



**MEETING OF THE LONDON AMBULANCE SERVICE NHS TRUST BOARD  
TO BE HELD IN PUBLIC ON TUESDAY 25<sup>th</sup> MARCH 2014 AT 09.30 – 12.15  
CONFERENCE ROOM, FIELDEN HOUSE, 28 LONDON BRIDGE ROAD, LONDON SE1 9SG**

**AGENDA: PUBLIC SESSION**

	ITEM	SUBJECT	PURPOSE	LEAD	TAB
09.30	1.	<b>Welcome and apologies for absence</b> No apologies received			
	2.	<b>Staff Story</b> To hear an account of a staff story			
09.45	3.	<b>Declarations of Interest</b> To request and record any notifications of declarations of interest in relation to today's agenda		RH	
	4.	<b>Minutes of the Part I meeting held on 28<sup>th</sup> January 2014</b> To approve the minutes of the meeting held on 28 <sup>th</sup> January 2014	Approval	RH	TAB 1
	5.	<b>Matters arising</b> To review the action schedule arising from previous meetings	Information	RH	TAB 2
09.55	6.	<b>Report from the Trust Chairman</b> To receive a report from the Trust Chairman on key activities since the last meeting	Information	RH	ORAL
<b>QUALITY GOVERNANCE AND PERFORMANCE REPORTING</b>					
10.00	7.	<b>Quality Report</b> 7.1 Quality Dashboard 7.2 Clinical Quality and Patient Safety Report 7.3 Report from the Quality Committee meeting on 26 <sup>th</sup> February 2014	Assurance	SL FM BMc	TAB 3  ORAL
10.15	8.	<b>Integrated Board Performance Report</b> To receive the integrated board performance report	Information	PW	TAB 4
10.25	9.	<b>Board Assurance Framework and Corporate Risk Register – Quarter 4 documents</b> 9.1 To receive the Board Assurance Framework and Corporate Risk Register for Quarter 4 9.2 Report from the Audit Committee on 3 <sup>rd</sup> February 2014	Assurance	SA	TAB 5
10.35	10.	<b>Finance Report</b> 10.1 Finance Report M11 10.2 Report from Finance and Investment Committee on 20 <sup>th</sup> March 2014	Information	AG NM	TAB 6 ORAL
10.45	11.	<b>Clwyd Report: A Gap Analysis</b> To approve the Gap Analysis and recommended action	Approval	SL	TAB 7

10.55	12.	<b>Francis &amp; Berwick: Progress Update and the way forward</b> To approve the strategic direction for our Francis & Berwick work	Approval	SL	TAB 8
11.05	13.	<b>The NHS Constitution</b> To note our assurance against the requirements of the NHS Constitution	Assurance	SL	TAB 9
<b>STRATEGY AND BUSINESS PLANNING</b>					
11.15	14.	<b>Operating Plan 2014 - 2016</b> 14.1 To approve progress on the operating plan for 2014 – 2016 14.2 To approve the two year financial plan 2014 - 2016	Approval	KB AG	TAB 10 Presentation
11.35	15.	<b>Staff Survey Action Plan</b> To endorse the action plan to address key points from the staff survey	Endorse	JC	TAB 11
<b>BUSINESS ITEMS</b>					
11.45	16.	<b>Report from Chief Executive</b> 16.1 To receive a report from the Chief Executive 16.2 Verbal Update on the National Education and Paramedic Steering Group	Information	AR	TAB 12
11.55	17.	<b>Modernisation Programme</b> To receive an update on the Modernisation Programme	Information	JC	ORAL
12.05	18.	<b>Board Declarations – self certification, compliance and board statements</b> To approve the submission of the Board declarations for February and March 2014	Approval	SA	TAB 13
	19.	<b>Trust Board Register of Interests</b> To note the register of interests for board members	Information	SA	TAB 14
	20.	<b>Report from Trust Secretary</b> To receive a report on use of the Trust Seal and tenders received	Information	SA	TAB 15
	21.	<b>Forward Planner</b> To receive the Trust Board forward planner	Information	SA	TAB 16
	22.	<b>Questions from members of the public</b>		RH	
	23.	<b>Any other business</b>			
12.15	24.	<b>Meeting Closed</b>			
		<b>Date of next meeting</b> The date of the next Trust Board meeting is 3 <sup>rd</sup> June 2014			

**LONDON AMBULANCE SERVICE NHS TRUST  
TRUST BOARD MEETING  
Part I**

DRAFT Minutes of the meeting held on Tuesday 28<sup>th</sup> January 2014 at 09:30 a.m.  
in the Conference Room, 220 Waterloo Road, London SE1 8SD

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**Present:**

Richard Hunt	Chairman
Ann Radmore	Chief Executive
Jessica Cecil	Non-Executive Director
Roy Griffins	Non-Executive Director
Andrew Grimshaw	Director of Finance and Performance
John Jones	Non-Executive Director
Jason Killens	Director of Operations
Steve Lennox	Director of Nursing and Quality
Nick Martin	Non-Executive Director
Bob McFarland	Non-Executive Director
Fionna Moore	Medical Director
Caroline Silver	Non-Executive Director

**In Attendance:**

Sandra Adams	Director of Corporate Affairs
Karen Broughton	Director of Strategy and Transformation
Fergus Cass	Associate Non-Executive Director
Jane Chalmers	Director of Modernisation
Francesca Guy	Committee Secretary
David Prince	Director of Support Services
Mark Whitbread	Director of Paramedic Education and Development
Paul Woodrow	Director of Performance

**Members of the Public:**

Malcolm Alexander	Chair of the Patients' Forum
Mark Docherty	LAS Lead Commissioner
Evening Standard reporter	Member of the public
Jane	Hear Us
Julia	Member of the Public

**Members of Staff**

Anna McArthur	Communications Manager
Vicki Hirst	Community Involvement Officer, Croydon

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**01. Welcome and Apologies**

01.1 No apologies had been received.

01.2 The Chair welcomed David Prince and Mark Whitbread to their first meeting of the Trust Board. The Chair also welcomed Fergus Cass to the meeting who would be joining the Trust as a non-executive director from 1<sup>st</sup> April 2014 and was observing the meeting today.

**02. Declarations of Interest**

02.1 There were no declarations of interest.

**03. Minutes of the Part I meeting held on 20<sup>th</sup> December 2013**

03.1 The minutes of the Part I meeting held on 20<sup>th</sup> December 2013 were approved.

**04. Matters Arising**

04.1 The following actions were discussed:

04.2 **141.5:** Ann Radmore reported that colleagues at other ambulance trusts had either been reluctant to share Category C data or did not categorise Category C patients in the same way. Ann therefore recommended that this action be closed at this time.

04.3 **164.2:** Andrew Grimshaw reported that the Finance and Investment Committee had held an initial discussion about measuring value for money and Paul Woodrow had begun to consider the appropriate measures in terms of the planning process for next year. A proposal would be presented to the next meeting of the Finance and Investment Committee. Nick Martin was keen for this action to be progressed.

04.4 **165.5:** Ann Radmore commented that she had had an initial discussion with Simon Weldon and proposed to invite him to a future meeting of the Strategy Review and Planning Committee.

04.5 **166.4:** Steve Lennox commented that the Trust's response to the Clwyd Review of Complaints would be presented to the March meeting of the Trust Board.

04.6 **172.1:** David Prince gave an update on paramedic recruitment and noted that this was a key priority of the Executive Management Team. David planned to undertake a review of activity and to establish a workforce planning group. David would provide a further update at a future Trust Board meeting.

04.7 The Chair asked whether any of the other ambulance trusts were currently offering incentive schemes to join their services. Ann Radmore reported that East of England was offering a relocation package and South East Coast Ambulance Service had career development opportunities which might be attractive to LAS staff.

04.8 Mark Whitbread gave an update on recent discussions with LETBs and noted that they had offered funding of £600k this year and had looked favourably on requests for funding in future years. Ann Radmore noted that this was a very encouraging position.

04.9 Ann Radmore noted that she had been invited to be a member of the National Education and Training Paramedic Steering Group. The role of the steering group included the consideration of the recommendations from the Paramedic Evidence Based Education Project (PEEP).

**05. Report from the Trust Chairman**

05.1 The Trust Board noted the following:

- The Chair had met with Pam Chesters from Central London Community Healthcare NHS Trust and had discussed their experiences of the Foundation Trust process;
- The Chair had attended an "Audience with Sir Bruce Keogh" at the King's Fund where Sir Bruce had raised the question of whether the Category A targets were correctly structured to meet the objective to deliver a safe, quality service to those in need. The response was that a review of performance targets would be welcome;
- The visit from the Secretary of State, Jeremy Hunt, on 23<sup>rd</sup> January had been very

- successful;
- The Chair had attended a meeting of the NHS Trust Development Authority (TDA) which had been chaired by Peter Carr. The remit of the TDA had changed to provide development, oversight and support for NHS trusts;
- The Chair had attended a dinner hosted by the Foundation Trust Network. David Bennett, Chief Executive of Monitor, had spoken about his perspective on the Foundation Trust process.

## 06. Quality Report

### Quality Report

06.1 Steve Lennox commented that the report indicated that the overall level of quality was being maintained. Steve drew attention to the following amber and red rated indicators:

- STEMI and Stroke Care – These were two indicators where the expected progress had not been made and it was thought that this was largely due to documentation. There was no evidence from complaints or clinical outcomes to suggest the care provided in these areas was poor;
- Not Conveyed Hear and Treat – The deterioration in performance was due to the restructure of Clinical Telephone Advice. It was anticipated that this indicator would show an improvement next month;
- Infection Control – this indicator was rated red due to issues with the vehicle cleaning contract which were being addressed;
- Vacancy factor – this indicator had shown a slight slippage and remained the biggest risk to quality.

06.2 Roy Griffins noted that improvements in hear and treat following the establishment of the Clinical Hub would have an impact on see and treat. This suggested that the structure of the indicators would need to be reviewed.

06.3 Roy commented that he had chaired an appeal last week which he thought had an impact on the way in which serious incidents were managed. Roy agreed to send the details to Sandra Adams.

**ACTION:** RG to send SA details of a recent appeal which he thought would have an impact on the way in which serious incidents were managed.

**DATE OF COMPLETION:** 25<sup>th</sup> March 2014

06.4 The Chair suggested that, given the number of new members on the Trust Board, it would be useful to have a briefing on the role of committees.

**ACTION:** SA to provide the Trust Board with a briefing note on the role of the committees.

**DATE OF COMPLETION:** 25<sup>th</sup> March 2014

06.5 The Chair noted that the number of serious incidents declared was above the level expected and asked whether this was an early warning sign. Steve Lennox responded that following a rising tide meeting with Sandra and Fionna, they had agreed that there were no emerging themes from the serious incidents declared. This would however be kept under review and a further meeting had been planned for two weeks' time.

- 06.6 Sandra commented that the baseline for serious incidents declared needed to be reviewed as the target might not be reasonable.
- 06.7 The Patients' Forum had submitted the following questions to the Trust Board:
1. Will the Board amend the LAS Serious Incident Policy to ensure that where patients/families are directly affected by an SI, that they are sent copies of LAS report on the serious incident, the root cause analysis and any recommendations made to prevent a reoccurrence of similar incidents?

- 06.8 Sandra Adams confirmed that where appropriate, relevant and timely, serious incident reports were sent to the patients involved and their families. This process was already in place as part of the new Duty of Candour. There would however always be times where it was not appropriate to share this information, for example where it related to legal proceedings.
2. Will the Board agree to place quarterly SI report numbers and themes on the LAS website?

- 06.9 Sandra Adams responded that this could be incorporated into the Clinical Quality and Patient Safety Report.

**ACTION:** SA/FM to include a quarterly serious incident update in the Clinical Quality and Patient Safety Report.

**DATE OF COMPLETION:** 25<sup>th</sup> March 2014

#### Clinical Quality and Patient Safety Report

- 06.10 Fiona Moore reported the following:
- A higher number of staff had been vaccinated this year than in previous years. Staff would continue to be encouraged to have the vaccination;
  - 12 Advanced Paramedic Practitioners had been recruited, following a very high level of interest, and would become operational in these roles from April 2014. It was hoped that this would improve recruitment and retention of staff;
  - The update from Clinical Audit and Research demonstrated the significant amount of work undertaken by the team. An application for research funding to explore alternatives to face to face funding had been successful. The application had been led by St George's and was supported by Rachael Fothergill at LAS. LAS had also had two mentions in recent editorials.
- 06.11 The Chair asked whether the Trust gave sufficient profile to clinical audit and research activity. Ann Radmore responded that she had asked Charlotte Gawne to discuss this with Rachael Fothergill. Mark Whitbread commented that some of the work by the clinical audit and research team changed practice nationally and the significance of their work was often overlooked.
- 06.12 John Jones commented that according to the report, only a small percentage of complaints were responded to within the 35 day target. Steve Lennox responded that this was an internal target and the Trust was not performance managed against this. The main blockages in the process related to obtaining statements from staff and quality assuring calls relating to complaints. The Chair recognised that this was an internal target, but noted that it should be kept under review.
- 06.13 The Patients' Forum had submitted the following questions to the Trust Board:
3. Will the board agree to establishing focus groups for people who have made complaints to

the LAS to enable the LAS to better learn from their experience of LAS care?

06.14 Steve Lennox responded that one of the clinical priorities for next year was to enhance learning from complaints, although how this would be achieved was yet to be worked through.

4. Can the Board confirm that the potentially harmful practice of front line staff using blankets and other covers for more than one patient, has now been permanently stopped?

06.15 David Prince responded that the Trust policy was that a blanket must not be used for more than one patient. There was an issue relating to the storage of blankets on ambulances to be resolved. Blankets were also often left at hospital with patients and David was exploring the possibility of using the company who cleaned the Trust's blankets to retrieve the blankets from hospital.

5. Can the Board confirm the process and timescale for investigation of the two outages over the Christmas period?

06.16 David Prince commented that an interim report had been written and would be discussed in the Part II meeting. The full report would be presented to the Trust Board in March 2014.

## **07. Integrated Board Performance Report**

07.1 Paul Woodrow reported that he was working with colleagues to review the indicators on the Integrated Board Performance Report. Paul reported the following:

- A revised trajectory of 70% had been agreed for December, following the receipt of additional funding to deliver the actions in the winter sustainability plan. The Trust had over-achieved against this revised trajectory, despite high demand. New Year's Day had been the busiest day ever in the history of LAS with 1870 Category A calls received;
- The Trust had responded to a Major Incident in Central London on 19<sup>th</sup> December when the roof of the Apollo Theatre collapsed. 80 patients were conveyed;
- The Trust had responded to a further incident in South London on 20<sup>th</sup> December following an accident involving a bus. The service had responded quickly and had conveyed 30 patients;
- 80% of red 1 and red 2 patients were receiving a response within 9 minutes. This provided assurance that the Trust continued to deliver a safe service to patients;
- Clinical telephone advice had undergone a restructure and staff consultation process, which saw the amalgamation of the clinical support functions. The Clinical Hub went live on 2<sup>nd</sup> December and December delivered the best hear and treat figures in the history of the LAS;
- Concerns remained about the ability to respond to Category C calls. This continued to represent a risk to patient safety due to extended response times;
- The Demand Management Plan (DMP) had been heavily utilised during the period;
- There had been a reduction in sickness absence in the month of December. This was a reflection of better management of attendance;
- Two new quality measures had been incorporated into the dashboard relating to South East London NHS 111 which demonstrated that performance for this service was good.

07.2 Ann Radmore commented that the performance metrics for NHS 111 needed to be agreed going forward. A review would be undertaken next month after three months of operation to understand the lessons learnt.

07.3 Paul Woodrow reported that the Trust had now vaccinated 46% of operational frontline staff, which was the highest ever figure. Steve Lennox commented that the purpose of vaccinating staff was to protect patients from catching flu from our staff.

- 07.4 In response to a question from Bob McFarland, Paul Woodrow explained that the DMP target was to be at level A for 90% of the time. In December, the Trust had been at level A for 29% of the time. Bob McFarland asked whether this was usual for the month of December. Paul responded that it would be unusual to achieve the target of 90% during December. Jason Killens added that the Trust had agreed with the commissioners special arrangements for dealing with lower acuity work during winter.
- 07.5 Roy commented that quarter 4 was traditionally a recovery period for the Trust and asked what plans were in place to achieve the year end target. Paul Woodrow responded that the trajectory had been set for the rest of the year and there would be a continued focus on day by day performance delivery. The month to date performance was 80.6%, which was against a backdrop of delivering more training this year than in the previous 5 years. The Chair noted that the delivery of training was a key difference between this year and previous years.
- 07.6 Nick Martin commented that the Finance and Investment Committee had discussed whether there was any way of avoiding being in a performance recovery position in quarter 4 in future years. Paul Woodrow responded that this would be considered as part of a wider piece of work going forward, which would include a number of strands such as maximising capacity and productivity.
- 07.7 The Chair commented that, since the Trust Board meeting in October, actions had been put in place which had improved the performance position. There was no change in the Trust's commitment to achieve the A8 target.
- 07.8 Ann Radmore commented that the "Time for Change" modernisation programme aimed to change the way in which the workforce was utilised and the way in which the Trust worked with commissioners. However, as this was a two year programme, the benefits would not be realised until the end of next year. Discussions had been held with the commissioners regarding the LAS' utilisation rate which continued to be 80%.
- 07.9 Caroline Silver commented that the approach to meeting the performance trajectory had been different this year to previous years and that action had been taken at an earlier stage. However Caroline acknowledged that, until utilisation rates dropped, it was likely that the need to focus on performance recovery in Q4 remain. Caroline also noted that the majority of the performance discussion had been focussed on the A8 target and that Category C performance also needed attention.

## **08. Finance Report**

### Month 9 Report

08.1 Andrew Grimshaw reported the following:

- The Trust was on track to achieve a £262k surplus. There was a risk however of incurring penalties for failure to achieve the A8 target. Andrew was working with commissioners to work through the scenarios if penalties were applied;
- The additional investment for funding had not had an impact on the figures for month 9;
- The cash position was significantly above trajectory due to slow capital spend, however it was anticipated that this would be resolved by the year end.

### Report from the Finance and Investment Committee

08.2 Nick Martin reported that the Finance and Investment Committee had discussed the 2014/15 financial forecast and planning assumptions.



## **09. Review of Demand Management Plan**

09.1 Jason Killens reported that the Demand Management Plan had been reviewed based on the lessons learnt through its period of operation since 2011. The revised plan incorporated new metrics and triggers to align with the management of demand and capacity across London.

09.2 Jason reported that the new plan would be operational from next month.

## **10. Report from Chief Executive**

10.1 Ann Radmore reported the following:

- The LAS had achieved 19<sup>th</sup> place in the Stonewall top 100 employers;
- The Listening Into Action 'End of Year 1' event was held on 20<sup>th</sup> January. This had been a very positive event, allowing staff from across the Trust to present the achievements of their individual projects. This would help to shape the second year of staff engagement;
- The Secretary of State, Jeremy Hunt, had visited the Trust on 23<sup>rd</sup> January.

## **11. Update on Operating Model and Strategy**

11.1 Karen Broughton reported that the Trust Board had given direction to the development of a strategy to take the LAS forward to 2020. The paper set out the planning process to develop the strategy and to meet the requirements to produce a two year operating plan and a five year strategic plan. The Chair acknowledged that these were tight timescales.

## **12. Modernisation Programme**

12.1 Jane Chalmers gave an update on the roster reviews and reported that a significant amount of work had been completed. Staff had been engaged with designing the rosters and new rosters had been developed for all complexes. Seven rosters had been signed off, with a further 15 rosters to be agreed, 6 of which had an agreed escalation process in place. Jane reported the roster review project was on track to deliver a complete set of agreed rosters by the end of February 2014.

12.2 Jason Killens commented that this was the first time that the Trust had undertaken an extensive review of rosters and some staff had had difficulty understanding the rationale for the review. However there were only a small number of rosters where it would be necessary to escalate the approval process with staffside.

12.3 Mark Whitbread gave an update on the recruitment of Advanced Paramedic Practitioners and reported that 12 had been appointed out of 72 applicants. The education and training programme for the Advanced Paramedic Practitioners had been booked between now and mid-April and would include trauma training from HEMS and training delivered by the University of Hertfordshire. Mark explained that the Advanced Paramedic Practitioners would be based at two sites in inner and outer London. One of the Advanced Paramedic Practitioners would also be placed on the Clinical Hub to provide support to the Clinical Hub and to ensure that appropriate care pathways were targeted to the right type of call.

12.4 Mark Whitbread commented that the introduction of the clinical career structure had already had a positive impact and that staff who had left LAS had made contact to enquire whether they could come back to London. Jason Killens added that 53 clinical team leaders posts were also due to be advertised shortly.

**13. Board Declarations – self-certification, compliance and board statements**

13.1 Sandra Adams noted that a declaration of non-compliance had been made in November's board statement (statement 10: the Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets as set out the NTDA oversight model; and a commitment to comply with all known targets going forward).

13.2 Since the Trust Board meeting, additional funding had been secured to deliver the actions contained within the winter sustainability plan. A revised trajectory which achieved both the red 1 and red 2 targets had been submitted to the NHS Trust Development Agency, NHS England and our commissioners.

13.3 The Trust Board approved the unqualified compliance statement for December 2014.

**14. Report from Trust Secretary**

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

**15. Forward Planner**

15.1 The Trust Board noted the forward planner.

**16. Patient Story**

16.1 The Trust Board was joined by Vicki Hirst, Community Involvement Officer in Croydon, Jane, a project officer from mental health charity 'Hear Us' and Julia who was a member of the charity's user group.

16.2 Jane explained that 'Hear Us' was commissioned to monitor mental health services in Croydon and also received external funding for individual project work. Jane stated that she had found it beneficial to work in an environment where she could talk openly about mental health issues and wanted to run some events which aimed to break down some of the stigmas around mental health. 41 events had been held so far, 10 of which were with the LAS, London Fire Brigade and Metropolitan Police Service.

16.3 Julia gave an account of her experiences of being a patient of the LAS and commented that the majority of the time the LAS crews had been kind and caring, however on one occasion she had been told that she was wasting their time. This was hurtful and could have potentially serious consequences for someone who was in mental health crisis.

16.4 Ann Radmore asked what Julia's experience of the call takers had been. Julia responded that when someone was in mental health crisis, they were likely to be panicking and often found it difficult to trust other people. It was therefore important for the call taker to be kind and caring and to avoid being overly directive.

16.5 Ann Radmore commented that frontline staff often expressed concern that they did not feel equipped to treat mental health patients. Mark Whitbread would look to address this as part of his new role, however Ann asked whether staff felt more confident after attending one of the 'Hear Us' sessions. Jane responded that they had received very positive feedback from staff, who had said that they had found it helpful to talk to mental health patients when they were not in crisis. People from the Metropolitan Police Service had also said that they would recommend the sessions to their colleagues.

16.6 Bob McFarland stated that often mental health patients were conveyed to an emergency

department and asked whether this was appropriate. Jane responded that often this was the only option, however it was not helpful for a mental health patient in crisis to sit in a public area. Jane had discussed with commissioners the need for a separate emergency department for mental health patients.

16.7 Bob McFarland asked whether contact could be made with the Psychiatric Liaison Team to avoid the need to go to hospital. Jane responded that a lot of mental health patients had fed back that the interaction with LAS crews was often enough to resolve their crisis and that it would help if crews had the confidence to leave them at home.

16.8 The Chair thanked Jane, Julia and Vicki for attending the Trust Board.

**17. Questions from members of the Public**

17.1 The questions from the Patients' Forum had been answered under earlier agenda items. There were no other questions from members of the public.

**18. Any other business**

18.1 There were no items of other business.

**19. Date of next meeting**

19.1 The next meeting of the Trust Board is on Tuesday

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Signed by the Chair

## ACTIONS

from the Meeting of the Trust Board held on 28<sup>th</sup> January 2014

<u>Meeting Date</u>	<u>Minute Date</u>	<u>Action Details</u>	<u>Responsibility</u>	<u>Progress and outcome</u>
25/09/12	<u>131.3</u>	MD to write an explanation on the roles of the two LAS charities.	<b>AG</b>	Update provided in the papers.
20/12/13	<u>164.2</u>	AG to present a proposal for measuring value for money and a paper on non-productive time to the next Finance and Investment Committee before the Trust Board meeting in January.	<b>AG</b>	Paper to March Finance and Investment Committee. To be addressed in the Finance and Investment Committee updates to the Board.
20/12/13	<u>164.7</u>	JK to provide information to the Quality Committee on the specification for third party providers for the transportation of patients who presented a risk to themselves or others.	<b>JK</b>	Paper has been discussed by EMT and will be presented to the Quality Committee.
20/12/13	<u>166.4</u>	Steve Lennox to present a report to the Trust Board on the Clwyd Review on Complaints Management.	<b>SL</b>	On agenda for 25 <sup>th</sup> March 2014.
28/01/13	<u>06.3</u>	RG to send SA details of a recent appeal which he thought would have an impact on the way in which serious incidents were managed.	<b>RG</b>	Completed. SA to review and determine the action to be taken.
28/01/13	<u>06.4</u>	SA to arrange for the Trust Board to have a briefing on the governance structure and the role of the committees.	<b>SA</b>	Document to be updated and circulated.
28/01/13	<u>06.9</u>	SA/FM to include a quarterly serious incident update in the Clinical Quality and Patient Safety Report.	<b>SA</b>	More detailed update report to be incorporated from April 2014. Summary information already provided in the monthly report.

## CLOSED ACTIONS

<u>Meeting Date</u>	<u>Minute Date</u>	<u>Action Details</u>	<u>Responsibility</u>	<u>Progress and outcome</u>
26/11/13	<u>141.5</u>	AR to ask Chief Executives at other ambulance trusts whether they would be willing to share Category C performance data.	AR	AR to raise at AACE meeting on 23 <sup>rd</sup> January. Action closed.
26/11/13	<u>149.9</u>	SL to consider whether the Trust would refer cases to the Mental Health Expert Safety Group of NHS England to get support for better provision of emergency mental health care.	SL	Our Mental Health Advisor is exploring how this group links with provider services as we understand it is mainly set up to influence commissioners. If we find there are pathways for a direct dialogue with providers we will engage with this group. Action closed.
26/11/13	<u>149.11</u>	JK to provide confirmation that the LAS did not own, operate or hold contracts with any vehicle that caged a patient or restrained them in any way.	JK	JK to provide an update to the Quality Committee. Action closed.
20/12/13	<u>165.5</u>	AR to ask Simon Weldon to present to a future Trust Board or Strategy Review and Planning Committee meeting.	AR	Invited to attend the Strategy Review and Planning Committee in April. Action closed.
20/12/13	<u>172.1</u>	David Prince to provide the Trust Board with a report on Paramedic recruitment.	DP	Action closed.
20/12/13	<u>174.1</u>	SA to amend the board statement with RH's agreement and to submit to the TDA.	SA	Action closed.



**LONDON AMBULANCE SERVICE TRUST BOARD**

DATE: 25<sup>TH</sup> MARCH 2014

**PAPER FOR INFORMATION**

<b>Document Title:</b>	<b>Charitable Funds Update</b>
<b>Report Author(s):</b>	<b>Andrew Grimshaw, Director of Finance and Performance</b>
<b>Lead Director:</b>	<b>Andrew Grimshaw, Director of Finance and Performance</b>
<b>Contact Details:</b>	<a href="mailto:Andrew.grimshaw@lond-amb.nhs.uk">Andrew.grimshaw@lond-amb.nhs.uk</a>
<b>Why is this coming to the Trust Board?</b>	<b>Action from a previous Trust Board meeting</b>
<b>This paper has been previously presented to:</b>	<input type="checkbox"/> Strategy Review and Planning Committee <input checked="" type="checkbox"/> Executive Management Team <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Finance and Investment Committee <input type="checkbox"/> Other:
<b>Recommendation for the Trust Board:</b>	<b>To note the update</b>
<b>Key issues and risks arising from this paper</b>	
The "general" fund within the LAS Charity will shortly be exhausted.	
<b>Executive Summary</b>	
This paper provides a summary of the charitable funds operated by LAS. It details the purpose of the funds and current balances held. It also highlights a range of issues that need to be addressed.	
<b>Attachments</b>	
Charitable Funds Update	

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**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
- No

Key issues from the assessment:

**Trust Board: 26<sup>th</sup> March 2014.**

## **Charitable Funds Update**

### **Introduction**

This paper provides a brief overview of the charitable activities currently undertaken by LAS. LAS operate a single Charity, charity number 1061191. All charities are required to have a stated aim. The stated aim of the LAS Charity is “for the benefit of all LAS staff”. In line with Charities legislation this operates as an “umbrella” charity, enabling several funds to exist under a single charity number.

The rest of the document will use the term “fund” to distinguish between the activities within the LAS Charity. The term “charity” will only be used to refer to the totality of all funds, ie the legal entity managed by LAS. This distinction is important, LAS does not operate two “charities”, rather it operates a single “charity” which consists of two “funds” with distinct and separate purposes.

The Charity is operated in accordance with current charitable accounting requirements and existing charities legislation.

### **Governance**

The Charity has a Corporate Trustee, the London Ambulance Service NHS Trust Board in accordance with the Statement of Recommended Practice by Charities (SORP 2005) issued in March 2005, applicable UK Accounting Standards and the Charities Act 2011.

The LAS Charitable Funds are required to produce annual accounts, the last set of accounts produced was for the twelve months ending 31<sup>st</sup> March 2013. These were reviewed and approved by the Trust Board in January 2014. Guidance from the Treasury indicates that from 2013/14 NHS organisations will be required to consolidate its charitable funds within its main accounts if the size of the charitable fund is material. As the LAS fund is not material it is not proposed this merger is undertaken. This is currently being discussed with our external auditor .If a merger is auctioned, the charitable funds will need to be maintained as a distinct and protected fund within the overall position. This change would not negate the requirement on LAS to ensure all charitable funds are treated in accordance with charitable laws and accounting standards.

Given recent changes in Trust Board membership LAS should review the mom-executive and executive leadership of charitable activities within the Trust.

### **Current Funds**

Within the LAS Charity are two distinct charitable funds. The two funds are;

1. A general fund. This is used to fund general expenditure for staff across LAS. This fund is used to receipt general donations to LAS, and supports the cost of payments made to retirees and a contribution to each staff member in respect of a Christmas celebration.
2. A restricted fund relating to the First Responders charity. This fund is limited to the purpose of the First responder fund aims.



The origin of the general fund was a transfer of funds at the inception of LAS as an NHS trust in the 1990's. This was common practice at the time when funds held centrally in health authorities "general" funds were distributed amongst the newly created trusts. The balance of the general funds transferred usually did not relate to donations made specifically to the recipient organisation, but rather a proportion of the total fund available based on a pre-determined basis. This paper does not seek to detail the basis of this due to the time that has elapsed.

Where a restricted fund is held fund balances must be held in discrete accounts to ensure that donations received are only used for the stated purpose of that fund. This provides protection for donors. The First responders Fund relates solely to the purpose of the First Responders Charity. This has been in part of the overall LAS Charitable Fund since 2012/13.

Maintaining a single charity for both funds is efficient as it acts to reduce overheads. For example, if LAS maintained two separate charities it would be required to produce two sets of accounts and fund two separate year end audits/independent examinations. In 2012/13 LAS paid £2,650 for its independent examination of its Charity. LAS currently undertake an independent audit of its Charity as opposed to an Audit; this is cheaper and allowable given the current scale of the Funds held. This decision was reviewed and agreed by the Audit Committee.

The Trust Board previously made a decision to "wind-up" the general fund.

### Activity on the fund

The following table summarises activity on the Charitable Fund over the last three years.

	2010/11 £000s	2011/12 £000s	2012/13 £000s
Income	11	8	71
Expenditure	72	70	121
Surplus/(deficit)	(61)	(62)	(50)
Balance on fund	192	127	85

The pattern of activity is similar across all three years, with expenditure exceeding income resulting in an overall reduction of the balance held within the fund. The reduction in fund balance being around £60k per annum.

In both 2010/11 and 2012/13 income was relatively modest, £11k and £8k respectively. The increase in income in 2012/13 relates to the inclusion of the First Responder Fund within the Charity, £44k of income in 2012/13 related to First responders.

There has been no specific fund raising activities by the General Fund, with any income shown being the result of general donations and interest earned. The £44k income relating to the First Responders Fund relates to a donation made to support the purchase of vehicles.

The main elements of expense on the general fund relate to retirement gifts, retirement parties and contributions towards staff Christmas parties. This pattern of spend has been in

place since the start of the LAS fund. The expenditure on the First Responder Fund in 2012/13 relates to the purchase of the vehicles noted above.

At the last presentation of the Charity Accounts, 31<sup>st</sup> March 2013, the balance on the fund, £85k, related entirely to General Fund with the First Responder Fund being empty.

#### **Balance on funds as at 28<sup>th</sup> February 2014.**

The current funds within the LAS charity totals £19,759. Across the two funds this is held as follows;

1. General Fund, £13,434.
2. First Responders Fund, £6,325.

The movement on the General Fund relates to activities outlined above, and includes Christmas 2013. The balance on the First Responder Fund relates to miscellaneous activity on the Fund since 01<sup>st</sup> April 2013.

The estimated year end balance on the Charity is around £12,000, with the split evenly between the General and First Responder funds. This will be subject to confirmation.

#### **Looking forward;**

1. The General Fund will run out of monies to support retirement gifts and parties in early summer 2014 based on current patterns of income and expenditure. There will be insufficient funds to support any contribution to Christmas parties in 2014.
2. It is likely that the low level of “general” donations will continue in the future providing a small balance of funds for the Trust. Without a general fund LAS would not be able to accept any general donations that were made.
3. The First Responder Fund will continue to operate based on donations received. Expenditure will be limited to available funds.

#### **The following actions are recommended;**

1. Confirm executive and non-executive leadership of Charitable funds.
2. The decision to “wind-up” the Charitable Fund should be reviewed. The Charity is required to enable LAS to receipt both “general” donations which will continue into the future, and to operate the First Responders Charity. It is recommended that LAS maintains its General Fund.
3. Activities to generate donations to the General Fund, and/or other specific funds should be investigated. LAS need to adopt a higher profile in respect of soliciting donations and bequests. This will be challenging given the transitory nature of our engagement with patients and the high profile of other health and NHS charities. LAS should consider identifying a lead non-executive director to review how this can be approached.
4. A review of retirement benefits and contributions to Christmas needs to be undertaken as the current General Fund will not be able to support these costs into 2014/15, most notably Christmas 2014. The EMT needs to review the range and funding of these activities. It is recommended they are maintained as they are popular with staff. If LAS wishes the Charity to continue to fund these costs this places additional emphasis on action 2.

5. The LAS Trust Board should seek regular updates on the actions outlined above, together with income, expenditure and movement on the balance of the funds. This should be at least twice a year.

