that there were a number of issues raised in the report last year which have not moved forward. Of 38 items in the Action Plan due to be completed last year 13 are rated only partially complete and 13 no progress. These include issues such as regular DBS checks on staff, proper checks on new staff, records of training, staff supervision and management of celebrities.

The committee felt that the report should not be presented without a clear commitment to deal with these issues and clear date for completion for each and so cannot recommend approval by the Board in its current form.

The Quality Governance Committee will also review progress midyear.

Patient Experiences Annual report 2015/2016

The patient experience team has handled 8958 enquires in 2015/2016 including 1051 complaints. We were pleased to be told that although only 45% of complaints are currently dealt with in 35 days, with new processes in place, by September, it will be 100% with the support of other departments around Quality Assurance (QA) assessment and processing by the management and leadership team. This report is recommended to the Board for approval.

COMMITTEE MANAGEMENT

In 2015/2016 the Quality Governance Committee met on seven occasions and regularly considered reports from key executive committees covering Clinical safety and Standards, Patient experience, and Staff education. We also regularly reviewed the BAF, Quality Dashboard, Serious incidents. We reviewed for the Board the Annual reports including the Quality Account, Safeguarding, Infection Prevention and Control, Mental Health, Patient Experience, Patient and Public Involvement and Education, Equality and Inclusion reports. Deep dives were undertaken into Nursing in the Clinical Hub, Governance of Volunteer Responders, Fleet management, Workforce, Mental Health, Maternity, Saville and Lampard reports, Clinical Audit and Research workplan. We have also reviewed reports from outside agencies (CQC, TDA and considered the CQUIN and Cost Improvement Programme as regards Quality Assurance.

We reviewed and updated our Terms of Reference this year.

Date of next meeting

The next meeting of the Quality Governance Committee is on Tuesday 12th July 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 will be on 13th September, 15th November 2016.

Statement regarding the CQC Warning Notice for use of some specific Controlled Drugs

The legal and regulatory processes that govern the use of drugs within the London Ambulance Service (LAS) are common to all UK ambulance services. The Human Medicines Regulations 2012 make provision for paramedics (Schedule 17) and other operational staff (Schedule 19) to possess and administer defined medicines for the immediate, necessary treatment of sick and injured persons. These regulations support the administration of the majority of drugs carried by operational staff within the LAS, including morphine and diazepam for injection. Further support for the possession and administration of controlled drugs is also provided via the Home Office Group Authority for NHS Ambulance Paramedics and Employing NHS Ambulance Trusts, although this position is currently under national review. In cases where there is a need for Paramedics to administer other medications beyond those detailed in the Human Medicines Regulations, a Patient Group Direction (PGD) may be used. A PGD is a written instruction for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment and can only be used by a registered healthcare professional. Currently a PGD is used to facilitate the administration of Tranexamic Acid by all LAS paramedics and a range of additional drugs exclusively available to a small group of Advanced Paramedic Practitioners.

The LAS continues to adhere to the requirements of the various legal and regulatory frameworks outlined above and conducts regular reviews of medicines management via the Medicines Management Group.

Dr Fenella Wrigley

Medical Director

May 2016



Report to:	London Ambulance Service Trust Board
Date of meeting:	31st May 2016
Document Title:	LAS Annual Internal Safety Report
Report Author(s):	Dr Fenella Wrigley
Presented by:	Dr Fenella Wrigley, Medical Director
Contact Details:	Fenella.wrigley@lond-amb.nhs.uk
History:	Clinical Safety and Standards Committee, Quality Governance Committee and Executive Leadership Team
Status:	For assurance
Background/Purpose	
<p>During November 2014 a clinical safety review was undertaken by the Medical Directorate. This review provided assurance to both ELT and Trust Board that, despite some significant delays in response that the Trust was facing, the service being provided remained safe and the clinical impact to patients minimal.</p> <p>In view of the continued high demand LAS, like other ambulance services, has experienced over the 2015 – 16 financial year a repeat internal safety review was undertaken by the Medical Directorate using the same methodology.</p> <p>The findings are presented in this report which has previously been presented to the Clinical Safety and Standards Committee, Quality Governance Committee and Executive Leadership Team. .</p>	
Action required	
Trust Board is asked to take assurance from the review about the safety of the service provided	
Key implications	
The Trust continues to provide a safe service. The methodology used to undertake the review has been validated internally and externally.	

Key implications and risks arising from this paper	
Clinical and Quality	Assurance that LAS continues to provide a safe service.
Performance	Assurance that, at times of high demand, priority continues to be focussed at ensuring a response to the sickest and most seriously injured patients.
Financial	
Workforce	
Governance and Well-led	Evidence of pro-active internal safety review
Reputation	
Other	
This paper supports the achievement of the following Quality Improvement Plan Workstreams:	
Making the London Ambulance Service a great place to work	Yes
Achieving Good Governance	Yes
Improving Patient Experience	Yes
Improving Environment and Resources	
Taking Pride and Responsibility	Yes



London Ambulance Service **NHS**
NHS Trust

Clinical Safety Review 2015-16

An annual review to provide assurance to the Executive Leadership Team (ELT) and to the Trust Board that patient safety is maintained during periods of high demand on the Trust's resources.

Purpose

An annual review to provide assurance to the executive Leadership Team (ELT), Quality Governance Committee and the Trust Board on the safety of the care provided by the London Ambulance Service NHS Trust, the Clinical and Quality undertook a safety review using the same methodology as previous safety reviews. This involves interrogating patient report forms (PRF's) and call logs for calls where there had been a delayed response for a selected period of time.

Remit

A five day period was chosen which included a weekend, notably the Trust's busiest and most demanding days. The period chosen for the review was Friday 30th October to Tuesday 3rd November 2015 inclusive. During this period it should also be noted that the Trust invoked one period of Surge Purple Enhanced on Sunday 1st November 2015. All Category A (Red 1 and Red 2) calls during this period which fell outside of the 95th centile for their response time were identified along with the C calls (C1 – C4) which fell outside the 98th centile. For this period of time this amounted to a total of 238 calls, which were categorised from Red 1 through to C4. These calls were reviewed by senior clinicians within the Trust and involved looking at both the PRF's and the call log for each call and then a quality assurance process was carried out by the Medical Director. The process of review enabled the clinicians to look at the following information:

- The patient presentation at the point of 999 contact i.e. call given as information
- The patient presentation on arrival at the call i.e. the documented presenting complaint on the PRF
- The potential impact on the patient of the delays incurred
- Any contact made with the patient / caller whilst the call was being held i.e. via CHUB, sector desk ring-backs

The clinicians were asked to grade each call by following a potential risk impact scoring matrix supplied for the review (see Appendix I). The risk impact scores were as follows:-

- No apparent clinical risk
- Low clinical risk
- Medium clinical risk
- High clinical risk

To aid the reviewers to categorise the calls into these risk levels, they were provided with an example for each of the risk categories which is detailed in appendix 1.

Clinical Review Findings

Of the 238 calls being reviewed, they were categorised into the following call determinants:

Clinical Safety Review 2015-16

- Red 1 5 calls
- Red 2 142 calls
- C1 11 calls
- C2 45 calls
- C3 9 calls
- C4 26 calls

Following the review, the clinicians categorised the calls according to the potential risk impact grading as follows:

- No risk 94 calls
- Low risk 89 calls
- Medium risk 33 calls
- High risk 22 calls

Case examples for each of the risk grading categories include:

- **No Risk:** A C2 call held for 6 hours for 88 year old patient, post collapse. The call information was reviewed by the CHUB and the patient received a number of call backs whilst it was being held. The CHUB deemed the call suitable for NETS conveyance. On NETS arrival patient was stable and was conveyed under normal driving conditions to the nearest emergency department.
- **Low Risk:** A C2 call held for 4 ½ hours for a patient who fell out of their wheelchair. They had pre-existing medical conditions. The patient received a number of ring-backs from EOC during this time and there was no change in their clinical condition whilst they were waiting for the ambulance. On crew arrival, patient was assessed but not conveyed.
- **Medium Risk:** A 5 ½ hour delay to an elderly patient, call given as sick person and categorised as a C2. When the crew arrived the patient's oxygen levels were slightly low and the patient was given some oxygen. The condition of the patient improved and the patient was conveyed to hospital under normal driving conditions.
- **High Risk:** A 35 minute response to a 19 year old with a severe asthma attack who required a pre-alert to the hospital after immediate treatment on scene by the attending crew. On arrival at the hospital the patient's condition had begun to improve.

Secondary review of categorisation

A secondary review process was undertaken of **all** calls graded as 'high risk' and 10% of the total volume of the calls reviewed by the clinicians. This process will ensure that the grading is fair and correct across the board. The review process included a random 10% sample (with the exception of the 'high risk' scores), which included at least one call of each grading type.

Following the review, the clinicians categorised the calls according to the potential risk impact grading as follows:

Clinical Safety Review 2015-16

➤ No clinical risk	94 calls
➤ Low clinical risk	92 calls
➤ Medium clinical risk	46 calls
➤ High clinical risk	6 calls

Of the 22 high risk calls 3 were reassessed to be low risk, 13 were assessed to be medium risk and 6 remained high risk.

In the original high potential risk grading 18 of the calls identified were Red 2 calls, of which 16 were conveyed to hospital with a pre-alert and a further two calls (C1 and C2) were conveyed to hospital with a pre-alert placed. There were 12 cases where the initial review categorised the call as high risk but on further review the clinical risk was assessed to be medium clinical risk. This decision was based on the fact that, although a pre-alert was placed to the hospital, there was no evidence of deterioration in the condition of the patient before the arrival of the crew or en-route to hospital. None of the patients were conveyed to a tertiary cardiac centre or tertiary stroke centre suggesting that, although unwell, their condition was not time critical. None of these patients underwent a subsequent secondary transfer to a tertiary centre which would have suggested their condition deteriorated. The average time for the ambulance arrival was 32 minutes to these cases. In all of the cases where a pre-alert to the hospital it was felt that this would have been done even if the ambulance had arrived earlier and the pre-alert was condition specific for example chest pain rather than patient specific where the patient deteriorated and became more unwell.

There were no calls where it was felt that the 999 or the NHS 111 assessment had resulted in an ambulance categorisation which was incorrect.

4 of the original high risk calls were, on review, felt to be low risk. One was an inter-hospital transfer for an 'immediate transfer' which affords a response time of 2 hours when the LAS is operating at Surge Red. The patient was being transferred for assessment of Cauda Equina (spinal cord compression) and on reviewing the PRF the symptoms had been present for 3 weeks and there was no acute deterioration. The second patient was a male with known paroxysmal atrial flutter who was haemodynamically stable and showed no deterioration. If alternative transport had been available the possibility of him travelling to hospital with family could have been explored. The final call assessed as low risk was an elderly patient with knee pain – although his patient experience was undoubtedly poor he had not fallen and he was clinically safe – he was conveyed by the Non-Emergency Transport team.

There were no medium clinical risk, low clinical risk or 'no risk' calls upgraded as a result of the secondary clinical review. Of the 98 'no risk calls', 35 were discharge on scene and either with home care advice or referred onto other alternative care pathways e.g. GP. The majority of the low risk category had received a number of Clinical Hub (CHUB) / sector desk ring-backs to assess for changes in condition.

The patients who were deemed to be at high clinical risk included a 2 ¾ hour delay for a 67 year old patient who was initially assessed by NHS 111 as having a chesty cough. The call was referred through for ambulance dispatch as a DX018 (non-emergency ambulance transport) however when the ambulance crew arrived the patient was found to have signs and symptoms consistent with simple sepsis and the patient was conveyed to hospital after having been given paracetamol. We have set up

a 'flagging' system in EOC where-by NHS 111 providers can alert the Clinical Hub clinicians to any patients who are at risk of deterioration if there is a delay. This has been in place for 6 weeks and is working well. It is expected that the patient above would have met the trigger for 'flagging' had the system been in place.

Further Review

All of the original 22 high clinical risk cases were further reviewed to see whether the case had already been flagged through another route, for example the incident reporting process (LA52), complaints or serious incidents.

The results were as follows:

- There have been no serious incidents declared during this the period which was reviewed
- The Trust received five complaints to the Patient Experience Department during the period reviewed. The complaints related the delay in ambulance response. On cross reference with the Safety Review data, none of the complaints were included in this data set.
- The Trust received 22 LA52's during this timeframe which were categorised as patient related incidents. Of those, 5 were directly related to a 'delay' of some kind. On cross reference with the Safety Review data, none of the submitted LA52's was included in this data set.

Cardiac arrest outcomes

The speed with which the first response arrives on scene at a cardiac arrest can impact on the outcome for the patient. As LAS has been challenged with response times the focus has remained on dispatching a rapid response to the sickest and most seriously injured patients.

A review, undertaken by a Consultant Paramedic and Clinical Audit and Research team has shown that the longer the time of the initial response to a cardiac arrest the chance of survival is reduced. This data is for all cardiac arrests some of which may not have initially been reported as such to the 999 call-handlers.

ALL ARRESTS Apr 15 - Feb 16

Response Time	Total calls	Survived	Died	% survival	<i>No. unknown cases</i>
Within 8 mins	2072	178	1801	9.0	93
Longer than 8 mins	1906	127	1690	7.0	89

The numbers of these cases is small and as such small variation can result in large percentage changes however it is an area which will be reviewed in greater detail over the coming months to ensure we are maximising the outcomes for these patients.

Additional initiatives to get an early response to patients in cardiac arrest remain crucial to improve the outcome for patients – these include public access defibrillators, first aid and basic life support training for public and the new alert system 'Good Sam'.

Summary of findings

238 calls were reviewed from a period of 5 days where the response time fell outside the 95th centile for a Category A (red) call and 98th centile for a Category C call. There were fewer calls falling outside the agreed parameters which indicates that, although some patients were subjected to long delays, more were receiving a faster response than when the 2014 Safety review was undertaken.

This review identified 6 high risk incidents, all of which were conveyed to hospital with a pre-alert placed but none of which shown demonstrable deterioration in the patient's condition either whilst waiting for the ambulance or en-route to hospital.

- There were no patients who went into cardio-pulmonary arrest whilst waiting for an ambulance.
- There were no serious incidents declared during this timeframe
- There were 5 incident reports (LA52) were submitted during this timeframe, none of which related to the reviewed calls
- There 5 complaints were received, all related to delays, none of which related to the reviewed calls. These have been reviewed using the same methodology and none were classified as high clinical risk – 2 were medium risk and 3 were low risk. The 2 medium clinical risk patients were: 1 patient who was referred to NHS 111 who asked for GP to attend, GP then called LAS who responded within 4 minutes and second patient who had had a fall but refused aid, the patient was subsequently taken to hospital by the family for a review and felt that arriving by car meant they were seen slower. Of the 3 low risk calls 2 patients were self-conveyed and 1 was conveyed by NETs.

Statement on safety

The safety review has demonstrated that the Trust has continued to ensure resources are sent to the most seriously ill and injured patients. The prioritisation of resources to most seriously ill and injured patients has resulted in delays in attendance to some C-category patients. Despite these delays clinical safety has been maintained although the quality of the service and patient experience has, at times, fallen below that expected.

Dr Fenella Wrigley

Medical Director

May 2016

**Clinical Safety Review
BRIEFING NOTE****REVIEW PROCESS**

When undertaking a clinical review of PRF's, clinicians should review the documented details on the PRF along with the call log related to that CAD number, in respect of the following:

- Patient presentation at the point of contact to 999 i.e. what the call is given as
- Patient presentation on arrival at the call i.e. crew documented patient presenting complaint
- Potential impact on the patient of the delays incurred
- Contact made with the patient / caller whilst the call was being held i.e. via CHUB ring backs etc.

The call should then be graded according to the risk scoring matrix below, along with brief comments indicating your decision making for the score given. To aid scoring, examples are listed below each of the scores.

RISK / IMPACT SCORING MATRIX

Risk Score	NO RISK	LOW RISK	MEDIUM RISK	HIGH RISK
<p>Example:</p>	<p>Call held for 5 hours, but received a number of call backs while the call was being held. Call deemed as PTS suitable. On LAS arrival, patient was stable and conveyed under normal driving conditions to ED.</p>	<p>A young caller, held for 6 hours. The crew assessed the patient on their arrival and the patient was not conveyed.</p>	<p>5 hour delay to an elderly patient. HCP admission. Patient wheezy and reduced SP02 on arrival. No pre-alert placed to the receiving unit.</p>	<p>34 minute response time to a Red2 call. Patient FAST positive and pre-alert placed to the nearest HASU.</p>



Report to:	Trust Board
Date of meeting:	31st May 2016
Document Title:	Finance Report Month 1 (April) Part 1
Report Author(s):	Andy Bell, acting Deputy Director of Finance
Presented by:	Andrew Grimshaw, Director of Finance and Performance
Contact Details:	andy.bell@lond-amb.nhs.uk
History:	This document has previously been reported to ELT and the FIC
Status:	The Trust Board is asked to note this paper.
Background/Purpose	
<ul style="list-style-type: none">• Headline: The Trust has reported a deficit of £0.8m for April, this is £0.1m adverse against plan. <p>Key Points to note are;</p> <ul style="list-style-type: none">• Year to date the Trust reports £0.1m adverse variance from the original plan of £0.7m deficit.• Some income remains to be finalised. The Trust continues to work with commissioners to agree this. Current expectation is that the Trust will secure the planned level.• Cost Improvement – CIP is currently on plan as final programmes are being reviewed by the Resources Committee• Capital spend is £0.1m against a Capital plan of £2.3m. The £2.2m underspend relates mainly to delays in the DCA business case. The trust is permitted to undershoot its Capital.• Cash is £19.2m, this is £2.1m below plan. This mainly relates to the Trust awaiting final sign off of two contracts.	
Action required	
The Trust Board is requested to review and note the Financial Results provided.	
Key implications	
Review of the financial position at month 1 (April) 2016/17	

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

London Ambulance Service NHS Trust
Finance Report - Part 1 – 2016/17
Month 1: April

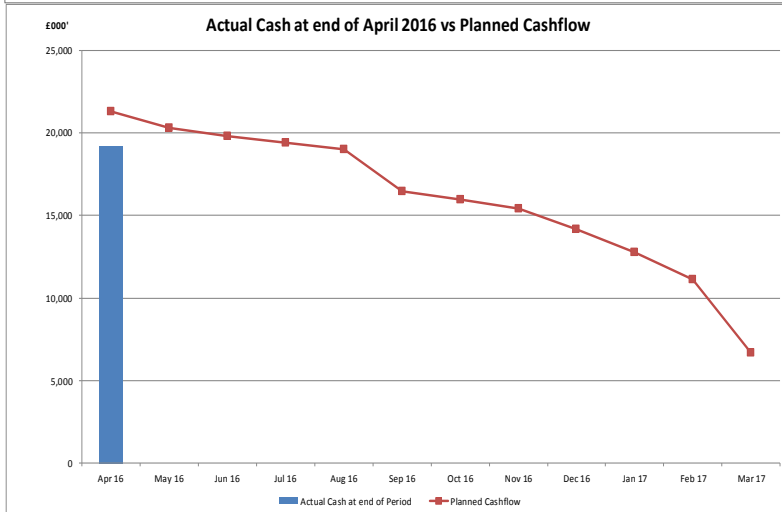
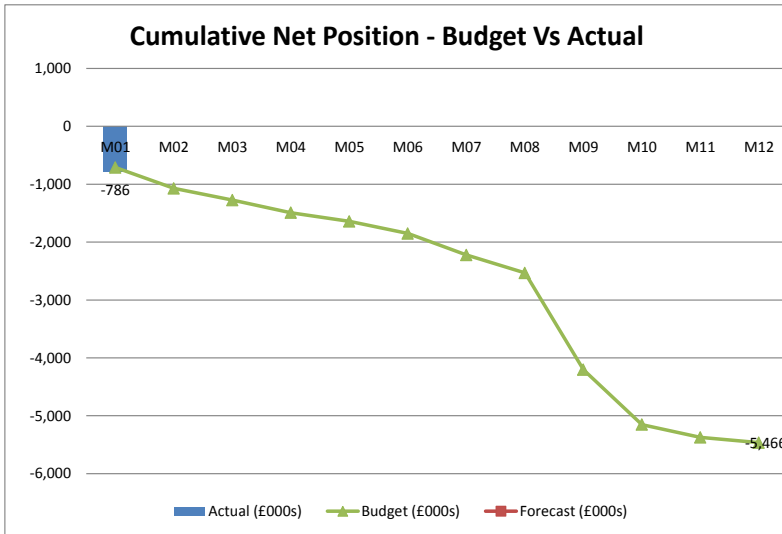
Trust Board – 31st May 2016

Andrew Grimshaw
Finance Director

Finance Summary: M1 (2016/17)

Financial Indicator	Summary Performance	Current Month	Previous month
Surplus (Year to date)	In month the position is £0.1m adverse to plan, The year end position of £5.5m deficit is seen as challenging but achievable. The Income position has been rated as Amber due to income elements that are not yet finalised.	AMBER	AMBER
	Additional pressure in the position is driven by: <ul style="list-style-type: none"> Overtime, Incentives and PAS support for Frontline Capacity in Q1. This is due to higher than projected levels of demand (7% above plan) and ongoing frontline recruitment and training 		
Income	Income is £0.2m adverse in month. The key drivers for this position are: <ul style="list-style-type: none"> This relates to the plan submitted to NHSI containing £18m QIP rather than the £16m final value. This is a timing issue The £2.0m shortfall is mitigated by a corresponding £2m overstatement of cost. This position assumes that the Trust secures the £16m additional QIP and £5.3m Specialised Services funding. Work continues to finalise this and a successful conclusion is expected in early June.	AMBER	GREEN
Expenditure (incl. Financial Charges)	In month expenditure is £0.1m favourable to plan. The key drivers for this position are: <ul style="list-style-type: none"> £0.7m favourable in Pay mainly due to Operational and EOC vacancies. £0.6m adverse in Non Pay Expenditure primarily related to ongoing high levels of spend on PAS 	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"> Additional capacity above planned levels. Overtime and PAS spend remains in Q1 to support operational delivery Incentives remain in place for disruption and have been focused on FRU and weekend cover. Work is underway to mitigate these costs and to seek to maximise operational capacity within available resources. This is a risk to delivery of the overall financial position..		
CIPs	Year to date CIPs are on plan. The full year plan of £10.0m is still expected to be achieved. Final plans are currently being developed and will be assessed and monitored by the Resource Committee on a monthly basis.	GREEN	GREEN
Balance Sheet	Capital expenditure totals £0.1m for the month against a plan CRL of £2.3m. This is due to a delay in the approval of the DCA business case. Capital milestones will be monitored at the Resource Committee to ensure delivery across the year.	AMBER	AMBER
Cashflow	Cash is £19.2m, this is £2.1m below plan. This mainly relates to the Trust awaiting final sign off of contracts. Once these are agreed cash is expected to move more in line with plan.	AMBER	GREEN

Executive Summary - Key Financial Metrics



	2016/17 - Month 1			Year to Date		
	Budg	Act	Var	Budg	Act	Var
	£000	£000	£000 fav (adv)	£000	£000	£000 fav (adv)
Dept Health						
Surplus / (Deficits)	(711)	(786)	(75)	(711)	(786)	(75)
EFL				(1,064)	999	(2,063)
CRL				2,301	91	2,210
Suppliers paid within 30 days - NHS	95%	88%	(7.0%)	95%	88%	(7.0%)
Suppliers paid within 30 days - Non NHS	95%	80%	(15.0%)	95%	80%	(15.0%)
Monitor						
EBITDA %	2.9%	2.7%	(0.3%)	2.9%	2.7%	(0.3%)
EBITDA on plan	824	747	(77)	824	747	(77)
Net Surplus	(711)	(786)	(75)	(711)	(786)	(75)
NRAF (net return after financing)				0.0%	0.0%	0.0%
Liquidity Days				0.0	0.0	0.0
FSRR (Financial Sustainability Risk Rating)				0.0	0.0	0.0

- In Month the position is £0.1m adverse to 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.
 - Delivery of CIPs.
 - Securing additional QIP and MTF funding with Commissioners
- Cash is £19.2m, £2.1m below plan. £1.3m of this relates to finalisation of QIP funding is pending.
- The EFL variance is due to lower than planned cash balances of £2.1m.
- CRL position – The capital plan is £2.2m behind target, primarily due to delays in approval of the DCA business plan.
- Please note Liquidity days and FSRR are not calculated by NHSI at Month 1 but are due to be consistent with the Trust's planned position.

Statement of Comprehensive Income

2016/17 - Month 1			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							
25,435	25,236	(199)	Income from Activities	25,435	25,236	(199)	305,225
2,712	2,756	45	Other Operating Income	2,712	2,756	45	32,135
28,147	27,993	(155)	Subtotal	28,147	27,993	(155)	337,360
Operating Expense							
20,961	20,274	687	Pay	20,961	20,274	687	249,879
6,362	6,971	(609)	Non Pay	6,362	6,971	(609)	74,030
27,323	27,245	77	Subtotal	27,323	27,245	77	323,909
824	747	(77)	EBITDA	824	747	(77)	13,451
2.9%	2.7%	-0.3%	EBITDA margin	2.9%	2.7%	(0.3%)	4.0%
Depreciation & Financing							
1,182	1,169	13	Depreciation	1,182	1,169	13	14,668
350	350	0	PDC Dividend	350	350	0	4,204
4	14	(10)	Interest	4	14	(10)	42
1,536	1,533	3	Subtotal	1,536	1,533	3	18,914
(711)	(786)	(75)	Net Surplus/(Deficit)	(711)	(786)	(75)	(5,463)
(2.5%)	-2.8%	-0.3%	Net margin	-2.5%	-2.8%	-0.3%	-1.6%

The overall financial position is favourable £0.1m adverse to plan YTD. This relates primarily to additional overtime and PAS capacity to support frontline delivery.

Income

- Income is £0.2m adverse in month:
- £0.2m relates to the £2.0m difference in QIP Income Planned (£1.5m) and expected (£1.3m). At the time the plan was submitted the QIP Income funding was expected to be £18m in total.

Operating Expenditure (excl. Depreciation and Financing)

- Overall £0.1m favourable in month due to:
 - Ongoing vacancies in Frontline Pay (incl EOC)
 - Offset by high PAS usage in Q1

Depreciation and Financing

- Overall Financial Charges are on plan in month

Divisional Expenditure (excludes Income)

2016/17 - Month 1			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							
11,771	12,934	(1,163)	Core Frontline (Rostered)	11,771	12,934	(1,163)	140,536
1,463	1,280	182	Core Frontline (Non Rostered)	1,463	1,280	182	17,528
0	0	0	Other Frontline	0	0	0	0
1,978	1,854	124	EPRR	1,978	1,854	124	23,461
0	0	0	Resource Centre	0	0	0	0
2,351	2,163	188	EOC	2,351	2,163	188	28,196
155	209	(54)	PTS	155	209	(54)	1,496
759	495	264	NETS	759	495	264	9,115
828	764	64	111 Project	828	764	64	6,651
19,304	19,699	(395)	Subtotal	19,304	19,699	(395)	226,982
Support Services							
2,252	1,938	314	Fleet & Logistics	2,252	1,938	314	26,510
922	886	36	IM&T	922	886	36	11,012
324	339	(14)	HR	324	339	(14)	3,891
0	0	0	Education & Development	0	0	0	0
606	650	(44)	Estates	606	650	(44)	9,670
9	7	2	Support Services Management	9	7	2	107
4,114	3,820	294	Subtotal	4,114	3,820	294	51,190
Corporate							
236	244	(9)	Chief Executive & Chair	236	244	(9)	2,810
377	375	2	Corporate Services	377	375	2	4,524
0	0	0	Business Development	0	0	0	0
82	78	3	Strategic Communication	82	78	3	982
332	336	(4)	Finance	332	336	(4)	3,977
3	0	3	Project Management	3	0	3	33
129	120	9	Nursing & Quality	129	120	9	1,549
197	239	(42)	Transformation & Strategy	197	239	(42)	(1,528)
576	923	(347)	Clinical Education & Standards	576	923	(347)	6,431
273	285	(13)	Medical	273	285	(13)	3,288
2,204	2,601	(397)	Subtotal	2,204	2,601	(397)	22,066
Central							
3,230	2,654	576	Central Corporate	3,230	2,654	576	38,611
7	5	2	Other Central Costs	7	5	2	84
3,237	2,659	578	Subtotal	3,237	2,659	578	38,695
28,859	28,779	80	TOTAL	28,859	28,779	80	338,932
28,147	27,993	(155)	Income Memorandum	28,147	27,993	(155)	337,360
(711)	(786)	(75)	NET POSITION MEMORANDUM	(711)	(786)	(75)	(1,572)

Operational Divisions

- Expenditure is currently £0.4m adverse in month
- This is driven by continued high spends on PAS and Overtime to support frontline capacity in Q1. Some overtime costs will be partially offset against other areas (non rostered front line, EPRR, EOC)
- 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 (£0.1m). This is however offset by positive income.

Support Services

- Support Services is favourable to plan £0.3m.
- Fleet is underspent £0.3m YTD mainly due to variation in maintenance spending .
- Estates are £0.04m adverse to plan due to fluctuations in estates maintenance costs.

Corporate

- Overall Corporate divisions are £0.4m adverse in month.
- Clinical education is underspent by £0.3m adverse in month due to the number of frontline staff (119) currently in training. This will be offset with an allocation of budget which is currently reporting in Central Corporate.

Central –

- Central Corporate is favourable mainly due to the staff training issued noted above

Income

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

Statement of Financial Position: YTD

	Mar-16	Apr-16	Apr-16		
	Act	Act	Plan	Var	%
	£000	£000			
Non Current Assets					
Property, Plant & Equip	143,402	142,682	143,766	(1,084)	-0.75%
Intangible Assets	8,705	8,341	8,516	(175)	-2.05%
Trade & Other Receivables	0	0	0	0	
Subtotal	152,107	151,023	152,282	(1,259)	-0.83%
Current Assets					
Inventories	2,999	3,014	2,999	15	0.50%
Trade & Other Receivables	14,405	16,016	13,903	2,113	15.20%
Cash & cash equivalents	20,209	19,210	21,273	(2,063)	-9.70%
Non-Current Assets Held for Sale	101	44	0	44	
Total Current Assets	37,714	38,284	38,175	109	0.29%
Total Assets	189,821	189,307	190,457	(1,150)	-0.60%
Current Liabilities					
Trade and Other Payables	(33,443)	(33,518)	(34,948)	1,430	-4.09%
Provisions	(4,609)	(4,586)	(4,433)	(153)	3.45%
Borrowings	0	0	0	0	
Working Capital Loan - DH	0	0	0	0	
Capital Investment Loan - DH	0	0	0	0	
Net Current Liabilities	(38,052)	(38,104)	(39,381)	1,277	-3.24%
Non Current Assets plus/less net current assets/Liabilities	151,769	151,203	151,076	127	0.08%
Non Current Liabilities					
Trade and Other Payables	0	0	0	0	
Provisions	(9,796)	(10,016)	(9,807)	(209)	2.13%
Borrowings	(107)	(107)	(107)	0	0.00%
Working Capital Loan - DH	0	0	0	0	
Capital Investment Loan - DH	0	0	0	0	
Total Non Current Liabilities	(9,903)	(10,123)	(9,914)	(209)	2.11%
Total Assets Employed	141,866	141,080	141,162	(82)	-0.06%
Financed by Taxpayers Equity					
Public Dividend Capital	58,016	58,016	58,016	0	0.00%
Retained Earnings	28,116	27,348	27,412	(64)	-0.23%
Revaluation Reserve	56,153	56,135	56,153	(18)	-0.03%
Other Reserves	(419)	(419)	(419)	0	0.00%
Total Taxpayers Equity	141,866	141,080	141,162	(82)	-0.06%

Non Current Assets

- Non current assets stand at £152.3m, (£1.3m) below plan. This is due to capital slippage.

Current Assets

- Current assets stand at £38.2m, £0.1m above plan.
- Cash position as at April is £19.2m, £2.1m below plan. Lower than expected receipts were received in April. The Trust is currently chasing over due debtors.
- Within Trade & Other Receivables, Receivables (debtors) at £4.9m are £0.3m above plan, accrued income at £7.3m is £1.8m above plan. The SLA for 2016/17 has not been agreed so the trust is invoicing at last years contract values and accruing to the expected contract value.

Current Liabilities

- Current liabilities stand at £34.9m, a £1.4m decrease on plan.
- Payables and accruals at £33.4m, a £1.4m decrease on plan.
- The Trust has a high volume of unapproved trade payables at £4.9m.
- Current provisions at £4.6m are £0.2m higher than plan.

Non Current Liabilities

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

Taxpayers Equity

- Taxpayers Equity stands at £141.1m, £0.1m lower than plan.
- Retained Earnings at £27.3m, £0.1m lower than plan.

Cashflow Statement YTD

		YTD Move	YTD Plan	Var
	Apr-16	Apr-16	Apr-16	Apr-16
	Actual			
	£000	£000	£000	£000
Opening Balance	20,209	20,209	20,209	0
Operating Surplus	550	550	656	(106)
(Increase)/decrease in current assets	(1,626)	(1,626)	721	(2,347)
Increase/(decrease) in current liabilities	822	822	1,197	(375)
Increase/(decrease) in provisions	185	185	(176)	361
Net cash inflow/(outflow) from operating activities	(69)	(69)	2,398	(2,467)
Cashflow inflow/outflow from operating activities	(69)	(69)	2,398	(2,467)
Returns on investments and servicing finance	8	8	8	0
Capital Expenditure	(938)	(938)	(1,342)	404
Dividend paid	0	0	0	0
Financing obtained	0	0	0	0
Financing repaid	0	0	0	0
Cashflow inflow/outflow from financing	(930)	(930)	(1,334)	404
Movement	(999)	(999)	1,064	(2,063)
Closing Cash Balance	19,210	19,210	21,273	(2,063)

There has been a net outflow of cash from the Trust of £1.0m.

Cash funds at 30 April stand at £19.2m.

Operating Surplus

- The operating surplus is £0.1m lower than planned due to a higher than planned deficit.

Current Assets

- The ytd movement on current assets is (£1.6m), a (£2.3m) increase on plan.
- Current assets movement was lower than planned due to an increase in receivables (£0.5m) and accrued income (£1.8m).

Current Liabilities

- The ytd movement on current liabilities is £0.8m, a (£0.4m) decrease on plan.
- Current liabilities movement was higher than planned due to decrease in trade and other payables (£3.1m) and higher than planned accruals £2.7m.

Provisions

- The ytd movement on provisions is £0.2m, a £0.4m above plan.

Capital Expenditure

- Capital cash outflow is £0.4m behind plan for the year.



Report to:	London Ambulance Service Trust Board
Date of meeting:	31st May 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 26 May for the Trust Board.</i>
Status:	Assurance
Background/Purpose	
This paper details the agenda for the FIC meeting of the 26 th May. 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 26 th May.	
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.
Workforce	
Governance and Well-led	
Reputation	
Other	
This paper supports the achievement of the following Quality Improvement Plan Workstreams:	
Making the London Ambulance Service a great place to work	Yes
Achieving Good Governance	Yes
Improving Patient Experience	
Improving Environment and Resources	
Taking Pride and Responsibility	Yes

Trust Board 31st May 2016.**Report from the Finance and Investment Committee (26th May 2016).**

The following table summarises the agenda for the FIC meeting planned for the 26th May. 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 24th March.

ITEM	SUBJECT	Purpose	Potential Action for Trust Board
3.	3.1 Finance Report Month 12 2015/16 3.2 Finance Report Month 01 2016/17 3.3 Rolling 12 Months Cash Flow	Note Note Note	Note paper to Trust Board
4.	4.1 Financial Planning	Approve	Note if FIC Approved
5.	5.1 Review of Financial Policies 5.2 Finance Risk Register	Approve Approve	Note if FIC Approved Note if FIC Approved
6.	6.1 Performance Management Update (c/f)	Note	Note paper to Trust Board
7.	7.1 Procurement Update 7.2 Fleet Delivery Board	Note Note	Note Paper to Trust Board Note Paper to Trust Board
8.	8.1 Agenda Planner 2016/17	Note	Note Paper to Trust Board



Report to:	London Ambulance Service Trust Board
Date of meeting:	31 st May, 2016
Document Title:	Workforce and Organisational Development (OD) Committee Assurance Report
Report Author(s):	Fergus Cass, Non-Executive Director / Workforce Committee Chair
Presented by:	Fergus Cass, Non-Executive Director / Workforce Committee Chair
Contact Details:	
History:	<i>n/a</i>
Status:	<i>Information</i>
Background/Purpose	
<p>The Workforce and OD Committee was established as a formal subcommittee of the Trust Board, its primary focus will be to provide assurance to the Board on all aspects of workforce management and organisational development, including the identification, mitigation and escalation of workforce-related risks.</p> <p>The Workforce and OD Committee held its first meeting on Monday 16th May, 2016 and the assurance report attached provides an update of the topics discussed. The Terms of Reference have been submitted for noting.</p>	
Action required	
<p>The Board is asked:</p> <ul style="list-style-type: none">• to note the progress for the first Workforce Committee meeting	
Key implications	
<i>n/a</i>	

Key implications and risks arising from this paper	
Clinical and Quality	<i>n/a</i>
Performance	<i>n/a</i>
Financial	<i>n/a</i>
Workforce	<i>n/a</i>
Governance and Well-led	<i>n/a</i>
Reputation	<i>n/a</i>
Other	<i>n/a</i>
This paper supports the achievement of the following Quality Improvement Plan Workstreams:	
Making the London Ambulance Service a great place to work	The Committee will provide assurance to the Board that the required level of oversight is applied to the workforce metrics within the Trust to ensure that any anomalies or changes in current trends are easily identified and rectified
Achieving Good Governance	<i>n/a</i>
Improving Patient Experience	<i>n/a</i>
Improving Environment and Resources	<i>n/a</i>
Taking Pride and Responsibility	<i>n/a</i>

First meeting of the Workforce and Organisational Development Committee

The first meeting of the Committee took place on 16th May 2016, having been postponed from March. The Committee:

- finalised proposals for its **Terms of Reference**; these will be presented to the Board
- outlined **how it will operate**: meeting 6 times a year; dividing its agenda between items that will be covered at every meeting and those that will be covered less frequently, usually by means of a “deep dive”; and inviting members of staff to participate in discussion of items that are relevant to them
- agreed to clarify its **relationship to other workforce-related committees** and to try to schedule its own meetings in a way that is compatible with the timings of those committees
- agreed that **at every meeting** it will be updated on progress in relation to workforce aspects of the Quality Improvement Plan (QIP) and will review KPIs relating to a range of HR metrics, including standard data on recruitment, retention and sickness, and areas such as training, equality and inclusion, job cycle time and staff engagement
- noted significant **positive trends in HR indicators**, especially: continued progress with recruitment; further improvement in staff turnover (11.5% in April 2016 compared with 15.1% in May 2015); and a significant reduction in sickness rates (5.1% in April 2016 compared with 6.5% in May 2015)
- noted the **progress in implementing that section of the QIP that focuses on “Making the LAS a great place to work”**, including a set of actions relating to Bullying and Harassment; in this connection it recognised the significant steps that have been taken and emphasised the importance of finding ways of measuring and tracking their impact
- discussed the indication that the **Equality and Inclusion workstream** of the QIP is at risk due to unexpected absences, and agreed to aim at having a full briefing about staff aspects of Equality and Inclusion at the next Committee meeting, covering goals, strategies, challenges, actions and metrics, with the aim of reporting to the Board and, if necessary, recommending any required changes in the Trust’s existing strategy in this area
- received a comprehensive briefing on the **NHS 2015 Staff Survey**, which took place between September and December 2015 and whose results were reported in February 2016; noted LAS progress across a range of indicators while recognising that the Trust performed worse than other ambulance services in the majority of areas; received assurance that current plans, especially those in the QIP, were addressing the main issues and should have a positive impact on the results of the 2016 survey; and looked forward to seeing the results of the Quarter 4 Staff Friends and Family Test (FFT), which will be available on 26th May
- received an overview of **Workforce Planning**, covering the overall approach, including interfaces with clinical and quality considerations, significant priorities, and key assumptions for the next three years; and requested further assurance in relation to: the basis of establishment projections, forecasts of staff turnover, especially staff recruited from abroad, and availability of qualified recruits
- postponed discussion of **Organisational Development**, while noting a paper summarising progress and plans in this area.



Draft
Workforce and Organisational Development Committee
Terms of Reference

1. Authority

- 1.1 The Workforce and Organisational Development Committee is constituted as a Standing Committee of the Trust Board of Directors (the Board). Its constitution and terms of reference shall be set out below and subject to amendment when directed and agreed by the Board.
- 1.2 The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.
- 1.3 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of external representatives with relevant experience and expertise if it considers this necessary.

2. Purpose

- 2.1 The primary focus of the Workforce and Organisational Development (OD) Committee will be to assure the Board on all aspects of workforce management and organisational development, including the identification, mitigation and escalation of workforce-related risks.

3. Responsibility

- 3.1 The Workforce and OD committee will:
 - Seek assurance that strategies are in place to recruit, train, develop, retain, organise, engage, and promote the health, safety and wellbeing of a high quality workforce that will enable the Trust to meet its responsibilities to patients and other stakeholders
 - Assure the Board that relevant and timely workforce planning takes place to give effect to these strategies and enable delivery of the Trust's operating plan
 - Receive regular assurance reports on Trust performance against key performance indicators related to the workforce strategies and plans
 - Receive assurance on the appropriateness of workforce training and education plans, and on the effective implementation of those plans
 - Receive assurance on the design and implementation of the performance appraisal system
 - Assure itself that the Trust has an effective strategy for dealing with industrial and employee relations

- Receive assurance that the Trust meets best practice as well as statutory and regulatory obligations in equality, diversity and human rights , including compliance with the Equality Act 2010 and the NHS workforce race equality standard, and agree actions required to address issues that arise
- Assure the Trust Board that requirements set by external bodies such as the CQC that relate to workforce are met and that the Trust is compliant with all legislation relating to the employment of staff
- Receive and review reports on the safety, morale and wellbeing of the Trust’s employees, including employee surveys, and gain assurance that appropriate action is taken to address issues and concerns
- Review the annual Staff Engagement Plan and the Trust’s progress in implementing it
- Oversee the identification, tracking and reporting of HR and workforce risks, ensuring that actions are in place to mitigate and manage such risks

4. Membership

The committee shall be appointed by the Board and shall comprise the following:

4.1 Core membership

- Three Non-Executive Directors, including a non-executive chair
- Director of Transformation Strategy and Workforce
- Director of Operations;
- Director of Finance;
- Medical Director
- Director of Quality;

Executive membership to be confirmed

The following should normally attend all meetings of the Committee:

- Director of Workforce
- Assistant Director of Human Resources;
- Deputy Director Clinical Education and Standards;
- Assistant Director of People and Organisational Excellence

The Director of Performance shall be invited to attend all meetings of the Committee and shall receive papers, but will not be required to attend each meeting.

Other participants, including members of staff, should be invited as appropriate, dependent upon the topics under discussion.

5. Accountability and reporting

5.1 The Workforce and OD Committee is a formal subcommittee of the Board of Directors and have no executive powers other than those specifically delegated in these Terms of Reference.

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5.2 The committee will be accountable to the Board of Directors.

6. Administration

6.1 Secretarial support shall be provided by the Trust's Committee Secretary and will include the agreement of the agenda with the Chair of the Workforce and OD Committee and attendees, collation of papers, taking minutes and keeping a formal record of matters arising and issues carried forward.

6.2 Agenda items shall be forwarded to the Committee Secretary two weeks before the date of the committee meeting.

6.3 The draft minutes and action points will be available to committee members within four weeks of the meeting.

6.3 Papers will be tabled at the discretion of the Chair of the Workforce and OD Committee.

7. Quorum

For a meeting to be quorate, at least three Directors, including the Director of Transformation Strategy and Workforce, and two non-executive Directors, shall be present.

8. Attendance

8.1 Committee members' attendance will be recorded in the minutes of each meeting and reviewed at the end of each year to ensure that this requirement is met.

8.2 Deputies or representatives may attend in the absence of the committee member but this must be agreed with the Chair or nominated deputy in advance.

10. Frequency and arrangements

9.1 Meetings shall be held bi-monthly.

9.2 Any formal member of the committee may request a meeting if they consider that one is necessary.

11. Review of Terms of Reference

The Workforce & OD Committee will review these terms of reference annually.

The Chair or the nominated deputy shall ensure that these Terms of Reference are amended in light of any major changes in committee or Trust governance arrangements.

Terms of Reference
May 2016

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Workforce and OD Committee Terms of Reference		
Version:	Approved by:	Date:
	TBC	

DRAFT

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Report to:	Trust Board
Date of meeting:	31st May 2016
Document Title:	Audit Committee Assurance Reports a) Assurance report from 19 th May 2016 b) Annual report 2015/16
Report Author(s):	Sandra Adams, Director of Corporate Affairs/Trust Secretary
Presented by:	John Jones, Non-Executive Director and Chair of the Audit Committee
Contact Details:	sandra.adams@lond-amb.nhs.uk
History:	Audit Committee – 19th May 2016
Status:	a) For assurance b) For approval
Background/Purpose	
<p>The Audit Committee met on 19th May 2016 with executive directors and internal and external audit present. The attached report provides a summary of the meeting and is intended to provide assurance to the Trust Board on the annual reporting process, progress against the internal audit and local anti-fraud work plans, and progress with the audit of the annual accounts.</p> <p>In line with terms of reference, the Audit Committee produce an annual report on the execution of its duties and specifically relating to: governance, risk management and internal control; internal audit and local anti-fraud; and financial reporting. The report also provides assurance of compliance with terms of reference and achievement of specific actions in 2015/16.</p>	
Action required	
For the Trust Board to: a) Take assurance from the report of the meeting on 19 th May 2016 b) Approve the annual report of the Audit Committee for the year 2015/16.	
Key implications	
The Audit Committee has operated within its terms of reference which are aligned to the NHS Audit Committee Handbook.	

Key implications and risks arising from this paper	
Clinical and Quality	
Performance	
Financial	
Workforce	
Governance and Well-led	The Audit Committee can provide assurance through its report on 2015/16 and also from the review of the Annual Governance Statement, on the Trust's system of governance and internal control, and from the Head of Internal Audit Opinion for 2015/16.
Reputation	
Other	
This paper supports the achievement of the following Quality Improvement Plan Workstreams:	
Making the London Ambulance Service a great place to work	
Achieving Good Governance	Yes
Improving Patient Experience	
Improving Environment and Resources	
Taking Pride and Responsibility	

ANNUAL REPORTING AND REVIEW

Internal Audit Annual Report 2015/16

The Audit Committee received the draft annual report from the Internal Auditors, noting that eight reviews had been delivered in 2015/16 as agreed in the Internal Audit plan. 39 recommendations had been raised from the reviews, of which 4 were categorised as high priority. The draft annual report included 3 reviews where the management response was still awaited but the outcomes of the reviews were such that there were no high priority recommendations and no adverse impact on the draft Head of Internal Audit Opinion for 2015/16 which was:

‘The Head of Internal Audit Opinion is one of ‘significant assurance with minor improvements required.’ Our work has confirmed that there is generally a sound system of internal control which is designed to meet the Trust’s objectives and that controls in place are being consistently applied in all key areas reviewed.’

The Audit Committee noted feedback from the Internal Auditors about the timeliness of management responses and actions taken to address recommendations and this was discussed in more detail later on the agenda.

Local Anti-Fraud Annual Report 2015/16

The Audit Committee received the self-review toolkit and noted that the Trust was compliant against all standards, achieving green and amber ratings throughout. The Trust Executive and the Local Anti-Fraud Specialist had agreed to manage the actions more proactively in 2016/17 with the aim of further improving compliance.

Gifts and hospitality register

The Audit Committee noted the register for 2015/16 and approved an amendment to Standing Orders for the limit of gifts and hospitality to £25 consistent with the sector standard. This was in response to a recommendation from the Local Anti-Fraud Specialist proactive review of Gifts, Hospitality and Declarations of Interest.

Single Tender Waiver annual review

The Audit Committee made specific reference to the number of single tender waivers for 3rd party provision and received assurance from the Director of Finance and Performance regarding development of a framework for a call-off contract.

Audit Committee Annual Report

The annual report of the activity of the Audit Committee was approved for submission to the Trust Board.

GOVERNANCE AND RISK MANAGEMENT

Board Assurance Framework and Corporate Risk Register

The Board Assurance Framework (BAF) is a dynamic document and reflects the key issues facing the Trust, and the governance and assurance team continue to work with risk owners to ensure BAF risks and key risks are regularly reviewed and updated. Each BAF risk is owned by an executive director and where there had been increasing challenge to risk owners about the actions being taken to mitigate and control the risk. The Audit Committee remained concerned about the length of time risks remain on the BAF and the focus on actions to mitigate the level of risk accordingly. The Executive Leadership Team has undertaken to review two longstanding BAF risks and assurance will be provided at the September meeting on the treatment of these risks. The Audit Committee will undertake a deep dive review of BAF risk 29 (lack of ring backs on delayed responses) at its September meeting.

The Audit Committee considered and approved the revised BAF format and agreed that this should remain in place without further detailed review (of the format) for the next two years.

INTERNAL AUDIT AND LOCAL COUNTER FRAUD

Internal Audit Progress Report

The Audit Committee heard that three reports had been completed: Core Financial Systems (significant assurance), Third Party Providers (partial assurance with improvements required), and the Registration Authority audit (partial assurance with improvements required). Management responses had either not been finalised or provided in time for the report and Audit Committee members expressed their ongoing concern about the lack of pace and focus given to responding to reports and to taking action. A 4th report, Data Quality, was being finalised by Internal Audit but was likely to provide significant assurance with minor improvement potential. A review of Human Resources Policies and Procedures was underway and would be reported at the next meeting.

Review of progress against Internal Audit recommendations

The Committee received an update on progress against recommendations and actions. It was noted that of 40 outstanding recommendations on the tracker, 29 were not yet due for completion. Of the 11 overdue recommendations, 4 were high priority relating to Fleet Management and Flexible Working Arrangements. The Audit Committee heard that the Executive team had discussed the alignment of recommendations and actions to the Quality Improvement Plan and individual executives would be reviewing accordingly. It was also noted that Internal Audit recommendations had been incorporated as a workstream under 'Achieving Good Governance' which would also help give more focus to this area of concern.

Local Anti-Fraud Specialist Progress Report

The Audit Committee received the report on the Proactive review of Gifts, Hospitality and Declarations of Interest (significant assurance with minor improvement potential).

EXTERNAL AUDIT

The External Auditors presented the summary of the Audit Results Progress Report (ISA 260) and noted that the final accounts audit was progressing well with no significant issues arising. It was noted that the Value for Money conclusion was expected to be positive (i.e. no comment will be made), and that there was nothing adverse identified in the risk report. The signed Annual Accounts 2015/16 would be submitted on 2nd June 2016. The Audit Committee would be expected to recommend to the Trust Board on 31st May 2016 to adopt the 2015/16 Annual Accounts.

REPORTS FROM COMMITTEES

The Audit Committee received a verbal report on the Quality Governance Committee meeting held on 17th May and noted the agenda for the Finance and Investment Committee meeting to be held on 26th May 2016.

Date of next meeting: The next meeting of the Audit Committee is on Tuesday 31st May 2016 for the purpose of reviewing the Annual Report and Accounts, and Annual Governance Statement 2015/16. The next full meeting of the Audit Committee will be 5th September 2016.



Annual Report of the Audit Committee 2015/16

1. Scope of the report

- 1.1 This report outlines how the Audit Committee has complied with the duties delegated by the Trust Board through its Terms of Reference (See Appendix A), and identifies actions to address further developments in the Committee's role.

2. Constitution

- 2.1 The Audit Committee is established under Board delegation with approved terms of reference that are aligned with the NHS *Audit Committee Handbook* published by the HFMA and Department of Health.
- 2.2 In accordance with the terms of reference, the membership was three non-executive Directors, with a quorum of two, including one with recent relevant financial experience. The Director of Finance and Performance and the Director of Corporate Affairs are invited to attend all Audit Committee meetings. The non-executive Chair of the Quality Governance Committee is invited to attend all Audit Committee meetings as an observer and attended three times during the year. The appropriate internal audit and external audit representatives and the local counter fraud specialist attended all Audit Committee meetings with the exception of the meeting on 17th April 2015, which was an internal meeting for the purposes of reviewing the draft annual accounts for 2014/15.
- 2.3 A schedule of attendance at the meetings is provided in Appendix B which demonstrates full compliance with the quorum requirements and regular attendance by those invited by the Audit Committee.
- 2.4 The terms of reference state that the Audit Committee should meet at least four times per annum. Six meetings were held within the last financial year on 17th April 2015, 21st May 2015, 1st June 2015, 7th September 2015, 9th November 2015 and 15th February 2016.
- 2.5 The Audit Committee has an annual forward planner with meetings timed to consider and act on specific issues within that plan.
- 2.6 The Audit Committee Chair reports to the Trust Board following each meeting.

3 Governance, Risk Management and Internal Control

- 3.1 The Audit Committee reviewed relevant disclosure statements for the 2015/16 financial year, including the Annual Governance Statement (AGS) at its meeting on 31st May 2016. The Committee agreed that the AGS was consistent with its view on the Trust's system of governance and internal control and supported the Trust Board's approval of the AGS. The Audit Committee has also reviewed internal and external audit opinion and other appropriate independent assurances.
- 3.2 The Audit Committee received updates at all of its meetings on the management of organisational risks, with the exception of those meetings which are focussed on the year end audit and approval of the annual accounts. Overall, the Audit Committee's view is that the system of risk management in the organisation is adequate in identifying risks and allows the Board to understand the appropriate management of those risks.

- 3.3 During the year, the Audit Committee implemented a programme of deep dive reviews of the following areas of risk:
- IM&T
 - Fleet and Vehicle risks
- 3.4 The Audit Committee reviews the Board Assurance Framework (BAF) at each of its meetings, with the exception of those meetings which are focussed on the year end audit and approval of the annual accounts. The Audit Committee can therefore demonstrate that it has reviewed and used the Board Assurance Framework and believes that it is fit for purpose and that the comprehensiveness of the assurances and the reliability and integrity of the sources of assurance are sufficient to support the Board's decisions and declarations.
- 3.5 The Audit Committee received a report at each meeting on the progress made in implementing outstanding internal audit recommendations. The Audit Committee has ensured that there is follow up on internal audit recommendations and has been assured of the efforts by management to maintain progress on reducing the number of overdue recommendations from 12 to 11 by year-end.
- 3.6 The Audit Committee is assured that that there are no areas of significant duplication or omission in the systems of governance in the organisation that have come to the Committee's attention and not been resolved adequately.
- 3.7 The Audit Committee was observed by the NHS Trust Development Authority at its meeting on 7th September 2015 as part of the Well-led governance review of the LAS.

4 Internal Audit

- 4.1 As of 1st April 2013, Internal Audit services to the Trust were provided by KPMG.
- 4.2 The Audit Committee received and approved the Strategic and Operational Internal Audit Plan for 2015/16 at its meeting on 21st May 2015. The Committee was assured that the internal audit plan and strategy had been developed with input from the Trust's directors and was consistent with the audit needs of the organisation as identified in the Trust Board Assurance Framework and that the plan would be taken forward by the Executive Leadership Team (ELT).
- 4.3 Internal auditors were present at all Audit Committee meetings where required and provided the Committee with key findings from each audit report and an update on progress against recommendations made.
- 4.4 The Head of Internal Audit Opinion for 2015/16 was one of:
- 'Substantial assurance with minor improvements required'. 'Our work has confirmed that there is general a sound system of internal control which is designed to meet the Trust's objectives, although we had identified areas where the controls in place could be enhanced or improved.'
- 4.5 Overall, the Audit Committee has worked effectively with internal audit to strengthen the Trust's internal control processes. The Audit Committee has considered the major findings of internal audit and is assured that whilst there has been an improvement in the timeliness of management responses and actions taken to address recommendations, a stronger focus is needed by the executive team in the coming year to further improve this and provide greater assurance to the Audit Committee. The Head of Internal Audit Opinion and the Annual Governance Statement reflect any major control weaknesses.

5 External Audit

- 5.1 The Trust's external audit services were provided by Ernst & Young for the 2015/16 annual accounts audit.
- 5.2 The external auditors audited the Trust's accounts in line with approved Auditing Standards and issued an unqualified audit opinion on 31st May 2016.
- 5.3 The Trust Board approved the establishment of an Auditor Panel at its meeting on 29th March 2016 to oversee the process for the appointment of external auditors to take effect from 1st April 2017 (the accounts for 2017/18).

6 Management

- 6.1 The Committee has continually challenged the assurance process where appropriate and has requested and received assurance reports from Trust management and various other sources both internally and externally throughout the year. This process has also included calling managers to account when considered necessary to obtain relevant assurance.

7. Fraud

- 7.1 As with the Internal Audit Service, Anti-Fraud was provided by KPMG with effect from 1st April 2013.
- 7.2 The Committee received and agreed the Anti-Fraud Work Plan for 2015/16 at its meeting on 21st May 2015.
- 7.3 The Audit Committee received reports from the Local Anti-Fraud Specialist at five meetings in 2015/16.

