London Ambulance Service **NHS**

NHS Trust

**MEETING OF THE LONDON AMBULANCE SERVICE NHS TRUST BOARD
TO BE HELD IN PUBLIC ON TUESDAY 24th JUNE 2014 AT 09.30 – 13.00
CONFERENCE ROOM, 220 WATERLOO ROAD, LONDON SE1 8SD**

AGENDA: PUBLIC SESSION

	ITEM	SUBJECT	PURPOSE	LEAD	TAB
09.30	1.	**Welcome and apologies for absence** No apologies received			
	2.	**Staff Story** To hear an account of a staff story			
10.00	3.	**Declarations of Interest** To request and record any notifications of declarations of interest in relation to today's agenda		RH	
	4.	**Minutes of previous meetings** To approve the minutes of the meeting held on 3rd June 2014	Approval	RH	TAB 1
	5.	**Matters arising** 5.1 To review the action schedule arising from previous meetings 5.2 Update on recruitment	Information	RH DP	TAB 2 ORAL
10.10	6.	**Report from the Trust Chairman** To receive a report from the Trust Chairman on key activities since the last meeting	Information	RH	To follow
PERFORMANCE REPORTING					
10.20	7.	**Integrated Board Performance Report** To receive the integrated board performance report	Discussion and direction	PW	TAB 4
QUALITY GOVERNANCE					
10.50	8.	**Quality Account 2013/14** To approve the Quality Account for 2013/14	Approval	SL	TAB 5
11.05	9.	**Clinical Directors' Joint Report** To note the report from the Joint Clinical Directors	Assurance	SL/FM/ MW	TAB 6
FINANCE					
11.20	10.	**Finance Report** Finance Report M2	Discussion and direction	AG	TAB 7
11.30	**BREAK**				

STRATEGIC AND BUSINESS PLANNING

11.45	11.	**LAS Business Plan 2014/15** To approve the business plan for 2014/15	Approval	KB	TAB 8
11.55	12.	**NHS 111 post step in progress report** To receive a report on NHS 111 performance in South East London following six months' of operation	Discussion and direction	JK	Presentation
12.10	13.	**Christmas IT Incidents** To approve the report on the Christmas IT incidents	Review and approval	JC	To follow
12.20	14.	**Modernisation Programme** To receive an update on the Modernisation Programme	Discussion and direction	JC	TAB 9

BUSINESS ITEMS

12.30	15.	**Report from Chief Executive** To note the report from the Chief Executive	Information	AR	To follow
	16.	**Report from Trust Secretary** To receive a report on use of the Trust Seal and tenders received	Compliance with Standing Orders	SA	TAB 11
	17.	**Forward Planner** To receive the Trust Board forward planner	Information	SA	TAB 12
	18.	**Questions from members of the public**		RH	
	19.	**Any other business**			
	20.	**Date of next meeting** The date of the next Trust Board meeting is on Tuesday 29th July 2014			

The public meeting will close at 13.00

LONDON AMBULANCE SERVICE NHS TRUST
TRUST BOARD MEETING
Part I

DRAFT Minutes of the meeting held on Tuesday 3rd June 2014 at 09:30 a.m.
in the Conference Room, 220 Waterloo Road, London SE1 8SD

****

Present:

Richard Hunt	Chairman
Ann Radmore	Chief Executive
Jessica Cecil	Non-Executive Director
Fergus Cass	Non-Executive Director
Theo de Pencier	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

In Attendance:

Sandra Adams	Director of Corporate Affairs/Trust Secretary
Karen Broughton	Director of Transformation and Strategy
Jane Chalmers	Director of Modernisation (minute 56 only)
Francesca Guy	Committee Secretary
David Prince	Director of Support Services
Mark Whitbread	Director of Paramedic Education and Development
Fenella Wrigley	Deputy Medical Director
Paul Woodrow	Director of Performance (minute 52 only)

Members of the Public:

Sister Josephine Udine	Patients' Forum

Members of Staff:

Anna McArthur	Communications Manager

****

44. Welcome and Apologies

44.1 Apologies had been received from Fionna Moore. Fenella Wrigley attended on behalf of Fionna.

45. Patient Story

45.1 Steve Lennox reported that the patient who had been invited to attend today's Trust Board meeting was no longer able to attend and therefore there would be no patient story.

46. Declarations of Interest

46.1 Theo de Pencier noted that he was the CEO of the Freight Transport Association which had a business relationship with the LAS. This was recorded on the register of interests.

Trust Board minutes 030614

47. **Minutes of the Part I meeting held on 25th March 2014**

47.1   The minutes of the Part I meeting held on 25th March 2014 were approved subject to an amendment to paragraph 26.2.

48. **Matters Arising**

48.1   The following actions were discussed:

48.2   **06.4:** Sandra Adams noted that she had updated the briefing on the governance structure to reflect changes to the Quality Committee.

48.3   **24.6:** Francesca Guy was arranging for the clinical audit and research team to present to a future Trust Board meeting.

48.4   **26.12:** The mental health action plan was on the agenda for the next Quality Committee meeting on 18th June 2014.

48.5   **32.4:** The Chair had arranged to meet with Sandra Adams to discuss the NHS Constitution and its application.

49. **Report from the Trust Chairman**

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

- The Chair had attended a board diversity action group with NHS Trust Development Agency. A trust in Nottingham had developed a board directors apprenticeship scheme to encourage people to put process;
- The Shockingly Easy defibrillator campaign had been launched on 1st May;
- The Chair had observed an ambulance shift from Isleworth station and noted that this had been a good reflection of the work of the LAS. The Chair asked board colleagues for their commitment to take part in rideouts.

50. **Annual Report and Accounts 2013/14**

Annual Report 2013/14

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

50.2   John Jones stated that, as Chair of the Audit Committee, he was happy to provide assurance to the board of the effectiveness of the Trust's systems of integrated governance, risk management and internal control, based on the key sources of assurance identified in the board assurance framework. John noted that although the head of internal audit opinion was disappointing, it was perhaps not surprising given the very recent submission of a number of audit reports, some with limited assurance reports. It should also be recognised that management had proactively directed internal audit towards a number of areas as priority for the internal audit plan as there had been concerns. The Audit Committee took assurance from the fact that none of the findings had been a surprise to management and that progress had already been made to put in place action plans to address the recommendations. The Audit Committee would continue to monitor progress against the actions.

Trust Board minutes 030614

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

50.4   The Trust Board approved the annual report for 2013/14, subject to the amendments to be made. The Trust Board gave delegated authority to Ann Radmore to approve any further final amendments, unless they were significant in which case they would require the Chair's approval.

Annual Accounts 2013/14

50.5   Andrew Grimshaw noted that the Audit Committee had reviewed and endorsed the annual accounts and the ISA 260 at its meeting yesterday. Andrew noted that there were a small number of outstanding issues to be resolved, however these did not represent a significant change to the accounts as presented. The auditors expected to be able to issue an unqualified audit opinion and to issue an unqualified statutory value for money conclusion. Four recommendations had been made in the ISA 260 relating to internal controls which had been accepted and action plans put in place. The Audit Committee had given delegated authority to Andrew Grimshaw and Ann Radmore to approve any minor changes to the accounts. Significant changes would be agreed with the chair of the Audit Committee before they were actioned.

50.6   John Jones confirmed that the Audit Committee had reviewed the unaudited accounts in April and had reviewed the accounts and ISA 260 at its meeting yesterday. The Audit Committee had endorsed the annual accounts for 2013/14 and recommended Trust Board approval. John congratulated Andrew and the finance team for this result and for the smooth running of the year end audit.

50.7   The Trust Board approved the annual accounts for 2013/14.

51.   Quality Report

Safety, Development and Practice, and Effectiveness and Experience

51.1   Steve Lennox noted that this was the new format of the quality report.

51.2   The Trust Board considered the following question from the Patients' Forum:

51.3   *Will the Board take steps to ensure that all staff have appropriate facilities to wash their hands before and after providing care to patients, and can a progress report be submitted to the September Board meeting?*

51.4   Steve Lennox responded that the term hand washing was unhelpful as it implied soap and water. Steve was satisfied that the Trust was compliant with hand hygiene standards as LAS staff were supplied with alcohol gel. Staff could also wash their hands with soap and water at emergency departments.

51.5   Fergus Cass asked whether the quality assurance resource for complaints should be prioritised. Steve responded that the Quality Assurance Manager had been ring-fenced for 3 days a week in order to get through the backlog of complaints and would continue for one day a week. This was increased capacity compared with what had been in place previously and would maintain performance levels.

Report from the Quality Committee

51.6   Bob McFarland gave an update on the key items of discussion at the last Quality Committee meeting, which included a review of the quality governance structure. The committee would agree

Trust Board minutes 030614

its title at its next meeting on 18th June.

51.7   The Quality Committee had also conducted a deep dive review into the management of overdose patients. The committee was assured that the actions undertaken were sufficient to mitigate the risks discussed, however the committee was concerned that this was just one an example of how delays to Category C1 and C2 calls affected the quality of response.

51.8   Bob noted that he had formally responded to the Patients' Forum question regarding the use of secure transport.

52.   Integrated Board Performance Report

52.1   Paul Woodrow joined the meeting for this agenda item. Paul noted that he continued to develop the integrated board performance report and had included graphs for each of the four sections, which would help to identify trends over time.

52.2   Paul reported that the operational performance position for May continued to be a challenge. Red 2 performance was particularly challenged and this reflected a significant reduction of FRU capacity due to the inability to free first responders from scene whilst they awaited the arrival of an ambulance.

52.3   The Chair noted that operational performance and workforce were the key issues and asked what actions were underway to address these. Ann Radmore responded that recruitment, retention and sickness absence management were priorities for the Executive Management Team. A number of short-term actions had also been identified which would seek to maintain performance on a day to day basis, however significant improvements in performance were not expected before the last quarter of 2014/15 and until then the focus would be on managing performance to a safety position.

52.4   David Prince gave an update on recruitment activity and noted that this was a multi-stranded approach which sought to recruit paramedics from UK, overseas and the military. An exit interview process had also been set up to understand why people were leaving the Trust, however this had not identified one overriding reason. Other ambulance services were experiencing the same workforce issues and this was a result of a significant shift in the demand for paramedics in urgent care, primary care, NHS 111 and the private sector. Ann Radmore noted that the LAS was significantly busier than other ambulance services and it was likely that retention would not improve until utilisation was reduced.

52.5   Jason Killens commented that the number of ambulance hours produced had reduced significantly compared with Q4 and this was compounded by the fact that 130 frontline staff had left the Trust since then. This was the equivalent of closing one ambulance complex or 3 ambulance stations. The reduction in the number of staff meant that take up of overtime hours was low. Sickness absence remained a challenge, particularly long-term sickness, however this was symptomatic of the current pressures on staff. A short-term tactical action plan had been drawn up to manage performance on a daily basis, however this was not a recovery plan.

52.6   Paul Woodrow gave an update on the actions to manage long term sickness (eg those members of staff who had been absent from work for more than 90 days).

52.7   The Trust Board considered the following question from the Patients' Forum:

52.8   *In view of the publicity about the impact of shift work on the health of staff, what action will the Board take to ensure that the length of shifts and shift patterns are consistent with both the health needs of staff and excellent patient care, and that the impact of shift work is continuously monitored?*

52.9 David Prince responded that the Senior Management Team had been asked to develop a Health and Well Being strategy which would encompass this and many other issues, including the working longer agenda and unsocial hours, to ensure that the Trust had safe and healthy employees who continued to provide a consistent and good quality service. Paul Woodrow added that the Trust had just completed a review of roster patterns, which would put limitations on the time crews could finish their shifts. The roster review would also reduce the number of 12 hour shifts and was a step towards a more flexible method of rostering. The roster patterns were also compliant with the requirements of European Working Time Directive.

52.10 Fergus Cass asked how the Trust could ensure that reduced resources were directed towards maintaining patient safety and how we could be certain we were not doing any harm. Paul Woodrow responded that this was the key focus of the management team. The daily performance report reported against the key safety indicators and Category C determinants were being reviewed to ensure that they were given the right priority. The Trust was achieving the 75th percentile in 8 to 9 minutes for red 1 patients and 8 to 10 minutes for red 2 patients, which indicated that the Trust's performance levels were maintaining safety. The Chair noted that it would be beneficial for the Trust Board to understand when the 75th percentile was achieved.

52.11 Theo de Pencier commented that, in terms of recruitment activity, the Trust needed to find a way of playing to London's strengths and to look at what other incentives were working in other sectors outside of the health service.

52.12 In summary, Ann Radmore noted that in the best case scenario, the Trust would only see an improvement in performance later in the year and only if the actions discussed were taken. At this stage it was not certain whether the Trust would deliver 75% by the end of the financial year. The Chair noted that the Trust Board's focus was therefore on what actions were being taken to ensure that the Trust was delivering a safe service.

52.13 Paul Woodrow left the meeting.

53. Board Assurance Framework and Corporate Risk Register – Quarter 1 documents

53.1 Sandra Adams noted that the Board Assurance Framework would be updated to reflect this year's objectives and the updated version would be presented to the Trust Board in July. Sandra noted that risk 265 (matching resource and demand) and risk 388 (staff turnover) were due to be reviewed following which it was likely that these would become the highest rated risks.

53.2 Fergus Cass asked whether the IT risks had become more significant. Sandra responded that Frances Field was reviewing the IT local risk register with Vic Wynn which would highlight any risks that needed to be escalated into this framework, however the review of IT resilience had not suggested that any of the risks would need to be escalated.

53.3 Nick Martin asked whether control rooms resilience should be included on the corporate risk register. Ann Radmore responded that the investigation following the Christmas IT incidents did not identify this as a high risk. David added that the HQ essential maintenance work would look at the infrastructure between the 2 control rooms.

Report from the Audit Committee on 22nd May and 2nd June

53.4 John Jones noted that a report had been circulated to the Trust Board which summarised the key items of discussion at the last Audit Committee meeting. John noted that the Audit Committee had received 3 internal audit reports, one of which had been given a limited assurance rating. This was

Trust Board minutes 030614

Chair's initials………..

reflective of the fact that management had proactively directed internal audit towards a review of contracts management as priority for the internal audit plan as there had been concerns.

53.5   Vic Wynn had attended the meeting to provide an update on progress against the recommendations from the cyber security internal audit. Sandra had also provided an update on the actions to review the management of serious incidents and had noted that the biggest challenge was the capacity to undertake incident investigations. The Audit Committee had asked Sandra to consider an alternative way of managing this.