Andrew Grimshaw. March 2014.



**LONDON AMBULANCE SERVICE TRUST BOARD**

**DATE: 25 MARCH 2014**

**PAPER FOR INFORMATION**

<b>Document Title:</b>	<b>Quality Report (Dashboard)</b>
<b>Report Author(s):</b>	<b>Steve Lennox</b>
<b>Lead Director:</b>	<b>Steve Lennox</b>
<b>Contact Details:</b>	<b>Steve.Lennox@Lond-Amb.nhs.uk</b>
<b>Why is this coming to the Trust Board?</b>	<b>Inform Trust Board current position against quality measures</b>
<b>This paper has been previously presented to:</b>	<input type="checkbox"/> Strategy Review and Planning Committee <input checked="" type="checkbox"/> Executive Management Team <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Finance and Investment Committee <input type="checkbox"/> Other:
<b>Recommendation for the Trust Board:</b>	<b>Assure the Trust Board that the same levels of quality (within the monitored domains of the dashboard) are being maintained.</b>
<b>Key issues and risks arising from this paper</b>	
<p>Quality performance appears to have slightly improved with less Red RAG ratings. Performance for Cat C was also slightly up.</p>	
<b>Executive Summary</b>	
<p>The dashboard is a barometer of quality and provides one piece of assurance regarding the level of quality the service is providing. Other elements of assurance include, Assurance from the Quality Committee, Trust Board Members Observational Ride Outs, Patient Stories and Clinical Report.</p> <p>This quality report suggests that overall the same level of quality is being maintained. The indicators of amber or red RAG rating are;</p>	
<b>STEMI Care AMBER</b>	
<p>The importance of recording the reasons for not administering certain elements of the care bundle has been re-emphasized to staff in the clinical bulletin.</p>	
<b>Stroke care 60 Minutes AMBER</b>	
<p>The compliance is relatively stable. Average time spent on-scene remains longer than our suggested 30 minutes. We know that London can present access difficulty for our staff and we have no evidence that the slightly longer time causes an impact on clinical care. We continue to prioritise this clinically.</p>	
<b>Not Conveyed to A&amp;E (See &amp; Treat)</b>	
<p>There has been a slight drop this month but at 31.7 the numbers are still stronger than at the start</p>	

of the year and Hear & Treat are continuing to remove some of the opportunities for non conveyance with See & treat. We are not currently concerned clinically.

#### **Clinical Performance Indicators AMBER**

The CPIs are relatively stable and with the Operational pressures this is a positive observation. One indicator has improved (12 Lead ECG)..

#### **Lost Property AMBER**

Lost property sits at 58 cases for the month. No action at the present time.

#### **Re-contact Rate See & Treat AMBER**

This is standing at 7.1%. A number of these will be calling back appropriately as they are acting on clinical advice from our clinical staff. With the rise in operational pressures it is a positive sign that this has not changed significantly.

#### **Infection Control – Cleaning RED**

This is proving difficult to progress due to the KPIs within the contract. The contract is for the whole fleet where the measure is for A&E ambulances which are more difficult to schedule. The contracts are under discussion with the provider and being closely monitored by the Infection Control lead.

#### **Cat C**

Please see performance reporting.

#### **Supervision OWR –RED**

OWR remains low and will remain low as we continue to focus attention on recovery of performance.

#### **Vacancy Factor RED**

Vacancies at 10.4%

#### **Sickness**

Sickness at 5.8%, a decrease on the previous report..

#### **CPI Feedback**

The capacity challenges are now manifesting in the CPI feedback given to staff. This is not consistent with last year. Areas have been reminded of the importance of maintaining CPI feedback.

#### **3<sup>rd</sup> Party Providers**

This is now above our compliance level but is a result of the operational pressures. It has not affected the other indicators and 3<sup>rd</sup> party staff are subject to the same CPI measures.

Therefore, our areas of quality improvement remain as outlined within our Quality Account.

- Attitude & behaviour
- Experience of patients receiving a delay
- Experience of patients on an ACP
- Missing Equipment

#### **Attachments**

Quality Dashboard

**Quality Strategy**

This paper supports the following domains of the quality strategy

- ✓ Staff/Workforce
- ✓ Performance
- ✓ Environment
- ✓ Experience
- ✓ Helping People
- ✓ Quality of Life
- ✓ Preventing Death

**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
- ✓ No

Key issues from the assessment:

# 1. Quality Dashboard for March (February & October Data) 2014

February 2013	OLDER (April)
<b>Domain 1. Preventing people from dying prematurely</b>	
DH Red 1 (A8) ↑	DH Outcome from cardiac arrest ↑
DH Red 2 (A8) ↑	DH Return of spontaneous circulation ?
LAS Basic Life Support ↓	DH STEMI Care ?
	DH Stroke Care ?
<b>Domain 2. Enhancing quality of life for people with long-term conditions</b>	
DH Not conveyed to A&E ?	
LAS Clinical Performance Indicators ?	
<b>Domain 3. Helping people to recover from episodes of ill health or following injury</b>	
DH Time to Treatment ↑	
LAS Airway Management ↑	
<b>Domain 4. Ensuring people have a positive experience of care</b>	
DH Service Experience ?	
LAS Incidents ↑	
LAS Lost Property ?	
DH Time taken to Answer 999 ↑	
DH Re Contact Rate ?	
DH calls Abandoned ?	
LAS Experience (delay) ?	
LAS Attitude & Behaviour ↑	
LAS Experience (ACP) ?	
<b>Domain 5. Treating &amp; caring for people in a safe environment and protecting them from avoidable harm</b>	
LAS Infection Control ?	
LAS Safeguarding ?	
DH A19 ↑	
LAS C1 ?	
LAS C2 ?	
LAS C3 ?	
LAS C4 ?	
LAS Handover at Hospital ↓	
<b>Domain 6. Caring for the workforce</b>	
LAS Supervision of staff ↓	LAS Sickness
LAS CPI Feedback Sessions ↓	LAS Temperature Check N/A N/A
LAS priority Training ↑	
LAS Vacancy factor	
LAS 3rd Party Providers ?	

## 2. Comparison Table

- 2.1 The following table identifies the Department of Health Indicators and our ranking against other Ambulance Trusts and our direction of travel. Our lowest and highest compliance scores are also illustrated.
- 2.2 The **GREEN** shading represents where the Trust is in the upper quartile when compared to other services. We are upper quartile in 22 (last report 22) out of 46 areas.

	May Data for July Trust Board					YTD
	Compliance	Rank	Lowest	Highest	Compliance	Rank
A8 R1 Response Time	78.90%	4	71.70%	81.90%	76.40%	6
A8 R2 Response Time	80.30%	1	67.10%	81.50%	74.00%	6
A19 Response Time	98.30%	1	96.70%	99.00%	97.80%	1
ROSC (all)	34.20%	2	26.10%	36.40%	30.90%	3
ROSC (Utstein)	55.20%	4	45.70%	68.10%	58.60%	2
Time Taken to Answer 50 <sup>th</sup> Percentile	0.00	1	0.00	0.00	0.00	1
Time Taken to Answer 95 <sup>th</sup> Percentile	0.10	1	29.00	0.01	0.01	1
Time Taken to Answer 99 <sup>th</sup> Percentile	0.07	1	1.46	0.02	0.10	1
Time to Treatment 50 <sup>th</sup> Percentile	5.36	5	6.11	5.36	6.04	8
Time to Treatment 95 <sup>th</sup> Percentile	13.36	2	16.90	12.70	14.50	2
Time to Treatment 99 <sup>th</sup> Percentile	21.48	2	19.40	27.30	23.37	2
Outcome from cardiac Arrest Survival	9.60	4	6.30%	11.40%	9.50%	4
Outcome from cardiac Arrest Survival (Utstein)	27.80%	5	16.30%	37.00%	29.40%	4
STEMI Outcome 150 minutes	91.40%	2	84.30%	95.20%	92.80%	3
STEMI Outcome Care Bundle	76.10%	10	63.10%	79.00%	76.70%	7
Stroke Outcome 60 minutes	62.70%	5	61.60%	75.80%	67.40%	3
Stroke Care Outcome Bundle	95.60%	9	92.10%	95.70%	94.50%	9
Calls Closed with CTA	7.50%	4	4.50%	9.30%	5.60%	6
Non A&E	31.70%	6	26.60%	33.30%	31.70%	8
Re Contact rate CTA	2.20%	2	3.40%	2.10%	2.50%	1
Re Contact rate See & Treat	7.10%	9	6.60%	4.90%	6.70%	9
Re Contact rate Frequent callers	2.02%	4	2.50%	2.61%	2.13%	5
999 Calls Abandoned	0.04%	1	0.00%	0.10%	0.05%	1
Service Experience						

## 3. Conclusions

- 3.1 The DH dashboard is stable. Despite the increase in operational pressures we have maintained the same level of service when measured against these indicators.





## LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 25<sup>TH</sup> MARCH 2014

### PAPER FOR INFORMATION

<b>Document Title:</b>	<b>Clinical Quality and Patient Safety Report</b>
<b>Report Author(s):</b>	<b>Fionna Moore and Steve Lennox</b>
<b>Lead Director:</b>	<b>Fionna Moore and Steve Lennox</b>
<b>Contact Details:</b>	
<b>Why is this coming to the Trust Board?</b>	<b>For information</b>
<b>This paper has been previously presented to:</b>	<input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Executive Management Team <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Finance and Investment Committee <input checked="" type="checkbox"/> Other: Parts of this report have been reported elsewhere
<b>Recommendation for the Trust Board:</b>	<b>For noting only</b>
<b>Key issues and risks arising from this paper</b>	
There is a risk that the Trust will not meet the end of year CPI completion targets and therefore will not be able to evidence the quality of care being delivered to patients.	
<b>Executive Summary</b>	
The report is structured around the quality domains of the quality dashboard but also reports on issues wider than the quality measures.	
<b>Demand Management Plan:</b> The winter working plan has continued to be in place, meaning that the first reporting of DMP stages is now DMP D. The winter working plan has meant that the number of hours spent at DMP D have dramatically reduced.	
<b>Clinical Performance Indicators:</b> The CPI completion rate has increased for the third consecutive month. The mental health CPI continues to fall below the expected standard.	
<b>Prevention of Future Deaths Reports:</b> There have been no prevention of future death reports since the last report to Trust Board.	
<b>Medicines Management:</b> There have been no mandatory reportable controlled drugs incidents since the last report to Trust Board. There have been no reported drug errors.	
<b>Locality Alert Register:</b> The number of addresses held on the locality alert register remains on a par with the previous month.	

## Attachments

None

\*\*\*\*\*

### 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
- No

Key issues from the assessment:

# LONDON AMBULANCE SERVICE NHS TRUST

## Clinical Quality & Patient Safety Report – March 2014

### Clinical Directors' Joint Report

#### *Quality Domain 1: Preventing people from dying prematurely*

##### **Clinical Audit and Research**

The Monthly Cardiac Arrest and ST-Elevation Myocardial Infarction Reports (Cardiac Care Pack) for January 2014 have been published. The full report can be accessed at:

<X:\Clinical Audit & Research Unit\Cardiac Reports\Cardiac Care Pack - Monthly Reports\April '13-March '14>

##### Key Findings:

- Defibrillator data download rate remains at less than 1%.
- 28% of cardiac arrest patients that had resuscitation commenced gained and sustained ROSC (Return of Spontaneous Circulation) until arrival at hospital.
- 99% of STEMI patients were transported to the most appropriate destination. 3 patients were incorrectly triaged to an ED.
- Overall call to arrival at hospital time for STEMI has reduced from 69 minutes to 66 minutes over the past month. However, the length of time on scene remains high at 42 minutes.
- 72% of patients received the full care bundle, reduced from 74% in December

##### **Adrenaline Research Trial (PARAMEDIC2)**

The Trust has been invited to participate in a multisite clinical research trial, comparing both the clinical outcomes and the cost-effectiveness of adrenaline versus a saline placebo in out-of-hospital cardiac arrest.

##### **Post cardiac arrest with STEMI to HAC pathway**

A paper was released and published in an international peer reviewed journal. It reports on the survival outcomes for patients who are resuscitated from an out-of-hospital cardiac arrest and are diagnosed as having an ST-elevation myocardial infarction (STEMI), who are then transported directly to a heart attack centre (HAC) for potential percutaneous coronary intervention (PCI). The paper reports that the pathway has been highly successful with excellent outcomes for the patients. The full paper is available on request.

#### *Quality Domain 2: Enhancing quality of life for people with long-term conditions*

##### **Co-ordinate My Care (CMC)**

CMC is a system which holds information on patient's with long-term / terminal conditions, and details their care plans, drugs and wishes, such as a DNAR order, as well as other valuable information for this patient group.

The number of CMC records which the LAS hold has dramatically increased in the past months, and although this was expected, the Trust has had problems with having them manually added to the CommandPoint system so that their address is flagged and crews are made aware of the record. To address this issue, the authority to recruit has been sought for one full time member of staff to MI for data input.

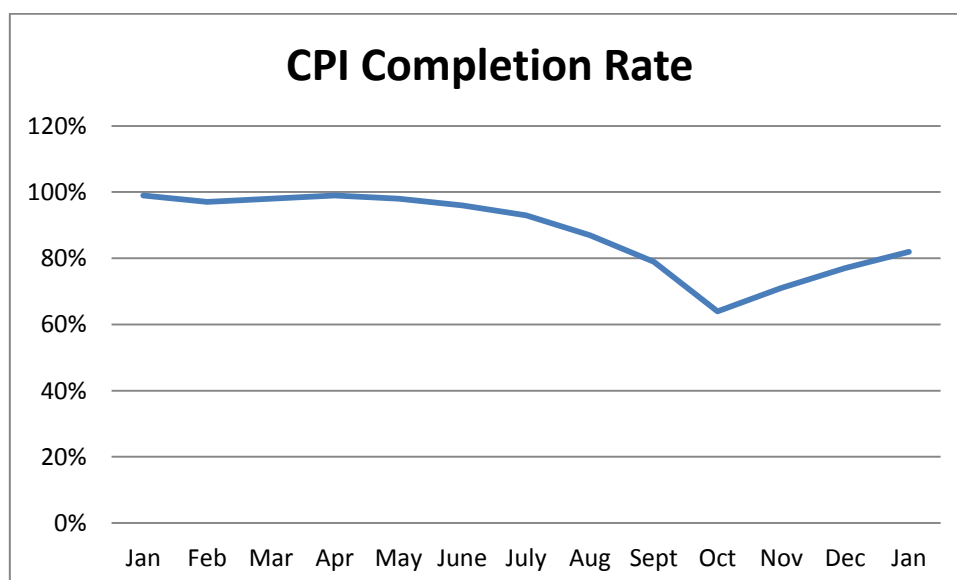
A temporary electronic solution is being sought to remove the human data-input factor. Northrup Grumman have been asked to design a web-interface so that CMC addresses will be flagged automatically within the CommandPoint system. This would then be extended to other organisations who also require addresses to be flagged. The funding has been approved for this, but the lead time for changes to the CommandPoint system are significant. It is hoped that this interface may be live from Q3.

### ***Quality Domain 3: Helping people to recover from episodes of ill health or following injury***

#### **Clinical Performance Indicator completion and compliance**

CPI completion rate increased for the third consecutive month in January. 15 Complexes achieved the >95% completion rate. Due to increased operational focus by Team Leaders to increase category A performance, there is a significant risk that the CPI feedback end of year target will not be met. There is also a risk that the completion targets for the end of the year will also not be met.

CPI compliance remains >95% against all clinical care standards (except mental health). Mental Health has consistently been at a lower level than the other CPIs and it is the safeguarding issue that seems to be the most challenging. This is to be included in the mental health CSR training that commences for all clinical staff in April and with mental health being our improvement priority for 2014 it is intended that awareness will also be raised through this work.



Full CPI reports can be accessed at: [Clinical Audit & Research Unit\Clinical Performance Indicators \(CPIs\)\Monthly Team Leader CPI reports\2013-14\Monthly Reports 2013-14](#)

## CPI Completion February 2013 to January 2014

Area	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan
	East	93%	97%	100%	99%	97%	95%	91%	71%	30%	62%	64%
South	100%	97%	100%	99%	95%	93%	89%	88%	79%	65%	89%	94%
West	99%	100%	99%	96%	97%	90%	83%	76%	76%	82%	77%	68%
<b>LAS Total</b>	<b>97%</b>	<b>98%</b>	<b>99%</b>	<b>98%</b>	<b>96%</b>	<b>93%</b>	<b>87%</b>	<b>79%</b>	<b>64%</b>	<b>71%</b>	<b>77%</b>	<b>82%</b>

## CPI Compliance January 2014

Area	Cardiac Arrest	Glycaemic Emergencies	ACS	Stroke	Mental Health	Non-Conveyed	1 in 40 PRF
East	98%	97%	97%	97%	89%	98%	97%
South	97%	97%	96%	97%	90%	96%	98%
West	98%	97%	97%	97%	89%	97%	97%
<b>LAS Total</b>	<b>97%</b>	<b>97%</b>	<b>96%</b>	<b>97%</b>	<b>90%</b>	<b>97%</b>	<b>97%</b>

## CPI Compliance December 2013

Area	Cardiac Arrest	Difficulty Breathing	ACS	Stroke	Mental Health	Non-Conveyed	1 in 40 PRF
East	99%	96%	97%	98%	93%	98%	98%
South	97%	95%	95%	96%	89%	96%	98%
West	98%	96%	96%	97%	89%	97%	97%
<b>LAS Total</b>	<b>97%</b>	<b>96%</b>	<b>96%</b>	<b>97%</b>	<b>90%</b>	<b>97%</b>	<b>98%</b>

3823 CPI feedback sessions have been completed year-to-date out of an expected 4470.

Expected target is based on each member of staff receiving two face-to-face feedback sessions a year. The value is calculated using ESR and CPI database data.

## Quality Domain 4: Ensuring people have a positive experience of care

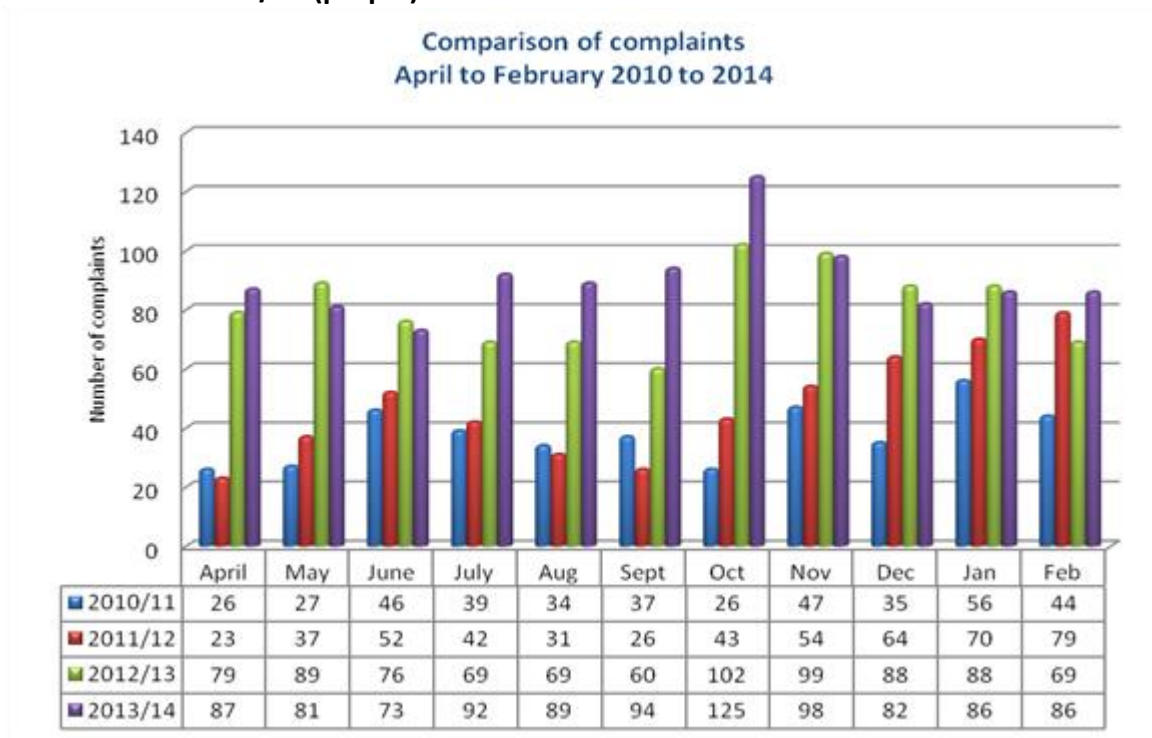
### Patient Experiences

#### COMPLAINTS

##### Complaint Volumes

The number of Complaints this month totalled 86. Of these 28 related to delays (32%). During February, complaints about staff conduct dropped to 16, against 29 in January

Graph one. The following graph demonstrates the increase in complaints managed in 2013/14 (purple)



16 complaints involved other Trusts/agencies including 7 x Acute Trusts, 4 x 111 providers, 1 x CCG, 4 x other agencies.

## Complaint Themes

Complaints relating to delay (28) and staff conduct (16) continue to be the main themes. In view of the winter conditions during February, special operating arrangements were put in place with the Demand Management maintained at Level C during this period.

There has been a further increase in complaints that refer to treatment (13) this month following a recent trend (see table below). A number of these complaints are where the attending staff have appeared not to offer assistance with the patient's transfer to the ambulance. In some of the cases this is explained by the staff using this as an opportunity to assess mobility but there are occasions where we could have offered more assistance.

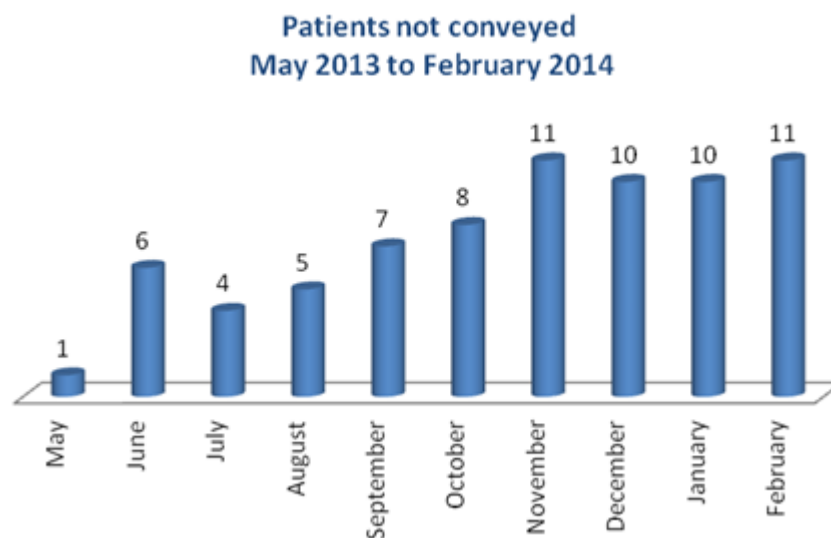
**Table one. The following table shows the complaint subjects May to February 2014**

Complaints by subject	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb
Delay	37	29	38	30	50	53	41	38	22	29
Conduct	26	18	22	27	16	30	19	12	29	18
Road handling	12	8	15	12	9	10	8	9	8	12
Non-conveyance	0	6	5	5	7	8	11	10	10	11
Not our service	1	7	4	4	1	1	1	2	3	0
Treatment	2	3	4	4	5	13	11	6	12	13
Patient Injury or Damage to Property	0	0	3	0	1	4	2	1	2	0
High Risk Address Referral	1	0	1	3	1	2	2	1	0	0
Conveyance	2	2	0	4	2	3	1	2	0	3
Clinical Incident/Equipment	0	0	0	1	0	1	0	1	0	0
Assisting with external agency	0	0	0	0	2	0	2	0	0	0
<b>Totals:</b>	<b>81</b>	<b>73</b>	<b>92</b>	<b>90</b>	<b>94</b>	<b>125</b>	<b>98</b>	<b>82</b>	<b>86</b>	<b>86</b>

## Emerging themes

Almost entirely the same as previously reported with delay and poor staff attitude the major sources of complaint. There has also been a continuing small rise in complaints about non-conveyance (see following graph).

**Graph two Non conveyance**



**Performance/Quality**

96 cases were closed during February. This is an increase in closure rates over January (96/74) perhaps reflective that we have employed a temporary experienced part time case officer as cover.

As at 7 March x 177 complaints remain open or re-opened over 195 in January.

Cases are currently being closed quicker with less open for more than 60 days as staff have been working additional hours and a Quality Assurances Officer has been seconded to the department for a short period from 10 March. A verbal update will be provided at Trust Board regarding current cases open as this new staffing model has quickly progressed some of the outstanding complaints.

**‘Comeback’ Activity**

3 complaints were re-opened in February. One was from a family seeking clarification of handover at hospital regarding a complaint hosted by an Acute Trust (C8302). The others are seeking further explanations and in one case, the appropriate authorisation has now been provided.

**Table five This table evidences the numbers of ‘comeback’ enquiries.**

Year	Numbers of comeback responses recorded
09/10	9
10/11	4
11/12	12
12/13	36
13/14 (to date)	51
<b>Totals:</b>	<b>112</b>



A possible cause for the increase is the improved management of that facility within the case management system. There have been no significant changes to our responses.

### Health Service Ombudsman

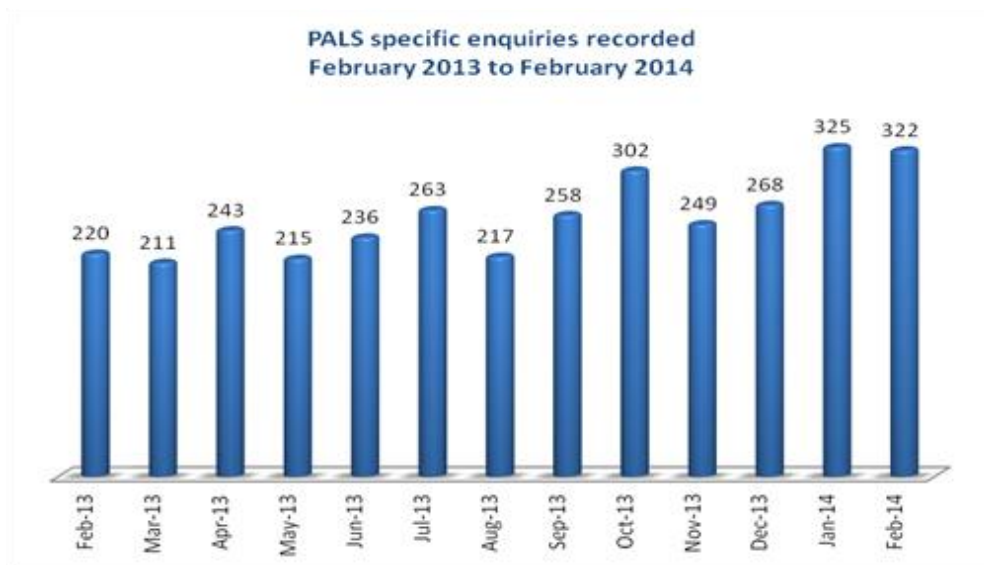
The numbers of complaints investigated by HSC across the health and social care economy has risen dramatically with 352 in 2013 against 2688 in 2014. This is mainly due to the change in practice by the Ombudsman’s office.

### PALS

PALS enquiries maintained similar levels to January (322:325). Average monthly PALS for 2012/13 was 269, current average is 18% higher per month.

Of these 18 remain open, including patient requests for medical records, requests for general information, other agencies seeking clarification of actions (e.g. H&S Executive, care homes, CCG’s etc) and specific information where collaboration has been sought with other agencies/departments. For example, one case is a referral from an Acute Trust seeking information raised as a possible SI.

**Graph three The following graph highlights the numbers of PALS SPECIFIC enquiries by month – February 2013 to February 2014**



**Table seven Total PALS enquiries received in the past 6 years is as follows:**

Financial Year	Total PALS
2008/09	5606
2009/10	5674
2010/11	6031
2011/12	6264
2012/13	5714
2013/14 (to 28 February 2014)	5618
<b>Totals:</b>	<b>34907</b>

## PALS Themes

The work of the PALS desk is quite varied and the main themes have been identified above. Other enquiries include signposting to other departments, policy and procedure requests, and families seeking clarification of events. On one occasion, the family of a young man who experienced cardiac arrest wished to discuss his care and treatment and shared the outcome that the patient had survived. Liaison has been sought with the London Fire Brigade as one of their officers undertook bystander CPR and we are supporting the request that the officer receives a commendation.

**Table eight The following table breaks down the PALS specific enquiries in February 2014**

PALS by subject	totals
Information/Enquiries	248
Lost Property	58
Other – Incident reports etc	9
Appreciation/communications etc	7
<b>Total</b>	<b>322</b>

## *Quality Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm*

### **Serious Incidents**

	Jan	Feb	March (to date)
Total number of incidents considered	12	7	11
Total number of incidents declared	4	1	3

The incidents reviewed during this period covered a range of subjects. Of those declared:

- 2 related to the control room over the Christmas Day/Boxing Day . These were the previously discussed CommandPoint outage and the ancillary system issue
- A patient who had a hypovolemic cardiac arrest from an injury to a varicose vein
- A patient who fell from a trolley-bed whilst the ambulance was stationary
- A patient involved in a RTC who was trapped under a lorry. There was a delay in getting him removed and whilst initially he was ROLE'd, this was reversed and CPR commenced, before declaring him dead on scene
- Patient who we attended with chest pain, partially assessed on scene and not conveyed against advice; further call later with patient in cardiac arrest
- Patient with poor mental health was lying in the garden, staff arrived and failed to explore the area fully. The call was treated as a 'no trace'; further call later with patient in cardiac arrest
- Pregnant patient who had a significant delay to response. Patient had a placental abruption, baby was born by caesarean.

There are 15 other incidents that have been declared prior to January 2013, and are currently under investigation.

## **NHS Central Alerting System (CAS)**

The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health and social care.

During February there were six High Voltage Alerts, two Patient Safety Alerts and three Medical Device Alerts. None of these had any relevance to the Trust.

## **NHS Signals**

Key risks emerging from review of serious incidents reported by the NHS to its National Reporting and Learning System (NRLS) are shared in the form of Signals. There have been no alerts since the last report to Trust Board.

## **NICE Guidance**

The Framework of NICE Guidance for February 2014 has been released. There are two sections which may be relevant to the Trust:

### QS56 – Metastatic Spinal Cord Compression

Primarily this involves the diagnosis, treatment and support of patients with metastatic spinal cord compression. However, as a Trust we may be involved in the treatment and transfer of these patients. This is of particular importance to the Clinical Hub who deal with this patient group on a regular basis.

### PHG50 – Domestic Violence and Abuse

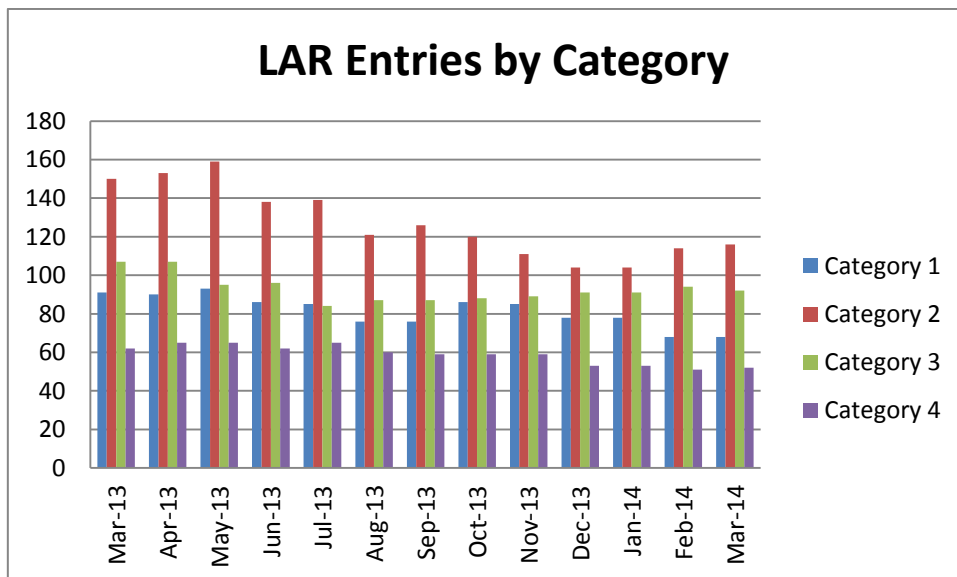
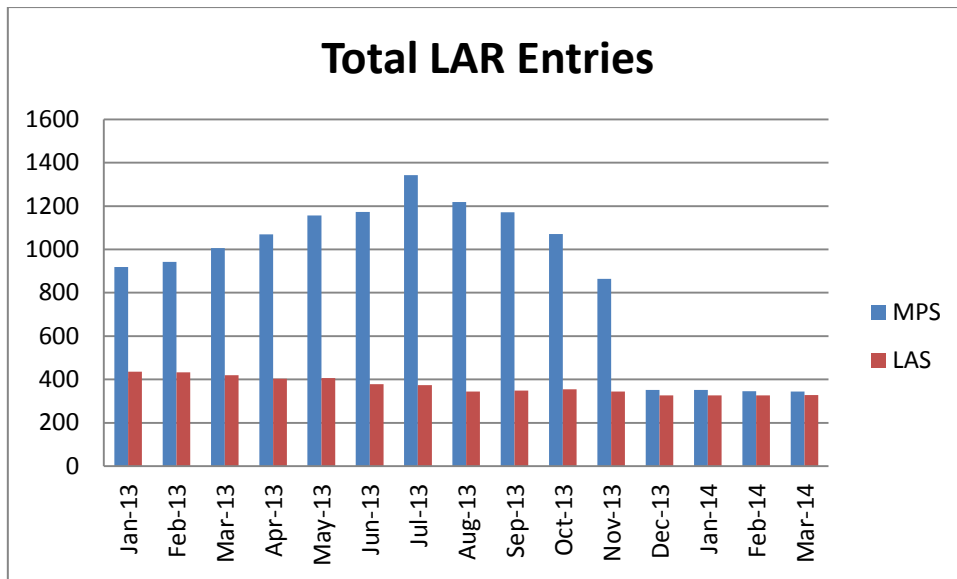
This guidance applies to all organisations who may come into contact with those who have been victims of domestic violence. There are recommendations relating to developing pathways for these groups of patients, as well as surrounding the training that is given to staff who come into contact with these patients. The document with all recommendations is available on request.

## **Locality Alert Register**

There are currently 328 addresses on the Locality Alert Register (LAR). These are broken down as follows:

CATEGORY 1: 68  
CATEGORY 2: 116  
CATEGORY 3: 92  
CATEGORY 4: 52

The Trust has notification of 344 high risk addresses from the Metropolitan Police. This is a reduction since last month.



