London Ambulance Service NHS Trust

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Trust Board Meeting - Public

Tuesday 28th July 2015
09.00 – 14.00
Conference Room, Waterloo

London Ambulance Service NHS Trust

MEETING OF THE LONDON AMBULANCE SERVICE NHS TRUST BOARD
TO BE HELD IN PUBLIC ON TUESDAY 28th July 2015 AT 09.30 - 12.30
CONFERENCE ROOM, 220 WATERLOO ROAD, LONDON, SE1 8SD

DRAFT AGENDA: PUBLIC SESSION

	ITEM	SUBJECT	PURPOSE	LEAD	TAB
09.30	1.	**Welcome and apologies for absence** Apologies received from:			
	2.	**Declarations of Interest** To request and record any notifications of declarations of interest in relation to today's agenda	Information	RH	
09.35	3.	**Minutes of the public meeting held on 2nd June 2015** To approve the minutes of the meeting held on 2nd June 2015	Approval	RH	TAB 1 Page 6
	4.	**Matters arising** To review the action schedule arising from previous meetings	Information	RH	TAB 2 Page 18
09.45	5.	**Report from the Trust Chairman** To receive a report from the Trust Chairman on key activities since the last meeting	Information	RH	ORAL
	6.	**Report from Chief Executive** To receive a report from the Chief Executive	Information	FM	TAB 3 Page 20
QUALITY ASSURANCE					
10.00	8.	**Integrated Board Performance Report – June 2015** To receive the integrated board performance report	Information	PW	TAB 4 Page 24
	9.	**To receive reports and assurance on the quality and safety of the service** 9.1 Quality Report - June 2015 9.2 Quality Dashboard – June 2015	Information	FW/ MW/ ZP	TAB 5 Page 38
	10.	**Quality Governance Committee Assurance Report** To receive the Quality Governance Committee Assurance Report on 14th July 2015	Information and Assurance	BMc	TAB 6 Page 94
	11.	**Performance Trajectory Update** To receive an update on performance against the 2015/16 trajectory	Information	PW	Presentation
	12.	**Finance Report – Month 3** **To receive the finance report for month 3,**	Information		TAB 7 Page 98

		2015/16 11.1 Finance Report Month 3 11.2 Report from Finance and Investment Committee on 23rd July 2015		AG NM	
	13.	**Board Assurance Framework and Corporate Risk Register** 12.1 To receive the Board Assurance Framework and Corporate Risk Register for Quarter 1	Information	SA	TAB 8 Page 107
GOVERNANCE					
11.10	14.	**Annual Equality Report 2014/15** To approve the Annual Report 2014/15	Approval	ZP	TAB 9 Page 127
11.20	15.	**Bullying and Harassment Report** To receive an update following publication of the report	Information And Assurance	KB	Oral
11.45	16.	**Board Declarations – self certification, compliance and board statements** To approve the submission of the Board declarations for July 2015	Approval	SA	TAB 10 Page 210
	17.	**Report from Trust Secretary** To receive a report on use of the Trust Seal and tenders received	Information	SA	TAB 11 Page 212
	18.	**Trust Board Forward Planner** To receive the Trust Board forward planner	Information	SA	TAB 12 Page 214
	19.	**Register of Interest** To note the register of interests	Information	SA	TAB 13 Page 218
12.00	20.	**Patient Story** To hear an account of a Patient Story	Information	ZP	
	21.	**Questions from members of the public**		RH	
12.15	22.	**Any other business**		RH	
	23.	**Meeting Closed** The meeting of the Trust Board in public closes		RH	
	24.	**Date of next meeting** The date of the next Trust Board meeting is 29th September 2015			

London Ambulance Service NHS Trust

Report to:	**London Ambulance Service Trust Board**
Date of meeting:	**28th July 2015**
Document Title:	**Register of Interests – July 2015**
Report Author(s):	**Sandra Adams**
Presented by:	**Sandra Adams**
Contact Details:	**sandra.adams@lond-amb.nhs.uk**
History:	**N/A**
Status:	**For information and assurance**

Background/Purpose

Register of Interests – Section 15 of the Standing Orders, Reservation and Delegation of Powers of the Trust Board Directors; supported by Appendix VII, Section 7, Standards of Business Conduct.

Section 15 of the Standing Orders refers specifically to Board Directors and the Trust Board can take assurance that:

- 15.2: Board directors and officers are invited to declare any new or undeclared interests at the commencement of all meetings of the Trust Board. This has been extended to Trust Board committees and the Executive Management Team;
- 15.3: Board directors have registered on appointment, and provided an annual update as a minimum, any significant pecuniary or other interest material and relevant to the business of the Trust.

All directors have submitted declaration forms in 2015. There are no changes to declared interests since May 2015.

Action required

To review the Register of Interests for information and assurance purposes.

Assurance

In accordance with Standing Orders the Register of Interests has been refreshed an updated and all managers, senior managers and directors have subsequently been advised of the additional requirement to incorporate 'familiar relationships'.

Key implications and risks arising from this paper	
Clinical and Quality	**N/A**
Performance	**N/A**
Financial	**Potential risk if not declared**
Legal	**Potential risk if not declared**
Equality and Diversity	**N/A**
Reputation	**Potential risk if not declared**
Other	
This paper supports the achievement of the following 2014/15 objectives	
Improve the quality and delivery of urgent and emergency response	**N/A**
To make LAS a great place to work	**N/A**
To improve the organisation and infrastructure	**N/A**
To develop leadership and management capabilities	**N/A**

LONDON AMBULANCE SERVICE NHS TRUST
TRUST BOARD MEETING IN PUBLIC

DRAFT Minutes of the meeting held on Tuesday 2nd June 2015 at 09:00 a.m.
in the Conference Room, 220 Waterloo Road, London SE1 8SD

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Present:	
Richard Hunt	Chairman
Fionna Moore	Interim Chief Executive
Fergus Cass	Non-Executive Director
John Jones	Non-Executive Director
Jessica Cecil	Non-Executive Director
Bob McFarland	Non-Executive Director
Nick Martin	Non-Executive Director
Theo de Pencier	Non-Executive Director
Andrew Grimshaw	Director of Finance and Performance
Jason Killens	Director of Operations
Fenella Wrigley	Interim Medical Director
Zoe Packman	Director of Nursing and Quality
In Attendance:	
Sandra Adams	Director of Corporate Affairs/Trust Secretary
Karen Broughton	Director of Transformation and Strategy
Paul Woodrow	Director of Performance
Mark Whitbread	Director of Paramedic Education and Development
Brenda Thomas	Committee Secretary
Members of the Public:	
Sister Josephine Udie	London Ambulance Service Patients' Forum
Members of Staff:	
Anna Macarthur	Communications Manager (minute 45 only)

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44. Welcome and Apologies

44.1 No apologies had been received.

45. Patient Story

45.1 The Trust Board noted that the planned patient story had been deferred. A video was shown of staff that had made outstanding contributions during the course of their work and had been recognised at the VIP staff awards.

45.2 The Chairman noted that it was uplifting and commendable for staff to carry out their jobs in saving lives amidst the challenges and difficulties faced. He added that the essence of this was the Board's responsibility to maintain and enhance and noted that this set the context for the day's meeting. Sister Josephine Udie suggested sharing this with the rest of the staff and the public.

46. Declarations of Interest

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

47. Minutes of the Board meeting held on 24th March 2015

47.1 The minutes of the meeting held on 24th March 2015 were approved as a true record of the meeting subject to a minor amendment to 30.7 – 'focus days' should read 'focus groups'

48. Matters Arising

48.1 30.5 Fenella Wrigley reported that the Assistant Medical Director posts had been filled.

48.2 32.4 Sandra Adams reported that the Board Assurance Framework (BAF) included emerging risks that do not qualify for inclusion in the Corporate Risk Register due to their net rating being less than 16 but which are considered relevant at the current time.

48.3 13.10 and **Action:** Karen Broughton to follow up with Mark Gammage whether he had circulated the listening into action survey result to the Non-Executive Directors.
Date of completion: 28th July 2015

48.4 34.14 and **Action:** Karen Broughton would follow up whether Mark Gammage had extracted key actions for each of the eight objectives and shared these with the Non-Executive Directors.
Date of completion: 28th July 2015

Karen proposed incorporating this into the Workforce report and having quarterly updates, to avoid having several reports in different places. Fergus Cass noted that this was about whether specific actions had been taken on specific issues. The Chairman noted that there were slightly different numbers and different timings in various places in the reports which made it difficult for answers to be provided to specific questions and supported having a set of reports in one place.

48.5 27.3 Fergus Cass had mentioned that a follow up process to note progress on mirroring the London population in terms of recruitment was required. Karen Broughton responded that this would be built into the workforce plan. Fergus further asked whether the Trust had the required resource for targeted recruitment as stated in the Equality and Inclusion Strategy 2014-2019. Karen Broughton responded that targeted recruitment was being carried out in a number of ways, including the recruitment of the Emergency Ambulance Crews (EACs) being carried out in a more focused way and the Non-Emergency Transport Service (NETS) role that had been introduced. The Chairman added that recruiting 800+ staff should be carried out in such a way that reflects the objective of mirroring the London population.

48.6 29.3 The Chairman and the Director of Corporate Affairs/ Trust Secretary would review the minutes and highlight areas that the Board would be unable to review due to time constraints.
Action: Richard Hunt and Sandra Adams to review the minutes and highlight any remaining matters.
Date of completion: 28th July 2015

49. Report from the Trust Chairman

49.1 The Chairman had been involved with the recruitment of the substantive Chief Executive Officer (CEO) and would provide further update on current position. He thanked those that had been involved in the process.

49.2 The Safeguarding Conference that was held on 28th April 2015 was well attended and was a success.

49.3 The Chairman had spoken at two conferences on the Transport and Health impact and on Blue Light Innovation and Integration. In addition, he had attended an Association of

Ambulance Chief Executives (AACE) workshop on the 2020 vision, which was about collaboration around data sharing.

50. Report from Chief Executive Officer

50.1 Fionna Moore reported on the following areas:

- New Conservative Government & Manifesto Pledges
- Simon Stevens call for bold action
- Accredited defibrillators across all Government departments

50.2 The Board noted that the Chair and the CEO had approved the Board declaration for May 2015. The Board was also pleased to note that as of April 2015 the Trust was compliant on all measures for Clinical Quality, with the exception of two that remained partially compliant, but which had actions in place to ensure full compliance.

51. Quality and Safety

Quality Report

51.1 The three Clinical Directors presented the quality report. The Board was pleased to note that significant improvements had been achieved on the overall performance Trust-wide for 2014/ 15 on infection control. However, training for staff on Infection Prevention and Control (IPC) had been a challenge. The Hazardous Area Resilience Team (HART) had done excellent work on transporting patients with or suspected to have Viral Haemorrhagic Fever (VHF). The LAS IPC and HART teams assisted in the production of the National Ambulance Resilience Unit Ambulance VHF transfer guidance in August 2014. The IPC priorities for 2015/16 were also noted.

51.2 There was one controlled drugs incident during April 2015, for which an investigation was launched. The Metropolitan Police carried out three unannounced visits, resulting in recommended actions for two of the visits, which were being actioned. The shortage of Hydrocortisone ampoules continued to be an issue and a bulletin to inform operational staff was released. There had been continued progress with the management of serious incidents. It was noted that there had been significant impact on Safeguarding with the introduction of the Health Act. Complaints had been an area of ongoing concern; even though the depths of response to complaints were extremely comprehensive, timeliness on response had not been good. This had been discussed at the Executive Management Team (EMT), where it was suggested that a review on complaints management should be undertaken. An update would be provided at the Quality Governance Committee and the Trust Board in July. It was however noted that only a small number of complaints were referred to the Ombudsman and only a small percentage of these referred cases were upheld. CPI completion rate continued to be low, although it had been evidenced that this level of completion still provided assurance that the level of care provided is safe and effective.

51.3 The Trust had responded to a Preventing Future Death report that had been received from the Coroner as a result of an inquest. The learning from this had been embedded in a clinical update. A lot of work had been carried out on the Core Skills Refreshers (CSR), which had resulted in increased attendance. CSR would be incorporated in the Integrated Workforce report.

51.4 The Chairman and Bob McFarland commended the Director of Nursing and Quality for her positive contribution in progressing work in a number of areas.

51.5 John Jones noted that the Audit Committee had received positive assurance from internal audit on complaints and compliments; however, concern was raised on the number of days to respond to queries. It was reiterated that the process was robust, but not done quickly enough, mainly due to limited staffing to carry out Quality Assurance. The Board would

receive an update on progress as discussed in item 51.2 above.
Action: ZP top provide an update on the review of complaint processes.
Date of completion: 28th July 2015

51.6 Jessica Cecil noted that the average response time for STEMI patients was 14 minutes, notably higher than the 9 minutes recorded in March 2014, and asked what the safety implications were and the steps taken to deal with this. Fenella Wrigley responded that this report captured all the STEMI patients, which was not the case for previous year; therefore slightly different from the previous year. She noted that there were no safety implications for patients. Work had also been carried out within the control room to ensure nuances from calls were identified. Fionna Moore asked whether the change in the deployment of Team Leaders presents the opportunity to divert on-scene time to the three potential life threatening cases - cardiac arrests, stroke and trauma, as the Job Cycle Time (JCT) was elongating, which was clearly unacceptable. Mark Whitbread responded that relevant parties had a discussion on bringing down the JCT and on-scene time, particularly for acute patients. The current average JCT stood at 84minutes and it was noted that small changes to jobs are quite material. The Team Leaders would be playing a key role in this aspect when they are in the new post from July. It was also noted that there had been no feedback from the Major Trauma centre in regards to the Trust's triaging on traumatic cases. Feedback was however provided to the crews, and it was noted that majority of crews' decision were correct, upon review.

51.7 Fergus Cass asked whether the increase in the average response time for both cardiac and stroke patients was increasing the risk for patient survival. Mark Whitbread responded that there is a 150minutes European target for actual call to balloon time for cardiac STEMI patients. The Board received assurance that patients were receiving gold standard treatment within the specified time frame almost 100% of the time pan-London, despite increases in JCT. However, JCT would be monitored in order to achieve a reduction in on-scene time. A lot of work had been carried out through bulletins and training to ensure crews were able to identify mild strokes. However, the running time for patients in North-Central London was significantly longer due to logistical issues. This had been brought to the attention of the Urgent and Emergency Care Board, NHS England.
It was noted that the amount of resource used in quarter 4 of 2013/14 to meet demand was large compared to quarter 4 of 2014/15. Therefore it was difficult to match the response times across the two periods.

51.8 The quality dashboard continues to be a work in progress. An established process was in place for collecting data and inputting onto the agreed dashboard template, though the timing of data becoming available still remains a challenge.

<u>Update on the themes and lessons learnt from NHS investigations into Jimmy Savile and the Kate Lampard report on Lessons Learnt</u>

51.9 Sandra Adams tabled the updated action plan that had been submitted to the Trust Development Authority (TDA) on the Trust's progress on recommendations in response to the Kate Lampard's lessons learnt on the Jimmy Savile investigations. The actions had been reviewed by the Quality Governance Committee and the Executive Management Team, following its submission at the last Trust Board in March 2015.

51.10 The Board received assurance that the recommendations had been addressed. Sandra noted that even though a number of the recommendations were hospital specific, consideration was given to how these might impact on the Trust. The Safeguarding Committee would be taking the lead on this report.

51.11 The Chairman suggested having a review in the second half of the year to ensure that nothing had changed from the assurance that had been received. To include in the forward planner.
Action: Sandra Adams to add a review of progress against the Lampard recommendations to the Forward Planner.

Date of completion: 28th July 2015

51.12 Fergus Cass raised issues on DBS and pre-employment checks and noted that actions were raised on the latter a year ago but had not been implemented. On the recommendation to carry out 3-yearly DBS checks, he noted that the Board required assurance that this was being done, or good reasons provided as to whether it is not done. Karen Broughton responded that there were resource implications in undertaking 3-yearly checks and managing the outcomes of these, however she would add this to the review of the HR department. Karen would then determine whether this could be done as a priority over other areas identified.
Action: Karen Broughton to follow up on DBS and pre-employment checks.
Date of completion: 28th July 2015

51.13 The Chairman noted that it would be good to have knowledge of the position of other ambulance Trusts in relation to DBS checks. Zoe Packman commented that, in her experience, acute trusts undertook a risk stratification in order to prioritise checks.

52. Quality Governance Committee Assurance Report

52.1 Bob McFarland, Chair of the Quality Governance Committee gave an update on the key items of discussion at the last two Quality Governance Committee meetings. The Committee supported the changes to the sub-Committees of the Quality Governance Committee, received the first report from the newly constituted Clinical Safety and Standards Committee and reviewed the various annual reports to be considered by the Board at this meeting.

52.2 The Quality Governance Committee had also conducted a deep dive review into Fleet Management and equipment, Nurses in Clinical Hub (Emergency Operations Centre), Work and Governance of emergency and volunteer responders and NHS Investigations into Jimmy Savile and the Kate Lampard lessons learnt report. The Committee would be returning to having six meetings in the year.

52.3 *'Since the phasing out of the NHSLA risk assessments in 2014, what assessment method is the LAS using to ensure that harm to patients and consequent claims will be substantially reduced?' Question from members of the Patients' Forum.*

52.4 *'In view of the last LAS NHSLA risk assessment score in October 2012 which was '1' (highest possible score was 3), is the LAS working with the NHSLA 'safety and learning service' to focus on actions to further reduce harm by learning from the causes of claims?' Question from members of the Patients' Forum.*

52.5 Sandra Adams responded that the Trust was reinstating the quarterly report of claims, incidents, complaints and other risk indicators that will identify areas of potential harm to patients. This information will then inform any action to be taken in order to reduce harm and potential claims consequences. Regular data was being received from the NHSLA that was being reviewed and the Trust has access to the NHSLA system to see the information that was held regarding the LAS service. There were very few significant value claims.

53. Integrated Board Performance Report - April 2015

53.1 Paul Woodrow presented the new format of the integrated performance report and noted that the content was designed to be high level and was still in development, especially the workforce data. This report would provide a summary of the core metrics, pulling together relevant information from the various directorates in a unified place. The significant piece of work that was carried out behind the scenes would ensure the data sources are validated.
The key headlines noted were as follows:

- The Trust remained safe;
- There had been an improvement in response times to patients even in Category C, with patients across the board seeing a better access to the service.
- Improvement was seen in April, with performance at just under 65% against a trajectory of 66%; however, performance was above forecast;
- Continued progress on A8 performance, with the deficit in month 1 recovered in month 2. The Trust was therefore above trajectory so far for quarter 1;
- A number of measures had been put in place over the last few months to address long term sickness. However, there had been consequences of sickness management, with turnover rates adversely affected by high numbers of capability dismissals.

53.2 The Board was appreciative of the new report format, as it had greater clarity and better focus and made suggestions in the following areas:

- To provide trends in a graphical form on Category C
- To report on utilisation, showing graphs and trends
- To include Performance against required delivery in September
- To include recruitment data

53.3 Fergus Cass asked whether the Board should be concerned that the Trust was currently below the agreed performance trajectory for the year. Paul Woodrow responded that the Trust failed to meet the trajectory in month 1 and noted that month 2 was above trajectory leading to an overall cumulative performance position above trajectory.

53.4 Theo de Pencier asked what the underlying trend was on turnover and how realistic (confident) that the target 10% turnover rate would be achieved. Paul Woodrow responded that there had been a reduction in the turnover level since October 2014 and the actions from the retention plan were still being implemented. The Trust was in a positive net retention position with more joiners than leavers. The feedback being received from frontline staff was that there was positive feeling among staff with a host of initiatives being carried out that was encouraging to staff. It was noted that it had been agreed at the Workforce Committee, subject to approval at the EMT, that quarterly Pulse checks should be carried out for staff. Andrew Grimshaw added that there was a built-in lag in the reporting of turnover. However a forward looking mechanism on turnover was also required to gain an understanding of what would happen in 6-12months to ensure relevant actions are taken and focus on the right metrics.

53.5 Nick Martin asked what impact the operational restructure had had on staff on some of the senior managers' role. Jason Killens responded that the new Team Leader roles go live in July, and Team Leaders were being prepared for this. Transition to new roles for Managers affected by change in bands 8b was almost complete. 3rd August was the target date for the new operational structure.

53.6 **Action:** The Board to feedback to Andrew Grimshaw and Paul Woodrow on any core metrics that had not been included in the Integrated Board performance report.
Date of completion: 30th June 2015

54. Finance Report

Finance Report Month 1

54.1 Andrew Grimshaw gave the finance report for month 1.

54.2 He noted that there were no significant issues and no significant variance from the plan that had been discussed. The Trust was on track for month 1. There were no material risks or variations currently identified. Cash was £1.3m adverse to the month 1 planned position of £20.9m. This was not seen as high risk. Cost Improvement Programme would

be a focus in future and would be included in future reports. It was noted that this report had been reviewed by the Finance and Investment Committee.

54.3 The Trust Board noted the month 1 Finance report.

Report from the Finance and Investment Committee (FIC)

54.4 Nick Martin gave a verbal update on the business of the FIC. He noted that it had not been possible to provide a written report to the Trust Board due to the timing of the FIC meeting. Going forward, the agenda for the FIC would be made available to the Board and update provided on the items.

54.5 The FIC had raised concern and displeasure on the Trust moving from a position of £1m surplus in 2014/15 to a deficit position of £9.5m in 2015/16. Nick noted that the Committee had agreed that it should be made very clear in publications that the deficit was an artificial situation that had been created.

54.6 The Committee was supportive of the 2015/16 Cost Improvement Programme, the Capital Expenditure plan and the Integrated Performance Management Strategy. The Committee felt that it would be useful to hold a seminar on costings and service line reporting in future.

54.7 The Board noted that the Committee had approved the Financial Planning 2015/16, the Costing update and the 2015/16 Outline Business Case for the Doubled Crewed Ambulance (DCA). This would be submitted to the TDA for approval and is consistent with the overall financial plan as stated.

54.8 The Trust Board noted the Finance and Investment Committee report.

Financial Plan 2015/16

54.9 Andrew Grimshaw gave a summary update on the position of the 2015/16 financial plan that was discussed at the Trust Board in March 2015 and the final plan submitted to the TDA in May 2015.

54.10 The planned deficit for 2015/16 had increased to £9.5m in line with agreements with Commissioners, NHS England and the TDA. This deficit is believed to be non-recurrent. He noted that the key movements relate to the timing of Transformation funding, variation of the treatment of the resilience money for 2014/15 and reduction in CBRN and associated increase in CIPs. The detailed paper had been discussed at the Finance and Investment Committee and the Executive Management Team.

54.11 The Chairman noted that changes to the plan were signed off using delegated authority that had been accorded to him and the Chief Executive Officer by the Trust Board at the Trust Board meeting on 24th March 2015.

54.12 Fergus Cass noted that an understanding was required on what was meant by withdrawing capacity from the Shaping a Healthier Future (SaHF) and the implications of this. Andrew Grimshaw responded that the CCGs had indicated that SaHF was included within the core contract, therefore should not be funded separately. The LAS had expressed displeasure to the CCGs and had asked that capacity should be reviewed, as the Trust would potentially not provide services that are not funded. There would be further discussions with the CCGs on how to manage this.

54.13 The Trust Board ratified the action taken by the Chairman and Chief Executive Officer to sign off the 2015/16 Financial Plan.

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

55.1 Sandra Adams presented the BAF and corporate risk register.

55.2 Sandra noted that the format of the front sheet of the BAF had been amended since the version last seen by the Trust Board. The latest version reflects the business objectives set out in the 2015/16 business plan and its key actions. Risks that had been on the BAF for a considerable length of time had been reworked. Risk 21 (Operational / Clinical staff training (A5)) and risk 23 (Compliance with CQC programme), had been identified as potentially significant and could become pertinent. BAF risk 9 would be reviewed and split into staff safety and patient safety risks. Further work had been carried out on a number of risks for example, fleet and logistics.

55.3 John Jones noted that the BAF and corporate risk register had been reviewed at every Audit Committee and the Committee had been assured of the progress. The Audit Committee also undertook deep dives on a number of risks and would maintain this process for areas that are of concern. The Chairman stated that the language used should be harmonised. In response to Fergus Cass' comment on the financial penalties no longer considered as a significant risk, Andrew Grimshaw stated that currently there was a plan in place that would deliver performance and management was maintaining focus on that plan. Therefore, financial penalties should not be represented as a significant risk.

55.4 The Chairman suggested that due to time constraint, the Board should have a session on the BAF in more detail at other Trust Board meetings.
Action: Sandra Adams to do a session on the BAF at the Strategy Review and Planning Committee meeting.
Date of completion: 27th October 2015

56. Audit Committee Assurance Report

56.1 John Jones, Chair of the Audit Committee presented the 2014/15 Audit Committee annual report and tabled the report from the Audit Committee on 21st May 2015.

56.2 The Board was pleased to note that the Head of Internal Audit Opinion was one of significant assurance on the overall adequacy and effectiveness of the Trust's framework of governance, risk management and control, with minor improvements required. This was a much improved position from 2013/14, when limited assurance was given. This was a commendable position in the face of the difficulty faced by the Trust in 2014/15. Good progress had been made on the internal audit recommendations, with outstanding recommendations down to 12 from 30.

56.3 The annual report outlined how the Audit Committee had complied with the duties delegated by the Trust Board through its Terms of Reference. The Audit Committee met seven times during 2014/15 and met in private with the internal and external auditors once. The Committee complied with all elements of the Terms of Reference and achieved each of the key actions identified for 2014/15. The Committee had reviewed the Terms of Reference and made no changes. The overall attendance of Committee members had been good, and the Chair of the Quality Governance Committee had attended five out of six meetings as an observer in 2014/15.

56.4 The Chair of the Audit Committee 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 BAF.

57. Annual Report and Accounts 2014/15 including Annual Governance Statement

2014/15 Annual Accounts

57.1 Andrew Grimshaw tabled the Annual Accounts for 2014/15 for approval.

57.2 The Audit Committee had reviewed the annual accounts in detail on three occasions and had endorsed it with the ISA 260 at its last meeting and had recommended to the Trust Board for approval. The Trust had achieved all core financial duties, with no significant issues highlighted. The auditors had issued an unqualified audit opinion and an unqualified statutory value for money opinion. An unadjusted misstatement of £258k which was above the materiality threshold of £250k was noted. One recommendation had been made in the ISA 260.

57.3 The Chair of the Audit Committee noted that the external auditors were complimentary of the finance team.

57.4 The Trust Board approved the Annual Accounts for 2014/15 upon the recommendation of the Audit Committee.

Annual report and Annual Governance Statement 2014/15

57.5 Fionna Moore, Interim Chief Executive Officer, presented the annual report for 2014/15, which included the annual governance statement for approval.

57.6 Fionna noted that as a NHS organisation, the Trust has a duty to publish this report and the minimum content for the annual report is set out in the Department of Health's NHS Finance manual. The approved annual report would be presented at the Annual General Meeting in September 2015.

57.6 Sandra Adams outlined the amendments that had been made to the Annual Report and Annual Governance Statement since the Trust Board papers had been published.

57.7 The Trust Board suggested a number of amendments to the annual report.

57.8 The Trust Board approved the annual report and annual governance statement for 2014/15, subject to the amendments to be made.

58. Annual Reports for 2014/15

58.1 Zoe Packman presented the 2014/15 annual reports for Safeguarding, Patient and Public Education, Infection Prevention and Control, and Patient Experience for approval.

58.2 Zoe noted that these reports had been discussed at the Quality Governance Committee in May 2015, at which meeting the Committee had accepted and recommended them to the Board for approval.

58.3 It was noted that 927 staff were carrying out public education work in their spare time, which was impressive and highly commendable. It was agreed that Board level acknowledgement should be given to these staff. The Board also noted that good progress had been made on infection prevention and control and only 1 SI was declared in April.

58.4 The Chairman noted that given the increase seen in complaints, a detailed session was required to provide further understanding on this.
Action: Zoe P

58.5 Sister Josephine Udie raised concern about the lack of recognition of the Patients' Forum in the Patient and Public Involvement annual report. The Chairman responded that the

Board absolutely recognised the relationship the LAS has with the Patients' Forum and support it positively. Zoe Packman noted the necessity to synergise the work programmes of the Patients' Forum and the LAS, while Karen Broughton added that the LAS recognise the work of the Patients' Forum in a number of ways. The Chairman acknowledged the report the Patients' Forum submitted to the CQC. He noted that this report should have better reflected the partnership working relationship between the LAS and Patients' Forum, as the report gave a somewhat negative reflection of the LAS.

58.6 The Trust Board approved the following annual reports for 2014/15:

- Safeguarding
- Patient and Public Education
- Infection Prevention and Control and
- Patient Experience

59. Quality Account 2014/15

59.1 Zoe Packman presented the Quality Account for 2014/15 for submission to the Department of Health and publication.

59.2 Draft versions of the Quality Account had been reviewed and approved by the Quality Governance Committee and Executive Management Team. The format meets the required standard described by NHS England, Monitor and the Department of Health.

59.3 Zoe noted that feedback on the Quality Account was yet to be received from external stakeholders, with the exception of the Patients' Forum which had submitted their response by the deadline. The Trust Board suggested some further amendments.

59.4 The Trust Board approved the Quality Account 2014/15, subject to the amendments highlighted.

60. 2014/15 Business Plan summary report and 2015/16 Business Plan

2014/15 Business Plan summary report

60.1 Karen Broughton presented the 2014/15 Business Plan summary report.

60.2 Karen noted that this report was not a requirement, but had been produced as good practice and highlighted the summary of progress against the business plan for the year, identifying that 2014/15 had been challenging for many reasons. She noted that throughout 2014/15 performance against nationally set ambulance targets was challenged, therefore much time and attention was diverted to recovering our position. This was at the expense of some of the original priorities in the 2014/15 business plan. However, despite performance pressures, the Trust continued to develop and change with significant improvements being seen in year.

60.3 The Trust Board noted the 2014/15 Business Plan summary report.

2015/16 Business Plan

60.4 Karen Broughton presented the final iteration of the 2015/16 Business Plan.

60.5 It was noted that the priorities for the business plan had been discussed at the EMT and the Strategy Review and Planning Committee. The plan also outlines a number of sub objectives and key action areas.

60.6 The 2015/16 business plan proposes 4 organisational objectives which are to:

- Improve the quality and delivery of our urgent and emergency response

- Make the London Ambulance Service a great place to work
- Improve our organisation and infrastructure
- Develop our leadership and management capabilities

60.7 The Trust Board approved the 2015/16 Business plan.

60.8 It was recommended that the delivery of the business plan should be monitored through the Integrated Performance report.

Action: KB to monitor the delivery of the Business Plan through the Integrated Performance report.

Date of completion: 31st March 2016

61. Serious Incident Report into an anonymous whistleblowing allegation concerning student paramedic examinations in the period 2008 - 2012

61.1 Sandra Adams presented the final report on the Serious Incident investigation into anonymous whistleblowing allegation concerning cheating on the paramedic training programme from 2008 to 2012 and an updated action plan against recommendations.

61.2 This report had been seen by Trust Board and had been published through organised communications. The CQC had been advised prior to publishing the report and no response had been received since its publication.

61.3 It was noted that of the 22 recommendations, 12 had been completed, 5 were ongoing, with the remaining 5 yet to start. The Chairman noted that this situation had been dealt with in an open and transparent manner from the start. The HCPC would consider the self-referral made by the LAS. The likely outcome envisaged would be a visit by the HCPC. A small number of staff were undergoing a process of review and there may be feedback from Commissioners and other stakeholders.

61.4 The Trust Board noted the final report into this investigation, its publication and the updated action plan.

62. Trust Secretary Report

62.1 The Trust Board noted the report from the Trust Secretary.

63. Trust Board Forward Planner

63.1 During the course of the meeting, a number of areas had been highlighted for inclusion in the forward planner.

63.2 Zoe Packman noted that the CQC inspection report would not be published in time for the July Trust Board meeting; however, there might be an action plan available for that meeting. She added that the Trust would have the opportunity to comment on factual accuracy upon receiving the draft report from CQC.

63.3 The Trust Board noted the forward planner.

64. Trust Board Register of Interests

64.1 Theo de Pencier reported that as of 30th April 2015, he ceased to be the Chief Executive Officer of Freight Transport Association (FTA).

64.2 The Trust Board noted the register of interests.

65. Questions from members of the public

65.1 The Trust Board considered the following question from the Patients' Forum:
'Is the LAS working actively with the Secretary of State for Health's 'Sign up to Safety' campaign to develop more robust patient safety systems, reduce harm and claims and reduce fees to the NHSLA?'

65.2 Sandra Adams responded that the LAS has signed up to the 'Sign up to Safety' campaign and is developing an implementation plan.

65.3 The Trust Board considered the following question from the Patients' Forum:
'Is the Board satisfied that its Datix system can align and triangulate data from claims, Serious Incidents, Coroner's recommendations, complaints and PALS data, to ensure an adequate overview of all potential harms to patients?'

65.4 Sandra Adams responded that the LAS was currently developing Datix and will be re-launching the system from September 2015. The enhanced functionality will allow better triangulation of data from claims, Serious Incidents, Coroner's recommendations, complaints and PALS.

66. Any Other Business

66.1 There were no items of other business.

67. Date of next meeting

67.1 The next meeting of the Trust Board is on Tuesday 28th July 2015 at 09.30am in the Conference Room, Waterloo.

…….
Signed by the Chair

ACTIONS

from the Public meeting of the Trust Board of Directors of
LONDON AMBULANCE SERVICE NHS TRUST
held on 2nd June 2015

Meeting Date	Minute No.	Action Details	Responsibility	Progress and outcome
02/06/15	**48.6**	Richard Hunt and Sandra Adams to review the minutes and highlight any remaining matters.	**RH/SA**	Completed.
02/06/15	**51.5**	Zoe Packman to provide an update on progress of the review of complaint processes.	**ZP**	
02/06/15	**51.11**	Sandra Adams to add a review of progress against the Lampard recommendations to the Forward Planner.	**SA**	
02/06/15	**51.12**	Karen Broughton to follow up on DBS and pre-employment checks.	**KB**	
02/06/15	**53.6**	The Board to feedback to Andrew Grimshaw and Paul Woodrow on any core metrics that had not been included in the Integrated Board performance report.	**ALL**	
02/06/15	**55.4**	Sandra Adams to do a session on the BAF at the Strategy Review and Planning Committee meeting.	**SA**	27th October 2015
02/06/15	**60.8**	KB to monitor the delivery of the Business Plan through the Integrated Performance report.	**KB**	

Meeting Date	Minute No.	Action Details	Responsibility	Progress and outcome
24/03/15	**34.12**	Karen Broughton to present the Workforce report to the Strategy and Planning Committee.	**KB**	KB reported that the integrated information on workforce would be held in one place, with some aspects reviewed on a quarterly basis.
24/03/15	**34.14 48.3**	Mark Gammage to extract key actions for each of the eight objectives and share with the Non-Executive Directors.	**MG / KB**	KB would follow up with Mark Gammage. KB noted that this would form part of the HR report.
27/01/15	**13.10 48.4**	Mark Gammage to circulate to the Board the report of the Listening into Action surveys.	**MG/ KB**	KB to follow up with Mark Gammage.
COMPLETED ACTIONS				
24/03/15	**32.4**	Sandra Adams to review risks with the score of 15 on the corporate risk register but not on the BAF.	**SA**	Action complete.

London Ambulance Service NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 28 JULY 2015

PAPER FOR APPROVAL/INFORMATION

Document Title:	Chief Executive Report to the London Ambulance Service (LAS) Trust Board
Lead Director:	**Fionna Moore**
Report Author(s):	**Adam Levy**
Contact Details:	**Adam.Levy@lond-amb.nhs.uk**
Why is this coming to the Trust Board?	**To keep the board informed of key issues**
This paper has been previously presented to:	☐ Strategy Review and Planning Committee ☐ Executive Management Team ☐ Quality Committee ☐ Audit Committee ☐ Clinical Quality Safety and Effectiveness Committee ☐ Risk Compliance and Assurance Group ☐ Learning from Experience Group ☐ Finance and Investment Committee ☐ Other:
Recommendation for the Trust Board:	To note
Key issues and risks arising from this paper Nil	
Executive Summary This report covers the following items: • Summer Budget 2015 • LAS Supporting Vanguard Bids • Conversations with Emergency Services on Collaborative Working • Change to Director of Operations • Lord Rose Report on "Better Leadership for Tomorrow"	
Attachments **Nil**	

****

Quality Strategy

This paper supports the following domains of the quality strategy

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

LAS Strategic Goals and Priorities

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

LAS Strategic Goals

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

2013/14 Priorities

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

Risk Implications

This paper supports the mitigation of the following strategic risks:

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

Equality Analysis

Has an Equality Analysis been carried out?

- ☐ Yes for each constituent project
- ☐ No

Key issues from the assessment: Nil

CHAIRMAN AND CHIEF EXECUTIVE REPORT TO THE LONDON AMBULANCE SERVICE (LAS) TRUST BOARD MEETING HELD ON 24 MARCH 2015

1. Summer Budget 2015

The Government published its Summer Budget on 8th July 2015. The key measures focussed on personal taxation and pay, Businesses and the state of the economy. A couple of the measures announced are of relevance in general terms tothe London Ambulance Service. These include:

- New National Living Wage of £9 an hour by 2020
- Public sector pay restraint for four years, with pay increasing by 1% a year from 2016/17

Apart from reaffirming the £8bn investment into the NHS, there were no specific health measures announced.

2. LAS Supporting Vanguard Bids

The LAS is supporting two Vanguard applications. The Vanguard sites are where organisations and partnerships apply to trial new models of care with the aim of transforming how care is delivered locally.

The first one that LAS is supporting is being led by NWL, looking at how we can support the introduction of a mobile community response.

The second is supporting ab bid from Barking, Havering & Redbridge to become an Urgent and Emergency Care Vanguard. If successful, the vanguard will provide the platform for the system wide transformation of the pathway bringing together all local partnerships including the ambulance service.

The vanguard bids are very much in their early stages and Trust Board will be updated when progress has been made, plans become clearer and the specific role for LAS is clarified.

3. Conversations with Emergency Services on Collaborative Working

The Chief Executive has had a number of very productive meetings with the Deputy Mayor for Policing, Stephen Greenhalgh, Ron Dobson, Sir Bernard Hogan-Howe and other senior managers from the other Emergency Services. The Three Chiefs have committed to working with each other to scope out whether any collaborative working could provide efficiencies or service improvements

The work is still in an exploratory stage and Trust Board will be informed if there is any progress in the scoping of opportunities.

4. Change to Director of Operations

Further to the Chief Executive's note to the Trust Board, it is confirmed that Jason Killens will be leaving the LAS at the end of September to become Chief Executive of South Australia Ambulance Service. Paul Woodrow has been asked to step in as Interim Director of Operations until a full recruitment process can be carried out.

The Chief Executive would like to place her thanks on the record to Jason for nineteen years of dedicated service to the LAS and wish him luck in Australia.

5. Lord Rose Report; "Better Leadership for Tomorrow"

On 16th July 2015, Lord Rose published his report on leadership in the NHS which was commissioned by the Secretary of State. The report looked into what might be done to attract and develop talent from inside and outside the health sector into leading positions in the NHS. It also asked how CCGs could be best equipped to deliver the Five Year Forward View.

The report identified that the pace of change in the NHS is unsustainably high which places significant and competing demands on leadership and that the administrative, bureaucratic and regulatory burden is becoming insupportable. In particular the report highlights three main concerns

1. There is a lack of a single NHS vision and a common ethos
2. There is insufficient management and leadership capability to deal with the vast range of changes that the NHS has committed to
3. There is a lack of overall direction of careers in management.

The report then goes on to outline nineteen recommendations which include:

R1 – Form a single service-wide communication strategy within the NHS to communicate good and less good news to all NHS staff

R2 – Create a handbook summarising the core NHS values for all NHS staff

R3 – Charge Health Education England to coordinate the content and quality of all NHS training including coordination of all management training.

R7 – Refresh middle management by training and recruiting from outside the NHS

R8 – Require senior managers to attend accredited courses for a qualification to show consistent levels of experience and training have been reached across the NHS

R11 – Establish and embed an NHS system of simple, rational appraisal supported by training in giving and receiving appraisals.

R13 – Merge the TDA and Monitor

R19 – Formally review NED activity and establish a system of volunteer NEDs from other sectors.

The full set of recommendations and the report can be found through this link: https://www.gov.uk/government/publications/better-leadership-for-tomorrow-nhs-leadership-review

INTEGRATED PERFORMANCE REPORT - TRUST BOARD EXECUTIVE SUMMARY JULY 2015

Quality remains safe and consistent with previous months. some patients experience longer waits due to capacity constraints.
Finances are subject to pressure due to capacity requirements, lower demand for Cat C and CIP delivery.
A8 performance delivered above the trajectory for June, despite seeing increases in Cat A activity overall demand remains lower than forecast.
Staffing levels continue to rise as starters exceed leavers, however the Trust still has 403 WTE frontline vacancies.

OUR PATIENTS

⇔ The number of Adverse Incidents reported appears low. This is a result of staff resource pressures causing a temporary backlog in data entry during month 3. These issues are being resolved.

↑ Complaint volumes remain lower than previous years. The number of complaints being completed within the 35 day target is increasing.

⇔ Overall CPI completion rates have improved as a result of actions requested from operations to improve compliance. This work continues.

OUR MONEY

↓ Year to date the Trust is reporting a £0.75m adverse variance from plan. Based on this performance achieving the year end forecast deficit of £9.5m is challenged.

↓ **CIP** - £0.6m adverse to plan, due to unidentified CIP not delivered.

⇔ **Cash** - Cash is £4.9m below plan.

⇔ **Capital expenditure -** is currently £0.3m lower than plan.

Care | Clinical Excellence | Commitment

OUR PERFORMANCE

↑ Good progress continues to be made against the Improvement Programme. For those projects where slippage has been identified delivery acceleration plans are being developed.

↓ As a consequence of increasing Cat A activity Cat C patients experienced a longer response time. Overall activity levels remain lower then plan.

⇔ While performance has been on trajectory for June maintaining this performance into Q2 will be challenging.

OUR PEOPLE

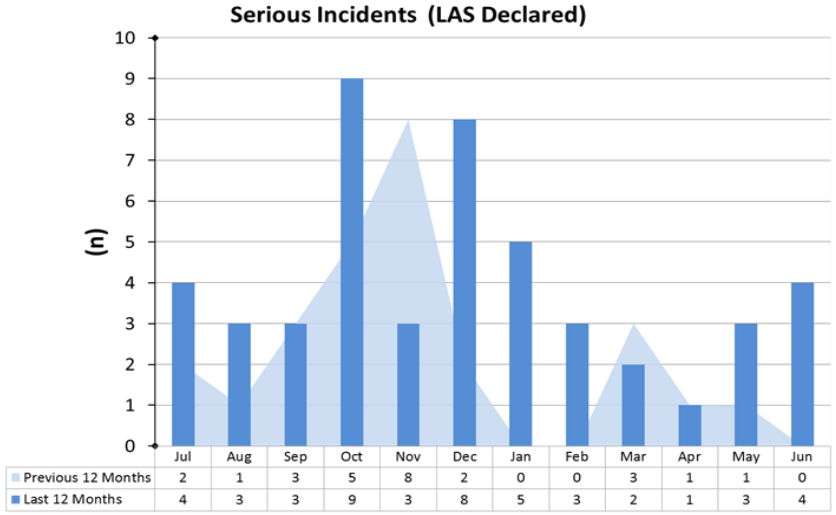
↑ Operational sickness has reduced every month in the first quarter of this year.

↑ Staff turnover reduced in month.

⇔ Starter numbers remain higher than leavers. There was a net increase in staff in post numbers and this trend is expected to continue, however the Trust still has 403 WTE frontline vacancies.

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

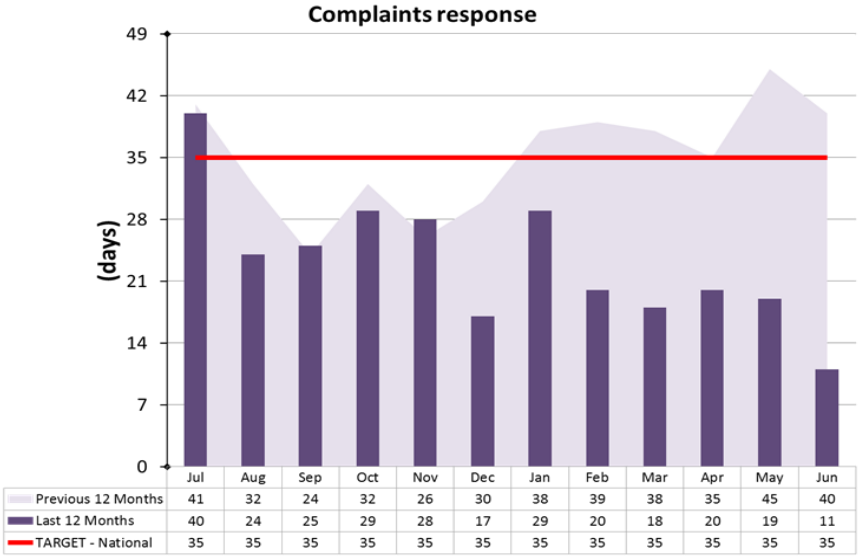
OUR PATIENTS



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	2	1	3	5	8	2	0	0	3	1	1	0
Last 12 Months	4	3	3	9	3	8	5	3	2	1	3	4

Serious & Adverse Incidents

- There were 4 LAS declared serious incidents in June 2015. 3 related to delays in arrival of an ambulance/resource and one related to missed diagnosis.
- The number of adverse incidents reported during June has dropped to 42 versus 199 during May.
- This is related to processing and data entry issues due to current staff resource pressures and does not reflect actual incident numbers.
- The implementation of the Datix web system in September will resolve the current pathway issues.

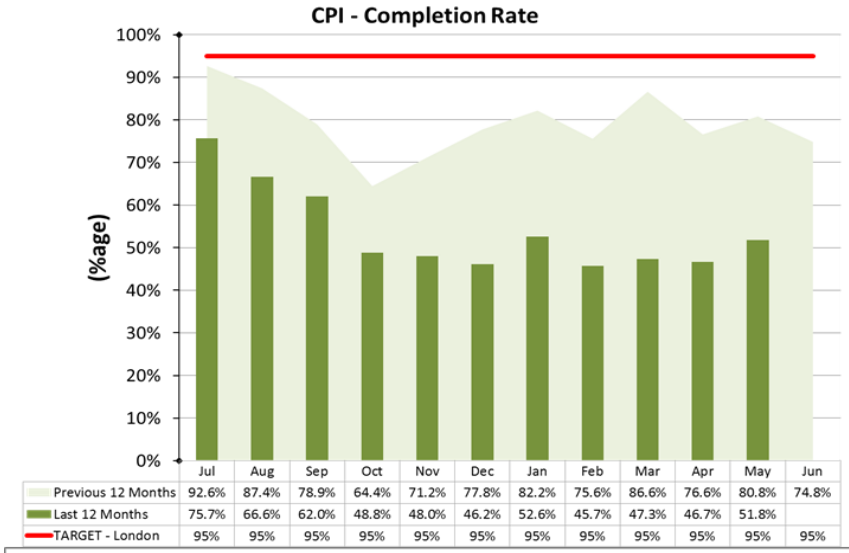


	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	41	32	24	32	26	30	38	39	38	35	45	40
Last 12 Months	40	24	25	29	28	17	29	20	18	20	19	11
TARGET - National	35	35	35	35	35	35	35	35	35	35	35	35

Complaints

- 94 complaints were received this month, 28% more than the previous month (68).
- The current monthly average for 2015/16 = 80 which is a significant improvement against the monthly average for 2014/15 which was 117 complaints.
- The last three months have demonstrated a reduction in complaints against volume of calls attended.

OUR PATIENTS

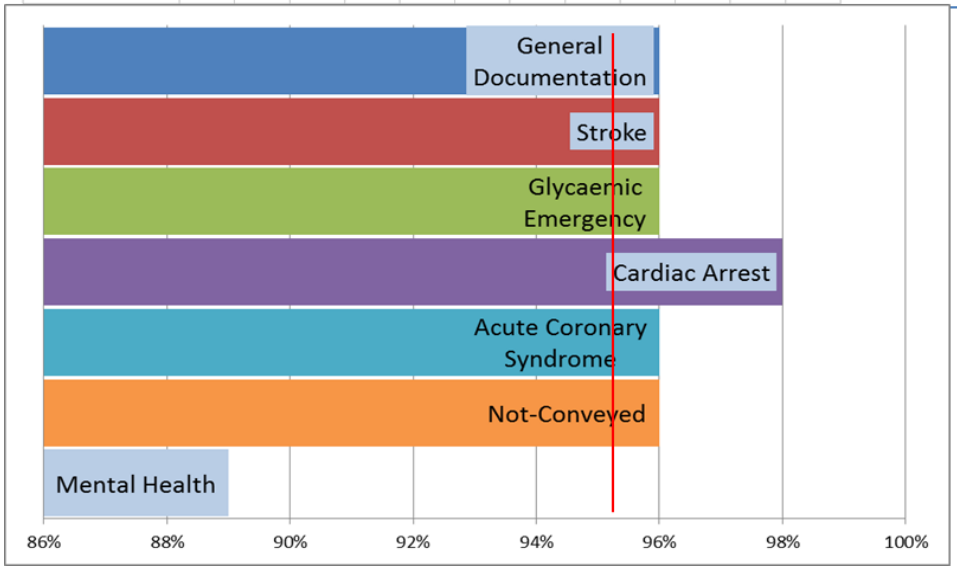


	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	92.6%	87.4%	78.9%	64.4%	71.2%	77.8%	82.2%	75.6%	86.6%	76.6%	80.8%	74.8%
Last 12 Months	75.7%	66.6%	62.0%	48.8%	48.0%	46.2%	52.6%	45.7%	47.3%	46.7%	51.8%	
TARGET - London	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Clinical Performance Indicators (CPI) Completion Rates (May 2015)

- The LAS CPI completion rate increased by 5% to almost 52% during May 2015 (June data not yet available).
- The South area is achieving 72% completion (an increase of 20% from April), East and West are achieving less than 50% completion (40% and 38% respectively).

  Areas where specific improvement work is being undertaken are:
  - Mental Health / Non Conveyed / DIB

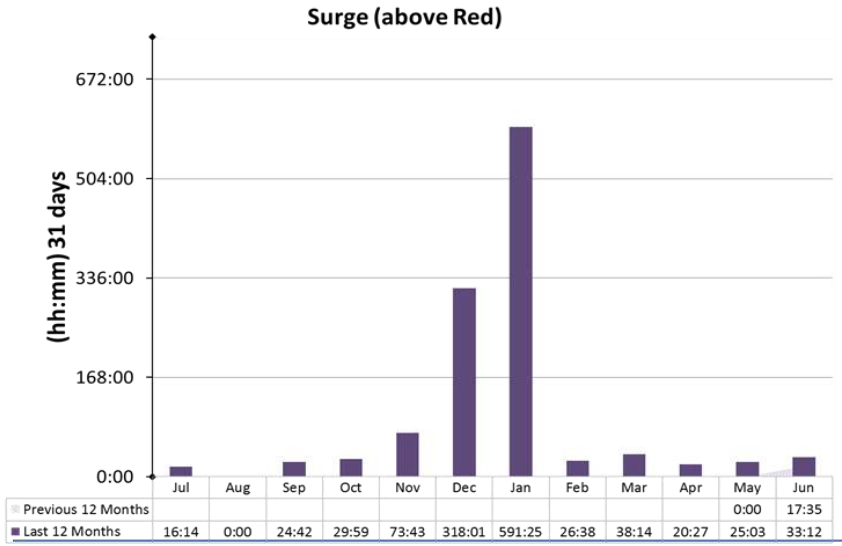


CPI Completion & Compliance Rates (May 2015)

Completed CPI compliance for key areas are:

- Mental Health 89%
- Not-Conveyed 96%
- Acute Coronary Syndrome 96%
- Cardiac Arrest 98%
- Glycaemic Emergency 96%
- Stroke 96%
- General Documentation 96%

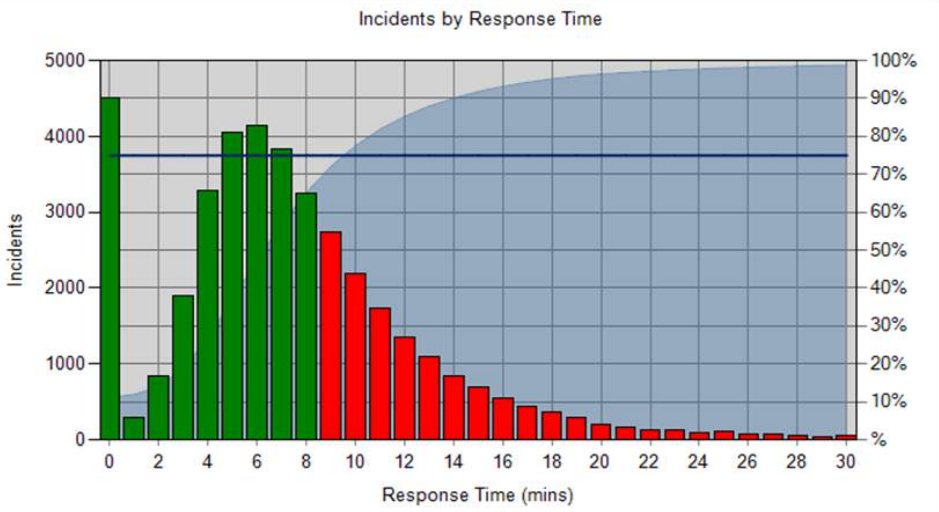
OUR PATIENTS



EOC Surge plans

Have been at RED for six months.

- The amount of time above red has reduced considerably though there is still a need for implementing above Red actions.
- Surge levels above red for June were 33:12 hours.

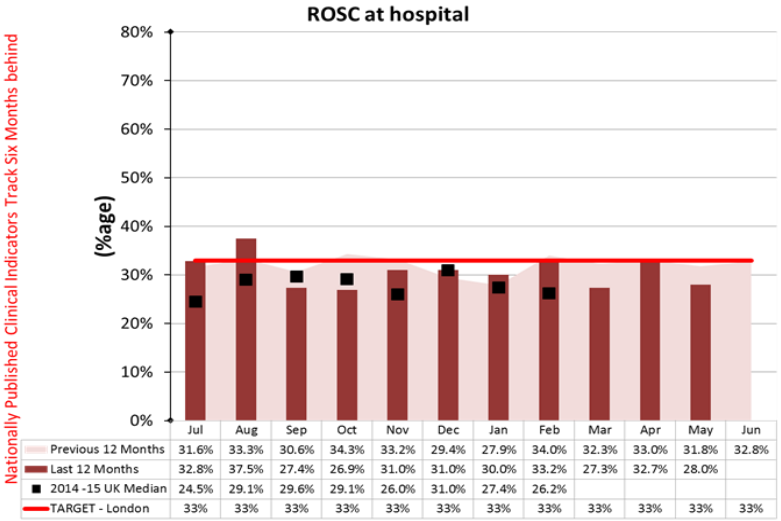


CAT A for June returned

- A8 – 66.5%
  - R1 – 66.6%
  - R2 – 65.2%
- A19 – 93.4%

OUR PATIENTS

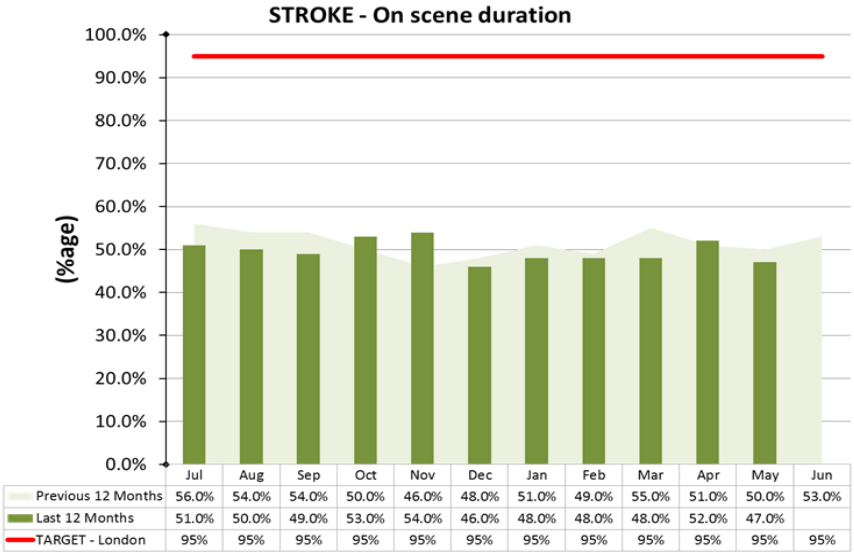
Nationally Published Clinical Indicators Track Six Months behind



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	31.6%	33.3%	30.6%	34.3%	33.2%	29.4%	27.9%	34.0%	32.3%	33.0%	31.8%	32.8%
Last 12 Months	32.8%	37.5%	27.4%	26.9%	31.0%	31.0%	30.0%	33.2%	27.3%	32.7%	28.0%	
2014 -15 UK Median	24.5%	29.1%	29.6%	29.1%	26.0%	31.0%	27.4%	26.2%				
TARGET - London	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%

Cardiac Report (monthly – May 2015)

- Resuscitation efforts were commenced on 43% of cardiac arrest patients attended by LAS crews.
- The average time from 999 call to LAS on scene was 9 minutes.
- 28% of cardiac arrest patients that had resuscitation commenced gained and sustained Return of Spontaneous Circulation (ROSC) until arrival at hospital.
- 65% of the Utstein group (a bystander witnessed cardiac arrest of cardiac cause with an initial shockable rhythm) sustained ROSC until arrival at hospital.
- Approximately 7% of cases had defibrillator downloads submitted; a decrease of 1% on April.

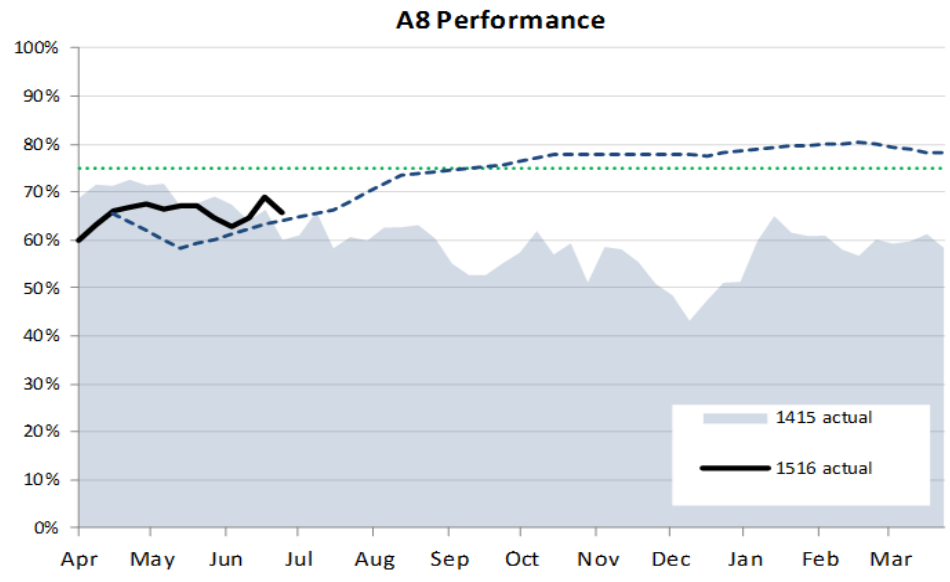


	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	56.0%	54.0%	54.0%	50.0%	46.0%	48.0%	51.0%	49.0%	55.0%	51.0%	50.0%	53.0%
Last 12 Months	51.0%	50.0%	49.0%	53.0%	54.0%	46.0%	48.0%	48.0%	48.0%	52.0%	47.0%	
TARGET - London	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

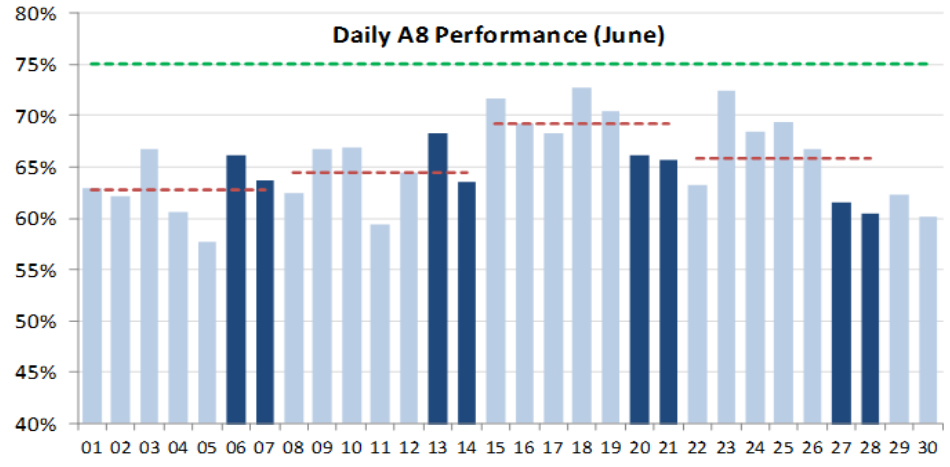
Stroke Report (monthly – May 2015)

- 97% of patients received full pre-hospital care bundle or an exception was noted.
- 98% of FAST positive patients had their onset of symptom times noted.
- 99% of FAST positive patients were transported to the correct destination.
- The average response time for stroke patients was 13 minutes. This is a **2 minute improvement** from April 2015.
- On scene times **remain higher** than the recommended 30 minutes. 53% of stroke patients eligible for thrombolysis were on scene for >30 minutes.
- Patients eligible for thrombolysis and arrived at a HASU within 60 minutes increased to 66% (from 62% in April 2015).

OUR PERFORMANCE

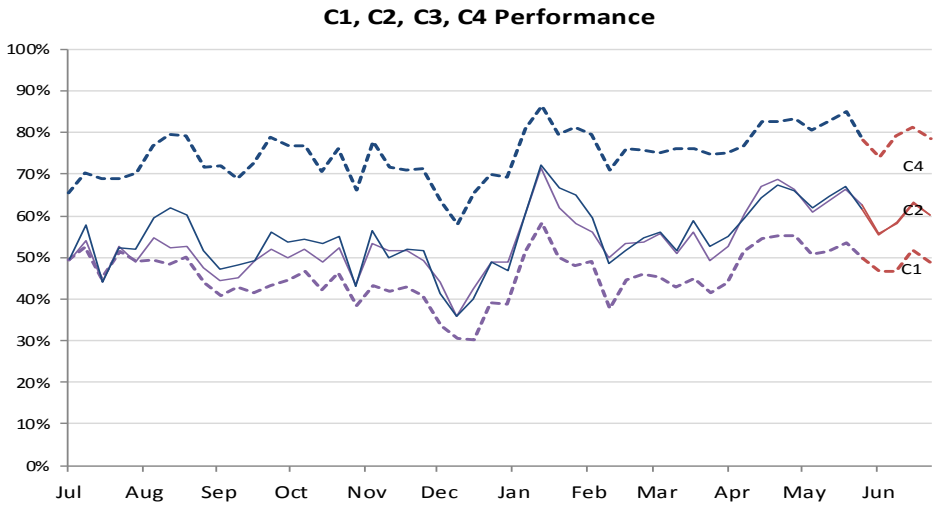


- June A8 performance was 66.5% for the month
- Performance remained above the agreed performance trajectory
- Performance was higher than expected due to
  - slightly lower demand than predicted for June,
  - continued high overtime levels.



- Weekly performance varied considerably with a strong 3rd week which was just below 70%, two weeks around 65% and the first week at 63%. The final week of the month was delivering low performance at 60%.
- In terms of daily performance four days delivered performance of over 70%. With two days below 60%..

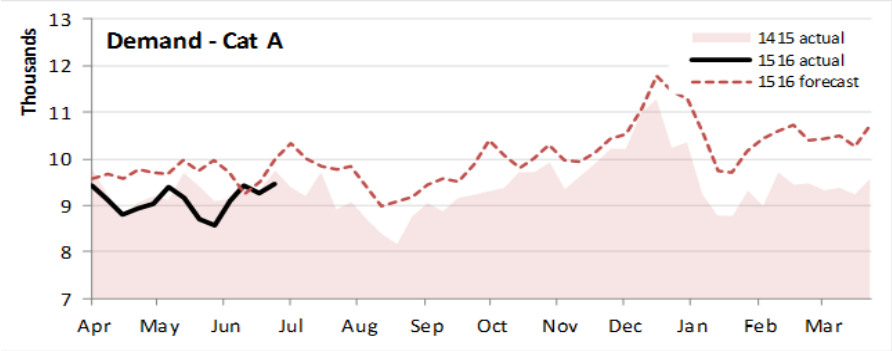
OUR PERFORMANCE



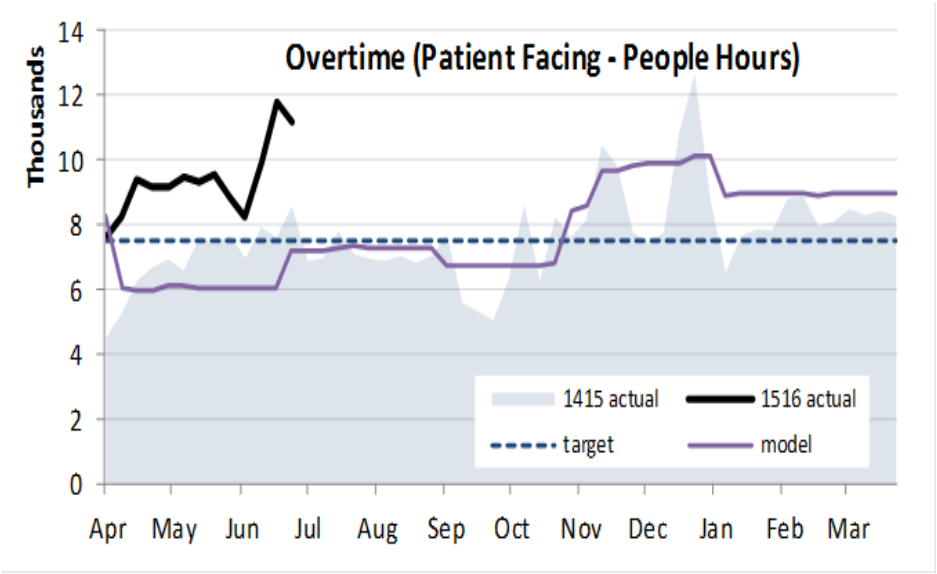
- A19 performance was 93.4% for the month
- R1 performance was 66.6% for the month
- R2 performance was 65.2% for the month
- Category C performance reduced significantly in June, with all categories dropping by around 5%

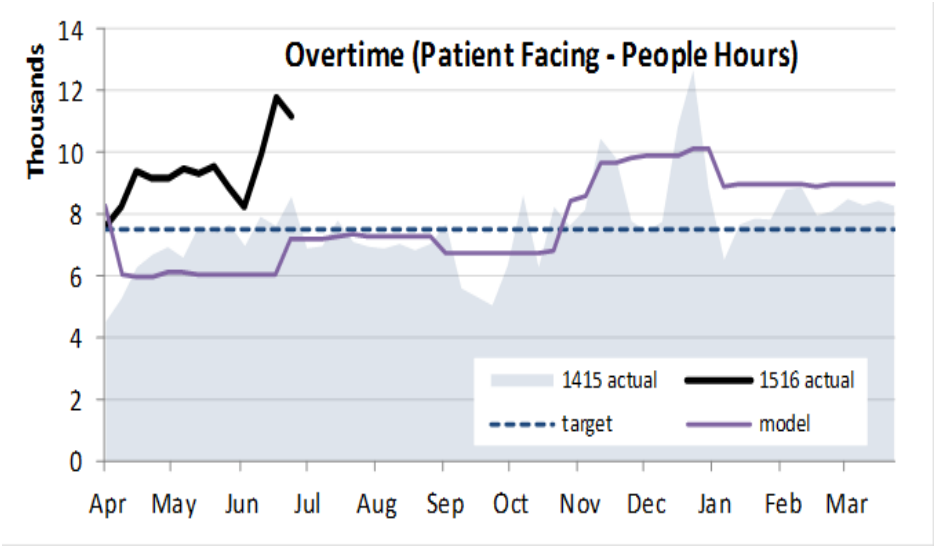
wk ending	A8	R1	R2	A19	C1	C2	C3	C4
07-Jun	63	64	63	93	47	56	74	55
14-Jun	64	66	64	93	47	58	79	59
21-Jun	69	71	69	95	52	63	81	63
28-Jun	66	67	66	94	49	60	79	60
All June	65	67	65	93	48	59	77	59
All May	66	67	66	95	52	64	82	65
All April	65	69	65	94	52	64	81	64

OUR PERFORMANCE - Demand & Capacity



- Demand has continued to be lower during June than forecast and this has been the main reason for reasonable performance.
- Calls and Incidents and Cat A Incidents have all been lower than forecast although Cat A call volumes has started to approach the forecasted level.
- Demand has risen during June and specifically for overall incidents attended which went from 19,000 per week to 20,000 per week. This is as a result of overall service capacity increasing.

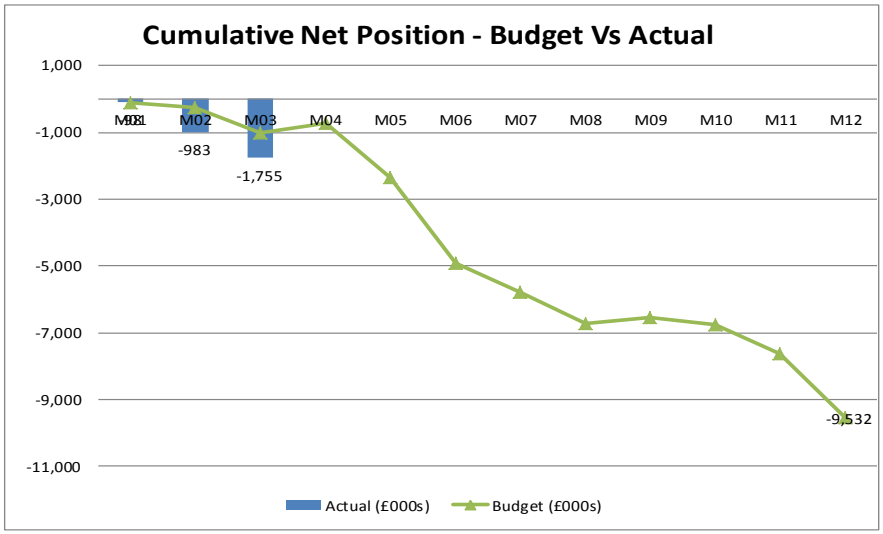


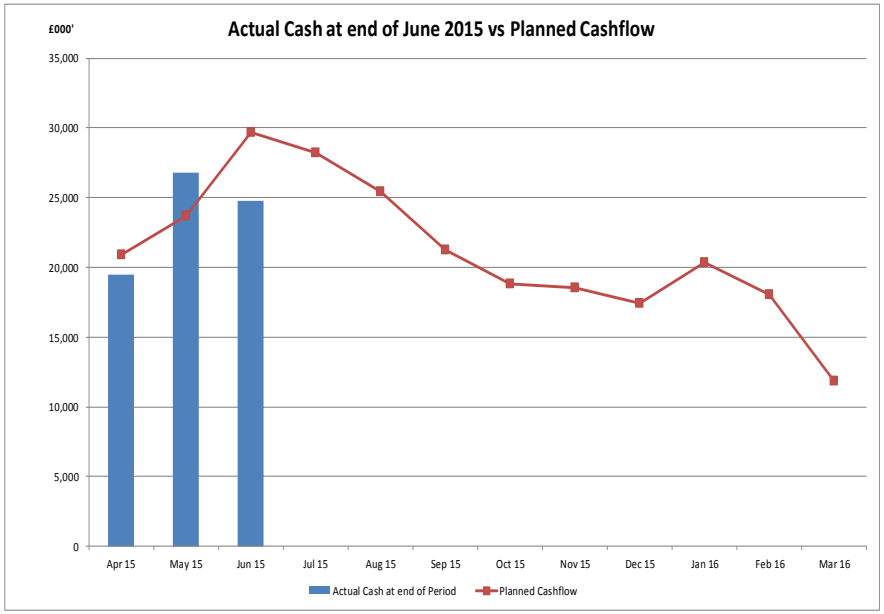


OUR MONEY - Finance Summary: M3 (2015/16)

Financial Indicator	Summary Performance	Current month	Previous month
Surplus	In Month the position is on plan while year to date the Trust is reporting a £0.75m adverse variance from plan. Based on this performance achieving the year end forecast deficit of £9.5m is challenged. The adverse position is driven by: •Income reduction provision of £0.5m related to a >2% reduction in Cat C activity as per the CCG contract •Additional Frontline Pay spend related to higher than expected incentive rates to maintain capacity and extended periods of unproductive time for new starters (e.g. supervision for international paramedics) •£0.6m additional pressure due to unidentified CIP not delivered.	**RED**	**AMBER**
Income	Income is £0.4m favourable in Month and £0.6m adverse year to date. The key drivers for this position are: •Income reduction provision of £0.5m related to a >2% reduction in Cat C activity as per the CCG contract •Adjustments to projected 111 and PTS income. These are partially offset by reduced expenditure.	**AMBER**	**AMBER**
Expenditure (incl. Financial Charges)	In Month expenditure is £0.5m adverse to plan, and year to date £0.3m adverse. The key drivers for this position are: •Additional Frontline Resourcing costs of £0.8m (Primarily Overtime in Frontline and EOC Rosters, Incentives and PAS) •£0.6m additional pressure due to unidentified CIP not delivered. •Revised PTS and 111 cost in line with revised income projections •Partially offset by £1.2m of planned reserve releases to support the position. The Trust's main cost pressures arise from additional frontline resourcing costs. There are 2 key drivers for the additional expenditure: •Additional incentive rates being offered to maintain capacity to deliver required performance trajectories. •Higher than expected rates of unproductive time relating to the Training and supervision of EACs and international paramedics. This has required the use of further flexible resource to maintain capacity (Incentives, Overtime and PAS).	**AMBER**	**AMBER**
CIPs	CIP is £0.6m adverse to plan due to unidentified savings programmes required due to the reduction in CBRN funding (£3.0m). The full year plan of £8.4m is still expected to be achieved once additional schemes are implemented.	**RED**	**AMBER**
Balance Sheet	Capital Expenditure is currently £0.3m lower than plan.	**AMBER**	**AMBER**
Cashflow	Cash is £4.9m below plan. Delays in agreeing the service level agreement for the accident and emergency services and CBRN contracts means that the transformation, CQUIN and CBRN funding for the 1st quarter of the year has not been invoiced resulting in lower than expected cash being received in this period.	**AMBER**	**GREEN**

OUR MONEY - Finance Summary: M3 (2015/16)





Description	2015/16 - Month 3			Year to Date			FY 2015/16
	Budg	Act	Var	Budg	Act	Var	Budg
	£000	£000	£000 fav (adv)	£000	£000	£000 fav (adv)	£000
Dept Health							
Surplus / (Deficits)	(738)	(772)	(33)	(1,000)	(1,754)	(754)	(9,531)
EFL				(14,962)	(10,058)	(4,904)	8,648
CRL				3,006	2,667	339	20,664
Suppliers paid within 30 days - NHS	95%	68%	(27.0%)	95%	68%	(27.0%)	95%
Suppliers paid within 30 days - Non NHS	95%	87%	(8.0%)	95%	86%	(9.0%)	95%
Monitor							
EBITDA %	2.7%	2.3%	(0.4%)	4.2%	3.1%	(1.1%)	2.7%
EBITDA on plan	694	603	(90)	3,296	2,391	(905)	8,356
Net Surplus	(738)	(772)	(33)	(1,000)	(1,754)	(754)	(9,531)
NRAF (net return after financing)				-0.19%	-0.70%	(0.5%)	-6.90%
Liquidity Days				2.36	1.41	(0.95)	(10.86)
CSRR (Continuity of Service Risk Rating)				4.0	4.0	0.0	3.0

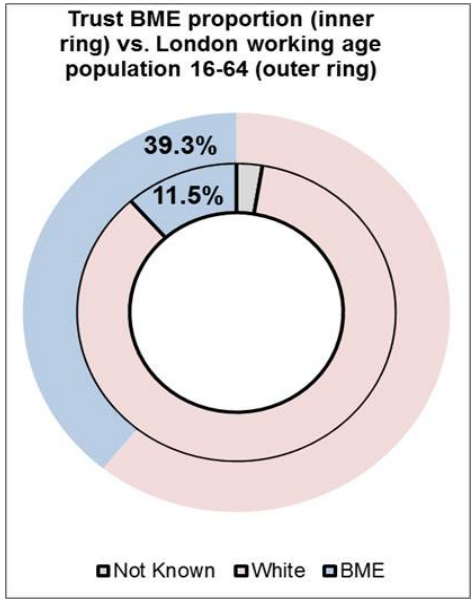
- In Month the position has been maintained on plan however, the YTD overall position is £0.75m adverse. Delivery of the planned deficit of £9.5m is challenged.
- On-going pressures are:
  - Additional spend in support of performance.
  - Recruitment and retention of substantive staff and the cost of overtime and PAS (Private Ambulances) to cover vacancies and enhance capacity.
  - Identification and delivery of CIPs.
  - Reduced income recovery due to Cat C under-performance.
- Cash is £4.9m below plan. Delays in agreeing the service level agreement for the accident and emergency services and CBRN contracts means that the transformation, CQUIN and CBRN funding for the 1st quarter of the year has not been invoiced resulting in lower than expected cash being received in this period.
- The EFL variance is due to lower than planned cash balances.
- The Trust would expect to score a Continuity of Service Risk Rating (CSRR) of 4 for the YTD results based on the current Monitor metrics (maximum rating).
- CRL position – The capital plan is behind target.

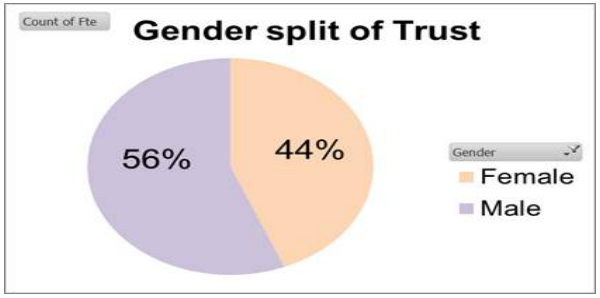
OUR PEOPLE - Workforce

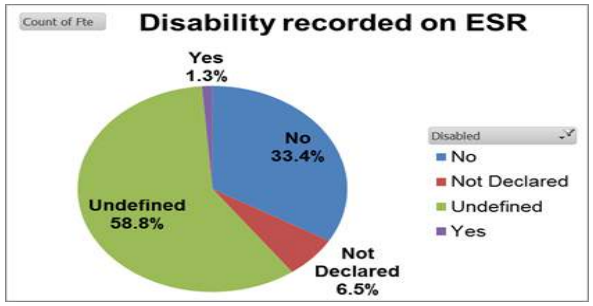
Key Issues

- Twelve month rolling sickness for the Trust remained stable at 6.5%. Monthly figures showed a decline in operational sickness Jan - Apr 2015.
- The Trust vacancy rate has reduced by 2.6% since May 2015. It is expected to fall again next month.
- Turnover fell. The number of leavers was lower than last month and lower than June 2014.
- Starter numbers remain higher than leavers. There was a net increase in staff in post numbers and this trend is expected to continue.
- The operational staff trajectory shows that operational staff levels are expected to continue to rise throughout 2015-16.
- Accurate figures for appraisals will be available once the internal review is completed.
- The BME staff % is at 11.5%. Up from 10.7% in March 2014 and 11.2% in March 2015. Highest BME percentages

Workforce	Target 15/16	Last Month	This month	Change since last month	On Plan Off Plan
Turnover % of WTE over last 12 months	10%	14.9%	14.8%	-0.1%	
Vacancy as % of Estab (Substantive staff)	5%	11.1%	8.5%	-2.6%	
Sickness days % of days lost (ESR, year)	5.5%	6.5%	6.5%	+0.0%	
Long term sickness	to be set	4.7%	4.7%	+0.0%	N/a
Short term sickness	to be set	1.8%	1.8%	+0.0%	N/a
BME % (snapshot)	n/a	11.5%	11.5%	+0.0%	N/a
Appraisals % completed	Appraisal rates reported in 2014 staff survey were 30% - new recording / reporting procedures are currently being planned				
CSR Training % completed	to be set	not available	64.0%	not available	N/a
Stat/Mand Training Compliance %	to be set	68.5%	not available	not available	N/a

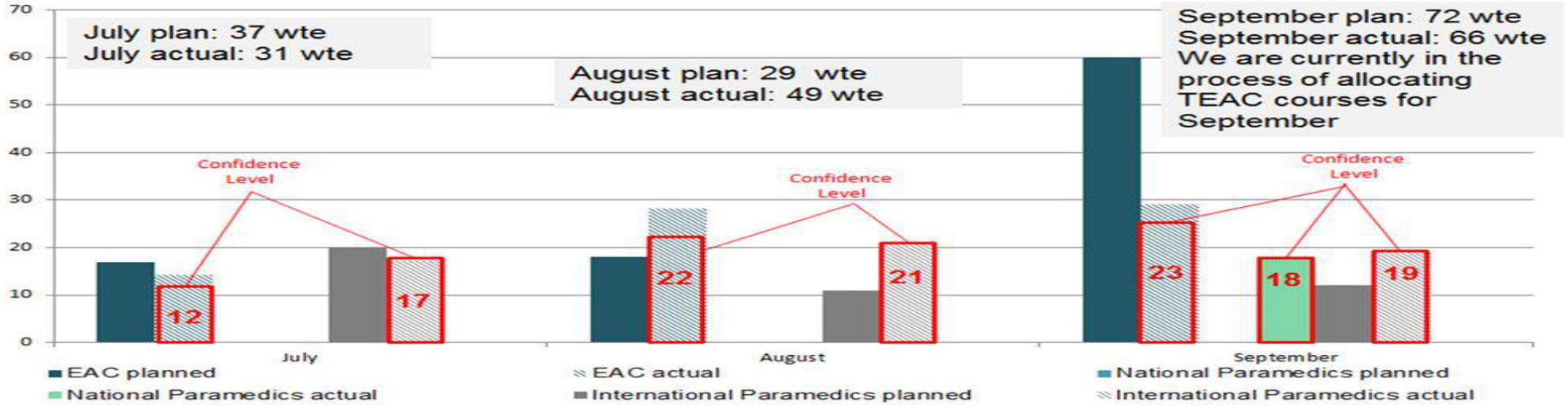






Recruitment progress against plan

We are currently expecting 146 starters against a plan of 138 staff to finish training and begin supervision in Q2 . We have illustrated below our confidence levels for these starters. The international starters continue to fluctuate between months, TEAC confidence levels are based on an 80% pass rate.