53.6   The Audit Committee had also reviewed the annual report and accounts as discussed earlier.

54.   Finance Report

Month 1 Finance Report

54.1   Andrew reported that there were no significant variances against the month 1 plan, however there was a risk that penalties would be imposed at the end of the year if performance did not improve. This would need to be reflected in the financial plan for the year and actions reviewed.

54.2   Theo de Pencier emphasised the importance of early engagement with CCGs. Karen Broughton noted that she was organising a summit with CCGs.

Report from the Finance and Investment Committee

54.3   Nick Martin gave an update on the key items of discussion at the last Finance and Investment Committee meeting. A seminar had been arranged for later in June to discuss a number of items such as value for money, the tendering process and commercial issues.

54.4   Nick noted that the membership of the committee had been expanded to allow for other members of the Executive Management Team to be invited as and when required.

55.   Report from Chief Executive

55.1   Ann Radmore noted the key elements of her report.

55.2   Ann gave an update on the paramedic education allegation and noted that the investigation was underway with interviews commencing this week. The clinical assurance had been completed and the examination assurance would be completed within the next 2 weeks, at which point it was anticipated that the internal and external examinations could recommence. Ann added that KPMG would produce an interim report which would give an indication of the scope of the allegation.

55.3   Fergus Cass, as non-executive lead for whistleblowing, complimented the team in terms of how the process had been handled and thought that the LAS was setting a good example. Fergus noted that the process had focussed on patient safety as a key priority.

56.   Modernisation Programme

56.1   Jane Chalmers joined the meeting to give an update on progress with the modernisation programme:

- The job description for the Emergency Ambulance Crew had been finalised and the consultation period would commence in the next 2 weeks. The LAS continued to deliver in-house training to convert staff to this role;

Trust Board minutes 030614

- All new rosters had been agreed, which was a significant achievement. Detailed planning for the implementation of the rosters would commence shortly;
- Active area cover would go live on 1st July from 06.00 to midnight. The proposal to have active area cover in place for 24 hours a day would need to be revisited.

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

57.1 Sandra noted that the board was unable to declare compliance with statement 10 (compliance with existing targets) having carefully reviewed the performance in month 1 and the current trend information for activity and capacity in month 2. Work was in train to address these issues and to produce a revised plan.

57.2 The Trust Board approved the submission of board declarations for April and May, with reference to the statement of non-compliance against statement 10.

58. Trust Board Register of Interests

58.1 The Trust Board noted the register of interests.

59. Report from Trust Secretary

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

60. Forward Planner

60.1 The Trust Board noted the forward planner.

60.2 The Chair noted that the Trust Board would need to hold an additional meeting in June to sign off the documents to be submitted to the NHS TDA including the strategy, integrated business plan, long term financial model and the communications and engagement strategy.

61. Questions from members of the Public

61.1 The Trust Board considered the following question from the Patients' Forum:

Will the Board review the diversity of its membership and produce an action plan to widen its diversity?

61.2 The Chair responded that the Trust Board recognised the need to improve diversity on the board, however could take confidence from the representation of other protected characteristics that processes were fair and that the Trust Board did represent diversity in the broadest sense. The Trust Board would continue to encourage applications from black and minority ethnic groups when the next vacancy arose.

62. Any other business

62.1 There were no items of other business.

62.2 The public meeting of the Trust Board was closed.

Trust Board minutes 030614

**63.	Date of next meeting**

63.1	The next meeting of the Trust Board is on Tuesday 25th June 2014.

…………………………………
Signed by the Chair

ACTIONS

from the Meeting of the Trust Board held on 3rd June 2014

Meeting Date	Minute Date	Action Details	Responsibility	Progress and outcome
28/01/13	06.4	SA to arrange for the Trust Board to have a briefing on the governance structure and the role of the committees.	SA	Document to be updated to reflect revised quality governance structure.
25/03/13	32.4	RH to meet with SL to discuss the NHS Constitution and its application.	RH	

CLOSED ACTIONS

Meeting Date	Minute Date	Action Details	Responsibility	Progress and outcome
20/12/13	164.2	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.	AG	Action complete.
25/03/13	24.6	FG to arrange for the Trust Board to have a presentation on the work of the clinical audit and research unit.	FG	Arranged for the Annual Public Meeting. Action complete.
25/03/13	26.12	SL to ensure that the Quality Committee reviewed the mental health action plan.	SL	On agenda for 18th June. Action complete.

This page has been left blank

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 24TH JUNE 2014

PAPER FOR INFORMATION

Document Title:	**Integrated Performance Report**
Report Author(s):	**Paul Woodrow, Director of Performance**
Lead Director:	**Paul Woodrow, Director of Performance**
Contact Details:	
Why is this coming to the Trust Board?	**For information**
This paper has been previously presented to:	☐ Strategy Review and Planning Committee ☒ Executive Management Team ☐ Quality Committee ☐ Audit Committee ☐ Clinical Quality Safety and Effectiveness Committee ☐ Risk Compliance and Assurance Group ☐ Learning from Experience Group ☐ Finance and Investment Committee ☐ Other:
Recommendation for the Trust Board:	**To note the report**

Key issues and risks arising from this paper

- Significant quality issues remain in the level of service provided to Category C patients.
- Red 2 performance continues to remain off target in month 2 and is now significantly off our year to date trajectory. Red 1 performance also fell below the 75% threshold in month 2.
- Recruitment and retention remain a key area of focus and currently provides the biggest risk to outturn performance.
- Current level of expenditure is not sustainable within the current financial plan. Imposition of penalties for Red 1 and Red 2

Executive Summary

- Category C patients are still experiencing extended waiting times and performance in month 2 reduced on the previous month. This is mainly attributable to the increased activity in Category A experienced in month 2. Complaints have increased in month 2 principally in relation to extended waiting times.
- Red 2 performance continues to be challenging and the 75% threshold was not achieved in month 2. Red 1 performance also failed to reach the 75% threshold in month. The A19 target and the 5 second call answering target were both met in month. Total activity was one per cent above contract in month 2. Category A activity was also significantly higher than plan.
- A further 25 operational staff left the Trust in month 2 of which 13 were of Paramedic Grade. Sickness is still off target but there are some signs that the action being taken is having some impact.
- The delivery of the target surplus is at risk given the current performance position and high cost of overtime and private ambulances.

Attachments
Integrated Performance Report

****

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 Integrated Performance report

May Data
04-Jun-14

LONDON AMBULANCE SERVICE NHS TRUST
INTEGRATED PERFORMANCE REPORT 2014/15: May 2014 (MONTH 2**)**

Quality Exceptions	!	Category C patients are still experiencing a poor quality service due to increased Category A activity. Complaints have risen again this month	
Performance Exceptions	!	Red 2 performance is extremely challenged and Red 1 performance dropped below the 75% threshold this month	
Workforce Exceptions	!	Vacancies and staff retention remain the biggest challenge. Sickness remains a real area of focus with some improvements	
Value for Money Exceptions	!	Current level of spend cannot be maintained within the current financial plan. Penalties on Red 1 and Red 2 performance	

QUALITY

	Quality measures	Target	Current month	Previous month	Year end forecast
1	Serious Incidents declared	1	3	4	RED
2	Complaints received	69	98	77	RED
3	999 Call Answering - 5 secs	95.0%	95.1%	97.6%	GREEN
4	NHS111 Call Answering- 60secs	95.0%	97.0%	97.2%	GREEN
5	NHS 111 Transfer rate to 999	10.0%	8.0%	7.5%	GREEN
6	Aspects of care compliance (MH)	95.0%	89.0%	90.0%	GREEN
7	Deep Clean of vehicles % completed	90.0%	89.1%	90.3%	GREEN
8	Category C1 (20 mins)	75.0%	60.7%	65.4%	RED
9	Category C2 (30 mins)	75.0%	57.3%	60.0%	RED
10	CSR 2014 Delivery - % of Frontline	60.0%	14.0%	11.0%	GREEN

PERFORMANCE / ACTIVITY

	Performance / activity measures	Target	Current month	Previous month	Year end forecast
1	Red 1 Performance	75.0%	72.7%	76.8%	AMBER
2	Red 2 Performance	75.0%	69.0%	70.7%	RED
3	Trust A19 Performance	95.0%	98.3%	96.5%	GREEN
4	FRU A8 Performance	80.0%	69.5%	71.5%	RED
5	Cat A Red 1 Incidents	1,213	1,384	1,240	GREEN
6	Cat A Red 2 Incidents	38,876	39,865	38,013	AMBER
7	Cat A Total Incidents	40,089	41,249	39,253	GREEN
8	Total incidents	94,671	91,265	88,458	AMBER
9	Total Activity against Plan	98,225	101,050	97,611	GREEN
10	Clinical Hub Discharges	5,412	9,911	9,156	GREEN

WORKFORCE

	Workforce measures	Target	Current month	Previous month	Year end forecast
1	Staff Turnover % All Trust	8.5%	10.5%	10.6%	AMBER
2	Vacancies (%) All Trust	5.0%	9.3%	8.8%	AMBER
3	Paramedic Vacancies against EST		- 240.3	- 226.3	AMBER
4	Vacancies as number for All Trust		- 450.0	- 426.6	AMBER
5	Paramedic Leavers	6	13	7	AMBER
6	Sickness (%) All Trust	5.0%	5.4%	4.9%	AMBER
7	Sickness (%) Frontline	5.0%	6.0%	5.5%	AMBER

VALUE FOR MONEY

		Target	Current month	Previous month	Year end forecast
1	EBITDA (£000)	1,299	1,323	717	AMBER
2	Net surplus (£000)	- 119	117	701	AMBER
3	Cost Improvement Programme (£000)	674	674	450	GREEN
4	Capital expenditure (£000)	-	115	-	GREEN
5	Monitor FRR	3	3	3	AMBER
6	Cash balance (£000)	14,448	23,964	13,800	GREEN

SAFETY

	Safety measures	Target	Current month	Previous month	Year end forecast
1	Red 1 - 75% reached in mins/secs	8 minutes	08:20	08:00	GREEN
2	Red 1 number of responses >10 mins		159	26	TBC
3	Red 1 number of responses>15 min		31	29	TBC
4	Red 2 -75% reached in mins/secs	8 minutes	08:55	08:40	AMBER
5	Red 2 number of responses >10 mins		5,316	4,756	TBC
6	Red 2 number of responses>15 min		1,730	1,378	TBC
7	Surge plan escalation > Amber (Hours)		113	52	TBC

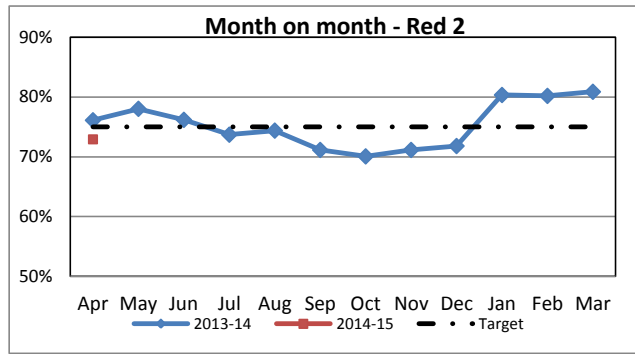# Supporting Commentary for exceptions against specific quadrants

QUALITY

Commentary: There was a slight reduction in Serious Incidents declared in month two but they still remain above target. Complaints have seen a further rise in month two and these are mainly attributable to extended waiting times for patients in the lower acuity categories. Quality of service for Category C patients is still below target levels. This is attributable to the increased activity we saw in the Category A calls for the month coupled with the ability to resource sufficent operational capacity to meet overall activity levels. NHS 111 services at Beckenham continue to meet thier KPIs and are delivering stable outturn performance. Compliance to Mental health aspects of care remained fairly static for the month. There was a slight decrease in compliance to deep cleaning of vehicles for the month. This was

Actions:
Maintain focus on safety, especially any high risk patient who runs the risk of long waits (MD)
Continued safe operation of Surge Management Plan (MD)
Continued pro-active monitoring of quality metrics (DoN)
Clinical training is being maintained (DoPE)

PERFORMANCE / ACTIVITY

Commentary:
Performance for month two continues to be challenging, we failed to hit the 75% threshold for both Red 1 and Red 2 patients. The A19 transportation was achieved as well as the 95% target for call answering in five seconds. May saw the first real rise in temperatures this year and we saw a particularly challenging week in the middle of May that saw over 1500 Category A calls on a number of days in that period. Total activity for the month of May was 1% above contract levels. There has been a significant rise in the number of occassions we have escalated the Surge plan above level Amber to manage the additional capacity issues.

Actions:
Review capacity plan and performance trajectory (DoP)
Deliver performance improvement plan (DoO)
Implement demand management actions (DoP)
Increase capacity in Clinical Hub (DoO)

WORKFORCE

Commentary: Recruitment and retention remain the biggest challenge to the Trust with the number of operational leavers for the month standing at 25. 13 of these staff were Paramedics. We continue to offer existing EMTs the opportunity to transition to Paramedic via the internal conversion route. Sickness whilst still above targets is beginning to show some signs of improving but it is still to early to say whether this is sustainable going forward given the current level ofpressure within the Trust. The Modernisation programme continues to deliver against the nine original objectives contained within a "Time for Change" launched in April 2013

Actions:
Paramedic recruitment campaign launched (DoSS)
Accelerated recruitment of EACs (DoSS)
Focus on sickness management (DoP)
Modernisation, new rotas, skill mix and response model changes launch dates agreed (DoM)

VALUE FOR MONEY

Commentary: The delivery of the target surplus is at risk given the current performance position and high cost of overtime and private ambulances. The Trust has released some reserves and provisions into its position to partially mitigate the additional spend on frontline resource (overtime and PAS). The current level of spend cannot be maintained within the current financial plan.
Current performance on Category A activity makes the Trust liable for penalties on both R1 and R2 activity.