## Demand Management Plan

The purpose of DMP is to provide the Trust with structured risk mitigating options to respond to demand at times when it exceeds the capacity of the service to provide a timely response. It provides a framework in which Control Services are able to respond to periods of high pressure, due to unforeseen demands, poor resourcing or on occasion where capacity does not exist to absorb unexpected patient demand.

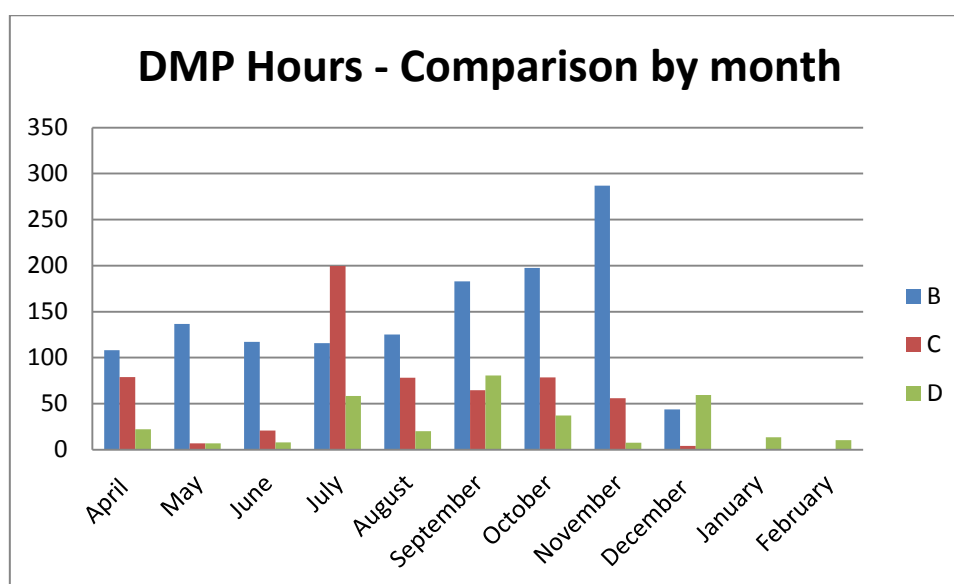
DMP enables the LAS to prioritise higher MPDS category calls, to ensure those patients with the most serious conditions or in greatest need continue to receive a response. Escalating stages of DMP (A-H) decreases the response to lower call categories. The risk is mitigated by increased clinical involvement in the Control Room, with clinical 'floor walkers' available to assist call handlers and by ringing calls back to provide advice, to re-triage and if appropriate to negotiate alternative means of transport or follow up. It is also mitigated by regular senior clinical and operational review as the plan is escalated. There is a significant level of clinical risk related to the stage of the DMP invoked

In December, implementation of the Winter Working plan was invoked. This changes the way that DMP is recorded, and as such, the first reporting of DMP now occurs at DMP D or above. Since the implementation of the winter working plan, the total hours at DMP D have dramatically reduced.

It is planned that 'Surge' (which will replace DMP) will go live from 1<sup>st</sup> April.

#### DMP use September 2013 to February 2014

Month	Number of occasions DMP invoked	Stage B (hours)	Stage C (hours)	Stage D (hours)	Stage >D (hours)	Ambulances reprioritised
September	27	182.75	64.75	80.75	0	4003
October	20	197.5	78.5	37	0	3240
November	25	286.75	56	7.5	0	2068
December	15	43.75 4 Winter Working		59.5	0	6395
January	2	Winter Working		13.5	0	5770
February	18	Winter Working		10.5	0	6272



#### Medicines Management

There have been no mandatory reportable controlled drugs (CD) incidents since the last report to Trust Board. A CD Order Book has been mislaid from Brent Complex. No CDs have attempted to be ordered using this book since its loss. This book has been cancelled and thus cannot be used at all. It was only valid for use via LAS Logistics and Frimley Pharmacy. If someone attempts to use it outside the LAS it will be rejected by either a Hospital Pharmacy or a Retail Pharmacy. A new CD Order Book has been issued. Steps are still being taken at Brent to locate the book as it is thought it was mislaid during the moving of some office furniture.

There have been no reported drug errors since the last report to TB.

There have been no MHRA Drug Alerts since the last report to TB.

Due to operational pressures and the standing instructions for heightened REAP Levels, the MMG meeting scheduled for March 19<sup>th</sup> 2014 has been cancelled. I have been in contact with the LAS Pharmacy Suppliers and the LAS Pharmacy Adviser and will deal with any matters normally dealt with at the meeting via e-mail / telephone.

On Thursday 6<sup>th</sup> March 2014, it was made apparent to the LAS that Frimley Pharmacy would have difficulty in providing us with the required amount of paracetamol tablets that we normally use (500 boxes every two weeks approximately). An interim solution has been provided by Frimley Pharmacy. The Chair of MMG will contact all AOMs and ask that they ensure that only the required amount of boxes of paracetamol tablets are placed on vehicles. **NB** – Although the number of boxes is high the overall cost of the drug is relatively cheap. 500 boxes costs the Trust approximately £95.

The SLA between Frimley Pharmacy and the LAS for the period up to 31<sup>st</sup> March 2015, has been agreed and signed off.

### **Prevention of Future Deaths Reports; Regulation 28 of The Coroners (Investigations) Regulations 2013**

There have been no prevention of future death reports issued to the Trust since the last update to Trust Board. No other Trusts have made us aware of any prevention of future death reports issued to them that our Trust could learn from.

### **Infection Prevention & Control**

There are some emerging challenges with Infection Prevention & Control regarding compliance and these are being addressed by the Head of Infection Prevention & Control. The most significant is regarding decontamination of equipment and ambulances. The Trust will identify a new lead for decontamination following the departure of the previous lead who will be able to progress some of the challenges. Additionally we have some emerging issues with equipment and in particular trauma equipment that is left in the Trauma centres. A resolution is being sought. Finally, the "Deep Clean" contract is being reconsidered to ensure a stronger compliance with expected Deep Clean.

Training compliance has been good at 80% and the Head of Infection Control has recently trained the trainers and identified some cultural challenges regarding accountability. The Infection Control Team are going to develop a strategic plan for addressing this and ensuring the Trust understands who is accountable at station level.

A debrief was held over the Flu Plan 2013/14 and a new revised plan will be put into place for the coming year which will have a closer working relationship with Communications and will commence earlier in the year.

## Rising Tide

### Advanced Paramedic Practitioners

The first 13 Advanced Paramedic Practitioners (APPs) have started their further education at Hertfordshire University. They will increase their scope of practice to include new drugs, skills and assessment techniques. It is planned that the new APPs will be operational from 1<sup>st</sup> April 2014.

**Fionna Moore**  
Medical Director

**Steve Lennox**  
Director of Nursing & Quality



## LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 25 MARCH 2014

### PAPER FOR INFORMATION

<b>Document Title:</b>	<b>Integrated performance dashboard</b>
<b>Report Author(s):</b>	<b>Paul Woodrow, Director of Performance</b>
<b>Lead Director:</b>	<b>Paul Woodrow, Director of Performance</b>
<b>Contact Details:</b>	
<b>Why is this coming to the Trust Board?</b>	<b>For information</b>
<b>This paper has been previously presented to:</b>	<input type="checkbox"/> Strategy Review and Planning Committee <input checked="" type="checkbox"/> Executive Management Team <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Finance and Investment Committee <input type="checkbox"/> Other:
<b>Recommendation for the Trust Board:</b>	<b>To note the report</b>
<b>Key issues and risks arising from this paper</b>  Workforce metrics are a key priority for EMT and the delivery of the attendance management action plan and the workforce plan will resolve these particular issues.	
<b>Executive Summary</b> <ul style="list-style-type: none"><li>• The LAS continues to perform well against Red 1 and Red 2 response time standards and the Trust is maintaining good progress against the revised trajectory to achieve the 75% Year end position for Red 2 calls. Category C performance overall has improved but C2 performance dropped in month 11 against the previous month. Further actions were identified to address this and were added to the winter sustainability action plan in Mid February and these are continuing to pay dividends</li><li>• Complaints have remained static across month 10 and 11 at 86 per month but still remain above target levels. No SIs were declared across the reporting period</li><li>• Vacancies both overall and in operations have marginally increased and remain higher than our target level. An action plan has been developed to address this.</li><li>• Sickness remains above target levels, there has been an improvement in organisational sickness but operational sickness levels still remain a concern. An action plan to address this position is now being formulated</li><li>• Finance metrics remain within projected levels and there are no current exceptions to report</li></ul>	
<b>Attachments</b>  1 Integrated performance dashboard	



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**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
- No

Key issues from the assessment:

**INTEGRATED PERFORMANCE REPORT 2013/14: FEBRUARY 2014 (MONTH 11)**

<b>Quality Exceptions</b>	!	<b>Complaints remained static across the period but remain higher than target. C2 performance reduced in month 11 by 5%</b>
<b>Performance Exceptions</b>	!	
<b>Workforce Exceptions</b>	!	<b>Vacancies across the Trust and in operations continue to be challenging. Sickness also remains above target.</b>
<b>Value for Money Exceptions</b>	!	

**Summary commentary**

Operational performance remains strong for Category A (RED1 & RED2) throughout this reporting period due to the delivery of the winter sustainability action plan. The first two weeks of February were challenging and a number of additional actions were introduced in to the plan to stabilise the performance position and recover the deficit created in that two week period. This additional actions were successful and the Trust achieved trajectory performance for the final two weeks of the month and neutralised the deficit. The Trust remains on target to achieve the year end targets for both Red 1 and Red 2. Category C Performance has also improved across the period although C2 performance slipped somewhat on the previous month. The clinical hub continues to over perform against the hear and treat trajectory and is now making a significant contribution to the overall performance outturn. Activity for the reporting period remains within contract levels for Category A but we are over performing against the contract on total incident activity. The Trust remains on track to deliver its planned £0.3m surplus, Cost Improvements are on track YTD and the expectation is that £9.8m will be delivered. YTD Capital Remains underspent but this will accelerate through Q4 and the trust will deliver around £8.7m. The Trust's cash balance is above plan due to the slow capital spend and increased accruals due to timing differences in spend in Q4, especially winter actions. Overall, the Trust expects to achieve a 3 (Good) rating on the Monitor Financial Risk Ratings used in assessing FTs financial performance. For the reporting period covered by this report there were no SIs declared. Complaints have reduced over the period but remain above target levels. There has been an improvement in CPI compliance rates but with the primary focus on delivering patient care the final monthly total was down on the target. NHS 111 Services in Beckenham continue to perform well against the key standards despite seeing a significant increase in activity since the commencement of the step in arrangements. Turnover remains at above 10% with vacancies also increasing marginally across the Trust. Workforce metrics are a key priority for EMT and there are mature plans in place to ensure the required improvements are achieved. CSR training recommenced after our pre-planned cessation over the Christmas & New Year period. Over three quarters of eligible staff have now received their CSR training this year.

	Quality measures	Target	Current month	Previous month	Monthly Trend
A	1 Serious Incidents declared	1	1	4	↓
R	2 Complaints received	69	86	86	↓
G	3 999 Call Answering - 5 secs	95.0%	98.9%	98.9%	→
G	4 NHS111 Call Answering- 60secs	95.0%	98.0%	98.0%	→
G	5 NHS 111 Transfer rate to 999	10.0%	9.0%	9.0%	→
R	6 CPI compliance	95.0%	82.0%	77.0%	↓
G	7 Infection control - hand hygiene	100.0%	100.0%	100.0%	→
G	8 Category C1 (20 mins)	75.0%	75.8%	78.7%	↓
R	9 Category C2 (30 mins)	75.0%	69.3%	74.3%	↓
A	10 Flu vaccination uptake ops %	75.0%	48.0%	48.0%	→

**WORKFORCE**

	Workforce measures	Target	Current month	Previous month	Monthly Trend
R	1 Staff Turnover	8.5%	10.4%	10.3%	↑
R	2 Vacancies (%)	5.0%	10.4%	10.1%	↑
R	3 Vacancies (WTE)	241	515	491	↑
A	4 Sickness all staff	5.5%	5.8%	6.0%	↓
R	5 Frontline sickness	5.5%	6.3%	6.5%	↓
A	6 CSR 2013 Delivery - % of est	90.0%	75.0%	73.0%	↑

**PERFORMANCE / ACTIVITY**

	Performance / activity measures	Target	Current month	Previous month	Monthly Trend	
1	Category A - Red 2 performance	75.0%	80.2%	80.3%	↓	G
2	Category A - Red 1 performance	75.0%	81.9%	78.9%	↓	G
3	FRU A8 Performance	85.0%	80.3%	80.3%	→	A
4	Trust A19 Performance	95.0%	98.2%	98.3%	↓	G
5	Cat A total incidents	37,332	36,496	38,472	↓	
6	Cat A (red 1) incidents	1,254	1,096	1,156	↓	
7	Cat A (red 2) incidents	36,078	35,400	37,316	↓	
8	Total incidents	85,018	85,867	93,133	↓	
9	Demand Management Plan (A)**	90%	N/A	N/A	→	
10	Clinical Hub H&T discharges	TBC	7,648	7,469	↑	G

**VALUE FOR MONEY**

		Target	Current month	Previous month	Year end forecast	
1	EBITDA (£000)	16,435	15,690	14,804	Amber	A
2	Net surplus (£000)	- 353	- 337	595	Green	G
3	Cost Improvement Programme (£)	8,599	8,632	7,344	Green	G
4	Capital expenditure (£000)	9,178	3,512	2,790	Amber	A
5	Monitor FRR	3	3	3	Green	G
6	Cash balance (£000)	9,542	24,879	24,529	Green	G

\*\* Temp winter working arrangements



**LONDON AMBULANCE SERVICE TRUST BOARD**

**DATE: 25<sup>TH</sup> MARCH 2014**

**PAPER FOR INFORMATION**

<b>Document Title:</b>	<b>Board assurance framework and corporate risk register</b>
<b>Report Author(s):</b>	<b>Frances Field, Audit and Compliance Manager</b>
<b>Lead Director:</b>	<b>Sandra Adams, Director of Corporate Affairs</b>
<b>Contact Details:</b>	<b>sandra.adams@lond-amb.nhs.uk</b>
<b>Why is this coming to the Trust Board?</b>	<b>To keep the Trust Board apprised of the key risks facing the organisation</b>
<b>This paper has been previously presented to:</b>	<input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Executive Management Team <input checked="" type="checkbox"/> Quality Committee (BAF only) <input checked="" type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Finance and Investment Committee <input type="checkbox"/> Other:
<b>Recommendation for the Trust Board:</b>	<b>To take assurance from the management of the key risks currently facing the organisation and to highlight any potential gaps that need to be addressed.</b>
<b>Key issues and risks arising from this paper</b>	
<p>The key risks to the organisation achieving its strategic objectives are described in the Board Assurance Framework. These will need to be closely managed and monitored and timely action taken to mitigate and this needs to become part of business as usual.</p>	
<b>Executive Summary</b>	
<ol style="list-style-type: none"> <li>1. The new format of the Board Assurance Framework (BAF) has been further developed since December 2013 and was reviewed by the Audit Committee on 3<sup>rd</sup> February 2014 following which a number of format changes were made. The full BAF highlights the key risks to the delivery of the strategic plan; it then shows the movement – via a heat map – of the risk as further controls are applied and actions implemented to reduce the level of risk; and finally, control sheets for each of the key risks. These track the controls and actions to be taken, by when and by whom, and each of these is maintained by the risk owner. Over time, the Board should be able to see movement of risks through to the appropriate target level. Each control sheet is mapped to the risk register so that there can be easy reference between the two documents. The summary BAF presented to the Board does not include the control sheets as agreed in discussion with the Audit Committee who took assurance from the information presented in the full BAF and sought further action where there were concerns.</li> <li>2. The top two risks on the risk register relate to the call and dispatch system. Both have technical solutions in place or planned and are likely to be time-specific risks ie both will have a solution which will bring the level of risk to a low target rating.</li> <li>3. Risk 265 – service performance – the implementation of the Modernisation Programme</li> </ol>	

should have a significant mitigating effect on this risk. The same applies to risk 269 regarding changeover times and the potential impact on performance.

4. The Senior Management Team now has responsibility for reviewing the risk register, considering new risks and proposed changes to existing risks. In the past month SMT has assessed risks on the following topics: Coordinate my Care; finance risks relating to Capex, CIPs, Expenditure and Financial Control; Oracle Flash Recovery Space Failure; and Data Centre Power Supply Vulnerability. These have all required further work before they can be considered again for addition to the register.

The Audit Committee now has responsibility for oversight of the risk register and BAF and assurance on the management of risk. The BAF and risk register will be updated and reviewed at the next full Audit Committee meeting on 22<sup>nd</sup> May.

### Attachments

Board Assurance Framework  
Corporate Risk Register

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### Quality Strategy

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### 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
- No – not applicable

Key issues from the assessment:

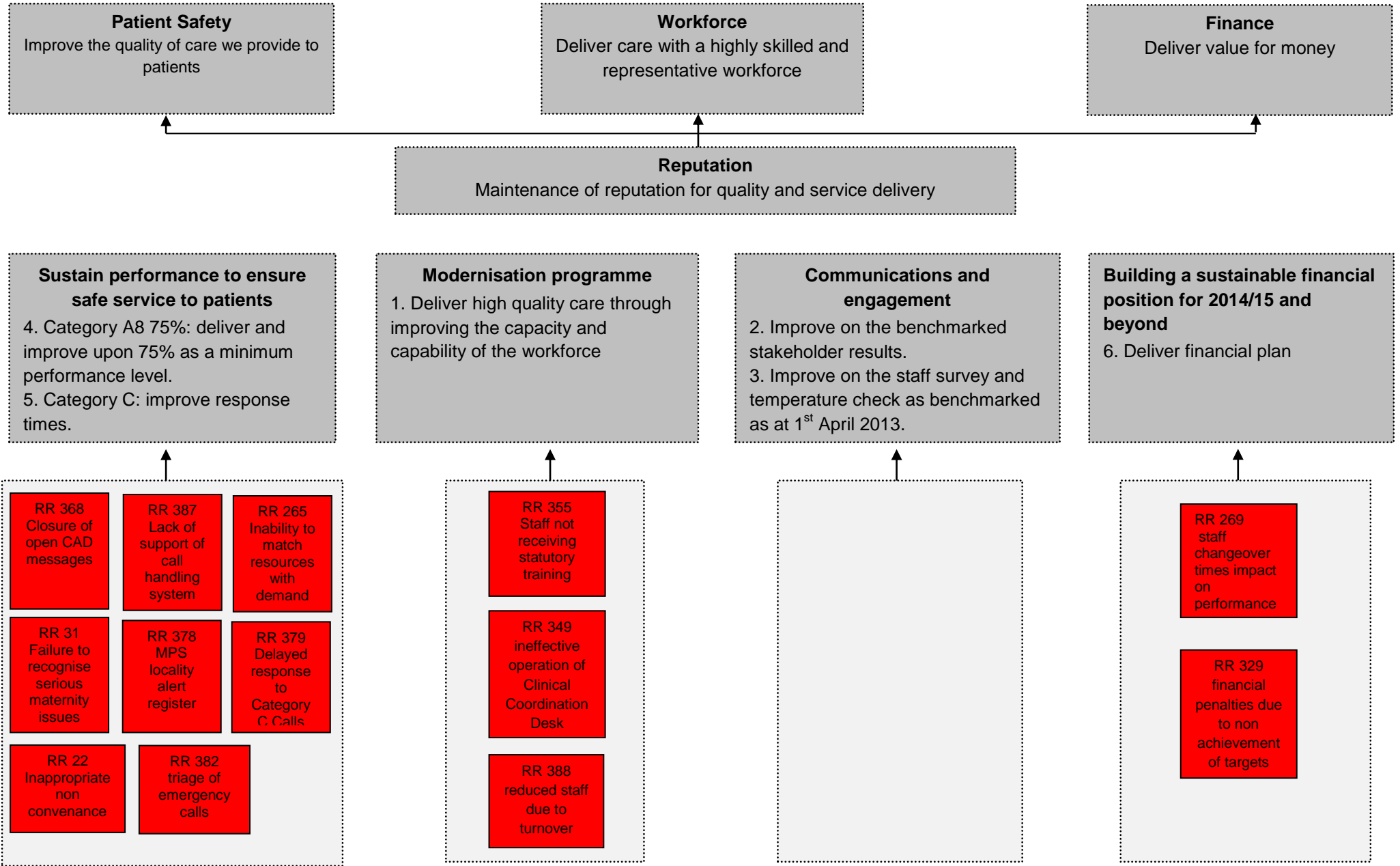
# Summary Board Assurance Framework - February 2014

## Key Risks to the Strategic Plan

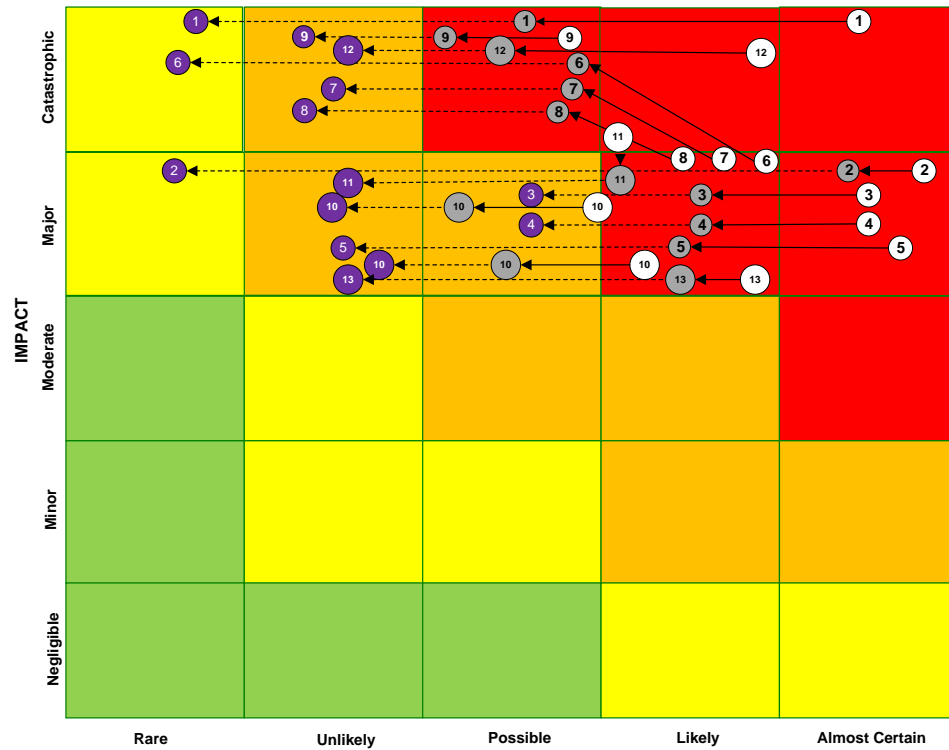
Strategic Aims

Improvement Priorities

Key Business Risks



## Key Risks to the Strategic Goals and Improvement Priorities



- Risk 1 Messages exchanged between MDTS and CommandPoint system becoming out of sequence
- Risk 2 Call handling system may be unsupported by Priority Dispatch System
- Risk 3 Service Performance affected by the inability to match resources to demand
- Risk 4 Failure to recognise serious maternity issues
- Risk 5 Performance falls at staff changeover times
- Risk 6 Insufficient information from MPS on locality alert register
- Risk 7 Delay to Category C calls
- Risk 8 Inappropriate non-conveyance of patients
- Risk 9 Non achievement of contractually agreed targets
- Risk 10 Reduced staff due to turnover
- Risk 11 Staff not receiving statutory training
- Risk 12 MPS locality alert register – insufficient information contained on MPS referrals
- Risk 13 Ineffective operation of Clinical Co-ordination Desk

**Gross risk assessment**  
 **Net risk rating**  
 **Target risk rating**

**Key:**

<span style="display: inline-block; width: 15px; height: 15px; background-color: #90EE90; border: 1px solid black;"></span> Low Risk	<span style="display: inline-block; width: 15px; height: 15px; background-color: #FFFF00; border: 1px solid black;"></span> Moderate Risk	<span style="display: inline-block; width: 15px; height: 15px; background-color: #FFA500; border: 1px solid black;"></span> Significant Risk	<span style="display: inline-block; width: 15px; height: 15px; background-color: #FF0000; border: 1px solid black;"></span> High Risk
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**London Ambulance Service NHS Trust  
Risk Register - 23rd January 2014**

Risk ID	Risk Description	Underlying Cause/ Source of Risk	Date Opened	Assurance Framework Ref.	Corporate Objective	Risk Category	Gross Impact	Gross Likelihood	Gross Rating	Existing Controls (Already In Place)	Risk Owner	Date Risk Last Updated	Net Impact	Net Likelihood	Net Rating	Further Actions Required	Action Owner	Date Action to be Completed	Assurance In Place (how do we gain assurance that the controls in place are effective)	Target Impact	Target Likelihood	Target Rating	Comments
368	There is a risk that messages exchanged between MDTs and the CommandPoint CAD system may become out of sequence, cross one another while one is being processed or a job being 'cycled' through to closure in error by an A&E resource. This may result in an open event being closed in the CAD system erroneously, leading to a patient not receiving a response from the LAS and their condition deteriorating, possibly resulting in serious injury or death	Following CommandPoint go live, several incidents have been reported to the CAD support team for investigation where out of sequence messages from MDTs have resulted in events showing with an incorrect status. On a number of these the event has been closed in error. The investigations have identified a number of ways that this scenario can occur. So far the identified possible causes are: <ul style="list-style-type: none"> <li>• Preempt request/event updates crossing</li> <li>• Status change messages echoed</li> <li>• MDT status changes arrive out of order</li> <li>• Aged MDT status change messages appear</li> <li>• A&amp;E resource 'cycles' through the button presses to close the job.</li> </ul>	27-Jul-12			Clinical	Catastrophic	Almost Certain	25	1. Software adaptation to identify unexpected status messages or very short job cycles, alerting controlling dispatchers and managers. Also, adaptation to hold event updates while pre-empt requests are being processed, negating one of the above scenarios from occurring. (Build 2.5. (Build 2.5.6). 2. Manual alerting outside the CAD system processing messages and identifying possible jobs closed in error (unexpected AOR status) setting off a pager in the control room (fall back alert.) Also Section 4 Assurances below (point 4 - daily alert checks).	Vic Wynn	09-Jan-14	Catastrophic	Possible	15	1. Request for change to CommandPoint system to enhance the functionality around message detail with message type and sequence identification, enabling CAD system rejection of erroneous status changes. 2. Request for Change to MDT system to provide message sequence identification and processing as above. 3. Additional communications material and training around the urgent messages generated to area controllers and dispatchers notifying them of message cycling. 4. Removal of 'false positive' messages from unexpected status change warnings generated by CAD to area controllers and dispatchers.	1. J. Downard 2. J. Downard 3. K. Canavan 4. K. Canavan	1- 2 Nov 2013- Completed	1. Technical solutions under development by tactical problem management team (led by John Downard) 2. Weekly director progress oversight in CommandPoint problem management review (led by Peter Suter) 3. Ongoing assessment of alert monitoring and identification of further incidents for CAD support team investigation by CommandPoint senior user group (led by Richard Webber) 4. Daily checks of the following Alerting systems in place: <ul style="list-style-type: none"> <li>• That the software running alerts is running</li> </ul>	Catastrophic	Rare	5	JD January 2014 - proposed net rating is downgraded to unlikely x catastrophic = 10. 22/10/2013 - The Sept target was not achieved, however full testing has now been successfully concluded and roll out will cautiously commence 14/10 with full release (subject to no major issues reported) w/c 4/11." The MDT software rollout commenced 14/10 and will conclude during November (it takes time for all vehicles to receive the update due to their operational deployment). The corresponding NG software release (2.5.18.4) was successfully carried out Aug 13th, so by the end of November it is expected to that there will be evidence to confirm the risk is mitigated."  October 13: The release of CP was successful which mitigates the risk to a degree. The Software Development for the MDT has been completed and the first two units were deployed w/c 14/10/2013. The
387	There is a risk that the LAS could be in a position where its call handling system is unsupported by Priority Dispatch Systems (the suppliers) from late 2014 onwards. this will involve both our call taking system (ProQA) and the MPDS version we are using (12.2). This will significantly impact our ability to maintain and use both systems and compromise efficient working and patient safety.	Priority Dispatch have developed an updated and improved operating system for MPDS. This system, ProQA Paramount, replaces the existing ProQA, Paramount is currently available for UK users and is compatible with the current version of MPDS, 12.2. In Q3/4 2013/14 a new version of MPDS, version 13, will be released. It is not possible to use use Version 13 without Paramount. It is likely that, following normal business practise, having released V13 and Paramount, Priority Dispatch will withdraw technical support for the existing versions of ProQA and version 12.2. This should be within a year. Loss of the technical support would cause significant impact and	23-Oct-13			Business Continuity	Major	Almost Certain	20	1. Work has been undertaken by IM&T to scope the work required to integrate Paramount to facilitate identifying the costs involved. 2. Task and finish group prepared a detailed paper of the options which went to the Executive Management and Senior Management Teams on the 18th December 2013.	Jason Killens	10-Jan-14	Major	Almost Certain	20	1. A workshop has been planned for January 2014 involving the Executive and Senior Management Teams based on the recommendations made in the report.	1. EMT/SMT	1. Jan 2014		Major	Rare	4	New risk added 23rd October 2013
265	There is a risk that Service Performance may be adversely affected by the inability to match resources to demand.	reductions in frontline establishment in 1/12 and 12/13 as part of CIP Current vacancy factor against 13/14 establishment Slow recruitment	31-Jul-06	***	3	Operational	Major	Almost Certain	20	1. Ongoing recruitment to vacancies. 2. Use of voluntary and private sector at times of peak demand. 3. Use of agency Paramedics to enhance bank scheme. Modernisation programme. Targeted use of overtime. Use of DMP.	Jason Killens	10-Jan-14	Major	Likely	16	Modernisation programme to implement efficiencies from capacity review. 1. Sickness management 2. Attendance management 3. Roster review 4. Skill mix 5. Annual leave review 6. New response model 7. Workforce plan operations / recruitment and retention	1 - 2 J. Killens 3 - 6 M. Kennedy / J. Chalmers 7. T. Crabtree / D. Prince		Major	Possible	12	Update requested from Ops. PW/KB 8/7/13 - Aggressive recruitment campaign in place. Consultations start on rosters 19/8/13. Resource levels supported by £310k per week through PAS and VAS. Modernisation programme at implementation phase.	