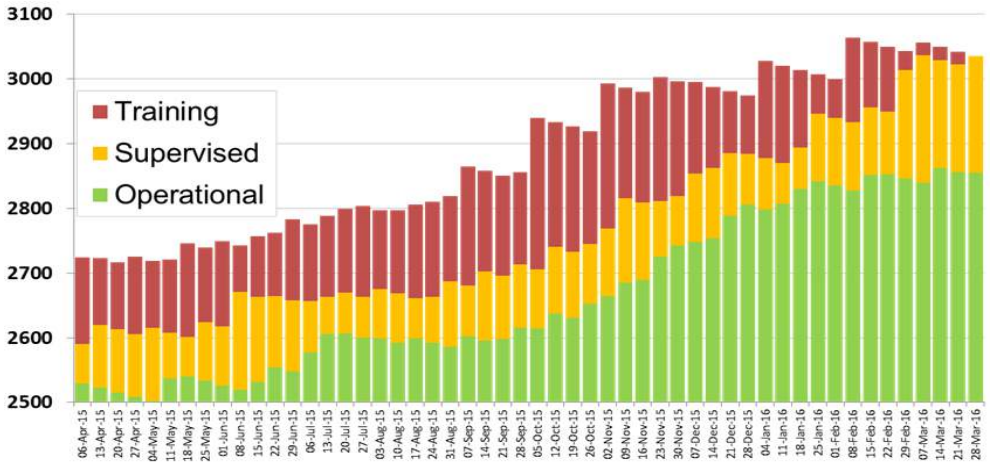
15/16 Operational Staff Trajectory

The graph opposite illustrates new frontline starters, staff in training and staff starting operationally against an establishment target of 3004 WTE. We are forecasting to hit establishment in November, however we will not reach full operational levels until June 2016.

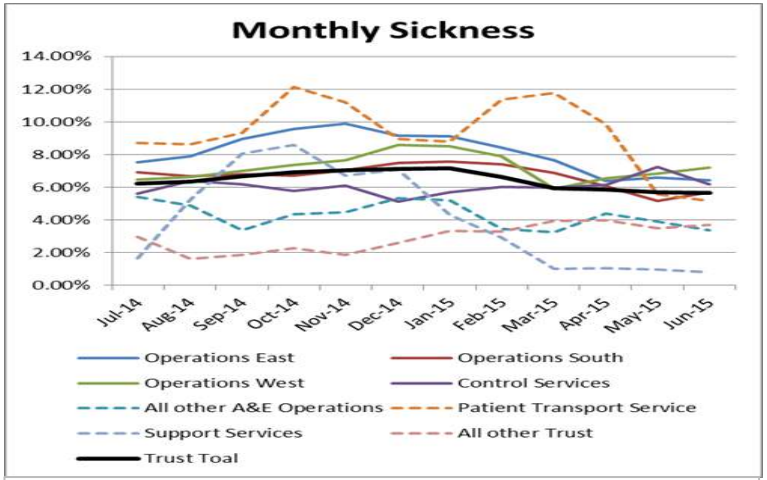
The shortfall is currently anticipated to be approx. 139 WTEs and we are exploring options to address this.

This forecast assumes that 80% of TEACS complete the course first time.

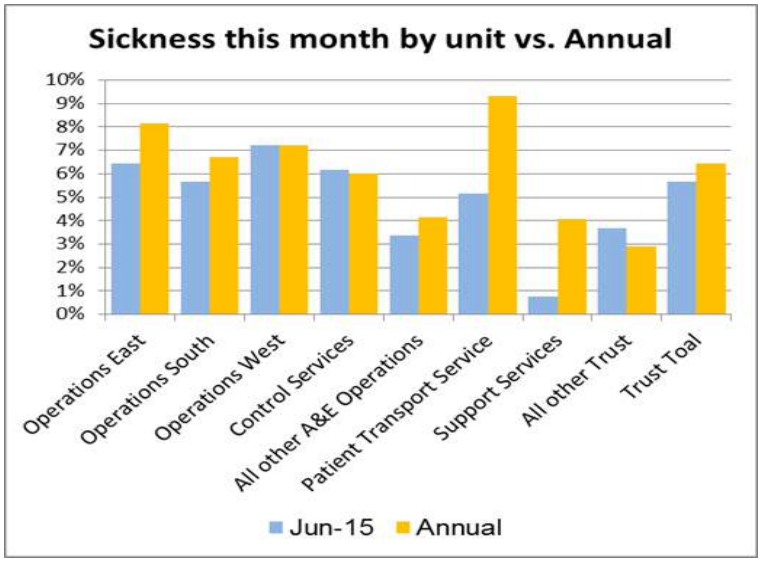
This forecast also assumes a constant leavers rate of 30 per month for this staff group.



Sickness by area by month - last 12 months

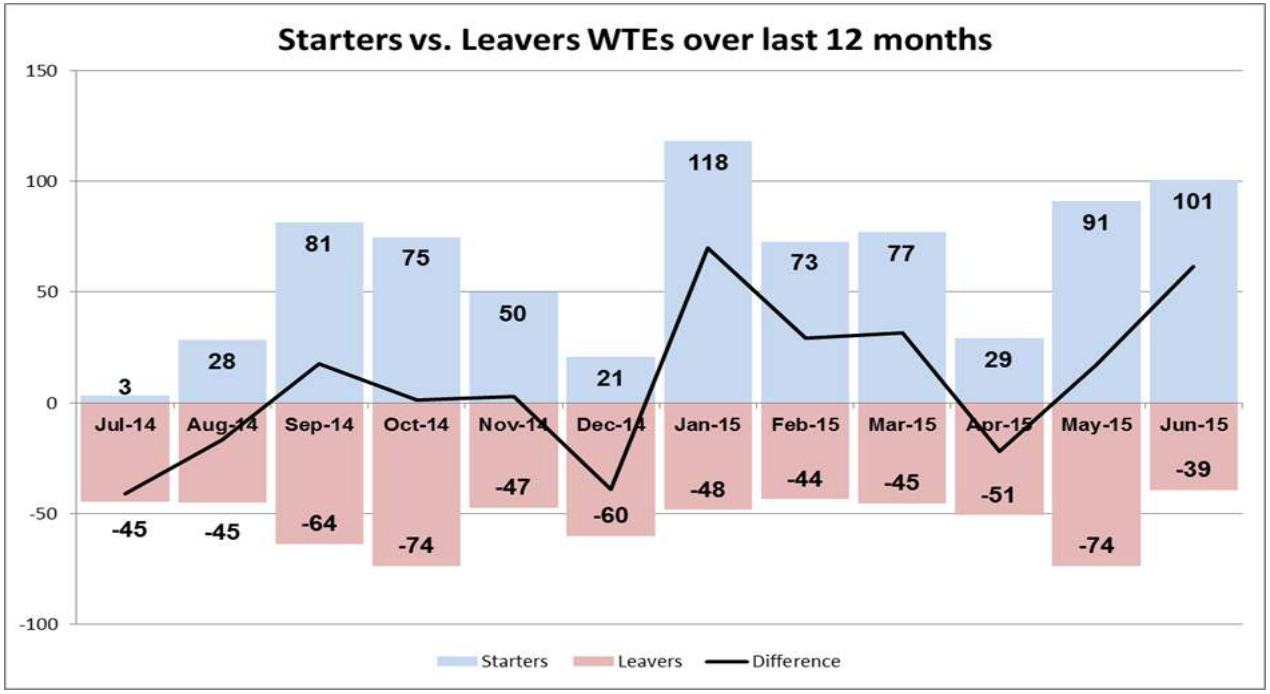


Average sickness over the past 12 months was 6.5%. Sickness has reduced significantly in operational areas Jan-Apr 2015.



Vacancy and turnover figures by staff group

	Established	In post	Vacancy	Vacancy %	Turnover %
Frontline Paramedics	1746	1342	403.8	23.1%	15.4%
Non-frontline Paramedics	397	374	23.32	5.9%	8.8%
Apprentice Paramedics	139	127	12	8.6%	11.9%
Frontline EAC / TEAC	643	638	4.98	0.8%	20.2%
Frontline EMT/A&E Ops support	498	487	11.42	2.3%	18.1%
A&C and Nursing EOC staff	399	407	-8	-2.0%	20.6%
All other staff	1023	1058	-35	-3.4%	7.5%
All staff	**4846**	**4433**	**413**	**8.5%**	**14.8%**
Total Frontline Staff	**3026**	**2594**	**432.2**	**14.3%**	**16.0%**
Total Qualified Paramedics	**2143**	**1716**	**427.12**	**19.9%**	**13.6%**



London Ambulance Service NHS Trust

EXECUTIVE MANAGEMENT TEAM

DATE: 22ND JULY 2015

Document Title:	**Clinical Update**
Report Author(s):	**Fenella Wrigley / Zoe Packman / Mark Whitbread**
Lead Director:	**Fenella Wrigley / Zoe Packman / Mark Whitbread**
Attachments:	**Clinical Report**
This paper has been previously presented to:	**N/A**
Recommendations for the EMT:	**Note the report**

Executive Summary

Compared to previous months Quality is broadly consistent and any emerging issues are investigated as they arise.

- **Adverse Incidents –** (LA52) numbers reported are low, on investigation this is in part due to a backlog of LA52 forms awaiting data entry (>400). This will be addressed through the introduction of Datix in Q4
- **Complaints** – Complaint volumes remain lower than previous years and the number being completed within the 35 day target is increasing.
- **CPI data** – CPI completion rates remain low. The 50:50 team leaders will begin to impact on the CPI completion rates once this new way of working commences in August 2015.
- **Responsibility for data for the dashboard** – EMT/SMT leads responsible for each dashboard indicator to review and provide assurance the measure and data sources are correct to ensure data being collated and presented in the most beneficial to measuring and supporting quality improvement.
- **Preventing Future Deaths** – The Trust has received one Preventing Future Deaths report, detailed in the main body of the paper.
- **Medicines Management** – There have been two controlled drugs incidents, detailed in the main body of the paper.
- **Locality Alert Register** – The number of addresses held within the Locality Alert Register has remained on a par when compared with previous months.

- **Serious Incidents** – 4 Serious incidents were declared during June.

Implications for patients and staff

Has this paper been discussed with the Director of Nursing and Quality?

☒ Yes
☐ No
☐ Not applicable

What are the implications for patients and for staff:

The level of CPI auditing and feedback means that the Trust will find it increasingly difficult to ensure a safe and effective service to its patients. There are trends coming from Serious Incident and Adverse Incident data that require further investigation. High utilisation is impacting upon both staff and patient care, with prolonged delays being a cause for concern.

Financial Implications

Has this paper been discussed with the Director of Finance?

☐ Yes
☒ No
☐ Not applicable

What are the financial implications? None

Risk Implications for the LAS (including clinical and financial consequences)

- Delayed responses to patients continue to be an issue for the Trust.
- Continued poor CPI completion rates

****

LAS Strategic Goals and Priorities

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

LAS Strategic Goals

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

2013/14 Priorities

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

External Requirements

CQC Essential Standards

This paper links to the following CQC outcomes:

☒ Outcome 1: Respecting and involving people who use services
☒ Outcome 2: Consent to care and treatment
☒ Outcome 4: Care and welfare of people who use services
☐ Outcome 6: Cooperating with other providers
☒ Outcome 7: Safeguarding people who use services from abuse
☒ Outcome 8: Cleanliness and infection control
☒ Outcome 9: Management of medicines
☐ Outcome 10: Safety and suitability of premises
☐ Outcome 11: Safety, availability and suitability of equipment
☐ Outcome 12: Requirements relating to workers
☐ Outcome 13: Staffing
☐ Outcome 14: Supporting workers
☐ Outcome 16: Assessing and monitoring the quality of service provision
☒ Outcome 17: Complaints
☐ Outcome 20: Notification of other incidents
☐ Outcome 21: Records

SAFE

Training – CSR and non-CSR (Graphs 1 and 2)

The number of hours of training relating to both non-CSR and to CSR are detailed in the report (4384hrs and 4886hrs respectively). The non-CSR hours has seen a significant fall since April (7300hrs), possibly following the push from the end of the financial year. The CSR hours remain on a par from previous months.

It is suggested that the metric for these graphs moves from hours, to numbers of staff for future months. This will enable the narrative report to provide data surrounding the number of staff who undertook each of the CSRs over the year, and the number who did not receive each of their CSRs.

ACTION

- **Change the reporting metric for graphs 1 and 2 to people, not hours**

Adverse Incidents Reports (Graph 3)

The number of adverse incidents reported during June has seen a significant drop. June's data shows 42 reported adverse incidents, versus 199 during May. On interrogation, there are a number of issues requiring escalation:

- LA52 reports have a median of 12 days between the date of the incident and the date the incident report is received by the Health, Safety and Risk department. There is, however, a large variance in this, with some reports taking in excess of 54 days to be received by the Health, Safety and Risk department. 95% are received within 54 days. Therefore, any reports run within 2 months of the incident date are unlikely to be accurate in terms of numbers. There are a number of contributing factors relating to this:
    - If the staff member is unavailable to review the report, the physical report will remain at station level until this has been undertaken. (Sickness, annual leave, rest days)
    - Operational demand and pressure impacts on the review of incident reports, whilst operational managers undertake operational shifts; or are unable to see staff who are out during their shift and unable to come back.
    - The incident report forms are sent via internal mail.
- Data entry of the LA52 forms is delayed due to poor staffing levels. There is currently a backlog of 405 incident forms which need to be added to the system, and progressed/reviewed. This therefore means that there are possible significant incidents that the Trust currently don't have information on.

RISK

- **There are numerous outstanding incidents, which could require changes to practice, significant investigation or review by the Serious Incident group. Without these being added to the system, there is no way of recognising trends or taking action.**

This has just been brought to the clinical director's attention, and will now be escalated.

ACTION

- **This problem should be reduced when the Datixweb system comes online and will allow the attention of the Health, Safety and Risk department to focus on assessment and escalation of risks.**

Serious Incidents (Signals) (Graph 4)

There are no NHS Signals reports that EMT should be aware of.

Never Events (Graph 5)

There are no Never Events relating to the Trust that EMT should be aware of.

Medicines Management (Graph 6)

The quarter 1 (April-June) LIN report has been submitted. This report detailed 3 concerns during the quarter period, two of which are still open and being investigated by the MPS, and one which is now closed. The full LIN report is available if required.

Controlled Drugs Incidents

Two controlled drugs incidents were reported during June 2015:

- A sealed box of Morphine was opened during sign out procedures at station level. The box was found to contain only 8 ampoules of Morphine Sulphate, instead of the expected 10 ampoules. On inspection, the seal appears to have been tampered with and a blue 'morphine' label stuck over it however it is unknown when this happened. Investigation is still on going and the MPS controlled drugs liaison team have been informed.

- Two 10mg ampoules of Morphine Sulphate were identified as unaccounted for during a routine audit by an LAS Officer. Investigation is still on-going and the MPS controlled drugs liaison team have been informed.

The MPS CD team report relating to the loss of two ampoules or morphine has been received (detailed above). Criminal investigation is not currently required. The MPS have recommended that appropriate management intervention is required in relation to this paramedic.

ACTION

- **Local management team to ensure intervention as described above. Medicines management committee to ensure this is undertaken.**
- **Medicines management themes were identified in the CQC preparation and an action plans are currently being agreed**

General Drugs Incidents / Issues

- A drug pack was stolen from an ambulance. The suspect was detained by hospital security. Subsequent investigation identified the suspect had possibly secreted two ampoules of diazemuls in his rectum.
- A number of enquiries have been received regarding actions to be taken in the event of a member of staff working at a station where they do not know the code for the CD safe. Advice received from the Trust Pharmacy Advisor and the MPS CD team is that morphine codes should be held securely at LAS resource centres with controls in place for accessing the codes.
- The LAS policy relating to the use of Patient Group Directions (PGDs) has been revised and submitted to SMT.
- The number of drugs incidents being reported directly by staff is improving which indicates staff feel increasing able to do this.
- The number of incidents involving controlled drugs is very low when considering the number of staff and when compared to other Trusts.
- The new PGDs for the Advanced Paramedic Practitioners have been approved after a long assurance process, involving a number of signatories and review by the Trust Pharmacy advisor.

Serious Incidents (LAS Declared) (Graph 7)

The LAS declared 4 Serious Incidents of 30 reviewed during the month of June. The TDA and the commissioners visited to review the process.

There are 4 SIs which are still under investigation and are within the required timeframe.

There are 3 SIs which are still under investigation and are now outside of the required timeframe.

There are 3 SI reports which have been submitted to NWL for review, during June 2015.

Total Complaints (Graph 9)

Complaint Volumes

94 complaints were received this month, 28% more than the previous month (68).
The current monthly average for 2015/16 = 80 which is a significant improvement against the monthly average for 2014/15 which was 117 complaints.
The last three months have demonstrated a reduction in complaints against volume of calls attended.

Month	Calls attended	Complaints received	Percentage of complaints against calls attended
Jul-14	85287	140	0.16
Aug-14	82840	111	0.13
Sep-14	78857	111	0.14
Oct-14	86566	144	0.17
Nov-14	84101	159	0.19
Dec-14	87487	102	0.12
Jan-15	84090	114	0.14
Feb-15	76560	100	0.13
Mar-15	85203	117	0.13
Apr-15	81523	78	0.10
May-15	84230	68	0.08
Jun-15	82847	94	0.11
Totals	**999591**	**1338**	**0.13%**

Complaints by Area

NB complaints about delays are attributed to Control Services when the problem may actually represent less than optimum operational resourcing hence they are demonstrating the highest volumes.

Area	Complaints June 2015
Control Services (EOC, UOC, CTA etc)	44
A&E Operations - South Area	15
A&E Operations - West Area	14
A&E Operations - East Area	11
Unknown or No Trace	5
Not our service	3
Hazardous Area Response Team	1
Patient Transport Services	1
Totals:	**94**

Complaint Trends and Themes

Complaints about delay have once again increased, possibly as a result of the higher ambulance demand towards the end of June with the onset of warmer weather. REAP remained at Level 4 for the entire month, once again following a persistent period of high demand. Call rates in June increased over May but Category A response for the year rose to 65% at the beginning of the month, subsequently dropping to 55%.

Complaints relating to delay (47) and staff conduct (25) continue to be the main themes.

The following table shows complaint subjects: July 2014 to June 2015

Complaints by subject 2014 – 2015	Jul	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	**Tot**
Delay	62	45	65	87	95	71	70	50	55	33	22	**47**	702
Conduct	27	18	23	33	37	19	32	25	34	21	29	**25**	323
Road handling	14	9	7	7	10	4	5	8	8	7	5	8	92
Non-conveyance	19	16	8	6	5	3	2	5	2	9	4	3	82
Not our service	0	1	0	3	1	0	2	3	1	1	0	4	16
Treatment	12	17	4	1	5	1	3	5	10	4	5	5	72
Patient Injury or Damage to Property	0	1	2	3	1	0	0	3	3	0	1	1	15
Location Alert referral	1	1	0	2	1	1	0	1	0	0	1	1	9
Conveyance	1	2	1	1	2	3	0	0	2	2	1	0	15
Clinical Incident/ Equipment	1	1	0	0	0	0	0	0	1	1	0	0	4
Assisting with External agency	0	0	0	0	1	0	0	0	0	0	0	0	1
Disputes safeguarding referral	2	0	0	1	1	0	0	0	1	0	0	0	5
Aggravating factors	1	0	1	0	0	0	0	0	0	0	0	0	2
Totals	**140**	**111**	**111**	**144**	**159**	**102**	**114**	**100**	**117**	**78**	**68**	**94**	**1338**

Health Service Ombudsman

The following table presents cases referred by the Ombudsman 2013 – 15

Datix reference	**Current status**	**Summary**	**Pending information**
C7935	Draft report received	Complaint about delayed response, care provided and complaint handling	Preparing response to draft report

C8370	File requested 06 March 2015	Complaint from patient's daughter who is concerned that despite symptoms of a stroke the crew did not convey her mother to a HASU	File sent 11 March 2015. Awaiting draft report.
C8474	File requested 12/02/15	Complaint from patients son regarding the injuries to his father's legs that appear to have been caused by the way in which he was handled by the ambulance crew	File sent 12/02/15. Awaiting draft report.
C8772	Final report received	Complaint from patient who is concerned that her condition of strangulated hernia was not triaged effectively. Also concerned about the delay at A&E	Complaint not upheld – final report received 22/06/15
C8882	Comments sent to HSC about draft report	Complaint from patient's partner at the delayed response to the scene and why the crew waited a considerable time on scene before conveying the patient to hospital.	Awaiting final report
C8885	Considerative Enquiry – info provided	Complaint from patient who believes that the crew mistook her for someone else and treated her unfairly and made inappropriate comments	Outcome awaited
C9249	File requested 23 March 2015	Complaint from patient that the crew did not assist him on the stretcher despite the fact that he had sustained a number of serious injuries as the crew said they could not lift him	File sent 11 April 2015 Awaiting draft report
C9336	File requested 02 April 2015	Complaint from patient's niece that her uncle waited a considerable time for an ambulance after the FRU arrived at the scene and that the destination choice was not suitable	File sent 09 April 2015 Awaiting draft report
C9414	Draft report received	Complaint from patient's son that there was a delay in attending his father who died	Awaiting Final Report
C9490	File requested 18 May 2015	Complaint from patient's son that there was a significant delay (3hrs) in attending his mother who died	File sent 19 May 2015 Awaiting draft report
C9606	Final report received	Complaint from patient (a nurse) who is concerned that her 999 call was triaged as not requiring an ambulance. Later needed surgery	Complaint not upheld (23/04/15)

PALS

PALS specific enquiries = 345.

Current average for 2015/16 = 306 consistent with the 2014/15 average of 298.

As of writing there are 90 x PALS cases remaining open, this includes 28 requests for medical records awaiting consent from the patient, 62 cases awaiting QA reports/further supporting information.

PALS Specific Themes

Consistent themes remain patient destination, signposting to other departments, policy and procedure requests and families seeking clarification of events.

Complaint response targets (Graph 102)

Closed complaints June 2014 to May 2015

2014/15	Total complaints	Number of closed complaints by month	Totals closed within 35 working days	Percentage of complaints closed within 35 working days
July	140	115	40	29%
August	111	95	24	22%
September	111	65	25	23%
October	144	117	29	20%
November	159	95	28	18%
December	102	144	17	17%
January	114	104	29	25%
February	100	90	20	20%
March	117	70	18	15%
April	78	124	20	24%
May	68	105	19	27%
June	94	136	11	12%
Totals:	**1338**	**1260**	**280**	**252%**
Average per month in 35 working days				**21%**

A true reflection of complaints closed within 35 working days cannot be evidenced until 27 July 2015 however there is positive progress in reducing the backlog.
As at 3 July 2015, 272 complaints remain 'open' including 214 awaiting input from other departments, QA etc. This represents a significant decrease over the number of 'open' complaints at 10 December 2014 (379). Of the backlog, 31 cases up to February 2015 remain open, of which 22 await input from other departments including 13 x clinical opinions.

NHS CAS Alerts (Graph 10 and 11)

There were 3 medical device alerts, and 1 estates and facilities alerts during June. None of these required any action by the LAS; but all were reviewed and noted.

Locality Alert (Graph 13)

The graph relating to the Locality Alert Register within the dashboard needs to be clearer in terms of LAS flagged addresses and MPS flagged addresses.

The numbers currently show that the number of flagged addresses remain on a par with previous months.

Each month, the MPS addresses are reviewed in order to validate the requirement of the flag, and to support staff safety. This meeting is attended by LAS Archives, an operations lead, an LAS legal representative and members of the Clinical and Quality Directorate, along with MPS colleagues. This also ensures that we don't have unnecessary addresses flagged which could negatively impact upon treatment and care. It also ensures that unnecessary joint responses are reduced.

ACTION

- **Request the graph metrics to show both LAS and MPS flagged addresses.**

Airway management

There is some concern relating to airway management by frontline clinical staff, in particular during attendance at Cardiac Arrest calls. There have been a number of serious concerns raised over the past few months, which may be an emerging issue. There is now a piece of work underway to review airway management, pan-London. The results of this review will be reported back to the Quality Committee, as well as to the Executive Team and Trust Board.

Intubation as a skill has now been removed from the private ambulance staff who undertake shifts for the Trust. A letter has been composed to be sent to all these staff when the new contracts begin.

The measuring and documenting of ETCO2 continues to be a problem in the Trust. During quarter 1, the LAS has had 19 cases of an advanced airway being placed, with no accompanying ETCO2 reading or printout. Of these, only 3 were relating to Endotracheal Intubation, with the other 16 relating to SGA insertion. Each of the three cases, the Paramedic has stated that ETCO2 monitoring was undertaken and that a printout was submitted.

RISK

- **Possible airway management concerns, impacting on patient care and patient outcome.**
- **Undocumented ETCO2 when an intubation has been undertaken. Staff state that ETCO2 monitoring was undertaken, but no printout scanned. It is possible that a printout was submitted but wasn't scanned, however, the above doesn't explain the lack of documented figures within the PRF.**

ACTION

- **Formal review of airway management, pan-London including introduction of laryngoscopy pre i-gel insertion**
- **Undertake a formal review of the cases that have been raised, regarding undocumented ETCO2, and the outcomes of the reviews.**

Driving Standards

There is some evidence suggesting that Paramedics are still undertaking the role of 'driver' despite having an unwell patient in the ambulance; being looked after by an EMT or TEAC/EAC.
The position of 'Driving Standards Manager' has been vacant for some time. The role has now been agreed but has not yet been advertised.

RISK

- **Patient care compromised when the lead clinician isn't leading on the patient's care.**
- **There is no driving standards manager to deal with issues relating to this subject.**

ACTION

- **Clear reminder to all staff to be presented in both the RIB and the Clinical Update magazine.**
- **Progress the recruitment to the Driving Standards Manager post which was on hold during the Operational restructure**

FRU Back-Up

There have been some significant delays noted for ambulances arriving on scene while an FRU awaits assistance. This has led to both increased stress for the FRU on scene who requires support and help with the patient; and leads to a poor quality of care for the patient who requires transport via ambulance.

RISK

- **Delays to transport patients to their designated treatment centre. Increased stress on frontline FRU staff, possibly leading to staff no longer wanting to undertake shifts on FRUs.**

Heathrow CRU

There have been a number of Serious Incidents and complaints relating to non-convey decisions by the CRU staff based at Heathrow. On initial review, the current non-conveyance rate (anecdotally) appears to be approximately 80% (noted in an SI RCA document). This is much higher than that of the rest of the LAS. The high non-conveyance rate is compounded by the location of the CRU and the long-haul flights that some of these patients will go on to undertake.

RISK

- **Patient safety with possibly inappropriate non-convey decisions, compounded by location of staff and situation at Heathrow airport.**

ACTION

- **Undertake audit of this group of staff and the calls attended to identify issues, actions to be taken and to address whether decision making needs to be improved through supportive education and development.**

Central Operations and Joint Response Unit

There has been an on-going issue with the Central Operations clinical staff being audited, in the same way that all other clinical staff are. The issue relates to the Central Operations staff not being a 'complex' group, and therefore their call signs not being recognised by the CPI system. This has now been rectified, and Central Operations vehicles are now being audited. However, the JRU vehicles run within the Central Operations remit, now work under 'borough' (MPS) coded call signs, and therefore these don't exist within the CPI system and are not auditable.

A recent report relating to JRU work, evidences that 89% of their incidents are not conveyed. This is a considerably high volume of calls not conveyed, with no audit process to understand whether these decisions are safe. Although 'ambulances saved' appears impressive; this can only be a positive outcome when the clinical decisions are known to be safe.

RISK

- **No audit on a significant number of non-conveyed patients to ensure safe and effective care.**
- **One of the JRU callsigns has been allocated as 'MD59' due to the MPS borough designation. This along with the other risk identified should be noted, as this is similar to a callsign used by the Medical Directorate to respond. On a normal working day this would not cause an issue, but if a major incident were to be declared, this may easily be used as a Medical Directorate response, and the JRU sent inappropriately.**

ACTION

- **It is recommended that the JRU callsigns revert back to recognised LAS Central Operations callsigns, as opposed to the current MPS borough based callsigns. This will ensure that the PRFs are auditable under the Central Operations 'complex' that is now live. The above action will also address the risk of the MD callsign.**

Prevention of Future Deaths Reports

The Trust received a prevention of future deaths report (regulation 28) from HM Coroner. This relates to a call to a child who sadly died, with a cause recorded as Meningococcal Septicaemia.

The initial call was referred to NHS111 and on LAS arrival, after the call had come back to LAS from NHS111, the child was in cardiac arrest. Two concerns were highlighted in the report; one surrounding the questions during call taking about whether the child was conscious – these seemed confusing; and the other regarding the description of the child having 'scratches all over' which wasn't considered as a possible rash.

HM Coroner requires a reply to the recommendations by 27/07/2015.

The draft reply has been written and is available if required.

First Responders

The Community Emergency Life Support (CELS) initiative is designed to automatically alert suitably trained members of the public to the existence of probable cardiac arrests that occur in their immediate vicinity.

If they wish to respond, their primary objective will be to provide cardio-pulmonary resuscitation (CPR) but they may use a public access defibrillator if one is available. This system has been developed collaboratively with the GoodSam smartphone app, which already enables responders to assist people who have requested a response via the 'alerter' version of the app. As part of a progressive roll-out, the first group to go live on Wednesday 15th July will be off-duty volunteer First Responders. The use of this app will not affect arrangements for activating volunteers when they are on duty.

The alerts are sent automatically via Commandpoint and there will be no significant difference for operational staff other than (hopefully) a few more patients receiving bystander CPR. LAS data shows that bystander CPR doubles the chances of survival for out-of-hospital cardiac arrests. This system has only been implemented for community responders at present whilst the system is reviewed and safety ensured.

C1/C2 – Missed Opportunities

There have been a number of clinical incidents relating to Category C1 and C2 calls within the last few months. Some of these incidents could possibly have been prevented with earlier intervention via interrogation or investigation. There is, with these calls, a period of time where no vehicle is dispatched due to the category of the call, and further investigation could provide more information, possibly upgrading the category of the call and preventing a clinical incident. **RISK**

- Operational staffing levels will impact on the number of calls held.
- CHUB staffing levels will have an impact on the ability to undertake these ringbacks.

ACTION

- The CHUB SOP has been upgraded and rolled out to provide additional reviewing process.
- The ORH review of Control Services which includes guidance on the number of staff required to maintain welfare contacts

EFFECTIVE

Ambulance re-contact rate (Graphs 27 & 28)

'VAN: Understanding Variation in Rates of Ambulance Services 'Non-conveyance' of Patients to Emergency Departments. The LAS has been invited to participate in this project being led by the University of Sheffield to explore variation in hear and treat (H&T) rates and re-contact rates between three ambulance services in 2016. Our current re-contact rate remains very stable and this is an excellent opportunity to provide quality assurance in relation to out H&T function.

Frequent Callers (Graph 35)

Below is a summary of the activity relating to frequent callers to the LAS. Summary reports and case studies will be included in the quality narrative from this point to give assurance in relation to the work of the frequent caller team and the delivery of our objectives as set out in our CQUIN.

		10 or more calls	15%	FC plans	MH issues	Open/actual cases	Closed during month	**5 or more calls**	15%	**12 or more calls over 3 months**
2014	Dec	142	22	24	9	36	0	889	133	973
2015	Jan	142	22	40	13	46	3	998	150	890
	Feb	144	22	41	18	51	40	1095	164	831
	Mar	177	27	52	16	59	9	1234	185	719
	Apr	152	23	70	25	64	5	998	150	746
	May	150	22	44	19	69	19	945	142	689
	Jun	170	25	52	26	78	6	1088	163	696

STEMI Performance (Graph 39 and 40 and data not held within dashboard)

There is no data available relating to STEMI to PPCI within 150 minutes within the dashboard, since February 2015. This data is always delayed due to the time taken to gain the patient follow-up data from hospitals.

The data relating to STEMI care bundle shows that during May 2015, 76.8% of STEMI patients, received the correct care bundle. This is an increase of 10% on the previous month which is excellent news. June data is not yet available.

Heart Attack Centre (HAC) Information:

The total number of HAC referrals pan London totalled 3762 during 2014. Of this figure, 73% were LAS direct referrals. However, the success rates of LAS STEMI diagnosis has decreased:
2012 – 77% successful and correct diagnosis
2013 – 70% successful and correct diagnosis
2014 – 66% successful and correct diagnosis.

The above evidence indicates that a more in depth review is needed. The pan-London HACs have also voiced concern surrounding this issue; and it was discussed at length at the Cardiac and Vascular SCLG on 7th July. This additional review may indicate a specific need for training on ECG recognition.

ACTION

- **Further work relating to STEMI ECG diagnosis and partnership working with the pan-London HACs.**
- **Further education and training is being arranged within the LAS with regards to ECG STEMI recognition – through cardiac bulletins and a planned 'Cardiac Essentials Evening' in the Autumn**

ROSC at Hospital and ROSC at Hospital (UTSTEIN) (Graphs 37 and 38)

The June data is not yet available for the above metrics. However, May's data shows a fall of >4% of the ROSC sustained to hospital data, and an increase of >1% of ROSC sustained to hospital in the UTSTEIN bracket.

Survival to Discharge and Survival to Discharge (UTSTIEN) (Graphs 43 and 44)

Due to the timeframes associated with gaining outcome data, there is no current data for Survival to Discharge. The most recent data is for February 2015.

It is likely that the survival to discharge rates will have fallen, with the small amounts of information that the LAS currently have (accepting this is not full data). It is possible, and should be considered that this decrease is due to the increased response times to R1 calls.

RISK

- **Increased response times could be impacting upon survival rates following Cardiac Arrest.**

CARU Monthly Reports

Cardiac Arrest Report (May 2015)

- Resuscitation efforts were commenced on 43% of cardiac arrest patients attended by LAS crews.
- The average time from 999 call to LAS on scene was 9 minutes.
- 28% of cardiac arrest patients that had resuscitation commenced gained and sustained Return of Spontaneous Circulation (ROSC) until arrival at hospital. 65% of the UTSTEIN group (a bystander witnessed cardiac arrest of cardiac cause with an initial shockable rhythm) sustained ROSC until arrival at hospital (which is higher than the previous 7 months).
- An advanced airway management device was placed successfully in 91% of cardiac arrest patients where resuscitation was attempted. Of these patients, 99% had end-tidal CO2 levels measured. Four patients had no end-tidal CO2 level documented on their PRF nor accompanying capnography printout.
- Approximately 8% of cases had defibrillator downloads submitted.

X:\Clinical Audit & Research Unit\Cardiac Reports\Cardiac Care Pack - Monthly Reports\April '15 - March '16\Cardiac Care Pack (May '15).pdf

STEMI Report (May 2015)

- 99% of patients were conveyed to an appropriate destination.
- The average time from the 999 call to arrival on scene remained at 12 minutes.
- The average on scene time has increased by 2 minutes to 45 minutes, as have call to hospital times (74 vs. 72 minutes).
- The percentage of patients who received a complete care bundle (aspirin, GTN, two pain assessments and analgesia) has increased by 9% to 77%.
- Hillingdon, Isleworth, Greenwich and Wimbledon Complexes all supplied a full care bundle (or documented exceptions) to 100% of patients attended this month.

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Stroke Report (May 2015)

- 97% of patients received full pre-hospital care bundle or an exception was recorded.
- 98% of FAST positive patients had their onset of symptom times noted or it was recorded time of onset could not be established.
- 99% of FAST positive patients were transported to the correct destination.
- The average response time for stroke patients was 13 minutes. This is a 2 minute decrease from April 2015.
- On scene times remain higher than the recommended 30 minutes. 53% of stroke patients eligible for thrombolysis were on scene for >30 minutes.
- Patients eligible for thrombolysis and arrived at a HASU within 60 minutes increased to 66% (from 62% in April 2015).

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CARING

CPI Compliance (Graphs 78-92 for Mental Health and Difficulty Breathing)

The only graphs relating to CPI compliance within the dashboard, focus on Mental Health, and Difficulty Breathing. However, the CPI process is much wider than these two subjects, and this report will focus on more than these issues.

LAS compliance targets 95-100%:

- Mental Health 89%
- Not-Conveyed 96%
- Acute Coronary Syndrome 96%
- Cardiac Arrest 98%
- Glycaemic Emergencies 96%
- Stroke 96%
- General Documentation 96%

Areas for improvement:

- **Mental Health** – Safeguarding concerns, appearance, communication, thoughts and behaviour documented, and details of mental health team. Of note, increases from April to May were seen for documentation of appearance (from 72% to 80%) and communication (from 84% to 92%).
- **Not-conveyed** – Final set of observations documented
- **Difficulty in Breathing** – initial and final peak flow readings documented

ACTION

- **Consider adding in graph to the dashboard to show compliance across each CPI audit, without specific aspects of care.**

CPI Completion Rates (Graph 97)

The LAS CPI completion rate increased by 5% to almost 52% during May 2015 (June data not yet available).

The South area is each achieving 72% completion (an increase of 20% from April). However, both East and West are achieving less than 50% completion (40% and 38% respectively).

The 50:50 team leaders will begin to impact on the CPI completion rates once this new way of working commences. However, it should be noted that there are a number of vacancies within this staff group currently.

Friends and Family Test (Graph 98)

Total number of FFT responses received = 24

- Extremely likely = 19
- Likely = 3
- Unlikely = 0
- Neither likely or unlikely = 1
- Extremely unlikely = 0
- Blanks = 1

PTS responses = 16 (Number of PTS journeys = 6759). See & Treat responses = 8 (Number of see & treat patients = 21084)

RISK

- **It should be noted that a large number of these tests were carried out on PTS patients, who have repeated journeys. This may therefore reduce the number of eligible patients.**

- **The questions within the test are not ideal for ambulance use and are based more towards acute trusts and primary care.**

ACTION

- **An email has been sent to all active users, encouraging the LAS Employee Friends and Family Test to be undertaken. The email also gave clear reasoning and objectives for completing the survey. This information has also been given in the RIB.**

Patient and Public Education

LAS were requested to attend 96 events and were able to support 67 of these. Events included:

- Hillingdon's Carer Fair
- Kingston Hospital Open Day
- Barking & Dagenham, Greenwich, Ealing and Havering Junior Citizen Schemes
- X6 careers events
- X7 Brownie/cub visits
- X1 mental health focus group
- X2 older people's talks
- X8 school summer fairs

RESPONSIVENESS

Surge Data (Graphs 100 and 101)

During June, the dashboard indicates that 720 hours were spent at a Surge level above Amber, and 33 hours were spent at a Surge Level above Red.

It is not clear what benefit graph 100 gives, given that the Trust is now running at Surge Red 24/7, and therefore this will always be the total number of hours in that month.

ACTION – Consider removing graph 100, as the relevance is very little currently.

Fenella Wrigley	**Zoe Packman**	**Mark Whitbread**
Medical Director	**Director of Nursing**	**Director of Paramedic Education**

Quality Dashboard

London Ambulance Service NHS Trust

DRAFT v2G

For the Reporting Month of:

June 2015

Updated 10/07/2015
Ambulance **System** Outcomes May-15
Ambulance **Clinical** Outcomes Feb-15

New Data is subject to validation results

Operational Area: **London Ambulance Service**

#N/A in the data allows trend lines to operate correctly.

DRAFT

DRAFT

Quality Dashboard

London Ambulance Service NHS NHS Trust

DRAFT v2G

Data Source	Metric Number and Name	Description
Safety	1 - Training excluding Core Skills Refreshers	Staff hours of training above and beyond "Core Skills Refreshers", i.e. driver training, hospital placements, new equipment, modules of paramedic courses
	2 - Core Skills Refreshers	Staff hours of "Core Skills Refreshers" (CSR) training for Month
	3 - Adverse Incidents Reports	Number of adverse incidents reported via LA52 per month
	4 - Serious Incidents (NHS Signals)	Number of SI's announced via NHS Signals. N.B. There has not been a Signal Alert issued since Feb 2012
	5 - Never Events	Number of Never Events occurring within LAS in the month
	6 - Medication Errors	Number of medication errors reported to LAS by staff during Month
	7 - Serious Incidents (LAS Declared)	Serious Incidents declared within LAS for the month.
	8 - Incidents v Call volume	Number of Adverse incidents (LA52) as a percentage of Incident volume per month
	9 - Total Complaints	Number of written / logged complaints' against the LAS by month
	10 - NHS Central Alert System	CAS Alerts circulated by NHS by month
	11 - CAS requiring LAS Action	CAS alerts that LAS have needed to undertake some action to address
	12 - Vehicle Cleaning	Number of vehicle cleanings by contractors to standard
	13 - Locality Alert Register	Addresses were LAS staff may suffer threats of violence, and verified that a potential threat exists
Effective	14 - R1 %	Percentage of Category A Red 1 ambulance calls resulting in an emergency response arriving within 8 minutes
	15 - R2 %	Percentage of Category A Red 2 ambulance calls resulting in an emergency response arriving within 8 minutes
	16 - A19 %	Percentage of Category A calls resulting in an ambulance arriving at the scene within 19 minutes
	17 - RED 1 calls at scene < 8 mins	The number of Category A (Red 1) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes.
	18 - RED 1 calls arrived at scene	The number of Category A (Red 1) calls resulting in an emergency response arriving at the scene of the incident.
	19 - RED 1 Time to achieve 95%	The 95th centile of time from Call Connect of a Category A (Red 1) call to an emergency response arriving at the scene of the incident
	20 - RED 2 calls at scene < 8 mins	The number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes.
	21 - RED 2 calls arrived at scene	The number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident.
	22 - CAT A Ambulance at scene < 19 mins	The number of Category A calls resulting in an ambulance arriving at the scene of the incident within 19 minutes.
	23 - CAT A Ambulance at scene (transport)	The number of Category A calls resulting in an ambulance able to transport the patient arriving at the scene of the incident.
	24 - Abandoned calls before answering	Number of emergency and urgent calls abandoned before being answered
	25 - Percentage of calls Abandoned	Percentage of emergency and urgent calls abandoned before being answered
	26 - Emergency Calls (excludes CAD 2 CAD)	Total number of emergency and urgent calls presented to switchboard
	27 - Ambulance re-contact rate (telephone)	Ambulance re-contact rate following discharge of care. a) Re-contact rate (telephone contact) following discharge of care by telephone
	28 - Recontact in 24 hrs for 999 callers	Emergency calls closed with telephone advice where re-contact occurs within 24 hours.
	29 - Calls resolved with CTA (Hear & Treat)	Emergency calls closed with telephone advice.
	30 - Percentage Hear & Treat	Ambulance calls closed with telephone advice or managed without transport to A&E (where clinically appropriate). a) Calls closed with telephone advice
	31 - Recontact in 24 hrs for F2F attendance	Patients treated and discharged on scene where re-contact occurs within 24 hours
	32 - Ambulance re-contact rate (F2F)	Ambulance re-contact rate following discharge of care. b) Re-contact rate following discharge of care from treatment on scene which then resulted in a further emergency call to Provider within 24 hrs.
	33 - See & Treat	Patients treated and discharged on scene.

DRAFT

	Metric Number and Name	Description
Effective	34 - Percentage of Non Transport	Ambulance calls closed with telephone advice or managed without transport to A&E (where clinically appropriate). b) Incidents managed without the need for transport to A&E
	35 - Frequent Callers with established plan	Emergency calls from patients for whom a locally agreed frequent caller procedure is in place
	36 - Total Calls	Total number of emergency calls presented to switchboard
	37 - ROSC at hospital	The percentage of patients who had resuscitation commenced/continued by the ambulance service following an out-of-hospital cardiac arrest that had a Return of Spontaneous Circulation (ROSC) on arrival at hospital
	38 - ROSC at hospital UTSTEIN	% of pts who had resuscitation commenced/continued by the ambulance following an pre-hospital cardiac arrest of presumed cardiac origin where the arrest was bystander witnessed and the initial rhythm was VF/VT that had a ROSC on arrival at hospital
	39 - STEMI to PPCI within 150 minutes	The percentage of patients suffering a STEMI who are directly transferred to a Heart Attack Centre for PPCI who receive angioplasty within 150 minutes of time of call
	40 - STEMI care bundle	The percentage of patients with a pre-hospital diagnosis of suspected ST elevation myocardial infarction confirmed on ECG who received an appropriate care bundle
	41 - Stroke to HASU within 60 minutes	The percentage of FAST positive stroke patients potentially eligible for thrombolysis within agreed local guidelines arriving at a HASU within 60 minutes of emergency call connecting to the ambulance service
	42 - F2F suspected Stroke receiving appropriate care bundle	The number of suspected stroke patients assessed face to face who received an appropriate care bundle
	43 - Survival to Discharge	% of patients who had resuscitation commenced/continued by the ambulance service following an out-of-hospital cardiac arrest of presumed cardiac origin where the arrest was bystander witnessed and the initial rhythm was VF/VT that were discharged
	44 - Survival to Discharge UTSTEIN	% of patients who had resuscitation commenced/continued by the ambulance service following an out-of-hospital cardiac arrest of presumed cardiac origin where the arrest was bystander witnessed and the initial rhythm was VF/VT that were discharged
	45 - EOC Time to answer 50%	Time to answer calls (emergency and urgent), measured by median percentile.
	46 - EOC Time to answer 95%	Time to answer calls (emergency and urgent), measured by 95th percentile.
	47 - EOC Time to answer 99%	Time to answer calls (emergency and urgent), measured by 99th percentile.
	48 - Percentage of Calls answered in 60 seconds	Call answering sub 1 minute
	49 - CAT A Arrival @ 50%	Time to arrival of an ambulance-dispatched health professional dispatched by the ambulance service for immediately life-threatening (Category A) calls, measured by median percentile.
	50 - CAT A Arrival @ 95%	Time to arrival of an ambulance-dispatched health professional dispatched by the ambulance service for immediately life-threatening (Category A) calls, measured by 95th percentile.
	51 - CAT A Arrival @ 99%	Time to arrival of an ambulance-dispatched health professional dispatched by the ambulance service for immediately life-threatening (Category A) calls, measured by 99th percentile.
	52 - Total of Emergency Calls Resolved by H&T	Number of emergency calls that have been resolved by providing telephone advice.
	53 - All Telephone or F2F Calls	All emergency calls that receive a telephone or face-to-face response from the ambulance service
	54 - Non A&E Transport / ACP / See & Treat	Patient journeys to a destination other than Type 1 and 2 A&E + number of patients discharged after treatment at the scene or onward referral to an alternative care pathway
	55 - All incidents with vehicle arrival (exc No Patient)	All emergency calls that receive a face-to-face response from the ambulance service
	57 - Amb turn round Arrival Time	Ambulance turnaround - Data Completeness a) Arrival Timestamp
	58 - Amb turn round Green Time	Ambulance turnaround - Data Completeness b) Green Timestamp
	59 - Cat C Incidents	Number of Category C Incidents received by Month (C1-C4)
	60 - C1 resp within 20 mins	Cat C1 response performance a) % within 20 minutes (from CLOCK START)
	61 - C1 resp within 45 mins	Cat C1 response performance b) % within 45 minutes (from CLOCK START)
	62 - C2 resp within 30 mins	Cat C2 response performance a) % within 30 minutes (from CLOCK START)
	63 - C2 resp within 60 mins	Cat C2 response performance b) % within 60 minutes (from CLOCK START)
	64 - C3 resp within 60 mins	Cat C3 response performance a) % within 60 minutes (from CLOCK START)
	65 - C3 resp within 90 mins	Cat C3 response performance b) % within 90 minutes (from time it is identified that transport is required)
	66 - C4 resp within 60 mins	Cat C4 response performance a) % within 60 minutes

DRAFT

	Metric Number and Name	Description
Effective	67 - C4 resp within 120 mins	Cat C4 response performance b) % within 120 minutes
	68 - C3 triage within 30 mins	Cat C3 triage performance a) % within 30 minutes (from Call Complete)
	69 - C3 triage within 45 mins	Cat C3 triage performance b) % within 45 minutes(from Call Complete)
	70 - C4 triage within 60 mins	Cat C4 triage performance a) % within 60 minutes(from Call Complete)
	71 - C4 triage within 90 mins	Cat C4 triage performance b) % within 90 minutes (from Call Complete)
	72 - Defibrillator data downloads to central storage	The percentage of data downloads from defibrillators for patients who had resuscitation commenced/continued by the ambulance service following an out-of-hospital cardiac arrest (LAS Clinical Performance Indicators)
	73 - STROKE - Time of Onset	The percentage of FAST positive stroke patients where time of onset of symptoms is recorded or where time of onset is reported as unknown (LAS Clinical Performance Indicators)
	74 - Non Conveyed (Final Obs)	The percentage of non-conveyed patients where a final full set of observations is recorded (or valid exception). Defined as Time (hh:mm), AVPU, respiratory rate and depth, O2 saturations, pulse rate and character, blood pressure and colour. (LAS CPI)
	75 - LAS Induction Course	New Staff receiving a formal service induction course as hours. This does not count localised inductions
Caring	76 - Safeguarding (Child)	Count of Children referred by Service to appropriate authorities. Care Act 2014 commenced
	77 - Safeguarding (Adult)	Count of Adults referred by Service to appropriate authorities. Care Act 2014 commenced 1/4/2015.
	78 - MH - Observations	The percentage of PRFs where a full set of observations is recorded (or valid exception) for mental health patients (defined as Time (hh:mm), AVPU, respiratory rate and depth, O2 saturations, pulse rate and character, blood pressure and colour). (LAS Clinical Performance Indicators)
	79 - MH - BM	The percentage of PRFs where a blood glucose is recorded for mental health patients with an altered mental state or documented use of antipsychotic medication (or valid exception). (LAS Clinical Performance Indicators)
	80 - MH - Current Support	The percentage of PRFs with a record of the current Psychiatrist/ Care Co-ordinator/ Community Psychiatric Nurse/ Care or Approved Social Worker or that patient does not have any of the listed professionals (or valid exception). (LAS Clinical Performance Indicators)
	81 - MH - Medical Hx	The percentage of PRFs for mental health patients with a record of medical history, allergies and medications (or valid exception). (LAS Clinical Performance Indicators)
	82 - MH - Current Event	The percentage of PRFs with the history of the current event documented including time of onset of symptoms (or valid exception) for mental health patients. (LAS Clinical Performance Indicators)
	83 - MH - Psychiatric Hx	The percentage of PRFs for mental health patients with their diagnosed psychiatric problem documented (or valid exception). (LAS Clinical Performance Indicators)
	84 - MH - Appearance	The percentage of PRFs for mental health patients with a description of their appearance documented (or valid exception). (LAS Clinical Performance Indicators)
	85 - MH - Behaviour	The percentage of PRFs for mental health patients with an assessment of the patient's behaviour documented (or valid exception)
	86 - MH - Communication	The percentage of PRFs for mental health patients with an assessment of the patient's communication documented (or valid exception). (LAS Clinical Performance Indicators)
	87 - MH - Thoughts	The percentage of PRFs for mental health patients with an assessment of the patient's expressed thoughts documented (or valid exception). (LAS Clinical Performance Indicators)
	88 - MH - Capacity tool	The percentage of PRFs for mental health patients where a capacity tool has been used where a patient refuses assessment, a form of treatment and/or conveyance and patient capacity is in doubt. (LAS Clinical Performance Indicators)
	89 - MH - Adult Safeguard	The percentage of PRFs for mental health patients where safeguarding has been considered. A Notification of Adult at Risk or in Need Form (LA280) should be completed for any vulnerable patient that has had thoughts of or attempted self harm or suicide, or where the crew suspects abuse or neglect. (LAS Clinical Performance Indicators). Care Act 2014 commenced 1/4/2015.
	90 - MH - Child Safeguard	The percentage of PRFs for mental health patients where safeguarding has been considered for all vulnerable children in the household where significant harm, abuse, or neglect is suspected. An LAS Notification of Contact with a "Child at Risk or Need" Form (LA279) should be completed. (LAS Clinical Performance Indicators). Care Act 2014 commenced 1/4/2015.
	91 - DIB - Initial Peak Flow	The percentage of patients with difficulty in breathing with an initial peak flow recorded (or valid exception). (LAS Clinical Performance Indicators). Alternate Months

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	Metric Number and Name	Description
Caring	92 - DIB - Final Peak Flow	The percentage of patients with difficulty in breathing with a final peak flow recorded (or valid exception). (LAS Clinical Performance Indicators). Alternate Months
	93 - STEMI - On scene duration	The average on-scene time for STEMI patients from arrival of first vehicle on-scene to conveying vehicle leaving scene. (LAS Clinical Performance Indicators)
	94 - STROKE - On scene duration	The average on-scene time for FAST positive stroke patients from arrival of first vehicle on-scene to conveying vehicle leaving scene. (LAS Clinical Performance Indicators)
	95 - Blunt Major Trauma	The average on-scene time for major trauma patients with blunt injuries from arrival of first transporting vehicle on-scene to leaving scene. This measure excludes patients who are recorded as trapped on crew arrival or attended by a HEMS or BASICS doctor. (LAS Clinical Performance Indicators). Data by Qtr
	96 - Penetrating Major Trauma	The average on-scene time for major trauma patients with penetrating injuries from arrival of first transporting vehicle on-scene to leaving scene. This measure excludes patients who are recorded as trapped on crew arrival or attended by a HEMS or BASICS doctor. (LAS Clinical Performance Indicators). Data by Qtr
	97 - CPI - Completion Rate	The percentage of audits completed by Team Leaders or trained restricted duties paramedics. (LAS Clinical Performance Indicators)
	98 - Friends and Family Test	Numbers by month of returns from Friends and Family Test (Formally commences April 2015)
Responsive	99 - Calls Received	Total calls to LAS excluding direct CAD interfaces
	100 - Surge (above Amber)	Surge (above Amber) inc Red (EOC Excess demand management). Data from July 14 Onwards, replaced Demand Management Plan
	101 - Surge (above Red)	Surge (above Red) (EOC Excess demand management). Data from July 14 Onwards, replaced Demand Management Plan
	102 - Complaints response	A true reflection of response times cannot be calculated until the furthest timescale (i.e. 35 days working days have elapsed) - Approximately 33% of complaints are closed within the 35 day time frame
	103 - Feedback Sessions	The volume of face to face CPI feedback sessions undertaken. Excludes written feedback, Cumulative by month.
	104 - Positive Feedback Compliments	Letters of thanks sent to the Service addressed to any member of staff and notified to the Communications Team. (Pre Nov 2013 letters scanned Total 733)
	105 - Operational Workplace Review	Reviews of staff, variously recorded as CPD (Continuing Professional Development) CPDI (Interview), IPR (Individual Performance Review), PDR (Personal Development Review), PCD (Personal Career Development)
	106 - Job Cycle Time	Job Cycle Time Average for Month (Conveyed and Non Conveyed rpt 644)
	107 - Intelligent Conveyance	Number of Vehicles diverted to create capacity at alternative Emergency Departments, when NHS systems are under pressure / exceeded local capacity.
	108 - Community Defibs	Number of Public Access Defibs available pan London
	109 - Multiple Attendance Ratio	Multiple Attendance Ratio. A calculation based on A & C responses of how many occasions an additional vehicle has attended a scene. Acceptable reasons would be cardiac arrest or multiple casualties
	110 - Available after clinical Handover > 30	Following handover between ambulance and A & E, ambulance crew should be ready to accept new calls within 15 minutes and no longer than 30 minutes. Reported 1 month in arrears to allow for verification checks.
	111 - Available after clinical Handover > 60	Following handover between ambulance and A & E, ambulance crew should be ready to accept new calls within 15 minutes and no longer than 60 minutes. Reported 1 month in arrears to allow for verification checks.
	112 - Calls more than an hour	Number of calls lasting over 1 hour
Well Led	113 - 111 (Call Volume)	Number of calls presented to 111 within London and recorded by LAS
	114 - 111 (Responded To)	Number of 111 calls transferred to the LAS for attendance with patient
	115 - 111 (Conveyed)	Number of 111 calls who receive LAS attendance at scene and are subsequently conveyed to hospital
	116 - % of 111 responded to and Conveyed	Percentage of 111 reponse that have been conveyed
	117 - Frontline Clinical Staffing	Count of paramedic and Non Paramedic frontline staff (excludes management / admin grades etc.)
	118 - Paramedic - In Post	Qualified Paramedical Staff deployed on frontline duties
	119 - Non Paramedic - In Post	Non Paramedical Staff deployed on frontline duties (Numbers includes student paramedics etc.)
	120 - Paramedic Ratio	Paramedic to Non Paramedic expressed as percentage. Commisioners Target for 2016 is 70%

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	Metric Number and Name	Description
Well Led	121 - Frontline Staffing Plan	Frontline staff plan including 32% relief factor (from September 2014)
	122 - Starters - Frontline	WTE Trainees and joiners who will take up frontline duties, once qualified
	123 - Frontline Vacancy	Monthly WTE vacancy factor including 32% relief
	124 - Paramedic Vacancy	Paramedic only vacancies (inc Relief). This vacancy value will appear higher than total vacancies on occasions, due to a higher proportion of non-paramedic staff within the LAS. Expected to diminish when full establishment is attained.
	125 - Leavers - Frontline	Staff leaving LAS for other jobs from frontline
	126 - Sickness - Frontline (ESR)	Combined Short and Long Term Sickness for frontline staff
	127 - PAS/VAS Hours Available	Total Hours recorded as being supplied by Private Ambulance Service (PAS) or Voluntary Ambulance Service (VAS) to support frontline operations
	128 - NHS Litigation Authority Level	NHSLA Level

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Quality Dashboard - DRAFT v2G		Target	Xref	3 mth RAG	Latest Month	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
Safety	1 - Training excluding Core Skills Refreshers	Hrs			↓	10,030	10,010	9,682	8,236	7,474	6,718	5,143	4,445	6,162	7,300	6,808	4,384
	2 - Core Skills Refreshers	Hrs			↑	3,266	957	294	1,777	2,734	1,779	564	4,307	4,470	3,274	4,496	4,886
	3 - Adverse Incidents Reports				↓	310	313	304	249	273	274	264	282	272	221	199	42
	4 - Serious Incidents (NHS Signals)				o	0	0	0	0	0	0	0	0	0	0	0	0
	5 - Never Events	0	CQC12		o	0	0	0	0	0	0	0	0	0	0	0	0
	6 - Medication Errors				↓	2	1	3	1	2	2	4	8	6	1	4	1
	7 - Serious Incidents (LAS Declared)		CQC11		↑	4	3	3	9	3	8	5	3	2	1	3	4
	8 - Incidents v Call volume				↓	0.19%	0.21%	0.19%	0.16%	0.17%	0.16%	0.19%	0.21%	0.18%	0.16%	0.14%	0.03%
	9 - Total Complaints				↑	140	111	111	144	159	102	114	100	117	78	68	94
	10 - NHS Central Alert System		CQC13		o	12	11	7	14	6	17	13	8	4	7	4	4
	11 - CAS requiring LAS Action		CQC13		o	0	0	1	0	2	1	1	0	0	0	0	0
	12 - Vehicle Cleaning				↓	8,756	8,708	8,759	8,907	8,589	8,699	8,910	8,433	9,648	9,387	9,861	9,204
	13 - Locality Alert Register				↑	306	303	303	302	308	305	302	293	293	284	269	274
Effective	14 - R1 %	≥ 75%	EB15.i	G	↘	70.39%	68.70%	62.03%	64.12%	64.25%	59.26%	68.57%	67.12%	62.72%	69.49%	66.94%	66.64%
	15 - R2 %	≥ 75%	EB15.ii	G	↘	60.69%	61.91%	54.11%	57.51%	54.89%	47.67%	59.76%	58.71%	59.11%	64.71%	66.41%	65.14%
	16 - A19 %	≥ 95%	EB16	A	↘	93.43%	93.95%	90.52%	91.57%	89.19%	84.74%	91.35%	91.85%	92.25%	94.26%	94.60%	93.51%
	17 - RED 1 calls at scene < 8 mins		HQU03_1_1_3		↑	858	799	734	824	789	852	923	745	794	772	723	835
	18 - RED 1 calls arrived at scene		HQU03_1_1_4		↑	1,221	1,163	1,185	1,285	1,228	1,436	1,346	1,110	1,266	1,111	1,080	1,253
	19 - RED 1 Time to achieve 95%		HQU03_1_1_5		↑	20.3	18.4	19.4	22.9	18.7	20.4	17.5	18.6	17.7	13.5	13.5	15.0
	20 - RED 2 calls at scene < 8 mins		HQU03_1_1_6		↓	24,050	22,724	20,415	23,593	22,399	21,493	23,727	21,338	23,273	24,234	25,636	25,173
	21 - RED 2 calls arrived at scene		HQU03_1_1_7		↑	39,825	36,741	37,788	41,056	40,760	45,222	39,723	36,401	40,256	37,479	38,604	38,645
	22 - CAT A Ambulance at scene < 19 mins		HQU03_1_2_1		↓	38,027	35,365	35,003	38,519	37,170	39,226	37,312	34,309	38,119	36,375	37,541	37,309
	23 - CAT A Ambulance at scene (transport)		HQU03_1_2_2		↑	40,775	37,645	38,685	42,078	41,669	46,309	40,852	37,357	41,334	38,590	39,684	39,898
	24 - Abandoned calls before answering		SQU03_1_1_1		↓	1,331	114	809	663	863	1,165	92	88	288	71	843	149
	25 - Percentage of calls Abandoned	≤ 1%	LQR6	G	↘	0.85%	0.08%	0.55%	0.45%	0.62%	0.77%	0.07%	0.07%	0.36%	0.06%	0.69%	0.12%
	26 - Emergency Calls (excludes CAD 2 CAD)		SQU03_1_1_2		↑	156,828	139,978	148,012	147,579	139,538	151,176	123,094	118,141	132,366	118,463	122,123	127,324
	27 - Ambulance re-contact rate (telephone)	≤ 5%	LQR9a	R	↘	2.6%	0.3%	0.3%	0.1%	2.8%	3.5%	2.4%	2.9%	3.0%	2.8%	2.9%	2.4%
	28 - Recontact in 24 hrs for 999 callers		SQU03_2_1_1		↓	335	41	36	9	428	639	339	389	442	370	395	327
	29 - Calls resolved with CTA (Hear & Treat)		SQU03_2_1_2		↑	12,721	12,008	13,778	15,431	15,210	18,327	13,979	13,566	14,750	14,354	13,486	13,665
	30 - Percentage Hear & Treat	≥ 10%	LQR11a	G	↘	8.1%	8.6%	9.3%	10.5%	10.9%	12.1%	11.4%	11.5%	11.1%	12.1%	11.0%	10.7%
	31 - Recontact in 24 hrs for F2F attendance		SQU03_2_2_1		↑	1,215	1,133	1,154	1,261	1,304	1,569	1,434	1,228	1,211	1,257	1,156	1,219
	32 - Ambulance re-contact rate (F2F)	≤ 8%	LQR9b	R	↗	7.2%	7.4%	7.5%	7.7%	8.2%	9.0%	8.7%	8.6%	7.7%	8.4%	7.5%	7.8%
	33 - See & Treat		SQU03_2_2_2		↑	16,792	15,399	15,447	16,374	15,807	17,436	16,407	14,256	15,694	14,907	15,386	15,686
	34 - Percentage of Non Transport	≥ 34%	LQR11b	G	↗	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	33.5%	33.8%	34.1%	34.5%
	35 - Frequent Callers with established plan		SQU03_2_3_1		↓	2,642	2,583	2,329	2,046	2,204	2,187	1,878	1,498	1,858	1,575	1,781	1,464
	36 - Total Calls		SQU03_2_3_2		↑	156,828	139,978	148,012	147,579	139,538	151,176	123,094	118,141	132,366	118,463	122,123	127,324
	37 - ROSC at hospital	≥ 33%	LQR1a	R	↘	32.8%	37.5%	27.4%	26.9%	31.0%	31.0%	30.0%	33.2%	27.3%	32.7%	28.0%	#N/A

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Quality Dashboard - DRAFT v2G		Target	Xref	3 mth RAG	Latest Month	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
	38 - ROSC at hospital UTSTEIN	≥ 55%	LQR1b	G	↗	61.9%	66.7%	48.1%	52.9%	47.8%	54.5%	49.1%	53.3%	51.8%	63.8%	65.0%	#N/A
Effective	39 - STEMI to PPCI within 150 minutes	≥ 93%	LQR2b	G	↘	100.0%	93.3%	97.8%	93.0%	100.0%	88.1%	95.8%	94.0%	#N/A	#N/A	#N/A	#N/A
	40 - STEMI care bundle	≥ 75%	LQR2c	G	↗	73.5%	71.6%	67.6%	73.0%	71.1%	71.3%	76.2%	78.6%	68.6%	66.8%	76.8%	#N/A
	41 - Stroke to HASU within 60 minutes	≥ 60%	LQR3a	G	↗	59.6%	61.4%	57.0%	59.6%	56.0%	52.0%	58.0%	55.0%	58.0%	61.1%	65.8%	#N/A
	42 - F2F suspected Stroke receiving appropriate care bundle	≥ 96%	LQR3b	G	↘	97.9%	96.3%	95.0%	97.5%	97.1%	97.0%	97.1%	97.9%	96.9%	97.4%	96.7%	#N/A
	43 - Survival to Discharge		LQR4a		↑	9.8%	9.9%	5.0%	6.4%	5.8%	4.9%	6.5%	8.0%	#N/A	#N/A	#N/A	#N/A
	44 - Survival to Discharge UTSTEIN		LQR4b		↑	21.6%	37.1%	16.0%	26.5%	17.1%	21.6%	24.5%	33.3%	#N/A	#N/A	#N/A	#N/A
	45 - EOC Time to answer 50%		SQU03_8_1_1_50		→	0	0	0	0	0	0	0	0	0	0	0	0
	46 - EOC Time to answer 95%	≤ 5 secs	SQU03_8_1_1_95	R	→	21	2	24	14	16	33	2	2	2	2	2	2
	47 - EOC Time to answer 99%		SQU03_8_1_1_99		↑	69	36	74	67	67	85	30	37	35	20	29	37
	48 - Percentage of Calls answered in 60 seconds	≥ 95%	LQR7	G	↘	98.7%	99.7%	98.4%	98.8%	98.8%	97.7%	99.8%	99.7%	99.7%	99.8%	99.7%	99.6%
	49 - CAT A Arrival @ 50%	≤ 7.5	SQU03_9_1_1_50	G	↘	7.4	7.2	8.1	7.7	8.0	9.0	7.4	7.6	7.5	6.9	6.7	6.5
	50 - CAT A Arrival @ 95%	≤ 21	SQU03_9_1_1_95	R	↗	19.9	18.9	22.5	21.2	24.2	29.9	21.8	20.8	20.6	17.7	17.9	18.0
	51 - CAT A Arrival @ 99%	≤ 39.7	SQU03_9_1_1_99	R	↗	35.8	33.0	39.8	38.0	46.8	60.3	42.7	38.1	36.6	31.8	31.6	33.0
	52 - Total of Emergency Calls Resolved by H&T		SQU03_10_1_1		↓	12,720	12,008	13,778	15,422	15,048	18,326	13,974	13,523	14,648	13,164	13,785	13,665
	53 - All Telephone or F2F Calls		SQU03_10_1_2		↓	100,736	94,935	95,224	102,135	99,748	105,915	98,610	90,273	100,113	95,003	98,455	96,730
	54 - Non A&E Transport / ACP / See & Treat		SQU03_10_2_1		↓	30,930	28,668	28,561	30,036	29,164	30,790	29,372	25,866	28,625	27,673	28,881	28,649
	55 - All incidents with vehicle arrival (exc No Patient)		SQU03_10_2_2		↓	88,015	82,927	81,446	86,639	84,509	87,261	84,621	76,502	85,012	81,839	84,670	83,065
	56 - Emergency Journeys		ASI SRS17 1 1 1		↓	64,519	61,393	60,347	64,503	63,047	63,999	62,601	57,592	64,154	61,535	63,445	61,703
	57 - Amb turn round Arrival Time	≥ 90%	LQR12a	G	↗	99.67%	99.98%	99.99%	99.99%	99.98%	99.90%	99.99%	99.99%	99.99%	99.99%	99.97%	99.98%
	58 - Amb turn round Green Time	≥ 90%	LQR12b	G	↗	99.89%	99.98%	99.94%	99.55%	99.71%	99.61%	99.81%	99.72%	99.45%	99.82%	99.80%	99.88%
	59 - Cat C Incidents				↓	46,915	44,936	42,388	44,272	42,516	40,493	43,456	38,995	43,515	42,833	44,164	42,953
	60 - C1 resp within 20 mins		LQR13a		↓	49.3%	48.0%	42.4%	44.2%	41.6%	34.2%	49.9%	44.5%	43.1%	52.4%	52.2%	48.2%
	61 - C1 resp within 45 mins		LQR13b		↓	71.9%	71.3%	66.1%	67.9%	64.8%	55.2%	74.4%	69.0%	68.3%	77.8%	76.3%	70.2%
	62 - C2 resp within 30 mins		LQR14a		↓	50.2%	51.4%	47.9%	49.9%	50.9%	43.6%	61.2%	53.7%	52.4%	64.1%	63.6%	58.9%
	63 - C2 resp within 60 mins		LQR14b		↓	72.0%	73.8%	69.3%	70.8%	70.7%	62.9%	80.4%	74.0%	72.9%	82.6%	82.6%	77.5%
	64 - C3 resp within 60 mins		LQR15a		↓	67.9%	77.1%	73.7%	73.4%	73.0%	64.7%	80.7%	76.2%	74.7%	80.7%	81.8%	77.8%
	65 - C3 resp within 90 mins		LQR15b		↓	80.4%	87.6%	84.3%	83.3%	82.9%	76.1%	89.6%	85.2%	84.9%	89.5%	90.3%	86.7%
	66 - C4 resp within 60 mins		LQR16a		↓	52.2%	59.3%	52.4%	54.3%	54.2%	44.2%	66.3%	56.5%	57.1%	66.0%	66.7%	61.2%
	67 - C4 resp within 120 mins		LQR16b		↓	76.9%	84.6%	76.4%	77.9%	77.5%	68.1%	86.4%	81.5%	81.0%	86.3%	87.7%	83.9%
	68 - C3 triage within 30 mins		LQR17a			#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
	69 - C3 triage within 45 mins		LQR17b			#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
	70 - C4 triage within 60 mins		LQR18a			#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
	71 - C4 triage within 90 mins		LQR18b			#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
	72 - Defibrillator data downloads to central storage	≥ 95%		R	↘	0.0%	0.0%	0.0%	0.0%	0.5%	0.2%	0.4%	2.0%	5.2%	8.1%	6.5%	#N/A
	73 - STROKE - Time of Onset	≥ 95%		G	↘	95.0%	95.0%	95.0%	94.0%	94.0%	94.0%	96.0%	92.0%	95.0%	98.9%	98.3%	#N/A
	74 - Non Conveyed (Final Obs)	≥ 95%		G	↘	90.6%	93.1%	91.3%	90.0%	89.6%	91.6%	91.4%	91.0%	91.0%	91.5%	89.6%	#N/A

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	Quality Dashboard - DRAFT v2G	Target	Xref	3 mth RAG	Latest Month	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
	75 - LAS Induction Course	Hrs			↑	132	129	298	127	446	85	103	454	892	390	169	754
Caring	76 - Safeguarding (Child)				↓	428	396	381	440	404	284	354	336	358	344	415	298
	77 - Safeguarding (Adult)				↓	476	449	378	432	458	393	345	304	296	537	408	322
	78 - MH - Observations	≥ 95%		G	↘	94.8%	94.8%	97.6%	95.1%	91.2%	92.5%	91.4%	96.8%	93.6%	97.3%	94.5%	#N/A
	79 - MH - BM	≥ 95%		G	↗	95.3%	97.2%	96.5%	96.1%	96.1%	94.3%	95.9%	97.1%	96.6%	94.9%	95.6%	#N/A
	80 - MH - Current Support	≥ 95%		G	↘	90.0%	95.8%	89.7%	89.2%	89.6%	83.7%	85.1%	91.2%	90.6%	88.9%	88.8%	#N/A
	81 - MH - Medical Hx	≥ 95%		G	↘	99.0%	99.8%	99.3%	99.5%	98.4%	98.7%	98.6%	99.4%	99.0%	99.2%	98.5%	#N/A
	82 - MH - Current Event	≥ 95%		G	↘	99.7%	99.4%	99.8%	99.0%	99.3%	99.1%	99.4%	99.7%	100.0%	99.7%	98.0%	#N/A
	83 - MH - Psychiatric Hx	≥ 95%		G	↘	97.9%	99.4%	99.1%	97.9%	99.0%	94.3%	98.6%	98.4%	98.0%	98.4%	97.8%	#N/A
	84 - MH - Appearance	≥ 95%		G	↘	78.1%	79.1%	81.8%	76.0%	78.5%	69.6%	71.0%	74.0%	80.5%	76.3%	73.4%	#N/A
	85 - MH - Behaviour	≥ 95%		G	↘	92.9%	94.2%	92.6%	88.7%	90.9%	87.2%	92.3%	90.3%	94.3%	92.5%	90.2%	#N/A
	86 - MH - Communication	≥ 95%		G	↗	91.2%	93.8%	91.0%	87.6%	88.3%	83.3%	89.2%	84.7%	91.6%	87.6%	88.5%	#N/A
	87 - MH - Thoughts	≥ 95%		G	↗	91.7%	94.0%	93.2%	91.5%	87.9%	89.9%	90.3%	91.9%	93.3%	88.9%	93.9%	#N/A
	88 - MH - Capacity tool	≥ 95%		G	↘	96.1%	98.6%	96.5%	97.2%	98.0%	98.7%	96.7%	97.4%	96.6%	95.7%	95.6%	#N/A
	89 - MH - Adult Safeguard	≥ 95%		R	↘	66.6%	78.7%	74.8%	68.8%	72.0%	57.7%	63.5%	57.8%	66.0%	50.4%	49.0%	#N/A
	90 - MH - Child Safeguard	≥ 95%		G	↗	97.2%	96.2%	96.3%	92.5%	96.1%	97.8%	97.0%	95.8%	96.0%	95.1%	96.1%	#N/A
	91 - DIB - Initial Peak Flow	≥ 95%		G	↗	#N/A	89.2%	#N/A	87.0%	#N/A	81.9%	#N/A	79.3%	80.5%	81.6%	#N/A	#N/A
	92 - DIB - Final Peak Flow	≥ 95%		G	↗	#N/A	89.0%	#N/A	86.9%	#N/A	82.1%	#N/A	82.1%	83.0%	84.0%	#N/A	#N/A
	93 - STEMI - On scene duration	≤ 30 mins	CQC17	G	→	0:43	0:44	0:43	0:42	0:42	0:46	0:45	0:44	0:43	0:43	#N/A	#N/A
	94 - STROKE - On scene duration	≤ 30 mins	CQC17	G	↗	51.0%	50.0%	49.0%	53.0%	54.0%	46.0%	48.0%	48.0%	48.0%	52.0%	#N/A	#N/A
	95 - Blunt Major Trauma	≤ 20 mins	CQC17		↓	0:35	0:37	0:35	0:37	0:38	0:37	0:41	0:40	0:39	0:35	#N/A	#N/A
	96 - Penetrating Major Trauma	≤ 5 mins	CQC17		↑	0:17	0:14	0:17	0:16	0:18	0:17	0:15	0:17	0:15	0:18	#N/A	#N/A
	97 - CPI - Completion Rate	≥ 95%		G	↗	75.7%	66.6%	62.0%	48.8%	48.0%	46.2%	52.6%	45.7%	47.3%	46.7%	51.8%	#N/A
	98 - Friends and Family Test		CQC15		↑	0	0	0	0	0	1	3	31	85	55	18	24
Responsive	99 - Calls Received				↑	156,863	140,012	146,411	147,626	139,672	152,028	123,112	118,152	132,814	118,463	122,123	127,324
	100 - Surge (above Amber)				↓	424:21	452:29	355:13	713:59	646:15	425:57	744:00	672:00	744:00	720:00	744:00	720:00
	101 - Surge (above Red)				↑	16:14	0:00	24:42	29:59	73:43	318:01	591:25	26:38	38:14	20:27	25:03	33:12
	102 - Complaints response	35 days			↘	40	24	25	29	28	17	29	20	18	20	19	11
	103 - Feedback Sessions				↓	391	157	204	212	264	197	207	233	247	259	205	#N/A
	104 - Positive Feedback Compliments				↑	63	37	68	57	76	84	91	68	66	42	61	70
	105 - Operational Workplace Review	Staff			↑	178	31	26	15	5	1	5	4	3	11	17	50
	106 - Job Cycle Time				↗	76.9	77.2	79.3	79.9	81.5	84.5	83.4	83.8	83.9	83.1	82.0	82.6
	107 - Intelligent Conveyance				↑	#N/A	589	678	1,143	1,197	1,590	1,818	1,451	1,660	1,467	1,194	1,210
	108 - Community Defibs				○	2,529	2,576	2,607	2,635	2,668	2,694	2,724	2,771	2,789	2,789	2,789	2,789
	109 - Multiple Attendance Ratio	≤ 1.29		R	→	1.36	1.35	1.32	1.33	1.30	1.31	1.32	1.32	1.32	1.31	1.34	1.34
	110 - Available after clinical Handover > 30	0	EB S8a	R	↗	870	870	803	917	1,002	987	957	988	1,223	1,038	1,065	1,487
	111 - Available after clinical Handover > 60	0	EB S8b	R	↗	38	33	47	52	48	77	58	52	55	46	59	81

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Quality Dashboard - DRAFT v2G		Target	Xref	3 mth RAG	Latest Month	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
	112 - Calls more than an hour	≤ 5%	LQR8	R	↗	0.03%	0.02%	0.04%	0.04%	0.04%	0.03%	0.04%	0.04%	0.06%	0.02%	0.03%	0.04%
Well Led	113 - 111 (Call Volume)				↓	87,833	82,847	81,373	86,568	84,099	86,950	84,110	76,529	84,929	81,497	83,789	82,872
	114 - 111 (Responded To)				↓	8,146	8,972	8,635	9,982	10,038	10,283	9,602	8,759	9,831	9,456	9,588	8,929
	115 - 111 (Conveyed)				↓	6,287	6,851	6,646	7,675	7,563	7,341	7,124	6,680	7,511	7,250	7,356	6,919
	116 - % of 111 responded to and Conveyed				↑	77.2%	76.4%	77.0%	76.9%	75.3%	71.4%	74.2%	76.3%	76.4%	76.7%	76.7%	77.5%
	117 - Frontline Clinical Staffing		CQC14		↑	2,621	2,609	2,612	2,626	2,596	2,561	2,626	2,655	2,669	2,658	2,669	2,692
	118 - Paramedic - In Post		CQC14		↓	1,440	1,418	1,408	1,426	1,393	1,390	1,401	1,405	1,412	1,411	1,401	1,398
	119 - Non Paramedic - In Post		CQC14		↑	1,181	1,191	1,204	1,200	1,203	1,171	1,225	1,250	1,257	1,247	1,268	1,294
	120 - Paramedic Ratio	70%	CQC14	G	↘	55%	54%	54%	54%	54%	54%	53%	53%	53%	53%	52%	52%
	121 - Frontline Staffing Plan		CQC14		→	3,016	3,016	3,016	3,029	3,029	3,027	3,027	3,027	3,027	3,027	3,027	3,027
	122 - Starters - Frontline		CQC14		↑	1	15	63	59	28	5	102	58	59	23	55	65
	123 - Frontline Vacancy		CQC14		↓	#N/A	#N/A	404	403	433	466	401	372	358	369	358	335
	124 - Paramedic Vacancy		CQC14		↑	#N/A	#N/A	480	462	495	497	486	482	475	476	486	489
	125 - Leavers - Frontline		CQC14		↓	32	31	47	61	35	37	32	26	29	34	41	19
	126 - Sickness - Frontline (ESR)	5.5%		R	↘	6.7%	6.8%	6.9%	6.9%	7.0%	7.1%	7.3%	7.3%	7.3%	7.4%	7.3%	7.1%
	127 - PAS/VAS Hours Available				↑	6,654	6,451	7,138	9,352	10,444	11,929	12,928	12,306	13,713	13,573	13,746	14,543
	128 - NHS Litigation Authority Level	3			→	1	1	1	1	1	1	1	1	1	1	1	1