8. Other Assurance Functions

- 8.1 The Audit Committee receives a regular update on the key items of discussion at the most recent meeting of the Quality Governance Committee. The Chair of the Quality Governance Committee is also invited to attend all meetings of the Audit Committee and attended 3 meetings of the committee in 2015/16.
- 8.2 The Audit Committee reviewed performance against its terms of reference, Appendix C.

9. Financial Reporting

- 9.1 At its meeting on 31st May 2016, the Audit Committee received and ratified the Audited Annual Accounts, incorporating the Annual Governance Statement, for the year ending 31st March 2016, prior to their submission to the Department of Health.

10. Audit Committee Terms of Reference

- 10.1 The Audit Committee reviewed its terms of reference at its meetings on 7th September and 9th November 2015.

11. Conclusion

- 11.1 Overall, the Audit Committee has fulfilled its duties as set out in its terms of reference.
- 11.2 Last year, as part of its self-assessment, the Audit Committee identified a number of actions moving forward. Progress against these actions is detailed below:

11.3 Actions for 2015/16 were:

Action	Outcome
Maintain an improved response to internal audit recommendations	Completed
Establish good working relationships with the new Trust External Auditor	Completed
Review the specification and process for appointment of internal auditors	Completed
Review the specification and process for appointment of local anti-fraud services	Completed

11.4 Actions for 2016/17 are:

Action	Responsible
Implement recommendations of the NHS TDA review	Audit Committee Chair & the Director of Corporate Affairs/Trust Secretary
Continue to develop Board Assurance Framework and deep dive of individual risks	Audit Committee Chair & the Director of Corporate Affairs/Trust Secretary
As the Auditor Panel, oversee the appointment of the External Auditors within the timeframe	Audit Committee Chair & the Director of Finance

London Ambulance Service NHS Trust
Terms of Reference
March 2016
Audit Committee

1. Authority

- 1.1 The Audit Committee is constituted as a Standing Committee of the Trust Board of Directors. Its constitution and terms of reference shall be set out below and subject to amendment when directed and agreed by the Board of Directors.
- 1.2 The Audit Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.
- 1.3 The Audit Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

2. Purpose

- 2.1 The primary focus of the Audit Committee shall be the risks, controls and related assurances that underpin the achievement of the Trust's objectives.
- 2.2 The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities.
- 2.3 The Committee shall review the corporate risk register and the Board Assurance Framework and be responsible for providing assurance to the Trust Board on the identification, management and mitigation of risks to the goals and objectives of the organisation.
- 2.4 The Committee shall review the adequacy of risk and control related disclosure statements, in particular the Annual Governance Statement, Care Quality Commission regulations, Internal and External Audit reports, together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board.
- 2.5 The Committee shall review the adequacy of the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.
- 2.6 The Committee shall review the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements.
- 2.7 The Committee shall review the policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by NHS Protect.
- 2.8 In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, within the context of the Board Assurance Framework, but will not be limited to these audit functions. It will also seek reports and assurances from the Quality Governance and Finance

and Investment Committees, and from directors and managers as appropriate, concentrating on the overarching systems of risk, controls and assurances, together with indicators of their effectiveness.

3. Internal Audit

- 3.1 The Committee shall ensure that there is an effective internal audit function established by management, which meets mandatory Public Sector Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board of Directors. This will be achieved by:
- 3.1.1 approval of the appointment of internal auditors and any question of resignation and dismissal.
- 3.1.2 review and approval of the Internal Audit strategy, operational plan and a more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework;
- 3.1.3 consideration of the major findings of internal audit work (and management's response), ensuring co-ordination between the Internal and External Auditors to optimise audit resources;
- 3.1.4 ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation;
- 3.1.5 an annual review of the effectiveness of Internal Audit.

4. External Audit

- 4.1 The external auditor is appointed by the Trust Board on recommendation from an Auditor Panel established through the Audit Committee.
- 4.2 The Committee shall act as the auditor panel in line with schedule 4, paragraph 1 of the 2014 Act. The auditor panel is a non-executive committee of the board and has no executive powers other than those specifically delegated in these terms of reference.
- 4.3 The auditor panel's functions are to:
- 4.3.1 Advise the organisation's board/ governing body on the selection and appointment of the external auditor. This includes:
- agreeing and overseeing a robust process for selecting the external auditors in line with the organisation's normal procurement rules
 - making a recommendation to the board/ governing body as to who should be appointed
 - ensuring that any conflicts of interest are dealt with effectively.
- 4.3.2 Advise the organisation's board/ governing body on the maintenance of an independent relationship with the appointed external auditor;
- 4.3.3 Advise (if asked) the organisation's board/ governing body on whether or not any proposal from the external auditor to enter into a liability limitation agreement as part of the procurement process is fair and reasonable;
- 4.3.4 Advise on (and approve) the contents of the organisation's policy on the

purchase of non-audit services from the appointed external auditor;

4.3.5 Advise the organisation's board/ governing body on any decision about the removal or resignation of the external auditor.

4.4 The Committee shall review the work and findings of the External Auditor and consider the implications and management responses to their work. This will be achieved by:

4.4.1 consideration of the performance of the External Auditor;

4.4.2 discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan and ensure coordination, as appropriate, with other External Auditors in the local health economy;

4.4.3 discussion with the External Auditors of their local evaluation of audit risks;

4.4.4 review of all External Audit reports, including agreement of the Annual Audit Letter before submission to the Board and any work carried outside the Annual Audit Plan, together with the appropriateness of management responses;

4.4.5 discussion and agreement on the Trust's Annual Governance Statement.

5. Risk and Assurance Functions

5.1 The Audit Committee shall review the risk and assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation. This will be achieved by:

5.1.1 review of the work of the Quality Governance Committee in the management of clinical risk including assurance gained from the clinical audit function;

5.1.2 review of the work of the Finance and Investment Committee in the management of financial risk;

5.1.3 review of the Executive Management Team in the management of business risk and the systems in place to delegate responsibility for reviewing and maintaining the corporate risk register to the Senior Management Team;

5.1.4 review the board assurance framework to ensure that it is focussed on the key strategic risks to the business and clearly identifies controls and assurances in place as well as the gaps and corresponding mitigating actions to be taken in order to take assurance from the effectiveness of the systems in place;

5.1.5 review of the findings of any reviews by Department of Health Arms Length Bodies or Regulators/Inspectors (e.g. Care Quality Commission, NHS Litigation Authority, etc.), professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc);

5.1.6 review the assurances provided by the internal auditors of the Trust's Shared Financial Services provider.

6. Counter Fraud

6.1 The Committee shall satisfy itself that the organisation has adequate

arrangements in place for countering fraud and shall review the outcomes of counter fraud work.¹

7. Management

7.1 The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

7.2 The Committee may also request specific reports from individual functions within the organisation (for example, clinical audit) as they may be appropriate to the overall arrangements.

8. Financial Reporting

8.1 The Audit Committee shall review the Annual Report and Financial Statements before submission to the Board, focusing particularly on:

- the Annual Governance Statement;
- disclosures relevant to the Terms of Reference of the Audit Committee;
- changes in, and compliance with, accounting policies and practices;
- unadjusted mis-statements in the financial statements;
- significant judgments in preparation of the financial statements;
- significant adjustments resulting from the Audit;
- letter of representation; and
- qualitative aspects of financial reporting.

8.2 The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to the completeness, timeliness and accuracy of the information provided to the Board.

8.3 The Committee shall monitor the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's performance.²

9. Whistleblowing

9.1 The Committee shall ensure that arrangements are in place for investigation of matters raised in confidence by staff relating to matters of financial reporting and control, clinical quality and patient safety, or other matters.

10. Membership

10.1 The Committee shall be appointed by the Board from amongst the Non-Executive directors of the Trust and shall consist of not less than three members, all of whom shall have voting rights. The Trust Chair shall not be a member of the Committee.

10.2 At least one member of the Audit Committee must have recent and relevant financial experience.

10.3 One non-executive director member will be the Chair of the Committee and, in their absence, another non-executive member will be nominated by the others present to deputise for the Chair.

10.4 The Director of Finance, Director of Corporate Affairs or their deputy should normally attend all Audit Committee meetings, with the Chief Executive invited

¹ From the NHS Audit Committee Handbook

² As above

to attend at least annually to discuss with the Audit Committee the process for assurance that supports the Annual Governance Statement.

- 10.5 The non-executive Chair of the Quality Governance Committee should be invited to attend all Audit Committee meetings.
- 10.6 Other executive directors should be invited to attend when the Committee is discussing areas of risk or operation that are the responsibility of that director.
- 10.7 The appropriate Internal and External Audit representatives and a Local Counter Fraud representative shall normally attend all meetings. At least once a year the Audit Committee should meet privately with the External and Internal Auditors.

11. Accountability

- 11.1 The Audit Committee shall be accountable to the Trust Board of Directors.

12. Responsibility

- 12.1 The Audit Committee is a non-executive Committee of the Trust Board and has no executive powers, other than those specifically delegated in these Terms of Reference.

13. Reporting

- 13.1 The minutes of Audit Committee meetings shall be formally recorded by the Trust's Committee Secretary and the approved minutes submitted to the Trust Board.
- 13.2 The Chair of the Audit Committee shall draw to the attention of the Trust Board any issues that require disclosure to the full Board or that require executive action.
- 13.3 The Committee will report to the Board annually on its work in support of the Annual Governance Statement, specifically commenting on the fitness for purpose of the Assurance Framework, the completeness and embeddedness of risk management in the organisation, the integration of governance arrangements and the appropriateness of the self-assessment against the Care Quality Commission regulations and the processes behind the Quality Accounts.³

14. Administration

- 14.1 Secretarial support will be provided by the Trust's Committee Secretary and will include the agreement of the Agenda with the Chair of the Audit Committee and attendees and collation of papers, taking minutes and keeping a formal record of matters arising and issues carried forward.
- 14.2 The Agenda and papers will be distributed 5 working days before each meeting.
- 14.3 The draft minutes and action points will be available to Committee members within four weeks of the meeting.
- 14.4 Members will ensure provision of agenda items, papers and update the

³ The NHS Audit Committee handbook

commentary on action points at least 10 days prior to each meeting.

14.5 Papers tabled will be at the discretion of the Chair of the Audit Committee.

15. Quorum

15.1 The quorate number of members shall be 2 which will include the following:

- The Chair of the Audit Committee or the nominated deputy (who must also be a Non-Executive Director);
- In the absence of the Chair, Committee members will nominate a deputy chair for the purposes of that meeting.

16. Frequency

16.1 The Committee shall meet a minimum of 4 times per annum.

16.2 The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.

17. Review of Terms of Reference

17.1 The Audit Committee will review these Terms of Reference at least annually from the date of agreement.

17.2 The Chair or the nominated deputy shall ensure that these Terms of Reference are amended in light of any major changes in Committee or Trust governance arrangements.

Document Profile and Control

Audit Committee Terms of Reference		
Version:	Approved by:	Date:
March 2016	Audit Committee	November 2015*

*Amended March 2016 by the Trust Board to incorporate the Auditor Panel

Sandra Adams
Director of Corporate Affairs/Trust Secretary

Attendance at Audit Committee meetings

	17 th April 2015	21 st May 2015	1 st June 2015	7 th September 2015	9 th November 2015	15 th February 2016	Comments
x = attended a = apologies							
Audit Committee members							
John Jones (Non-Executive Director)	x	x	x	x	x	x	
Fergus Cass (Non- Executive Director)	x	x	x	x	x	x	
Theo de Pencier (Non-Executive Director)	x	x	x	x	x	x	
Attending							
Sandra Adams (Director of Corporate Affairs/Trust Secretary)	x	x	x	x	x	x	
Andrew Grimshaw (Director of Finance and Performance)	x	x	x	x	x	a	
Fionna Moore (Chief Executive)						x	By invitation
Bob McFarland (Non-Executive director)		x			x	x	By invitation

x = attended

a = apologies tendered

Governance Review

Paragraph	Terms of Reference	Achieved/Not achieved	RAG
10	Membership		
10.1	The Committee shall be appointed by the Board from amongst the Non-Executive directors of the Trust and shall consist of not less than three members, all of whom shall have voting rights. The Trust Chair shall not be a member of the Committee.	Achieved	
10.2	At least one member of the Audit Committee must have recent and relevant financial experience.	Achieved	
10.3	One non-executive director member will be the Chair of the Committee and, in their absence, another non-executive member will be nominated by the others present to deputise for the Chair.	Achieved	
10.4	The Director of Finance, Director of Corporate Affairs or their deputy should normally attend all Audit Committee meetings, with the Chief Executive invited to attend at least annually to discuss with the Audit Committee the process for assurance that supports the Annual Governance Statement.	Achieved	
10.5	The non-executive Chair of the Quality Governance Committee should be invited to attend all Audit Committee meetings.	Achieved	
10.6	Other executive directors should be invited to attend when the Committee is discussing areas of risk or operation that are the responsibility of that director.	Achieved	
10.7	The appropriate Internal and External Audit representatives and a Local Counter Fraud representative shall normally attend all meetings. At least once a year the Audit Committee should meet privately with the External and Internal Auditors.	Audit Committee met in private with the External Auditors on 15 th February 2016	

15	Quorum		
15.1	<p>The quorate number of members shall be 2 which will include the following:</p> <ul style="list-style-type: none"> ▪ The Chair of the Audit Committee or the nominated deputy (who must also be a Non-Executive Director); ▪ In the absence of the Chair, committee members will nominate a deputy chair for the purposes of that meeting. 		
16	Frequency		
16.1	The Committee shall meet a minimum of 4 times per annum.		
16.2	The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.		N/A
17	Review of Terms of Reference		
17.1	The Audit Committee will review these Terms of Reference at least annually from the date of agreement.	Reviewed on 7 th September 2015 and 9 th November 2015 with minor updates. A further amendment was made on approval of the Trust Board on 29 th March 2016 to incorporate responsibilities for the appointment of the External Auditors.	
17.2	The Chair or the nominated deputy shall ensure that these Terms of Reference are amended in light of any major changes in committee or Trust governance arrangements.		



Report to:	Trust Board
Date of meeting:	31st May 2016
Document Title:	Board Assurance Framework and Corporate Risk Register 15+
Report Author(s):	Frances Field, Risk and Assurance Manager
Presented by:	Sandra Adams
Contact Details:	Sandra.adams@lond-amb.nhs.uk
History:	Earlier iterations of these documents have been reviewed by the Risk Compliance and Assurance Group, Executive Leadership Team and the Audit Committee
Status:	Trust Risk Register and Board Assurance Framework current as at 20th May 2016

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 April 2016. The risks included on the 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.

The attached extract from the risk register includes 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.

The BAF format has been revised and approved by the Risk Compliance and Assurance Group on the 12th May 2016. The revised format includes additional text boxes indicating the progress of risks and also groups the risk in relation to the key business objectives as described in the quality improvement plan.

A further review of the BAF and Trust Risk Register is underway with risk owners being requested to update their risks by 21st May 2016. Thereafter all directorates and areas have been requested to have their risks updated (both local and Trust Risks) by the 21st of each Month. From June 21st 2016 risk owners will be expected to use the risk module on Datix to add and update local and Trust risks. This will enable the flow of information through the Trust committees with responsibility for monitoring progress with risk mitigation and ensure timely escalation where necessary.

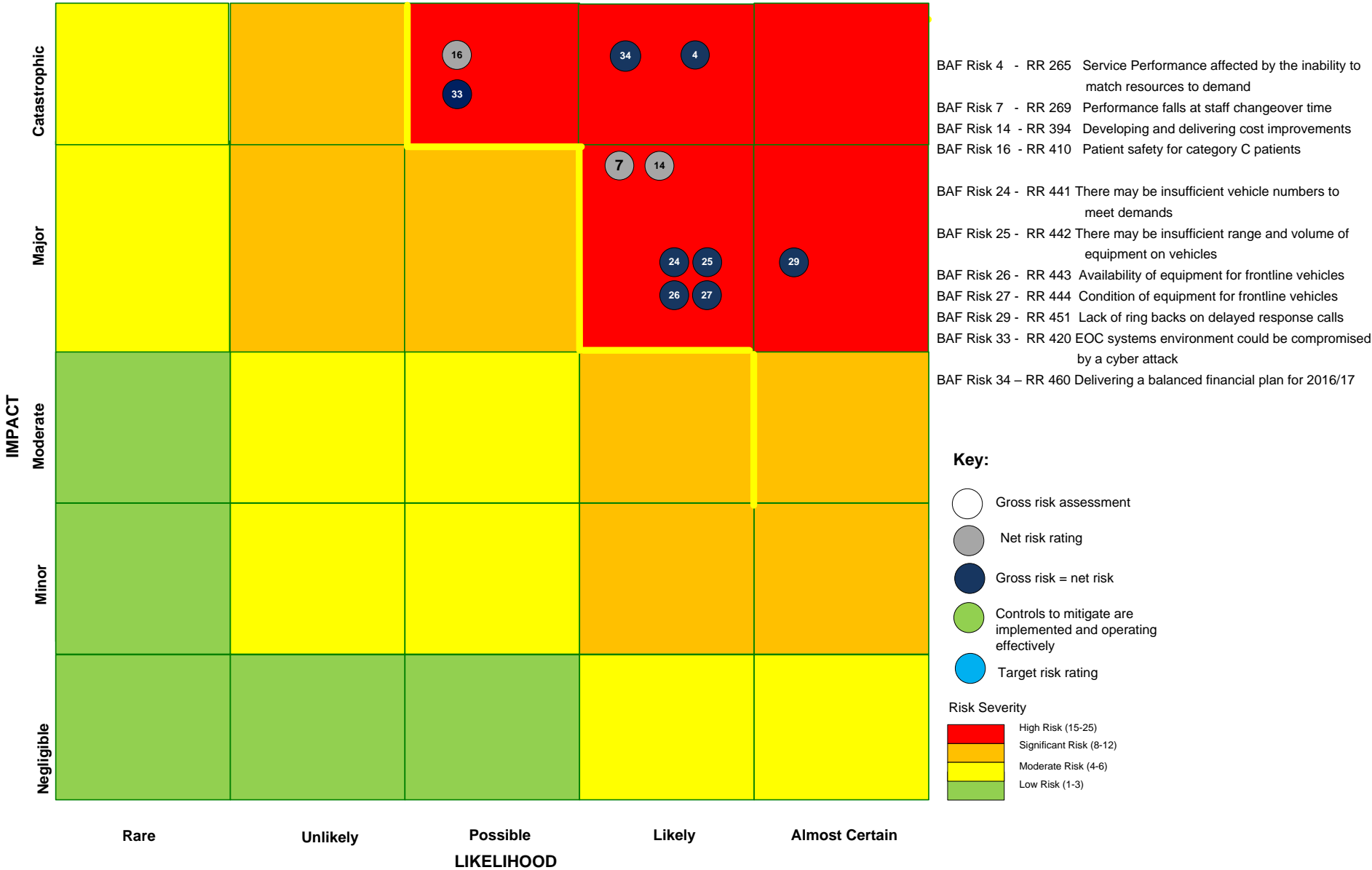
Risk Management Training

263 managers and leaders have now attended risk management training sessions, following the initial tranche of training sessions which commenced in late November 2015. Further monthly training sessions are being provided by the Risk and Audit Manager.

Action required
To note the progress made with mitigating controls and actions for risks included in the Board Assurance Framework.
Key implications
The Board has a responsibility to put in place governance structures and processes to ensure that the organisation operates effectively and meets its strategic objectives.

Key implications and risks arising from this paper	
Clinical and Quality	As identified on the BAF and risk register.
Performance	Two top BAF risks concern performance issues.
Financial	As described in the BAF.
Workforce	Workforce issues impact on a number of the key BAF risks.
Governance and Well-led	The Board has a responsibility to put in place governance structures and processes to ensure that the organisation operates effectively and meets its strategic objectives.
Reputation	Reputational risk can arise from other significant risks not being mitigated or treated.
Other	
This paper supports the achievement of the following Quality Improvement Plan Workstreams:	
Making the London Ambulance Service a great place to work	Yes
Achieving Good Governance	Yes
Improving Patient Experience	Yes
Improving Environment and Resources	Yes
Taking Pride and Responsibility	Yes

Board Assurance Framework – May 2016



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

Risk ID: 4	Description: There is a risk that Service Performance may be adversely affected by the inability to match resources to demand.	Risk opened:	31/07/2006	Low Risk	Medium Risk					High Risk			
		Expected risk closure:	TBC	6	8	9	10	12	15	16	20	25	
Linked Risk(s):	Risk Owner: Director of Operations	Is this risk on track for closure?	Y/N					T			G	N	
265	Also linked to QIP Workstream 4	<i>If not, detail the reasoning here.</i>		Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	
				20	20	20	20	20	20	20	20	20	20

Risk ID: 7	Description: There is a risk that at staff changeover times, LAS performance falls.	Risk opened:	08/12/2006	Low Risk	Medium Risk					High Risk			
		Expected risk closure:	TBC	6	8	9	10	12	15	16	20	25	
Linked Risk(s):	Risk Owner: Director of Operations	Is this risk on track for closure?	Y/N		T					N	G		
269	Also linked to QIP Workstream 2 and 4	<i>If not, detail the reasoning here.</i>		Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	
				16	16	16	16	16	16	16	16	16	16

Risk ID: 16	Description: There is a risk that patient safety for category C patients may be compromised due to demand exceeding available resources.	Risk opened:	01/10/2014	Low Risk	Medium Risk					High Risk			
		Expected risk closure:	TBC	6	8	9	10	12	15	16	20	25	
Linked Risk(s):	Risk Owner: Director of Operations	Is this risk on track for closure?	Y/N				T		N		G		
410	Also linked to QIP Workstream 4	<i>If not, detail the reasoning here.</i>		Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	
				15	15	15	15	15	15	15	15	15	15

Risk ID: 29	Description: There is a risk that there is a lack of ring backs on delayed response calls within EOC, we are therefore unable to monitor patient's safety whilst calls are being held.	Risk opened:	10/06/2015	Low Risk	Medium Risk					High Risk			
		Expected risk closure:	TBC	6	8	9	10	12	15	16	20	25	
Linked Risk(s):	Risk Owner: Director of Operations	Is this risk on track for closure?	Y/N					T		G	N		
451	Also related to QIP Workstream 4	<i>If not, detail the reasoning here.</i>		Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	
				N/A	16	16	16	16	16	16	16	16	16

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

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

Risk ID: 24	Description: There is a risk that there may be insufficient vehicle numbers to meet demands.	Risk opened:	21/05/2015	Low Risk	Medium Risk					High Risk			
Linked Risk(s):		Expected risk closure:	October 2016	6	8	9	10	12	15	16	20	25	
441		Risk Owner: Director of Finance	Is this risk on track for closure?	Yes			T				G N		
				Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	
				16	16	16	16	16	16	16	16	16	

Risk ID: 25	Description: There is a risk that there may be insufficient range and volume of equipment to meet demands.	Risk opened:	21/05/2015	Low Risk	Medium Risk					High Risk			
Linked Risk(s):		Expected risk closure:	2016	6	8	9	10	12	15	16	20	25	
442		Risk Owner: Director of Finance	Is this risk on track for closure?	Yes	T						G N		
				Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	
				16	16	16	16	16	16	16	16	16	

Risk ID: 26	Description: There is a risk that the equipment for frontline vehicles may not be available when required.	Risk opened:	21/05/2015	Low Risk	Medium Risk					High Risk			
Linked Risk(s):		Expected risk closure:	March 2017	6	8	9	10	12	15	16	20	25	
443		Risk Owner: Director of Finance	Is this risk on track for closure?	Yes	T						G N		
				Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	
				16	16	16	16	16	16	16	16	16	

Risk ID: 27	Description: There is a risk that the equipment for frontline vehicles may not be in an effective condition.	Risk opened:	21/05/2015	Low Risk	Medium Risk					High Risk			
Linked Risk(s):		Expected risk closure:	July 2016	6	8	9	10	12	15	16	20	25	
444		Risk Owner: Director of Finance	Is this risk on track for closure?	Yes	T						G N		
				Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	
				16	16	16	16	16	16	16	16	16	

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

Risk ID: 14	Description: It is likely that NHS financial and operational planning will include the need to develop efficiencies in order to offset other costs pressures for the foreseeable future. Failure to identify and deliver CIPS will threaten the on-going viability and solvency of the Trust.	Risk opened: 10/04/2014	Low Risk	Medium Risk					High Risk			
Linked Risk(s): 394	Risk Owner: Director of Finance	Expected risk closure: TBC	6	8	9	10	12	15	16	20	25	
		Is this risk on track for closure? Y/N <i>If not, detail the reasoning here.</i>	T						N	G		
			Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	
			16	16	16	16	16	16	16	16	16	

Risk ID: 33	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 opened: 08/10/2014	Low Risk	Medium Risk					High Risk			
Linked Risk(s): 420	Risk Owner: Chief Information Officer	Expected risk closure: TBC	6	8	9	10	12	15	16	20	25	
		Is this risk on track for closure? N	T						G N			
		The separation of the EOC and the Admin networks is significantly more complex than expected. Whilst other controls have been brought in successfully, the last pragmatic activity available to us, the implementation of the firewall control, has been attempted and failed. As the internal architecting has not provided a viable solution, alternative third parties are being consulted and will be engaged to architect a complete solution. We are awaiting outcome of RCAG review of the monthly compliance report template relating to action 3 which 4 is dependent on.	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	
			N/A	N/A	N/A	N/A	15	15	15	15	15	

Risk ID: 34	Description: The TDA expects all NHS trusts to achieve financial balance in 2016/17, managing within available resources. Failure to achieve this will mean the Trust is in deficit and will see a	Risk opened: 17/11/2015	Low Risk	Medium Risk					High Risk			
Linked Risk(s):		Expected risk closure: TBC	6	8	9	10	12	15	16	20	25	
		Is this risk on track for closure? Y/N				T				G N		

460	deterioration in its long term financial viability and will be subject to further scrutiny and challenge by regulators.	<i>If not, detail the reasoning here.</i>	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016
			N/A	N/A	N/A	N/A	N/A	N/A	20	20	20

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

BAF Risk no. 4

Service Performance may be adversely affected by the inability to match resources to demand.

Risk Classification: Performance		Risk Owner: Paul Woodrow		Scrutinising Committee: Audit Committee			
Underlying Cause/Source of Risk: Recruitment; Attrition; Growing vacancy factor; Increased demand; Patient Safety and Financial Penalties				Gross Rating		Current/Net Rating	Target Rating
				20		20	12
Existing Controls		Positive Assurance of Controls		Further Actions		Due Date	
<p>1. On-going recruitment to vacancies.</p> <p>2. Use of voluntary and private sector at times of peak demand.</p> <p>3. New rosters implemented successfully.</p> <p>4. Q1 overtime incentives have been published and target specific Sectors where staff shortfalls have been identified</p> <p>5. Surge plan in place and has been reviewed</p> <p>6. Category C workload determinants have all been reviewed and have been realigned across the 4 C Categories</p> <p>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.</p> <p>8. Use of agency Paramedics to enhance bank scheme. (On-going)</p> <p>Gaps in Controls</p> <p>1. Use of private sector ambulances to be reviewed. Agreed plan in place until end of March 16 for private provision.</p> <p>2. 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.</p> <p>3. Surge plan will be reviewed again in January 2016.</p> <p>4. Annual leave review - a revised annual leave policy has been drafted and is awaiting agreement.</p> <p>5. The incident management desk is not open consistently 24/7 due to sub-optimal staffing.</p>		<p>1. Recruitment activity reviewed fortnightly at ELT</p> <p>2. Weekly forecast & planning meetings</p> <p>3. A review of the surge plan has taken place and surge triggers amended on 29th Jan 2016</p> <p>4. Plans for non-auto dispatch back-up have been developed and are in place</p> <p>5. Skill mix: the skill mix model was updated in Sept 2015 to include international recruits and is currently under review.</p> <p>6. NETS now in place with 108 staff in post.</p> <p>7. Staff are being trained for FRU response to increase numbers of people who can work on a car.</p>		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. The LAS have taken part in 'grad fairs' with UK Universities since Jan 2016 and this is on-going in a monthly basis to recruit graduates. A team returned to Australia in May 2016 and made conditional offers to 151 candidates. The target for recruiting to 3169 frontline staff by March 2016 was completed	March 2016	
				3	Improve provisioning and reduce frontline ambulance response through the use of NETS and taxi service. NETS usage has increased from 600 to 700 per week against a target of 1200. Project plan being finalised to stabilize the system to 800 per week which can then be added to on a daily basis to reach the required 1200. Plan was delivered at the Tripartite meeting on 7th April.	February 2016	
				4	Ambulance Response Programme, previously dispatch on disposition pilot, is on-going. Effectiveness is reviewed bi-weekly. Extends resource allocation time from 60 to 180 seconds allowing more effective decisions to be made. Ends for LAS Sept 2016	In place	
				5	IMD incident management desk – to manage incidents.	In place	

Signed: Peter McKenna

Date Reviewed: 12th May 2016

BAF Risk no. 7 There is a risk that at staff changeover times, LAS performance falls

Risk Classification: Performance		Risk Owner: Paul Woodrow		Scrutinising Committee: Audit Committee			
Underlying Cause/Source of Risk: Current rest break agreement permits staff to conclude shift by up to 30 minutes early where no break given by EOC				Gross Rating		Current/Net Rating	Target Rating
				20		16	8
Existing Controls		Positive Assurance of Controls		Further Actions		Due Date	
<p>1. Daily monitoring of rest break allocation to resolve end of shift losses.</p> <p>2. Use of bridging shifts for VAS/PAS.</p> <p>3. Roster reviews/changes include staggered shifts.</p> <p>4. Incident management control desk within EOC. This currently operates when staffing allows or there is a serious incident, however sustained running relies on sufficient EOC resourcing (ORH review).</p> <p>Gaps in Controls</p> <p>1. There is no allocation process to ensure loss is spread evenly across the day to manage impact. No current progress with ELT/staff side to change rest break arrangements. Without a change this risk is unlikely to be mitigated effectively. It may reduce as staffing improves.</p> <p>1. The incident management desk is not open consistently 24/7 due to sub-optimal staffing.</p>		<p>1. New Rotas in place since Q2 14/15; Modernisation Programme Board minutes; and weekly tracking report.</p> <p>2. Skill mix: the skill mix model was updated in Sept 2015 to include international recruits and is currently under review.</p> <p>3. Rota changes to be implemented as result of ORH review.</p>		1	Agree the process for the rest break arrangements to be implemented.	Within the QIP	
				2	Recruiting frontline staff to 3169 by March 2016	Completed	
				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	

Signed: Peter McKenna **Date Reviewed:** 12th May 2016

BAF Risk no. 14**Developing and delivering Cost Improvements****Risk Classification:** Finance**Risk Owner:** Andrew Grimshaw**Scrutinising Committee:** Finance & Investment Committee**Underlying Cause/Source of Risk:** 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.**Gross Rating****Current/Net Rating****Target Rating****20****16****6****Existing Controls**

1. Appropriate supporting evidence available for CIP.
2. All CIPs supported by detailed milestone plan.
3. All CIPs embedded in budgets.
4. All CIPs owned by relevant manager.
5. Benchmarking of CIP opportunity.
6. CIP governance clearly defined and in place.
7. Board/FIC scrutiny of CIP planning and delivery in place.
8. CIPs delivering in line with expectations.
9. Capacity and capability available to support delivery.
10. All CIPs supported by Quality Inputs Assessments.

Gaps in Controls

As per "Underlying causes of risk"

Positive Assurance of Controls

1. On-going reporting to CIP Programme Board, FIC and Quality Committee.
2. On-going review of CIP opportunity takes place.

Further Actions

- | Further Actions | Due Date |
|---|------------------------------|
| 1 Engage additional support to drive the CIP Programme. | 30/09/15
Revised 30/06/16 |
| 2 Ensure all schemes have clear project plans. | 30/09/15
Revised 30/06/16 |
| 3 Embed all CIPs in budgets. Ensure managers sign off. | 30/09/15
Revised 30/06/16 |
| 4 Review current benchmarking information. | On-going
Revised 30/09/16 |
| 5 Review and confirm CIP governance | 31/03/16 revised to 30/06/16 |

Due Date**Signed:** Andrew Grimshaw**Date Reviewed:** To be reviewed by Finance and Investment Committee on 26th May 2016

BAF Risk no. 16

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

Risk Classification: Performance		Risk Owner: Director of Operations		Scrutinising Committee: Audit Committee		
Underlying Cause/Source 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.		Gross Rating		Current/Net Rating		Target Rating
		20		15		10
Existing Controls		Positive Assurance of Controls		Further Actions		Due Date
<ol style="list-style-type: none"> Undertaking ring backs within set time frames for held calls 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. Additional focus on safety reporting. QA – MPDS (999); QA – CHUB MTS (H&T;) – Report safeguarding incident concerns. Falls care is being introduced. Flag elderly fallers on vulnerable person monitor (VP). Clear process of escalation of response process implemented. Implementation of VP (mental health / elderly fallers) and CP (sickle cell / septic patients) screen to monitor higher risk patients. Managing patients through use of NETS options where clinically appropriate. NETS desk and HCP lines starting 1st July which enables selected lower acuity patients to be conveyed by them instead of a frontline vehicle and reduces the wait. Recruitment well underway and number of leavers significantly less than number of new starters. A business case is under preparation to increase the establishment in EOC in order to staff previously unfunded systems. FRU performance improvement plan in place. Increasing taxi use. Use of an SOP with taxi booking makes the process safer. Following discussions with NHS 111, pan London an increasing number of green calls are assessed by a clinician to ensure appropriate level of care is assigned. More accurate and visible reporting of category C delays. Clinical Hub working model changed to have greater focus on geographical areas of London, now including C1 and C2 calls waiting for risk backs. Surge plan review underway to be completed with ELT by end of February 2016. Change to surge plan triggers for purple enhanced agreed by ELT January 2016. Staffing now being reviewed to be flexed so that there are higher staffing levels on certain peak days/times. <p>Gaps in Controls 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. The Control Room can only deliver 700-800 NETS journeys per week against the target of 1200-1400. The delivery of further journeys are dependent on front line services allocating further journeys to NETS.</p>		<ol style="list-style-type: none"> Recruitment activity reviewed fortnightly at ELT. Weekly forecast & planning meetings. Medical Director and DDO (Control Services) to review surge plan as required, and plan to do again imminently. 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. Overtime disruption payments are in place until 6th January 2016 		1		Q4 2015/16
				2		Not yet started in EOC; rosters not yet fully staffed
				3		Partially implemented, not yet fully recruited
				4		April 2016
				5		Not yet complete (from EOC capacity review)
				6		
				7		

Signed: Katy Millard

Date Reviewed: 12th May 2016

BAF Risk no. 24 There may be insufficient vehicle numbers to meet demands

Risk Classification: Infrastructure		Risk Owner: Director of Finance		Scrutinising Committee: Finance & Investment Committee		
Underlying Cause/Source of Risk: None listed				Gross Rating	Current/Net Rating	Target Rating
				16	16	9
Existing Controls		Positive Assurance of Controls		Further Actions		Due Date
<p>1. Forward view of fleet requirement for next 5 years</p> <p>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</p> <p>3. Ensure capital investment is committed to support fleet volume and replacement</p> <p>4. External/stakeholder support in place as required</p> <p>5. Maintain a capacity plan for the Peak Vehicle Requirement (PVR) based on operational rotas and other frontline vehicle requirements agreed with operations.</p> <p>6. Have an agreed vehicle specification</p> <p>7. Agree and maintain adequate headroom in fleet numbers to manage variation</p> <p>Gaps in Controls</p> <p>1. The move to complex based fleet may be placing further pressure on fleet size.</p> <p>2. Increasing staff in post and continued high over time are creating pressures on fleet numbers.</p> <p>3. Supporting current training activities is creating further pressure on fleet numbers.</p> <p>4. Improvements in Fleet utilisation reporting required.</p>		<p>1. Forward view of fleet requirement in place.</p> <p>2. Plan in place to move current fleet to under 7 years.</p> <p>3. Capital investment requirement understood and reflected in LTFM.</p> <p>4. Vehicle specifications in place.</p>		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 Revised to 31/05/16
				2	Business case for 140 new ambulances being finalised for submission to TDA	Complete
				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. Linked to actions 10 and 11.	30/04/16 Revised to 30/6/16
				5	Draft Fleet Strategy 2017-18 and 5 years	30/09/16
				6	Revised Fleet reporting to be put in place	Complete
				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
				9	Review case to retain ambulances following introduction of 140 new vehicles	30/06/16
				10	Retain 20 FRU cars to increase size of fleet to 180	30/06/16
				11	Review additional ambulance capacity required to support roll out of new Vehicle Preparation scheme	30/06/16

Signed: Andrew Grimshaw **Date Reviewed:** 13th May 2016

BAF Risk no. 25

Insufficient range and volume of equipment to meet demands

Risk Classification: Infrastructure		Risk Owner: Director of Finance		Scrutinising Committee: Finance & Investment Committee		
Underlying Cause/Source of Risk: None listed				Gross Rating	Current/Net Rating	Target Rating
				16	16	6
Existing Controls		Positive Assurance of Controls		Further Actions		Due Date
<ol style="list-style-type: none"> 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 <p>Gaps in Controls</p> <p>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.</p>		<p>Progress made in agreement of core equipment and further equipment amnesty. Decontamination of equipment commenced. Analysis of asset tracking systems being undertaken.</p>		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	Complete
				3	Carry out pilot to assess benefits of VP proposal (pilot commenced end of February)	Feb/May 16
				4	If pilot successful agree roll out to LAS area	30 April 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	Complete
				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. (delay due to CEG reforming in May 16)	30/04/16 Revised to 30/06/16
				8	Implement working group to review personal issue kit – check status of any existing work with CEG	30/05/16 Revised to 30/06/16
Signed: Andrew Grimshaw		Date Reviewed: 13th May 2016				

BAF Risk no. 26

Risk Classification: Infrastructure		Risk Owner: Director of Finance		Scrutinising Committee: Finance & Investment Committee			
Underlying Cause/Source of Risk: None listed				Gross Rating		Current/Net Rating	Target Rating
				16		16	6
Existing Controls		Positive Assurance of Controls		Further Actions		Due Date	
<ol style="list-style-type: none"> Serial numbers on all re-usable equipment for accurate tracking. Agree & set requirements for stock levels on vehicles and monitor regularly. Define 'shell' and maintain a reserve of essential equipment centrally to backfill and ensure vehicle can go back into service with minimal delays. 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 Complex based fleet in place to increase availability for VP checking and restocking/equipping vehicles. South stores for consumables implemented. North stores to be developed. <p>Gaps in Controls</p> <ol style="list-style-type: none"> Equipment tracking. Responsibilities for supply and maintenance of equipment not clearly defined Storage of clean and used equipment not adequate on all stations. Equipment volume and location within the Make Ready process subject to variation 		<ol style="list-style-type: none"> Clinical Equipment Group Asset tracking report VP reports VP Contract Equipment Process Project completion 		1	Complete electronic VDI pilot to provide improved reporting. Ensure all equipment has bar code or serial number.		Complete
				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		Complete
				4	Roll out enhanced VP to rest of service from June 2016		December 2016
				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		End Q1 16/17
				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		Complete
Signed: Andrew Grimshaw		Date Reviewed: 11th May 2016					

BAF Risk no. 27

The equipment for frontline vehicles may not be in an effective condition

Risk Classification: Infrastructure	Risk Owner: Director of Finance	Scrutinising Committee: Finance & Investment Committee		
Underlying Cause/Source of Risk:		Gross Rating	Current/Net Rating	Target Rating
		16	16	6
Existing Controls	Positive Assurance of Controls	Further Actions		Due Date
<ol style="list-style-type: none"> 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 <p>Gaps in Controls</p> <p>None identified as at 21st Jan. 2016.</p>	<p>Project completion/VP reports (Report due Jan 2016) Contract, VP & Decontamination reports New process/Fleet reports OOS reports.</p>	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	Trial extended to 30/05/16
		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 -	Complete
		5	Establish revised process for collection of equipment left at hospital for decontamination & subsequent redistribution	Complete
		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.	End of Q1 16/17
Signed: Andrew Grimshaw	Date Reviewed: 11th May 2016			

BAF Risk no. 29

There is a lack of ring-backs on delayed response calls within EOC

Risk Classification: Clinical & Quality		Risk Owner: Director of Operations / Deputy Director of Operations (Control Services)		Scrutinising Committee: Audit Committee		
Underlying Cause/Source of Risk:				Gross Rating	Current/Net Rating	Target Rating
				16	16	12
Existing Controls		Positive Assurance of Controls		Further Actions		Due Date
<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. 6. Two call-handling courses took place in October 2105 which brought a maximum of 32 new staff to EOC pre-Christmas. Complete. – New training plan for 2016/17 for 12 call handling courses. 		Patients who are most at risk are flagged via the hub to focus the ring backs.		<ol style="list-style-type: none"> 1 ORH report received due to go to ELT, identifies minimum of 38 staff required even when full establishment of operational staffing is in place. Therefore additional recruitment will be required into control services and a change in the base line staffing level. 		2016/17
<p>Gaps in Controls</p> <ol style="list-style-type: none"> 1. On-going further vacancies against the increasing demand means the impact on ability to carry out ring backs remains high. 2. ORH report received due to go to ELT, identifies minimum of 31 staff required even when full establishment of operational staffing is in place. Therefore additional recruitment will be required into control services and a change in the base line staffing level. 3. Additional front line resources are required.(covered by BAF risk 265 and 388) 				<ol style="list-style-type: none"> 2 Control Services to provide a report to the ELT on how they can create further capacity within the in order to determine the specific number of additional staff required for the base line staffing level 		
Signed: Katy Millard		Date Reviewed: 12 th May 2016				

BAF Risk no. 33

Risk Classification: Information Governance		Risk Owner: Director of IM&T		Scrutinising Committee: IM&T Senior Management Team		
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).				Gross Rating	Current/Net Rating	Target Rating
				15	15	5
Existing Controls		Positive Assurance of Controls		Further Actions		Due Date
<ol style="list-style-type: none"> 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. LAS systems are, from 2015 onwards, updated with supplier generated "patches" that limited the available opportunities for external attacks. Plans are developed to implement a separation of networks between EOC (CAC) and the wider LAS through a firewall device. EOC based IT equipment is highly restricted and controlled to prevent unintentional access methods for external attack. Internet, for example, cannot be accessed. <p>Gaps in Controls</p> <ol style="list-style-type: none"> Reporting on successful LAS protection to be refined and issued. Implementing a firewall between CAC and the wider LAS IT is in planning. 		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.		1	Implement Firewall between CAC and LAS corporate	June 16
				2	Monthly reporting on hacking, attacks and virus protection for ELT and Audit Committee to be defined and agreed	Complete
				3	RCAG approval of report and format	Mar 16
				4	Additional information, such as patches applied / outstanding to be included in subsequent reports	April 16
Signed: Vic Wynn		Date Reviewed: 6th Apr. 2016				

BAF Risk no. 34

Delivering a balanced financial plan for 2016/17

Risk Classification: Finance **Risk Owner:** Director of Finance **Scrutinising Committee:** Finance & Investment Committee

Underlying Cause/Source of Risk: 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

Gross Rating	Current/Net Rating	Target Rating
20	20	10

Existing Controls **Positive Assurance of Controls** **Further Actions** **Due Date**

<p>1. Demand predictions for future years are robust and understood, both for annual value and monthly, daily and weekly profiles</p> <p>2. Clear view on operational capacity required to deliver ambulance performance targets</p> <p>3. Clear view of achievable productivity targets which support performance targets</p> <p>4. Clear view of operational staff recruitment against establishment's targets as set. Clear sight these targets can be delivered</p> <p>5. Funding from CCGs is consistent with capacity, productivity and demand assessments</p> <p>6. Other factors such as investment for CQC are clearly understood, and associated funding identified</p> <p>7. NHS wide efficiency targets can be achieved, and other opportunities to generate efficiency are identified, managed and delivered.</p> <p>8. Inflationary pressures are understood and managed within the overall financial position</p> <p>9. Capital investment plans and their revenue consequences are understood.</p> <p>Gaps in Controls</p> <p>As per "Underlying causes of risk"</p>	<p>1. Planning has started with CCGS regarding 2016/17 demand, capacity, productivity and funding.</p> <p>2. CQC costs being developed</p>	1	Demand: Build a demand model and agree with CCGs	Complete
		2	Capacity: Build an operational model to forecast staff numbers required to support given levels of performance based on a range of demand and productivity metrics	Complete
		3	Productivity: Develop a clear understanding of productivity and how it can be influenced and managed. JCT deep dive	30/06/16
		4	Recruitment: Clear recruitment plan in place which identifies all associated costs.	Complete
		5	Funding: Appropriately funded contract in place with commissioners	31/03/16 revised to 31/05/16
		6	All other areas of investment reviewed and agreed; this must include major items such as the impact of the CQC improvement plan.	31/03/16 revised to 31/05/16
		7	Efficiency targets have scoped, stress tested and clear plans are in place to deliver.	30/04/16 revised to 30/06/16
		8	Inflationary pressures are understood	complete
		9	Local development pressures have been identified, costed, reviewed and prioritised. Areas to be progressed are agreed.	30/04/16
		10	5 year capital investment plans for, funding and associated revenue implications are defined and agreed.	30/06/16

Signed: Andrew Grimshaw **Date Reviewed:** Risk to be reviewed by Finance and Investment Committee on 26th May 2016

**London Ambulance Service NHS Trust
Corporate Risks 15+ - May 2016**

Risk ID	Risk Description	Underlying Cause/ Source of Risk	Date Opened	Assurance Framework Ref.	Corporate Objective	CQC Domain	Risk Category	Gross Impact	Gross Likelihood	Gross Rating	Existing Controls (Already In Place)	Risk Owner	Date Risk Last Updated	Net Impact	Net Likelihood	Net Rating	Further Actions Required	Action Owner	Date Action to be Completed	Assurance In Place (how do we gain assurance that the controls in place are effective)	Target Impact	Target Likelihood	Target Rating	Comments
265	There is a risk that Service Performance may be adversely affected by the inability to match resources to demand.	Recruitment Attrition Growing vacancy factor Increased demand Patient Safety and Financial Penalties	31-Jul-06	4	1	Safe	Operational	Major	Almost Certain	20	1. On-going recruitment to vacancies. 2. Use of voluntary and private sector at times of peak demand. 3. New rosters implemented successfully. 4. Q1 overtime incentives have been published and target specific Sectors where staff shortfalls have been identified 5. Surge plan in place and has been reviewed 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. How are controls measured? Vacancy factors measured fortnightly at ELT. Workforce Committee monitors planning of recruitment.	Paul Woodrow	12-May-16	Major	Almost Certain	20	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 2. Workforce plan operations, recruitment; recruit external paramedics, direct recruitment to new band 4 role. The LAS have taken part in 'grad fairs' with UK Universities since Jan 2016 and this is on-going in a monthly basis to recruit graduates. A team returned to Australia in May 2016 and made conditional offers to 151 candidates. The target for recruiting to 3169 frontline staff by March 2016 was completed 3. Improve provisioning and reduce frontline ambulance response through the use of NETS and taxi service. NETS usage has increased from 600 to 700 per week against a target of 1200. Project plan being finalised to stabilize the system to 800 per week which can then be added to on a daily basis to reach the required 1200. Plan was delivered at the Tripartite meeting on 7th April. 4. Ambulance Response Programme, previously dispatch on disposition pilot, is on-going. Effectiveness is reviewed bi-weekly. Extends resource allocation time from 60 to 180 seconds allowing more effective decisions to be made. Ends for LAS Sept 2016 5. IMD incident management desk – to manage incidents.	1. P. Woodrow 2. K. Broughton / T. Crabtree 3. J. Goldie / K. Millard 4. K. Millard 5. K. Millard 6. K. Millard	1. Target reached 2. Complete 3. Feb 2016 4. In place 5. In place	1) Recruitment activity reviewed fortnightly at ELT 2) Weekly Operations Group meetings with a monthly Operations Board 3) A review of the surge plan has taken place and surge triggers amended on 29th Jan 2016. REAP structure has been revised and implemented in line with national recommendations from NARU 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	Major	Possible	12	12/05/16 reviewed and updated by P. McKenna 13/04/2016 - Reviewed by EC management team. Suggest current rating remains. Demand, utilisation and performance remain challenged, the current controls are not having the required impact. Senior teams meeting 15/04/2016 to discuss new ideas to improve performance. 12/04/16 NE 265 is an issue for the NE because we have a critical number of people on bespoke rosters that don't necessarily assist us meeting demand. Additionally we are just now starting to review these individual agreements, and we are ensuring that we have input into approval (or otherwise) of new requests 04/04/16 - R.Broad provided updates on behalf of P.McKenna 31/03/16 - N.Coleman
460	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.	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.	17-Nov-15	34		Finance	Catastrophic	Likely	Likely	20	1. Demand predictions for future years are robust and understood, both for annual value and monthly, daily and weekly profiles 2. Clear view on operational capacity required to deliver ambulance performance targets 3. Clear view of achievable productivity targets which support performance targets 4. Clear view of operational staff recruitment against establishments targets as set. Clear sight these targets can be delivered 5. Funding from CCGs is consistent with capacity, productivity and demand assessments 6. Other factors such as investment for CQC are clearly understood, and associated funding identified 7. NHS wide efficiency targets can be achieved, and other opportunities to generate efficiency are identified, managed and delivered. 8. Inflationary pressures are understood and managed within the overall financial position 9. Capital investment plans and their revenue consequences are understood.	Andrew Grimshaw	18-Mar-16	Catastrophic	Likely	20	1. Productivity: Develop a clear understanding of productivity and how it can be influenced and managed. 2. Funding: Appropriately funded contract in place with commissioners 3. All other areas of investment reviewed and agreed; this must include major items such as the impact of the CQC improvement plan. 4. Efficiency targets have scoped, stress tested and clear plans are in place to deliver. 5. Capital investment plans, funding and associated revenue implications are defined and agreed.	1. DoO 2. DoF, DoTSW 3. DoTSW, DoF 4. DoF 5. DoF	1. 30/06/16 2. 31/05/16 3. 31/05/16 4. 30/06/16 5. 30/06/16		Catastrophic	Unlikely	10	Risk to be reviewed by Finance and Investment Committee on 26th May. 18/03/16: BAF updated by A.Grimshaw 21/01/16: Risk reviewed by Finance and Investment Committee to be added to BAF and Trust Risk Register
269	There is a risk that at staff changeover times, LAS performance falls.	Current rest break agreement permits staff to conclude shift by upto 30 mins early where no break given by EOC	08-Dec-06	7	1	Safe	Clinical	Major	Almost Certain	20	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). How are controls measured & monitored? 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.	Paul Woodrow	12-May-16	Major	Almost Certain	20	1. Agree the process for the rest break arrangements to be implemented. 2. Recruiting frontline staff to 3169 by 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 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). 5. Out of service HUB implemented.	1. T. Crabtree / P. Woodrow 2. K.Broughton 3. P. Woodrow 4. P. Woodrow 5. K. Bate	1. withing the QIP 2. Completed 3. Completed 4. March 2016 5. Completed	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.	Major	Unlikely	8	12/05/16 decision to regrade net rating from major x likely 16 to major x almost certain agreed by RCAG. 12/05/16 - Reviewed and updated by P. McKenna. 13/04/2016 - reviewed by EC management team. Suggest that the net rating is no longer major x likely, and should be major x almost certain. The controls in place are not having the desired effect. The allocation of rest breaks is very poor across the Trust, and the impact of this at shift changeover time is significant. Controls 1 and 3 don't appear to be having the desired effect and the picture remains the same. 12/04/16 NE There may be scope to overlay the FRU rosters in a better manner to further reduce poor coverage at end of shift 01/04/16 - R.Broad advised no further updates.