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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	***	4	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. Reports on all the reported incidents concerning obstetric cases are presented to the Clinical Quality Safety and Effectiveness Committee (CQSEC). 3. Review incidents reported through LA52's. 4. Patient Experiences and legal Claims relating to problematic obstetric incidents. 5. Maternity care update articles in the Clinical Update. 6. Monitoring the delivery of the CPD obstetrics module. 7. The maternity pathway for use by Clinical Hub has been redesigned after audit findings. This has been implemented and reviewed. A planned reaudit will occur in 2014. 8. Delivery of CSR 2013/2014 obstetric update (detailed in 2013 UK Ambulance Service Clinical Practice Guidelines) & updates written by Consultant Midwife. 9. Pan-London Maternity Divert Policy (Updated Sept. 2013): Robust framework to limit temporary closure of maternity units and to ensure	Fionna Moore	10-Jan-14	Major	Likely	16	1. Director of Paramedic Development & Education to directly oversee delivery of CSR 2013/2014. CSR to be delivered to >85% clinical staff. 2. Appointment of Consultant Midwife (post vacant) to provide professional advice and education. Update post from 0.2 WTE to 0.4 WTE to increase availability and impact through obstetric education.	1. End 2014 2. May 2014	1. Review during each quarter and any serious or recurrent themes highlighted through updates to operational and/or control staff and CQSEC. 2. End of 2013/14 financial year 3. End of 2014/15 financial year	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	Proposal to reduce current rating to likely x major = 12
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		5	Human Resources	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.	Tony Crabtree	21-Jan-14	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. M. Whitbread 2. J. Thomas 3. P. Billups 4. P. Cook	1. March 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 regular reports of uptake on training.	Major	Unlikely	8	Split risk between clinical (MW) and non clinical (B'ON)  8/1/14- B'ON proposes change of net rating to Major x Possible = 12. Evidence of attendance at CSR training course by 1/12/13 1906 front line staff had attended CSR Representing 62.6% of the eligible workforce. Sufficient courses are planned for Jan, Feb and March to accommodate 100% of staff. Agreement in place with Ops that up to 90 people will attend per week. Still issue of all in one training who is going to coordinating it? Should the risk be split between clinical and non clinical.  Propose Risk to be reassigned to Mark Whitbread. B'ON proposed change of wording to Risk of staff not receiving statutory training.  Risk Links, 371, 31 and 22
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	***	17	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.	Jason Killens	10-Jan-14	Major	Likely	16	1. Implement changes to rest break arrangements 2. Rota changes to be implemented as result of ORH review 3. Recruitment 4. Skill mix 5. Vigorous management of out of service.	1. T. Crabtree 2. J. Killens 3. D. Prince 4. 5.	1. Q3/4 12/13 2. Q3/4 12/13 3. Q3/4 12/13		Major	Unlikely	8	PW/KB 8/7/13 - Modernisation agenda will address this area.
378	There is a risk that insufficient information is contained within MPS referrals for inclusion in our locality alert register. This may lead to delayed patient contact when attending MPS flagged addresses.	Police fail to set an appropriate criteria for inclusion on the LAS register	14-Jan-13			Operational	Catastrophic	Likely	20	1. Crews carry out a dynamic risk assessment before attending the address using all available information and local knowledge 2. MPS have reviewed their processes for flagging addresses as high risk to the LAS and have introduced a system to ask police officers whether there was a risk to other agencies at an address and if yes why. This has significantly decreased the number of MPS flagged addresses. 3. Due to implementation of controls, propose change of net rating to unlikely x catastrophic = 12	Paul Woodrow	10-Jan-14	Catastrophic	Possible	15	1. Meet with MPS to agree changes to the police entry criteria. 2. Share the MPS comments with crew staff, to inform them of the risk at the address.	1. Ops Lead/Head of MI. 2.	1. Completed 2. March 2014		Catastrophic	Unlikely	10	SM 10/01/14 - Due to implementation of controls, propose change of net rating to unlikely x catastrophic = 12



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379	There is a risk that calls received and triaged as Category C; sub divided into C1, C2, C3 & C4 could receive a delayed or inappropriate response because of increased levels of Category A demand on available resources.	The Learning from Experience Group requested an analysis of delays to category C patients which resulted in Serious Incident reviews. During the period April 2011 - March 2012 the Trust reviewed 92 serious incidents 10 involved Category C calls. 4 incidents were declared 3 as delayed response, 1 staff attitude. 6 incidents were investigated internally. 1 incident is expected to be a problematic inquest and a claim.	11-Mar-13			Operational	Catastrophic	Likely	20	1. MPDS call triage 2. Control services staff training 3. Enhanced clinical assessment through the clinical hub 4. LAS Demand Management Plan 5. Targeted additional resource at times of peak pressure using PAS/VAS/LAS overtime	Jason Killens	10-Jan-14	Catastrophic	Possible	15	1. Recruit to Establishment minus agreed vacancy factor of 4% 2. Deliver efficiencies in full from Capacity Review and complete Roster Implementation. (Implement of actions against Trust Risk 265) 3. Recruit to establishment in the clinical hub. 4. Allocate EMDs to clinical hub to assist with ring backs. 5. Introduce surge plan. 6. More accurate reporting of category C and monitoring of safety incidents.	1. T. Crabtree 2. EMT 3. K. Millard 4. K. Millard 5. 6.		1. Operational Demand and Capacity Review Group 2. Risk Compliance and Assurance Group 3. Medical Directorate senior clinical advice; Clinical risk and Patient safety	Catastrophic	Unlikely	10	
22	There is a risk that failure to undertake comprehensive clinical assessments may result in the inappropriate non-conveyance or treatment of patient.	Inappropriate non-conveyance incident	14-Nov-02	***	5	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. Reports on all the reported incidents concerning obstetric cases are presented to the Clinical Quality Safety and Effectiveness Committee (CQSEC). 3. Review incidents reported through LA52's, Patient Experiences and legal Claims relating to problematic obstetric incidents. 4. Maternity care update articles in the Clinical Update. 5. Monitoring the delivery of the CPD obstetrics module. 6. The maternity pathway for use by Clinical Hub has been redesigned after audit findings. This has been implemented and reviewed. A planned reaudit will occur in 2014. 7. Delivery of CSR 2013/2014 obstetric update (detailed in 2013 UK Ambulance Service Clinical Practice Guidelines) & updates written by Consultant Midwife. 8. Pan-London Maternity Divert Policy (Updated Sept. 2013): Robust framework to limit temporary closures of maternity units and to organise redirection.	Fionna Moore	10-Jan-14	Moderate	Certain	15	1. Director of Paramedic Development & Education to directly oversee delivery of CSR 2013/2014. CSR to be delivered to >85% clinical staff. 2. Appointment of Consultant Midwife (post vacant) to provide professional advice and education. Update post from 0.2 WTE to 0.4 WTE to increase availability and impact through obstetric education.	1. Director of Paramedic Education and Development 2. Medical Director	1. End of 2014 2. May 2014	CPI reports OWRs CQSEC EMT/TB reports Learning from Experience	Moderate	Possible	9	Proposal to reduce current rating to likely x major = 12
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.	07-May-13			Clinical	Catastrophic	Likely	20	1. LAS METDG trial completed and evaluation reports produced. will re-triage MPS calls via MPDS, to determine an accurate priority and facilitate more effective tasking of LAS resources. METDG will attempt to close lower priority calls by Hear & Treat. METDG only has limited times of operation at anticipated peak times of demand. 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.	Jason Killens	10-Jan-14	Catastrophic	Possible	15	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. Dec 2013		Catastrophic	Rare	5	METDG trial completed and evaluation reports produced . EMT options paper discussed in June 13. Approved further work to improve clinical safety of CAD  MPS involvement
371	There is a risk that the LAS will not continue to maintain Level 2 for IG Toolkit Requirement 112 because Operational staff will not have completed their online IG refresher training. This would mean a 'not satisfactory' return for the LAS when the Toolkit submission is made at end March 2014.	Service pressures during the year have meant that Operational training has had to be deferred in many cases and winter pressures may make this situation worse.	14-Jan-13			Governance	Major	Almost Certain	20	1. ADOs have been reminded about the need for their staff to complete training 2. Training completion rates are being monitored by IGG 3. An IG training plan has been produced and agreed by the Information Governance Group.	Vic Wynn	10-Jan-14	Major	Possible	12	1. Produce IG training plan to ensure that as many staff as possible complete refresher training and other IG training as required by 31/03/14. 2. Our Directors, information asset owners and other managers are to be reminded to ensure that their staff complete the online IG refresher training. 3. Directors will be provided with spreadsheets of staff who have completed training	1. S. Moore 2. S. Moore 3. S. Moore	1. Completed 2. January 2014 3. January 2014	1. Compliance with completion of IG refresher training is checked monthly by the Information Governance Manager. 2. Progress is checked at the Information Governance Group Meeting monthly.	Major	Unlikely	8	Recommend net impact is revised to major x possible = 12 and target rating revised to major x unlikely = 8.

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7	There is a risk that we do not capture errors and incidents, and do not therefore learn from these and improve service provision and working practices.	Insufficient recorded evidence of reported incidents	13-Nov-02	***	4	Health & Safety	Major	Almost Certain	20	1. LA52 incident reporting form 2. Risk management policy and strategy has been updated and implemented 3. Incident reporting policy is implemented 4. The Learning from Experience (LFE) group is in place and starting to review integrated risk reports, patterns and trends - LFE group receive an integrated report and monitor action to be taken, including feedback to staff on incidents reported and investigated. 5. A review of incident reporting is underway and led by the PCMO. 6. Weekly SI control sheet and conference call updates. 7. Monthly reports to SMG. 8. Implemented policy on investigating and learning from incidents, complaint, PALs and claims. 9. Local risk registers have been introduced 10. Datix Coding Review has been undertaken 11. LFE group has introduced integrated reporting	Tony Crabtree	10-Jan-14	Moderate	Possible	9	1. Complete the review of incident reporting pilot and make recommendations to Corporate H&S and RCAG. - (Phase 2 of this project has commenced and is being led by CDB) 2. Implement the policies on investigating and learning from incidents, complaint, PALs and claims. 3. LFE to develop the integrated risk reports and monitor action taken, including feedback to staff on incidents reported and investigated. 4. Incident reporting project phase II commenced Jan 2012.	1. S.Sale 2. S.Adams 3. C.Dodson-Brown 4. C.Dodson-Brown	1. Complete April 2014 2. Oct 2013 3. Oct 2013 4. Oct 2013	1. Completion of the review and recommendations to RCAG and SMG for implementation. 2. Reports and minutes from Learning from Experience, RCAG, SMG and Quality Committee. Consistent coding and reporting across the risk indicators. 3. Compliance with Incident Reporting Procedure	Moderate	Rare	3	
349	There is a risk that the Clinical Coordination Desk will not be able to operate effectively due to a lack of suitably trained staff in EOC where secondments of specifically trained staff have ended and specialist roles with control services are being removed.	Specialist roles with control services are being removed in order to provide a more flexible workforce. This removes the experience and expertise that has been developed on the CCD and has now become a nationally recommended part of clinical network development.	11-Jul-11	***	4	Operational	Major	Likely	16	1. CCD now supported by enhanced clinical support in EOC with 24/7 clinical hub going live on 16/7/12	Jason Killens	04-Nov-13	Major	Likely	16	1. Increase the number of staff trained to undertake the Clinical Coordination Role 2. Ensure that, if there is no option but to split the desk between Waterloo and Bow, the CCD is co-located with the Clinical Hub at both sites			Major	Unlikely	8	28/04/13 FW - The risk of insufficient staff trained to undertake the role persists and the risk is slightly increased now we are in two control rooms as the pool of staff who are trained may not be on the Waterloo Site which is where the desk is run from in order to be co-located with the HEMS paramedic and the Clinical Hub. .  MPS involvement	
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 L&S	13-Nov-13			Clinical	Major	Likely	16	1. NHS staff benefits 2. Listening into Action - to understand staff improvements. 3. Developing the modernisation programme – including rota reviews and development of a clinical career structure. 4. Actively recruiting university and registered paramedics and A&E support. 5. Monitoring and developing plans to address trends in turnover. 6. The use of overtime, private and voluntary ambulance services to increase the number of available resources.	Tony Crabtree	13-Nov-13	Major	Likely	16	1. Development of Clinical Career Structure. 2. Skill mix review. 3. Review exit interview process and data capture. 4. Review and update rewards and retention strategy. 5. Promote learning and development opportunities. 6. Recruitment drive to fill vacant established posts. 7. Implementing the modernization programme.	1. JC/PW 2. JC/PW 3. LK 4. JC 5. BO'N 6. CM 7. JC/PW	1. 2014/15 2. 2014/15 3. Completed 4. Nov 13 5. Nov 13 6. Dec 15 7. Dec 15	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	Major	Unlikely	8	The Trust continues to investigate funding streams to support professional development with the aim to positively influence turnover. New Risk added 13/11/13.

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343	There is a risk of staff not recognising safeguarding indicators and therefore failing to make a timely referral.		12-Aug-10		4	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.	Steve Lennox	18-Dec-13	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 2. Alan Taylor	1. Ongoing 2. January 2014.	1. Safeguarding committee review referrals data - monthly. 2. Continual review of changes in statutory requirements and judicial reviews. 3. Training update monitored centrally on scorecard by Education and Development - annually.	Major	Unlikely	8	SMT 13/11/13 - Agreed to amend net rating to major x possible 12
138	There is a risk that failing to appreciate the significance of psychiatric illnesses will lead to mis-diagnosis.		12-Nov-03	***	5	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	Steve Lennox	27-Jan-14	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. Nov 2013 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	Proposal to downgrade net rating to major x unlikely 8. Action: 1. recommendations from the project. • Include mention of the LA383 on the Team leader Course (KD) • Issue A4 not A5 laminated cards and putting dementia details on the back (DM/KD) Roll-out pan-London of LA383 to proceed but on LA383 annotate that it is not a decision making tool but an awareness tool. 2. Complete mental health e-learning available for all staff, Mental health leads will continue to monitor completion rates on the e learning site with the help of the education & training department. Ongoing January 2014. 3. As part of the clinical career structure, a 2 week clinical update for Team Leaders and Clinical Managers has been rolled out and Mental health is included. Sessions have been successfully delivered by the Mental Health Clinical Lead
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.	01-Jun-05	***	7	HR	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	Tony Crabtree	21-Jan-14	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 Education & Development activity throughout the Trust. This will include the review of Fulham E&D 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. April 2014 2. Sep 2014 3. Sep 2014	1. Annual reaccreditation visits by IHCD external verifier 2. Monitoring by Clinical Education Steering Group with subsequent reporting to the Training Strategy Group	Major	Unlikely	8	1. Proposals for the electronic capture and storage of training records are currently being developed with Management Information and an external supplier. It is intended that these will integrate with the storage systems already in use within the LAS. 2 -3. The forthcoming restructure of Clinical Education and Standards Department will be developing this further.

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211	There is a risk that drug errors and adverse events may not be reported.	Concerns that drug errors may not be reported	08-May-06	***	4	Clinical	Major	Likely	16	1. No evidence of any issue of significance from service users or stake holder feedback. 2. Safety and Risk to track back complaints to see how many have LA52's associated with drug errors and adverse events not being reported 3. Medical Directors Bulletin to remind staff of importance of reporting drug errors and adverse events. 4. Article included in the Clinical Update highlighting the importance of incident reporting. 5. Importance of clinical incident reporting highlighted in the Team Leader Clinical Update Course and Team Leader Conference. 6. OP02 (use of drugs) and OP30 (controlled drugs) recently been reviewed 7. Updated guidelines and new pocket books 8. Medicines management group reports to EMT, Trust Board and CQSEC	Fionna Moore	10-Jan-14	Major	Possible	12	1. Continue to encourage reporting of all clinical incidents using LA52's. 2. Continue to reinforce that the LAS has a fair blame culture by providing feedback from outcomes of complaints to staff involved in incidents. 3. CSR 2013 training delivery 4. CSR 3 training delivery 5. Concept of 'check and challenge' process is under development by the Medical Directorate. It is planned that a simple check-list will be produced for use by clinicians. 6. Emphasis on checking drugs and reporting errors is included on the Team Leader/Paramedic Manager update module 2013/14.	1. John Selby 2. D Whitmore / Tony Crabtree 3. Bill O'Neil 4. Bill O'Neil 5. D.Whitmore 6. D.Whitmore	1. Ongoing 2. Ongoing 3. Ongoing for all training courses 4. End of 2014 Financial Year 5. March 2014 6. Ongoing until March 2014	1. CPI checks 2. Incident Reporting 3. CQC inspections 4. Clinical opinions provided on incidents 5. Learning from Experience Group review incident activity 6. Review of closed cases and claims. 7. Learner outcomes and achievement records documenting discussions on incident reporting. 8. Medicines Management Group meetings/reports	Major	Unlikely	8	
305	There is a risk that the management of morphine at Station level is not in accordance with LAS procedure OP/30 Controlled Drugs.	Controlled Drugs Incidents arising from poor adherence to policy	21-Oct-08	***	4	Clinical	Major	Likely	16	1. Policy reminder to be reinforced by bulletins from Director of Operations/Medical Director. 2. Independent audits to be carried out throughout the Trust. 3. Initial peer review pilot audit carried out in the south area with results and process amendments discussed at a morphine audit group quarterly meetings. The south area peer review is now standard Trust wide. 4. OP30 Policy and procedure for the Ordering, Storage and use of Morphine Sulphate within the LAS has been reviewed and issued. 5. Daily audit checks 6. The policy itself defines individual responsibility 7. Area governance reports to CQSEC 8. Mandatory LIN reports to CCG 9. Unannounced visits by MPS 10. Annual attendance by MMG to AO update days 11. MMG reports to EMT and Trust Board	Fionna Moore	10-Jan-14	Major	Possible	12	1. Continue to highlight practice from the peer review audits. 2. Continue to review feedback from spot checks made by the MPS. 3. Peer review	1. D.Whitmore 2. D.Whitmore	1. Ongoing 2. Ongoing 3. Ongoing	1. Internal Audit 2. Independent Audit 3. LIN oversight of system 4. MMG to CQSEC, EMT and Trust Board	Major	Unlikely	8	Medicines Management Committee propose to archive the risk as the controls in place have brought it to the target rating. No significant incidents have been reported in the calendar year 2013..
390	There is a risk that the demand from patients in South-East London for 111 service exceed the capacity of the resources at Beckenham, leading to extended periods of call handling delays and an adverse impact on Patient Safety.	This could be caused by unexpectedly high increases in call demand from winter pressures, advertising campaigns for the service, or any unusual short term demand spikes. It could also be caused by higher than expected staff attrition rates or delays in recruitment to increase staff numbers if this was required. The clinician resource need is currently being supported by a contractor led resource off-site. Any impact that reduces the availability of this support resource could also exacerbate this.	13-Nov-13			Clinical	Major	Likely	16	1. Short term resilience from super-numery staff. 2. Formalise surge plan agreement with other Ambulance Service Trusts, invocation documented. 3. Gather actions from letter to SEL commissioners from 25/10/13.	Jason Killens	13-Nov-13	Major	Possible	12	1. Recruitment of more clinical staff at Beckenham. 2. Arrangement in place to forecast book and call of contractor clinical resources.	1. N. Daw 2. N. Daw	1. Nov 13 2. Nov 13	1. 111 Service Winter Pressures Plan. 2. 111 Service Surge and Capacity Plan.	Major	Unlikely	8	New risk added 13/11/13.
326	There is a risk that the inadequate facilities and lack of policy for the decontamination of equipment may increase the risk of infection.		17-May-10	***	1,2	Infection Control	Major	Likely	16	1. Introduction of single-use items. 2. Introduction of more robust cleaning programme for vehicles and premises. 3. Introduction of detergent and disinfectant wipes for equipment in between patient use. 4. Improved decontamination processes in operation.	Steve Lennox	December 2013	Major	Possible	12	1. Decontamination sub group to review compliance with decontamination process (Clinical Equipment Group to take over) 2. Decontamination lead to be confirmed. 3. Medical Devices Policy to be agreed by IPCC and ratified by SMT (includes section on decontamination ie cleaning and disinfection.)	1. K.Merritt 2. S.Westrope 3. R. Deakins / E. Hitchcock	1. 2. 3. March 2014	1. Policy approved and implemented. 2. Area Governance Meetings 3. Incident reports.	Minor	Unlikely	4	Reviewed by Fleet and Logistics Team 21/10/13. Sean Westrope to meet with Jason Killens to discuss who should be the action owner. Steve Lennox DIPC discussed situation with Director of Finance; awaiting confirmation

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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	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. B.Tech 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	Paul Woodrow	10-Jan-14	Major	Possible	12	1. Implementation of LAS/HSE Manual Handling Improvement Programme Action Plan (i.e. tracked chair) 2. Marc Rainey is leading a Bariatric Task & Finish group in respect to the identification of suitable vehicle types 08/01/14 3. Ongoing review of marketplace to identify new lifting aids 4. ISON for chair transporter being raised by Logistics. Funding for chair replacement in Draft Capital Plan. EMT approved business case: Single tender drafted: Awaiting finances budget code approval. 08/01/14 5. Clinical Equipment Group - have reviewed the contents list for the response bags this has been developed into a specification 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. J.Selby 5. M. Faulkner	1. Q2 2014 2. 2013/14 3. Ongoing 4. Jan 2014 5. 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	KB/PW 08/07/2013 - £578k funding for new chairs included in final draft of capital plan. Final approval with EMT for 24/7 EMT approved business case 23rd Oct. LA 95 request for single tender approval drafted 30th Oct
385	There is a risk that the total level of financial loss due to theft and criminal damage to the organisation is inaccurately 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			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	Andrew Grimshaw	10-Jan-14	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.	1. M. Nicholas 2. M. Nicholas	1. Jan 2014 2. Completed	1. LA 52 Data reviewed / monitored by Corporate Health and Safety Group. 2. LSMS reviews LA 52 reported data. 3. Security Management Policy.	Major	Rare	4	New Risk
153	There is a risk that fuel prices may be in excess of sums held in budgets which may lead to overspend	Increasing fuel prices	06-Jan-04	***	8	Finance	Major	Likely	16	1. Monthly review as part of month end reporting process. 2. Prices will continue to be closely monitored by the Finance Department for 2013/14. The move to an all diesel fleet will further mitigate against fuel costs.	Andrew Grimshaw	24-Jan-14	Moderate	Possible	9	1. Finance Review of billing data underway by Director of Finance. Further investigation of vehicle telemetry technology to manage fuel spend.	1. A.Grimshaw	1. Ongoing	Monitored at SMG and Trust Board	Moderate	Possible	9	Fuel prices remain stable at the moment. Risk at target rating but to remain visible on Risk Register KH to review and follow up with SW.
322	There is a risk that the Trust does not receive assurance that infection prevention and control training is taken up by all staff.	1. Current workload within the department means that there is insufficient capacity to ensure that all tutors are developed in line with the departmental tutor development strategy. This includes time to incorporate information from bulletin into teaching strategies. 2. Clinical staff (patient facing) training compliance monitoring is robust; however, for non-patient facing staff, there is inadequate oversight of training uptake of this staff group. 3. Oversight of performance data re training compliance in third party providers.	17-May-10	***	1,2,4,5	Infection Control	Major	Likely	16	April 2013 update: infection prevention and control training remains in new entrant courses and CSR 1.13, including hand hygiene tuition. Staff will be issued the IPC training workbook as a CPD activity as well as receiving their core tuition. In addition, they receive ANTT, norovirus and sharps injury aide memoires for their PRF folders. Core subject areas (including IPC) will also undergo a quality assurance this year, to ensure they contain best practice information. IPC including hand hygiene is also included in all in one and induction sessions.	Steve Lennox	December 2013	Moderate	Possible	9	To be fully compliant with CQC expectations and all staff to have up to date infection control training: 1. Ensure all staff receive All-in-One training or alternative form of update (core skills refresher and induction training) 2. Monitor and implement hand hygiene training. 3. Need to capture the training of contracted staff on the scorecard. 4. Core and CSR sessions are being reviewed and aligned with Skills for Health Requirements (patient facing;induction and refreshers 4 non patient facing).	1. B.O'Neil 2. Local AOMs 3. ? C. Doyle 4. I. Bullamore / E. Hitchcock / C. Livett	1. March 2014 2. Completed 3. March 2014 4. March 2014	Reports from the central training register	Minor	Unlikely	4	Reviewed by the IPCC 08/08/2013 - CSR 2013 commenced in June, containing a short IPC session and focussing on disseminating the IPC workbook. As at the beginning of August 690 places had been offered with 654 staff attending, in addition 144 staff had attended an earlier draft of CSR, this equates to 798 staff in total received CSR training since June, although there are no planned courses for Aug-Sept. CSR 2013 will continue until 65% of staff are trained Links to risk 355



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389	There is a risk that... Unexpected cost liabilities arise from operating 111 Services from Beckenham that are either hidden, not directly attributable or outside of any contract terms with the commissioners.	Costs of providing support services (HR, Finance, PALS, procurement, IM&T) are unclear. The 111 service itself is quite immature and costs may not have fully emerged. If the site cannot manage support services independently, LAS administration support may be required. The additional workloads will be difficult to track and accurately measure. Support services may struggle with the additional demand and incur costs mobilising temporary resources to cope. LAS may identify additional staffing needs relating to Beckenham after agreeing terms with commissioners, who could then refuse to provide the funding.	13-Nov-13			Finance	Major	Likely	16	1. Due diligence process with NHS Direct to identify liabilities as far as possible. 2. Open book contract terms formally agreed commissioners. 3. KPMG & Deloitte reviews.	Jason Killens	13-Nov-13	Negligible	Possible	3	1. Site administration costed and provisioned. 2. Process for agreeing additional capacity costs over and above plan. 3. LAS have required Commissioners and NHS England to agree to cover all miscellaneous costs.	1. N. Daw / K. Hervey 2. N. Daw / K. Hervey 3. N. Daw / K. Hervey	1. Nov 13 2. Nov 13 3. Jan 14	Highlighted risks are discussed and updated in regular project checkpoint meetings and project boards. Records of meetings and agreed actions are documented.	Negligible	Unlikely	2	* NB open book funding essentially negates the risk, but it was agreed by the 111 transition project group to document New Risk added 13/11/13. Project group has now been disbanded. Once the contract has been signed at the next Board meeting, this risk will have reached its target rating.
329	There is a risk that financial penalties will be levied on the Trust as a result of non-achievement of the contractually agreed targets.	Potential failure to achieve contracted performance targets and failure to earn CQUINs	06-May-10		3,4,8	Finance	Catastrophic	Possible	15	1. 2013/14 Continue working with specific mitigation of financial risk. 2. Monthly finance reports reviewed by Trust Board and EMT. 3. Regular communication with commissioners. 4. The contract of the Director of Modernisation and OD has been extended to end of June 2014 to maintain focus on the Modernisation Programme.	Andrew Grimshaw	10-Jan-14	Catastrophic	Possible	15	1. Review by Finance Investment Committee 2. Review capacity vs demand 3. Develop a programme of sustainable performance and performance management 4. Develop clear escalation procedures when measuring performance. 5. Establish relationship with Commissioners 6. Negotiate suitable operating contract with Commissioners. 7. Recruitment	1. K. Hervey 2. J. Killens 3. P. Woodrow 4. P. Woodrow 5. K. Broughton 6. K. Broughton 7. D. Prince		1. Performance is tracked daily both centrally and by area. 2. Financial risks are reviewed by SMG and Trust Board. Diary meeting every Monday reporting where performance is	Catastrophic	Unlikely	10	Kevin to provide further information following the FIC meeting on the 24/01/14.
373	There is a risk that crews will not carry out a comprehensive dynamic risk assessment when attending high risk addresses resulting in a delay in attending the patient	Custom and practice that crews do not do this as a matter of course	14-Jan-13			Clinical	Catastrophic	Possible	15	1. Recent new guidelines issued 2. Discussions taken place with ops, EOC and all interested parties including staffside reps 3. Policy reviewed and signed off by SMG 4. AOMs reviewing LAR yearly and scrutinise each new LA277. Also the Area Governance Reports are to be fed back to CQSE at alternate meetings reporting on the updating / removal or otherwise of patients in all groups, with particular attention to care plans / action plans as appropriate. 5. Education about the LAR and need to undertake dynamic risk assessments is included on the newly introduced Intern Programme.	Fionna Moore	10-Jan-14	Catastrophic	Possible	15	1. Emphasised through Ed & Dev to new staff / Internship programme. Needs to be cascaded to all staff via Team Leaders / DSOs and AOMs. This will be achieved Med Directorate input to Team LEader Conferences and Internship programmes. 2. Monitor incidents as a result of staff applying a dynamic risk assessment and not entering a call as a result 3. Monitor delays from attendance at known high risk addresses	1. Ops / Medical Directorate 2. John Selby 3. Patient Experiences/EOC/ Legal/Medical Directorate	1-3 Team Leader Updates delivered in March 2013. Internship Programmes delivered in Oct -12; Aug-13 and Nov-13. Team Leader Update courses September-13 & thereafter monthly until Apr-14	Monitoring through CQSE (3x/year) SI Group PED Legal	Catastrophic	Unlikely	10	21/10/13 - No SIs or problematic incidents identified where a delay due to a high risk notification has occurred. DW propose risk to be archived as reached its target ratings. No incidents have been reported check with EW for any incidents reported.
362	There is a risk that the absence of a medical devices tracking system may result in the Trust being unable to maintain and track equipment which could result in equipment not being available for patient use.	Impact on Complexes not being able to manage allocation of medical equipment to vehicles. Impact on patient safety if medical equipment is not available possibly resulting in a serious incident. Equipment is not serviced at the correct intervals and there are no indicators, if an item of equipment has not been maintained. Impact on patient safety if faulty equipment remains in use. Financial impact on the organisation through the increased likelihood of loss or theft of medical devices.	17-Apr-12			Clinical	Catastrophic	Possible	15	1. Occasional audits of equipment by complexes and logistics department. 2. Equipment lists are available from the company which maintains the medical devices, which includes serviced and non serviced items.	Jason Killens	10-Jan-14	Catastrophic	Possible	15	The Trust will ensure that appropriate equipment is provided on all front-line vehicles essential equipment = vehicle-based, portable, and personal-issue) 1. Implementation of asset tracking project 2. Monitor contractor's compliance with asset tracking process and vehicle inventory management 3. Review portable equipment supply	1. Anne Fulcher 2. Anne Fulcher 3. Anne Fulcher	1. Closed 2. Daily Monitoring 3. Daily Monitoring		Catastrophic	Rare	5	CQSEC 20/11/13 MF and PMC to re-write risk 362 in light of the fact that a medical devices tracking system was now in place  TO CONSIDER REGRADE KB/PW 08/07/2013 - Asset tracking is now routine business through the vehicle preparation team An equipment maintenance database is now in place which shows repairs and servicing of equipment. Personal issue BM kits have been rolled out for all staff, a proposal has been put in place to provide personal issue thermometers. This will improve the availability of small items of diagnostic equipment. New equipment is purchased with every new vehicle which should ensure sufficient equipment for all vehicles. As part of the Logistics Review a proposal has been put forward to centralise the budget for equipment repairs which will speed up repairs and improve availability.

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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			Infection Control	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.	Steve Lennox	December 2013	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. 3. Decision made by Clinical Equipment Group not to use any coverings on trolley beds; to be wiped after each patient (this is being trialled) 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. B. Leaning / K. Merritt. 4. IPCC	1. February 2014 2. Ongoing from November 2013 3. Commence December 2013 4. IPCC February 2014	Trial project in place to be reviewed by the Clinical Equipment Group.	Minor	Unlikely	4	Issues reviewed by the IPCC in November 2013, decision taken that this is not the responsibility of IPCC. Risk owner to be reviewed. Suggested for procurement ?
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	05-Feb-13			IM&T	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.	Vic Wynn	09-Jan-14	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 3. Un sighted on 3 - may not be possible 5 discounted. 6 Q2 2014	This has been identified as the highest risk to allowing bow to go 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	13/08/2013: In light of no further failures since the upgrade was applied, it is recommended this risk is now considered Moderate X Unlikely i.e. a risk score of 6. The target score can not be achieved while we are using end of life equipment that is unsupported. 22/10/2013: No update required, risk is accepted until a new solution can be purchased. 30/12/2013: New solution has now been given the go ahead to purchase. The procurement stage has begun with an invitation to tender. Timescales for procurement will look to be around three to six months
345	The Trust currently receives a sum of £7.7m non recurring funding to maintain a CBRN (Decontamination) Response. There is a risk that the funding may not continue. The funding is used to fund 143 WTE and the hours required for annual CBRN training	Public sector funding constraints. No formal service level agreement in place	16-May-11	1,2,3,4,8	Finance	Catastrophic	Possible	15	A draft CBRN SLA for 2013/14 in the amount of £7.7m (no change from 12/13) has been sent by Peter McKenna to NHS England for consideration. Awaiting response from NHSE.	Jason Killens	10-Jan-14	Catastrophic	Unlikely	10	1. Trust to attempt to gain assurances from DH that this funding will continue. 2. Reviewed by Finance Investment Committee.	1-2 A. Grimshaw	1. Feb 2013	1. Service Line Reporting	Catastrophic	Unlikely	10	Need to inform SMT that 13/14 funding has been received for 7.2 million. Change wording of risk to reflect this. Waiting for advice on whether to pursue the DOH/NHS England for the remaining 0.5 million.	
315	There is a risk of service failure during relocation to the FBC because effective arrangements for continuity have not been made between LAS and the Metropolitan Police.	Lack of robust BC arrangements in event of full scale evacuation of EOC HQ	17-Aug-09	***	17	Business Continuity	Catastrophic	Possible	15	1. New arrangements agreed with surrounding Trusts to take LAS 999 calls in event of total loss of HQ during Olympic period which need formally agreeing via NDOG as a permanent solution. 2. 2nd Control room went live at located at Bow 27-2-13 2. Smart numbers implemented 20-2-13 which allow for a rapid transfer of calls in a case of total loss of a site	Jason Killens	10-Jan-14	Catastrophic	Unlikely	10	Status Quo				Catastrophic	Rare	5	VW 30/12/13 - proposed archive, target rating achieved KB/PW 08/07/2013 - Formal MOU has been signed with surrounding ambulance services to take LAS999 calls if there is a catastrophic failure. Two control rooms now running live.
353	There is risk that Operational ambulance staff and Emergency Operations Centre Staff are unsure of the safe systems of working/procedures in relation to railway trackside working, due to the rare occurrence of such incidents.	Lack of regular exposure to this risky environment	23-Nov-11	5,7		Operational	Catastrophic	Possible	15	1. Emergency Medical Dispatchers (EMD) receive familiarization and procedural awareness during initial training and during their dispatch training course. 2. Work Based Trainers oversee adherence to procedure during placements Student Paramedics receive trackside awareness training during initial training. 3. "Trains Can Kill" card included in Major Incident Action Cards as point of reference. 4. Contingency Plans in place for calls on Network Rail, LUL, DLR and Croydon Tramlink calls including safety awareness information. 5. Operational bulletins available via The Pulse. 6. Trackside Awareness Training provided for all student paramedics and trainee emergency medical dispatchers including demonstrations of short circuit devices 7. Revised policy and procedure in place setting out requirements when attending railway incidents	Jason Killens	03-Jul-13	Catastrophic	Unlikely	10	1. Develop e-learning package for operational managers to enhance safety. 2. Inclusion of railway incidents session in Q3/4 12/13 ops managers EP updates. 3. LAS has engaged with other multi-agency partners since 2012 regarding best practice. 4. Monthly multi-agency trackside training using three live scenarios.	1. W.Kearns 2. L.Lehane 3. W.Kearns		1. Manager briefings Undertaken 2. EOC briefings undertaken 3. Publications in RIB / LAS News / Pulse	Catastrophic	Rare	5	email sent to Liam Lehane and Will Kearns for update Monthly exercises now superseding e-learning where appropriate.

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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	***	1,2,4,5	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	Fionna Moore	10-Jan-14	Moderate	Possible	9	1. To highlight the importance of clinical incident reporting in the Team Leader Clinical Update Course. 2. Audit of FR2 data cards and card readers. 3. Establish the current resources of LP 1000, how many in use, which complexes carry them, are there spares available for 1 for 1 swap. 4. Establish a process at station level to link a specific cardiac arrest to the LP1000 it is stored on. 5. Publicise download returns by complex as part of Area Governance Reports, via PIM or Staff Officer for the Area. 6. Consider roll out of transmittable data from LP15 once vehicle on station	1. M.Whitbread 2. M.Whitbread 3. M.Whitbread 4. M.Whitbread 5. M.Whitbread 6. M.Whitbread	1. Complete 2. Ongoing 3. Ongoing 4. Ongoing 5. Ongoing 6. Ongoing post N/Malden pilot evaluation	2. EOC briefings undertaken	Moderate	Unlikely	6	MW to discuss further mitigating actions with Fionna Moore
200	There is a risk of loss of physical assets due to the risk of fire.		01-Jan-02	***	1,2,3,4,7	Health & Safety	Catastrophic	Possible	15	1. Fire Marshall awareness training is undertaken as a module on a 1 day Safety and Awareness Course. 2. Annual Fire Risk Assessments are undertaken by the Estates Department. 3. Fire Fighting equipment is sited at all strategic locations. 4. Premises Inspection Procedures require all premises to be inspected on a three monthly basis. 5. Local Induction Training requires managers to identify fire precaution to all new staff. 6. Updates of health and safety issues are provided at the Estates Meeting monthly. 7. Estates department annual assurance of Trusts fire safety compliance. 8. Fire Marshals are appointed by Line Manager 9. Fire & Bomb evacuation Policy 10. Update on premises inspection reported to Corporate Health and Safety Group Quarterly 11. Core skills refresher 2 includes vehicle fire precaution awareness training. 12. All operational vehicles are fitted with appropriate extinguishers and crew staff fire awareness is included in CSR 13. Local induction includes fire safety awareness. 14. Local testing of fire alarm systems occurs on a weekly basis 15. Local fire drills are taken on a 6-monthly basis	Tony Crabtree	07-Jan-14	Major	Unlikely	8	1. Health Safety and Risk team to take responsibility for delivering Fire Marshall Awareness Training. 2. Estates department in process of undertaking annual fire risk assessments of all LAS premises	1. J.Selby 2. Estates Department	1. Complete 2. Ongoing	- Corporate Health and Safety Group - Emergency Evacuation policy. - Annual assessment undertaken by Estates. -	Minor	Rare	2	January 2014, JS/DN - Propose target rating reduced to minor x unlikely =4. Propose that risk has met its target rating for archiving.
354	There is a risk of ongoing industrial action due to national ballots leading to disruption of service provision.	There could be an impact on service delivery, patient care and the Trust's reputation.	23-Nov-11		1,2,3,4,7,8	Human Resources	Major	Possible	12	1. Partnership agreement with staff side. 2. Intelligence gathering. 3. Business continuity plan. 4. Developed contracts with VAS/PAS/Agency staff.	Tony Crabtree	10-Jan-14	Major	Possible	12	1. Implement recommendations from N30 review. Note - Actions from N30 internal review are all complete, and actions from the NHSL integrated action plan are on track - National meetings currently taking place with staffside regarding issues of payment of unsocial hours during sickness absence. At this point any changes are on hold.	1. Tony Crabtree	1. 2012/13		Major	Possible	12	Note - AB requested target rating to be reduced from major x possible to major x unlikely = 8
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	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.	Vic Wynn	23-Oct-13	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	Email sent to R. Clifford for update 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 delays to commencing this project. Target date revised to February 2014.