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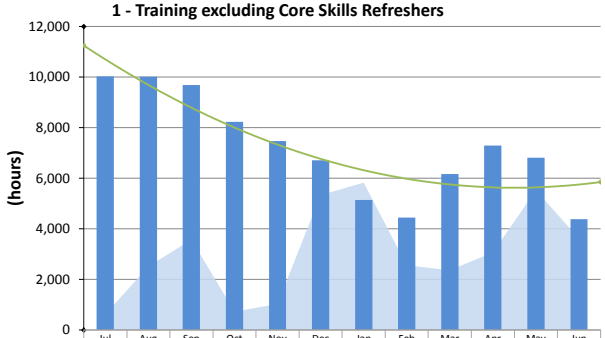
Safe - Dashboard Metric Graphs - DRAFT v2G

Green Line is a Polynomial Trend line of last 12 months

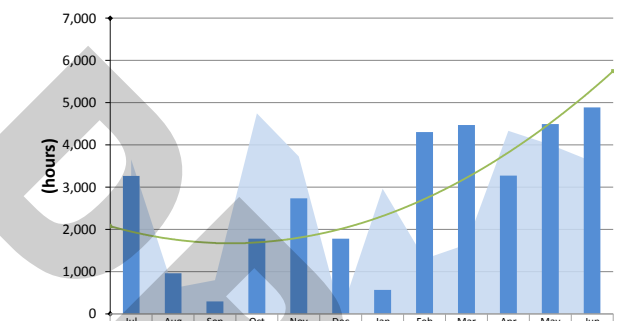
CONTRACT Specific Values

1 - Training excluding Core Skills Refreshers



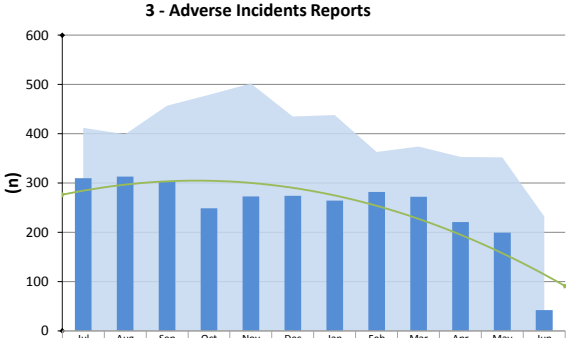
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	622	2,511	3,579	725	1,035	5,338	5,826	2,561	2,364	3,067	5,528	3,618
Last 12 Months	10,030	10,010	9,682	8,236	7,474	6,718	5,143	4,445	6,162	7,300	6,808	4,384

2 - Core Skills Refreshers



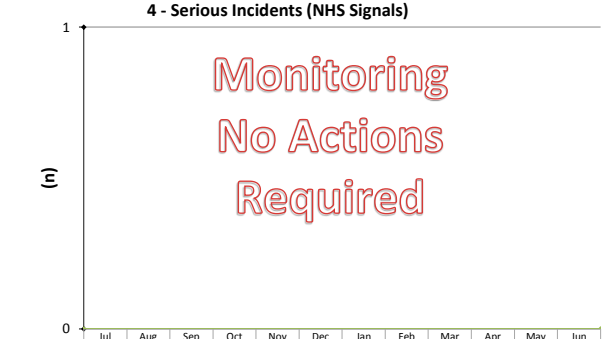
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	3,657	608	796	4,747	3,726	7	2,963	1,300	1,642	4,333	4,007	3,607
Last 12 Months	3,266	957	294	1,777	2,734	1,779	564	4,307	4,470	3,274	4,496	4,886

3 - Adverse Incidents Reports



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	412	399	457	479	502	435	438	363	374	353	352	232
Last 12 Months	310	313	304	249	273	274	264	282	272	221	199	42

4 - Serious Incidents (NHS Signals)

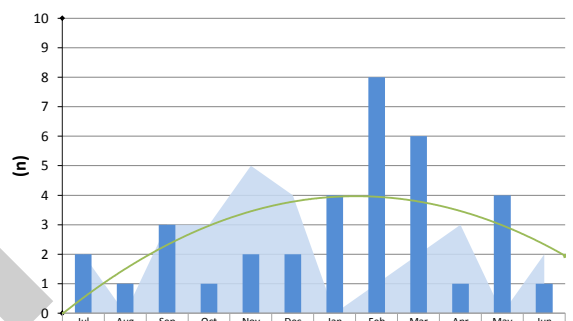


	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	0	0	0	0	0	0	0	0	0	0	0	0
Last 12 Months	0	0	0	0	0	0	0	0	0	0	0	0

5 - Never Events

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	0	0	0	0	0	0	0	0	0	0	0	0
Last 12 Months	0	0	0	0	0	0	0	0	0	0	0	0

6 - Medication Errors



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	2	0	3	3	5	4	0	1	2	3	0	2
Last 12 Months	2	1	3	1	2	2	4	8	6	1	4	1

Number of SI's announced via NHS Signals. N.B. There has not been a Signal Alert issued since Feb 2012

Number of Never Events occurring within LAS in the month (CQC12)

Number of medication errors reported to LAS by staff during Month

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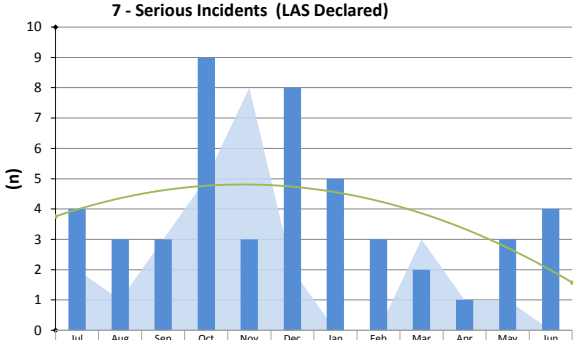
Safe - Dashboard Metric Graphs - DRAFT v2G

Green Line is a Polynomial Trend line of last 12 months

CONTRACT Specific Values

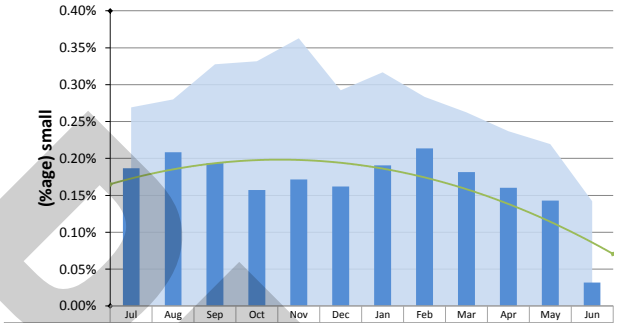
7 - Serious Incidents (LAS Declared)



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	2	1	3	5	8	2	0	0	3	1	1	0
Last 12 Months	4	3	3	9	3	8	5	3	2	1	3	4

Serious Incidents declared within LAS for the month. (CQC11)

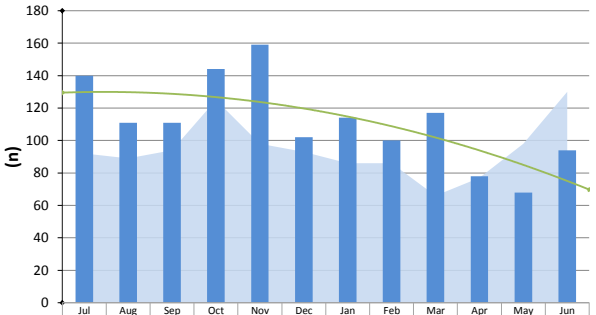
8 - Incidents v Call volume



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	0.27%	0.28%	0.33%	0.33%	0.36%	0.29%	0.32%	0.28%	0.26%	0.24%	0.22%	0.14%
Last 12 Months	0.19%	0.21%	0.19%	0.16%	0.17%	0.16%	0.19%	0.21%	0.18%	0.16%	0.14%	0.03%

Number of Adverse incidents (LA52) as a percentage of Incident volume per month

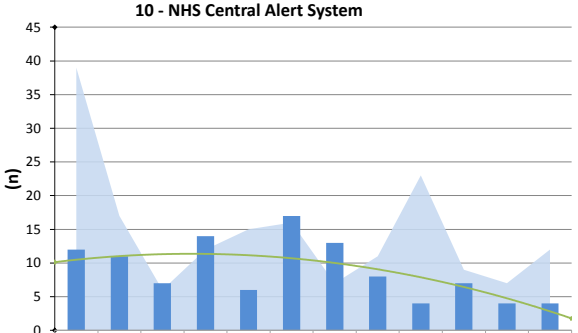
9 - Total Complaints



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	92	89	94	125	98	93	86	86	66	77	98	130
Last 12 Months	140	111	111	144	159	102	114	100	117	78	68	94

Number of written / logged complaints' against the LAS by month

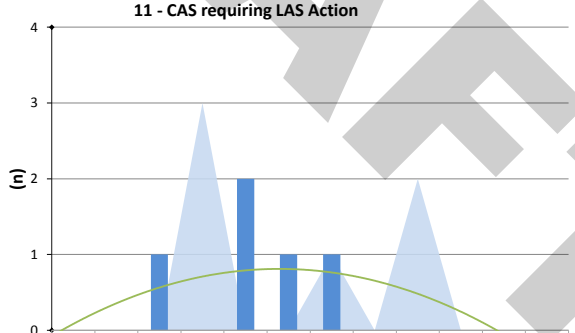
10 - NHS Central Alert System



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	39	17	6	12	15	16	7	11	23	9	7	12
Last 12 Months	12	11	7	14	6	17	13	8	4	7	4	4

CAS Alerts circulated by NHS by month (CQC13)

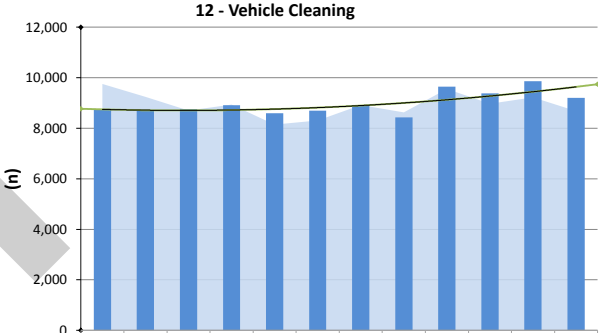
11 - CAS requiring LAS Action



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	0	0	0	3	0	0	1	0	2	0	0	0
Last 12 Months	0	0	1	0	2	1	1	0	0	0	0	0

CAS alerts that LAS have needed to undertake some action to address (CQC13)

12 - Vehicle Cleaning



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	9,754	9,244	8,702	8,936	8,146	8,308	8,918	8,629	9,555	8,971	9,223	8,681
Last 12 Months	8,756	8,708	8,759	8,907	8,589	8,699	8,910	8,433	9,648	9,387	9,861	9,204

Number of vehicle cleanings by contractors to standard

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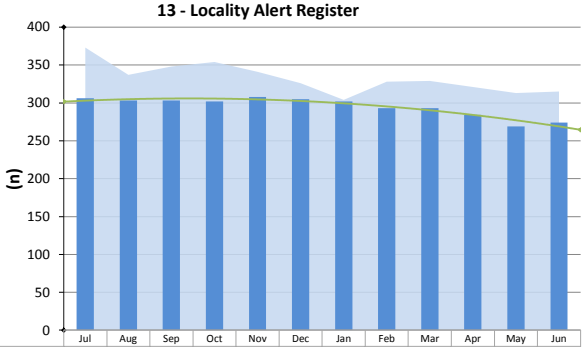
Safe - Dashboard Metric Graphs - DRAFT v2G

Green Line is a Polynomial Trend line of last 12 months

CONTRACT Specific Values

13 - Locality Alert Register



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	373	337	348	354	341	326	304	328	329	321	313	315
Last 12 Months	306	303	303	302	308	305	302	293	293	284	269	274

X X

Addresses were LAS staff may suffer threats of violence, and verified that a potential threat exists

X X X

DRAFT

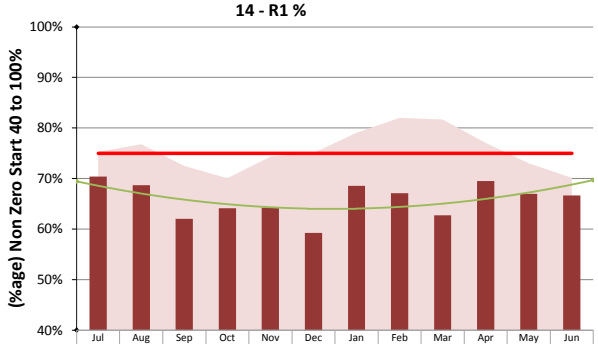
Effective - Dashboard Metric Graphs - DRAFT v2G

Green Line is a Polynomial Trend line of last 12 months

Median Values are derived from UK data MINUS London and I.O.W. Data

CONTRACT Specific Values

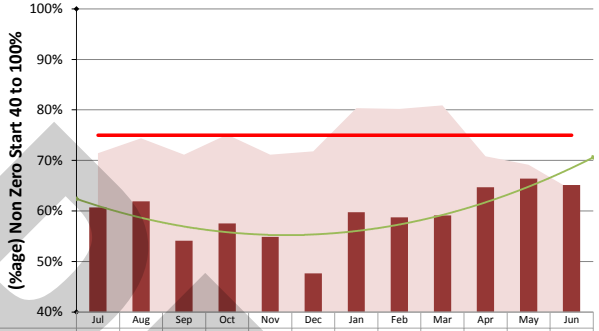
14 - R1 %



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	75.25%	76.79%	72.49%	70.06%	74.33%	75.04%	79.06%	82.01%	81.68%	77.04%	73.02%	70.13%
Last 12 Months	70.39%	68.70%	62.03%	64.12%	64.25%	59.26%	68.57%	67.12%	62.72%	69.49%	66.94%	66.64%
TARGET - National	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%

Percentage of Category A Red 1 ambulance calls resulting in an emergency response arriving within 8 minutes (EB15.i)

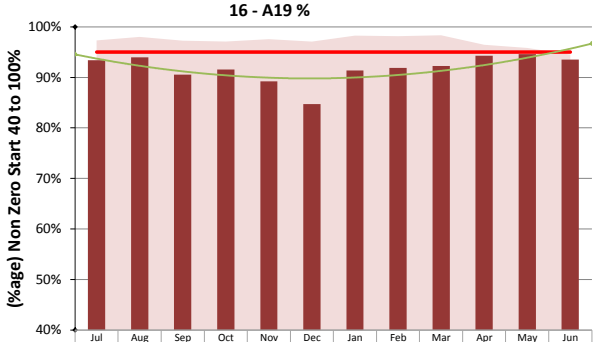
15 - R2 %



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	71.43%	74.38%	71.14%	75.11%	71.14%	71.80%	80.35%	80.20%	80.90%	70.82%	69.14%	64.17%
Last 12 Months	60.69%	61.91%	54.11%	57.51%	54.89%	47.67%	59.76%	58.71%	59.11%	64.71%	66.41%	65.14%
TARGET - National	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%

Percentage of Category A Red 2 ambulance calls resulting in an emergency response arriving within 8 minutes (EB15.ii)

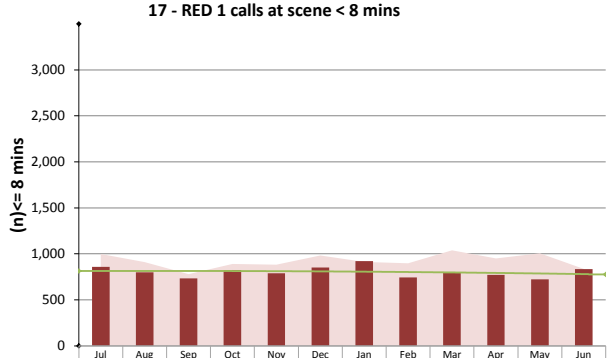
16 - A19 %



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	97.32%	98.02%	97.27%	97.10%	97.57%	97.09%	98.27%	98.16%	98.34%	96.46%	95.83%	94.52%
Last 12 Months	93.43%	93.95%	90.52%	91.57%	89.19%	84.74%	91.35%	91.85%	92.25%	94.26%	94.60%	93.51%
TARGET - National	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percentage of Category A calls resulting in an ambulance arriving at the scene within 19 minutes (EB16)

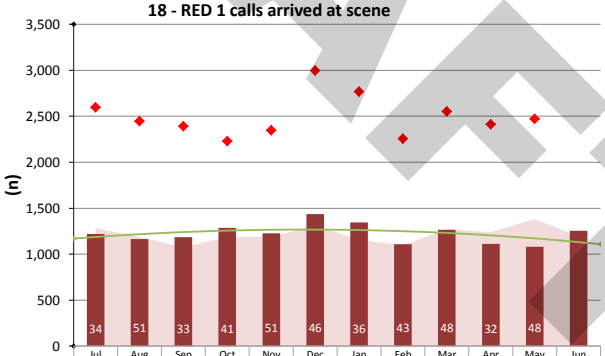
17 - RED 1 calls at scene < 8 mins



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	999	911	780	891	883	983	913	898	1,039	951	1,007	837
Last 12 Months	858	799	734	824	789	852	923	745	794	772	723	835

The number of Category A (Red 1) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes. (ACQI HQU03_1_1_3)

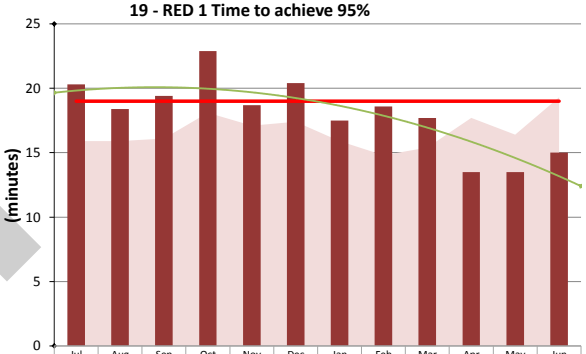
18 - RED 1 calls arrived at scene



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	1,283	1,186	1,076	1,187	1,188	1,311	1,156	1,096	1,273	1,239	1,381	1,194
Last 12 Months	1,221	1,163	1,185	1,285	1,228	1,436	1,346	1,110	1,266	1,111	1,080	1,253
2014 -15 UK Max	2,597	2,446	2,391	2,229	2,347	2,996	2,767	2,255	2,552	2,411	2,471	
2014 -15 UK Min	34	51	33	41	51	46	36	43	48	32	48	

The number of Category A (Red 1) calls resulting in an emergency response arriving at the scene of the incident. (ACQI HQU03_1_1_4) N.B. LAS has the highest proportion of calls across UK Mainland, North West A/S consistently utilises a matrix which returns more calls as RED 1, than required by DH. Chart 21 also identifies North West as having the highest call abandonment rates.

19 - RED 1 Time to achieve 95%



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	15.9	15.9	16.1	18.1	17.1	17.4	15.9	14.8	15.4	17.7	16.4	19.3
Last 12 Months	20.3	18.4	19.4	22.9	18.7	20.4	17.5	18.6	17.7	13.5	13.5	15.0
TARGET - National	19	19	19	19	19	19	19	19	19	19	19	19

The 95th centile of time from Call Connect of a Category A (Red 1) call to an emergency response arriving at the scene of the incident (ACQI HQU03_1_1_5)

DRAFT

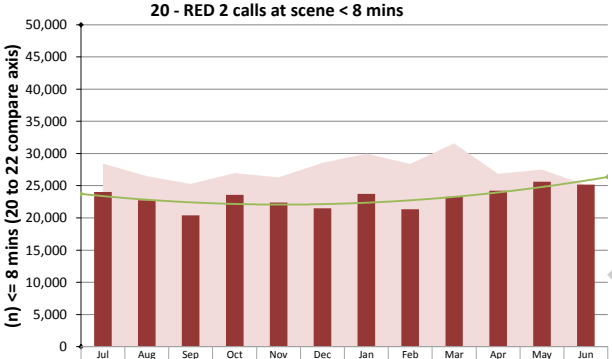
Effective - Dashboard Metric Graphs - DRAFT v2G

Green Line is a Polynomial Trend line of last 12 months

Median Values are derived from UK data MINUS London and I.O.W. Data

CONTRACT Specific Values

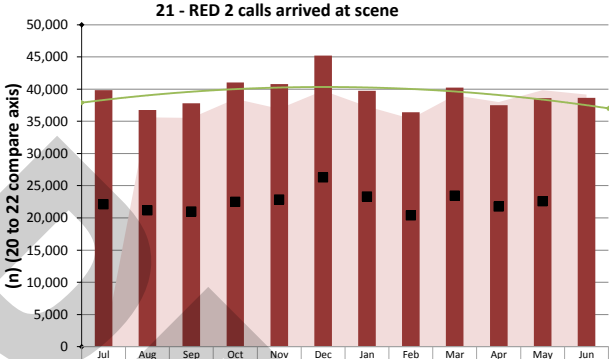
20 - RED 2 calls at scene < 8 mins



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	28,440	26,486	25,275	26,962	26,286	28,551	29,977	28,384	31,574	26,845	27,509	25,102
Last 12 Months	24,050	22,724	20,415	23,593	22,399	21,493	23,727	21,338	23,273	24,234	25,636	25,173

The number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes. (ACQI HQU03_1_1_6) N.B. From Februray 2015 LAS and South Western involved in clock start trials.

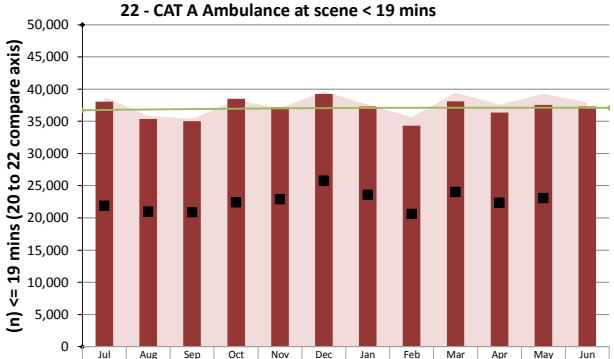
21 - RED 2 calls arrived at scene



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	0	35,615	35,531	38,484	36,951	39,766	37,316	35,400	39,044	37,987	39,836	39,157
Last 12 Months	39,825	36,741	37,788	41,056	40,760	45,222	39,723	36,401	40,256	37,479	38,604	38,645
2014 -15 UK Median	22,113	21,183	20,982	22,504	22,837	26,295	23,306	20,388	23,453	21,759	22,580	

The number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident. (ACQI HQU03_1_1_7)

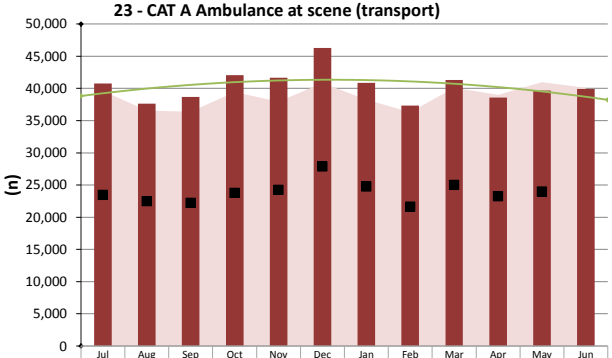
22 - CAT A Ambulance at scene < 19 mins



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	38,753	35,829	35,392	38,292	37,026	39,637	37,607	35,623	39,435	37,597	39,271	37,907
Last 12 Months	38,027	35,365	35,003	38,519	37,170	39,226	37,312	34,309	38,119	36,375	37,541	37,309
2014 -15 UK Median	21,889	20,983	20,873	22,404	22,892	25,778	23,587	20,624	24,035	22,360	23,079	

The number of Category A calls resulting in an ambulance arriving at the scene of the incident within 19 minutes. (ACQI HQU03_1_2_1)

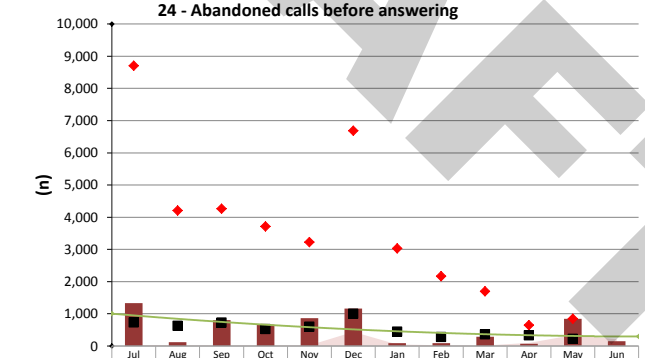
23 - CAT A Ambulance at scene (transport)



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	39,611	36,558	36,390	39,440	37,948	40,833	38,266	36,294	40,105	38,995	40,973	40,099
Last 12 Months	40,775	37,645	38,685	42,078	41,669	46,309	40,852	37,357	41,334	38,590	39,684	39,898
2014 -15 UK Median	23,459	22,480	22,221	23,763	24,230	27,874	24,760	21,627	24,996	23,244	23,978	

The number of Category A calls resulting in an ambulance able to transport the patient arriving at the scene of the incident. (ACQI HQU03_1_2_2)

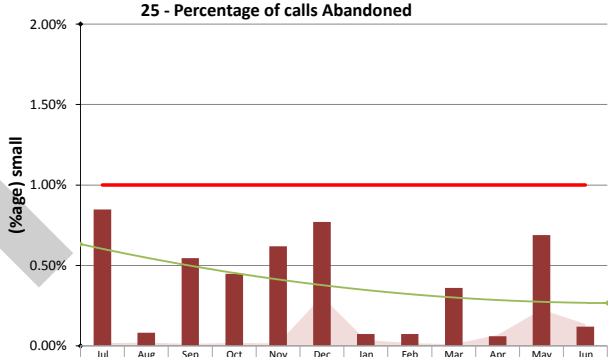
24 - Abandoned calls before answering



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	26	27	18	26	21	438	47	22	15	96	337	209
Last 12 Months	1,331	114	809	663	863	1,165	92	88	288	71	843	149
2014 -15 UK Max	8,703	4,205	4,262	3,714	3,224	6,685	3,031	2,168	1,698	647	843	
2014 -15 UK Median	730	625	728	523	599	1,001	446	277	360	329	223	

Number of emergency and urgent calls abandoned before being answered (ACQI SQU03_1_1_1)

25 - Percentage of calls Abandoned



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	0.02%	0.02%	0.01%	0.02%	0.02%	0.31%	0.04%	0.02%	0.01%	0.07%	0.23%	0.14%
Last 12 Months	0.85%	0.08%	0.55%	0.45%	0.62%	0.77%	0.07%	0.07%	0.36%	0.06%	0.69%	0.12%
TARGET - London	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%

Percentage of emergency and urgent calls abandoned before being answered (LQR6)

DRAFT

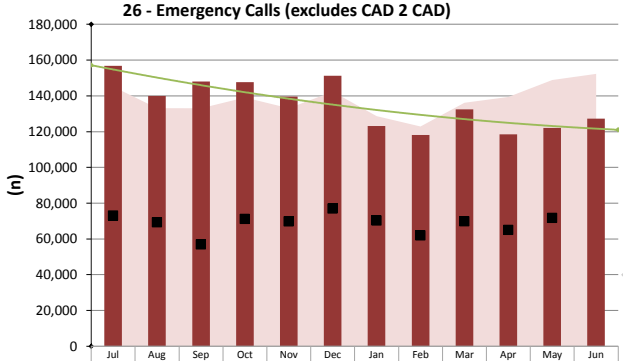
Effective - Dashboard Metric Graphs - DRAFT v2G

Green Line is a Polynomial Trend line of last 12 months

Median Values are derived from UK data MINUS London and I.O.W. Data

CONTRACT Specific Values

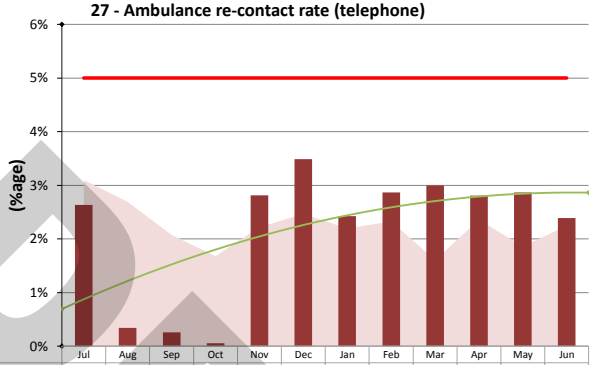
26 - Emergency Calls (excludes CAD 2 CAD)



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	145,107	133,123	133,061	139,075	133,080	142,318	128,658	122,868	136,128	139,380	148,855	152,290
Last 12 Months	156,828	139,978	148,012	147,579	139,538	151,176	123,094	118,141	132,366	118,463	122,123	127,324
2014 -15 UK Median	73,025	69,250	56,936	71,163	69,758	76,960	70,250	61,963	69,799	64,991	71,720	

Total number of emergency and urgent calls presented to switchboard (ACQI SQU03_1_1_2)

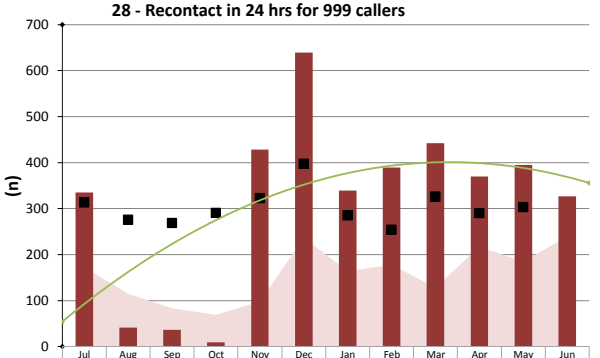
27 - Ambulance re-contact rate (telephone)



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	3.1%	2.7%	2.1%	1.7%	2.2%	2.5%	2.2%	2.3%	1.6%	2.4%	1.9%	2.2%
Last 12 Months	2.6%	0.3%	0.3%	0.1%	2.8%	3.5%	2.4%	2.9%	3.0%	2.8%	2.9%	2.4%
TARGET - London	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%

Ambulance re-contact rate following discharge of care. a) Re-contact rate (telephone contact) following discharge of care by telephone (LQR9a)

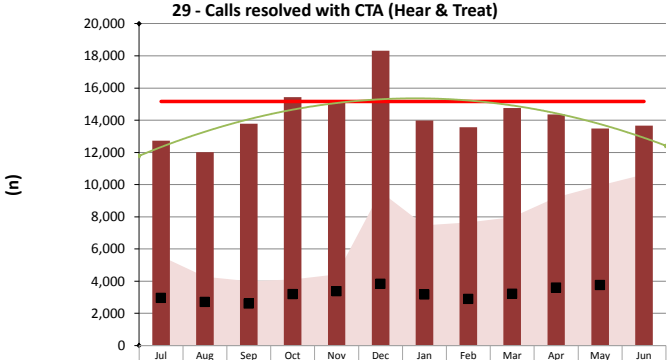
28 - Recontact in 24 hrs for 999 callers



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	172	115	83	69	98	236	164	178	128	217	185	239
Last 12 Months	335	41	36	9	428	639	339	389	442	370	395	327
2014 -15 UK Median	313	276	269	291	323	398	285	254	326	290	303	

Emergency calls closed with telephone advice where re-contact occurs within 24 hours. (ACQI SQU03_2_1_1)

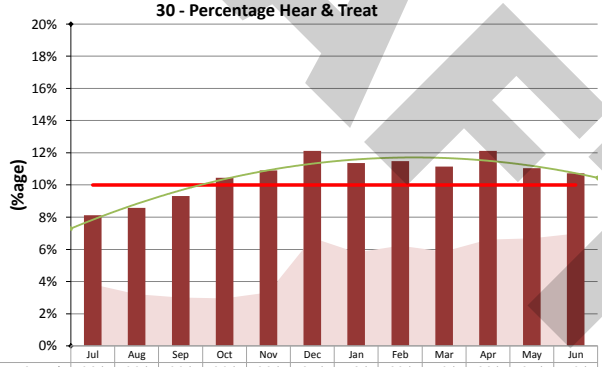
29 - Calls resolved with CTA (Hear & Treat)



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	5,552	4,274	3,998	4,106	4,420	9,559	7,469	7,648	7,975	9,207	9,947	10,629
Last 12 Months	12,721	12,008	13,778	15,431	15,210	18,327	13,979	13,566	14,750	14,354	13,486	13,665
TARGET - London	15,166	15,166	15,166	15,166	15,166	15,166	15,166	15,166	15,166	15,166	15,166	15,166
2014 -15 UK Median	2,956	2,704	2,607	3,187	3,368	3,829	3,169	2,887	3,207	3,592	3,750	

Emergency calls closed with telephone advice. (ACQI SQU03_2_1_2) N.B. Target value is c3500 per week, guide line placed at 3500*52/12. n=1400 to 1750

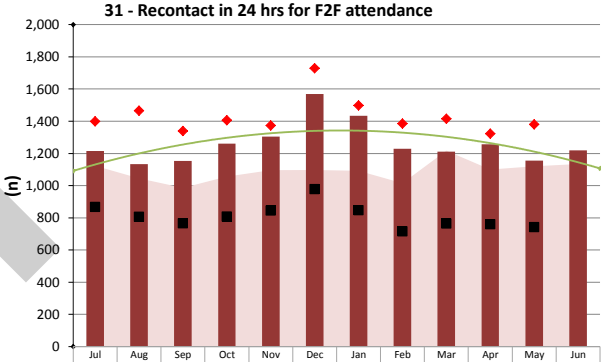
30 - Percentage Hear & Treat



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	3.8%	3.2%	3.0%	3.0%	3.3%	6.7%	5.8%	6.2%	5.9%	6.6%	6.7%	7.0%
Last 12 Months	8.1%	8.6%	9.3%	10.5%	10.9%	12.1%	11.4%	11.5%	11.1%	12.1%	11.0%	10.7%
TARGET - London	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%

Ambulance calls closed with telephone advice or managed without transport to A&E (where clinically appropriate). a) Calls closed with telephone advice (LQR11a)

31 - Recontact in 24 hrs for F2F attendance



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	1,123	1,045	986	1,056	1,096	1,097	1,092	1,015	1,217	1,100	1,120	1,134
Last 12 Months	1,215	1,133	1,154	1,261	1,304	1,569	1,434	1,228	1,211	1,257	1,156	1,219
2014 -15 UK Max	1,399	1,465	1,339	1,406	1,373	1,729	1,498	1,385	1,415	1,322	1,380	
2014 -15 UK Median	867	806	766	808	845	978	847	715	764	760	742	

Patients treated and discharged on scene where re-contact occurs within 24 hours (ACQI SQU03_2_2_1)

DRAFT

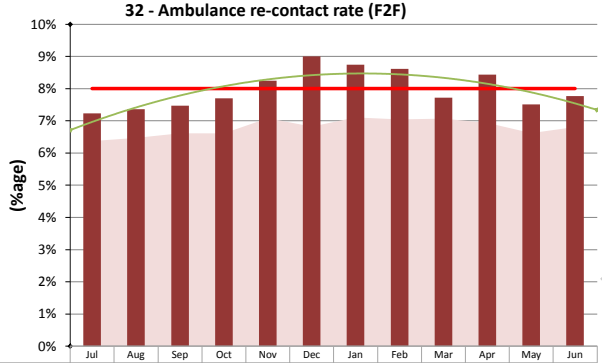
Effective - Dashboard Metric Graphs - DRAFT v2G

Green Line is a Polynomial Trend line of last 12 months

Median Values are derived from UK data MINUS London and I.O.W. Data

CONTRACT Specific Values

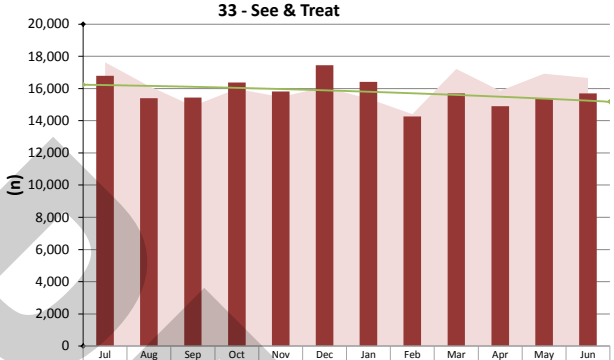
32 - Ambulance re-contact rate (F2F)



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	6.4%	6.5%	6.6%	6.6%	7.1%	6.8%	7.1%	7.0%	7.1%	6.9%	6.6%	6.8%
Last 12 Months	7.2%	7.4%	7.5%	7.7%	8.2%	9.0%	8.7%	8.6%	7.7%	8.4%	7.5%	7.8%
TARGET - London	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%

Ambulance re-contact rate following discharge of care. b) Re-contact rate following discharge of care from treatment on scene which then resulted in a further emergency call to Provider within 24 hrs. (LQR9b)

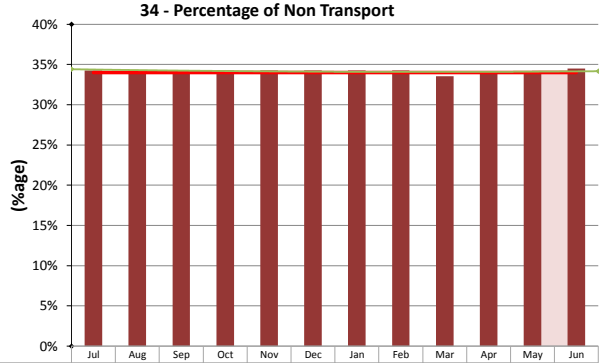
33 - See & Treat



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	17,624	16,151	14,908	15,974	15,474	16,082	15,368	14,406	17,216	15,856	16,919	16,653
Last 12 Months	16,792	15,399	15,447	16,374	15,807	17,436	16,407	14,256	15,694	14,907	15,386	15,686

Patients treated and discharged on scene. (ACQI SQU03_2_2_2)

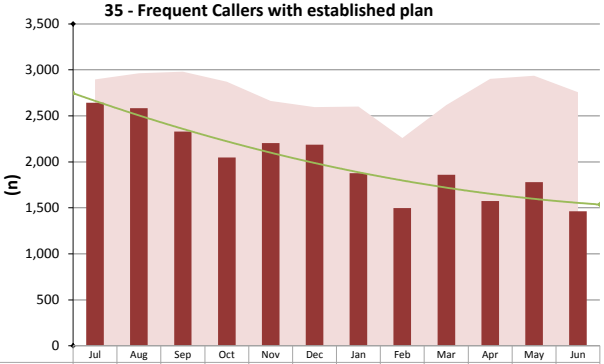
34 - Percentage of Non Transport



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months											34.3%	34.3%
Last 12 Months	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	34.3%	33.5%	33.8%	34.1%	34.5%
TARGET - London	34%	34%	34%	34%	34%	34%	34%	34%	34%	34%	34%	34%

Ambulance calls closed with telephone advice or managed without transport to A&E (where clinically appropriate). b) Incidents managed without the need for transport to A&E (LQR11b)

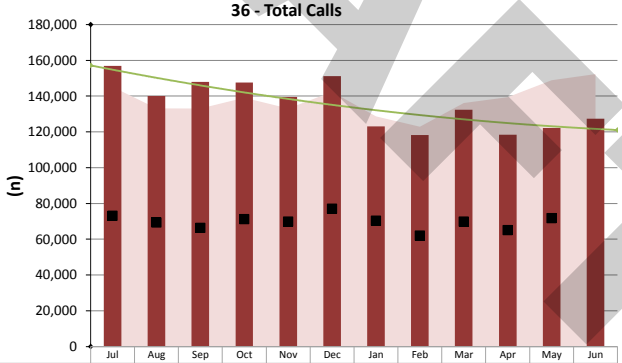
35 - Frequent Callers with established plan



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	2,896	2,963	2,980	2,871	2,662	2,595	2,601	2,259	2,617	2,902	2,936	2,757
Last 12 Months	2,642	2,583	2,329	2,046	2,204	2,187	1,878	1,498	1,858	1,575	1,781	1,464

Emergency calls from patients for whom a locally agreed frequent caller procedure is in place (ACQI SQU03_2_3_1) N.B. Four (4) Trusts do not identify frequent caller data.

36 - Total Calls

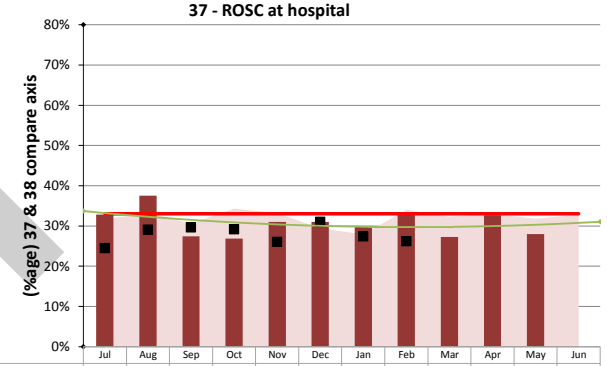


	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	145,107	133,123	133,061	139,075	133,080	142,318	128,658	122,868	136,128	139,380	148,855	152,290
Last 12 Months	156,828	139,978	148,012	147,579	139,538	151,176	123,094	118,141	132,366	118,463	122,123	127,324
2014 -15 UK Median	73,025	69,250	66,292	71,163	69,758	76,960	70,250	61,963	69,799	64,991	71,720	

Total number of emergency calls presented to switchboard (ACQI SQU03_2_3_2)

Nationally Published Clinical Indicators Track Six Months behind

37 - ROSC at hospital



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	31.6%	33.3%	30.6%	34.3%	33.2%	29.4%	27.9%	34.0%	32.3%	33.0%	31.8%	32.8%
Last 12 Months	32.8%	37.5%	27.4%	26.9%	31.0%	31.0%	30.0%	33.2%	27.3%	32.7%	28.0%	
2014 -15 UK Median	24.5%	29.1%	29.6%	29.1%	26.0%	31.0%	27.4%	26.2%				
TARGET - London	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%

The percentage of patients who had resuscitation commenced/continued by the ambulance service following an out-of-hospital cardiac arrest that had a Return of Spontaneous Circulation (ROSC) on arrival at hospital (ACQI SQU03_3_1_1 & SQU03_3_1_2) and (LQR1a)

DRAFT

Effective - Dashboard Metric Graphs - DRAFT v2G

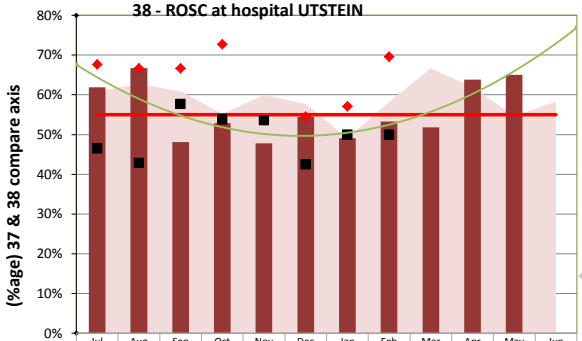
Green Line is a Polynomial Trend line of last 12 months

Median Values are derived from UK data MINUS London and I.O.W. Data

CONTRACT Specific Values

Nationally Published Clinical Indicators Track Six Months behind

38 - ROSC at hospital UTSTEIN

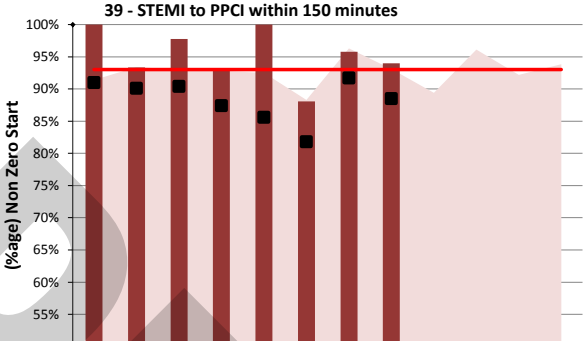


	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	60.9%	62.7%	60.9%	55.2%	60.0%	57.7%	49.1%	58.2%	66.7%	61.9%	54.7%	58.3%
Last 12 Months	61.9%	66.7%	48.1%	52.9%	47.8%	54.5%	49.1%	53.3%	51.8%	63.8%	65.0%	
2014 -15 UK Median	46.5%	42.9%	57.7%	53.8%	53.6%	42.5%	50.0%	50.0%				
2014 -15 UK Max	67.6%	66.7%	66.7%	72.7%	100.0%	54.5%	57.1%	69.6%				
TARGET - London	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%

% of pts who had resuscitation commenced/continued by the ambulance following an pre-hospital cardiac arrest of presumed cardiac origin where the arrest was bystander witnessed and the initial rhythm was VF/VT that had a ROSC on arrival at hospital (ACQI SQU03_3_2_1 & SQU03_3_2_2) and (LQR1b)

Nationally Published Clinical Indicators Track Six Months behind

39 - STEMI to PPCI within 150 minutes

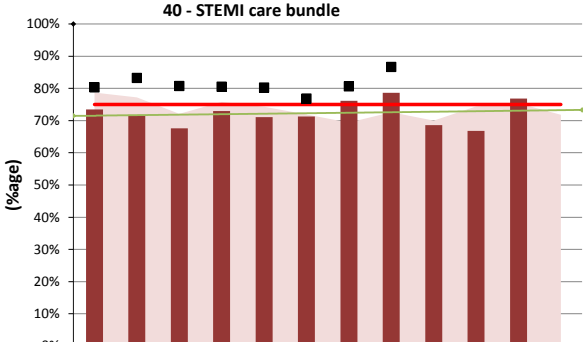


	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	91.4%	93.4%	93.0%	92.8%	92.5%	88.3%	96.3%	93.1%	89.4%	96.1%	92.2%	93.8%
Last 12 Months	100.0%	93.3%	97.8%	93.0%	100.0%	88.1%	95.8%	94.0%				
2014 -15 UK Median	91.0%	90.1%	90.4%	87.4%	85.6%	81.8%	91.7%	88.5%				
TARGET - London	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%

The percentage of patients suffering a STEMI who are directly transferred to a Heart Attack Centre for PPCI who receive angioplasty within 150 minutes of time of call (ACQI SQU03_5_2_1 & SQU03_5_2_2) and (LQR2b)

Nationally Published Clinical Indicators Track Six Months behind

40 - STEMI care bundle

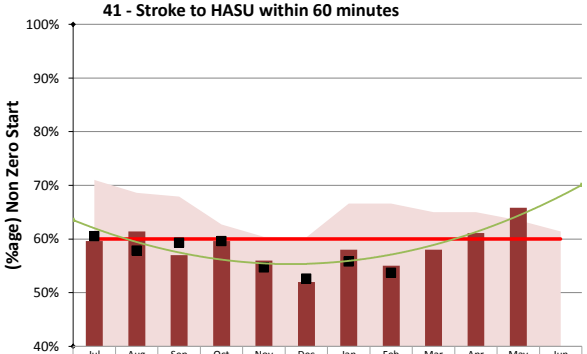


	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	78.7%	77.2%	72.1%	75.8%	74.3%	71.9%	69.4%	72.6%	70.0%	74.4%	75.4%	71.8%
Last 12 Months	73.5%	71.6%	67.6%	73.0%	71.1%	71.3%	76.2%	78.6%	68.6%	66.8%	76.8%	
2014 -15 UK Median	80.3%	83.2%	80.7%	80.5%	80.2%	76.8%	80.6%	86.6%				
TARGET - London	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%

The percentage of patients with a pre-hospital diagnosis of suspected ST elevation myocardial infarction confirmed on ECG who received an appropriate care bundle (ACQI SQU03_5_3_1 & SQU03_5_3_2) and (LQR2c)

Nationally Published Clinical Indicators Track Six Months behind

41 - Stroke to HASU within 60 minutes

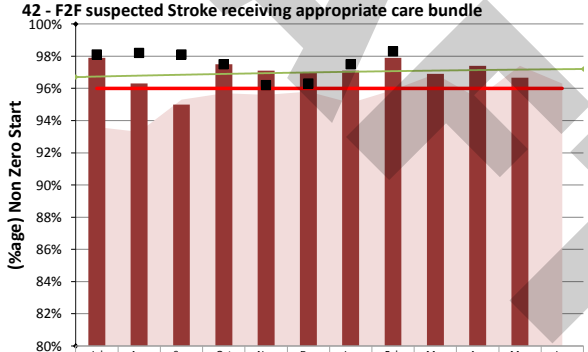


	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	71.0%	68.6%	67.9%	62.7%	60.4%	60.3%	66.6%	66.6%	65.0%	65.0%	63.5%	61.4%
Last 12 Months	59.6%	61.4%	57.0%	59.6%	56.0%	52.0%	58.0%	55.0%	58.0%	61.1%	65.8%	
2014 -15 UK Median	60.5%	57.8%	59.3%	59.6%	54.7%	52.6%	55.8%	53.7%				
Target	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%

The percentage of FAST positive stroke patients potentially eligible for thrombolysis within agreed local guidelines arriving at a HASU within 60 minutes of emergency call connecting to the ambulance service (ACQI SQU03_6_1_1 & SQU03_6_1_2) and (LQR3a)

Nationally Published Clinical Indicators Track Six Months behind

42 - F2F suspected Stroke receiving appropriate care bundle

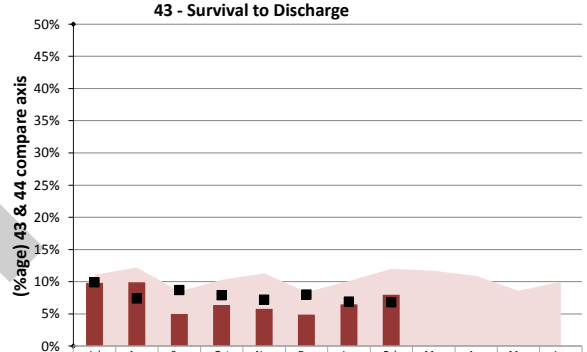


	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	93.6%	93.3%	95.3%	95.7%	95.6%	95.8%	95.1%	95.9%	96.9%	95.4%	97.4%	96.3%
Last 12 Months	97.9%	96.3%	95.0%	97.5%	97.1%	97.0%	97.1%	97.9%	96.9%	97.4%	96.7%	
2014 -15 UK Median	98.1%	98.2%	98.1%	97.5%	96.2%	96.3%	97.5%	98.3%				
Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%

The number of suspected stroke patients assessed face to face who received an appropriate care bundle (ACQI SQU03_6_2_1 & SQU03_6_2_2) and (LQR3b)

Nationally Published Clinical Indicators Track Six Months behind

43 - Survival to Discharge



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	11.1%	12.2%	8.5%	10.3%	11.3%	8.4%	10.1%	12.0%	11.7%	10.9%	8.6%	10.0%
Last 12 Months	9.8%	9.9%	5.0%	6.4%	5.8%	4.9%	6.5%	8.0%				
2014 -15 UK Median	9.9%	7.4%	8.7%	7.9%	7.2%	8.0%	6.9%	6.8%				

% of patients who had resuscitation commenced/continued by the ambulance service following an out-of-hospital cardiac arrest of presumed cardiac origin where the arrest was bystander witnessed and the initial rhythm was VF/VT that were discharged (ACQI SQU03_7_1_1 & SQU03_7_1_2) and (LQR4a)

DRAFT

Effective - Dashboard Metric Graphs - DRAFT v2G

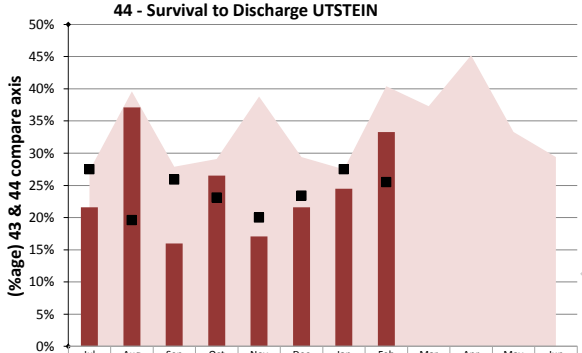
Green Line is a Polynomial Trend line of last 12 months

Median Values are derived from UK data MINUS London and I.O.W. Data

CONTRACT Specific Values

Nationally Published Clinical Indicators Track Six Months behind

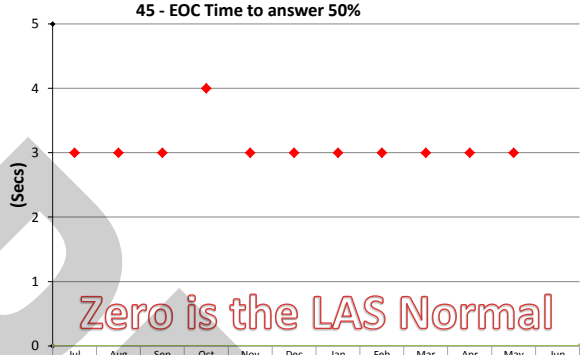
44 - Survival to Discharge UTSTEIN



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	27.3%	39.6%	27.9%	29.1%	38.8%	29.4%	27.5%	40.4%	37.3%	45.2%	33.3%	29.4%
Last 12 Months	21.6%	37.1%	16.0%	26.5%	17.1%	21.6%	24.5%	33.3%				
2014 -15 UK Median	27.5%	19.6%	25.9%	23.1%	20.0%	23.4%	27.5%	25.5%				

% of patients who had resuscitation commenced/continued by the ambulance service following an out-of-hospital cardiac arrest of presumed cardiac origin where the arrest was bystander witnessed and the initial rhythm was VF/VT that were discharged (ACQI SQU03_7_2_1 & SQU03_7_2_2) and (LQR4b)

45 - EOC Time to answer 50%

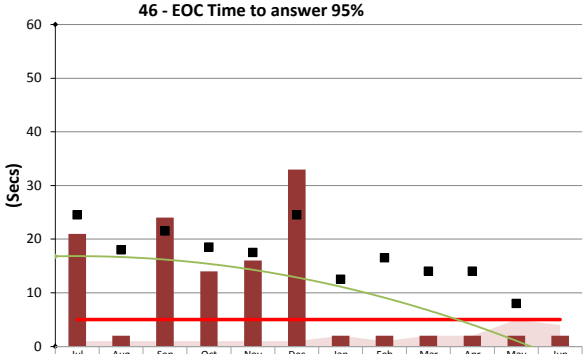


Zero is the LAS Normal

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	0	0	0	0	0	0	0	0	0	0	0	0
Last 12 Months	0	0	0	0	0	0	0	0	0	0	0	0
2014 -15 UK Max	3	3	3	4	3	3	3	3	3	3	3	

Time to answer calls (emergency and urgent), measured by median percentile. (ACQI SQU03_8_1_1_50)

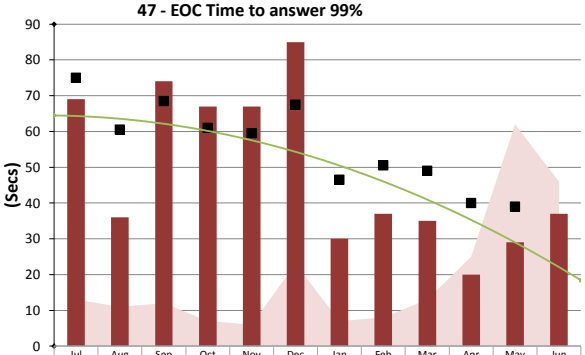
46 - EOC Time to answer 95%



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	1	1	1	1	1	1	2	1	2	2	5	4
Last 12 Months	21	2	24	14	16	33	2	2	2	2	2	2
TARGET - National	5	5	5	5	5	5	5	5	5	5	5	5
2014 -15 UK Median	25	18	22	19	18	25	13	17	14	14	8	

Time to answer calls (emergency and urgent), measured by 95th percentile. (ACQI SQU03_8_1_1_95)

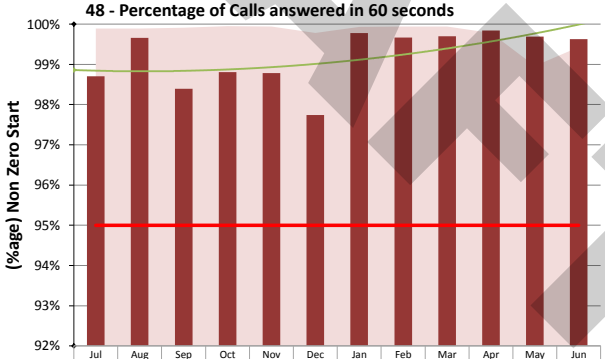
47 - EOC Time to answer 99%



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	13	11	12	7	6	23	7	8	13	25	62	46
Last 12 Months	69	36	74	67	67	85	30	37	35	20	29	37
2014 -15 UK Median	75	61	69	61	60	68	47	51	49	40	39	

Time to answer calls (emergency and urgent), measured by 99th percentile. (ACQI SQU03_8_1_1_99)

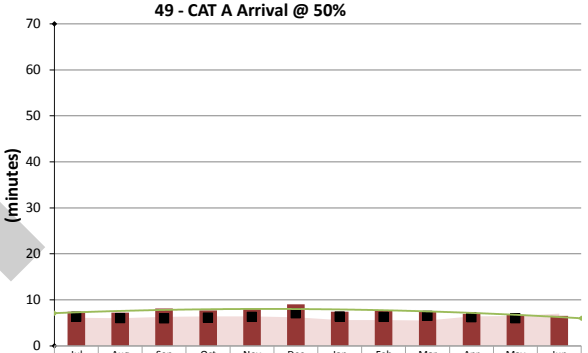
48 - Percentage of Calls answered in 60 seconds



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	99.9%	99.9%	99.9%	100.0%	99.9%	99.8%	99.9%	99.9%	99.9%	99.8%	99.0%	99.4%
Last 12 Months	98.7%	99.7%	98.4%	98.8%	98.8%	97.7%	99.8%	99.7%	99.7%	99.8%	99.7%	99.6%
TARGET - National	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Call answering sub 1 minute (LQR7)

49 - CAT A Arrival @ 50%



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	6.1	6.0	6.3	6.4	6.4	6.2	5.6	5.6	5.5	6.4	6.5	7.0
Last 12 Months	7.4	7.2	8.1	7.7	8.0	9.0	7.4	7.6	7.5	6.9	6.7	6.5
2014 -15 UK Median	6.3	6.0	6.0	6.1	6.3	7.1	6.3	6.3	6.5	6.2	6.0	

Time to arrival of an ambulance-dispatched health professional dispatched by the ambulance service for immediately life-threatening (Category A) calls, measured by median percentile. (ACQI SQU03_9_1_1_50) and (LQR5a)

DRAFT

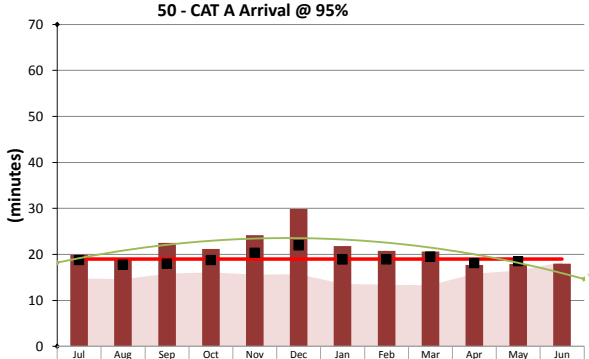
Effective - Dashboard Metric Graphs - DRAFT v2G

Green Line is a Polynomial Trend line of last 12 months

Median Values are derived from UK data MINUS London and I.O.W. Data

CONTRACT Specific Values

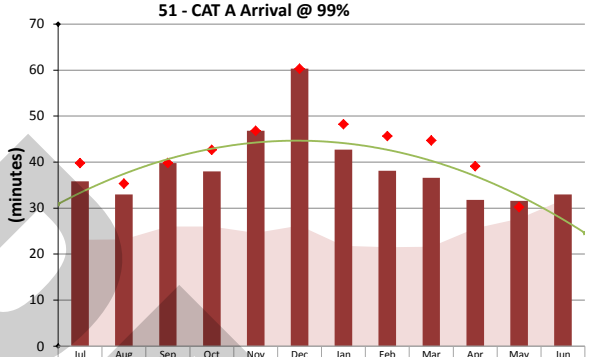
50 - CAT A Arrival @ 95%



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	14.8	14.6	15.8	16.1	15.6	15.7	13.6	13.4	13.3	15.8	16.5	18.3
Last 12 Months	19.9	18.9	22.5	21.2	24.2	29.9	21.8	20.8	20.6	17.7	17.9	18.0
TARGET - National	19	19	19	19	19	19	19	19	19	19	19	19
2014 -15 UK Median	18.8	17.7	18.0	18.8	20.3	21.9	18.9	18.9	19.5	18.1	18.5	

Time to arrival of an ambulance-dispatched health professional dispatched by the ambulance service for immediately life-threatening (Category A) calls, measured by 95th percentile. (ACQI SQU03_9_1_1_95) and (LQR5b)

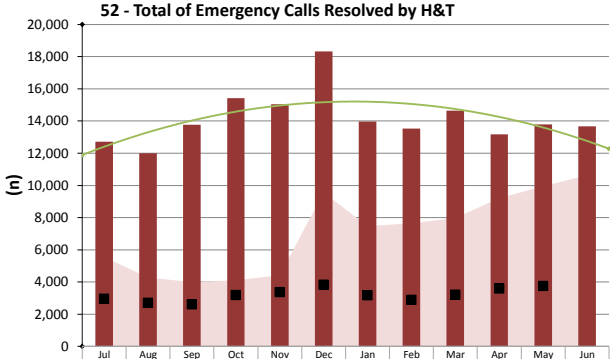
51 - CAT A Arrival @ 99%



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	23.1	23.2	26.0	26.0	24.6	26.2	21.8	21.5	21.6	25.6	27.7	31.8
Last 12 Months	35.8	33.0	39.8	38.0	46.8	60.3	42.7	38.1	36.6	31.8	31.6	33.0
2014 -15 UK Max	39.8	35.3	39.8	42.7	46.8	60.3	48.2	45.7	44.7	39.1	30.2	

Time to arrival of an ambulance-dispatched health professional dispatched by the ambulance service for immediately life-threatening (Category A) calls, measured by 99th percentile. (ACQI SQU03_9_1_1_99) and (LQR5c)

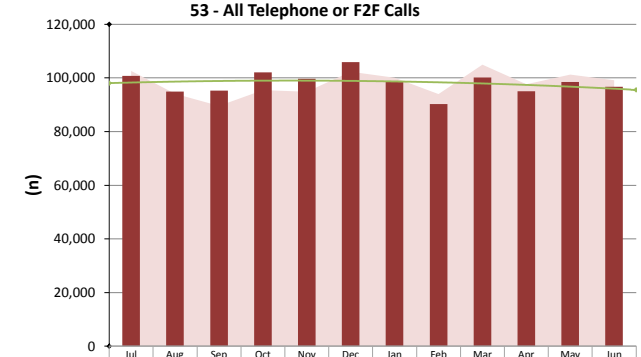
52 - Total of Emergency Calls Resolved by H&T



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	5,552	4,274	3,998	4,106	4,420	9,559	7,469	7,648	7,975	9,207	9,947	10,629
Last 12 Months	12,720	12,008	13,778	15,422	15,048	18,326	13,974	13,523	14,648	13,164	13,785	13,665
2014 -15 UK Median	2,956	2,704	2,607	3,187	3,368	3,829	3,169	2,887	3,207	3,592	3,750	

Number of emergency calls that have been resolved by providing telephone advice. (ACQI SQU03_10_1_1)

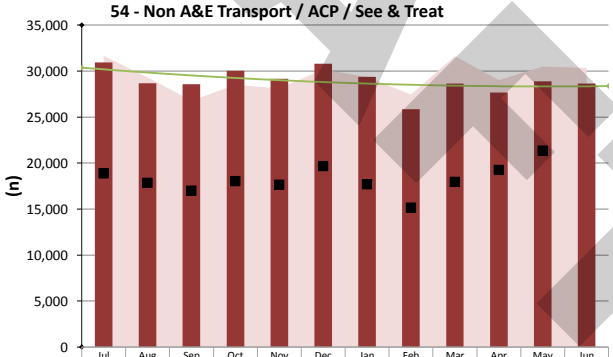
53 - All Telephone or F2F Calls



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	102,616	94,096	89,582	95,460	94,862	102,307	100,083	93,981	104,946	97,648	101,246	99,144
Last 12 Months	100,736	94,935	95,224	102,135	99,748	105,915	98,610	90,273	100,113	95,003	98,455	96,730

All emergency calls that receive a telephone or face-to-face response from the ambulance service (ACQI SQU03_10_1_2)

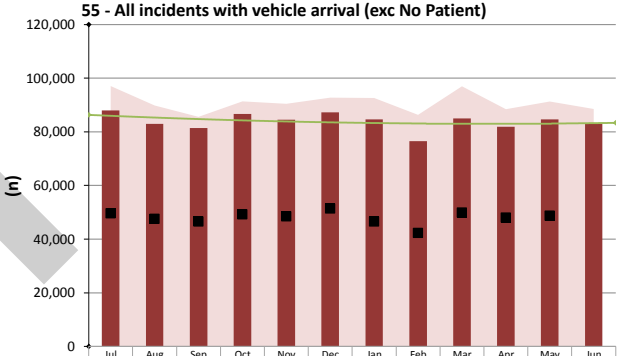
54 - Non A&E Transport / ACP / See & Treat



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	31,664	29,307	26,782	28,499	28,121	30,153	29,357	27,448	31,620	29,014	30,484	30,346
Last 12 Months	30,930	28,668	28,561	30,036	29,164	30,790	29,372	25,866	28,625	27,673	28,881	28,649
2014 -15 UK Median	18,870	17,842	16,993	18,023	17,630	19,661	17,681	15,138	17,942	19,243	21,332	

Patient journeys to a destination other than Type 1 and 2 A&E + number of patients discharged after treatment at the scene or onward referral to an alternative care pathway (ACQI SQU03_10_2_1)

55 - All incidents with vehicle arrival (exc No Patient)



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	97,064	89,822	85,584	91,354	90,442	92,748	92,614	86,333	96,971	88,441	91,299	88,515
Last 12 Months	88,015	82,927	81,446	86,639	84,509	87,261	84,621	76,502	85,012	81,839	84,670	83,065
2014 -15 UK Median	49,585	47,549	46,550	49,237	48,463	51,411	46,565	42,283	49,910	47,998	48,731	

All emergency calls that receive a face-to-face response from the ambulance service (ACQI SQU03_10_2_2)

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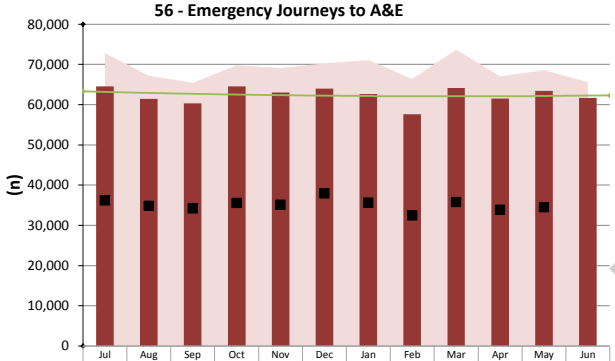
Effective - Dashboard Metric Graphs - DRAFT v2G

Green Line is a Polynomial Trend line of last 12 months

Median Values are derived from UK data MINUS London and I.O.W. Data

CONTRACT Specific Values

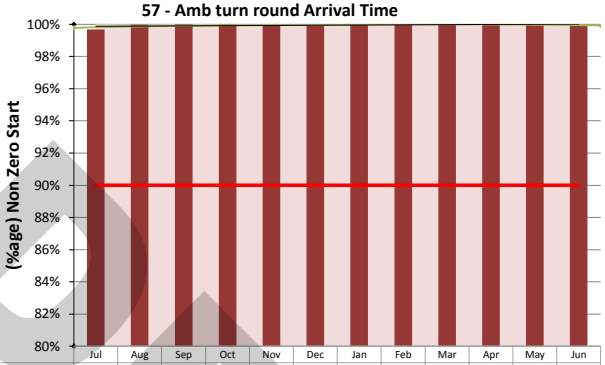
56 - Emergency Journeys to A&E



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	72,800	67,198	65,410	69,756	69,117	70,241	71,082	66,355	73,681	67,014	68,568	65,623
Last 12 Months	64,519	61,393	60,347	64,503	63,047	63,999	62,601	57,592	64,154	61,535	63,445	61,703
2014 -15 UK Median	36,171	34,840	34,204	35,562	35,102	37,915	35,643	32,449	35,769	33,851	34,499	

Number of emergency journeys (ACQI ASI SRS17 1 1 1)

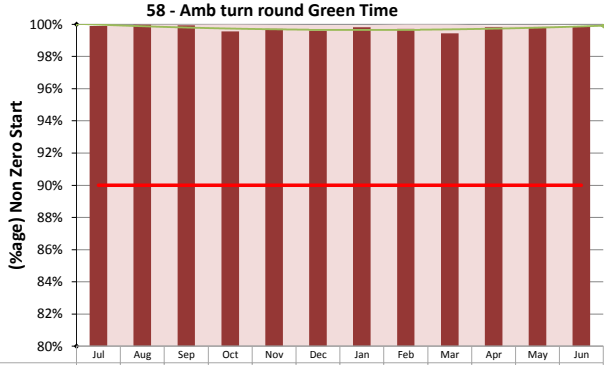
57 - Amb turn round Arrival Time



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	100.00%	99.99%	100.00%	100.00%	100.00%	99.98%	99.98%	100.00%	100.00%	99.99%	99.99%	99.93%
Last 12 Months	99.67%	99.98%	99.99%	99.99%	99.98%	99.90%	99.99%	99.99%	99.99%	99.99%	99.97%	99.98%
TARGET - London	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

Ambulance turnaround - Data Completeness a) Arrival Timestamp (LQR12a)

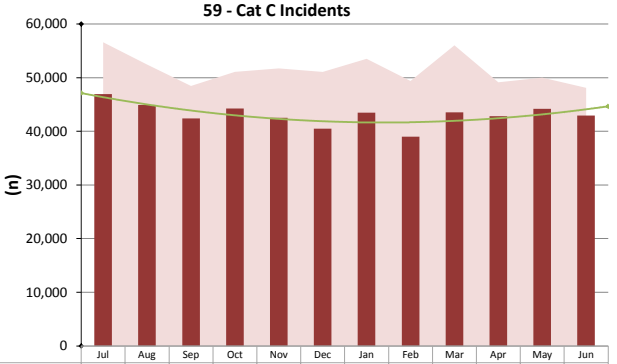
58 - Amb turn round Green Time



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	99.89%	99.98%	99.98%	99.99%	99.97%	99.95%	99.95%	99.99%	99.98%	99.92%	99.95%	99.88%
Last 12 Months	99.89%	99.98%	99.94%	99.55%	99.71%	99.61%	99.81%	99.72%	99.45%	99.82%	99.80%	99.88%
TARGET - London	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

Ambulance turnaround - Data Completeness b) Green Timestamp (LQR12b)

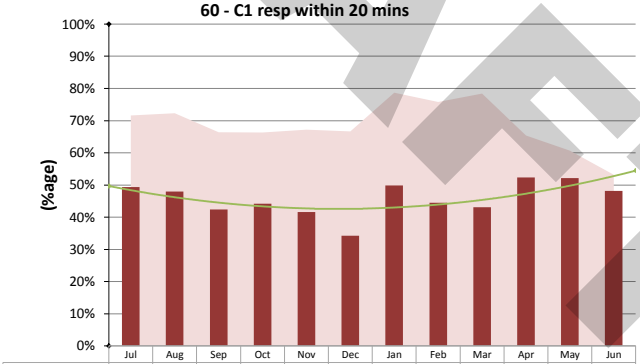
59 - Cat C Incidents



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	56,590	52,441	48,451	51,077	51,722	51,066	53,508	49,375	56,026	49,133	50,005	48,100
Last 12 Months	46,915	44,936	42,388	44,272	42,516	40,493	43,456	38,995	43,515	42,833	44,164	42,953

Number of Category C Incidents received by Month (C1-C4)

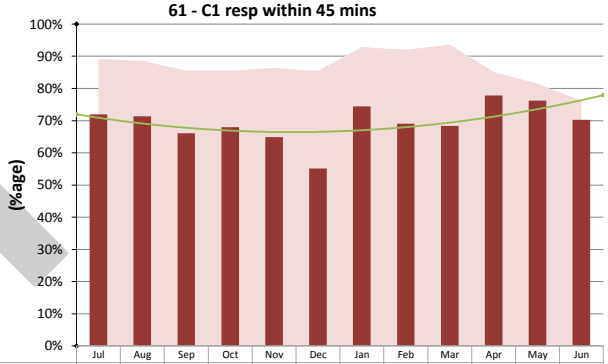
60 - C1 resp within 20 mins



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	71.6%	72.3%	66.4%	66.3%	67.2%	66.7%	78.7%	75.8%	78.4%	65.4%	60.7%	53.2%
Last 12 Months	49.3%	48.0%	42.4%	44.2%	41.6%	34.2%	49.9%	44.5%	43.1%	52.4%	52.2%	48.2%

Cat C1 response performance a) % within 20 minutes (from CLOCK START) (LQR13a)

61 - C1 resp within 45 mins



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	89.2%	88.6%	85.5%	85.5%	86.4%	85.5%	92.9%	92.0%	93.6%	85.2%	81.5%	76.2%
Last 12 Months	71.9%	71.3%	66.1%	67.9%	64.8%	55.2%	74.4%	69.0%	68.3%	77.8%	76.3%	70.2%

Cat C1 response performance b) % within 45 minutes (from CLOCK START) (LQR13b)

DRAFT

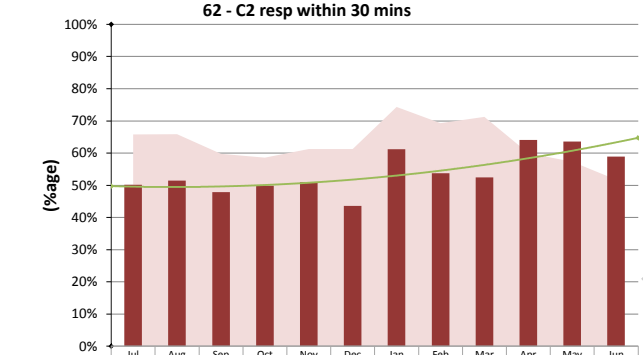
Effective - Dashboard Metric Graphs - DRAFT v2G

Green Line is a Polynomial Trend line of last 12 months

Median Values are derived from UK data MINUS London and I.O.W. Data

CONTRACT Specific Values

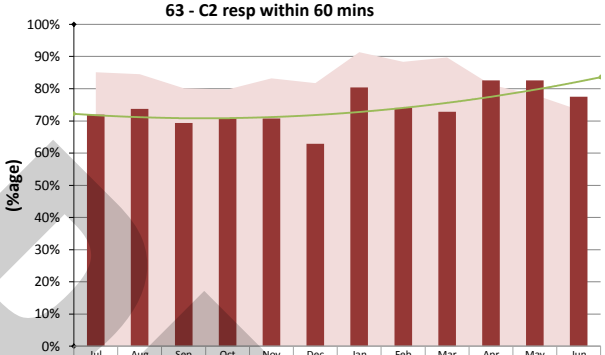
62 - C2 resp within 30 mins



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	65.8%	65.9%	59.8%	58.6%	61.3%	61.3%	74.3%	69.3%	71.2%	60.0%	57.3%	51.7%
Last 12 Months	50.2%	51.4%	47.9%	49.9%	50.9%	43.6%	61.2%	53.7%	52.4%	64.1%	63.6%	58.9%

Cat C2 response performance a) % within 30 minutes (from CLOCK START) (LQR14a)

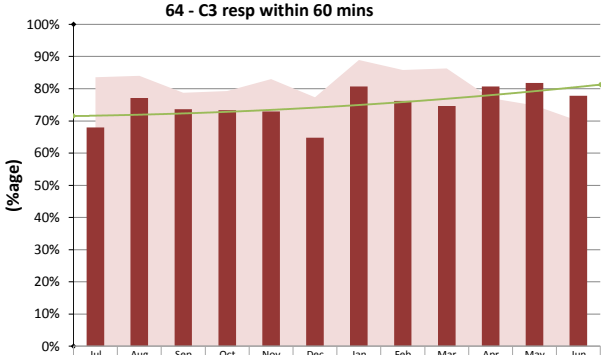
63 - C2 resp within 60 mins



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	85.1%	84.5%	80.2%	79.8%	83.2%	81.7%	91.3%	88.4%	89.7%	81.2%	78.1%	73.4%
Last 12 Months	72.0%	73.8%	69.3%	70.8%	70.7%	62.9%	80.4%	74.0%	72.9%	82.6%	82.6%	77.5%

Cat C2 response performance b) % within 60 minutes (from CLOCK START) (LQR14b)

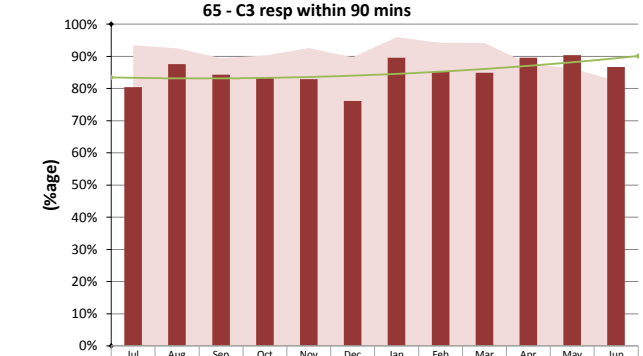
64 - C3 resp within 60 mins



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	83.6%	84.0%	78.7%	79.3%	83.0%	77.3%	88.9%	85.8%	86.3%	77.1%	74.8%	70.0%
Last 12 Months	67.9%	77.1%	73.7%	73.4%	73.0%	64.7%	80.7%	76.2%	74.7%	80.7%	81.8%	77.8%

Cat C3 response performance a) % within 60 minutes (from CLOCK START) (LQR15a)

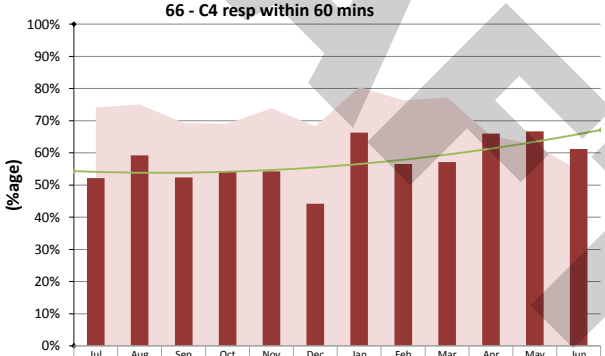
65 - C3 resp within 90 mins



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	93.4%	92.5%	89.4%	90.2%	92.6%	89.7%	95.9%	94.2%	94.1%	87.7%	86.3%	82.4%
Last 12 Months	80.4%	87.6%	84.3%	83.3%	82.9%	76.1%	89.6%	85.2%	84.9%	89.5%	90.3%	86.7%

Cat C3 response performance b) % within 90 minutes (from time it is identified that transport is required) (LQR15b)

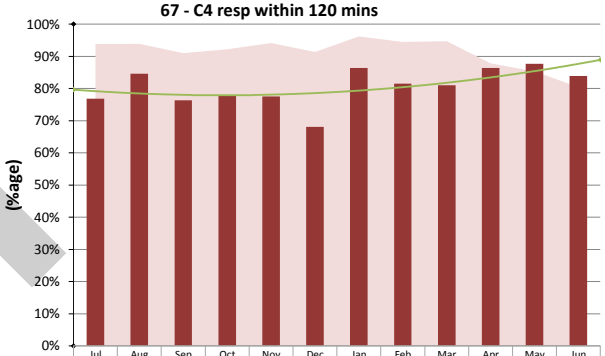
66 - C4 resp within 60 mins



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	74.1%	75.1%	69.3%	69.1%	73.8%	68.3%	80.5%	76.3%	77.2%	65.3%	62.5%	54.4%
Last 12 Months	52.2%	59.3%	52.4%	54.3%	54.2%	44.2%	66.3%	56.5%	57.1%	66.0%	66.7%	61.2%

Cat C4 response performance a) % within 60 minutes (LQR16a)

67 - C4 resp within 120 mins



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	93.8%	93.9%	91.0%	92.2%	94.1%	91.3%	96.2%	94.4%	94.7%	87.8%	85.3%	80.4%
Last 12 Months	76.9%	84.6%	76.4%	77.9%	77.5%	68.1%	86.4%	81.5%	81.0%	86.3%	87.7%	83.9%

Cat C4 response performance b) % within 120 minutes (LQR16b)

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Effective - Dashboard Metric Graphs - DRAFT v2G

Green Line is a Polynomial Trend line of last 12 months

Median Values are derived from UK data MINUS London and I.O.W. Data

CONTRACT Specific Values

68 - C3 triage within 30 mins

Cat C3 triage performance a) % within 30 minutes (from Call Complete) (LQR17a)

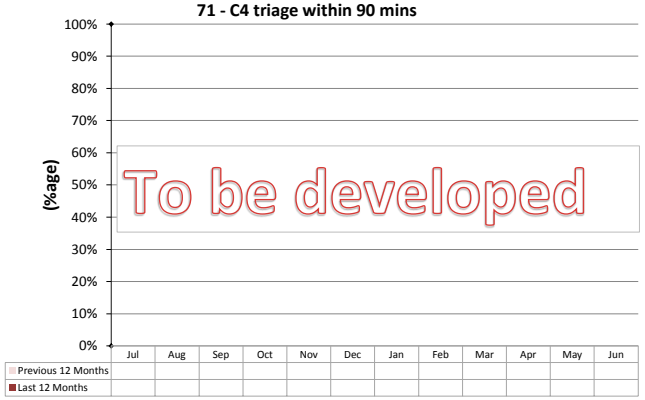
69 - C3 triage within 45 mins

Cat C3 triage performance b) % within 45 minutes(from Call Complete) (LQR17b)

70 - C4 triage within 60 mins

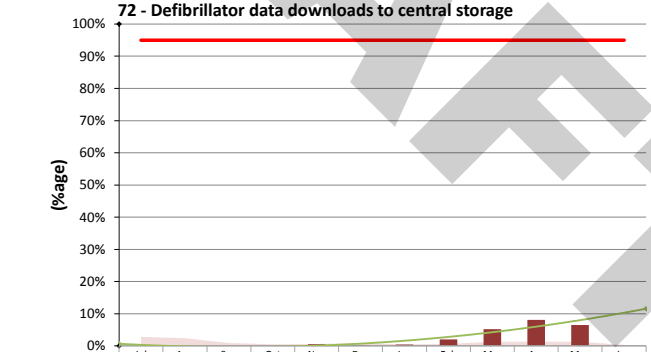
Cat C4 triage performance a) % within 60 minutes(from Call Complete) (LQR18a)

71 - C4 triage within 90 mins



Cat C4 triage performance b) % within 90 minutes (from Call Complete) (LQR18b)

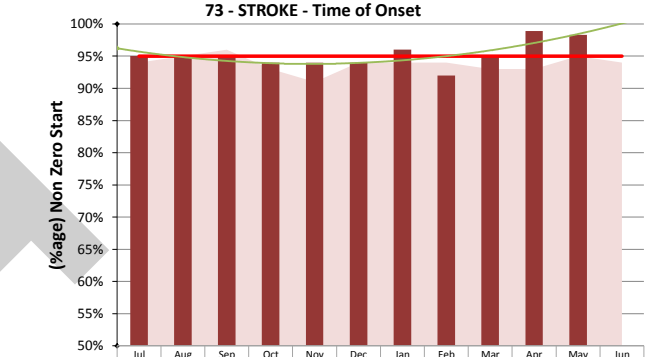
72 - Defibrillator data downloads to central storage



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	2.8%	2.4%	0.9%	0.5%	0.6%	0.9%	0.5%	0.6%	1.3%	1.3%	1.3%	0.3%
Last 12 Months	0.0%	0.0%	0.0%	0.0%	0.5%	0.2%	0.4%	2.0%	5.2%	8.1%	6.5%	
TARGET - London	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

The percentage of data downloads from defibrillators for patients who had resuscitation commenced/continued by the ambulance service following an out-of-hospital cardiac arrest (LAS Clinical Performance Indicators)

73 - STROKE - Time of Onset



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	94.0%	95.0%	96.0%	93.0%	91.0%	94.0%	94.0%	94.0%	93.0%	93.0%	95.0%	94.0%
Last 12 Months	95.0%	95.0%	95.0%	94.0%	94.0%	94.0%	96.0%	92.0%	95.0%	98.9%	98.3%	
TARGET - London	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

The percentage of FAST positive stroke patients where time of onset of symptoms is recorded or where time of onset is reported as unknown (LAS Clinical Performance Indicators)

DRAFT

Effective - Dashboard Metric Graphs - DRAFT v2G

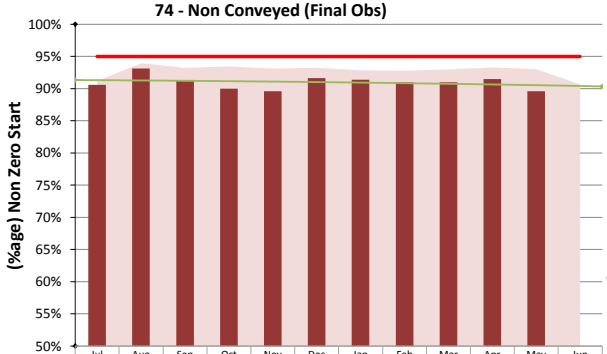
Green Line is a Polynomial Trend line of last 12 months

Median Values are derived from UK data MINUS London and I.O.W. Data

CONTRACT Specific Values

X

74 - Non Conveyed (Final Obs)

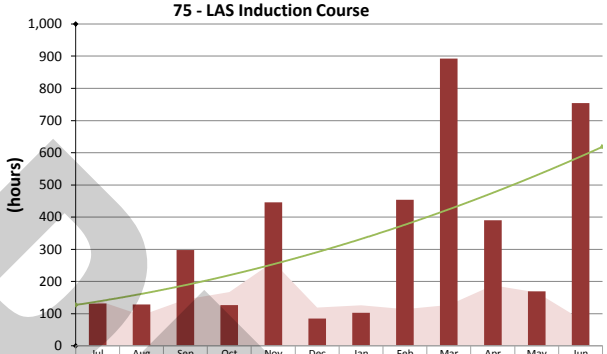


	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	91.2%	93.9%	93.2%	93.4%	93.1%	93.2%	92.8%	92.8%	93.0%	93.3%	93.0%	90.6%
Last 12 Months	90.6%	93.1%	91.3%	90.0%	89.6%	91.6%	91.4%	91.0%	91.0%	91.5%	89.6%	
TARGET - London	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

The percentage of non-conveyed patients where a final full set of observations is recorded (or valid exception). Defined as Time (hh:mm), AVPU, respiratory rate and depth, O2 saturations, pulse rate and character, blood pressure and colour. (LAS CPI)

X

75 - LAS Induction Course



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	141	95	144	167	261	119	126	114	127	188	166	83
Last 12 Months	132	129	298	127	446	85	103	454	892	390	169	754

New Staff receiving a formal service induction course as hours. This does not count localised inductions

X

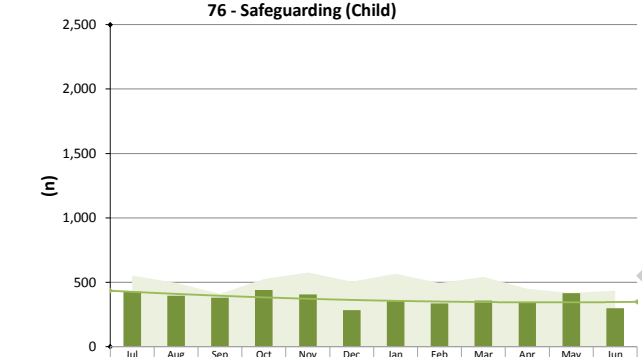
X

DRAFT

Caring - Dashboard Metric Graphs - DRAFT v2G

Green Line is a Polynomial Trend line of last 12 months

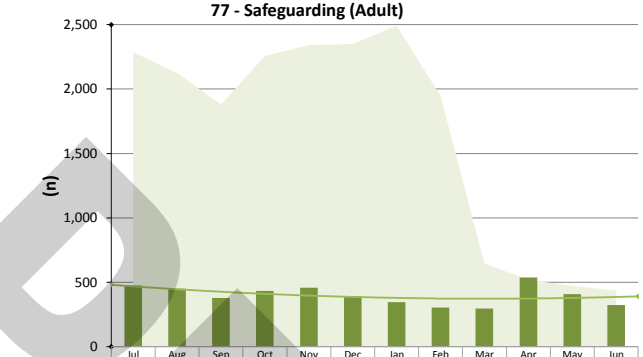
76 - Safeguarding (Child)



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	552	495	409	525	576	505	566	493	542	449	417	435
Last 12 Months	428	396	381	440	404	284	354	336	358	344	415	298

Count of Children referred by Service to appropriate authorities. Care Act 2014 commenced 1/4/2015.