Actions:
Engage with Commissioners regarding pressures and mitigations (DoTS)
Maximise resources available for frontline staffing (DoF)
Deliver efficiency and effectiveness review (DoF)

SAFETY

Commentary:

Patient safety remains the absolute priority for the Trust. Despite the 75% in eight minute target for Red 1 and Red 2 not being met in month two the 75% threshold was met in eight minutes and twenty seconds for Red 1. The 75% threshold was met for Red 2 in eight minutes and fifty five seconds. Regular reviews and use of the surge management plan also ensure we maintain a safe service. A review of all waits over 9 minutes for Red 1 and Red 2 is carried out daily and is reported on the daily performance briefing. Any extended waits are formally investigated

Actions:

Use of the surge management plan to manage demand and maintain safety

Daily review of all Red calls that waited longer than 9 minutes

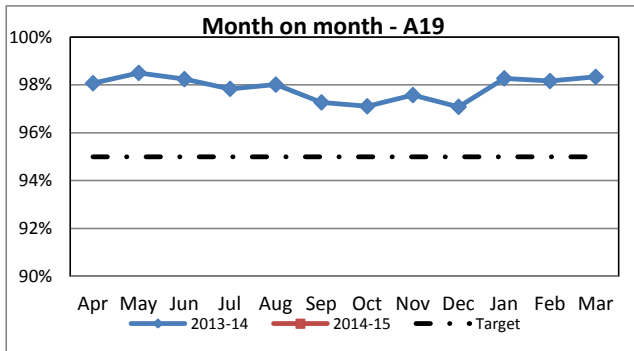Formal review of any excessive waits in Red 1 and Red 2
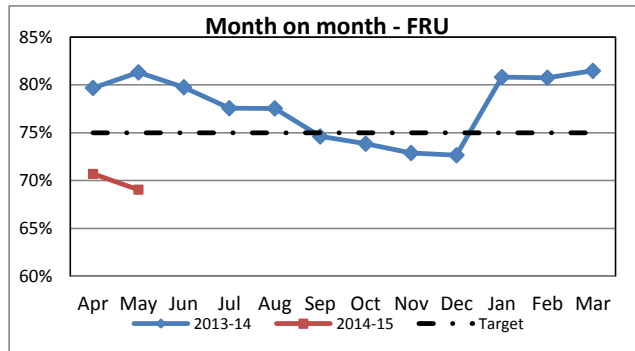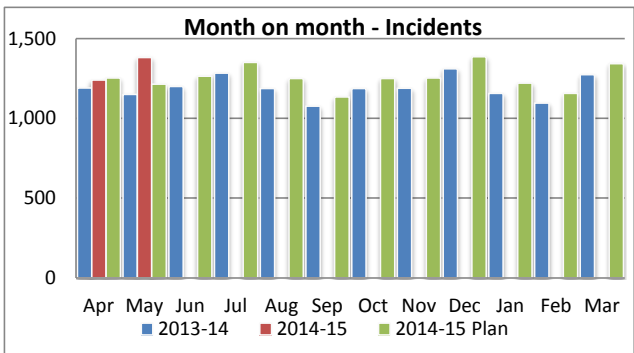
1. Cat A - Red 1 Performance

Month on month - Red 1

2. Cat A - Red 2 Performance

Month on month - Red 2

3. Trust A19- Performance

Month on month - A19

4. FRU A8 - Performance

Month on month - FRU

5. Cat A - (Red 1) Incidents

Month on month - Incidents

6. Cat A (Red 2) Incidents

Month on month - Incidents

7. Cat A - Total Incidents
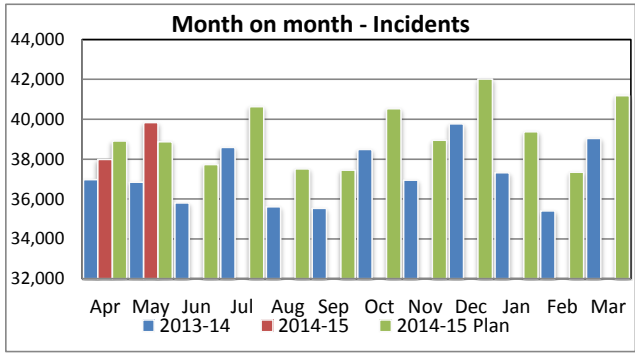
Month on month - Incidents

8. Total Incidents
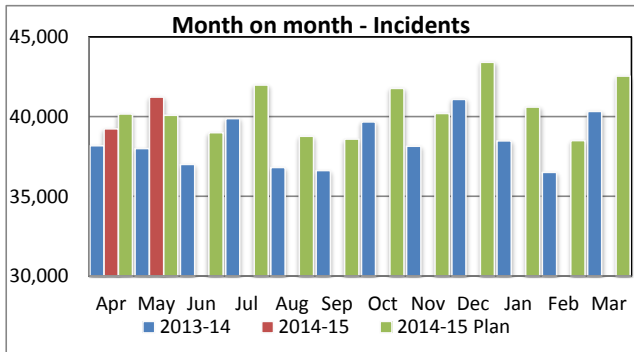
Month on month - Incidents

9. Total Activity against Plan

Month on month - (All Incidents & H&T & DMP)
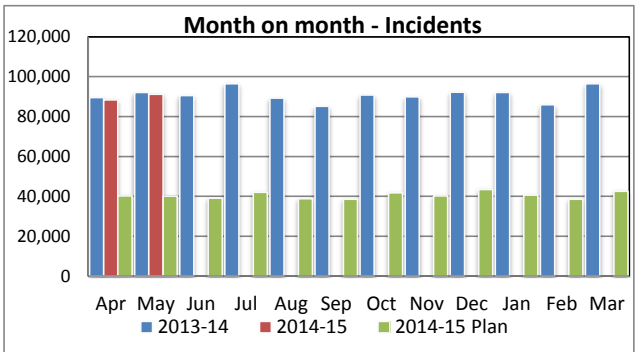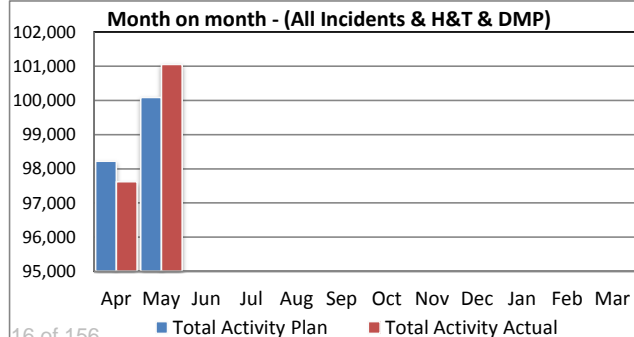
10. Clinical Hub H&T Discharges
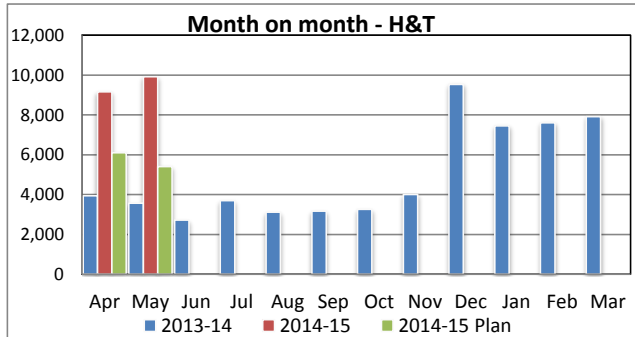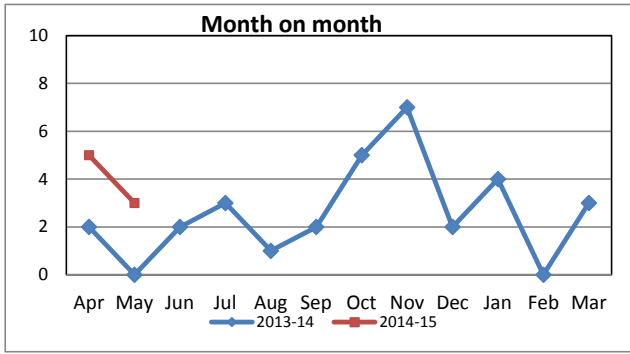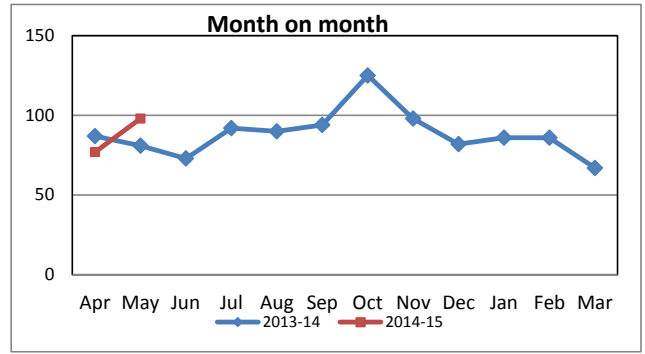
Month on month - H&T

1. Serious Incidents declared

Month on month

2013-14   2014-15

2. Complaints received

Month on month

2013-14   2014-15

3. 999 Call Answering - 5 secs

Month on month - % reached within 5 secs

2013-14   2014-15

4. NHS111 Call Answering- 60secs

Month on month

2013-14   2014-15

5. NHS 111 Transfer rate to 999

Month on month

2013-14   2014-15

6. Aspects of care compliance (MH)

Month on month

2013-14   2014-15

7. Deep Clean of vehicles % completed

Month on month

Graph under development

2014-14   2014-15 Plan

8. Category C1 (20 mins)

Month on month - % Patients reached in 20 mins

2013-14   2014-15

9. Category C2 (30 mins)

Month on month - % Patients reached in 30 mins

2013-14   2014-15

10. CSR 2014 Delivery - % of Frontline

Month on month

2014-15   2014-15 YTD %Trained
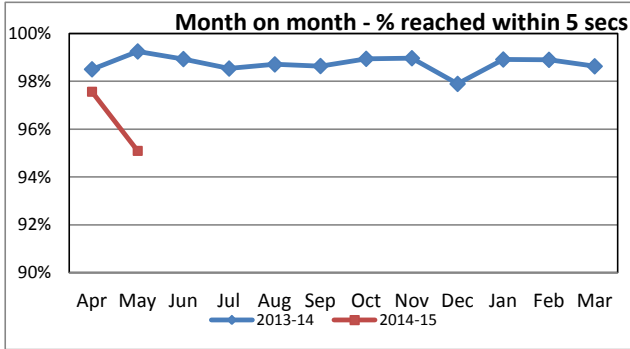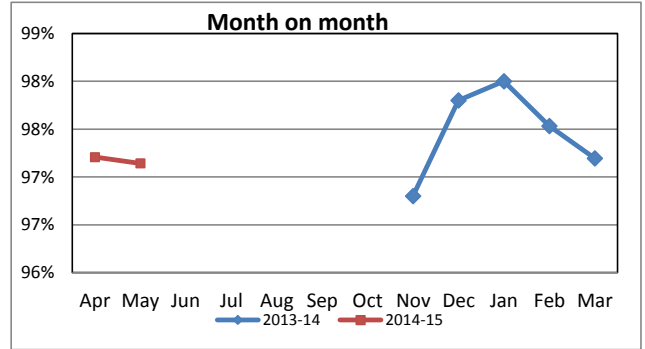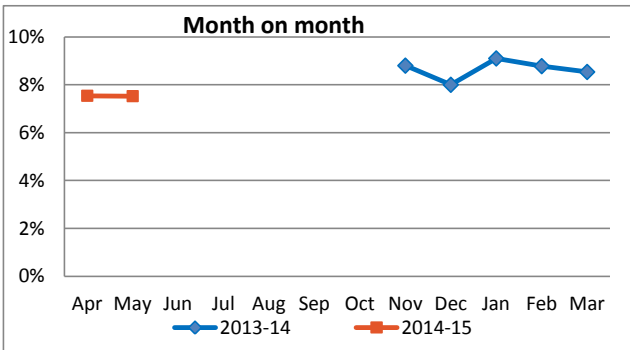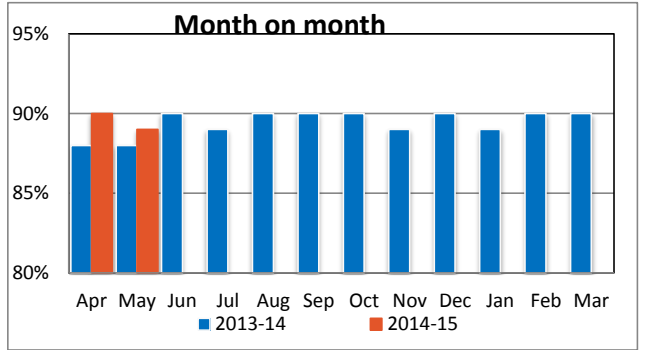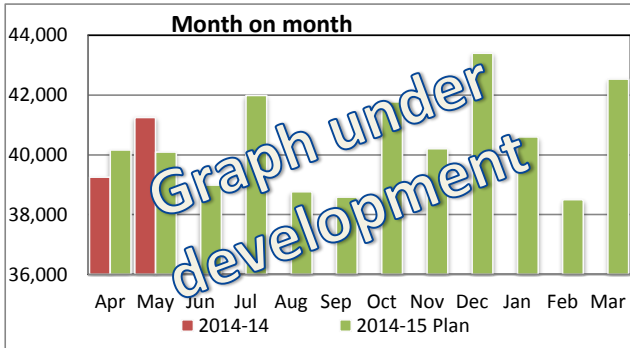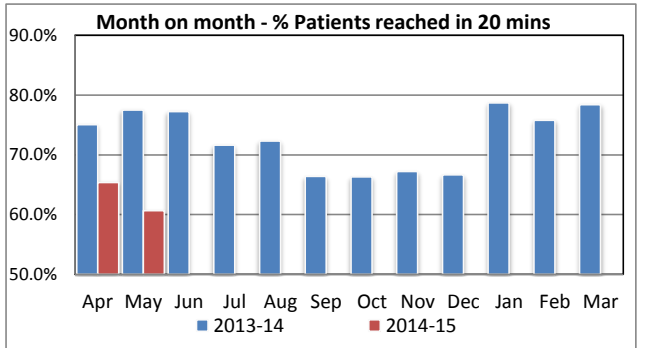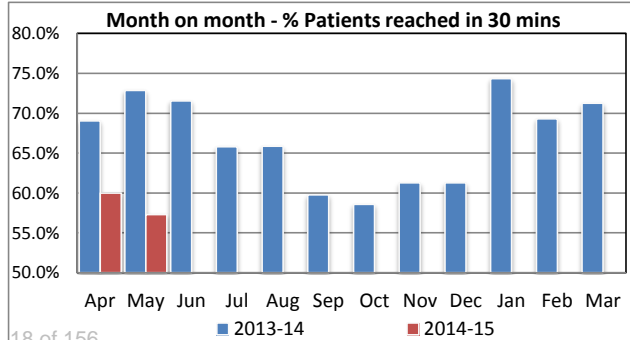
1. EBITDA (£000)
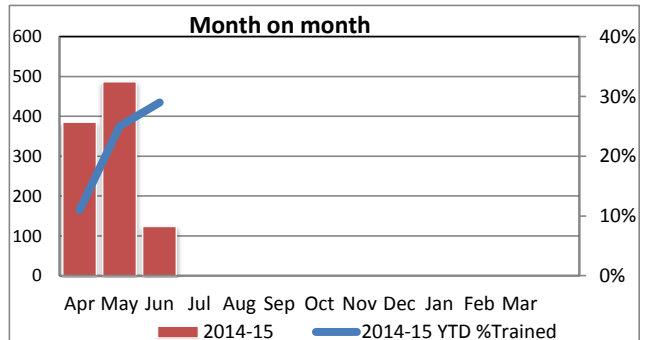
Month on month - EBITDA (£000)