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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			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	07-Oct-13	Major	Possible	12	1. A review of operational tail lift design is being undertaken. 2. A review of an alternative tail lift provider is being undertaken. 3. A training program for workshop staff is to be rolled out covering fault finding awareness. 4. The maintenance of the tail lift will be increased to operate on a 12 week cycle rather than a 16 week cycle as specified by the manufacturers. 5. Signage will be placed within the AMB to indicate the type and correct operation of the tail lift in question.	1. P. Mann 2. P. Mann 3. P. Mann S. Westrope 4. P. Mann 5. P. Mann	1. Mar 2014 2. Mar 2014 3. Mar 2014 4. Dec 2013 5. Mar 2014	1. Motor risk management group review identified incident related to operational vehicles. 2. Corporate Health and Safety Group review all incident statistic trends. 3. Fleet management meet on a weekly basis and also review vehicle incident rate trends.	Major	Unlikely	8	Request for update requested from S.Westrope
293	There is risk that that Patient Specific Protocols (PSP) and palliative care, out of hours forms, etc. may not be triggered by the call taker when the patient's address is identified during 999 call.	Incident where call taker had not picked up patient specific protocol	18-Feb-08	***	1,2,4,5	Clinical	Major	Possible	12	1. The Senior Clinical Adviser has lead responsibility to PSPs. 2. The Clinical Hub Administrator has responsibility for PSP and CMC data 3. Input and maintenance are performed by Management Information who have introduced a range of control measures. 4. The Senior Clinical Advisor liaises with Management Information for the appropriate access to be provided to Clinical Support. 5. All relevant staff are periodically reminded of the requirement to correctly trigger PSPs, in particular call takers	Fionna Moore	10-Jan-14	Major	Possible	12	1. Increase in use and functionality of the Coordinate my Care (CmC) system across all London in conjunction with the Royal Marsden (owner of CMC) 2. Introduction of auto flagging of addresses in a data pull from CMC as well as interface with other stakeholders	1. D.Whitmore 2. David Whitmore/Sue Meehan/Vic Wynn	1. Sep 2013	1. Incident reporting. 2. Complaints monitoring. 3. Protocols and transfer procedure	Major	Unlikely	8	CQSEC 20/11/13 - David Whitmore to articulate a new risk relating to Coordinate My Care to replace risk 293. (new risk to go to SMT on 12/02/14 SMT 13/11/13 - Did not agree to archive this risk until the new risk is put in place. 21/10/2013 We recommend that this specific risk is archived. However we recommend that a new risk is substituted. This new risk is that there are currently in excess of 1,000 addresses waiting to be flagged. This requires urgent action and possibly the employment of a temp to undertake the work, in the absence of any suitable "light duties" members being identified
369	There is a risk that the governance of the Trust may be adversely affected by changes at Trust Board level.	a) Changes to NED appointments and b) substantive/temporary (i.e. maternity leave) changes to the executive team.	08-Oct-12			Governance	Major	Possible	12	1. Executive management team now in place. 2. All non-executive director appointments completed and changes take effect from March 2014.	Sandra Adams	24-Jan-14	Major	Possible	12	Actions complete.	1. Ann Radmore 2. Richard Hunt/Sandra Adams	1. Oct 2013 2. Dec 2013	All Board appointments now completed and the executive team structure is fully implemented.	Major	Unlikely	8	Recommend that this risk has reached its target and can be archived. SA 24/01/2014
370	There is a risk that the development and sign off of the 5-year strategy may be impeded by changes within key board roles.	The board of directors leads the strategic direction of the organisation and need to be able to articulate and support this both internally and externally to the Trust. New appointments to key roles such as the chief executive may lead to a change of strategic direction. This may impact on the FT application and destabilise progress against plans.	08-Oct-12			Governance	Major	Possible	12	Trust strategy review underway focussing on the period to 2020. Strategy development being led by the Director of Strategy and Transformation. Strategy Review and Planning Group acts as the Board committee.	Sandra Adams	24-Jan-14	Major	Possible	12	1. Review of Trust strategy to 2020 is being developed with a programme of engagement through the Autumn 13 leading to final strategy being agreed in March 14. 2. Board development programme incorporates strategic thinking.	1. Karen Broughton	1. March 14	1. Final strategy signed off in March 2014. 3. Board development programme in place.	Major	Unlikely	8	SA 29/10/13 - On track SA 24/1/2014 On track
360	There is a risk that the Trust will not achieve level 2 NHSLA compliance where there is a significant gap between policy/procedure and practice.	- some evidence which can be provided is not consistent with the processes outlined within the documents - non compliance with the related NHSLA standards may contribute towards overall non compliance with the NHSLA standards at a Level 2 assessment as the trust will not be able to provide evidence	09-Jan-12		1,2,4	Corporate	Major	Possible	12	1. NHSLA Level 1 compliance with 50/50 standards. 2. Established meetings with leads for NHSLA and CQC standards where gaps in compliance are monitored and actions agreed. 3. Audits conducted by Governance and Compliance Team on current CQC and NHSLA to identify non compliant areas.	Sandra Adams	24-Jan-14	Major	Possible	12			Evidence and Compliance Group meeting minutes. Evidence folders 1:1 meetings with Standard leads	Major	Unlikely	8	Recommend closure of this risk as the NHSLA risk management standards cease from March 2014. SA 24/1/2014	
63	The risk of incurring liability through the re-use of "single use" equipment.		14-Nov-02	***	1,2,4,5	Infection Control	Major	Possible	12	1. Make Ready has improved the controls over single use equipment. 2. The Infection Control Policy covers "single use" equipment. 3. Staff awareness has been increased by the use of Training Bulletins, RIB, posters etc. 4. "Single use" items are in place. Risk of re-use rather than disposal is unlikely.	Steve Lennox	December 2013	Major	Possible	12	1. A decontamination policy is being developed.	1. K. Merritt		1. Incident reporting. 2. Complaints/claims monitoring. 3. Audit of single use policy	Moderate	Rare	3	Actions and owners are to be identified. S.Lennox and Sean Westrope to discuss.

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272	There is a risk that the LAS may not achieve the full CIP due to new/unforeseen cost pressures.		03-Jul-07	***	8,10	Finance	Major	Possible	12	1. CIP has been agreed with SMG/ Trust Board. SMG/Trust Board review report monthly. 2. Monthly monitoring via Performance Accelerator. Monthly Finance Review includes detailed forecast. 3. 37 CIP related projects are integrated with the standard programme management arrangements through the Integrated Business Plan. 4. Continue to Identify further savings - monthly CIP reporting. 5. Continued collaboration with wider health care services.	Andrew Grimshaw	24-Jan-14	Moderate	Possible	9	1. Review as part of CIP monitoring 2. Review by Finance Investment Committee	1. A. Grimshaw 2. A. Grimshaw	1. Ongoing 2. Ongoing	1. CIP reported monthly to SMG and the Trust Board. 2. Programme Governance Structure 3. Finance Investment Committee	Moderate	Possible	9	The current year forecast for 13/14 assumes that the full CIP target will be reached.
309	There is a risk of fraudulent activity from staff, patients and contractors.		16-Feb-09	***	4,5	Finance	Major	Possible	12	1. An annual Counter Fraud work-plan is agreed with the Director of Finance and is approved by the Audit Committee. The work-plan ensures that time is allocated to the Local Counter Fraud Specialist to undertake work in the areas of the Counter Fraud Strategy, inclusive of Creating an Anti-Fraud Culture; Deterring Fraud; - Preventing Fraud; Detecting Fraud, - Investigating any allegations of fraud that are received against the Trust; - Applying Sanctions that can involve disciplinary, civil and/or criminal hearings; - Seeking redress - seeking to recoup money that has been obtained from the Trust by fraudulent means. 2. KPMG - audit function	Andrew Grimshaw	24-Jan-14	Moderate	Possible	9	1. Promoting an anti-fraud culture amongst Trust staff by giving presentations, distributing Counter Fraud literature, holding fraud awareness events. 2. Creating deterrence by promoting successfully locally and nationally investigated fraud cases. 3. Preventing fraud by reviewing Trust policies and procedures. 4. Detecting fraud by undertaking Local Proactive Exercises into areas of concern. 5. Undertaking of a Fraud Risk Assessment.	1. A. Grimshaw 2. A. Grimshaw 3. K. Hervey 4. A. Grimshaw 5. A. Grimshaw	1. Ongoing 2. Ongoing 3. March 2014 4. Ongoing 5. Ongoing.	1. Reported incidents. 2. Internal audit testing and reported via the Audit Committee.	Moderate	Unlikely	6	Review net rating following acceptance of the internal audit report on counter fraud activity.
308	There is a risk that LAS staff may suffer emotional or physical injury as a result of being subject to physical or verbal assault, and this may adversely affect the delivery of the service that the LAS provides and/or the reputation of the LAS.	Injury and Sickness Absence	01-Apr-11	***	1,2,5, 7	Health & Safety	Moderate	Likely	12	1. Security Management Policy. 2. Violence Avoidance and Reduction Procedure. 3. Serious Incident Reporting system will ensure information is regularly reported to NHS Protect. 4. Local management support, LINC and counselling services are available to staff	Tony Crabtree	24-Jan-14	Moderate	Possible	9	1. Conflict Resolution Training update is included in CSR 3 of core learning skills. 2. Review post-violence support procedure 3. Accreditation of 2 master trainers, and LAS with the Institute of Conflict Management, is progressing and should be complete by February 2014	1. M. Nicholas 2. M.Nicholas 3. M.Nicholas	1. Core Skills refresher 3 will include CRT 2013/14. 2. April 2014 3. Feb 2014	1. Monitoring of Incident reports by CHSG. 2. Periodic of High Risk addresses.	Moderate	Unlikely	6	M.Nicholas to update. 1. Review of Post Violence Support Procedure to be completed by April 2014. 2. Accreditation of CRT master trainers to be completed Feb 2014. Awaiting final assessment panel dates for this.
223	There is a risk, that due to operational pressures, the Trust will not be able to hold regular team meetings/briefings with frontline staff. This may have an adverse affect upon CPIs and the PDR process.	Unable to produce sufficient capacity to meet current and ongoing demand levels	12-Jun-06	***	4,5	Operational	Moderate	Likely	12	1. Demand management strategies deployed to reduce overall activity. 2. Use of third party capacity at times of peak demand.	Jason Killens	08-Jul-13	Moderate	Possible	9	Recruitment to establishment	1. Tony Crabtree	1. Q3/4 2012/13		Moderate	Unlikely	6	requested update from ops.
164	There is a risk that Policies and Procedures are not adhered to due to lack of staff awareness and robust implementation plans.	Serious incidents often show that non-compliance with policy is often the root cause of an incident	04-Jan-05	***	1,2,5, 8	Corporate	Moderate	Likely	12	1. NHSLA level one achieved in October 2012 2. Incidents and serious incidents where policy has not been followed and action is required is monitored by the SMT. 3. All new policies and procedures and significant amendments are announced in the RIB.	Sandra Adams	10-Jan-14	Moderate	Possible	9	1. Where there has been a breach of policy, Owners/E&D to be requested to arrange appropriate training and awareness for staff.	1. S. Moore	1. When required	NHSLA level 1 Review of incidents and complaints to ascertain any breach of policy. The SI action plan is reviewed and updated by the SMT.	Moderate	Rare	3	Present new risk to SMT 12/02/14 SMT 13/11/13 - Did not agree to archive this risk until the new risk replaces it. Proposal to close this risk and replace with a risk that brings the issue back to Patient Safety with the ownership placed on operations to monitor compliance and take remedial action where required.
356	There is a risk arising from no provision for protected training time for clinical and paramedic tutors. This may as a consequence cause:- • Dilution of training skill levels • Credibility and reputation concerns of trainers • Impact on the validity of clinical training	Current workload within the department means that there is insufficient capacity to ensure that all tutors are developed in line with the departmental tutor development strategy. This includes time to incorporate information from bulletin into teaching strategies.	23-Nov-11		1,2,4, 5	Human Resources	Moderate	Likely	12	1. All tutors have received a clinical update package. 2. All tutors have received major incident update training. 3. A clinical update training day has been provided to all clinical training staff. Additional clinical skills programmes have been run based on identified need in preparation for pre-winter 2013 Operational Support.	Tony Crabtree	10-Jan-14	Moderate	Possible	9	1. Inconjunction with the Medical Directorate plan sufficient places in an amended format to facilitate all of the training officers / clinical tutors to attend the clinical module which is being delivered for team leaders. 2. Propose specific monitoring report CESSG.	1. B O'Neil 2.	1. April 2014	Course review and feedback by Education Governance Manager	Moderate	Rare	3	This is dependant on the demands of the modernisation programme and cluster activity on the department being mitigated in some way to allow for the development of training officers and clinical tutors. P.Bates to review. Reassign to Mark Whitbread.

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222	There is a risk that lack of frontline management at weekends may reduce the level of support/advice available to staff		13-Jun-06	***	1,2,4,8	Operational	Major	Possible	12	1. DSO annual leave is restricted to ensure 5 are always available pan-London. 2. Team Leaders are also available to respond to incidents in support of crew members. 3. This risk is reduced by safety training for crew staff and the advice to await the arrival of police in high risk situations. 4. A requirement for on duty Silver officer to respond where appropriate, for this reason the Trust has a duty AOM and a on-call AOM available at all times. 5. General broadcast to other vehicles where requirement for a manager is due to crew safety. 6. Clinical Support Desk is now in place and provides a route for staff to gain support and advice on a range of matters 7. Recruited 9 Acting DSO's in Q1 2012/13	Jason Killens	04-Nov-13	Major	Unlikely	8	1. Review new leave rules for DSOs. 2. Develop changes to ops management structure in the light of capacity review. 3. Operational management restructure to be prepared for consultation for Q4 post ORH review 4. Recruitment to vacant CTL posts in Q4 13/14.	1. J.Killens	1. Q3 2012/13 2. Q4 2012/13	1. Analysis of incident reporting	Major	Unlikely	8	requested update from ops.
383	There is a risk that the processes and enabling technology for operating on paper across two sites are not sufficiently robust and resilient resulting in a delayed LAS response.	The CAD system logger software does not optimally support two site fall back to paper operations in its current configuration. This means that in the event of fallback to paper, there is a risk that any lost patient details could take longer to identify than if an enhanced configuration was adopted.  The current logger issues and enhancements will affect patients for a single site fallback anyway, but it is considered the impact and possibility for confusion could be greater across two sites. The risk is considered much less in impact, however, than that of infrastructure failures leading to a failure at Waterloo without live backup at Bow and this is not therefore a risk for	07-May-13			Operational	Major	Possible	12	1. PC Logger with current configuration now enhanced to more directly support fall back to paper by substantially increasing print speed. 2.OP/66 operational procedure updated for two site paper operations.	Paul Woodrow	09-Jan-14	Major	Unlikely	8	1. Further Enhancements to PC Logger - RFC29 2. Dry run exercises of paper operations on two sites. Table top exercises and rehearsals - OP66 checks. 3. Audit check of SMG recommendations from CommandPoint SI relating to paper operations.	1. J. Downard 2. S. Goodwin 3. Medical and CS	1. TBC 2. Completed 3.		Moderate	Unlikely	6	1. Further enhancements to PC logger have been worked up and costed but are not within the current budget. 2. Dry run rehearsal/table top took place on 23/01/13 – results fed into the 2 Control Room Project - OP/066 was updated a to incorporate dual site working and approved by ADG on 27/02/13 - Conducted a Live OP/066 event overnight 26/27 March 2013, across 2 sites - Learning's from the Live OP/066 Event were collated from duty management team and incorporated into the next Outage Event Plan - Unplanned CAD outage occurred on 25/12/13 – exercising OP/066, learning's from that Event currently under review. JN to update action 1. KC to update action 3.
365	There is a risk that Board Members are unable to commit time required to prepare for becoming an FT Board of Directors.	Unplanned changes to FT related meetings, particularly with external stakeholders, may not be accommodated by NEDs who have other time commitments outside the LAS	03-May-12			Governance	Major	Possible	12	1. Schedule of committees includes SRP for strategic focus. 2. NEDs have a time commitment to LAS of 2.5 days. EDs are clear on their board and committee commitments. 3. Trust Board and SRP sessions extended to full day to incorporate development time	Richard Hunt	24-Jan-14	Major	Unlikely	8	1. Programme of Board development that focuses on becoming a well governed organisation. 2. All Board members have agreed PDPs in place. 3. Board effectiveness and committee review provides assurance on commitment	1. Sandra Adams 2. Richard Hunt/Ann Radmore 3. Francesca Guy	1. March 2014 2. March 2014	1. Attendance schedule for Board development. 2. PDPs in place for all Board members.	Major	Rare	4	SA 29/10/13 On track 24/1/2014 On track
376	There is a risk that the Trust Board fails to fulfil all its statutory duties.	NHS Trust Boards have many requirements placed on them by external organisations such as CQC, NHSLA, Department of Health and Monitor, following authorisation as a Foundation Trust.	14-Jan-13			Governance	Major	Possible	12	1. Trust Board forward planner 2. Board assurance framework and corporate risk register 3. Full understanding of regulatory requirements 4. Annual Reporting and external annual audit opinion 5. Monthly board compliance statements submitted to the TDA.	Sandra Adams	24-Jan-14	Major	Unlikely	8	1. On becoming a Foundation Trust, adherence to Monitor's compliance framework 2. Quarterly governance submissions to Monitor 3. Independent assessment of quality governance framework 4. Self Assessment for FT Board Statements and Memorandum	1. S.Adams 2. S.Adams 3. S.Adams 4. S.Adams	2. Ongoing	Board sign off monthly statements of compliance	Major	Rare	4	24/1/2014 On track
384	There is a risk that unsecured LAS equipment taken onto a third party Ambulance causing injury following an RTC	Injury to ambulance staff, patients or third parties	07-May-13			Operational	Major	Possible	12	1. PAS/VAS vehicles should comply with the construction in use and CEN regulations in respect to providing suitable and sufficient securing for equipment. 2. LAS operational staff when attending a patient in a third party ambulance, are required on occasions to dynamically assess the risk of transferring a critically ill patient using unsecured LAS medical equipment, against the foreseeable clinical risk to the patient. 3. LAS operational staff should use, where practicable, the third parties secured on board medical equipment	Jason Killens		Major	Unlikely	8	1. LAS operational staff should, where reasonably practical, ensure that LAS medical equipment is secured on third party vehicles. 2. Operational bulletin reminder about securing, where possible, of LAS medical equipment on a third parties ambulance. 3. Purchasing have reviewed the existing PAS/VAS contract, with the aim to include the provision in future contract specification for stowage of a attending services equipment.	1. Operations 2. Operations 3. Purchasing	1. ASAP 3.		Major	Rare	4	KB/PW 08/07/2013 - Risk assessment completed between safety and risk and ops. Bulletin delayed, not in final draft and to publish mid July

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358	There is a risk that the joiners and leavers process is not established, leavers still have access to LAS information or have assets belonging to LAS.	There is a disconnect between HR processes and IM&T to ensure that leavers return all assets and accounts are disabled when the staff member leaves.	09-Jan-12		4	IM&T	Minor	Almost Certain	10	1. Removal of duplicate Employee IDs	Vic Wynn	22-Jan-14	Minor	Unlikely	4	1. Starters and leavers process documentation being created. 2. Complete and distribute 'Managers Guide to Administration' to Managers. 3. Ensure that assets held by the leaving member of staff are identified and returned on the last day of work; New leavers process starts 31/05/13. 4. Ensure that logical access to LAS systems is disabled when the staff member leaves. This is to include, as much as possible, this is to include all remote access and NHSmail accounts. Complete. New technology automatically removes access to LAS networks upon termination in the Electronic Staff Record (ESR).	1. A.Honour 2. G.Masters 3. A.Honour 4. A.Honour /G.Farquhar	1. Complete 2. Complete 3. May 2014 4. Complete	1. Starters and leavers meeting held every 2 weeks The new leavers process will ensure that line managers confirm they have collected any sensitive or valuable assets and compliance can be audited	Minor	Unlikely	4	1. Starters & Leavers documentation, in the form of process maps has been created and a full FSD and FDD have been created for Leavers. Software to implement the Leavers documentation has been produced but not implemented due to SharePoint issues. 2. This was complete some time ago but needs revision following changes to the sickness and annual leave projects within the Modernisation Programme. My estimate is that the document will be released before the end of February 2014. 3. This is outstanding and unlikely to happen in the foreseeable future due to SharePoint issues. In any event I am not aware of any process to capture existing issued equipment. 4. I am not sure how IM&T can do this until the full leavers process has been implemented on SharePoint.  <i>It is recommended this risk is</i>
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	Sandra Adams	24-Jan-14	Moderate	Possible	9	1. CMC 27/08/13: the Trust explored possibility of working external contractor re. Energy Services to continue to modernise our infrastructure and reduce our consumption by 15%. The Trust's Energy Manager investigated joining the ReFIT programme which is a GLA sponsored initiative with the objective of improving energy conservation in London. Decision was taken not to pursue this initiative but to continue the existing approach of using SALIX funding and percentage of estate budget to adopt energy saving technology as/when programme of works are planned. 2. The project board is no longer meeting, sub-group comprising SA and JS meeting ad hoc to progress initiatives. 3. 6 monthly progress reports will be submitted to the EMT 16/10/13: available data suggests Trust is on track with carbon reduction measures. 4. Pilot projects to be undertaken in the buildings that have half hour meters measuring electricity usage. 3 complexes have been identified and AOMs approached; baseline information is being acquired. 5. Travel plan and supporting survey to be undertaken 6. Recruitment of green champions.	1.C.McMahon 2.C.McMahon 3.C.McMahon 4.C.McMahon 5.C.McMahon 6.C.McMahon	1. Completed 2. quarterly 3. Completed 4. March 2014 5. March 2014 6. March 2014	1. Regular reports to EMT	Moderate	Unlikely	6	24/01/14: to date Trust has reduced energy and fuel by approx 5%. NB: during the reporting period the increase in fuel consumption (7.5%) has been in response to circa 12% increase in responses experienced 2007/08 and 2012/13. Data is being gathered for both Scope 1 & 2 on a routine basis and the indications are that the downward trend is continuing. 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.
350	There is a risk that the establishment of a Clinical Commissioning Group and reconfiguration of the SHA and PCT's may result in a temporary reduction in stakeholder engagement and partnership working and subsequent delivery of improvements in the urgent and emergency care system.	Since the implementation of the Health Bill the following issues have been highlighted. 1) Impact on providing appropriate clinical care to patients. 2) Staff clinical decision making could be affected. 3) Impact on finance due to not achieving financial targets such as CQIN and Quality, Innovation, Productivity and Prevention. 4) Impact on performance due to increased turnaround times. 5) Reputation risk for the LAS through inefficient use of the health economy. 6. Ensuring ongoing support from CCGs for our FT application.	11-Jul-11	***	1,2,4,10	Clinical	Moderate	Possible	9	1. Monthly monitoring of current care pathway usage. 2. Feedback mechanism in place of care pathways with commissioners. 3. Creating an evidence base and continuing a dialogue with commissioners to maintain clinically appropriate pathways and reported bi monthly to Clinical Quality Group. 4. A Clinical Quality Group to engage senior GPs from clusters in strategy and quality issues meets bi-monthly. 5. Membership and attendance at NHS London and cluster level unscheduled care boards and attended by CCG clinical commissioners provides further opportunity for engagement.	Jason Killens	18-Mar-13	Moderate	Possible	9	1. Attendance at cluster level clinical cabinets to gain support for LAS strategy and FT application.	1. J. Killens	1. April 2013	1. Established relationships with Senior Leads. 2. Commissioners and LAS CQG quarterly providing direct engagement with clinical commissioners 3. Strategic commissioning board meeting quarterly and attended by CCG clinical commissioners provides further opportunity for engagement.	Moderate	Unlikely	6	To be discussed with K. Broughton



**London Ambulance Service NHS Trust  
Risk Register - 23rd January 2014**

Risk ID	Risk Description	Underlying Cause/ Source of Risk	Date Opened	Assurance Framework Ref.	Corporate Objective	Risk Category	Gross Impact	Gross Likelihood	Gross Rating	Existing Controls (Already In Place)	Risk Owner	Date Risk Last Updated	Net Impact	Net Likelihood	Net Rating	Further Actions Required	Action Owner	Date Action to be Completed	Assurance In Place (how do we gain assurance that the controls in place are effective)	Target Impact	Target Likelihood	Target Rating	Comments
199	There is a risk to staff safety / vandalism/theft due to inability to adequately secure premises.	There is no overarching Security Risk Policy to coordinate and bolster existing security measures within the Trust and there is no identified specific group who oversee security issues.	01-Jan-03	***	7,8	Finance	Moderate	Possible	9	1. Operational managers in conjunction with H&S representatives carry out quarterly health and safety premises inspections. If there is a perceived security issue it will be reported to Estates who will investigate and take appropriate action. 2. OP/018 Procedure On Station Duties. 3. Bulletin reminding staff to secure premises when leaving unattended. 4. Security Management Policy has been developed and has been ratified by the EMT. 5. Specific Security Section has been added to the Premises Quarterly Inspection schedule and is being rolled out during the first quarter of 2013/14.	Sandra Adams	10-Jan-14	Moderate	Possible	9	1. Audit of security at stations has been undertaken and a schedule of full security audits has been drawn up and is being carried out. 2. To establish an internal security review group to monitor recommendations made following the outcomes of security audits. 3. Specific Security Section had been added to the Premises Quarterly Inspection schedule and is being rolled out during the first quarter of 2013/14.	1. M. Nicholas / John Selby 2. M. Nicholas 3. to be agreed 4. M. Nicholas	1. May 2014 2. Feb 2014 3. 2013/14	The controls will be monitored by the Safety & Risk Dept, reporting to the Corporate Health & Safety Group and also the Trust Internal Security Review Group, reporting to the ADG.	Moderate	Unlikely	6	Move category of risk ?? Support Services
303	There is a risk of unavailability of critical patient care equipment on vehicles.	Equipment moved to satisfy operational needs for patient care	21-Oct-08	***	1,2,4,8	Logistics	Moderate	Possible	9	1. New vehicle preparation contracts in place with new contract that will introduce electronic asset tracking in Q3/4 2012/13. 2. Regular equipment amnesty. 3. New capital equipment (defibs) purchased.	Paul Woodrow	24-Oct-13	Moderate	Possible	9	1. Trial of new LA1 forms to include equipment and VDI checks being carried in the West Area for 3 months commencing June 2011. 2. Following West area review, begin roll-out to East and South areas 3. New LA4 forms and Red Bags in place across trust 4. Surplus equipment held by make ready 5. Area based equipment stores to be established by logistics Q3/Q4 working with asset tracking				Moderate	Unlikely	6	PM 23/10/13. Personal Issue policy approved by EMT and roll out commenced at Pinner complex 5/8/13. roll out across the service commence on 21/8/13 to all complexes for BM machine
364	There is a risk that changes to the external commissioning and provider support environment cause uncertainty and delay in progressing the FT application	Transitional arrangements commence in 12/13 within the SHA provider/FT application support team and within commissioning. If there are changes within those teams this may create delay to the FT application whilst there are gaps or handover arrangements taking place	19-Apr-12			Corporate	Moderate	Possible	9	1. Engagement of lead commissioner in FT development 2. Monthly performance reviews including FT position are held with the TDA	Sandra Adams	24-Jan-14	Moderate	Possible	9	1. Strengthen the commissioner engagement in reviewing and developing the 5-year strategy through the IBP and LTFM 2. Engage commissioners in the development and sign off of the downside scenarios 3. Letter of convergence is clean and unambiguous	1. K.Broughton/ S.Adams / A.Grimshaw 2. & 3. A.Grimshaw/K. Broughton	TBC	1. Commissioner letter of convergence fully supports the LAS application and strategy 2. IBP and LTFM fully supported and signed off by commissioners 3. Downside scenarios updated and supported by the commissioners	Moderate	Unlikely	6	29/10/13 No further action on FT timeline or application at this stage whilst TDA, CQC and Monitor review the process. 24/1/2014 TDA reviewing FT application process and timeline - SA. Consider whether this risk requires a lead change from SA to KB.
46	There is a risk of infection to staff due to sharps injury.		14-Nov-02	***	4,7	Infection Control	Moderate	Possible	9	1. Some safer cannula in place since 2009 2. Retractable capillary lance in place since 2013 3. Retractable IM/Sub Cut syringe training be rolled out as part of CSR 1.13 device to be introduced Q3 2013 once training has been embedded 4. New razor procured with cover which is securely attached 5. New sharps box procured with larger aperture to accommodate near patient disposal of razor. 6. IO needles supplied with near patient "make safe" device 7. OH guidance in place for actions post sharps injury	Steve Lennox	December 2013	Moderate	Possible	9	Minimise the risk of sharps injury: 1. Audit the cause of sharps injuries. to ensure robust data capture and follow up of cases, trend analysis for lessons 2. Cut off date for use of current non safer stocks (needles) 31st July 2014. 3. Remove non safer stocks by Make Ready through logistics. 4. Monitoring of CSR training compliance (where use of new safer devices are being taught)	1. H. Day 2. D.Whitmore 3. A. Fulcher 4. E. Hitchcock / Education & Development	1. TBC 2. 31/07/14 3. 31/07/14	1. Health and Safety Audits. 2. Clinical Quality Safety and Effectiveness Committee. 3. Incident reporting. 4. ICSG quarterly review 5. Monitor training compliance.	Minor	Unlikely	4	Reviewed by the IPCC 08/08/2013 - Eng-Choo Hitchcock to review how quickly staff are seen following a sharps incident with Gill Heuchen (GH). GH confirmed at IPCC in August there is currently no KPI for time from referral to appointment at the moment. Service being re-tendered and service specification being re-designed so this is an opportunity to create the thresholds/reporting framework for the future.
271	All staff may not be in possession of a valid driving licence for the category of vehicle they are required to drive.	Driver of vehicle does not hold valid licence	14-Mar-07	***	4,5,8	Operational	Moderate	Possible	9	1. All staff have their driving license checked upon recruitment. 2. Driving licence checks should be undertaken for all service drivers on a 6-monthly basis (TP023a/TP065). 3. All staff claiming mileage must declare whether they have a valid driving licence.	Jason Killens	04-Nov-13	Moderate	Unlikely	6	1. The Trust is exploring an automated system to check licences directly with the DVLA.		1. & 2. TBA (following review)	1. Internal Audit	Moderate	Rare	3	KB/PW 08/07/2013 - A proposal for a driving standards unit will go to EMT. Some automation of reports being looked at. Paul Newman investigating some automatic checks with DVLA. Covered in PDRs and area governance meetings
372	Complex AOMs fail to write to addresses and inform individuals of their inclusion on the location alert register following initial inclusion and following review. This may result in an incorrect address being included thereby putting patients at risk. This also could lead to complaints and a reputational risk to the Trust	1. Failure to write letters 2. Failure to carry out regular, detailed and timely reviews	14-Jan-13			Operational	Moderate	Possible	9	1. Robust review process in place. 2. Policy reviewed. 3. Standard template letters are available for AOMs to use. 4. Monitoring in place by Management Information.	Paul Woodrow	10-Jan-14	Moderate	Unlikely	6	1. ADO's monitor letter writing at a local level.	1. ADO's	1. conducted monthly	1. ADOs will monitor compliance by AOMs 2. Monitored quarterly by the Information Governance Group	Moderate	Rare	3	SM 10/01/14 - There has been a significant improvement in the sending of notification letters. As at the end of December '13, 76% of addresses currently on the register had been sent an appropriate notification/review letter. This is up from 32% in January.