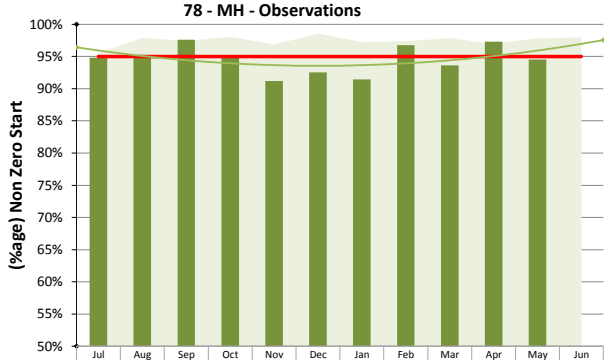
77 - Safeguarding (Adult)



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	2,287	2,124	1,880	2,257	2,341	2,350	2,493	1,945	645	520	472	435
Last 12 Months	476	449	378	432	458	393	345	304	296	537	408	322

Count of Adults referred by Service to appropriate authorities. Care Act 2014 commenced 1/4/2015.

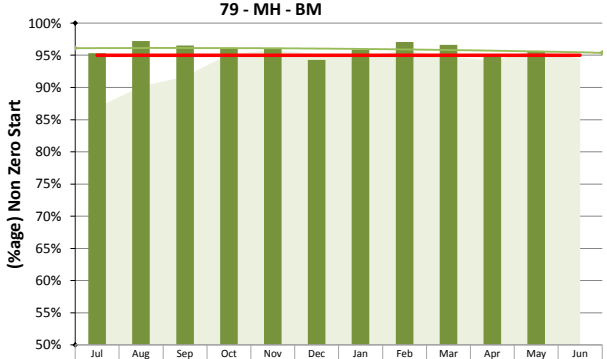
78 - MH - Observations



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	95.5%	97.9%	97.4%	98.1%	96.9%	98.6%	97.2%	97.4%	97.8%	97.0%	97.8%	98.0%
Last 12 Months	94.8%	94.8%	97.6%	95.1%	91.2%	92.5%	91.4%	96.8%	93.6%	97.3%	94.5%	
TARGET - London	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

The percentage of PRFs where a full set of observations is recorded (or valid exception) for mental health patients (defined as Time (hh:mm), AVPU, respiratory rate and depth, O2 saturations, pulse rate and character, blood pressure and colour). (LAS Clinical Performance Indicators)

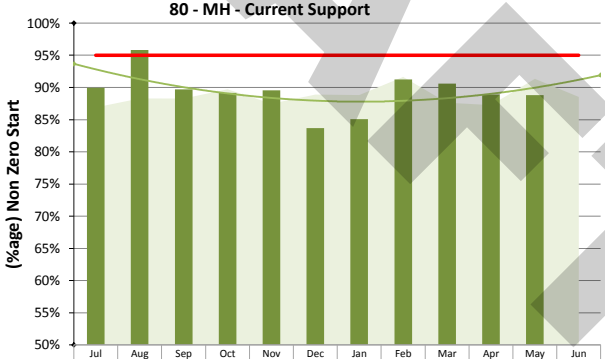
79 - MH - BM



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	86.9%	90.1%	91.7%	95.1%	95.8%	95.2%	94.7%	95.7%	94.8%	94.2%	95.8%	94.4%
Last 12 Months	95.3%	97.2%	96.5%	96.1%	96.1%	94.3%	95.9%	97.1%	96.6%	94.9%	95.6%	
TARGET - London	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

The percentage of PRFs where a blood glucose is recorded for mental health patients with an altered mental state or documented use of antipsychotic medication (or valid exception). (LAS Clinical Performance Indicators)

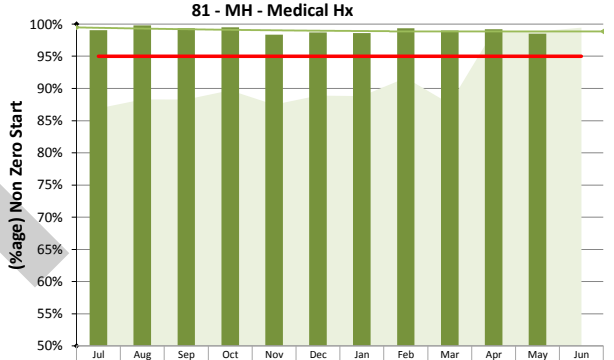
80 - MH - Current Support



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	86.9%	88.3%	88.3%	89.7%	87.5%	88.9%	88.8%	91.6%	87.6%	87.3%	91.3%	88.5%
Last 12 Months	90.0%	95.8%	89.7%	89.2%	89.6%	83.7%	85.1%	91.2%	90.6%	88.9%	88.8%	
TARGET - London	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

The percentage of PRFs with a record of the current Psychiatrist/ Care Co-ordinator/ Community Psychiatric Nurse/ Care or Approved Social Worker or that patient does not have any of the listed professionals (or valid exception). (LAS Clinical Performance Indicators)

81 - MH - Medical Hx



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	86.9%	88.3%	88.3%	89.7%	87.5%	88.9%	88.8%	91.6%	87.6%	98.9%	98.8%	99.4%
Last 12 Months	99.0%	99.8%	99.3%	99.5%	98.4%	98.7%	98.6%	99.4%	99.0%	99.2%	98.5%	
TARGET - London	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

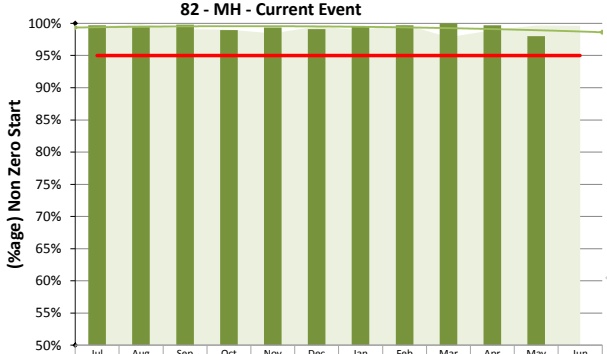
The percentage of PRFs for mental health patients with a record of medical history, allergies and medications (or valid exception). (LAS Clinical Performance Indicators)

DRAFT

Caring - Dashboard Metric Graphs - DRAFT v2G

Green Line is a Polynomial Trend line of last 12 months

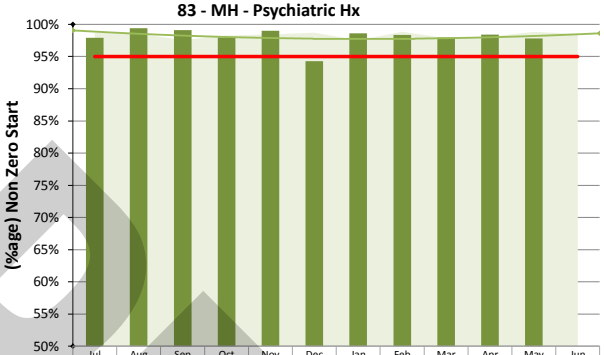
82 - MH - Current Event



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	99.6%	99.9%	99.1%	99.0%	98.4%	99.5%	98.9%	99.8%	97.8%	98.9%	99.7%	99.6%
Last 12 Months	99.7%	99.4%	99.8%	99.0%	99.3%	99.1%	99.4%	99.7%	100.0%	99.7%	98.0%	
TARGET - London	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

The percentage of PRFs with the history of the current event documented including time of onset of symptoms (or valid exception) for mental health patients. (LAS Clinical Performance Indicators)

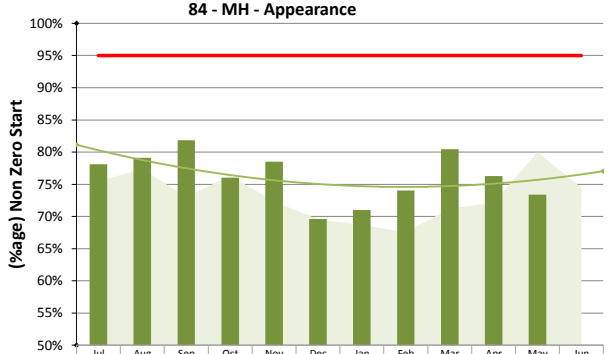
83 - MH - Psychiatric Hx



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	98.7%	98.6%	97.6%	98.3%	98.4%	98.7%	97.5%	98.9%	97.8%	98.1%	98.8%	98.5%
Last 12 Months	97.9%	99.4%	99.1%	97.9%	99.0%	94.3%	98.6%	98.4%	98.0%	98.4%	97.8%	
TARGET - London	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

The percentage of PRFs for mental health patients with their diagnosed psychiatric problem documented (or valid exception). (LAS Clinical Performance Indicators)

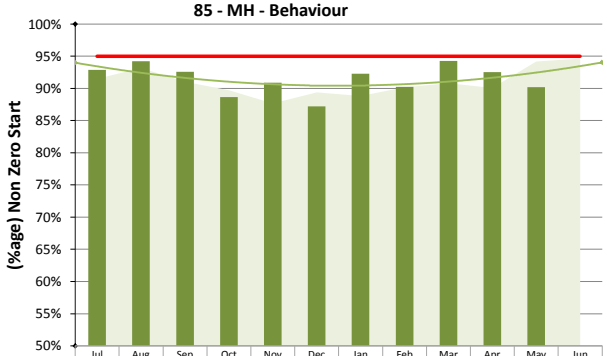
84 - MH - Appearance



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	75.5%	77.4%	73.1%	76.3%	72.3%	69.6%	68.7%	67.5%	71.2%	72.1%	80.0%	74.4%
Last 12 Months	78.1%	79.1%	81.8%	76.0%	78.5%	69.6%	71.0%	74.0%	80.5%	76.3%	73.4%	
TARGET - London	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

The percentage of PRFs for mental health patients with a description of their appearance documented (or valid exception). (LAS Clinical Performance Indicators)

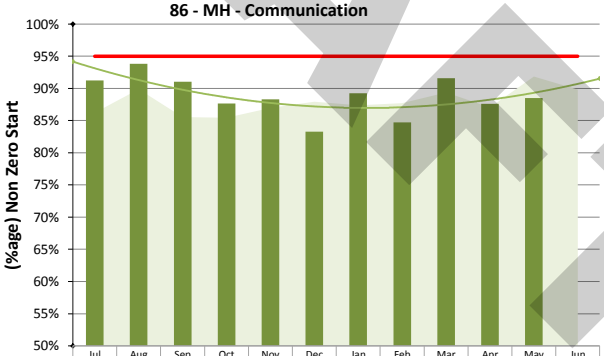
85 - MH - Behaviour



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	91.5%	93.2%	91.0%	89.7%	87.7%	89.4%	88.8%	90.2%	90.8%	90.1%	94.2%	94.6%
Last 12 Months	92.9%	94.2%	92.6%	88.7%	90.9%	87.2%	92.3%	90.3%	94.3%	92.5%	90.2%	
TARGET - London	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

The percentage of PRFs for mental health patients with an assessment of the patient's behaviour documented (or valid exception)

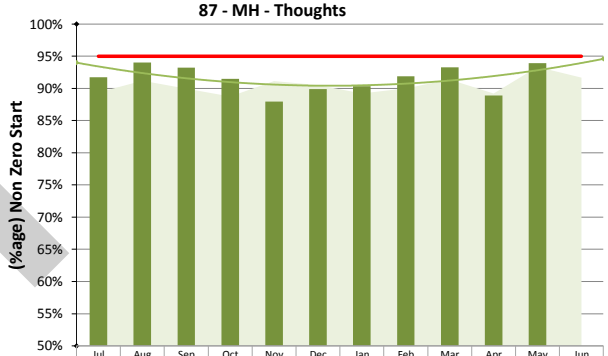
86 - MH - Communication



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	86.2%	89.9%	85.5%	85.4%	87.0%	87.9%	87.4%	87.7%	89.4%	87.0%	91.8%	89.8%
Last 12 Months	91.2%	93.8%	91.0%	87.6%	88.3%	83.3%	89.2%	84.7%	91.6%	87.6%	88.5%	
TARGET - London	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

The percentage of PRFs for mental health patients with an assessment of the patient's communication documented (or valid exception). (LAS Clinical Performance Indicators)

87 - MH - Thoughts



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	89.4%	91.2%	90.0%	88.7%	91.1%	90.5%	89.2%	90.0%	91.4%	89.2%	93.3%	91.7%
Last 12 Months	91.7%	94.0%	93.2%	91.5%	87.9%	89.9%	90.3%	91.9%	93.3%	88.9%	93.9%	
TARGET - London	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

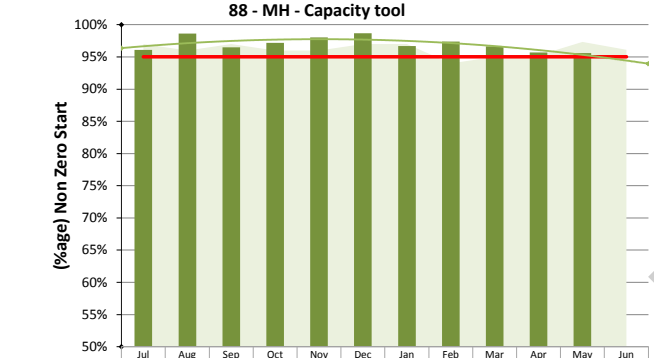
The percentage of PRFs for mental health patients with an assessment of the patient's expressed thoughts documented (or valid exception). (LAS Clinical Performance Indicators)

DRAFT

Caring - Dashboard Metric Graphs - DRAFT v2G

Green Line is a Polynomial Trend line of last 12 months

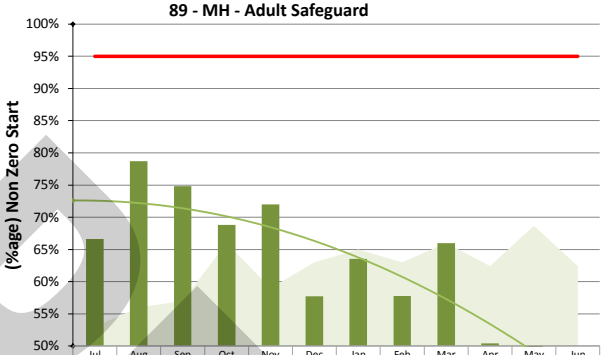
88 - MH - Capacity tool



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	97.0%	96.0%	97.0%	96.0%	96.0%	97.0%	97.0%	94.0%	95.0%	95.2%	97.3%	96.1%
Last 12 Months	96.1%	98.6%	96.5%	97.2%	98.0%	98.7%	96.7%	97.4%	96.6%	95.7%	95.6%	
TARGET - London	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

The percentage of PRFs for mental health patients where a capacity tool has been used where a patient refuses assessment, a form of treatment and/or conveyance and patient capacity is in doubt. (LAS Clinical Performance Indicators)

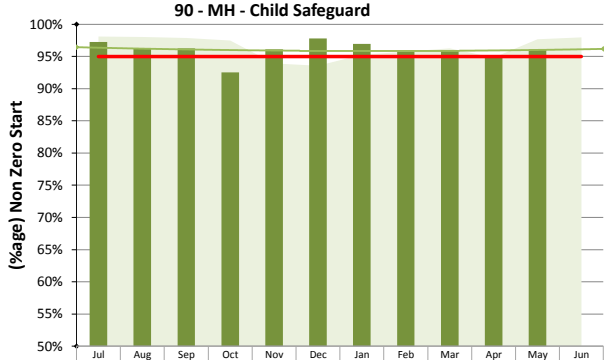
89 - MH - Adult Safeguard



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	53.0%	56.0%	57.0%	66.0%	59.0%	63.0%	65.0%	63.0%	66.0%	62.4%	68.7%	62.4%
Last 12 Months	66.6%	78.7%	74.8%	68.8%	72.0%	57.7%	63.5%	57.8%	66.0%	50.4%	49.0%	
TARGET - London	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

The percentage of PRFs for mental health patients where safeguarding has been considered. A Notification of Adult at Risk or in Need Form (LA280) should be completed for any vulnerable patient that has had thoughts of or attempted self harm or suicide, or where the crew suspects abuse or neglect. (LAS Clinical Performance Indicators). Care Act 2014 commenced 1/4/2015.

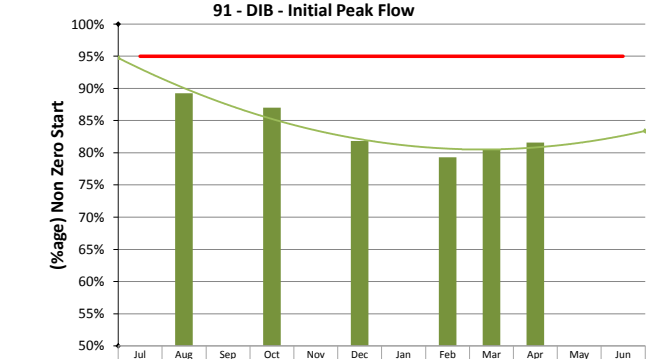
90 - MH - Child Safeguard



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	98.1%	98.0%	97.9%	97.5%	93.9%	93.6%	95.3%	95.7%	96.3%	94.8%	97.7%	98.0%
Last 12 Months	97.2%	96.2%	96.3%	92.5%	96.1%	97.8%	97.0%	95.8%	96.0%	95.1%	96.1%	
TARGET - London	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

The percentage of PRFs for mental health patients where safeguarding has been considered for all vulnerable children in the household where significant harm, abuse, or neglect is suspected. An LAS Notification of Contact with a "Child at Risk or Need" Form (LA279) should be completed. (LAS Clinical Performance Indicators). Care Act 2014 commenced 1/4/2015.

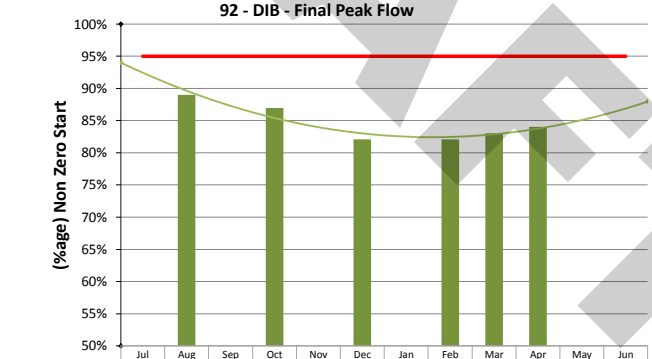
91 - DIB - Initial Peak Flow



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months		86.1%		83.1%		85.1%		83.4%		84.4%		85.8%
Last 12 Months		89.2%		87.0%		81.9%		79.3%	80.5%	81.6%		
TARGET - London	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

The percentage of patients with difficulty in breathing with an initial peak flow recorded (or valid exception). (LAS Clinical Performance Indicators). Alternate Months

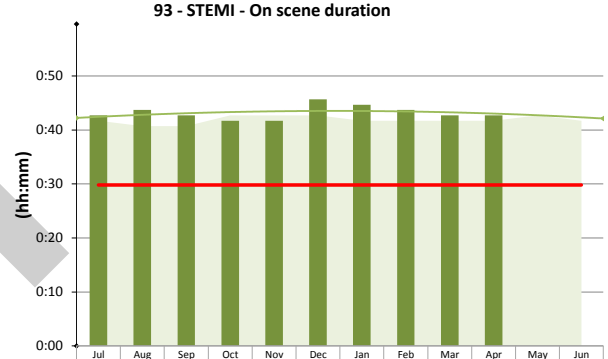
92 - DIB - Final Peak Flow



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months		86.3%		83.8%		85.7%		83.0%		84.4%		87.2%
Last 12 Months		89.0%		86.9%		82.1%		82.1%	83.0%	84.0%		
TARGET - London	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

The percentage of patients with difficulty in breathing with a final peak flow recorded (or valid exception). (LAS Clinical Performance Indicators). Alternate Months

93 - STEMI - On scene duration



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	0:42	0:41	0:41	0:43	0:43	0:43	0:42	0:42	0:42	0:42	0:43	0:42
Last 12 Months	0:43	0:44	0:43	0:42	0:42	0:46	0:45	0:44	0:43	0:43		
TARGET - London	00:30	00:30	00:30	00:30	00:30	00:30	00:30	00:30	00:30	00:30	00:30	00:30

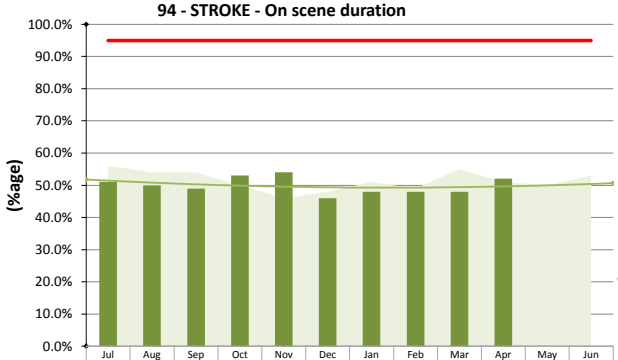
The average on-scene time for STEMI patients from arrival of first vehicle on-scene to conveying vehicle leaving scene. (LAS Clinical Performance Indicators)

DRAFT

Caring - Dashboard Metric Graphs - DRAFT v2G

Green Line is a Polynomial Trend line of last 12 months

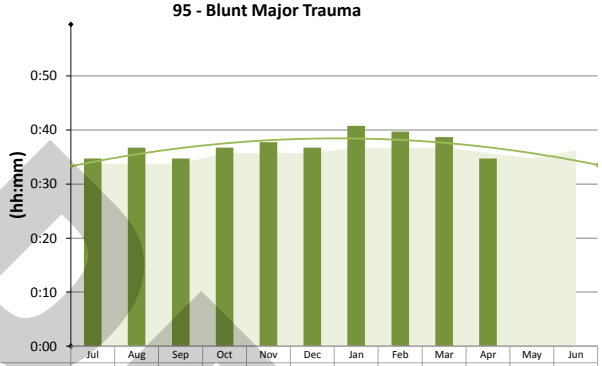
94 - STROKE - On scene duration



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	56.0%	54.0%	54.0%	50.0%	46.0%	48.0%	51.0%	49.0%	55.0%	51.0%	50.0%	53.0%
Last 12 Months	51.0%	50.0%	49.0%	53.0%	54.0%	46.0%	48.0%	48.0%	48.0%	52.0%		
TARGET - London	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

The average on-scene time for FAST positive stroke patients from arrival of first vehicle on-scene to conveying vehicle leaving scene. (LAS Clinical Performance Indicators)

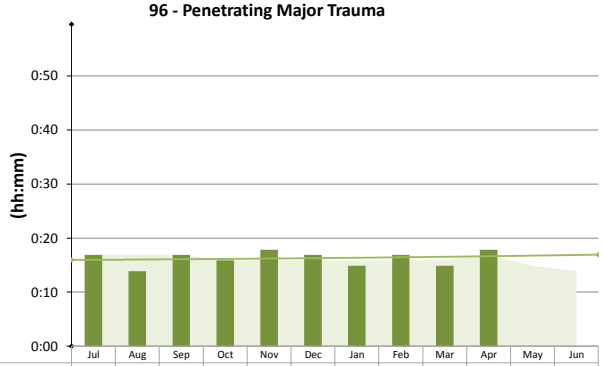
95 - Blunt Major Trauma



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	0:34	0:34	0:34	0:36	0:36	0:36	0:37	0:37	0:37	0:36	0:35	0:36
Last 12 Months	0:35	0:37	0:35	0:37	0:38	0:37	0:41	0:40	0:39	0:35		

The average on-scene time for major trauma patients with blunt injuries from arrival of first transporting vehicle on-scene to leaving scene. This measure excludes patients who are recorded as trapped on crew arrival or attended by a HEMS or BASICS doctor. (LAS Clinical Performance Indicators). Data by Qtr

96 - Penetrating Major Trauma

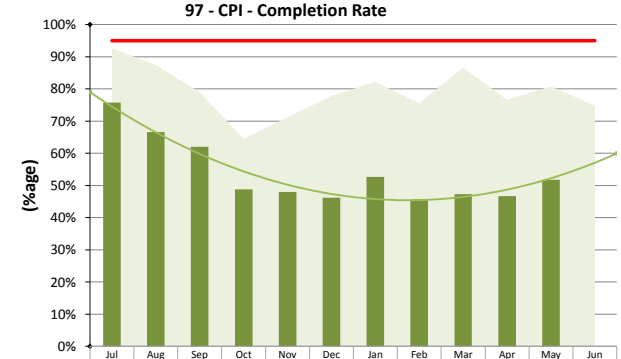


	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	0:17	0:17	0:17	0:16	0:16	0:16	0:16	0:16	0:16	0:17	0:15	0:14
Last 12 Months	0:17	0:14	0:17	0:16	0:18	0:17	0:15	0:17	0:15	0:18		

The average on-scene time for major trauma patients with penetrating injuries from arrival of first transporting vehicle on-scene to leaving scene. This measure excludes patients who are recorded as trapped on crew arrival or attended by a HEMS or BASICS doctor. (LAS Clinical Performance Indicators). Data by Qtr

X

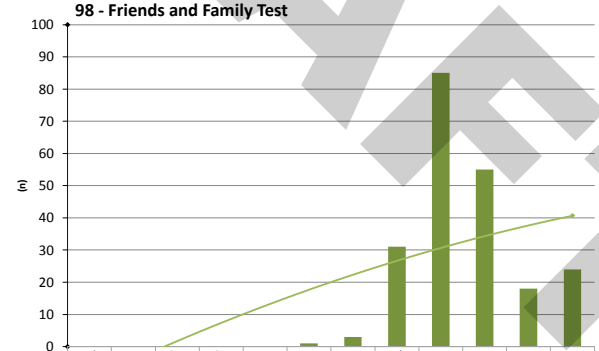
97 - CPI - Completion Rate



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	92.6%	87.4%	78.9%	64.4%	71.2%	77.8%	82.2%	75.6%	86.6%	76.6%	80.8%	74.8%
Last 12 Months	75.7%	66.6%	62.0%	48.8%	48.0%	46.2%	52.6%	45.7%	47.3%	46.7%	51.8%	
TARGET - London	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

The percentage of audits completed by Team Leaders or trained restricted duties paramedics. (LAS Clinical Performance Indicators)

98 - Friends and Family Test



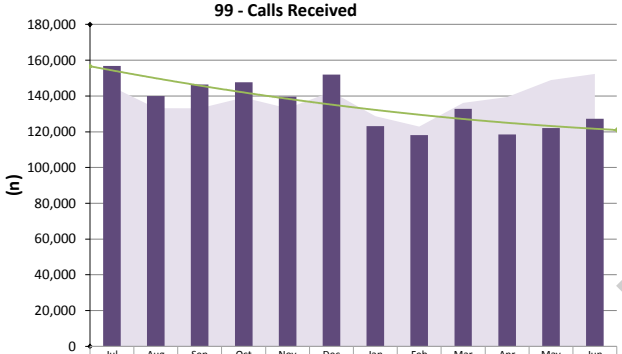
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months										0	0	0
Last 12 Months	0	0	0	0	0	1	3	31	85	55	18	24

Numbers by month of returns from Friends and Family Test (Formally commences April 2015)

DRAFT

Responsive - Dashboard Metric Graphs - DRAFT v2G

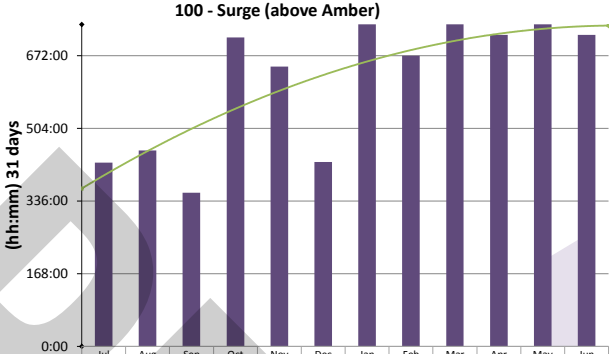
99 - Calls Received



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	145,152	133,163	133,107	139,108	133,112	142,350	128,705	122,888	136,128	139,380	148,878	152,311
Last 12 Months	156,863	140,012	146,411	147,626	139,672	152,028	123,112	118,152	132,814	118,463	122,123	127,324

Total calls to LAS excluding direct CAD interfaces

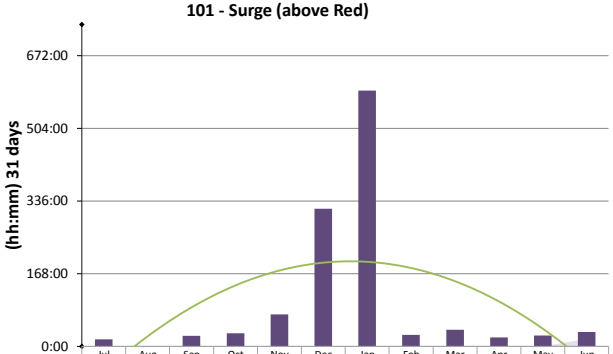
100 - Surge (above Amber)



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months											197:19	258:17
Last 12 Months	424:21	452:29	355:13	713:59	646:15	425:57	744:00	672:00	744:00	720:00	744:00	720:00

Surge (above Amber) inc Red (EOC Excess demand management). Data from July 14 Onwards, replaced Demand Management Plan

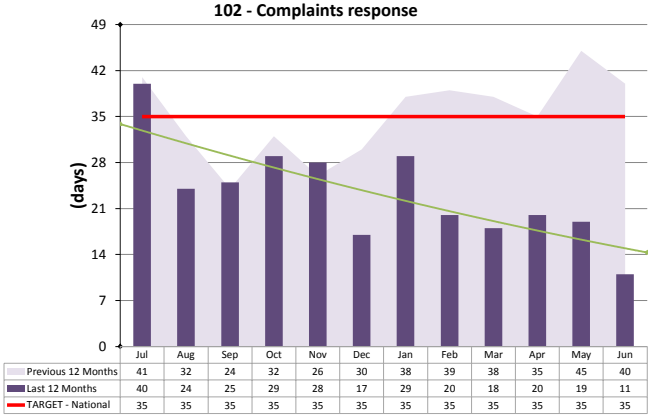
101 - Surge (above Red)



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months											0:00	17:35
Last 12 Months	16:14	0:00	24:42	29:59	73:43	318:01	591:25	26:38	38:14	20:27	25:03	33:12

Surge (above Red) (EOC Excess demand management). Data from July 14 Onwards, replaced Demand Management Plan

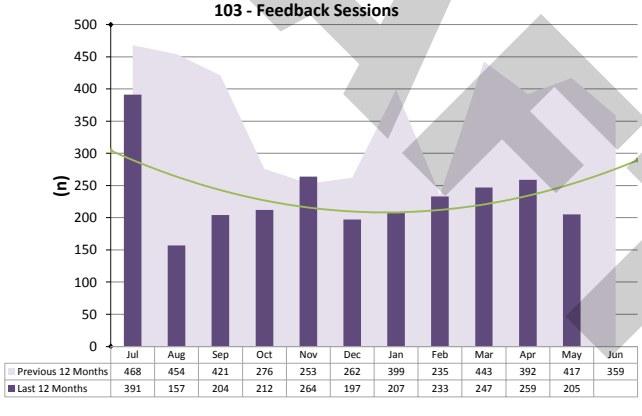
102 - Complaints response



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	41	32	24	32	26	30	38	39	38	35	45	40
Last 12 Months	40	24	25	29	28	17	29	20	18	20	19	11
TARGET - National	35	35	35	35	35	35	35	35	35	35	35	35

A true reflection of response times cannot be calculated until the furthest timescale (i.e. 35 days working days have elapsed) - Approximately 33% of complaints are closed within the 35 day time frame

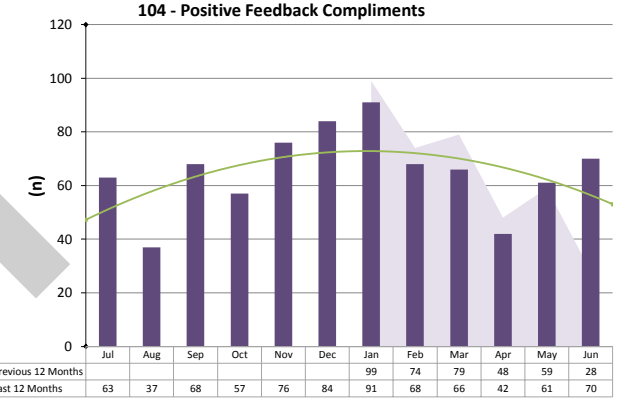
103 - Feedback Sessions



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	468	454	421	276	253	262	399	235	443	392	417	359
Last 12 Months	391	157	204	212	264	197	207	233	247	259	205	

The volume of face to face CPI feedback sessions undertaken. Excludes written feedback, Cumulative by month.

104 - Positive Feedback Compliments



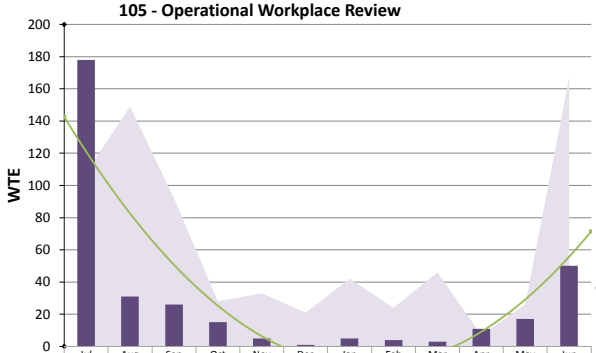
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months							99	74	79	48	59	28
Last 12 Months	63	37	68	57	76	84	91	68	66	42	61	70

Letters of thanks sent to the Service addressed to any member of staff and notified to the Communications Team. (Pre Nov 2013 letters scanned Total 733)

DRAFT

Responsive - Dashboard Metric Graphs - DRAFT v2G

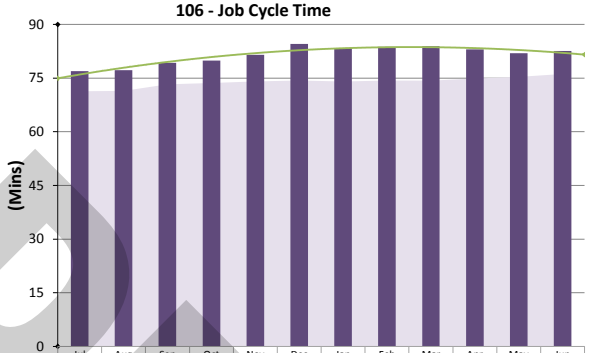
105 - Operational Workplace Review



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	108	149	92	28	33	21	42	24	46	7	26	167
Last 12 Months	178	31	26	15	5	1	5	4	3	11	17	50

Reviews of staff, variously recorded as CPD (Continuing Professional Development) CPDI (Interview), IPR (Individual Performance Review), PDR (Personal Development Review), PCD (Personal Career Development)

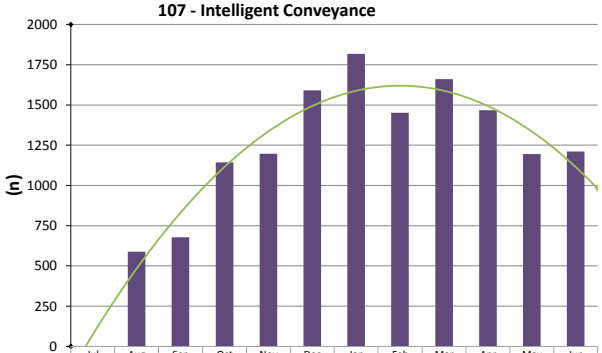
106 - Job Cycle Time



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	71.3	71.4	73.3	73.6	74.1	74.3	74.1	74.3	74.3	74.9	75.3	76.2
Last 12 Months	76.9	77.2	79.3	79.9	81.5	84.5	83.4	83.8	83.9	83.1	82.0	82.6

Job Cycle Time Average for Month (Conveyed and Non Conveyed rpt 644)

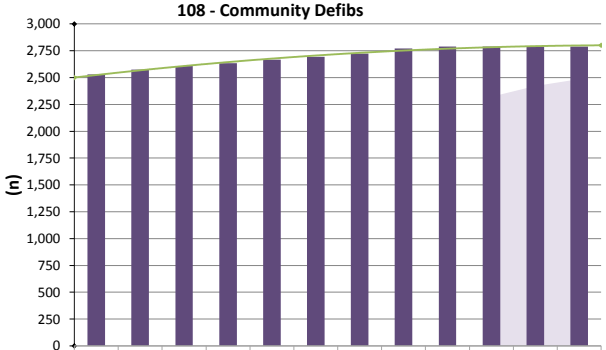
107 - Intelligent Conveyance



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months												
Last 12 Months		589	678	1,143	1,197	1,590	1,818	1,451	1,660	1,467	1,194	1,210

Number of Vehicles diverted to create capacity at alternative Emergency Departments, when NHS systems are under pressure / exceeded local capacity.

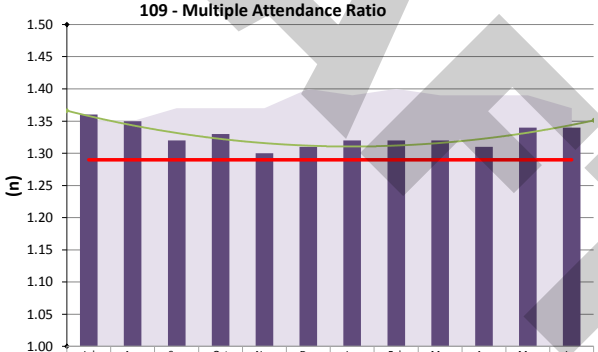
108 - Community Defibs



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months										2,322	2,422	2,486
Last 12 Months	2,529	2,576	2,607	2,635	2,668	2,694	2,724	2,771	2,789	2,789	2,789	2,789

Number of Public Access Defibs available pan London

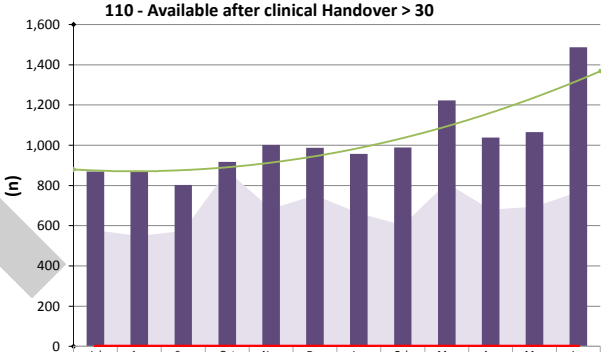
109 - Multiple Attendance Ratio



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	1.35	1.35	1.37	1.37	1.37	1.40	1.39	1.40	1.39	1.39	1.39	1.37
Last 12 Months	1.36	1.35	1.32	1.33	1.30	1.31	1.32	1.32	1.32	1.31	1.34	1.34
TARGET - London	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29

Multiple Attendance Ratio. A calculation based on A & C responses of how many occasions an additional vehicle has attended a scene. Acceptable reasons would be cardiac arrest or multiple casualties

110 - Available after clinical Handover > 30



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	577	549	574	873	684	751	662	602	812	680	694	768
Last 12 Months	870	870	803	917	1,002	987	957	988	1,223	1,038	1,065	1,487
TARGET - London	0	0	0	0	0	0	0	0	0	0	0	0

Following handover between ambulance and A & E, ambulance crew should be ready to accept new calls within 15 minutes and no longer than 30 minutes. Reported 1 month in arrears to allow for verification checks. (EB S8a)

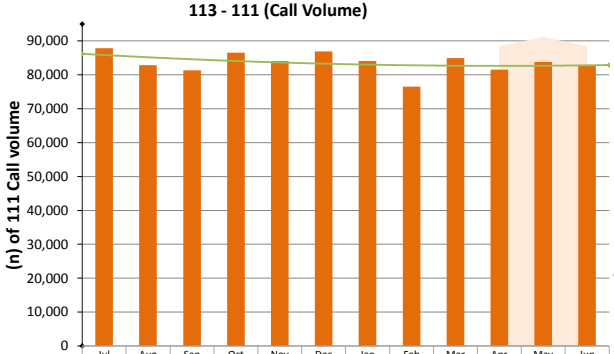
DRAFT

Well Led - Dashboard Metric Graphs - DRAFT v2G

Green Line is a Polynomial Trend line of last 12 months

CONTRACT Specific Values

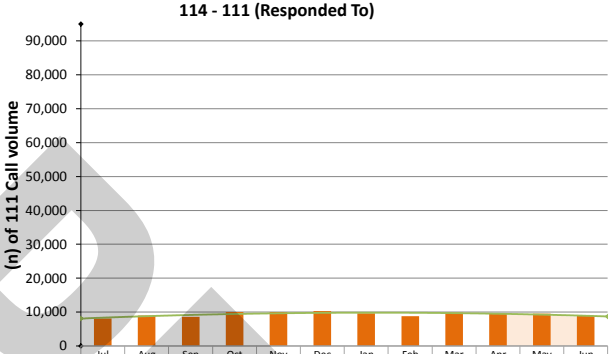
113 - 111 (Call Volume)



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months										88,382	91,225	88,382
Last 12 Months	87,833	82,847	81,373	86,568	84,099	86,950	84,110	76,529	84,929	81,497	83,789	82,872

Number of calls presented to 111 within London and recorded by LAS

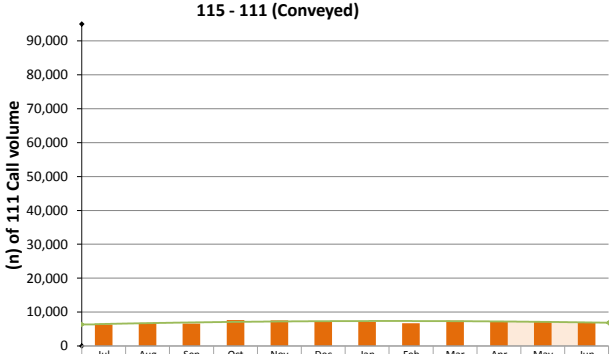
114 - 111 (Responded To)



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months										9,099	9,243	8,371
Last 12 Months	8,146	8,972	8,635	9,982	10,038	10,283	9,602	8,759	9,831	9,456	9,588	8,929

Number of 111 calls transferred to the LAS for attendance with patient

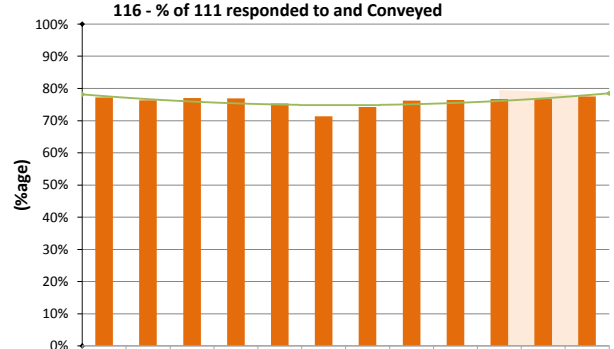
115 - 111 (Conveyed)



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months										7,237	7,300	6,490
Last 12 Months	6,287	6,851	6,646	7,675	7,563	7,341	7,124	6,680	7,511	7,250	7,356	6,919

Number of 111 calls who receive LAS attendance at scene and are subsequently conveyed to hospital

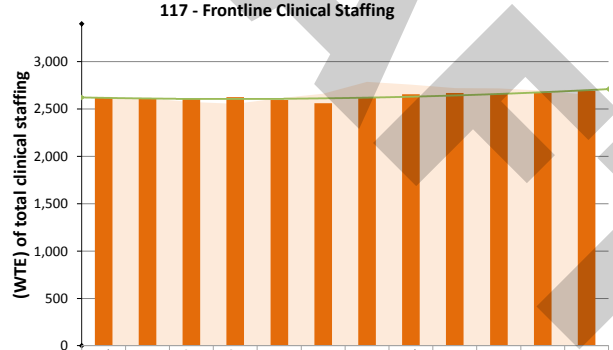
116 - % of 111 responded to and Conveyed



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months										79.5%	79.0%	77.5%
Last 12 Months	77.2%	76.4%	77.0%	76.9%	75.3%	71.4%	74.2%	76.3%	76.4%	76.7%	76.7%	77.5%

Percentage of 111 reponse that have been conveyed

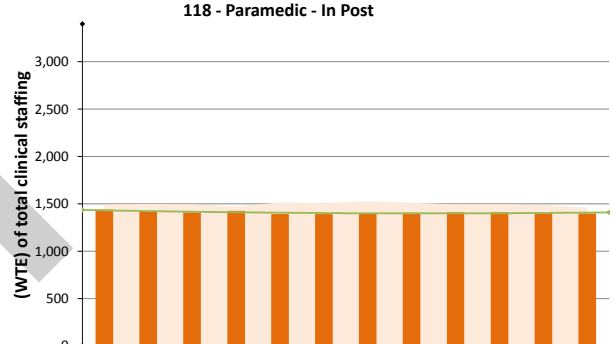
117 - Frontline Clinical Staffing



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	2,604	2,613	2,575	2,555	2,614	2,662	2,787	2,758	2,721	2,718	2,694	2,651
Last 12 Months	2,621	2,609	2,612	2,626	2,596	2,561	2,626	2,655	2,669	2,658	2,669	2,692

Count of paramedic and Non Paramedic frontline staff (excludes management / admin grades etc.) (CQC14)

118 - Paramedic - In Post



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	1,493	1,499	1,494	1,471	1,514	1,507	1,528	1,511	1,494	1,497	1,486	1,460
Last 12 Months	1,440	1,418	1,408	1,426	1,393	1,390	1,401	1,405	1,412	1,411	1,401	1,398

Qualified Paramedical Staff deployed on frontline duties (CQC14)

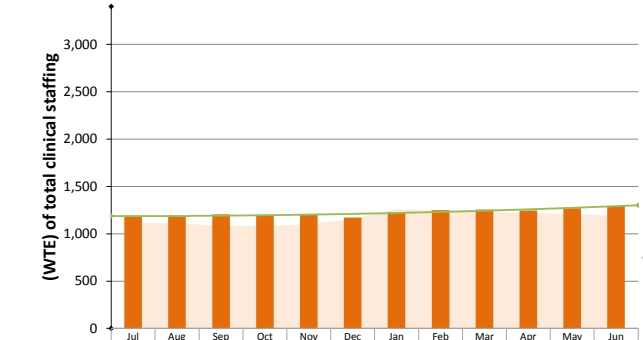
DRAFT

Well Led - Dashboard Metric Graphs - DRAFT v2G

Green Line is a Polynomial Trend line of last 12 months

CONTRACT Specific Values

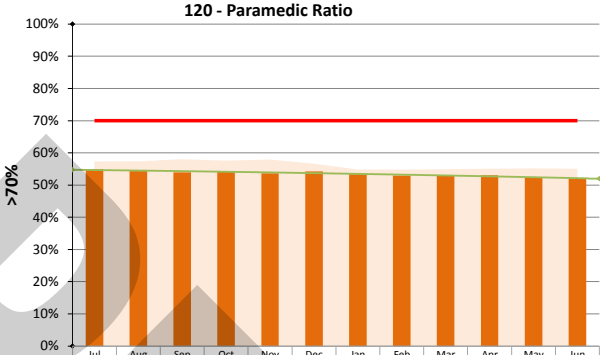
119 - Non Paramedic - In Post



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	1,111	1,114	1,081	1,084	1,100	1,154	1,259	1,247	1,227	1,221	1,208	1,191
Last 12 Months	1,181	1,191	1,204	1,200	1,203	1,171	1,225	1,250	1,257	1,247	1,268	1,294

Non Paramedical Staff deployed on frontline duties (Numbers includes student paramedics etc.) (CQC14)

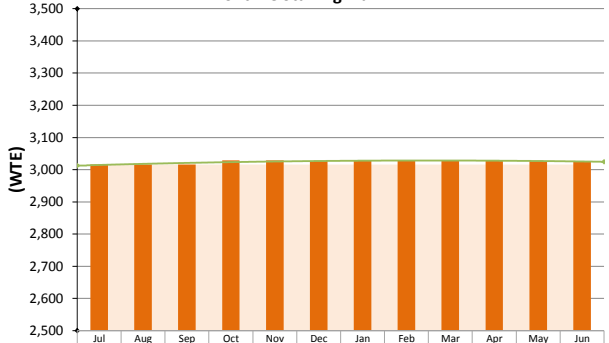
120 - Paramedic Ratio



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	57%	57%	58%	58%	58%	57%	55%	55%	55%	55%	55%	55%
Last 12 Months	55%	54%	54%	54%	54%	54%	53%	53%	53%	53%	52%	52%
TARGET - London	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%

Paramedic to Non Paramedic expressed as percentage. Commisioners Target for 2016 is 70% (CQC14)

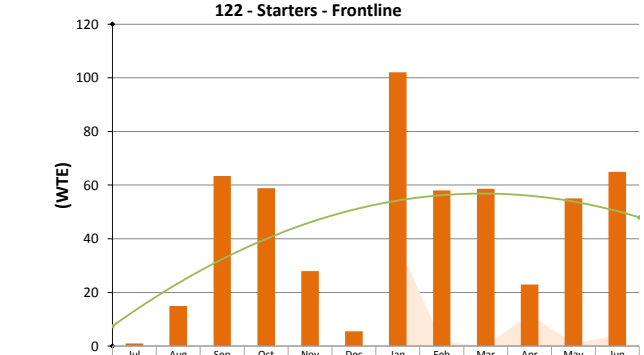
121 - Frontline Staffing Plan



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	3,016	3,016	3,016	3,016	3,016	3,016	3,016	3,016	3,016	3,016	3,016	3,016
Last 12 Months	3,016	3,016	3,016	3,029	3,029	3,027	3,027	3,027	3,027	3,027	3,027	3,027

Frontline staff plan including 32% relief factor (from September 2014) (CQC14)

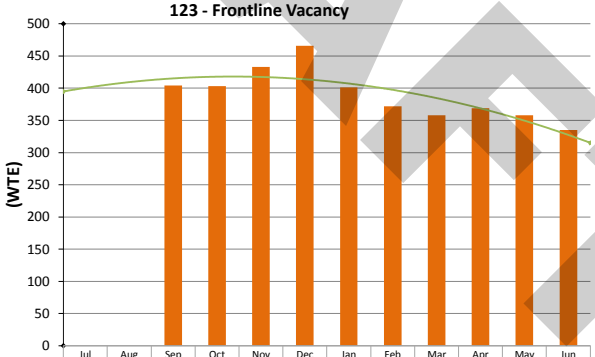
122 - Starters - Frontline



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months							38	2	0	12	1	4
Last 12 Months	1	15	63	59	28	5	102	58	59	23	55	65

WTE Trainees and joiners who will take up frontline duties, once qualified (CQC14)

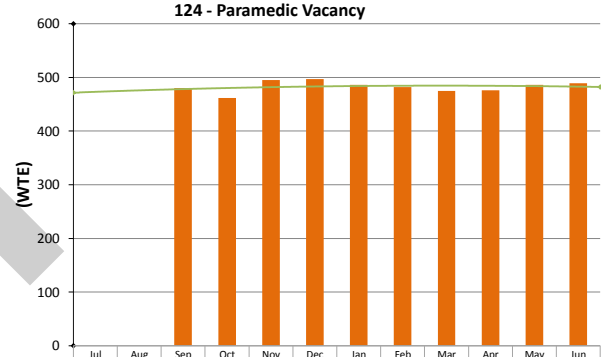
123 - Frontline Vacancy



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months												
Last 12 Months			404	403	433	466	401	372	358	369	358	335

Monthly WTE vacancy factor including 32% relief (CQC14)

124 - Paramedic Vacancy



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months												
Last 12 Months			480	462	495	497	486	482	475	476	486	489

Paramedic only vacancies (inc Relief). This vacancy value will appear higher than total vacancies on occasions, due to a higher proportion of non-paramedic staff within the LAS. Expected to diminish when full establishment is attained. (CQC14)

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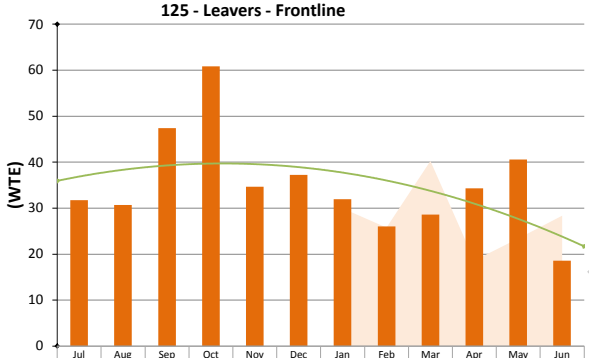
Well Led - Dashboard Metric Graphs - DRAFT v2G

Green Line is a Polynomial Trend line of last 12 months

CONTRACT Specific Values

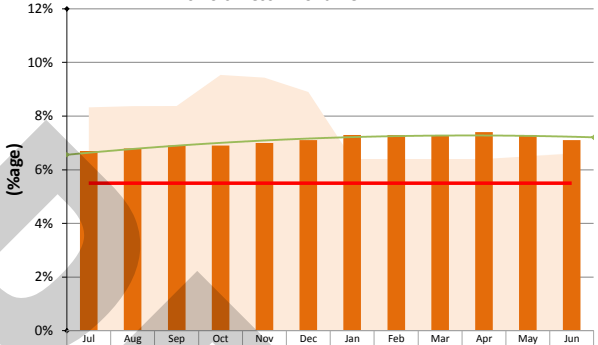
125 - Leavers - Frontline



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months							30	26	40	19	23	28
Last 12 Months	32	31	47	61	35	37	32	26	29	34	41	19

Staff leaving LAS for other jobs from frontline (CQC14)

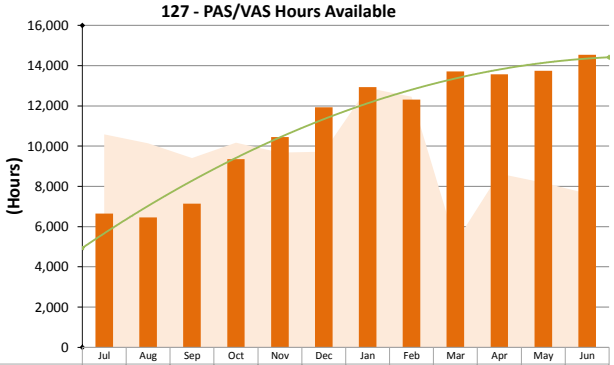
126 - Sickness - Frontline



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	8.3%	8.4%	8.4%	9.5%	9.4%	8.9%	6.4%	6.4%	6.4%	6.4%	6.5%	6.6%
Last 12 Months	6.7%	6.8%	6.9%	6.9%	7.0%	7.1%	7.3%	7.3%	7.3%	7.4%	7.3%	7.1%
TARGET - National	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%

Combined Short and Long Term Sickness for frontline staff

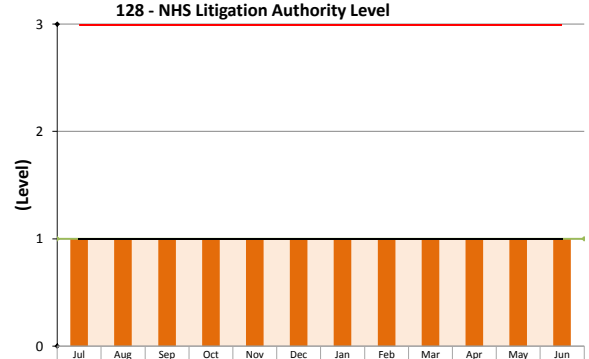
127 - PAS/VAS Hours Available



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	10,583	10,138	9,406	10,169	9,677	9,721	12,894	12,453	5,196	8,631	8,181	7,641
Last 12 Months	6,654	6,451	7,138	9,352	10,444	11,929	12,928	12,306	13,713	13,573	13,746	14,543

Total Hours recorded as being supplied by Private Ambulance Service (PAS) or Voluntary Ambulance Service (VAS) to support frontline operations

128 - NHS Litigation Authority Level



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	1	1	1	1	1	1	1	1	1	1	1	1
Last 12 Months	1	1	1	1	1	1	1	1	1	1	1	1
TARGET - National	3	3	3	3	3	3	3	3	3	3	3	3

NHSLA Level

X

X

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Acronym	Meaning
01:40	Ratio of checks, 1 from 40
A19	Category A (R1-R3) calls with an 19 minute performance
A8	Category A (R1-R3) calls with an 8 minute performance
ACP	Alternative Care Pathways (non emergency room)
ACS	Acute Coronary System (Heart illness)
AEU	Ambulance (Accident & Emergency Unit)
AMI	Acute Myocardial Infarction (Heart Attack)
BM	Blood test
C1 - C4	Lower Acuity Illness / Injury Calls
CAS	Central Alerting System (NHS)
CAT	Category as in performance definitions leading to a response
CPD	Continual Professional Development
CPI	Clinical Performance Indicator
CPR	Cardio-Pulmonary Resuscitation
CRU	Cycle Response Unit
CSR	Core Skills Refresher (Training for consistency of application of care)
DIB	Difficult Breathing
EOC	Emergency Operations Centre (999 control rom)
ETCO2	End tidal CO2 (exhaled bodily air monitoring for Carbon Dioxide)
F2F	Face to face
FAST	Face, Arm, Speech, Time (Indicators of a Stroke)
FFT	Friends & Family Test
FRU	Fast Response Unit (Car)
GCS	Glasgow Coma Score (levels of consciousness)
HAC	Heart Attack Centre
HAS	Hospital Alert Screen
Hx	History (abbreviation)
LBBB	Left Bundle Branch Block (Electrical changes in the heart)
MAR	Multiple Attendance Ratio (Ave count of vehicl3es attending incidents)
MRU	Motorcycle Response Unit
NRLS	National Reporting & Learning System
O2	Oxygen
Obs	Observations (abbreviation)
OWR	Occupational Workplace Review
Polynomial	In mathematics, an expression consisting of variables and coefficients, that involves only the operations of addition, subtraction, multiplication, and non-negative integer exponents
Pts	Patient(s)
R1 - R3	Calls that are described as life threatening
RED 1	R1
ROSC	Return of Spontaneous Circulation (Heartbeat with Blood pressure)
SPO2	Peripheral capillary oxygen saturation
STEMI	ST Elevation Myocardial infarction (Electrical changes in the heart)
TOA	Time of Arrival
VT/VF	Ventricular Tachycardia / Ventricular Fibrillation (Electrical changes in the heart)
WTE	Whole Time Equivalent (1 person)

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RAG Key

	Last reported three months of Data against performance standard
R	more than 2% off target
A	within 2% of target
G	On or above target
	No Target based on last two reported months
↓	Down
○	No Change
↑	Up
	With Target based on last two reported months
↘	Down as good
↘	Down as bad
→	No Change
↗	Up as Good
↗	Up as bad

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No	Indicator	Data Provider	Definition	Data Source	Data ID	Lead Exec	Lead Division/Corporate	Description	Threshold rationale
001	Training excluding Core Skills Refreshers	Data from (GRS) Resource Centre	Total of Frontline Staff training	GRS Records		K.Broughton	Head of Resourcing (P.Cook)	Count from GRS of all training values excluding CSR*	Service Monitoring
002	Core Skills Refreshers	Data from (GRS) Resource Centre	Total of Frontline CSR Staff training	GRS Records		K.Broughton	Head of Resourcing (P.Cook)	Count from GRS for training marked CSR*	Service Monitoring
003	Adverse Incidents Reports	Safety & Risk (A.Kelly)	Incidents reported by staff on LA52	Datix		S.Adams	Senior Health & Safety Advisor (J.Selby)	Count of type from Datix	Local Monitoring
004	Serious Incidents (NHS Signals)	Safety & Risk (A.Kelly)	National Reporting and Learning System (notifications received)	Datix		S.Adams	Senior Health & Safety Advisor (J.Selby)	Count of type from Datix	National Monitoring
005	Never Events	Safety & Risk (A.Kelly)	Gateway 03199	Datix	Gateway 03199 & CQC12	S.Adams	Senior Health & Safety Advisor (J.Selby)	Count of type from Datix	National Monitoring
006	Medication Errors	Safety & Risk (A.Kelly)	Incidents reported by staff on LA52	Datix		S.Adams	Senior Health & Safety Advisor (J.Selby)	Count of type from Datix	Local Monitoring
007	Serious Incidents (LAS Declared)	Safety & Risk (A.Kelly)	Reviewed incidents that are declared by LAS as serious	Datix	CQC11	S.Adams	Senior Health & Safety Advisor (J.Selby)	Count of type from Datix	National Monitoring
008	Incidents v Call volume	Calculated from 3,5,7 and Total incidents		Datix & MI					
009	Total Complaints	Patient Experiences Department (J.Dawson)	No. of complaints received by P.E.D.	Datix			Head of Patient Experiences (G.Bassett)	Count from Datix	National Monitoring
010	NHS Central Alert System	Safety & Risk (A.Kelly)	No. of CAS Alerts received	Datix	CQC13	S.Adams	CAS Officer (A.Street)	Count of type from Datix	National Monitoring
011	CAS requiring LAS Action	Safety & Risk (A.Kelly)	No. of CAS Alerts that require LAS to take action	Datix	CQC13	S.Adams	CAS Officer (A.Street)	Count of type from Datix	National Monitoring
012	Vehicle Cleaning	Fleet (A.Fulcher)	No. of monthly cleans undertaken by contractors	Fleet Excel Table			Interim Director Fleet (S.Westrope)	Count from Excel	Local Monitoring
013	Locality Alert Register	Management Information (M.Fennell)	Staff safety reports	MI Data Warehouse		V.Wynn	MI Manager (S.Meehan)	Excludes CAD links to MPS alerts, subject to planned six monthly reviews of efficacy	Local Monitoring
014	R1 %	Management Information	% of R2 Calls within 8 minutes	MI Data Warehouse	EB15.i	V.Wynn	MI Manager (S.Meehan)	as per definition	National Monitoring
015	R2 %	Management Information	% of R1 Calls within 8 minutes	MI Data Warehouse	EB15.ii	V.Wynn	MI Manager (S.Meehan)	as per definition	National Monitoring
016	A19 %	Management Information	% of A Calls within 19 minutes	MI Data Warehouse	EB16	V.Wynn	MI Manager (S.Meehan)	as per definition	National Monitoring
017	RED 1 calls at scene < 8 mins	Management Information	No. of R1 Calls within 8 minutes	Commandpoint & PRF into MI Data Warehouse	HQU03_1_1_3	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure HQU03_1_1_3	National Target
018	RED 1 calls arrived at scene	Management Information	No. of incident responses of R1 with vehicle at scene	Commandpoint & PRF into MI Data Warehouse	HQU03_1_1_4	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure HQU03_1_1_4	ACQI Monitoring
019	RED 1 Time to achieve 95%	Management Information	Average time to achieve 95% R1 attendance	Commandpoint & PRF into MI Data Warehouse	HQU03_1_1_5	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure HQU03_1_1_5	ACQI Monitoring
020	RED 2 calls at scene < 8 mins	Management Information	No. of R2 Calls within 8 minutes	Commandpoint & PRF into MI Data Warehouse	HQU03_1_1_6	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure HQU03_1_1_6	National Target
021	RED 2 calls arrived at scene	Management Information	No. of incident responses of R2 with vehicle at scene	Commandpoint & PRF into MI Data Warehouse	HQU03_1_1_7	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure HQU03_1_1_7	ACQI Monitoring
022	CAT A Ambulance at scene < 19 mins	Management Information	No. of ambulances at scene for CAT A within 19 mins	Commandpoint & PRF into MI Data Warehouse	HQU03_1_2_1	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure HQU03_1_2_1	National Target
023	CAT A Ambulance at scene (transport)	Management Information	No. of ambulances at scene for CAT A transport	Commandpoint & PRF into MI Data Warehouse	HQU03_1_2_2	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure HQU03_1_2_2	ACQI Monitoring
024	Abandoned calls before answering	Management Information	999 calls that went unanswered	Commandpoint into MI Data Warehouse	SQU03_1_1_1	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure SQU03_1_1_1	ACQI Monitoring
025	Percentage of calls Abandoned	Calculation of 24 and 36	Expressed as percent		LQR6	V.Wynn	MI Manager (S.Meehan)		Local Monitoring
026	Emergency Calls (excludes CAD 2 CAD)	Management Information	No. of 999 calls to EOC	Commandpoint into MI Data Warehouse	SQU03_1_1_2	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure SQU03_1_1_2	ACQI Monitoring
027	Ambulance re-contact rate (telephone)	Calculation of 28 and 29	Expressed as percent		LQR9a	V.Wynn	MI Manager (S.Meehan)		Local Monitoring
028	Recontact in 24 hrs for 999 callers	Management Information	No. of callers who repeated call to LAS within 24hrs	Commandpoint into MI Data Warehouse	SQU03_2_1_1	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure SQU03_2_1_1	ACQI Monitoring
029	Calls resolved with CTA (Hear & Treat)	Management Information	No. calls triaged and referred that did not result in transport	Commandpoint into MI Data Warehouse	SQU03_2_1_2	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure SQU03_2_1_2	ACQI Monitoring
031	Recontact in 24 hrs for F2F attendance	Management Information	No. callers who having been seen by LAS then recontact	Commandpoint into MI Data Warehouse	SQU03_2_2_1	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure SQU03_2_2_1	ACQI Monitoring
032	Ambulance re-contact rate (F2F)	Management Information			LQR9b				Local Monitoring
033	See & Treat	Management Information	No. of face to face incidents	Commandpoint into MI Data Warehouse	SQU03_2_2_2	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure SQU03_2_2_2	ACQI Monitoring
034	Percentage of Non Transport	Management Information			LQR11b				Local Monitoring

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No	Indicator	Data Provider	Definition	Data Source	Data ID	Lead Exec	Lead Division/Corporate	Description	Threshold rationale
035	Frequent Callers with established plan	Management Information / PED	No. of patients who access system and require specific interventions	Commandpoint & PED	SQU03_2_3_1	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure SQU03_2_3_1	ACQI Monitoring
036	Total Calls	Management Information	Duplicate value of measure 26	Commandpoint	SQU03_2_3_2	V.Wynn	MI Manager (S.Meehan)		ACQI Monitoring
037	ROSC at hospital	Clinical Audit Research Unit(CARU)	Measures expressed as a percentage	Clinical Performance Indicators (CPI)	SQU03_3_1_1 & SQU03_3_1_2	F.Moore	Clinical Audit Research Unit(CARU)	As per result of Unify2 measures SQU03_3_1_1 & SQU03_3_1_2	ACQI Monitoring
038	ROSC at hospital UTSTEIN	CARU	Measures expressed as a percentage	CPI of PRF & Audit	SQU03_3_2_1 & SQU03_3_2_2	F.Moore	Clinical Audit Research Unit(CARU)	As per result of Unify2 measures SQU03_3_2_1 & SQU03_3_2_2	ACQI Monitoring
039	STEMI to PPCI within 150 minutes	CARU	Measures expressed as a percentage	CPI of PRF & Audit	SQU03_5_2_1 & SQU03_5_2_2	F.Moore	Clinical Audit Research Unit(CARU)	As per result of Unify2 measures SQU03_5_2_1 & SQU03_5_2_2	ACQI Monitoring
040	STEMI care bundle	CARU	Measures expressed as a percentage	CPI of PRF & Audit	SQU03_5_3_1 & SQU03_5_3_2	F.Moore	Clinical Audit Research Unit(CARU)	As per result of Unify2 measures SQU03_5_3_1 & SQU03_5_3_2	ACQI Monitoring
041	Stroke to HASU within 60 minutes	CARU	Measures expressed as a percentage	CPI of PRF & Audit	SQU03_6_1_1 & SQU03_6_1_2	F.Moore	Clinical Audit Research Unit(CARU)	As per result of Unify2 measures SQU03_6_1_1 & SQU03_6_1_2	ACQI Monitoring
042	F2F suspected Stroke receiving appropriate care bundle	CARU	Measures expressed as a percentage	CPI of PRF & Audit	SQU03_6_2_1 & SQU03_6_2_2	F.Moore	Clinical Audit Research Unit(CARU)	As per result of Unify2 measures SQU03_6_2_1 & SQU03_6_2_2	ACQI Monitoring
043	Survival to Discharge	CARU	Measures expressed as a percentage	CPI of PRF & Audit	SQU03_7_1_1 & SQU03_7_1_2	F.Moore	Clinical Audit Research Unit(CARU)	As per result of Unify2 measures SQU03_7_1_1 & SQU03_7_1_2	ACQI Monitoring
044	Survival to Discharge UTSTEIN	CARU	Measures expressed as a percentage	CPI of PRF & Audit	SQU03_7_2_1 & SQU03_7_2_2	F.Moore	Clinical Audit Research Unit(CARU)	As per result of Unify2 measures SQU03_7_2_1 & SQU03_7_2_2	ACQI Monitoring
045	EOC Time to answer 50%	Management Information	Time in Seconds	CommandPoint	SQU03_8_1_1_50	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure SQU03_8_1_1_50	ACQI Monitoring
046	EOC Time to answer 95%	Management Information	Time in Seconds	CommandPoint	SQU03_8_1_1_95	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure SQU03_8_1_1_95	National Target
047	EOC Time to answer 99%	Management Information	Time in Seconds	CommandPoint	SQU03_8_1_1_99	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure SQU03_8_1_1_99	ACQI Monitoring
049	CAT A Arrival @ 50%	Management Information	Time in decimal minutes	Commandpoint & PRF into MI Data Warehouse	SQU03_9_1_1_50	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure SQU03_9_1_1_50	ACQI Monitoring
050	CAT A Arrival @ 95%	Management Information	Time in decimal minutes (A19)	Commandpoint & PRF into MI Data Warehouse	SQU03_9_1_1_95	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure SQU03_9_1_1_95	National Target
051	CAT A Arrival @ 99%	Management Information	Time in decimal minutes	Commandpoint & PRF into MI Data Warehouse	SQU03_9_1_1_99	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure SQU03_9_1_1_99	ACQI Monitoring
052	Total of Emergency Calls Resolved by H&T	Management Information	No. of 999 calls to EOC resolved by CTA	Commandpoint & PRF into MI Data Warehouse	SQU03_10_1_1	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure SQU03_10_1_1	ACQI Monitoring
053	All Telephone or F2F Calls	Management Information	No. of 999 calls that have face to face or CTA resolution	Commandpoint & PRF into MI Data Warehouse	SQU03_10_1_2	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure SQU03_10_1_2	ACQI Monitoring
054	Non A&E Transport / ACP / See & Treat	Management Information	No. of patients that are not conveyed to A&E	Commandpoint & PRF into MI Data Warehouse	SQU03_10_2_1	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure SQU03_10_2_1	ACQI Monitoring
055	All incidents with vehicle arrival (exc No Patient)	Management Information	No. of incidents where person present at scene	Commandpoint & PRF into MI Data Warehouse	SQU03_10_2_2	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure SQU03_10_2_2	ACQI Monitoring
056	Emergency Journeys	Management Information	Count of conveyances	Commandpoint & PRF into MI Data Warehouse	ASI SRS17 1 1 1	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure ASI SRS17 1 1 1	ACQI Monitoring
059	Cat C Incidents	Management Information	Total of C1-C4 incidents	Commandpoint & PRF into MI Data Warehouse		V.Wynn	MI Manager (S.Meehan)	Count of CAT C1-C4 Incidents	Local Monitoring
060	C1 resp within 20 mins	Management Information	as per Indicator	Commandpoint & PRF into MI Data Warehouse	LQR13a	V.Wynn	MI Manager (S.Meehan)	as per Indicator	Local Monitoring
061	C1 resp within 45 mins	Management Information	as per Indicator	Commandpoint & PRF into MI Data Warehouse	LQR13b	V.Wynn	MI Manager (S.Meehan)	as per Indicator	Local Monitoring
062	C2 resp within 30 mins	Management Information	as per Indicator	Commandpoint & PRF into MI Data Warehouse	LQR14a	V.Wynn	MI Manager (S.Meehan)	as per Indicator	Local Monitoring
063	C2 resp within 60 mins	Management Information	as per Indicator	Commandpoint & PRF into MI Data Warehouse	LQR14b	V.Wynn	MI Manager (S.Meehan)	as per Indicator	Local Monitoring
064	C3 resp within 60 mins	Management Information	as per Indicator	Commandpoint & PRF into MI Data Warehouse	LQR15a	V.Wynn	MI Manager (S.Meehan)	as per Indicator	Local Monitoring
065	C3 resp within 90 mins	Management Information	as per Indicator	Commandpoint & PRF into MI Data Warehouse	LQR15b	V.Wynn	MI Manager (S.Meehan)	as per Indicator	Local Monitoring