2. Net Surplus (£000)
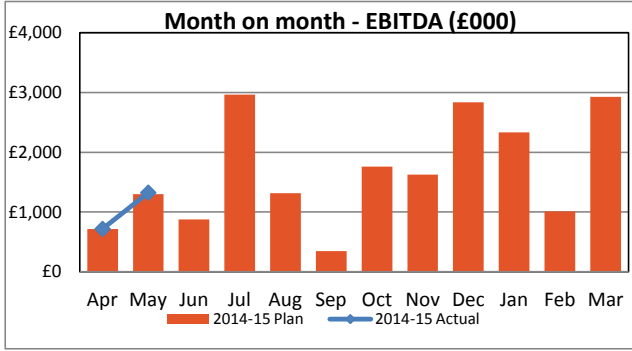
Month on month - Net Surplus (£000)

3. Cost Improvement Programme (£000)

Month on month - CIP (£000)
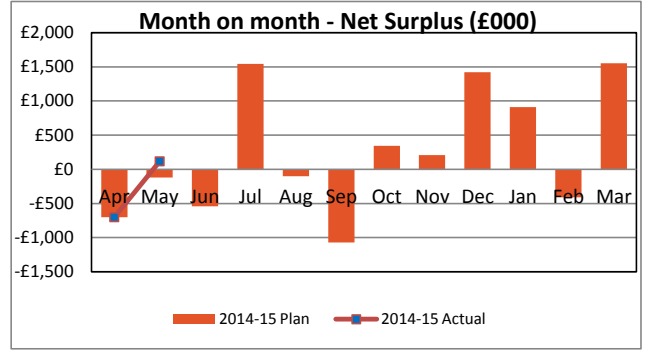
4. Capital Expenditure (£000)
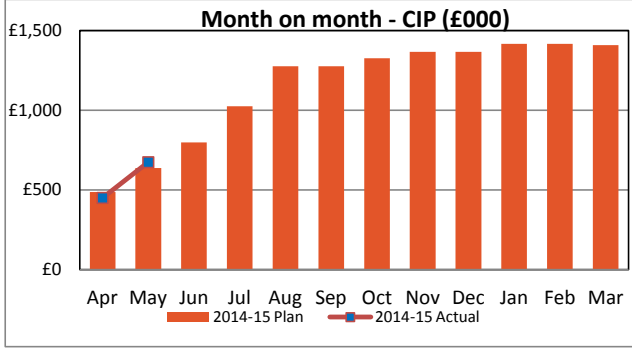
Qtr on Qtr- Capital Expenditure (£000)

5. Cash Balance

Month on month - Cash Balance (£000)

1. Staff Turnover

Month on month -

2. Vacancies (%)

Month on month
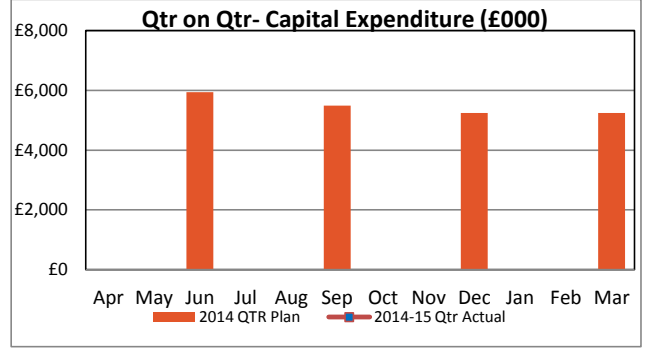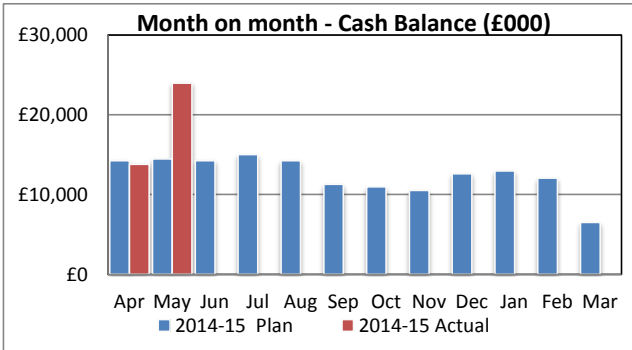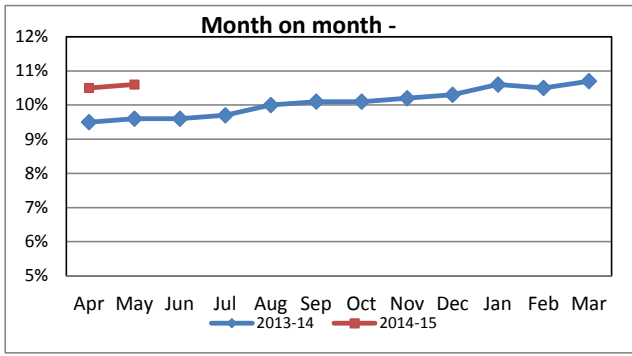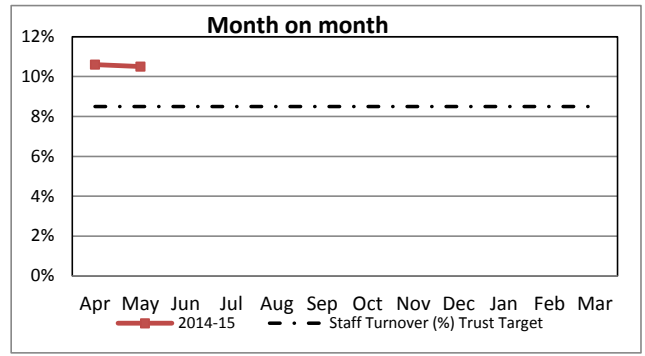
3. Vacancies (WTE) - Paramedic

Month on month
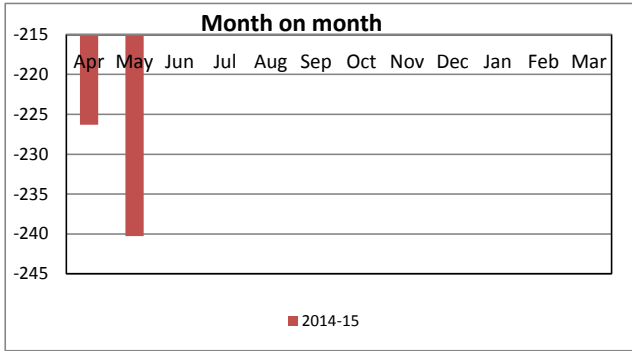
4. Vacancies (WTE) - All Trust

Month on month

5. Starters vs Leavers
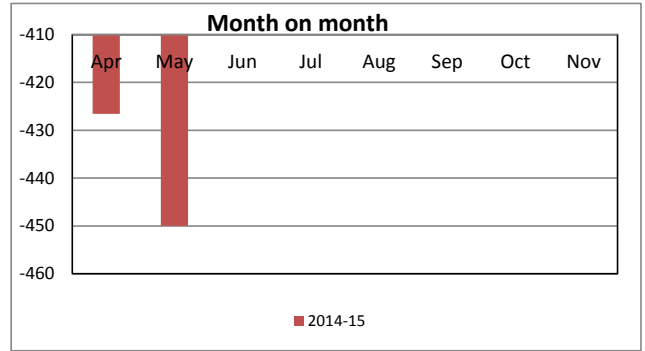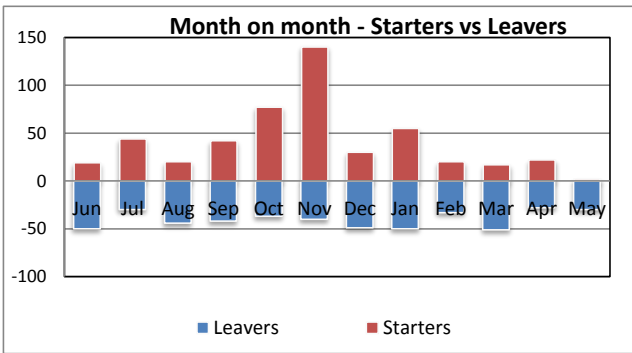
Month on month - Starters vs Leavers

6. Sickness - All Staff (%)
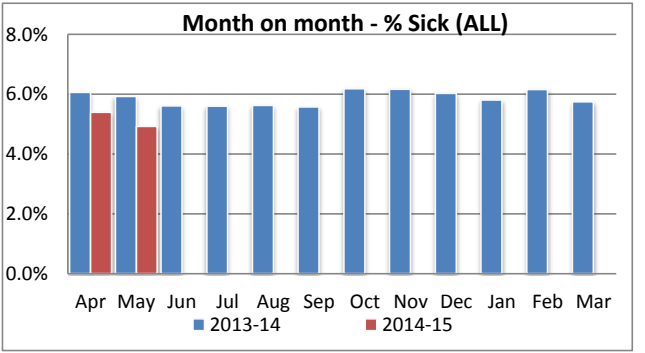
Month on month - % Sick (ALL)

7. Frontline Sickness (%)

Month on month - % Frontline Sick

1. Red 1 - 75% reached in Mins/secs

Month on month - Red 1
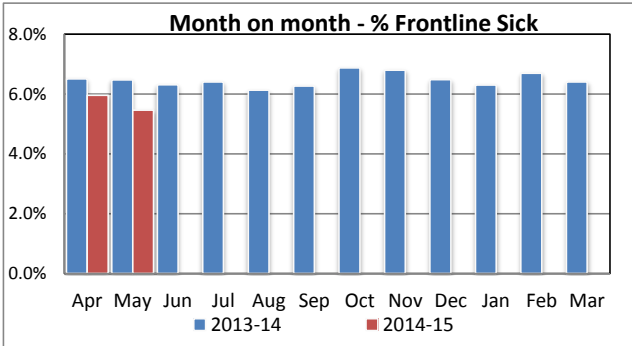
2. Red 1 - number of responses>10mins
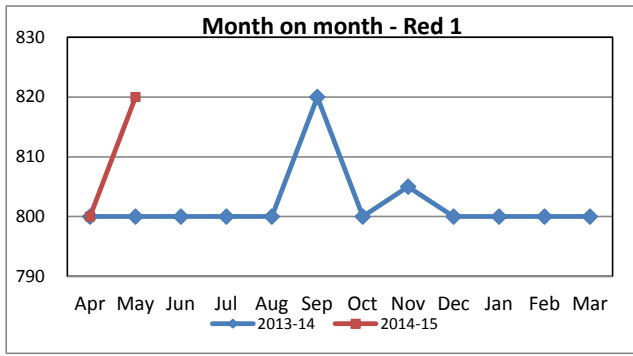
Month on month - Red 1 Delays (>10mins)

3. Red 1 - number of responses>15 mins
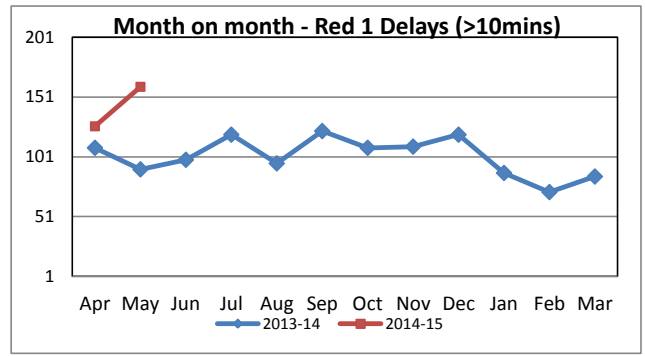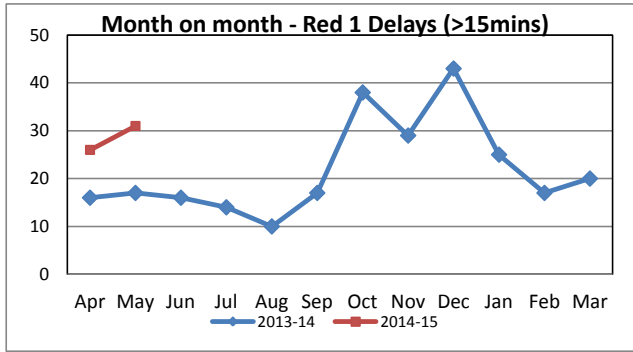
Month on month - Red 1 Delays (>15mins)