London Ambulance Service NHS Trust  
Risk Register - 23rd January 2014

Risk ID	Risk Description	Underlying Cause/ Source of Risk	Date Opened	Assurance Framework Ref.	Corporate Objective	Risk Category	Gross Impact	Gross Likelihood	Gross Rating	Existing Controls (Already In Place)	Risk Owner	Date Risk Last Updated	Net Impact	Net Likelihood	Net Rating	Further Actions Required	Action Owner	Date Action to be Completed	Assurance In Place (how do we gain assurance that the controls in place are effective)	Target Impact	Target Likelihood	Target Rating	Comments
182	Not being able to escape from an LAS building in the case of fire or other emergencies.	Lack of fire inspections/premises inspections, or failure of fire detection systems	09-Feb-04	***	7	Health & Safety	Moderate	Possible	9	1. Procedures are found on Pulse under Fire and Bomb Evacuation Procedure. 2. 'Statement of Fire Safety' is produced annually and is returned to NHS Estates. 3. Risk Action Plans have been produced from the Fire Risk Assessments. 4. Local Fire Marshals have been nominated. 5. Fire evacuation drills are undertaken twice yearly. 6. Fire alarm testing carried out on a weekly basis. 7. All in one and senior line manager safety and risk awareness training includes fire awareness. 8. Core learning skills 2 includes fire awareness training. 9. Premises inspections are monitored at the CHSG	Tony Crabtree	01-Dec-13	Minor	Unlikely	4	1. Health Safety and Risk team to take responsibility for delivering Fire Marshall Awareness Training. 2. Core learning skills 2 includes fire awareness training. 3. Premises inspections are monitored at the CHSG	1. J.Selby 2. K Miller 3. J Selby	1. Ongoing 2. Ongoing 3. Ongoing	1) Fire & Bomb Evacuation Policy 2) Premises Inspection Procedure 3) CHSG Monitor Premises Inspections 4) Annual Statement of Fire Safety submitted to DoH 5. Fire Audit completed in August 2012. RSM Tenon Audit	Minor	Rare	2	Evacuation procedure reviewed and renamed Estates dept has commences 2014 assessments Fire marshal awareness courses continue to be delivered by S&R dept Propose to change target rating to minor x unlikely =4. to archive as reached its target rating.
375	There is a risk that the single members of staff (contractors) with current responsibility respectively for support and development of the Trusts vehicle based mobile data terminals (MDT) and a suite of Control Services supporting applications, may become unavailable with resultant loss of detailed technical knowledge and potential for a failure of services to be unresolvable causing impact to EOC and A&E Operations.	The Trusts MDT solution is proprietary to the LAS and is a legacy of a former IT regime. Code level support of the MDT software is undertaken by only one person with the acquired knowledge of the system (inherited documentation was minimal). Numerous innovative software solutions have been developed and actively contribute to the efficiency of call processing and dispatch. Again the detailed knowledge of this software is with one person. The individuals are day rate contractors with no formal commitment to LAS. If this risk manifests it is likely, in time, to directly affect EOC dispatch staff and road crews.	14-Jan-13			IM&T	Major	Unlikely	8	1. SEMT agreement to create two permanent IM&T Senior Software Engineer posts. 2. Grading of posts to reflect technical expertise, specialist knowledge and experience. Current contractors to be encouraged to apply for permanent posts.	Vic Wynn	09/01/2014	Major	Unlikely	8	1. Conclude post grading, authority to recruit and selection process. 2. On successful appointment - commence induction and knowledge sharing sufficient to allow one to cover the other during absences.	1. John Downard 2. John Downard	1. Completed 2. Induction will take place when posts taken up		Major	Rare	4	8/1/14 Resignation of one staff member is a realisation of this risk. 22/10/2013 - Induction of the two permanent members of staff is completed. This risk is now considered closed.
351	There is a risk that operational staff may be verbally abused. The consequences being an increase in staff absence through stress, and an adverse impact on staff moral/ service/ patient care.	There is the potential that any member of operational staff may be subjected to verbal abuse for a wide variety of reasons that might include but not be restricted to alcohol, drugs and or mental health issues affecting patients and others that operational staff come into contact with during the course of their work.	10-Oct-11	***	5,7	Health & Safety	Minor	Likely	8	1. Conflict Resolution Training. Identification of trends through incident reporting statistics. 2. High risk address flagging, MDT updates from EOC; Airwave radio. 3. Obstructing Emergency Worker legislation. 4. Security Management Policy 5. Violence Avoidance and Reduction Procedure	Tony Crabtree	24-Jan-14	Minor	Possible	6	1. Run an additional "No Tolerance" campaign. 2. Staff / Public awareness posters. 3. Conflict Resolution Training update is included in 2nd day of core learning skills. 4. Refresh existing responsibilities @ complex level by line management.	1. M.Nicholas 2. M.Nicholas 3. M.Nicholas 4.	1. Nov/Dec 2013 2. May 2013 3. Core Skills refresher 3 will include CRT 2013/14. 4. April 2014- April 2105	1. CH&SG incident statistics review 2. Review local risk registers 3. Existing responsibilities at complex level of line management to be reinforced 4. Period review of High Risk flagged addresses	Negligible	Possible	3	Additional 'No tolerance campaign' planned to be roled out > April 2014 (subject to funding approval) Public awareness posters to be roled out > April 2014 (subject to funding approval) CRT 3 includes refresher training. Expected role out by DoED > April 2014
304	There is a risk of non-functioning critical patient care equipment on vehicles.	Incidents of staff reporting that critical patient care equipment is not available	21-Oct-08	***	1,2,5,8	Clinical	Moderate	Unlikely	6	1. Continued review of LA52 data. 2. Routine vehicle maintenance checks. 3. Make Ready staff check equipment functionality when making vehicles ready. 4. Purchase of new LP15s and LP1000s 5. Release OP/026 this procedure is to ensure that all vehicle equipment is in a safe and ready state of working order and used correctly in keeping with a professional ambulance service that provides pre-hospital care, treatment and appropriate ambulance transport for patients	Fionna Moore	21-Oct-13	Moderate	Unlikely	6	1. Monitor details submitted on LA52's which are completed relating to equipment failure. 2. Personal BM kits to be issued servicewide	1. Safety and Risk, Governance & Compliance Team 2. Logistics Dept	1. Regular Updates to CQSE via Area Clinical Governance Reports 2. 31/09/2013 completed issue to all staff in September 2013	1. & 2. Monitoring by CQSE.	Moderate	Rare	3	Update requested from J.Selby and S.Westrope 21/10/2013 Following the personal issue of BM Kits the next phase will be the personal issue of tympanic thermometers.



## LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 25<sup>TH</sup> MARCH 2014

### PAPER TO PROVIDE ASSURANCE TO THE TRUST BOARD

<b>Document Title:</b>	<b>Audit Committee Assurance Report</b>
<b>Report Author(s):</b>	<b>Caroline Silver, Chair of the Audit Committee</b>
<b>Lead Director:</b>	<b>N/A</b>
<b>Contact Details:</b>	
<b>Why is this coming to the Trust Board?</b>	<b>To receive an update on the key items of discussion at the Audit Committee meeting on 3<sup>rd</sup> February 2014 and to receive assurance from the Committee.</b>
<b>This paper has been previously presented to:</b>	<input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input checked="" type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Other
<b>Recommendation for the Trust Board:</b>	<b>To note the report</b>
<b>Key issues and risks arising from this paper</b>  None.	
<b>Executive Summary</b>  It is the role of the Audit Committee to focus on the controls and related assurances that underpin the achievement of the Trust's objectives and the processes by which the risks to achieving these objectives are managed. The purpose of this report is to assure the Trust Board of the effectiveness of the Trust's systems of integrated governance, risk management and internal control, and is based on the Trust's key sources of assurance.	
<b>Attachments</b> <ul style="list-style-type: none"><li>▪ Report from the Audit Committee meeting on 3<sup>rd</sup> February 2014</li></ul>	

**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

**Strategic Goals 2010 – 13**

This paper supports the achievement of the following corporate objectives:

- To have staff who are skilled, confident, motivated and feel valued and work in a safe environment
- To improve our delivery of safe and high quality patient care using all available pathways
- To be efficient and productive in delivering our commitments and to continually improve

**Risk Implications**

This paper supports the mitigation of the following strategic risks:

- That we fail to effectively fulfil care/safety responsibilities
- 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 Impact Assessment**

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:



## Report from the Audit Committee on 3<sup>rd</sup> February 2014

### STRATEGIC RISKS

1. There is a risk that we fail to effectively fulfil responsibilities to deliver high quality and safe care
2. There is a risk that we cannot maintain and deliver the core service along with the performance expected.
3. There is a risk that we are unable to match financial resources with priorities.
4. There is a risk that our strategic direction and the pace of innovation to achieve this are compromised.

### ASSURANCES AND CONTROLS

It is the role of the Audit Committee to focus on the controls and related assurances that underpin the achievement of the Trust's objectives and the processes by which the risks to achieving these objectives are managed. The purpose of this report is to assure the Trust Board of the effectiveness of the Trust's systems of integrated governance, risk management and internal control, and is based on the Trust's key sources of assurance as identified in the Trust's Board Assurance Framework (section C of the Board Assurance Framework).

The following controls are in place to support the management and mitigation of our strategic risks and these are referenced against each control as appropriate (eg SR 1.2.3.4).

### RISK MANAGEMENT AND GOVERNANCE

#### ***Modernisation Programme Risk Register (SR 1.2.3.4)***

The Audit Committee received the Modernisation Programme Risk Register as the first of its deep dive reviews of risks. The Audit Committee is assured that there is a robust process in place for identifying, managing and monitoring the modernisation programme risks, however the Committee noted that the linkages between the corporate risk register and programme/business risks needed to be made more explicit and a formal process established.

#### ***Board Assurance Framework and Corporate Risk Register (SR 1.2.3.4)***

The Audit Committee endorses the new format of the Board Assurance Framework, which aligns the Trust's priorities and objectives with risk management. The Audit Committee agreed that the Board Assurance Framework should also be presented to the Quality Committee so that each of the committees received the risks in the same format.

The Audit Committee reviewed the corporate risk register and asked for a formal process to be established for the annual review of archived risks.

The Audit Committee agreed the programme for the deep dive reviews going forward, which is aligned with the Trust's strategic goals and objectives.

#### ***Internal Audit Progress Report (SR 1.2.3.4)***

The Audit Committee received an update on internal audit activity.

Cyber Security had been assessed as providing limited assurance. The Audit Committee is assured that management is focussed on resolving the issues, however it was noted that the completion of some of the recommendations is dependent on additional resource. The Audit Committee therefore asked for a further update at its next meeting.

The Audit Committee received the internal audit recommendations progress report and noted that 21 recommendations were overdue as at the end of January. This is unsatisfactory and the Audit Committee asked for this position to be improved by the time of the next Audit Committee meeting.

The Audit Committee received an update on the management of serious incidents, which had previously been assessed as provided limited assurance. An interim Head of Governance has been appointed who is working with the Senior Management Team to review and simplify the serious incident process. This includes reviewing the number of investigating officers to ensure that there is sufficient capacity within the organisation to undertake investigations. A revised serious incident policy is due to be in place by April 2014. A further update will be provided at the next meeting of the Audit Committee.

### ***Local Counter Fraud Specialist (SR 3)***

The Audit Committee received an update on Local Counter Fraud activity.

### ***Report from Trust Board Sub-Committees (SR1.2.3)***

The Audit Committee received reports from the Quality Committee and the Finance and Investment Committee.

## **FINANCIAL REPORTING**

### ***Standing Orders***

The Audit Committee noted that the Standing Orders and Standing Financial Instructions were under review. The Audit Committee endorsed the proposal to continue using the existing Standing Orders and Standing Financial Instructions until a revised version is presented to the next meeting on 22<sup>nd</sup> May 2014.

### ***Accounting Policies***

It was agreed that any amendments to accounting policies that would impact on the year end accounts would be circulated to the Audit Committee prior to the next meeting.

### ***Year End Timetable 2013/14***

The Audit Committee agreed the year end timetable for the 2013/14 external audit.

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

The next meeting of the Audit Committee is on Monday 3<sup>rd</sup> February 2014.

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**London Ambulance Service NHS Trust**  
**Finance Report - Part 1 - 2013/14**  
**Month 11: February**

**EMT – 19<sup>th</sup> March 2014**

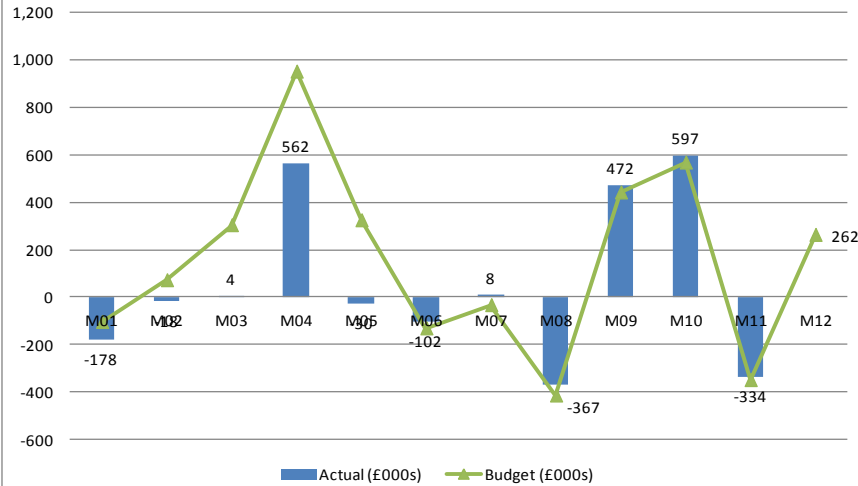
Andrew Grimshaw  
Finance Director

# Executive Summary

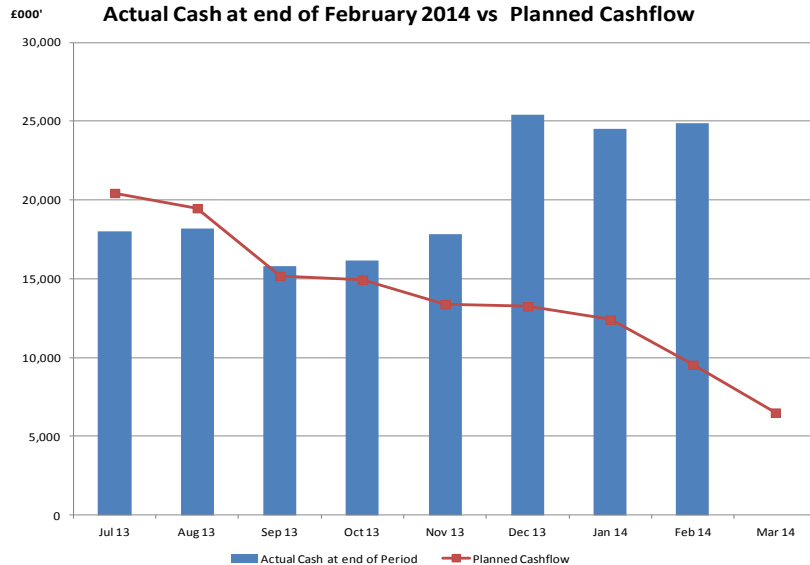
Financial Indicator	Summary Performance	Current month	Previous month
Surplus	In month the Trust reported on plan. YTD the Trust is on plan. The Trust still expects to deliver its £0.3m year end surplus position.	GREEN	GREEN
	It is important to note that the forecast also considers the Trust's downside scenario whereby the CAT A Red 1 penalty (£5.0m) would be incurred. In this scenario the Trust would deliver a deficit of £5.1m.		
	Additional capacity has been commissioned to support Cat A performance across Q4. In the period to the end of January the Trust remains ahead on trajectory to deliver Cat A performance. The main risks to this can be seen to be the weather (especially snow), the ability to source staff and maintaining productivity.		
Income	Income is £1.3m favourable in month and £2.0m favourable YTD.	GREEN	GREEN
	Risks to the full year position include a shortfall in core income (currently managed through reserves - £4.1m), and Hospital Turnaround Penalties (YTD £0.2m impact adverse). Mitigation has been seen in the form of better than expected PTS performance (£0.6m), additional A&E Journeys (£0.5m) and 111 income (£2.6m). Winter pressures funding has also been accounted for (£1.7m favourable in month and £4.5m favourable YTD) offset against specific projects.		
Expenditure	In month spend is £0.5m adverse, YTD there is a favourable variance of £0.8m; this is driven by ongoing vacancies in substantive establishment (e.g. admin and clerical and frontline). Also 111 costs amounting to £2.5m have been included (offsets with Income). Winter Pressures related project costs have also been included (£1.4m adverse in month and £4.3m adverse YTD)	AMBER	AMBER
	Operational Pay is currently £3.9m adverse YTD when 3 <sup>rd</sup> Party and Incentives are included. The Trust has received additional winter funding to support this additional pressure. The modernisation programme will address the current inefficiencies in front line delivery.		
CIPs	Currently reporting on plan	GREEN	AMBER
Balance Sheet	Overall no major concerns at this stage, The land and buildings were revalued as at 1 <sup>st</sup> April 2013 by the district valuer. The impact on the balance sheet was a £1.9m increase on non current assets, a £1.6m increase in the revaluation reserve and a £0.3m impairment credit to the statement of comprehensive income.	GREEN	GREEN
Cashflow	Cash is £15.3m above plan. This is mainly due to an increase in trade and other creditors, debtors and a decrease in borrowings and lower than planned capital expenditure. Plans are in place to manage cash in line with the EFL.	GREEN	GREEN

# Executive Summary - Key Financial Metrics

## Cumulative Net Position - Budget Vs Actual



## Actual Cash at end of February 2014 vs Planned Cashflow



## Key Financial Metrics 2013/14 - Month 11

Description	2013/14 - Month 11			Year to Date			FY 2013/14
	Budg	Act	Var	Budg	Act	Var	Budg
	£000	£000	£000 fav (adv)	£000	£000	£000 fav (adv)	£000
<b>Dept Health</b>							
Surplus / (Deficits)	(917)	(931)	(14)	(353)	(337)	16	262
EFL	2,853	(359)	(3,212)	(4,699)	(20,419)	(15,720)	(2,288)
CRL	1,417	451	(966)	9,178	3,512	(5,666)	10,250
Suppliers paid within 30 days - NHS	95%	85%	-10.0%	95%	68%	-27.0%	95%
Suppliers paid within 30 days - Non NHS	95%	91%	-4.0%	95%	86%	-9.0%	95%
<b>Monitor</b>							
EBITDA %	3.1%	3.5%	0.4%	6.0%	5.7%	-0.3%	6.3%
EBITDA on plan	737	887	150	16,435	15,690	(745)	0
Net Surplus	(917)	(931)	(14)	(353)	(337)	16	262
Return on Assets	2.84%	3.23%	0.4%	2.84%	3.23%	0.4%	3.56%
Liquidity Days	(8.64)	(8.45)	0.2	(8.64)	(8.45)	0.2	(8.63)
Monitor FRR net rating		3			3		

- In month on plan.
- Year to date on plan; Ongoing pressures:
  - Management of operational staff – especially relief factor
  - CIP delivery
- Cash is £15.3m above plan. This is mainly due to an increase in trade and other creditors, debtors offset by a decrease in borrowings and lower than planned capital expenditure.
- The EFL variance is due to higher than planned cash balance and a reduction in borrowing.
- The Trust would expect to score an FRR of 3 against the current Monitor metrics.
- CRL position – The Capital plan is currently £5.7m behind plan due to programme delays but Capital expenditure is expected to exceed £8.5m by 31<sup>st</sup> March 2014.

# Statement of Comprehensive Income

2013/14 - Month 11			Description	Year to Date			FY 2013/14	
Budg	Act	Var		Budg	Act	Var	Budg	Fcast
£000	£000	£000		£000	£000	£000	£000	£000
fav/(adv)				fav/(adv)				
			<b>Income</b>					
20,483	20,469	(14)	Income from Activities	239,818	239,644	(174)	262,415	
3,309	4,618	1,309	Other Operating Income	32,432	34,601	2,169	35,772	
<b>23,792</b>	<b>25,087</b>	<b>1,295</b>	<b>Subtotal</b>	<b>272,250</b>	<b>274,245</b>	<b>1,995</b>	<b>298,187</b>	
			<b>Operating Expense</b>					
18,714	16,433	2,281	Pay	200,153	191,636	8,517	218,888	
4,342	7,768	(3,426)	Non Pay	55,662	66,919	(11,256)	60,591	
<b>23,055</b>	<b>24,200</b>	<b>(1,145)</b>	<b>Subtotal</b>	<b>255,815</b>	<b>258,554</b>	<b>(2,739)</b>	<b>279,479</b>	
<b>737</b>	<b>887</b>	<b>150</b>	<b>EBITDA</b>	<b>16,435</b>	<b>15,690</b>	<b>(745)</b>	<b>18,708</b>	
3.1%	3.5%	-0.4%	<b>EBITDA margin</b>	6.0%	5.7%	0.3%	6.3%	
			<b>Depreciation &amp; Financial</b>					
1,282	1,122	160	Depreciation	12,700	12,134	566	13,990	
326	230	96	PDC Dividend	3,589	3,180	409	3,915	
45	465	(420)	Interest	498	713	(215)	540	
<b>1,654</b>	<b>1,818</b>	<b>(164)</b>	<b>Subtotal</b>	<b>16,787</b>	<b>16,027</b>	<b>760</b>	<b>18,446</b>	
<b>(917)</b>	<b>(931)</b>	<b>(14)</b>	<b>Net Surplus/(Deficit)</b>	<b>(353)</b>	<b>(337)</b>	<b>16</b>	<b>262</b>	
-3.9%	-3.7%	-0.1%	<b>Net margin</b>	-0.1%	-0.1%	0.0%	0.1%	

- The YTD trend is on plan
- Income is favourable due to lower than planned central income (£4.1m) and Hospital Turnaround Penalties (£0.2m), offset by improved PTS performance (£0.6m), A&E journeys (£0.5m), 111 related income (£2.6m), winter pressures income (£4.5m) and staff recharges (£0.1m)
- Pay is showing a favourable position overall (£8.5m) due to vacancies across the trust. However, frontline pay (including PAS usage and Incentives) is showing £3.9m overspend YTD. A major factor in the total frontline cost overspend is the management of relief which is running significantly higher than plan
- Non Pay is £5.0m adverse YTD (when PAS is excluded)
- Pay is favourable in month due to a reallocation between Pay and Non Pay reserves. Excluding reserves Pay is only £0.2m favourable in month
- Depreciation and Financial Charges are on favourable due to delays in Capital spend YTD and a benefit in Public Dividend Capital due to a revised calculation

• Note: The reported position excludes a 12/13 year end impairment correction of £336k. This is excluded from the Trust 13/14 financial performance total reported to the NTDA and so it is excluded here.

## Divisional Expenditure (excludes Income)

2013/14 - Month 11			Description	Year to Date			FY 2013/14	
Budg	Act	Var		Budg	Act	Var	Budg	Fcast
£000	£000	£000		£000	£000	£000	£000	£000
fav/(adv)				fav/(adv)				
			<b>Operational</b>					
14,535	14,981	(446)	A&E	159,462	159,857	(395)	174,418	
2,169	1,987	181	EOC	24,734	22,775	1,959	27,077	
1,959	2,605	(646)	Operational Support	20,709	21,716	(1,007)	22,746	
<b>18,663</b>	<b>19,573</b>	<b>(911)</b>	<b>Subtotal</b>	<b>204,905</b>	<b>204,348</b>	<b>557</b>	<b>224,242</b>	
<b>521</b>	<b>657</b>	<b>(136)</b>	<b>PTS</b>	<b>5,819</b>	<b>6,249</b>	<b>(430)</b>	<b>6,372</b>	
			<b>Support Services</b>					
451	58	392	Chief Executive	3,898	3,654	245	4,246	
625	421	204	111 Project	2,613	2,484	129	3,211	
203	218	(15)	Corporate Services	2,286	2,146	141	2,489	
793	882	(88)	Estates	8,950	8,917	32	9,743	
131	114	17	Strategic Development	1,488	1,344	144	1,619	
244	225	18	Finance	2,301	2,202	98	2,514	
852	1,432	(580)	Central Corporate	16,139	20,438	(4,299)	16,792	
12	(5)	17	Central Income	135	93	42	147	
1,051	1,155	(103)	IM&T	10,730	10,426	304	11,786	
1,001	1,004	(2)	HR & OD	10,427	9,487	940	11,500	
(3)	86	(89)	Healthcare Promotion & Quality	1,070	954	116	1,172	
49	85	(36)	Transformation & Strategy	535	739	(204)	584	
0	14	(14)	Clinical Education & Standards	0	14	(14)	84	
116	99	17	Medical	1,306	1,087	219	1,422	
<b>5,526</b>	<b>5,788</b>	<b>(262)</b>	<b>Subtotal</b>	<b>61,878</b>	<b>63,985</b>	<b>(2,106)</b>	<b>67,311</b>	
<b>24,709</b>	<b>26,018</b>	<b>(1,309)</b>	<b>TOTAL</b>	<b>272,602</b>	<b>274,582</b>	<b>(1,979)</b>	<b>297,925</b>	
23,792	25,087	1,295	Income Memorandum	272,250	274,245	1,995	298,187	
<b>(917)</b>	<b>(931)</b>	<b>(14)</b>	<b>NET POSITION MEMORANDUM</b>	<b>(353)</b>	<b>(337)</b>	<b>15</b>	<b>262</b>	

- The main driver of performance is the Operational division; this represents 75% of total expenditure.
- Operational Spend is increasing as a result of additional Winter funding to meet performance.
- The main reason for Operational budget being favourable to plan relates to
  - Ongoing EOC vacancies (e.g. CHUB)
  - Ongoing underspends in frontline pay
  - Operational Support – has seen increases in vehicle spend plus allocations for its CIP programme for which there is some slippage.
- PTS is broadly on plan overall (additional income is more than offsetting additional spend)
- The 111 Programme is now included. 111 will report a small surplus as agreed with Commissioners
- Within support services
  - Central Corporate includes the adverse reserves position supporting income shortfalls and projected increases in non pay spend
  - HR & OD is favourable primarily because of vacancies across the department (including training officers) and delays in spend in the modernisation programme.
  - IM&T is showing a favourable position due to the identification of corrections required to telephone costs.

The divisional structure will be adjusted to incorporate the new corporate structure as required.

# Statement of Financial Position: YTD

	Mar-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Feb-14		
	Act	Act	Act	Act	Act	Act	Act	Act	Act	Plan	Var	%
	£000	£000	£000	£000	£000	£000	£000	£000	£000			
<b>Non Current Assets</b>												
Property, Plant & Equip	119,021	118,434	117,675	117,021	116,362	115,926	114,586	113,959	113,543	116,844	(3,301)	-2.83%
Intangible Assets	13,628	12,869	12,690	12,864	12,663	12,672	12,459	12,385	12,401	12,282	119	0.97%
Trade & Other Receivables	0	0	0	0	0	0	0	0	0	0	0	
<b>Subtotal</b>	<b>132,649</b>	<b>131,303</b>	<b>130,365</b>	<b>129,885</b>	<b>129,025</b>	<b>128,598</b>	<b>127,045</b>	<b>126,344</b>	<b>125,944</b>	<b>129,126</b>	<b>(3,182)</b>	<b>-1.86%</b>
<b>Current Assets</b>												
Inventories	3,264	3,248	3,280	3,311	3,247	3,208	3,263	3,248	3,257	3,264	(7)	-0.21%
Trade & Other Receivables	16,075	15,267	15,972	16,670	18,602	20,836	17,800	20,095	16,997	15,302	1,695	11.08%
Cash & cash equivalents	5,500	18,028	18,164	15,770	16,171	17,849	25,549	24,529	24,879	9,542	15,337	160.74%
<b>Total Current Assets</b>	<b>24,839</b>	<b>36,543</b>	<b>37,416</b>	<b>35,751</b>	<b>38,020</b>	<b>41,893</b>	<b>46,612</b>	<b>47,872</b>	<b>45,133</b>	<b>28,107</b>	<b>17,026</b>	<b>171.61%</b>
<b>Total Assets</b>	<b>157,488</b>	<b>167,846</b>	<b>167,781</b>	<b>165,636</b>	<b>167,045</b>	<b>170,491</b>	<b>173,657</b>	<b>174,216</b>	<b>171,077</b>	<b>157,233</b>	<b>13,844</b>	<b>8.80%</b>
<b>Current Liabilities</b>												
Trade and Other Payables	(24,546)	(32,613)	(32,861)	(31,553)	(33,021)	(36,788)	(39,100)	(39,574)	(35,644)	(25,929)	(9,715)	37.47%
Provisions	(2,098)	(2,098)	(2,098)	(1,908)	(1,908)	(1,908)	(1,172)	(1,272)	(1,272)	(1,281)	9	-0.70%
Borrowings	(309)	(263)	(263)	(263)	(263)	(263)	(263)	(263)	(263)	(211)	(52)	24.64%
Working Capital Loan - DH	0	0	0	0	0	0	0	0	0	0	0	
Capital Investment Loan - DH	(1,244)	(1,244)	(1,244)	(1,244)	(1,244)	(1,244)	(1,244)	(1,244)	(1,244)	(1,244)	0	0.00%
<b>Net Current Liabilities</b>	<b>(28,197)</b>	<b>(36,218)</b>	<b>(36,466)</b>	<b>(34,968)</b>	<b>(36,436)</b>	<b>(40,203)</b>	<b>(41,779)</b>	<b>(42,353)</b>	<b>(38,423)</b>	<b>(28,665)</b>	<b>(9,758)</b>	<b>37.47%</b>
<b>Non Current Assets plus/less net current assets/Liabilities</b>	<b>129,291</b>	<b>131,628</b>	<b>131,315</b>	<b>130,668</b>	<b>130,609</b>	<b>130,288</b>	<b>131,878</b>	<b>131,863</b>	<b>132,654</b>	<b>128,568</b>	<b>4,086</b>	<b>209.08%</b>
<b>Non Current Liabilities</b>												
Trade and Other Payables	0	0	0	0	0	0	0	0	0	0	0	
Provisions	(8,731)	(8,816)	(8,862)	(9,144)	(9,021)	(9,081)	(9,850)	(9,738)	(11,469)	(8,916)	(2,553)	28.63%
Borrowings	(641)	(377)	(380)	(379)	(330)	(323)	(305)	(278)	(269)	(641)	372	-58.03%
Working Capital Loan - DH	0	0	0	0	0	0	0	0	0	0	0	
Capital Investment Loan - DH	(4,343)	(4,343)	(4,343)	(3,721)	(3,721)	(3,721)	(3,721)	(3,721)	(3,721)	(3,721)	0	0.00%
<b>Total Non Current Liabilities</b>	<b>(13,715)</b>	<b>(13,536)</b>	<b>(13,585)</b>	<b>(13,244)</b>	<b>(13,072)</b>	<b>(13,125)</b>	<b>(13,876)</b>	<b>(13,737)</b>	<b>(15,459)</b>	<b>(13,278)</b>	<b>(2,181)</b>	<b>0.00%</b>
<b>Total Assets Employed</b>	<b>115,576</b>	<b>118,092</b>	<b>117,730</b>	<b>117,424</b>	<b>117,537</b>	<b>117,163</b>	<b>118,002</b>	<b>118,126</b>	<b>117,195</b>	<b>115,290</b>	<b>1,905</b>	<b>207.22%</b>
<b>Financed by Taxpayers Equity</b>												
Public Dividend Capital	62,516	62,516	62,516	62,516	62,516	62,516	62,516	62,516	62,516	62,516	0	0.00%
Retained Earnings	20,053	20,952	20,590	20,284	20,397	20,023	20,862	20,986	20,055	19,767	288	1.46%
Revaluation Reserve	33,426	35,043	35,043	35,043	35,043	35,043	35,043	35,043	35,043	33,426	1,617	4.84%
Other Reserves	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	0	0.00%
<b>Total Taxpayers Equity</b>	<b>115,576</b>	<b>118,092</b>	<b>117,730</b>	<b>117,424</b>	<b>117,537</b>	<b>117,163</b>	<b>118,002</b>	<b>118,126</b>	<b>117,195</b>	<b>115,290</b>	<b>1,905</b>	<b>6.29%</b>

> Non current assets stand at £125.9m.

Variance on non current assets

The land & buildings have been revalued as at 1st April 2013, by the district valuer this resulted in an overall increase on land and buildings of £1.9m. The capital programme is £5.7m behind plan.

Current assets are £45.1m

Variance on current assets

> Cash position as at February is £24.9m, this is £15.3m above planned. This is due to a higher than planned creditor balances being offset by a higher than planned debtor balances

> Receivables (debtors) are (£4.2m) below plan, Accrued Income £5.0m higher than planned and prepayments are £0.9m above plan.

> Receivables (Debtors) comprise principally trade debtors £5.9m and other debtors £1.9m, prepayments £4.2m and accrued income £5.0m.

Current Liabilities are £38.4m

> Current Liabilities comprise principally trade payables (creditors) £12.4m, Accruals £4.6m, Deferred Income £1.4m, Other Creditors £12.8m, HMRC £4.5m, Borrowings £1.5m and provisions £1.2m.

Variance on current liabilities

Current liabilities variance was higher than planned due to higher trade & other creditors (£11.4m) and lower than planned accrual £1.6m balances. The trust has a high volume of unapproved invoices and is accruing for the ORH transitional costs. Deferred Income is £0.1m lower than planned.

> Borrowings - No new loans were taken out during the year. In June the trust return 50 old ambulances that we surplus to requirement. A cost benefit analysis showed it was cheaper to terminate the leases early that to continue to maintain them to the end of the contract.

> The revaluation reserve has increased by £1.6m as a result of the revaluation of land and buildings.



# Cashflow Statement YTD

	In Month Movement									YTD Move	YTD Plan	Var
	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14			
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Fcast			
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Opening Balance	17,486	18,028	18,164	15,770	16,171	17,849	25,549	24,529	24,879	5,500	5,500	0
Operating Surplus	1,897	1,033	1,051	1,439	898	2,910	1,496	437	2,160	15,261	16,319	(1,058)
(Increase)/decrease in current assets	(423)	(737)	(729)	(1,868)	(2,195)	2,981	(2,280)	3,089	2,634	(915)	985	(1,900)
Increase/(decrease) in current liabilities	172	(24)	246	1,152	3,175	2,320	248	(4,243)	(16,162)	10,930	(1,376)	12,306
Increase/(decrease) in provisions	(36)	(27)	75	(139)	37	16	(24)	1,713	1,330	1,675	185	1,490
Net cash inflow/(outflow) from operating activities	1,610	245	643	584	1,915	8,227	(560)	996	(10,038)	26,951	16,114	10,837
<b>Cashflow inflow/outflow from operating activities</b>	<b>1,610</b>	<b>245</b>	<b>643</b>	<b>584</b>	<b>1,915</b>	<b>8,227</b>	<b>(560)</b>	<b>996</b>	<b>(10,038)</b>	<b>26,951</b>	<b>16,114</b>	<b>10,837</b>
Returns on investments and servicing finance	(8)	(8)	(8)	(2)	(7)	(8)	(3)	(6)	(7)	(85)	(137)	52
Capital Expenditure	(1,010)	(104)	(444)	(132)	(223)	(501)	(430)	(631)	(3,973)	(4,485)	(9,251)	4,766
Dividend paid	0	0	(1,962)	0	0	0	0	0	(1,423)	(1,962)	(1,963)	1
Financing obtained	0	0	0	0	0	0	0	0	0	0	0	0
Financing repaid	(50)	3	(623)	(49)	(7)	(18)	(27)	(9)	(640)	(1,040)	(721)	(319)
<b>Cashflow inflow/outflow from financing</b>	<b>(1,068)</b>	<b>(109)</b>	<b>(3,037)</b>	<b>(183)</b>	<b>(237)</b>	<b>(527)</b>	<b>(460)</b>	<b>(646)</b>	<b>(6,043)</b>	<b>(7,572)</b>	<b>(12,072)</b>	<b>4,500</b>
Movement	542	136	(2,394)	401	1,678	7,700	(1,020)	350	(16,081)	19,379	4,042	15,337
Closing Cash Balance	18,028	18,164	15,770	16,171	17,849	25,549	24,529	24,879	8,798	24,879	9,542	15,337

The cash balance as at January 2014 is £24.9m, this is £15.3m above plan.

Variance on current assets is (£1.9m)  
 > Current assets movement was lower than planned due to increase in prepayments (£1.2m), lower decrease in accrued income (£5.0m) and a lower increase debtors £4.2m.

Variance on current liabilities is £12.3m  
 > Current liabilities movement was higher than planned due to increase in trade & other creditors £14.0m and decrease in accruals (£1.6m). The trust has a high volume of unapproved invoices. Deferred Income increase was (£0.1m) lower than planned.

Variance on provisions  
 > The higher than planned increase in provisions is due to employment tribunals £0.8m, Vat on agency staff £0.5m and change in discount rate £0.4m.

Variance on Capital Expenditure is £4.8m  
 > The lower than planned Capital Expenditure payments is due to slippage on the capital programme. Capital Expenditure payments total £4.5m in year.

> Financing, the Trust paid £0.3m in loan principle and termination costs on its finance leases in year. In June the trust return 50 old ambulances that we surplus to requirement. A cost benefit analysis showed it was cheaper to terminate the leases early than to continue to maintain them to the end of the contract.



## LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 25 MARCH 2014

### PAPER FOR APPROVAL

<b>Document Title:</b>	<b>Clwyd Report (Gap Analysis)</b>
<b>Report Author(s):</b>	<b>Steve Lennox, Director of Nursing and Quality</b>
<b>Lead Director:</b>	<b>Steve Lennox, Director of Nursing and Quality</b>
<b>Contact Details:</b>	<b>Steve.Lennox@Lond-Amb.nhs.uk</b>
<b>Why is this coming to the Trust Board?</b>	<b>Inform Trust Board current position against quality measures</b>
<b>This paper has been previously presented to:</b>	<input type="checkbox"/> Strategy Review and Planning Committee <input checked="" type="checkbox"/> Executive Management Team <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Finance and Investment Committee <input type="checkbox"/> Other:
<b>Recommendation for the Trust Board:</b>	<b>To approve the Gap Analysis and recommended action.</b>
<b>Key issues and risks arising from this paper</b>  No specific risks although the work of Clwyd will undoubtedly inform CQC inspections.	
<b>Executive Summary</b>  The report was commissioned after <i>the Francis report</i> into Mid Staffordshire hospital highlighted that complaints are a warning sign of problems. The review received 2,500 responses, the majority describing problems with the quality of treatment or care in NHS hospitals.  The recommendations cover, improving the quality of care, improving the way complaints are handled, ensuring independence in the complaints procedures and, whistleblowing.  The Trust is technically compliant with most of the recommendations. However, our Francis & Berwick work suggests there is more we can do to enhance the patient voice so whilst we may be compliant with the recommendations of Clwyd there is more that we can do with the sentiment and this will be addressed through the new draft quality strategy, draft organisational development plan and draft five year strategy.	
<b>Attachments</b>  Gap Analysis	

**Quality Strategy**

This paper supports the following domains of the quality strategy

- ✓ Staff/Workforce
- ✓ Performance
- ✓ Environment
- ✓ Experience
- ✓ Helping People
- ✓ Quality of Life
- ✓ Preventing Death

**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
- ✓ No

Key issues from the assessment:

## A Review of the NHS Hospitals Complaints System Putting Patients Back in the Picture (October 2013)

Right Honourable Ann Clwyd MP and Professor Tricia Hart

*“The days of delay, deny and defend must end and hospitals must become open, learning organisations”*

Ann Clwyd October 2013

### 1. Introduction

- 1.1 The report was commissioned after *the Francis report* into Mid Staffordshire hospital highlighted that complaints are a warning sign of problems. The review received 2,500 responses, the majority describing problems with the quality of treatment or care in NHS hospitals. The review panel also heard from people who had not complained because they felt the process was too confusing or they feared for their future care.
- 1.2 The recommendations cover
  - improving the quality of care
  - improving the way complaints are handled
  - ensuring independence in the complaints procedures
  - whistleblowing
- 1.3 Previously the Francis Report contained 14 recommendations about complaints handling. The Clwyd-Hart report echoes the needs around culture change from the highest level and transparency. The Clwyd-Hart report concurred with Francis around the use of independent investigation in the following circumstances
  - A complaint which amounts to a SUI.
  - Clinically related issues not capable of resolution without an expert medical opinion.
  - Misconduct or performance of senior managers.
  - The nature and extent of services commissioned.
- 1.4 The review advocated that complaints must be taken seriously at the most senior levels, with Chief Executives responsible for signing complaints off and Trust Boards scrutinising and evaluating complaints.
- 1.5 The review also called for staff to be better equipped and trained to listen to patients, having the ability to deal with complaints, be they expressly stated or otherwise. This takes account of the numbers of people who may wish to complain but who do not for various reasons, such as fear of recrimination or not wishing to be a nuisance.

- 1.6 A significant forerunner to the Clwyd-Hart report were comments aired in national media by Dame Julie Mellor. She also said that people often did not complain because they feared even worse treatment. Dame Julie said that those who suffered harm were often denied a simple apology.
- 1.7 The report makes recommendations which aim to improve the quality of care, address the causes of complaints, improve access and responsiveness of the complaints system, and ensure that hospitals adopt an entirely new attitude to complaints. They also consider issues such as raising concerns and appraisals.

## **2. Key recommendations + (comments on applicability to LAS)**

- 2.1 Chief Executives need to take responsibility for signing off complaints (*met*).
- 2.2 The Trust board should also scrutinise all complaints and evaluate what action has been taken (partially met) The CEO and Director of Nursing & Quality review all complaints on behalf of the Trust Board. Regular summary reports are shared with Trust Board although the totality of feedback and emerging themes could receive greater scrutiny.
- 2.3 A board member with responsibility for whistleblowing should also be accessible to staff on a regular basis (partially met) The Trust has a Board member in place. However the sentiment is more about the whistleblowing policy being effective. Whistleblowing is currently being reviewed by the Safeguarding committee.
- 2.4 Trusts must publish an annual complaints report in plain English which should state complaints made and changes that have taken place (*met*). This is also a requirement under the existing regulations.
- 2.5 Trusts should ensure that there is a range of basic information and support [on the ward for patients, such as a description of who is who on the ward and what time visiting and meals take place. (*met*) Clear information is available on the Trust website; plans are underway to expand the information available in more innovative formats, for example 'Complaint FAQs', policy and practice guidance on complaints made via social media.
- 2.6 Patients and communities should be involved in designing and monitoring the complaints system [in hospitals]. The Trust's methodology is based on HSC model practice guidance and there has been no criticism of this by HSC or CQC since 2008. However, there is an opportunity to consider this work with the Chairman's Stakeholder Advisory Panel.

- 2.7 Trusts should provide patients with a way of feeding back comments and concerns about their care (on a ward, including by putting a pen and paper by the bedside) and making sure patients know who they can speak to, to raise a concern (*met*). We “count” a number of different routes as complaints including some PALS enquiries and telephone complaints. We also report complaints made through social media.
- 2.8 The Patient Advice and Liaison Service should be rebranded and reviewed so its offer to patients is clearer and it should be adequately resourced (in every hospital). (*met*). The Trust was one of the earliest examples of the amalgamation of PALS and complaints. There is however more that could be done to raise the profile of PALS. This has been somewhat diminished in terms of reporting and profile in favour of a focus on complaints as an exclusive feedback mechanism.
- 2.9 The Independent Complaints Advocacy Services should be rebranded and reorganised. Not a Trust issue but we have championed for a proactive advocacy, for example in relation to the LiA.
- 2.10 Staff need adequate support and training in listening to and acting on feedback, with appraisals linked to their communication skills (partially *met*). Corporate services, especially the complaints management team use this method but needs embedding as part of new appraisal process.

### **3. Discussion**

- 3.1 The report is very focussed on hospitals and fails to take into account the particular nature of, and complaints about, Ambulance Trusts or other sectors within the health and social care economy. However, we have identified the main recommendations that are applicable to all providers.
- 3.2 The report does not really take into consideration duty of candour, financial recompense and the advent of social media and leaves this for individual Trusts to identify areas for improvement.
- 3.3 On the whole we are currently compliant with the specific recommendations. However, there is a “spirit” of the report that needs consideration especially when reflecting on the initial source of the report; the “Francis Report”. We have identified that there is more that we can do and we need to evidence further that we are learning from patient feedback. The new draft quality strategy, draft organisational development plan and draft five year strategy

gives consideration to this point and these will be presented to EMT and Trust Board in the future.

#### **4. Further Work**

- 4.1 Complaints will be reviewed during the course of 2014 with a particular emphasis on how we learn from complaints and raise the patient voice within the organisation.
- 4.2 In addition, the Trust will be Implementing the “Friends & Family” Test during the course of the year and this will also form part of our evaluation work.
- 4.3 The Trust is also revising the appraisal process and we will consider how we can incorporate complaints within this process. This is emerging as an issue with nursing revalidation and the rationale is transferrable to Ambulance Trust staff.
- 4.4 The Patient Voice committee will consider these actions and report to Quality Committee on progress.



## LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 25 MARCH 2014

### PAPER FOR INFORMATION

<b>Document Title:</b>	<b>Francis &amp; Berwick Update</b>
<b>Report Author(s):</b>	<b>Steve Lennox, Director of Nursing and Quality</b>
<b>Lead Director:</b>	<b>Steve Lennox, Director of Nursing and Quality</b>
<b>Contact Details:</b>	<b>Steve.Lennox@Lond-Amb.nhs.uk</b>
<b>Why is this coming to the Trust Board?</b>	<b>Agreement on proposed changes to Quality Governance</b>
<b>This paper has been previously presented to:</b>	<input type="checkbox"/> Strategy Review and Planning Committee <input checked="" type="checkbox"/> Executive Management Team <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Finance and Investment Committee <input type="checkbox"/> Other:
<b>Recommendation for the Trust Board:</b>	<b>To approve the strategic direction for our Francis &amp; Berwick work.</b>
<b>Key issues and risks arising from this paper</b>  No specific risk as this strengthens our current governance arrangements.	
<b>Executive Summary</b>  The following briefing updates Trust Board on the intended strategic direction of the Trust's Francis & Berwick response.  This is now a key pillar of our Organisational Development work and our Strategy Development.  Individual Directors have been asked to consider elements of Francis & Berwick when developing their own supporting functional strategies.	
<b>Attachments</b>  Board Update Number Three	



**Quality Strategy**

This paper supports the following domains of the quality strategy

- ✓ Staff/Workforce
- ✓ Performance
- ✓ Environment
- ✓ Experience
- ✓ Helping People
- ✓ Quality of Life
- ✓ Preventing Death

**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?

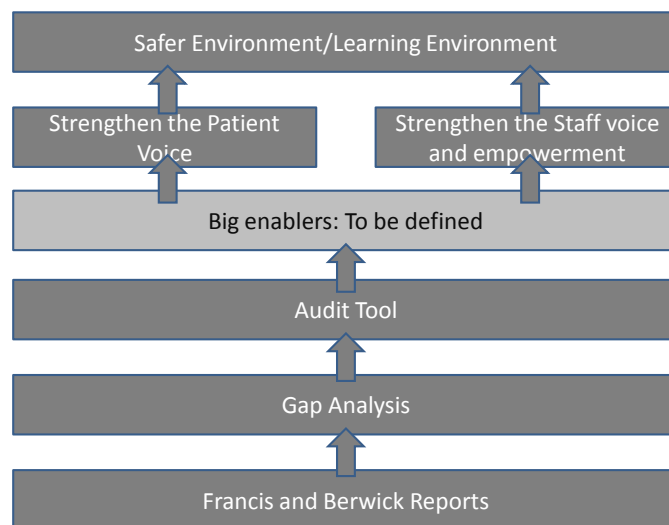
- Yes
- ✓ No

Key issues from the assessment:

# Third Paper- Trust's Response to Francis & Berwick

## Introduction

1. This paper is in follow up to the December paper which gave a progress update on the Trust's response to the Francis & Berwick reports. At that point in time the Trust Board and Executive Management Team agreed that the goal was to become an organisation that was a Learning Organisation and there were two main strategic areas of work
  - Strengthening the patient voice
  - Strengthening the staff voice and empowering the workforce
2. The paper presented the flow diagram below to illustrate how this sits within our Francis & Berwick work.



3. This paper starts to identify the “big enablers” and gives focus to earlier suggestions that will allow us to strengthen the staff voice and empower the workforce and also strengthen the patient voice.

## Strengthening the Staff Voice

4. The need to change the culture of the organisation has been identified through our own experiences and through engagement activities with our staff. It needs to be clear to our staff that the actions we are taking are due to this process. The identified actions will incorporate the essence of Francis and Berwick and will be part of our Organisational Development plans and will be explicit within the development of our strategy.
5. To some extent the actions will be part of a seven step process

**Step 1.** Through our strategy development we will establish what kind of organisation we wish to become. As part of this work we will identify the correct vision, values and behaviours for the organisation. These will then be used to drive cultural changes across the whole of the organisation.

**Step 2.** Running in parallel with step 1 is the development of our internal element of our engagement plan. We have already engaged with staff in helping us identify the strategic

direction of the Trust, as part of our internal communications plan we will need to feedback what was said and how they influenced the decisions.

**Step 3.** We will identify the role of the manager within the organisation. This will align with the level of empowerment, authority, and accountability associated with management posts and will take into consideration that the majority of the workforce is becoming increasingly professional and a different style of management may be required.

**Step 4.** To be a success we need to move away from a single organisational management style. Wider learning from the NHS suggests that decisions should be made at a level that is as close to the patient as possible. This empowered, dispersed leadership, model needs to also retain the need to “command & control” at certain times (major incident being the most explicit example). This is a significant challenge and needs careful consideration.

**Step 5.** As part of our Organisational Development work we will develop an education and training package for managers. This package will support the previous steps. In addition, future recruitment assessment centres will need to focus on the elements identified in these steps.

**Step 6.** We will review our change management process to ensure that it becomes more inclusive and that the effect of change on our staff is given due consideration.

**Step 7.** Develop a “charter” for staff making it clear what the expectations are of our staff and making it clear what support they can expect. Whilst slightly old fashioned we believe that this may assist in facilitating the transition to a new culture.

## Strengthening the Patient Voice

6. An involvement/engagement strategy is being developed by the Director of Strategic Communications and the Director of Nursing and Quality. We are also exploring making “engaging with others” a Trust Quality Priority in 2014. This has been discussed with Southwark Healthwatch who are enthusiastic about this direction. Any such work in 2014 will include the following considerations;
  - The use of new technologies to assist in gaining feedback from patients.
  - Partnership working with other NHS and non NHS providers to gain feedback.
  - Greater involvement of the Trust’s members in strategic decision making and service change.
  - Involvement of patients in training (for example “Hear Us” who presented at January Trust Board).
  - Engagement with voluntary/third sector groups. Especially groups that are highly dependent upon NHS services (Sickle Cell, Diabetes)
  - Turn patient involvement upside down and move from a culture of considering when to involve patients to a culture of when to exclude patients.



**LONDON AMBULANCE SERVICE TRUST BOARD**

**DATE: 25 MARCH 2014**

**PAPER FOR INFORMATION**

<b>Document Title:</b>	<b>The NHS Constitution</b>
<b>Report Author(s):</b>	<b>Steve Lennox, Director of Nursing and Quality</b>
<b>Lead Director:</b>	<b>Steve Lennox, Director of Nursing and Quality</b>
<b>Contact Details:</b>	<b>Steve.Lennox@Lond-Amb.nhs.uk</b>
<b>Why is this coming to the Trust Board?</b>	<b>Inform Trust Board current position against quality measures</b>
<b>This paper has been previously presented to:</b>	<input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Executive Management Team <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Finance and Investment Committee <input type="checkbox"/> Other:
<b>Recommendation for the Trust Board:</b>	<b>To note our assurance against the requirements of the NHS Constitution.</b>
<b>Key issues and risks arising from this paper</b>	
No specific risks.	
<b>Executive Summary</b>	
<p>The NHS Constitution brings together existing legal rules and other principles and values into a single document where it can be easily seen by patients, public and NHS staff.</p> <p>The NHS Constitution identifies what patients, public and NHS staff can expect of the NHS and also what the NHS expects of them.</p> <p>The statements in the NHS Constitution are divided into five categories. These are:</p> <p><b>Principles</b> - the seven key principles that "guide the NHS in all it does"</p> <p><b>Values</b> - which underpin the principles and are intended to provide the common ground for co-operation and achieve shared aspirations.</p> <p><b>Pledges</b> - more specific statements which look like promises but are not absolute commitments.</p> <p><b>Rights</b> - the existing legal rights of patients, the public and staff.</p> <p><b>Responsibilities</b> - what the NHS expects from patients, staff and the public, to ensure that the NHS operates effectively.</p>	

The NHS Constitution is supported by the NHS Constitution Handbook which provides more detailed information on specific issues such as waiting times etc.

The Constitution features within the standard NHS contract and is also receiving increased attention from Monitor and awareness of the constitution and promoting it across the organisation feature within Monitor's Provider License.

Board members are encouraged to read the full constitution but the following paper identifies our assurance against the main body of the document.

The constitution is available at;

<https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

## Attachments

Assurance against the main themes within the constitution.

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### Quality Strategy

This paper supports the following domains of the quality strategy

- ✓ Staff/Workforce
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- ✓ Environment
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### LAS Strategic Goals and Priorities

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

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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
- ✓ No

Key issues from the assessment:

## THE NHS CONSTITUTION Assurance on Trust's Position

### **The NHS belongs to the people.**

It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives. It works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of basic human need, when care and compassion are what matter most.

The NHS is founded on a common set of principles and values that bind together the communities and people it serves – patients and public – and the staff who work for it.

#### 1.1 Introduction

- 1.1 The NHS Constitution was developed as part of the NHS Next Stage Review led by Lord Darzi and was published on 21 January 2009. It identifies what the public can expect from the NHS and what is expected of them. In particular it identifies the rights and responsibilities of patients, the public and staff as well as the pledges that the NHS is committed to achieve.
- 1.2 There is a legal requirement for all NHS organisations to comply with the Constitution and is part of the Licensing with Monitor.
- 1.3 The constitution has been reviewed since its launch in 2009 and one of the modifications is to clarify that the constitution extends to local authorities in the exercise of their public health functions as set out in the Health Act 2009 and amended by the Health and Social Care Act 2012
- 1.4 In addition certain aspects have been highlighted as requiring additional focus and attention by the NHS. These are;
  - patient involvement
  - feedback
  - duty of candour
  - end of life care
  - integrated care
  - complaints
  - patient information
  - staff rights, responsibilities and commitments
  - dignity, respect and compassion.
- 1.5 When reviewing the list it is clear that the Constitution is being used to drive some of the centralised improvements through the NHS (for example, duty of candour, complaints).
- 1.6 Also, the constitution was amended again following the initial government response to the Francis Report. This amendment placed patients at the heart of everything the NHS does.

1.7 The Francis report emphasises the role of the NHS Constitution in helping to create a positive and caring culture within the NHS. Nine of the recommendations are specifically regarding the NHS Constitution.

1.8 The values as set out in the constitution are; working together for patients, respect and dignity, commitment to quality of care, compassion, improving lives, and everyone counts.

1.9 The principles as set out in the constitution are;

- The NHS provides a comprehensive service available to all
- Access to the NHS services is based on clinical need, not an individual's ability to pay
- The NHS aspires to the highest standards of excellence and Professionalism
- The NHS aspires to put patients at the heart of everything it does
- The NHS works across organisational boundaries and in partnership with
- other organisations in the interest of patients, local communities and the wider
- Population
- The NHS is committed to providing best value for taxpayers' money and
- the most effective, fair and sustainable use of finite resources,
- The NHS is accountable to the public, communities and patients that it serves

1.10 This paper serves as a review of assurance; it is a high level summary demonstrating how the Trust is delivering the values of the NHS constitution. All the rights and aspirations are included for context.

Theme/Section	Rights & Pledges	Trust Position
<b>Section 3a. Patients and the public; your rights and NHS pledges to you</b>		
Access to Health Services	<b>You have the right</b> to receive NHS services free of charge, apart from certain limited exceptions sanctioned by Parliament.	Compliant.
	<b>You have the right</b> to access NHS services. You will not be refused access on unreasonable grounds.	Compliant.
	<b>You have the right</b> to expect your NHS to assess the health requirements of your community and to commission and put in place the services to meet those needs as considered necessary, and in the case of public health services commissioned by local authorities, to take steps to improve the health of the local community.	Not applicable . Whilst mainly aimed at commissioning we are moving towards becoming more locally responsive and the recent operational restructure provides a further focus on local health needs.
	<b>You have the right</b> , in certain circumstances, to go to other European Economic Area countries or Switzerland for treatment which would be available to you through your NHS commissioner.	Not applicable.
	<b>You have the right</b> not to be unlawfully discriminated against in the provision of NHS services including on grounds of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.	Compliant. Not aware of any discrimination. The Equality & Inclusion team are re-focussing their emphasis onto the patient and will enhance the monitoring of access and outcome of different groups of society.
	<b>You have the right</b> to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer you a range of suitable alternative providers if this is not possible.	Not applicable. This focuses specifically on 18 weeks and 2 weeks cancer.
	<b>The NHS also commits:</b> to provide convenient, easy access to services within the waiting times set out in the Handbook to the NHS Constitution (pledge)	Compliant. All ambulance trusts are required to respond to 75 per cent of Category A calls within eight minutes and to respond to 95 per cent of Category A calls within 19 minutes of a request being made for a fully equipped ambulance vehicle (car or ambulance) able to transport the patient in a clinically safe manner.  Other NHS access targets are; *a maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers; *a maximum 31-day wait for subsequent treatment where the treatment is surgery;



		<ul style="list-style-type: none"> <li>* a maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy;</li> <li>*a maximum 31-day wait for subsequent treatment where the treatment is an anti-cancer drug regimen;</li> <li>*a maximum two month (62-day) wait from urgent referral for suspected cancer to first treatment for all cancers;</li> <li>*a maximum 62-day wait from referral from an NHS cancer screening service to first definitive treatment for cancer;</li> <li>*a maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers);</li> <li>*a maximum two-week wait to see a specialist for all patients referred for investigation of breast symptoms, even if cancer is not initially suspected;</li> <li>*a maximum four-hour wait in A&amp;E from arrival to admission, transfer or discharge;</li> <li>*patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral;</li> <li>*a maximum 7 day wait for follow-up after discharge from psychiatric in-patient care for people under adult mental illness specialties on Care Programme Approach.</li> <li>*all patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice;</li> <li>*48hrs for genitor-urinary appointments</li> </ul>
	<p><b>The NHS also commits:</b> to make decisions in a clear and transparent way, so that patients and the public can understand</p>	<p>Compliant. We make decisions regarding conveyance and treatment with the patient and document on the PRF.</p>
	<p><b>The NHS also commits:</b> to make the transition as smooth as possible when you are referred between services, and to put you, your family and</p>	<p>Compliant. We make decisions regarding conveyance and treatment with the patient and document on the</p>

	carers at the centre of decisions that affect you or them (pledge).	PRF.
<b>Quality of care and environment:</b>	<b>You have the right</b> to be treated with a professional standard of care, by appropriately qualified and experienced staff, in a properly approved or registered organisation that meets required levels of safety and quality.	Compliant. We are registered by the CQC and these conditions are monitored through inspection.
	<b>You have the right</b> to expect NHS bodies to monitor, and make efforts to improve continuously, the quality of healthcare they commission or provide. This includes improvements to the safety, effectiveness and experience of services.	Compliant. Quality monitoring in place but this is emphasised in the new quality strategy.
	<b>The NHS also commits:</b> to ensure that services are provided in a clean and safe environment that is fit for purpose, based on national best practice (pledge);	Compliant. Quality monitoring in place.
	<b>The NHS also commits:</b> to identify and share best practice in quality of care and treatments (pledge);	Compliant. National Ambulance Groups share experiences and techniques with us. NICE guidance also considered within Trust's processes.
	<b>The NHS also commits:</b> that if you are admitted to hospital, you will not have to share sleeping accommodation with patients of the opposite sex, except where appropriate, in line with details set out in the Handbook to the NHS Constitution (pledge).	Compliant. We Also try to apply the guidance to our Alcohol Recovery Services
<b>Nationally approved treatments, drugs and programmes:</b>	<b>You have the right</b> to drugs and treatments that have been recommended by NICE for use in the NHS, if your doctor says they are clinically appropriate for you.	Compliant. NICE treatments and recommendations are considered by the Medical Director.
	<b>You have the right</b> to expect local decisions on funding of other drugs and treatments to be made rationally following a proper consideration of the evidence. If the local NHS decides not to fund a drug or treatment you and your doctor feel would be right for you, they will explain that decision to you	Not applicable.
	<b>You have the right</b> to receive the vaccinations that the Joint Committee on Vaccination and Immunisation recommends that you should receive under an NHS-provided national immunisation programme.	Not applicable.
	<b>The NHS also commits:</b> to provide screening programmes as recommended by the UK National Screening Committee (pledge).	Not applicable. None of the screening currently apply to the work of ambulance services.
<b>Respect, consent and confidentiality:</b>	<b>You have the right</b> to be treated with dignity and respect, in accordance with your human rights	Compliant. Very low volume of complaints with regard to dignity.
	<b>You have the right</b> to accept or refuse treatment that is offered to you, and not to be given any physical examination or treatment unless you have given valid consent. If you do not have the capacity to do so, consent must be obtained from a person legally able to act on your behalf, or the treatment must be in your best interests	Compliant. We take consent and capacity assessment seriously and these are recorded on the PRF. We have identified the need to raise awareness in consent and our clinical staff are receiving more training in this area as part of CSR in 2014/2015.

	<b>You have the right</b> to be given information about the test and treatment options available to you, what they involve and their risks and benefits	Compliant. Very low volume of complaints with regard to poor information.
	<b>You have the right</b> of access to your own health records and to have any factual inaccuracies corrected.	Compliant. We have evidence where we have amended the PRF based on patient enquiry.
	<b>You have the right</b> to privacy and confidentiality and to expect the NHS to keep your confidential information safe and secure	Compliant. Breaches are considered by the Serious Incident panel.
	<b>You have the right</b> to be informed about how your information is used	Partial. There is more that we can do to explain to how we use clinical information.
	<b>You have the right</b> to request that your confidential information is not used beyond your own care and treatment and to have your objections considered, and where your wishes cannot be followed, to be told the reasons including the legal basis.	Compliant. Objections are raised through the complaints and PALS process and a response is given by the CE.
	<b>The NHS also commits:</b> to ensure those involved in your care and treatment have access to your health information so they can care for you safely and effectively (pledge);	Compliant. We share the details on the PRF with the organisation we refer to.
	<b>The NHS also commits:</b> to anonymise the information collected during the course of your treatment and use it to support research and improve care for others (pledge);	Compliant. Research information is anonymised.
	<b>The NHS also commits:</b> where identifiable information has to be used, to give you the chance to object wherever possible (pledge);	Compliant.
	<b>The NHS also commits:</b> to inform you of research studies in which you may be eligible to participate (pledge);	Compliant.
	<b>The NHS also commits:</b> to share with you any correspondence sent between clinicians about your care (pledge)	Compliant. Many of our referrals are verbal supported by a copy of the PRF. When patients not conveyed we leave a copy with the patient.
<b>Informed choice:</b>	<b>You have the right</b> to choose your GP practice, and to be accepted by that practice unless there are reasonable grounds to refuse, in which case you will be informed of those reasons.	Not applicable.
	<b>You have the right</b> to express a preference for using a particular doctor within your GP practice, and for the practice to try to comply.	Not applicable.
	<b>You have the right</b> to make choices about the services commissioned by NHS bodies and to information to support these choices. The options available to you will develop over time and depend on your individual needs. Details are set out in the Handbook to the NHS Constitution.	Not applicable.
	<b>The NHS also commits:</b> to inform you about the healthcare services available to you, locally and nationally (pledge);	Compliant. This is fundamental to our 111 and Hear and See and Treat work.
	<b>The NHS also commits:</b> to offer you easily accessible, reliable and relevant information in a form you can understand, and support to use it.	Not compliant. We are unable to support our work with written information but do use our web site to

	This will enable you to participate fully in your own healthcare decisions and to support you in making choices. This will include information on the range and quality of clinical services where there is robust and accurate information available (pledge).	communicate additional details on a variety of subjects.
<b>Involvement in your healthcare and in the NHS:</b>	<b>You have the right</b> to be involved in discussions and decisions about your health and care, including your end of life care, and to be given information to enable you to do this. Where appropriate this right includes your family and carers.	Compliant. We have further work to do to include co-ordinate my care into the Trust but we try to adhere to patients/relatives wishes
	<b>You have the right</b> to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.	We are developing our engagement strategy that explicitly addresses this requirement.
	<b>The NHS also commits:</b> to provide you with the information and support you need to influence and scrutinise the planning and delivery of NHS services (pledge);	We routinely respond to information requests.
	<b>The NHS also commits:</b> to work in partnership with you, your family, carers and representatives (pledge);	Compliant.
	<b>The NHS also commits:</b> to involve you in discussions about planning your care and to offer you a written record of what is agreed if you want one (pledge);	We routinely provide the patient with a copy of the PRF and this is audited as part of our CPIs.
	<b>The NHS also commits:</b> to encourage and welcome feedback on your health and care experiences and use this to improve services (pledge).	Compliant.
<b>Complaint and redress:</b>	<b>You have the right</b> to have any complaint you make about NHS services acknowledged within three working days and to have it properly investigated.	Compliant.
	<b>You have the right</b> to discuss the manner in which the complaint is to be handled, and to know the period within which the investigation is likely to be completed and the response sent.	Compliant.
	<b>You have the right</b> to be kept informed of progress and to know the outcome of any investigation into your complaint, including an explanation of the conclusions and confirmation that any action needed in consequence of the complaint has been taken or is proposed to be taken.	Compliant.
	<b>You have the right</b> to take your complaint to the independent Parliamentary and Health Service Ombudsman or Local Government Ombudsman, if you are not satisfied with the way your complaint has been dealt with by the NHS.	Compliant.
	<b>You have the right</b> to make a claim for judicial review if you think you	We would co-operate with such action.

	have been directly affected by an unlawful act or decision of an NHS body or local authority	
	<b>You have the right</b> to compensation where you have been harmed by negligent treatment.	Compliant.
	<b>The NHS also commits:</b> to ensure that you are treated with courtesy and you receive appropriate support throughout the handling of a complaint; and that the fact that you have complained will not adversely affect your future treatment (pledge);	Compliant.
	<b>The NHS also commits:</b> to ensure that when mistakes happen or if you are harmed while receiving health care you receive an appropriate explanation and apology, delivered with sensitivity and recognition of the trauma you have experienced, and know that lessons will be learned to help avoid a similar incident occurring again (pledge);	Compliant.
	<b>The NHS also commits:</b> to ensure that the organisation learns lessons from complaints and claims and uses these to improve NHS services (pledge).	Compliant. Quarterly "Patient Voice Report" captures the learning from complaints. There is always more that can be done and we will try and strengthen this in 2014.
<b>4a. Staff – your rights and NHS pledges to you</b>		
	<b>You have the right</b> have a good working environment with flexible working opportunities, consistent with the needs of patients and with the way that people live their lives;	Compliant. We have flexible working, a career structure and policies to support employee family needs.
	<b>You have the right</b> have a fair pay and contract framework;	Compliant
	<b>You have the right</b> Can be involved and represented in the workplace;	Compliant. Listening into Action programme and formal trades unions.
	<b>You have the right</b> have healthy and safe working conditions and an environment free from harassment, bullying or violence	We have a focus on H&S in the workplace and have a range of staff support initiatives in place alongside supporting policies.
	<b>You have the right</b> are treated fairly, equally and free from discrimination	Compliant.
	<b>You have the right</b> can in certain circumstances take a complaint about their employer to an Employment Tribunal;	Compliant. It is a right of law.
	<b>You have the right</b> can raise any concern with their employer, whether it is about safety, malpractice or other risk, in the public interest.	Compliant. We have a formal whistle blowing policy in place alongside legislation (effectiveness of the whistle blowing policy is also being reviewed).
	<b>The NHS commits:</b> to provide a positive working environment for staff and to promote supportive, open cultures that help staff do their job to the best of their ability (pledge);	All of the above supports this pledge. Compliant.

	<b>The NHS also commits:</b> to provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities (pledge);	Compliant.
	<b>The NHS also commits:</b> to provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential (pledge);	Compliant.
	<b>The NHS also commits:</b> to provide support and opportunities for staff to maintain their health, wellbeing and safety (pledge);	Compliant. We have a range of staff support initiatives in place alongside supporting policies and are further considering what we can do to enhance health & wellbeing.
	<b>The NHS also commits:</b> to engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families (pledge);	Compliant. Consultation mechanisms and Listening into Action.
	<b>The NHS also commits:</b> to have a process for staff to raise an internal grievance (pledge);	Compliant.
	<b>The NHS also commits:</b> to encourage and support all staff in raising concerns at the earliest reasonable opportunity about safety, malpractice or wrongdoing at work, responding to and, where necessary, investigating the concerns raised and acting consistently with the Public Interest Disclosure Act 1998 (pledge).	Compliant. We have a formal whistle blowing policy in place alongside legislation.



**LONDON AMBULANCE SERVICE TRUST BOARD**

**DATE: 25 MARCH 2014**

**PAPER FOR APPROVAL**

<b>Document Title:</b>	<b>Operating Plan 2014-16</b>
<b>Report Author(s):</b>	<b>Karen Broughton, Director of Transformation and Strategy</b>
<b>Lead Director:</b>	<b>Karen Broughton, Director of Transformation and Strategy</b>
<b>Contact Details:</b>	<b>Karen.broughton@lond-amb.nhs.uk</b>
<b>Why is this coming to the Trust Board?</b>	<b>To update the Board on progress with the Trust's Operating Plan.</b>
<b>This paper has been previously presented to:</b>	<input checked="" type="checkbox"/> Strategy Review and Planning Committee <input checked="" type="checkbox"/> Executive Management Team <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Finance and Investment Committee <input type="checkbox"/> Other:
<b>Recommendation for the Trust Board:</b>	<b>The Board is asked to approve the progress on the Operating Plan.</b>
<b>Key issues and risks arising from this paper</b>	
<p>There is a national requirement for the Trust to develop a 2 year Operating Plan and 5 year Strategic Plan.</p>	
<b>Executive Summary</b>	
<p>In December 2013, the Trust received national guidance on the requirement to produce a 2 year Operating Plan as well as a 5 year Strategic Plan. The Trust Board and Executive Management Team have been involved in the creation of the 2 year Operating Plan and 5 year Strategic Plan.</p> <p>This paper seeks to update the Trust Board on the progress toward completion of the plans and next steps.</p>	
<b>Attachments</b>	
None	

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**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
- No

Key issues from the assessment: n/a at this stage



# LONDON AMBULANCE SERVICE TRUST BOARD

25 MARCH 2014

## Operating Plan 2014 - 2016

### 1. Introduction

Over the past few months, the Trust Board has given direction and attention to the creation of a new strategy to take the organisation forward to 2020.

To date we have undertaken a number of engagement activities with patients, patient groups, stakeholders, staff, Trust Board members and Executive Management Team (EMT) members to: consider the current and changing NHS context; consider current LAS services and the increasing demands on them; gain initial views on strategic priorities for the next 5 years.

During this initial engagement phase the Trust received national guidance on the requirement to produce a 2 year operating plan as well as a 5 year strategic plan. These two documents support the development of our 2020 strategy.

This paper seeks to update the Trust Board on the progress towards completion of the 2 year Operating Plan and 5 year Strategic Plan.

### 2. National Requirements

On 23 December 2013, the Trust Development Authority (TDA) issued *Securing Sustainability Planning Guidance for NHS Trust Boards 2014/15 - 2018/19*. This document set out the requirement on Trust's to produce a 2 year Operating Plans for 2014/15 to 2015/16 and a 5 year Strategic Plan (2014/15 to 2018/19). Both the Operating Plan and the 5 year Strategic Plan have prescribed structures and inputs.