**London Ambulance Service NHS Trust
Corporate Risks 15+ - May 2016**

Risk ID	Risk Description	Underlying Cause/ Source of Risk	Date Opened	Assurance Framework Ref.	Corporate Objective	CQC Domain	Risk Category	Gross Impact	Gross Like- lihood	Gross Rating	Existing Controls (Already In Place)	Risk Owner	Date Risk Last Updated	Net Impact	Net Like- lihood	Net Rating	Further Actions Required	Action Owner	Date Action to be Completed	Assurance In Place (how do we gain assurance that the controls in place are effective)	Target Impact	Target Like- lihood	Target Rating	Comments
394	It is likely that NHS financial and operational planning will include the need to develop efficiencies in order to offset other costs pressures for the foreseeable future. Failure to identify and deliver CIPs will threaten the ongoing viability and solvency of the Trust.	<ul style="list-style-type: none"> Appropriate supporting evidence not available CIPs not supported by detailed milestone plan. CIPs not embedded in budgets. CIPs not owned by relevant manager. Benchmarking of CIPs not undertaken. CIP governance not clearly defined and in place. Board/FIC scrutiny of CIP planning and delivery not in place. CIPs not delivering in line with expectations. Capacity and capability not available to support delivery. 	10-Apr-14	14	3	Well Led	Finance	Catastrophic	Likely	20	<ol style="list-style-type: none"> Appropriate supporting evidence available for CIP. All CIPs supported by detailed milestone plan. All CIPs embedded in budgets. All CIPs owned by relevant manager. Benchmarking of CIP opportunity. CIP governance clearly defined and in place. Board/FIC scrutiny of CIP planning and delivery in place. CIPs delivering in line with expectations. Capacity and capability available to support delivery. All CIPs supported by Quality Inputs Assessments. 	Andrew Grimshaw	18-Mar-16	Major	Likely	16	<ol style="list-style-type: none"> Review support and engage additional support to drive the CIP Programme. Ensure all schemes have clear project plans, including evidence to support, milestone plans and are owned by project leads. Embed all CIPs in budgets. Review current benchmarking information. Ensure all CIPs have QIA in place that have been agreed with the Medical Director 	1. DoF 2. DoF 3. DDoF 4. DoF 5. DoF	1. 30/06/16 2. 30/06/16 3. 30/06/16 4. 30/09/16 5. 30/06/16	1-6. Report to CIP Programme Board 7. Reporting to FIC 8-9. Report to CIP Programme Board 10. Reports to CIP Programme Board & Quality Committee	Moderate	Unlikely	6	<p>Risk to be reviewed by Finance and Investment Committee on 26th May.</p> <p>18/03/16: BAF Updated by A.Grimshaw</p> <p>21/01/16: Updates from FIC meeting. Only updates was new due dates, some of which have passed.</p> <p>Due to be reviewed at FIC 21/01/16</p> <p>19/11/15: Update provided from FIC agenda (meeting due 20/11/15)</p> <p>26/08/15: D.Harker on behalf of A.Grimshaw - advises that all dates of action can be changed to 30/09/15.</p> <p>14/08/15 A.Bell advised reviewed by FIC 23/07/15, no change in grading.</p> <p>Reviewed by FIC 21/05/15</p> <p>Reviewed by A. Bell 11/03/15.</p>
451	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>Inability of the Service to provide resources to dispatch on calls in a timely manner.</p> <p>Insufficient resources in EOC to carry out the ring backs.</p> <p>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.</p> <p>Increased demand vs resource.</p>	10-Jun-15	29	1		Operational	Major	Likely	16	<ol style="list-style-type: none"> More involvement by the Clinical Hub who monitors the calls and identifying priorities for ring backs. Additional technical support to prompt re-categorisation and contact. New ring back status monitors. New information within EOC to be able to properly inform patients of the likely wait time for a response. 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. Two call-handling courses took place in October 2105 which brought a maximum of 32 new staff to EOC pre-Christmas. Complete. – New training plan for 2016/17 for 12 call handling courses. <p>Gaps in Controls</p> <ol style="list-style-type: none"> On-going further vacancies against the increasing demand means the impact on ability to carry out ring backs remains high. ORH report received due to go to ELT, identifies minimum of 31 staff required even when full establishment of operational staffing is in place. Therefore additional recruitment will be required into control services and a change in the 	Paul Woodrow (Katy Millard)	13-May-16	Major	Likely	16	<ol style="list-style-type: none"> ORH report received due to go to ELT, identifies minimum of 38 staff required even when full establishment of operational staffing is in place. Therefore additional recruitment will be required into control services and a change in the base line staffing level. Control Services to provide a report to the ELT on how they can create further capacity within the in order to determine the specific number of additional staff required for the base line staffing level 	1 - 2 K. Millard	1-2 2016/17	Patients who are most at risk are flagged via the hub to focus the ring backs.	Major	Possible	12	<p>13/05/16 - Updated by K. Millard</p> <p>6/04/16 updated by K. Millard</p> <p>31/03/16 - N.Coleman requested update from K.Millard</p> <p>22/02/16: Updates provided by K. Millard</p> <p>11/01/16 BAF updated by K. Millard.</p> <p>09/10/15: BAF Updated</p> <p>27/08/15: BAF Updates provided by B. Jordan</p> <p>Approved by the SMT 10/06/15</p>
441	There is a risk that there may be insufficient vehicle numbers to meet demands. Impacting on the Trust's ability to provide adequate vehicle numbers to support operational demand impacting on operational performance for the Trust		21-May-15	24	1		Fleet and Logistics	Major	Likely	16	<ol style="list-style-type: none"> Forward view of fleet requirement for next 5 years Asset management plan in place to ensure that no frontline vehicle is over 7 years old and that Unplanned Maintenance levels do not adversely affect Fleet Capacity and the provision of a safe environment to Operational Staff Ensure capital investment is committed to support fleet volume and replacement External/stakeholder support in place as required Maintain a capacity plan based on operational rotas and other frontline vehicle requirements agreed with operations that maintains currency with the operational plan Have an agreed vehicle specification Agree and maintain adequate headroom in fleet numbers to manage variation 	Andrew Grimshaw	11-May-16	Major	Likely	16	<ol style="list-style-type: none"> 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 Business case for 140 new ambulances being finalised for submission to TDA Agree & sign off DCA & FRU specification Following agreement of vehicle headroom with Operations, identify future vehicle replacement requirements and short term retention proposals. Linked to actions 10 and 11. Draft Fleet Strategy 2017-18 and 5 years Revised Fleet reporting to be put in place Increase DCA fleet by 17 by holding back vehicles due for replacement in 2015 Hold back and refurbish further 20 DCA vehicles due for replacement to cover events/training Review case to retain ambulances following introduction of 140 new vehicles Retain 20 FRU cars to increase size of fleet to 180 Review additional ambulance capacity required to support roll out of new Vehicle Preparation scheme 	1. TBC 2. DoF 3. Hd of Fleet & Logistics 4. Hd of Fleet & Logistics 5. DoF 6. TBC 7. Head of Fleet & Logistics 8. Head of Fleet & Logistics 9. TBC	1. 15/02/16 Revised to 31/05/16 2. Complete 3. Complete 4. 30/04/16 Revised to 30/6/16 5. 30/09/16 6. Complete 7. Complete 8. Complete 9. 30/06/16 10. 30/06/16 11. 30/06/16	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.	Moderate	Possible	9	<p>11/05/16 updated by C. Vale</p> <p>18/03/16: BAF Updated by A.Grimshaw. Business Case to deliver further 140 new DCA's in 2016. (Refer to comment 2 in positive assurance).</p> <p>14/01/16: Updates received from C.Vale, BAF updated.</p> <p>Business Case to deliver further 140 new DCA's in 2016. (Refer to comments 2 in positive assurance)</p> <p>07/10/15: BAF Updated</p> <p>26/08/15: BAF Updated</p> <p>Agreed at FIC 21/05/15.</p>

London Ambulance Service NHS Trust
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Risk ID	Risk Description	Underlying Cause/ Source of Risk	Date Opened	Assurance Framework Ref.	Corporate Objective	CQC Domain	Risk Category	Gross Impact	Gross Like- lihood	Gross Rating	Existing Controls (Already In Place)	Risk Owner	Date Risk Last Updated	Net Impact	Net Like- lihood	Net Rating	Further Actions Required	Action Owner	Date Action to be Completed	Assurance In Place (how do we gain assurance that the controls in place are effective)	Target Impact	Target Like- lihood	Target Rating	Comments
443	There is a risk that the equipment for frontline vehicles may not be available when required. Staff will not have equipment required to provide appropriate patient care		21-May-15	26	1	Fleet and Logistics	Major	Likely	16	1. Serial numbers on all re-usable equipment that can be accurately tracked. 2. Agree and set requirements for stock levels on vehicles. Ensure regular monitoring occurs 3. Define 'shell' and maintain a reserve of essential equipment centrally to backfill and ensure vehicle can go back into service with minimal delays 4. Agree ownership and responsibilities for equipment ensuring that all VP responsibilities are included within the VP contract, to include FRUs and DCAs, ensure equipment is not transferred between vehicles 5. Complex based fleet in place to increase availability for VP checking and restocking/equipping vehicles	Andrew Grimshaw	11-May-16	Major	Likely	16	1. Complete electronic VDI pilot to provide improved reporting. Ensure all equipment has bar code or serial number. 2. Roll out pilot and fully develop equipment database reports to indicate where any equipment is missing 3. Roll Out NE VP pilot to include secure local equipment stores and day time "Quatermaster" role 4. Roll out enhanced VP to rest of service 5. Ensure Interserve provide feedback to Logistics regarding Vehicle Daily Inspection (VDI) reports. 6. Ensure adequate stocks of consumables and equipment are available to VP staff 7. Review current VP contract and agree any immediate changes 8. Agree essential equipment, plan and implement a process to make key items available centrally to restock 9. Plan rollout of and implement complex based fleet to increase vehicle availability for VP to enable agreed stock requirements to be provided 10. Implement pilot project in NE area to provide and resupply equipment store.	1-5. TBC 6. Logistics manager 7. Head of Fleet & Logistics 8. Logistics manager 9-10. Head of Fleet & Logistics	1. Complete 2. Q2 2016/17 3. Complete 4. From April 2017 5. Complete 6. End Q1 16/17 7. Complete 8. Superseded by 6 9. Complete 10. Complete	Clinical Equipment Group; Asset tracking report; VP reports; VP Contract; Equipment Process; Project completion	Moderate	Unlikely	6	11/05/16 - actions dates updated by C. Vale 18/03/16: BAF Updated by A.Grimshaw. 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. 14/01/16: Updates received from C.Vale, BAF updated. 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. 07/10/15: BAF Updated Agreed at FIC 21/05/15	
442	There is a risk that there may be insufficient range and volume of equipment to meet demands. Staff will not have equipment required to provide appropriate patient care		21-May-15	25	1	Fleet and Logistics	Major	Likely	16	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	Andrew Grimshaw	11-May-16	Major	Likely	16	1. Define and agree a "core" equipment list for DCA & FRU. 2. Agree funding for NE Sector Revised Vehicle Prep Pilot - fully managed equipment solution 3. Carry out pilot to assess benefits of VP proposal (pilot commenced end of February) 4. If pilot successful agree roll out to LAS area 5. Undertake an equipment amnesty and physically review all stations and complexes for "retained" equipment. 6. Introduce new paper based VP VDI form 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 (delay due to CEG reforming in May 16) 8. Implement working group to review personal issue kit - check status of any existing work with CEG	1-2. Head of F&L 3. Logistics Manager 4. Head of F&L 5-6. Logistics Manager 7-8: Head of F&L	1. Complete 2. Complete 3. April 2016 revised to May 2016 4. April 2016 / revised to June 2016 5. Complete 6. Complete 7. 30/04/16 Revised to 30/06/2016 8. 30/05/16 Revised to 30/06/2016	Progress made in agreement of core equipment and further equipment amnesty. Decontamination of equipment commenced. Analysis of asset tracking systems being undertaken.	Moderate	Unlikely	6	11/05/2016 - Action dates revised by C. Vale. 18/03/16: BAF Updated by A.Grimshaw. Refer to comments under Positive Assurance. 14/01/16: Updates received from C.Vale, BAF Updated. Refer to comments under "Positive Assurance" . 07/10/15: BAF Updated Agreed at FIC 21/05/15.	
444	There is a risk that the equipment for frontline vehicles may not be in an effective condition. Staff will not have equipment required to provide appropriate patient care		21-May-15	27	1	Fleet and Logistics	Major	Likely	16	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	Andrew Grimshaw	11-May-16	Major	Likely	16	1. Complex based fleet to increase vehicle availability for VP 2. Monitor Decontamination of equipment trial 3. Implement contract for decontamination 4. Develop system to reintroduce equipment that gets decontaminated 5. Establish revised process for collection of equipment left at hospital for decontamination & subsequent redistribution 6. Review process for maintenance of equipment 7. Ensure Interserve provide feedback to Logistics regarding Vehicle Daily Inspection (VDI) reports. 8. Ensure current performance against 95% deep clean within 6 weeks maintained.	1. Head of Fleet & Logistics 2-5. Corporate Logistics Manager 6. Head of Fleet & Logistics 7. Corporate Logistics Manager 8. VP Manager	1. Complete 2. Trial extended to 30/05/16 3. July 2016 4. Complete 5. Complete 6. Complete 7. Complete 8. End Q1 2016/17	Project completion/VP reports (Report due Jan 2016); Contract, VP & Decontamination reports; New process/Fleet reports; and OOS reports.	Moderate	Unlikely	6	11/05/2016 - Completion dates updated by C. Vale. 18/03/16: BAF Updated by A.Grimshaw. Significant progress made on actions. Decontamination of equipment has commenced. Work being undertaken with St George's Healthcare to agree equipment maintenance trial. 14/01/16: Updates received from C.Vale, BAF Updated. Significant progress made on actions. Decontamination of equipment has commenced. Work being undertaken with St George's Healthcare to agree equipment maintenance trial. 07/10/15: BAF Updated Agreed at FIC 21/05/15.	

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461	Significant time lag (in excess of six months) in the reporting of medicines usage data captured by Management Information during the data entry and validation of PRFs may lead to LAS not being able to track usage of medicines by complex stations/ sectors/ practitioner group, call signs etc.	Currently MI are reporting drug data usage figures that are seven to eight months old. This means that the LAS cannot track in a timely manner usage of medicines by Complex / Station / Sector / Practitioner Group / or clinician. The LAS is also being asked, in common with other Ambulance Services, to report more data on drug usage to the MHRA, and National Ambulance Pharmacy Advisers Group to assist with guidelines development and replacing existing medications with different alternatives, (benzodiazepines being a current example). The LAS is only able to offer very historic data. This also has implications for investigating of	27-Jan-16			Clinical	Major	Almost Certain	20	1. MI capture and validate the data via the PRF scanning process 2. Drug usage statistics produced by MI - but they are several months in arrears 3. Physically isolating PRFs and then data trawling by hand if detailed analysis required. The CPI process provides limited information, but is very difficult to use for gathering service wide data.. 4. Limited information can be gained by reviewing the medicine purchasing invoices	Vic Wynn / Andrew Watson	01-Apr-16	Major	Likely	16	1. Increase rate of data capture at MI 2. Consider options (and cost and staffing implications) for retrospectively recording the data that will be missed if MI start contemporaneous data capture. 3. Consider the use of technology to assist in data capture. This could include obtaining additional information off the MDT screen and / or electronic patient records. (long term plan)	1. S. Meehan 2. S. Meehan 3. V. Wynn	1. Completed Jan 2016 2. Decision to be made by 31/03/16 3. fixed to E-ambulance timescales		Major	Rare	4	This risk is has been re-evaluated by IM&T and the Medical Directorate and will be considered to replace the risk as currently stated. Risk to be discussed by RCAG on 12th May 2016. 01/04/16 Updates from V.Wynn: Action 2: Contemporaneous recording has been maintained with current staffing levels. Monthly reports being generated for TE and CARU. Some progress has been made with the historic lag information, however this has been constrained by end of years activities. Work will continue throughout 2016 on recording the historic data. Risk has been redrafted with TE as the lag is not the route cause. 31/03/16 - N.Coleman requested update from V.Wynn, Risk Owner to be confirmed, V.Wynn waiting for updates from S.Meehan	
410	There is a risk that patient safety for category C patients may be compromised due to demand exceeding available resources.	50% total volume of calls are Category A. Inability to match resource to demand as the responding priority is focused on more seriously ill patients.	01-Oct-14	16	1 Safe Effectice	Clinical	Catastrophic	Likely	20	1. Undertaking ring backs within set time frames for held calls 2. Fully trained workforce with 20 minute education breaks throughout shift. LAS overtime +PAS/VAS to add capacity. Focussed incentivisation to more challenged hours of the day. 3. Additional focus on safety reporting. QA – MPDS (999); QA – CHUB MTS (H&T;) – Report safeguarding incident concerns. 4. Falls care is being introduced. Flag elderly fallers on vulnerable person monitor (VP). Clear process of escalation of response process implemented. 5. Implementation of VP (mental health / elderly fallers) and CP (sickle cell / septic patients) screen to monitor higher risk patients. 6. Managing patients through use of NETS options where clinically appropriate. NETS desk and HCP lines starting 1st July which enables selected lower acuity patients to be conveyed by them instead of a frontline vehicle and reduces the wait. 7. Recruitment well underway and number of leavers significantly less than number of new starters. 8. A business case is under preparation to increase the establishment in EOC in order to staff previously unfunded systems. 9. FRU performance improvement plan in place. 10. Increasing taxi use. Use of an SOP with taxi booking makes the process safer.	Paul Woodrow	13-May-16	Catastrophic	Possible	15	1. Recruit to front line Establishment minus agreed vacancy factor of 5%. Details included in advert to action in improvement programme. 2. Deliver efficiencies in full from Capacity Review and complete Roster Implementation. 3. Recruit to establishment in the clinical hub. Band 6 is now agreed for all HUB posts. 4. Review the establishment in the CHUB (Jan 2016) and recruit into posts (March 2016). Recruitment of 40 Team Leaders, 30 band 6's and 4 Mental Health Nurses has been agreed. Currently reviewing 24/7 Mental Health Nurse coverage and adjusting the need for more band 6's and less Team Leaders. 5. Allocate EMDs to clinical hub to assist with ring backs (when capacity allows) 6. Actions included with BAF risk 4 relating to performance impact on the realisation of this risk. 7. NETS improvement programme in place Can we have more detail here	1. K. Broughton 2. P. Woodrow 3. K. Millard 4. K. Millard / F. Wrigley 5. K. Millard / F. Wrigley 6. K. Millard / F. Wrigley 7. TBC	1. Q4 2015/16 2. Not yet started in EOC; rosters not yet fully staffed 3. Partially implemented, not yet fully recruited 4. April 2016 5. Complete	1) Recruitment activity reviewed fortnightly at ELT 2) Weekly forecast & planning meetings. 3) Medical Director and DDO (Control Services) to review surge plan as required, and plan to do again imminently. 4) Plans for non-auto dispatch back-up have been developed and will run from 3/11/15 for 3 weeks and this should reduce MAR 5) Overtime disruption payments are in place until 6th January 2016 6. Medical Directorate clinical safety review carried out.	Catastrophic	Unlikely	10	13/05/2016 updated by K. Millard 31/03/16 - N.Coleman requested update from K.Millard 10/3/16 - Med Directorate reviewed. No amendments. CH 22/02/16: Updates provided by Katy Millard 11/01/16: BAF Updated - 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.	
207	There is a risk of staff not being able to download information from Defibrillators and 12 lead ECG monitors leading to incomplete patient records.	Clinical information was not available which was required for an inquest / patient handover	04-Apr-06	12	1 Effective	Clinical	Moderate	Almost Certain	15	1. Mark Whitbread is the Trust lead for the defibrillators download. 2. Card reading and transmission is performed by team leaders. 3. Messages given out at Team Leaders Conferences. 4. Encourage more routine downloading of information from data cards. 5. LP1000 AED's have been rolled out and all complexes have been issued with new data readers for these units. 6. New Malden pilot has trialled the transmission of data from the LP15	Fenella Wrigley	10-Mar-16	Moderate	Almost Certain	15	1. Establish the current resources of LP 1000, how many in use, which complexes carry them, are there spares available for 1 for 1 swap. 2. Establish a process at station level to link a specific cardiac arrest to the LP1000 it is stored on. 3. Publicise download returns by complex as part of Area Governance Reports, via PIM or Staff Officer for the Area. 4. Consider roll out of transmittable data from LP15 once vehicle on station. MW to source modems and establish proof of concept. 5. A small pilot study is planned to take place at Westminster using two advanced paramedics in cars, which will have a cable to pub into a lap top to establish the benefits that come out of it. The evaluation of this exercise will be reviewed in February 2015. This practice is in place all of the time now Team leaders now in place 50/50 will influence the output.determine the impact of this risk review 3 months 6. Funding request for Bluetooth download technology for all LP15's	1. M.Whitbread / J Neveitt 2. M.Whitbread / J Neveitt 3. M.Whitbread / J Neveitt 4. M.Whitbread / J Neveitt 5. M.Whitbread / J Neveitt 6. M Whitbread / J Neveitt / IM&T-MI	1. Complete 2. Complete 3. Complete 4. Jan 2016 5. In place 6. May 2016	EOC briefings undertaken	Moderate	Unlikely	6	10/3/16 - MD reviewed (CH). Further action added for review May 2016. Risk Owner changed to F.Wrigley 6/1/16 - C henderson. Reviewed by medical directorate. Risk owner should be moved to Medical Directorate in the absence of Director of Education and Standards. Owners should be amended to show M Whitbread and J Neveitt. Spoke with M Whitbread - risk remain as current with Service development bid application for bluetooth data download facility 15/10/15 M. Whitbread provided update 26/08/15 - A.Blakely: Reviewed by Medical Directorate August 2015. Downloads remain at similar levels. Any update re: comment below?	

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420	Without adequate patching, the risk of unauthorised access into the CAC network is increased as publicly known vulnerabilities related to the systems running on CAC will not be addressed. Any such attacks could result in a loss of sensitive data or CAC network being unavailable, severely impacting the delivery of emergency services	As the CAC network does not have access to the internet or email, it is less likely that attacks will come directly from these external sources, but it may be possible to introduce an attack through infected USB drives, CD/DVDs, or other removable media (even if LAS-approved devices). Alternatively, an attacker could leverage one of the security vulnerabilities present on the other networks (external internet facing network or Admin network) as a pivot point to launch attacks into the CAC. Patching (on the Command and Control network) Patching refers to updating software or its supporting data to help remediate known issues, such as security vulnerabilities. KPMG review has revealed that	08-Oct-14	33	3	Safe Effective	Information Governance	Catastrophic	Possible	15	1. Enterprise antivirus monitoring CAC desktops 2. Desktop ports disabled (i.e. USB, DVD) 3. No access to internet /email for CAC desktops	Vic Wynn / Andrew Watson	20-May-16	Catastrophic	Possible	15	1. Implement Firewall between CAC and LAS corporate 2. Monthly reporting on hacking, attacks and virus protection for EMT and Audit Committee to be defined and agreed. 3. RCAG approval of report and format 4. Additional information, such as patches applied / outstanding to be included in subsequent reports	1. CIO 2. CIO 3. CIO 4. CIO	1. 31/06/16 2. Complete 3. April 2016 4. Complete	Risk discussed and monitored by IM&T SMT	Catastrophic	Rare	5	The separation of the EOC and the Admin networks is significantly more complex than expected. Whilst other controls have been brought in successfully, the last pragmatic activity available to us, the implementation of the firewall control, has been attempted and failed. As the internal architecting has not provided a viable solution, alternative third parties are being consulted and will be engaged to architect a complete solution. We are awaiting outcome of RCAG review of the monthly compliance report template relating to action 3 which 4 is dependent on. VW&RC 09/05/2016 1. Issues still remain with third party provider - Alternative options now being considered 3. Outstanding with RCAG 01/04/16: 1 Firewall not yet
356	There is a risk arising from no provision for protected training time for clinical and paramedic tutors. This may as a consequence cause:- • Dilution of training skill levels • Credibility and reputation concerns of trainers • Impact on the validity of clinical training	Current workload within the department means that there is insufficient capacity to ensure that all tutors are developed in line with the departmental tutor development strategy. This includes time to incorporate information from bulletin into teaching strategies.	23-Nov-11		1,2		Human Resources	Moderate	Almost Certain	15	1. All tutors have received a clinical update package. 2. All tutors have received major incident update training. 3. A clinical update training day has been provided to all clinical training staff. Additional clinical skills programmes have been run based on identified need in preparation for pre-winter 2013 Operational Support. 4. Train the trainer days have been built into the training calendar with the support of the Medical Directorate, which provides some protected time for professional development (complete April 2016)	Tina Ivanov	17-May-16	Moderate	Almost certain	15	1. In conjunction with the Medical Directorate plan sufficient places in an amended format to facilitate all of the training officers / clinical tutors to attend the clinical module which is being delivered for team leaders. 2. Unable to recruit qualified tutors therefore introduced a trainee tutor position. Therefore current vacancies are filled by trainees. Have confirmed establishment in Clinical Education so that current vacancies can be advertised for new Trainee Tutors (complete April 2016) 3. Need to increase Tutor numbers as currently not enough tutors to meet the current need of the training plan (increase in establishment is dependent on the workforce plan). As per 2 above. 4. continue to rigorously pursue the provision of external support.	1. M. Whitbread 2. M. Whitbread 3. Finance - (Andrew Grimshaw) T. Ivanov 4. JThomas - Clinical Educ & training Mgr - (Acting)	1. In place continuous process. 2. April 2016 3. April 2016 4. On-going	Course review and feedback by Education Governance Manager	Moderate	Rare	3	03/05/2016 - Risk has been adequately mitigated and is no longer deemed an ongoing risk - recommend remove and archive 05/04/16 updated by T. Ivanov - In addition, tutors have been enrolled in formal qualifications to provide up skilling, and protected time is being negotiated as part of the training calendar plan. 31/03/16: N.Coleman requested update from T.Ivanov 03/02/16: Under the direction of the new Director and new Deputy Director for Clinical Education and Standards, the training calendar for the coming year is currently being developed and will include a review of exact tutor requirements. It is likely there will be increased need so further work has been done to consolidate the current budgeted WTE and prepare for another recruitment



Report to:	Trust Board
Date of meeting:	31 st May 2016
Document Title:	2015/16 Business Plan – end of year review
Report Author(s):	Adam Levy, Strategy and Planning Manager
Presented by:	Karen Broughton, Director of Transformation, Strategy and Workforce
Contact Details:	adam.levy@lond-amb.nhs.uk karen.broughton@lond-amb.nhs.uk
History:	The 2015/16 Business Plan was approved by Trust Board on 02/06/2015. The Executive Leadership Team received and commented on the draft end of year review on 25 th May 2016.
Status:	For information and assurance on the progress made against the key objectives in 2015/16.
Background/Purpose	
This paper provides a narrative review of the 2015/16 Business Plan highlighting the progress made against the organisational priorities that were agreed by Trust Board for 2015/16.	
Action required	
Presented for information and assurance.	
Key implications	
This report will complement the information presented in the 2015/16 Quality Account and the Annual Report.	

Key implications and risks arising from this paper	
Clinical and Quality	The report includes a summary about learning from complaints, serious incidents and reviews
Performance	Objective 1: the delivery of our urgent and emergency response
Financial	Financial performance and Objective 3: to improve our organisation and infrastructure
Workforce	Objective 2: to make the London Ambulance Service a great place to work
Governance and Well-led	Objective 4: to deliver our leadership and management capabilities
Reputation	A key document outlining the achievements against key business objectives in 2015/16
Other	
This paper supports the achievement of the following Quality Improvement Plan Workstreams:	
Making the London Ambulance Service a great place to work	Yes
Achieving Good Governance	Yes
Improving Patient Experience	Yes
Improving Environment and Resources	Yes
Taking Pride and Responsibility	Yes

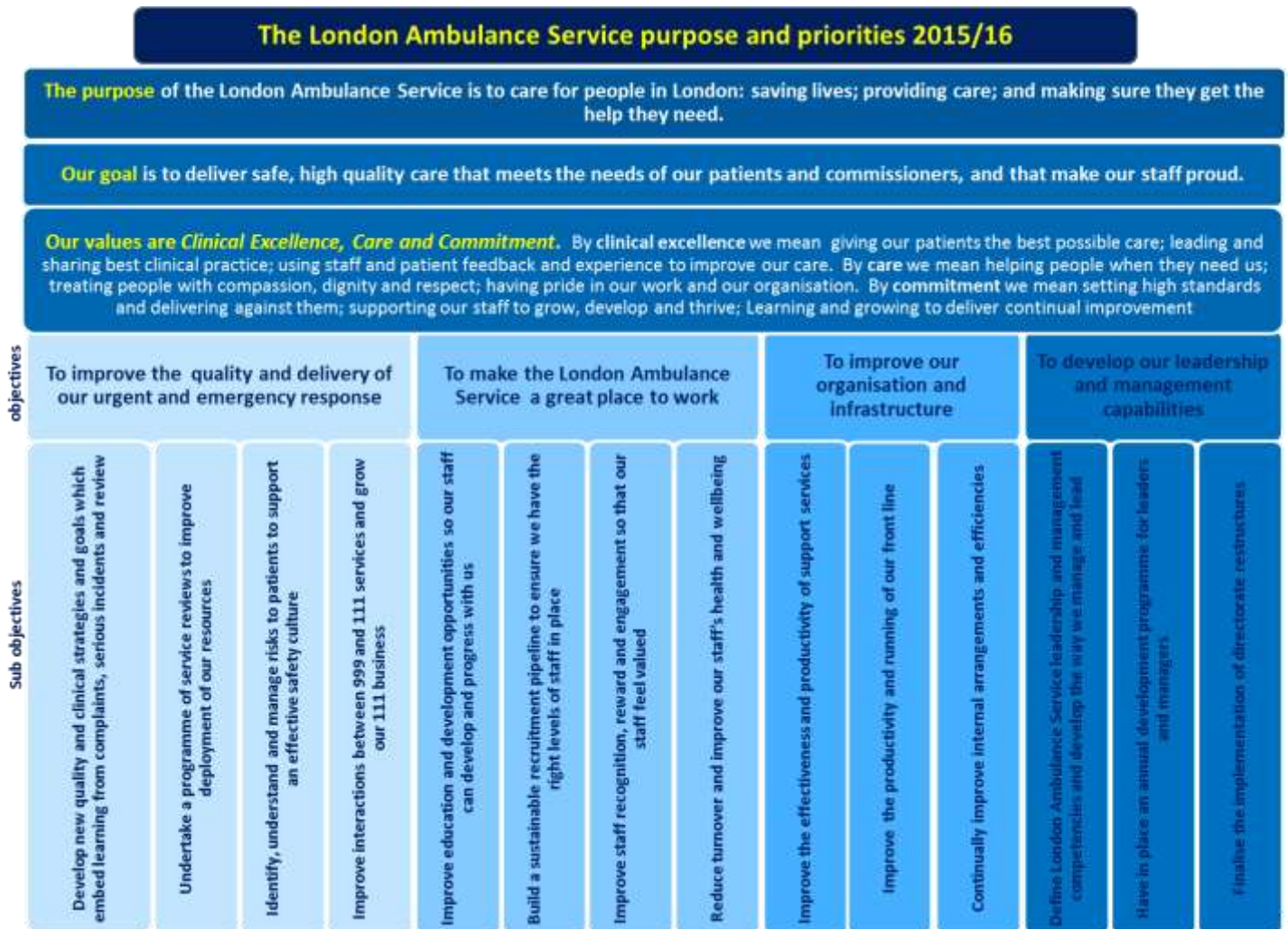
London Ambulance Service 2015/16 Business Plan End-of-Year Review

Introduction

In July 2015, the Trust Board signed off the 2015/16 Business Plan which set the following strategic objectives:

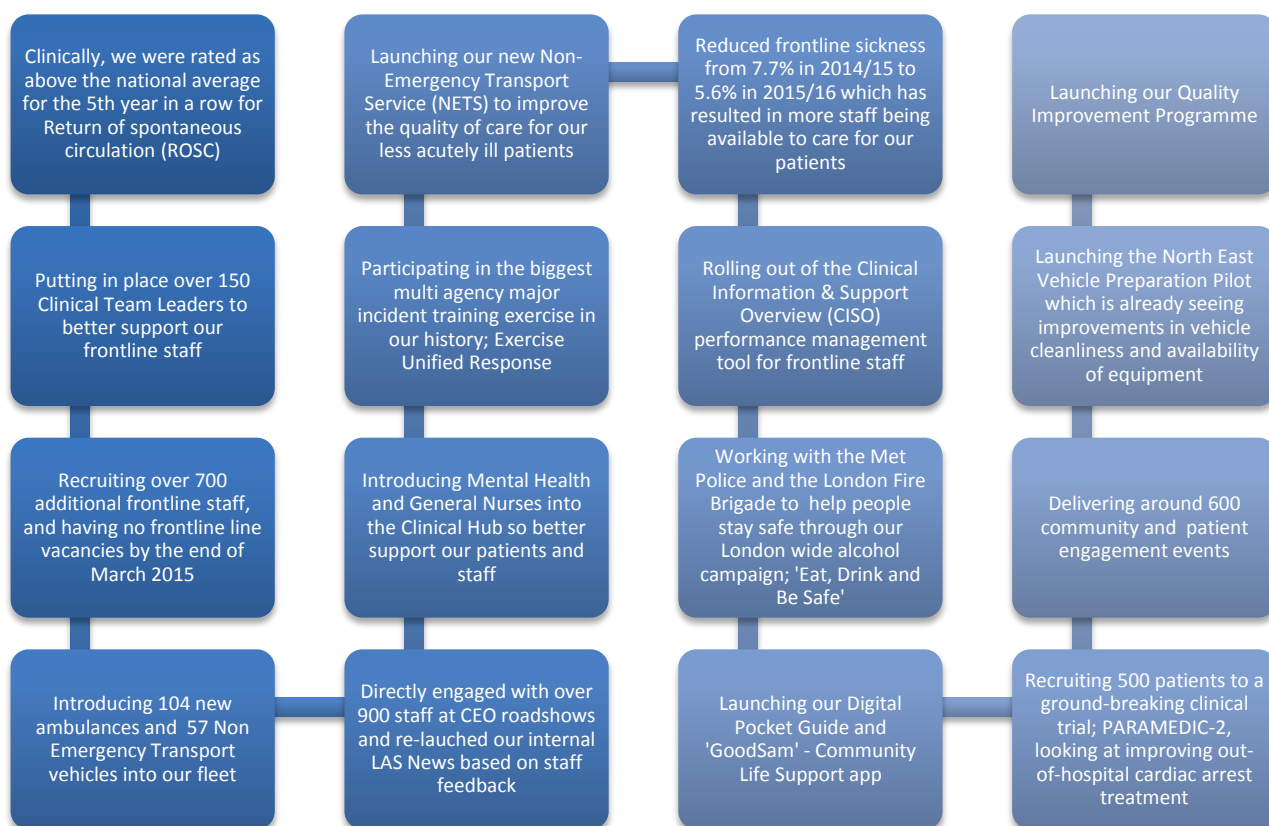
- To improve the quality and delivery of our urgent and emergency response
- To make the London Ambulance Service a great place to work
- To improve our organisation and infrastructure
- To develop our leadership and management capabilities

The illustration below summarises the Trust’s focus during 2015/16:



Key Achievements for 2015/16

Despite another very challenging year for The London Ambulance Service we achieved much during 2015/16 including:

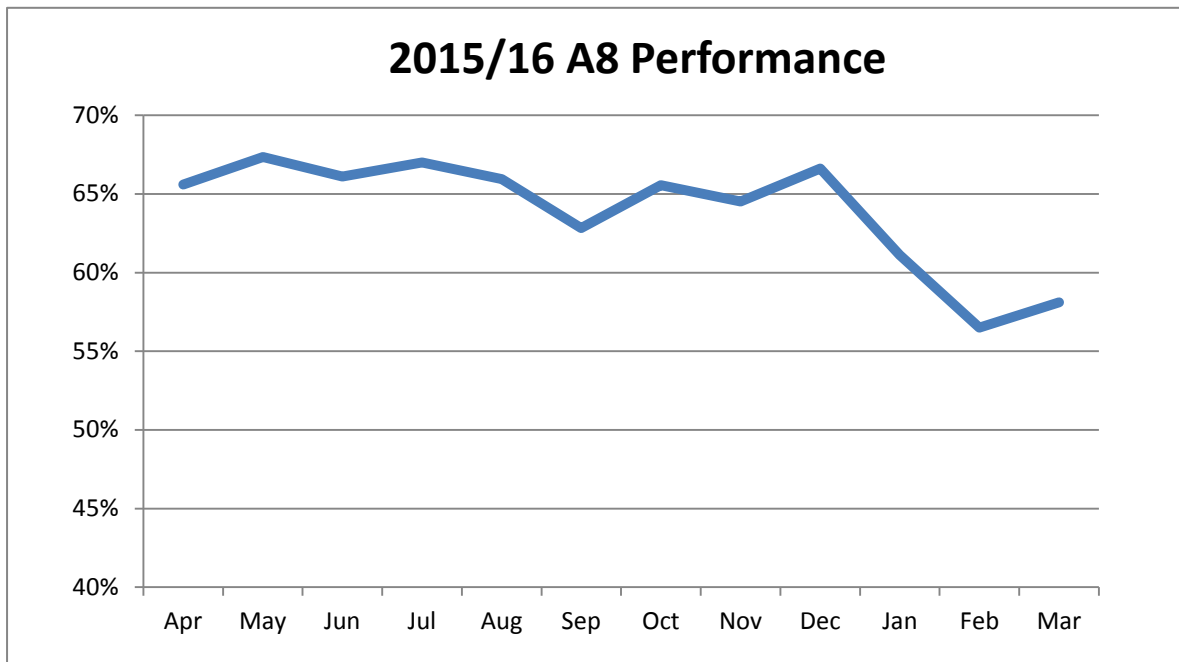


Performance against Targets

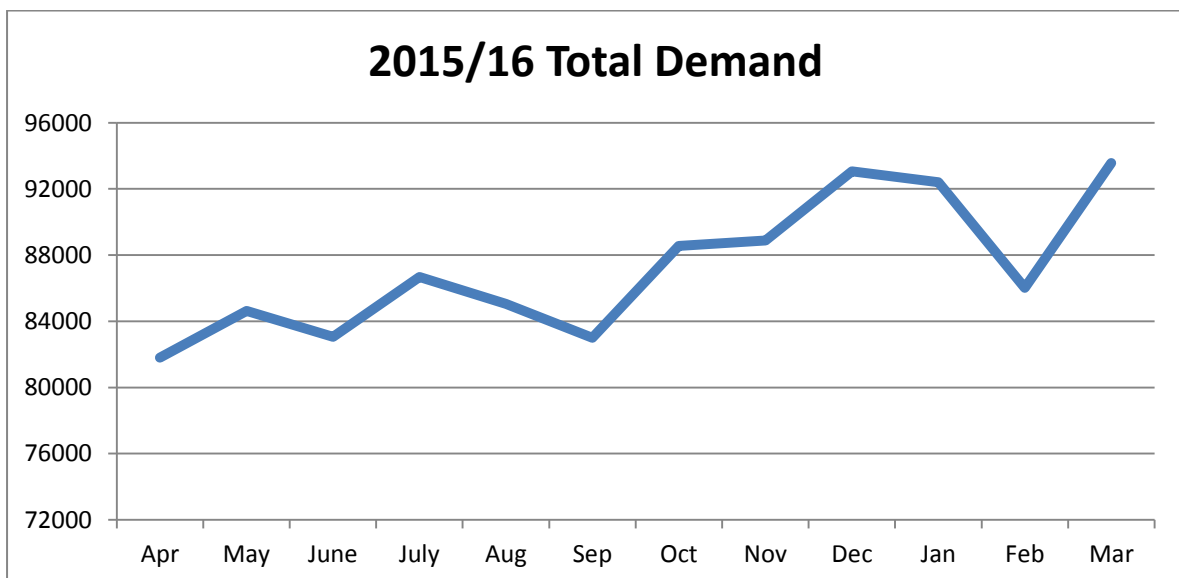
The Trust started 2015/16 in a challenged performance position, having achieved a 2014/15 year end position of 59.92% performance against the national ambulance A8 target.

To support improved performance in 2015/16 the Trust implemented a performance improvement plan. A number of projects were undertaken as part of the plan, including recruiting a significant number of frontline staff, reducing sickness, decreasing job cycle time, reducing out of service people and vehicles, and creating a new service to respond to our less seriously ill patients.

The following chart shows our month by month A8 performance during 2015/16 which remained steady at an average of around 65% between April 2015 and January 2016. However, we faced a very challenging Q4 with demand for our services increasing dramatically, resulting in our performance falling to 56% and 58% in February and March respectively. This culminated in a year end position of 63.81% against the national A8 Ambulance target of 75%, a 3.89% performance increase on the previous year.



2015/16 saw high demand for our services, in particular from September where total demand increased significantly from the start of the year.



We spent a significant amount of time during the year working with CCG Commissioners, the Trust Development Authority and NHS England to discuss initiatives to improve performance, an example of improvements made to our services was the introduction of our new Non-Emergency Transport Service (NETS) to improve the quality of care for our less acutely ill patients.

Financial Performance

2015/16 saw further investment in the London Ambulance Service by London Clinical Commissioning Groups (CCGs) in support of a programme of performance improvement.

The Trust reported a deficit of £4.4m or the financial year 2015/16. The Trust had planned to report a £4.4m deficit following agreement with the TDA in quarter 4. The previous plan was a £9.0m deficit. The over spend was driven by non-recurrent costs associated with the performance improvement programme. The following table summarises the key elements of the financial performance of the Trust in 2015/16

	Plan £m	Actual £m	Variance £m
Income	316.4	320.0	3.6
Expenditure	308.1	307.5	0.6
EBITDA	8.3	12.5	4.2
Deficit	(9.0)	(4.4)	4.6
Capital Investment	10.2	9.2	1.0
External Financing Limit	8.6	(10.0)	18.6
Cash	11.8	20.2	8.4

In line with all NHS organisations, the Trust was required to identify internal efficiencies. Cost Improvement Plans to the value of £9.0m were identified and delivered in 2015/16. Key areas of improvement related to the cost of fuel, contract renegotiation and renewal and management of non-frontline staffing costs.

The Trust continued to invest in new equipment, spending in excess of £9.2m on new vehicles to help improve the age profile of the fleet, Information Management and Technology system renewal and improvement and additional clinical equipment. The Trust also submitted a business case for a further 140 new ambulances for delivery across 2016/17.

NHS Trusts have a number of financial duties which were all met apart from missing the 95% Department of Health target of paying all NHS trade invoices within 30 days, having done so for 87% of our invoices.

Workforce

Recruitment

During 2015/16, we focussed on building a clear and sustainable recruitment pipeline to increase the number of staff working operationally on the frontline. This has been focussed on three core groups:

- International Paramedics
- UK Graduate Paramedics
- Emergency Ambulance Crew

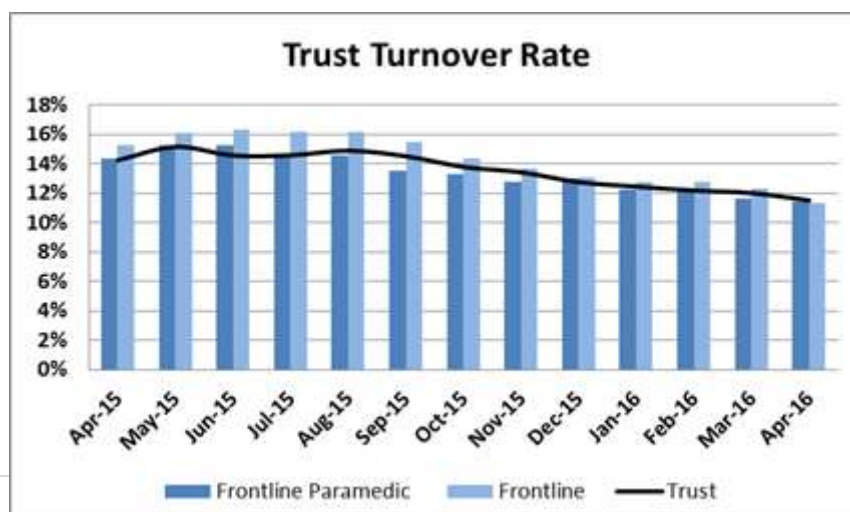
The 2015/16 Business Plan objective was to recruit frontline staff to fill 95% of frontline establishment. Through the very successful recruitment campaigns, 717 additional frontline new staff joined the Trust and by the end of the year we had 3,193 wte frontline staff which is slightly higher than our recruitment target of 3,169, accounting for 96% of the frontline establishment of 3,336 whole time equivalents (wtes).

To address the national shortage of Paramedics we have been working closely with Health Education England (HEE) locally and nationally. We worked with HEE to ensure that Paramedics were added to the national shortage occupation list, and again when they developed their Workforce Plan for 2015/16 to acknowledge the shortage of Paramedics in the UK and the need to increase the pipeline of future Paramedics. The HEE investment plan demonstrates that we have been successful in influencing this by committing to increase paramedic training by over 87% by 2017/18.

Our work with the Health and Care Professionals Council (HCPC) has resulted in a new streamlined process for registering Paramedics onto the national register.

Turnover

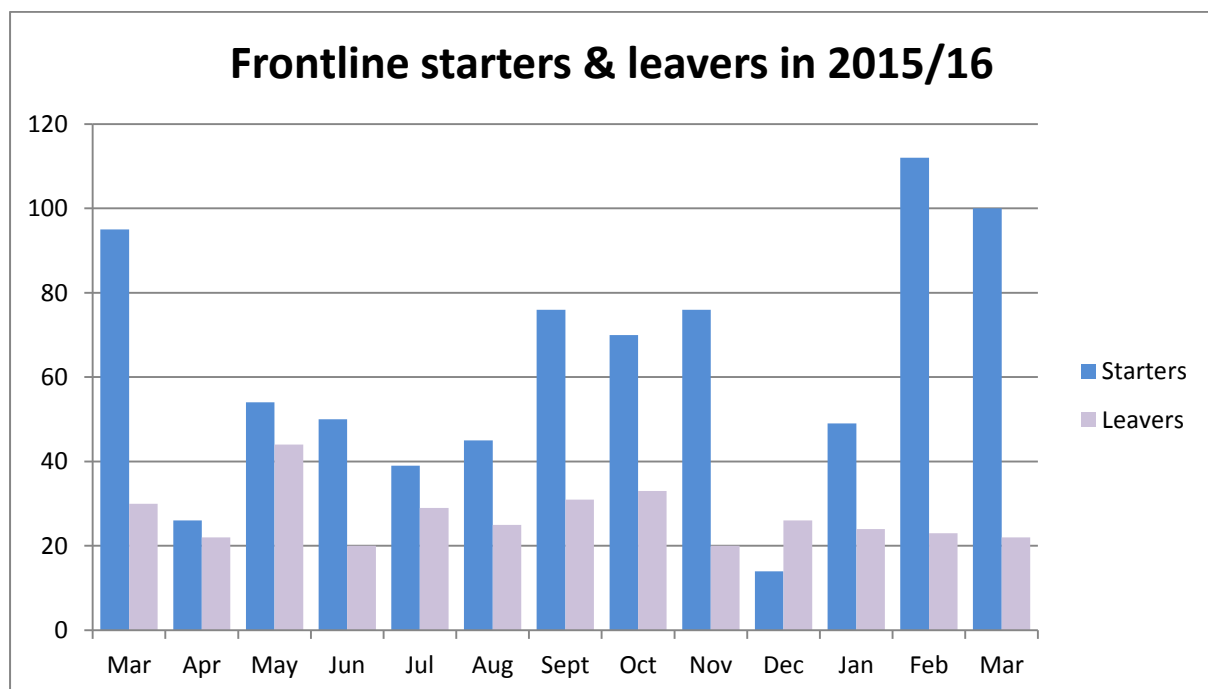
During 2015/16, we were pleased to see a significant reduction in the number of staff leaving the organisation, reducing our turnover rate from 15.1% in April 2015 to 12.6% in March 2016.



Some of the activities that we have undertaken in order to improve retention are:

- Launching the LAS Academy to offer existing non-registered staff the opportunity to train as paramedics
- Introducing new Clinical Team Leaders with 50% of their time protected to support frontline staff
- Introducing more non-pay benefits for staff including a cycle to work and lease cars
- Improving the way we recognise staff with our new VIP awards
- Procuring a new Occupational Health provider to address employee and managers health and wellbeing needs
- Launching our new intranet to further improve how we so that staff are better informed and have access to information
- Achieving our target of 90% of our fleet being under 7 years old to provide a better working environment for our staff

The chart below shows the impact of the recruitment and retention initiatives in terms of starters and leavers' numbers:



Staff feedback

Staff feedback through the annual staff survey has seen a number of improvements. Out of the 60 questions that were asked in both 2014 and 2015, we scored significantly better in 43 of them, around the same in 13 and worse in 4. In particular we saw improvements in:

- Staff who would recommend LAS as a good place to work
- Staff who said they look forward to work
- Staff reporting that managers take a positive interest in their health and well-being
- Staff happiness with the standard of care provided by the organisation

Our CQC inspection

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' and was subsequently placed in Special Measures by the NHS Trust Development Authority (TDA).

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'.

Whilst this was a very disappointing outcome we were pleased that 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

Following the CQC inspection, we developed a Quality Improvement Programme (QIP) which is the single overarching plan addressing quality improvement in the Trust. We have established a clear programme of delivery, accountability and governance, led by the Director of Transformation, Strategy & Workforce and supported by a Programme Management Office (PMO). A Quality Improvement Group has been implemented, chaired

by the Chief Executive, which meets monthly to review progress against the whole plan and each of the five work streams, assessing risks and directing interventions to ensure that the programme is successfully delivered. In addition, a Quality Improvement Board meets monthly, chaired by the Trust Chairman, and is the overarching governing body which scrutinises delivery and gains assurance of progress against the quality improvement plan.

In March 2016, the Trust Development Authority (TDA) conducted an audit of the Warning Notice issued by the CQC. The audit comprised of a review of evidential documentation and an observational visits on 16 March 2016. Feedback was provided by the TDA following the audit, which concluded that some good progress had been made on key priorities, however further work was still required on some aspects of the Trust's operations. The specific feedback from the Warning Notice inspection has been used to refine and improve our plans as part of the Quality Improvement Programme.

Progress on the Trust's 4 organisational objectives

1. To improve the quality and delivery of our urgent and emergency response

Specific Objectives

- Develop new quality and clinical strategies and goals which embed learning from complaints, serious incidents and reviews.
- Undertake a programme of service reviews to improve deployment of our resources
- Identify, understand and manage risks to patients to support an effective safety culture
- Improve interactions between 999 and 111 services and grow our 111 business

Learning from complaints, serious incidents and reviews

Over 2015/16, a great deal of work has been undertaken to build an environment where staff feel confident and supported to report incidents and are assured that reports will be dealt with openly, respectfully and thoroughly. We have begun to address perceived cultural concerns, that staff reported as being barriers to reporting, by providing assurance that staff will be supported and treated fairly and in a timely and consistent manner.

Using the *NHS Confederation Act on reporting: five actions to improve safety reporting* as a template, we have improved patient safety by:

- giving feedback to staff
- focussing on learning
- engaging frontline staff
- making it easy to report
- making change matter

To support this process and, where possible, allow for local investigation and resolution, we have appointed Quality, Governance and Assurance Managers across London and Clinical Team Leaders who have received appropriate training in incident investigation and feedback. We make sure that we learn from complaints and incidents through educational sessions for staff, bulletins and clinical updates.

We have seen an increase in self-reporting of incidents and produce quarterly 'Learning from incidents' reports which pull together all the themes from incidents, complaints and inquests, this is shared both internally and externally. In addition, themes of incidents and complaints, Serious Incident recommendations and audit recommendations are monitored through the Clinical Safety and Standards Committee, chaired by the Medical Director, and the key themes are reported to the Trust Board through the Quality Committee and externally to the Clinical Quality Review Group. Trust audits are undertaken to assess whether learning has been embedded into everyday practice.

Service reviews

In 2015, LAS and the South West Ambulance Service Trust (SWASFT) were the first two ambulance Trusts to be selected to pilot the first phase of the “Ambulance Response Programme” initiative. This pilot allowed call handlers in our Emergency Operations Centres up to a maximum of 180 seconds to undertake a more comprehensive assessment for a pre-determined selection of 999 calls before the response time clock started. This additional time gave call handlers the ability to make a more detailed diagnosis and to ensure the appropriate response was provided to the patient.

We have seen a reduction in the number of cancellations due to better dispatching decisions and there have been no adverse incidents, safety issues or complaints as a result of this pilot. Phase two of this programme is currently being taken forward in Yorkshire and South West Ambulance Services.

We also worked with Clinical Team Leaders to review and agree the average time on scene for ten frequently attended conditions to ensure that we continue to improve patient outcomes.

During the year, we undertook a review of all local CCG commissioned pilot projects that were undertaken across our frontline services, to determine their effectiveness, value for money and, where relevant, how they could be spread across London. The review considered the following pilots: ‘Paradoc’; Romford CTT Response, New Malden CTT, ‘SelDoc’, Physician Response Unit and URU. Following these reviews the Executive Leadership Team agreed that a response where a Nurse and a Paramedic respond in an LAS car (e.g. Romford CTT and New Malden CTT) provides a beneficial response and could be rolled out more widely. It was also agreed that the SelDoc scheme should also continue.

We also commissioned ORH to undertake a review of our Emergency Operations Centre (EOC). ORH were asked to review a range of pressures that impact upon EOC capacity and performance. The main issues are:

- A significant growth in call volumes during the past four years
- The resource requirements for welfare ring backs to callers awaiting a vehicle response
- Additional activities and functionality added to the responsibility of EOC over the last two years to assist with managing demand such as a dedicated desk to respond to calls from the Police and the Non-Emergency Transport Service.
- Morale within EOC

The report was delivered to the Trust in late 2015/16 and the recommendations will be considered and taken forward through 2016/17.

Supporting an effective safety culture

For the third year in a row the numbers of Serious Incidents (SIs) declared has increased (18 in 2012/13 and 39 in 2013/14, 44 in 2014/15). This continues to demonstrate a better understanding and use of the internal incident reporting process. It also reflects a growing open reporting culture in a time of increasing demand on the Trust.

As in previous years, the number of ambulance delays related SIs has remained high, although in 2015/16 we have seen a wider range of incidents declared including HR related issues, information governance issues and medicines management. This wider range of incidents raised by members of staff that are then declared further demonstrates the increasing confidence of our staff in the purpose and benefit of reporting errors and incidents.

Our Clinical Audit and Research Department has also greatly contributed to the development of an effective safety culture, for example, the continuous retrospective audit of the management of patients who re-contacted the LAS within 24 hours (see & treat, hear & treat and 111 referrals), and on second attendance are conveyed to hospital with a pre-alert or have died unexpectedly. This project has allowed for a safety review of these incidents enabling the Service to respond quickly. The project has also contributed to the mortality review a national requirement.

The Service has taken a multifaceted approach to implementing and embedding the Duty of Candour into the culture of the organisation. In addition to the appointment of Family Liaison Officers in Serious Incidents, there have been several classroom-based Family Liaison Officer training sessions for clinical managers to help explain the purpose of the Duty of Candour and what is required to fulfil that duty. In addition to this a dedicated Duty of Candour session has been included on Core Skills Refresher training 2015.3 for all clinical staff.

In 2015/16, the Trust enrolled on to the Sign up to Safety campaign in order to contribute to the system-wide ambition of making the NHS the safest healthcare system in the world by creating a system devoted to continuous learning and improvement. We made five specific pledges:

1. [Putting safety first](#) - commit to reduce avoidable harm in the NHS by half and make public our locally developed goals and plans
2. [Continually learning](#) - make our organisation more resilient to risks, by acting on the feedback from patients and staff and by constantly measuring and monitoring how safe our services are

3. **Being honest** - be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong
4. **Collaborating** - take a lead role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use
5. **Being supportive** - help people understand why things go wrong and how to put them right. Giving staff the time and support to improve and celebrate progress.

An action in year one as part of this initiative was to set up a six weekly “Risk Summit” in maternity to discuss complaints, serious incidents, PALS, claims and inquests using the Sign up to Safety pledges to help inform the agenda. Work continues to improve the safety of the service, last year we engaged with staff involved in incidents and provided proactive training on maternity risks to clinical staff. Learning points were also shared at a London-wide heads of midwifery meeting. The ambition for 2016/17 is to replicate this approach in other high risk areas of our activity.

Working with 111

We have continued to make progress with our 111 services over the year. Our South East London 111 service has regularly met national targets and is still considered a high performing provider in London, and one of the best nationally.

To ensure we constantly improve our service, we have worked closely with our 111 commissioners during the year to meet their service needs and cost expectations, with the quality of the service remaining good despite challenges across the London Urgent and Emergency Care system

We have worked hard to improve 111 services across London and their interaction and use of 999 service. This work has led to a number of joint pilot projects between commissioner, provider and wider healthcare system such as the Green Ambulance Clinical review. In addition, we have worked with commissioners across the capital and have representation at pan London strategic groups, such the Integrated Emergency and Urgent Care Committee to collaborate and promote the interaction across the U&EC system.

2. To make the London Ambulance Service a great place to work

Specific Objectives

- Build a sustainable recruitment pipeline to ensure we have the right levels of staff in place
- Improve education and development opportunities so our staff can develop and progress with us
- Improve staff recognition, reward and engagement so that our staff feel valued
- Reduce turnover and improve our staff's health and wellbeing

Recruitment Activities

During 2015/16 our extensive recruitment activities saw us recruit 717 frontline staff, resulting in a net increase of our frontline workforce by 314 whole time equivalent (wte). By March 2016, the Trust had filled all its agreed frontline vacancies.

As of March 2016, 11.7% of our workforce identified themselves as being from a BME community, compared 10.6% of the workforce in 2014. This compares to 39.3% BME representation in the London working age population so much remains for us to do in this area in order for the LAS to be representative of the communities we serve.

To address the national shortage of Paramedics we have been working closely with Health Education England (HEE) locally and nationally. We worked closely with HEE when they developed their workforce plan for 2015/16 to acknowledge the shortage of paramedics and the need to increase the pipeline of future paramedics. The HEE investment plan demonstrates this by committing to increase paramedic training by over 87% by 2017/18.

Furthermore, to ensure we are less reliant of recruitment from abroad we have also launched the LAS Academy in January 2015, to offer existing non-clinical staff the opportunity to train as paramedics.

We also worked closely with universities to ensure that they train the right number of paramedics so that a strong workforce pipeline is in place for the future. Last year, locally, we increased the number of paramedics in training with our four main universities from 150 to 590 training places.

Education & Development

For our frontline staff we have redesigned our core skills refresher training and education to ensure that it meets the needs of the organisation, which in 2015/16 included ensuring that all frontline staff received major incident training. In January 2016, as mentioned above, we launched the London Ambulance Service Academy to offer existing non-registered clinical staff the opportunity to train as a paramedic.

All our 185 Clinical team leaders have received management development in the form of a two day bespoke management course developed and delivered by Cranfield University. The two days have also been embedded in to Clinical Team Leader training courses. Clinical team leaders have also attended HR master classes on managing attendance, disciplinaries and grievances.

We were successful in securing £1.6m additional funding from HEE to support training and development of our staff. As a result of this investment we were able to provide bursaries to 336 members of staff. The bursaries are allocated in conjunction with our 4 partner universities (St Georges, The University of Hertfordshire, Anglia Ruskin, and The University of Greenwich) and were focused on clinical development.

Our Clinical Education Department trained 717 new frontline staff, in a variety of 3 weeks to 24 week training courses, so that they could become operationally ready to care for patients, in addition to training an average of 2,504 staff in core skills refreshers every four months.

On May 5th 2015, International Midwife Day, we launched 'Simulation Mannekin' which has the ability to provide clinicians with "hands-on" experience of maternity issues to enhance their training and skills. Over 100 clinicians attended the session with a mix of ambulance clinicians, midwives and pre-hospital doctors. Following that successful launch event, a further ten joint maternity training sessions have been delivered across London.

We also ran a Safeguarding and Mental Health Conference in March 2016 for 110 staff from all areas of the Trust in order to broaden staff awareness of a number of safeguarding issues including; Domestic Abuse policy, women's Aid referrals, Children in gangs, Mental Health initiatives in the LAS, Mental Health nurses in Control and Service user experience of living with mental health. As a result of the conference, LAS is now working in partnership with Silverline to provide better support to some of our frequent callers and to reduce those calls to the LAS.

Improving staff engagement recognition

A key element of our overall communications and engagement strategy is the need to listen to the views of staff and act on what they have to say, while also recognising their achievements. We have done this through:

- **Routine Information Bulletin;** we continue to publish the RIB every week to ensure important information is cascaded to all staff throughout the organisation.
- **Team Talk;** having been launched at the end of 2014/15 we have now embedded Team Talk within the organisation. Team Talk enables key organisational messages to be cascaded from ELT to all staff via their direct line managers. Team Talk also encourages teams to feedback their thoughts on these messages for review and discussion by ELT each month, along with key themes from the closed staff Facebook group. This informs decision making and the feedback is then also made available to all staff – along with details of actions that are being taken as a result.
- **Chief Executive Roadshow;** In September and October 2015 we ran a series of roadshows where our Chief Executive, Directors and senior managers met face to face with over 900 staff at sites across London. As well as being an opportunity to update people on current issues and initiatives, the meetings included a chance for discussion and to provide their own ideas and views
- **LAS News;** Based on feedback from staff we re-launched LAS News to make sure that all staff can find out about what is going on in the organisation and publicise the great work that they do to others
- **Quality Improvement Plan Launch Events;** to launch the QIP we held sessions with over 350 managers. These sessions enabled us to discuss the content of the QIP and spend some of each session asking managers to contribute to a refresh of the organisation's values. We plan to hold further such events every six weeks.
- **VIP Awards;** The first annual VIP awards evening was held this year and was highly successful. The awards, created for staff by staff, allow staff to nominate their colleagues who they think are deserving of an award with all nominees invited to attend the awards ceremony.
- **New Intranet;** we have launched a new Intranet site, which is fully accessible from all work computers and on personal devices. The site was designed in partnership with staff through a survey and focus groups attended by people from all areas and departments. Feedback has been continued to be invited since the site was launched to help inform future developments.
- **Facebook group;** This group, which now has more than 2,800 members, enables direct communication and engagement with a large part of the workforce, as well as the chance for questions and discussions. Since July 2015, it has been successfully administered by a group of around 20 peer moderators who volunteer their time to make the group a better forum for staff.
- **Chief Executive Video Messages;** Our Chief Executive has recorded a number of video messages about key issues to provide staff with another way of finding out about important information and changes in the organisation. This also enables all staff to hear these messages straight from the Chief Executive.
- **Long service awards;** We were pleased to honour the long service of our staff throughout the year. In total, over 620 staff received awards this year.