4. Red 2 - 75% reached in Mins/secs
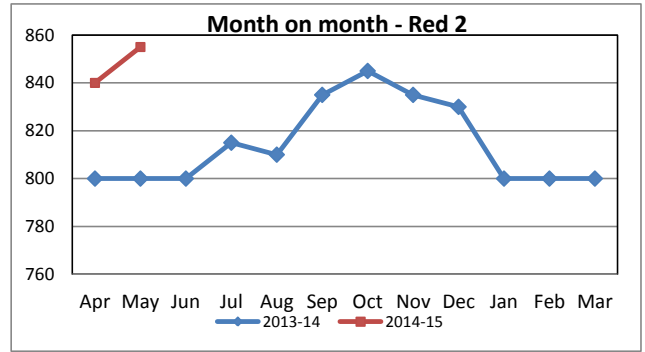
Month on month - Red 2

5. Red 2 - number of responses>10mins

Month on month - Incidents

6. Red 2 - number of responses>15 mins

Month on month - Incidents
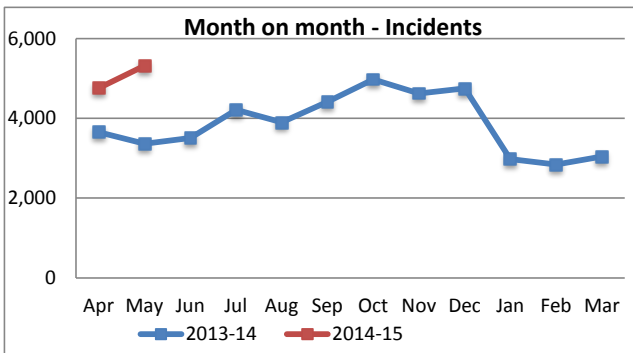
7. Surge plan escalation > Amber (Hours)
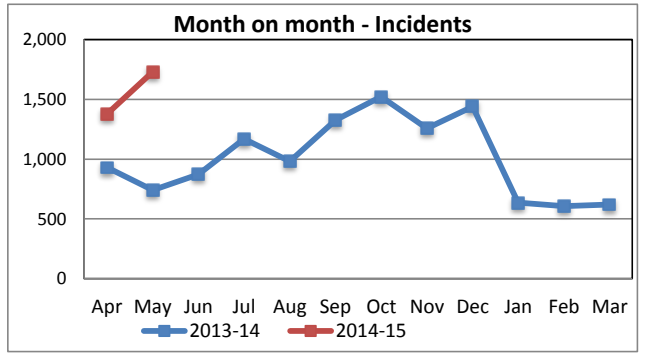
Month on month - Incidents
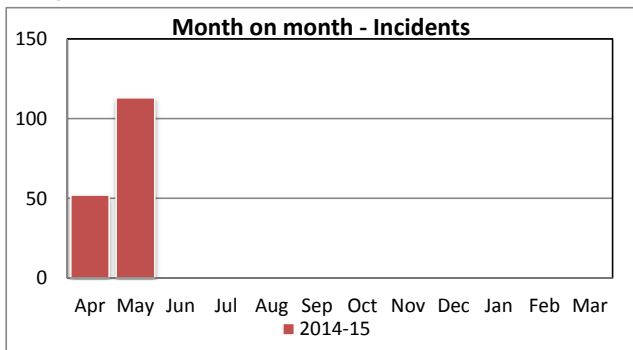
Definitions relating to Summary Page

Quadrant	Name	Description / Measure Used
Quality measures	Serious Incidents declared	
	Complaints received	
	999 Call Answering - 5 secs	The % of 999 calls answered within 5 seconds of the call connect time. This measure is only available for the LAS as a whole.
	NHS111 Call Answering- 60secs	
	NHS 111 Transfer rate to 999	
	Aspects of care compliance (MH)	
	Deep Clean of vehicles % completed	
	Category C1 (20 mins)	The % of Category C C1 incidents where any responder arrived on scene within 20 minutes, measured from the call connect time. If no call connect time is available, the time the call was answered is used.
	Category C2 (30 mins)	The % of Category C C2 incidents where any responder arrived on scene within 30 minutes, measured from the call connect time. If no call connect time is available, the time the call was answered is used.
	CSR 2014 Delivery - % of Frontline	
Performance	Red 1 Performance	The % of Category A Red 1 incidents where any responder arrived on scene within 8 minutes, measured from the call connect time. If no
	Red 2 Performance	The % of Category A Red 2 incidents where any responder arrived on scene within 8 minutes, measured from either first dispatch, chief
	Trust A19 Performance	The percentage of Category A incidents where a vehicle capable of conveying a patient arrived on scene within 19 minutes, measured from the call connect time. If a motorcycle or cycle is the only responder (and arrives within 19 mins) this will be counted
	FRU A8 Performance	The % of Category A Incidents where an FRU (Single responder) arrived on scene within 8 minutes. The time to start the clock will depend on if it is a Red 1 or Red 2 incident.
	Cat A Red1 Incidents	Incidents are all calls where at least one responder/resource capable of stopping the clock arrived on scene on a Red1 incident. It does not matter how many vehicles arrive on scene, it is still only counted as one incident.
	Cat A Red2 Incidents	Incidents are all calls where at least one responder/resource capable of stopping the clock arrived on scene on a Red2 incident. It does not matter how many vehicles arrive on scene, it is still only counted as one incident.
	Cat A Total Incidents	Incidents are all calls where at least one responder/resource capable of stopping the clock arrived on scene on Cat A incident. It does not matter how many vehicles arrive on scene, it is still only counted as one incident.
	Total incidents	Incidents are all calls where at least one responder/resource capable of stopping the clock arrived on scene. These include both Category
	Total Activity against Plan	This is the result of combining Cat A, C, Other, H&T (Hear and Treat) and DMP related incidents together and comparing this against the agreed plan with commisioners for that period.
	Clinical Hub Discharges	These are calls which have been triagged without the need for transports by EOC clinicians within the HUB.
Workforce Measures	Staff Turnover % All Trust	
	Vacancies (%) All Trust	
	Paramedic Vacancies against EST	
	Vacancies as number for All Trust	
	Paramedic Leavers	No of Paramedic leaving frontline operations
	Sickness (%) All Trust	
	Sickness (%) Frontline	
Value for Money	EBITDA (£000)	
	Net surplus (£000)	
	Cost Improvement Programme (£000)	
	Capital expenditure (£000)	
	Monitor FRR	
	Cash balance (£000)	
SAFETY	Red 1 - 75% reached in mins/secs	This is a measure which shows the exact time taken to reach 75% of Red 1 patients (shown in minutes & seconds)
	Red 1 number of responses >10 mins	How many of the total number of Red 1 incidents we attended, did we take more then 10 minutes to get to scene from call connect
	Red 1 number of responses>15 min	How many of the total number of Red 1 incidents we attended, did we take more then 15 minutes to get to scene from call connect
	Red 2 -75% reached in mins/secs	This is a measure which shows the exact time taken to reach 75% of Red 2 patients (shown in minutes & seconds)
	Red 2 number of responses >10 mins	How many of the total number of Red 2 incidents we attended, did we take more then 10 minutes to get to scene from call connect
	Red 2 number of responses>15 min	How many of the total number of Red 2 incidents we attended, did we take more then 15 minutes to get to scene from call connect
	Surge plan escalation > Amber (Hours)	Measure used to record how long over the month, we have had to bring in surge plan because one or a number of the triggers have been hit.

London Ambulance Service NHS
NHS Trust

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 24 JUNE 2014

PAPER FOR APPROVAL

Document Title:	**Annual Quality Account 2013/14**
Report Author(s):	**Steve Lennox, Director of Nursing and Quality**
Lead Director:	**Steve Lennox, Director of Nursing and Quality**
Contact Details:	**Steve.lennox@lond-amb.nhs.uk**
Why is this coming to the Trust Board?	**Statutory requirement for Trust Board to approve the Quality Account before publication.** **An early draft has previously been presented to Trust Board and comments have been incorporated into this version**
This paper has been previously presented to:	☐ Strategy Review and Planning Committee ☒ Executive Management Team ☒ Quality Committee ☐ Audit Committee ☐ Clinical Quality Safety and Effectiveness Committee ☐ Risk Compliance and Assurance Group ☐ Learning from Experience Group ☐ Finance and Investment Committee ☐ Other:
Recommendation for the Trust Board:	**To approve the 2013/14 Quality Account**
Key issues and risks arising from this paper None specifically. There are reputational risks associated with not publishing the report.	
Executive Summary The Trust is required to produce an annual account on quality. The account must follow a template provided by NHS England and is designed to present a balanced view on quality. Trust Board has previously been invited to shape the report and this version reflects the comments received. Trust Board is invited to approve the Quality Account. The very final version must include any stakeholder comments. These had not been received by the "close of papers" deadline. However, if any are received these will be presented to Trust Board on the 24 June (Stakeholder date closes 23 June)	
Attachments Quality Account 2013/14	

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**

NHS Trust

DRAFT

The London Ambulance Service NHS Trust
2013/14
The annual quality account

[Blank Page]

The London Ambulance Service NHS Trust
Annual Quality Account 2013/14

An account on the quality of service provided by the Trust and the identification of improvement priorities for 2014/15

Incorporating an end of year review of the DH Ambulance Quality Indicators

[Blank Page]

Contents

[Blank Page]

Introduction
Statement on quality from the Chief Executive

This is the fifth Quality Account published by the London Ambulance NHS Trust. It acts as a written review, for the public, of our Quality during 2013-14.

Like all years 2013-14 was to be a challenging year and we saw significant change and achievement within the service. But unlike other years it was not simply due to the on-going challenges of balancing resources with demand. In 2013-14 we saw a culmination of events that possibly brought about the biggest challenges ever seen in 65 years of the NHS.

The year saw the introduction of the health reforms designed by the previous Secretary of State Andrew Lansley. The vision of local clinical commissioning with the requirements to become more locally focused and locally responsive have given us real opportunities to work differently with local clinicians on the issues for their groups of patients ,however ,as a pan London provider it is significantly challenging to respond to 32 commissioners and deliver a consistent pan London service.

We are doing a number of things to respond to these propositions but they all produce their own challengers. We are responding to this by restructuring our operational teams to mirror local Clinical Commissioning Clusters, by developing links locally with commissioners ;by thinking about how we engage with patients differently and by ensuring our data becomes more locally focused.

The year also saw the publication of the Francis Report. This heralded the biggest criticisms of quality ever of the NHS and in turn led to a number of subsequent reviews on quality. All these together asked any NHS trust to reflect hard on how they run the organization and relate to staff and patients. We are now implementing the necessary changes from these reviews. These include, a review of organizational culture, introduction of Duty of Candour, and we are reviewing how we engage with our patients and with our staff. During the year we launched a programme of staff engagement called Listening in Action which saw us hold a number of events with our staff that allowed us to listen to their concerns and identify a range of improvement measures that would make a difference to our staff.

We also launched our own two year Transformation Programme which would see some of the biggest changes in the way we deliver our services for many years.

All of this culminated to become a year of significant change. We have risen to these challenges and have demonstrated a real resilience. We delivered, for the eleventh consecutive year the target to reach 75% of our most urgent patients within 8 minutes. Whilst we now believe it is time to reflect and ask if this is the best measure of quality it is still the benchmark on which others judge us and we are proud of this achievement. Inevitably we have lost some of our staff either directly through these changes or through frustration regarding some of the problems we

are now trying to change. This has revealed a new issue regarding a shortage of registered clinicians across the country and we are focusing on recruiting more talented and skilled clinicians to the service during 2014-15.

We have maintained good cardiac care and London is now one of the world's leading cities in which to survive a cardiac arrest. We also have one of the fastest call answering services in the world and external scrutiny of this continues to rate it highly with an excellent satisfaction rate with this aspect of our service.
In addition London saw a major incident with the collapse of seating in a large West End venue. We were able to demonstrate our emergency preparedness for Londoners.

This year also saw our services grow into a new area of care as we took on responsibility for NHS 111 services in South West London. We report on this in our Quality Account but we believe this service has been well received by patients and commissioners.

This Quality Account details some of our other achievements during 2013-14. We have tried to present a balanced view. Not all of our aspirations have delivered the results we wished but I hope you agree that this has been a challenging but successful year for the service.

Ann Radmore
Chief Executive

What is a Quality Account?
The purpose of the Quality Account

Since the introduction of the Quality Account in 2009 all NHS Trusts are required to publish quality accounts in accordance with the annual reporting guidance from NHS England. By publishing data, supported by explanation, the aim is to improve transparency for patients and service users on what is working well and what needs further improvement. The key is to provide a balanced report.

Monitor, the regulator of Foundation Trusts, state four main aims of Quality Accounts;

A focus on quality improvements in each organisation: the reports provide an opportunity to set out how the Trust intends to improve its own quality.

Board ownership: this can lead to ambitious board-driven quality improvement priorities, measures and programmes of work.

Engagement with clinicians and patients: the priorities and metrics included in the quality account must be relevant and credible to clinicians within the organisation and help form narrative that is credible to patients and the local public. Broad engagement in the development of quality reports is needed to meet these requirements.

A wider quality debate: quality accounts should provide an opportunity for providers to describe their performance and their improvement goals.

The Quality Account is required to follow a template and report on a set of mandatory items. We have divided our Quality Account into four distinct sections.

Section 1 contains a statement on quality from the Chef Executive and this introductory explanation.

Section 2 looks back at the previous year and reports against a set of mandatory measures. The section also reports progress made against the priorities we identified for improvement in the 2012/13 Quality Account.

Section 3 looks forward to the year ahead and identifies new priority improvements.

Section 4 is where we share the written feedback we have received on the 2013/14 Quality Account.

In order to give a more comprehensive view on quality we have made the decision to report beyond the minimum requirements. In addition, where possible we have also reported comparative data to other Ambulance Trusts in England.

Involving patients, staff, commissioners, and stakeholders in the creation of our Quality Account.

Section 4 contains the formal feedback we have received from stakeholders on the finished Quality Account. We have also engaged in the development of the publication. In particular, we have actively sought the opinion of others in identifying what improvements we need to make in 2014/15.

This journey started with our staff. Our clinical staff have been telling us that they often feel unable to deliver a satisfactory service to patients requiring mental health care and have asked us for more training. In addition, the Patient Forum suggested mental health care as a potential area for improvement.

During the course of the year we took the suggestion to have mental health care as an improvement priority for 2014/15 to other groups.

As an aspirant Foundation Trust we have a members group which has over 8,000 representatives. In February 2014 we invited them to a dedicated event where we discussed mental health care. At the event we shared a number of suggestions on how we could improve mental health care and these were widely supported by those who attended the event.

We discussed this proposal with our host "Health Watch" organisation in Southwark who were supportive of the initiative.

In April 2014 we also presented the main themes within this Quality Account to the Hillingdon External Services Scrutiny Committee.

During the course of the year we have been working with the Metropolitan Police in identifying specific improvement actions for mental health in 2014.

Finally, the Trust formally meets with commissioners monthly. This has representation from across London commissioning and at every meeting we discuss quality. These discussions continuously shape our improvement plans and they have supported mental health as being our primary improvement priority.

Vision and Values
Our Strategic direction and our values

Our vision for 2013/14 was the same as the previous year; to be a world class service meeting the needs of the public and our patients, with staff who are well trained, caring, enthusiastic and proud of the job they do.