The guidance set an initial deadline of 13 January 2014 for the completion of a number of financial and workforce planning templates for 2014/15, as well as our performance against a range of areas outlined in a planning checklist. Copies of these documents can be made available to Board Members if requested.

### 3. 2 year Operating Plan progress and key dates

The Trust submitted its first draft of the Operating Plan on 13 January 2014. This consisted of:

- **Financial Plan** which consisted of a number of templates identifying: Income and expenditure plans; capital and cash plan; source and application of funds; cost improvement programme

- **Workforce Plan** which showed: whole time equivalents planned at 31 March in each year of the plan; pay bill, bank and agency spend in each year of the plan; analysis of whole time equivalents and workforce spend for each main staff group; bridge analysis of changes in whole time equivalents
- **Planning checklist** which required completion across a number of areas: quality and workforce; finance; Quality, Innovation, Productivity and Prevention (QIPP); innovation; sustainability.

Feedback on the first draft of the Operating Plan was provided by the TDA by the end of January 2014. This feedback was used to produce the next version of the Operating Plan which was submitted to the TDA on 4 April 2014. As part of this second submission we amended our initial templates, and produced a 6 page Operating Plan. The Operating Plan has been sent to Board members.

#### **4. 5 year Strategy update progress and key dates**

A number of engagement activities have been held with patients, patient groups, stakeholders, staff, members of the Trust Board and the EMT to consider our strategy and priorities for the next 5 years. Inputs from these activities have been used to give consideration to the Trust's mission, vision, values and priorities for the years ahead.

The emerging strategy together with revised mission, vision and values has been considered by the Trust Board and the Executive Management at a recent Strategy, Review and Planning Committee. This work will be finalised before engaging again with staff and stakeholders in April 2014.

Our full 5 year Strategy must be submitted to the TDA by 20 June 2014 and will include a 5 year: long term financial model and integrated business plan; activity plan; workforce plan; and a strategic plan summary.

#### **5. Development Support Plan**

The final national requirement is for the Trust to identify its development requirements and supports plans to ensure delivery of the operating plan and strategy. We will undertake a review of our development requirements during June-mid Sept in order that we can submit our development plan to the TDA by 30 September 2014.

#### **6. Recommendations**

The Board is asked to approve the progress towards the Operating Plan and 5 year Strategic Plan.

**Karen Broughton**  
**Director of Transformation and Strategy**  
**18 March 2014**



## LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 25<sup>TH</sup> MARCH 2014

### PAPER FOR INFORMATION

<b>Document Title:</b>	<b>London Ambulance Service 2013 Staff Survey Action Plan</b>
<b>Report Author(s):</b>	<b>Jane Chalmers</b>
<b>Lead Director:</b>	<b>Jane Chalmers</b>
<b>Contact Details:</b>	<b>Jane.chalmers@lond-amb.nhs.uk</b>
<b>Why is this coming to the Trust Board?</b>	<b>The staff survey action plan is presented to the Trust Board as agreed at the last board meeting.</b>
<b>This paper has been previously presented to:</b>	<input type="checkbox"/> Strategy Review and Planning Committee <input checked="" type="checkbox"/> Executive Management Team <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Finance and Investment Committee <input type="checkbox"/> Other:
<b>Recommendation for the Trust Board:</b>	<b>To endorse the action plan to address key points from the 2013 Staff Survey</b>
<b>Key issues and risks arising from this paper</b>	
<b>Executive Summary</b>  The aim of this paper is to provide a pan-Trust perspective of the Staff Survey results and to describe clear, measurable actions which will be put in place to start to address the top 5 problem areas which staff have highlighted.	
<b>Attachments</b>  2013 Staff Survey Action Plan	

**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
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- Caring for the workforce

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

LAS Strategic Goals

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- 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
- No

Key issues from the assessment:

## **LONDON AMBULANCE SERVICE 2013 STAFF SURVEY ACTION PLAN**

### **Introduction**

1. The 2013 Staff Survey results for London Ambulance Service (LAS) were on the whole disappointing. 1777 of our staff completed the survey giving a response rate of 40.8%. This was an increased rate of response against 2012 staff survey which saw a response rate of 37.1%.
2. Whilst staff had already been telling us about a number of the issues which came out in the staff survey and indeed actions are already underway to address some of them, the consolidation of those issues in the form of the Staff Survey results provides the trust with a clear opportunity to take positive action to improve the situation for our staff.
3. Our staff have used the Staff Survey to tell us where they think some of the problem areas are from their perspective and it is important that we listen to what they have said and act upon it. It does however, need to be borne in mind that our staff live and work in the wider context of public service and the pressures of the capital city. This environment will always generate external forces which come into play for staff in how they feel about themselves and their work. Our planned actions are therefore targeted at the areas the trust believes it can influence, whilst recognising there are some matters over which we have no control, to seek to improve the wellbeing and satisfaction of all our staff.

### **Aim of Paper**

4. The aim of this paper is to provide a pan-Trust perspective of the Staff Survey results and to describe clear, measurable actions which will be put in place to start to address the top 5 problem areas which staff have highlighted.

### **Strategic Context**

5. LAS is on a journey. In 2013/14 the Trust embarked upon a significant programme of organisation change at a time when demand continues to increase and the financial envelope within which the Trust needs to operate remains challenging. Whilst progress has been made there is still much to do.
6. It is therefore important to recognise that whilst the action plan contained within this paper sets out actions for 2014/15 which it is believed will make a real difference to the working lives of our staff, the reality is that this is probably year one of a 2 to 3 year journey before the Trust will see the real benefits of what is described in this paper. .

### **2014/15**

7. 2014/15 is about building solid foundations, listening to what staff are telling us are the things which they believe/feel are causing them the greatest problems or anxieties and taking positive action to address them.
8. There needs to be a 'one organisation' coherent approach to the 'what are we going to do i.e. actions' but the 'how are we going to do it' may be delivered in different ways to reflect the fact that the Trust has 2 distinct types of staff those who are mobile (operate on vehicles etc) and those who are non-mobile.
9. The analysis upon which the action plan for 2014/15 is based has used the 'problem scores' which have been identified in the staff survey. A problem score:

- Highlights an area for further investigation
  - Is a simple summary measure used for comparison and for helping to focus in areas for improvement
  - is an interpretation of the results by the Picker Institute the company commissioned by LAS to undertake the Staff Survey 2013
10. Whilst there is a significant degree of commonality between the top 5 problem scores of Accident and Emergency operations staff and other staff groups within the Trust, there is some variance. Specifically the other staff groups highlight completion of appraisals and communication between senior management and staff as problem scores. The pan-Trust top 5 problem scores are as follows:
- Pressure on staff – workload, lack of resources
  - Staff are not feeling valued, being recognised
  - Completion of appraisals
  - Communication/interaction between managers and staff
  - Harassment or bullying or abuse
11. The LAS Executive Management team (EMT) has reviewed the Staff Survey results at both an individual directorate level and at a pan-Trust level, and have identified the actions which they intend to put in place in 2014/1 to start to address the top 5 pan-Trust problem areas which staff have highlighted to us.
12. The EMT believes that these actions will put in place solid foundations upon which the Trust can build its future workforce and make LAS an organisation that staff are proud to work for.

## **ACTION PLAN**

### Pressure on Staff

13. Some work has already commenced to address some of the areas which staff have highlighted e.g. insufficient staff numbers, being asked to do the same amount of work or more with less people. However, it is clear that there is still much more to do. Work already underway includes; the modernisation programme and recruitment campaigns.
14. However, this work has to date primarily been focussed in front line staff and the elements of the Trust which are perceived to directly support them e.g. Fleet. The Staff Survey is telling us that pressure is a very real issue for all LAS staff no matter where they work therefore more action needs to be taken.
15. A number of the actions which are described in other sections of this paper will contribute to addressing this issue but specific actions which will be completed are as follows:
- All Directors will review their directorate structures and staffing to identify gaps and to assess whether the directorate is configured in the most optimum way for what they are being asked to deliver.
    - To be completed in Q1 14/15
  - Based on the above, Directors will restructure directorates as necessary and where appropriate commence recruitment
    - To be completed by the end of Q3 14/15

- Each Director will also review the processes and systems which are currently in place within their Directorate and assess whether they still 'fit for purpose' and whether they help or hinder staff to do their jobs. Changes to be made to processes and systems as necessary.
  - To be completed in Q1 14/15

### Feeling Valued

16. It is the view of the EMT that the single most important positive influence on staff feeling that they are valued is good, effective local management. This is addressed in detail in the section covering communication and engagement with managers

17. Additionally, the EMT felt that there is a particular issue for the trust in how valued support staff and managers feel. The very important emphasis placed on things such as clinical recruitment and career structures and development for clinical staff has not been mirrored for support service staff, leading to a sense of being of less value.

18. The following actions have been agreed:

- A dedicated survey of support service staff to be undertaken to give more insight into specific issues of feeling undervalued and enable a more balanced approach to be taken for all staff
  - To be completed in May-June 2014
- Look at other organisations that staff are proud to work for and see what LAS can learn from them.
  - To be completed in May-June 2014
- Building on the work of the on Listening into Action (LiA) recognition of excellence project develop a reward and recognition strategy and action plan to support its implementation
  - To be completed by July 2014
- All managers to spend more time 'walking the floor' to speak to staff and hear their views
  - On-going throughout 14/15

### Appraisals

19. High quality appraisals and agreement of development action plans with all staff, at all levels is extremely important. Failure to provide staff with quality appraisals exacerbates feelings of not being valued. Good quality appraisals are a key part of providing staff with feedback on their own performance, recognising and appreciating those who do their job well and providing individualised support where appropriate.

20. The following actions will be put in place to ensure appraisals are completed in an effective and timely manner

- Agree revised appraisal process
  - April 14
- Implement the revised appraisal process including the Talent Conversation element.
  - May 2014

- Provide training in the delivery of appraisal for all managers, including all those newly appointed to roles.
  - On-going throughout 14/15
- All line-manager roles' annual objectives include the requirement to undertake appraisals with all their staff
  - To be introduced from April 2014 as part of 14/15 objectives setting process
- Provide monthly updates on completion of appraisals and Talent Conversations to managers and directors
  - From May 2014

### Communications and Interactions with Managers

21. Managers and in particular middle and line managers, have a pivotal role to play in addressing each of the five problem areas. Recruiting, developing, genuinely empowering and supporting local managers, who are in turn held accountable for the success of their team/complex, is considered to be the single most beneficial intervention to improve in each of these five areas.
22. Well trained, empowered and supported local management is vital for sustainable success. It needs to be recognised that local autonomy requires a shared understanding of individual accountability, and of the full spectrum of performance management. This places a requirement on the trust to ensure that all managers are provided with the training and skill development to enable and support them in successfully carrying out their role.
23. Additionally, to help facilitate improved communication and engagement between managers and staff both groups must have a better understanding of their own roles and responsibilities and those of the other group.
24. The following actions are being put in place:

#### Leadership and Management Development

- Develop and implement a LAS Leadership and Management Charter that defines the characteristics and qualities of all managerial roles, core duties and responsibilities. This is to include the development of a Leadership and Management Development Framework which covers all managers within the Trust
  - To be completed by the end of September 2014
- A programme of courses relating to leading through change
  - To commence in May 2014
- Develop new Performance Management and Succession Planning strategies that define the trust's approach to; individual performance management, talent management and succession planning
  - To be completed by the end of September 2014
- Draft an overarching strategy that works alongside existing appraisal disciplinary & capability, and talent management policies, and new staff engagement and recognition and reward policies.
  - To be completed by the end of September 2014



- Develop a generic job description template for all managerial roles that includes core manager responsibilities and duties.
  - To be developed by end of Q1. To be implemented across the trust by the end of Q3
- Design and implement support interventions for all departmental and team restructures, with specific input into role design, recruitment and development of managerial roles.
  - On-going throughout 2014/15

#### Communications and Engagement with Staff

- Develop and start to deliver 'Getting The Best From Your Staff' workshops for all managers
  - April-September 2014
- Develop and start to deliver 'Getting The Best From Your Managers workshops for staff'
  - April-September 2014
- Develop and deliver staff engagement strategy including taking forward LiA into year 2
  - Develop in Q1, delivery throughout the year
- Build on the staff engagement work done in 2013/14 – Listening into Action and staff road shows for example.
  - Develop in Q1, delivery throughout the year
- More regular face to face communication with staff at all levels of the organisation, to include 'management by walking around (MBWA)', webinars, regular briefings drop in sessions at complexes/stations and hospitals
  - Throughout 2014/15
- Regular meetings with Trade Unions and staff focus groups to discuss progress against the action plan and identify any emerging issues
  - Throughout 2014/15

#### Bullying & Harassment

25. The Trust has a 'Zero Tolerance' position on bullying and harassment. It was therefore very disappointing to see these results.

26. Despite a 'zero tolerance' position some of our staff are telling us that they do feel they are being bullied or harassed. This is not acceptable and must be addressed.

27. It is the view of EMT that there is a requirement for further analysis and discussion of these survey results if the Trust is to more fully understand and ultimately address the issues which staff are raising with us.

- To complete the analysis, the Trust will engage with an organisation which specialises in working with organisations to review their approach to dealing with bullying and harassment, including reviewing systems, processes and plans. Such an organisation will also advise on actions which could be put in place, suggest

examples of good practice and work with the org to identify the right actions and approach to reinforce the zero tolerance approach of the trust.

- To be completed by the end of Q2

### **Evidencing Change**

28. As a result of the actions described in this paper what will look and feel different for our staff on 31 March 2015?
- a. Staff will be telling us they feel less pressured at work and to come to work even when they may not feel well enough to do so
  - b. Staff will be telling us they feel the work they do is recognised and that they feel that, wherever they work in the Trust their work is valued and they as individuals are valued
  - c. Staff will be able to talk to their managers and feel that they are being listened to and their concerns being acted upon when appropriate
  - d. Staff will feel they can come to work without fear of being bullied or harassed whilst at work. If they were to be feel they were being bullied or harassed they would 'feel confident to report it' knowing that any such report would be investigated.
  - e. At least 90% of staff across the Trust will have had an appraisal
  - f. A greater proportion of staff who respond to the 2014 Staff Survey would recommend LAS as a place to work and to their friends and family as a place to be treated when compared to 2013 Staff Survey results.

### **Monitoring and Reporting**

29. The following measures will be used to track and assess the effectiveness of the actions described in this paper
- a. 2014 Staff Survey
  - b. Regular internal 'temperature checks throughout the year
  - c. Friends and Family Test results
  - d. Monthly tracking of appraisal completion rates and other metric as described in this papers
  - e. Planned feedback opportunities e.g. Staff Council meetings, training courses,
  - f. Informal feedback from staff for example face to face conversations and Facebook page
30. The following reports will be provided to provide assurance on adherence to be action plan
- a. Monthly reports to Directors on appraisal completion rates for their directorate
  - b. Monthly Organisational Development report to EMT, Content to include progress against the actions described on this paper, trust wide view of appraisal completion rate, results of temperature checks and friends and family checks as appropriate
  - c. Quarterly report against action plan to Trust Board

## Summary

31. The 2013 LAS Staff Survey results were disappointing. Our staff have told us where they think the problem areas are from their perspective and we have listened to them and identified the actions described in this paper as the first and most immediate step in responding to what they have said.
  
32. As was covered in the introduction, LAS is on what will probably be a 2 to 3 year journey before we see the real benefits of the changes the trust is making. 2014/15 is the first of those years. We are cognisant that there may be external factors which during the year influence the views and perceptions of our staff and which may mean that despite best endeavours we will not make as much progress as we would like. Nevertheless, we believe that the actions that have been described will start to make a real difference to the working lives of our staff this year. They will also lay solid foundations on which to build years 2 and 3.



## LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 25 MARCH 2014

### PAPER FOR INFORMATION

<b>Document Title:</b>	<b>Report from Chief Executive</b>
<b>Report Author(s):</b>	<b>Ann Radmore, Chief Executive</b>
<b>Lead Director:</b>	<b>Ann Radmore, Chief Executive</b>
<b>Contact Details:</b>	<b>Ann.radmore@lond-amb.nhs.uk</b>
<b>Why is this coming to the Trust Board?</b>	<b>Information</b>
<b>This paper has been previously presented to:</b>	<input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Executive Management Team <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Finance and Investment Committee <input type="checkbox"/> Other:
<b>Recommendation for the Trust Board:</b>	<b>To note the report from the Chief Executive</b>
<b>Key issues and risks arising from this paper</b>	
<b>Executive Summary</b>  The report covers the following items: <ul style="list-style-type: none"><li>▪ Independent Commission Whole Person Care Report – Sir John Oldham</li><li>▪ Flu Fighter Award 2013/14</li><li>▪ Flooding</li><li>▪ Foundation Trust Network Chair/Chief Executive Meeting 6 March 2014</li><li>▪ Building a Culture of Candour in the Care Sector</li><li>▪ Mental Health Crisis Care Concordat</li></ul>	
<b>Attachments</b>  Chief Executive Report to the LAS Trust Board meeting held on 25 <sup>th</sup> March 2014	

**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
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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
- No

Key issues from the assessment:

## **CHIEF EXECUTIVE REPORT TO THE LONDON AMBULANCE SERVICE (LAS) TRUST BOARD MEETING HELD ON 25 MARCH 2014**

### **1. Independent Commission Whole Person Care Report – Sir John Oldham**

On March 4th 2014 the above report commissioned by the Labour Party was published. The report sets detailed recommendations to organises services around the needs of the person, built upon three themes: giving meaningful power to the people using the health and care system; reorienting the whole system around the true needs of the population in the 21<sup>st</sup> century; and, addressing the biases in the established system that prevent necessary change happening.

The full report can be viewed here:

[http://www.yourbritain.org.uk/uploads/editor/files/One\\_Person\\_One\\_Team\\_One\\_System.pdf](http://www.yourbritain.org.uk/uploads/editor/files/One_Person_One_Team_One_System.pdf)

### **2. Flu Fighter Award 2013/14**

On 21 February it was announced that LAS had won the top spot in the 'innovative flu fighter campaign' category at the NHS Employers National Flu Fighter Awards, presented at a ceremony in Leeds this week

Further details can be found here:

[http://www.londonambulance.nhs.uk/news/news\\_releases\\_and\\_statements/flu\\_campaign\\_wins\\_award.aspx](http://www.londonambulance.nhs.uk/news/news_releases_and_statements/flu_campaign_wins_award.aspx)

### **3. Flooding**

Following a request for mutual aid, members of the Hazardous Area Response Team (HART) team were deployed to the South Central Ambulance Service (SCAS) and South Western Ambulance Service NHS Foundation Trust (SWASFT) to offer aid during the long periods of heavy flooding

The Service also provided aid within London in response to the flooding.

### **4. Foundation Trust Network Chair/Chief Executive Meeting 6 March 2014**

The key messages which came out of this meeting were:

- The significant scale of the financial challenges facing Trusts as they enter 2014/15
- Maintaining momentum with the Urgent & Emergency Care Pathway
- Remaining unknown matters on the FT process
- Exploring solutions to the challenges of creating the workforce of the future
- Collaboration with national partners to ensure the right long term strategy for the NHS

### **5. Building a Culture of Candour in the Care Sector**

On the 6<sup>th</sup> of March 2014, the Royal College of Surgeons published the report requested by Jeremy Hunt, Secretary of State for Health following the Mid Staffordshire NHS Foundation Trust Public Inquiry. The Health Secretary asked that the review consider two matters, namely:

- how to improve the reporting of patient safety concerns including whether or not the threshold for the statutory duty of candour should include moderate harm
- whether Trusts should reimburse a proportion or all of the NHS LA's compensation costs when they have not been open about a patient safety incident

The final report makes three recommendations:

- The first addresses building a wider culture of candour by training and supporting staff, improving the levels and accuracy of reporting of patient safety incidents and spreading and applying lessons learned into practice.
- The second recommends the inclusion of 'moderate' harm within the organisational duty
- The third recommends a consultation on options to involve the NHS Litigation Authority in supporting a culture of candour, and whether this should include both reimbursement and other options.

The review emphasises the importance of ensuring that future incentives form part of a coherent framework.

Further details can be found here:

<http://kinwahlin.wordpress.com/2014/03/10/building-a-culture-of-candour-royal-college-of-surgeons-6-march-2014/>

## **6. Mental Health Crisis Care Concordat**

On the 18 February the Department of Health and the Home Office published a report and joint statement about how public services should work together to respond to people who are in mental health crisis. The document sets out the principles and good practice that should be followed by health staff, police officers and approved mental health professionals when working together to help. LAS will move to implement the concordat over the next couple of months.

The full report can be viewed here:

<https://www.gov.uk/government/publications/mental-health-crisis-care-agreement>

**Ann Radmore  
Chief Executive  
25 March 2014**



## LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 25<sup>TH</sup> MARCH 2014

### PAPER FOR APPROVAL

<b>Document Title:</b>	<b>Board declarations – self certification, compliance and board statements</b>
<b>Report Author(s):</b>	<b>Sandra Adams</b>
<b>Lead Director:</b>	<b>Richard Hunt/Ann Radmore</b>
<b>Contact Details:</b>	<b>Sandra.adams@lond-amb.nhs.uk</b>
<b>Why is this coming to the Trust Board?</b>	<b>Approval of the monthly self certification requirements for submission to the NHS Trust Development Authority</b>
<b>This paper has been previously presented to:</b>	<input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Executive Management Team <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Finance and Investment Committee <input type="checkbox"/> Other:
<b>Recommendation for the Trust Board:</b>	<b>To approve the submission of the Board declarations for February and March 2014</b>
<b>Key issues and risks arising from this paper</b>  The Trust Board will be held to account by the NHS Trust Development Authority for compliance with the new provider licence requirements and the Board statements.	
<b>Executive Summary</b>  The Trust Board is asked to approve submission of the declarations stating full compliance with the Board Statements and Monitor Compliance for 2013/14.	
<b>Attachments</b>  None.	



**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
- No

Key issues from the assessment:



**LONDON AMBULANCE SERVICE TRUST BOARD**

**DATE: 25<sup>TH</sup> MARCH 2014**

**PAPER FOR INFORMATION**

<b>Document Title:</b>	<b>Register of Interests – March 2014</b>
<b>Report Author(s):</b>	<b>Sandra Adams, Director of Corporate Affairs/Trust Secretary</b>
<b>Lead Director:</b>	<b>Sandra Adams, Director of Corporate Affairs/Trust Secretary</b>
<b>Contact Details:</b>	<b>sandra.adams@lond-amb.nhs.uk</b>
<b>Why is this coming to the Trust Board?</b>	<b>Corporate governance</b>
<b>This paper has been previously presented to:</b>	<input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Executive Management Team <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Finance and Investment Committee <input type="checkbox"/> Other:
<b>Recommendation for the Trust Board:</b>	<b>To note the current register interests for Board members</b>
<b>Key issues and risks arising from this paper</b>	
None identified. Board members are asked to declare any interests at the start of each meeting. Executive directors are required to do the same at each executive team meeting.	
<b>Executive Summary</b>	
The Register of Interests is maintained by the Director of Corporate Affairs and is updated, Trust-wide, at least annually. Board members and senior managers are required to notify the Director of Corporate Affairs of any change to interests during the year. The Board Register has been updated through the Fit and Proper Persons Test that was implemented in November 2013.	
<b>Attachments</b>	
Trust Board Register of Interests – March 2014	

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**Quality Strategy**

This paper supports the following domains of the quality strategy

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**LAS Strategic Goals and Priorities**

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## 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

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- Communication and Engagement
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- That we are unable to match financial resources with priorities
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**Equality Analysis**

Has an Equality Analysis been carried out?

- Yes
- No

Key issues from the assessment:

Trust Board Register of Interest - March 2014

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	20/12/2013		✓	Koodu Ltd - Non executive director - start up organisation; Homes for Heroes - start up charity	Maven Executive Coaching and Mentoring Ltd; Attan Partners Ltd				
Jessica Cecil	29/11/2013		✓				On the advisory board of IntoUniversity, an educational charity	One sister is an NHS physiotherapist who also sees patients privately, another sister is a public health reseracher at Imperial College.	
Roy Griffins	20/12/2013		✓	Non-executive Chairman of the Board of Docklands Aviation Group Limited.				Non-executive Director of NHS Blood and Transplant Authority.	
John Jones	05/12/2013	✓							
Fergus Cass	17/02/2014		✓	Book Aid International - Charity - Non executive (Trustee); Hospices of Hope - Charity - Non executive (Trustee); Hospices of Hope Trading Limited - Charity related - Non executive			As noted above, Non executive director of Hospices of Hope, a charity supporting hospice care in south east Europe	Alternate chair of the Performance list decision panel in North West London (run by NHS England)	
Nicholas Martin	02/12/2013		✓	Cambridge Guarantee Holdings			Chair designate, City of Westminster College (Further Education College)		
Robert McFarland	19/12/2013		✓				Trustee and Chair of the European Doctor's Orchestra.		
Theo de Pencier	01/03/2014		✓	Chief Executive, Freight Transport Association; Director, Skills for Logistics (sector skill council); Trustee, ITB Pension Fund					
Caroline Silver	14/02/2013		✓				Associate of BUPA. BUPA is a company limited by guarantee, and thus has no shareholders. It invites c.100 individuals to stand in as shareholders for governance purposes.		
Ann Radmore	13/03/2014		✓					Nephew holds a middle management position in PWC Health division. Personal Friend of Director of the Hurley group.	
Sandra Adams	17/12/2013	✓							
Karen Broughton	06/01/2014	✓							
Jane Chalmers	17/04/2013		✓	Creswell Barn Ltd.	Creswell Barn Ltd.	Creswell Barn Ltd.			
Mike Evans	19/03/2013	✓							
Andrew Grimshaw	27/02/2014		✓	Director of LSO Consulting Ltd. Provides financial management and design consultancy. Provided services to Adfirmo.					
Charlotte Gawne	04/12/2013	✓							
Jason Killens	03/01/2014	✓							
Steve Lennox	17/12/2013		✓	Owner of Riad Al-Bushra (Morocco) not connected to healthcare provision in any way.					
Fionna Moore	09/12/2013		✓	Medical Director, Location Medical Services.			Executive member of the Resuscitation Council (UK)		
David Prince	28/11/2013	✓							
Paul Woodrow	21/01/2014	✓							
Mark Whitbread	02/01/2014	✓							



## LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 25<sup>TH</sup> MARCH 2014

### Compliance with Standing Orders and Standing Financial Instructions

<b>Document Title:</b>	<b>Trust Secretary Report</b>
<b>Report Author(s):</b>	<b>Sandra Adams</b>
<b>Lead Director:</b>	<b>Sandra Adams, Director of Corporate Services</b>
<b>Contact Details:</b>	<a href="mailto:sandra.adams@lond-amb.nhs.uk">sandra.adams@lond-amb.nhs.uk</a>
<b>Why is this coming to the Trust Board?</b>	<b>Compliance with Standing Orders</b>
<b>This paper has been previously presented to:</b>	<input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Executive Management Team <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Finance and Investment Committee <input type="checkbox"/> Other:
<b>Recommendation for the Trust Board:</b>	<b>To be advised of the tenders received and entered into the tender book and the use of the Trust Seal since 26<sup>th</sup> January 2014 and to be assured of compliance with Standing Orders and Standing Financial Instructions</b>
<b>Key issues and risks arising from this paper</b>  This report is intended to inform the Trust Board about key transactions thereby ensuring compliance with Standing Orders and Standing Financial Instructions.	
<b>Executive Summary</b>  Five new tenders and one re-tender have been received since 26 <sup>th</sup> January 2014 as follows: 1. Installation of bunded diesel tank Tenders received from: - William Southern Limited - KPH Environmental Service Limited - Alder and Allan Group - Aqua Sentry Environmental Services Limited - Oil Tank Supplies Limited. 2. Roofing works and internal modelling at Ilford Ambulance Station Tenders received from: - Sibmar Construction Group - Millane Contracts Limited - Coniston Limited - Bowmite Limited - Advanced Roofing Contractors. 3. Taxi service provision Tenders received from: - ODRTS Limited - W1 Cars.	

4. HQ building services electrical

Tenders received from:

- Norlands
- Avatar
- TKW Electrical
- Boleyn Technical.

5. HQ building services mechanical phase

Two tenders received. Decision made to re-tender with the following received:

- Norlands
- Borahurst
- J C Watson.

There have been no new entries to the register for the use of the Trust Seal since 26<sup>th</sup> January 2014.

**Attachments**

None.

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**Equality Analysis**

Has an Equality Analysis been carried out?

- Yes
- No

Key issues from the assessment:



### TRUST BOARD FORWARD PLANNER 2014

3<sup>rd</sup> June 2014

Standing Items	Annual Reporting	Quality Assurance	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
Patient Story Declarations of Interest Minutes of the previous meeting Matters arising Report from the Trust Chairman FT Update	<b>Annual Report and Accounts 2013/14</b>  <b>Quality Account 2013/14 for approval</b>  <b>Audit Committee Assurance Report</b>  <b>BAF and Corporate Risk Register – Quarter 1 documents</b>  <b>Patient Voice and Service Experience Annual Report</b>	Integrated Board Performance Report  Quality Dashboard  Clinical Quality and Patient Safety Report (including serious incidents update)  Quality Committee Assurance Report  Finance Report  Report from Finance and Investment Committee	Report from Chief Executive Officer  Modernisation Programme  Presentation from AACE  Long Term Financial Model	Board Declarations  Report from Trust Secretary  Trust Board Forward Planner	Audit Committee on 22 <sup>nd</sup> May 2014 and 2 <sup>nd</sup> June 2014  Finance and Investment Committee on 15 <sup>th</sup> May 2014	Fiona Moore
<b>Board Development Session</b>						
Equality Act briefing						

24<sup>th</sup> June 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 FT Update	<b>Integrated Board Performance Report</b>  <b>Quality Dashboard</b>  <b>Clinical Quality and Patient Safety Report (including serious incident update)</b>  <b>Quality Committee Assurance Report</b>  <b>Finance Report</b>	Report from Chief Executive Officer  Modernisation Programme  Equality Strategy Update	Board Declarations  Report from Trust Secretary  Trust Board Forward Planner		
<b>Board Development Session</b>					
"Westminster and Whitehall explained"					



29<sup>th</sup> July 2014

Standing Items	Quality Assurance	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
Patient Story Declarations of Interest Minutes of the previous meeting Matters arising Report from the Trust Chairman FT Update	<b>Integrated Board Performance Report</b>  <b>Quality Dashboard</b>  <b>Clinical Quality and Patient Safety Report (including serious incidents)</b>  <b>Quality Committee Assurance Report</b>  <b>Annual Infection Prevention and Control Report 2013/14</b>  <b>Annual Safeguarding Report 2013/14</b>  <b>Finance Report</b>  <b>Report from Finance and Investment Committee</b>	Report from Chief Executive Officer  Modernisation Programme	Annual Equality Report 2013/14  Governance Review  Board Declarations  Report from Trust Secretary  Trust Board Forward Planner	Finance and Investment Committee on 17 <sup>th</sup> July 2014	Karen Broughton
<b>Board Development Session</b>					
TBC					

30<sup>th</sup> September 2014

Standing Items	Quality Governance and Risk	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
<p>Staff Story</p> <p>Declarations of Interest</p> <p>Minutes of the previous meeting</p> <p>Matters arising</p> <p>Report from the Trust Chairman</p> <p>FT Update</p>	<p><b>Integrated Board Performance Report</b></p> <p><b>Quality Dashboard</b></p> <p><b>Clinical Quality and Patient Safety Report (including serious incident report)</b></p> <p><b>Audit Committee Assurance Report</b></p> <p><b>Annual Audit Letter 2013/14</b></p> <p><b>BAF and Corporate Risk Register – Quarter 2 documents</b></p> <p><b>Annual Report of the Audit Committee</b></p> <p><b>Finance Report</b></p> <p><b>Report from Finance and Investment Committee</b></p>	<p>Report from Chief Executive Officer</p> <p>Modernisation Programme</p> <p>Business planning 15/16</p>	<p>Board Declarations</p> <p>Report from Trust Secretary</p> <p>Trust Board Forward Planner</p> <p>Annual Corporate Social Responsibility Report 2013/14</p>	<p>Audit Committee on 8<sup>th</sup> September 2014</p> <p>Finance and Investment Committee on 18<sup>th</sup> September 2014</p>	
<p><b>Board Development Session</b></p>					
<p>TBC</p>					

25<sup>th</sup> November 2014

Standing Items	Quality Assurance	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
Patient Story Declarations of Interest Minutes of the previous meeting Matters arising Report from the Trust Chairman FT Update	<b>Integrated Board Performance Report</b>  <b>Quality Dashboard</b>  <b>Clinical Quality and Patient Safety Report (including serious incident update)</b>  <b>Quality Committee Assurance Report</b>  <b>Audit Committee Assurance Report</b>  <b>BAF and Corporate Risk Register – Quarter 3 documents</b>  <b>Finance Report</b>  <b>Report from Finance and Investment Committee</b>	Report from Chief Executive Officer  Modernisation Programme  Business planning 15/16	Board Declarations  Report from Trust Secretary  Trust Board Forward Planner  Performance Reporting compliance statement	Audit Committee on 10 <sup>th</sup> November 2014  Finance and Investment Committee on 20 <sup>th</sup> November 2014	
<b>Board Development Session</b>					
TBC					

16<sup>th</sup> December 2014

Standing Items	Quality Governance and Risk	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 FT Update	<b>Quality Dashboard</b>  <b>Clinical Quality and Patient Safety Report (including serious incident update)</b>  <b>Quality Committee Assurance Report</b>  <b>Finance Report</b>	Report from Chief Executive Officer  Modernisation Programme  Business planning and commissioning 15/16	Board Declarations  Report from Trust Secretary  Trust Board Forward Planner		
<b>Board Development Session</b>					
TBC					

### 2014 Meetings Calendar

Committee	Chair	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Timings
Trust Board	Trust Chair	28		25			3 & 24	29		30		25	16	9.00 - 14.00 (followed by a board development session 14.00 - 16.00)
Strategy Review and Planning	Trust Chair		25		29					2	28			9.00 - 14.00 (followed by a board development session 14.00 - 16.00)
Annual General Meeting	Trust Chair									30				14.00 - 15.30
Annual C/Funds Committee	Caroline Silver (NED)													TBC
Remuneration Committee	Trust Chair													TBC
Audit Committee	Caroline Silver (NED)		3		17	22	2			8		10		
Finance and Investment Committee	Nick Martin (NED)	24		20		22		24		25		20		
Quality Committee	Bob McFarland (NED)		26		23		18		27		29		19	
Clinical Quality Safety and Effectiveness Committee	Medical Director	23		24		19		21		29		24		
Learning From Experience Group	Director of Nursing and Quality	13			28			14			13			14.00 - 17.00
Executive Management Team (EMT)	CEO	<b>Every Wednesday 9.00 - 11.00</b>											9.00 - 11.00	