Reducing turnover and improving health and wellbeing

Our retention strategy has seen turnover fall from 15.1% in April 2015 to 12.6% in March 2016. This strategy has included the launch of two new non-pay benefits, all London Ambulance Service staff are now eligible for our cycle and car salary sacrifice schemes. In 2015/16 80 staff have taken up the car sacrifice scheme and 238 have taken up the cycle lease scheme. Additionally, the LAS actively promotes a number of other discounts and offers that are available to our staff including: childcare vouchers; phone contracts; gym membership; and Microsoft Office packages.

The staff survey has also seen a number of improvements. Out of the 60 questions that were asked in both 2014 and 2015 we scored significantly better in 43 of them, around the same in 13 and worse in 4. In particular we saw improvements in:

- Staff who would recommend LAS as a good place to work
- Staff who said they look forward to work
- Staff reporting that managers take a positive interest in their health and well-being
- Staff happiness with the standard of care provided by the organisation

We have worked hard this year to support staff when they become ill. As a result, frontline sickness reduced from 7.7% in 2014/15 to 5.6% in 2015/16. This can, in part, be attributed to the increased support provided to staff by the Clinical Team Leaders.

3. To improve our organisation and infrastructure

Specific Objectives

- Improve the efficiency and effectiveness of support services
- Improve the productivity and running of our front line
- Continually improve internal arrangements and efficiencies

Efficiency & Effectiveness of Support Services

We have undertaken a number of reviews of support service functions in 2015/16.

A full review of the IM&T structure and work programme was undertaken by the interim Chief Information Officer (CIO). This included a review of the Management Information Function which resulted in the creation of a Business Intelligence Team. This team went live from February 1st 2016, and moved from the IM&T Directorate into the Performance and Business Intelligence Directorate to ensure closer alignment with LAS strategic priorities and key organisational developments.

A permanent CIO has now been appointed and is in the early stages of reviewing the IM&T function before taking forward the recommendations.

A diagnostic exercise was carried out within the HR department to identify improvements that can be made within the department and when a new permanent Director of Workforce is appointed they will carry out a restructure if need be.

We have seen significant improvements in the effectiveness of our Fleet function due to a large investment in new vehicles over 2015/16. This included:

- The introduction of 104 new ambulances
- Delivery of 57 Non-Emergency Transport vehicles
- Delivery of 60 new Fast Response Vehicles currently being introduced into the Service.
- A business case agreed for the purchase of a further 140 vehicles

Productivity of our front line

Our Performance Improvement Programme, which ran throughout 2015/16, was established with a remit to implement a range of performance improvement initiatives across the Service.

The programme brought together a series of projects which aimed to address longstanding operational challenges facing the Service whilst the programme did not see the complete

performance improvements and reduction in Job Cycle Time that we were hoping for there were a number of achievements which include:

- The roll out of the Clinical Information and Support Overview (CISO) performance management tool for frontline staff which has improved the information available to staff and managers to support improvements in staff performance
- The introduction of revised transport options for frontline staff to support an increase in frontline capacity as staff are able to use alternative transport resources where this was clinically appropriate including the introduction of a new non-emergency transport service (NETS)
- The design of the FRU (ambulance car) co-ordinator role and the identification of FRU co-ordinators in each station group to support improvements to FRU response times
- The reduction in our multiple attendance ratio which improved efficiency and the availability of ambulances

Internal efficiencies

All NHS organizations are required to seek efficiencies as part of national planning guidance. Across 2015/16 we were asked to identify £9.0m of savings, this represents 2.5% of operating costs. This total was achieved in full. To achieve this, the Trust continually looks at what it spends its money on to ensure what is purchased is needed, effective and represents value for money.

Examples of efficiencies made across 2015/16 include;

- Reducing accident damage costs through better care of vehicles and reducing insurance costs, £0.5m.
- New IT systems. These were both more effective and cheaper than those they replaced. £0.5m.
- Improved store and stock management, including achieving better prices from suppliers, £0.8m.
- Fuel, more efficient use and seeking low prices, £1.0m.
- Controlling staff costs in support functions. This including controlling temporary staff costs and identifying savings that could be made from reorganising activities. £1.0m.

4. To develop our leadership and management capabilities

Specific Objectives

- Define London Ambulance Service leadership and management competencies and develop the way we manage and lead
- Have in place an annual development programme for leaders and managers
- Finalise the implementation of directorate restructures

LAS Leadership and Management Competencies

We have provided Clinical Team Leaders (CTL) with a two day development programme which was designed and delivered by Cranfield University to provide CTLs with some additional development and support to be able to undertake the first line management elements of their new role. This was delivered from May 2015 through to January 2016 and has been incorporated into future clinical team leader courses planned for this financial year.

Throughout 2015/16, we brought managers together for a number of management briefing sessions so that they understood the direction and priorities for the Trust and were able to influence these.

2015 saw the introduction of our Leadership Forum, bringing together the Executive Leadership Team and the Senior Leadership Team to develop and work on issues together. Gareth Jones, author of “Why should anyone be led by you” ran a session for the leadership forum to explore leadership and its implications within organisations.

In addition, the Service supported a number of staff to undertake national and pan-London leadership development programmes.

Annual Development Programme

As stated above, we have introduced quarterly leadership forums in 2015 and put in place a development programme for our Executive Leadership Team and Trust Board. We have also put in place the CTL development programme as detailed above.

Most of the work this year has been in planning the development programme that will be launched in 2016/17. In line with the people and organisational development strategy the Trust will be following the NHS Leadership framework for 2016/2017. The framework consists of nine leadership dimensions:

- Inspiring shared purpose
- Leading with care
- Evaluating information
- Connecting our service

- Sharing the vision
- Engaging the team
- Holding to account
- Developing capability
- Influencing for results

Each of the dimensions has four levels which will be applied to different managerial / leadership levels within the Trust:

- Essential (First line managers and new managers to the Trust / in to role)
- Proficient (Managers up to Assistant Director level)
- Strong (Assistant Director and Deputy Director level)
- Exemplary (Directors)

Directorate Restructures

September 2015, saw the new Operational Management structure fully go-live, putting in place new management and support arrangement to the front line. The new structure was designed to: better meet the needs of our frontline staff; address elements identified in our 2014 staff survey action plan; improve our engagement with Clinical Commissioning Groups and other external stakeholders; simplify and focus management roles to improve production levels and high quality care; and to deliver cost savings and increase efficiency.

In summary

2015/16 has been a very challenging year for the Service, a year which has been largely dominated by activities designed to improve our performance against national ambulance targets and preparing for, and taking action to address the findings from, our CQC inspection. Performance against nationally set targets was challenged and we did not meet 75% of Category A calls reached in 8 minutes, although we did improve on our 2014/15 position.

Our CQC inspection and the action plan that we developed following the publication of the report in November 2015 meant that some of the elements of our 2015/16 Business Plan were deferred or not completed. However, it is very encouraging that despite performance pressures we still saw a number of improvements throughout this year which are identified in this report, summarised on page 2.

Recommendations

The Board is asked to note this report as an end-of-year position against the 2015/16 Business Plan.

Karen Broughton
Director of Transformation, Strategy & Workforce



Report to:	Trust Board
Date of meeting:	31st May 2016
Document Title:	Annual report 2015/16 incorporating the Annual Governance Statement
Report Author(s):	Fiona Claridge, Stakeholder Communications Manager
Presented by:	Sandra Adams, Director of Corporate Affairs/Trust Secretary
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History:	A draft version of the report has previously been shared with the Audit Committee, external auditors, and the Executive Leadership Team.
Status:	For approval
Background/Purpose	
<p>The annual report 2015/16 provides an overview of the London Ambulance Service NHS Trust over the past year, reporting on how it has achieved against its agreed priorities for 2015/16.</p> <p>The report is a requirement and is shared with NHS Improvement (NHSI) and the Department of Health, as well as being available to the public and stakeholders.</p> <p>The report has changed since 2014/15 to meet new reporting requirements set by NHSI.</p> <p>The Annual Governance Statement (AGS) is incorporated in the Annual Report but is also submitted to the auditors and the Department of Health as a standalone document. The AGS is the key governance summary for the year and describes the governance arrangements and the key risk areas. The Head of Internal Opinion is included in the AGS and is one of:</p> <p>‘Substantial assurance with minor improvements required’. ‘Our work has confirmed that there is general a sound system of internal control which is designed to meet the Trust’s objectives, although we had identified areas where the controls in place could be enhanced or improved.’</p>	
Action required	
<p>The Trust Board is asked to approve:</p> <ul style="list-style-type: none">- The Annual Report 2015/16- The Annual Governance Statement 2015/16	
Key implications	
<p>Both reports provide a comprehensive account of 2015/16 and the challenges facing the Trust.</p>	

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

Foreword from the Trust Chairman, Heather Lawrence

Emergency services are facing increasing demand and the London Ambulance Service (LAS) is no exception. This Annual Report highlights how my predecessor, Richard Hunt, in leading the Board, and together with our Chief Executive Fionna Moore have been working to improve services for the population of London. I would like to acknowledge here the contribution Richard Hunt made over the last seven years as Chairman of the LAS.

As incoming Chairman, it is my view that we need to continue to develop and alter our service to better meet the changing needs of the population, particularly for the elderly and those with a mental health issues where dispatch to hospital may not be the best solution. I am committed to our working with the Sustainable Transformation leads across health services, the other blue light services and our stakeholders to ensure that we are integral to the planning and development of emergency services. The problems hospitals face in increasing demand for accident and emergency services is echoed across the LAS. Change is a constant state of play and we need to also work with our staff to embrace the changes that are needed to meet the needs of Londoners in the 21st century.

I have joined at a difficult time for LAS as in addition to facing increasing demand we were placed in 'special measures' following an inspection by the Care Quality Commission. The Governance of the organisation will be strengthened by developing a fresh vision and strategy for the service combined with strengthened system and processes.

People make our organisation and we will work with our staff to ensure that we are strongly recommended as an excellent place to work. Together we will work to make LAS an excellent service for Londoners and for staff and in these ways will come out of special measures.



Strategic report

Who we are and what we do

London Ambulance Service NHS Trust is the busiest emergency ambulance service in the UK providing healthcare that is free to patients at the point of delivery. We are also the only London-wide NHS trust.

Our main role is to respond to emergency 999 calls, getting medical help to patients who have serious or life-threatening injuries or illnesses as quickly as possible.

However, many of our patients have less serious illnesses or injuries, and do not need to be sent an ambulance on blue lights and sirens. Often these patients will receive more appropriate care somewhere other than at hospital and so we provide a range of care to them, recognising that many have complex problems or long-term medical conditions. We also provide clinical assessments over the phone to more callers with less serious illnesses and injuries. The number of patients we manage over the phone is the highest in the country with patients referred to NHS 111, given additional clinical advice over the phone by a clinical advisor, or sent a non-emergency transport vehicle to take them to an urgent care center or emergency department.

We also run a patient transport service which provides pre-arranged transportation for patients to and from their hospital appointments. In addition, we manage the emergency bed service, a bed-finding system for NHS healthcare professionals who need to make arrangements for their seriously-ill patients.

We are led by a Trust Board made up of 12 members – a non-executive chairman, five of the Service's executive directors, including the Chief Executive, and six non-executive directors.

As an integral part of the NHS in London, we work closely with hospitals and other healthcare professionals, as well as with other emergency services. We are also central to planning for, and responding to, large-scale events or major incidents in the capital.

We have over 4,500 staff who work across a wide range of roles. We serve more than eight million people who live and work in the London area. This covers about 620 square miles, from Heathrow in the west to Upminster in the east, and from Enfield in the north to Purley in the south.

In 2015/16 we handled over 1.8 million emergency calls from across London and attended more than one million incidents. Incidents in London rose by 20,000 in 2015/16, putting us under significant pressure.

We are committed to developing and improving the service we provide to the people who live in, work in, and visit London.

Chairman Richard Hunt's views

It has been a difficult year for the Service. The Care Quality Commission (CQC) visited us in June 2015 and published their report in November. Whilst we received a “good” rating for our overall care of patients, the report highlighted a number of areas of concern.

With demand once again increasing, particularly amongst our most seriously ill and injured patients, and a national shortage of paramedics the year proved particularly challenging. Under such circumstances it is important to recognise that whilst we maintained a safe level of service, we fully acknowledge that we couldn't always provide the quality of service that we would have liked. However, it is excellent to see that our ‘caring and compassionate’ staff were fully recognised in the CQC's report. Throughout these challenging times, they have remained committed, dedicated and proud of the work they do. And these reflections on the year represent a further opportunity to say thank you to all my colleagues.

Since the CQC inspection we have made significant progress in a number of areas and this was recognised by the CQC at our Quality Summit in December. Since then we have developed and launched our Quality Improvement Plan. This not only sets out the action already taken since the CQC inspection but also details our improvement plans, how we will deliver them and over what time period. Whilst there is still much work to do progress has already been made to deliver better care for patients and to provide a more supportive working environment for our staff.

Despite difficult circumstances we have made some significant achievements over the past year. In January 2016 we launched the London Ambulance Service Academy, providing an opportunity for staff within the Service to qualify as paramedics. The Academy has been designed after feedback from staff on the need for further education and development opportunities and has now been delivered as the first part of our CQC improvement plan. It is an important investment in the future of the service and provides the opportunity for us to support colleagues in their own development.

During the Christmas and New Year period we ran a high profile alcohol campaign in collaboration with the Metropolitan Police Service, London Fire Brigade and the Greater London Authority. 'Eat, Drink and Be Safe' was designed to manage demand from alcohol related calls during this busy and challenging time. London Ambulance Service saw a 12.5 per cent decrease in alcohol related calls over New Year. Well done to everyone involved.

This year has also been a time for change for me personally. I will be leaving the Service after seven years at year end (March 2016). I will have the opportunity to consider what to do next in addition to my immediate task of taking on the role of Commanding Officer of the Engineer and Logistic Staff Corps (advisors to the Ministry of Defence).

I am incredibly proud to have been part of the London Ambulance Service, and of the care and compassion that I see colleagues provide every day. In thanking all colleagues for what they do and dealing with the pressures of increasing demand I would also like to thank them for the support they have given me.

I am handing over to Heather Lawrence in April who has over 40 years of frontline NHS experience and is joining us from Monitor, the regulator for NHS foundation trusts, where she has served as a non-executive director.

I wish everyone at the Service every success in the future and I will always look back and remember my time here with pride and affection.

Insert Heather Lawrence section here

Chief Executive Fiona Moore's views

Despite 2015/16 being an incredibly challenging year for the Service we have made significant progress since 2014/15 to improve the Service for both staff and patients. Although the report from the Care Quality Commission (CQC), published in November 2015, was very disappointing we had already begun making improvements in staffing, performance and staff engagement.

Since then we have developed and made progress against the objectives in our quality improvement plan, working closely with stakeholders, staff and patients to make our organisation stronger. In 2015/16 we recruited over 700 staff, easing the pressure on existing staff who work incredibly hard. We have also seen improvements in our staff survey results with 47 indicators showing an improvement, reflecting the positive changes we've made. We are resolutely determined to deliver month on month improvements to the Service through our quality improvement plan and significantly improve the organisation for our patients and our staff by the end of 2016.

Demand on the Service has continued to increase, with an increase of over 20,000 incidents in comparison with 2014/15. Demand has been particularly high recently, with March 2016 seeing the highest number of Category A (immediately life threatening) incidents the Service has ever seen. With demand increasing we have been mindful of how we respond to 999 calls, ensuring we provide the highest standards of patient care but recognising that conveying patients to hospital is not always the best option.

As an example of responding to demand and to improve the support available to patients, we introduced mental health nurses to our clinical hub in February 2015. These nurses support people with mental health

concerns who need the right support but who in many cases do not need, or want, an ambulance. They provide enhanced mental health assessments over the phone, assisting patients with accessing support from their local mental health teams, referring them to their GP or upgrading their call if there is an immediate risk or clinical need. In the past year our mental health nurses responded to 5,961 calls, with 15.9 per cent managed by phone.

We have also been working toward greater integration between the London Ambulance Service and other services through the Introduction of Coordinate My Care (CMC). CMC enables us to access patient records entered onto the CMC system when a 999 call is received. We now have over 13000 patients on the system, which is accessed every day by frontline staff. We are continuing to work with CMC and others to develop this tool for the benefit of patients with a range of illnesses. CMC has been particularly useful in helping patients with end of life care plans; ensuring they receive the most appropriate care and avoiding unnecessary conveyance to emergency departments.

We have continued to work closely with other emergency services in London and launched two pilots this year with the Metropolitan Police Service (MPS) and London Fire Brigade (LFB). The pilots see the MPS and LFB corresponding alongside us to incidents in a small number of London boroughs. The pilots enable us to work together and share resources, saving more lives across London. We are already seeing some great success stories through these pilots and London has 124 defibrillators available through these pilots.

Despite the challenges over the past year we have achieved a lot and have clear plans for how we will continue to improve the Service.

Our vision and strategic goals

In 2015 we set our vision to be a world-class service, meeting the needs of the public and our patients, with staff who are well-trained, caring, enthusiastic and proud of the job they do.

We want to deliver the highest standards of healthcare and contribute towards people who live and work in London having health outcomes that are among the best in the world.

In 2016/17 our vision is 'Making the LAS great'.

Our strategic goals 2015/2016 were:

- To improve the quality and delivery of our urgent and emergency response
- To make the London Ambulance Service a great place to work
- To improve our organisation and infrastructure
- To develop our leadership and management capabilities

Our values in 2015/2016 were:

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

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

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

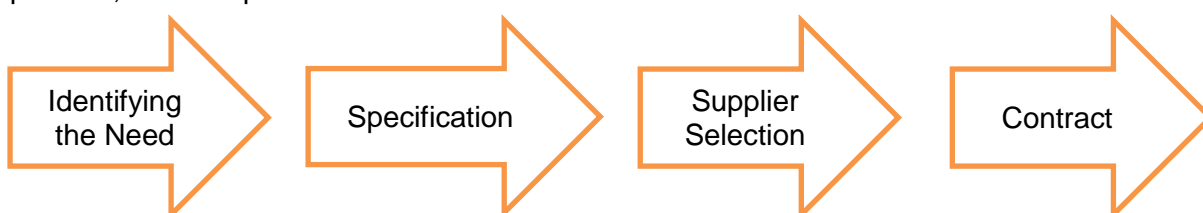
Strategic Report Issues

Sustainability

One of the key aims of the Trust Procurement Strategy 2016-2019 is to imbed Corporate Social Responsibility (CSR) within its supply chain. The Trust is committed to sustainable procurement by ensuring that social, economic and environmental issues are considered during all stages of a procurement process. The Trust is working towards developing a policy and suite of procedures to ensure that we continue our commitment to CSR.

A recent report conducted by the London Universities Procurement Consortium (LUPC) calculated our indirect carbon footprint was 22,417 tonnes of CO₂e (carbon dioxide equivalent) from our 2014/15 purchasing activity. This is a 16% decrease on 2013/14 activity.

The Procurement Strategy 2016-2019 states Sustainability will be considered where appropriate to a contract. This can be applied at different stages in the procurement process, for example:



Activities can include:

Identifying the need

Question whether the purchase is really essential, or could use be made of an existing product or a more environmentally friendly product or service. Consider working with potential suppliers to look at packaging, transport or production processes.

Specification

Although careful consideration needs to be given to the way in which goods and services are specified in tender documents to ensure the Trust does not act in an anti-competitive manner, consideration can be given to the goods or service over its lifecycle, 'whole life costing'.

Supplier Selection

Potential suppliers can be asked to demonstrate their environmental technical competence, where this is relevant to the subject of the contract, for example in waste disposal contracts.

Contract

Award criteria must be relevant to the subject of the contract but consideration can be given to using a range of criteria including quality, technical merit, aesthetic and functional characteristics and running costs, all of which can have a direct impact on the environment. In managing the contract we can work with suppliers on continuous improvement to performance such as reduced transportation & packaging.

Equality and diversity

2015/16 has been the second year of our equality strategy 2014-19 and in January 2016 the London Ambulance Service was again recognised by Stonewall as one of the top employers in the country. In Stonewall Top 100 Employers we were ranked 46th overall, up 16 places from 2015, and one of the top five health and social care organisations in the country. Stonewall highlighted that this ranking was because of our inclusive policies, equality training for staff and the continued work of our LGBT Forum.

2015/16 has also seen the Trust increasingly active in supporting staff who have reported bullying and/or harassment. This has included the introduction of a telephone advice line and the interim appointment of a specialist manager who is delivering training for managers and staff across the Trust. We have also developed a revised Dignity at Work Policy which supports an approach, when it is judged appropriate, to resolve issues through conversation between those involved.

Looking forward to 2016/17 equality and diversity forms a key part of our quality improvement plan. We want to make sure that we are an equal opportunity employer, and that our 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 the recruitment processes, particularly in relation to internal promotion opportunities.

London Ambulance Service purpose and priorities 2015/2016

The London Ambulance Service purpose and priorities 2015/16

The purpose of the London Ambulance Service is to care for people in London: saving lives; providing care; and making sure they get the help they need.

Our goal is to deliver safe, high quality care that meets the needs of our patients and commissioners, and that make our staff proud.

Our values are Clinical Excellence, Care and Commitment. By **clinical excellence** we mean giving our patients the best possible care; leading and sharing best clinical practice; using staff and patient feedback and experience to improve our care. By **care** we mean helping people when they need us; treating people with compassion, dignity and respect; having pride in our work and our organisation. By **commitment** we mean setting high standards and delivering against them; supporting our staff to grow, develop and thrive; Learning and growing to deliver continual improvement

objectives	To improve the quality and delivery of our urgent and emergency response	To make the London Ambulance Service a great place to work	To improve our organisation and infrastructure	To develop our leadership and management capabilities
Sub objectives	<p>Develop new quality and clinical strategies and goals which embed learning from complaints, serious incidents and review</p> <p>Undertake a programme of service reviews to improve deployment of our resources</p> <p>Identify, understand and manage risks to patients to support an effective safety culture</p> <p>Improve interactions between 999 and 111 services and grow our 111 business</p>	<p>Improve education and development opportunities so our staff can develop and progress with us</p> <p>Build a sustainable recruitment pipeline to ensure we have the right levels of staff in place</p> <p>Improve staff recognition, reward and engagement so that our staff feel valued</p> <p>Reduce turnover and improve our staff's health and wellbeing</p>	<p>Improve the effectiveness and productivity of support services</p> <p>Improve the productivity and running of our front line</p> <p>Continually improve internal arrangements and efficiencies</p>	<p>Define London Ambulance Service leadership and management competencies and develop the way we manage and lead</p> <p>Have in place an annual development programme for leaders and managers</p> <p>Finalise the implementation of directorate restructures</p>

To improve the quality and delivery of our urgent and emergency response

Sub objective – Develop new quality and clinical strategies and goals which embed learning from complaints, serious incidents and review

Learning from experiences

London Ambulance Service is committed to delivering the highest level of safety ensuring risks are kept to a minimum for all of our patients, staff, visitors and local community. The complexity of healthcare and the ever-growing demands to meet health care needs means that there will always be an element of risk in providing high quality, safe, health care services. We recognise that effective reporting and analysis of incidents and complaints and good risk management is an integral part of good management practice and should become part of the Trust's culture.

We have acknowledged that, historically, the number of clinical and safety incidents being reported was low. The reasons for this included fear of punitive action, poor safety culture in the organisation, lack of understanding among clinicians about what should be reported, lack of awareness of how reported incidents are analysed, and how the reports lead to changes that improve patient safety.

Over 2015/16 a great deal of work has been done to build an environment where staff feel confident and supported to report incidents and are assured that reports will be dealt with openly, respectfully and thoroughly. We have addressed the cultural concerns that staff reported about reporting incidents by providing assurance that staff will be supported and treated fairly and in a timely and consistent manner.

Using the *NHS Confederation Act on reporting: five actions to improve safety reporting* as a template, we have improved patient safety by:

- giving feedback to staff
- focussing on learning
- engaging frontline staff
- making it easy to report
- making change matter

To support this process and, where possible, allow for local investigation and resolution, we have appointed Quality, Governance and Assurance Managers across London and Clinical Team Leaders who have received appropriate training in incident investigation and feedback.

Focus on learning

We are using themes from incidents and complaints in educational sessions for staff in order to share learning. Sessions have included airway management refresher sessions, maternity updates and multi-agency teaching sessions. An increasing number of staff involved in incidents have written case reports for clinical updates to share their learning and reflections. We have been clear in all sessions that incident reporting is about reducing the risk for patients not apportioning blame to individuals.

Engaging frontline staff

Clinical team leaders have now been given protected time to provide clinical supervision and feedback to their team members. This means staff can talk through cases where they were concerned and be guided as to whether it constitutes an incident.

Serious Incidents

The Serious Incident group meets weekly to review cases raised as potential Serious Incidents – the membership of this group has been broadened to include staff officers who are frontline paramedics. We have set up local area governance and mortality meetings, facilitated by the medical directorate, where clinicians bring cases and discuss them in a supported and open forum.

Making it easy to report

As a mobile healthcare provider it is important that the process for reporting is simple and effective. We have commissioned the introduction of DATIX web, which will go live during 2016/17. Whilst we are waiting for this to be introduced we have ensured that incident reporting forms (LA52s) are on all the front-line vehicles and that clinical team leaders are available to receive and review these once they are submitted. This combined with more confidence that incidents will be addressed, has resulted in increased reporting and in particular self-reporting. We have provided a single point of contact email for potential Serious Incidents and Medicines Management Incidents. The Clinical Hub has a Quality Governance Manager on duty every shift that is able to talk to crews immediately after an incident, provide guidance and support and escalate issues in real time to the on call medical and operational managers.

Making change matter

All incidents, complaints and claims are monitored by the respective department i.e. Patient Safety Department, PALS, Complaints and Legal Services Department and Regulation, Compliance and Quality Improvement Department. The increase in self-reporting of incidents indicates that we have made progress towards staff believing that reporting systems are to improve safety and not to seek to blame individuals. We produce three monthly 'Learning from incidents' reports which pull together all the themes from incidents, complaints and inquests – this is shared both internally and externally. In addition themes of incidents and complaints, Serious Incident recommendations and audit recommendations are monitored through the Clinical Safety and Standards Committee, chaired by the Medical Director, and the key themes are reported to the Trust Board through the Quality Committee. Trust audits are undertaken to assess whether learning has been embedded into everyday practice.

Our use of feedback to make improvements

Feedback from patients, their families and the public is an important way of driving improvements to our service. This is captured by our Patient Experiences team who managed 3,800 enquires and 1,025 complaints this year.

Activity and themes arising from complaints are regularly reported to the Trust Board. Our Learning from Experience Group also reviews the themes and issues emerging from complaints and the action taken to improve services. Some patients are also invited to tell their story in person to the Trust Board,

Some of the changes we have brought about arising from complaints and service-user feedback include the following:

- Amending the *elderly fallers protocol* which automatically prompts an upgrade to the level of emergency priority when there is a delay exceeding 60 minutes in an ambulance response. This now takes account of elderly patients who have sustained a suspected injury as a result of the fall but have been helped up from the floor.
- Asking the National Academy to review the way patients with diabetic problems are assessed to take account of ketone levels within the triage protocol
- Reviewing the way we assess children who have swallowed a foreign object to make sure we know that their airway is clear (this is because retching can suggest a potential blockage)

Improving performance

We have completed an internal review and introduced a range of measures to improve our complaint management performance, including improving the information available on our website to make it easier for service-users to make a complaint and updating our intranet so that staff are familiar with the process and know how to help a patient who wishes to make a complaint.

Sub objective – Undertake a programme of service reviews to improve deployment of our resources

In 2015, London Ambulance Service and South West Ambulance Service Trust (SWAST) were the first two ambulance Trusts to be selected to pilot the first phase of the “Ambulance Response Programme” initiative. This pilot allowed call handlers in our Emergency Operations Centre’s up to a maximum of 180 seconds to undertake a more comprehensive assessment for a pre-determined selection of 999 calls before the response time clock started. This additional time gave call handlers the ability to make a more detailed diagnosis and to ensure the appropriate response was provided to the patient.

In terms of the outcome, we have seen a reduction in the number of cancellations due to better dispatching decisions. It is important to note that there have been no adverse incidents, safety issues or complaints as a result of the pilot.

In addition to this, a number of workshops were held throughout the summer of 2015 to consider the benefits of our solo responders not being automatically backed up by an ambulance on certain calls. This system is already in use in other ambulance Trusts.

We launched a pilot for a limited number of call types. The pilot allowed paramedics on scene to assess the patient’s need for conveyance to hospital before the ambulance arrived and subsequently determine whether and what type of further intervention was required. Secondly, it ensured that an ambulance response was only sent to patients who needed it.

A pilot commenced to test the concept within the Trust after the Medical Director selected and agreed a very limited number of call types. Our solo responders currently have four options for requesting additional resource and these options are based upon how quickly and what type of vehicle resource is needed. The benefits of this pilot to the Trust are currently being evaluated.

Sub objective – Identify, understand and manage risks to patients to support an effective safety culture

Patient Safety Incidents

Serious Incidents

In total across 2015/16 62 incidents were deemed to meet the criteria to be declared as serious to NHS England (London), a 41 per cent increase compared to 2014/15. Each declared Serious Incident (SI) is then subject to a full investigation using Root Cause Analysis (RCA) methodology with SMART recommendations put in place to mitigate the likelihood of repeat occurrences.

For the third year in a row the numbers declared have increased significantly (18 in 2012/13 and 39 in 2013/14, 44 in 2014/15). This continues to demonstrate a better understanding and use of the internal incident reporting process and a firm organisational belief in the channel for identifying Serious Incidents. It also reflects a more open reporting culture in a time of increasing demand on the Trust.

As in previous years, the number of ambulance delays related to SIs has remained high, although in 2015/16 we have seen a wider range of incidents declared, including HR related issues, information governance issues and medicines management. This wider range of incidents raised by members of staff that are then declared further demonstrates the increasing confidence of our staff in the purpose and benefit of reporting errors and incidents.

Process and governance

The SI group membership includes four executives and meets weekly. Following a review of the terms of reference this year the membership has expanded to include more subject matter experts. This has resulted in more informed and quicker decision making. We have been happy to host a variety of observers at the meeting, both external in the form of commissioners and the NHS Trust Development Authority and internal, with an increasing number of staff with a quality or governance focus to their roles demonstrating an interest in the discussion and decision making process for SIs. The purpose of the meeting is to provide an open and challenging discussion to incidents raised, and this has been reflected in feedback from our external stakeholders. We have also seen a continuing number of inquests and complaints raised to the group for evaluation and decision.

Each SI has executive and senior management leads who review and sign off the report before it is submitted; we also involve our legal services team and seek external legal advice as required. Ensuring the Duty of Candour is complied with is essential and this now forms an integral part of the discussion for responsibilities as when a patient safety SI with moderate or severe harm is declared and a Family Liaison Officer is appointed.

We expect that 2016/17 we will see further increases in the number of incidents considered and declared as DatixWeb is introduced making incident reporting more accessible to our staff and managers.

Future developments

The numbers of SIs declared by the Trust are lower than some of our peers; however, this could be seen as a measure of the safety of the service rather than a poor process for

capturing errors and incidents. Other ambulance services also declare trolley breaches, whereas the arrangements in London are for these to be declared by the acute trust responsible. The Service is taking part in an ambulance service initiative to share the details of SIs declared to allow for better learning and comparison across Trusts using the Proclus/Zeal system. It is important that in 2016/17 we continue to work on reducing the length of time it can take to investigate an SI and the level of quality of the report that is produced. As such approximately 30 members of staff have undertaken RCA training in the latter part of 2015/16 to help ensure this is done. In addition to this there are now clear channels for escalation of overdue SIs to both senior and executive management.

How we are implementing Duty of Candour

The Service has taken a multifaceted approach to implementing and embedding the Duty of Candour into the culture of the organisation. In addition to the appointment of Family Liaison Officers in Serious Incidents, there have been several classroom-based Family Liaison Officer training sessions for clinical managers to help explain the purpose of the Duty of Candour and what is required to fulfil that duty. In addition to this a dedicated Duty of Candour session has been included on Core Skills Refresher training 2015.3 for all clinical staff. In 2016/17 Duty of Candour will be included as a mandatory training module for all staff with an attached multiple choice competency test and it will be included on Trust induction for all new staff. These initiatives have run alongside a continuing internal communications programme.

‘Sign up to Safety’ campaign

In 2015/16 the Trust enrolled on to the Sign up to Safety campaign in order to contribute to the system-wide ambition of making the NHS the safest healthcare system in the world by creating a system devoted to continuous learning and improvement. This meant signing up to five specific pledges:

1. **Putting safety first** - commit to reduce avoidable harm in the NHS by half and make public our locally developed goals and plans
2. **Continually learning** - make our organisation more resilient to risks, by acting on the feedback from patients and staff and by constantly measuring and monitoring how safe our services are
3. **Being honest** - be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong
4. **Collaborating** - take a lead role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use
5. **Being supportive** - help people understand why things go wrong and how to put them right. Giving staff the time and support to improve and celebrate progress.

We have seen progress so far in maternity where a six weekly “Risk Summit” set up to discuss complaints, serious incidents, PALS, claims and inquests has used the Sign up to Safety pledges to help inform its agenda. Work continues to improve the safety of the service we provide by effective engagement with staff involved in incidents and providing proactive training on maternity risks to clinical staff. Learning points are also shared at a London-wide heads of midwifery meeting. The ambition for 2016/17 is to replicate this

approach in other high risk areas of our activity. In addition to this we publish a quarterly learning from experience report, picking up a number of themes from across Serious Incidents, complaints, inquests, incidents and claims. This report is shared at the Quality Governance Committee and with our commissioners. In regards to “being honest” we are working extensively to integrate the Duty of Candour in to the culture of the organisation as detailed above and staff involved in Serious Incidents are offered support through the process, including staff welfare, evidencing our commitment to being supportive.

Sub objective – Improve interactions between 999 and 111 services and grow our 111 business

We have continued to make strong progress with our 111 services over the year. Our South East London service provision for 111 has regularly met national targets and is still considered a high performing provider of the 111 service in London. Last year we handled over 294,000 calls and saw overall call volume increase, in the last quarter of 2016 actual call demand was frequently higher than predicted.

Our performance against calls answered in 60 seconds has been regularly met, only dropping below the national target of 95 per cent in February 2016 to 92.4 per cent, the first time since December 2014. We have consistently met the target of less than 5 per cent for calls abandoned in 30 seconds and continue to maintain one of the lowest rates pan London, for percentage of answered calls transferred to 999, averaging 7.6 per cent.

To ensure we constantly improve our service, we have worked closely with our 111 commissioners during the year to meet their service need and cost expectations, for example, initiating a review of forecast activity, with the quality of the service remaining good despite challenges across the London Urgent and Emergency Care (U&EC) system.

In order to strengthen relationships, we have also continued to work with commissioners across the capital and have representation at pan London strategic groups, such as the Integrated Emergency and Urgent Care Committee to collaborate and promote the interaction across the U&EC system.

We have improved interactions between 999 and 111 by implementing a number of joint pilot projects between commissioner, provider and wider healthcare system. We have introduced a broader organisational approach to improve internal communication and awareness through a staff exchange and visit of our 111 and 999 control rooms, this will in turn look to support future training on both Pathways and the Advanced Medical Priority Dispatch System (AMPDS).

We have been preparing to grow our 111 business and created a bid infrastructure that includes; key stakeholders; small medium enterprises (SMEs); management process and collateral, as well as scrutinising key requirements within the commissioning landscape to ensure we are prepared and ready for the re-commissioning of services and commissioner intent. We have identified and monitored the 111 bid opportunities in year and considered each procurement opportunity as released in the public domain. As a result, our executive leadership team (ELT) made a decision not to progress with two contract procurements.

To make the London Ambulance Service a great place to work

Over 2015/16 we have been working on a number of areas to make sure that the Service is a great place to work for all of our staff. We want to be an equal opportunities employer where staff enjoy their work, have their opinions heard and feel supported in their day to day roles and in developing their careers with us.

Sub objective – Build a sustainable recruitment pipeline to ensure we have the right levels of staff in place

Advert to action

The aim of Advert to Action was to ensure sufficient staffing levels were in place to meet patient needs by filling the large vacancy gap that existed at March 2015. During 2015/16 our extensive recruitment activities saw us recruit 717 frontline staff, resulting in a net increase of our frontline workforce by 314 whole time equivalent (wte).

To fill our vacancies, we have conducted three separate recruitment trips to Australia, recruiting over 550 wte paramedics, and have learned lessons from each trip, so that we now target graduates from specific universities to ensure we recruit the most suitable candidates who have the skills that we need.

Looking forward to 2016/17, we have a further recruitment trip to Australia in the first few months of the new financial year and are working hard to strengthen our graduate package to ensure that we are best placed to recruit UK graduates when they finish their training.

We also recruited locally for our Emergency ambulance crew roles, bringing in 252 new frontline staff into the Trust

To address the national shortage of Paramedics we have been working closely with Health Education England (HEE) locally and nationally. We worked closely with HEE when they developed their workforce plan for 2015/16 to acknowledge the shortage of paramedics and the need to increase the pipeline of future paramedics. The HEE investment plan demonstrates this by committing to increase paramedic training by over 87 per cent by 2017/18.

Although not part of the advert to action project, to ensure we are less reliant of recruitment from abroad we have also launched the LAS Academy to offer existing non-clinical staff the opportunity to train as paramedics.

We also work closely with universities to ensure that they train the right number of paramedics so that they provide a strong workforce pipeline for the future. Last year, locally, we increased the number of paramedics in training with our four main universities from 150 to 590 training places

Sub objective – Reduce turnover and improve staff's health and wellbeing

Bullying and harassment

Following the publication of the findings of the 2013 NHS staff survey and an independent report commissioned by the Service, we have undertaken an extensive range of activities to tackle bullying and harassment within the organisation. To help us with this, in November 2015 we appointed a bullying and harassment specialist to lead the activities and have also appointed an organisational change specialist to support our work on changing the culture within the organisation. The Trust Board also nominated a Non-Executive Director; Theo De Pencier to ensure the issue was addressed.

During the year we:

- set up a confidential telephone advisory service for staff members to report any cases as well as to receive advice
- revised and re-launched the Service's bullying and harassment policy with a new focus on mediation and facilitated conversations to encourage early and informal resolution of issues.
- have substantially increased the amount of training that is taking place within the Trust, all of the Executive Leadership team and Senior Leadership Team undertook bullying and harassment awareness training
- have designed and launched a simple easy-to-follow guide for staff to understand and report bullying and harassment.
- rolled out bullying and harassment awareness workshops across the service with bespoke sessions for teams where requested. In 2015/16 we ran 18 workshops for 250 staff.

We are also in the final stages of commissioning external facilitators in mediation skills training to train 25 staff in mediation skills to support our move to improve communication and conflict resolution skills within the organisation.

Sub objective – Improve education and development opportunities so our staff can develop and progress with us

Training

2015/16 has seen the Service make a number of improvements in the training and development available to our staff, as well as making a number of commitments on how we are going to further improve our training and development in 2016/17. This includes recruiting an organisational development specialist to review the development opportunities we have on offer.

For our frontline staff we have redesigned our core skills refresher training and education to ensure that it meets the needs of the organisation, which in 2015/16 included ensuring that all frontline staff received major incident training. In January 2016 we launched the London Ambulance Service Academy to offer existing non-registered clinical staff the opportunity to train as a paramedic.

All our 185 Clinical team leaders have received management development in the form of a two day bespoke management course developed and delivered by Cranfield University. The two days have also been embedded into future team leader courses. Clinical team leaders have also received a HR master class on managing attendance, disciplinary and grievances.

In order to help our staff improve their IT skills, we have launched the NHS IT skills pathway which is available to all staff. This is a recognised route of learning for the whole of the NHS workforce.

Supporting staff

One of the main ways in which we have improved our support to staff in 2015/16 is the establishment of a new Clinical team leader (CTL) role. Our CTLs have 50 per cent of their time protected in order to support their staff and they have received bespoke training on a number of subjects to help them in this role. As a result of the new CTLs we have seen a substantial increase in the number of Clinical Performance Indicators (CPI) completed. The CPI is a tool we used to continuously audit the care we provide to our patients and the CTLs use them to provide constructive feedback to their crews.

CTLs have also increased the number of Operational Workplace Reviews (OWRs) which are carried out, enabling further opportunities to provide staff with support and feedback on their clinical practice. In the six months before the new CTLs came into post between 10 and 60 were carried out each month. Immediately following the new CTLs going live this number jumped to between 160 and 190 per month.

Looking forward to 2016/17 we will work to ensure that all staff are supported and have opportunities to develop within the Trust. This will include completing appraisals, and enhancing our training for staff, including the increased use of e-learning.

Sub objective – Improve staff recognition, reward and engagement so that our staff feel valued

We are keen to listen to staff and act on what they have to say. Our approach is to try to provide clear messages and the opportunity to feedback to the senior leadership team, while supporting and empowering local managers to tailor the way they do this to engage with their staff.

Chief Executive Dr Fionna Moore held a series of roadshows across the Service in September and October 2015, which were attended by around 900 staff. As well as being an opportunity to update people on current issues and initiatives, the meetings included a chance for discussion and for staff to feedback their own ideas and views.

As a result of work across the Service and our staff engagement and recognition activities we have begun to see improvements in the NHS staff survey results. The NHS staff survey was sent to all staff towards the end of 2015, with a response rate of 35 per cent (compared to 35.7 per cent in 2014).

The findings showed improvements in a number of areas compared to the previous year's survey, whilst also reflecting the pressure the organisation has faced and staff concerns on key issues – which were already being addressed through our quality improvement plan in response to our Care Quality Commission inspection and report.

Our staff engagement score, informed by the 2015 NHS staff survey, was 3.13 (based on a score range from 1 to 5). This was up from 2.78 in 2014, but was still below the average for all ambulance trusts of 3.39. This figure is calculated from findings related to staff members' perceived ability to contribute to improvements at work; their willingness to recommend the Service as a place to work or receive treatment; and the extent to which they feel motivated and engaged with their work.

We have a monthly briefing system, Team Talk, which is designed for cascading information through the organisation and gaining feedback, which is then reported back to the Executive Leadership Team for their information and action. This feedback is then made available to all staff – along with details of actions that are being taken as a result. During the year, feedback received in this way led to the reintroduction of our internal magazine, LAS News, and which includes staff generated content.

Key themes and topics discussed on our closed staff Facebook site are also included in the Team Talk feedback reports. This group, which now has more than 2,800 members, enables direct communication and engagement with a large part of the workforce, as well as the chance for questions and discussions. Since July 2015, it has been successfully administered by a group of around 20 peer moderators who volunteer their time to make the group a better forum for staff.

Another key development during the year was the launch of a new intranet site, which is fully accessible from all work computers and on personal phones and other mobile devices. Ideas for the structure of the site, and content to be included, came from a survey open to all staff, as well as focus groups attended by a cross-section of people from different areas and departments across the organisation. Feedback has continued to be invited since the site was launched to help inform future developments.

We introduced our VIP Awards scheme in 2015 to recognise the work of people across the organisation and held the first awards ceremony in April that year. Nominations are considered by voting panels made up of colleagues from the same staff groups, with the overall winners from each then going forward for a service wide vote to become Employee of the Year.

We also continued to recognise the day-to-day contributions of staff through marking the achievement of long service milestones, and the publication in our weekly Routine Information Bulletin of the names of all those who have received a letter or message of thanks.

To improve our organisation and infrastructure

Sub objective - Improve the effectiveness and productivity of support services

Work has continued throughout 2015/16 to maintain, renew and increase the size of the fleet in support of frontline staff. This is a key area of work for the Trust, as the vehicles we use are the place where our services are provided.

In 2015/16 104 double crewed ambulances were replaced and a business case developed and approved for the procurement of a further 140 across 2016/17. In addition, 60 new fast response cars were also procured and are currently in the process of being converted for operational use. We expect these to become operational at the start of the new financial year. These new vehicles will replace our eldest vehicles, they will be more reliable, will spend less time in the garage and are cheaper and easier to maintain. The procurement of vehicles has also allowed the Trust to expand the size of its fleet, with ambulance numbers increasing from 420 in 2014 to over 450 by 2016. Increasing the size of the fleet helps reduce the downtime for crews as vehicles can be replaced more easily when things go wrong, such as mechanical failures and accidents.

Considerable effort has gone into improving the supply and availability of equipment across 2015/16. The Logistics Department has been working to ensure that equipment is available where and when staff need it. A trial has started of a new system to prepare vehicles prior to operational use; this will also help to reduce costs by reducing wastage and duplicated effort. Early indications are this trial will make a considerable impact on equipment management processes and help to ensure frontline staff can focus on treating patients.

Estates

We have continued to look at ways of reducing our energy usage and in the last 12 months we have replaced the lighting in a number of vehicles garages with LED lighting, which reduces electricity usage and routine maintenance. The air conditioning and boilers at New Malden were also replaced and the main roof at LAS HQ was replaced with additional insulation added. The estates team will continue to look at ways of reducing energy usage further in the future.

We have re-tendered a number of estates contracts to ensure that value for money is achieved and that staff have a safe working environment. These have included the Fire safety contract for the maintenance of Fire alarms, emergency lighting and portable firefighting equipment, water quality testing and Security and Fire risk assessments.

A new site for paramedic training has been identified to replace the current facilities. This will ensure that appropriate and sufficient facilities are available for the on-going training of trainee paramedics.

The Trust has also been working in partnership with Commissioners to secure new premises for the South East London 111 service, which we have been operating for several years as step in providers to ensure continuity of the service. We continue to work with the Metropolitan Police Service and London Fire Brigade to explore further options for collaboration and have recently been looking into a number of potential options for closer working, including the potential of sharing control rooms.

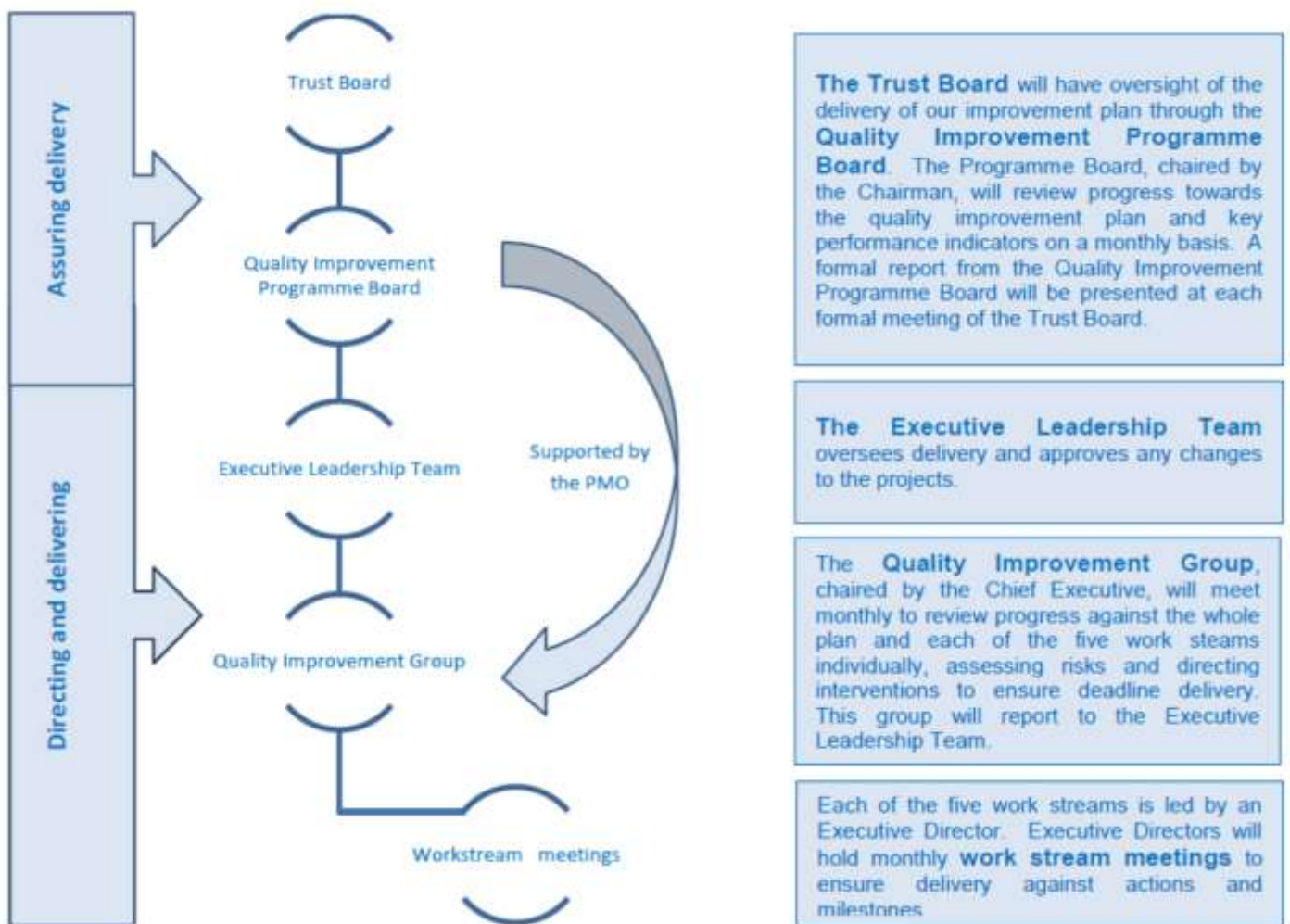
Other work has included the introduction of a new access control system with the production and issue of circa 5000 new ID cards and the disposal of a redundant radio transmitter site. We will review and develop our estates strategy in 2016/17 and continue to look at ways of improving the efficiency and effectiveness of our estate.

Project/Change management

During 2015/16 the main change management programme in the Service was the 2015/16 Improvement Programme. This programme had robust programme management arrangements with the support of PA consulting who brought project and change management expertise to the organisation. The programme governance included clear lines of responsibility and the use of tried and tested project tools and documentation. Following the conclusion of the programme a number of lessons learned were included in the final report.

Following our 2015 CQC inspection we launched our Quality Improvement Programme (QIP) ensuring that we have taken on board the lessons that were gleaned from the Improvement Programme. It was in part due to these lessons that we have ensured that the QIP has clarity of purpose and definitions, high profile visibility across the organisation and strong buy in from all areas of the organisation.

Building on arrangements that were put in place for the Improvement Programme, the QIP has strong programme governance in place to ensure the effectiveness of the management of the programme and the associated projects. The diagram below identifies how the project will be governed to ensure productivity and efficiency.



HR department

2015/16 has seen a number of improvements in productivity and effectiveness within the HR department. For the department as a whole, a diagnostic exercise was carried out by an Interim Director to identify areas of good practice as well as where improvements could be made in the service the HR department provides to the organisation. In 2016/17 we will recruit a permanent Workforce Director who will build on this diagnostic exercise and review the department to ensure it is an effective service providing high quality HR support to the organisation.

Significant improvements have been made in the Recruitment team over the past year. One of the key enablers to the improvement we have seen is the implementation of an interim structure, which was agreed in November 2015/16, ensuring that the team has the necessary resources to efficiently handle the volume of work required by the organisation. The interim structure included securing two senior recruitment managers who have a dedicated focus on specific areas.

We have improved the effectiveness of our systems by implementing the TRAC applicant tracking system in November 2015, which we are now embedding in business as usual.

We have also made great strides in improving the effectiveness of our workforce information function. We brought in a specialist to improve our systems and processes and as a result we have seen an improved ability to capture accurate workforce information. 2016/17 will see further improvements as we launch a programme to ensure that we make best use of our ESR system.

Learning & development

In Q3 of 2015/16 we began a re-launch of our learning and development function by recruiting a Learning and Organisational Development Specialist as well as appointing an Assistant Director of People and Organisational Development who has been reviewing the Learning and Organisational Development opportunities across the Service.

2016/17 is going to be an exciting year as we begin to establish the Learning and Organisational Development function alongside the launch of a new People and Organisational Development (POD) Strategy. This strategy and its commitments will, amongst other things, focus on improving the accessibility and effectiveness of Learning and Development across the organisation. The strategy's overall aim is building the Trust's capacity to achieve its priorities through planned development, improvement and implementation of strategies, structures and processes that lead to continuous organisational improvement.

To support all of this, an important area will be the need to have strong, resilient leaders capable of dealing with change and who role model our vision, values and behaviours so staff in turn can do the same. The POD strategy outlines a detailed approach to leadership, behaviours and development as well as talent management and succession planning.

Business performance reporting

During 2015/16 we undertook a review of our Information Management and Technology (IM&T) and Information Management Services. This Review resulted in the functions of the Management Information Team separating. One part remaining within the IM&T Directorate, focused on everyday core system data, with the other moving into the Performance Directorate to form the new Business Intelligence Team.

Within the Performance Directorate some of the initial areas that we are focusing on include;

- Embedding the Purpose and Values of our Service within our reporting and analysis
 - Provision of accurate, qualitative data with intelligence for Sectors, Group Stations and Teams
 - Providing Trust Board with comprehensive analysis that supports effective decision-making
 - Working more closely in partnership with our Commissioners for the benefit of Londoners'
 - Engagement with our wider Healthcare Community and Statutory Bodies
- In addition, a dedicated Head of Forecasting and Planning has been appointed to lead on the strategic and operational statistical analysis for the Service.

Sub objective - Improve the productivity and running of our front line

The Service established an improvement programme to run throughout 2015/16 with a remit to implement a range of performance improvement initiatives across the Service. The intention was to help improve response times and support the delivery of the national response time standards.

The programme brought together a series of projects that aimed to address longstanding operational challenges facing the Service and improve our delivery against national and contractual targets; build internal and external confidence in the Service's ability to deliver high quality, reliable patient services; deliver sustainable, lasting changes that are positively supported by our staff; deliver a better quality of working life and improve wellbeing for our current and future staff.

The key achievements of the 2015/16 improvement programme include:

- the roll out of the Clinical Information and Support Overview (CISO) performance management tool for frontline staff, which has improved the information available to staff and managers to support improvements in staff performance
- the introduction of revised transport options for frontline staff, which were simpler to use and gave us a potential increase in frontline capacity because staff were able to use alternative transport resources where this was clinically appropriate
- the introduction of a new non-emergency transport service (NETS) that is designed to help release pressure on frontline capacity
- the appointment of a new occupational health provider
- the design of the FRU (ambulance car) co-ordinator role and the identification of FRU co-ordinators in each station group to support improvements to FRU response times
- the reduction in our multiple attendance ratio which improved efficiency and the availability of ambulances.

Sub objective - Continually improve internal arrangements and efficiencies

All NHS organisations are required to seek efficiencies as part of national planning guidance. Across 2015/16 we were asked to identify £8.0m of savings, this represents 2.5% of operating costs. This total was achieved in full. To achieve this the Trust continually looks at what it spends to ensure what is purchased is needed, effective and represents value for money – which does not always mean simply looking for the lowest price.

The Trust works to achieve this by looking at:

- What it buys. Is a good or service needed to support the objectives of the organisation and the safe delivery of patient care?
- Does the good or service deliver what is required? The Trust will seek to identify a specification for what it needs to ensure that what is purchased is fit for purpose and does not include unnecessary additional items. This also helps to ensure that we are clear about what we plan to purchase to avoid problems with buying the wrong or an incomplete solution
- The price we pay. We work closely with suppliers to ensure we get the best prices we can. This does not mean the cheapest price, but rather the best price for what we need something to do. We work to tender requirements for goods and services to a range of suppliers to ensure we review what is available.

When looking for efficiencies we try and focus on non-frontline activities. This helps to protect our frontline services. However, we do continually seek to improve ways of working within all services, including frontline to ensure that we maximize the effective use of our staff and resources in responding to the needs of Londoners.

Examples of efficiencies made across 2015/16 include:

- Reducing accident damage costs through better care of vehicles and reducing insurance costs - £0.5m
- New IT systems. These were both more effective and cheaper than those they replaced - £0.5m
- Improved store and stock management, including achieving better prices from suppliers - £0.8m
- Fuel, more efficient use and seeking low prices - £1.0m
- Controlling staff costs in support functions. This including controlling temporary staff costs and identifying savings that could be made from reorganising activities - £1.0m.

To develop our leadership and management capabilities

Sub objective - Define London Ambulance Service leadership and management competencies and develop the way we manage and lead and have in place an annual development programme for leaders and managers

We have provided Clinical Team Leaders (CTL) with a two day development programme which was designed and delivered by Cranfield University to provide CTLs with some additional development and support to be able to undertake the first line management elements of their new role. This was delivered from May 2015 through to January 2016 and has been incorporated into future clinical team leader courses planned for this financial year.

We have been working with Defence Medical Services who are designing our senior manager leadership programme. The delivery of this programme commences in May 2016.

We have held the first of regular workshops / modules with staff across the Trust where values and behaviours will be explored which will result in a behaviour model.