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No	Indicator	Data Provider	Definition	Data Source	Data ID	Lead Exec	Lead Division/Corporate	Description	Threshold rationale
066	C4 resp within 60 mins	Management Information	as per Indicator	Commandpoint & PRF into MI Data Warehouse	LQR16a	V.Wynn	MI Manager (S.Meehan)	as per Indicator	Local Monitoring
067	C4 resp within 120 mins	Management Information	as per Indicator	Commandpoint & PRF into MI Data Warehouse	LQR16b	V.Wynn	MI Manager (S.Meehan)	as per Indicator	Local Monitoring
068	C3 triage within 30 mins		as per Indicator	Not identified	LQR17a	V.Wynn	MI Manager (S.Meehan)	as per Indicator	Local Monitoring
069	C3 triage within 45 mins		as per Indicator	Not identified	LQR17b	V.Wynn	MI Manager (S.Meehan)	as per Indicator	Local Monitoring
070	C4 triage within 60 mins		as per Indicator	Not identified	LQR18a	V.Wynn	MI Manager (S.Meehan)	as per Indicator	Local Monitoring
071	C4 triage within 90 mins		as per Indicator	Not identified	LQR18b	V.Wynn	MI Manager (S.Meehan)	as per Indicator	Local Monitoring
072	Defibrillator data downloads to central storage	CARU	Electronic downloads of available strored cardiac events	CPI of PRF & Audit	CARU Cardiac Reports	F.Moore	Clinical Audit Research Unit(CARU)	as per definition	Local Monitoring
073	STROKE - Time of Onset	CARU	Percentage of STROKE cases that have a recorded time of onset.	CPI of PRF & Audit	CARU Stroke Reports	F.Moore	Clinical Audit Research Unit(CARU)	% of time where a valid response for time of onset could be documented	Local Monitoring
074	Non Conveyed (Final Obs)	CARU	as per Indicator	CPI of PRF & Audit	LAS Portal Report 937	F.Moore	Clinical Audit Research Unit(CARU)	as per Indicator	Local Monitoring
075	LAS Induction Course	Data from (GRS) Resource Centre	No. of staff attending an LAS induction course	GRS		K.Broughton	Head of Resourcing (P.Cook)	Count of staff attending LAS (Not local) Induction courses	Local Monitoring
076	Safeguarding (Child)	Named professional for Safeguarding (A.Taylor)	No. of referrals' made	Staff Reports - LA279	Balanced Scorecard		Head of Safeguarding (A.Taylor)	Count of patients referred to appropriate authorities due to concerns	National Monitoring
077	Safeguarding (Adult)	Named professional for Safeguarding (A.Taylor)	No. of referrals' made	Staff Reports - LA280	Balanced Scorecard		Head of Safeguarding (A.Taylor)	Count of patients referred to appropriate authorities due to concerns	National Monitoring
078	MH - Observations	CARU	as per Indicator	CPI of PRF & Audit	LAS Portal Report 937	F.Moore	Clinical Audit Research Unit(CARU)	as per Indicator	Local Monitoring
079	MH - BM	CARU	as per Indicator	CPI of PRF & Audit	LAS Portal Report 937	F.Moore	Clinical Audit Research Unit(CARU)	as per Indicator	Local Monitoring
080	MH - Current Support	CARU	as per Indicator	CPI of PRF & Audit	LAS Portal Report 937	F.Moore	Clinical Audit Research Unit(CARU)	as per Indicator	Local Monitoring
081	MH - Medical Hx	CARU	as per Indicator	CPI of PRF & Audit	LAS Portal Report 937	F.Moore	Clinical Audit Research Unit(CARU)	as per Indicator	Local Monitoring
082	MH - Current Event	CARU	as per Indicator	CPI of PRF & Audit	LAS Portal Report 937	F.Moore	Clinical Audit Research Unit(CARU)	as per Indicator	Local Monitoring
083	MH - Psychiatric Hx	CARU	as per Indicator	CPI of PRF & Audit	LAS Portal Report 937	F.Moore	Clinical Audit Research Unit(CARU)	as per Indicator	Local Monitoring
084	MH - Appearance	CARU	as per Indicator	CPI of PRF & Audit	LAS Portal Report 937	F.Moore	Clinical Audit Research Unit(CARU)	as per Indicator	Local Monitoring
085	MH - Behaviour	CARU	as per Indicator	CPI of PRF & Audit	LAS Portal Report 937	F.Moore	Clinical Audit Research Unit(CARU)	as per Indicator	Local Monitoring
086	MH - Communication	CARU	as per Indicator	CPI of PRF & Audit	LAS Portal Report 937	F.Moore	Clinical Audit Research Unit(CARU)	as per Indicator	Local Monitoring
087	MH - Thoughts	CARU	as per Indicator	CPI of PRF & Audit	LAS Portal Report 937	F.Moore	Clinical Audit Research Unit(CARU)	as per Indicator	Local Monitoring
088	MH - Capacity tool	CARU	% of cases recorded as having been assessed for mental capacity to direct treatment	CPI of PRF & Audit	LAS Portal Report 937	F.Moore	Clinical Audit Research Unit(CARU)	Count of capacity test divided by eligible patients	Local Monitoring
089	MH - Adult Safeguard	CARU	% calculated in regards to data gathered for mental welfare evaluation	CPI of PRF & Audit	LAS Portal Report 937	F.Moore	Clinical Audit Research Unit(CARU)	Count of appropriate care by eligible patients	Local Monitoring
090	MH - Child Safeguard	CARU	% calculated in regards to data gathered for mental welfare evaluation	CPI of PRF & Audit	LAS Portal Report 937	F.Moore	Clinical Audit Research Unit(CARU)		Local Monitoring
091	DIB - Initial Peak Flow	CARU	% calculated in regards to data gathered for difficulty in breathing evaluation	CPI of PRF & Audit	LAS Portal Report 937	F.Moore	Clinical Audit Research Unit(CARU)		Local Monitoring
092	DIB - Final Peak Flow	CARU		CPI of PRF & Audit	LAS Portal Report 937	F.Moore	Clinical Audit Research Unit(CARU)		Local Monitoring
093	STEMI - On scene duration	CARU		CPI of PRF & Audit	Cardiac Care Pack	F.Moore	Clinical Audit Research Unit(CARU)		Local Monitoring
094	STROKE - On scene duration	CARU		CPI of PRF & Audit	Stroke Care Pack	F.Moore	Clinical Audit Research Unit(CARU)		Local Monitoring
095	Blunt Major Trauma	CARU		CPI of PRF & Audit	Trauma Care Pack	F.Moore	Clinical Audit Research Unit(CARU)		Local Monitoring
096	Penetrating Major Trauma	CARU		CPI of PRF & Audit	Trauma Care Pack	F.Moore	Clinical Audit Research Unit(CARU)		Local Monitoring
097	CPI - Completion Rate	CARU		CPI of PRF & Audit	CPI Pack	F.Moore	Clinical Audit Research Unit(CARU)		Local Monitoring
098	Friends and Family Test	PPI & Public Education Department (R.Lewis)	No. of documented responses for FFT	Collated Public returns	Gateway 01787		Head of PPI (M.Luce)	Count of returns to PPI excluding events	National Monitoring
099	Calls Received	Management Information		CommandPoint		V.Wynn	MI Manager (S.Meehan)	Systems value of phone calls to EOC 999 lines	Local Monitoring
100	Surge (above Amber)	EOC log	Time value of time spent above Amber	Control Services Excel Log		K.Millard	EOC SMT	Calculation of time spent above Amber	Service Monitoring
101	Surge (above Red)	EOC log	Time value of time spent above Red	Control Services Excel Log		K.Millard	EOC SMT	Calculation of time spent above Red	Service Monitoring
102	Complaints response	Patient Experiences Department (J.Dawson)	Complaints closed	Datix			Head of Patient Experiences (G.Bassett)	Count of cases resolved within 35 days	National Monitoring

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No	Indicator	Data Provider	Definition	Data Source	Data ID	Lead Exec	Lead Division/Corporate	Description	Threshold rationale
103	Feedback Sessions	CARU	No. of documented feedback CPI sessions	CPI of PRF		F.Moore	Clinical Audit Research Unit(CARU)	Count of feedback sessions in regard to CPI compliance	Service Monitoring
104	Positive Feedback Compliments	Communications (C.Clarkson)	No. of letters of thanks, positive comments received in the month	Excel Table		C.Gawne	Communications Directorate	Count of letters and comments received in relation to staff	Service Monitoring
105	Operational Workplace Review	Data from (GRS) Resource Centre	Count of PDP, PDR and OWR recorded in GRS	GRS Records			Head of Resourcing (P.Cook)	Count of records where PDP, PDR or OWR are listed as reasons for abstraction	National Monitoring
106	Job Cycle Time	Management Information	Average time for conveyed and non conveyed calls	Commandpoint into MI Data Warehouse	LAS Portal Report 644	V.Wynn	MI Manager (S.Meehan)	Average value for all response records from activation to green	Local Monitoring
107	Intelligent Conveyance	Management Information (K.Buckler)	Count of times ambulances are diverted to alternative locations to ease pressure on busy A&E units	Commandpoint into MI Data Warehouse		V.Wynn	MI Manager (S.Meehan)	Count of redirects caused by EOC	Local Monitoring
108	Community Defibs	First Responder Project Lead (C.Hartley-Sharpe)	No. of PAD sites pan London					as per definition	Local Monitoring
109	Multiple Attendance Ratio	Management Information	Calculation of incident attendance ratio	Commandpoint & PRF into MI Data Warehouse	LAS Portal Report 897	V.Wynn	MI Manager (S.Meehan)	Calculation of ratio	Service Monitoring
110	Available after clinical Handover > 30	Management Information	Post handover between 30 & 60 mins	Commandpoint into MI Data Warehouse		V.Wynn	MI Manager (S.Meehan)	as per definition	Local Monitoring
111	Available after clinical Handover > 60	Management Information	Post handover greater than 60 mins	Commandpoint into MI Data Warehouse		V.Wynn	MI Manager (S.Meehan)	as per definition	Local Monitoring
112	Calls more than an hour	Management Information	999 calls that have been held live for PAIs etc	Commandpoint into MI Data Warehouse		V.Wynn	MI Manager (S.Meehan)	as per definition	Local Monitoring
113	111 (Call Volume)	Management Information	Total of calls that are presented to 111	MI Data Warehouse	LAS Portal Report 722	V.Wynn	MI Manager (S.Meehan)	Data abstracted form combined 111 sites	National Monitoring
114	111 (Responded To)	Management Information	Number of calls LAS contact post 111	MI Data Warehouse	LAS Portal Report 722	V.Wynn	MI Manager (S.Meehan)	Data abstracted form combined 111 sites	National Monitoring
115	111 (Conveyed)	Management Information	111 requiring conveyance	MI Data Warehouse	LAS Portal Report 722	V.Wynn	MI Manager (S.Meehan)	Data abstracted form combined 111 sites	National Monitoring
116	% of 111 responded to and Conveyed	Calculated from 114 & 115							
117	Frontline Clinical Staffing	Workforce (J.Steel)	No. of staff deployed on frontline duties	Electronic Staff Record (ESR)		K.Broughton		ESR return for staff	Local Monitoring
118	Paramedic - In Post	Workforce (J.Steel)	No. of HCP registered paramedics employed in frontline positions	ESR		K.Broughton		ESR return for staff	Local Monitoring
119	Non Paramedic - In Post	Workforce (J.Steel)	No. of Non-paramedics employed in frontline positions	ESR		K.Broughton		ESR return for staff	Local Monitoring
120	Paramedic Ratio	Calculated from 118 & 119							Commissioning Intention
121	Frontline Staffing Plan	Workforce (J.Steel)	Planned frontline staffing numbers	ESR		K.Broughton		Workforce Plan	Local Monitoring
122	Starters - Frontline	Workforce (J.Steel)	New staff joining	ESR		K.Broughton		ESR return for staff	Local Monitoring
123	Frontline Vacancy	Workforce (J.Steel)	Vacancy numbers for frontline overall	ESR		K.Broughton		ESR return for staff	Local Monitoring
124	Paramedic Vacancy	Workforce (J.Steel)	Vacancy numbers of HPC registered paramedics.	ESR		K.Broughton		ESR return for staff	Local Monitoring
125	Leavers - Frontline	Workforce (J.Steel)	Frontline staff leaving	ESR		K.Broughton		ESR return for staff	Local Monitoring
126	Sickness - Frontline	Workforce (J.Steel)	ESR value for recorded sickness	ESR		K.Broughton		ESR return for staff N.B. ESR sickness reports differently to GRS sickness	NHS Monitoring
127	PAS/VAS Hours Available	Management Information	Recorded hrs of availability of TP ambulances	Commandpoint & PRF into MI Data Warehouse	LAS Portal Report 232				Local Monitoring
128	NHS Litigation Authority Level					S.Adams			National Monitoring

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Report from the Quality Governance Committee on 14th July

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INTERNAL ASSURANCE

Clinical Governance structure

The committee was pleased to take reports from the Improving Patient Experience and Clinical Development and Professional Standards Committees. These, with the Clinical Safety Committee, have now completed their first cycle, are defining their terms of reference and promise to provide a rigorous governance reporting and escalating process.

There is still concern that our Complaints procedures could be improved and more timely and a review of the process is underway.
There is still concern that only 50% of staff would recommend our service on the Family and Friends Test and we are due a repeat of this survey this month.

We were pleased to hear that the LAS "Academy" scheme has been approved by the HCPC* to level 5 which means we can offer Paramedic training to registration in house from January. The next step is to be granted level 6 (BSc equivalence).

There is continued improvement in the timely management of Serious Incidents (SI). The committee still has had no sight of the action plans and we were told these will be available in September when the necessary evidence of completion is available.

The committee also reviewed the Quality Dashboard and Board Assurance Framework. It was recognised that a significant number of new risks had been added but that action was already being taken to mitigate those risks and so it was anticipated that some would be downgraded soon. This will be kept under review.

*HCPC Health and Carers Professional Council.

ANNUAL REPORTS

Equality and Inclusion Annual Report

Janice Markey presented the Annual Report. Equality and Diversity has been successfully included in induction training and this has well received by the new Australian and New Zealand recruits. A new E-learning programme is being developed. There are now four Equality "champions" and there are initiatives on Mental Health LGBT, Deaf Awareness, Enable and now a new BME Forum. While the service has performed well in many areas, especially the Stonewall criteria, we still have very poor representation of BME staff in all areas except EOC and 111. The committee recommends the Board accepts this annual report of a considerable body of work but remains concerned that we have not made more progress in BME representation.

EXTERNAL ASSURANCE

Care Quality Commission (CQC) Chief Inspector of Hospitals' Inspection

The Care Quality Commission inspection team is expected to report in September with a three week window before publication to allow for correction of errors and an opportunity to prepare a response. The 111 service was not included in this inspection but a CQC inspection of 111 services will commence this summer and will include those services in London.

DEEP DIVE

Maternity Services

Amanda Mansfield, Consultant Midwife, has now been with the Trust for six months and presented a detailed account of her findings and activity in an area which has long been a concern of the Trust including frontline staff. There is room to improve the way mothers are managed in London; this includes those with a precipitate delivery and also those who are seriously unwell (for example with haemorrhage or eclampsia). There are 26 Maternity units in the area we serve and little consistency around practice for obstetric emergencies; there is a confusion regarding when it is appropriate to take women to the nearest unit rather than the "booked" unit in an emergency.

New training programmes are being developed for staff including use of a simulation manikin; joint training with Paramedics and Midwives is popular and successful; the aim is to improve communication between these previously separate clinicians and give Paramedics the confidence to make the difficult decisions. On a more strategic level the Service is now involved in developing a Local Obstetric Policy for London, participation in discussions around Serious Incidents, and there is a desire to provide 24 hour telephone midwife advice and support to crews facing an obstetric situation – both for the sake of patients who should, and for those that need not, be taken quickly to the nearest hospital.

Amanda has also reviewed the Kirkup report into the events at Morecambe Bay NHS Foundation Trust. Although this is a report on hospital rather than ambulance failures she has identified areas where both our service and the maternity services across London should take note and has developed an action plan to take up with colleagues over the next year.

Date of next meeting

The next meeting of the Quality Governance Committee is on Tuesday 22nd September 2015.

London Ambulance Service NHS Trust

Report to:	**London Ambulance Service Trust Board**
Date of meeting:	**28 July 2015**
Document Title:	**Finance Report Month 03 - Part 1 & 2**
Report Author(s):	**Director of Finance and Performance**
Presented by:	**Andrew Grimshaw**
Contact Details:	**02077832041**
History:	***[eg which committees the paper has been presented to previously]***
Status:	***To note the paper***

Background/Purpose

Statement of Comprehensive Income
In Month the position is on plan while year to date the Trust is reporting a £0.75m adverse variance from plan. Based on this performance achieving the year end forecast deficit of £9.5m is challenged.

The adverse position is driven by:

- Income reduction provision of £0.5m related to a >2% reduction in Cat C activity as per the CCG contract
- Additional Frontline Pay spend related to higher than expected incentive rates to maintain capacity and extended periods of unproductive time for new starters (e.g. supervision for international paramedics)
- £0.6m additional pressure due to unidentified CIP not delivered.

Statement of Position

Capital Expenditure is currently £0.3m lower than plan.

Statement of Cashflow

Cash is £4.9m below plan. Delays in agreeing the service level agreement for the accident and emergency services and CBRN contracts means that the transformation, CQUIN and CBRN funding for the 1st quarter of the year has not been invoiced resulting in lower than expected cash being received in this period.

Action required

Note the financial position reported as at Month 3 (June) 2015
Assurance

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

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To make LAS a great place to work	
To improve the organisation and infrastructure	
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London Ambulance Service NHS Trust
Finance Report - Part 1 – 2015/16
Month 3: June

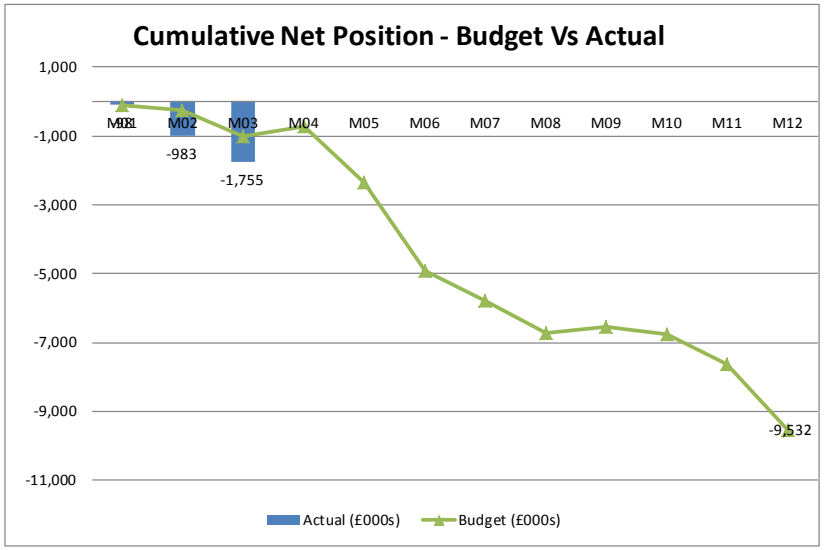
Trust Board Meeting – 28th July 2015

Andrew Grimshaw
Finance Director

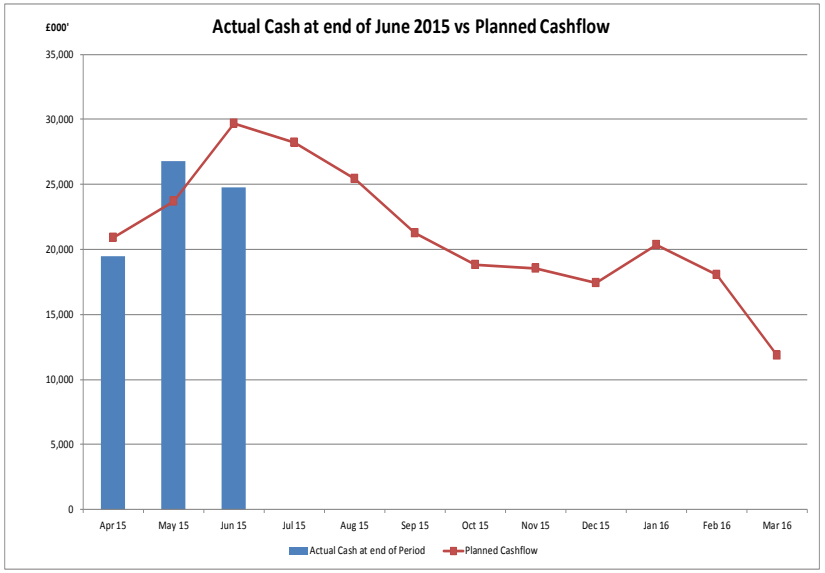
Finance Summary: M3 (2015/16)

Financial Indicator	Summary Performance	Current month	Previous month
Surplus	In Month the position is on plan while year to date the Trust is reporting a £0.75m adverse variance from plan. Based on this performance achieving the year end forecast deficit of £9.5m is challenged. The adverse position is driven by: • Income reduction provision of £0.5m related to a >2% reduction in Cat C activity as per the CCG contract • Additional Frontline Pay spend related to higher than expected incentive rates to maintain capacity and extended periods of unproductive time for new starters (e.g. supervision for international paramedics) • £0.6m additional pressure due to unidentified CIP not delivered.	**RED**	**AMBER**
Income	Income is £0.4m favourable in Month and £0.6m adverse year to date. The key drivers for this position are: • Income reduction provision of £0.5m related to a >2% reduction in Cat C activity as per the CCG contract • Adjustments to projected 111 and PTS income. These are partially offset by reduced expenditure.	**AMBER**	**AMBER**
Expenditure (incl. Financial Charges)	In Month expenditure is £0.5m adverse to plan, and year to date £0.3m adverse. The key drivers for this position are: • Additional Frontline Resourcing costs of £0.8m (Primarily Overtime in Frontline and EOC Rosters, Incentives and PAS) • £0.6m additional pressure due to unidentified CIP not delivered. • Revised PTS and 111 cost in line with revised income projections • Partially offset by £1.2m of planned reserve releases to support the position. The Trust's main cost pressures arise from additional frontline resourcing costs. There are 2 key drivers for the additional expenditure: • Additional incentive rates being offered to maintain capacity to deliver required performance trajectories. • Higher than expected rates of unproductive time relating to the Training and supervision of EACs and international paramedics. This has required the use of further flexible resource to maintain capacity (Incentives, Overtime and PAS).	**AMBER**	**AMBER**
CIPs	CIP is £0.6m adverse to plan due to unidentified savings programmes required due to the reduction in CBRN funding (£3.0m). The full year plan of £8.4m is still expected to be achieved once additional schemes are implemented.	**RED**	**AMBER**
Balance Sheet	Capital Expenditure is currently £0.3m lower than plan.	**AMBER**	**AMBER**
Cashflow	Cash is £4.9m below plan. Delays in agreeing the service level agreement for the accident and emergency services and CBRN contracts means that the transformation, CQUIN and CBRN funding for the 1st quarter of the year has not been invoiced resulting in lower than expected cash being received in this period.	**AMBER**	**GREEN**

Executive Summary - Key Financial Metrics



Description	2015/16 - Month 3			Year to Date			FY 2015/16
	Budg	Act	Var	Budg	Act	Var	Budg
	£000	£000	£000 fav (adv)	£000	£000	£000 fav (adv)	£000
Dept Health							
Surplus / (Deficits)	(738)	(772)	(33)	(1,000)	(1,754)	(754)	(9,531)
EFL				(14,962)	(10,058)	(4,904)	8,648
CRL				3,006	2,667	339	20,664
Suppliers paid within 30 days - NHS	95%	68%	(27.0%)	95%	68%	(27.0%)	95%
Suppliers paid within 30 days - Non NHS	95%	87%	(8.0%)	95%	86%	(9.0%)	95%
Monitor							
EBITDA %	2.7%	2.3%	(0.4%)	4.2%	3.1%	(1.1%)	2.7%
EBITDA on plan	694	603	(90)	3,296	2,391	(905)	8,356
Net Surplus	(738)	(772)	(33)	(1,000)	(1,754)	(754)	(9,531)
NRAF (net return after financing)				-0.19%	-0.70%	(0.5%)	-6.90%
Liquidity Days				2.36	1.41	(0.95)	(10.86)
CSRR (Continuity of Service Risk Rating)				4.0	4.0	0.0	3.0



- In Month the position has been maintained on plan however, the YTD the overall position is £0.8m adverse. Delivery of the planned deficit of £9.5m is challenged.
- On-going pressures are:
  - Additional spend in support of performance.
  - Recruitment and retention of substantive staff and the cost of overtime and PAS (Private Ambulances) to cover vacancies and enhance capacity.
  - Identification and delivery of CIPs.
  - Reduced income recovery due to Cat C under-performance.
- Cash is £4.9m below plan. Delays in agreeing the service level agreement for the accident and emergency services and CBRN contracts means that the transformation, CQUIN and CBRN funding for the 1st quarter of the year has not been invoiced resulting in lower than expected cash being received in this period.
- The EFL variance is due to lower than planned cash balances.
- The Trust would expect to score a Continuity of Service Risk Rating (CSRR) of 4 for the YTD results based on the current Monitor metrics (maximum rating).
- CRL position – The capital plan is behind target.

Statement of Comprehensive Income

2015/16 - Month 3			Description	Year to Date			FY 2015/16
Budg	Act	Var		Budg	Act	Var	Budg
£000	£000	£000 fav/(adv)		£000	£000	£000 fav/(adv)	£000
			Income				
22,973	23,234	261	Income from Activities	70,880	70,156	(724)	282,370
2,705	2,828	123	Other Operating Income	8,093	8,211	118	30,944
25,678	**26,062**	**384**	**Subtotal**	**78,973**	**78,367**	**(606)**	**313,315**
			Operating Expense				
18,573	18,819	(246)	Pay	57,447	56,855	592	234,564
6,411	6,640	(229)	Non Pay	18,230	19,121	(891)	70,395
24,985	**25,459**	**(475)**	**Subtotal**	**75,677**	**75,977**	**(299)**	**304,959**
694	**603**	**(90)**	**EBITDA**	**3,296**	**2,391**	**(905)**	**8,356**
2.7%	2.3%	-0.4%	**EBITDA margin**	4.2%	3.1%	(1.1%)	2.7%
			Depreciation & Financing				
1,083	1,035	48	Depreciation	3,249	3,106	143	13,657
304	297	7	PDC Dividend	912	892	20	3,646
45	42	3	Interest	136	147	(11)	581
1,432	**1,375**	**57**	**Subtotal**	**4,296**	**4,144**	**152**	**17,885**
(738)	**(772)**	**(33)**	**Net Surplus/(Deficit)**	**(1,000)**	**(1,754)**	**(754)**	**(9,529)**
(2.9%)	-3.0%	-0.1%	**Net margin**	-1.3%	-2.2%	-1.0%	-3.0%

Income

- Income is £0.6m adverse in Month and YTD. This relates to:
- £0.5m income reduction provision related to a >2% reduction in Category C income as per the CCG core contract.

Operating Expenditure (excl. Depreciation and Financing)

- Overall £0.5m adverse In Month and £0.3m adverse YTD primarily due to:
  - Additional Frontline Resourcing costs of £0.8m. This is driven by 2 main factors – additional incentive rates to maintain capacity to deliver required performance levels and higher than expected unproductive hours related to the Training and supervision of new recruits (EACs and International Paramedics)
  - £0.6m additional pressure due to unidentified CIP not delivered. This is related to the reduction in CBRN Income of £3.0m per annum
  - Partially offset by £1.2m of planned reserve releases to support the position.

Depreciation and Financing

- Overall Financial Charges are £0.1m favourable in Month and YTD due to minor delays in the Capital Programmes

Divisional Expenditure (excludes Income)

2015/16 - Month 3			Description	Year to Date			FY 2014/15
Budg	Act	Var		Budg	Act	Var	Budg
£000	£000	£000		£000	£000	£000	£000
		fav/(adv)				fav/(adv)	
			Operational Divisions				
12,694	13,193	(499)	Core Frontline (Rostered)	37,512	38,846	(1,334)	151,869
1,303	1,438	(135)	Core Frontline (Non Rostered)	3,910	4,319	(408)	15,641
0	0	0	Other Frontline	0	0	0	0
1,606	1,603	3	EPRR	4,817	4,560	257	19,308
0	0	0	Resource Centre	0	0	0	0
2,188	2,567	(379)	EOC	6,563	6,385	179	26,254
275	299	(24)	PTS	829	923	(95)	2,340
319	205	114	NETS	956	531	425	5,700
556	528	28	111 Project	1,675	1,527	148	6,885
18,940	**19,833**	**(893)**	**Subtotal**	**56,261**	**57,092**	**(830)**	**227,996**
			Support Services				
2,229	2,320	(91)	Fleet & Logistics	6,562	6,491	72	26,500
942	944	(1)	IM&T	2,826	2,889	(63)	11,253
416	375	41	HR	1,047	1,201	(155)	4,187
0	0	0	Education & Development	0	0	0	0
794	816	(23)	Estates	2,353	2,334	19	9,683
19	29	(10)	Support Services Management	56	91	(34)	226
4,399	**4,483**	**(84)**	**Subtotal**	**12,845**	**13,006**	**(161)**	**51,848**
			Corporate				
234	169	65	Chief Executive & Chair	705	625	80	2,810
297	293	5	Corporate Services	892	1,016	(124)	3,568
0	0	0	Business Development	0	0	0	0
82	30	52	Strategic Communication	246	211	35	982
361	80	281	Finance	1,084	893	191	4,051
34	14	20	Project Management	103	64	39	413
139	142	(2)	Nursing & Quality	418	430	(12)	1,673
204	278	(74)	Transformation & Strategy	612	797	(185)	2,448
869	904	(34)	Clinical Education & Standards	2,608	2,359	249	10,434
108	92	16	Medical	321	289	32	1,296
2,330	**2,002**	**328**	**Subtotal**	**6,990**	**6,684**	**306**	**27,674**
			Central				
740	510	230	Central Corporate	3,855	3,314	542	15,242
7	6	1	Other Central Costs	21	27	(6)	84
747	**516**	**231**	**Subtotal**	**3,876**	**3,341**	**536**	**15,326**
26,417	**26,835**	**(418)**	**TOTAL**	**79,973**	**80,123**	**(149)**	**322,843**
26,117	*26,062*	384	*Income Memorandum*	*78,973*	*78,367*	*(606)*	*313,315*
(299)	***(772)***	***(473)***	***NET POSITION MEMORANDUM***	***(1,000)***	***(1,755)***	***(755)***	***(9,529)***

Operational Divisions

- Expenditure is currently £0.8m adverse YTD
- Frontline Spend is Currently £1.3m adverse due to ongoing performance pressures (and additional use of overtime and PAS) and the requirements for additional incentive rates.
- The Non-Rostered Frontline is £0.4m adverse to plan due to the pending allocation of staff in the Operational Management restructure. Corresponding favourable positions exist in other operational areas notable EOC and EPRR.
- This is currently offset by underspends in EOC (£0.2m), EPRR (£0.3m) and NETS (Non Emergency Transport Service) (£0.4m). Spend is expected to increase in these areas as Transformation programmes are fully implemented.
- PTS is currently making a small loss (£0.1m). The management team are reviewing current operations to minimise this impact.

Support Services

- Support Services is adverse to plan £0.2m
- Fleet is underspent YTD mainly due to variation in maintenance spending.
- HR are overspent due to additional double running costs associated with the new Occupational Health arrangements

Corporate

- Overall Corporate divisions are £0.3m favourable to plan
- Corporate Services is £0.1m overspent due partly to the CQC related costs.
- Finance is £0.2m underspent due to Planned consultancy costs in Performance as part of the Transformation programme.
- Transformation and Strategy is overspent (£0.2m) due to additional agency costs in the contracting team which will continue subject to an imminent restructure.
- Clinical education is underspent by £0.2m due to timing differences between Transformation programme roll out and budget phasing

Central

- Central Corporate is favourable mainly due to the allocation of central budgets to divisional positions
- Planned Reserve releases of £1.2m have been released YTD in order to support the operational position

Income

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

Statement of Financial Position: YTD

	Mar-15	Apr-15	May-15	Jun-15	Jun-15		
	Act	Act	Act	Act	Plan	Var	%
	£000	£000	£000	£000			
Non Current Assets							
Property, Plant & Equip	134,668	134,833	134,839	134,967	134,992	(25)	-0.02%
Intangible Assets	10,634	10,371	10,159	9,894	10,071	(177)	-1.76%
Trade & Other Receivables	0	0	0	0	0	0	
Subtotal	145,302	145,204	144,998	144,861	145,063	(202)	-0.14%
Current Assets							
Inventories	3,026	3,047	3,056	3,042	3,028	14	0.46%
Trade & Other Receivables	33,813	27,718	20,714	20,430	15,788	4,642	29.40%
Cash & cash equivalents	14,699	19,452	26,814	24,757	29,661	(4,904)	-16.53%
Non-Current Assets Held for Sale	101	101	101	101	101	0	
Total Current Assets	51,639	50,318	50,685	48,330	48,578	(248)	-0.51%
Total Assets	196,941	195,522	195,683	193,191	193,641	(450)	-0.23%
Current Liabilities							
Trade and Other Payables	(39,303)	(38,131)	(39,058)	(37,265)	(37,130)	(135)	0.36%
Provisions	(7,357)	(7,260)	(7,281)	(7,281)	(7,143)	(138)	1.93%
Borrowings	0	0	0	0	0	0	
Working Capital Loan - DH	0	0	0	0	0	0	
Capital Investment Loan - DH	0	0	0	0	0	0	
Net Current Liabilities)	(46,660)	(45,391)	(46,339)	(44,546)	(44,273)	(273)	0.62%
Non Current Assets plus/less net current assets/Liabilities	150,281	150,131	149,344	148,645	149,368	(723)	-0.48%
Non Current Liabilities							
Trade and Other Payables	0	0	0	0	0	0	
Provisions	(9,963)	(9,911)	(10,010)	(10,082)	(10,056)	(26)	0.26%
Borrowings	(107)	(107)	(107)	(107)	(107)	0	0.00%
Working Capital Loan - DH	0	0	0	0	0	0	
Capital Investment Loan - DH	0	0	0	0	0	0	
Total Non Current Liabilities	(10,070)	(10,018)	(10,117)	(10,189)	(10,163)	(26)	0.26%
Total Assets Employed	140,211	140,113	139,227	138,456	139,205	(749)	-0.54%
Financed by Taxpayers Equity							
Public Dividend Capital	62,516	62,516	62,516	62,516	62,516	0	0.00%
Retained Earnings	30,746	30,648	29,762	28,991	29,740	(749)	-2.52%
Revaluation Reserve	47,368	47,368	47,368	47,368	47,368	0	0.00%
Other Reserves	(419)	(419)	(419)	(419)	(419)	0	0.00%
Total Taxpayers Equity	140,211	140,113	139,227	138,456	139,205	(749)	-0.54%

Non Current Assets

- Non current assets stand at £144.9m, a £0.2m below plan.

Current Assets

- Current assets stand at £48.3m, a £0.2m below plan.
- Cash position as at June is £24.8m, a £4.9m below plan. This is due to a higher than planned trade & other receivables, provision balances and trade & other payables. Delays in agreeing the service level agreement for the accident and emergency services and CBRN contracts means that the transformation, CQUIN and CBRN funding for the 1st quarter of the year have not been invoiced resulting in lower than expected cash being received in this period.
- Receivables (debtors) at £3.9m are £2.7m below plan , accrued income at £11.5m is £7.0m above plan and prepayments at £5.1m are £0.4m above plan. The reason for the higher than planned accrued income is the delays in agreeing the service level agreement for the accident and emergency service and CBRN contracts.

Current Liabilities

- Current liabilities stand at £44.5m, a £0.3m increase on plan.
- Payables and accruals at £37.2m are £0.1m above plan.
- The Trust has a high volume of unapproved trade payables at £3.3m.
- Current provisions at £7.3m are £0.1m higher than plan.

Non Current Liabilities

- Non current provisions and borrowings are in line with plan.

Taxpayers Equity

- Taxpayers Equity stands at £138.5m, a £0.7m lower than plan.
- Retained Earnings at £28.9m, a £0.7m lower than plan. The Trust has a higher than planned year to-date deficit.

Cashflow Statement YTD

	Apr-15	May-15	Jun-15	YTD Move	YTD Plan	Var
	Actual	Actual	Actual	Jun-15	Jun-15	Jun-15
	£000	£000	£000	£000	£000	£000
Opening Balance	14,699	19,452	26,814	**14,699**	**14,699**	**0**
Operating Surplus	1,240	449	559	2,248	3,164	(916)
(Increase)/decrease in current assets	6,074	6,995	298	13,367	18,021	(4,654)
Increase/(decrease) in current liabilities	193	178	52	423	719	(296)
Increase/(decrease) in provisions	(160)	109	60	9	(155)	164
Net cash inflow/(outflow) from operating activities	7,347	7,731	969	16,047	21,749	(5,702)
Cashflow inflow/outflow from operating activities	**7,347**	**7,731**	**969**	**16,047**	**21,749**	**(5,702)**
Returns on investments and servicing finance	6	9	15	30	24	6
Capital Expenditure	(2,600)	(378)	(3,041)	(6,019)	(6,811)	792
Dividend paid	0	0	0	0	0	0
Financing obtained	0	0	0	0	0	0
Financing repaid	0	0	0	0	0	0
Cashflow inflow/outflow from financing	**(2,594)**	**(369)**	**(3,026)**	**(5,989)**	**(6,787)**	**798**
Movement	4,753	7,362	(2,057)	10,058	14,962	(4,904)
Closing Cash Balance	**19,452**	**26,814**	**24,757**	**24,757**	**29,661**	**(4,904)**

Cash funds at 30 June stand at £24.8m, which is £4.9m below plan.

Current Assets

- The ytd movement on current assets is £13.4m, a £4.7m decrease on plan.
- Current assets movement was lower than planned due to an increase in accrued income £7.0m and prepayments £0.4m, and decrease in receivables £2.7m.

Current Liabilities

- The ytd movement on current liabilities is £0.4m, a £0.3m decrease on plan.
- Current liabilities movement was lower than planned due to increases in accruals £1.9m and decreases to trade and other payables £2.2m. The Trust has a high volume of unapproved invoices.

Provisions

- The ytd movement on provisions is £0.2m, a £0.2m lower than plan.

Capital Expenditure

- The ytd movement on Capital Expenditure payments is £6.0m, £0.8m lower than plan.
- The lower than planned capital expenditure payments is due to higher than planned capital creditors. The Trust is holding payment on some capital invoices due to issues on the quality of the goods delivered.

London Ambulance Service NHS Trust

Report to:	**London Ambulance Service Trust Board**
Date of meeting:	**28th July 2015**
Document Title:	**Board Assurance Framework and Corporate Risk Register**
Report Author(s):	**Sandra Adams, Director of Corporate Affairs/Trust Secretary** **Frances Field, Risk and Audit Manager**
Presented by:	**Sandra Adams**
Contact Details:	**sandra.adams@lond-amb.nhs.uk**
History:	**Quality Governance Committee (risk register)** **Executive Management Team**
Status:	**Assurance**

Background/Purpose

The corporate risk register represents the most significant risks currently identified across the trust and it informs the board assurance framework (BAF).

All but 13 risks have been updated since the risk register was presented to the Trust Board on 2nd June, and the 13 have been highlighted for further review by the executive risk owner. There are 5 risks on the register pertaining to incident reporting, including one reaching the BAF threshold, and these will be reviewed together as part of the work to reframe risks for patient safety and staff safety incidents. One archive risk – management of controlled drugs was reviewed and reinstated.

The Finance and Investment Committee reviewed the finance and fleet and logistics risks at its meeting in May and these have been updated or added to the risk register as shown in the Risk activity document.

The clinical directors have identified a number of areas of concern and these will need to be considered against the current risks and inform any new risk that needs to be articulated, supported by current controls and actions to further mitigate any risk.

Further risk work is required on the 15/16 priorities supporting the 4 strategic aims, and on those potential external risks facing the LAS in future through changing demographics, regulation, competition and funding for example.

The Executive Management Team have agreed to the re-establishment of a Risk Committee which will meet monthly initially to scrutinise each of the risks of the corporate register and to seek further action by risk owners to establish controls and appropriate actions to reduce the level of risk.

Only the front sheet of the BAF is presented this month whilst further work is undertaken on the risks and control sheets supporting the top level risks. The Board is asked to note that 10 new or upgraded risks were added to the BAF during May and June.

Action required

To note the current BAF and corporate risk register and to take assurance from the ongoing review and identification of risks and the movement across both the BAF and the risk register.
Assurance
As above. All but 13 of the risks on the corporate register have been reviewed and action taken or planned to further mitigate and manage the key risks to the Trust.

Key implications and risks arising from this paper	
Clinical and Quality	**X**
Performance	**X**
Financial	**X**
Governance and Legal	**X**
Equality and Diversity	**None identified**
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	**X**

Summary Board Assurance Framework: Key Risks to the Strategic Plan 2015/16: July 2015m

Our goal is to deliver safe, high quality care that meets the needs of our patients and commissioners, and that make our staff proud

Business Objectives	To improve the quality and delivery of our urgent and emergency response	To make LAS a great place to work	To improve our organisation and infrastructure	To develop our leadership and management capabilities
Risks to business objectives	Risk 3 – staff turnover (A2) Risk 4 – resources v demand (A2) Risk 7 – performance at changeover (A2) Risk 9 – *capturing errors and incidents (A1)* Risk 16 – cat C patients (A1) Risk 19 – stakeholder engagement (A3) Risk 22 – safeguarding/partner agencies (A3) Risk 24 – insufficient vehicles (A2) Risk 25 – insufficient volume of equipment (A2) Risk 26 – availability of equipment (A2) Risk 27 – effective equipment (A2) Risk TBC – QA for dispatch functions (A1) (429) Risk TBC – lack of ring backs on delayed response calls (A3) (451)	Risk 18 – staff engagement (A7) (A12) Risk TBC – staff exposure to Cat C disease organisms (A8) Risk TBC – Duty AOM shifts uncovered (A6) (450)	Risk 14 – delivery of cost improvements (A11) Risk 23 - compliance with the CQC programme (A9)	Risk 18 – staff engagement (A7) (A12)
Key actions	Implement a new quality and clinical strategy and goals which embed learning from complaints, serious incidents and review (A1) Undertake a programme of service reviews to improve deployment of our resources (A2) Better involve patients and the public in our services so their views shape our care (A3) Improve interactions between 999 and 111 services and grow our 111 business (A4)	Improve education and development opportunities so our staff can develop and progress with us (A5) Build a sustainable recruitment pipeline to ensure we have the right levels of staff in place (A6) Improve staff recognition, reward and engagement so that our staff feel valued (A7) Reduce turnover and improve our staff's health and wellbeing (A8)	Improve the effectiveness and productivity of support services (A9) Improve the productivity and running of our front line (A10) Continually improve internal arrangements and efficiencies (A11)	Define London Ambulance Service leadership and management competencies and develop the way we managed and lead (A12) Annual development programme for leaders and managers (A13) Finalise restructures of Operations and other Directorates (A14)

London Ambulance Service NHS Trust
Trust Risk Register June 2015

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
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		Safe	Operational	Major	Almost Certain	20	1. On-going recruitment to vacancies. 2. Use of voluntary and private sector at times of peak demand. Increased as of September 2014. 3. Use of agency Paramedics to enhance bank scheme. 4. New rosters implemented successfully. 5. Targeted use of overtime and increased bonus payments. 6. Surge plan was reviewed again in January 2015. 7. Category C workload determinants have all been reviewed and have been realigned across the 4 C Categories. This enables us to carry out an enhanced clinical assessment in the clinical hub on an additional 90,000 calls a year. 8. A percentage of these circa 35% will be discharged through Hear and Treat 9. Action has been taken to reduce the multiple attendance ratios where appropriate for all categories of calls. This reduction when achieved will provide capacity to respond to a further 300 calls a day within our existing capacity. 10. An extension in the operating hours for active area cover was implemented on the 21st July 2014. 11. METDG is running 24 hours and is producing an average of 60% savings on AEU sends, MAR down to 1.32/1.33	Jason Killens	21-May-15	Major	Almost Certain	20	1. Sickness management. A performance management dashboard is being developed. The occupational health contract is being reviewed. 2. Roster review: Rosters for all complexes have been agreed and implemented and are currently under review. 3. Skill mix: the skill mix model has been updated in January 2015 to include international recruits and is currently under review. 4. Annual leave review: a revised annual leave policy is in its final draft stage. We are revisiting the proposed draft policy with a view to consult with trade unions with a view to implementing a revised annual leave arrangement as defined in the policy by the end of Q2 2015. 5. The new response model: a request for change (RFC31) has been approved and is under developed by the CommandPoint supplier. The software was delivered in August but did not pass testing and there have been several re-releases since. We expect the final release, with all known errors corrected, to be delivered 24/12. Testing will recommence but is constrained by release of testers (CAD trained staff) from the control room. Implementation of the software will only occur once testing has been successfully completed . Delay caused by capita and now implementation planned mid May. Work in progress on single site working due to be completed 27th May 2015. 6. Workforce plan operations, recruitment; recruit external paramedics, direct recruitment to new band 4 role (December 2014), overseas recruitment of paramedics (on-going), in-house conversion from EMT to paramedic 2014/15, university paramedic recruitment (October	1. P. Woodrow 2. M. Pearce 3. J. Killens / M. Whitbread 4. S. Sale 5. J. Killens 6. K. Broughton / T. Crabtree 7.J. Goldie / K. Millard 8. K. Millard 9. K. Millard 10. K. Millard	1. On-going 2. Completed 3. Completed 4. Sep 2015 5. May 2015 6. Q4 2014/15 7. On-going 8. On-going 9. On-going 10. On-going		Major	Possible	12	Reviewed by ADO's 03/06/15. J. Killens 21/08/14 approved regrading of risk from major x likely = 16 to major x almost certain = 20 Updates provided by P.Woodrow 8/08/14
402	There is a risk that the current age profile of Fleet Workshop Managers and Technicians will impact on the future resilience of the Fleet Operation	Age profile of Fleet Workshop Managers and Technicians	09-Jul-14	1		Safe	Business Continuity	Major	Almost Certain	20	1. Regular cycle of recruitment of Workshop Technicians. This is to ensure that we maintain a robust technical staffing level to deliver the required Planned and Unplanned maintenance activity. 2. Recruitment aimed at long term temporary staff. This is to ensure that Staff that are trained by the LAS remain and the value of the Training can be realised by the Trust.	Sean Westrope	21-May-15	Major	Almost Certain	20	1. Establishment of apprenticeship scheme. This is to ensure that the Trust effectively manages the demographic profile of its Workshop Staff against a national shortage of Technical Engineers. Task group to identify the appropriate course required and negotiate with colleges. 2. Continuing recruitment into vacancies (Currently advertising externally for roles).	1. S. Westrope 2. S. Westrope	1. September 2015 2. On-going		Major	Unlikely	8	A new risk is being developed to this risk. May 2015 Risk reviewed by S. Westrope March 2015. Risk Approved by SMT at meeting on 9th July 2014
429	There is a risk that there are currently no arrangements in place for routine quality assurance of dispatch functions which may affect the quality of call management and the service provided to patients. Lack of QA for dispatch resulting in an unquantifiable level of risk from poor compliance with dispatch protocols.	No real time proactive checking of dispatch regimes. Routine QA is undertaken for call handling, but the only detailed examination of the dispatch process is done arising from complaints and incidents. Although there are metrics available relating to performance we have limited information on the quality of the allocation decisions and call management within EOC. Instances of sub-optimal	14-Jan-15			Safe Effective Responsive	Operational	Major	Almost Certain	20	1. Training for CP Dispatch and Allocation 2. Updated Operational procedures	Jason Killens (Katy Millard)	04-Jun-15	Major	Almost Certain	20	1. Introduce a QA process within dispatch 2. KPI within dispatch 3. Training opportunities for staff in order for them to progress further.	1. A. Buckler 2. K. Canavan 3. J. Lockett	1. June 2015 2. March 2015 3. March 2015		Major	Unlikely	8	Regrading approved by SMT 10/06/15 Reviewed by Control Services 04/06/15 - proposal to raise net rating from major x possible = 12 to major x certain = 20. To be reviewed by SMT. reviewed at control services meeting 21/04/15 - net rating remains at 12. Approved at SMT 14/01/15
355	There is a risk of staff not receiving clinical and non-clinical statutory training.	This may as a consequence cause:- • Failure to meet CQC and the Trust's TNA policy • Dilution of clinical skills	23-Nov-11	6		Safe Effective	**Corporate**	Major	Almost Certain	20	1. Agreement with operations that there will be an agreed abstraction of up to 90 staff per week to attend CSR during agreed periods. 2. Paramedic registration. 3. Individual Learning Accounts implemented for all operational staff from September 2014. This will increase attendance on CSR training. 4. Comprehensive review of statutory and mandatory training delivery, including All In One, under way, due for completion late November 2014 5. E-learning packages under development to provide staff with access to on-line achievement for core statutory elements	**Mark Whitbread**	03-Jun-15	Major	Likely	16	1. The TNA which applies to April 2014 to be reviewed and agreed by TSG. 2.A workbook has been developed for Infection prevention and control it will be launched shortly. 3. Use of OLM for recording of CSR 1 will commence from October 2012. 4. Operational Resources will need to book staff onto courses to capacity in order to train all staff within year.	1. J. Chalmers 2. J.Thomas 3. P. Billups 4. P. Cook	1. May 2014 2. Complete 3. Complete 4. Ongoing	1. TSG review and agree TNA on an annual basis. 2. TNA used as basis for agreeing service training plan. 3. TSG review reulgar reports of uptake on training.	Major	Unlikely	8	Propose to archive risk as this risk has been replaced by risks 439 and 446. 2 new risks presented to SMT in December 2014 and asked for further detail to be added and brought back. SMT 09/04/14 suggested that current risk rating remains until the risk is reviewed for splitting between clinical and non clinical.

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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		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 must 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 of sufficient EOC resourcing (ORH review).	Jason Killens	29-May-15	Major	Likely	16	1. Agree and implement changes to rest break arrangements 2. Rota changes to be implemented as result of ORH review 3. Recruitment 4. Skill mix: the skill mix model has been updated in January 2015 to include international recruits and is currently under review. 5. Ongoing vigorous management of out of service. J. Killens to set improvement trajectory to get out of service levels back within target. 6. Proactive use of the surge plan. 7. Out of service being HUB implemented.	1. T. Crabtree / J. Killens 2. J. Killens 3. K. Broughton 4. J. Killens 5. K. Brown / Sean Westrope 6. ADO's 7. TBC	1. 2015/16 2. Completed 3. Q4 14/15 4. Completed 5. Ongoing 6. Ongoing 7. Ongoing		Major	Unlikely	8	K.Millard reviewed 13/04/15. December 2014 Risk reviewed by ADO group. Updated provided by P.Woodrow and J.Killens August 2014
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. ~~There is a risk that CIPs may not be identified or delivered which would impact our credibility with the NTDA and the DH and would adversely impact on our FT Application. There may also be a loss of control on the Income and Expenditure position.~~	• 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		Well Led	Finance	Catastrophic	Likely	20	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.	Andrew Grimshaw	21-May-15	Major	Likely	16	1. Review support to drive the CIP Programme. 2. Ensure all schemes have clear project plans. 3. Embed all CIPs in budgets. Ensure managers sign off. 4. Review current benchmarking information.	1. A. Grimshaw 2. A. Grimshaw 3. K. Hervey / A. Bell 4. A. Grimshaw	1.31/05/15 2. 30/06/15 3. 30/06/15 4. Ongoing	Regular FIC oversight Controls can be tested	Moderate	Unlikely	6	Reviewed by FIC 21/05/15 Reviewed by A. Bell 11/03/15. FIC papers dated 29/09/14 changes in ratings to: gross catastrophic x likely = 20, net major x likely = 16 and target moderate x unlikely = 6. K. Approved by SMT 09/04/14 for inclusion on the risk register. To be cleared during Q3
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				Fleet and Logistics	Major	Likely	16	1. Forward view of fleet requirement for next 5 years 2. Asset management plan in place to ensure that no frontline vehicle is over 7 years old and that Unplanned Maintenance levels do not adversely affect Fleet Capacity and the provision of a safe environment to Operational Staff 3. Ensure capital investment is committed to support fleet volume and replacement 4. External/stakeholder support in place as required 5. Maintain a capacity plan based on operational rotas and other frontline vehicle requirements agreed with operations that maintains currency with the operational plan 6. Have an agreed vehicle specification 7. Agree and maintain adequate headroom in fleet numbers to manage variation	Andrew Grimshaw		Major	Likely	16	1. Complete capacity plan and ensure it is reviewed and updated regularly, ensure this is aligned with the operational plans evolving 2. Complete business plan for next 2 years 3. Agree & sign off DCA & FRU specification 4. Calculate and agree the headroom required along with operations and finance and adapt procurement appropriately 5. Complete Medium term Fleet Strategy 2017-18 and 5 years 6. Analyse capacity constraints regarding flow of vehicles through converters	1. Hd of Fleet & Logistics / Dir of Operations 2. DoF 3. Hd of Fleet & Logistics 4. Hd of Fleet & Logistics 5. DoF 6. Hd of Fleet & Logistics	1. 30/06/15 / ongoing 2. OBC May 2015 FBC August 2015 3. 30/09/15 4. 31/03/15 5. 30/06/15	1. Statement of Fleet Requirement 2. Business Case 3. Specifications to fleet delivery board 4. Capacity Plan 5. Business Case 6. Capacity Plan	Moderate	Possible	9	Agreed at FIC 21/05/15.
388	There is a risk that the increase in turnover rates may lead to frontline staff reducing by significant numbers impacting the Trust's ability to deliver safe patient care.	1. Competitive recruitment market for Paramedics 2. Increasingly mobile workforce with a multitude of recruitment possibilities 3. Cost of living pressures in London coupled with increasing travel costs for commuting 4. Opportunities for clinical career progression in other organisations, which do not exist within the LAS, such as 111 and other public, private and voluntary healthcare providers 5. Staff morale 6. Perceptions of access to funding for personal development and study leave 7. Concerns about job security 8. National shortage of registered paramedics 9. Relocation packages elsewhere	10-Apr-14	3		Safe	Clinical	Major	Likely	16	1. NHS staff benefits (e.g. pensions, T&Cs, etc.) 2. LAS staff benefits (e.g. cycle scheme) 3. LAS retention staff benefits (EMT suggestions) 4. Listening into Action - to understand staff improvements. 5. Actively recruiting university and registered paramedics and emergency ambulance crew 6. The use of overtime, private and voluntary ambulance services to increase the number of available resources. Impact on utilisation rate, i.e. to reduce it. 7. Clinical support structure provides career progression opportunities, with on-going training development 8. Revision of the Exit Surveys to provide accurate information on staff who leave, i.e. 9. NHS, competitors, etc. and reason for leaving 9. Retention data of resignations, projected leavers, projected joiners to identify reasons for resignation and opportunity to take intervention action.	**Karen Broughton**	21-May-15	Major	Likely	16	1. Review exit interview process and data capture. 2. Review and update rewards and retention strategy. 3. Promote learning and development opportunities. 4. Recruitment drive to fill vacant established posts. 5. Develop a Health and Wellbeing Strategy	1. Karen Broughton 2. Karen Broughton 3. Mark Whitbread 4.Karen Broughton 5. Tony Crabtree	1. On-going 2. 2014/15 3. On-going 4. On-going 5. Summer 2015	1. Comprehensive workforce and recruitment plan. 2. Regular monitoring of turnover and responding to developing trends, making necessary adjustments to current plans. 3. Ongoing recruitment drive, in addition to proactively seeking out new markets to target additional recruitment drives. 4. Training programme in progress for ongoing cohorts of A&E support and Paramedic staff. 5. Development of reward strategy. 6. Development of clear clinical career structure. 7. Review of flexible	Major	Unlikely	8	Reviewed by K.Broughton May 2015. It is possible that the changes and difficulties with the Senior Paramedic programme could impact on this. however, the improvement plan should also impact in the other direction. EMT reviewed the rating based on current assurance on 20/1/15 and agreed net rating to graded at major x likely = 16. R. Faisey updated risk 7th January 2015. Proposed regrading of net rating from major x almost certain = 20 to major x likely = 16 back in line with the gross rating. SMT discussed risk rating on 14/1/15 and suggested risk remained at 20.

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433	There is a risk that directors and line managers do not fully commit to staff engagement in terms of time and focus. In some cases there may be a risk that this is due to capacity of managers to find time to talk to their staff. This would result in staff becoming more disengaged which may prevent the organisation improving performance, and staff being motivated to play their part.	All staff need time with their line manager to support them to deliver what the organisation needs them to in terms of performance improvement, better care for patients and looking after and retaining our staff.	11-Feb-15			Effective Well Led	Corporate	Major	Likely	16	1. Corporate communications channels reviewed and refreshed as part of communications strategy approved by the Board in June 2014. Team Talk introduced in September 2014 but not universally being delivered. 2. Some good staff engagement practice with line management – but not universal. 3. Operational restructure will improve line management – but not yet delivered.	C. Gawne	22-May-15	Major	Likely	16	1. Performance management and appraisal of engagement objectives for line managers. 2. Training and support for senior managers 3. Evaluation with front line staff	1. Directors 2. Directors and Organisation Development 3. Director of Communications	1. On completion of operational structure 2. Ongoing conferences and training in Spring 2015 3. Ongoing	Team Talk feedback report to EMT. Team Talk as part of performance framework Evaluation of operational restructure to assess effectiveness of line management.	Major	Unlikely	8	Approvd by C. Gawne and noted by SMT 11.02.15
434	There is a risk that that new sector Assistant Directors of Operations (ADO's) are very focused on internal performance improvement and do not give time or focus to borough-based external stakeholder engagement (CCGs, MPs, OSCs, Healthwatch). This could result in a lack of support by stakeholders: at best this would mean no support for change or growth programmes, at worst it could mean opposition. This may lead to lack of investment in the service in the future and reputational damage	ADO's are essential for strong local stakeholder management, it cannot be done effectively centrally	11-Feb-15			Responsive Well Led	Corporate	Major	Likely	16	1. ADOs have relationships with some key stakeholders. 2. Communications support ADO's in external stakeholder relations.	C. Gawne	22-May-15	Major	Likely	16	1. Provide support and training and regular stakeholder perception testing 2. EMT to support ADO's in their involvement with stakeholder engagement 3. Work with new stake holder managers to develop their role.	1. Director of Communications and Director of Operations 2. EMT 3. Director of Communications / Assistant Directors of Operations	1. March 2015 2. Ongoing 3. Ongoing	Planned stakeholder perception audits and RAG rating with ADOs on regular basis	Major	Unlikely	8	Approved by C. Gawne and noted by SMT 11.02.15
404	There is a risk that the Trust does not accurately and efficiently capture errors and incidents and process them in accordance with national guidelines and within specified internal procedures (LA52 reporting).	Insufficient recorded evidence of reported incidents (total number and quality).	09-Jul-14	9		Safe	Corporate	Major	Likely	16	1. Line manager instructed to use the incident reporting E-Mail address when completing a RIDDOR F2508 form. This is located within HS 011 This will result in a copy being received by the department from the HSE. 2. RIDDOR F2508 forms are completed electronically, allowing reporters to save a copy as a PDF file 3. Absences due to industrial injury are recorded on GRS, allowing potential RIDDOR reportable injuries (due to absence) to be tracked and cross referenced 4. HS011 requires all incidents to be reported within 7 days. RIDDOR reportable incidents are reported directly by line manager to HSE. 5. The Datix Web pilot incident reporting system is currently being used in 3 complexes. This system has inbuilt guidance regarding RIDDOR reporting, and a direct hyperlink to the RIDDOR form. This process is to be incorporated within the Incident Reporting Project Datix Web role out that is currently being reviewed. 6. LA52 packs to be kept on vehicles.	Sandra Adams	09-Jun-15	Major	Likely	16	1. All incidents received by the Safety and Risk Department are to be reviewed by a Safety and Risk Advisor to follow up RIDDOR reporting, updating the DATIX record with the reference number. Reviewed at corporate level. 2. Absences of more than 7 days resulting from industrial injury is to be tracked on a spreadsheet to allow Safety and Risk Advisors to chase RIDDOR references, updating the DATIX record with this reference number 3. Incidents from January 2013 are to be reviewed for data quality on DATIX by Governance and Safety and Risk. As part of this, the incident will be reviewed to establish if it is RIDDOR reportable to gather more accurate numbers. (to be picked up at the Integrated Governance Meeting and discussed) 4. HS011 requires all incidents to be reported within 7 days, allowing a Safety and Risk Advisor to request a RIDDOR form to be completed. It is the line managers responsibility to ensure RIDDOR is completed as required.	1. Safety and Risk 2. Safety and Risk 3. Safety and Risk and Governance 4. Safety and Risk	1. Completed and on-going 2. Ongoing action 3. 01/04/15 4. On-going action	HS011 requiring all incidents to be reported within 7 days. HS011 requires all RIDDOR reportable incidents to be reported, giving instructions on doing so.	Moderate	Unlikely	6	9/06/15 SA proposed this risk is closed and replaced with 2 risks focussing on patient safety and staff safety. Managers have been reminded in H&S bulletin about RIDDOR reporting. This highlights their responsibility to inform the HSE directly, together with forwarding a copy direct to the H&S dept. This will increase the level of reporting prior to the roll out of Datix Web. The new system is a real time reporting system that will include a direct link to the HSE and the H&S dept. HS 011 also has a direct link to HSE. J. Selby, 16/10/14 - Item 1 - This action is addressed Item 2 - This item is addressed via GRS program that S&R run on a regular basis Item 3 - Item covered in above response Risk Approved by SMT at meeting on 9th July 2014

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440	There is a risk that the LAS will not be in a position to win new NHS 111 contracts as stated in the 5 year strategy.	Cause There is no consistent 111 tender process or service across London. 111 contracts across London are going out to tender at different times and are constructed differently across London e.g. from single 111 services to major partnership arrangements for multiple urgent care services. 111 growth may not be given adequate resource/attention due to current 999 performance pressures diverting attention away, particularly at a senior level. LAS costs may not competitive. Detailed modeling to accurately assess what areas of London we will bid for, informing the	08-Apr-15			Well Led	Corporate	Major	Likely	16	1. Contract team in place ….gathering information of service requirements / KPIs / costing of service.	Karen Broughton		Major	Likely	16	1. Understanding developed, through conversations with 111 commissioners across London, of their timeframes for tendering. 2. Bid team to review costing methodology and agree approach to bids.	1. J. Nightingale 2. J. Nightingale	1. End Feb 2015 2. March 2015		Moderate	Unlikely	6	13/05/15 Karen Broughton proposed to re-grade net rating to impact 3 x likelihood 3 = 9
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				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		Major	Likely	16	1. Agree all items for inclusion on tracking and ensure serial numbers are collated and items tagged/labelled. 2. Agree essential equipment, plan and implement a process to make key items available centrally to restock 3. Review VP contract to ensure it meets the agreed requirements of operations 4. Plan rollout of and implement complex based fleet to increase vehicle availability for VP to enable agreed stock requirements to be provided	1. Logistics Manager 2. Head of Fleet 3. VP Manager 4. Hd of Fleet & Logistics	1. 31/08/15 2. 31/07/15 30/06/15 4. 31/10/15	1. Asset tracking report 2. Logistics & OOS reports 3. VP contract 4. Project completion	Moderate	Unlikely	6	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				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		Major	Likely	16	1. Meet with operational colleagues to confirm equipment lists, clarify responsibilities and agree/transfer budgets 2. Provide Equipment to agreed stock levels 3. Undertake review budget responsibilities for equipment 4. Implement working group to review personal issue kit	1. Hd of Fleet & Logistics 2. Hd of Fleet & Logistics 3. DoF 4. Hd of Fleet & Logistics / ADO	1. 30/06/15 2. 30/06/15 3. 30/06/15 4. 30/09/15	1. Vehicle Equipment Procedure 2. Fleet management information 3. Budget reports 4. Report to recommend	Moderate	Unlikely	6	Agreed at FIC 21/05/15.
444	Thre 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				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		Major	Likely	16	1.Complex based fleet to increase vehicle availability for VP 2.Implement contract for decontamination 3.Establish revised process for collection of equipment left at hospital for decontamination & subsequent redistribution 4. Review process for maintenance of equipment 5. Ensure budgets adequate and responsibility for action is clearly defined	1. Head of Fleet & Logistics 2. Corporate Logistics Manager Corporate 3. Logistics Manager 4. Head of Fleet & Logistics 5. Head of Fleet & Logistics	1. 31st October 2015 2. 30th June 2015 3. 30th June 2015 4. 31st August 2015 5. 30th June 2015	1. Project completion/VP reports 2. Contract, VP & Decontamination reports 3. VP & decontamination reports 4. OOS reports 5. Performance (monthly) reporting	Moderate	Unlikely	6	Agreed at FIC 21/05/15.

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400	There is a risk that Siemens VDO satellite navigation (SatNav) units in fleet vehicles will become unserviceable due to the age of the units and the withdrawal from the market place of the supplier resulting in increased vehicle out of service (OOS) or delayed response times and impact on operational efficiency.	SatNav's were originally specified and procured in 2001. The selected manufacturer was Siemens VDO, distributed in the UK by MixTelematics Ltd. Over time the unit design has evolved (CD to DVD to SDcard) but fundamentally they have remained backward compatible as far as the interface to the MDT was concerned. The device is no longer manufactured and spare parts are becoming scarce. Alternative SatNav devices from other manufacturers are not a simple retrofit and will require reengineering of the MDT interface. The impact of failures and inabilty to repair will build gradually (a rising tide) with increasing effect on fleet maintenance and	11-Jun-14	10		Safe	Operational	Major	Likely	16	1. Telent Ltd, (MDT/SatNav maintainer) to investigate alternative break/fix arrangements with a 3rd party. 2. Assessment of fault quantities and failure frequencies.	Jason Killens	17-Mar-15	Major	Likely	16	1. An early action of the eAmbulance project is to review the specification and carry out market sounding to identify alternative SatNav products. An alternative SatNav device has been identified and a sample has been now acquired 2. Software is being redeveloped to interface with the alternative Sat Nav device, a necessary precursor to action 4 3. If a satisfactory alternative device is identified AND the MDT software development is viable, funding will be sought to replace SatNavs across the fleet & undertake appropriate procurement process.. If full functionality can be achieved then action 3 funding and procurement will be progressed. 4. ~~Development of software &~~ Retrofitting of solution to fleet 5. eAbmulance project to refine current requirements and procure viable commercial (h/w & s/w) solution, which is likely to require in-house bespoking contribution to ensure overall facilities are not compromised.	1. CAD support 2. CAD support 3. Assistant Director of IM&T 4. CAD support 5. eAmbulance Project Manager	1. Complete 2. June 2015 3. Q2 2015 4. TBC 5. TBC		Major	Rare	4	Risk reviewed by IM&T March 2015. 01.09.2014. Telent Ltd, the supplier contracted to maintain MDT/SatNavs , have entered now into an agreement with Jazz Auto Repairs to repair LAS Sat Nav's . Approved by SMT 11/06/14
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.	Inability of the Service to provide resources to dispatch on calls in a timely manner. Insufficient resources in EOC to carry out the ring backs. 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. Increased demand vs resource.	10-Jun-15				Operational	Major	Likely	16	1. More involvement by the Clinical Hub who monitor 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.	Jason Killens / Katy Millard		Major	Likely	16	1. Additional resources to undertake call backs and manage held call stacks. 2. Additional front line resource	1. K. Millard 2. J. Killens	1. ORH Review recruitment ongoing 2. Continual recruitment process in place		Major	Possible		Approved by the SMT 10/06/15
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		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. 3. C3 calls passed to hub for enhanced assessment C1 and C2 held calls are reviewed by hub - if a concern is flagged during welfare ring-back. 4. LAS Surge Management Plan. 5. Targeted additional resource at times of peak pressure using PAS/VAS/taxis. 6. LAS overtime 7. C1-C4 buckets have been redefined based on clinical outcomes. 8. Removal of exit message and clarity to patients regarding time delays. 9. Additional focus on safety reporting. QA – MPDS (999) ; QA – CHUB MTS (H&T;) – Report safeguarding incident concerns 10. Falls care is being introduced. Flag elderly fallers on vulnerable person monitor (VP). Clear process of escalation of response process implemented 11. METDG is in place 24/7. 12. The CHUB now have a Clinical Manager overseeing each shift 13. Implementation of VP (mental health / elderly fallers) and CP (sickle cell / septic patients)	Jason Killens	28-May-15	Catastrophic	Possible	15	1. Recruit to Establishment minus agreed vacancy factor of 4%. 2. Reviewing the determinants to best maximise resource availability, to assist with reduction in multiple attendance ratio for single incidents. 3. Deliver efficiencies in full from Capacity Review and complete Roster Implementation. 4. Recruit to establishment in the clinical hub. 5. Allocate EMDs to clinical hub to assist with ring backs – Service Development put in for additional staff to undertake this work 6. Offer near misses for APP and CTL to spend 6 months in the clinical Hub in preparation for next tranche of recruitment 7. Introduce surge plan and make appropriate revisions 8. More accurate reporting of category C delays and monitoring of safety incidents. 9. Use of lower acuity ambulances. Non emergency transport service in place partially from July 2015 and fully from September 2015. DX018 (low acuity calls) passed to CHUB resulting in greater use of taxis. 10. Increasing taxi use. Use of an SOP with taxi booking makes the process safer. 11. Discussion with NHS 111 regarding the green calls and outcomes.	1. K. Broughton 2. J. Killens 3. J. Killens 4. K. Millard 5. K. Millard 6. K. Millard 7. K. Millard 8. 9. K. Millard / F. Wrigley 10. K. Millard / F. Wrigley 11. K. Millard / F. Wrigley	1. Ongoing 2. Complete 3. Q4 14/15 4. Q3 14/15 5. Q2 14/15 6. 2014/15 7. On-going 8. On-going 9. On-going 10. On-going 11. On-going	1. Operational Demand and Capacity Review Group 2. Senior Management Team 3. Medical Directorate senior clinical advice; Clinical risk and Patient safety 4. The weekly SI group review patient safety incidents.	Catastrophic	Unlikely	10	Reviewed at Control Services meeting 4/06/15 Reviewed by Medical Directorate - May 2015. CHUB Staffing currently at risk although there is a plan in place, so should currently stay as it is. ADO's reviewed 12/03/15. F. Wrigley reviewed 18/03/15. F. Moore reviewed risk on 5/01/15 FW / DSW 03/12/14 Additional measures to mitigate risk are increased number of CHUB QA mangers to ensure 24/7 and implementation of VP and CP screen to monitor higher risk patients Trust operating at increased Surge level without regular review conference calls

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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.	Personal Protective Equipment (PPE) Some operational staff are at risk of infection due to: • Staff not having the equipment because they haven't been fitted with the FFP3 respirator mask. • Staff coming completing basic training having been fit tested but not having the equipment issued. • Assurance of the PAS/VAS/Community Responders status for category 4 preparedness. Patient facing staff knowledge, understanding and training Operational staff are at risk of infection due to: • Lack of knowledge and specific training regarding infectious	27-May-15				Health & Safety	Catastrophic	Likely	20	1. Infection Control Workbook; standard infection prevention control training programme in place. 2. Infection Control Specialist and OHD service (not 24 hrs) 3. Task and finish group for Category 4/VHF(Ebola) assurance (chaired by EPRR) 4. Clear process for confirmed Ebola case between LAS and the Royal Free and working arrangement with Health Protection Units. 5. Regular EPRR Ebola management bulletins, including algorithms for early identification of possible cases of VHF at the call taking stage and CHUB 6. Support from the Clinical Hub and Health Protection Unit for enhanced risk assessment on suspected cases. 7. Current OHS contract does not include contract tracing– new contract from 1st April 2015 for new provider has enhanced specification 8. Waste contract in place – includes Cat A waste for incineration 9. IPC at Clinical Basic Training and CSR – requires enhancement for Ebola PPE 10. FFP3 Fit testing and provision of personal issued respirators, basic clinical training for existing staff – captured at FITFLU Programme commenced 15/10/14 11. Ebola assurance monitoring by VHF Group and at IPCC 12. National Transfer procedures agreed			Catastrophic	Possible	15	1. Develop VHF Plan – Action cards, transfer process, VHF bulletins, 2. Identify, risk assess, procure, distribute enhanced PPE: HART LAS operational staff 3. LAS Ebola VHF processes (e.g. policy and procedures) internally and externally aligned 4. Develop a set of FAQ's for all staff 5. Develop monthly compliance data and reporting for FFP3 fit testing to the IPC team for assurance 6. Share HART training package with the education and development department to ensure a consistent standard of infection control training including the use of enhanced PPE 7. Review the requirements of involvement of individuals to take part in the form working group with terms of reference for actions identified and monitoring arrangements to be put in place. 8. Enhance the decontamination process for vehicles as per national and expert guidance, to include for example hypochlorite / Bioquell, for use by all crews. 9. Procure an enhanced Category A waste disposal service Additional control measures to reduce existing level of risk: (PATIENTS & STAFF) 10. Review Incident Outbreak Policy 11. Enhance Occupational Health Service contract requirements to incorporate immediate access, contact tracing and follow up or alternative internal arrangement. New contract in place from the 1st April.	1. LL VHF Group 2. L.L / ECH / HF R. Deakins A. Fulcher K. Merritt 3. S Woodmore Chris Reeves 4. Comms assisted by VHF group 5. P. Williams 6. S Woodmore I Bullamore E Hitchcock 7. L. Lehane 8. Trust Decon Lead IPC Estates 9.N. Smith ECH 10. E. Hitchcock 11. Fatima Fernandes 12. S. Lennox 13. J Downard 14. C Gawne 15. L. Lehane P Williams	1. Completed 17/03/15 2. Complete 3. Completed as part of 1 above 4. Completed in line with national guidance 17/03/15 5. Complete 6. Ongoing 7. Completed 17/03/15 8. 31/05/15 9. Complete 10. May 2015 11. Completed 12. Complete 13. Ongoing 14. Completed 17.03/15 15. Ongoing	Catastrophic	Catastrophic	Unlikely	10	
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	1,2,4,5	Effective	Clinical	Moderate	Almost Certain	15	1. Mark Whitbread is the Trust lead for the card readers project, 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	Mark Whitbread	08-Jun-15	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 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 of out of it. The evaluation of this exercise will be reviewed in February 2015. 6. Put a suggestion forward for it to be included as a CQUIN in the next financial year to the CQRG.	1. M.Whitbread 2. M.Whitbread 3. M.Whitbread 4. M.Whitbread 5. M.Whitbread	1. Complete 2. Complete 3. Complete 4. Ongoing post N/Malden pilot evaluation 5. Commence Mid Dec 14	EOC briefings undertaken	Moderate	Unlikely	6	June 2015 - M. Whitbread to review with F. Moore for next course of action. Reviewed by Medical Directorate Nay 2015 - should remain.We are at 8% for defib downloads for April (compared to 1% for the whole of 14/15). March 2015 - Risk reviewed by M. Whitbread. 18/12/14 - Risk reviewed by medical directorate. 23/07/2014 - If the fleet was less "flexible" it would allow for modems to be used to assist with downloads. SMT 14.05.14 approved regrading to moderate x almost certain = 15 M.Whitbread to raise with EMT regarding mitigating actions. Proposed increasing current rating to moderate x almost
426	There is a risk that the Trust is unable to meet the obligation of engagement with partner agencies within set timescales due to lack of capacity within the safeguarding team to manage the increased workload, notably Marac requests for information. This may impact on the care of vulnerable adults and children.	The Trust will fail in its statutory responsibilities to respond to safeguarding requests within time scales. There continues to be an increase in the requirement for LAS partnership involvement as Multi-Agency Risk Assessment Conferences (MARACs) these are being introduced across London and require the LAS to provide data on our involvement with indivduals over a given timescale and attendance at regular meetings. The LAS is seen as a key partner in these meetings.	10-Sep-14			Safe	Governance	Major	Possible	12	1. Local managers running own reports in absence of safeguarding officer. 2. Out of office message to manage expectations.	Zoe Packman	09-Jun-15	Major	Possible	12	1. Increase in members of safeguarding team to provide support across trust and partners (pending agreement of funding). 2. Develop an administrator post for safeguarding to cover increase workload and also support Safeguarding Officer when off (pending agreement of funding).	1. Z. Packman 2. Z. Packman	1. Resource to be agreed by EMT 2. Dependent on outcome of funding decision		Minor	Possible	6	Reviewed by Safeguarding Committee 09/06/15 - proposed regrading gross and net rating from moderate x almost certain = 15 to major x possible = 15 to reflect the impact on the care and safety of vulnerable adults and children. Take proposal to SMT. Approval was for temporary post till Feb unfortunately authrisation received too late to write JD and advertise and train before funding disappeared. Subsequent request made for perminent staffawaiting approval to gating request submitted to Emt/SMT Feb15 Agreed by SMT 10/09/14

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417	There is a risk that unauthorised access and threats to the Trust's network will not be detected, and, after a breach occurs, it will not be possible to identify and pursue the attackers. This could lead to serious security breaches not being identified and action not taken to prevent such attacks happening in the future. Ultimately, this could impact on the operational delivery of services.	There is no intrusion detection process in place for the Admin network (internal network of the Trust). Unless a user identifies and reports an incident, this is not brought to the attention of the IM&T team. Networking devices such as routers and switches (which help interconnection within a network) have a limited set of logs that are stored locally on the devices. These include logon attempts and other key security information, but they are not aggregated or analysed for trends. Some monitoring is done on the Command and Control network (specifically of the Oracle database and the CAD system). (highlighted by KPMG Cyber Audit- October 2013)	08-Oct-14			Safe Effective	Information Governance	Catastrophic	Possible	15	1. Gateway firewalls to protect LAS from external attacks. 2. Enterprise antivirus monitoring LAS infrastructure.	Steve Bass / Vic Wynn	06-May-15	Catastrophic	Possible	15	1. Deploy an intrusion detection system along with associated processes to ensure that any incidents are logged and acted upon. As a minimum, the last 12 months of logs should be stored and be readily available after a breach for analysis. De0pl	1. R. Clifford	1. August 2015	1. Risk discussed and monitored by IM&T SMT	Catastrophic	Rare	5	**RC:06/05/2015** **System Procured and deployment phase has begun** RC:25/03/15: Intrusion System has been purchased - Install date is for April 2015 22/01/2015 Funding approved and procurement completed. Implementation to be completed by 28/02/2015 (subject to detailed planning of implementation) 18/12/2014 IM&T approved the purchasing/deployment of an Intrusion Detection System (IDS) to monitor LAS networks : procurement is currently processsing the request. Risk Approved by SMT at meeting on 8th October 2014
418	There is risk that a malware outbreak or a hacking attack originating from LAS admin network is propagated to the CAC network area. This could result in a loss of sensitive data or CAC network being unavailable, severely impacting the delivery of emergency services.	Firewalls exist only on the interface to the internet, and not between the virtual networks, (such as the one to segregate the CAC network from the rest of the Trust network). The internal network is flat and open, meaning that there is no separation between groups of computers and all devices on the network are treated with the same level of trust. This allows easy access within the network once an unauthorised individual has accessed the network. Once a device is compromised in one section of the network, the rest of the network is available to the attacker.	08-Oct-14			Safe Effective	Information Governance	Catastrophic	Possible	15	1. Gateway firewalls to protect LAS from external attacks 2. Enterprise antivirus monitoring LAS infrastructure	Steve Bass / Vic Wynn	06-May-15	Catastrophic	Possible	15	1. Introduce strategic firewalls to segregate sensitive sections of the network, particularly the CAC. 2. Additionally, consider placing a firewall or similar between the two main CAC physical networks located at Bow and Waterloo.	1. R. Clifford 2. R. Clifford	1. 31/08/15 2. 31/08/15	Risk discussed and monitored by IM&T SMT	Catastrophic	Rare	5	**RC: 06/05/2015** **Firewalls have been placed in situ. A traffic review is in progress to ascertain the valid traffic between sites. a "hardening" process will begin once all traffic has been validated (July 2015)** RC 25/03/15: Firewalls have been purchased and are in situ - On target for full implementation and go live by agreed date 22/01/2015 .The network audit is needed to determine valid network traffic paths which will be incorporated into the new security rules / controls . This will continue until the next planned Control Services exercise/operation "on paper" (planned for the end of February). It is planned that the firewalls will be inserted in between the networks
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	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. 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. Any such attacks could	08-Oct-14			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	Steve Bass / Vic Wynn	20-May-15	Catastrophic	Possible	15	1. 1.Liaise with the supplier of the Comandpoint software to ensure that patching is undertaken regularly. This needs to include updating the software to be compatible with the latest versions of software used by the CAC Network, in particular the Microsoft Operating System and Office products.	1. E Bquiri	1. 31/08/15	Risk discussed and monitored by IM&T SMT	Catastrophic	Rare	5	**20/05/2015 Implementation reliant on CAD upgrade planned on 15th May (within a planned EOC outage)- still ongoing** 25/03/2015 Third party (NG) still testing CommandPoint software on Windows 7 22/01/2015 The new (required) CommandPoint software is still in testing, due to defects identified. The observed defects have been rectified and are being retested. This is now due for implementation at the end of February 2015. Testing on Windows 7 has re-commenced using operational resources. Implementation of the solution is expected to be completed by 31/03/2015 however will be subject to the rollout of new PCs. 18/12/2014