During 2013/14 we recognised the need to undertake a comprehensive review of our strategy, our vision, and our values. Consequently we streamlined our three strategic goals to help bring some immediate clarity to our strategic priorities. These are:

To improve the quality of care we provide our patients

To deliver care with a highly skilled and representative workforce

To provide value for money

This was supported by identifying four clear service priorities which were designed to provide focus during the year. These are:

The Trust's Modernisation Programme

Communication and engagement

Sustain performance to ensure safe services to patients

Building a sustainable financial position for 2014 and beyond

Progress on the Modernisation Programme is reported on within this

Quality Account as it was identified as a specific Quality Improvement for 2013/14. Progress against the other strategic and service priorities is outlined in our 2013/14 Annual Report.

Our values

Our values in 2013/14 were the same as the previous year. These are:

Clinical Excellence

We will demonstrate total commitment to the provision of the highest standards of patient care. Our services and activities will be ethical, kind, compassionate, considerate and appropriate to patients' needs.

Respect and courtesy

We will value diversity and will treat everyone as they would wish to be treated, with respect and courtesy.

Integrity

We will observe high standards of behaviour and conduct. Making sure we are honest, open and genuine at all times and ready to stand up for what is right.

Teamwork

We will promote teamwork by taking the views of others into account. We will take genuine interest in those who we work with, offering support, guidance and encouragement when it is needed.

Innovation and flexibility

We will continuously look for better ways of doing things, encourage initiative, learn from mistakes, monitor how things are going and be prepared to change when we need to.

Communication

We will make ourselves available to those who need to speak to us and communicate face to face whenever we can, listening carefully to what is said to us and making sure that those we work with are kept up to date and understand what is going on.

Accept Responsibility

We will be responsible for our own decisions and actions as we strive to constantly improve.

Leadership and direction

We will demonstrate energy, drive and determination especially when things get difficult, and always lead by example.

We will be consulting with our staff and stakeholders during 2014 on our new strategy and values provisionally called Right Response, Right Care.

Prioritising Quality
How we prioritise and monitor quality

As an NHS Trust we are required to spend time on a number of different priorities. However, we are continually seeking opportunities to strengthen the priority we place on quality and we use a number of sources and influencers to shape our quality focus.

The Experience of other NHS Providers

In 2013/14 the NHS saw a number of high profile and increasingly critical publications regarding quality within the NHS.

These have formed the backbone on how we are reviewing and prioritising quality. The following highlights what we consider to be the main areas of learning for the Trust,

The second Francis Report into the Mid Staffordshire NHS Trust was published in February 2013. The report calls for a fundamental change in culture whereby patients are put first and goes on to make 290 recommendations covering a broad range of issues relating to patient care and safety in the NHS.

Francis called for *"patients to be the first priority in all of what the NHS does. Within available resources, they must receive effective services from caring, compassionate and committed staff, working within a common culture, and must be protected from avoidable harm and any deprivation of their basic rights"*.

On the publication of the Francis Report, the Prime Minister David Cameron commissioned Professor Don Berwick, an expert in patient safety, to consider what needs to be done "*to make zero harm a reality in our NHS*". The Berwick Report was published in August 2013.

Berwick called for a culture of learning and a clear message that goals and incentives are clear and in patients' best interests

Key recommendations from the Francis Report include the following;

The introduction of a new statutory 'Duty of Candour. This requires all NHS staff and directors to be open and honest when mistakes happen.

Only registered people should care for patients. A registration system should be created under which no unregistered person should be permitted to provide direct physical care to patients.

Hospitals (and possibly other providers) should review whether to reinstate the practice of identifying a senior clinician. This asks to clearly identify who is in charge of a patient's case,

Directors should be subject to a new fit and proper person test. Such a test should include a requirement to comply with a prescribed code of conduct for directors.

The complaints systems within Trusts need to be strengthened The Health Service Ombudsman will increase the number of complaints that she considers for review.

GPs need to undertake a monitoring role. GP's, on behalf of their patients who receive acute hospital and other specialist services will monitor their care. From April 2014 there will also be a named accountable clinician for all vulnerable older people in out of hospital care.

He suggested that connecting with patients and the frontline was fundamental. Leaders need first-hand knowledge of the reality of the system and the patient voice must be heard and heeded at all times

He reinforced Francis' view that the complaints system need to be continuously reviewed and improved.

Transparency must be complete, timely and unequivocal

The third key review of the year was the Keogh Review of 14 NHS Trusts.

The review team led by Professor Keogh acknowledging that in the 14 Trusts there were a set of common themes that were leading to challenges in delivering a high quality service right across the Trusts.

These themes included a lack of awareness of the power of listening to the experience of patients, carers and staff to understand and improve services.

On the whole it was felt that not enough value is placed on the input of frontline clinicians who have constant interaction with patients and who are regarded as having natural innovative tendencies.

We have undertaken a thorough review of these publications and whilst they were primarily written from the hospital perspective we believe there are direct transferrable lessons to the London Ambulance Trust.

We have developed three key themes that arise from these reports. The first themes is to "*develop a culture of learning*". This is being taken forward within our new Quality Strategy which we will publish in 2014/15. This will clearly set out how we plan to transform into an organisation that learns through experience and strives for continuous improvement.

The second theme is the need to "*value and listen to our staff*". Prior to the publication of these reports we had already acknowledged the need to enhance the engagement with our staff and we are now planning how we can develop this further within our organisational development plan.

The final third theme is "*Valuing and including the patient voice*". This is a challenging theme as we do not have a dedicated patient group living in a catchment area and whilst we do have a number of patients who depend upon us to assist in the management of their life long condition the majority of patients will use us just once or twice in their lifetime. Nevertheless, we recognise the importance of engaging patients and are developing an engagement strategy. The patient voice will also feature highly within our new strategy

Commissioners

The relationship with our commissioners has evolved during the year. As both commissioners and the Trust have become more familiar with the new process the challenge and associated accountability has also strengthened.

Consequently we have implemented a temporary operational structure that mirrors the way commissioning is organised. We have divided into seven functional areas. This has allowed us to develop stronger relationships with local commissioners and to become more responsive to local needs. We still have some distance to travel before we are able to truly call ourselves integrated into local services but we have every intention of becoming more responsive to local need. This means in the future we will be better placed to also undertake local quality improvement work.

In addition, each year we work with our commissioners to identify commissioning intentions. These act as advance notice as to what areas our commissioners are expecting us to address in the coming year. These then influence the final contract, the key performance indicators and the final projects identified within the Commissioning for Quality and Innovation Framework (CQUIN).

The Trust Board

The Trust Board is accountable for ensuring the Trust consistently provides a safe and high quality service and this is demonstrated by the following

Nominating the Director of Nursing and Quality as being responsible for bringing quality issues to the attention of the Trust Board and acting as the custodian to quality issues.

Prioritising quality on the agenda by ensuring there are, wherever possible, placed at the top of the agenda.

Inviting a patient, or member of staff, to every Trust Board to meet the Trust Board and present a patient or staff experience of the London Ambulance Service NHS Trust.

Having a Board level committee nominated to focus on quality that has the same status as the audit and finance committees.

Monitors the quality of care provided across all our services and routinely measuring and benchmarking services internally and externally where this information is available.

Proactively looking at any risks to quality and taking prompt mitigating action/

Challenging poor performance or variation in quality and recognising quality improvement.

Building a quality culture across the organisation.

Working to ensure our workforce is valued and motivated and able to deliver high quality care.

Government Policy

For the fourth year the government has published an NHS Outcomes Framework. This gives guidance on the wider NHS on what Quality outcomes have been identified as critical to achieving the national priorities for health improvement.

The Outcomes Framework states that measuring and publishing information on health outcomes helps drive improvements to the quality of care people receive.. The White Paper: Liberating the NHS3 outlined the Coalition Government's intention to shift the NHS from a focus on process targets to a focus on measuring health outcomes.

The national objectives and outcomes for 2014/15 are the same as the previous year. Therefore they remain within the five domains presented in our 2013/14 Quality Account

Domain 1. Preventing people from dying prematurely

Domain 2. Enhancing quality of life for people with long term conditions

Domain 3. Helping people to recover from episodes of ill health or following injury.

Domain 4. Ensuring that people have a positive experience of care

Domain 5. Treating and caring for people in a safe environment and protecting them from avoidable harm.

Our Quality Strategy will embrace the shift in emphasis from having defined targets with associated Red, Amber, Green colour ratings and will look for continuous improvement.

The Expectations of our Regulators

Our regulator is the Care Quality Commission (CQC). They are responsible for setting the minimum standards for quality and safety that people have the right to expect whenever they receive NHS funded care.

The CQC then monitor the provision of healthcare and stipulate a range of minimum standards which are observed through their monitoring programme.

We regularly benchmark ourselves and ensure we are meeting these fundamental standards

The Trust Development Authority

The Trust Development Authority is the body who oversees the transition of Non Foundation Trusts to Foundation Trust status. As a Non Foundation Trust the London Ambulance Service has a relationship with this body. We are required to undertake monthly meetings to assure that our quality governance meets the expectations of the Trust Development Authority and is fit for purpose as we progress through the Foundation Trust pathway.

Monitoring Quality in 2014//15

We are currently reviewing our quality governance arrangements and the sub committee structure that sits under the relevant Board Committee.

As part of this review we plan to strengthen the governance monitoring and improve the degree of challenge and scrutiny that is applied to the various functions that sit under the umbrella of quality.

We will also redesign our internal quality dashboard with the aim of promoting continuous improvement

Review of the Year 2013/14
Measuring quality in 2013/14

We use a wide range of indicators to give us a measure of the level of quality we are providing and these are specifically reported later in this publication. However, we also use a number of other indicators to help us triangulate the information. Some of these measures are reported within this section.

Complaints and Patient Advice & Liaison (PALS)

Patient experience and feedback is a rich source of information that allows us to understand whether our services meet the expectations of the patient. We take all patient feedback very seriously and do our best to undertake a fair and thorough investigation so that we can clearly identify the lessons and use these to improve our service, where necessary.

During 2013/14, concerns raised through the PALS and complaints process was reported to every Trust Board meeting. During the course of 2013/14 we will be adopting the recommendation made by Francis and will be publishing more detail from complaints on the Trust's web site.

We work to the Health Service Ombudsman's 'Principles *of Remedy'* and our complaints policy and procedure complies with the NHS complaints regulations.

For each complaint we receive, we appoint a case officer to identify the key themes. This can involve arranging an evaluation of the 999 call management, liaison with local managers, and comprehensive clinical reviews of the care provided.

Once our investigation is complete, we provide a full explanation and, where appropriate, an apology together with details about recourse to the Health Service Ombudsman and the independent advocacy assistance available.

All our responses are approved by the Director of Nursing & Quality and the Chief Executive.

The following table demonstrates complaint volumes in 2013/14 when we received 1060 complaints and over 6000 PALS enquiries.

Month on month
01 April 2013 to 31 March 2014

The main issues arising from complaints are similar to previous years and are broadly within five categories; delayed response, staff attitude , driving and road handling, treatment & care, non-conveyance to hospital

Complaint themes are reviewed by the Trust's Learning from Experiences Group which comprises multi-disciplinary membership.

Throughout the year we have identified a small number of themes regarding our management of 999 calls These are:

1. We use a tape recorded exit message at the end of some calls which explains what the caller needs to do next. Some patients do not like this aspect of our service and it can cause some callers to call us back.

2. Some calls appear to be unnecessarily referred to our clinicians in our call taking area. For example calls where the Emergency Medical Dispatcher already knows that a resource will be sent because the patient is situated in an outside location

3. Patients have told us that they don't like not being kept up to date with the progress of their call.

We will work on improving these issues for our patients in 2014/15.

Based on feedback from the previous year we have made some improvements to the service we provide. These improvements include:

1. The way we manage calls from patients who have harmed themselves through overdose.

2. Upgrading calls that are made by elderly patients who have fallen.

We have also implemented a number of initiatives in 2013/14 to improve the way that we manage complaints: These include:

1. Cases are now graded by a Patient Experiences Manager by using a tool to assist in the prioritisation. This allows a more rapid identification of serious issues that need raising with the Trust's executive management team.

2. We now routinely distribute a weekly update on all current concerns to individual Area Assistant Directors of Operations. This ensures that they are aware of outstanding issues and matters awaiting resolution.

As a result of the Francis Report the Ombudsman is now investigating an increasing number of cases across the NHS. This reflects a small increase in the number of cases the Ombudsman has looked into; with 22 cases being considered in this way.

Serious Incidents

In total across the year 32 incidents were considered as meeting the criteria to be declared as serious to NHS England (London). Each of these 32 has been investigated thoroughly with a root cause of the incident identified and recommendations to mitigate any future occurrences of the same situation.

19 out of 32 serious incidents related to incidents where the patient had died and the investigation looked at the root cause to determine whether this was as a result of patient harm and/or a preventable outcome.

Whilst the numbers declared is an increase on those for 2012/13 (17 in total), it is felt that this reflects both an improved understanding on the need for reporting incidents internally, as well as the impact of increasing demand on the Trust.

It is this increased demand on the service which has been a recurrent theme across a number of serious incidents during 2013/14. This has resulted in an inability to provide some patients with a response within the target assigned on triage of the call.

The Trust is undergoing a significant two year transformation programme to ensure we are able to meet this increased demand and this Quality Account reports on progress later in the report.

Towards the end of 2013 and into 2014, a review of the internal process for the management of serious incidents has been undertaken. From this, steps to improve the decision-making structure and reporting format have been implemented – both of these will contribute to improved investigation and report writing.

Patient Engagement

In the year 2013/14 we participated in 717 community events.

These events included school and college visits, cub and scout groups, Junior Citizen Schemes, career and job fairs, first aid training, gang and youth violence events, and health and safety days. We have taken part in health events, including some for deaf people, and given talks to "over 50s" and "over 60s" groups.

We also ran a patient involvement event to find out about the experiences and views of lesbian, gay and bisexual service users in support of our Stonewall application.

In June we invited our Trust membership to learn more about our plans for the future. We have also held member events on first aid technique, cardiac care, trauma care, and mental health care. The mental health event included presentations from the Croydon charity Hear Us. They told the 40-strong audience about how they were diagnosed with different illnesses, including schizophrenia and depression, as well as their experiences of calling for help from the ambulance service.

The findings of last year's non-conveyed patient and staff survey were presented to the Trust's Patient Forum and to the Trust's Learning from Experience Group and this has fed into this year's quality improvement work which is reported later in the Quality Account..