In line with the people and organisational development strategy the Trust will be following the NHS Leadership framework for 2016/2017. The framework consists of nine leadership dimensions:

- Inspiring shared purpose
- Leading with care
- Evaluating information
- Connecting our service
- Sharing the vision
- Engaging the team
- Holding to account
- Developing capability
- Influencing for results

Each of the dimensions has four levels which will be applied to different managerial / leadership levels within the Trust:

- Essential (First line managers and new managers to the Trust / in to role)
- Proficient (Managers up to Assistant Director level)
- Strong (Assistant Director and Deputy Director level)
- Exemplary (Directors)

Sub objective - Finalise the implementation of directorate restructures

London Ambulance Service started its operational management restructure in 2014/15 in order to better meet the needs of our frontline staff; to implement key elements identified in our 2014 staff survey action plan; to improve our engagement with Clinical Commissioning Groups and other external stakeholders; to simplify and focus management roles to improve production levels and high quality care; and to deliver cost savings and increase efficiency.

Following the consultation process, the department of Operational Business Change and Innovation (OBCI) was tasked in 2015/16 with establishing a steering group to oversee the implementation of the new structure. To prepare effectively for implementation, there was on-going communication with all affected staff; a library of job descriptions for all operations management roles was created and staff were matched accordingly; and a plan for all recruitment activity was published and co-ordinated by the OBCI department.

All Band 8A (and above) managers commenced their new roles in full on 3 August 2015. Clinical Team Leaders (CTLs) also started working with their 50:50 operating model on this day, this enables CTLs to spend 50 per cent of their time on patient facing duties and the other 50 per cent of their time on managing their staff. The existing Duty Station Officers (Band 7s), who were moving into the new Group Station Manager and Incident Response Officer roles, worked with their current teams during the month of August to undertake training and handover preparation. The operations directorate formally moved to its new structure on 7 September 2015.

The Director of Operations is now developing the terms of reference for a formal review of the new structure with Human Resources. This review will be completed by the end of June 2016.

Governance of our organisation

Our Trust Board manages risk through our risk management policy, corporate risk register and board assurance framework.

The board assurance framework and corporate risk register are presented at each meeting of the Trust Board, and further scrutiny is applied through the Quality Governance and Audit Committees. The risk register is reviewed in detail by the Executive leadership team each month.

Full details can be found in our governance statement on [page 28](#) of this document.

Director's report

Our Trust Board

In 2015/16 our Trust Board was made up of 12 members – a non-executive chairman, five of the Service's executive directors, including the Chief Executive, and six non-executive directors.

The Chief Executive and the other executive directors are appointed through a process of open advertising and formal selection interview. All executive appointments are permanent and subject to normal terms and conditions of employment. An exception was made to this in 2015/16 with a number of interim and acting appointments made which are described

below. The non-executive directors are appointed by the same method through the NHS Trust Development Authority.

In February 2016 the Trust Chair, Richard Hunt, announce his resignation from the Board to take effect on 31 March 2016. Heather Lawrence has been appointed as Trust Chair and will take up the position on 1 April 2016.

There were a number of changes to the executive membership of the Trust Board during the year.

Fionna Moore was substantively appointed to the post of Chief Executive in July 2015 having acted as interim Chief Executive since January 2015.

Fenella Wrigley was substantively appointed to the role of Medical Director in March 2016 having been the Acting Medical Director since January 2015.

Paul Woodrow, Director of Performance, was appointed as interim Director of Operations (voting) in September 2015 following the departure of Jason Killens, who was appointed as Chief Executive of the South Australia Ambulance Service.

Jill Patterson was appointed as interim Director of Performance (non-voting) in September 2015 having been the interim Head of Performance since August 2014.

Mark Whitbread retired from the role of Director of Paramedic Education and Development in December 2015.

Andrew Watson was appointed as Chief Information Officer in March 2016 and is a non-voting director.

The Trust Board has six formal sub-committees: the Strategy Review and Planning Committee, the Quality Governance Committee, the Audit Committee, the Finance and Investment Committee, the Remuneration and Nominations Committee and the Charitable Funds Committee. During 2015/16 the Trust Board agreed to the establishment of two further Board committees: Workforce and Organisational Development, and the Quality Improvement Board. The latter is time-limited and provides board assurance on progress with the Quality Improvement Programme whilst the Trust is in Special Measures. The Trust Board also agreed to dis-establish the Strategy Review and Planning Committee and to hold a private Board meeting in its place. The Trust Board now meets monthly with the exception of August.

The **Strategy Review and Planning Committee** was made up of all the board members and was chaired by the Chairman.

Four non-executive directors and four executive directors made up the membership of the **Quality Governance Committee**, which was chaired during the year by non-executive director Bob McFarland. The Committee reviewed its terms of reference in March 2016.

The membership of the **Audit Committee** comprises three non-executive directors and was chaired by non-executive director John Jones.

The **Finance and Investment Committee** was chaired by non-executive director Nick Martin and has three non-executive directors and two executive directors as its members.

The Committee reviewed its membership in March 2016 and is proposing to increase the number of executive directors as members of the committee.

The **Remuneration and Nominations Committee** was chaired by the Trust Chairman and all non-executive directors are members.

The membership of the **Charitable Funds Committee** was reviewed and updated during 2015/16 and comprised the Trust Chairman Richard Hunt, who chaired the committee, and one executive director.

The **Quality Improvement Group** was established in January 2016 as a time-limited Board committee providing oversight and assurance on the Quality Improvement programme which commenced in January 2016. The Committee is chaired by the Trust Chair and its membership comprises two non-executive directors and two executive directors.

The Trust Board agreed to establish a **Workforce and Organisational Development committee** to be chaired by Fergus Cass, non-executive director, with non-executive and executive directors as members, and this will come into effect early in 2016/17.

Board profiles

Non-executive directors

Richard Hunt CBE joined us as Chairman in July 2009 and ended his term of office in March 2016. He was formerly the International President of the Chartered Institute of Logistics and Transport, and has experience extending across the aviation, logistics, international oil and brewing sectors. Richard is a former Chief Executive of Aviance Ltd which handles logistics at UK airports, and he was Chief Executive of EXEL Logistics Europe, the largest UK transport and logistics business. He has also served as a non-executive on the Highways Agency Advisory Board. Richard was appointed CBE for services to logistics and transport in the 2004 New Year Honours. Richard also chaired the Charitable Funds Committee and the Quality Improvement Programme Board.

Jessica Cecil took up her post on 1 December 2010. She has over 20 years of experience working in broadcasting on flagship television programmes such as Newsnight, Panorama and Tomorrow's World. She was Chief of Staff to 4 Director-Generals and is now Controller of Make it Digital at the BBC. Jessica is the Deputy Chairman of the Trust Board. She is a member of the Quality Governance and Finance and Investment committees.

John Jones started as an associate non-executive director in October 2012, and took up his substantive role on 1 January 2013. He has 17 years' experience at board level in the NHS and has held a number of executive finance director positions. As a Director of Finance with Hertfordshire Partnership NHS Foundation Trust, John helped them to attain foundation trust status. John is a Fellow member of the Chartered Institute of Management Accountants, and a member the Chartered Institute of Public Finance and Accountancy and a Fellow Chartered Director of the Institute of Directors. He is the chair of the Audit Committee, and a member of the Finance and Investment Committee.

Nicholas Martin took up post in October 2012. He has thirty years' experience of corporate finance advising a wide range of companies from different sectors. He has served on a number of boards and governing bodies in executive and non-executive roles, including Cambridge University, City of Westminster College, Hammersmith Hospitals NHS Trust, NHS City & Hackney Primary Care Trust and NHS Haringey Primary Care Trust. Nick is a barrister, a Chartered Fellow of the Chartered Institute of Securities & Investment, and a former Cabinet Special Adviser. He is the chair of the Finance and Investment Committee and a member of the Quality Governance Committee.

Bob McFarland took up his post in May 2013, as an associate non-executive director and was appointed to his substantive role in March 2014. Bob worked as a Consultant General and Vascular Surgeon for over 20 years and retired from St George's Healthcare NHS Trust in 2010. Throughout his career he has worked in both district hospitals and regional teaching hospitals. In 2007, Robert was appointed as Clinical Director for Trauma and Emergency Surgery at St George's Hospital, which opened as one of four major trauma center's serving London and Surrey in 2010. Robert was also Clinical Director of the South West London and Surrey Trauma Network and was a member of the Clinical Advisory Panel, London Trauma System. He is the chair of the Quality Governance Committee and a member of the Quality Improvement Programme Board. Robert attends the Audit Committee.

Fergus Cass joined us in March 2014. He was a non-executive director of NHS North West London until the replacement of primary care trusts in 2013 and previously served on the board of NHS Kensington and Chelsea. He worked for the multinational consumer goods company Unilever for 36 years, initially in finance and later as a general manager, heading

businesses in Africa and South Eastern Europe. He holds degrees in economics and is a qualified accountant. Fergus is a trustee of Hospices of Hope, which supports palliative care in Romania and neighbouring countries, and of Book Aid International. He is a member of the Quality Governance and Audit Committees and will chair the Workforce and Organisational Development Committee when it is established early in 2016/17.

Theo de Pencier joined the Service in March 2014. Theo was until early in 2015 the Chief Executive of the Freight Transport Association (FTA) representing industry's freight interests by road, rail, sea and air. The FTA has over 14,000 members who operate more than 200,000 trucks (half of the total in the UK), consign 90 per cent of rail freight and 70 per cent of visible exports. Theo's early career was spent in sales and marketing with brand leading food and drink manufacturers Heinz and Diageo. He has over 30 years Board level experience in the logistics and supply chain industries working for NFC, Danzas and Bibby Line Group. He is a member of the Audit, Finance and Investment and Workforce committees and is the current Senior Independent Director. In addition to LAS he is also a Board member of Transport Focus - the independent watchdog for train, bus and tram passengers and users of the strategic road network.

Governance statement

London Ambulance Service NHS Trust

Organisation Code: RRU

Governance Statement

Scope of responsibility

The Board is accountable for internal control and, as Accountable Officer, and Chief Executive of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding quality standards and public funds and the organisation's assets, for which I am personally responsible as set out in the Accountable Officer Memorandum.

As Accountable Officer I have overall accountability for having a robust risk management system in place, which is supported by a governance structure, processes and monitoring arrangements, and an assurance and risk management framework. These arrangements are documented in the Risk Management Policy which represents a developing and improving approach to risk management achieved by building and sustaining an organisational culture which encourages risk taking, effective performance management, and accountability for organisational learning. The Trust strategy *Caring for the Capital* is the means by which the London Ambulance Service NHS will ensure its vision, aims, goals and organisational objectives are continually assessed and managed to ensure appropriate risk taking and effective performance management are in place and part of the organisational culture.

As part of London's health economy we work with our partners to minimise the risks to patient care. To do so we have met routinely with our lead commissioners, the NHS Trust Development Authority (TDA) (now NHS Improvement) and NHS England (London) in order to progress and maintain the key performance targets set for ambulance services. We work in partnership with health and social care organisations in the development and provision of emergency and urgent healthcare across London.

In 2015/16, the demand on the Service continued to increase, with an increase of over 20,000 incidents in comparison with 2014/15. Demand has been particularly high recently, with March 2016 seeing the highest number of Category A (life threatening) incidents the Service has ever seen. With demand increasing we have been mindful of how we respond to 999 calls, ensuring we provide the highest standards of patient care but recognising that conveying patients to hospital is not always the best option. The Trust has worked in partnership with Commissioners, the TDA and NHS England (London) under the oversight of the Regional Oversight Group, to review performance trajectories and has an agreed position going forward in 2016/17.

In 2015/16 the Trust achieved 63.8% for the national performance target of Category A8 minutes and 95.4% 19 minutes. The Trust Board takes its assurance on the quality and

accuracy of the data through the integrated performance report and national reporting of Ambulance Quality Indicators. The London Ambulance Service NHS Trust is not required to monitor elective waiting time data.

Whilst facing these challenges, our primary concern has been and continues to be the safety of the service we provide. It is essential as an organisation that we learn from our underperformance and apply that learning to improve services moving forwards. Managing and mitigating against any potential performance impact on patient quality and safety is our fundamental priority. A key mitigation for quality and safety is workforce and the Trust has recruited over 700 front line staff in 2015/16 and has seen a reduction in the frontline vacancy rate down to 3.6%. Paramedic turnover ended the year at an improved figure of 11.6% and the overall sickness rate for the Trust is down to 5.1%.

The Care Quality Commission (CQC) undertook a planned inspection under the Chief Inspector of Hospitals Inspection regime, in June 2015. The Trust commenced planning and preparation for this in February 2015 on notification of the date of Inspection. The Inspection took place from 1 – 5 June 2015 with some subsequent follow-up inspection visits. The CQC issued a Section 29A Warning Notice to the Trust on 1 October 2015 with the recommendation to the NHS Trust Development Authority that the Trust be placed in Special Measures. The key areas of concern covered within the Section 29A Warning Notice were:

- Bullying and harassment
- Recruiting enough frontline staff
- Resilience (HART)
- Medicines Management
- Governance and risk management
- Underreporting of incidents.

The CQC published the outcome report in November 2015 and the Trust was rated Inadequate on 29 November 2015:

- Safe – Inadequate
- Effective – Requires Improvement
- Caring – Good
- Responsive – Requires Improvement
- Well-led – Inadequate.

The Trust immediately implemented a range of actions in response to the Warning Notice and was able to give positive and evidenced assurance of progress at the Quality Summit on 2 December 2015. With input from the TDA and other key stakeholders the Trust published its Quality Improvement Plan in January 2016. The Plan is supported by a robust governance and programme framework to ensure that the Trust improves its compliance

against the CQC standards and moves out of Special Measures within a reasonable and paced timeframe.

The TDA undertook a review with the Trust against the Well-led Framework (the Well-Led Review) for Governance in recognition of the challenges faced by the Trust including:

- Ongoing underperformance against the national ambulance standards
- High numbers of paramedic vacancies
- The identification of a perceived culture of harassment and bullying as evidence by an independent report that the Trust had commissioned in 2014/15.

The timing of the review coincided with the receipt of the Section 29A Warning Notice from the CQC and the subsequent placement of the Trust in Special Measures. The TDA found limited assurance with regard to quality assurance, risk management, staff engagement and development, and workforce and operational oversight, and made a number of recommendations to support improvement.

Governance consultancy support was procured for 3 months to undertake a review of Board governance arrangements, the risk register and the Board Assurance Framework (BAF). This work was completed in March 2016 and the Trust Board has implemented an action plan to address the outcome of the Board governance review. Progress has been made with the framework for risk management and in the development of the BAF.

The governance framework of the organisation

The Trust Chair, Richard Hunt, stepped down from the role on 31 March 2016 having been with the London Ambulance Service NHS Trust since June 2009. Richard is replaced by Heather Lawrence with effect from 1 April 2016.

Other changes to the Trust Board and executive team included the substantive appointment of Dr Fionna Moore as Chief Executive; the departure of Jason Killens, Director of Operations, in September 2015 for the South Australia Ambulance Service, and the appointment of Paul Woodrow as Acting Director of Operations. Paul's substantive role is that of Director of Performance. Dr Fenella Wrigley was appointed to the role of Medical Director in March 2016 having been in the acting role since February 2015. Andrew Watson was appointed as Chief Information Officer in March 2016.

Information on the Trust Board committee structure and the attendance records of members is attached (annexes 1 to 7).

Each Board committee is chaired by a non-executive director. Membership of the Remuneration and Nomination, and Audit committees is non-executive only with executives in attendance where relevant and required.

The Trust Board agreed to establish a Workforce and Organisational Development Committee and the first meeting will be held on 16 May 2016 and will be chaired by a non-executive director. A Quality Improvement Programme Board was established in January 2016 as a time limited committee of the Board, chaired by the Trust Chairman, to provide oversight of the Quality Improvement Plan and board assurance of progress against the

plan.

Terms of reference for the Audit, Quality Governance, and Finance & Investment Committees were reviewed and updated in 2015/16. A further review of membership for each was undertaken as an outcome from the governance review undertaken by an external consultant.

The reporting structure for the Executive Leadership Team was reviewed during the year and the new structure commenced in March 2016. This includes the re-establishment of the Risk Compliance and Assurance Group, and the establishment of a Quality Improvement Group, Environment and Resources group, and Operations Board. Each of the key executive-chaired committees provides assurance to a Board committee.

With the re-establishment of the Risk Compliance and Assurance Group, key risks and the Board Assurance Framework are now reviewed by a committee comprising Executive directors, senior managers and subject matter experts, on a monthly basis. This group reports through to the Executive Leadership Team and provides assurance on risk management systems and processes to the Audit Committee.

The Finance & Investment and Quality Governance Committees review financial, quality and safety risks. The Trust Board reviews the corporate risk register and Board Assurance Framework at each meeting held in public.

The Trust Chair and Director of Corporate Affairs/Trust Secretary undertake a post-board review each month to ensure the agenda has been covered, sufficient time has been allotted to agenda items and effective contribution and scrutiny given. The Board agenda, papers and practice are continuously reviewed and adapted to ensure that reporting is appropriate and timely. Following the external governance review the processes for Board and committee agendas and papers have been strengthened.

The Board agenda is informed by the forward planner which is reviewed and updated after each meeting and includes a patient or staff story, an integrated performance report, quality and safety reporting, financial reporting, and key business and governance items.

The external governance review had regard to the principles set out in the Corporate Governance Code and other recommended good practice on board governance, such as Monitor's Code of Governance, and The Healthy NHS Board 2013.

The Trust Board receives quality, financial and performance information that provides assurance on the discharge of statutory responsibilities. The NHS Trust Development Authority operated, until quarter four of 2015/16, a system of monthly submissions of self-certification of compliance with a set of board statements and Monitor's compliance framework.

Attendance by board members at Trust Board meetings is recorded in the minutes and included in the annual governance statement. Attendance at key board committees is also monitored and recorded by the Committee Secretary.

The Trust Board understands its responsibilities for discharging the statutory functions and takes assurance from the Audit Committee that systems are in place and that these are

legally compliant.

The Chair of the Audit Committee provides a report to the next meeting of the Trust Board following each Audit Committee meeting. This report includes a summary of the business discussed and the assurances received from the executive, the internal and external auditors and from counter fraud. The role of the Audit Committee is to focus on the controls and related assurance that underpin the achievement of the Trust's objectives and the processes by which the risks to achieving these objectives are managed. The committee undertakes a review of the effectiveness of the corporate risk register at each meeting. The committee met 5 times during the year with the internal and external auditors present and held one meeting without auditors. The Audit Committee met once with auditors only.

At the Trust Board meeting on 31 May 2016 the Audit Committee chair provided assurance to the board of the effectiveness of the Trust's systems of integrated governance, risk management and internal control, based on the key sources of assurance identified in the board assurance framework.

The Quality Governance Committee has oversight of quality governance on behalf of the Trust Board, including review of the annual Quality Account, prior to its publication. The reporting committee structure provides assurance to the Quality Governance Committee on clinical audit, never events and serious incidents including the lessons drawn from these and the action being taken to mitigate future risk. The committee also receives assurance on the Trust's response and actions taken to address coroners' recommendations on preventing future deaths.

The Chair of the Quality Governance Committee provides a report to the following meeting of the Trust Board. This report includes the committee's assessment of quality as taken from the reports and evidence presented to the committee, including the corporate risk register. The committee receives assurance from its reporting committees: Clinical Safety and Standards and Improving Patient Experience. The Committee did not receive an assurance report from the 3rd committee, Professional Education and Standards, however the committee was dis-established in the review of the Executive Leadership Team governance structure and its work subsumed into the afore-mentioned committees. The committee also reviews the cost improvement programme to seek assurance that there is no detrimental impact on patient and staff safety and the quality of services provided as a result of the programme. At the Trust Board meeting on 31 May 2016 the Quality Governance Committee chair provided assurance on the quality and safety of service provision, including the supporting clinical, information and corporate governance framework. The committee met 7 times during the year.

The Chair of the Finance and Investment Committee provides a report to the following meeting of the Trust Board. The committee provides assurance on the scrutiny of current finance and investment issues based on the reports and evidence presented to it throughout the year, and oversight on performance management reporting. At the Trust Board meeting the chair of the committee reports on the cash position, cash management, liquidity, Cost Improvement Plan progress, and capital expenditure. The committee met 6 times during the year and also held a seminar for committee members.

The Trust Board works within the remit of the standing orders and standing financial

instructions and the scheme of delegation. These were reviewed and approved by the Trust Board on 25 November 2014. The Audit Committee granted an extension to these documents at its meeting on 15 February 2016 for further review by September 2016.

The Trust is registered with the CQC for the provision of the following regulated activities:

- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury
- Diagnostic and screening procedures.

The Trust can confirm that all premises which we own, occupy or manage had fire risk assessments that complied with the Regulatory Reform (Fire Safety) Order 2005. We also achieved compliance with the Department of Health Fire Safety Policy.

Risk assessment

The organisation's major risks relate to safety, performance, finance and workforce as described in the Board Assurance Framework.

The Risk Management Policy provides the strategic framework for risk management within the Trust through the specification for risk (or change in risk) identification, assessment, treatment and management controls. It describes the process for embedding risk management throughout the Trust. The corporate risk register is reviewed by the Audit and Quality Governance Committees and by the Trust Board as it contains the highest level of risks facing the organisation. Risks can be escalated to the Risk Compliance and Assurance Group for discussion and addition to the corporate risk register if required. Project and programme management risks are aligned to and incorporated in the corporate risk register.

The Internal Auditors, KPMG, have been reviewing the Trust's risk management arrangements over a three-year period and, from the review in 2015/16, stated that risk management arrangements at London Ambulance Service NHS Trust ('the Trust') had reached an overall assessment of '*Significant assurance with minor improvement potential*'. The 4 areas for improvement related to: gaps in assurance, mitigating actions, local risk register updates, and identification of risk ownership. Local risk registers had been identified as a compliance gap in one of the earlier reviews and the Trust had been working with managers during a time of significant operational pressure to ensure that risk was being managed at a local level and to ensure that risks were being reviewed and escalated as appropriate. This was evidenced through the internal audit recommendation tracker reviewed at each meeting of the Audit Committee and progress was being made within the timescale set. This compliance gap was reflected in the CQC Warning Notice and Inspection Report which required the Trust to '*improve the system of governance and risk management to ensure that all risks are reported, understood, updated and cleared regularly.*' The Trust implemented a programme of risk management training for all managers in November 2015 and had trained 263 managers by 31 March 2016, with an ongoing programme of training for 2016/17 onwards. An audit was undertaken of local risk registers and further work undertaken to ensure that all operational, support and corporate functions had up to date risk registers. This was reviewed by the Risk Compliance and Assurance Group in April 2016

and work is now underway to align local registers to the corporate risks. The Trust Board will review strategic risks to its 2016/17 plan in April 2016. These risks will then guide the Board Assurance Framework. The key risk areas facing the Trust in 2015/16 were: service performance, clinical and quality, and financial.

Patient and staff safety and other incidents are reported in accordance with the incident reporting procedure and are then scored, either by local managers or by the safety and risk team, using a risk severity matrix. Action is then taken to control, manage or mitigate the risk and depending upon the score the risk may be added to the corporate register for review by the Risk Compliance and Assurance Group or monitored at a local level. The Serious Incident Group meets weekly to review any serious incidents that need investigating and may need to be formally declared as Serious Incidents. The group monitors the progress of SI investigations and escalates any delays to the Executive Leadership Team.

New risks with a net severity rating of High (over 15) are added to the corporate risk register and the board assurance framework which are reviewed monthly by the Risk Compliance and Assurance Group and the Executive Leadership Team. A new approach to the treatment of risk was agreed in March 2016 for implementation in 2016/17 in line with the revised Risk Management Policy. 23 risks were added in 2015/16. A list of the new risks is attached as an annex to this statement (annex 8).

The Trust has undertaken risk assessments and carbon reduction delivery plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

The Trust reported one data security incident to the Information Commissioner and this was declared and investigated as a serious incident. A Patient Report Form (PRF) folder containing 15 PRFs was handed over by a paramedic to another so that the drug numbers and other details could be copied. The paperwork was later identified and then confirmed as missing. The staff involved have undergone information governance training and all station staff have been instructed not to pass paperwork to other colleagues.

The Trust achieved 83% against the Information Governance toolkit and is at level 2 overall.

The risk and control framework

Systems are in place to monitor compliance throughout the year and to address any emerging gaps or risks. The format of the board assurance framework shows the key risks facing the Trust during the period, mapped to the key business objectives. The Audit Committee oversees the board assurance framework and corporate risk register and provides assurance to the Trust Board on the effectiveness of the risk and control arrangements. Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are met.

The Risk Compliance and Assurance Group manage the corporate risk register whilst the Audit Committee assesses the effectiveness of the corporate risk register at each meeting. The Trust Board, Quality Governance Committee and Executive Leadership Team receive an integrated performance report and a quality dashboard showing monthly performance

and any identified risks, from which improvements and mitigations will be sought.

Systems in place to deter risk include standing orders, the scheme of delegation and standing financial instructions, NHS counter fraud measures, an anti-bribery policy, and a register for declaring directors' and managers' interests.

The local counter fraud specialist (LCFS) attended 3 meetings of the Audit Committee in 2015/16 and monthly executive counter fraud meetings. KPMG have provided the local counter fraud service since April 2013. The Audit Committee approved an extension of the contract for a further 2 years within procurement rules.

The internal auditors attended 5 meetings of the Audit Committee during 2015/16 and work closely with the Governance and Assurance team to execute the annual audit work plan which is developed in conjunction with the Trust Executive. KPMG have provided the internal audit service to the Trust since April 2013. The Audit Committee approved an extension of the contract for a further 2 years within procurement rules.

Ernst Young are the external audit provider. The Trust will be appointing an external audit provider during 2016/17 for commencement in 2017/18 and the Trust Board has established an Auditor Panel through the Audit Committee to oversee this process.

Review of the effectiveness of risk management and internal control

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed by the work of the internal auditors, clinical audit and the executive management team within the NHS Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of the effectiveness of the system of internal control by the board, the Audit Committee and the Quality Governance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

Significant Issues

The CQC Chief Inspector of Hospitals undertook a planned Inspection of the Trust in June 2015 to assess compliance against the following 5 quality domains: safe, caring, effective, responsive, well-led. The CQC issued a Section 29A Warning Notice to the Trust and recommended to the TDA that the Trust be placed in Special Measures. The CQC rated the Trust as Inadequate. The Trust has implemented a Quality Improvement Plan overseen by a Quality Improvement Programme Board which provides assurance to the Trust Board. External governance and oversight is provided through the Commissioners Quality and Risk Group and the Regional Oversight Group which comprises membership from commissioners, NHS Improvement (TDA), and NHS England.

In 2015/16 we received 1.8 million emergency calls from across London. Category A demand for the London Ambulance Service rose by 15.9% and we responded to more than one million incidents. This put the Trust under significant pressure. This pressure has continued through the year with record levels of demand being experienced the 4th quarter of

the year.

The Trust had worked with McKinsey, NHS England (London) and the TDA in the development of a model for performance trajectories in 2015/16 and this was built into the contract for the year. It became evident early in 2015/16 that the model was not sufficiently robust and the Trust then worked closely with commissioners, NHS England (London) and the TDA to set a new trajectory against which performance would be monitored. A trajectory of 67.6% has been agreed for 2016/17.

The Trust implemented a substantial recruitment campaign in 2014/15 resulting in 700 new front line staff starting in 2015/16.

The outcome of the TDA Well-led Review is supported by an action plan and changes have already been made to areas of Board governance. This work will continue with the new Trust Chair during 2016/17.

Internal audit undertook 8 reviews during 2015/16 in line with the annual work plan and raised 39 recommendations, of which 4 recommendations were determined as high priority within the following reviews:

- Flexible working arrangements (2)
- Registration Authority audit (2)

Actions will be identified and implemented to address each recommendation.

The Head of Internal Audit's opinion is one of:

'Substantial assurance with minor improvements required'. 'Our work has confirmed that there is general a sound system of internal control which is designed to meet the Trust's objectives, although we had identified areas where the controls in place could be enhanced or improved.'

Accountable Officer : Dr Fiona Moore, Chief Executive

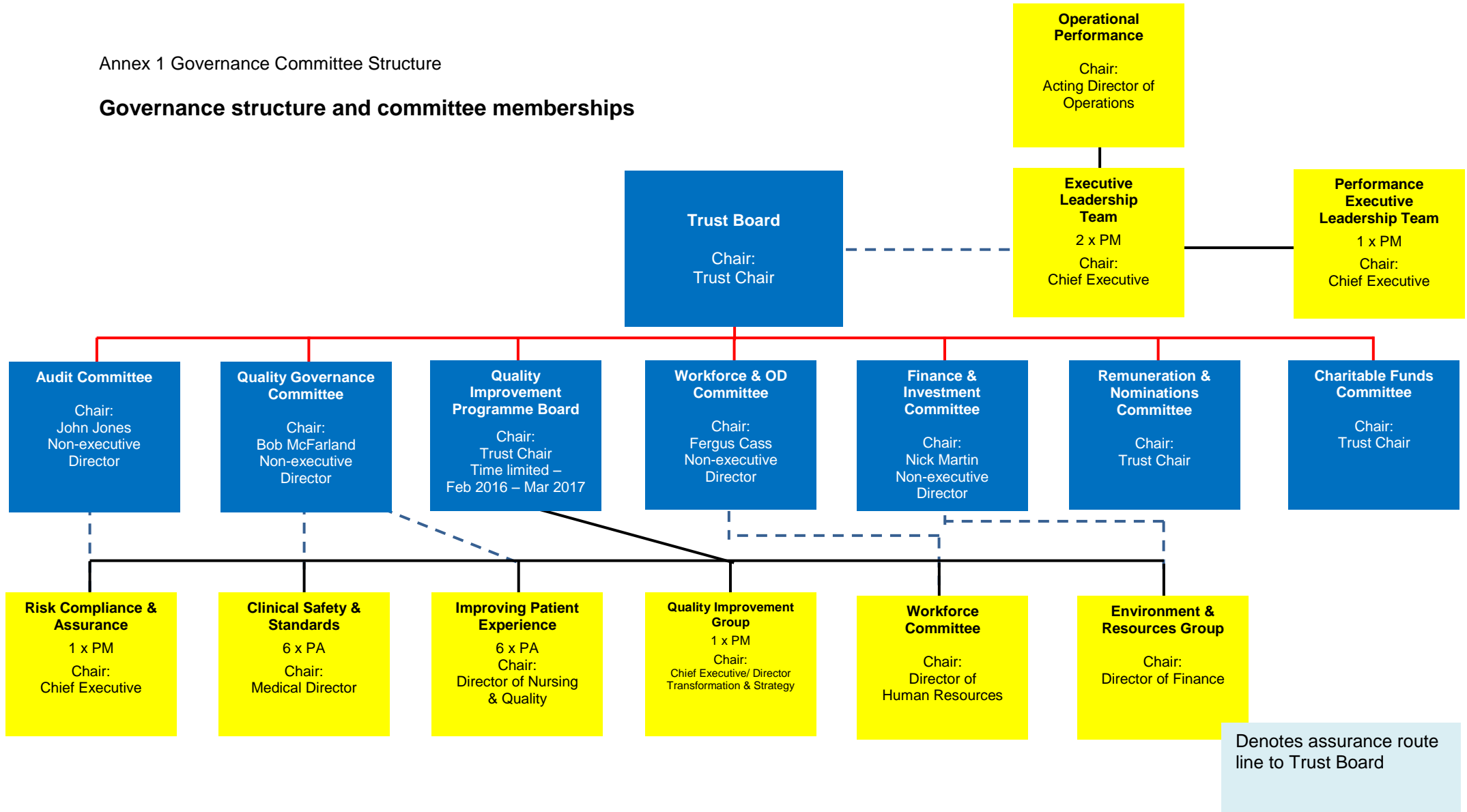
Organisation: London Ambulance Service NHS Trust (RRU)

Signature:

Date:

Annex 1 Governance Committee Structure

Governance structure and committee memberships



Annex 2 Committee membership 2015/16

Formal Trust Board committee	Chair	Current members
Audit committee	Non-Executive director, John Jones	John Jones (Non-Executive director) Theo de Pencier (Non-Executive director) Fergus Cass (Non-Executive director)
Charitable funds committee	Trust Chair, Richard Hunt CBE	Richard Hunt (Trust Chair) Andrew Grimshaw (Director of Finance and Performance)
Quality governance committee ¹	Non-Executive director, Bob McFarland	Jessica Cecil (Non-Executive director) Nick Martin (Non-Executive director) Fergus Cass (Non-Executive director) Fenella Wrigley (Interim and now substantive) (Medical Director) Zoe Packman (Director of Nursing and Quality) Mark Whitbread (Director of Paramedic Education and Development) to December 2015 Sandra Adams (Director of Corporate Affairs) Jason Killens (Director of Operations) to September 2015 Paul Woodrow (acting Director of Operations) from October 2015
Finance & investment committee	Non-Executive director, Nick Martin	John Jones (Non-Executive director) Jessica Cecil (Non-Executive director) Theo de Pencier (Non-Executive director) Andrew Grimshaw (Director of Finance and Performance) Sandra Adams (Director of Corporate Affairs)
Strategy review and planning committee	Trust Chair, Richard Hunt CBE	All board directors, voting and non-voting.
Remuneration and Nomination committee	Trust Chair, Richard Hunt CBE	All Non-Executive members of the Trust Board
Quality Improvement Programme Board (time-limited committee with specific assurance role)	Trust Chair Richard Hunt, CBE	Fergus Cass (Non-Executive director) Bob McFarland (Non-Executive director) Fionna Moore, Chief Executive Karen Broughton, Director of Transformation, Strategy and Workforce Charlotte Gawne, Director of Strategic Communications

¹ Terms of reference reviewed and updated in 2016 with membership changes

Annex 3 – Attendance at Trust Board meetings 2015/16

= attended a = apologies	2 nd June 2015	28 th July 2015	29 th September 2015	24 th November 2015	2 nd February 2016	29 th March 2016	Comments
Trust Board members (voting)							
Richard Hunt (Non-Executive Chair)	x	x	x	x	x	x	
Fergus Cass (Non-Executive Director)	x	x	x	x	x	x	
Jessica Cecil (Non-Executive Director)	x	a	x	x	x	x	
Theo de Pencier (Non-Executive Director)	x	x	x	x	a	x	
Nick Martin (Non-Executive Director)	x	x	x	x	x	x	
Bob McFarland (Non-Executive Director)	x	x	x	x	a	x	
Andrew Grimshaw (Director of Finance and Performance)	x	x	x	x	x	x	
John Jones (Non-Executive Director)	x	a	x	x	a	x	
Jason Killens (Director of Operations)	x	x					Left 25 th September 2015
Zoe Packman (Director of Nursing and Quality)	x	x	x	x	x	x	
Paul Woodrow (Acting Director of Operations)				x	x	a	Appointed as Acting Director of Operations 28 th September 2015
Fionna Moore (Chief Executive)	x	x	x	x	x	x	Interim CEO to 23 rd July 2015 and substantive CEO from 24 th July 2015
Fenella Wrigley (Acting Medical Director)	x	x	x	x	x	x	Appointed to substantive role on 16 th March 2016
Non-voting							
Sandra Adams (Director of Corporate Affairs/Trust Secretary)	x	x	x	x	x	x	
Karen Broughton (Director of Transformation, Strategy and Workforce)	x	x	x	x	x	x	
Paul Beal (Interim Director of HR)					x		Interim. Left the Trust in March 2016
Charlotte Gawne (Director of Strategic Communications)							Attending by invitation
Jill Patterson (Interim Director of Performance)				x	x	x	Appointed as interim in September 2015
Mark Whitbread (Director of Paramedic Education and Development)	x	x	x	x			Left the Trust in December 2015
Paul Woodrow (Director of Performance)	x	x	x				Appointed to acting Director of Operations from 28 th September 2015
Andrew Watson (Chief Information Officer)						x	Appointed to the role on 14 th March 2016

Peter McKenna (Deputy Director of Operations, South)						x	Deputising for the Director of Operations
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Annex 4 – Attendance at Quality Governance Committee meetings 2015/16

	14 th April 2015	7 th May 2015	14 th July 2015	22 nd September 2015	17 th November 15	12 th January 2016	15 th March 2016	Comments
x = attended a = apologies								
Quality Governance Committee members								
Bob McFarland (Non-Executive Chair)	x	x	x	x	x	x	x	
Jessica Cecil (Non-Executive Director)	x	x	x	x	x	a	x	
Nick Martin (Non-Executive Director)	x	a	x	x	a	a	x	
Fergus Cass (Non-Executive Director)	x	x	x	x	x	x	x	
Fionna Moore (Chief Executive)	x		x			x	x	Attending by invitation
Sandra Adams (Director of Corporate Affairs/Trust Secretary)	x	x	x	x	x	x	x	
Zoe Packman (Director of Nursing and Quality)	x	x	x	x	a	x	x	
Jason Killens (Director of Operations)	x							Left the Trust in September 15
Kevin Brown (Deputy Director of Operations)			x	x	x			Attending for Director of Operations
Paul Woodrow (Director of Performance)							x	Attending by invitation
Mark Whitbread (Director of Paramedic Education and Development)			x					Left the Trust in December 2015
Fenella Wrigley (Acting Medical Director)	x	x	x	x	x	x	x	
Jane Thomas	x					x		Attending for Director of Paramedic Education and Development
Briony Sloper					x	x	x	Attends for the Quality Report; deputised for ZP on 17 th November 2015 and 12 th January 2016
Tina Ivanov Deputy Director of Clinical Education						x	x	Joined the Trust on 5 th January 2016
Andrew Grimshaw Director of Finance and Performance							x	Attending by invitation

Annex 5 – Attendance at Audit Committee meetings 2015/16

	17 th April 2015	21 st May 2015	1 st June 2015	7 th September 2015	9 th November 2015	15 th February 2016	Comments
x = attended a = apologies							
Audit Committee members							
John Jones (Non-Executive Director)	x	x	x	x	x	x	
Fergus Cass (Non- Executive Director)	x	x	x	x	x	x	
Theo de Pencier (Non-Executive Director)	x	x	x	x	x	x	
Attending							
Sandra Adams (Director of Corporate Affairs/Trust Secretary)	x	x	x	x	x	x	
Andrew Grimshaw (Director of Finance and Performance)	x	x	x	x	x	a	
Fionna Moore (Chief Executive)						x	By invitation
Bob McFarland (Non-Executive director)		x			x	x	By invitation

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Annex 6 – Attendance at Strategy Review and Planning Committee meetings 2015/16

x = attended a = apologies	23 rd April 2015	30 th June 2015	27 th October 2015	15 th December	23 rd February 2016	Comments
Trust Board members (voting)						
Richard Hunt (Non-Executive Chair)	x	x	x	x	x	
Fergus Cass (Non-Executive Director)	x	x	x	x	x	
Jessica Cecil (Non-Executive Director)	x	x	x	x	x	
Theo de Pencier (Non-Executive Director)	a	x	x	x	x	
John Jones (Non-Executive Director)	x	x	x	x	x	
Nick Martin (Non-Executive Director)	a	x	x		x	
Bob McFarland (Non-Executive Director)	x	x	x	x	x	
Andrew Grimshaw (Director of Finance and Performance)	x	x	x	x	x	
Jason Killens (Director of Operations)	x					Left in September 2015
Fionna Moore (Chief Executive)	x	x	x	x	x	
Paul Woodrow (Acting Director of Operations)			a	x	x	
Zoe Packman (Director Nursing and Quality)	x	x	x	x	a	
Fenella Wrigley (Acting Medical Director)	x	a	a	x	x	
Non-voting						
Sandra Adams (Director of Corporate Affairs/Trust Secretary)	x	a	x	x	x	
Karen Broughton (Director of Transformation and Strategy)	x	x	x	x	x	
Charlotte Gawne (Director of Strategic Communications)	x	a	a	x	x	
Mark Whitbread (Director of Paramedic Education and Development)	a	x	x	a	x	

Paul Woodrow (Director of Performance)	x	x			x	Appointed as acting Director of Operations in September 15
Jill Patterson (Interim Director of Performance)					x	

Annex 7 – Attendance at Finance and Investment Committee meetings 2015/16

	21 st May 2015	23 rd July 2015	24 th September 2015	20 th November 2015	21 st January 2016	24 th March 2016	Comments
X = attended a = apologies							
Finance and Investment Committee members							
Nick Martin (Non-Executive Director)	x	x	x	x	x	x	
Jessica Cecil (Non-Executive Director)	a	a	x	x	a	x	
John Jones (Non-Executive Director)	x	x	x	x	a	x	
Theo de Pencier (Non-Executive Director)	x	x	x	x	x	a	
Attending							
Sandra Adams (Director of Corporate Affairs/Trust Secretary)	x	a	x	a	x	x	
Andrew Grimshaw (Director of Finance and Performance)	x	x	x	x	x	x	
Paul Woodrow (Director of Performance*)	x	x	x				By invitation

*appointed as Acting Director of Operations in September 2015

Annex 8 - New Risks Added to the Trust Risk Register in the Period 2015 – 2016

Risk ID	Headline Risk
441	There is a risk that there may be insufficient vehicle numbers to meet demands. Impacting on the Trust's ability to provide adequate vehicle numbers to support operational demand impacting on operational performance for the Trust
442	There is a risk that there may be insufficient range and volume of equipment to meet demands. Staff will not have equipment required to provide appropriate patient care
443	There is a risk that the equipment for frontline vehicles may not be available when required. Staff will not have equipment required to provide appropriate patient care
444	There is a risk that the equipment for frontline vehicles may not be in an effective condition. Staff will not have equipment required to provide appropriate patient care
445	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 of LAS staff and that of the general public to whom they are responding.
446	There is a risk that support service staff may not receive statutory and mandatory training appropriate to their role, required to comply with legislation, meet CQC compliance and the Trust's TNA policy.
447	There is a risk that the operational management restructure will create prolonged uncertainty amongst managers, potentially destabilising the operational and clinical environment which is already under pressure due to other organisational factors.
448	There is a risk that the Trust IT networks are unsecure and that parties outside of LA could gain access to data, compromise data or systems or affect the performance of the Trust.
449	There is a risk that the Trusts IT infrastructure and applications would be severely compromised by external parties undertaking a cyber-attack on LAS.
450	Duty AOM shifts will remain uncovered due to the decline in numbers of suitably trained Managers being available to work on the AOM Rota
451	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.
452	There is a risk that the 2015/16 Improvement Programme does not achieve the agreed delivery milestones or the anticipated impact on A8 performance. This may result in the delayed release of funding as agreed in the transformation business case, which will have an impact on: * the delivery of improvement activity; * reputational damage to the Trust; and * activity to improve experiences for the workforce.
453	There is a risk that 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).
454	There is a risk that 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 This will put at risk achievement of the Trust A8 performance trajectory
455	There is a risk that we may not be able to convey all patients detained under section 136 MHA (1983). This leads to a lack of physical health screening for these patients leading which may affect the care they receive
456	There is a risk that staff may fail to identify physical health and/ or organic causes of mental health presentations which may lead to a delay in patients receiving the right care at the right time.
457	There is a risk that there may be insufficient staff to manage the three key functions of the clinical hub (1. hear and treat 2. crew queries 3. surge level). Impact will be increased demand on operational frontline with likely increase to ED departments.
458	There is a risk that due to our inability to link safeguarding referrals and identify previous referrals made to Social Services, this will impact on our ability to escalate any continued safeguarding concerns identified, which will impact on patient care.
459	There is a risk that the Trust is unable to meet statutory requirements of providing safeguarding supervision, by trained professionals. This will result in an impact on staff performance and welfare and the Trust will not be compliant with the Children Act and

	Care Act pertaining to safeguarding.
460	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 deterioration in its long term financial viability and will be subject to further scrutiny and challenge by regulators.
461	Significant time lag (in excess of six months) in the reporting of medicines usage data captured by Management Information during the data entry and validation of PRFs may lead to LAS not being able to track usage of medicines by complex stations/ sectors/ practitioner group, call signs etc.
462	There is a risk that the organisation does not accurately and effectively report incidents that have resulted in moderate, severe harm or death to the patient. A failure to do so will prevent the organisation accurately reporting to the NRLS.
463	Safeguarding referrals will suffer. They will be delayed, mis-referred etc; also information governance will be impacted, because EBS is unable to offer a timely and secure onward referral process. The risk impacts those patients and others who are the subject of referrals and to whom we owe statutory duties of care.

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Attendance at Trust Board meetings held in public – 2015/16

	2 June 2015	28 July 2015	29 September 2015	24 November 2015	2 February 2016	29 March 2016	
Trust Board members (voting)							
Richard Hunt (Non-Executive Chair)	x	x	x	x	x	x	
Fergus Cass (Non-Executive Director)	x	a	x	x	x	x	
Jessica Cecil (Non-Executive Director)	x	a	x	x	x	x	
Theo de Pencier (Non-Executive Director)	x	x	x	x	a	x	
John Jones (Non-Executive Director)	x	a	x	x	a	x	
Nick Martin (Non-Executive Director)	x	x	x	x	x	x	
Bob McFarland (Non-Executive Director)	x	x	x	x	a	x	
Fionna Moore (Chief Executive)	x	x	x	x	x	x	Interim CEO to 26 July 2015 and substantive CEO from 27 July 2015
Andrew Grimshaw (Director of Finance and Performance)	x	x	x	x	x	x	
Jason Killens (Director of Operations)	x	X					Left 25 September 2015
Zoe Packman (Director of Nursing and Quality)	x	x	x	x	x	x	
Paul Woodrow (Acting Director of Operations)				x	x	x	Appointed as Acting Director of Operations 28 September 2015
Fenella Wrigley (Acting Medical Director)	x	x	x	x	x	x	Appointed to substantive role on 16 March 2016
Non-voting							
Sandra Adams (Director of Corporate Affairs/Trust Secretary)	x	x	x	x	x	x	
Karen Broughton (Director of Transformation and Strategy)	x	x	x	x	x	x	
Paul Beal (Interim Director of Human Resources)					x		Interim. Left the Trust in March 2016
Charlotte Gawne (Director of Strategic Communications)							By invitation
Jill Patterson (Interim Director of Performance)				x	x	x	Appointed as interim in September 2015
Mark Whitbread (Director of Paramedic Education and Development)	x	x	x	x			Retired from the post in December 2015
Paul Woodrow (Director of Performance)	x	x	x				Appointed to acting DoO from 28 September 2015 (see above)

Remuneration and staff report

Remuneration

Our Remuneration and Nominations Committee consists of the Chairman and the six non-executive directors. The Chief Executive is usually in attendance but is not present when her own remuneration is discussed.

The Remuneration and Nominations Committee is responsible for advising the Board about appropriate remunerations and terms of service for the Chief Executive and executive directors. It makes recommendations to the Board on all aspects of salary, provisions for other benefits, including pensions and cars, as well as arrangements for termination of employment and other contractual terms.

In formulating their recommendations to the Board, the Committee takes into account a number of factors, including the requirement of the role, the performance of the individuals, market rates, affordability, and the NHS Very Senior Managers Pay Framework.

Executive directors are subject to normal terms and conditions of employment. They are employed on permanent contracts which can be terminated by either party with six months' notice.

Their performance is assessed against individually set objectives and monitored through an appraisal process.

For the purposes of this report, the disclosure of remuneration to senior managers is limited to our executive and non-executive directors. Details of remuneration, including salaries and pension entitlements, are published on pages 2 to 5.

Banded Remuneration analysis

The banded remuneration of the highest paid director in the London Ambulance Service in the financial year 2015/16 was in the range of £145,001 to £150,000. The pay multiplier, based on annualised salary, was 5.36 times the median remuneration of the workforce, which was £40,589. In 2014/15, the banded remuneration of the highest paid director was £130,000 to £135,000. The pay multiplier, based on annualised salary, was 5.08 times the median remuneration of the workforce, which was £40,102.

In 2015/16, as in the previous year, none of the employees received remuneration in excess of the highest paid director.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

The change in ratio was due to:

- Substantive appointment of CEO in 2015/16
- Limited growth in average cost of frontline staff due to high levels of recruitment of newly qualified staff.

The appointment and remuneration of the Chairman and the non-executive directors are set nationally. Non-executive directors are normally appointed for a period of four years and usually serve two terms in office.

The information contained below in the Salary and Pension Entitlement of Senior Managers has been audited by our external auditors.

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Salary and pension entitlements of senior managers

A) Remuneration 2015/16

Name and Title	Salary (bands of £5,000) £'000	Expense payments (taxable) total to nearest £100 £00	Performance pay and bonuses (bands of £5,000) £'000	Long term performance pay and bonuses (bands of £5,000) £'000	All pension related benefits (bands of £2,500) £'000	Total (bands of £5,000) £'000
Richard Hunt, Chairman	£20,001-£25,000	£0	£0	£0	£0	£20,001-£25,000
Jessica Cecil, Non-Executive Director	£5,001-£10,000	£0	£0	£0	£0	£5,001-£10,000
Robert McFarland, Non-Executive Director	£5,001-£10,000	£0	£0	£0	£0	£5,001-£10,000
Nicholas Martin, Non-Executive Director	£5,001-£10,000	£0	£0	£0	£0	£5,001-£10,000
John Jones, Non-Executive Director	£5,001-£10,000	£0	£0	£0	£0	£5,001-£10,000
Fergus Cass, Non-Executive Director	£5,001-£10,000	£0	£0	£0	£0	£5,001-£10,000
Theo de Pencier, Non-Executive Director	£5,001-£10,000	£0	£0	£0	£0	£5,001-£10,000
*** Fionna Moore, Medical Director Chief Executive (Acting to 23 July 2015)	£145,001-£150,000	£4,700	£0	£0	£0-£2,500	£150,001-£155,000
Andrew Grimshaw, Finance Director	£125,001-£130,000	£0	£0	£0	£20,001-£22,500	£150,001-£155,000
Jason Killens, Director of Operations (to the 25 September 2015)	£50,001-£55,000	£1,900	£0	£0	£0-£2,500	£55,001-£60,000
Paul Woodrow, Director of Operations (Acting Director of Operations from 28 September 2015)	£50,001-£55,000	£4,900	£0	£0	£22,501-£25,000	£80,001-£85,000
** Fenella Wrigley, Medical Director (Acting to February 2016)	£95,001-£100,000	£4,000	£0	£0	£77,501-£80,000	£175,001-£180,000
** Zoe Packman, Director of Nursing and Quality (Acting)	£75,001-£80,000	£0	£0	£0	£10,001-£12,500	£85,001-£90,000

The figures shown under the heading 'expense payments' refer to the provision of lease car.

* The following director left the Trust: Jason Killens on 25th September 2015.

** The following director Zoe Packman was on secondment from Croydon Health Services NHS Trust until November 2015. Fenella Wrigley was on secondment from Barts Healthcare NHS Hospital until February 2016.

*** Fionna Moore is an employee of Imperial College Healthcare NHS Trust who works full-time for the London Ambulance Service as Medical Director until December 2015.

Remuneration 2014/15

Name and Title	Salary (bands of £5000) £'000	Expense payments (taxable) total to nearest £100 £00	Performance pay and bonuses (bands of £5000) £'000	Long term performance pay and bonuses (bands of £5000) £'000	All pension related benefits (bands of £2,500) £'000	Total (bands of £5000) £'000
Richard Hunt, Chairman	£20,001-£25,000	£0	£0	£0	£0	£20,001-£25,000
Jessica Cecil, Non-Executive Director	£5,001-£10,000	£0	£0	£0	£0	£5,001-£10,000
Robert McFarland, Non-Executive Director	£5,001-£10,000	£0	£0	£0	£0	£5,001-£10,000
Nicholas Martin, Non-Executive Director	£5,001-£10,000	£0	£0	£0	£0	£5,001-£10,000
John Jones, Non-Executive Director	£5,001-£10,000	£0	£0	£0	£0	£5,001-£10,000
Fergus Cass, Non-Executive Director	£5,001-£10,000	£0	£0	£0	£0	£5,001-£10,000
Theo de Pencier, Non-Executive Director	£5,001-£10,000	£0	£0	£0	£0	£5,001-£10,000
Fionna Moore, Acting Chief Executive (from 24 January 2015)	£120,001-£125,000	£0	£0	£0	£0-£2,500	£120,001-£125,000
Andrew Grimshaw, Finance Director	£130,001-£135,000	£0	£0	£0	£2,501-£5,000	£135,001-£140,000
Jason Killens, Director of Operations	£110,001-£115,000	£2,000	£0	£0	£32,501-£35,000	£145,001-£150,000
Fenella Wrigley, Acting Medical Director (from 25 January 2015)	£10,001-£15,000	£0	£0	£0	£57,501-£60,000	£65,001-£70,000
Zoe Packman, Acting Director of Nursing And Quality (from 24 November 2014)	£20,001-£25,000	£0	£0	£0	£20,001-£22,500	£45,001-£50,000

Salary and pension entitlements of senior managers (continued)

B) Pension benefits

Name and title	Real increase as at pension age (bands of £2,500)	Lump sum as at pension aged related to real increase in pension (bands of £2,500)	Total accrued pension as pension age at 31 March 2016 (bands of £5,000)	Lump sum at pension age as related to accrued pension at 31 March 2016 (bands of £5,000)	Cash equivalent transfer value at 31 March 2016	Cash equivalent transfer value at 31 March 2015	Real increase in cash equivalent transfer value	Employers contribution to stakeholder pension To nearest £100
Richard Hunt, Chairman	**	**	**	**	**	**	**	
Jessica Cecil, Non-Executive Director	**	**	**	**	**	**	**	
Robert McFarland, Non-Executive Director	**	**	**	**	**	**	**	
Nicholas Martin, Non-Executive Director	**	**	**	**	**	**	**	
John Jones, Non-Executive Director	**	**	**	**	**	**	**	
Fergus Cass, Non-Executive Director	**	**	**	**	**	**	**	
Theo de Pencier, Non-Executive Director	**	**	**	**	**	**	**	
*Fionna Moore, Chief Executive (Acting to 23 July 2015)	*	*	*	*	*	*	*	
Andrew Grimshaw, Director of Finance	£0-£2,500	£0-£2,500	£30,001-£35,000	£95,001-£100,000	£579,079	£550,988	£21,479	
Jason Killens, Director of Operations (to the 25 September 2015)	£0-£2,500	£0-£2,500	£10,001-£15,000	£35,001-£40,000	£188,374	£359,360	£0	
Fenella Wrigley, Acting Medical Director (acting to February 2016)	£2,501-£5,000	£5,001-£7,500	£25,001-£30,000	£80,001-£85,000	£454,318	£381,544	£68,195	
Zoe Packman, Acting Director of Nursing and Quality	£0-£2,500	£2,501-£5,000	£40,001-£45,000	£125,001-£130,000	£775,034	£741,296	£24,842	
Paul Woodrow, Acting Director Operations (from 28 September 2015)	£0-£2,500	£0-£2,500	£25,001-£30,000	£85,001-£90,000	£527,424	£479,643	£21,418	

* Fiona Moore has opted out of the NHS pension scheme.

** As non-executive directors they do not receive pensionable remuneration, there are no disclosures in respect of pensions for non-executive directors.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV – this reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

“A change in the Government Actuarial Department’s (GAD) actuarial factors has occurred during the year, following revised guidance from HM Treasury. NHS Pensions are using the most recent set of actuarial factors produced.”

Reporting of other compensation schemes – Exit packages Note 10.4

Exit package cost band (including any special payment element)	2015-16			2014-15		
	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
	Number	Number	Number	Number	Number	Number
Less than £10,000	0	0	0	1	1	2
£10,000-£25,000	0	1	0	0	1	1
£25,001-£50,000	0	0	0	3	1	4
£50,001-£100,000	0	0	0	0	1	1
£150,001-£200,000	0	0	0	0	0	0
Total number of exit packages by type (total cost)	0	0	0	1	4	8
Total resource cost (£000s)	0	0	0	127	127	254

Redundancy and other departure costs have been paid in accordance with the provisions of Agenda for Change. Exit costs in this note are accounted for in full in the year of departure. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS pensions scheme. Ill-health retirement costs are met by the NHS pensions scheme and are not included in the table.

This disclosure reports the number and value of exit packages taken by staff leaving in the year. Note: The expense associated with these departures may have been recognised in part or in full in a previous period.

Reporting of other compensation schemes – Exit packages Note 10.5

	Agreements	Total value of agreements
	Number	£000s
Voluntary redundancies including early retirements contractual costs	1	21
Mutually agreed resignations (MARS) contractual costs	0	0
Early retirements in the efficiency of the service contractual costs	0	0
Contractual payments in lieu of notice	0	0
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring MHT approval	0	0
Total	1	21

As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total numbers in Note 10.4 which will be the number of individuals.

The Remuneration Report includes disclosure of exit payments payable to individuals named in that Report.

Off-Payroll engagements - Table 1

For all off-payroll engagements as of 31 March 2016, for more than £220 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2016	1
Of which, the number that have existed:	
for less than one year at the time of reporting	1
for between one and two years at the time of reporting	0
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

All existing off-payroll engagements have been subject to a risk based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.