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31	There is a risk that the control and operational staff may fail to recognise serious maternity issues or fail to apply correct guidelines which may lead to serious adverse patient outcomes in maternity cases.		14-Nov-02	5		Safe Effective Caring Responsive	Clinical	Major	Almost Certain	20	1. Consultant Midwife working with the LAS one day a week, providing advice to Control Services, Legal Services, Patient Experience, and Education and Development. 2. A deep dive audit was carried out which was reported to the Quality Committee in Autumn 2014. To be repeated as required. Review incidents reported through LA52's, Patient Experiences and legal Claims relating to problematic obstetric incidents. Maternity care update articles in the Clinical Update. Delivery of CSR 2013/2014 obstetric update (detailed in 2013 UK Ambulance Service Clinical Practice Guidelines) & updates written by Consultant Midwife. Pan-London Maternity Divert Policy (Updated Sept. 2013): Robust framework to limit temporary closures of maternity units and to organise redirection. POETS e-learning programme in place. Drop in sessions arranged by new consultant midwife. Advanced Life Support Bootcamp course run every 2 months, including a maternity update theory session and maternity scenario. Maternity update evening (external venue, attended by LAS and midwifery staff from london hospitals). Scenarios based learning. New sim-Mum purchased and delivered. teaching for EMDs being arranged,	Fenella Wrigley	28-May-15	Major	Possible	12	1. Director of Paramedic Development & Education to directly oversaw delivery of CSR 2013/2014. 2. Consultant Midwife appointed to provide professional advice and education. Update post from 0.2 WTE to 0.6 WTE to increase availability and impact through obstetric education. 3. Obstetric emergency decision tool to be put in place. Maternity evening arranged in May for staff to attend, led 4. by Consultant Midwife, and Obstetrics staff from a number of London Hospitals 5. Obstetrics emergencies clinical update article written and will appear in the next clinical update magazine 6. Birthing Sim-manikin ordered and will improve staffs recognition of problems and treatment of these patients	1. M. Whitbread 2. F. Moore 3. F. Scarlett 4. A. Mansfield 5. A. Mansfield	1. Completed 2. Completed 3. From December 2014 4. May 2015 5. April 2015 6. May 2015	1. Monitor processes at CQSE and Corporate Health and Safety Group. Direct feedback to CQD from Legal Services. 2. Incident reporting. 3. Reports to CQSEC, SI group, Learning from Experiences	Major	Possible	12	Reviewed but should remain as current rating for now. New controls also in place. Medical Directorate reviewed risk December 2014 and proposed to regrade net rating from major x likely = 16 to major x possible = 12 to go to SMT for approval January 2015.Approved by SMT 14/01/14. CSDEC 27/10/14 reviewed risk - substantive mid wife post in place 3 days per week from December 2014. Rating remains the same and review rating following take up of post.
22	There is a risk that failure to undertake comprehensive clinical assessments may result in the inappropriate non-conveyance or treatment of patients.	Inappropriate non-conveyance incident	14-Nov-02	8	5	Safe Effective Caring	Clinical	Major	Almost Certain	20	1.Monitor level of CSR training and delivery. 2. CPIs are used to monitor the standard of assessments provided. 3. LA52 incident reporting is in place and reports are provided to the Clinical Quality Safety and Effectiveness Committee (CQSEC) and the Area Clinical Quality Groups. 4. The Operational Workplace Review has been reviewed and will now include ride outs. 5. A system for clinical updates is in place. 6. An enhanced patient assessment component has been introduced within the APL Paramedic Course. The training has been subject to a major review and now includes a mentored period of operational duties. 7. Introduction of Paramedic Pathfinder – an adaption of the Manchester Triage System for use pre-hospitally to safely identify the most appropriate destination for individual patients. 8. Introduction of reflective practice (as part of	Fenella Wrigley	28-May-15	Moderate	Likely	12	1. Director of Paramedic Development & Education to directly oversee delivery of CSR 2015/2016. 2. The Medical Directorate will continue to monitor trends. 3. Design processes to audit and monitor the effectiveness of the pathfinder tool. 4. Development of the clinical career structure. 5. Update course for Clinical Team Leaders and Clinical managers, to enable them to update clinical staff.	1. Director of Paramedic Education and Development 2. Clinical Advisor to the Medical Director 3. Pathfinder Leader 4. Mark Whitbread/ Jane Thomas 5. Mark Whitbread / Jane Thomas	1. End of 2016 2. Ongoing 3. Commence April 2014 4. May 2014 - 2017 5. Delivered monthly	CPI reports OWRs CSDEC EMT/TB reports Learning from Experience	Moderate	Possible	9	Reviewed by Medical Directorate - May 2015. LA52 completion has been increasing and therefore reporting is better. Also self reporting has increased which is a positive step. Many updates have now been provided - MH, TL updates, Pathfinder training, and Pathfinder is now back into CSR and is a CQUIN. Ongoing re-contact audit with appropriate learning. Auggest re-grade to 9 3x3, and to move to local register. 24/10/14 CSDEC - risk to remain at same rating. Medical Directorate update
396	There is a risk that If the Trust does not plan effectively it will not be aware of risks and threats. These could result in significant risk to the ongoing viability of the organisation, operations and clinical safety. ~~There is a risk that no disciplines exist for planning ahead which would impact our credibility with the NTDA and the DH and would adversely impact on our FT Application~~	• An LTFM is not in place. • Regular reports are not provided to the FIC on forward financials. • Future assessments do not take account of low level (departmental) plans or high level (organisational) issues. • Plans exclude I&E, balance sheet, capital and cash. • Future CIP plans are not scoped and where possible identified, 2-3 years ahead.	10-Apr-14	15		Well Led	Finance	Catastrophic	Likely	20	1. An LTFM is in place. 2. Regular reports are provided to the FIC on forward financials. 3. Future assessments take account of low level (departmental) plans as well as high level (organisational) issues. 4. Plans include I&E, balance sheet, capital and cash. 5. Future CIP plans are scoped and where possible identified, 2-3 year ahead.	A.Grimshaw	21-May-15	Major	Possible	12	1. Further development of LTFM required. Make live tool B/S and Cashflow). 2. Review format and frequency of reports to FIC on future planning. 3. Develop means to collect departmental and divisional plans for review and inclusion in overall financial plan. 4. Develop future CIP planning. 5. Develop future CIP planning. Future CIP planning is part or the CIP programme board remit and is on-going.	1. DoF 2. DoF 3. DDoF 4. All executives 5. All executives	1. 31-03-15 2. Monthly until June 2015 3. Include in 15/16 planning 31-03-15 4. End Q1 15/16	Regular FIC oversight Controls can be tested	Moderate	Unlikely	6	Reviewed by the FIC 21/05/15 - net rating regraded from major 4 x likely 4 = 16 to major 4 x possible 3 = 12. Reviewed by A. BEll 11/03/15. FIC amended the risk description January 2015. FIC papers dated 29/09/14 changs to ratings: gross from major x likely = 16 to catastrophic x likely = 20, net from major x unlikely = 8 to major x likely = 16 target from major x rare = 4 to moderate x unlikely = 6.
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.	Those whose roles are being disestablished are most affected by the risk (AOMs, PIMs and DSOs), but all operational managers and staff will be impacted by the changes, and are likely to be affected by delays and uncertainty.	27-May-15				Operational	Major	Likely	16	1. Steering Group established to plan activities and receive and respond to staff queries etc. 2. Bespoke pulse page collating all relevant documentation (updated live). Including: all FAQs, bespoke recruitment plan (outlining all recruitment activities sequentially against agreed timeline), operations configuration file (listing all role and whether vacant), etc. 3.Dedicated 'Listening Day' was held on 2 April at which any member of staff could attend. 30 page Q&A document produced and shared.	Jason Killens		Major	Possible	12	1. Continue to communicate widely	1. S. Kime	1. Ongoing		Major	Possible	12	Approved by SMT 27/05/15

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439	There is a risk that all operational/clinical 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. This could result in the dilution of clinical skills	Lack of consistency of staff booking onto CSR places which have been provided. The Trust are not allowing stand downs for staff who haven't got Individual Learning Accounts in place to attend CSR training due to the impact of resources vs demand on performance. Non- compliance with statutory and mandatory training (The associated legislation for each requirement is referred to in the Training Needs Analysis and the Core Training Policy -TP056.)	08-Apr-15			Safe Effective	Corporate	Major	Likely	16	1. Individual Learning Accounts mitigate the impact of performance on training. 2. Complex management teams managing the training process. 3. Clinical Education and Standards monitor the uptake of course places provided (data is included on the clinical dashboard) which is reported at EMT / TB /CQSED 4. Letters have been sent out to staff reminding them to book onto courses and a Bulletin has been put in the RIB.	Mark Whitbread / K. Broughton	08-Jun-15	Major	Possible	12	1. Letters have been sent out to staff and an article has been placed in the RIB 2. ILAs need to be incorporated into all rosters when reviewed (some staff do not currently have ILAs) 3. A process needs to be put in place to monitor/review the compliance with managing the ILA process 4. Continual communication about the process i.e. routine bulletins / posters.	1. P. Cranmer 2. P. Woodrow 3. Admin Manager, Training Dept. Fulham 4. J. Thomas	1. Completed 2. TBC 3. in place / Reviewed monthly 4. In place / Continual process.	Figures are reported monthly and are overseen by the Quality Governance Committee and Trust Board	Major	Unlikely	8	M. Whitbread reviewed 08/06/15 - proposed regrading net rating from major x likely = 12 to major x unlikely = 8 due to controls in place. FF 20/05/15 need to look at ability to capture training figures for this group of staff.
391	Patients being placed on the Co-ordinate my Care (CMC) Database may not have their addresses flagged in a timely manner. Particularly during the out of hours period.	Initially in 2010, numbers of CMC records were low, (started off at approximately 10 records per week). The LAS were aware that this figure would rise to approximately 150 per day and this would create a problem to keep up with this number of patients. The proposed IT solution in 2011/12 was not funded but this funding has now been approved (December 2013).	12-Feb-14			Safe Effective	Clinical	Major	Likely	16	1. Automatic notification of CMC patients to LAS via email. 2. Staffing levels increased to support Management Information staff with the process of flagging address on the LAS Gazeteer. 3. Clinical Hub where possible monitor calls where a CMC flag has been triggered. 4. Clinical update courses run through Education and Development and internship programme which included reference to CMC and end of life care. 5. End of life care circulars regulalry on the Pulse which references CMC. 6. Attendance at CMC Steering Board, CMC Governance Committee and CMC Stakeholder Group where issues are raised and investigated as necessary."	Zoe Packman	23-Mar-15	Major	Possible	12	1. Funding has been secured to develop a web interface between the CMC database and the LAS command and control systems. Management Information are exploring with CMC an interim IT solution. 2. Following the next Command Point upgrade, Summer 2015, automated transfer of flags will be implemented. 3. A small project group, once Command Point has been upgraded, will be convened to test the automated update process and assess for any risks this may then produce in order to mitigate against them and move to full 24/7 automated CMC flags being placed Autumn 2015.	1. IM&T / MI/ Clinical Directorate 2. IM&T, MI 3. Business Development	1. Completed 2. July - Sep 2015 3. July 2015	1. CMC Stakeholder and CMC Steering Group meetings, (LAS have membership of both groups). Sen Clin Adv to Med Dir is LAS representative at CMC Streering Group and reports on a monthly basis to this group. 2. LAS monitoring of EOC / 111 systems. 3. LAS monitoring of clinical incidents / complaints related to EoLC and the use of CMC	Major	Unlikely	8	Reviewed by B. Sloper March 2015. 6/10/14 - D. Whitmore, proposes to archive risk as the actions to mitigate this risk have beeen completed and it has reached its target rating. CSDEC 24/10/14 proposed to review in 3 months.
343	There is a risk of staff not recognising safeguarding indicators and therefore failing to make a timely referral.		12-Aug-10		4	Safe Effective Responsive	Clinical	Major	Likely	16	1. Monitor referrals centrally. 2. Practice guidance issued and supported by updates. 3. Training programme in place - ongoing auditing of the effectiveness of training through competency assessments.	Zoe Packman	09-Jun-15	Major	Possible	12	1. Capture safeguarding practice in bi-annual Operational Workforce review 2. Provide level one learning training for all non clinical staff.	1. P.McKenna, K.Millard,K Brown, P. Cranmer 2. Alan Taylor	1. Ongoing 2. Commenced March 2014	1. Safeguarding committee review referrals data - monthly. 2. Continual review of changes in statutory requirements and judicial reviews. 3. Training updtae monitored centrally on scorecard by Education and Development - annually.	Major	Unlikely	8	09/06/15 - Safeguarding Committee approved regrading of risk from major x possibe = 12 to major x unlikely = 8 and agreed to archive the risk due to the controls in place. 21/05/15 A. Taylor propsal to archive risk as it has reached its target rating due to mitigating controls in place. To be managed locally. to be discussed at the Safeguarding Committee meeting on the 26/05/15 to approve. Take to SMT to approve archiving. A. Hay to look at impact on change of regulations for adults at risk as noted in the Care Act 2014 (may result in a separate risk). A. Taylor 23/10/14 - Level 1 e learning has been developed and non- clinical staff are undertaking this. OWR is not currently happening due to Trust wide pressures 6 x Level three sessions have been run for key staff supporting frontline crews.

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205	There is a risk of not being able to readily access and manage the training records of all operational members of staff due to records being kept on separate and remote sites outside of the current records management system.	Capacity of Fulham Archive Store (for hard copy training records) is exhausted. Records not being available for evidencing incidents, litigation, coroners enquiries, and regulatory / awarding bodies relating to statutory training requirements	01-Jun-05	***	7	Effective	Corporate	Major	Likely	16	1. Current storage facilities have previously been compliant with IHCD accreditation requirements etc. 2. Training attendance records for operational staff are held on PROMIS and GRS databases, with the more recent attendances recorded on OLM (Oracle Learning Management) system	Mark Whitbread	02-Apr-15	Major	Possible	12	1. Develop plans to move to the electronic storage of all operational training records generated within the LAS 2. Further develop the plans to create a central management hub (currently Fulham) to support and underpin the provision and quality of all Clinical Education & Development activity throughout the Trust. This will include the review of Fulham CE&S administrative staff levels, so as to ensure that sufficient capacity exists to fulfil the requirements of the new training record management system. 3. Scope the potential and options for the back scanning of existing training record documentation.	1. P.Billups 2. M. Whitbread / P.Billups 3. P.Billups	1. Completed 2. Oct 2015 3. Dec 2015	1. Annual reaccreditation visits by IHCD external verifier 2. ~~Monitoring by Clinical Education Steering Group with subsequent reporting to the Training Strategy Group~~ Title of new monitoring group tbc.	Major	Unlikely	8	March 2015 - This project has now been included as part of the IM&T server and storage replacement programme, due to the capacities required. Gating template for the additional staff needed will be resubmitted once the new storage is in place. 1. Proposals for the electronic capture and storage of training records are have been developed with Management Information and an external supplier. We intend to proceed with an internal process, thereby enabling integration with the data storage systems already in use within the LAS.
138	There is a risk that failing to appreciate the significance of psychiatric illnesses will lead to mis-diagnosis.		12-Nov-03	***	5	Safe Effective	Clinical	Major	Likely	16	1. The new 'Mental Health' module has been designed and has been included in the training plan for 2009/10. 2. An e-Learning Manager has been appointed and will start work with the Trust in August 2009. 3. Mental health e-learning module has been developed - training package assessed by external assessors	Zoe Packman	23-Mar-15	Major	Possible	12	1. Development of mental health risk assessment tool: 2. Roll-out of mental health e-learning training 3. Mental Health Committee to consider alternatives to e-learning 4. Mental health audit 5. CSR3 Training	1. ~~S.Lennox~~ 2. ~~S.Lennox~~ 3. ~~S.Lennox~~ 4. ~~S.Lennox~~ 5. K.Miller	1. Ongoing 2. Ongoing 3. Ongoing 4. Complete 5. Complete	1. CPD completion records 2. Monitor processes at CQSE 3. Monitor package completion data on e-learning site	Major	Unlikely	8	Update -31/03/15 Back in April 14 SMT did not agree regrading as there has been no roll out of the mental health tool. Although the Mental Health Risk Awareness tool has still not been rolled out, it was included in CSR 2014 and as of April 2014 1243 staff had completed this module. I will need to confirm what % of staff this equates to to allow SMT to make a decision on regrading of risk. CSDEC 24/10/14 Mental Health Nurses in the Control Room - review in 3 months. K.DIMBI 20/10/2014 CSR 2014 has gone live in September 2014, roll out still to wait until we have 60% of our staff trained It has been agreed at the last Mental Health Committee meeting in June 2014 that once
411	There is a risk that patient safety could be compromised due to the possibility of contaminated patient equipment collected from A&E departments being reused without undergoing a decontamination process. This may breach the Hygiene Code and could jeopardise continuous CQC registration	Patient equipment in ambulances is being wiped over between patients. Contaminated equipment is collected by Logistics and left in cages on sites; soiled equipment also brought back by ambulances is likewise left in cages on sites. Financial risk- Additional items are procured (reusable and single use) to ensure adequate volumes for use; without considering how the backlog of equipment can be turned around safely. Currently there is a lack of a validated decontamination service for contaminated A&E	08-Oct-14			Safe	Infection Control	Major	Likely	16	1. Education -Embedded cleaning standards into LAS daily practice - Induction, CSR training. CSR training content revised to raise awareness of need for equipment to be cleaned after each use; use of wipes and correct cleaning method for ambulance equipment. 2. IPC arranged visit with Logistics to a third party decontamination service provider (Essentia) in March 2014, with a view to a one-off clean of all equipment, and setting up of a regular service. In order to obtain a quote for the service, volumes and types of equipment from sites have to be provided.	~~Mike Evans~~ Andrew Grimshaw	10-Jun-15	Major	Possible	12	1. Third party decontamination service for A&E equipment and soiled equipment from ambulances - via St Thomas Hospital. 2. Initial cleaning specification, training content, standards to be revisited 3. IPC training for Logistic drivers 4. LAS & Pan London A&E units working framework regarding the need to reduce bioburden/hazard on returned equipment 5. Audit of decontamination compliance to be part of AOM's objectives. 6. Decontamination process to be included in the Medical Devices Policy which is currently awaiting approval. 7. Once Medical Devices Policy is approved communication will be required with front line staff on the arrangments in place both in and out of hospital.	1. K. Merritt / Logistics 2. Anne Fulcher / Logistics 3. E. Hitchcock, IPC 4. IPC, Logistics, and A & E departments 5. 6. K. Merritt 7.	1. In place 2. 3. Aug 2014 4. 2014/15 5.	1. Decontamination Lead to oversee and report to IPCC quarterly 2. Policies - Medical Device management Policy, Decontamination Policy 3. Third Parties - Decontamination Service; Pan-London Working Framework 4. Quarterly monitoring at IPCC	Major	Unlikely	8	Reviewed by CEWG 10/06/15. Review again in 3 months. discussed at CEWG 21/04/14 review scoring with K.M. 1. Karen Merrit has asked for a quote from Essentia in December 2014. Risk Approved by SMT at meeting on 8th October 2014
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.	Lack of commitment/capacity from managers to deliver training through the all in one and corporate induction programmes. Currently not able to monitor effectively and efficiently whether staff have undertaken required e-learning.	27-May-15				Corporate	Major	Likely	16	1. Programme of All in One training in place 2. Programme of Corporate Induction in place 3. E-learning training packages in place	Karen Broughton		Major	Possible	12	1. Monitor compliance of training received and report to the Executive Management Team by the end of May.	1. N. Fountain	1. May 2015		Major	Unlikely	8	

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385	There is a risk that the total level of financial loss due to theft and criminal damage to the organisation is anaccurately reported.	Incidents of theft and criminal damage are not reported through a single route and a result of this is that there is no central receiving department which can confidently put a total value to the financial loss suffered by the organisation.	07-Oct-13			Well Led	Finance	Major	Likely	16	LA 52 (Accident/ Incident Report), LA 154 (Report of Loss / Burglary / Theft), LA 41 (Digital Radio Hand Portable Terminal Theft/ Loss/ Damage Report) Logistics Asset Tracking System Annual Fixed Assets verification process Security Management Policy	Andrew Grimshaw	15-Jun-15	Major	Possible	12	1. Production of Security of Assets Policy detailing responsibilities and reporting routes. 2. Notice in RIB instructing staff how to report theft, burglary and criminal damage. 3. Finalised policy to be added to the Pulse and highlighted in the RIB.	1. M. Nicholas 2. M. Nicholas 3. M. Nicholas	1. July 2015 2. Completed 3. August 2015	1. LA 52 Data reviewed / monitored by Corporate Health and Safety Group. 2. LSMS reviews LA 52 reported data. 3. LA41 Digital Radio Hand Portable Terminal theft/loss/damage report. 5. LA154 Report of Loss/Burglary/ Theft	Major	Rare	4	M.Nicholas 07/04/2015 policy being amended to reflect the change of Director fulfilling the Security Management Director role. Draft policy being amended in light of feedback from comments received. July 2014 - Propose to archive - A.Grimshaw to confirm
352	There is a risk that operational staff sustain a manual handling type injury whilst undertaking patient care. The consequence of injuries being:- -Increased staff absence through industrial injury. -Impact on service delivery. -Impact on patient care.	Staff injured whilst manual handling patients	23-Nov-11		7	Safe Well Led	Health & Safety	Major	Likely	16	1. Manual Handling Implementation Group and Manual handling policy 2. Manual handling awareness is provided at corporate Induction; refresher training through e-learning is available through L&OD; Education and Training dept provide training to all operational staff during initial and subsequent core refresher training; all operational ambulance vehicles are fitted with tail lifts 3. Core Skills Refresher training is monitored via the quality dash board. 4. The Corporate Health and Safety Group monitor manual handling incidents and training activity, 5. Small handling kits on all vehicles 6. BTech trained Manual Handling assessors 7. Specialist MH equipment e.g. Manager Elk 8. All A+E and PTS operational vehicles have either tail lift of ramp access 9. All A+E and PTS operational vehicles are fitted with hydraulic trolley bed 10. Generic Risk Assessments 11.All A+E Operational vehicles have access to Manager Elks 12. 3x PTS Bariatric vehicles are available by request to A+E	**Tony Crabtree**	08-Jun-15	Major	Possible	12	1. Implementation of LAS/HSE Manual Handling Improvement Programme Action Plan (i.e. tracked chair implementation) 2. Marc Rainey is leading a Bariatric Task & Finish group in respect to the idendification of suitable vehicle types 08/01/14 3. Chair Transporter Pilot: Ferno Compact 2 (tracked) chair purchase and rollout programme scheduled expected to commence December 2014 (JS Oct 2014). 4. Clinical Equipment Group - have reviwed the contents list for the response bags this has been devloped into a spefication which has been circulated to suppliers. One bag has been reviewed as suitable for trial and a number of sample bags have been ordered and are expected for delivery end Jan 2014.	1. J.Selby 2. J. Killens 3. J.Selby 4. M. Faulkner	1.Completed 2. TBC 3. Completed 4. On going	1. Manual Handling Implementation Group 2. Manual Handling Policy 3. Central Health and Safety Group Incident Statistics Monitor and Audit Reviews	Minor	Unlikely	4	4. June 2015 trial response bags to be collected with feedback - A. Street 3. Chair Transporter - update training issue being completed on the current CSR. J. Selby 16/10/14 - - Response bag trial completed. However recommendation is to extend trial to the end of December 2014 (JS Oct 2014) - Manaul Handling Iplemention group (MHIG) meeting postponed due to REAP level. Wheelie/backpack to be tabled at the rescheduled meeting (JS Oct 2014) - Bariatric task and finish group meeting of the 26th September postponed due to REAP pressures (JS Oct 2014) - CAMEL Lifting Cushion feedback reports are positive
326	There is a risk that the inadequate facilities and lack of policy for the decontamination of equipment may increase the risk of infection.	Lack of Decontamination lead Lack of a decontamination policy; in particular with regard to returned equipment from EDs which does not have an identified process for decontamination	17-May-10	***	1,2	Safe	Infection Control	Major	Likely	16	1. Introduction of single-use items. 2. Improved cleaning programme for equipment on vehicles. 3. Detergent and disinfectant wipes for equipment being used.	~~Mike Evans~~ Andrew Grimshaw	10-Jun-15	Major	Possible	12	1. Decontamination process to be included in the Medical Devices Policy which is currently awaiting approval. 2. Once Medical Devices Policy is approved communication will be required with front line staff on the arrangments in place both in and out of hospital.	1. K. Merritt 2.	1. Aug 2015 2. Following approval of MD policy	1.Policy approved and implemented. 2. Area Governance Meetings 3. Incident reports.	Minor	Unlikely	4	Reviewed by CEWG 10/06/15 to be reviewed again in 3 months time. 21/04/15CEWG to ask AG/SW to update risk. Decontamination Lead - Mike Evans; replaced by David Prince in October 2014. Draft Decontamination Policy being presented at November IPCC

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381	There is a risk that the service does not comply with DH guidance on the re-use of linen for patients and the quality of care delivered to patients may be affected which may have an adverse reputational risk to the Trust.	There is no service wide agreement for the provision and use of a sheet as a mattress protector. Blankets are re-used on patients and there is no consistent process for the swapping of blankets or sheets at hospitals. No provision for linen is currently in place. This has an impact on the quality of care delivered to patients.	07-May-13				Fleet and Logistics	Moderate	Almost Certain	15	1. Laundry contract in place for blankets (not working). 2. Some local informal arrangements for use of sheets at hospitals. 3. Additional capacity for re-usable/disposable blankets in stores. 4. Single use couch rolls in place.	Andrew Grimshaw (Sean Westrope)	10-Jun-15	Moderate	Likely	12	1. Additional blankets are being bought for this winter; solution being explored by Logistics ~~2. Linen service pan London is being explored by Logistics.~~ 2. Decision made by Clinical Equipment Group not to use any coverings on trolley beds; to be wiped after each patient. ~~4. Mattresses to be replaced if damaged; interim repairs with tape, whilst awaiting replacement, discussed at IPCC, November 2013. Awaiting decision.~~	1. S.Westrope 2. S.Westrope 3. IPCC	1. Completed 2. ~~3. Completed IPCC April 2014~~	Trial project in place to be reviewed by the Clinical Equipment Group.	Minor	Unlikely	4	CEWG awaiting advise from IPC regarding re-use of blankets. update with minutes of the CEWG 21/04/15. Group to ask AG/SW to update risk. risk reviewed at the IPC taskforce meeting on the 19/03/15 - recommendation single use - retest some disposable options with some of the stations. IPCC 1/07/14 Sample tape will be presented at the next CEG for discussion and decision. SL proposed ownership of risk to be moved to David Prince and Sean Westrope. Agreed SMT 09/04/14 - F.Wrigley asked S.Lennox to review ownership with other directors KM 13/05/14 -We have increased the frequency of hospital visits by Equipment Support Personnel to improve blanket collections.
380	The instability (in terms of technical failure) of the Bow telephony voice recorder service will mean that 999 calls will not be recorded. This could then impede investigations and clarification related to decisions made by control room staff and communication with patients and other agencies.	This relates to historic investigations in retrospect and clarification sought within the control room concerning the actual details of the conversation. Both Waterloo and Bow control rooms have recorders that integrate digitally with the main control room telephone system. These are set up to record the extensions within the Control rooms at each site. Currently the Bow Control room is a fall-back control room, however by April 2013 it is intended that this room will house the East Area Dispatch function and a proportion of overall call-takers. Later in 2013 it is expected that the West Area and a further proportion of call-takers will move to Bow so that the sites have	05-Feb-13				Information Governance	Moderate	Almost Certain	15	1. Detailed investigation by technology supplier. 2. Upgrade of Bow system to same software release as HQ (where we do not currently have the same issue) 3. Live monitoring during any event by technical staff. 4. Tender specification developed to encompass all recording across the Trust, with an aim to Deliver in 2013/14.	Steve Bass / Vic Wynn	10-Jun-15	Moderate	Likely	12	1. Non service affecting testing of FBC infrastructure to be undertaken to either prove cause of failure or confirm resolution. 2. Live testing of FBC infrastructure under load in combination with a live run for the East at Bow to prove that the fault has been resolved. 3. Introduction of alerts for the condition known to occur so that services can be restarted. 4. Validated explanation from supplier as to previous problems. 5. Consideration of implementation an alternative recording solution in parallel at Bow - but only if cost effective. 6. As part of the capital plan for 13/14 proposal to procure a new solution to encompass all recording across the Trust, as current system is end of life.	1. V.Wynn 2. V.Wynn 3. V.Wynn 4. V.Wynn 5. V.Wynn 6. V.Wynn	1. Completed 2. Go live Upgrade completed for Go-live covers 1, 2 , 4 Unsighted on 3 - may not be possible 5 discounted. 6 Q2 2014	This has been identified as the highest risk to allowing bow to going live on 27 Feb as planned, as go live cannot take place without a reliable recording system. It is under close scrutiny from the Senior Supplier & User, Project Manager and Project executive. Progress is reviewed at each Monday review meeting.	Moderate	Rare	3	SMT reviewed this risk on the 10/06/15 and did not regrading and asked for it to be taken back to the Control Service Group for further discussion around the risk rating. Reviewed by Control Services 04/06/15 proposal to regrade ratings: gross to catastrophic x possible = 15, net to catastrophic x unlikely = 10 and target catastrophic x rare = 1 to reflect the risk identified within control services around this issue. 20/05/15 - Vic Wynn to provide update 25/03/15 no change. 22/01/2015 -The tender process has begun with only one respondent progressing. The respondents' responses have been evaluated and have been deemed not acceptable so a second round of ITT has been agreed. Outline timescales for a project such as this will take around six
386	There is a risk that tail lift failures on operational ambulances will impact on patient care	Due to various causes ranging from the age of the operational vehicles, user error electrical, mechanical etc. There has been an increase in the failure rate of tail lifts.	07-Oct-13			Safe Well Led	Operational	Major	Possible	12	1. All A&E operational vehicles with tail lifts are inspected on an 8 week basis. PTS vehicles on a 26 week basis. 2. Crew staff undertake vehicle daily inspections. 3. All tail lifts are inspected in line with Lola compliance. Additionally independent inspections by the Freight Transport Association are undertaken. These are on a 10% inspection basis.	Andrew Grimshaw / Sean Westrope	09-Jun-15	Major	Possible	12	1. Review of Ambulance design being undertaken in May 2014 to include tail lift. 2. Trial of alternative vehicle to be undertaken Summer 2014 with ramp in place of tail lift. 3. Alternative tail lift has been fitted to a small percentage of vehicles. 4. Training programme for workshops on fault finding to be organised for 2014/15. 5. Signage to be placed in Ambulances to indicate the type and correct operation of the tail lift in question.	1. S. Westrope 2. C. Vale 4. L. Hyett-Powell 5. N. Pope	1. Complete 2. Complete 3. Complete 4. Complete 5. Complete	1. Motor risk management group review identified incident related to operational vehicles. 2. Corporate Health and Safety Group review all incident statistic trends. 3. Fleet management meet on a weekly basis and also review vehicle incident	Major	Unlikely	8	Reviewed with A. Street 08/06/15 risk still remains to get update from N. Pope S. Westrope proposed to regrade target rating to minor x unlikely = 4 and has proposed that we have now reached the target rating and therefore can archive the risk.Health and Safety Group to review 4. Traning plan had been scheduled but was deferred due to trainers long term sickness. In process of re-arranging traning for staff now

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282	There is a risk that general failure of personnel to adequately 'back-up' IT may lead to the loss of data.		03-Jul-07	***	1,2,5,	Safe Effective	Business Continuity	Major	Possible	12	1. The move of business information from hard drives to network drives. 2. Part of the 2010/11 audit programme will test this facility and give assurances. 3. IM&T Infrastructure Team to review and take actions as appropriate.	Steve Bass / Vic Wynn	29-Jan-15	Major	Possible	12	1. Audit to be carried out on the status of the move to network drives. 2. Ensure central data servers are backed up. 3. Fundamentally review how data is stored on local drives and potentially not backed up.	1 - 3 Paul Sulja	1. November 2013. 2. Complete 3. Feb 2014	Action 2 has been completed, this has been tested by recovering lost data, this is moving to BAU	Major	Unlikely	8	20/05/2015 Vic Wynn to provide update 29/09/2014: IAO project is still going on. Focus has moved to replacing the Windows XP OS to Win 7. IMT& April 2014 - Storage audit has taken place. Data migration Phase 1 Centralised e-mail archiving: in the process of implementation due to complete June 2015 EDRM project building business case for Phase 2. Due to delay in ERRM IM&T looking at feasibility an implications of "my document" centralisation as an interim for high risk staff (laptop users) 13/08/13: An Electronic Document Record Management (EDRM) project has been tasked with ensuring locally saved data is moved to servers. Work with the Information Asset Owners (IAOs) has commenced in August (13) and it is envisaged data migration will commence by October. 22/10/2013: There have been
435	There is a risk that Trust will not comply with all requirements within the CQC chief inspector of hospitals inspection programme for ambulance services, resulting in a less than favourable inspection report.	The CQC has introduced a new system of inspection and has recently finalised the format for ambulance services. The Trust may not be fully prepared for the new system by the time of inspection due to the focus on performance and the availability of resources across the Trust to prepare	11-Feb-15				Governance	Major	Possible	12	1. Focussed resource within Governance and Assurance to prepare and manage a compliance programme. 2. Quality Governance Structure in place supported by Clinical Safety Development and Effectiveness Committees. 3. Risk Register and Board Assurance Framework reviewed by the Board every quarter with oversight by Audit and Quality Governance Committees. 4. Briefing session undertaken with the Trust Board on the CQC fundamental standards.	Sandra Adams	6th July 15	Major	Possible	12	1. Develop and deliver a project plan to monitor and manage compliance against the five CQC quality domains which will include the review of current processes and setting up a compliance programme in line with standards set out in the Well-led framework. 2. Appointment of Quality Governance Managers in the operational management structure. 3. Appointment to key posts within Governance and Assurance.	1. D. Halliley / S. Adams 2. J. Killens 3. S. Adams	1. Complete - CQC SPOC 2. Q2 2015/16 3. Complete	Routine reports provided to the Quality Governance Committee. Board Assurance Framework and Risk Register. Compliance programme in place supported by evidence.	Major	Unlikely	8	Reviewed by S Adams and action dates updated. Risk requires review following inspection. Approved by S. Adams and noted by SMT 11.02.15
405	There is a risk that reported incidents are not investigated thoroughly and within a timely manner - this is relevant for all incidents including Serious Incidents. ~~We are not accurately reporting RIDDOR. The organisation therefore has poor visibility and understanding of the types and causes of incidents that occur which would restrict learning and further risk mitigation.~~	Except for Serious Incidents where there is a very tangible process in relation to other incidents reported to Safety and Risk, evidence shows that the quality of the investigations undertaken are directly influenced by the limited capacity and time available to local management team. In addition to limited training and accountability related to this issue.	09-Jul-14				Corporate	Moderate	Likely	12	All incidents are reviewed at an internal weekly meeting within the Governance Team and key stakeholders for example Head of Legal, Head of Complaints, Safeguarding Lead, Quality Assurance and Medical Directorate. A further meeting is held with the Governance Co-ordinator to ensure the necessary documentation and information has been requested and received for decision making purposes on a potential Serious Incident. A detailed Serious Incident process 'New Ways of Working' has been developed and approved by Quality Committee on 22nd August 2014. Weekly Serious Incident Group meetings to review outstanding and pending cases has been moved to fortnightly meetings which allows the necessary information to be reviewed in more detail. Standing agenda item at bi-weekly Senior Management Team meetings. Weekly reports to the Executive Management Team. Weekly reports on individual Serious Incident	Sandra Adams	06-Jul-15	Moderate	Likely	12	1. The review of the Serious Incident Policy has been undertaken . It has been agreed that a governance framework will be developed to give a robust foundation and all governance policies and procedures will be linked to the framework. 2. The review of the governance arrangements to support the incident management process has been undertaken. A deep dive of all Serious Incidents / potential serious incidents from March 2013 to date (August 2014) . 3. The commencement of a review of incidents below 15 is about to commence. 4. Implement quarterly / 6 monthly of non-escalated incidents for a quality review. 5. Incident Reporting Project (Phase 2) is currently active with tight deadlines to achieve a well run project. 6. Policy to be presented to the Senior Management Team on the 25th March 2015 as newly formed SMT dedicated time has been allowed to go through the SI systems and processes.	1. S. Adams / D.Halliley 2. S. Adams 3. S. Adams / D. Halliley 4. S. Adams / P.Nicholson 5. S. Adams /P.Nicholson 6. D. Halliley	1.Complete 2.Complete 3. Underway - July 15 4. On-going and when required 5. Underway - June 15 6. Completed	Serious Incident Policy reviewed annually. Internal Governance audits, and external audits by accredited providers highlighting gaps in our processess Incident reporting procedure being developed	Moderate	Unlikely	6	Reviewed by S Adams 6th July 15. Risk needs reframing and grading. Risk Approved by SMT at meeting on 9th July 2014

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331	There is a risk that the Trust will not achieve the target of reducing its carbon footprint by 10% by 2015 (based on 2007 carbon footprint)	Underlying cause is the legal requirement on the Trust (in line with the rest of the NHS) to deliver on the commitment to reduce carbon footprint by 10% by 2015 (based on 2007/08 carbon footprint Scope 1&2).	06-May-10	***	4		*Finance*	Moderate	likely	12	The Trust's five year carbon management plan has been endorsed by the Carbon Trust. The Plan outlines how the Trust will achieve reduction in carbon footprint primarily based on changes in response model - increased use of CTA, reduction in non-conveyance and Multiple Sends	Andrew Grimshaw	12-Jan-15	Moderate	Likely	12	1. *The Director of Support Services is finalising strategies regarding the Trust's Fleet and Estate for approval by the Trust Board.* 2. An Environmental Strategy is being drafted to reflect the above two strategies and that relating to Procurement to identify how the Trust will manage and reduce its carbon footprint. 3. Changes in Operations, aimed at managing demand, should see a reduction in physical sends or unnecessary transport to A&E. In addition the implementation of Active Area Cover and the reduction of MARR should also see a reduction in unnecessary journies. All of which should result in a reduction in fuel consumption. 4. The Energy Manager is considering what additional projects may be undertaken to reduce the Trust's energy consumption e.g. the use of PVs at suitable locations. NB: as many of the projects delivered to date are as a result of 'low hanging fruit' (replace boiler, install LED lighting) the Trust will need to consider 'invest to save' approach to funding enrergy saving projects such as PVs, possibly working with Re:Fit	1.D Prince 2.C.McMahon 3.J Killens 4.J Smith	1.Qtr 2 14/15 2.Qtr 2 14/15 3.2014/15 4. Qtr 2/3 14/15	1. Regular reports to EMT	Moderate	Unlikely	6	12/01/15: Following departure of Director of Support Services, responsibility for this initiative was allocated to Andrew Grimshaw. 19/08/14: calculations show that overall Scope 1 & 2 has increased by 2.3% compared to 2007/08 emissions. Energy consumption has decreased by circa 9% with fuel increasing by 9%. NB: in the same period incidents have risen by circa 12%. Although there are measures in place to manage demand and to improve the efficiency of the Fleet it is unlikely that the Trust will acheive a 10% decrease in fuel consumption by 2015. ** SMT 09/04/14 approved regrading to moderate x likely = 12. Proposal to increase the net rating from 9 to 12 as it is likely we will miss the decrease in carbon footprint by 10% by 2015. 24/01/14: to date Trust has reduced energy and fuel by
412	There is a risk that unauthorized devices are allowed to connect to LAS network; this can lead to virus propagation or other malicious activity.	Currently it is possible to connect unauthorized network devices (i.e laptops) to activated LAS network points (RJ45 ports)	08-Oct-14				Information Governance	Major	Possible	12	1. Physical security controls (i.e smart card access)	Steve Bass / Vic Wynn	20-05-15	Major	Possible	12	1. Deploy a certificate based/authentication NAC solution.	1. R, Clifford	1. Oct 2015	Risk discussed and monitored by IM&T SMT	Major	Rare	4	20/05/2015 Federation of domain controllers are over 90% completed. A few dependency services are in the process of being upgraded so the rest of the estate can be brought into line. The existing planned end date of July is still valid 25/03/2015 IM&T has deployed a new federated services solution: work is underway to scale up all authenticated (domain) devices 22/01/2015 Discussions have taken place on product selection. Vendors are producing quotes for product. Aiming to have a solution in place by July 2015. Risk Approved by SMT at meeting on 8th October 2014
414	There is a risk that the Trust might fail to meet forensic readiness requirements; it will not be possible to pursue a variety of information security incidents due to unavailability of security logs.	A robust security log management system should be in place to support forensic readiness requirements and to help with investigations and troubleshooting	08-Oct-14				Information Governance	Major	Possible	12	1. Limited Active Directory security logs (2-3 days worth of logs)	Steve Bass / Vic Wynn	20-May-15	Major	Possible	12	1.Review security log management arrangements (incluging remote access logs) 2.Recommend and deploy a security log management solution.	1. E. Beqiri 2. E. Beqiri	1. Oct 2015 2. Oct 2015	Risk discussed and monitored by IM&T SMT	Major	Rare	4	20/05/2015 Review completed. Enhancement on hold until prioritisation exercise is completed 25/03/2015 Initial review completed - enhancement to be raised with IM&T service delivery by then end of March 2015 22/01/2015 RC & EB 1. Information security manager to arrange meeting with Systems/Networks teams to talk through retention policy. 2. An enhancement needs to be raised to run through the feasibility of what is the most appropriate approach to an effective holistic log management system 18/12/2014 Review still underway ; expected

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419	There is a risk that some application /plugins (other then Microsoft office packages) are not patched ; failure to patch these applications could lead to vulnerability exploitation and system compromises	Currently, patching is limited only to Microsoft software – non-Microsoft applications and plug-ins are not patched (i.e: java, adobe etc...)	08-Oct-14				Information Governance	Major	Possible	12	1. Patching of Microsoft applications	Steve Bass / Vic Wynn	20-May-15	Major	Possible	12	1. Deploy a patch management solution capable of handling non-Microsoft applications and plugins	1. R Clifford	1. Oct 2015	Risk discussed and monitored by IM&T SMT	Major	Rare	4	20/05/2015 (Have amended the risk title to reflect true nature of risk)Lumension Product has been purchased and has been installed. Configuration has begun with expected go live in June 2015 RC RC 25/03/15: A product (Lumension) has been procured and installation is set for April 2015 22/01/2015 Lumension product has been selected for procurement. Gating Template is with finance for approval; expected to deploy the solution by March/April 2015 Risk Approved by SMT at meeting on 8th October 2014
407	The potential lack of paramedic and/or technician drug bags for use by operational staff causes a risk of providing clinical care for patients due to vehicles being deficient of drugs for all or part of a shift.	Staff reporting lack of availability of paramedic and technician drug bags at the start of their shift. • Staff not following the process of booking drugs bags in at the end of their shift. • Staff not always leaving the used drug bags at the station from which they took the full drug bags, causing a problem with the 1:1 drug pack exchange process. • Staff retaining drug packs after the end of shift and not signing them back into the drug locker. • Double paramedic crews taking two drug bags. • The use of iv paracetamol may be responsible for a small	13-Aug-14				Fleet and Logistics	Moderate	Likely	12	1. OPO2 The Procedure covering the issue and use of drugs by LAS Staff. 2. Local management on stations.	Mark Whitbread	10/06/15	Moderate	Likely	12	1. As part of 'getting the basics right' tracking systems are being looked at with a view to providing a solution to monitor the location of drug bags. (subject to agreement of funding) 2. Station Admin and Management Teams closely monitoring for adherence to OP02. 3. Review the maximum and minimum ordering checking on station. 4. identify stations where over-ordering occurs and identified the reasons for this 5. Reinforce through RIB messages and bulletines the need to comply with drugs policies and only take one paramedic drug pack per vehcile per shift	1. T.Edwards/ G. Ballard / K. Merrit 2. J. Killens 3. K. Merritt / G.Ballard 4. G. Ballard/ Tim Edwards 5. T. Edwards	1. TBC 2. Ongoing 3. Aug 2015 4. Sept 2015 5. Sept 2015	1. Shortages of drug bags are reported via the area governance meetings. 2. Issues regarding medicines management are monitored at the medicines management meeting and escalated where appropriate.	Moderate	Rare	3	Reviewed by Medicines Management Group 10/06/15
423	There is risk that the Trust could incur unnecessary expenditure replacing lost assets. The loss of such assets could also lead to reputational damage and information governance breaches (i.e lost/stolen desktop devices or other unecrypted devices)	Management of hardware assets (desktops, laptops, servers, removal media, printers & faxes) is weak at the Trust – there is no asset register which can identify responsibility to user(s) for physical IT assets. (highlighted by KPMG Cyber Audit - October 2013)	08-Oct-14				Information Governance	Moderate	Likely	12	1. Local asset registers held by IM&T Infrastructure Teams.	Steve Bass / Vic Wynn	20-May-15	Moderate	Likely	12	1. Undertake an exercise to identify the IT physical assets owned by the Trust and assign owners to them to enable better asset management. 2. Introduce a policy to assign an owner (individual/department) to all new IT physical assets.	1. R Clifford 2. R. Clifford	1. Dec 2015 2. Dec 2015	Risk discussed and monitored by IM&T SMT	Moderate	Rare	3	**20/05/2013 Interim solutions continues to support the day to day works whilst the Service management parts continue. Still on Plan** RC 25/03/15 1.Work continues to specify the IT asset owners per department. The IM&T service Management tool is being configured to be the host of all the information regarding client Devices. 2. A policy is in place to come into effect for the laptop users this quarter. Information on all personally issued devices will be recorded and held in the Service management System. Local copies (excel) are in use now. 22/01/2015 Info Sec manager & Head of Infrastructure to arrange workgroup to clearly define

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424	There is a risk that the lack of ownership of and responsibility for information assets will increase the likelihood of a security breach or data loss incident occurring.	There is currently no central database containing details of all information assets (systems, applications) that are in use at the Trust. Information asset management is dependent on users informing the IM&T team of the applications that they are responsible for. (highlighted by KPMG Cyber Audit - October 2013)	08-Oct-14				Information Governance	Moderate	Likely	12	None	Steve Bass / Vic Wynn	20-May-15	Moderate	Likely	12	1. Perform an exercise to identify the IT information assets owned by the Trust and assign owners to them to enable better asset management. 2. Introduce a policy to assign an owner (individual/department) to every new and existing IT information asset that is purchased at the Trust.	1. R. Clifford 2. R. Clifford	1. August 2015 2. August 2015	Risk discussed and monitored by IM&T SMT	Moderate	Rare	3	**20/05/2015 Awaiting update on continuing IAO excercise to add to asset DB** 25/03/2015 Ongoing activity - IAO workshop expected to be delivered second quarter 2015 22/01/2015 Info Sec manager & IG manager are conducting an exercise to identify Information assets and owners –includes Information Asset Owner training and awareness campaign. An IAO workshop is expected to be delivered by March 2015 and an IAO awareness leaflet to be published online in Pulse/Intranet by then. Risk Approved by SMT at meeting on 8th October 2014
425	There is a risk that the current spam filter solution (Websense mail filter) is not adequately protecting LAS from malware propagated email threats.	The Trust is using Websense to filter/scan inbound emails for malware /spam. The current solution consistently fails to block emails containing infected attachments (i.e Trojan horses), therefore leaving LAS networks and infrastructure vulnerable to malware infection.	08-Oct-14				Information Governance	Moderate	Likely	12	Anti-virus software protecting LAS endpoints	Steve Bass / Vic Wynn	20-May-15	Moderate	Likely	12	1. Identify and deploy a better spam/email filtering solution	1. E. Beqiri	1. April 2015	Risk discussed and monitored by IM&T SMT	Moderate	Rare	3	20/05/2015 Risk mitigated , propose closure 25/03/2015 New spam filter solution (Barracuda) purchased and deployed 22/01/2015 Currently liaising with the supplier to mitigate the risk; considering changing supplier if the third party is unable to improve the service. Risk Approved by SMT at meeting on 8th October 2014 18/12/2014 - Currently liasing with the supplier to mitigate the risk ; considering to change supplier if the third party is unable to improve the service. Risk Approved by SMT at meeting on 8th October 2014
382	There is a risk that Emergency calls from Metropolitan Police Service (MPS) are incorrectly triaged by the MPS, affecting the ability of the LAS to effectively prioritise resources. This risk also directly compromises the clinical safety of patients.	In 2001 CAD link was developed, which enabled the MPS and LAS to exchange emergency calls and other messages directly via each organisation's CAD system. This process bypasses the standard triage system that all other 999 calls are subject to. To request the LAS, the MPS complete a basic triage of the call, known as the SEND protocol (Secondary Notification of Dispatch). SEND requires the MPS to answer five key questions to determine the medical priority of the call. Requests for the LAS from the MPS may be incorrectly triaged as a result of the limitations of the medical triage system used by the MPS Central Communications Command (SEND protocol). Erroneous	07-May-13	13		Safe Effective	Clinical	Catastrophic	Likely	20	1. LAS METDG in in place 24 hours and is producing an average of 60% savings on AEU sends, MAR down to 1.33. 2. The Clinical Hub reviews low priority 999 calls that are being held and have the ability to identify MPS calls that have been incorrectly triaged and interrogate / upgrade the call priority if indicated. 3. EMDs can identify calls that appear to be mis-triaged by the SEND protocol or MPS Operator and upgrade / dispatch on the call immediately. 4. The MPS are now notified of incorrectly triaged calls sent to the LAS, to facilitate learning. 5. Police have put a message on their intranet relating to pressure on the service.	Jason Killens	27-May-15	Catastrophic	Unlikely	10	1. ~~A risk based evaluation of the pilot study will be undertaken and the results will be discussed with the Operational and Clinical leads.~~ ~~2. Dependent on the results it will be for the LAS to consider removing the CAD link for primary notification of emergency calls from the MPS which will then be triaged via the LAS 999 system and MPDS.~~	1. P.Woodrow / F.Wrigley 2. P.Woodrow	1. Completed 2. Completed		Catastrophic	Unlikely	10	Medical Directorate May 2015 - Agreed as a directorate that we support the suggested downgrading to catastrophicxunlikely=10. Agreed by SMT 27/05/15 K. Millard reviewed 13/04/15 proposed to regrade net rating from catastrophic x possible = 15 to catastrophic x unlikely = 10. ADO group reviewed risk 03/06/15. Propose to review net rating. Medical Directorate commented 18/12/14. Proposed to increase target rating from catastrophic x rare = 5 to catastrophic x unlikely = 10. Approved by SMT 14/01/14 24/10/14 - CSDEC - proposed to review the status of MPS calls prior to archiving the risk. Review in 3 months. J.Killens August 2014 - propose to review risk rating

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427	There is a risk that patient safety may be compromised during periods of industrial action taken by London Ambulance Service staff as a result of current national ballots around pay arrangements.	Ongoing industrial action relating to continuing dispute relating to national pay arrangements.	12-Nov-14				Clinical	Catastrophic	Likely	20	1. Incident reporting process in place 2. Serious incident arrangements in place 3. Set up of Clinical Cell in EOC	Tony Crabtree	19-May-15	Catastrophic	Unlikely	10	1. Activation of the operational plan (Operation Phoenix)	1. J. Killens	1. Activated on days of industrial action		Catastrophic	Rare	5	Reviewed by medical Directorate May 2015. No longer a risk of Strike Action and the pay issue has been resolved. Should be reviewed for archive. SMT approved regrading 08/04/15. T. Crabtree proposed that we are currently at an unlikely position of IA occurring against any national issues or ballots. Propose to amend net rating to Catastrophic x unlikely = 10. Review if national situation changes. pay deal of 1st April is expected to resolve the two outstanding issues i.e. pay and unsocial hours. Risk Approved by SMT at meeting on 12th November 2014

London Ambulance Service NHS Trust

RISK MATRIX

Table 1 Impact Score

Choose the most appropriate domain for the identified risk from the left hand side of the table Then work along the columns in same row to assess the severity of the risk on the scale of 1 to 5 to determine the consequence score, which is the number given at the top of the column.

	Impact score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	**Negligible**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
Human resources/ organisational development/staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Statutory duty/ inspections	No or minimal impact or breech of guidance/ statutory duty	Breech of statutory legislation Reduced performance rating if unresolved	Single breech in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breeches in statutory duty Improvement notices Low performance rating Critical report	Multiple breeches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service/business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

Table 2 Likelihood Score (L)

What is the likelihood of the impact occurring?

The frequency-based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify a frequency.

Likelihood Score	**1**	**2**	**3**	**4**	**5**
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost certain**
Frequency	Not expected to occur annually.	Expected to occur at least annually.	Expected to occur at least every 6 months.	Expected to occur at least monthly.	Expected to occur at least weekly.
Probability	< 1%	1-5%	6-25%	25-60%	>60%
	Will only occur in exceptional circumstances.	Unlikely to occur.	Reasonable chance of occurring.	Likely to occur.	More likely to occur than not.

Some organisations may want to use probability for scoring likelihood, especially for specific areas of risk which are time limited. For a detailed discussion about frequency and probability see the guidance notes.

Table 3 Risk Score = Impact x Likelihood (I x L)

	Likelihood Score				
Impact Score	**1**	**2**	**3**	**4**	**5**
	Rare	**Unlikely**	**Possible**	**Likely**	**Almost certain**
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

	1-3	Low risk
	4-6	Moderate risk
	8-12	Significant risk
	15-25	High risk

Instructions for Use

1. Define the risk(s) explicitly in terms of the adverse consequence(s) that might arise from the risk.
2. Use Table 1 to determine the impact score (I) for the potential adverse outcome(s) relevant to the risk being evaluated.
3. Use Table 2 to determine the likelihood score (L) for those adverse outcomes. If possible, score the likelihood by assigning a predicted frequency of occurrence of the adverse outcome. If this is not possible, assign a probability to the adverse outcome occurring within a given time frame, such as the lifetime of a project or a patient care episode. If it is not possible to determine a numerical probability then use the probability descriptions to determine the most appropriate score.
4. Use Table 3 to calculate: I (Impact) x L (Likelihood) = R (risk score)
5. Identify the level at which the risk will be managed in the organisation, assign priorities for remedial action, and determine whether risks are to be accepted on the basis of the colour bandings and risk ratings, and the organisation's risk management system. Include the risk in the organisation risk register at the appropriate level.

London Ambulance Service NHS Trust

Report to:	**London Ambulance Service Trust Board**
Date of meeting:	**Tuesday August 28 2015**
Document Title:	**Annual Equality Report 2014-15**
Report Author(s):	**Janice Markey**
Presented by:	**Janice Markey**
Contact Details:	**Janice.markey@lond-amb.nhs.uk**
History:	***[eg which committees the paper has been presented to previously]*** ***Improving Patient Experience Committee*** ***Quality Governance Committee***
Status:	***[eg for approval/information/assurance/discussion]*** ***For approval***

Background/Purpose

The Annual Equality Report 2014-15 provides information on the Trust's access to services, decision making and engagement and workforce profile for the year from April 1 2014 to March 31 2015 in line with the requirements of the Equality Act 2010 Public Sector Duty as well as progress on its agreed equality objectives.

To ensure that the Trust continues to be proactive in its approach to equality and inclusion, it is recommended that the ensuing actions from the priorities set out in the update of the Trust's Equality and Inclusion Action Plan form the template for future equality and inclusion work, including the implementation of the Trust's equality objectives, in accordance with the Equality Act 2010 and the national NHS Equality Delivery System (EDS).

Action required

For approval

Assurance

This report has been approved by Improving Patient Experience Committee and Quality Governance Committee.

Key implications and risks arising from this paper	
Clinical and Quality	
Performance	
Financial	**Consideration needs to be given by Department Heads to resourcing of key recommendations.**
Governance and Legal	
Equality and Diversity	**Integral to report.**
Reputation	
Other	**Consideration needs to be given by Department Heads to resourcing of key recommendations.**
This paper supports the achievement of the following 2015/16 objectives	
Improve the quality and delivery of urgent and emergency response	✓
To make LAS a great place to work	✓
To improve the organisation and infrastructure	✓
To develop leadership and management capabilities	✓

ANNUAL EQUALITY REPORT 2014-15 –TRUST BOARD

1. INTRODUCTION

1.1. This report the Trust's progress in line with our legal obligations under the Public Sector Duty of the Equality Act 2010 for the year 2014-15. The report, together with supporting evidence (Appendix 1) and Equalities Monitoring Form (Appendix 2) will be available on the Trust's website, as well as in alternative formats and community languages on request.

1.2. The last Annual Equality Report, covering the period from April 1 2013 to March 31 2014, was received by the Trust Board in September 2014.

2. PROGRESS SINCE LAST REPORT

2.1. In spite of the challenges in regard to staff turnover and pressure on the service over this last year, the Trust has again been very active on the equality and inclusion front, taking forward a number of important and high-profile initiatives.

2.2. Implementation of the Trust's equality objectives, in line with requirements of the Equality Act 2010 and the national NHS Equality Delivery System (EDS), continues to move forward with appointments to Equality Champions covering the protected characteristic groups underway. The Trust continues to be represented on the Equality Delivery System Working Group, facilitated by North East London Foundation Trust, to ensure regular face-to-face engagement with service users from protected characteristic groups and engagement will also take place with the Trust's new Patient Reference Group. Following recent publication by NHS England of Easy Read documentation to support the implementation of the updated national Equality Delivery System, (EDS2) in March 2015, the Trust will refresh its approach.

2.3. The updated equalities monitoring guidance from NHS England, in line with the Equality Act 2010 Public Sector Duty, is currently still awaited, although an advisory Position Paper has now been published as an interim measure. Following publication of the final monitoring guidance, consideration will be given how best and appropriately to monitor take-up and satisfaction with the services provided by the Trust across the protected characteristic groups. In the meantime the Trust has its own Equalities Monitoring Form (Appendix 2), which has met with approval from the leading UK employers' equality forums.

2.4. Equality and Inclusion training continues to be delivered at corporate induction, All in One Refreshers and embedded in other training delivered across the Trust, including Team Leader training. Following a successful bid to the NHS London Leadership Academy in December 2014, a new Unconscious Bias/Cultural Diversity Awareness session was designed and delivered by an equalities charity (brap) to the first groups of new Australian and New Zealand paramedic recruits. Further training is being delivered in-house to new groups of these recruits and unconscious bias/cultural diversity awareness will continue to be embedded in the equality and inclusion training of the Trust. A third Equality and Inclusion module of the Trust's online Equality and Inclusion e-learning programme will be developed over the coming year. A briefing to the new Board of Trust Directors was delivered in June 2014 and further half- day workshops for staff and managers provided in June and July 2014.

2.5. Briefings to project teams on the use of the Trust's updated Equality Analysis form and guidance continue to be provided by the Equality and Inclusion Team and equality analyses published on the Trust's website.

2.6. The Trust's Staff Forums, the LGBT Staff Forum, Deaf Awareness Forum, Enable and new BME Forum (ADAMAS - Association of Diverse and Minority Ambulance Staff) continue to be supported in their work by the Trust, with the chairs of each of the forums invited to meetings of the Equality and Inclusion Steering Group, to discuss the aims and objectives of the forums for the coming year and any other relevant business. Over the previous year the Deaf Awareness Forum has participated in a number of initiatives. The Deaf Awareness Forum comprises a wide range of volunteers from across the service in a wide range of occupations, from paramedics to office staff, working to increase deaf awareness among staff and forging links with London's deaf community. Over this past year the Deaf Awareness Forum has participated in a number of initiatives, including a film by the BBC at Brent Deaf Club, teaching children Basic Life-saving skills in BSL, the forum's co-chair Richard Webb-Stevens featuring in National Deaf Children's societies' list of international deaf role models and in other Deaf Magazines as a role model talking about his work as a deaf Paramedic, taking part in the annual City Lit Deaf Day and Camden Deaf Awareness Day, teaching members of the public Basic Life Skills (BSL), registering people for Emergency SMS and informing potential recruits about careers with the Trust; in July 2014 Richard was invited to talk to the London Ambulance Board of Directors about his experience working as a Deaf Paramedic; he was nominated for a national NHS Leadership award in September 2014 and asked in October 2014 to attend the London Assembly at City Hall to give his input as a professional deaf NHS worker into an inquiry into the state of health for deaf people in London; Richard also delivered a presentation to the London Ambulance Service Foundation Trust Members on his experience of working for the Trust with hearing loss and the adaptations he made in 2014; he has gone into a wide range of schools and colleges to talk to young deaf people about his career with the service and encourage them to think about a career with the Trust; for the outstanding deaf outreach and role model work Richard received a VIP award and has been nominated for an LAS Saving Lives Award for teaching Heart Start in BSL; he is also the new Deaf Equality Champion for the Trust.

The Trust's LGBT forum has continued to be at the forefront of a wide range of high-profile initiatives, including implementing the recommendations from the Trust's involvement in the Stonewall Health Champions programme, its annual applications to the Stonewall Workplace Equality Index and Health Equality Index. The forum is continuing its work with the first ever national LGB&T Ambulance Forum, which it launched, following extensive national consultation, and regularly consults with LGBT service users, including in this last year on the new draft LAS Equality and Inclusion Strategy 2014-19. In Autumn last year two of the LGBT forum's chairs were nominated for the Health Service Journal's inaugural list of LGBT role models with Steph Adams, one of the co-chairs of the LGBT Forum then recognised as a Role Model, one of 24 champions working within the NHS to promote equality, provide visible leadership and encourage inclusion. Work is ongoing to recruit more staff to the Straight Allies Initiative, providing visible support for LGBT staff from straight colleagues in the Trust. The forum has a very visible presence each year at London Pride – in July 2014 the forum again had a large contingent including friends and families at the London Gay Pride event as well as attending Brighton Pride and other key LGBT events. In addition, the forum acts as "critical friends" on the development of Trust policies and services, including equality analyses . The Forum also has an official LAS Twitter feed, where they communicate with the LGBT community and other groups to share experiences and good practice.

A new BME Forum has been launched (ADAMAS – Association of Diverse and Minority Ambulance Staff) and the Trust's Disabled staff/carers' forum (Enable) will be re-launched. Close collaboration between the forums is taking place, which includes

the joint planning and staging of a future Staff Forum day event at Waterloo, to be followed by further sessions at key Trust locations across London to raise staff awareness around the work of the forums, encourage new members and look at possible further staff diversity forum options.

2.7. Following its application to the 2015 Stonewall Workplace Equality Index, the Trust again featured as a Top 100 Employer, coming joint 62nd, for the third year the top ambulance service in the country and in 2015 again amongst the top five performing NHS Trusts.

2.8. In the 2015 Stonewall Healthcare Equality Index for health care organizations in the UK, which focuses specifically on what organizations are doing to make their services accessible and equitable for their lesbian, gay and bisexual patients and communities across all protected characteristic groups, the Trust again featured as a Top 10 Performer organisation, coming sixth, again the highest- performing ambulance service in the country.

2.9. Over the past year the Trust has continued to have a positive profile in equalities media, including publications of the protected characteristic communities, as well as to be an active member of all the leading employers' equality forums in the UK, Stonewall, the Business Disability Forum, Opportunity Now and Race for Opportunity, Employers' Network for Equality and Inclusion and Carers UK, enabling it to share and model best practice.

2.10. The Equality and Inclusion Steering Group, comprising Directors and Heads of Service from the key departments of the Trust, Patients' Forum and staff side partner representation, continues to meet every two months to actively support and oversee the progress of all equality and inclusion work in the Trust, including the implementation of the Trust's updated Equality and Inclusion Strategy.

3. ACTIVITIES AND SERVICES OF THE TRUST

3.1. In line with the commitment in the Trust's Equality and Inclusion Strategy to "provide first-class health care to all our diverse patients and service users" and to "ensure that all our patients and service users receive fair and equal access to our health care service" with "everyone treated with dignity and respect," the Trust has been looking innovatively over this past year for ways of improving its services.

3.2. In 2014 the LGB Service User Group, established as part of the Trust's work with Stonewall on the Health Champions Programme, was consulted for its views on the new draft Equality and Inclusion Strategy 2014-19, as was the Patients' Forum and a wide range of other internal and external stakeholders, including the leading employers' equality forums.

3.3. In this last year the Trust rolled out mental health training within the Control environment and at some of the local stations. The training was unique for the Trust in that it was provided by patients with mental health conditions. It was hugely successful and the Trust would wish to build on this in the coming year. As part of the "A time for change programme" the Trust's Mental Health Clinical Adviser continues to deliver face to face mental health sessions for clinical Team Leaders on updates to the Mental Health Act, Mental Capacity Act, emergency detention and retention and mental health risk assessment. This work is ongoing with further sessions booked throughout the year. Sessions have been well received with excellent feedback from participants. The Trust also took part in a training film produced in partnership between the Metropolitan Police Service and South London and the Maudsley NHS Trust. The aim of the film was to demonstrate successful ways of joint working, the roles, relationships and expectations staff should have when working in a multi-

agency environment. The film focused on the use of safe restraint, detection of Acute Behavioural Disturbance and best practice. The film was launched on October 1 2014 and there is a commitment from each organisation that the film will be shown to all front line staff, together with a training package to be delivered by fully trained staff. This University-accredited package includes an ABCDE (Appearance & Atmosphere, Behaviour, Communication, Danger, Environment) model in psychiatric assessment specifically for use in mental health settings.

3.4. Several positive initiatives have been undertaken in terms of safeguarding, including the issuing of a second edition of a pocket communication guide to assist clinical staff when communicating with patients with a learning disability or who are deaf; an individual copy is issued to all clinical staff; a second safeguarding pocket book has been provided, updated for the Care Act for all staff within the Trust to provide information on safeguarding children and vulnerable adults; Safeguarding training has been delivered, which has covered female genital mutilation (FGM), pressure ulcers, learning disability, human trafficking, patient outcomes and consent; a Safeguarding and Mental Health Conference was held in April, covering dementia, child sexual exploitation, looked after children, section 136.

3.5. The Trust, led in this work by the Patient and Public Involvement (PPI) and Public Education Team, took part in 593 patient involvement and public education events/activities over this last financial year, which included school and college visits, cub and scout groups, Junior Citizen schemes, career and job fairs, first aid training, gang and youth violence events and health and safety days, as well as participation in health events, including some for people with mental health problems, deaf people, older people and people with a learning disability. Foundation Trust member events have also included events on deaf awareness and basic first aid. Targeted work was also carried out with young people between 10 and 16, as this age group is considered as the most vulnerable to be drawn into group offending and gangs. This public engagement work is mostly carried out by LAS staff in their own time. There are now 940 members of LAS staff on the list of staff interested in doing this important work. Feedback from events is routinely sought and is extremely positive, both from event organisers, people attending the events and LAS staff involved.

A new LAS Patient and Communities Engagement Plan was developed with patient representatives and other stakeholders and was agreed by the Trust Board in June 2014. The plan aims to build on the Trust's previous developments in patient involvement and public education and develop more ways of listening to patients and communities across London. It outlines ways in which the Trust may continue to engage meaningfully with patients and local communities, so that patients and their representatives have a voice.

A national survey of patients receiving the Hear & Treat service was published in June 2014. This showed that this group of patients were generally very positive about their experience. A significant finding was that a very high proportion (45%) of respondents reported long-term conditions, disabilities or mental health problems. 54% reported having a condition which caused them difficulty with everyday activities.

The Trust also implemented the Friends & Family Test in October 2014, and initial results also show very high levels of satisfaction with the service received by Patient Transport Service and See & Treat patients (i.e. those patients we attend but do not take to hospital).

During the year the Trust also introduced a Patient Representative Reference Group, to meet biannually. This group is made up of members of patient representative

groups such as Healthwatch organisations from across London, and voluntary sector organisations such as Age UK and the Stroke Association.
The first meeting was held in June 2014 and led to the development of the Patient and Communities Engagement Plan. The second was held in December 2014 and focused on how the Trust was managing performance pressures at that time.

3.6. Work continues to enhance the quality of monitoring information the Trust can access in regard to access to and satisfaction with its services across the different protected characteristic groups as well as in regard to monitoring of the workforce and training initiatives, but some further resourcing in regard to this will be required.

4. WORKFORCE PROFILE

4.1. Workforce statistics closely reflect the previous year. Current representation of BME staff in the Trust stands at 11.2%, a slight increase on the previous year (10.6%), but still well below the recent Census 2011 percentage for London (39.3%). However, the proportion of BME staff among people joining the Trust (17.9%) is higher and also higher than those BME staff leaving the Trust over the last year (12.8%). BME staff make up 8.6% of all staff above Band 7, a slight increase from the previous year, when the percentage was 6.8%.

4.2. The representation of women in the Trust is 43.8%, a decrease on the previous year (44%), and still below the recent 2011 Census estimate for London of 50.7%. The new starter representation is lower at 42.7% with those leaving at 45.3%. Women make up 33.6% of all staff above Band 7, a very slight decrease on last year, when this was 33.9%.

4.3. With regard to disabled staff, there are high numbers of “Unknown” results. Data quality is not sufficiently accurate at present to draw any robust conclusions, although data quality in regard to new starters is good, with only 2.2% of new starters not having their disability status recorded.

4.4. With regard to Religion and Belief, ESR still only records religion, pending a long-awaited update of the national system. There are high numbers of “unknown” results, so the data quality is not sufficiently accurate to enable any robust conclusions to be drawn. In contrast, the data quality relating to new starters is good, with only 6.2% of new starters not having their religion recorded.

4.5. With regard to sexual orientation, there are a high number of “Unknown” results, so again the data quality is not sufficiently robust. Again, in contrast, the data quality on new starters is good, with only 6.2% of new starters not stating their sexual orientation.

4.6. The age profile is similar to last year’s with the most predominant age group being between 41-50 (44.6%), with 31-40 (27%) being the next most prevalent age group, followed by under 30s (23.3%). The age profile is likely to increase in the younger age groups, following the ongoing rounds of recruitment.

4.7. The Trust has continued to have a visible profile in a wide range of equalities media, presenting a welcoming image to people from protected characteristic groups. It has also continued to be an active member of all the leading employers’ equality forums in the UK, Stonewall, the Business Disability Forum, Opportunity Now and Race for Opportunity, the Employers’ Network for Equality and Inclusion and Carers UK, enabling it to share and model best practice and to present itself as an inclusive employer.

4.8. In this last year, in line with the Trust's Positive Action Strategy, the Recruitment and Equality and Inclusion Team started working again with a voluntary sector organisation, Communities into Training and Employment (CITE), to directly target, encourage and support new potential recruits from across the protected characteristic groups, including in particular BME people. This work will continue over the coming year.

4.9. The supporting evidence for the Annual Equality Report 2013-14 (attached as Appendix 1) provides detailed information on access to and delivery of key services, key activities of the Trust, as well as on the workforce profile, including breakdown by grade/rank, staff group, length of service, pay band, age, starters and leavers, promotions, employee relations activity, training and development and staff engagement.

5. CONCLUSION

5.1. In an extremely busy year, when the service has been facing considerable challenges in regard to recruitment and enhanced demand on its services, several proactive initiatives have taken place, further enhancing the engagement between the Trust and the different communities across London it serves. This work will continue over the coming year and be supported by the new and established Staff Diversity Forums.

5.2. In line with its Positive Action Strategy, the Trust will continue to work with a community sector organisation, CITE, to directly target and encourage members from under-represented protected characteristic groups, including in particular BME people, to apply for positions in the Trust. The Trust continues to devise and deliver innovative training for its staff, which should further enhance the understanding and skills set of our staff as well as inspiring confidence in our patients and service users, particularly from the protected characteristic groups, leading to better health outcomes for all.

5.3. The Trust's profile has been further enhanced by its 2015 rankings as a top-performing organisation and top-performing UK ambulance service on both the Stonewall Healthcare Equality and Workplace Equality Indexes. We will use this benchmarking to ensure we make further progress in making our services, engagement, decision making and procurement accessible and welcoming to everyone, across all protected characteristic groups, as well as furthering our aim to become an employer of choice for the best and most talented people from across all our diverse communities.

6. RECOMMENDATIONS

6.1. To ensure that the Trust continues to be proactive in its approach on equality and inclusion, the following recommendations are made:

- a new Staff Data Refresh be undertaken of all staff to ensure the Employee Record System is up-to-date, accurate and can cover all of the required protected characteristic groups
- a gap analysis be undertaken of data collection and monitoring systems across the Trust and resourcing requirements addressed, in order to ensure the Trust can address any gaps in monitoring and meet the requirements of the new Workforce Race Equality Standard
- targeted focus groups be held with BME staff and other staff from under-represented groups to get feedback on their perceptions of the Trust, as reflected in the most recent Staff Survey and action taken to address any issues arising
- new Talent Management initiatives be undertaken to ensure equal access to promotion across all protected characteristic groups

- actions from the priorities set out in the update of the Trust's Equality and Inclusion Strategy and Action Plan form the template for future equality and inclusion work, including the ongoing implementation of the Trust's equality objectives, in accordance with the Equality Act 2010 and the national NHS Equality Delivery System

BACKGROUND PAPERS

Appendix 1 - Annual Equality Report 2014-15 – Supporting evidence (82 pages) available to Quality Governance Committee Members on request.

APPENDIX 1

ANNUAL EQUALITY REPORT 2014-15 - SUPPORTING EVIDENCE

1 INTRODUCTION

1.1 The specific duties deriving from the Equality Act 2010 Public Sector Duty require public bodies to publish relevant, proportionate information relating to demonstrating their compliance with the Equality Duty; and to set themselves specific, measurable equality objectives. Under the specific duties public bodies must publish information to show that they have consciously thought about the three aims of the Equality Duty as part of the process of decision-making. The three aims are:

- eliminate unlawful discrimination, harassment, victimization and any other conduct prohibited by the Act;
- advance equality of opportunity between people who share a protected characteristic and people who do not share it;
- foster good relations between people who share a protected characteristic and people who do not share it.

The information published must include:

- information relating to employees who share protected characteristics (for public bodies with 150 or more employees); and
- information relating to people who are affected by the public body's policies and practices, who share protected characteristics (for example, service users).

1.2 The following appendix provides the information required on the Trust's access to Services, decision-making and engagement and workforce for the year from April 1 2014 to March 31 2015, as well as progress on its agreed equality objectives.

1.3 The Annual Equality Report will continue to be published on the Trust's intranet and website and be made available on request in community languages and alternative formats to our patients, service users and stakeholders.

2 PROGRESS SINCE ANNUAL EQUALITY REPORT 2013-2014

2.1 The current report provides the access to key services and workforce profiling statistics for the period from April 1 2014 to March 31 2015.

2.2 Implementation of the Trust's equality objectives, in line with requirements of the Equality Act 2010 and the national NHS Equality Delivery System, continues to move forward. The Trust continues to be represented on the Outer North East London Equalities partnership group (now Outer North East London Equality Delivery System 2 Partnership Steering Group), facilitated by North East London Foundation Trust, to ensure regular face-to-face engagement with service users from protected characteristic groups. Following publication by NHS England of the Easy Read documentation supporting the implementation of the second version of the national Equality Delivery System in March 2015, the Trust will refresh its approach.

2.3 The updated equalities monitoring guidance from NHS England, in line with the Equality Act 2010 Public Sector Duty, is still awaited, although an advisory Position Paper has just been published as an interim measure. Following publication of the finalised monitoring guidance, consideration will be given to how best and appropriately to monitor take-up and satisfaction with the services provided by the Trust in relation to diverse protected characteristic groups. In the meantime the Trust has its own equalities monitoring form, which has met with approval from the leading employers' equality forums the Trust is a member of. This form is attached as Appendix 2 to the Annual Equality Report 2014-15 and is now available for Trust-wide use, where appropriate. Equalities monitoring has been carried out on Trust Board Directors and will continue to be undertaken to ensure representation across protected characteristic groups.

2.4 Equality and Inclusion training continues to be delivered at induction, All in One Refreshers and embedded in other training delivered across the Trust including Team Leader training. Following a successful bid to the NHS London Leadership Academy by the Equality and Inclusion Manager in December 2014, a new Unconscious Bias/Cultural Diversity Awareness session was designed and delivered by an equalities charity (brap) to the first groups of new Australian and New Zealand paramedic recruits. Further training has been designed and is being delivered in-house to new groups of these recruits with unconscious bias/cultural diversity awareness continuing to be embedded in the equality and inclusion training of the Trust. A third Equality and Inclusion module of the Trust's online Equality and Inclusion e- learning programme will be developed over the coming year. A briefing to the new Board of Trust Directors was delivered in June 2014 and further half-day workshops for staff and managers provided in June and July 2015.

2.5 Briefings to project teams on the use of the Trust's Equality Analysis procedure continue to be provided by the Equality and Inclusion Team and equality analyses are published on the Trust's website.

The Trust's Staff Forums, the LGBT Staff Forum, Deaf Awareness Forum and Enable continue to be supported in their work by the Trust, with the Chairs of each of the forums invited to meetings of the Equality and Inclusion Steering Group to discuss initiatives they have carried out and their aims and objectives for the coming year. The Deaf Awareness Forum comprises a wide range of volunteers from across the service in a wide range of occupations, from paramedics to office staff, working to increase deaf awareness among staff and forging links with London's deaf community. Over this past year the Deaf Awareness Forum have participated in a number of initiatives, including a film by the BBC at Brent Deaf Club, teaching children Basic Life-saving skills in BSL, Richard Webb-Stevens featuring in National Deaf Children's societies' list of international deaf role models and in other Deaf Magazines as role model talking about his work as a deaf Paramedic, taking part in the annual City Lit Deaf Day and Camden Deaf Awareness Day, teaching members of the public BLS, registering people for Emergency SMS and informing potential recruits about careers with the LAS; in July 2014 Richard Webb-Stevens was invited to talk to the London Ambulance Board of Directors about his experience working as a Deaf Paramedic; he was nominated for a national NHS Leadership award in September 2014 and asked in October 2014 to attend the London Assembly at City Hall to give his input as a professional deaf NHS worker into an inquiry into the state of health for deaf people in London; Richard also delivered a presentation to the LAS

FT Members on his experience of working for the LAS with hearing loss and the adaptations he made in 2014; he has gone into a wide range of schools and colleges to talk to young deaf people about his career with the service and encourage them to think about a career with the LAS; for the outstanding deaf outreach and role model work Richard received a VIP award and has been nominated for an LAS Saving Lives Award for teaching Heart Start in BSL; he is also the new Deaf Equality Champion for the Trust. The Trust's LGBT forum has continued to be at the forefront of a wide range of high-profile initiatives, including implementing the recommendations from the Trust's involvement in the Stonewall Health Champions programme, its annual applications to the Stonewall Workplace Equality Index and Health Equality Index. The forum is continuing its work with the first ever national LGB&T Ambulance Forum, which it launched, following extensive national consultation, and regularly consults with LGBT service users, including in this last year on the new draft LAS Equality and Inclusion Strategy 2014-19. In Autumn last year two of the LGBT forum's chairs were nominated for the Health Service Journal's inaugural list of LGBT role models with Steph Adams, one of the chairs then recognised as a Role Model, one of 24 champions working within the NHS to promote equality, provide visible leadership and encourage inclusion. Work is ongoing to recruit more staff to the Straight Allies Initiative, providing visible support for LGBT staff from straight colleagues in the Trust. The forum has a very visible presence each year at London Pride – in July 2014 the forum again had a large contingent including friends and families at the London Gay Pride event as well as attending Brighton Pride and other key LGBT events. The forum also acts as "critical friends" on the development of Trust policies and services, including equality analyses . The Forum also has an official LAS Twitter feed, where they communicate with the LGBT community and other groups to share experiences and good practice.

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2.6 Following its application to the 2015 Stonewall Workplace Equality Index, the Trust again featured as a Top 100 Employer, coming joint 62nd, for the third year the top ambulance service in the country and in 2015 amongst the top five performing NHS Trust.

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2.8 Over the past year the Trust has continued to have a positive profile in equalities media, including publications of the protected characteristic communities, as well as to be an active member of all the leading employers' equality forums in the UK,

Stonewall, the Business Disability Forum, Opportunity Now and Race for Opportunity, Employers' Network for Equality and Inclusion and Carers UK, enabling it to share and model best practice.

2.9 The Equality and Inclusion Steering Group, comprising Directors and Heads of Service from the key departments of the Trust, Patients' Forum and staff side partner representation, continues to meet every two months to actively support and oversee the progress of all equality and inclusion work in the Trust.

3. GOVERNANCE

3.1. During 2014/15 the Trust has continued to undertake equality analysis in line with the *Policy and Procedure for the Development and Implementation of Procedural Documents* TP01). The Governance & Assurance team coordinate the completion of policies and procedures and support the Equality & Inclusion Manager and other managers in ensuring that an equality analysis has been undertaken for each new or revised document as appropriate.

3.2. Front sheets for Trust Board and formal committee documents ask the author to identify whether an Equality Analysis had been undertaken and if so, whether any specific issues had emerged. Compliance levels remain variable; however, assurance can be taken that any new or revised policy document taken to one of these committees will have a relevant and up to date equality analysis.

3.3. The Trust was awarded unconditional registration by the Care Quality Commission in April 2010 and continues to monitor progress against each outcome. The requirements do not specify a standard for equality & inclusion but registration includes a section on equality, diversity & human rights asking how we ensure people's equality, diversity and human rights are actively promoted in our services and how these influence our service priorities and plans. The Trust is currently preparing for inspection by the new CQC Chief Inspector of Hospitals' team in June 2015.