A Safeguarding conference was held in early June, and included two patients talking about their personal experiences. One talked about her experience of having survived sexual abuse, and the other about his experience of mental illness.

The National Ambulance Service Patient Experience Group worked with the CQC and Picker to develop a national Hear & Treat survey. The telephone surveys were carried out during the winter months, and the results will be available in May 2014. This should provide some comparison between patients' experiences of hear and treat services across the country.
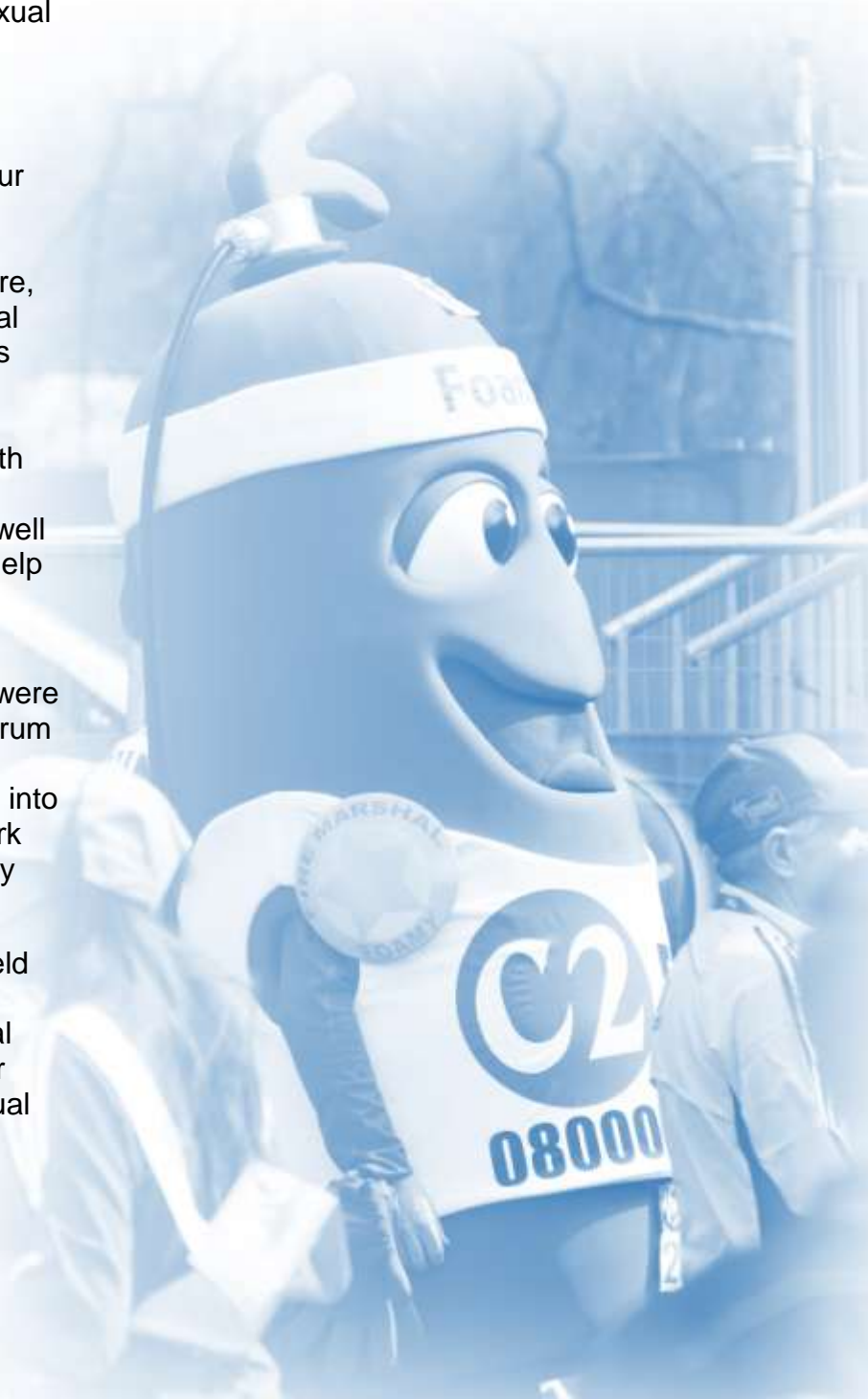
The Staff Voice

In 2013/14 we commenced a programme of staff engagement. We ran a number of events and workshops that gave our staff the opportunity to work with the management team to identify a range of issues that needed addressing.

These workshops were well received by the staff and a number of short "quick win" projects were adopted as a result of the programme.

We also launched the staff facebook page. This is an electronic platform that allows our staff to raise issues and participate in discussion.

In addition we commenced a series of sessions using a web based teleconference facility that allow a number of staff working across London to log onto the event and participate.

The Student Voice

Our students are a significant part of our workforce and we recognised the need to strengthen their voice. This work is continuing but we have appointed a Director of Paramedic Education and Development who will strengthen they way students are represented in decision making and in our quality monitoring.

The 2013/14 Quality Indicators

This was the third year of the Ambulance Service Quality Indicators. They are designed to consider the speed of response and the quality of care offered to patients.

The indicators are specific to the ambulance service but are designed to be read along side the indicators for Acute Trusts that have Accident & Emergency departments. They measure elements of patient safety and patient outcomes.

We monitor these indicators monthly as part of our quality dashboard and a fuller report is contained within this Quality Account.

23

Patient Feedback (Stonewall)

As one of the first national Stonewall Health Champions, the Trust takes part in the annual Stonewall Healthcare Equality Index. Part of the assessment criteria includes feedback from our patients.

The Stonewall Healthcare Equality Index shows how individual organisations are improving the health and expectations of Lesbian, Gay, and Bisexual patients.

A total of forty-four health care organisations across England entered in 2013/14. Submissions to the Healthcare Equality Index are assessed against specific criteria. The criteria includes; policy and practice, staff training, engagement, communication, data collection, and patient feedback

The patient feedback is provided through a confidential web link giving access to the Stonewall Patient Feedback Survey. This survey enables patients and service users of health care organisations entering the Index to comment on their experience of using that service.

Responses to the survey enable Stonewall to gain further information which can help inform organisations of key areas they may wish to work on.

Questions include whether patients feel comfortable disclosing their sexual orientation to the respective healthcare organisation, questions about organisational policy around sexuality and non-discrimination and also whether patients and service users felt they were treated with dignity and respect while using that service and whether they would recommend the service to friends and family.

For two years running the Trust has been recognized as a Stonewall Healthcare Equality Index Top 10 Performer.

Our 2013/14 Quality Priorities
Progress against our Improvement Priorities

In 2013/14 we identified that in order to meet the challenge of a rise in over 100,000 calls in the previous year that we would need to embark on an extensive transformation programme (which we called Modernisation in last year's Quality Account). This was to be our main Quality Improvement Priority for 2013/14.

Modernisation/Transformation Programme

The London Ambulance Service Modernisation Programme was launched on 24 April 2013. The programme consisted of 9 projects which will be delivered over a period of 2 years.

Year one has seen the following projects start to deliver their benefits to both patients and staff:

Increasing Vehicle Availability

By having more vehicles available, we are able to offer a better service to patients. This project went live in June 2013.

Clinical Hub (Hear and Treat)

Many of the 999 calls which the Trust received are from patients who do not have life threatening injuries and illnesses, and who do not need an ambulance crew to attend. Instead they can be given a full clinical assessment over the phone and safely be offered advice, or redirected to other healthcare providers. In 2013 we increased the number of paramedics who worked within the clinical hub. These registered healthcare professionals provide an enhanced clinical triage service over the telephone for our patients who are categorised with less serious conditions

Clinical Career Structure

By providing a range of career options for our staff it will enable us to respond better to emerging patient needs and changes in local health service provision and will offer our staff more opportunities to develop their clinical skills and progress their career within our Service.

In 2013 we introduced the new role of Advance Paramedic Practitioner. These now respond to the most serious two per cent of life-threatening incidents involving patients with complex medical conditions. Twelve of these posts have been recruited in year and a further 24 are planned for over the next 2 years.

We have revised the job description for our clinical team leaders and have finalised arrangements for a new skill mix on our ambulances from Spring 2014. This will see a new role being introduced into the service which will be able work alongside our paramedics or independently and will mean that all of our front line staff will be able to respond to a full range of calls which has not been the case to date. This will increase the flexibility of our workforce to respond to patients across the full spectrum of urgent and emergency care.

Other Priority Areas

n addition to the transformation agenda we identified four additional priority areas where we aimed to make improvements:

- Reducing the number of complaints regarding attitude & behaviour

- Improving the experience of patients subjected to a delay.

- Improving the experience of patients referred to Alternative Care Pathways

- Reduce the incidence of Missing Equipment

Reducing the number of complaints regarding attitude & behaviour

We have had mixed success with this improvement measure. Our ratio of dissatisfaction due to poor attitude compared to the number of patients calling us is extremely low. Nevertheless we wanted to try and make further improvements.

The Assistant Directors of Operations developed an action plan although the action plan was not fully implemented during the year its development helped raise awareness across the Trust and there was a drop in the number of complaints.

Complaints October 2012 to March 2014 where staff conduct is cited as the key component

Month	Complaints
2012 10	40
2012 11	40
2012 12	31
2013 01	43
2013 02	29
2013 03	36
2013 04	34
2013 05	34
2013 06	22
2013 07	28
2013 08	30
2013 09	17
2013 10	30
2013 11	21
2013 12	12
2014 01	30
2014 02	20
2014 03	24
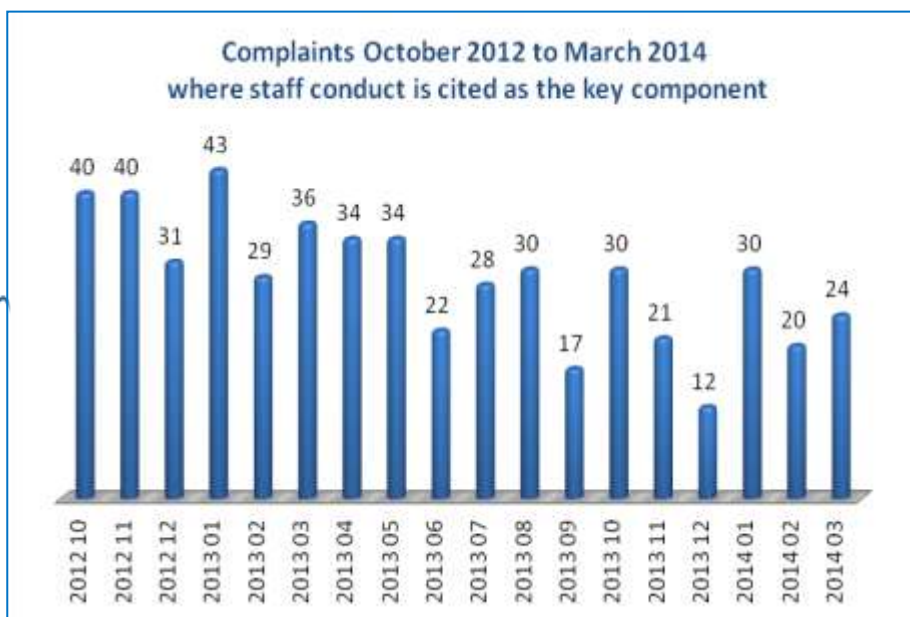
Improving the experience of patients subjected to a delay.

We are very successful in providing a quick response to patients who are seriously ill. But, this does mean that less urgent patients wait longer than we would like. Our Modernisation programme will help us release more capacity into the system and improve this in the future.

However, patients who do wait often tell us that it is not the actual wait that is the issue but the poor communication between us and the waiting patient. Therefore, during the year we implemented an improved system for ringing patients back and undertaking a welfare check. We believe this has improved the sense of abandonment and this has started to impact on the number of complaints we receive regarding a delay.

Complaints October 2012 to March 2014 where delay is the key component
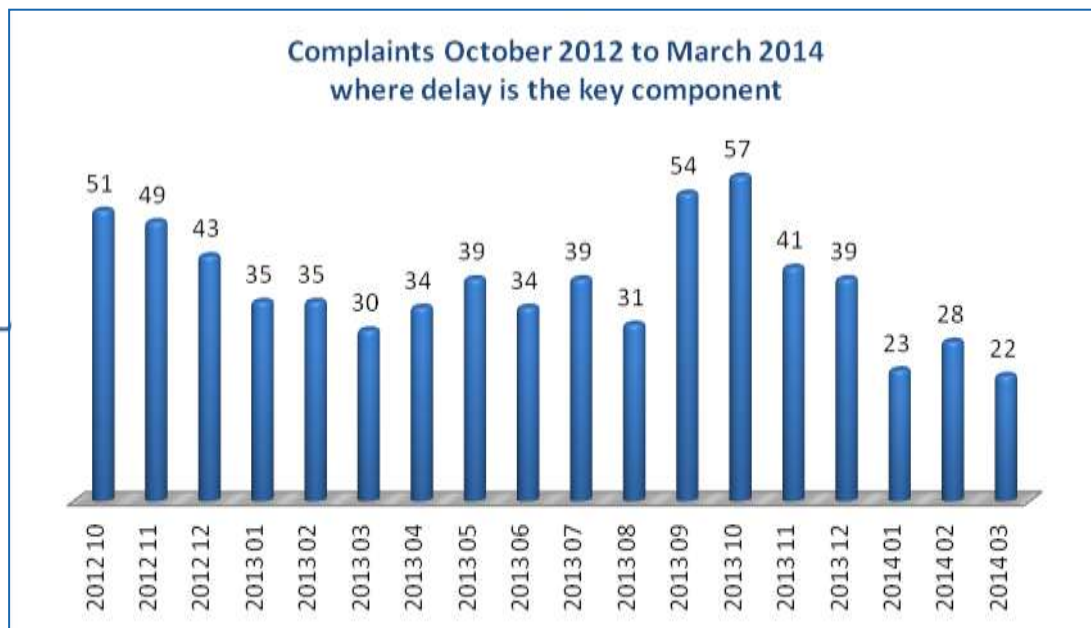
Improving the experience of patients referred to Alternative Care Pathways (ACP)

Emerging from our complaints analysis in 2012/13 and from our patient survey was a theme where patients were appearing less satisfied when they were not conveyed to hospital. So we developed an action plan to see if we could understand this in more detail. The action plan had a number of actions which included:

- Carry out an audit of current ACP usage: find out which of the agreed ACPs are being used.