Off-Payroll engagements - Table 2

For all new off-payroll engagements between 1 April 2015 and 31 March 2016, for more than £220 per day and that last longer than six months:

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2015 and 31 March 2016	1
Number of new engagements which include contractual clauses giving the London Ambulance Service NHS Trust the right to request assurance in relation to income tax and National Insurance obligations	0
Number of new engagements for whom assurance has been requested	1
Of which:	
Assurance has been received	1
Assurance has not been received	0
Engagements terminated as a result of assurance not being received	0
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the year	
Number of Individuals that have been deemed "board members, and/or senior officers with significant financial responsibility" during the financial year. This figure includes both off-payroll and on-payroll engagements	0

Staff report

Average Staff Numbers

The average number of staff has increased over last year 4,756 (2014/15 4,531) as the trust continues to recruit additional paramedics.

Staff Category	Total Number	Permanently employed Number	Other Number
Medical and Dental	2	2	0
Ambulance Service	2,428	2,373	55
Administration and estates	1,346	1,243	103
Healthcare assistants and other support staff	944	944	0
Nursing, midwifery and health visiting staff	36	13	23
Total	4,756	4,575	181

The average number of employees is calculated as the whole time equivalent number of employees under contract of service in each week in the financial year, divided by the number of weeks in the financial year. The “contracted hours” method of calculating whole time equivalent number should be used, that is, dividing the contracted hours of each employee by the standard working hours.

Staff Composition

At the end of March 2006, we had a workforce of 5,089 staff, made up of 2,821 men and 2,268 women. This was broken down as follows:

	Total	Female	Male
Directors	15	7	8
Senior Managers	453	157	296
Employees	4,621	2,104	2,517

Total	5,089	2,268	2,821
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Over the course of the year, a total of 581 people left the service – a turnover rate of 12.2 per cent, compared to 14.3 per cent in 2014/15.

While we were able to recruit new staff during the year, we also saw existing frontline staff leaving in greater numbers than usual, 198 paramedics left during 2015/16.

Staff Sickness

The average workings days lost in 2015/16 was 12.60 (2014/15 14.52). The data is based on calendar years January 2015 (2014) to December 2015 (2014).

Staff Policies

We welcome our obligations under equalities legislation, including the Equality Act 2010. Our aim is to ensure that equality and inclusion is integral to everything we do.

We welcome people to our organisation from any background, who are committed to providing high-quality care that meets the needs of the diverse communities we serve. We aim to provide innovative and responsive healthcare which meets the needs of all these communities, providing better healthcare for all.

Our policy is to treat everyone fairly and without discrimination, and we want to ensure that:

- patients and customers receive fair and equal access to our healthcare service
- everyone is treated with dignity and respect
- staff experience fairness and equality of opportunity and treatment in their workplace.

We want to be an employer of choice, and to attract the best and most talented people from all walks of life to a career where they can develop to their full potential.

As an employer, we are focusing on:

- celebrating and encouraging the diversity of our workforce and creating a working environment where everyone feels included and appreciated for their work
- promoting and providing training and employment opportunities regardless of age, disability, gender reassignment, marital status, pregnancy or maternity, race, religion or belief, sex, sexual orientation or any other aspect of an individual person's background
- fostering creativeness and innovation in our working environment, so that all staff can deliver to the best of their ability and help us take forward our equality and inclusion goals.

Expenditure on Consultancy

In 2015/16 the trust spent £1.7m on various consultancy projects covering strategy, organisational and change management, performance improvement and technical services.

Accountable Officer: Fiona Moore, Chief Executive

Organisation: London Ambulance Service NHS Trust

Signature:

Date:

2015/16 Introduction to the annual accounts

Financial performance

2015/16 saw major recurrent investment in the London Ambulance Service by London Clinical Commissioning Groups (CCGs) in support of a programme of performance improvement. This investment was to increase capacity, recruit additional staff and improve operational working practices. This investment was designed to replace non-recurrent “resilience” funding that had been made available to the service on an annual basis over the last 4-5 years. The recurrent investment made, £20.7m was a significant commitment for CCGs at the start of 2015/16 given the wide range of demands across London.

For the financial year 2015/16 the Trust reported a deficit of £4.4m. The Trust had planned to report a £4.4m deficit following agreement with the TDA in quarter 4. The previous plan was a £9m deficit. The over spend was driven by non-recurrent costs associated with the performance improvement programme. The following table summarises the key elements of the financial performance of the Trust in 2015/16

	Plan £m	Actual £m	Variance £m
Income	316.4	320.0	3.6
Expenditure	308.1	307.5	0.6
EBITDA	8.3	12.5	4.2
Deficit	(9.0)	(4.4)	4.6
Capital Investment	10.2	9.2	1.0
External Financing Limit	8.6	(10.0)	18.6
Cash	11.8	20.2	8.4

In line with all NHS organisations LAS was required to identify efficiencies. In total £9.8m was identified and delivered in 2015/16. Key areas of improvement related to the cost of fuel, contract renegotiation and renewal and management of non-frontline staffing costs.

The Trust continued to invest in new equipment, spending in excess of £9.2m on new vehicles to help improve the age profile of the fleet, IMT system renewal and improvement and additional clinical equipment. The Trust also completed a business case for a further 140 new ambulances for delivery across 2016/17.

NHS Trusts have a number of financial duties. This section of the annual report outlines the financial performance of the Trust for the financial year ended 31 March 2016 and the results outlined in this section relate to the full 12 month period of 1 April 2015 to 31 March 2016. A copy of the full statutory audited accounts is included in this annual report together with a glossary of terms to assist the reader in interpreting the accounts.

Financial duties review

Break-even duty

NHS trusts have a regulatory duty to break-even in each and every financial year. The Trust had an agreed plan for a deficit of £4.4m in 2015/16. As this was an approved overspend this Trust is seen to have achieved the in-year breakeven duty.

Despite reporting a deficit in year the Trust's cumulative break-even performance remains in surplus, totalling £9.9m. While working to improve its financial position in 2016/17 it is planning for another deficit in 2016/17, although at a reduced level. While this will reduce the cumulative surplus further it will not take the Trust into a cumulative deficit.

External financial limit

The External Financing Limit (EFL) is the means by which the Treasury, via the Department of Health and the TDA, controls public expenditure in NHS trusts. This is a statutory financial duty, with a maximum tolerance of only 0.5 per cent of turnover under the agreed limit. Exceeding these limits requires prior approval. Trusts are permitted to undershoot their EFL targets.

Most of the money spent by the Trust is generated from its service agreements for patient care and income generation (income from operations). The EFL determines how much more (or less) cash the Trust can spend in a year than is generated from its operations.

The Trust was expected to spend £1.6m less than it generated in 2015/16. The trust achieved its EFL target of £10.0m.

Capital cost absorption duty

The financial regime of NHS trusts recognises that there is a cost associated with the maintenance of the capital value of the organisation. Trusts are required to absorb the cost of capital at a rate of 3.5% of average relevant net assets. The rate is calculated as the percentage that dividends paid on public dividend capital bears to the average relevant net assets of the trust. To meet this duty, trusts must achieve a rate between three per cent and four per cent.

A return on assets (the capital cost absorption duty) of 3.5% was achieved. This was within the permitted range of 3% to 4%.

Capital Resourcing Limit (CRL)

The Capital Resourcing Limit (CRL) is part of the resource accounting and budgeting arrangements in the NHS and its purpose is to ensure that resources allocated by the government for capital spending are used for capital, rather than to support revenue budgets. All NHS bodies have a capital resource limit.

A capital resource limit controls the amount of capital expenditure that a NHS body may incur in the financial year. Under spends against the CRL are permitted by the Department of Health.

The Trust spent £9.2million on a range of projects, including ambulances (54 delivered in year) and fast response cars (60 new cars are in procurement), new technology projects and a range of projects to improve clinical equipment and the estate. Overall, the Trust under spent by £1.0m against its capital resource limit, which it is permitted to do. The capital programme was funded internally (no loans or external support from the DH). The underspend on the capital programme will be carried forward into the new year capital programme.

Apply the Better Payment Practice Code

This regulatory duty requires NHS Trusts to pay all supplier invoices within 30 days. The Trust paid 87% of its NHS trade invoices respectively within 30 days; this is below the 95% target set by the Department of Health.

Pension costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme and the accounting policy is set out in note 9.6 to the full Annual Accounts. The Remuneration report sets out information on the pension benefits of directors.

Financial plan 2016/17

The Trust has formally submitted a plan for the coming financial year, 2016/17 that takes into account planned contracted income levels and expenditure requirements. These plans have been set in line with guidance from the DH, TDA and Monitor as well as discussions with clinical commissioning groups across London. The plan is set to deliver a deficit of £5.5 million.

Financial risk

The Trust monitors financial risk through the assurance framework and risk management processes as detailed in the statement of internal control included in the financial statements.

International Financial Reporting Standards (IFRS)

The Treasury announced that public sector bodies are required to prepare their accounts under International Financial Reporting Statements (IFRS) from 2009/10. That was the first year that we prepared our accounts under IFRS, resulting in the rework of 2008/09 results to act as prior year comparators in the 2009/10 accounts.

Professional valuation was carried out by the District Valuers of the Revenue and Customs Government Department on 31 March 2016 for all land and buildings. The net gain and loss on revaluation was £10.1 million and the total impairments were £0.1 million.

IAS 19 requires us to accrue for remuneration earned but not yet taken. In this instance, we have made an accrual for annual leave of £5.4 million for the current financial year (£4.7 million in 2014/15).

Subsequent events after the balance sheet date

The Trust has not identified any important event occurring after the financial year end, 31st March 2016, that has a material effect on the 2015/16 financial statements as presented.

Other information

Ernst Young LLP were the Trusts external auditor for the year ended 31st March 2016. The Trust paid £68,000 (£66,000 in 2014/15) for audit services relating to the statutory audit. All issues relating to financial audit and financial governance are overseen by our Audit Committee. Ernst Young LLP have not undertaken any non-audit work for the Trust during the year ended 31st March 2015.

The directors confirm that, as far as they are aware, there is no relevant audit information of which the NHS body's auditors are unaware and that they have taken all the steps that they

should have taken as directors in order to make themselves aware of any relevant audit information and to establish that the NHS body's auditors are aware of that information.

The Trust conforms to the Treasury's guidance on setting charges for information supplied to the public or commercial organisations.

The London Ambulance Service is a NHS trust established under the National Health Service Act 2006. The Secretary of State for Health has directed that the financial statements of the NHS trusts will meet the accounting requirements of the NHS Trusts Manual for Accounts, which will be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the 2015/16 NHS Manual for Accounts issued by the Department of Health.

The financial statements for the year follow. A copy can be obtained free of charge from the Head of Financial Services who can be contacted at the address given at the end of this annual report.

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STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTABLE OFFICER OF THE TRUST

The Chief Executive of the NHS Trust Development Authority has designated that the Chief Executive should be the Accountable Officer to the trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Chief Executive of the NHS Trust Development Authority. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- value for money is achieved from the resources available to the trust;
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
- effective and sound financial management systems are in place; and
- annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

I confirm that, as far as I am aware, there is no relevant audit information of which the trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the trust's auditors are aware of that information.

I confirm that the annual report and accounts as a whole is fair, balanced and understandable and that I take personal responsibility for the annual report and accounts and the judgments required for determining that it is fair, balanced and understandable.

NB: sign and date in any colour ink except black

Signed.....Chief Executive

Date.....

STATEMENT OF THE DIRECTORS RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

By order of the Board

nb: sign and date in any colour ink except black

..... **Date** **Chief Executive**

..... **Date** **Financial Director**

INDEPENDENT AUDITORS REPORT TO LAS

TO BE ADDED HERE

A copy of our full accounts is available
from the Head of Financial Services at
the following address:

Head of Financial Services
Finance Department
London Ambulance Service NHS Trust
220 Waterloo Road
London
SE1 8SD

DRAFT

Appendix - Glossary of Terms

(This glossary does not form a part of the statutory accounts)

STATEMENT OF COMPREHENSIVE INCOME

Statement Of Comprehensive Income (Income And Expenditure) Under UK GAAP used to be called a Profit and Loss account or an Income and Expenditure account. Public sector accounts tend to use the term Income and Expenditure to indicate that they are non-profit making organisations.

Revenue From Patient Care Activities Income from patient care activities of the Trust, usually from Clinical Commissioning Groups as the principle commissioner of services.

Income and Expenditure Often called a Profit and Loss account or an Income and Expenditure account. Public sector accounts tend to use the

term Income and Expenditure to indicate that they are non-profit making organisations.

Income from activities Income from patient care activities of the Trust, usually from Clinical Commissioning Groups as the principle commissioner of services.

Other operating income Income from non-patient care services such as commercial training, research funding etc.

Operating surplus The surplus generated by the normal operations of the Trust before taking into account interest, depreciation and amortisation

Depreciation When a fixed asset is purchased, the cost of that asset needs to be charged to the income and expenditure account over the life of the asset to recognise the contribution of that asset to the work of the Trust in each year of ownership. On purchase of a fixed asset, the

expected life is assessed and the cost is spread over that life. The value of the asset therefore diminishes, or depreciates, over time.

Amortisation Where depreciation applies to tangible fixed assets, amortisation is the same process for non-tangible fixed assets, such as loans to the Trust.

Profit / (loss) on disposal of fixed assets The difference between the value of an asset in the balance sheet and the actual sale price of the item. This could be equipment or buildings.

Public Dividend Capital (PDC) PDC originated in NHS Trusts as the difference between the valuation of its assets and liabilities on establishment as an NHS Trust. This originating debt is deemed an asset of the Secretary of State, and equates to taxpayers equity in the organisation. The Trust has to make a return on this capital equivalent to 3.5% per annum, and this amount has to be paid

over to the Treasury. The original debt can increase over time due to the allocation of additional capital funds, and is repayable over time.

STATEMENT OF FINANCIAL POSITION

Fixed Asset / Non-Current Assets

An asset that has a life that extends beyond the current financial year and that will generate economic benefits in future accounting periods— as opposed to current assets, which are realisable immediately or in the next accounting period. Fixed assets are typically equipment or buildings.

Current Assets

These are assets that are held on the balance sheet of the organisation that have an immediate cash value. These include stocks, that could be sold and realise cash quickly, debtors that can be collected quickly to realise cash or cash held in a bank account.

Stock / Inventories

Material held as stock which could be sold to realise cash quickly. Can either be valued at cost where stock is valued in the books at the purchase price or, net realisable value where stock is valued in the books at a value that it could reasonably be expected to fetch if it was sold on open market today.

Debtors / Receivables

Money owed to the Trust for services provided.

Creditors / Payables

Money owed by the Trust for goods and services received.

Total Taxpayers' Equity

See Public Dividend Capital

NOTES TO THE ACCOUNTS**Historical Cost Convention**

The value of an asset carried in the balance sheet is the amount paid for it on the purchase date.

Accruals Convention

The accounts are prepared taking account of all income received and receivable, and all expenditure paid and payable for the goods and services delivered and received in the period, and are not based on cash receipts and payments in the period.

Off Balance Sheet

Refers to fixed assets that are in use by the trust but which are not technically 'owned' by the organisation, and therefore do not appear in the balance sheet. An example of this would be operating leases, where equipment, such as vehicles, is leased by the organisation but never comes into our ownership.

Liquid Resources

Resources that can be released quickly to enable the organisation to settle debts. Typically, cash in hand or in the bank in short term accounts.

Prepayment

Where the Trust has paid in advance for goods

or services – for example, quarterly payment in advance for telephone rentals.

Deferred Income

Income received in the financial year but deferred to a subsequent accounting period because the relevant services will be provided in that future accounting period.

Reserves

Funds set aside in recognition of a future event, project or change, where the need has been recognised but the event has not happened.

TERMINOLOGY

Going Concern Basis

The accounts are prepared on the basis that the Trust will still be in existence in the next financial year, and that it will therefore be in a position to recover any debtors due to it, and that it will be around to cover its long term liabilities. If it is likely that an organisation will not be in existence beyond this set of accounts, then long term liabilities would become immediately due, and the position of long term debtors would be called into question, resulting in the need to recognise that in the results presented in this set of accounts.

Capital Expenditure

The amount expended by the Trust that enhances the value of fixed assets whose useful life extends beyond the current accounting period.

Revenue Expenditure

Expenditure on the day to day operations of the Trust, pay and rations as opposed to capital expenditure.

Consumables

Non pay expenditure on items that have a life of less than one year and are therefore not fixed assets. The term relates to everything from drugs, uniform, stationery through to pieces of disposable equipment.

CCGs - Clinical Commissioning Groups

New organisation established from 1st April 2013.

Liability

A situation where an organisation has an obligation to pay for something that has already occurred, and around which there is certainty, but is not yet physically paid for.

Provisions

An allowance in the accounts for a known item, but where the value or timing of the event giving rise to it is uncertain. An example may be where a pay award from 1 January in a given year has not yet been agreed, and the settlement date is uncertain. The organisation would typically provide an estimate for inclusion in the accounts to ensure that the relevant charge to Income and Expenditure is made in the correct year.

Contingent Liability

A situation where a financial obligation to pay for something that has already happened may arise, but where there is uncertainty or where the final value is difficult to quantify due to dependencies on other things. For example, an outstanding legal claim against the organisation, where if the verdict goes against the organisation, there will be an obligation to pay for an unquantifiable amount. Amounts carried in the accounts under this heading will inevitably be estimates based on the best information available at the time.

Value Added Tax (VAT)

May be in the form of output tax – VAT charged on sales, or input tax – VAT paid on purchases. In the NHS, normal NHS healthcare activity does not attract VAT.

Post Balance Sheet Event

Something that is recognised after the accounts have been finalised, but before publication, which impacts on the results as they are presented, and has a significant impact on how the results should be interpreted.

Risk Pooling Scheme

This is essentially the NHS insurance scheme, where we pay an annual premium to cover any insurance claims that may arise during the year. The scheme covers all the usual insurance risks around buildings, equipment, fire etc, as well as clinical negligence issues.

NHSLA

The NHS Litigation Authority is the body responsible for handling negligence claims against NHS organisations. The NHSLA also advises NHS organisations on risk management.

Losses and Special Payments

Any payments made in respect of bad debts, stock write offs, insurance excesses or compensation payments that are not considered a part of the normal business of the Trust.

HART

Hazardous Area Response Team

RRV

Rapid Response Vehicle

PTS

Patient Transport Service.

DRAFT



Report to:	London Ambulance Service Trust Board
Date of meeting:	31st May 2016
Document Title:	Annual Report and Accounts
Report Author(s):	Director of Finance
Presented by:	Chair of the FIC
Contact Details:	
History:	The Audit Committee has reviewed the draft accounts and progress of the External Audit on two occasions, and will meet on the morning of the 26th May to review the Final Accounts that will be presented to the Trust Board for approval.
Status:	Approval
Background/Purpose	
<p>The Final Accounts will be presented to the Trust Board for review and approval before submission to NHSI. The Trust's External Auditors, Ernst and Young, will provide their report on the Accounts to help inform the Boards decision. At the time the Trust Board papers were issued the External Audit had not been finalised and it was not possible to issue the accounts or the report from EY. This is not unusual and reflects the time line for the production of the accounts.</p> <p>An interim report from the Ernst and Young (EY) made to the Audit Committee on the 19th May did not identify any material issues with the draft accounts.</p> <p>The Audit Committee will meet on the morning of the 26th May to review the Final Accounts and take a detailed report from EY. The Chair of the Audit Committee will report the outcome of that meeting to the Trust Board.</p> <p>If possible copies of the Final Accounts and findings from the Auditors will be circulated before the meeting of the Trust Board on the 26th May.</p>	
Action required	
To note the findings of the external audit and to approve the Final Accounts for submission to NHSI.	
Assurance	
The Draft Accounts have been reviewed twice by the Audit Committee prior to the 19 th May. The Audit Committee will meet to review the Final Accounts and the findings of the external audit on the morning of the 26 th May.	

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



Report to:	Trust Board
Date of meeting:	31st May 2016
Document Title:	Annual Quality Account 2015/16
Report Author(s):	Briony Sloper, Deputy Director of Nursing and Quality
Presented by:	Fenella Wrigley, Medical Director
Contact Details:	briony.sloper@lond-amb.nhs.uk
History:	Executive Leadership Team, 6th April and 11th May 2016 Quality Governance Committee, 17th May 2016
Status:	For approval

Background/Purpose

This seventh Annual Quality Account is due to be published by the London Ambulance NHS Trust in June 2016. Prior to publication the Trust is required to submit the full document to key external stakeholders for comment and their feedback is required to be included in the report prior to submission.

The following external stakeholder groups have received the Annual Quality Account 2015/16 for review with the submission dates as detailed below:

Presentation to Patients Forum	Briony Sloper, Zoë Packman	11 th April 2016
Presentation to Hillingdon Overview and Scrutiny Committee	Briony Sloper, Zoë Packman	14th April 2016
Submission to Enfield Healthwatch	Briony Sloper	18th April 2016
Submission to Commissioners' Clinical Quality and Risk Group (CQRG)	Briony Sloper	18th April 2016

External stakeholders were asked to submit their written comments by close of play 13/05/16 with the exception of CQRG where the paper is due for discussion on the 31/05/2016 with a request for formal feedback to be received no later than the 10/06/2016.

A formal presentation was made to the LAS Patients Forum on the 11/04/16 and to the Hillingdon Overview and Scrutiny Committee on the 26/04/16. The Annual Quality Account 2015/16 was very positively received at both events with extremely supportive comments made in response to the content.

Action required
The Trust Board is asked to approve the Annual Quality Account 2015/16 and note the details of the external stakeholders currently reviewing the paper and timelines to receive feedback prior to publication.
Key implications
Timely publication of the Annual Quality Account 2015/16 is a requirement.

Key implications and risks arising from this paper	
Clinical and Quality	The Annual Quality Account 2015/16 details work undertaken during 2014/15 and most importantly details our quality priorities as a Trust for 2015/16.
Performance	
Financial	
Workforce	
Governance and Well-led	Timely publication of the Annual Quality Account is a requirement for all NHS Trusts.
Reputation	The Annual Quality Account is published externally and as such the content is required to be robust and demonstrate the Trust's on-going commitment to the Quality agenda.
Other	
This paper supports the achievement of the following Quality Improvement Plan Workstreams:	
Making the London Ambulance Service a great place to work	Yes
Achieving Good Governance	Yes
Improving Patient Experience	Yes
Improving Environment and Resources	Yes
Taking Pride and Responsibility	Yes



London Ambulance Service



NHS Trust

Annual Quality Account 2015/16



Contents

- Introduction
- Statement on quality from the Chief Executive
- Our Purpose & Values
- Our 2016/17 quality priorities
- Statements of assurance from the Board
- Reporting on core indicators
- Review of the year 2015/16
- Other services - Patient Transport
- Other services - 111
- Feedback
- Statement of Directors responsibilities



Introduction

What is a Quality Account?

Since the introduction of the Quality Account in 2009 all NHS Trusts are required to publish quality accounts in accordance with the annual reporting guidance from NHS England. By publishing data, supported by explanation, the aim is to improve transparency for patients and service users on what is working well and what needs further improvement. The key objective is to provide a balanced report.

There are four main aims of Quality Accounts:

A focus on quality improvements: in each organisation: the reports provide an opportunity to set out how the Trust intends to improve its own quality.

Board ownership: this can lead to ambitious board-driven quality improvement priorities, measures and programmes of work.

Engagement with clinicians and patients: the priorities and metrics included in the Quality Account must be relevant and public. Broad engagement in the development of quality reports is needed to meet these requirements.

A wider quality debate: Quality Accounts should provide an opportunity for providers to describe their performance and their improvement goals.

In order to give a more comprehensive oversight of quality we have made the decision to report beyond the minimum requirements. In addition, where possible we have also reported comparative data from other Ambulance Trusts in England. The Quality Account is required to follow a template and report on a set of mandatory items. We have followed this format and for ease of reading we have divided our Quality Account into three distinct sections.

- Section 1 contains a statement on quality from the Chief Executive and an introduction to the report.
- Section 2 details the new priorities for improvement identified for 2016/17 and reports progress made against the priorities we identified for quality improvement in the 2015/16 Quality Account. This section also includes a review of the year and a range of statements of assurance from the Trust Board.
- Section 3 Provides evidence of external assurance and written feedback we have received on the 2015/16 Quality Account

Commissioners

The relationship with our commissioners continues to strengthen. The new operational structure has been embedded across 2015/16 reflecting seven distinct sectors supporting local engagement and health improvements. We have continued to focus on being more responsive to local needs with roles such as the Stakeholder Engagement Managers proving pivotal in ensuring a consistent senior presence at a local level.



This has been demonstrated throughout 2015/16 through closer working relationships with not only commissioners but a range of key partner agencies such as our acute Trust colleagues, frequent caller forums and safeguarding boards to ensure patients receive high quality, integrated care across the capital.

We continue to work with our commissioners to agree commissioning intentions. Once agreed these will influence the final contract, the key performance indicators and the final projects identified within the Commissioning for Quality and Innovation Framework (CQUIN).

The Trust Board

The Trust Board is accountable for ensuring the Trust consistently provides a safe and high quality service and this is demonstrated by the following

- Nominating the Director of Nursing and Quality as being responsible for bringing quality issues to the attention of the Trust Board and acting as the custodian for quality issues.
- Nominating the Medical Director as being responsible for bringing safety issues to the attention of the Trust Board, acting as the custodian for safety issues and accountable officer for controlled drugs and Caldecott Guardian.
- Prioritising quality on the agenda by ensuring, wherever possible, quality issues are placed at the top of the agenda.
- Inviting a patient, or member of staff, to every Trust Board to meet the Trust Board and present their experience of the London Ambulance Service NHS Trust as either a service user or a provider.
- Having a Board level committee nominated to focus on quality that has the same status as the audit and finance committees.
- Monitoring the quality of care provided across all our services and routinely measuring and benchmarking services internally and externally where this information is available.
- Proactively looking at any risks to quality and taking prompt mitigating action.
- Challenging poor performance or variation in quality and recognising quality improvement.
- Building a quality culture across the organisation.
- Working to ensure our workforce is valued and motivated and able to deliver high quality care.
- Promoting a culture of openness with respect to incident reporting.

The Expectations of our Regulators

Our quality regulator is the Care Quality Commission (CQC). They are responsible for setting the minimum standards for quality and safety that people have the right to expect whenever they receive NHS funded care.

The CQC monitor the provision of healthcare and stipulate a range of minimum standards which are observed through their monitoring programme.

The NHS Trust Development Authority is the body who oversees the transition of NHS Trusts to NHS Foundation Trust status. As a NHS Trust the London Ambulance Service has



a relationship with this body. We are required to undertake monthly integrated delivery meetings with the NHS Trust Development Authority to provide oversight and assurance.

Monitoring Quality in 2015/16

Trust Quality Governance Committee is the accountable forum for overseeing quality across the Trust supported by the internal quality dashboard and 3 core committees:

- **Clinical safety and Standards Safety** – chaired by the Medical Director
- **Clinical and Professional Development** – chaired by the Director of Paramedic Education & Development
- **Improving Patient Experience** – chaired by Director of Nursing and Quality

The quality dashboard has developed throughout 2015/16 to ensure quantitative information is shared in a consistent format at the committees enabling a single source of data related to quality measures. Feedback from key stakeholders has been essential in the on-going refinement and format of the dashboard to ensure data is accessible and reflects the key indices to provide assurance on the quality of care the Trust delivers. The committees have met bi-monthly producing a summary report for the Quality Governance committee highlighting key assurances, issues and concerns. These committees review relevant risks in the Board Assurance Framework (BAF), the Trust risk register and local risk registers at their meetings and include areas of concern and action plans in their reports.

The dashboard and associated papers are shared with Commissioners at the monthly Clinical Quality Review Group (CQRG) meeting and the Trust Development Authority (TDA) at the Integrated Delivery meeting ensuring external scrutiny and challenge.



Statement on quality from the Chief Executive

This is the seventh Quality Account published by the London Ambulance NHS Trust. It acts as a written review for the public of our quality of service during 2015-16 and identifies quality improvement priorities for 2016/17.

It is a huge privilege to have been asked to lead the Trust in January 2015, to have been appointed substantively to the post of Chief Executive in July 2015 and to have the opportunity to lead the Trust through a pivotal period of improvement and development.

The Care Quality Commission (CQC) carried out a planned inspection in June 2015 and their report into the Service was published at the end of November 2015. While it gave the organisation a 'good' rating for the care of patients, it highlighted a number of areas of concern and judged the Service to be 'inadequate' overall, and recommended that we were placed 'in special measures'.

The report is constructive and I am extremely pleased that the CQC recognised that patients in London receive good clinical care, that our staff are caring and compassionate and that our paramedics and nurses in the control room give good advice to frontline staff while our intelligence conveyance system prevents overload of ambulances at any one hospital. We have taken immediate action for our most pressing issues and the Board are committed to ensuring delivery of the improvements required.

We take being placed in special measures very seriously. We recognise that this will assist in accelerating our progress and we are working with the Trust Development Authority, NHS England, Defence Medical Services and our other partners to address the concerns raised in the report.

We held our Quality Summit with key stakeholders in December 2015 and submitted our Quality Improvement Plan (QIP) to the CQC in January 2016. At its heart, this plan is about delivering better care for patients and making the London Ambulance Service a better place to work for all our staff. In order to achieve this, we need to fundamentally transform the Service. As part of the plan, we highlighted the action we have already taken since the inspection and detailed the five work streams for action each with an identified Executive lead. They 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

I had the pleasure of meeting over 900 staff through a series of road shows during the autumn of 2015 and the discussion and feedback from these sessions has helped shaped the projects within our plan.

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. At the Quality Summit and our stakeholders and in particular our Clinical Commissioning Group lead commissioners, NHS England (London) and the Trust



Development Authority acknowledged the progress made since the CQC inspection in June 2015.

As the new CEO, with new operational management leadership teams – I am focused on leading, developing and supporting our staff to deliver the improvement plan.

While challenges such as improving vehicle preparation, recruiting more frontline staff, increasing our ethnic diversity, and our systems and processes generally need centralised leadership we recognise that the Service requires local leadership and staff to take personal ownership. Whether this is improving our drugs records, ensuring we support a culture where we report incidents and near misses and don't tolerate or walk past inappropriate behaviour but challenge and report it.

Much of the action we have to take needs to be led by local managers, however we also need the discipline of being able to check and monitor ourselves to make sure these changes to behaviour and practice are happening, and 'at pace'.

Managers and clinical team leaders from across the Service attended a series of briefing sessions at the end of February to update them on progress made since publication of the CQC inspection report and help develop local action plans around the five work streams.

In 2015/16, we again experienced an unprecedented increase in demand across London, concern about increased terrorist activity in Europe, and the busiest winter on record in the absence of significant periods of adverse weather or public health concerns such as flu or noro-virus. Ensuring quality of care is maintained and evidenced under such activity pressures continues to be the paramount focus for the organisation. 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 and we have continued to work with NHS England and our acute Trust colleagues to address this issue.

After the tragic events in Paris and Brussels we have been working to ensure our Service and our specialist teams are ready to respond if we did face this type of situation in London. The Major Incident Plan has been revised and approved by Trust Board, Major Incident training is now incorporated into the Core Skills Refresher (CSR) training for all frontline staff and in response to the CQC recommendations we have recruited to the required level of Hazardous Area Response Team (HART) paramedics to meet the National Ambulance Resilience Unit (NARU) specification. We also participated in Exercise Unified Response earlier this year, a large scale major incident exercise run on behalf of the London Resilience Partnership. The exercise saw the participation of local, national and international agencies and sought to test London's resilience at the operational, tactical and strategic levels. Staff from across the organisation participated in the exercise which was planned on a scale never before seen in the UK.

One of my priorities as Chief Executive is to continue to reduce pressure on staff so we can improve morale, our response and the quality of care we deliver to all our patients.

2015/16 has seen the introduction of a number of initiatives to support this.

We were slow to respond to our staffing issues and this was highlighted by the CQC report however we have successfully accelerated recruitment and retention to ensure sufficient frontline paramedic and other staff to meet patient safety and operational standards. To date we have recruited 711 people since April 2015. We are now scheduled to have 2,926 staff fully operational by the end of March 2016. This is equivalent to 92 per cent of the 3,169 establishment figure (allowing for 35 leavers a month) and with a further 217 still in training.



We have continued to replace our fleet with 104 new ambulances on the road and a further 140 purchased. We have invested in 60 new fast response units, with plans for a further 60 each year, on-going.

We are fully committed to the role of clinical team leaders to provide support and feedback to those on the frontline. We have ensured they now spend 50 per cent of their time being clinical and 50 per cent supporting operational colleagues.

The LAS Academy launched in January 2016 to offer existing non-registered staff the opportunity to train as paramedics and we are working with universities to create more graduate paramedic places. We have also continued to develop a clinical career structure with Advanced Practice Paramedics, extending the number to 24 operating from three sites across London.

We have launched our new intranet so staff can access information and communicate more easily and have again delivered great things in control around the clinical hub. I am proud that the VIP Awards have become embedded this year, allowing us to celebrate our staff – their achievements and enthusiasm. The first LAS app was launched with significant developments on-going and mental health nurses are now embedded in the clinical hub, supporting the care we give to some of our most vulnerable patients.

The results of the 2015 NHS staff survey were published in February 2016 and the findings show improvements in a number of areas compared to last year's survey, whilst also reflecting the pressure the organisation has faced and staff concerns on key issues. The results include an improved level of overall staff engagement compared to both 2013 and 2014, and indicate that people feel more motivated at work, prepared to recommend the organisation as a place to work or receive treatment, satisfied with their level of responsibility and involvement, able to contribute towards improvements at work, satisfied with communication between senior management and staff.

However, there was also an increase in the percentage of staff saying they had experienced bullying or harassment in the previous 12 months. We appointed a Bullying and Harassment Advisor in November 2015 and a Non-Executive Director to lead a comprehensive programme of work across the Trust in relation to bullying and harassment to ensure staff are trained, know how to identify bullying and harassment, know how to report incidents and are supported in doing so. We have completed around 18 workshops and completed regular updates to staff, with over 250 having attended workshops and we are on target to train an additional 350 by summer 2016. It is encouraging that there are better results in some important areas and it is clear that we are continuing to make improvements for staff and patients. We are addressing our key issues through our quality improvement plan in response to the CQC report.

While there is no quick fix to making this the organisation all we want it to be, there is significant forward momentum, we have a very clear plan and everyone has a role to play in helping us to get there.

Dr Fiona Moore MBE, Chief Executive



Our Purpose and Values

The London Ambulance Service NHS Trust is one of 10 Ambulance Trusts (and Ambulance Foundation Trusts) in England, responding to over 1.9 million 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.

Our Purpose, Goal & Values:

The **purpose** of the London Ambulance Service is to care for people in London: saving lives; providing care; and making sure they get the help they need

Our **goal** is to deliver safe, high quality care that meets the needs of our patients and commissioners, and that make our staff proud

Our purpose is supported by the following values:

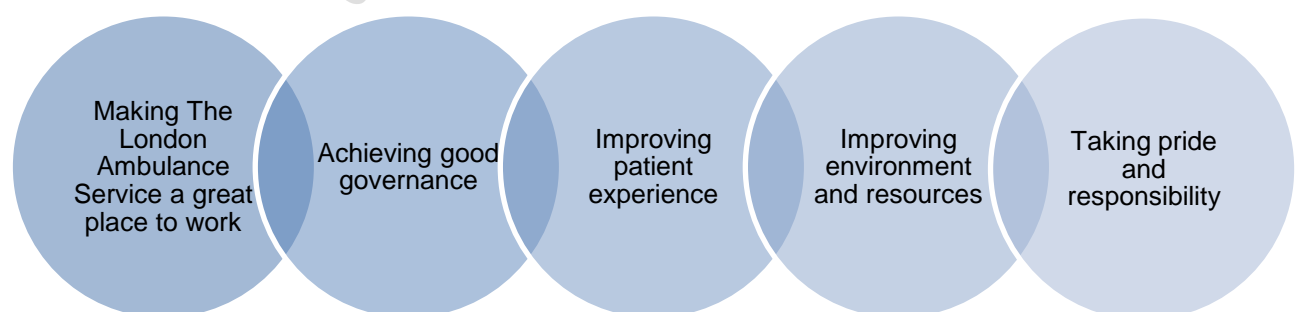
In everything we do we will provide:

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.

Our key corporate objectives for the year ahead form the basis of our Quality Improvement Programme which is our roadmap to improving our care to patients, the experience of our staff and our overall CQC rating when we are re-inspected in 2016/17 to ensure we come out of special measures as quickly as possible. The five objectives are:



2016/17 Quality Priorities

It is proposed this year should continue to focus on the areas of:-

- Patient Safety
- Patient Experience
- Clinical Effectiveness & Audit.

For each of these core areas specific elements have been identified.

1/ Patient Safety

Sign up to Safety campaign

The Trust enrolled on the Sign up to Safety programme in 2015-2016 and will continue to progress this work throughout 2016/17.

The ambition is to apply the approach demonstrated in Maternity across 2015/16, where comprehensive risk meetings with multi-disciplinary teams to discuss complaints, serious incidents, Patient Advice and Liaison Service (PALS), claims and inquests has used the Sign up to Safety pledges to help inform its agenda. Work continues to improve the safety of the service we provide by effective engagement with staff involved in incidents and providing proactive training on Maternity risks to clinical staff. Learning points are also shared at a London-wide Heads of Midwifery meeting. We will expand this methodology to other high risk areas of our activity such as paediatrics and mental health.

In addition to this we have commenced the publication of a quarterly 'Trust Learning From Experience' report, identifying themes from across serious incidents, complaints, inquests, incidents and claims. This report is shared at the Quality Governance Committee and with our commissioners. We will continue to develop these reports, ensuring we are drawing on all sources of quality data available and invite feedback through transparent sharing of these with external stakeholders and staff.

We are working extensively to integrate the Duty of Candour into the culture of the organisation and those staff involved in Serious Incidents are offered support through the process. Family Liaison Officers are also allocated to each case to engage and support family members. This work will continue to be progressed and reported against as part of our commitment to the Sign up to Safety pledge.

Medicines Management

The Trust is committed to supporting a system of processes and behaviours that optimise medicines management and ensure safe and effective administration of all therapeutic interventions for all patients. The CQC identified medicines management as a specific area of concern to the Trust.

Significant improvement has been made during 2015-16 including the recruitment of a Medicines Safety Officer and the appointment of a board director with responsibility for oversight of medicines management. A medicines management communication campaign has also commenced entitled 'Shut it, Lock it, Prove it' in order to improve security of drugs and medical gases. The implementation of the new Trust operational management structure has supported a system of additional medicines management checks by Clinical Team Leaders supported by Incident Response Officers and other local managers.



The Medicines Management Group continues to meet regularly with the Trust Pharmacist and reports controlled drugs incidents and associated learning via the Local Intelligence Network.

Medicines management events have been held with local medicines management leads and feedback from these events used to guide and inform future medicines management developments within the Trust.

Medicines management has been identified as a core area of focus in 2016/17. During 2016-17 the Trust will seek to build upon the improvements seen in 2015-16 through further refinement and development of medicines managements systems and processes. Specifically our priorities will include:

- The review of a new drug distribution system looking to incorporate barcode technology and condition-based modularised drug packs for frontline staff. This will improve the availability and traceability of medicines.
- A programme of work with our Management Information department to improve reporting of drug usage data and further investigate additional technological solutions to support supply and administration of medicines.
- Medicines management training will be provided for all clinical staff via the Trust Core Skills Refresher programme throughout 2016-17.

Infection Control

The Quality Improvement Plan highlights a number of key areas associated with infection prevention and control that the Trust will focus on throughout 2016/17.

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

A review will be undertaken of all stations to understand the scope of works required to achieve infection control standards, and review cleaning contracts to meet requirements.

There is also a commitment to recognise that re-use of blankets for patients is always unacceptable and poses a cross-infection risk. Effective solutions will be implemented to include a review of provision, distribution, numbers and quality of blankets to ensure staff have access to adequate blanket supplies to support single usage for every patient.

2/ Patient Experience

Mental Health

Dementia

The Trust is committed to increasing its focus on the care of patients with dementia, which includes the training of staff and working with organisations that specialise in dementia care. A number of focus groups were held in 2015/16 with dementia patients and their carers. They described their experience of the London Ambulance Service and gave their suggestions to ensure the care we deliver to this group of patients and their carers is of a consistently high quality, recognising their specific needs. Four key themes emerged:-

- education & training
- managing delays
- support for carers



- providing feedback

The learning obtained from the focus groups has been integrated into the Trust Mental Health Action Plan for 2016/17 with specific objectives identified against each element. A key objective is to increase training in dementia care for staff at all levels of the organisation and to improve partnership arrangements with third sector organisations. This will include the development of bespoke training videos for staff focussed on dementia and taking forward

Delivery of the action plan will be monitored through the Trust Mental Health Committee

Patients detained under Section 136

It is recognised the Trust has continued to face challenges in meeting our agreed target response time of within 30 minutes to all patients detained under section 136.

As part of the Quality Improvement Programme a review of all mental health act guidance issued to staff is being undertaken ensuring that this is well understood and disseminated, There will be a specific focus on the guidance associated with section 136 in partnership with our police colleagues including the Metropolitan, British Transport and City Police services. Ensuring our policies and protocols are consistent and that these are reflected in our shared Memorandum Of Understanding is a priority in order to ensure consistent information is passed, received and appropriately triaged to enable a timely, safe and effective response.

Detailed data analysis will be undertaken to understand any variances in response times and triage allocation in order to amend procedures or review training programmes with staff.

The current Trust e-learning package for Mental Health will be reviewed and built upon during 2016/17 to ensure timely access to education and support for all staff.

We will also 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.

Bariatric Care

“Bariatrics” is the science of providing healthcare for those who have extreme obesity. Both a patient's weight and the distribution of this weight throughout the body are involved in determining whether a patient is “bariatric”. The care and transportation of bariatric patients in emergency situations from their home to hospital can be complex and challenging for the patient and clinical staff. An analysis of LAS calls would suggest that we are dealing with at least one bariatric patient per 24 hours. Appropriate procedures and equipment must always be available.

The Trust will ensure operational plans are in place to respond appropriately to the growing bariatric population in London and that care is delivered in a way that maintains the privacy and dignity of this group of patients. This will a working group to oversee effective training of all front line staff in assessment of patients, the use of specialist manual handling and clinical equipment during their care and treatment and patient involvement. The appropriate number of vehicles to accommodate bariatric patients in safety and comfort will be a primary focus as will service user feedback on care received.



End of Life Care

End of Life care presents specific quality challenges to the London Ambulance Service in order to ensure patients, their relatives and carers are supported appropriately to meet their individual needs and wishes. End of Life care calls are often associated with extended on scene times and are reported by staff as being some of the most emotionally challenging cases they attend. A clinical audit conducted in 2012 identified staff felt they had low levels of confidence and limited knowledge in relation to End of Life care.

The London Ambulance End of Life Care Steering Group was convened in June 2015 chaired by the Deputy Director of Nursing and Quality, This is a monthly forum which includes a multi-professional group, external partners and patient representatives and shares specialist knowledge, experience and skills to improve care for these patients. The group also oversees and advises on those elements of the service that have a specific focus on improving the quality of care delivered to patients requiring End of Life support including staff education, clinical audit, care pathways and patient involvement. It is also a forum for departments within the LAS and external agencies to report any issues relating to End of Life Care.

The Trust will continue to focus on this important area of care across 2016/17 reviewing End of Life pathways, education programmes and service developments to assess impact on patient and staff experience; making recommendations as required and producing evidence based oral updates and written reports to internal and external stakeholders. Identifying, reviewing and escalating any incidents relating to End of Life Care ensuring lessons learned are shared and adopted by all key stakeholders and further embedding our partnership with Coordinate My Care will be key objectives.

To date a range of significant pieces of work including have been undertaken including

- Development of the End of Life Core Skills Refresher (CSR) training package which commenced delivery in December 2015
- Funding to support and End of Life conference in North West London on the 27th January 2016
- The successful implementation and on-going evaluation of appropriate care pathways with partner agencies supporting the rapid referral of patients identified as requiring End of Life support

The End of Life Steering Group reports to the Improving Patient Experience Committee and onward to the Quality Committee. This allows areas of innovation, learning and on-going challenges to be escalated effectively through the quality governance structure.

3/ Clinical Effectiveness and Audit

Exercise Unified Response (EUR) 2016

LAS participated in Exercise Unified Response in February 2016 - a large scale major incident exercise run on behalf of the London Resilience Partnership. This clinical audit has been triggered by an external request from the London Resilience Partnership and feedback from the Care Quality Commission and the Coroner following the inquest into 7/7. Furthermore, at the end of 2015 the LAS Incident Response Procedures were revised and the requirement for clinical documentation has not yet been assessed. The clinical audit will include all 'patients' that were assessed and/or treated by the LAS during a major incident training exercise, covering a range of clinical conditions including: fractures, wounds, head injuries, respiratory conditions, chest injuries, amputations, abdominal trauma and spinal injuries. The documented triage, assessments, medication administration and management



of these 'patients' will be assessed for compliance with clinical practice guidelines and incident response procedures.

Continuous Re-contact

In 2015-16 we reviewed the decision not to convey patients by Paramedics on the Clinical Hub and clinicians on the road. We looked at patients who re-contacted the LAS within 24 hours following a referral to 111, a hear & treat or a see & treat incident where on second attendance the patient was conveyed to hospital with a pre-alert or died unexpectedly. This contributed to the LAS's mortality review and as a result in the first six months seven cases were escalated for review by the Serious Incident Group. The value of this project was considered so great that it will be continued in 2016-17.

Sickle Cell Crisis

In response to a request by the LAS Patient's Forum to review the care provided to sickle cell patients we will undertake a re-audit of the care provided to patients who contact the LAS during a sickle cell crisis. The re-audit will focus on initial telephone triage and ambulance response as well as pain assessment and management, medication administration and conveyance decision. In addition, this re-audit will seek to understand the patient's experience. We hope to send these patients a questionnaire asking them how they feel about how quickly the ambulance arrived, the treatment they received and the attitude of the clinicians who attended. The results will help to develop a specific training package for our mandatory Core Skills Refresher Training in 2016.

Hypovolaemic Shock

Following a patient safety incident and revised internal guidance we aim to assess LAS management of hypovolaemic shock. Working backwards from Emergency Department diagnosis of a medical conditions which may cause catastrophic fluid loss (for example gastrointestinal bleed, obstetric haemorrhage, ruptured ectopic pregnancy, abdominal aortic aneurism (AAA), recurrent vomiting and profound diarrhoea) this clinical audit seeks to examine the recognition, assessment and medication administration to patients with hypovolaemic shock.

Mental Capacity Act

The Care Quality Commission found that many staff lacked confidence working within the Mental Capacity Act 2005. Therefore, following a programme of training on the Mental Capacity Act assessment, this documentation audit will examine appropriateness of completion of the LAS Capacity Tool (documentation for the treatment of patients who are unable to consent).

Continued from 2015-16

Paediatric Conveyance Review

In 2010, following a baseline clinical audit and in response to advice from the Royal College of Paediatrics and Child Health the LAS reviewed our management of paediatric patients and a new policy was introduced. This resulted in all patients under the age of two years being conveyed to hospital with further strong recommendations for patients twelve years and under. Anecdotal concern from hospitals and staff regarding unnecessary conveyance/ referrals have prompted a further review of any patients twelve years and younger who are not conveyed to hospital, with a focus on those less than two years old. The audit will examine the assessment undertaken and appropriateness of conveyance and referral decisions.



Heart Failure

There is a perception of an overuse of nitrates as a medication in the management of acute heart failure within the LAS. This clinical audit will review the identification, assessment and medication administration to patients where acute heart failure is suspected in the pre-hospital setting or diagnosed at hospital.

Statements of assurance from the Board

Statements mandated by NHS England

Each year we are required to report a number of mandatory statements. These are reported in this section.

Data Review

During 2015/16 the London Ambulance Service NHS Trust provided three NHS Services and has reviewed the data available to them on the quality of care in these services.

Income

The income generated by the NHS services reviewed in 2015/16 represents 100 per cent of the total income generated from the provision of NHS services by the London Ambulance Services NHS Trust for 2015/16.

Clinical Effectiveness and Audit

Every month the Trust submits data to NHS England for the Ambulance Quality Indicators. The data is collated and updated on their website every 3-4 months to reflect the collated monthly submissions from all ambulance trusts. The clinical outcome measures within these look at the quality of clinical care that we provide to patients who have had a cardiac arrest, heart attack or stroke. We also contribute to the ambulance services' National Clinical Performance Indicators programme that benchmarks the care we provide to patients who have had a febrile convulsion, older people who have had a fall, those with a single limb fracture, those who have self-harmed, and those suffering asthma. This year, based on feedback from staff, we investigated different immobilisation and splinting options for the management of patients with a single limb fracture. As a result it has been agreed by the Clinical Equipment Working Group to procure alternative equipment.

We also submit data relating to our cardiac patients to the National Out-of-Hospital Cardiac Outcomes project, which is national registry of cardiac arrests in England. This registry is currently in its validation stages and the aim is that the information contained within it will shortly be used to look at variations in outcomes of cardiac arrest nationally, providing information to help inform treatment and improve survival for this patient group. During 2015/16 we provided 8,367 cases to the registry.

In 2016-17 we will focus on improving care to nine different patient groups that we have identified as requiring attention: cardiac, stroke, trauma and asthma patients; those with a



ruptured abdominal aortic aneurysm, in sickle cell crisis or hypovolaemic shock; those requiring care under the mental capacity act, and those left at scene.

Clinical audit

During 2015/16, two national clinical audits and no national confidential enquiries covered NHS services that the London Ambulance Service NHS Trust provides. During that period, the London Ambulance Service NHS Trust participated in 100% of national clinical audits, which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the London Ambulance Service NHS Trust was eligible to participate in during 2015/16 are as follows:-

NHS England Ambulance Quality Indicators: Clinical Outcome measures covering:

Outcome from cardiac arrest – Return of Spontaneous Circulation (ROSC)

- Outcome from cardiac arrest – Survival to discharge
- Outcome from acute ST-elevation myocardial infarction (STEMI)
- Outcome from stroke

National Clinical Performance Indicators (CPI) programme covering:

- Asthma
- Single limb fracture (trauma)
- Febrile convulsion
- Elderly falls
- Self-harm (mental health)

The national clinical audits that the London Ambulance Service NHS Trust participated in, and for which data collection was completed during 2015/16 are listed below alongside the number of cases submitted to each audit as a percentage of the number of registered cases required by the terms of that audit.

National Clinical Audit	Number of cases eligible for inclusion	Number of cases submitted	Percentage of cases submitted
NHS England AQI: Outcome from cardiac arrest – ROSC a) Overall group b) Utstein comparator group	a) 2399 b) 306	a) 2399 b) 306	100%
NHS England AQI: Outcome from cardiac arrest – Survival to discharge a) Overall group b) Utstein comparator group	a) 2362 b) 297	a) 2362 b) 297	100%
NHS England AQI: Outcome from acute STEMI b) Primary percutaneous coronary intervention (PPCI) delivered within 150 minutes of call. c) Care bundle delivered (includes provision of GTN, aspirin, two pain assessments and analgesia)	b) 804 c) 1767	b) 804 c) 1767	100%
NHS England AQI: Outcome from stroke a) Face Arm Speech Test (FAST) positive stroke patients potentially eligible for thrombolysis, who arrive at a hyper acute stroke centre within 60 minutes of call. b) Care bundle delivered (includes assessment of FAST, blood pressure and blood glucose)	a) 4269 b) 7428	a) 4269 b) 7428	100%
National CPI: Asthma a) Respiratory rate recorded b) PEFr recorded (before treatment) c) SpO ₂ recorded (before treatment)	600	600	100%



d) Beta-2 agonist recorded e) Oxygen administered f) Care bundle			
National CPI: Single leg fracture (trauma) a) Two pain scores recorded b) Analgesia administered c) SpO ₂ recorded (before treatment) d) Oxygen administered e) Immobilisation of limb recorded f) Assessment of circulation distal to fracture recorded g) Care bundle	600	600	100%
National CPI: Febrile convulsion a) Blood glucose recorded (before treatment) b) Temperature recorded (before treatment) c) SpO ₂ recorded (before treatment) d) Oxygen administered e) Anti convulsant administered f) Temperature management g) Appropriate discharge pathway recorded h) Care bundle	453	453	100%
National CPI: Elderly Falls a) Primary observations recorded b) Recorded assessment of the cause of the fall c) Recent history of falls documented d) 12 Lead ECG assessment e) Recorded assessment of mobility f) Direct referral to an appropriate health professional g) Care bundle	600	600	100%
National CPI: Self-harm a) Mental state of patient is recorded b) Evidence of use of drugs and/or alcohol is recorded c) Exact nature of injury recorded d) Has a clinical assessment been completed? e) History of events leading to today's self harm episode recorded f) Has there been an assessment of mental capacity? g) Has information relating to social/family support network or NOK been recorded	300	300	100%

The reports of the above national clinical audits were reviewed by the London Ambulance Service NHS Trust in 2015/16 and the following actions have been taken to improve the quality of healthcare provided:

- Continued clinical education provided to staff through training updates, and reminders in bulletins and newsletters.
- Introduction of a Clinical Information and Support Overview tool to allow discussions to take place directly with frontline staff in relation to their illness coding and time spent on scene to improve learning.

The reports of **six local clinical audits** were reviewed by the London Ambulance Service NHS Trust in 2015/16 and the Trust intends to take the following actions to improve the quality of healthcare provided against each as detailed below.

Recognition and Management of Paediatric Severe Sepsis

- Create a video tutorial on paediatric sepsis to ensure crews are aware of: the importance of undertaking core observations; how to undertake a comprehensive review of systems; key indicators of severe sepsis, and the treatment and management of severe sepsis, including



spending as little amount of time as possible on scene with critically ill patients

- Consider the introduction of a Paediatric Sepsis Clinical Performance Indicator to continuously manage the care provided to this patient group
- Investigate why certain equipment was described as missing, specifically paediatric oxygen saturation probes and blood pressure cuffs

Management of Patients Detained Under the Mental Health Act

- Explore the possibility of a trial where Non-Emergency Transport crews convey patients under Section 136 who do not need medical attention
- Review processes to ensure LAS management are informed when an LAS clinician accompanies a patient in a police vehicle
- Amend the Memorandum of Understanding with the Metropolitan Police Service to detail the information required from the police for Section 136 calls and ask the MPS to ensure receipt of any cancellations is confirmed
- Notify the British Transport Police and City of London Police of all of the above

Administration of Ketamine and Midazolam by Advanced Paramedic Practitioners

- Amend the Patient Group Direction to reflect intraosseous and subcutaneous as appropriate routes of administration for midazolam, increase the permissible dose for midazolam and ketamine, and remove the requirement to give patients leaflets
- Provide feedback to individual Advanced Paramedic Practitioners regarding possible areas for improvement

Paediatric Respiratory Assessment

- Distribute posters to all ambulance stations congratulating clinicians on improvement and reiterating that two respiratory rates should still be measured for all patients
- Write a Clinical Update article to ensure that the importance of an accurate respiratory rate is reinforced

Administration of IV Paracetamol

- Recommend to the Association of Ambulance Chief Executives that there should be a clearer distinction between oral and IV paracetamol in the national guidelines
- Remind clinicians to use a step-wise approach to pain management and to consider whether their patient has self-administered medication containing paracetamol
- Revise the pain assessment tool to include IV paracetamol

Inter-hospital Transfers

- Provide hospitals with further guidance on requesting inter-hospital transfers, including the use of the HCP line and the importance of providing an escort where needed
- Instruct call-takers to refer to immediate transfers as “immediate within one/two hours” when talking to hospital staff in order to avoid confusion



- Consider recommending the introduction of an alternative MPDS card to separate the coding of inter-hospital transfers and HCP admissions in Command Point

The London Ambulance Service NHS Trust undertakes a programme of local Clinical Performance Indicators that monitors the care provide to six patient groups(cardiac arrest, difficulty in breathing, glycaemic emergencies, mental health, sepsis and patients that were discharged on scene) and quality assures the documentation on 2.5% of all clinical records completed.

We also undertake four continuous audits that monitor the care provided to every patient who suffers a cardiac arrest, STEMI or stroke, or who have been involved in a major trauma incident.

Participation in clinical research demonstrates the London Ambulance Service NHS Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Clinical research ensures our clinical staff keep up to date with the latest possible treatment options and their active participation leads to improved patient outcomes. The number of patients receiving relevant health services provided or sub-contracted by the London Ambulance Service NHS Trust in the first 3 quarters of 2015/16 that were recruited during that period to participate in research approved by a research ethics committee was 4635. These patients were recruited into a range of interventional and observational studies. These studies were:

PARAMEDIC-2: A pre-hospital double blind randomised controlled trial exploring the effectiveness of adrenaline administration on patient outcomes following cardiac arrest

ARREST: A randomised control trial pilot exploring whether immediate coronary angiography and percutaneous coronary intervention can improve survival from cardiac arrest

Aneurysm-FILTR: An observational study to prospectively validate the diagnostic accuracy of an aneurysm scoring system developed by St George's Vascular Institute and the LAS available as an App for smartphones. Patient care and destination are not altered

VAN: A mixed methods study design which explores national variation in non-conveyance to emergency departments by identifying determinants of non-conveyance, studying variations in hear and treat and identifying the causes of potentially inappropriate non-conveyance

A Study of Major System Reconfiguration in Stroke Services: A mixed methods design study to support and analyse reconfiguration of stroke services in England. The study aims to identify lessons that will guide future reconfiguration work in other services

In 2015/16 686 members of clinical staff received protocol training to enable them to participate in interventional and observational research at the London Ambulance Service NHS Trust.