3.4 The CQC undertook a compliance review in March 2012 and found the Trust to be compliant with Outcome 1 *Respecting and involving people who use services*. Their judgement included the following: 'People's privacy, dignity and independence were respected. People who used the service were given

appropriate information and support regarding their care or treatment.' The CQC found evidence that 'if a female patient wishes to be dealt with by a female member of staff (for example, for cultural background reasons) staff will, where possible, try to accommodate this. Where a patient's first language is not English, staff will try to use people at the scene to interpret, balancing this against the need to ensure privacy and dignity.'

3.5 The Equality and Inclusion Steering Group reports to the Executive Management Team and the following directors are members of the group: Workforce, Finance, and Corporate Affairs.

4. FOUNDATION TRUST

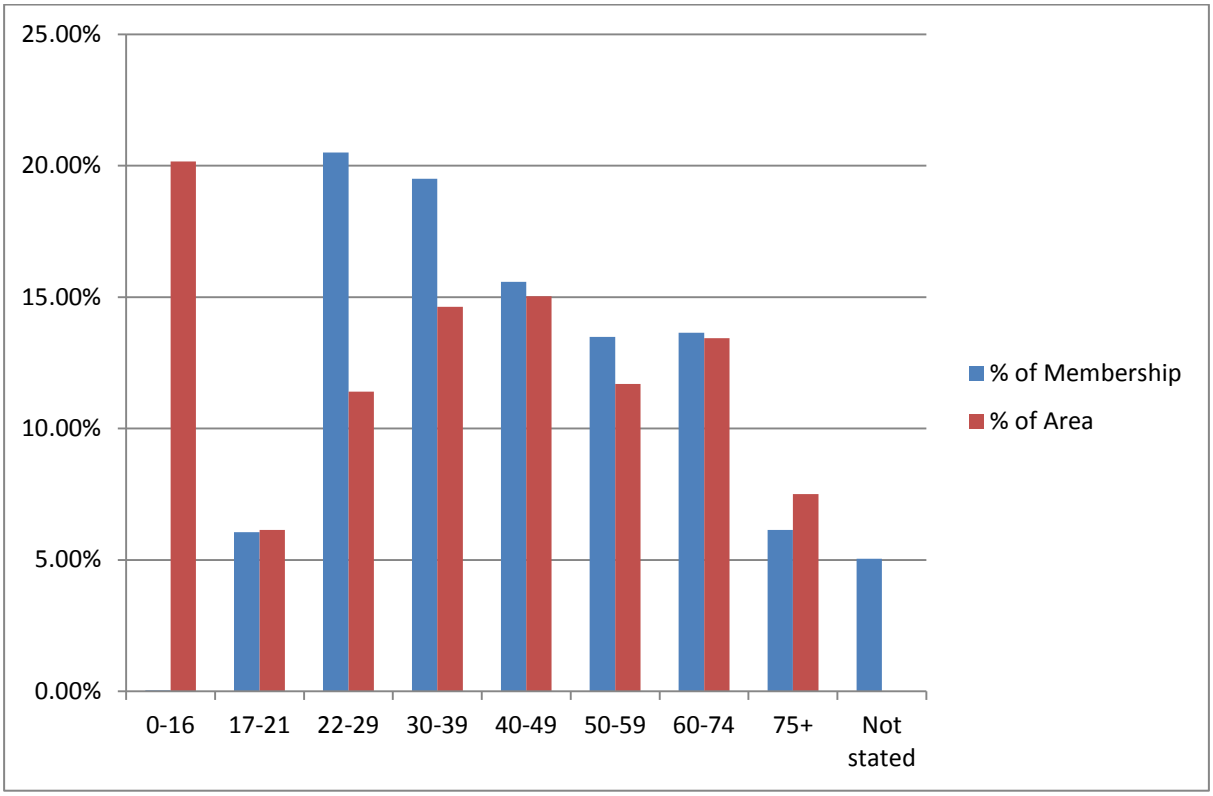
4.1. Membership Strategy

The Membership Strategy sets out the Trust's approach for growing, maintaining and developing an engaged and active public and staff membership. The strategy defines the membership community and sets out actions to help the Trust achieve its membership objectives. These objectives include achieving a membership consisting of the range of diverse communities of London's population and workforce and focusing on the development of our membership base and member-relations activities in order to achieve a representative membership. The document outlines how the Trust will evaluate its success in delivering the strategy and how it will continue to develop and benefit from an active and involved membership. The Membership Strategy is an appendix to the 5-year Integrated Business Plan and as such forms part of the application for NHS Foundation trust status. An Equality analysis has been carried out on the strategy.

4.2. Analysis of Membership

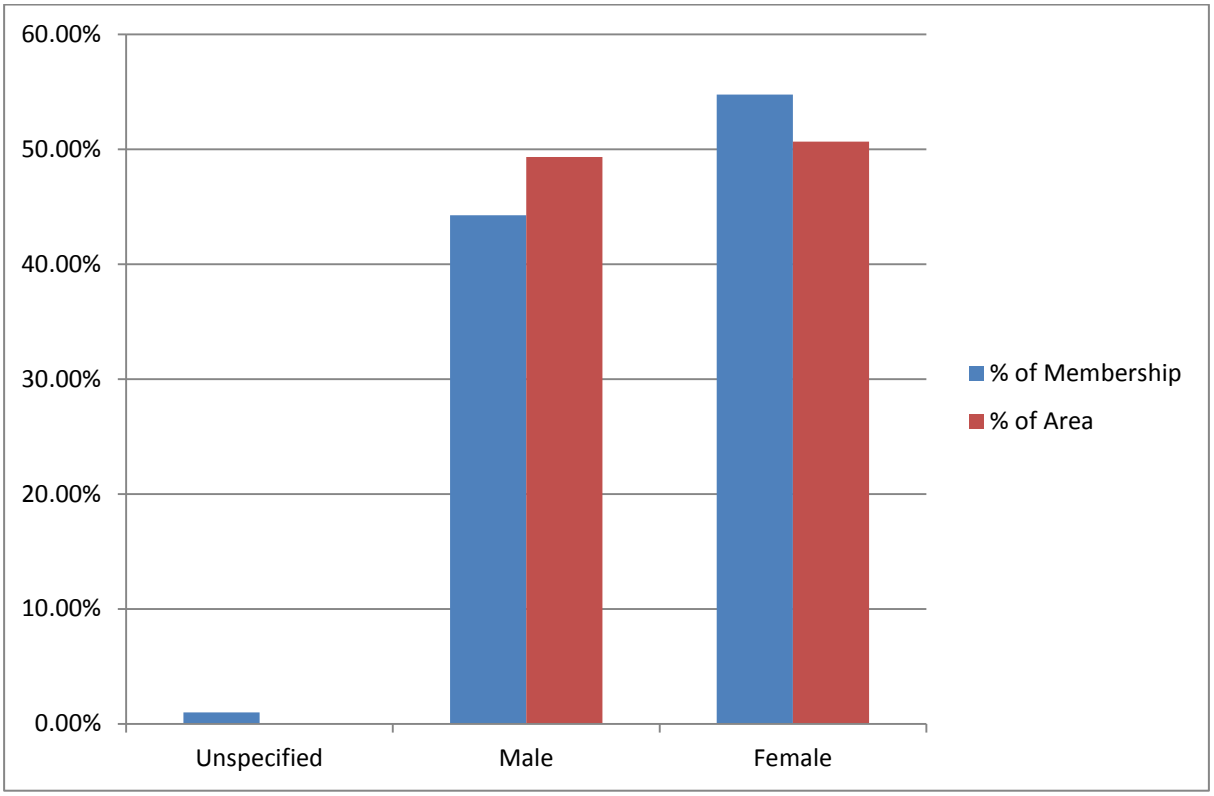
At 18 May 2015 the Trust had 9,646 public members. The Trust regularly and closely monitors the demographic profile of its public members to get a picture of how representative the membership is of the eligible population and to address any inequity in representation through recruitment. The following graphs compare the public membership against the eligible population (London and surrounding counties) by age, gender, ethnicity and socio-economic grade. 7.8% (753) of our public members have indicated that they consider themselves to have a disability.

Comparison by Age (May 2015)



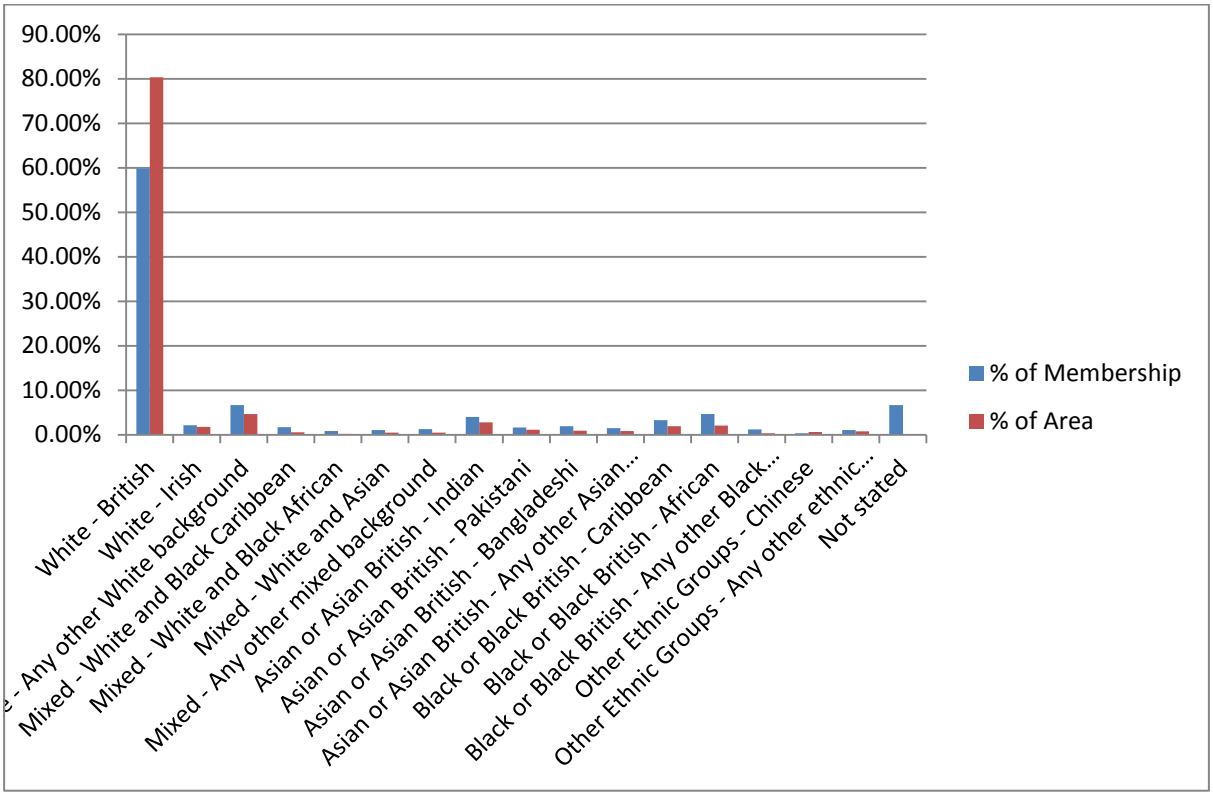
People aged 16 years and over are eligible to become members. The graph shows that the membership is representative of the area in almost all age categories and over-represented in the 22–29 age group. This is likely to be a reflection of the recruitment of members via the Trust current vacancies page of the website. The membership representation is slightly short in the 75+ category.

Comparison by Gender (May 2015)



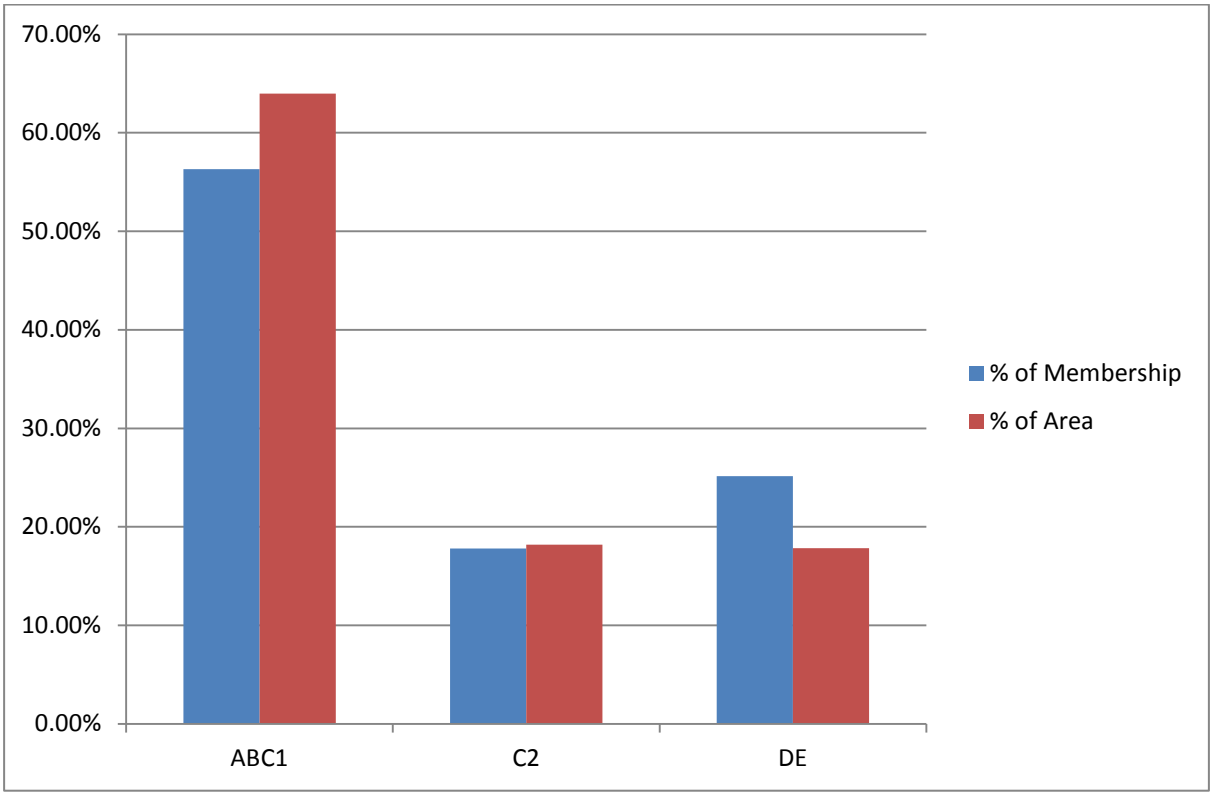
The graph above shows that the Trust is slightly under-represented in the male category but slightly over-represented in the female category, but this is in line with the London picture.

Comparison by Ethnicity



The chart shows the membership as being representative for almost all ethnic groups except for White - English, Welsh, Scottish, Northern Irish, British, and ethnic group - Chinese. It should be noted that 6.7% of the membership have not stated their ethnicity.

Comparison by ONS/Monitor Classifications



The graph above shows that the membership is closely representative of the eligible population for social grade.

4.3. Membership engagement and involvement

All Trust members receive the Trust's newsletter Ambulance News four times a year. This is an important engagement opportunity for members to learn and understand more about the Service, how it works, key achievements and plans for the future. During 2014/15 the Trust held a programme of meetings and events for members. These included events on basic first aid for the family, a joint event with Guys and St Thomas' on Deaf awareness, an update on our strategic plans and defibrillator familiarisation. More than 350 members have attended these events, which have provided an excellent opportunity for the Trust to showcase its work and gain a greater understanding of the views of the public that we serve.

5. ACTIVITIES AND SERVICES OF THE LONDON AMBULANCE SERVICE

5.1 This section demonstrates the Trust's delivery of its obligations under the Public Sector specific duties in regard to considering how the decisions it makes and the services it delivers affects people who share protected characteristics.

5.2 London Ambulance Service is the busiest ambulance service in the UK, serving over eight million residents in London and many more commuting into and visiting the capital. In line with the commitment in the Trust's Equality and Inclusion Strategy to "provide enhanced and world class health care to all our diverse patients and service users across all protected characteristic groups" and "to ensure patients and service users receive fair and equal access to our healthcare service" and that "everyone is treated with dignity and respect" the Trust has continued over this past year to look innovatively at ways of enhancing its services.

5.3 Following the end of the three-year cycle of the Trust's first generic Equality and Inclusion Strategy, an updated strategy was produced including the Trust's key priorities for action, which were consulted on with a wide range of external and internal stakeholders. The updated strategy is now on the website and will be available in a wide range of formats and community languages, where required. An Easy Read version is being prepared, which will also be published on the website. All departments in the Trust have been asked to ensure their staff are familiar with the strategy and have the opportunity to input into the specific detailed actions for each service area, which will then populate the Equality and Inclusion Strategy further to ensure comprehensive sign-up and engagement. The strategy will remain a living document with feedback welcome at any time and will be monitored on an annual basis with the involvement of our patients, service users, staff, Staff Diversity Forums, staff side representatives and other key stakeholders and formally reviewed at the end of three years in 2017.

5.4 **Mental Health**

The Trust is continuing to take forward a number of initiatives to improve the quality of care provided to mental health patients. It has been decided to revisit mental health care as an area for quality improvement during 2014-15. This was a main clinical priority and will roll into 2015-16.

Mental healthcare is moving up the national agenda and continues to do so in the Trust. In line with the national mental health agenda, four specific areas of improvement listed below have been identified.

Training & education

In this last year the Trust rolled out mental health training within the Control environment and at some of the local stations. The training was unique for the Trust in that it was provided by patients with mental health conditions. It was hugely successful and the Trust would wish to build on this in the coming year. This year the Trust concentrated on improving the internal clinical interventions and management of a mental health crisis. As part of the main training programme for 2014-15 the Mental Health module provides the opportunity to review and refresh existing knowledge and provide further information and guidance for a variety of scenarios. A

new session on dementia and a mental health risk awareness tool has been added to the programme. The focus has been on delivering face to face training for the Trust's Clinical Team Leaders and Advanced Paramedic Practitioners with sessions including issues on the national agenda including the national Section 136 protocol. This year the Trust also aims to improve the knowledge and skills of staff working in the Control Room by introducing mental health nurses into that area.

As part of the "A time for change programme" the Trust's Mental Health Clinical Adviser continues to deliver face to face mental health sessions for clinical Team Leaders on updates to the Mental Health Act, Mental Capacity Act, emergency detention and retention and mental health risk assessment. This work is ongoing with further sessions booked throughout the year. Sessions have been well received with excellent feedback from participants.

The Mental Health Core Skills Refresher was delivered between September 2014 and April 2015. It provided an opportunity for staff to review and refresh existing knowledge and to provide further updates and guidance in the area of mental health. Key elements covered in the Mental Health Core Skills Refresher module are: Mental Capacity Act 2005 including Deprivation of Liberty Safeguards, Capacity and Consent, Mental Disorders, Mental Health History taking, Psychotropic drugs, Brief Review of Mental Health CPI aspects of care, Risk Assessment, Mental Health Appropriate Care Pathways and Dementia.

The Trust approved and agreed to roll out a mental health risk awareness tool (LA383). The Mental Health Risk Awareness Tool was piloted within the Hillingdon complex between March and November 2012. The LA383 will be used as an aid to crews' assessment of patients presenting with mental health issues. It will be used in conjunction with the crews' clinical training and holistic view of the patient, and on that basis a care response will be decided. The LA383 was included in the Core Skills Refresher training in 2014.

In addition to the in-house material developed, the Trust also provides staff with access to e-learning material developed by the Social Care Institute for Excellence, which includes an introduction to mental health and older people, risks and protective factors in older people's mental health, common mental health problems amongst older people, understanding depression in later life and services for older people with mental health problems and dementia.

Further mental health training has been provided to Emergency Operations Control staff through joint working with mental health charities such as Hear Us, a charity the Trust has engaged with over the past year, providing 'drop-in' sessions for staff to have conversations about mental health issues and how to conduct themselves over the phone. These staff have also received formal training from the charity MIND to help them understand mental health issues and illness and how to manage challenging calls/callers.

Patient engagement and learning from patients

The Trust decided that it needed to work with patient representative groups to determine what “good” looks like and identify areas of improvement, which were important to our patients. As a result, the Trust has been working closely with Hear Us over the past year and intends to continue this engagement with the help of the Community Involvement Officers and the development of a patient experience action plan to monitor the impact of any changes.

As part of the Mental Health Action Plan 2013-14 Mental Health service users were asked about their experiences of using the London Ambulance Service and also what they felt the service needed to improve on. This feedback was intended to inform the creation/improvement of the Trust’s action plan/s. However, only 59 responses were received, which was a disappointing return rate. Of these, 61.54% stated they had a disability or long-term health condition (e.g. diabetes, asthma, epilepsy, dyslexia, mental health condition) with only 5.32% stating that their reason for calling London Ambulance Service was mental health related.

It is difficult to draw clear conclusions from such a small sample, but the survey nevertheless provided some interesting feedback. Themes coming up were familiar from previous surveys, with the top three being delays, staff attitude and behaviour and the importance of staff training. As a next step, the Trust is now conducting focus groups specifically with people with mental health problems, working with the nine mental health Trusts in London and each of their existing service user groups. Findings from the focus group discussions will be used to inform the Mental Health Action Plan.

Data recording for mental health patients

The Trust recognizes that it captures and generates a considerable amount of information which is only useful if it can be applied to create knowledge and expertise within the service. We would like to improve the way we capture and record mental health data to ensure that we are capturing the right information so the impact of future changes can be measured.

The Trust therefore plans to review mental health coding on the Patient Report Form to allow for a more meaningful data analysis. We want to ensure that Mental health complaints and incidents are captured and readily available and that Appropriate Care Pathways are coded and captured correctly to allow for monitoring and evaluation. This will allow the Trust to make more effective use of the Mental Health data it holds and have accurate information it can use to inform decision making.

The following codes have been added to the Datix recording system for Mental Health related incidents:

Mental Health – Care and treatment

Mental Health - Overdose

Mental Health – Paranoid behaviour

Mental Health – Staff attitude

Effective partnership working

In the previous year the Trust has rolled out Mental Health alternative care pathways agreed between all nine Mental Health Trusts across London, assisting in the reduction of numbers of patients inappropriately conveyed to the Emergency Department. While there have been improvements in this area, we would like to further improve our relationship with Mental Health Trusts and want to ensure that we cement the role of the Trust as a Mental Health partner at other key groups.

The Trust took part in a training film produced in partnership between the Metropolitan Police Service and South London and the Maudsley NHS Trust. The aim of the film was to demonstrate successful ways of joint working, the roles, relationships and expectations staff should have when working in a multi-agency environment. The film focused on the use of safe restraint, detection of Acute Behavioural Disturbance and best practice. The film was launched on October 1 2014 and there is a commitment from each organization that the film will be shown to all front line staff, together with a training package to be delivered by fully trained staff. This University-accredited package includes an ABCDE model in psychiatric assessment (Appearance & Atmosphere, Behaviour, Communication, Danger, Environment) specifically for use in mental health settings.

As part of improving joint and partnership working agreements, the Chief Executive continued to attend Mental Health Trust Chief Executive meetings to discuss ongoing issues and any other initiatives to improve partnership working arrangements. The Director of Nursing and Quality also attended regular Director of Nursing meetings. The Trust will continue to utilise Mental Health Alternative Care Pathways, which are now fully supported by the addition of the Mental Health nurses in the Emergency Operations Centre. Partnership working arrangements have improved with Mental Health Alternative Care Pathways remaining in place. Some of these have worked well in some areas but access remains limited out of hours. Work is in progress via the Trust's Mental Health Clinical Adviser to address poorly performing care pathways as well as the option for the London Ambulance Service to make direct non-urgent referrals to Mental Health teams.

The Patient Experiences Department continues to regularly seek assistance from the Trust's Clinical Adviser for Mental Health in relation to clinical advice regarding complaints containing a mental health component. Patient experience remains an important part of our learning from improve on the quality of service we provide to our patients. The Trust continues to engage with our patients through regular attendance at the Patients' Forum as well as keeping close links with patient representatives who

form part of our mental health committee meetings. The Mental health committee continues to run bi-monthly. It is now chaired by the Trust's Mental Health Clinical Adviser with the support of the Director of Nursing and Quality, who are both mental health trained nurses. The committee remains responsible for driving the Trust's Mental Health Action Plan.

In addition to the in-house material developed, the Trust also provides staff access to e-learning material developed by the Social Care Institute for Excellence, which includes an introduction to mental health and older people, risks and protective factors in older people's mental health, common mental health problems amongst older people, understanding depression in later life and services for older people with mental health problems.

5.5 **Safeguarding**

The Safeguarding Team provide a quarterly report on safeguarding activity and training within the Trust, which is shared both internally and externally with safeguarding partners. Highlights over the year 2014-15 have been:

- The issuing of a second edition of a pocket communication guide to assist clinical staff when communicating with patients with a learning disability or who are deaf; an individual copy is issued to all clinical staff;
- A second safeguarding pocket book has been provided, updated for the Care Act for all staff within the Trust to provide information on safeguarding children and vulnerable adults;
- Safeguarding training has been delivered, which has covered female genital mutilation (FGM), pressure ulcers, learning disability, human trafficking, patient outcomes and consent;
- LAS has been represented on the NHS England working group for FGM;
- LAS developed pressure ulcers publicity posters, which have been shared with all other UK Ambulance Trusts;
- A Safeguarding and Mental Health Conference was held in April, covering dementia, child sexual exploitation, looked after children, section 136;
- A safeguarding Easy Read leaflet was produced for the public and also made available on the Trust's website;
- LAS developed a monthly care home data report, which is shared internally with managers and externally with CCGs, the Care Quality Commission and Social Services, part of the recommendations from Winterbourne View;
- Local managers attend safeguarding boards and other multi-agency events and meetings to safeguard vulnerable groups

5.6 **Community Resuscitation**

The Community Resuscitation Training Officer (CRTO) role has been defined as a community development and supporting role, raising awareness across London of the importance of life-saving skills, empowering with confidence a 'have a go' attitude

aimed at making a difference to cardiac arrest survival rates in the capital. To achieve this, each diverse group offers unique challenges for understanding and inspiration. Projects which the team has been involved in include the following:

Working with young people

The Community Resuscitation Training Team works alongside a number of charitable organizations to provide basic life support training for young people, some of whom are disadvantaged for socio-economic reasons and/or are young offenders:

- **The Princes Trust,** with whom we have a longstanding arrangement to provide Heartstart training for the group that are based at Lambeth College.
- The Trust is one of the partner organizations with **Saving Londoners' Lives,** which has now established Heartstart training and provides support for over 500 schools across London.
- 2014 was the first year that the Trust provided training for young people working for **The Challenge,** who are supervising school leavers from mixed social backgrounds during the summer holidays.
- The LAS works with the **NSPCC** to provide BSL training for the children of parents with substance abuse problems, so that they are able to deal with emergencies at home.

Intellectual Disability (Learning Disability) and special needs schools

Following the team's involvement in the 2013 Special Olympics, they continue to advise and support the organising team and train the officials in Heartstart and defibrillator use. Basic life support training is also provided for Learning Disability Groups in both Croydon and Mitcham.

Religious communities

The team work with a wide range of religious groups to provide defibrillator accreditation and training that is sensitive to cultural beliefs. Places this has been provided at include: Shirley Methodist Church, St. Mark's Church, East London Mosque & London Muslim Centre, St Joseph's Church Richmond, North London Assembly Hall for Jehovah's Witnesses, Malham Church, ISKCON London Radha-Krishna Temple.

Black and Minority Ethnic Groups (BME)

The Community Resuscitation Training Officers' Team have developed their own skills by adapting teaching methods, learning and respecting cultural differences, overcoming language barriers creatively and building lasting relationships with diverse communities, including:

- Hornsey Children's Centre, where BLS training is provided for Turkish speaking parents

- EAL Friendship Group in Richmond, where BSL training is provided for non-English speaking adults

Hearing impaired

Community Resuscitation Training Officers are represented at the LAS Deaf Awareness Forum and actively support all communications and training within the hearing-impaired community. As well as attending the Staff Development Programme (this features a specific module on British Sign Language and awareness). They work in partnership with public education to deliver CPR and defibrillator training at open days to specific groups with all levels of hearing impairment. Spearheading the Deaf Awareness Forum is a motorbike Paramedic, who is hearing impaired, who has been trained as a Heartstart trainer and now regularly teaches deaf groups in emergency life support.

People with Disabilities and/or Specific Medical Conditions

The Community Resuscitation Training Officers have been engaging with a number of groups for the families of people who have specific conditions which make them more vulnerable to life-threatening emergencies and have been providing BSL to family members. These groups include:

- The London Community Heatlhcare Group for parents of disabled children
- The Alzheimer's Society
- Diabetes Group in Bexley
- Healthy Heart in Croydon, supporting the British Heart Foundation's Heart Town programme
- East London HIV and AIDS communities
- Independent Living for people with disabilities

Hatzola

Hatzola is the Hebrew word for rescue and is the name given to its International Ambulance Service. Hatzola ambulance service evolved in North London in 1979 when the local Orthodox Jewish community had concerns with the LAS regarding perceived late attendances to emergency calls, some delicate issues around cultural insensitivities within their defined boundaries, and the general dedicated care that a locally run ambulance service could bring.

Hatzola is broadly a charitable service which raises funds from regular donations within its own community. (Although there are schemes in Golders Green and Stamford Hill, they are run separately only sharing the control centre). It is run voluntarily by the local Jewish community to help the entire surrounding

neighbourhood. Specially trained volunteers are on call from home, waiting for an emergency, which they respond to on blue lights in their own cars. There are also two fully equipped ambulances available for clinical support and transport to hospital.

When facing a medical crisis, the patient or family contact a normal landline number, which is a robust network of people at home answering the call for help. Once the details have been given they are relayed by radio to two responders who are activated to the patient. Once on scene they assess the patient and are able to triage, treat or call for additional resources such as the ambulance service.

Over recent times, through regular contact with the Community Resuscitation Training Officers' Team, they have become aware of the Community First Responder scheme operated by LAS and are keen to create a closer working relationship. So there is now a training structure which involves developing their volunteers to the same FPOS (First Person on Scene) basic level. This relationship is bridging gaps and as a result of collaboration and support from the First Response Team is very successful in serving the needs of the local community Sunday to Thursday from 9.a.m. to 9p.m.

5.7 **Patient and Public Involvement and Public Education**

The Trust, led in this work by the PPI and Public Education Team, took part in 593 patient involvement and public education events/activities over this last financial year, which included basic life support training and cardiac awareness, visits to schools and colleges, knife crime awareness sessions, career events, road safety, Junior Citizen schemes and first aid sessions with brownies and cubs. There were 14 events recorded, specifically road safety, Junior Citizen schemes and first aid sessions with brownies and cubs. There were 14 events recorded specifically for people with mental health problems, 10 for deaf people, 7 for older people and 4 for people with a learning disability. 873 requests for attendance at events were recorded; therefore, we were able to meet approximately 68% of requests. Foundation Trusts member events have included events on deaf awareness and basic first aid.

This public engagement work is mostly carried out by LAS staff in their own time. There are now 940 members of LAS staff on the list of staff interested in doing this important work. Feedback from events is routinely sought and is extremely positive, both from event organisers, people attending the events, and the LAS staff involved.

A new LAS Patient and Communities Engagement Plan was developed with patient representatives and other stakeholders, and was agreed by the Trust Board in June 2014. The plan aims to build on the Trust's previous developments in patient

involvement and public education, and develop more ways of listening to patients and communities across London. It outlines ways in which the Trust may continue to engage meaningfully with patients and local communities, so that patients and their representatives have a voice.

A national survey of patients receiving the Hear & Treat service was published in June 2014. This showed that this group of patients were generally very positive about their experience. A significant finding was that a very high proportion (45%) of respondents reported long-term conditions, disabilities or mental health problems. 54% reported having a condition which caused them difficulty with everyday activities.

The Trust also implemented the Friends & Family Test in October 2014, and initial results also show very high levels of satisfaction with the service received by Patient Transport Service and See & Treat patients (i.e. those patients we attend but do not take to hospital).

The Mental Health Committee agreed that a new action plan should be developed, in order to improve the service provided to people with mental health problems. A survey was carried out during 2014-15 to identify initial priorities and themes. Again, patient satisfaction levels were fairly high, but the response rate was low. It was therefore agree that a series of focus groups would be held in different parts of London with mental health service users. The first of these took place at the end of March 2014 and was extremely helpful. A series of further focus groups, including one with LAS staff, is planned for the first part of 2015-16.

During the year the Trust also introduced a Patient Representative Reference Group, to meet biannually. This group is made up of members of patient representative groups such as Healthwatch organisations from across London, and voluntary sector organisations such as Age UK and the Stroke Association. The first meeting was held in June 2014 and led to the development of the Patient and Communities Engagement Plan. The second was held in December 2014 and focused on how the Trust was managing performance pressures at that time.

The Patient & Public Involvement (PPI) Committee continued to meet quarterly, reporting to the Clinical Safety, Development and Effectiveness Committee. This, in turn, reports through the Quality Committee to the Trust Board. During the year, PPI Committee members discussed possible priority target groups for future patient and public engagement. Suggestions included people in ‘protected characteristic’ groups, people in disadvantaged groups, or those more likely than others to be discriminated against, people with mental health problems, people with dementia, people with long term conditions and pregnant women. A plan and contact list are being developed to engage with these groups, and this will be completed in 2015-16.

5.8 Emergency Bed Service

In the delivery of its services, the Trust’s Emergency Bed Service (EBS) deals mostly with Health Care Professionals, dealing with patients at one remove. Often the

patient's details are unclear or the patient to be moved may not have been decided upon at the time the enquiry is taken. For that reason it has been the view of EBS Managers historically that there was no benefit to recording either ethnicity or disability in the operation of these services.

The ex-utero service is provided to premature babies and the in-utero to women in the later stages of pregnancy: gender and age profiling has not been thought relevant in these services.

EBS does have patient contact in the delivery of its services to District Nursing clients. The dataset collected for those patients has been agreed by the commissioners of those services and does not include age, gender or disability. In provision of the Safeguarding service, where EBS collect and forward child protection and vulnerable adult referrals, protected characteristics (age, gender, ethnicity, religion or belief, sexuality, gender re-assignment, physical or mental disability as well as other characteristics indicative of vulnerability) can be recorded by crews and subsequently on a database where they can be profiled against. 2015/16 will see a focus on developing a role in supporting referral to pathways for welfare referrals (including domestic abuse, hoarding, etc), which will require Equality Analysis.

5.9. Patient Transport Service

Patient Transport Services (PTS) is responsible for the transport of patients to their non-emergency appointments at a range of clinical care facilities. Transport is provided to patients who are disabled, with mobility difficulties, where their medical condition may deteriorate on route, or where failure to provide transport would restrict their ability to access healthcare. The eligibility of patients to access this transport is assessed by a medical clinician at a GP's surgery or at a hospital or other NHS facility with an appropriate booking made with the London Ambulance Service.

In 2014-15 the LAS PTS service delivered 103,345 journeys (excluding escorts). All aspects of the patient's booking through to delivery of service are captured on the Meridian Planning system. Bookings, and therefore details about each patient, are provided by their treatment centre or GP surgery. Although the Trust requests monitoring details about patients from each treatment centre or GP surgery, the data provided is dependent on the individual making the booking. These individuals are not employed by the Trust. In the past 5 years the Trust has encouraged its customers to adopt a system of e-booking which would force capture of the monitoring data; although this service is limited within the existing customer base; take up is increasing year on year. Of the103,345 journeys completed last year 28% were registered using e-bookings; this compares with 24% for 2013/14.

Work is still on going to capture NHS Number for all patients and we have been relatively successful again in this piece of work. This field has been mandatory on our e-booking system for the last 24 months. A call back process is still in place in our

transport operation centres where staff ring the treatment centre or GP back for booking received by fax or email without the patients NHS Number recorded. There were 89% correct NHS numbers recorded for the financial year 2014-15, compared to 88% for the financial year 2013-14. This is regarded as a levelling out having perhaps reached a plateau in this data. We will continue with the processes in place to capture this data; however, access to this data is limited to the person making the booking.

PTS will continue to work with customer Trusts to seek assistance to capture equalities information in a more consistent manner.

The data collected below shows both increases and decreases from the previous year; unknown age is up to 20% from 18%, with unknown ethnicity down slightly to 80% from 85% continuing the trend we saw last year. Patient gender has risen to 6% from 3% for those unknown.

Patient Gender	**JA**	**%**
F	57011	55%
M	39824	39%
UK	6510	6%
Grand Total	**103345**	**100%**

Patient Age Profile	**JA**	**%**
0-20	537	1%
21-30	1245	1%
31-40	1736	2%
41-50	3178	3%
51-60	4940	5%
61+	70596	68%
UK	21113	20%
Grand Total	**103345**	**100%**

Ethnicity Of Patient	JA	%
A - White British	12736	12%
B - White Irish	730	1%
C - Any other White Background	1778	2%
D - Mixed White & Black Caribbean	223	0%
E - Mixed White & Black African	47	0%
F - Mixed White & Asian	24	0%
G - Mixed Any other White Background	33	0%
H - Asian or British Asian Indian	652	1%
J - Asian or British Asian Pakistani	176	0%
K - Asian or British Asian Bangladeshi	36	0%
L - Asian or British Asian Any other background	558	1%
M - Black or Black British Caribbean	1723	2%
N - Black or Black British African	460	0%
P - Black or Black British Any Other Background	326	0%
R - Other Ethnic Groups Chinese	128	0%
S - Any other Ethnic Groups	704	1%
Z - No Information Available	83011	80%
Grand Total	**103345**	**100%**

Again the statistics above show that from the data collected there are slightly more users of PTS services who are women rather than men. We saw a 33% decrease in patient journeys from 2013-14, but the percentage split between men and women remains within 1% of last year's split. As in previous years, it is predominantly older patients who rely on the service to access healthcare; however, we have seen a decrease of 4% against 2013/14.

There is an increase in journeys year on year where the age is unknown. This increase may be down to the loss of PTS contracts; one hospital uses their own booking system, direct from their patient administration system (PAS), showing the patient's age as opposed to date of birth; we are unable to record this in Meridian.

The contract mentioned accounted for 11% of all journeys for 2013/14 rising to 19% for 2014/15. This shows that the service is improving its ability to capture this element of data.

Of the 12% of data captured, the majority of patients recorded were of white British ethnicity. However, it is difficult to draw any clear conclusion from this, given that 80% of records had no information.

The Trust will need to continue to engage with its customers more, both to collect the data in the first instance, but also to work with them to consider any issues over access of services where inequality may be identified and needs to be addressed.

The results of the latest surveys over two large hospital Trusts and one community service Trust reflect the patient demographic recorded in patient journey data noted above.

The gender data from the surveys returned supports the journey data that more women are users of the service.

Question – Is the user of the service...?

GENDER		
Male	28	31%
Female	59	65%
No response recorded	4	4%
Total	91	100%

The department has clearer ethnicity data than that provided from the patient journey data; however, the ratios are similar to those provided above.

Question – How would describe your ethnic background?

ETHNICITY		**% against overall response**
White		
British	64	71%
Irish	5	5%
other white background	0	0%

Total White	69	76%
Mixed		
White/Black	0	0%
White/Asian	0	0%
White/Black African	0	0%
other mixed background	0	0%
Total Mixed	0	0%
Asian/British Asian		
Indian	1	1%
Bangladeshi	0	0%
Pakistani	1	1%
Other Asian background	1	1%
Total Asian / British	3	3%
Black/British black		
Caribbean	10	11%
African	4	5%
other black background	1	1%
Total Black ; Black British	15	17%
Chinese/Ethnic other		
Chinese	1	1%
Ethnic other	0	0%
Total Chinese / Other Ethnicity	1	1%
No Response Recorded	3	3%
Ethnicity Total	88	97%

Of the source group in the survey 13% would prefer not to state their sexual orientation, whereas of those who gave a specific response 64% said that they were heterosexual.

Question – Which of the following best describes how you think of yourself?

Sexual Orientation	Responses	% Answered Questions
Heterosexual	58	64%
Gay man	0	0%
Gay woman (Lesbian)	0	0%
Bisexual	3	3%
Other	0	0%
I would prefer not to say	12	13%
No response recorded	18	20%
Total	**91**	**100%**

The greatest response the department received on the surveys in regard to religion or belief reflected a 66% Christian demographic response. The next largest group responding said they had no religion or belief.

Question – Please indicate your religion or belief?

Religion or Belief	Responses	% Answered Questions
Christian	63	69%
Hinduism	1	1%
Sikhism	1	1%
Humanism	1	1%
Other	2	2%
None	10	11%
Do not wish to disclose	7	8%
No response recorded	6	7%
Total	**91**	**100%**

77% of survey respondents felt their illness to be a long-standing one or a disability; this

compares with 75% for the period 2013/14.

Question – Do you have a long-standing illness, health problem or disability?

Disability	Responses	% Answered Questions
Yes	70	77%
No	5	5%
Do not wish to disclose	7	8%
No response recorded	9	10%
Total	**91**	**100%**

Key challenges in delivering patient surveys is that they are labour intensive and are still reliant on the four Customer Relations Managers finding time to undertake this task.

5.9 PATIENT EXPERIENCES

Complaints

1403 complaints were received during 2014-15 and across the board; we have improved data collection in line with the Trust's Equality Objective 2 ("We will improve the process for capturing equalities data in the area of patient complaints to ensure that more than 50 percent of complainants have provided relevant details and begin to monitor trends in complaints from black and minority ethnic (BME) service users in 2012-13") as follows.

Most complaints are received by telephone and email and we are also witnessing the advent of complaint by social media, which makes monitoring more problematic. Complainants are sent a précis of the complaint to verify we have understood this correctly and this includes a monitoring form. Unfortunately, the response rate is still lower than we would hope, which is a common phenomenon across health and social care.

Where the gender of the enquirer is immediately known, this is recorded at source, for example by the Duty Officer who receives the initial telephone call to the department. The Department does not however undertake any additional monitoring at this stage, as complainants are often very distressed, upset and angry, and experience has shown that seeking to explore monitoring at this point often meets with a hostile reaction. Indeed, it is not uncommon to receive "complaints about complaints," where ethnicity monitoring is itself the subject of the complaint. Although sometimes cited as an aggravating factor, there is no evidence to suggest that there

is any discrimination in service delivery. Extensive information about the department is also available on the Trust's website; see links from: http://www.londonambulance.nhs.uk/talking_with_us.aspx#servicecomplaints

Ethnicity recording

21% of cases recorded ethnicity data about the complainant (Table 1) against 17% in 2013/14, and 13% in 2012/13. 37% of cases were recorded citing the patient involved (Table 2) against 7% in 2013/14 and 19% in 2012/13 (NB –sometimes this is the same person).

Table 1 - Complainant

Ethnicity of complainant	Number
Not stated	1105
White British	183
No details	32
White other white	13
Black Caribbean	12
White Irish	12
Indian	12
Black African	11
Other Ethnic	11
Pakistani	5
Mixed white and black Caribbean	3
Bangladeshi	2
Mixed White and black African	1
Mixed White and black Asian	1
Total	**1403**

Table 2 - Person/Patient involved

Ethnicity of patient	Number
Not stated	629
White British	352
No details	267
White other	44
Black Caribbean	11
White Irish	11
Indian	21
Black African	20
Other Ethnic	17
Pakistani	6
Mixed white and black Caribbean	10
Bangladeshi	4
Mixed White and black African	1
Mixed White and black Asian	1
Other Asian	4
Other black	3
Other mixed	2
Total	**1403**

Table 3 – Complainant gender

Gender - where recorded (complainant)	Number
Female	792
Male	549
No information recorded	52
Not stated	10
Total	**1403**

Table 4 – Patient gender

Gender - where recorded (patient)	Number
Female	672
Male	458
No information recorded	266
Not stated	7
Total	**1403**

Age Group

Table 4 – Age group where recorded of patient

The dataset for Datix has been updated to reflect the forthcoming migration to the web version. Alternative fields have been added for the collection of the age ranges and only those are now available. The majority of data is gleaned from the PRF for the patient.

Age range of patient	Number in this range
0-15 (1)	70
16-24 (2)	44
25-34 (3)	62
35-44 (4)	62
45-54 (5)	66
55-64 (6)	88
65-74 (7)	84
75-84 (8)	94
Over 85	113
Not stated	720
Total	**1403**

1038 x Equalities Monitoring Forms were sent to complainants (74% of complainants); of those 255 (25%) were returned.

Religion or belief

Table 5 - Where recorded from the returned Equalities Monitoring forms, the following was indicated

Religion	**Number in this range**
Not stated	1154
Christianity	135
No religion	47
Prefer not to say	22
Islam	17
Judaism	11
Hinduism	5
Other	5
Sikhism	3
Jainism	2
Buddhism	1
Baha'i	1
Total	**1403**

Sexual Orientation

Table 6

Where recorded from the returned Equalities Monitoring forms, the following was indicated.

Sexual orientation	Number in this range
Not stated	1166
Heterosexual	213
Prefer not to say	17
Gay man	3
Bisexual	2
Other	2
Total	**1403**

Having exhausted all methods at our disposal, the only way that seems likely to improve the monitoring position is to employ a person with specific responsibility to do the work. Even then the success rate must be debatable, as people are naturally free not to co-operate.

5.10 **PATIENT PROFILING**

In the year 2014-15 a total of 1,026,493 incidents were recorded from April 1 2014 to March 31 2015, slightly less than the previous year. Of these a total of 516,598 were from women (50.3%), almost the same percentage as the previous year (50.23%). In 2014-15 a total of 487,908 were from men (49.7%), slightly more than the previous year (47.53%). For 21,987 (2.1%) no gender was stated, a slight improvement on the previous year, when 2.27% had no gender stated.

The BME communities with the highest numbers of incidents raised were: Black or Black British Caribbean (22,415 – 2.1%), followed by Black or Black British African (18,811 – 1.8%), then Asian or British Asian – Indian (17,009 – 1.6%). In the previous year incidents were raised predominantly by the Black or Black British Caribbean community, then by Black or Black British – African, then by Other ethnic groups. A high number of incidents were not identifiable by ethnicity (661,167 – 64%), an increase on the previous year when 582,607 (53.1%) were not identifiable by ethnicity.

The most prevalent age ranges were 21-30 (140,364 13.67%), followed by 81-90 (139,447 -13.58%), then 71-80 (125,223 – 12.1%), then 31-40 (114,450 – 11.1%).This is partly similar to the previous year, when the most prevalent age

ranges were again 21-30 (159,899 – 14.57%), followed by 81-90 (137,204 – 12.5%) then 31-40 (127,042 – 11.58%), followed closely by 71-80 (125,450 – 11.43%).

A revamp of the Patient Report Form is pending the publication by NHS England of Health of its updated equalities monitoring guidance, which is still awaited. This is likely to include further protected characteristic groups, as defined by the Equality Act 2010. Briefing for staff will follow the implementation of the NHS England guidance, which should then hopefully enable the recording of more comprehensive and robust patient data. Additional funding is likely to be required to cover the cost of a redesign of the scanning system to capture the additional data or for additional data entry staff to capture this manually.

6 LONDON AMBULANCE SERVICE NHS TRUST WORKFORCE DIVERSITY PROFILE 2014-15

6.1. The following section addresses the Trust's obligations under the Equality Act 2010 Public Sector Duty specific duties to consider how its activities as an employer affect people who share different protected characteristics.

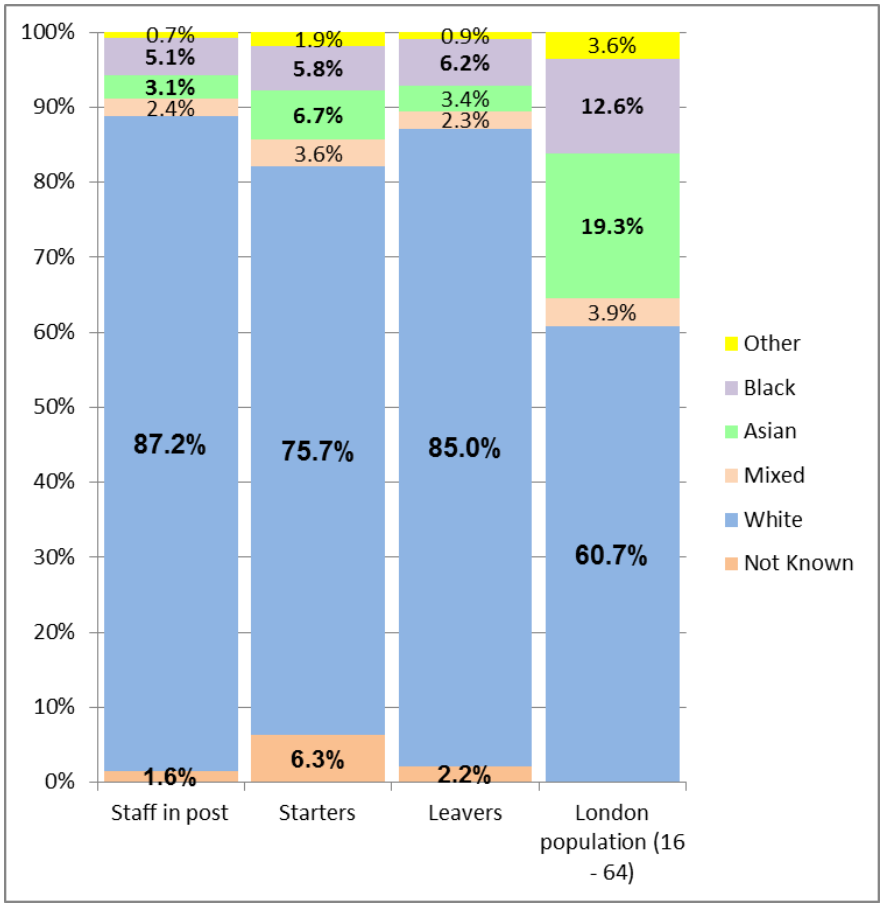
This section is split into several sub-sections, each of which deals with issues relating to a particular characteristic. Each of these sub-sections contains key points and graphical representations of the workforce followed by the data tables on which they are based. Following these sub-sections there is a final section with observations and recommendations. Separate sub-sections exist for recruitment and ER.

Ethnic Groups

The current workforce at March 2015 has 11.2% Black and ethnic minority staff compared to 10.6% last year and 9.3% the year before. By comparison the London working age population (aged 16 to 64) according to the 2011 census was 39.3%.

The percentage of staff whose Ethnic Origin is Not Known rose from 1% to 1.6% during the year. This may indicate that the Ethnic Origin of joiners is not being consistently recorded during recruitment, which may need to be addressed.

The proportion of Black and ethnic minority staff amongst joiners (17.9%) is higher than either amongst staff currently in post (11.2%) or amongst leavers (12.8%).



Data tables relating to joiners, leavers, staff in post and London 16-64 population.

	Data at 31 March 2014		Year to 31 March 2015		Year to 31 March 2015		Data at 31 March 2015	
	Staff in post last year		**Starters**		**Leavers**		**Staff in post**	
Ethnic Group	Number	%	Number	%	Number	%	Number	%
White	4096	88.3%	443	75.7%	550	85.0%	3995	87.2%
Mixed	102	2.2%	21	3.6%	15	2.3%	108	2.4%
Asian	124	2.7%	39	6.7%	22	3.4%	141	3.1%
Black	238	5.1%	34	5.8%	40	6.2%	232	5.1%
Other	29	0.6%	11	1.9%	6	0.9%	34	0.7%
Not Known	48	1.0%	37	6.3%	14	2.2%	72	1.6%
	4637	Source: ESR	**585**	Source: ESR	**647**	Source: ESR	**4582**	Source: ESR

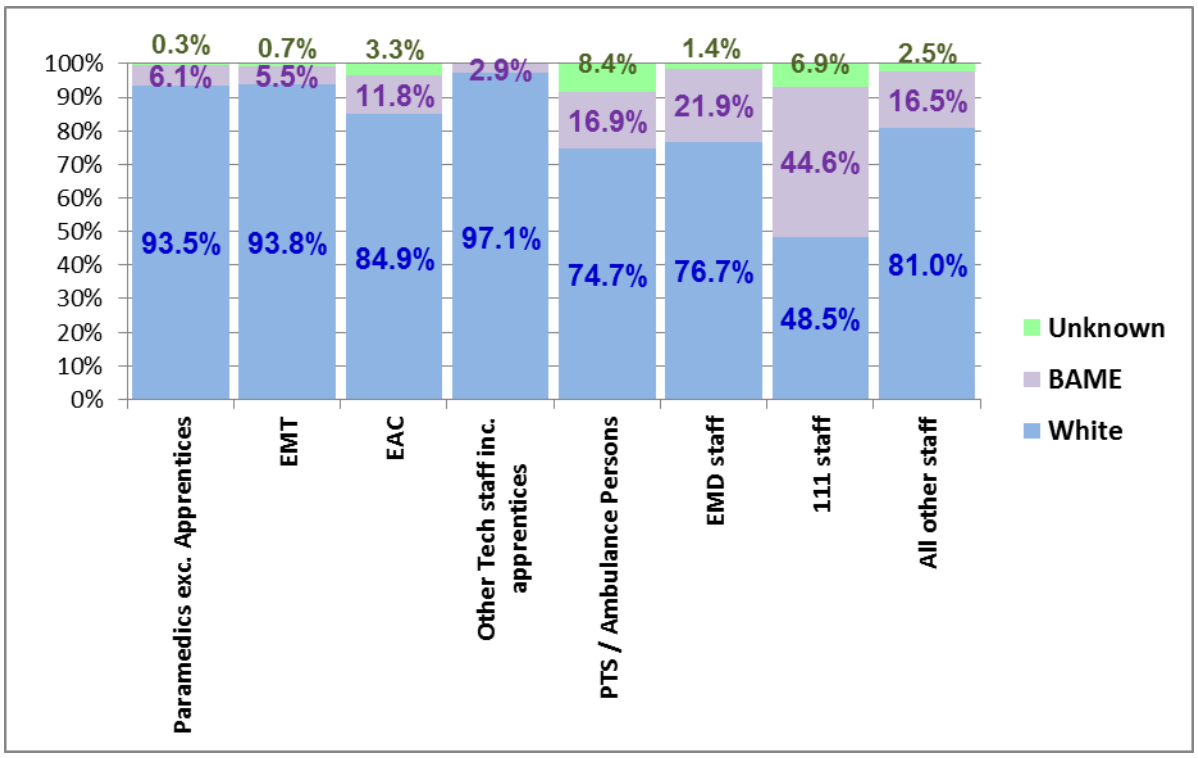
Proportion of BAME Staff was 10.6% last year; it is now 11.2%
The number of staff whose Ethnic origin is unknown has increased from 1% to 1.6%

London working age population (16 - 64)

Ethnic Group	Number	%
White	3427754	60.7%
Mixed	218037	3.9%
Asian	1087112	19.3%
Black	709733	12.6%
Other	201788	3.6%
Not Known		
	5644424	census 2011

Representation by staff group / function

Black and ethnic minority staff are well represented in Control Services (EMD and 111staff), but less well in Operations (paramedics, EACs, EMTs and other Tech) and in areas. The rate among Paramedics is 6.1%.



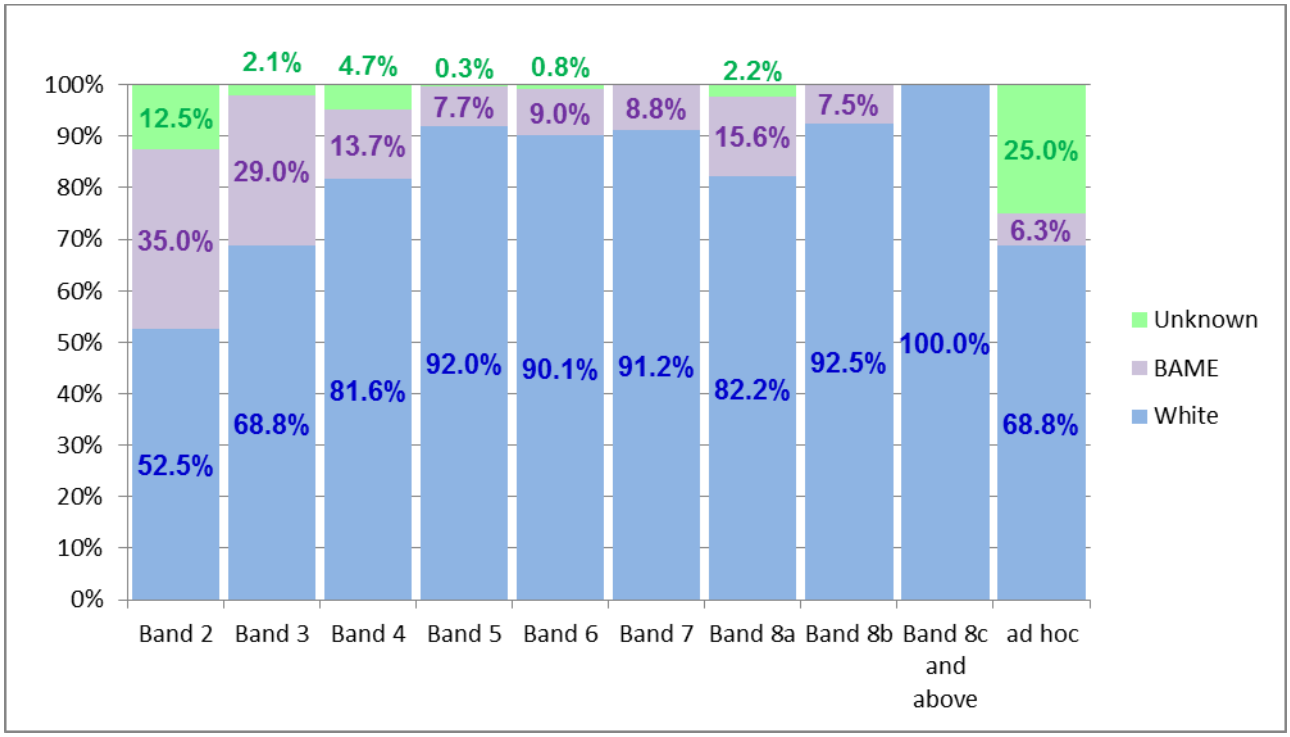
Ethnic Origin: representation by staff groups/areas

	White	BAME	Unknown	BME %	
Paramedics exc. Apprentices	1660	109	6	6.1%	(including HART and clinical advisors)
EMT	530	31	4	5.5%	
EAC	511	71	20	11.8%	
Other Tech staff inc. apprentices	135	4	0	2.9%	(Apprentices, A&E support)
PTS / Ambulance Persons	62	14	7	16.9%	
EMD staff	333	95	6	21.9%	(includes Area Controllers)
111 staff	49	45	7	44.6%	(staff in NHS111 cost centres)
All other staff	715	146	22	16.5%	

EMD and 111 staff are closest to representing the London wide ethnic profile

Representation by Band

Black and ethnic minority staff are less well represented in higher bands (see table and graph below).



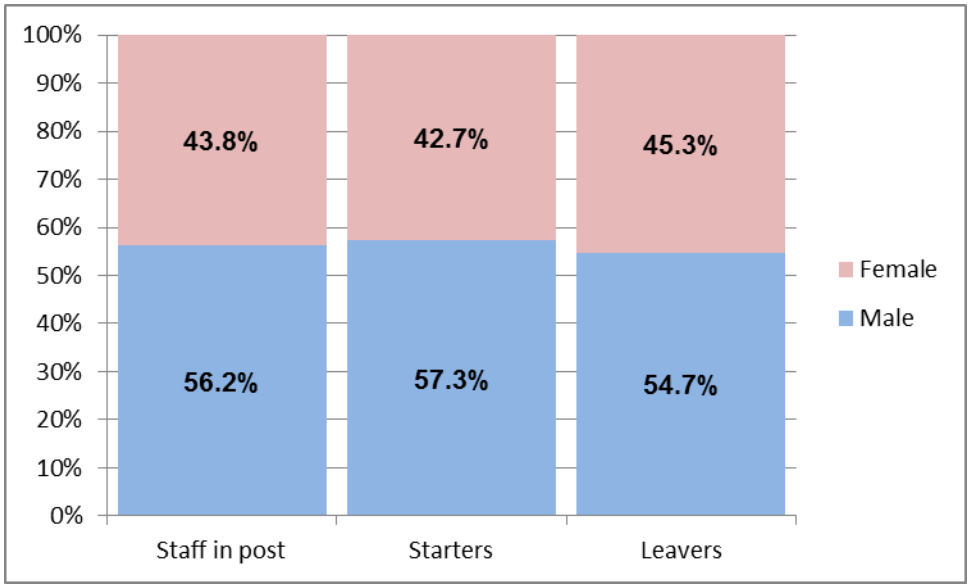
Ethnic Origin: representation by staff band

	White	BAME	Unknown	BME %
Band 2	21	14	5	35.0%
Band 3	289	122	9	29.0%
Band 4	711	119	41	13.7%
Band 5	2138	178	8	7.7%
Band 6	430	43	4	9.0%
Band 7	269	26	0	8.8%
Band 8a	37	7	1	15.6%
Band 8b	62	5	0	7.5%
Band 8c and above	27	0	0	0.0%
ad hoc	11	1	4	6.3%

Ad hoc staff are generally directors and senior staff, but include some TUPE'd 111 staff
The BAME person in ad hoc payscales is a senior member of staff

Gender

Although there were more leavers than starters for both male and female staff the decline in female staff was greater than the decline in males. The proportion of female staff in the organisation fell in 2014/15. The source of the excess female leavers appears to be A&C staff. Control Services had a higher turnover than the Trust in general, but also has a higher proportion of female staff. Turnover within Control Services however shows that leaver numbers by gender were proportionate with staff in post numbers.



	Data at 31 March 2014 Staff in post last year		Year to 31 March 2015 Starters		Year to 31 March 2015 Leavers		Data at 31 March 2015 Staff in post	
Gender	Number	%	Number	%	Number	%	Number	%
Male	2595	56.0%	335	57.3%	354	54.7%	2575	56.2%
Female	2042	44.0%	250	42.7%	293	45.3%	2007	43.8%
	4637	Source: ESR	**585**	Source: ESR	**647**	Source: ESR	**4582**	Source: ESR

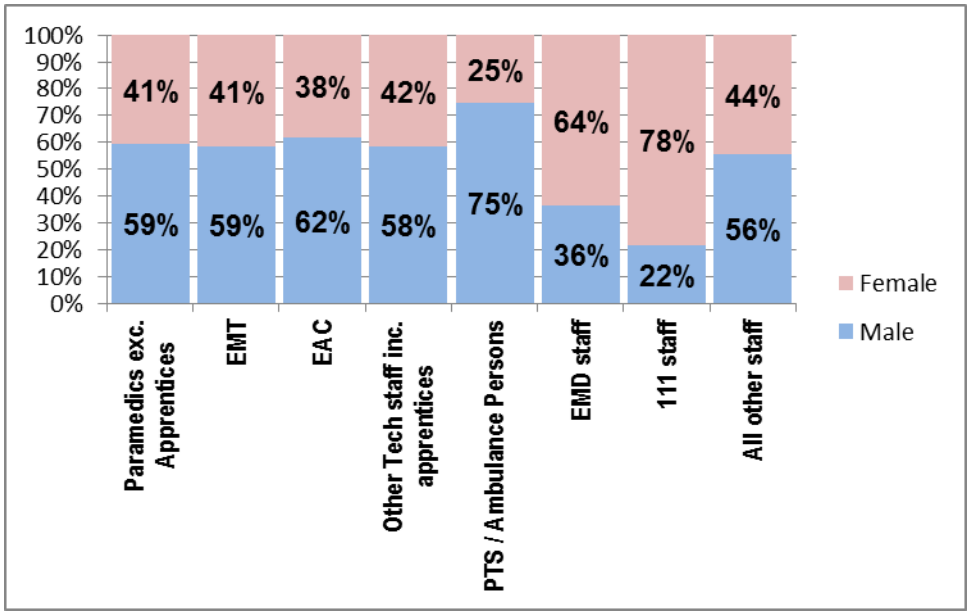
The proportion of female staff in LAS has fallen marginally over the year, but is still above March 2013 level (43.2%)

Representation by staff group / function

The graph on the following page shows the number of staff by grouped job type. EMD staff and 111 staff had much higher proportions of female staff than other areas in the Trust.

Gender: representation by staff groups/areas

	Male	Female	Female %	
Paramedics exc. Apprentices	1056	719	40.5%	(including HART and clinical advisors)
EMT	331	234	41.4%	
EAC	373	229	38.0%	
Other Tech staff inc. apprentices	81	58	41.7%	(Apprentices, A&E support)
PTS / Ambulance Persons	62	21	25.3%	
EMD staff	158	276	63.6%	(includes Area Controllers)
111 staff	22	79	78.2%	(staff in NHS111 cost centres)
All other staff	492	391	44.3%	



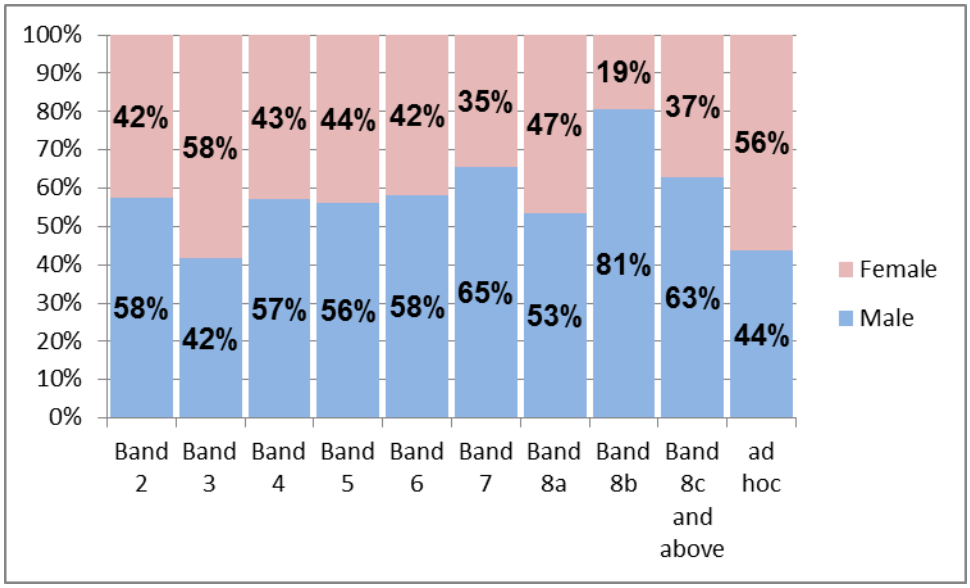
Representation by Band

Band 3 staff are more likely to be female, they are generally the EMD and 111 staff. Band 8b staff numbers are affected by Ambulance Operations Managers and other Band 8b staff in A&E operations, who are 34:5 male to female (Band 8c and above in A&E Operations are 7:2 male to female).

Gender: representation by staff band

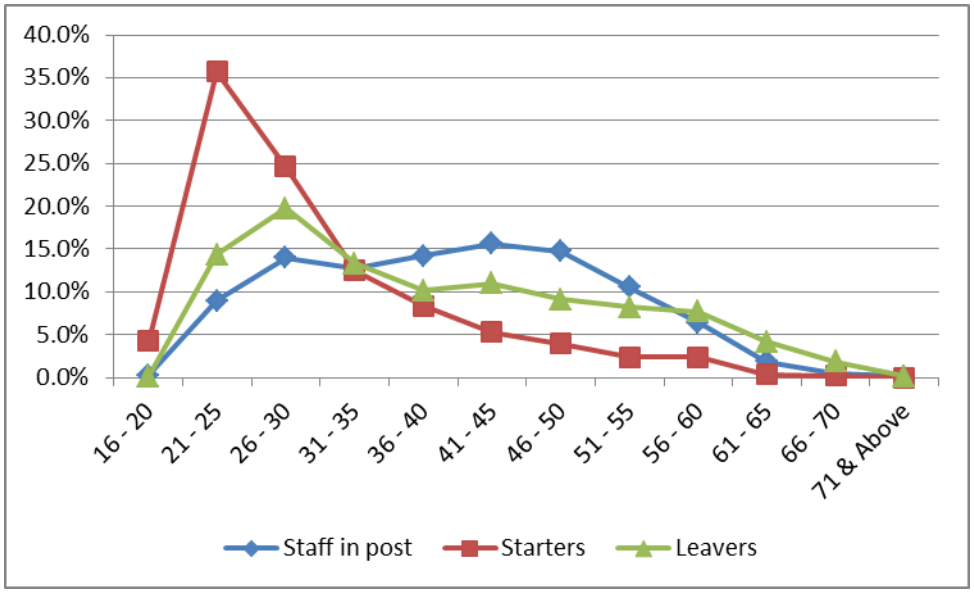
	Male	Female	Female %
Band 2	23	17	42.5%
Band 3	175	245	58.3%
Band 4	497	374	42.9%
Band 5	1308	1016	43.7%
Band 6	277	200	41.9%
Band 7	193	102	34.6%
Band 8a	24	21	46.7%
Band 8b	54	13	19.4%
Band 8c and above	17	10	37.0%
ad hoc	7	9	56.3%

Ad hoc staff are generally directors and senior staff, but include some TUPE'd 111 staff. If these are excluded then directors and senior staff are 50:50 male to female



Age

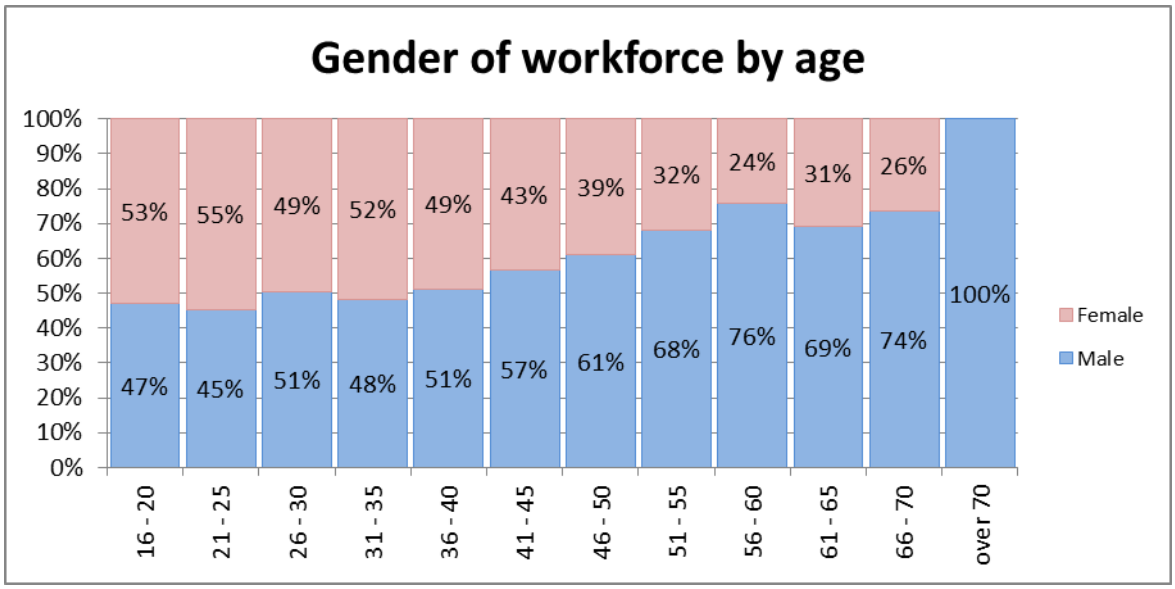
More than a third of our starters were in the age range 21-25. Staff below the age of 30are disproportionately more likely to join or leave LAS than staff between 31 and 60. Above 60 there are very few starters.



	Data at 31 March 2014		Year to 31 March 2015		Year to 31 March 2015		Data at 31 March 2015	
	Staff in post last year		**Starters**		**Leavers**		**Staff in post**	
Age Group	Number	%	Number	%	Number	%	Number	%
16 - 20	23	0.5%	25	4.3%	1	0.2%	14	0.3%
21 - 25	395	8.5%	209	35.7%	93	14.4%	412	9.0%
26 - 30	594	12.8%	144	24.6%	128	19.8%	641	14.0%
31 - 35	643	13.9%	73	12.5%	86	13.3%	585	12.8%
36 - 40	660	14.2%	49	8.4%	66	10.2%	651	14.2%
41 - 45	775	16.7%	31	5.3%	71	11.0%	716	15.6%
46 - 50	681	14.7%	23	3.9%	59	9.1%	674	14.7%
51 - 55	472	10.2%	14	2.4%	53	8.2%	484	10.6%
56 - 60	272	5.9%	14	2.4%	50	7.7%	293	6.4%
61 - 65	90	1.9%	2	0.3%	27	4.2%	86	1.9%
66 - 70	28	0.6%	1	0.2%	12	1.9%	19	0.4%
71 & Above	4	0.1%	0	0.0%	1	0.2%	7	0.2%
	4637	Source: ESR	**585**	Source: ESR	**647**	Source: ESR	**4582**	Source: ESR

Gender by age

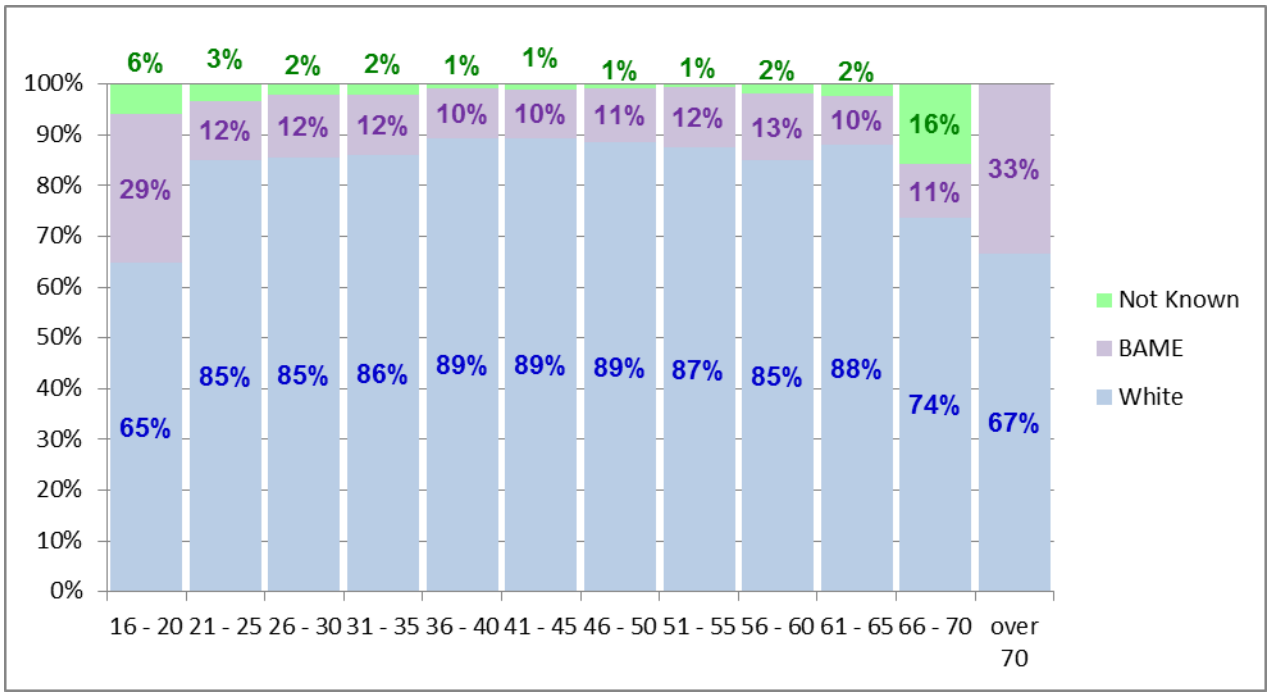
The workforce has progressively fewer female staff as a proportion of all staff as age increases. This is likely to be historical and is not reflected in female representation by band.



In post	Male	Female
16 - 20	8	9
21 - 25	194	234
26 - 30	324.00	317.00
31 - 35	282	303
36 - 40	335	319
41 - 45	406	309
46 - 50	411	264
51 - 55	326	153
56 - 60	211	68
61 - 65	58	26
66 - 70	14	5
over 70	6	
Grand Total	2575	2007

Ethnic Group by Age

The proportion of staff by Ethnic Group in each age group shows that Black and ethnic minority representation is consistently between 10% and 13% except in the youngest and oldest categories, where there are very few staff.



Ethnic Group by age	16 - 20	21 - 25	26 - 30	31 - 35	36 - 40	41 - 45	46 - 50	51 - 55	56 - 60	61 - 65	66 - 70	over 70
White	11	364	548	503	584	639	598	419	237	74	14	4
BAME	5	50	80	69	65	68	72	57	37	8	2	2
Not Known	1	14	13	13	5	8	5	3	5	2	3	0

Disability

There are high numbers of “Unknown” results. Data quality is not considered sufficiently accurate at present to draw any robust conclusions. However, data quality relating to new starters is good, with only 2.2% of new starters not having their disability status recorded.

	Data at 31 March 2014 Staff in post last year		Year to 31 March 2015 Starters		Year to 31 March 2015 Leavers		Data at 31 March 2015 Staff in post	
Disabilities	Number	%	Number	%	Number	%	Number	%
Disabled	50	1.1%	16	2.7%	10	1.5%	57	1.2%
Not Disabled	1189	25.6%	485	82.9%	244	37.7%	1449	31.6%
Not Declared	254	5.5%	71	12.1%	51	7.9%	253	5.5%
Unknown	3144	67.8%	13	2.2%	342	52.9%	2823	61.6%
	4637	Source: ESR	**585**	Source: ESR	**647**	Source: ESR	**4582**	Source: ESR

Religion / Belief

ESR records only “Religion” rather than the protected characteristic of “Religion / Belief”. An update to ESR is expected in due course.

There are high numbers of “Unknown” results. Data quality is not considered sufficiently accurate at present to draw any robust conclusions. However, data quality relating to new starters is good, with only 6.2% of new starters not having their religion recorded.

	Data at 31 March 2014 Staff in post last year		Year to 31 March 2015 Starters		Year to 31 March 2015 Leavers		Data at 31 March 2015 Staff in post	
Religion / Belief	Number	%	Number	%	Number	%	Number	%
Atheism	208	4.5%	129	22.1%	43	6.6%	296	6.5%
Buddhism	8	0.2%	4	0.7%	2	0.3%	10	0.2%
Christianity	551	11.9%	238	40.7%	104	16.1%	690	15.1%
Hinduism	8	0.2%	4	0.7%	3	0.5%	9	0.2%
Did not wish to disclose	194	4.2%	68	11.6%	40	6.2%	223	4.9%
Islam	27	0.6%	25	4.3%	12	1.9%	40	0.9%
Jainism	0	0.0%	1	0.2%	0	0.0%	1	0.0%
Judaism	5	0.1%	2	0.3%	0	0.0%	7	0.2%
Other	122	2.6%	74	12.6%	27	4.2%	171	3.7%
Sikhism	3	0.1%	4	0.7%	1	0.2%	6	0.1%
Undefined	3511	75.7%	36	6.2%	415	64.1%	3129	68.3%
	4637	Source: ESR	**585**	Source: ESR	**647**	Source: ESR	**4582**	Source: ESR

Sexual Orientation

There are high numbers of “Unknown” results. Data quality is not considered sufficiently accurate at present to draw any robust conclusions. However, data quality relating to new starters is good, with only 6.2% of new starters not having their sexual orientation recorded.

	Data at 31 March 2014 Staff in post last year		Year to 31 March 2015 Starters		Year to 31 March 2015 Leavers		Data at 31 March 2015 Staff in post	
Sexual Orientation	Number	%	Number	%	Number	%	Number	%
Bisexual	13	0.3%	9	1.5%	3	0.5%	19	0.4%
Gay	54	1.2%	14	2.4%	8	1.2%	61	1.3%
Heterosexual	950	20.5%	473	80.9%	201	31.1%	1231	26.9%
no wish to disclose	81	1.7%	40	6.8%	17	2.6%	104	2.3%
Lesbian	30	0.6%	13	2.2%	5	0.8%	38	0.8%
Undefined	3509	75.7%	36	6.2%	413	63.8%	3129	68.3%
	4637	Source: ESR	**585**	Source: ESR	**647**	Source: ESR	**4582**	Source: ESR

RETURN TO WORK FOLLOWING MATERNITY LEAVE

Of the 144 staff who were on maternity leave at some point during 2014-15 11 staff have left, 65 are still on maternity leave and 68 have returned to work. Of the 64 staff who were on maternity leave at the end of March 2014 9 staff have left, 3 are on maternity leave and 52 have returned to work.

PROMOTIONS

Ethnic Origin

The current workforce at March 2015 has 11.2% BAME staff compared to 10.6% last year. The proportion of staff receiving promotion was 9.2%, slightly below these figures.

A breakdown by band however shows that 45 BME staff were promoted from band 3 or below to band 4 (11.1% of promotions to band 4) compared to 360 White or unknown staff (88.9%); this compares to 29% of the band 3 workforce being of BME origin. This might imply that BME staff at band 5 are treated less favourably for promotions to band 6.