CQUINS

A proportion of London Ambulance Service NHS Trusts income in 2015/16 was conditional on achieving quality improvement goals agreed between the lead Commissioner, Brent CCG on behalf of the pan London CCGs agreement for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2015/16 are detailed below;

Goal No.	Goal Name	Description of goal	Expected financial value of goal (£)
1	Integrated Care: Improving reporting and use of patient information.	Review the functionality of current patient information available to support the overarching ambition to improve decision making and patient care Identify & address areas to improve access to patient information within LAS process and technical ability	£744,423.68
2	Integrated Care: Promoting Use of ACPs	Review the impact of the Pathfinder training already rolled out as part of the 14/15 winter resilience initiative to ensure it is still fit for purpose and aligned to LAS requirements. Implement Pathfinder training across all eligible staff Scope opportunities to develop an appropriate / suitable 'feedback' mechanism on ACPs	£1,353,497.60
3	Sepsis Management	Improving the management of patients with sepsis in the pre hospital setting via a developed sepsis pathway, management toolkit.	£744,423.68
4	Staff Development & Retention: Development of Clinical Team Leaders	Develop leadership capabilities in clinical team leaders to ensure the robust management of, and support to frontline staff	£812,098.56
5	Mental Health: Improving Mental Health Outcomes	Review the LAS Mental Health Risk Awareness Tool 'Proof of Concept' previously undertaken, to transition into a pilot project that will include 4 partner CCGs pan-London (North, South, East & West)	£676,748.80
6	Mental Health: Dementia & Delirium	Undertake a pilot project to identify key areas of improvement in the experience of Dementia patients (and their carers) when using the service	£135,349.76
7	Improving Patient Care: Frequently calling patients	Develop and agree a project plan for the identification and management of complicated frequent callers.	£812,098.56
8	Improving Patient Care: HCP Pilot	Delivery of a pilot project for a dedicated Health Care Professional (HCP) line and provision of data on GP usage within CCGs.	£1,353,497.60
9	ED Conveyance: Reducing unnecessary ED Conveyance (National CQUIN Requirement)	Reduce rate of ambulance transportations to type 1 and type 2 A&E per 100,000 populations	£135,349.76



Agreed 2016-17 CQUIN themes

Goal No.	Goal Name
1	E-solution 1: Preparing the roadmap for LAS digital integration with London wide U&E care
2	E-solution 2: Supporting a mobile workforce through identification of benefits of the e-Ambulance digital healthcare initiative
3	E-learning development: Supporting the move to a total workforce information approach with a review to identify a comprehensive learning management system
4	Improving focus on special patient groups: Bariatric, Mental Health & Sickle Cell
5	Improving LAS Emergency Operations Centre: Supporting consistent delivery of patient care, safety, experience and outcomes and strengthening governance and quality assurance processes, improving clinically appropriate and timely response and experience for patients
6	National: 1a Introduction of health and wellbeing initiatives (two options, only one to be selected)
	1b Healthy food for NHS staff, visitors and patients
	1c Improving the uptake of flu vaccinations for front line staff within Providers

Patient Safety Incidents

Serious Incidents (SIs)

In total across 2015/16 out of 396 cases reviewed 62 incidents were deemed to meet the criteria to be declared as serious to NHS England (London). The number of serious incidents declared equates to a 41% increase compared to 2014-15. Each declared Serious Incident (SI) is then subject to a full investigation using Root Cause Analysis (RCA) methodology with SMART recommendations put in place to mitigate the likelihood of repeat occurrences.

For the third year in a row the numbers declared have increased significantly (18 in 2012/13 and 39 in 2013-14, 44 in 2014-15). This continues to demonstrate a better understanding and use of the internal incident reporting process and a firm organisational commitment to improve the channel for identifying Serious Incidents. It also reflects a more open reporting culture in a time of increasing demand on the Trust.

As in previous years, the number of ambulance delay related SIs has remained high, although in 2015-16 we have seen a wider range of incidents declared including HR related issues, Information Governance issues and medicines management. This wider range of incidents raised by members of staff that are then declared further demonstrates the increasing confidence of our staff in the purpose and benefit of reporting errors and incidents.



Process and Governance

The SI group membership includes 4 executives and meets weekly. Following a review of the Terms of Reference this year the membership has expanded to include more subject matter experts. This has resulted in more informed decision making. We have hosted a variety of observers at the meeting, both external in the form of commissioners and the NHS Trust Development Authority and internal, with an increasing number of staff with a Quality or Governance focus to their roles demonstrating an interest in the discussion and decision-making process for SIs. The purpose of the meeting is to provide an open and challenging discussion to incidents raised, and this has been reflected in feedback from our external stakeholders. We have also seen a continuing number of Inquests and complaints raised to the group for evaluation and decision.

Each SI has executive and senior management leads who review and sign off the report before it is submitted; we also involve our legal services team and seek external legal advice as required. Ensuring the Duty of Candour is complied with is essential and this now forms an integral part of the discussion for responsibilities as when a patient safety SI with moderate or severe harm is declared and a Family Liaison Officer is appointed.

We expect that 2016/17 we will see further increases in the number of incidents reported and declared as DatixWeb a mechanism for reporting incidents on-line, is introduced making incident reporting more accessible to our staff and managers. Those which meet the threshold for an SI will be considered by the SI group.

Learning from experience

Please see below some examples of where the LAS have improved its service as a result of SIs;

1. In August 2015 an incident was declared where a patient went into cardiac arrest at the Olympic velodrome and there was a subsequent delay in reaching the patient due to the E20 Olympic Park not displaying on the Sat Nav system. In response mapping books were updated detailing the Olympic Park and E20 area and subsequent updates in November 2015 to the Garmin system now detail the area and road network.
2. Following a number of incidents where PRFs (Patient Report Forms) were lost on vehicles in 2015-16 the Trust has designed a new self-sealing LA1 form replacing the existing form. This will enable used PRFs to be stored more secure during a shift and will also ensure a record of statutory vehicle checks will be recorded every shift. If the new LA1 envelope is lost there is a 24/7 contact number to enable it to be returned to the service. This has been piloted with a view to roll out to the rest of the service.
3. In September 2015 the LAS responded to patient who had suffered a fall from height a number of times over a four day period with the patient losing all power in their lower limbs. As a result a greater awareness of the subtleties of the various presentations of cord injuries and the significance of patients re-presenting to healthcare for the same problem is required for ambulance clinicians in London. This issue was covered in a clinical update with associated case study. The complexities



of such cases will also be covered in Core Skills Refresher training programme for 2016-17

Future developments

Although the numbers of SIs declared by the Trust are lower than some of our peers, this could be seen as a measure of the safety of the service rather than a poor process for capturing errors and incidents. There is also significant variation in what different ambulance services report. Some declare ambulance handover delays, whereas the arrangements in London are for these to be declared by the Acute Trust responsible. LAS are taking part in an ambulance service initiative to share the details of SIs declared to allow for better learning and comparison across Trusts using the Proclus/Zeal system. It is important that in 2016-17 we continue to work on reducing the length of time it can take to investigate an SI and the level of quality of the report that is produced. As such approximately 30 members of staff have undertaken Root Cause Analysis training in the latter part of 2015/16 to help ensure this is done. In addition to this there are now clear channels for escalation of overdue SIs to both Senior and Executive management.

How we are implementing Duty of Candour

The LAS have taken a multifaceted approach to implementing and embedding the Duty of Candour into the culture of the organisation. In addition to the appointment of Family Liaison Officers in Serious Incidents, there have been several classroom-based Family Liaison Officer training sessions for clinical managers to help explain the purpose of the Duty of Candour and what is required to fulfil that duty. In addition to this a dedicated Duty of Candour session has been included on Core Skills Refresher training 2015.3 for all clinical staff. In 2016-17 Duty of Candour will be included as a mandatory training module for all staff with an attached multiple choice competency test and it will be included on Trust induction for all new staff. These initiatives have run alongside a continuing internal communications programme.

CQC

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'.



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



	Safe	Effective	Caring	Responsive	Well led	Overall
Emergency operations centre (EOC)	Requires improvement	Good	Good	Requires improvement	Inadequate	Requires improvement
Resilience	Inadequate	Requires improvement	Not rated	Not rated	Requires improvement	Inadequate
Patient transport services (PTS)	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Emergency and urgent care	Inadequate	Inadequate	Good	Requires improvement	Inadequate	Inadequate



Following the CQC inspection, the LAS had developed a Quality Improvement Programme (QIP) which is the single overarching plan addressing quality improvement in the Trust. We have established a clear programme of delivery, accountability and governance, led by the Director of Transformation, Strategy & Workforce and supported by a Programme Management Office (PMO), to ensure oversight and leadership in the delivery of our Quality Improvement Programme. A Quality Improvement Group has been implemented, chaired by the Chief Executive, which will meet monthly to review progress against the whole plan and each of the five work streams, assessing risks and directing interventions to ensure delivery. The table below identifies the key CQC “must dos” which were identified and the actions that have already been taken to address them as well as any further mitigating actions.

What the CQC said	Our actions and plans (completed and further actions as of April 2016)
Recruit the required number of Hazardous Area Response Paramedics	<p>We have already recruited to all of the 84 posts, all of whom have completed the national HART training. We have also revised our policies and protocols relating to HART and designed our Core Skills Refresher (CSR) to ensure that all frontline staff receive major incident training.</p> <p>Further actions: Monthly monitoring of our HART service to ensure that it continues to meet the national specification requirements and all HART staff are fully trained.</p>
Improve medicines management	<p>We have already appointed a Medicines Safety Officer and begun a review of the journey of a drug from arrival at the service to when it is administered. We have already implemented audits at key points during this journey. We are also working with the TDA and CQC to review and update the guidance for administering drugs by paramedics in the UK</p> <p>Further actions: Our Medicines Management Project will assess how medicines management facilities and compliance at our sites can be strengthened. We are also working with NHSE and TDA to clarify national policy on Patient Group Directives for oral Morphine and rectal Diazepam.</p>
Improve the system of governance and risk management	<p>We have already carried out a baseline audit of all local risk registers and designed a training programme for all managers which will be complete by 31 March 2016. We are beginning to see evidence of the application of Duty of Candour following the training that has been underway since the end of 2015. We have also worked to increase incident reporting including having the relevant reporting forms readily accessible on all vehicles.</p> <p>Further actions: Launch Datix Web to simplify and improve incident reporting</p>
Tackle bullying & harassment & perceived culture of fear in some parts	<p>We have already appointed a bullying and harassment specialist, carried out awareness training for all Senior Managers and have had a telephone advisory service in place since July 2015.</p> <p>Further Actions: roll out training for all staff and launch a far reaching publicity campaign to highlight bullying & harassment key messages. We will also re-launch the policy which will include KPIs and an emphasis on mediation and conciliation.</p>
Recruit sufficient frontline staff	<p>We have already recruited an additional 284 frontline staff between June and December 2015 with a further 177 in training and supervision. We will have another 297 to join by the end of March 2016. Our retention initiatives have also decreased turnover from 15.1% to 12.6% in the same time.</p> <p>Further actions: Progressing our 2016/17 recruitment and retention plan to ensure the Trust maintains its staffing levels.</p>



Governance

London Ambulance Service NHS Trust Information Governance Assessment Report overall score for 2015/16 reached 83% satisfactory, Level 2 for all requirements.

Reporting

London Ambulance Service NHS Trust did not submit records during 2015/16 to the secondary users service for inclusion in the Hospital Episode Statistics.

London Ambulance Service NHS Trust was not subject to the Payment by Results clinical coding audit during 2015/16 by the Audit Commission.

Reporting on core indicators

As a Trust we are required to report performance against those core set of indicators relevant to an ambulance provider.

1/ The percentage of Category A telephone calls (Red 1 and Red 2 calls) resulting in an emergency response by the Trust at the scene of the emergency within 8 minutes of receipt of that call during the reporting period.

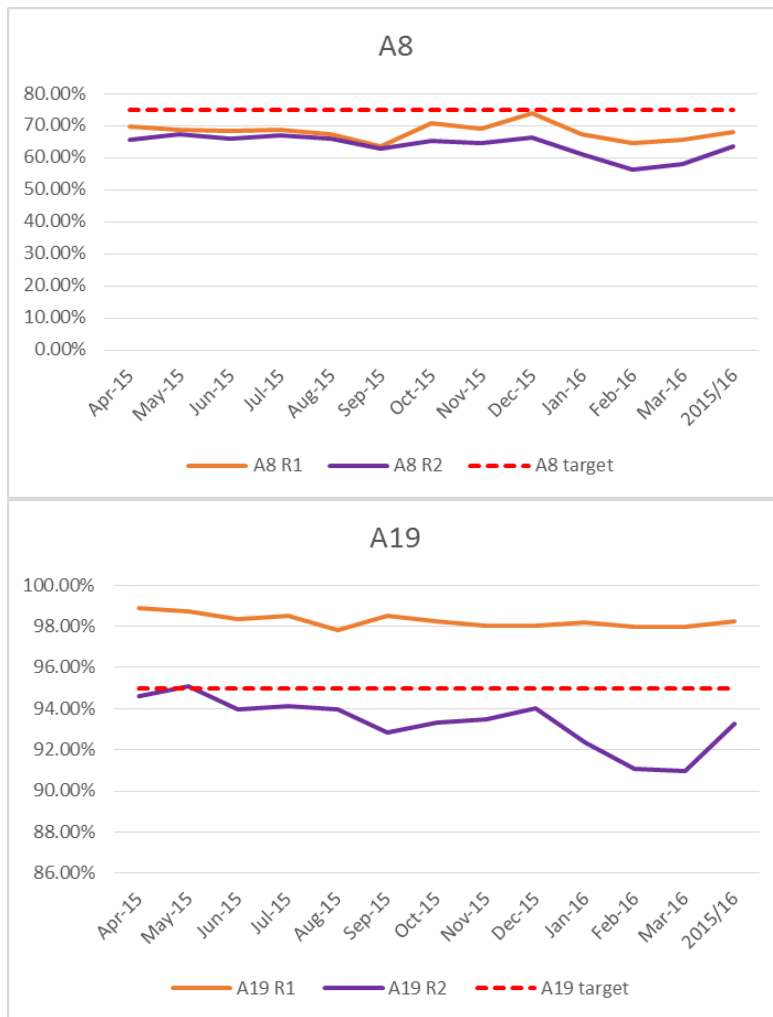
2/ The percentage of Category A telephone calls resulting in an emergency response by the Trust at the scene of the emergency within 19 minutes of receipt of that call during the reporting period.

**March 2016 data for all indicators is still being processed and validated and will change*

Date range: 01/04/15 to 31/03/16

Month	A8			A19		
	R1	R2	A	R1	R2	A
Apr-15	69.84%	65.45%	65.57%	98.89%	94.59%	94.72%
May-15	68.68%	67.29%	67.32%	98.75%	95.10%	95.20%
Jun-15	68.19%	66.00%	66.07%	98.36%	93.97%	94.10%
Jul-15	68.68%	66.94%	66.99%	98.49%	94.11%	94.23%
Aug-15	67.36%	65.84%	65.88%	97.82%	93.94%	94.05%
Sep-15	63.53%	62.81%	62.83%	98.51%	92.84%	92.99%
Oct-15	70.73%	65.40%	65.54%	98.22%	93.33%	93.46%
Nov-15	69.04%	64.39%	64.52%	98.03%	93.47%	93.60%
Dec-15	73.83%	66.41%	66.63%	98.05%	94.02%	94.13%
Jan-16	67.29%	60.94%	61.13%	98.20%	92.37%	92.55%
Feb-16	64.52%	56.39%	56.62%	97.98%	91.09%	91.29%
Mar-16	65.57%	57.93%	58.16%	98.00%	90.95%	91.16%
2015/16	68.10%	63.68%	63.80%	98.26%	93.26%	93.40%





3 & 4/ The London Ambulance Service NHS Trust submitted the following information regarding the provision of an appropriate care bundle to STEMI and stroke patients to NHS England for the reporting period 2015/16 and 2014/15.

	2015-16 *		2014-15	
	LAS average	National average (Range)	LAS average	National average (Range)
STEMI patients	70.3	78.3 (65.4 – 87.4)	72.6	80.7 (70.6 – 89.5)
Stroke patients	97.3	97.6 (96.1 – 99.6)	96.7	97.1 (93.5 – 99.4)

*At the point of preparation of this Quality Account, NHS England reported data for April to October 2015.

The London Ambulance Service NHS Trust considers that the data in the table above is as described for the following reasons: this data is captured by the LAS from clinical records completed by ambulance staff attending patients as part of on-going clinical quality monitoring in line with the technical guidance for the Ambulance Quality Indicators and reported directly to NHS England.



Review of the Year 2015/16

We use a wide range of indicators to provide us with a measure of the level of quality we are providing and these are specifically reported later in this publication. However, we also use a number of other indicators to help us triangulate the information. Some of these measures are reported within this section.

Quality Priorities identified for 2015/16

Patient Safety

1/ Sign up to Safety Campaign

In 2015-16 the Trust enrolled on to the Sign up to Safety campaign in order to contribute to the system-wide ambition of making the NHS the safest healthcare system in the world by creating a system devoted to continuous learning and improvement. This meant signing up to 5 specific pledges:

1. **Putting safety first.** Commit to reduce avoidable harm in the NHS by half and make public our locally developed goals and plans
2. **Continually learning.** Make our organisation more resilient to risks, by acting on the feedback from patients and staff and by constantly measuring and monitoring how safe our services are
3. **Being honest.** Be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong
4. **Collaborating.** Take a lead role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use
5. **Being supportive.** Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate progress.

We have seen significant progress in Maternity where a 6 weekly “Risk Summit” set up to discuss complaints, serious incidents, PALS, claims and inquests has used the Sign up to Safety pledges to help inform its agenda. Work continues to improve the safety of the service we provide by effective engagement with staff involved in incidents and providing proactive training on Maternity risks to clinical staff. Learning points are also shared at a London-wide Heads of Midwifery meeting.

The introduction of structured executive walk-rounds in February 2016 supports the aims and objectives of the Sign up to Safety campaign, promotes an open, responsive and supportive safety culture, ensuring visibility of the Executive Leadership Team (ELT) and engagement from staff across all areas of the organisation. Each member of the ELT has an allocated sector and are committed to spending time each month either on a ride out or a locality visit such as a training centre, annexes or stations. A structured programme of feedback and learning has been instigated which will feed into the monthly Trust quality



report to inform strategic and operational planning with appropriate actions identified as required.

The Trust now publishes a quarterly 'Learning From Experience' report, picking up a number of themes from across Serious Incidents, Complaints, Inquests, incidents and claims. This report is shared at the Quality Governance Committee and with our commissioners.

In regards to "Being Honest" we have worked extensively to integrate the Duty of Candour in to the culture of the organisation and staff involved in Serious Incidents are offered support through the process including staff welfare, evidencing our commitment to being supportive.

2/ Maternity

Following the successful appointment of a Consultant Midwife 3 days a week, maternity care was identified as a key quality priority for 2015/16 with an associated workplan.

In 2015 the London Ambulance Service was proactive in delivering a range of opportunities for staff to improve skills and knowledge around the care of pregnant and newly delivered women. The experience of the staff attending has evidenced the need to continue to develop joint training with an ethos of "those that work together should train together"

Key Successes 2015:



- Celebration of International Day of Midwifery (5.5.2015) and Launch of Maternity Mannikin.
- Clinical Safety – Establishment of 6 week Maternity Risk Summit
- Establishment of Joint Maternity Training for the Pre- Hospital Setting led by LAS and local Maternity Units – 100 Ambulance Staff trained with midwives across London.
- Delivery of Maternity "Mouthfuls" training for staff working within the Emergency Operations Centre to reinforce the advice given over the telephones
- Responsive changes to the triage system used within the LAS reviewed and submitted to improve care – Cord Prolapse, Water birth, Cardiac Arrest and Skin to Skin care for new-borns.
- Stork Awards initiated to celebrate the work of Emergency Medical Dispatchers in management of telephone support to women who give birth prior to the arrival of the ambulance service



Progressing Maternity into 2016:

With the publication of the National Maternity Review (2016), there is a clear direction toward promoting home birth, and births taking place within stand-alone birth centres. Whilst we are active in engaging with our local maternity units the maternity work programme must reflect the needs of women balanced with the needs to develop the emergency services response to maternity care provision.

The inception of the maternity risk multidisciplinary meeting enables a strategic group to provide an overview of the complaints, incidents and risk within the ambulance service and enable a rapid response to learning and provision of feedback when staff evidence excellence in clinical practice. This forms the basis of our commitment to the “Sign up to Safety” campaign.



Whilst the stork awards are aimed in recognising and celebrating the work of the Emergency Medical Dispatchers in supporting couples birthing at home, the feedback from women and those using the service is an area to proactively review toward ensuring the maternity care is safe, responsive, and provides a positive experience largely under emergency conditions.

Maternity Work plan 2016/17:

Objective	Measurable	Associated Documentation
Strengthening Risk and Promoting Safety and a Positive Experience of Care	6 weekly – Maternity risk multidisciplinary meeting Sign up to Safety in Maternity Launch Establish feedback process for maternity “Walking in their shoes” – Capturing the user and staff experience of care - Workshop	Morecambe Bay Investigation 2015 Kirkup Report 2015 The National Maternity Review 2016
Deliver Maternity Education Programme	Delivering of Joint Maternity Training Including Masterclass in response to local incidents Maternity Webinars	Obstetric Policy Training Needs



	Update Training Needs Analysis	Analysis
Reviewing BBA's attended by LAS	Work with CARU to quantify BBAs and plan an audit to review preventable and non-preventable incidents Work alongside commissioners to develop a responsive ambulance services response to improvements to the delivery of birth in the pre hospital setting.	High Quality Maternity Care 2014 The National Maternity Review 2016
Maternity Advice – A Joint Triage Model with Maternity Services	Integration of dual registered nurse/midwives into the clinical hub. Pilot of “Rapid Response Midwife” project with Lewisham Maternity Services to impact on ambulance and maternity outcomes.	High Quality Maternity Care 2014
Launch of the Maternity Pre-Hospital Screening Card	Maternity card Webinair Maternity card available: On LAS App In maternity packs Personal copy Staff feedback and audit to evaluate effectiveness	
National Maternity Pack	Development and implementation of a standardised maternity pack Exemplar shared nationally Launch of the pack with Webinair	

3/ Frequent Callers

The Trust identified the systematic review of the processes, pathways and resources allocated to supporting the identification of frequent callers and subsequent management as a quality priority for 2015/16. The Trust was successful in securing a Darzi Fellowship to support this work, focussing on reviewing the current processes, quantifying the problems posed to the service, understanding the different cohorts of patients who make up this group of patients and evaluating intervention methodologies to assess effectiveness.

This was also identified as a CQUIN, in partnership with our commissioners, and quarterly reporting has demonstrated significant improvement across a range of aspects with a detailed project review and recommendations for future practice developed.

Supporting the integration of health and social care, or the provision of community and local care. A specific focus was the review of the impact, efficacy and sustainability of integrated approaches to case management and personalised care planning for frequent callers. It was evidenced that effectively escalating individual entrenched Frequent Callers has been demonstrated to inspire greater engagement from the wider health and social care



community and facilitated a more robust management of clinical risk. Accessible LAS data indicated a reduction in crisis frequency and duration for patients who are managed by locally owned Frequent Caller Forums.

Breaking down barriers between care provision, staff groups, and disease areas.

Ambulance services are in a unique position to act as coordinators and to map current systems and pathways. This project has focussed on some of London's most vulnerable, resource intensive patients requiring whole system communication and engagement to positively affect how they use services and subsequent quality of care. A review of the various approaches currently in place was undertaken identifying a range of multi-disciplinary and multi-professional teams for example falls services utilising paramedics and district nurses, mental health teams applying street triage models with direct access to psychiatrists and specialist nurses and palliative care networks supported by shared records and specialist nurses working within the call centre.

Developing innovative and radical care delivery options, or investing in new health technologies. An assessment was conducted of the varying methodologies available across the health and social care such as access to summary care records utilising innovative IT systems, data sharing agreements and hardware options to highlight where innovation is impacting positively on patient care.

Increasing the potential for better efficiency/demand savings and explores viable options for sustaining and improving the NHS. Quantification of the associated costs to the Trust and the wider NHS was undertaken with annual figures detailing the organisation accommodates 1,622 Frequent Callers annually generating 49,534 incidents and incurring associated costs of approximately £4.4 million to LAS with a wider cost to the London health care economy of approximately £18.8 million annually. This does not take into account other services accessed and provider input into the management of their care. A review of current reporting methodologies was undertaken and a new process initiated allowing greater granularity and more focussed care planning at a local level.

Patient Experience

1/ Safeguarding processes

Continued improvement to safeguarding processes was identified as a quality priority for 2015/16 specifically a focus on training, supervision, partnership working and the implementation of the new Care Act and associated reviews. A detailed work programme has been undertaken and significant progress made.

The Trust delivered a wide range of safeguarding training across the Trust on inductions, level 1, level 2 and level 3 during 2015-16, 91% of staff completed level one and 93% completed level three training.

The Trust engaged in a considerable amount of partnership working during 2015-16 with over 250 meetings attended locally, with the new operational structure enabling a senior member of staff to attend safeguarding board meetings where invited. We have also



attended a number of pan London meetings for both children and adults during the year. LAS partnership working has directly resulted in children and vulnerable adults being protected in the past year. The Trust is progressing recommendations from the Savile report on DBS checks and this forms part of the work plan for 2016/17. The Safeguarding governance arrangements within the Trust are working well and providing assurance to the Board.

Types of Abuse

Physical (hitting, slapping, misuse of medication, restraint)

Domestic Violence (Incidents or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse. By someone who is or has been an intimate partner or family member regardless of gender or sexuality)

Sexual Abuse (rape, indecent exposure, subjecting to pornography, not consented or pressured to consent)

Psychological abuse (emotional abuse, threat of harm or abandonment, blaming, humiliation, isolation)

Financial or Material Abuse (internet scamming, will issues, inheritance, financial transactions)

Modern Slavery (human trafficking, forced labour, domestic servitude, coercion, deceive and force individual into life of abuse)

Discriminatory abuse (sturs issues of race, gender, disability etc.)

Organisational abuse (neglect or poor practice within an institution or care setting. Neglect or poor professional practice as a result of policies, processes)

Neglect and acts of omission (ignoring medical, emotional or physical care needs. Failure to provide access to appropriate health care)

Self-neglect (wide ranging, neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding).

Incident can be one off or multiple and affect one person or more.

Changes with effect from 1st April

- Staff must (where safe) have a discussion with the adult at risk about their safeguarding concerns.
- Adult at risk must consent to a safeguarding concern being raised by LAS.
- Staff must state consent obtained or reason why it was not in all safeguarding concerns.
- Concerns can be raised if patient lacks capacity, however a capacity assessment and best interests assessment should be completed to evidence this.
- If patient has capacity concern can only be raised if actions are impacting on other (public interest) or you believe patient is being coerced.
- Staff should also ask the adult what outcome they would like from them raising the concern and record this appropriately.
- Where possible a vulnerable adult should be advised to contact the local authority themselves for care and support when there is no safeguarding concerns. The Service should only perform this role when adult is unable to raise need.
- Welfare concerns **WILL ONLY** be sent to the local authority if the adult consents to welfare concern being raised.
- If you do not have consent to raise a welfare concern. Record lack of consent on FRF.
- EBS staff will ask staff for consent and outcome information. If this is not provided the concern cannot be raised with the local authority. Staff will be notified of reason it cannot be progressed.
- This will apply to concerns raised via the phone or fax.

Changes to Safeguarding Adult Practice

With effect from the 1st April 2015 the way adults are safeguarded will change.

Service practice will also change

This is a result of the Care Act 2014 which provides the statutory and legal requirements to safeguard adults and brings it into line with child safeguarding.

The Care Act puts adults and their wishes and experience at the centre of safeguarding and is a move away from the process-led culture to a person centred approach which achieves outcomes that people want.

There is a change in terminology with a safeguarding referral now being called a safeguarding concern and Serious Case Review (SCR) will be called Safeguarding Adult Reviews (SAR)

Children, young people and adults at risk

The second annual Safeguarding and Mental Health Conference was held in April 2015 for 110 staff and national partners covering a range of topics including child sexual exploitation, female genital mutilation, hoarding, homelessness and mental health. A third conference took place in March 2016 covering Domestic Abuse, Frequent Callers, Elderly & Loneliness, Mental health initiatives and Children in Gangs. Speakers with personal experience of the issues were used which has a significant impact on those attending and feedback from both conferences has been extremely positive.

We have also produced a number of materials to support safeguarding activity such as:-

- 2nd Safeguarding Pocketbook
- A pen that contains a flowchart on the Mental Capacity Act and Care Act information.
- A leaflet on the Care Act safeguarding requirements for staff

2/ Mental Health

An on-going focus on Mental Health was agreed as a quality priority for 2015/16.

Dementia care

Building upon initiatives from 14/15, dementia was identified as a CQUIN in partnership with our commissioners. We engaged with voluntary organisations including the Alzheimer's Society, Dementia Concern and Camden Dementia Carers Service to initiate a number of focus groups with dementia patients and their carers. People taking part in the focus groups provided a range of helpful responses and ideas with the aim of helping the Trust improve the way it provides care to people living with dementia. A report was developed highlighting

key findings and recommendations which will be used to inform our mental health work plan for 2016/17.

The Trust has focused on raising dementia awareness across staff. A communications initiative was put in place to encourage dementia friend's uptake. We also secured face to face dementia training sessions delivered by University College London (UCL) Partners who were awarded funding by Health Education North Central London (HENCEL) to lead a cultural change in dementia care across NHS organisations. We delivered train the trainer sessions for our clinical tutors, enabling them to become dementia champions, with the ability to cascade their learning across the organisation. Dementia awareness sessions were also delivered for Emergency Operations Centre staff.

Training and Education

The Trust has focused on delivering face to face mental health training updates to our Clinical Team Leaders and Advanced Paramedic Practitioners with sessions including the national section 136 protocol and updates in mental health policy and practice. A gap analysis was conducted in respect to our international recruits to ensure that appropriate training on mental health legislation was delivered to this cohort of staff.

The introduction **of mental health nurses** in our Emergency Operations Centre has also supported improved knowledge and confidence of our staff working in the control centre with this workforce model receiving recognition from NHS England as an innovative new model of working. The LAS identified that demand from mental health callers was growing and that mental health specific training within the paramedic curriculum was limited. In 2015 we made a commitment to create six full time mental health clinical advisor posts to supplement existing clinical advisor roles and support the service's hear and treat model. The introduction of mental health experts within our control room has gone some way in fulfilling the parity agenda. By introducing a hear and treat pathway for mental health patients, this has ensured that patients who may get a low priority response still receive a full mental health assessment and more importantly a risk assessment in a timely manner allowing for appropriate advice to be given and for people to be referred on and linked into the most appropriate service the first time. The work of the mental health nurses is broadly divided into three elements:





- Hear and treat service –providing a full mental health assessment and signposting appropriately, upgrading and deciding on the most appropriate course of action, advising patients over the phone.
- Warm transfers-assisting call handlers and fellow clinical advisors with the management of difficult mental health calls.
- Providing advice to frontline crews around mental health legislation and accessing mental health services.

An initial evaluation of the mental health nurse role has shown that mental health clinicians have been a source of mental health knowledge and expertise and have been able to provide support to clinical hub staff and crew staff on the road in their day to day management of mental health patients as well as assist call handlers with challenging mental health calls when appropriate. Between March 2015 and March 2016, mental health nurses have responded to 5961 calls with 15.9% of all calls closed with a hear and treat function. There have been no complaints or incidents reported. Their quality assurance reports have been excellent with nurses achieving an average compliance of 99.6% on their individual performance reviews. The accepted compliance level for clinical hub staff is 95%. The LAS will continue to audit and evaluate the role at regular intervals. As well as the collection of activity and outcome data, there are plans to include staff perceptions and quality of interaction with the post holders through semi structured interviews and through an anonymised questionnaire administered through a tool such as survey monkey. Although this has not yet commenced, informal feedback suggests that the mental health nurses have been very well received and are now a well embedded and popular resource within the service.

A further initiative was the roll out of the **mental health risk awareness tool** (LA383) across the service. This tool was developed as a result of a pilot conducted in the Hillingdon area between March and November 2012 and was rolled out as part of our CQUIN initiatives in 2015/16. The LA383 is being used as an aid to crews' assessment of patients presenting with mental health issues. In conjunction with the crews' clinical training and holistic view of the patient, the tool supports decision making. Formal evaluation is currently taking place but initial indications suggest that the LA383 has been well received by both LAS staff and our partners.

A full review of the mental health **Core Performance Indicators** (CPI) was undertaken this year by the Clinical Audit and Research Unit (CARU) in August 2015 detailing progress since its inception in 2012. This audit showed that we have seen overall improvements in the level of care provided to patients with a diagnosed psychiatric problem. Some aspects of care were consistently well recorded, whilst documentation of other aspects of care has



improved over the three-year period although it requires further attention to achieve the same high standard as the other CPIs. Initiatives to support this improvement have included Clinical Team Leaders updates and educational sessions focusing on risk awareness and the mental health risk awareness tool. An initial increase has been noted since roll out of the LA383; however we acknowledge that more needs to be done to ensure this group of patients receive the high standard of care provided to other patient groups audited via the CPIs.

Parity of esteem

The importance of treating mental health as equal to physical health and focusing on the needs and safety of people with mental illness have been highlighted within the 2014 Mental Health Crisis Care Concordat and Five Year Forward View for Mental Health. The introduction of mental health experts within our control room has supported the parity agenda supporting patients with a low priority response to still receive a full mental health assessment and more importantly a risk assessment in a timely manner allowing for appropriate advice to be given and for people to be referred onto the most appropriate service as required.

A continued focus on the review of **Appropriate Care Pathways** (ACPs) for mental health is vital in ensuring parity between physical and mental health and we now have established ACPs with all the nine Mental Health Trusts although there is some variability. We have focused our efforts this year on ensuring that mental health pathways available to our staff are accessible and available 24/7 providing both advice and referral pathways for our staff. Of the nine mental health trusts, three now have a single point of access for LAS staff and similar pathways are currently being developed with the remaining Trusts. LAS is also now included in the two street triage initiatives in London (South London and Maudsley NHS Foundation Trust and North East London Foundation Trust) which has fostered excellent responses and partnership working.

Care of patients detained under the mental health act (1983)

The service responds to two types patients detained under the mental health act (1983), emergency detention which constitutes section 136 MHA (1983) and planned mental health act assessments.

Planned Mental Health Act Assessments

Since March 2012, LAS has had a section conveyance protocol in place offering a response time of between 8 minutes - 60 minute dependent on presentation. Given the increasing demand for LAS resources there is recognition that there have been consistent difficulties in providing transport to this specific group of service users within the protocol specifications. Further concerns were also expressed by service users, carers and a wide range of agencies about the current transport arrangements which led to a review of our responses to people who have been detained under the mental health act. We have now completed this review led by NHSE and Brent CCG with a recommendation to move planned mental health act assessments to our Non-Emergency Transport Service (NETS). In partnership with Social Care Leads it is recognised that a significant proportion of planned mental health act assessments can be safely dealt with by NETS. We are currently piloting this service within the Camden and Islington area with a view to rolling it out across London from April 2016.



NETS uses a pre-bookable scheduling system to maximise effectiveness with a performance target of 90% of all pre-planned journeys receiving a vehicle before or at the time stated and 100% of bookings achieved within 30 minutes after the booked time. This initiative will also support the parity of esteem agenda.

Section 136 MHA (1983)

A national section 136 protocol directly informed by the Mental Health Crisis Care Concordat was introduced and implemented across the Trust in April 2014 recommending a response time of 30 minutes to all persons detained under the MHA (1983). The service continues to face challenges in our ability to respond to all section 136 incidents in the specified time frames.

The service has concentrated efforts this year on a detailed review of section 136 responses specifically how these are triaged and how the service meets the response times allocated to these calls. This data is triangulated with Metropolitan Police Service (MPS) data. A section 136 audit was completed by CARU in December 2015 and this has allowed the identification of key issues that can result in ambulances not being dispatched within the concordat specifications. Performance monitoring information shared with the Mental Health Partnership Board details that LAS are now responding to 58% of Section 136 incidents within the concordat specifications.

Issues highlighted include:

- Insufficient information supplied by MPS to LAS which results in the patient not being identified as being detained under a section 136 resulting in the correct triage category not being applied.
- Internal awareness of some staff in relation to the guidance and policies relating to mental health act response times.

Mar 2015- Feb 2016 Total 871

Time of response	SECTION 136	Avg Response (min)	Shortest Response	Longest Response
1 - Within 8 mins	168	4.36	0.00	8.0
2 - Between 8 and 30 mins	337	16.84	8.0	28.4
3 - Between 30 and 60 mins	210	42.45	30.0	57.5
4 - 60+	156	96.50	60.15	265.3

Mental health and wellbeing of LAS staff

The Five Year Forward View Mental Health Task Force findings 2015 emphasised the importance of responding to the health and well-being needs of NHS and social care staff themselves, and the need to improve morale and the psycho-social working environment, especially given the ever increasing pressures. There was an expressed view that it was critical to recognise that environment and working practices could have an impact on the wellbeing of the workforce



In a departure from previous reports, mental health and wellbeing of LAS staff has been captured within the mental health annual report given that good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, and our work and to achieving our potential.

The Service has signed the Blue Light Time to Change pledge, offering dedicated wellbeing support to our staff as they work round the clock to keep patients safe. Our Practice Learning Manager Control Services has done some extensive work with Mind, the Mental Health charity, and provided significant and inspirational training to the majority of our EOC staff which enhances the previous work with some manager/supervisory specific awareness

We have had over 300 LAS staff speak to Hear Us, another mental health charity we have been working closely with since 2013. 232 staff has so far attended the one day MIND courses. Several publications have been shared in the organisation; over 800 booklets/leaflets have been read/taken by staff.

3/ Complaints and PALS

Timeliness of complaint responses was agreed as a key area for focus during 2015-16.

It was identified that whilst complaint responses were comprehensive the time taken to respond to complainants significantly breached the 35 day standard response time. In May 2015 a local review of the complaints backlog, systems and processes was commissioned.

The Patient Experiences staff were enthused and engaged in the process with some systems implemented prior to the review to support improved turnaround for complaint responses. These included the use of templates for clinical opinion and crew statements to better direct staff to the salient points raised in the complaint to ensure these were answered in full. Whilst some activities within the team can be reduced or eliminated the majority of the time taken to respond to complains is due to influences outside of the Patient Experiences Department.

The time required to receive Quality Assurance reports to inform complaint responses was identified as the main contributory cause however additional themes also emerged as areas for developing action which included:-

- Process and system for managing statements from crews
- Process and system for managing Clinical opinions form the medical directorate
- Process and system for managing throughput in the Executive office
- Process and system for managing complaints from Health Care Professionals

A comprehensive action plan was developed which has been integrated into the Quality Improvement Plan and significant improvements in turn around and an on-going reduction of the backlog has been evidenced. A trajectory or improvement identifies complaints to be managed within the 35 days' timeframe by the end of August 2016.



Workforce

1/ Recruitment

We said that as part of our ‘no ordinary challenge’ campaign, between the end of 2014/15 and 2015/16 we would recruit around 850 additional frontline staff.

Workforce planning in 2015/16 has focussed on building a clear and sustainable pipeline to increase the number of staff working operationally within the Trust. This has been focussed on three core groups:

1. Overseas paramedics: 360 whole time equivalents(wte) have been engaged
2. UK Graduate paramedics: 105 wte have been engaged from UK universities
3. Emergency Ambulance Crew: 252 wte have been employed

In total we have brought 711 additional frontline staff in 2015/16. At the same time we have significantly reduced the number of staff leaving the organisation resulting in not needing to bring in as many additional frontline staff as included in last year’s Quality Account.

We said that we would increase the number of training posts in the UK resulting in more UK Paramedics entering the service in the future.

We have worked closely with Health Education England (HEE) locally and nationally. We worked closely with HEE when they developed their Workforce Plan 2015/16 to acknowledge the shortage of paramedics and the need to increase the pipeline of future paramedics. The HEE investment plan demonstrated their intention to increase paramedic training by over 87% by 2017/18. This clearly aligns with our workforce needs as we look to increase the number of UK staff we recruit each year.

We also work closely with Universities to ensure that they train the right number of paramedics so that they provide a strong workforce pipeline for the future. Last year, locally, we increased the number of Paramedics in training with our 4 main Universities from 150 to 590 training places

We said that to ensure we have sufficient staff immediately we would recruit in Australia and Ireland.

As detailed above, we have recruited over 550 WTE paramedics in 2015/16 to increase our frontline capacity. We have undertaken three separate recruitment trips to Australia and have learned lessons from each one so we now target graduates from specific universities to ensure we recruit the most suitable candidates. We have a fourth recruitment trip to Australia planned in Q1 2016/17.

During 2015/16 we also undertook a trip to Ireland where we recruited a small number of Clinicians.

We said that we would use local advertising to seek to attract recruits from across London so that the Trust better represents the communities we serve.

As of January 2016, 11.7% of our workforce identified themselves as being from a BME community, compared 10.6% of the workforce in 2014. This compares to 39.3% BME representation in the London working age population so much remains for us to do in this area in order for the LAS to be representative of the communities we serve.

Our recruitment and community involvement teams attend a large number of local community events, particularly in schools and colleges where we promote working for the



LAS. Going forward we will design local recruitment campaigns in order to encourage staff from the local area to the vacancy to apply.

In addition, during the last year we have worked with Health Education England locally to ensure our Universities recruit from more diverse communities. We are encouraged to see that In December 2015, 21% of new starters were from BME background.

2/ Retention

We said that we would introduce a number of non-pay benefits including lease cars, cycle to work scheme and child-care vouchers.

As part of our retention strategy we have launched a number of non-pay benefits. All London Ambulance Service staff are now eligible for our cycle and car salary sacrifice schemes. In 2015/16 80 staff have used the car sacrifice scheme and 238 have used the cycle lease scheme.

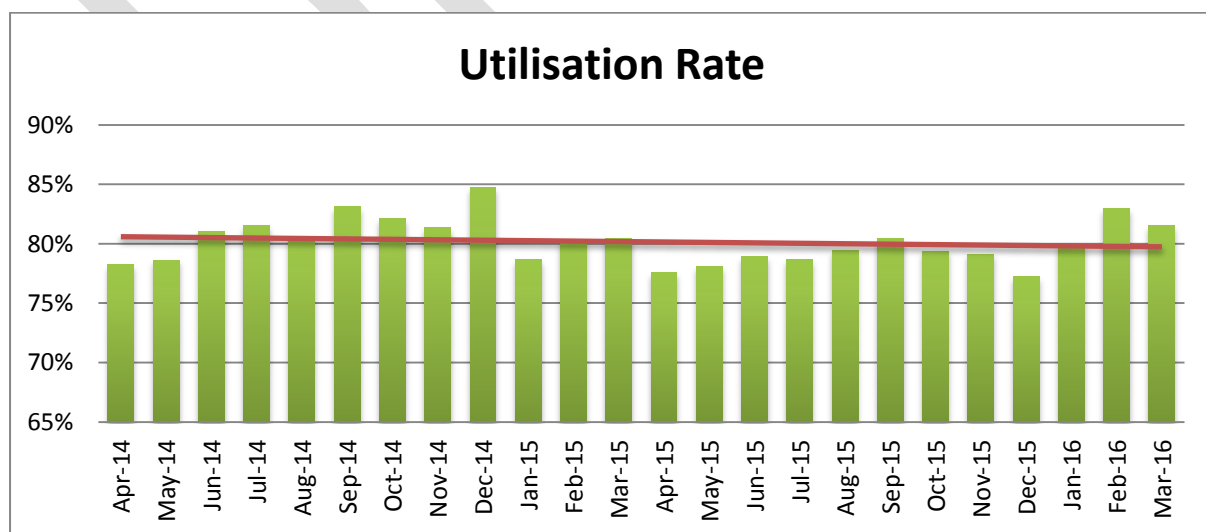
Staff are also able to make use of the Trust's childcare voucher scheme which helps working parents to save up to £933 per year on their registered childcare costs.

Additionally, the LAS actively promotes a number of other discounts and offers that are available to our staff including: phone contracts; gym membership; and Microsoft Office packages.

We also said that we would work to reduce our utilisation rate.

By recruiting more staff we have sought to reduce the utilisation rate for our frontline staff. However, demand for our services has risen again this year making it difficult to have a significant impact on utilisation rates and this will be a continued focus in 2016/17.

The chart below shows the monthly utilisation rate for 2014/15 and 2015/16. There has been a slow but steady decrease in utilisation with the average utilisation rate falling from 80.9% in 2014/15 to 79.3% in 2015/16



We said that we would invest in leadership and management development and education and training bursaries.

171 Clinical Team Leaders have received management development in the form of a two day bespoke management course developed and delivered by Cranfield University with 14 to be trained imminently. The 2 days have also been embedded in to future team leader courses. Clinical Team Leaders have also received an human resources master class on managing attendance, disciplinary and grievances.

During the year, we established a Leadership Forum for our most senior managers to hear about best practice management and leadership development.

Last year, HEE provided £1.6m additional funding to support training and development of our staff . As a result of this investment we were able to provide bursaries to 336 members of staff. The bursaries are allocated in conjunction with our 4 partner universities (St Georges, The University of Hertfordshire, Anglia Ruskin and The University of Greenwich) and were focused on clinical development.

We said that we would improve appraisal rates in the Trust.

We acknowledge that in recent years appraisals have not been as commonplace in the LAS as we would like them to be and so in 2015/16 we have engaged with our staff to determine what appraisals should look like in our organisation and re-launch them.

An appraisal workshop was held on 23rd February 2016 with a number of Clinical Team Leaders, Group Station Managers and Sector Delivery Managers, looking at the current appraisal process as well as discussing the purpose of the appraisal process. The workshop identified that going forward LAS appraisals should focus on Personal Development Reviews (PDR), with specific emphasis on development needs and the Trust values.

The workshop also identified what the LAS appraisal process should look like which included designing new appraisal documentation. This new documentation includes guidance for managers and staff outlining what the purpose of the appraisal is and how to get the most out of it to support staff development.

Looking forward to 2016/17 we will formally launch the new appraisal process for all staff, both frontline and corporate, and set expectations across the organisation that they are completed. In 2016/17 we expect to see a dramatic increase in appraisal rates as well as improved reporting so we know which staff have and have not received their appraisals.

Uptake against appraisal in 2016/17 will be reported to the Trust Board.

We said that we would restructure the HR function.

In November 2015 we appointed an Interim Director of HR & Workforce to lead the restructure of the department to ensure that it was fit for purpose and would provide a high quality service to LAS. The first phase of the restructure consisted of undertaking a diagnostic exercise to identify which elements of the department needed to change. This involved speaking to all members of the directorate as well as key stakeholders from across the organisation. The Executive team will review the findings and recommendations and will consider next steps to work with the service.



3/ Engagement

We said that the Trust would develop an annual plan of staff engagement activities to better connect with our staff.

We have engaged with our staff in a number of ways this year, trying to meet with more people, discuss what is going on in the organisation and to hear their ideas:

- Routine Information Bulletin; we continue to publish the RIB every week to ensure important information is cascaded to all staff throughout the organisation.
- Team Talk; having been launched at the end of 2014/15 we have now embedded Team Talk within the organisation. Team Talk enables key organisational messages to be cascaded from ELT to all staff via their direct line managers. Team Talk also encourages teams to feedback their thoughts on these messages and what they think should be included in future editions.
- Chief Executive Roadshow; In November 2016 we ran a series of roadshows where our Chief Executive and other senior managers met face to face with over 900 staff at sites across London.
- LAS News; Based on feedback from staff we re-launched LAS News to make sure that all staff can find out about what is going on in the organisation and publicise the great work that they do to others
- Quality Improvement Plan (QIP) Launch Events; to launch the QIP we held sessions with over 350 managers. These sessions enabled us to discuss the content of the QIP and spend some of each session asking managers to contribute to a refresh of the organisation's values. We plan to hold further such events every six weeks.
- VIP Awards; The first annual VIP awards evening was held this year and was highly successful. The awards allow staff to nominate their colleagues who they think are deserving of an award with all nominees invited to attend the awards ceremony.
- New Intranet; we have launched a new Intranet to provide a clearer and more intuitive portal for staff to access important information and news about what is happening in the organisation.
- Chief Executive Video Messages; Our Chief Executive has recorded a number of video messages about key issues to provide staff with another way of finding out about important information and changes in the organisation. This also enables all staff to hear these messages straight from the Chief Executive.
- Facebook Listening in Action (LiA); Facebook LiA continues to provide our staff with an open forum to discuss any work related topics that interest them. Senior managers are also active on the site ensuring that good ideas are picked up and important questions are answered.

4/ Establishment

We said that in 2015/16 our workforce numbers would increase comprising of:

- **The creation of a new Non-Emergency Transport Service with 150 band 3 staff**
- **A net increase of 158 frontline staff (paramedics and Emergency Ambulance Crew)**



In 2015/16 the Non-Emergency Transport Service (NETS) was set up in order to provide a response to less acutely ill patients. In 2015/16, 106 staff were recruited which is fewer than the 150 outlined in the Quality Account. This variance is due to NETS not requiring as many staff as first thought to match the demand for the service which is lower than initially modelled due to other internal and external initiatives helping to manage some lower acuity demand.

Over 2015/16, we have increased the number of frontline staff working for the London Ambulance Service by 314 wte.

5/ Training and Development

We said that training and development would remain a priority over the period of the plan to ensure staff have the appropriate clinical, operational and managerial skills.

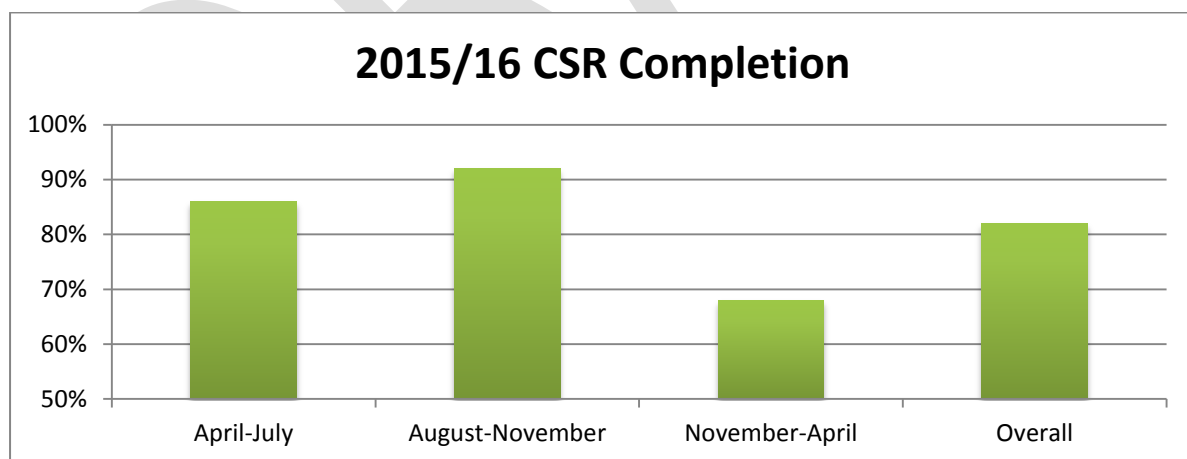
The LAS has a number of ways in which it trains and develops our staff. This includes; induction; clinical supervision; Core Skills Refresher for all clinical staff; Leadership and management skills; as well as e-learning.

Induction and clinical supervision.

Over the past year the Trust has welcomed in excess of 900 new staff to the front line. Each of these members of staff have undertaken induction training as well as a period of clinical supervision dependent upon their role and experience. This ensures all new staff are supported to do their jobs as quickly and safely as possible.

Core Skills Refresher (CSR).

Over 12 months each of our clinicians is required to attend three CSR sessions. The table below shows the attendance during the 2015/16 against a target attendance rate of 85%.



As the chart demonstrates over the first two CSR periods (April-July and August-November) we exceeded the target by reaching 86% and 92% respectively. However due to losing four weeks to winter pressures the third CSR period only reached 68% which reduced the overall 2015/16 completion rate to 82%, slightly below the target.



Leadership and management.

As mentioned in the retention section, all our 185 Clinical Team Leaders have received management development in the form of a two day bespoke management course developed and delivered by Cranfield University. The 2 days have also been embedded in to future team leader courses. Clinical Team Leaders have also received an HR master class on managing attendance, disciplinary and grievances.

During the year, we established a Leadership Forum for our most Senior Managers to hear about best practice management and leadership development.

E-Learning.

We are launching the NHS IT Skills Pathway to support the learning need for staff requiring development of their IT skills on the Microsoft Office product suite. This is a recognised route of learning for the whole of the NHS workforce and staff are able to access eLearning from home as well as on Trust premises.

The eLearning team are also continuing to develop our own bespoke eLearning for our eLearning site LASLive which includes new modules on PREVENT, Health and Safety, Information Governance and Infection Prevention and Control.

Strengthening training and development.

The organisation has invested in a number of ways to ensure that training and development remains an organisational priority. We have restructured our Organisational Development (OD) Team and have brought in an OD expert to spearhead some of the improvements that we want to see.

We said that we would work with Local Education and Training Boards (LETB) to increase the training and development opportunities for our staff.

We have submitted a bid to Health Education England to support the training and development of our clinical staff and have agreed with commissioners and Local Education and Training Boards bursary funding for graduates training in London if they then agree to take up a role at The London Ambulance Service in qualifying

Last year, HEE provided £1.6m additional funding to support training and development of our staff. As a result of this investment we were able to provide bursaries to 336 members of staff. The bursaries are allocated in conjunction with our 4 partner universities (St Georges, The University of Hertfordshire, Anglia Ruskin, and The University of Greenwich) and were focused on clinical development.

We said that we would develop a more robust system to identify who is compliant or non-compliant with mandatory safeguarding training.

This area has not progressed as far as we would have hoped in 2015/16 and has therefore been included as a priority in our Quality Improvement Programme (QIP). In order to make it easier for staff to complete their mandatory training we will roll-out Individual Learning Accounts for all staff and improve our e-learning system to ensure that all training undertaken can be accurately recorded and monitored.

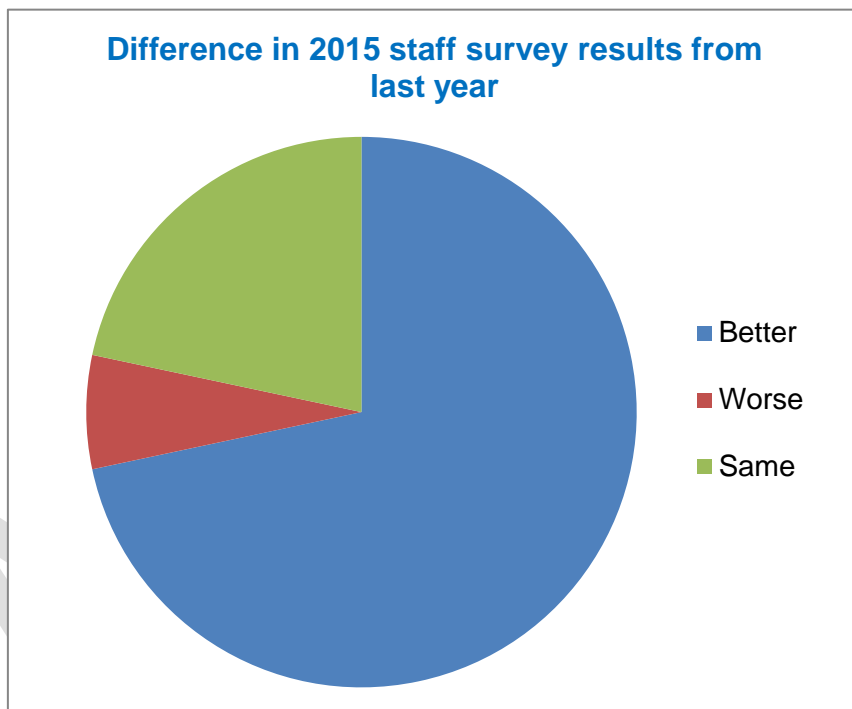
We are also redesigning our corporate induction programme and redesigning the core skills training programme to ensure all staff complete their statutory safeguarding training.



NHS Staff Survey Results

The results of the 2015 ambulance staff survey were released in February 2016. Out of the 60 questions that were asked in both the 2014 and 2015 surveys we scored significantly better in 2015 in 43 of them, around the same in 13 of them and significantly worse in 4. We are pleased with some of the significant improvements that we have seen including in:

- Acting upon concerns raised by patients and service users
- Managers taking a positive interest in the health and well-being of their staff
- Staff looking forward to going to work
- Happiness with the standard of care provided by the organisation



However, two of the areas that have seen a worsening position are detailed below with the actions that we are taking to address them as part of the Quality Improvement Programme.

KF 26 – Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

2014	31%
2015	38%
2015 national average	30%
Best ambulance trust	15%

The 2015 staff survey shows a worsening in this indicator from 31% in 2014 to 38% in 2015. Whilst this is disappointing it should be noted that the 2015 staff survey was undertaken at the start of our journey to tackle this issue in our organisation. Bullying & Harassment is a key part of our Quality Improvement Programme and the QIP outlines the actions that we have already taken to make significant improvements in this area:

- Awareness training in bullying & harassment has been completed for the Executive Leadership Team and Senior Leadership Team
- An independent Telephone Advisory Service has been in place since July 2015
- In November 2015 we appointed a Bullying & Harassment Lead
- We commissioned independent investigators to lead on any bullying allegations within the Service.
- We have designed and launched simple 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.
- We would expect these actions to have a positive impact on this key indicator in future years' staff surveys.

KF 21 – Percentage believing that trust provides equal opportunities for career progression or promotion

2014	63%
2015	60%
2015 national average	71%
Best ambulance trust	76%

Whilst the result of this indicator has remained largely static, falling slightly from 63% to 60%, we still remain below the national average. Equality & Diversity is another key aspect of our Quality Improvement Programme.

Through the Equality & Diversity Quality Improvement Project we will review our recruitment processes, particularly in relation to internal promotion opportunities. We also have a number of actions within our Quality Improvement Programme contained in the work stream looking at reviewing development opportunities for staff. These include:

- Redesign the corporate induction programme so that staff are inspired and excited about working in LAS, and that they have all the information they need to start their new job well
- Launch the LAS Academy, to ensure that LAS has the ability to internally train its paramedics for the future
- Complete a training needs analysis to determine the training needs for all our staff
- Roll out individual learning accounts to protect learning time for all staff
- Develop and implement a new training records system.

Complaints and Patient Advice & Liaison (PALS)

Patient experience and feedback is a rich source of information that allows us to understand whether our services meet the expectations of the patient. We take all patient and stakeholder feedback very seriously and do our best to undertake a fair and thorough investigation so that we can clearly identify the lessons and use these to improve our service, where necessary.

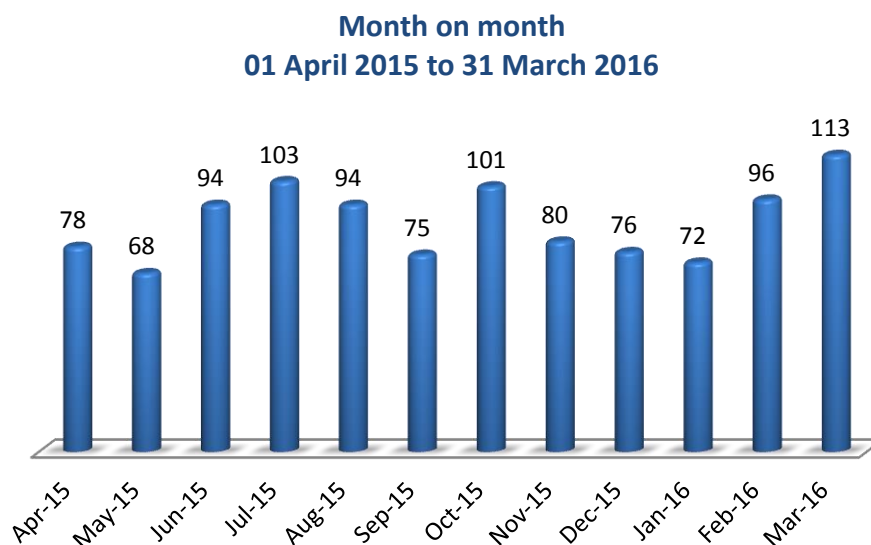
Patient and service user feedback is captured by our Patient Experiences team who identify and report on emerging themes through the Trust's governance structure.

Activity

The volume of complaints dropped this year, totalling 1050 against 1403 in 2015/16. Enquires to PALS continue to increase, 3862 being received this year. This activity was against the background of the Resourcing Escalatory Action Plan (REAP) remaining at Level 4 for the entire year, followed by persistent periods of high 999 demand. Our internal surge escalation processes were being appropriately implemented to maintain clinical safety as call rates continued to be unexpectedly higher than average.



Graph showing numbers of complaints by month 2015/2016:



Themes

These continue to be dominated by delay and staff conduct. However, many complaints involve multiple issues, for example, call management + a delayed response + attitude of crew staff + care provided.

An emerging trend is that of complaints about patients being referred to alternative care pathways by the attending ambulance staff, a policy and practice change which is often interpreted as the staff not treating the patient's symptoms seriously or their unwilling to take the patient to hospital.

Performance

A deep dive review of the complaints function was undertaken and an analysis of outstanding cases completed to identify obstacles.

We put in place measures to ensure that update letters are sent to complainants where the 35 day target will not be met and regularly review those cases where we are awaiting further information, escalating these to senior managers where appropriate. We have also agreed target response times with other departments whose input is necessary to respond to the complaint, reduced the volume of QA requests and made extensive headway in dealing with the backlog that had accrued..

Based on current demand, it is anticipated that by September 2016 we should be fully achieving the 35 day target. External factors can also influence performance, for example there is a risk that by improving access complaint volumes could increase.

Improvements made arising from patient feedback

Some of the changes we have made include the following:

- Amending the *elderly fallers' protocol* which automatically prompts an upgrade to the level of emergency priority when there is a delay exceeding 60 minutes in an ambulance response. This now takes account of elderly patients who have sustained a suspected injury as a result of the fall but have been helped up from the floor.

- Asking the International Academy to review the way patients with diabetic problems are assessed to take account of ketone levels within the triage protocol
- Reviewing the way we assess children who have swallowed a foreign object to make sure we know that their airway is clear (this is because retching can suggest a potential blockage)
- Reviewing how we assess patients with deep wounds given the risk of infection where there is a delay in an ambulance response
- Reviewing how we assess patients with lower limb injuries who are unable to weight bear
- Referring a case to NHS England where there is a discrepancy in assessment between NHS 111 and 999. This followed an incident involving a referral from NHS 111 about a patient who had taken an overdose. NHS 111 coded the target response at a lower priority than would have been the case if the call had been made directly to 999. This meant that the patient would have been noted as a 'vulnerable patient' and as such the call would have been monitored by the Clinical Hub so that an upgrade could be made as necessary with welfare and re-assessment callbacks being made in the event of a delay.

Examples of learning

Treatment

Complaint that it was recorded that the patient refused treatment at hospital against advice. Clinical opinion supported the view that the patient's symptoms were not generally sufficient to warrant assessment at A&E in favour of referral to her GP. However, the crew misrepresented the patient's position about declining being taken to hospital.

Outcome: A group has been set up in conjunction with Med Directorate to review use of this provision, as it cannot indicate any evidence of whether the patient has been able to make an informed decision or influenced by other forces, including by pressure from the attending staff.

Service Provision

A complaint was received from the family of a young rugby player concerning the care he received in relation to his injuries.

Outcome: Clinical findings identified that the patient would have benefited from neck immobilisation. An article relating to this scenario will be placed in a Clinical Update to widen learning across the Trust

Call management

A complaint was received about the delay in dispatch which also highlighted concerns that the patient was instructed by the EMD to leave the door open pending the arrival of ambulance staff. The complainant was concerned that there was a risk to vulnerable people in doing this.

Outcome: Control Services governance group have again been asked to review the wording of the instruction.

Delay

Complaint due to the delay in an ambulance attending a patient in a public place. Common causality of demand outstripped resourcing. We apologised for the delay but similarly



acknowledged the compassion shown by the 999 caller who remained with the patient and eventually took the patient home themselves.
Outcome: The complainant has been invited to share their experience with the Trust Board.

Conduct

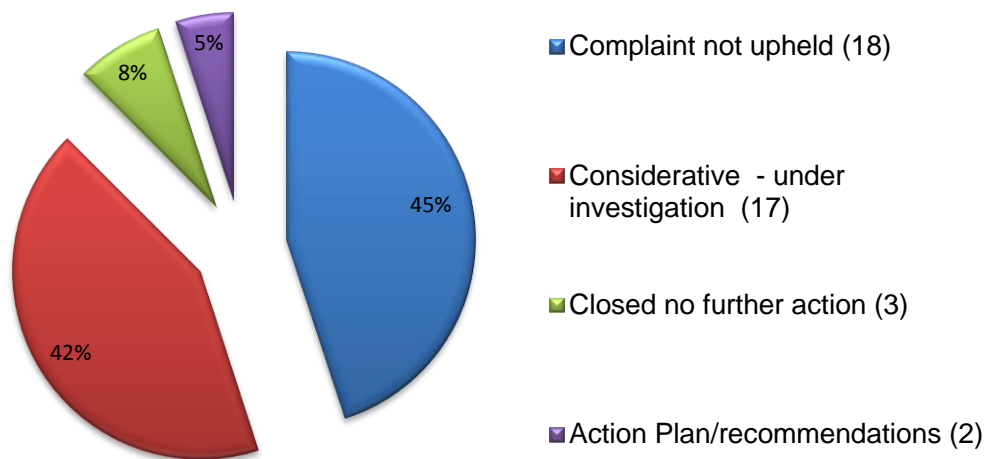
A patient called 999 for advice and felt she needed to be on a drip, having experienced symptoms of diarrhoea and weakness for 3 days. The call handler explained that we could refer the patient to another service but the patient was insistent that she needed an ambulance as she could not get to see her GP. Fast Responder was sent to a patient who complained that an ambulance had not been sent. The patient further complained about the care provided and that the Fast Responder did not have any sterile wipes after taking a blood sugar reading.

Outcome: An explanation was provided against each head of complaint with feedback being given to the Fast Responder highlighting the patient perspective in seeking help from the NHS.

Ombudsman cases

The Ombudsman continues to investigate a higher number of complaints across all NHS Trusts. During 2015/16 we were approached by the Ombudsman for 40 case files of which 17 remain under investigation due to complexity.

Ombudsman cases 2015/16



One of the Ombudsman's key findings supported our view about the 999 triage in that "*the purpose ... is not to diagnose the patient's problem nor to decide on treatment plans. ... Assessments are based on the immediate situation not how things might deteriorate*"



PATIENT ENGAGEMENT

The Trust remains committed to supporting a wide range of Patient engagement and education events with LAS presence requested at 874 events in 2015. Of these we were able to attend 597, 68% of all requests made.

This is due to the ongoing support of over 1,000 staff on our database with 276 individuals taking part in multiple events largely in their own time.

The range of events we attend is extensive including Basic Life Support and cardiac awareness training, Careers events, Job Fairs, Junior Citizenship, Knife Crime awareness, First Aid (Brownies, Cubs groups), road safety initiatives, Mental health events, deaf awareness training, Older peoples groups, Learning disability groups, Patient and Public Involvement events.

Patient Representative Reference Group

The London Ambulance Service invites patient representative organisations from across London to attend specific meetings and focus groups to share ideas and help inform our future plans.

We held three Patient Representative Reference Groups in 2015 with the most recent held on the 8th October 2015 to discuss the topic: how to keep London healthy this winter. The session included presentations on key issues of relevance to the communities and patient groups the representatives support, as well as the opportunity to discuss how we could work with them together to ensure that Londoners stayed healthy that winter.

Our next Patient Representative Reference Group to be held in April 2016 will focus on the Care Quality Commission findings; outline our plans for improving our service, and to hear views and ideas about how other organisations may be able to support us while we make the changes required.

Mental Health Focus Groups

Seven Mental Health focus groups were completed in 2015/16 including representatives from the following organisations:

- Oxleas Mental Health Trust
- South London & Maudsley
- Hear Us
- SW London & St. George's NHS Trust
- LAS staff group
- Healthwatch Waltham Forest
- Enfield Mental Health User Group

The report from our external facilitator was presented to the Mental Health Committee and the Trust Board with recommendations included in the Mental Health work plan for 2016/17.

Dementia Focus Groups

Four Dementia Focus Groups have been completed and the report from our external facilitator was presented to the Mental Health Committee in March 2016. As with the Mental Health focus groups, recommendation have been included in the mental Health work plan for 2016/17 and Dementia care has been identified as a quality priority for the Trust fro 2016/17.

Friends and FamilyTest (FFT)



From April 2015 ambulance trusts were required to make the Friends and Family Test (FFT) available to Patient Transport Service patients and “See and Treat” patients - those who were assessed at home but not conveyed to hospital. The LAS had implemented FFT in October 2014 as part of the 2014-15 CQUIN programme. Leaflets for each group of patients were produced and distributed for staff to give out to their patients, and the FFT questionnaire was also made available on the website. Lead staff were identified on each ambulance station complex, to maintain stocks and remind staff to take the leaflets on duty with them, and within the PTS management team. Articles about the reasons for implementing the FFT, and the benefits of receiving this feedback, were published several times throughout the year in the Trust’s Routine Information Bulletin, which goes out to all staff, and regular emails were distributed to the FFT leads across the Service, with updates, feedback and reminders. Posters advertising the FFT have also been produced and distributed across the Service.

Despite this, numbers of responses to the FFT question were low; the total number received in the year 2015-16 was 158. Almost all patients who responded to the question said they would either be “extremely likely” or “likely” to recommend their friends and family to the LAS if they needed similar care or treatment.

The reasons for the low response rate have been considered and explored in detail with our findings are consistent with those of other ambulance services in England, all of whom have also had significant challenges in implementing FFT. The challenges in implementing FFT within ambulance services have been reported to NHS England, and this is likely to lead to a change in guidance during the coming year.

Taxi Usage (patient survey)

A survey has been designed to complete with a selection of patients conveyed to hospital in a taxi as an alternative response vehicle to assess their satisfaction with the service against the circumstances of their call and condition.

The survey will hopefully elicit useful feedback from patients that can be used to evidence satisfaction levels in the future as required.

We are currently completing the consent process for applicable service users to enable this.

Feedback from events

Knife crime talk Birnham Wood

“Thanks again for today. The talk he gave us was very informative and interesting, and I hope that he has managed to deter some of the children away from carrying knives on them for protection.”

Oasis Academy South Bank

“It was wonderful! The students really enjoyed the session: it was interactive, fun, and engaging.”

Coleville Primary School,

“All paramedics were extremely passionate about their job and their presentations to the children were really engaging and fun. All the children were very excited and many said that they wanted to be a paramedic when they are older. The children had a chance to try on some equipment during the session and they really enjoyed this. The added bonus of activity books and stickers was a real treat for the children. The children definitely have a better understanding of how paramedics can help them. The session was perfect, Thank you very much for taking the time to visit the children at Colville. They really enjoyed meeting the paramedics and learning about how they help us.



Other services - Patient and Non-Emergency Transport

Patient transport is commissioned by tender process' with individual healthcare Trusts across London and delivers patients to access their on-going medical appointments.

In addition a Non-Emergency Transport service (NETs) commenced in June 2015. This service supports our core A&E service in transporting the lowest acuity patients to healthcare facilities where there is little or no clinical intervention required en route. As a result we are able to increase the availability of frontline crews to attend life threatening calls made to the service and ensure lower acuity patients receive transport within an agreed timeframe providing for a better patient experience.

Both of these services are an important part of our core business and they are fully integrated into our quality governance processes.

How do we keep our Transport Staff up to date with changes?

Over the past year we have recruited (90) new operational staff who have completed 4 weeks classroom based training. This has then been supported by three weeks post course mentoring operationally in the field.

All existing staff have undertaken statutory and mandatory training topics such as Infection Prevention & Control, Safeguarding and Manual Handling.

What have we done to update our equipment?

To support the NETs start-up we have commissioned 57 new stretcher capable vehicles which has seen a revamp of our ambulance fleet.

How have we communicated with stakeholders?

Prior to the introduction of NETs and our healthcare professional direct access line we worked with our commissioners and Local Medical Committees to get General Practitioner input into the proposals. The roll out was then supported with a detailed letter to partners and posters.

How have we responded to patients?

PTS has continued to provide patients with a "What do you think of our service" questionnaire after each and every journey. This includes the friends and family test question.

Of the responses received, 96.6% of patients stated that they were either extremely likely (82.4%) or likely (14.2%) to recommend our service.

Service users were also asked about whether they arrived on time for their appointment, staff were polite, caring and considerate, and whether our vehicles were clean, tidy and comfortable.



The results are shown in the following table.

	Arrived on Time	Polite, Caring and Considerate	Vehicle Clean, Tidy and Comfortable
Yes	91.5%	100%	98.3%
No	1.7%	0%	0%
Blank	6.7%	0%	1.7%

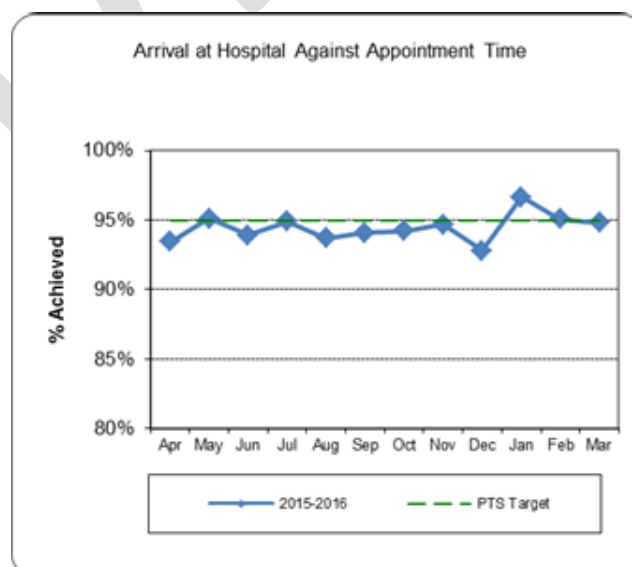
Patients were finally asked to score or service on a scale of 1 to 6, with 1 being unsatisfactory and 6 very satisfactory. 96.6% of respondents scored us as 5 or 6 for overall quality of service.



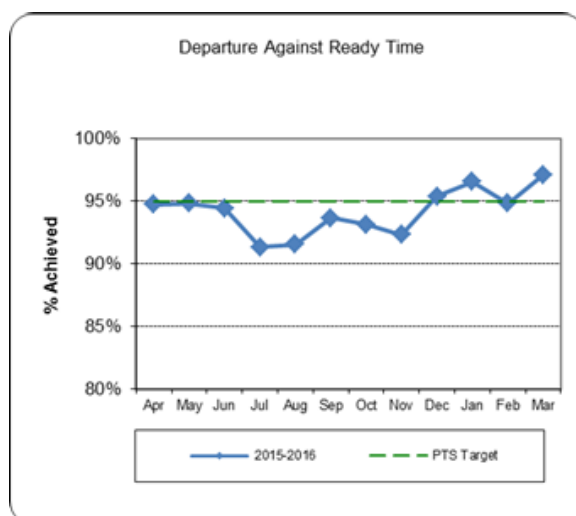
How have we performed against our contracted quality standards?

There are three Key Performance Indicators that are common across all contacts. These are as follows:

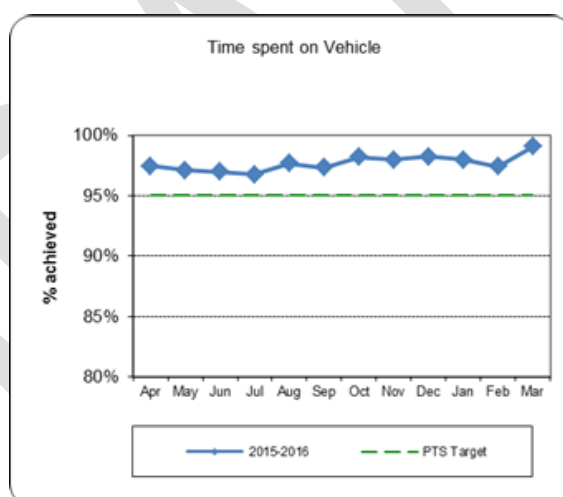
Appointment Time: This is the arrival of a patient for their appointment within a time window as specified by the commissioning Trust.



Departure Time: This is the collection of a patient after their appointment within a time window specified by the commissioning Trust



Time on Vehicle: This is the amount of time a patient spends from collection to drop off against a target specified by the commissioning Trust.



Across the year performance against these measures has been improved and remains above 90%. Although there has continued to be a loss of contracts throughout 2015/16 which increases pressure on maintaining standards as the operational workforce is spread across a wider geographical area; there has continued to be a focus on delivering better standards for patients. This is shown in the table below:

Quality Standard	Appointment Time	Departure Time	Time on Vehicle
2011/2012	91.72%	92.69%	95.27%
2012/2013	92.49%	93.62%	96.89%
2013/2014	93.37%	92.85%	97.92%
2014/2015	92.46%	92.41%	96.24%
2015/2016	94.45%	94.18%	97.69%



Other services - South East London 111



2015/16

This report has been prepared to review the activity within LAS 111 South East London (SEL) for 2015/16 and has been broken down into six key areas.

- Incidents, complaints and feedback
- Call Quality and monitoring
- Safeguarding
- Patient Experience
- General governance activity
- Other information

Incidents, complaints and feedback

Type	Mar 16	Feb 16	Jan 16	Dec 15	Nov 15	Oct 15	Sep 15	Aug 15	July 15	Jun 15	May 15	Apr 15
Serious incidents	0	0	0	0	0	1	1	0	0	0	0	0
Incidents	64	59	55	47	37	38	26	13	9	23	17	14
Complaints (formal)	5	3	3	1	1	3	2	1	0	1	1	2
HCP feedback	1	1	5	5	3	3	3	2	3	2	1	2
Compliments	3	2	1	0	2	1	1	4	0	0	1	2
Authorised confidentiality breaches	21	19	18	12	19	14	14	16	28	18	12	16

Incident details

Incidents relate to a range of issues at LAS 111. The majority over the last year have been relating to staff errors concerning mistakes or misinterpretations in use of procedures and policies. The errors are varied, and do not suggest specific trends. Once identified issues are dealt with individually and used to identify wider learning and training needs.

The occurrence of incorrect or disputed out of hours (OOHs) service referrals has continued and a lot of work has been done on communications with the OOHs services, identifying pressure points and resolving issues around boundaries and OOHs' responsibilities. The process for dealing with these incidents within the service has also been streamlined.

As part of the investigation for two serious incidents there has been a focus on the automated links between 111 and the GP out of hours (cancelled referrals) and the auto-link between 111 999 services. Trends and causes for this have been identified and work is going ahead with partner agencies and pan-London to ensure safe referrals.



Internally updates to all staff re-affirming correct procedure and ensuring safe onward referral. Technical issues are addressed and resolved as they occur.

Feedback from Health Care Professionals

The main services /departments that we receive feedback from are the LAS crews and the GP Out of Hours (OOH) providers. The majority was related to the perceived inappropriateness of the referral and whilst several have been upheld, many have resulted due to a lack of understanding of the 111 system. Considerable effort has been put into improving understanding and communication channels between the 111 and 999 services; and also into improving understanding between the 111 service and OOHs services, e.g. including them in End to End reviews and engaging in joint work on entering and viewing Special Patient Notes.

Feedback to Health Care Professionals

Staff are encouraged to raise issues where the actions of other healthcare providers have resulted in a delay in patient care. In the main the feedback given has been to GP OOH Providers as a result of failure to accept patient referrals due to patient location, or disputes causing delay to patient care., eg. a refusal by some OOHs services to accept referrals regarding repeat prescriptions once the possibility of a Pharmacy Repeat Urgent Medication Service (PURM) referral has been exhausted. The SEL Clinical lead has worked with SEL GP OOH providers, PURM and NHSEngland to resolve these issues. A 24/7 on call system for senior management advice is also now in place to advise on difficult issues at any time.

Authorised confidentiality breaches

Authorised confidentiality breaches are logged when a patient has been referred to a service without their consent and /or knowledge. The breaches are used for patients where it is deemed not safe to leave them without further assistance or in the case of safeguarding, not safe to notify them i.e. domestic abuse where the assailant is still on the premises. The breaches are authorised at the time of the incident by a senior clinician within the call centre.

Compliments

Compliments have been received relating to both the service and individuals undertaking patient contact duties.



Call quality and monitoring

Call Audit Data	Mar 16	Feb 16	Jan 16	Dec 15	Nov 15	Oct 15	Sep 15	Aug 15	Jul 15	Jun 15	May 15	Apr 15
Calls answered at 111	29,586	25,935	26,573	24,963	23,219	22,305	20,697	22,442	21,794	21,939	25,812	25,648
% Call audits (target >1%)	1.4%	1.5%	1.7%	1.8%	1.8%	1.7%	1.65%	1.43%	1.05%	1.38%	1.1%	1.3%
No. Call audits	422	385	462	452	421	385	342	323	231	303	282	338
No. Call Handler audits	206	188	228	229	213	247	198	183	80	148	136	164
No. Clinical Advisor audits	216	197	234	223	208	138	144	140	151	155	146	174
% Compliance (target >86%)	88.3%	89.4%	86.6%	89.8%	87.6%	85.5%	88.6%	91%	82.3%	91.4%	89.7%	89.6%

We have continued to exceed the required standard for 1% of call audits every month including the winter months where demands on the service increased. Each staff member has a minimum of 3 calls audited each month. Where performance issues are identified the level of audit is increased.

The compliance percentage has been achieved in all but two months. Consistency workshops are run regularly for auditors and an audit of a random selection of audits undertaken is completed monthly to ensure consistency.

End to End call audits

Monthly end to end call audits are undertaken at LAS111. The audits are attended by the clinical leads for the service (LAS –Dr. Fenella Wrigley and South East London –Dr. Patrick Harborow). The subjects that have been reviewed include:

- Calls involving a safeguarding referral
- Advice given by clinical quality advisors
- Referral to ED
- Frequent Callers
- Referral to OOH Service

The end to end audits have all highlighted areas of good practice but also areas that require some improvement and we have been working consistently on them.



Safeguarding

Safeguarding referrals have remained fairly static for both adults and children. The LAS 111 service has referred 335 people in total to Social Services which equates to circa 0.13%.

Of referrals made circa 52% were for adults and 48% for children. Referrals for adults were predominantly for welfare concerns and for children for safeguarding issues.

Patient Experience

Patient satisfaction survey

The 111 patient surveys are sent each month to around 200 patients.

82% of those who responded reported being fully or fairly satisfied with the 111 service, with the large majority fully satisfied. Patient concern /complaint level has remained low.

Language line

Complaints regarding Language Line's response times have reduced in number. The system is working well, and showing some increase in the number of calls benefitting from the service. There are an average of 79 calls per month and a use of 27 different languages, with Spanish being the most frequently requested language.

Training

All staff have undertaken mandatory training relating to changes made to the 111 call management system Pathways with a change to Version 10 was successfully implemented in December 2015. New safeguarding training at Level 2 is in the process of being rolled out to all staff. Agency staff are included in all staff-wide training. Statutory and Mandatory training is up to requirement.

Pilots and Innovation

LAS 111 has been actively involved in a number of pilots throughout the year including

- Taxi Bookings for patients requiring transport to Emergency Departments and to avoid ambulances being sent to the lowest acuity calls
- Direct bookings in to GP hubs in Lambeth and Bromley
- Working with NHS England to introduce referrals to dental triage service
- Working with NHS England for the introduction of the Patient Relationship Manager which provides enhanced telephony routing of calls to the most appropriate provider and for patients with a Coordinate my care record directly to a Clinical Advisor.
- Developing and introduction a range of Management Information support tools to enhance support for staff and analysis of clinical data

Additionally we have focused on embedding good practice from previous pilots into our day to day delivery model including

- Enhanced clinical assessment for green (low acuity) ambulance calls. Circa 80% of calls reaching a Green ambulance outcome at the Call Handler stage being passed to a clinician for further Assessment and circa 70% of these achieving an alternative disposition of which 3% will be upgraded to a red response.
- Referrals to pharmacy for repeat prescriptions



Other Information - Key clinical call information

We have performed strongly and consistently across the Clinical Indicators throughout the year.

- 70% of calls queued for clinical call back are achieved in less than 10 minutes
- 7.7% of calls end in an ambulance dispositions which is regularly the lowest in referral rate nationally and remains the lowest in London month on month

Feedback

Comments from our partners and stakeholders

We are obligated to give stakeholders the opportunity to comment on our Quality Account and to then publish their comments in full. This year we invited the following organisations/groups to respond.

- Hillingdon Oversight & Scrutiny Committee
- The London Ambulance Service Patients' Forum
- The London Ambulance Service Commissioners
- Enfield Healthwatch

We would like to thank those organisations/groups for taking the time to read and respond. Their comments are published in this section. **to be received**

Statement of Directors responsibilities

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality accounts (which incorporates the above legal requirements) and the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality account. The London Ambulance Service, whilst not a Foundation Trust has prepared the annual quality account in line with this guidance ensuring directors have taken steps to satisfy themselves that:

- the content of the Quality Account meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2015/16 and supporting guidance
- the content of the Quality Account is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2015 to March 2016
 - papers relating to quality reported to the board over the period April 2015 – March 2016
 - feedback from commissioners dated **xxxxxxx**
 - feedback from local Healthwatch organisations dated...



- feedback from Overview and Scrutiny Committee dated xxxxxx
 - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated..
 - the 2015 national staff survey
 - the Head of Internal Audit's annual opinion over the trust's control environment dated xxxxxx
- The quality report presents a balanced picture of the NHS trust's performance over the period covered
 - The performance information reported in the quality report is reliable and accurate
 - There are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
 - The data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the BoardChairmanDate

.....Chief ExecutiveDate





Report to:	Trust Board
Date of meeting:	31st May 2016
Document Title:	2016/17 Operational and Financial Plan
Report Author(s):	Andrew Grimshaw
Presented by:	Andrew Grimshaw
Contact Details:	Andrew.Grimshaw@lond-amb.nhs.uk
History:	Earlier iterations of the Operational and Financial plans have been previously reviewed by Trust Board, Executive Leadership Team and the Finance and Investment Committee.
Status:	The Trust Board is asked to approve this paper.
Background/Purpose	
<p>This paper provides a summary of the operational and financial plans for the Trust Board to review and approve.</p> <p>The plans presented here represent an update on the positions presented to the Trust Board Strategy Meeting on the 26th April. There have been no material changes from the positions presented to that meeting.</p> <p>The Finance and Investment Committee will review this position on the 26th May to provide further assurance to the Trust Board.</p> <p>Further work is required to conclude:</p> <ul style="list-style-type: none">• Seek confirmation of the Specialist Services funding from NHSE.• Conclude the additional contract funding with CCGs.• Finalise CIP plans to ensure the value is identified and delivered.• Develop a CIP contingency to support any slippage or shortfall.• Finalise future capital expenditure plans and associated business case timelines.	
Action required	
<p>The Trust Board is requested to review and approve the operational and financial plan positions outlined in this paper for 2016/17.</p>	
Key implications	
<p>The Trust is required to have an agreed operational and financial plan in place for the year.</p>	

Key implications and risks arising from this paper	
Clinical and Quality	
Performance	Confirmation of the Operational Plan for 2016/17
Financial	Confirmation of the Financial Plan for 2016/17
Workforce	
Governance and Well-led	Ensuring clear plans are in place to inform performance management.
Reputation	
Other	
This paper supports the achievement of the following Quality Improvement Plan Workstreams:	
Making the London Ambulance Service a great place to work	Yes
Achieving Good Governance	Yes
Improving Patient Experience	Yes
Improving Environment and Resources	Yes
Taking Pride and Responsibility	Yes



London Ambulance Service



NHS Trust

2016/17 Operational and Financial Plans Presentation to Trust Board

Trust Board

31st May 2016

Director of Finance





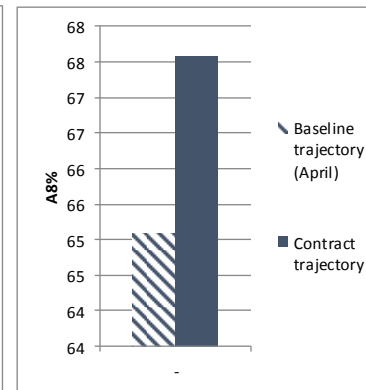
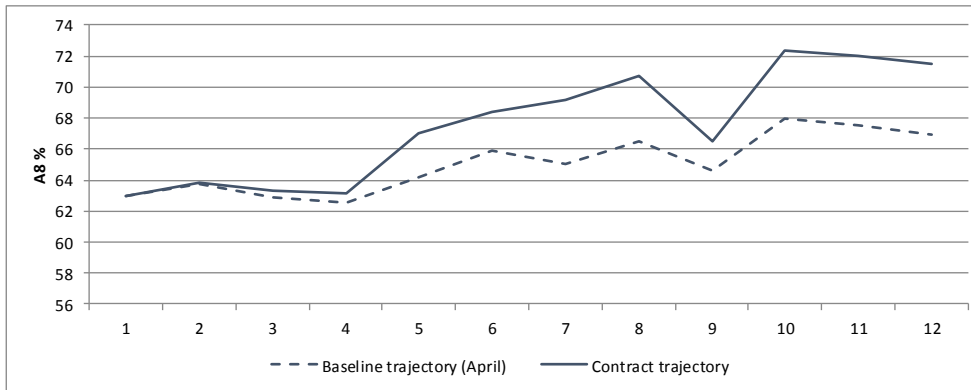
Introduction to this update – 31st May 2016

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- The Finance and Investment Committee will review this position on the 26th May to provide further assurance to the Trust Board.
- The Trust Board is requested to review and confirm the operational and financial plan positions outlined in this paper for 2016/17.



Operational Performance: A8 trajectory

Baseline trajectory (April)	63.0	63.7	62.8	62.5	64.1	65.9	65.0	66.5	64.6	67.9	67.5	66.9	65.1
JCT	0.0	0.0	0.0	0.0	0.0	0.3	2.0	2.0	1.0	2.0	2.1	2.1	1.0
Demand management	0.0	0.0	0.0	0.0	1.8	1.8	1.8	1.5	0.0	1.6	1.7	1.7	1.0
Additional overtime	0.0	0.1	0.5	0.6	1.1	0.5	0.5	0.7	0.9	0.7	0.7	0.7	0.6
Contract trajectory	63.0	63.8	63.3	63.1	67.0	68.4	69.2	70.7	66.5	72.4	72.0	71.5	67.6



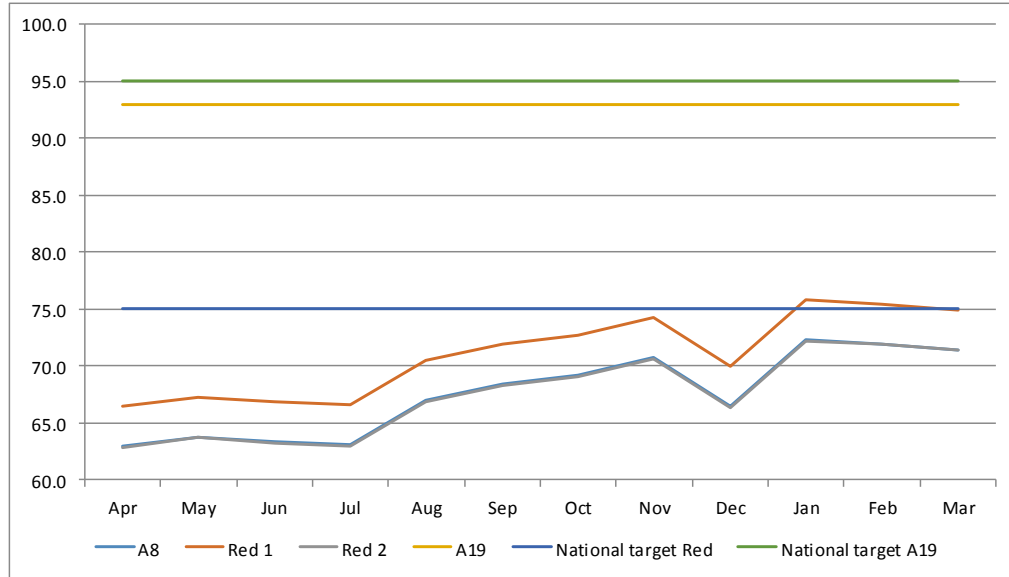
2016/17 monthly profile

2016/17 annual performance

- An trajectory has been agreed with CCGs which will deliver an exit run rate of 71% across 2016/17.
- Performance for the year is expected to be a minimum of 67.7%.
- Action has been identified support this, notably in
 - Job Cycle Time. Looking at how issues like delayed hospital handover times can be reduced.
 - Demand management. Working with commissioners to identify ways to reduce the levels of demand forecast within the contract.
- The LAS management Team remain committed to seeking to find ways to improve performance above these levels across the year.



Operational Performance: Red1, Red 2 and A19



- Based on the trajectory outlined on the previous page trajectories for Red1, Red2 and A19 have been developed.
- The respective volumes of activity in each category has also been outlined.

	Total volume	% target
Cat A	518,042	67.6%
Red 1	14,764	71.1%
Red 2	503,278	67.5%
A19	518,042	93.0%

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
A8	63.0	63.8	63.3	63.1	67.0	68.4	69.2	70.7	66.5	72.4	72.0	71.5
Red 1	66.5	67.3	66.8	66.6	70.5	71.9	72.7	74.2	70.0	75.9	75.5	75.0
Red 2	62.9	63.7	63.2	63.0	66.9	68.3	69.1	70.6	66.4	72.3	71.9	71.4
A19	93.0	93.0	93.0	93.0	93.0	93.0	93.0	93.0	93.0	93.0	93.0	93.0



Operational Performance: An activity position has been agreed with CCGs.

	Annual volumes (000s)					Year on year growth			
	Calls	All incidents	Cat A incidents	Cat C incidents	% Cat A	Calls	All incidents	Cat A incidents	Cat C incidents
2013/14 actual	1733	1090	461	629	42.3%	1.1%	0.9%	5.2%	(2.0)%
2014/15 actual	1896	1026	490	535	47.8%	9.4%	(5.9%)	6.4%	(14.9%)
2015/16 forecast	1754	1036	498	538	48.1%	(7.5%)	1.2%	1.9%	0.7%
2015/16 contract		1041	523	519	50.2%		1.5%	6.6%	(3.1%)
2016/17 proposed	1754	1059	518	542	48.9%	0.0%	2.36%	4.0%	0.7%

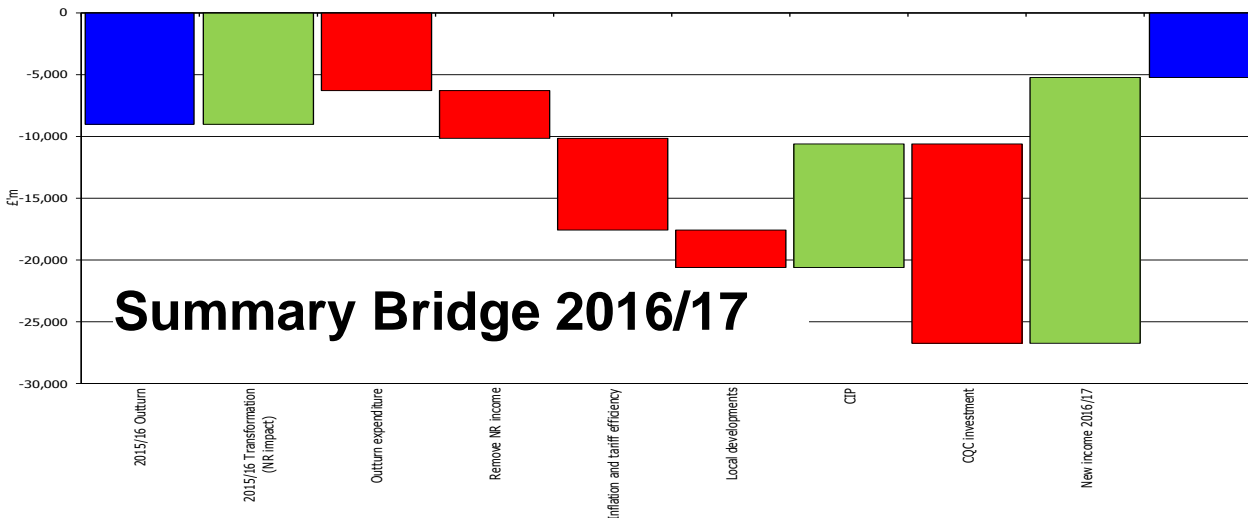
- Activity for 2016/17 has been agreed with CCGs in January 2016 and discussed in detail at the ROG.
- Historic and current trends were reviewed to inform the contract position.
 - Calls were seen to be stable. Variation in recent years has been attributed to high numbers of ETA calls in 2014/15 related to extended waits.
 - Category A growth was seen to reflect previous predictions, 4.0%. This reflects underlying population trends, work by McKinsey in 2014/15 and reflects the average of the last three years.
 - Category C growth was seen to be slower, but this has been difficult to predict given the impact from H&T in 2014/15 on trends.
 - The following slides detail recent trends used to inform this analysis.
- As the 2016/17 activity levels were set in early 2016 they do not reflect the high volumes of activity seen across Q4 of 2015/16. CCGs have agreed to review activity patterns at the end of Q1 2016/17.



Financial Plan 2016/17 through 2021/22 – Summary

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
	£000s	£000s	£000s	£000s	£000s	£000s
Income	337,365	352,396	365,417	378,688	392,209	405,981
Expenditure	342,828	352,328	364,566	378,491	391,103	404,903
Surplus/(deficit)	- 5,463	68	852	198	1,106	1,078

CIP	Recurrent pa	10,000	10,000	9,000	9,500	8,000	8,000
CQC investment	Recurrent pa	18,147	-				
New income from Commissioners	Recurrent pa	16,147	1,660				
MTFA	Recurrent pa	5,300					
Activity and SLA growth	Recurrent pa	0.0%	2.8%	2.6%	2.6%	2.6%	2.5%
Marginal cost of growth			75.0%	75.0%	75.0%	75.0%	75.0%
Inflation funding		3.1%	3.1%	3.1%	3.1%	3.1%	3.1%
Inflation costs		3.1%	3.1%	3.1%	3.1%	3.1%	3.1%
Tariff efficiency		-2.0%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
Local investment	Recurrent pa	3,000	2,000	4,000	6,000	3,000	4,000



- The base case plan assumes the Trust will report a deficit of £5.5m in 2016/17 before returning to recurrent breakeven in 2017/18. This assumes;
 - CCGs confirm the £16.1m additional funding requested. This is expected to be successfully concluded in early June.
 - NHSE funds the Specialised Services income, £5.3m. Verbal assurance has been received on this.
 - CIPs of £10.0m are delivered. This places LAS towards the top end of the percentage CIP seen as deliverable by NHSI
 - Inflationary costs are contained within available funds.
 - No penalties are incurred.
 - No contingency is maintained.
 - Local investment relates to the cost consequence of planned capital investment in IM&T, Estate and Fleet.
- Capital investment totals £19.7m in 2016/17. This is funded from internally available resources.
- A positive cash balance is maintained across the year.



Financial Plan: Cost Improvement Programme

Programme Workstream and Project	Annual	Delivery YTD (£000s)				Delivery risk		
	Original 16/17 Plan	Plan to date	Actual to date	Variance	Planning risk MX	Delivery risk Mx	Total Risk MX	
Fleet	4,071	274	255	- 19	4	4	16	
Estates	300	24	16	- 8	4	4	16	
IM&T	298	4	4	-	3	4	12	
Corporate Depts	670	41	41	-	4	4	16	
Training	504	42	42	-	2	4	8	
Operations	1,722	83	83	-	3	4	12	
Corporate actions	1,947	40	40	-	1	3	3	
Finance	492	28	28	-	4	4	16	
Total	10,004							

			Planning				
			Idea	Outline	High level timeline	Milestone plan	Full milestone plan
			1	2	3	4	5
Delivery	0-24%	1	1	2	3	4	5
	25%-49%	2	2	4	6	8	10
	50%-74%	3	3	6	9	12	15
	75%-99%	4	4	8	12	16	20
	>100%	5	5	10	15	20	25

- Efficiencies are identified in support of both local financial pressures and in line with national planning requirements.
- In 2016/17 LAS plans CIPs of 3%. This is within the range seen as achievable by NHSI (2.0%-3.4%).
- Detailed plans are developed for all CIPs to support their delivery. This includes Quality Impact Assessments undertaken by the Medical Directorate.
- A risk assessment matrix is used to help inform the risk associated with each plan.
- CIPS plans and delivery are monitored by ELT and reported to the FIC.
- In 2016/17 LAS is looking to delivery £10m of efficiencies. The table, top left summarises the areas where CIPs are planned.
- CIPS have been identified through the review of known opportunities, areas where work has identified an ability to release resources, areas of known change and benchmarking.



Financial Plan: Priorities for investment

- The Trust Has three priorities for investment in 2016/17;
 - Fleet renewal. 140 Double crewed ambulances and 60 Fast Response Units.
 - IM&T improvement. Commencing the IM&T Strategy.
 - Estates. Maintaining investment in the estate.
- Looking beyond 2016/17 initial work has scoped the need for major investment in support of major changes in all of these areas. Across 2016/17 work will commence to define detailed strategies and investment plans in respect of;
 - Fleet. Develop a Fleet Strategy to define the shape of fleet size, type and mix of vehicles.
 - IM&T. To support the move toward paperless systems and improved integration with other NHS organisations.
 - Estates. Working to define an Estate Strategy which will support effective clinical care and operational management.
- All of these plans will be used to inform detailed investment planning for the next 5 years. The following slide provides an outline of the potential scale of investment required. Work is underway to define potential sources of funding to support this work.



Financial Plan: Capital Expenditure

	2016/17 Plan	2017/18 Plan	2018/19 Plan	2019/20 Plan	2020/21 Plan	Total
	£000s	£000s	£000s	£000s	£000s	£000s
LOCAL APPROVAL						
Estates - General Maintenance	996	750	750	750	750	3,996
Estates - Specified Projects	144	250	250	250	250	1,144
IM&T - General Maintenance	5,004	1,700	1,700	1,700	1,700	11,804
Other - General	36	-	-	-	-	36
Fleet - FRU Conversion	540	550	550	550	550	2,740
Equipment		1,000	1,000	1,000	1,000	4,000
Fleet Replacement Programme - misc vehicles		1,500	1,500	1,500	1,500	6,000
Sub-total: local approval	6,720	5,750	5,750	5,750	5,750	29,720
TDA APPROVAL						
Fleet - DCA Procurement - 5 year strategy (2017/18)	5,739	8,000	8,000	8,000	8,000	37,739
Fleet DCA (140 business case to TDA March 2016)	7,197	3,000				10,197
IM&T - Digital Maturity investment 2017/18		9,000				9,000
IM&T - Digital Maturity investment 2018/19			11,000	6,300	2,000	19,300
Estate renewal - Operational stations (immediate pressures)		6,000	12,000	12,000	12,000	42,000
Sub-total: TDA approval	12,936	26,000	31,000	26,300	22,000	118,236
Total planned investment	19,656	31,750	36,750	32,050	27,750	147,956
SOURCES OF FUNDS						
Internally Generated funds	15,156	15,000	15,000	15,000	15,000	75,156
2015/16 Cap to Rev carried forward	4,500					4,500
Loans/national funding		7,000	10,000			17,000
Assets sales		10,000	25,000	16,000		51,000
	19,656	32,000	50,000	31,000	15,000	147,656

- The Trust has identified the need for material investment across the next 5 years, notably in IM&T and Estates. Detailed Strategies are being developed to support these plans.
- These plans exceed internally generated funds, as such loans, central funds or asset disposals will be necessary to support this investment.
- Potential sources of funding are;
 - Loans. This depends on the overall NHS financial environment. This route should not be relied upon.
 - Central funds. Grants are expected to be available in 2017/18 for IM&T.
 - Asset sales. Investigate opportunities to release older assets to enable investment in new.
- While the funding for 2016/17 is confirmed further work is required on future years to develop detailed cases, confirm benefits and identify funding.



Financial Plan: Key areas of risk: Resources

	Risk	Impact	Mitigation	Status
1	Performance. Securing resources to hit agreed targeted performance levels	<ul style="list-style-type: none"> The Trust cannot meet its performance trajectory The trust overspends 	<ul style="list-style-type: none"> Ensure contract provides resources commensurate with performance target Demonstrate steady and ongoing improvement 	<ul style="list-style-type: none"> Resources are seen as adequate for the trajectory agreed. Being monitored through LAS ROG
2	Capacity. Securing funding to meet target capacity levels.	<ul style="list-style-type: none"> The Trust cannot meet its performance trajectory The trust overspends 	<ul style="list-style-type: none"> Ensure contract provides resources commensurate with performance target 	<ul style="list-style-type: none"> As above. Being addressed through LAS ROG
3	CQC. Addressing the recommendations from the CQC report	<ul style="list-style-type: none"> The Trust needs to identify more CIPs The Trust overspends Not implementing recommendations was not considered. 	<ul style="list-style-type: none"> CCGs invest to support QIP action. Discuss resource requirement with CCGs Review ability to absorb costs 	<ul style="list-style-type: none"> Awaiting confirmation from CCGs. NHSE to support and mediate Expect to conclude by mid June
4	Efficiency. The need to identify efficiencies	<ul style="list-style-type: none"> Fail to meet financial plan 	<ul style="list-style-type: none"> Robust planning Plans in place for all CIP QIAs completed 	<ul style="list-style-type: none"> CIP included in the “One Plan” Project plans developed. Some further work required
5	Failure to secure Specialist Service funding in full	<ul style="list-style-type: none"> Specialist services unfunded Support to frontline capacity removed 	<ul style="list-style-type: none"> Bid submitted to NHSE NHSE remain confident this will be funded Discussion with CCGs 	<ul style="list-style-type: none"> NHSE continue to indicate they expect this to be funded.



Financial Plan: Key areas of risk: Resources (#2)

	Risk	Impact	Mitigation	Status
6	Other developments. Addressing the cost consequences of other developments needs.	<ul style="list-style-type: none">• Development needs not progressed.• Key issues cannot progress	<ul style="list-style-type: none">• Identify all requirements through planning.• Challenge need, ensure case real	<ul style="list-style-type: none">• Included in financial planning• Plans address key “must dos”
7	Capital planning. Matching available resources to need	<ul style="list-style-type: none">• The Trust cannot progress “required” developments	<ul style="list-style-type: none">• Ensure plans are prioritised.• Develop robust cases to support investment.• Review internal as well as external funding sources.	<ul style="list-style-type: none">• 2016/17 funded from internally generated funds• 2017/18 and beyond• Being addressed through financial planning progress• Discussions with NHSI London Finance representatives
8	Cash. Maintaining cashflow across 2016/17	<ul style="list-style-type: none">• The Trust experiences cashflow challenges	<ul style="list-style-type: none">• Ensure cash plans are integrated• Limit action to available resources• Access cash support	<ul style="list-style-type: none">• Cashflow plan for year indicates positive cashflow maintained.• Cashflow driven by I&E and capital plan.



Actions to be concluded

1. Seek confirmation of the Specialist Services funding from NHSE.
2. Conclude the additional contract funding with CCGs.
3. Finalise CIP plans to ensure the full £10m is identified and delivered.
4. Develop a CIP contingency to support any slippage or shortfall.
5. Finalise future capital expenditure plans and associated business case timelines.



Conclusion

The Trust Board is requested to;

1. Review and agree the performance position outlined in this paper.
2. Review and agree outcome of the financial plan for 2016/17 as presented in this paper subject to the actions to be concluded.
3. To support the additional actions outlined regarding the finalisation of actions relating to future capital investment.



Report to:	Trust Board
Date of meeting:	31st May 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:	Audit Committee – amendment to Standing Orders approved
Status:	For approval of the amendment to Standing Orders and for information on the use of the Trust Seal and on Tenders received
Background/Purpose	
<p>Following a recent proactive review by the Local Anti-Fraud Specialist of Gifts, Hospitality and Declarations of Interest, the Trust received a recommendation to decide upon an acceptable level for gifts and hospitality. The Audit Committee received and approved the proposal to amend Section 10, Appendix VII, Standards of Business Conduct, to reflect the sector standard of £25.</p> <p>Since the Trust Board meeting on 29th March 2016, the following entries have been made to the Tender book and the Register for the use of the Trust Seal:</p> <p>Tenders received Bromley Ambulance Station lighting enhancement</p> <p>Use of the Trust Seal Deed of Novation – transfer of ELFS Shared Services Agreement (no Seal required) Contract documentation – 111 Call Centre, 5th Floor, Southern House, Croydon, CR0 1XG</p>	
Action required	
<p>To approve the amendment to Section 10, paragraph 10.3, Appendix VII of the Standing Orders to £25.</p> <p>To be advised of the tenders received and entered into the tender book and entries to the Register for the use of the Trust Seal since 29th March 2016 and to be assured of compliance with Standing Orders and Standing Financial Instructions.</p>	

Key implications	
Amendment to Standing Orders will be communicated to HR and Communications for amendment to employment contract and induction material. The update will be communicated to staff.	

Key implications and risks arising from this paper	
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Clinical and Quality	
Performance	
Financial	
Workforce	
Governance and Well-led	Compliance with Standing Orders and Standing Financial Instructions
Reputation	
Other	

This paper supports the achievement of the following Quality Improvement Plan Workstreams:	
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Making the London Ambulance Service a great place to work	
Achieving Good Governance	Yes
Improving Patient Experience	
Improving Environment and Resources	
Taking Pride and Responsibility	

Trust Secretary Report – May 2016

Amendment to Standing Orders

Section 10, Appendix VII, Standards of Business Conduct, in the Standing Orders, 10.3, states a limit of £20 for the value of gifts and hospitality that can be accepted. A recent review by the LCFS identified that the Trust is operating 3 amounts deemed acceptable: the employee's contract states £0; Standing Orders £20; and the induction document £25. The reason for this variability is unknown but it is essential that this is addressed as soon as possible.

The LCFS report recommends the Trust adopts a consistent standard and has identified the sector standard to be £25. It is proposed therefore that the Trust moves to a limit for gifts and hospitality of £25 and that Standing Orders and other Trust documentation are amended by 31st May 2016 and instruction issued through internal communications such as the weekly RIB.

This was approved by the Audit Committee on 19th May 2016 and is recommended to the Trust Board for approval.

Tenders received

Bromley Ambulance Station lighting enhancement

Tenders received from:

- NG Energy Ltd
- TRS Ltd
- Avatar Electrical Ltd
- MAS Systems Ltd
- Turnstone Electrical Services Ltd

Use of the Trust Seal and entries into the Register

Deed of Novation – transfer of ELFS Services Agreement to Salford Royal NHS Foundation Trust

Contract documentation – LAS NHS Trust – 111 Call Centre, 5th Floor Southern House, Croydon, CR0 1XG



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>Quality 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>Report from Trust Secretary</p> <p>Trust Board Forward Planner</p>	<p>Audit Committee – 18th April, 19th & 31st May</p> <p>Board seminar - 26th April</p> <p>Finance and Investment Committee – 26th May</p> <p>Quality Governance Committee – 17th May</p> <p>Nomination and Remuneration Committee – 12th May</p> <p>Workforce Committee – 16th May</p>	

26th July

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>Quality 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>Report from Trust Secretary</p> <p>Trust Board Forward Planner</p>	<p>Board seminar - 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>Quality 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>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>Quality 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>Report from Trust Secretary</p> <p>Trust Board Forward Planner</p> <p>Performance Reporting compliance statement</p>	<p>Board seminar - 25th October</p> <p>Audit Committee – 7th November</p> <p>Quality Governance Committee – 15th November</p> <p>Finance and Investment Committee – 24th November</p>	

Board Seminar	Topic
<p>26th April 2016</p> <p>Cody Road</p>	<p>Financial and business planning 2016/17</p> <p>KPIs</p> <p>Strategic risk</p>
<p>28th June 2016</p> <p>Trust HQ</p>	<p>Strategy review</p>
<p>25th October 2016</p> <p>Croydon</p>	<p>TBC</p>
<p>13th December 2016</p>	<p>TBC</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		26			4	29		9.00 - 14.00; 31/5 2-5pm
Private Trust Board (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		26		21		22		24		
Quality Governance Committee	Bob McFarland	12		15		17		12		13		15		13.00 - 16.00
Improving Patient Experience Committee	Director of Nursing and Quality		16		19		29		16		18		12	14.00 - 16.00
Clinical Safety and Standards Committee	Medical Director		17		28		14	7		1		1		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 12pm on 31st May 2016.

Audit Committee will take place from 9.30am on 31st May 2016

Trust Board Register of Interest - May 2016

Name	Date	Nil declaration	Interest declared	1. Directorships, including non-executive Directorship helds in private companies or PLCs	2. Ownership or partnership or private companies, businesses or consultancies likely or possibly seeking to do business with the Trust	3. Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the Trust	4. A position of authority in a charity or voluntary body in the field of healthcare or social services	5. Any material connections with a voluntary or other body contracting for services with NHS organisation	6. Any other commercial interests in a decision before a meeting of the Trust Board
Heather Lawrence	05/04/2016		✓	Chairman Apos Medical Ltd healthcare					
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 reseracher 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	✓	✓					Honorary senior clinical fellow, Kingston University and St George's University of London	
Zoe Packman	09/03/2015								
Jill Patterson	18/02/2016		✓	Tall Poppies Management Ltd	Tall Poppies Management Ltd	Tall Poppies Management Ltd			
Andrew Watson	04/05/2016	✓							
Fenella Wrigley	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	