Also, only 6 BME staff were promoted into band 6 posts during the year (3.3% of those promoted into band 6) compared to 177 White or unknown staff (96.7%); this compares to BME staff at band 5 being 7.7% of the workforce which might imply that BME staff at and 5 are treated less favourably for promotions to band 6.

There were too few promotions to band 7 and above to draw robust conclusions, and there is no significant evidence of distortion in band 4 to band 5 promotions.

Gender

The current workforce at March 2015 has 43.8% staff compared to 44% last year. The proportion of staff receiving promotion was 43.4%, only very slightly below these figures. A breakdown by band however shows that women are more likely to be promoted than men in every band except band 3 to band 4 promotions; these, however, make up more than half of all recorded promotions. 40.7% (165 staff) of promotions to band 4 were women, but this has been distorted by the transfers from A&E support to TEAC posts during the year.

Pay Band

Pay Band	Total	%	Male	%	Female	%	White	%	BME	%	Not Stated	%
Band 1	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Band 2	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Band 3	3	0.4%	1	0.1%	2	0.3%	2	0.3%	0	0.0%	1	0.1%
Band 4	405	56.5%	240	33.5%	165	23.0%	354	49.4%	45	6.3%	6	0.8%
Band 5	80	11.2%	40	5.6%	40	5.6%	68	9.5%	12	1.7%	0	0.0%
Band 6	185	25.8%	103	14.4%	82	11.4%	178	24.8%	6	0.8%	1	0.1%
Band 7	31	4.3%	14	2.0%	17	2.4%	29	4.0%	2	0.3%	0	0.0%
Band 8a	3	0.4%	0	0.0%	3	0.4%	3	0.4%	0	0.0%	0	0.0%
Band 8b	4	0.6%	4	0.6%	0	0.0%	3	0.4%	1	0.1%	0	0.0%
Band 8c	3	0.4%	2	0.3%	1	0.1%	3	0.4%	0	0.0%	0	0.0%
Band 8d	3	0.4%	2	0.3%	1	0.1%	3	0.4%	0	0.0%	0	0.0%
Non AfC	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	717	100.0%	406	56.6%	311	43.4%	643	89.7%	66	9.2%	8	1.1%

Other protected characteristics

No robust conclusions were able to be drawn on promotions related to age, disabled status or other protected characteristics.

Age Bands

Age Bands	Total	%	Male	%	Female	%	White	%	BME	%	Not Stated	%
Up to 20yrs	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
21 - 30yrs	227	31.7%	125	17.4%	102	14.2%	204	28.5%	21	2.9%	2	0.3%
31 - 40yrs	219	30.5%	122	17.0%	97	13.5%	196	27.3%	21	2.9%	2	0.3%
41 - 50yrs	183	25.5%	102	14.2%	81	11.3%	167	23.3%	13	1.8%	3	0.4%
51 - 60yrs	77	10.7%	49	6.8%	28	3.9%	67	9.3%	9	1.3%	1	0.1%
61yrs and Over	11	1.5%	8	1.1%	3	0.4%	9	1.3%	2	0.3%	0	0.0%
Total	717	100%	406	56.6%	311	43.4%	643	89.7%	66	9.2%	8	1.1%

Length of Service

Los Bands	Total	%	Male	%	Female	%	White	%	BME	%	Not Stated	%
0 - 2yrs	227	31.7%	140	19.5%	87	12.1%	201	28.0%	20	2.8%	6	0.8%
3 - 5yrs	183	25.5%	98	13.7%	85	11.9%	163	22.7%	18	2.5%	2	0.3%
6 - 10yrs	180	25.1%	89	12.4%	91	12.7%	164	22.9%	16	2.2%	0	0.0%
11 - 15yrs	83	11.6%	50	7.0%	33	4.6%	75	10.5%	8	1.1%	0	0.0%
16 - 20yrs	27	3.8%	16	2.2%	11	1.5%	26	3.6%	1	0.1%	0	0.0%
21 - 25yrs	11	1.5%	8	1.1%	3	0.4%	8	1.1%	3	0.4%	0	0.0%
26 - 30yrs	5	0.7%	4	0.6%	1	0.1%	5	0.7%	0	0.0%	0	0.0%
31 - 35yrs	1	0.1%	1	0.1%	0	0.0%	1	0.1%	0	0.0%	0	0.0%
36yrs and Over	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	717	100%	406	56.6%	311	43.4%	643	89.7%	66	9.2%	8	1.1%

Disabled												
Disabled	Total	%	Male	%	Female	%	White	%	BME	%	Not Stated	%
No	311	43.4%	184	25.7%	127	17.7%	280	39.1%	24	3.3%	7	1.0%
Not Declared	76	10.6%	43	6.0%	33	4.6%	69	9.6%	7	1.0%	0	0.0%
Undefined	320	44.6%	172	24.0%	148	20.6%	285	39.7%	34	4.7%	1	0.1%
Yes	10	1.4%	7	1.0%	3	0.4%	9	1.3%	1	0.1%	0	0.0%
Total	717	100.0%	406	56.6%	311	43.4%	643	89.7%	66	9.2%	8	1.1%

Employee Category												
Employee Category	Total	%	Male	%	Female	%	White	%	BME	%	Not Stated	%
Full Time	682	95.1%	401	55.9%	281	39.2%	612	85.4%	62	8.6%	8	1.1%
Part Time	35	4.9%	5	0.7%	30	4.2%	31	4.3%	4	0.6%	0	0.0%
Total	717	100.0%	406	56.6%	311	43.4%	643	89.7%	66	9.2%	8	1.1%

ACCESS TO FLEXIBLE WORKING

Only 22 part time staff replied to the staff survey last year. Amongst this limited sample stress was lower, but all questions on staff satisfaction were also lower, however, the incidence of violence and harassment was lower, as was the perception of pressure to attend work whilst unwell. The sample was too small to make any robust conclusions.

There was no question around access to flexible working in last year's national NHS survey, so data for this last year is not available. Consideration will need to be given to including questions on this in future surveys or finding alternative ways to gain feedback.

Observations and Recommendations

The number of Black and ethnic minority staff, particularly in higher bands, is not representative of the London-wide working population. Although there are a number of reasons for this, the output from paramedic training from universities and from overseas being one of them, it is still an issue on which the Trust may be challenged.

In order to counter the suggestion that this disparity may be the result of discrimination it is suggested that at least one member of staff on all interviewing panels should be fully trained on equality and diversity issues, particularly for higher banded posts. The Trust should ideally move towards all those on interview panels being so trained.

It should be noted that the ethnic breakdown of Control Services is considerably more representative of the London-wide community than the rest of the Trust.

EMD staff and 111 staff had much higher proportions of female staff than other areas in the Trust.

Data quality is being improved on the protected characteristics of disability, religion or belief, sexual orientation, marital status and pregnancy / maternity, but data quality on these characteristics is not considered sufficiently accurate at present to draw any robust conclusions. A further exercise will need to be undertaken to collect information on these characteristics from all individuals in the service, and action taken to ensure they are fully recorded for all new starters.

6.2 RECRUITMENT

During the financial year of 2014-15 Recruitment has been given some challenging deadlines to recruit to in order to meet the organization's large vacancy factor in frontline positions.

The Recruitment Team commenced recruitment of international applicants from Australia and New Zealand for paramedic roles, following our successful application to become a sponsor organisation. This should increase the diversity of the workforce by allowing individuals to join as paramedics from countries where they require a visa to work in the UK provided we satisfy UKBA regulations. The recruitment advertising for this role was done via social media (facebook) and delivered a high number of applications. The campaign contained a number of profiles of operational people and also contained a number of facebook posts which highlighted the diversity within the organisation. Between January and March 2015, 97 Australia/ New Zealand applicants joined LAS. Recruitment of international paramedics will continue in 2015/6.

Recruitment have also seen an increase in the number of applicants from other countries, for example paramedics from USA, Poland and Germany have recently joined LAS. Further work will be undertaken to look at increasing the pool of these applications from these countries subject to further scoping work completed by Education and Development department.

During this period of time, Recruitment also recruited to Trainee Emergency Crew role (TEAC) and University recruitment. The recruitment of TEAC was given to recruitment with some very challenging deadlines owing to the course dates already being agreed. Advertising mainly focused on NHS jobs but there was a creative advert campaign and adverts placed in various media such as the Metro, local London papers and websites. Due to short timescales, the advertising was mainly focused on tried and tested methods which would attract large volumes of applicants.

The university recruitment focused on ca.100 students in their final year of paramedic science degree, who have worked for the organisation on placements. There was also in addition a number of applicants from other universities who had not worked previously with the organisation. For these students, it is the university's decision on how and where to advertise to attract potential applicants and not something the Trust can influence.

Looking at the diversity statistics for 2014-5 it would seem that the majority of our applicants' sexual orientation was heterosexual - 87%of all applicants. This remained constant with last year's figure. The number preferring not to say has slightly increased from 5.5% in 2013/4 to 6.2 % in 2014/5. This has led to a slight reduction in numbers reporting they are gay men, bisexual or Lesbians/ Gay women.

Last year, we reported a decrease in the number of female applicants at 39 % compared to 47 % the year before. The percentage of female applicants has significantly increased to 46.7% this year- 2014-5. This may be due to recent advertising campaigns having profiles of a number of our female workforce.

Reviewing the diversity statistics for religion or belief, they remain consistent with last year, in that Christianity is the highest religious belief reported by our applicants, with

Atheism second, followed by Prefer not to Say and then Islam fourth. Further work is needed to engage with those from different religious backgrounds such as Sikhism and Judaism, who are not applying for roles within the Trust.

The pattern of applicants from BME background remains similar to previous years with low levels of engagement from certain BME groups in the recruitment process, for example low numbers of applicants from the Chinese community and Pakistani Community. Applicants from African background are our largest BME applicant group with 12%. It would appear the biggest hurdle is still the shortlisting for BME groups, as they fail shortlisting in higher numbers compared with those White British Applicants.

The percentage of applicants with disability remains consistent at 4.2 % this year compared with 4.4 % of applicants were disabled last year. Recruitment have been completing ESR training in order to ensure all new starters' disability information is completed in ESR and this could lead to a higher percentage of being reported.

Information on new starters by protected characteristic groups is provided above.

The Trust continues to profile itself in a wide range of equalities media; however, it is also recommended that profiles of individuals in different positions across the Trust representing certain sections of the community are displayed in key careers publications with a suitable budgetary resource for this identified.

6.3. EMPLOYEE RELATIONS ACTIVITY

For 2014-15 in total, records show that the Disciplinary procedure was instituted 51 [last year figures in square brackets throughout – 66] times; Grievance 15 [9] times; and Managing Attendance 368 [349] times. The figure for Managing Attendance includes people for whom capability in terms of their health was the key issue. 34 [22] cases were initiated during the period under the Capability Performance procedure.

The Disciplinary Procedure was instituted with a total of 51 staff, 32 men (62.7%) [46 men, 69.7%] and 19 women (37.3%) [20 women, 30.3%]. 15 cases (29.4%) were BME staff [last year it was 10 BME, 15.7%].

The percentage of BME staff subject to disciplinary procedures has been higher than their percentage in the workforce for the last three years (workforce now 11.4% BME) and is particularly high this year (29.4%). This should be investigated, particularly to see if original complaints against this section of the workforce are also disproportionately high.

Of the five staff actually dismissed two were BME staff and of the five staff given written warnings three were BME staff.

No members of staff were in the age band 20 or under; 10 in band 21-30; 14 in band 31-40; 9 in band 41-50; 8 in band 51-60; and 2 over 60 years. Age was not recorded in 5 cases. This distribution is in keeping with the distribution of the workforce.

In one case [last year also 1] disciplinary allegations related to bullying and/or harassment.

The Grievance Procedure was instituted by a total of 15 [9] staff, 7 [5] women and 8 [4] men, of whom one [1] was a BME member of staff. No members of staff self-identified as disabled persons.

No members of staff were in age band 21-30 [1 last year]; 8 [3] were in age in band 31-40; 5 [4] in band 41-50; 2 [1] in band 51-60; and none [none] over 60 years.

3 [last year 4] grievances were related to bullying and/or harassment. Since the staff survey showed that 31% of those replying claimed to have experienced harassment, bullying or abuse from staff in the previous 12 months it appears that few incidents are translated into actual grievances.

The Managing Attendance Procedure (MAP) was formally instituted (i.e. the member of staff was issued with a warning or dismissed) with 368 [349] members of staff in total; 163 [157] women; 205 [192] men; 25 [30] BME staff.

None of these members of staff [3 last year] were in the age band 20 or under; 55 [was 50] in band 21-30; 95 [was 87] in band 31-40; 134 [was 140] in band 41-50; 62 [was 51] in band 51-60; 5 [was 8] were over 60. Age at start of proceedings was not correctly recorded in 7 cases.

Although the 41-50 band has more cases than other bands it is also the largest age band in the workforce.

No members of staff either self-identified as disabled or were declared by the Occupational Health department to be treated as protected by legislation.

The Capability Performance Procedure was instituted with 34 (22) members of staff; 27 of these were Trainee Emergency Ambulance Crew, many of whom did not pass their C1 driving test.

27 of those subject to the Capability Performance Procedure were male and 7 female; 12 were BME staff. 1 was 20 or under, 14 in the age band 21-30; 5 in the age band 31-40; 13 in the age band 41-50; and none in band 51-60 or over 60. One age was not recorded.

In the year 2014-15 there were a total of 3 claims [6 last year] lodged in the Employment Tribunal, two of which were by women. No claimants were in age band 21-30; one in band 31-40; two in band 41-50; and none in either band 51-60 or over 60.
1 claim was made by a BME member of staff [none last year], others were by White British.No claims for discrimination on the grounds of race were made this year or last; 2 claims were made for discrimination on the grounds of disability [3 last year]. Low numbers preclude analysis.

Analysis

- Activity has remained broadly similar to last year except within capability performance – up 56%. This is due to Trainee EAC staff (who are considerably more likely to be BME staff failing their C1 driving license tests during training.

- The percentage of BME staff subject to disciplinary procedures has been higher than their percentage in the workforce for the last three years and is particularly high this year. This should be investigated.

- The excess number of BME staff under capability performance this year is partly due to a disproportionate number of Trainee EAC and A&E support staff being of BME origin and failing C1 as above, but there were also five EMD staff capability performance cases, of which three were for BME staff, which is a higher proportion than might be expected (only 27% of EMDs are from a BME background).

- The system for recording Employee Relations cases is under review and it is hoped that a new system will allow for greater analysis of equalities issues in Employee Relations.

  A data table is below.

	10/11		**11/12**		**12/13**		**13/14**		**14/15**	
	No.	%	No.	%	No.	%	No	%	No	%
Disciplinary Procedure	**64**		**95**		**118**		**66**		**51**	
Male	34	53.1	58	61	75	63.6	46	69.7	32	62.7
Female	30	46.9	37	39	43	36.4	20	30.3	19	37.3
BME	8	12.5	11	11.6	20	16.9	10	15.2	15	29.4
Disabled	0	0	0	0	1	0.8	2	3.0	0	0.0
Grievances	**34**		**33**		**15**		**9**		**15**	
Male	21	61.8	15	45.5	7	46.7	4	44.4	8	53.3
Female	13	38.2	18	54.5	8	53.3	5	55.6	7	46.7
BME	3	8.8	2	6	3	20	1	11.1	1	6.7
Disabled	0	0	0	0	1	6.7	0	0.0	0	0.0
Managing Attendance	**613**		**661**		**504**		**349**		**368**	
Male	339	55.3	348	52.6	248	49.2	192	55.0	205	55.7
Female	274	44.7	313	47.4	256	50.8	157	45.0	163	44.3
BME	16	2.6	54	8.2	31	6.2	30	8.6	25	6.8
Disabled	5	0.8	8	1.2	0	0	0	0.0	0	0.0

Capability Performance	**2**		**1**		**8**		**22**		**34**	
Male	1	50	0	0	4	50	15	68.2	27	79.4
Female	1	50	1	100	4	50	7	31.8	7	20.6
BME	0	0	0	0	1	12.5	0	0.0	12	35.3
Disabled	0	0	0	0	0	0	0	0.0	0	0.0
Age (all activity)	**713**		**790**		**645**		**446**		**468**	
20 or under	2	0.3	6	0.8	0	0.0	3	0.7	3	0.6
21 - 30	122	17.1	155	19.6	113	17.5	67	15.0	79	16.9
31 - 40	231	32.4	239	30.3	200	31.0	107	24.0	134	28.6
41 - 50	232	32.5	265	33.5	229	35.5	174	39.0	165	35.3
51 - 60	111	15.6	112	14.2	86	13.3	65	14.6	69	14.7
Over 60	15	2.1	13	1.6	11	1.7	12	2.7	6	1.3
Unknown					6	0.9	18	4.0	12	2.6

6.4.STAFF ENGAGEMENT

Staff Survey

The section on equalities in the Staff Survey contains a number of notable worse than average scores for BAME staff, summarised in the table below.

A number of the Key Factors outlined below also show worse than average scores for disabled staff.

Although it should be noted that the number of BAME and disabled staff respondents to the staff survey was small (17 and 43 respectively), the results are still of concern.

It is important to understand what is driving the view that discrimination of staff is increasing as this score in the staff survey has seen the largest deterioration.

Feelings of discrimination are also reflected in perceptions of bullying, harassment and abuse.

The organisation will take specific actions based on this report and feedback from the staff survey.

Key factors notable for worse than average scores for Black and Minority Ethnic staff	Men	Women	Disabled	Not Disabled	White	Black and minority ethnic
KF1. % feeling satisfied with the quality of work and patient care they are able to deliver	49	51	44	49	50	38
KF2. % agreeing that their role makes a difference to patients	71	75	74	72	74	50
KF10. % receiving health and safety training in last 12 mths	31	29	29	32	32	6
* KF11. % suffering work-related stress in last 12 mths	62	59	81	57	60	76
KF15. % agreeing that they would feel secure raising concerns about unsafe clinical practice	43	45	44	43	45	24
KF17. % experiencing physical violence from staff in last 12 mths	6	0	2	3	2	12
KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths	38	22	52	26	29	50
KF25. Staff motivation at work	3.06	3.06	2.69	3.10	3.07	2.53
KF27. % believing the trust provides equal opportunities for career progression or promotion	48	76	43	63	65	9
* KF28. % experiencing discrimination at work in last 12 mths	38	27	58	27	30	59

No significant impact was identified in regard to age and no further analysis was conducted in regard to religion or sexual orientation.

We will look closely at the survey results, along with feedback received through other routes in accordance with the Trust's agreed equality objective 3: "We will act on the results of the staff survey and develop both corporate and localised actions to improve key problems identified by 2016."

6.5.LEARNING & ORGANIZATION DEVELOPMENT INTIATIVES 2014-15

Participants

In 2014/15 there were 706 applicants for the open programme courses (shown below) that were either facilitated or administered by the Learning and Organization Development Team

HR Suite -

- Recruitment & Selection – 2 courses ran, of which 16 delegates attended and 7 delegates cancelled. One session was cancelled by Recruitment due to low enrolments

Microsoft IT Courses -

45 courses ran, of which 54 delegates attended. Broken down as follows;

- Excel 2010 Levels 1-5: 24 courses ran, of which 32 delegates attended
- Word 2010 Levels 1-3: 5 courses ran, of which 5 delegates attended
- Project 2010 Levels 1-2: 2 courses ran, of which 4 delegates attended
- PowerPoint 2010 Levels1-2: 4 courses ran, of which 4 delegates attended
- Access 2010 Levels A-B: 3 courses ran of which 3 delegates attended
- Other WWP courses; Minute Taking, Keyboard Skills, MSP, Assertiveness toolkit – 6 courses ran, of which 5 delegates attended

Equality & Inclusion for Managers & Staff –

- 2 Managers sessions ran, of which 15 delegates attended and 7 delegate cancelled
- 2 Staff sessions ran, of which 10 delegates attended and 5 delegates cancelled

Managing Safety & Risk for Managers -

- 7 sessions ran, of which 52 delegates attended and 16 delegates cancelled. 8 courses were cancelled due to low enrolments

Fire Marshall Awareness –

- 13 sessions ran, of which 64 delegates attended and 17 delegates cancelled. 4 courses were cancelled due to low enrolments

All in One Refresher –

- 5 sessions ran, of which 39 delegates attended and 23 delegate cancelled

PDR Training –

- 31 courses ran, of which 218 delegates attended, and 57 delegates cancelled. 7 courses were cancelled due to trainer availability

Leading through Change –

- 12 sessions ran, of which 91 delegates attended and 31 delegates cancelled. 8 sessions were cancelled due to reap level at the time and also trainer availability
  In response to course and participant cancellations, key stakeholders were sent regular attendance and cancellation information. L&OD records identified all cancellations and the associated rationale and actions.

	2013-14	2013-14%	2014-15	2014-15
Classes Offered	**83**		**119**	
Classes cancelled	**17**		**28**	
No. who applied for training	**331**		**706**	
Attendance	**306**	**92%**	**543**	**77%**
Women attending	**165**	**54%**	**234**	**43%**
Men attending	**141**	**46%**	**309**	**56%**

Ethnic Origin

Of all the course delegates who attended; the ethnicity breakdown was as follows:
White British – 421 delegates (77%)
White Irish – 14 delegates (2.58%)
White Other – 16 delegates (2.95%)
Mixed Other – 1 delegate (0.18%)
Asian British Pakistani – 5 delegates (0.92%)
Asian British Other – 1 delegate (0.18%)
Asian British Bangladesh – 2 delegates (0.37%)
Black British Caribbean – 18 delegates (3.31%)
Black British African – 9 delegates (1.66%)
Other Background – 57 delegates (10.5%)

Sexual Orientation

Of all the course delegates who attended, the sexual orientation was as follows:
Gay – 10 delegates (1.84%)
Heterosexual – 46 delegates (8.47%)
Lesbian – 1 delegate (0.18%)
Undefined – 438 delegates (80%)
Not disclosed – 48 delegates (8.84%)

Religion or Belief

Of all the course delegates who attended, the religious belief breakdown was as follows:

Atheist – 9 delegates (1.66%)
Buddhist – 2 delegates (0.37%)
Christian – 27 delegates (4.97%)
Islam – 2 delegates (0.37%)
Not disclosed – 13 delegates (2.39%)
Other – 5 delegates 0.92%)
Undefined – 485 delegates (89.32%)

Equality and Inclusion e-learning

In July 2012 an updated e-learning package, reflecting changes in legislation and NHS guidelines was launched. The E-learning Unit manage LAS Live (Learning in a Virtual Environment), the Trust's e-learning platform, which was launched in 2009 and how has over 5884 registered users accessing the system 24 hours a day 7 days a week.

The table below shows staff completion figures for the Equality and Inclusion e-learning package over the last three years:

2012-13

Level 1: 232 staff completed 193 hours of learning

Level 2: 164 staff completed 164 hours of learning

Total number of learning hours = 357 hours

2013-14

Level 1: 15 staff completed 12.5 hours of learning

Level 2: 15 staff completed 15 hours of learning

2014-15

Level 1: 463 staff completed 12.5 hours of learning

Level 2 – no figures available currently due to I.T. issues

The time needed to complete each level is around 50 minutes for Level 1 and 60 minutes for Level 2.

To date a total of 414 staff have completed the Equality and Inclusion e-learning, representing a total of 759 hours of learning. No equalities breakdown of those completing the training is currently available.

TRAINING ORGANISED BY CLINICAL EDUCATION & STANDARDS

The Department of Clinical Education and Standards (Department) is the primary provider of clinical education and training within the LAS. It delivers its core services from seven Education Centres throughout the London area, either directly or in conjunction

As an accredited provider of national ambulance training, the Trust has a duty to comply with the standards of its awarding body, the Institute of Healthcare and Development Ltd (IHCD), along with the requirements of the Health and Care Professions Council (HCPC) as the regulatory body. Both organisations require member services to meet a wide range of standards, which include various measures associated with equality and diversity and the support of students.

The Department ensures that all of its programmes are developed on student centred learning concepts, which are then firmly embedded in all clinical education and training practices delivered throughout the Trust. LAS clinical training programmes are designed specifically for the various staff grades/roles as required by the organisation. They contain the necessary skills and competencies set by the IHCD/HCPC as a minimum, with additional and/or LAS specific skills as required by the organisation. The content of our clinical training programmes also reflect the NHS Knowledge & Skills Framework, which includes Equality and Diversity as one of the six core dimensions.

As part of the annual appraisal process, all clinical staff should participate in two Operational Workplace Reviews (OWR) with their Team Leader, as well as a Personal Development Review (PDR) with their line manager. These provide the opportunity for each individual to demonstrate how they apply their knowledge and skills in the respective work area in order to fulfil their role. Where evidence demonstrates gaps between the level for the role and the level achieved, the remedial actions are reflected in a Personal Development Plan for ongoing monitoring and review.

The LAS utilises the outcomes from the PDR process, along with all statutory and mandatory training requirements etc, to inform the annual Training Needs Analysis. This is then reflected in the Clinical Training Plan which outlines all clinical training and development opportunities within the Trust. This is publicised to staff via ‘the pulse’ intranet site and forms the basis of all subsequent planning and provision.

Training Materials

The format of all LAS training material is designed to be clear and specific. Each student is provided with a personal copy of the respective training programme, which includes a comprehensive set of Learner Outcome Plans that detail each individual area of learning. This is designed to be retained by the student, and allows for subsequent note taking etc. for personal record purposes. The Department also produces any such material in coloured paper format etc., in accordance with the individual needs of students.

All competencies are then mirrored within an Achievement Record booklet. These are subsequently ‘signed off’ as the course progresses and individual competencies are achieved. Recognition of achievement is specifically designed to operate on a partnership basis between the student and tutor. The booklet also allows for easy monitoring of student progress, as well as for final checking that all learning areas have been addressed.

The Department also provides individual ‘Reflective Record’ booklets that allow each student to reflect on their learning at the close of each day, and to seek assistance for any area causing concern. Entries are also monitored by the respective Course Tutor on a daily basis to ensure that any previously unidentified problems are highlighted and subsequently addressed. This is in addition to the student tutorial process, which is conducted in accordance with the schedules outlined in the course programme.

Additional Student Support

The Department has facilitated two Tutors attending courses run by the British Dyslexia Association (BDA). The aim of this initiative was to enhance and develop more expertise of specific learning needs within the Department. Both Tutors attended two BDA modules, i.e. Understanding Dyslexia & Screening for Dyslexia Workshops.

As a consequence, the LAS purchased the Lucid Adult Dyslexia Screening (LADS) software and agreed to a trial of screening students who demonstrated potential learning needs. This trial has since grown into an established practice within the Department, which students can access and utilise as indicated to ensure that they are all receiving the appropriate support.

Summary of Support Given to Students with Specific Learning Needs (2014-15)

Screening Undertaken	
No of students with previous diagnosis of Dyslexia / Special Learning Needs	1
British Dyslexia Association Adult Checklist completed	21
LADS+ screening tool completed	21
LADS+ Low probability identified	11
LADS+ Moderate probability identified	6
LADS+ High probability identified	4
Support Given in Training Centre	
Study / Revision advice given	21
Extra times in Exams	10
Reader provided in exams	1
Scribe provided in exams	0
Handouts given prior to any theory session	n/a
Exams and handouts printed on coloured paper	n/a
Referral to Educational Psychologist	1

With the return to high volume recruitment, we have seen an increase in the number of referrals and support packages offered. Everyone who was screened and assessed was given comprehensive advice about studying and sitting exams.

We have also seen an increase in the screening of unsuccessful students who felt that their result may have been caused by dyslexia. However, subsequent testing indicated that this was not the case and students were reassured accordingly. We have also screened several students from overseas, although we have noted a reduction in the number of existing LAS staff coming forward on an 'informal' basis.

Future Plans

In recognition of current difficulties associated with the capture of Equalities monitoring information, work is progressing in the further introduction of the Oracle Learning Management (OLM) system within the Department. This represents a significant Trust development, with wide-ranging benefits expected from establishing a centralised learning management provision which is integrated within the Electronic Staff Record (ESR).

The Department's aim is to utilise the reporting mechanisms within OLM to produce a detailed analysis of staff attendances on Clinical Education & Standards programmes, which reflect the nine protected characteristics. Although this project has been further delayed by staffing issues during 2014, the Department plans to further integrate OLM over the coming months and achieve full Equality reporting by late 2015.

It is anticipated that this will be achieved by undertaking a comprehensive review of all Departmental processes and associated staffing levels. We plan to utilise the forthcoming Departmental restructure for such purposes, thereby creating the necessary capacity to utilise OLM to its maximum benefit.

7. LINC AND COUNSELLING SECTION

Health and Wellbeing in the London Ambulance Service

The London Ambulance Service has a vision that all staff enjoy the greatest possible state of Wellbeing and our goal is to help staff stay healthy longer. We endorse thedefinition of Wellbeing as a: "A state of emotional, mental, physical, social and spiritual Wellbeing that enables people to reach and maintain their personal and professional potential in their organization and in their communities." Also, we endorse the complementary concepts of health promotion, primary prevention and the determinants of health. The London Ambulance Service is committed to ensuring a planned approach to providing a healthy and safe working environment to support staff in maintaining and enhancing their personal health and wellbeing.

LAS has comprehensive Staff Support Services, which provide support and training to staff. Our holistic approach to Staff Wellbeing includes addressing key mental health areas, which adhere to the HSE's and NICE guidelines, as well as in accordance with the recommendations of the Trust's Wellbeing Strategy.

The following services are available to all staff:

- An in-house Peer Support Network (LINC) consisting of over 100 volunteers from across the organization who are robustly trained in key mental health areas to provide support to colleagues. The Senior LINC workers also provide a 24/7 helpline. In 2008 the LINC Network received a prestigious Commendation from the Health and Care Professions Council (HCPC) for best innovative practice and for the "exceptional" peer support structure. And, in 2010 the LINC Network was named Runner Up in the Healthcare People Management Association National Award for Stress Management. Benefits of LINC: mirrors the vision and values embedded in the way we care for our patients; reflects the vision in the LAS Wellbeing Strategy: 'All staff enjoy the greatest possible state of Wellbeing and help staff stay healthy longer'; helps to improve patient care and staff performance; responds effectively to government health and wellbeing recommendations for NHS staff; ensures that the LAS is promoting itself as an employer of choice to secure its future workforce and leaders; helps improve levels of staff health, wellbeing and engagement.

- A recently recruited Wellbeing and Retention Officer with the aim of advancing Wellbeing-related initiatives.

- The Benevolent Fund, which was set up by staff in 1966 to provide support and assistance for the relief of severe financial hardship and/or circumstances unforeseen and outside the control of the individual or dependents concerned. It also has a convalescent and respite facility for members to use when faced with trauma, bereavement and serious illness. The fund currently has around 2,200 members.

- A bespoke Staff Counselling Service, with specialist trauma therapy provision.

- Trauma Risk Management (TRiM) consultations which are provided after a potentially traumatic call. Funding has also been secured for an additional 8 Senior Linc Workers with training scheduled for July 2015.

- Individual Stress Risk Assessment Consultations adhering to the HSE's Management Standards to assist staff to better understand the impact stress can have on wellbeing and also provide information on how bespoke resilience building strategies can be designed and implemented.

- The delivery across the organization of a Wellbeing Training Programme which includes the following modules: Understanding Stress and Building Resilience; Post Traumatic Stress Disorder (PTSD) and Post Traumatic Growth (PTG); Nutrition and Stress; and Sleeping Smart. The programme is designed to be interactive and to enable the engagement of attendees so they feel supported, valued and cared for.

- A robust and comprehensive Stress Management Policy.

- Employment Assistance Programme, which can be accessed 24/7.

- The provision of information leaflets/pamphlets covering areas such as debt, bereavement, anxiety, stress, nutrition, exercise etc.

- An in-house Wellbeing Calendar, which runs bespoke Wellbeing campaigns as well as promoting national campaigns, such as Dry January. In January 2015 a new monthly Wellbeing Magazine was launched covering such themes as stress, nutrition, physical exercise and mental health, aimed at reinforcing and consolidating the learning from the Wellbeing Training Programme. Its aim is to increase participation, engagement and recognizing the importance of social and individual responsibility. It is underpinned by the Five Ways to Wellbeing, which stem from the Foresight New Economic Foundation research, which recommends that the following five elements be incorporated into daily life in order that a fulfilling and satisfying life can be achieved:

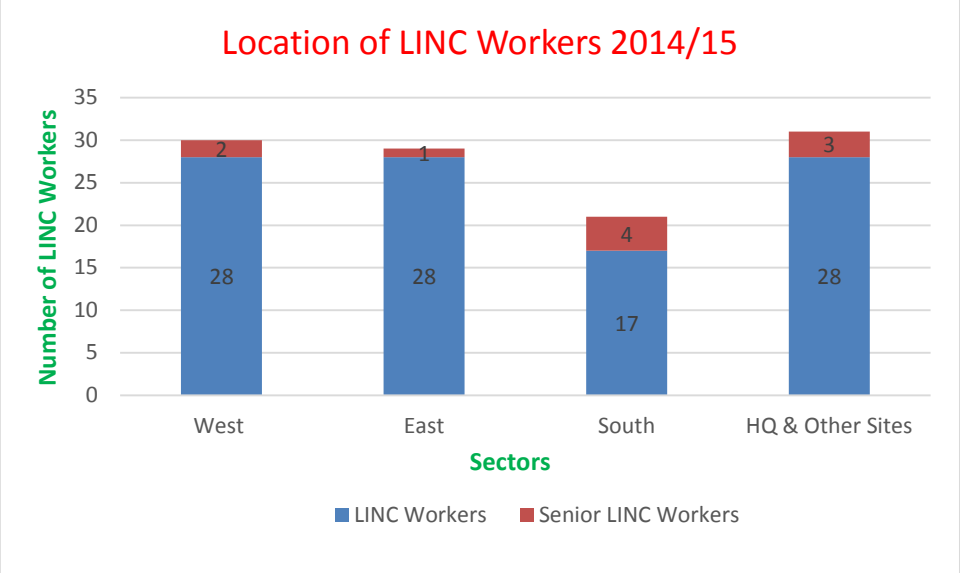
1. **Connect**: Develop and sustain relationships with the people around you: family, friends, colleagues and neighbours. Think of these as the cornerstones of your life and invest time in developing them.
2. **Be Active**: Step outside. Cycle. Garden. Dance. Discover a physical activity you enjoy and that suits your level of mobility and fitness.
3. **Be Curious**: Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Being mindful and reflecting on your experiences will help you to foster appreciation of what matters to you.
4. **Keep Learning**: Try something new. Rediscover an old interest. Sign up for that course. Learn to play an instrument or how to cook your favourite food.
5. **Care**: Look after your community and the world. Make small changes to your life that will reduce your energy use, recycle more, leave the car at home, use low energy light bulbs. Small steps to a greener life can make a difference. Volunteer your time. Join a community group. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you

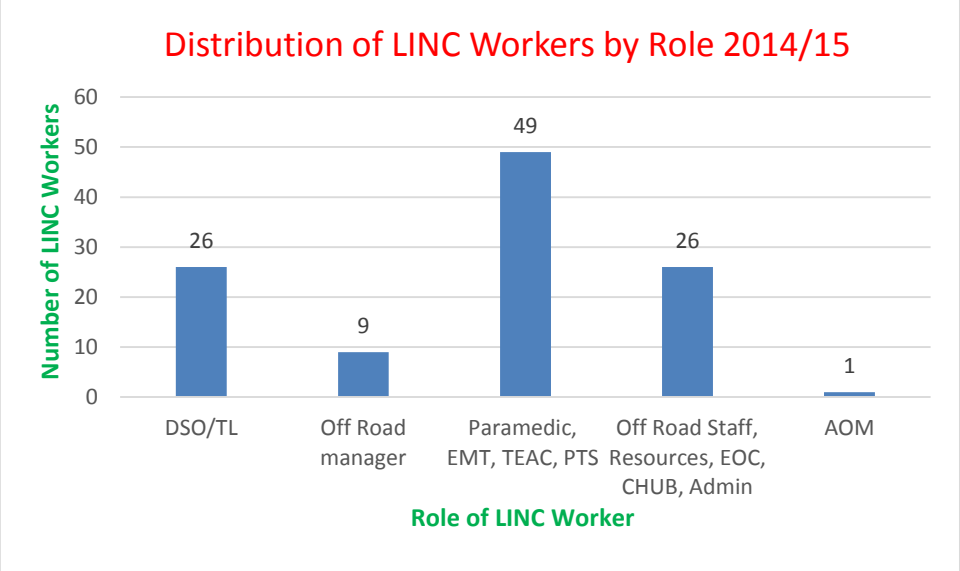
LINC NETWORK

The LINC (Listening, Informal, Non-judgemental, Confidential) Network forms an integral part of the Staff Support Services available to all London Ambulance Service Staff. The Staff Support Services include Employee Assistance Advice, work based Counselling, Trauma Risk Management, the Benevolent Fund, specialist Trauma Psychotherapy and 24 hour access to a network of trained LINC and Senior LINC Workers.

LINC is an established and trusted Peer Support Network, staffed by volunteers from across the LAS. It was developed and designed to harness individual strenths and promote a resilient workforce. They provide a confidential listening and referral service, either face to face or via the telephone. In addition to this, Senior LINC Workers provide a 24 hour on call service. Paul has been in place since March 1st 2015. Since the last year's annual report, the LINC Network has had a further recruitment drive and has successfully trained and put into position 24 new LINC Workers. Over this period 12 members of staff resigned from the

LINC Network as a direct result of staff leaving the service, leaving the current number of LINC Workers at 111. Of these there are 10 LINC Workers who are currently taking a sabbatical and therefore there are 101 LINC Workers available for staff to gain access to. The current list of LINC Workers on the Pulse reflects only those available and is monitored regularly and updated as required. The last recruitment was steered towards recruiting staff from those areas that were felt to be lacking in LINC Workers. This was predominantly the South Sector and a further 5 LINC Workers have been recruited to fill the shortfalls. However, the recent restructuring has seen 5 members of LINC transfer to different sectors from the south, thus returning its number of staff to that of the previous year. The graphs below demonstrate that the LINC Network is reflective of the workforce demographic as a whole and enhances the accessibility for all staff.



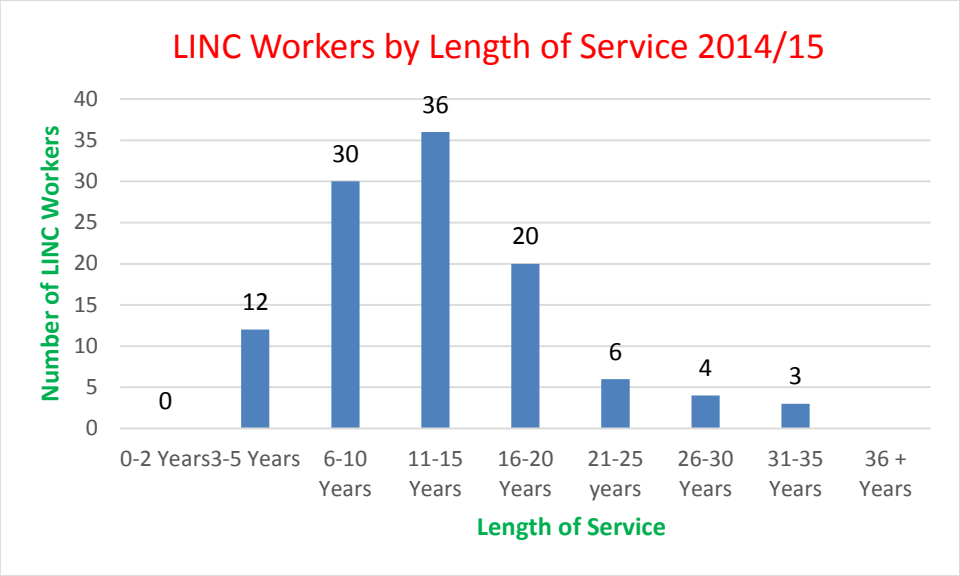


The distribution of LINC Workers by role is reflective of the job roles within the LAS as a whole, with the majority of LINC Workers being Paramedics.

Over the past year from 1st April 2013 to 31st March 2014, the LINC Network was comprised of 8% BME staff (similar to last year's Trust's profile). The LINC Network is made up of 54% women and 46% men. This has remained consistent over the past 4 years.

LINC Workers by Length of Service

The following graph shows that the majority of staff within the LINC Network have between 11 and 15 years of experience. This reflects quite fairly the representation of staff's age across the Trust as a whole. It is worth noting that the percentages for 2013/14, of LINC Worker staff with 3-5 years of service was 9%, compared to the Trusts overall figure - 26%. Our last recruitment drive has seen an increase in this group to 12%. The recruitment drive also had a similar effect on the length of service of those LINC Workers who have between 6 and 10 of service. In 2013/14 this group made up 20% of LINC Workers, whereas today 29% of LINC Workers make up this group.



Skills Knowledge and Training

The LINC Network is not only designed to ensure support is available to staff, but also that LINC Workers themselves have 24 hour access to support and advice. The design of LINC as a comprehensive and supportive network helps to ensure that LINC Workers retain their skills, enhance their knowledge and don't work in isolation. This training and support is delivered through a series of educational Forums and compulsory clinical supervision.

LINC Forums

Attending LINC Forums is compulsory. We run four Forums per year, covering subjects such as Communication skills, Understanding Self-Harm, boundaries and

ethics, LGBT and understanding job roles within the Trust. Forums are educational, informative and encourage networking between the LINC Workers. On average, 25 LINC Workers attend each Forum.

Clinical Supervision & LINC 1-2-1's

1--2-1s are in place to ensure that LINC Workers have the opportunity to meet the LINC Manager on an individual basis. It serves a variety of purposes, including a welfare check, an opportunity to discuss any problems, sharing of ideas, the identification of any training needs and to check on the LINC Workers attendance of the mandatory Supervision and training sessions.

Each LINC Worker is allocated a Supervisor. Each Supervisor is a qualified and experienced Counsellor with specialist training in Supervision and they provide four sessions a year, three group sessions and one individual. The purpose of Clinical Supervision is to provide time for the LINC Worker to talk through their LINC experiences and seek expert guidance and support.

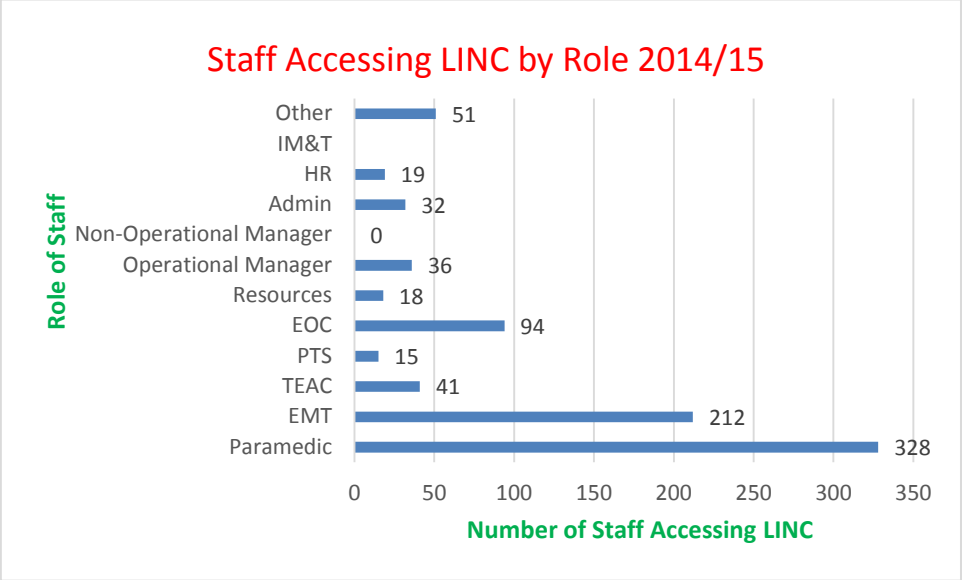
Returns

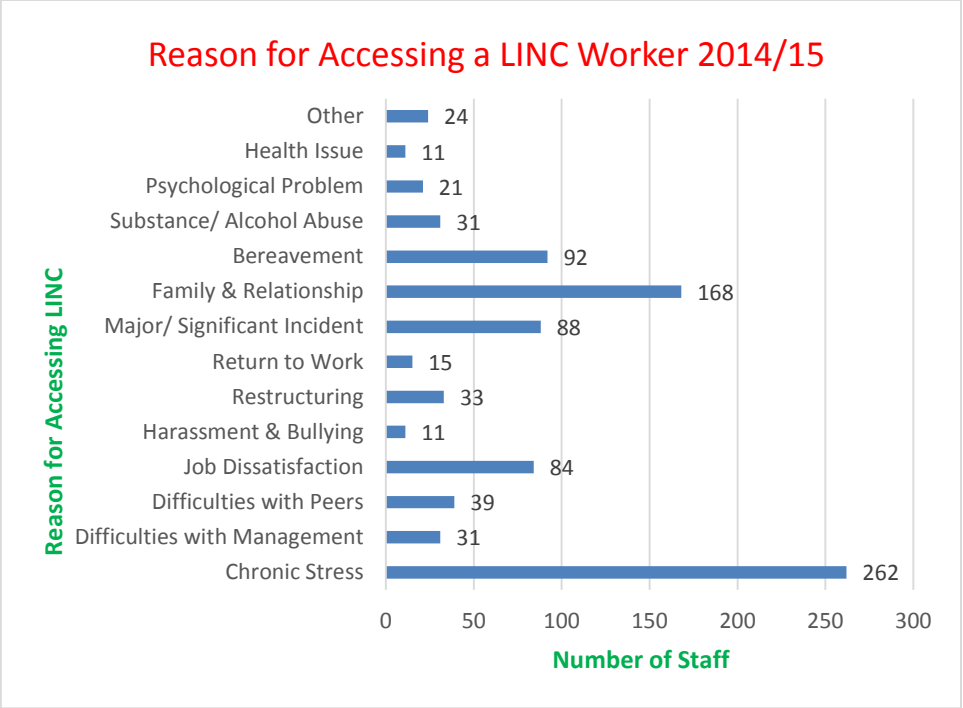
All LINC Workers are required to complete 'returns' – an anonymous feedback on the work they have done. The analysis of these statistics allows us to notice trends and identify problem areas.

The completion of returns by staff had historically been for staff to submit a paper copy by post of the contacts they had had with staff. Since October 2014 the returns have been made available to complete electronically using 'survey monkey', an on-line system. This has proved very popular to staff due to the speed of completion and the freedom to complete with the use of mobile phones, tablets etc.

Between 1st April 2014 and 31st march 2015, there were 846 LINC contacts recorded by LINC Workers on their returns. 74% of the staff who accessed the LINC Network were road staff (632).

The charts below show a breakdown of the returns received by the role of staff and the reason for accessing LINC.



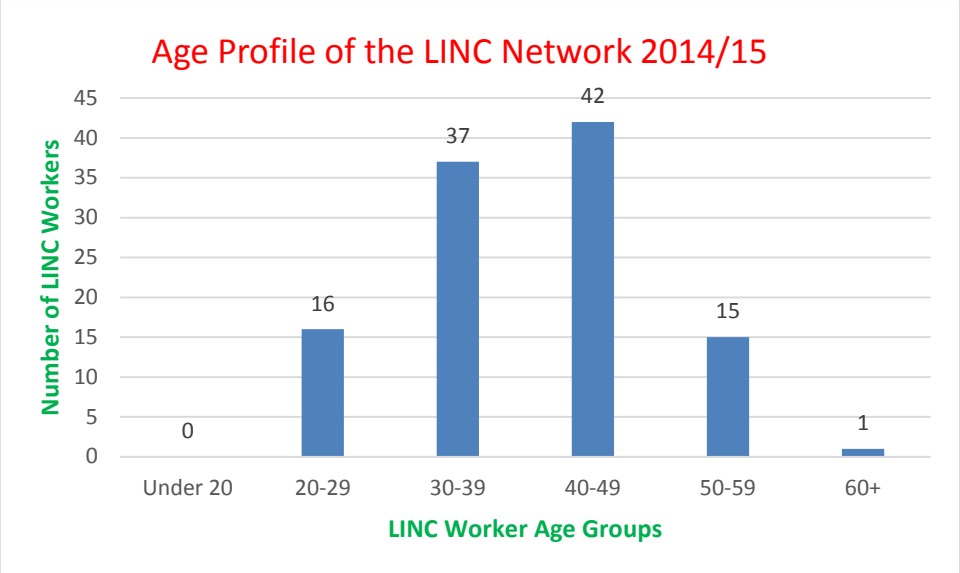


The end of year figures for 2013/14 showed 32% of LINC Workers submitted returns. With the new system of submitting returns via survey monkey for the last half of the 2014/15 year, 61% of LINC Workers have submitted returns. We are expecting this to rise for next year, with the results to reflect a whole year of the use of survey monkey.

Leavers

58 members of staff have left the LINC Network in total since its creation, 12 of these being in the last financial year. This is the biggest single yearly loss of LINC Workers in a single year since it began and the reason was due to a vast majority of people leaving the service. A trend has been noticed over the past few years with 8 staff leaving the LINC Network in 2012, 10 in 2013 and now 12 in 2014.

Age Profile of LINC Staff



Actions for the Future

- The new LINC Manager has designed and put into print a new LINC Leaflet and this is to be distributed on a regular monthly basis to a designated member of LINC on each complex. Included in this will be other Staff Support Service Leaflets and information to assist LINC Workers in their role and for displaying on stations.
- The planning of a feedback form for staff on the knowledge and use of the LINC Network.
- The distribution of the new LINC phones to all those LINC Workers who do not currently have a service phone.
- The introduction of visits to staff in their workplace to carry out 1 to 1's.
- The formatting of LINC Worker staff files on the secure Staff Support database for all 1 to 1 meetings and returns.
- Trauma Management (TRiM) training for Senior LINC Workers.
- Quarterly meetings with Senior LINC Workers.
- The regular updating of the LINC Worker admin files and details shown on the Pulse
- Recruitment of new Counsellor for Supervision.
- Look into the possibility of Senior LINC Workers being involved in a welfare check with staff on long term sick.
- Plan and deliver forums to LINC Workers.
- Re-evaluate the client monitoring forms to enhance the information we capture.
- We are working toward enhancing LINC Workers involvement in the general Wellbeing of staff and encouraging them to take a more proactive approach to their own mental, emotional and physical health. This is being achieved by the distribution of the Our Wellbeing magazine.

- With the Trust workforce continuing to get younger, we aim to continue to reflect this in the next planned recruitment drive scheduled for end of 2015 financial year.
- The increase of questions for survey monkey to enhance the amount of information on the staff contacting LINC and prevention of impact on sickness.
- To use survey monkey for equalities monitoring form and the counselling contact forms

The Staff Counselling Service

The London Ambulance Service currently employs five external Counsellors, who provide six sessions of therapy for our staff from their private therapy practices.

The Staff Counselling Service is well utilised. The ease of access to it has improved over the past year, with a specific referral telephone line, direct referral email address and improved, safe and efficient communication templates between the Staff Support Team and the Counsellors.

LINC Workers play a vital role in ensuring those people that need additional support in the form of counselling are referred. In fact, 34% of counselling referrals came via a LINC Worker between April 1 2014 and March 31 2015. This is down by approximately 7% on the previous year and is predicted to have been as a result of the ease of access outlined above.

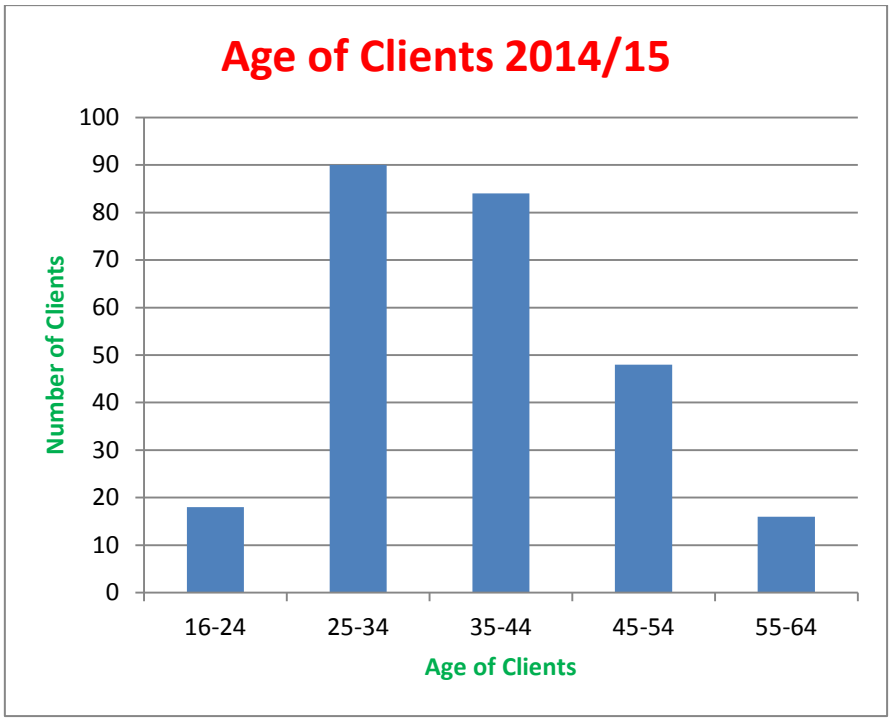
Client Monitoring Statistics

The following is a breakdown of those members of staff referred for Counselling between April 1 2014 and March 31 2015.

Gender

- 63% of clients referred for Counselling were women. Down from 69% on previous year.
- There are no statistics available to assess whether this figure is in line with the norm in London or the UK

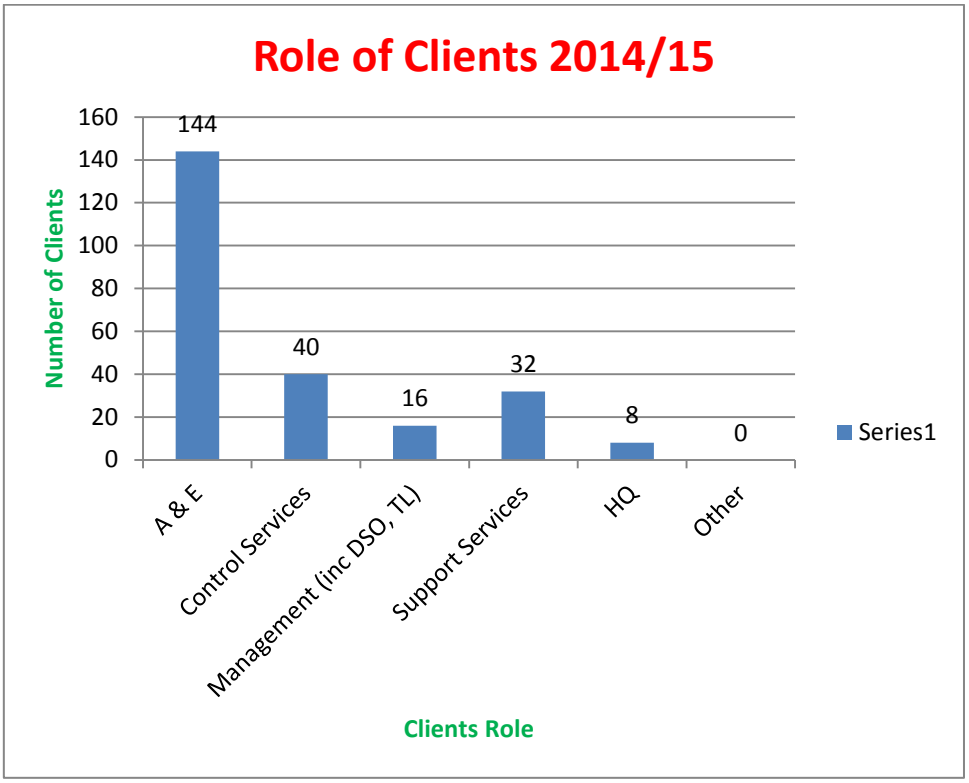
Age of Clients



* Although it is difficult to be accurate as the LAS standard age ranges for monitoring are different, the data does appear to reflect the age range of the LAS workforce as a whole.

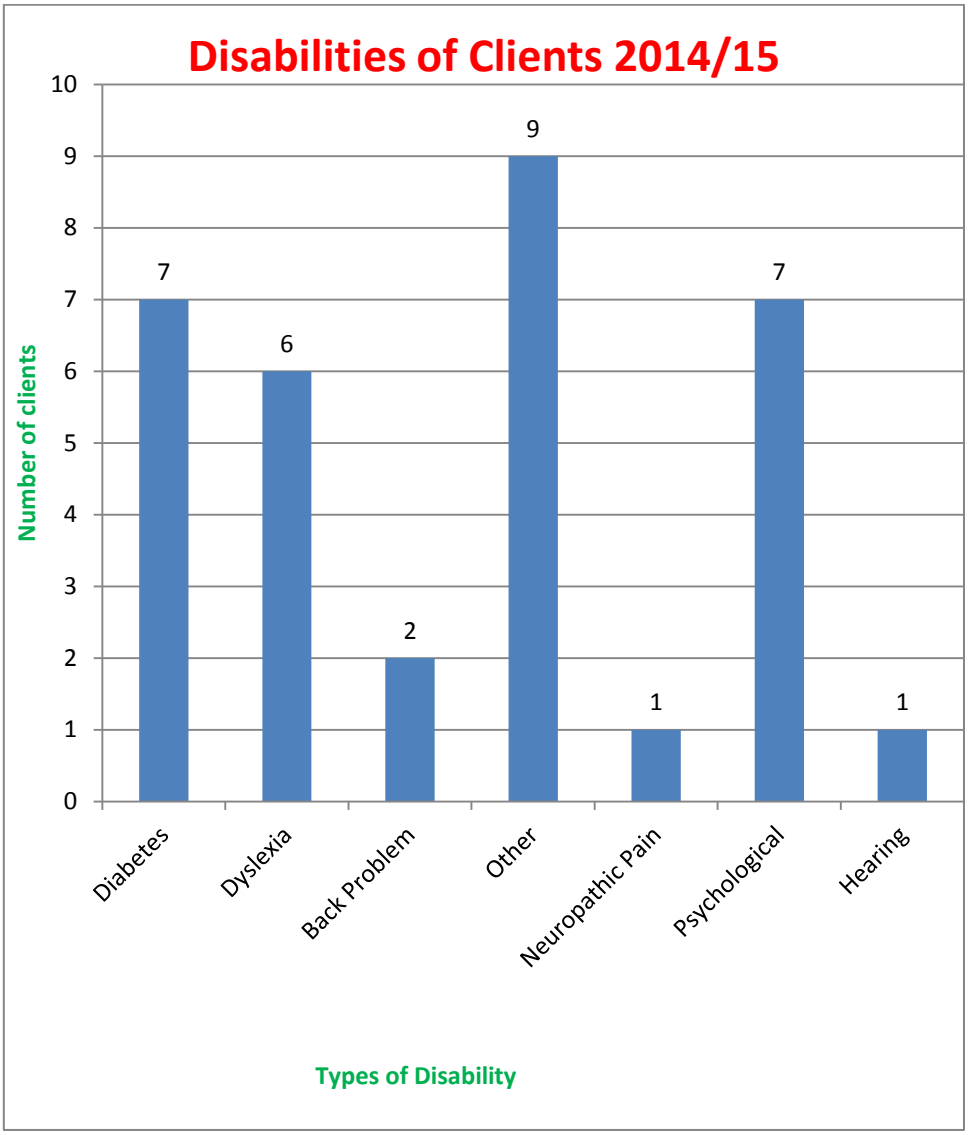
* The staff survey shows 23.1% of staff are between 21-30, 31.7% of staff are between 31-40 and 28.6% between 41-50

Where do Clients work?

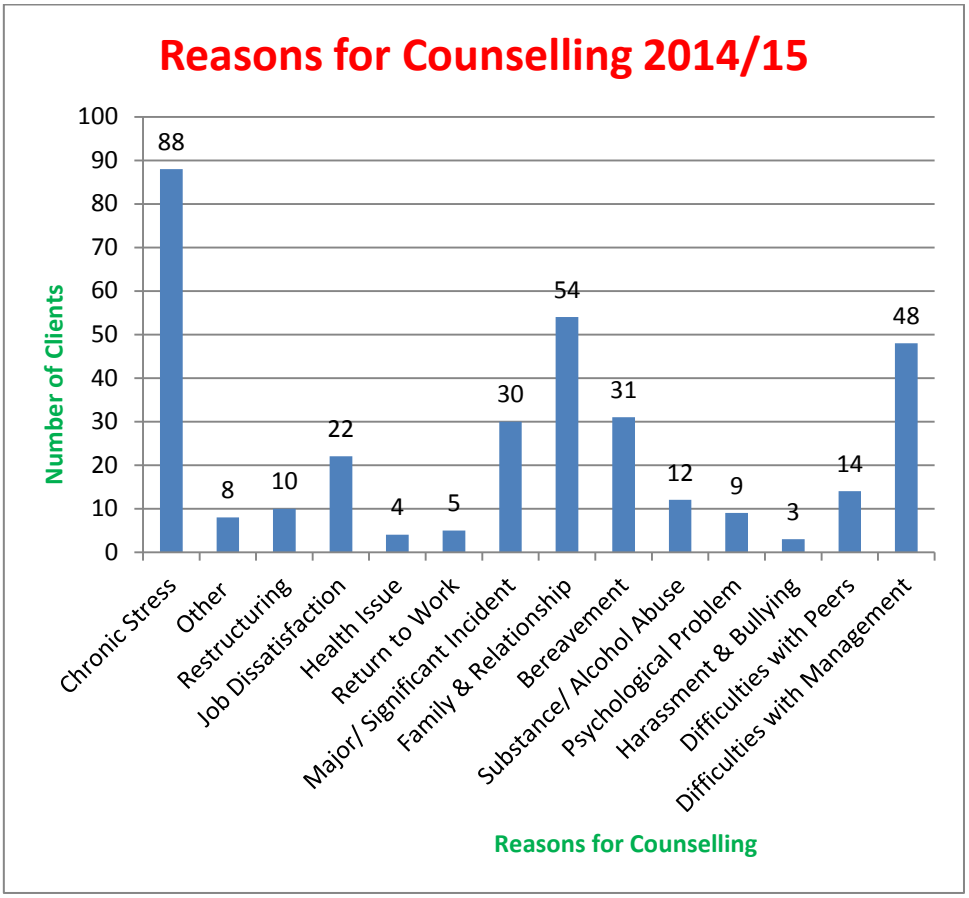


- 92% of the Clients work full time, the rest part time.
- This is reflective of the workforce as a whole.

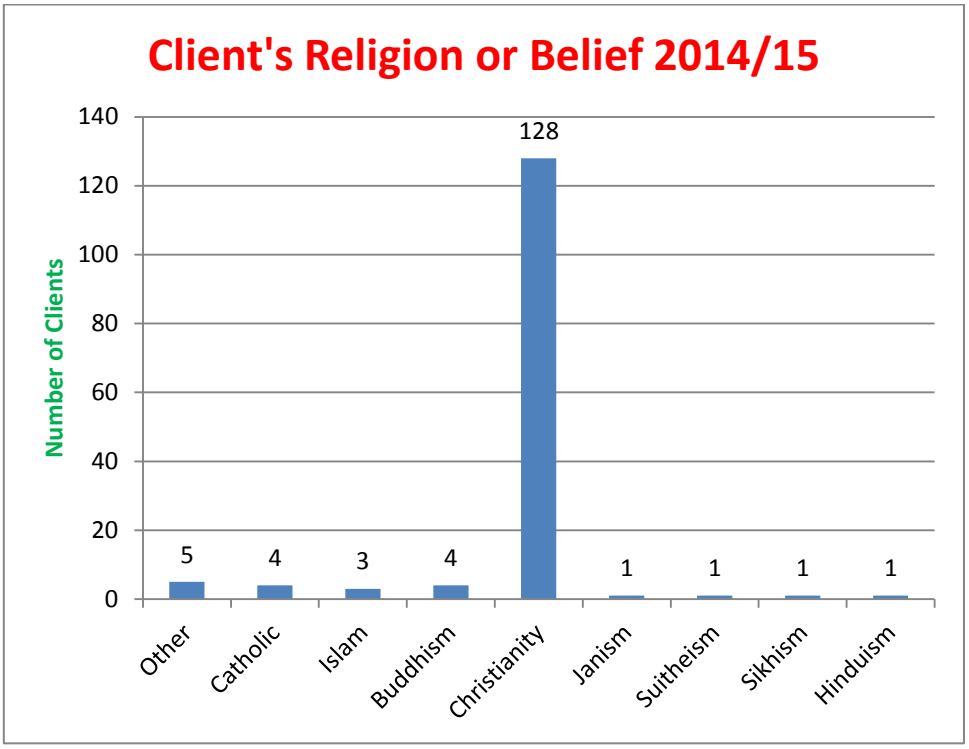
Types of Disability

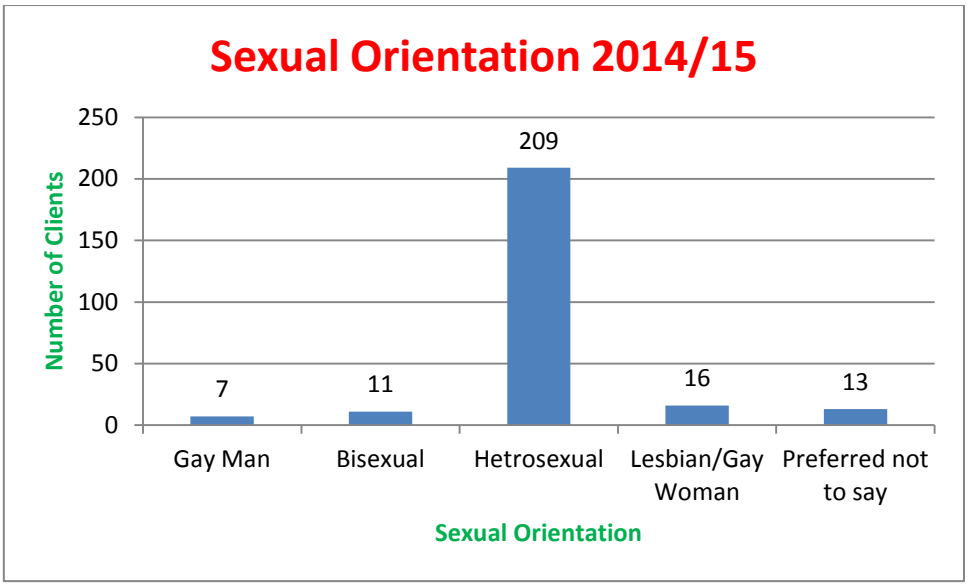


Reasons for Counselling



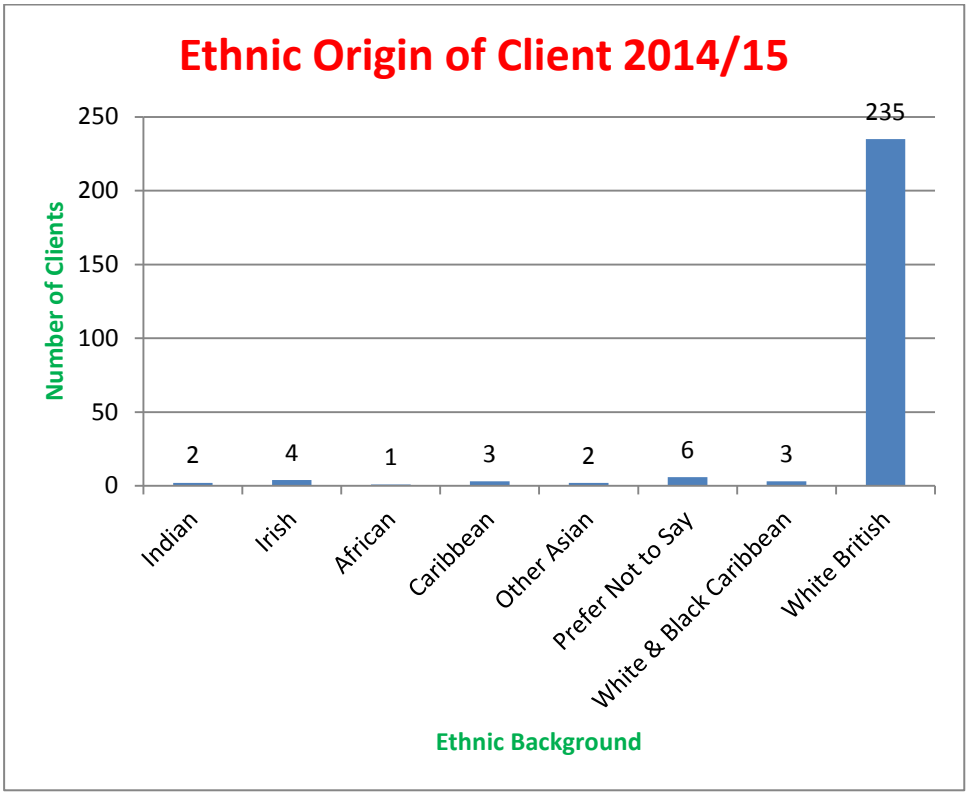
- These results reflect the information gathered from LINC returns which show the most common reasons for staff to access a LINC Worker to be cumulative stress and relationship problems.
- They also indicate that 35% of clients accessed counselling as a result of stress. 1% of those were from a BME group and 57 % were female.
- 34% of clients that responded to the client monitoring form stated that they had a religion.





Transgender

- 100% of the clients answered no to the question 'are you planning, undergoing or (having) undergone a process (or part of a process) of gender reassignment?'



8.CONCLUSION

2014-15 has been a very challenging year for the Trust in regard to staff turnover and immense pressure on the service. Progress has continued to be made by the Trust both in regard to enhancing the care it provides to its patients and service users as well as in improving its policies and employment practices. A whole range of exciting initiatives aimed at improving the Trust's performance have been taking place and are described above.

With the recent publication of Easy Read accessible documentation on the national NHS Equality Delivery System 2, the Trust will be regenerating its Equality Delivery System work in partnership with key stakeholders including the Patient Reference Group and Patients' Forum.

In this last year the Trust again gained a place in the Top 100 Employers of the 2014 Stonewall Workplace Equality Index, coming 62nd, in a highly competitive field of private, public sector and government organizations and following a rigorous revamp of the Index criteria. Although the main focus of the index is to measure improvement in regard to LGB people, the benchmarking also provides general external scrutiny of the Trust's policy and procedure to ensure that it is providing its services, organizing its engagement and decision making and enhancing its employment and training in a way which is accessible, welcoming and inclusive of all protected characteristic groups.

The Trust also attained sixth place in the Stonewall Health Equality Index and in both indexes was the leading ambulance service in the country. The Trust will continue to use the benchmarking on these indexes as well as access to best practice expertise in regard to other protected characteristic groups in future to ensure it becomes a truly inclusive service provider and employer and can attract the best talent from all of London's diverse communities.

9.RECOMMENDATIONS

To ensure that the Trust continues to be proactive in its approach on equality and inclusion, the following recommendations are made:

- A new Staff Data Refresh be undertaken of all staff to ensure the Employee Record System is up-to-date, accurate and covers all of the required protected characteristic groups
- A gap analysis be undertaken of data collection and monitoring systems across the Trust and the resourcing requirements addressed, in order to ensure the Trust can address any gaps in monitoring and meet the requirements of the new Workforce Race Equality Standard
- Targeted focus groups be held with BME staff and other staff from under-represented groups to get feedback on their perceptions of the Trust, as reflected in the most recent Staff Survey and action taken to address any issues arising
- actions from the priorities set out in the update of the Trust's Equality and Inclusion Strategy and Action Plan form the template for future equality and inclusion work, including the ongoing implementation of the Trust's equality objectives, in accordance with the Equality Act 2010 and the national NHS Equality Delivery System
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London Ambulance Service NHS Trust

LONDON AMBULANCE SERVICE NHS TRUST
Equalities Monitoring Form

The London Ambulance Service wishes to be fair by making sure that all sections of our community have access to us in terms of employment, services, engagement and consultation. The information you provide on this form will enable us to check that we are fulfilling this duty. It will also help us to improve the quality of service to all our service users. Responding to these questions is voluntary and information provided will be handled securely and sensitively.

We would be very grateful if you could take a little time to complete this form.

What is your gender?

Female ☐
Male ☐
Other ☐ Prefer not to say ☐

What is your age range?

0 - 18 ☐
18 -25 ☐
25-34 ☐
35-44 ☐
45-54 ☐
55-64 ☐
65-74 ☐
75-84 ☐
85+ ☐ Prefer not to say ☐

Do you have a disability or long-term health condition? e.g. diabetes, asthma, epilepsy, dyslexia, mental health condition

Yes ☐
No ☐ Prefer not to say ☐

If you would like to specify, please do:

What is your ethnic group?

Asian, or Asian British (C)
Bangladeshi ☐
Indian ☐
Pakistani ☐
Any other Asian background, please state

Black, or Black British (D)
African ☐
Caribbean ☐
Any other Black background, please state

Chinese, or other ethnic group (E)
Chinese ☐
Any other, please state

Mixed (B)
White and Asian ☐
White and Black African ☐
White and Black Caribbean ☐
Any other Mixed background, please state

White (A)
British ☐
Irish ☐
Any other White background, please state

Prefer not to say ☐

Do you have a religion or belief?
Yes

☐

No

☐

If yes, please tick one box only

Baha'i	☐	Judaism	☐
Buddhism	☐	Rastafarianism	☐
Christianity	☐	Sikhism	☐
Hinduism	☐	Zoroastrianism	☐
Humanism	☐	Prefer not to say	☐
Islam	☐		
Jainism	☐		

Any other religion or belief, Please state

How would you describe your sexual orientation?

Bisexual	☐
Gay man	☐
Heterosexual	☐
Lesbian / Gay Woman	☐
Prefer not to say	☐

Other, please state

Thank you for completing our form!

London Ambulance Service NHS
NHS Trust

Report to:	**London Ambulance Service Trust Board**
Date of meeting:	**28th July 2015**
Document Title:	**Board Statements and Declarations**
Report Author(s):	**Sandra Adams, Director of Corporate Affairs/Trust Secretary**
Presented by:	**Sandra Adams**
Contact Details:	**sandra.adams@lond-amb.nhs.uk**
History:	**N/A**
Status:	**Approval**

Background/Purpose

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

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

The Retention strategy was implemented in early 2015 and includes an action plan to address key areas.

Action required

To approve submission of a full compliance statement with the exception of Board Statement 5 – NHS Constitution.

Assurance

EMT reviewed the full set of statements in April 2015 and identified the Board Statement 5 as a risk to compliance. Evidence was available against each of the other statements to support compliance.

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

Report to:	**London Ambulance Service Trust Board**
Date of meeting:	**28th July 2015**
Document Title:	**Trust Secretary Report**
Report Author(s):	**Sandra Adams**
Presented by:	**Sandra Adams**
Contact Details:	**sandra.adams@lond-amb.nhs.uk**
History:	**N/A**
Status:	**For information**

Background/Purpose

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

Tenders received

Four new tenders have been received since 31st May 2015:

1. Life Safety
   Tenders received from:
   - AJS Limited
   - Allied Protection Ltd
   - Amalgamated
   - Interserve
   - Lightside
   - PEL Services Ltd
2. Provision of a Digital Voice Recorder
   - BT Health
   - Capita SIS
   - Daisy Group
   - KCOM Group
3. Conflict Resolution Training
   - IKON Training
   - Maybo Ltd
   - Solution Training and Advisory Ltd
   - Stand 2
4. FRU Conversion
   - Lynton Trailers UK Ltd
   - S. MacNeillie & Sons Limited

Use of the Trust Seal

There have been two new entries to the Register for the use of the Trust Seal since 31st May 2015:

- Lease – Unit 28 Bermondsey Trading Estate, Rotherhithe New Road, London SE16 3LL
- Engrossments – County House, 221-241 Beckenham Road, Beckenham, BR3

Action required
To be advised of the tenders received and entered into the tender book and the use of the Trust Seal since 31st May 2015 and to be assured of compliance with Standing Orders and Standing Financial Instructions.
Assurance
Compliance with Standing Orders and Standing Financial Instructions.

Key implications and risks arising from this paper	
Clinical and Quality	**None**
Performance	**None**
Financial	**Controls and mitigations against any risk: Compliance with Standing Orders and SFIs; 2015/16 Financial Plan**
Legal	**Controls and mitigations against any risk: Compliance with Standing Orders and SFIs**
Equality and Diversity	**None**
Reputation	**None**
Other	**Controls and mitigations against any risk: Compliance with Standing Orders and SFIs**
This paper supports the achievement of the following 2015/16 objectives	
Improve the quality and delivery of urgent and emergency response	
To make LAS a great place to work	**Yes**
To improve the organisation and infrastructure	**Yes**
To develop leadership and management capabilities	

28th July 2015

Standing Items	Quality Assurance	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
Staff Story Declarations of Interest Minutes of the previous meeting Matters arising Report from the Trust Chairman Report from Chief Executive	**Integrated Board Performance Report** **Joint Clinical Directors Report** **Quality Governance Committee Assurance Report** **BAF and Corporate Risk Register** **Finance Report M3** **Report from Finance and Investment Committee**		Annual Equality Report 2014/15 Board Declarations Report from Trust Secretary Trust Board Forward Planner	Strategy Review and Planning Committee on 30th June 2015 Quality Governance Committee on 14th July 2015 Finance and Investment Committee on 23rd July 2015	

29th September 2014

Standing Items	Quality Governance and Risk	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** **Quality Report** **Audit Committee Assurance Report** **Annual Audit Letter 2014/15** **BAF and Corporate Risk Register** **Finance Report M5** **Report from Finance and Investment Committee**	Business planning 16/17	Board Declarations Report from Trust Secretary Trust Board Forward Planner	Finance and Investment Committee on 24th September 2015 Audit Committee on 7th September 2015	

24th November 2014

Standing Items	Quality Assurance	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
Staff Story Declarations of Interest Minutes of the previous meeting Matters arising Report from the Trust Chairman Report from Chief Executive	**Integrated Board Performance Report** **Quality Report** **Quality Governance Committee Assurance Report** **Audit Committee Assurance Report** **BAF and Corporate Risk Register** **Finance Report M7** **Report from Finance and Investment Committee**	6 month review of business plan	Board Declarations Report from Trust Secretary Trust Board Forward Planner Performance Reporting compliance statement Review of implementation of Lampard recommendations	Quality Governance Committee on 13th October 2015 Finance and Investment Committee on 19th November 2015 Audit Committee on 9th November 2015	

2015 Meetings Calendar

Committee	Chair	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Timings
Trust Board	Trust Chair	**27**		**24**			**2**	**28**		**29**		**24**		9.00 - 14.00
Board Strategy and Planning	Trust Chair		**24**		**28**		**30**				**27**		**15**	9.00 - 16.00
Annual General Meeting	Trust Chair									**29**				14.00 - 15.30
Annual C/Funds Committee	Non-executive director													
Remuneration Committee	Trust Chair													
Audit Committee	John Jones		**2**		**17**	**21**	**1**			**7**		**9**		14.00 - 17.00
Finance and Investment Committee	Nick Martin	**26**		**19**		**21**		**23**		**24**		**19**		14.00 - 17.00
Quality Governance Committee	Bob McFarland	**13**			**14**			**14**		**22**		**17**		14.00 - 17.00
Clinical Safety, Development and Effectiveness Committee	Clinical Directors	**20**	**17**	**17**	**21**	**19**	**16**	**21**	**18**	**22**	**20**	**17**	**22**	14.00 - 16.00
Executive Management Team (EMT)	CE	**Every Wednesday 9.00 - 12.00**												9.00 - 12.00

Trust Board Register of Interest - May 2015

Name	Date	Nil declaration	Interest declared	1. Directorships, including non-executive Directorship helds in private companies or PLCs	2. Ownership or partnership or private companies, businesses or consultancies likely or possibly seeking to do business with the Trust	3. Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the Trust	4. A position of authority in a charity or voluntary body in the field of healthcare or social services	5. Any material connections with a voluntary or other body contracting for services with NHS organisation	6. Any other commercial interests in a decision before a meeting of the Trust Board
Richard Hunt	04/03/2015		✓	Director of Maven Executive Coaching and Mentoring	Director of Attan Partners Ltd				
Jessica Cecil	25/02/2015		✓				On the advisory board of IntoUniversity, a charity aimed at getting disadvantaged young people to university	One sister is an NHS physiotherapist who also sees patients privately; another sister is a public health 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		✓	Freight Transport Association (FTA) - Chief Executive	LAS are members of FTA and from time to time purchase services/goods. I am not an owner or partner in FTA.			Other NHS Trusts are also members of FTA and from time to time purchase services/goods.	
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)					
Jason Killens	10/02/2015	✓							
Fionna Moore	05/03/2015		✓	Medical Director, Location Medical Services.			Member Executive Committee, Resuscitation Council (UK)		
Paul Woodrow	10/02/2015	✓							
Mark Whitbread	09/03/2015	✓							
Zoe Packman	09/03/2015		✓					Honorary senior clinical fellow, Kingston University and St George's University of London	
Fenella Wigley	14/02/2015		✓				Regional Professional Lead for Doctors - St John Ambulance London Region		Expert Clinical Advisor to UKBA; Consultant in Emergency Medicine, Barts Health NHS Trust