- Involve staff in work to identify and understand the barriers to using ACPs: we know that some staff are reluctant to use ACPs, and some of the reasons for this. However, there may be more to find out.

- Develop key messages for patients, the public and staff about ACPs, including:

  - 111
  - Walk-in centres etc.
  - Mental Health and other specialist pathways

  - Treatment at home

27

This is a challenging area for the Trust to improve as many patients have often made up their mind that they wish to go to Accident & Emergency before they call 999.

Reduce the incidence of Missing Equipment

During 2011/12 we identified an increasing trend in the number of vehicles that were not equipped beyond the basic minimum and embarked upon a programme to reduce this trend in 2012/13.

One work-stream was to move from a pooled source of equipment and introduce equipment that was issued personally to our clinical staff.

Personal issue kits that record patient blood glucose were introduced six months into the year and this made a dramatic reduction. The low number of reported losses is being maintained.

Personal issue thermometers were purchased in the last quarter of 2013/14 and we are due to implement this during April 2014. This will ensure that all staff have access to basic diagnostic equipment and we should see a reduction in the number of reported shortages of these items.

During the last quarter of 2013/14 other initiatives were put in place to address the reported equipment shortages. Funding was provided to purchase additional medical equipment and during the period 3rd to 6th February 2014 26 "shells" were equipped with the key pieces of equipment that are required for a vehicle to be available to respond.

Also operations have been working to reduce the number of shells reported each day by equipping vehicles from equipment sourced from ambulance stations.

The majority of the additional equipment ordered in the last three months of the financial year has now been delivered and this will be issued during the first quarter of 2014/15.

To ensure that the equipment is used to replace missing items on vehicles and equip shells the Logistics Department will be working in conjunction with the Vehicle Preparation contractors and Vehicle Resource Centre to ensure a structured approach is taken to make best used of the additional equipment.

Previously complexes have been expected to pay for equipment repairs and this has in some instances caused delays in the repair of equipment and its return to service. From April 2014 the cost of repairs will be funded by Logistics budgets which will improve turnaround times for equipment repairs. In additional Equipment Support Personnel will be exchanging the majority of equipment immediately when visiting stations instead of bringing it back to the Logistics Support Unit for repair or exchange. This will also improve equipment availability, especially for defibrillator accessories.

The last quarter of 2013/14 has seen an increase in the reports of drug pack shortages from a number of ambulance stations. Whilst the number of packs in circulation should more than cover the daily requirement additional drug packs have been ordered and will be distributed across the Trust to increase stocks held on stations and improve availability. Additional packs will be issued based on existing stock levels on stations and PVR requirements. It will take approximately 150 hours to pack the additional drug bags and once completed the roll out of the additional packs will commence area by area.

28

Mandatory Assurance Statements
Statements mandated by NHS England

Each year we are required to report on a number of mandatory issues. The framework is to publish a set of mandatory statements. These are reported in this section.

Statement Area 1: Data Review

During 2013/14 the London Ambulance Service NHS Trust provided three NHS Services and has reviewed the data available to them on the quality of care in these services.

Statement Area 2: Income

The income generated by the NHS services reviewed in 2013/14 represents 100 per cent of the total income generated from the provision of NHS services by the London Ambulance Services NHS Trust for 2013/14.

Statement Area 3: Clinical audit

During 2013/2014, two national clinical audits and no national confidential enquiries covered NHS services that the London Ambulance Service NHS Trust provides. During that period, the London Ambulance Service NHS Trust participated in 100% of national clinical audits, which it was eligible to participate in.

The national clinical audits that the London Ambulance Service NHS Trust was eligible to participate in during 2013/14 are as follows:

Department of Health Ambulance Clinical Quality Indicators covering:

- o Outcome from cardiac arrest – Return of Spontaneous Circulation (ROSC)

- o Outcome from cardiac arrest – Survival to discharge

- o Outcome from acute ST-elevation myocardial infarction (STEMI)

- o Outcome from stroke

National Clinical Performance Indicators (CPI) programme covering:

- o Hypoglycaemia

- o Asthma

- o Lower leg fracture

- o Febrile convulsion

The national clinical audits that the London Ambulance Service NHS Trust participated in during 2013/14 are as follows:

Department of Health Ambulance Clinical Quality Indicators:

- o Outcome from cardiac arrest –ROSC

- o Outcome from cardiac arrest – Survival to discharge

- o Outcome from acute STEMI

- o Outcome from stroke

National Clinical Performance Indicators (CPI) programme covering:

- o Hypoglycaemia

- o Asthma

- o Lower leg fracture

- o Febrile convulsion

The national clinical audits that the London Ambulance Service NHS Trust participated in, and for which data collection was completed during 2013/14 are listed below alongside the number of cases submitted to each audit as a percentage of the number of registered cases required by the terms of that audit.

National Clinical Audit	Number of cases eligible for inclusion	Number of cases submitted	Percentage of cases submitted
DH ACQI: Outcome from cardiac arrest – ROSC a) Overall group b) Utstein comparator group	a)2735 b) 393	a)2735 b) 393	100%
DH ACQI: Outcome from cardiac arrest – Survival to discharge a) Overall group b) Utstein comparator group	a) 2675 b) 369	a) 2675 b) 369	100%
DH ACQI: Outcome from acute STEMI b) Primary percutaneous coronary intervention (PPCI) delivered within 150 minutes of call. c) Care bundle delivered (includes provision of GTN, aspirin, two pain assessments and analgesia)	b) 960 c) 1948	b) 960 c) 1948	100%
DH ACQI: Outcome from stroke a) Face Arm Speech Test (FAST) positive stroke patients potentially eligible for thrombolysis, who arrive at a hyper acute stroke centre within 60 minutes of call. b) Care bundle delivered (includes assessment of FAST, blood pressure and blood glucose)	a) 4413 b) 7199	a) 4413 b) 7199	100
National CPI: Hypoglycaemia a) Blood glucose before treatment b) Blood glucose after treatment c) Treatment for hypoglycaemia recorded (oral carbohydrates, glucagons, IV glucose) d) Direct referral made to an appropriate health professional e) Care bundle	600	600	100
National CPI: Asthma a) Respiratory rate recorded b) PEFR recorded (before treatment) c) SpO$_2$ recorded (before treatment) d) Beta-2 agonist recorded e) Oxygen administered f) Care bundle	600	600	100
National CPI: Lower leg fracture a) Two pain scores recorded b) Analgesia administered c) SpO$_2$ recorded (before treatment) d) Oxygen administered e) Immobilisation of limb recorded f) Assessment of circulation distal to fracture recorded g) Care bundle	56	56	100
National CPI: Febrile convulsion a) Blood glucose recorded (before treatment) b) Temperature recorded (before treatment) c) SpO$_2$ recorded (before treatment) d) Oxygen administered e) Anti convulsant administered f) Temperature management g) Appropriate discharge pathway recorded h) Care bundle	513	513	100

31

In addition, the London Ambulance Service NHS Trust undertakes a programme of local Clinical Performance Indicators that monitors the care provide to seven patient groups (see box below) and quality assures the documentation on 2.5% of all clinical records completed.

> **Information: Clinical Performance Indicators** (CPIs) are designed to bring continual improvement to the clinical care provided by the London Ambulance Service NHS Trust. The areas of care included are: acute coronary syndrome, cardiac arrest, difficulty in breathing, glycaemic emergency, stroke, mental health, patients that are treated and left at scene (non-conveyed) and general documentation. The delivery of care to these patients groups is routinely fed back to staff on a one-on-one basis by clinical supervisors so that staff are able to discuss how they can improve their performance. Through this system we have been able to ensure continuous improvement in clinical care and this has been demonstrated in the newest CPI – care for mental health patients – which has shown enhanced assessment of this patient group since the CPI was introduced last year.

We also undertake four continuous audits that monitor the care provided to every patient who suffers a cardiac arrest, STEMI or stroke, or who have been involved in a major trauma incident.

The report of two national clinical audits were reviewed by the provider in 2013/14 and the London Ambulance Service NHS Trust has taken the following actions to improve the quality of healthcare provided:

- Supplied each member of staff with their own blood glucose monitoring kit to increase the measurement of blood glucose levels for patients presenting with hypoglycaemia.

- Purchased peak flow tubes with a one way valve to increase the number of patients with asthma who have their peak flow rate measured before treatment.

- Developed an acute coronary syndrome aide memoire to highlight all elements of the STEMI care bundle as well as ECG interpretation and the correct pathways for this group of patients.

- Created a multimedia stroke training package in collaboration with other NHS Trusts.

The reports of six local clinical audits were reviewed by the provider in 2013/2014 and the London Ambulance Service NHS Trust intends to take the following actions to improve the quality of healthcare provided.

Adrenaline as a treatment for anaphylaxis and acute asthma

- Through training ensure staff are able to distinguish anaphylaxis from major and minor allergic reactions, and features that differentiate between acute asthma and COPD
- Reduce drug related errors by introducing a "Check and Challenge" system

Chronic Obstructive Pulmonary Disease

- Ensure staff are able to recognise the signs of carbon dioxide retention and the associated risks by revising current training materials

32

Patients who have taken Overdose

- Ensure patients who have taken an overdose do not deteriorate whilst waiting for an ambulance by introducing an enhanced clinical telephone assessment
- Determine whether pre-hospital administration of activated charcoal is feasible to enable eligible patients to receive treatment sooner

Hydrocortisone as a treatment for acute severe and life threatening asthma

- Clarify administration guidance with national guideline publishers to remove confusion regarding time interval prior to hydrocortisone administration
- Survey staff to determine why hydrocortisone is being underused
- Consider oral prednisolone as an alternative to hydrocortisone

Recognition of Life Extinct (ROLE)

- Improve ROLE form completion by revising the current form and providing further completion guidance to remind staff of the correct procedures when performing ROLE
- Replace the 'purple +' illness code with 'obviously deceased' to avoid confusion between terms

Diazepam to terminate seizures

- Publish an article in the internal clinical newsletter and revise training materials to remind staff to: exclude causes of seizure activity; to monitor patients for respiratory depression and hypotension following administration, and to obtain prompt IV access for all adults presenting with seizure activity

Statement Area 4: Research

Participation in clinical research demonstrates the London Ambulance Service NHS Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff keep up to date with the latest possible treatment options and their active participation in research leads to improved patient outcomes.

The London Ambulance Service NHS Trust was involved in conducting four clinical research studies in pre-hospital care during 2013/14. There were 333 clinical staff participating in research approved by a research ethics committee at the London Ambulance Service NHS Trust during 2013/14. These staff participated in research focused upon the medical speciality of cardiac care and the care of elderly people who have fallen. These studies were:

- DANCE (high risk acute coronary syndrome): Pilot RCT comparing direct angioplasty for non-ST-elevation acute coronary events vs. conventional management.

- Paramedic SVT: RCT comparing the safety and efficacy of paramedic treatment of regular supraventricular tachycardia using pre-hospital administration of adenosine vs. conventional management.

- AMICABLE Study: A prospective observational study comparing the effectiveness of prehospital airway strategies on patient outcomes following cardiac arrest.

- SAFER 2: Cluster RCT comparing the clinical and cost effectiveness of new protocols for ambulance workers to assess and refer elderly fallers to appropriate community based care vs. conventional practice.

The number of patients receiving NHS services provided or sub-contracted by the London Ambulance Service NHS Trust in 2013/14 that were recruited during that period to participate in research approved by a research ethics committee was 85.

We also conducted research involving staff and student paramedics as participants. The total number of LAS staff and student paramedics who were themselves recruited as research participants in 2013/14 was 98, with a further 390 staff involved in follow up aspects of existing projects.

The number of participants and the number of staff involved in conducting all types of studies in the LAS during 2013/14 are displayed in the following table.

Study name 2013/14	Participants recruited 2013/14	Total no. of Participants recruited to study	LAS clinical staff involved
NHS REC approved studies involving patients			
Care of older people who fall: evaluation of the clinical and cost effectiveness of new protocols for emergency ambulance paramedics to assess and refer to the appropriate community based care (SAFER2)	-^	284	2
High risk acute coronary syndrome (ACS) (*formerly known as 'DANCE'*)	8^	100	250
Safety and efficacy of paramedic treatment of regular supraventricular tachycardia (ParaSVT)	14^	71	80
Airway management in cardiac arrest – basic, laryngeal Mask airway, endotracheal intubation study (AMICABLE)	63	-	1
Studies involving LAS staff and student paramedics as participants (not requiring NHS REC review*)			
Identifying emergency personnel at risk of post traumatic stress disorder (PTSD)	-^	390	-
Do not attempt cardiopulmonary resuscitation (DNACPR) decisions	5	-	-
Antidote use and medical management of chemical incidents casualties – How much do emergency responders know?	54	-	-
Developing leadership in the UK's ambulance service: A review of the consultant paramedic role.	1	-	-
What do ambulance service personnel consider to be the 'process of' and 'issues with' inter-hospital transfers?	7	-	1
Blue light responders, evacuation and pets: An exploratory, inter-professional study into emergency responders' perspectives on Companion Animal/pet owners' reactions in an evacuation.	16	-	-
How the London Ambulance Service manages absence	13	-	-
A study of major system reconfiguration in stroke services	2	-	-

^ Patients recruited in study during previous years were actively followed up in 2013/14.

* From 1st September 2011, research involving NHS staff no longer requires NHS REC review unless there is a legal requirement for review as specified in 'Governance arrangements for research ethics committees: a harmonised edition

34

.'

In addition to the above mentioned research projects, the LAS also undertook a number of descriptive, feasibility and evaluation projects to provide evidence of the best ways to treat patients and to achieve the best possible outcomes.

Within the last three years 25 papers have been published in peer-reviewed journals as a direct result of London Ambulance Service's participation in clinical research.

These papers include: *'Increases in survival from out-of-hospital cardiac arrest: A five year study'* published in Resuscitation journal; *'Survival of resuscitated cardiac arrest patients with ST-elevation myocardial infarction (STEMI) conveyed directly to a Heart Attack Centre'* also published in Resuscitation journal, and *'Does use of the Recognition Of Stroke In The Emergency Room stroke assessment tool enhance stroke recognition by ambulance clinicians'* published in Stroke journal.

These publications demonstrate our commitment to transparency and desire to improve patient outcome and experiences across the NHS. Also, through these publications we have been able to share our knowledge and contribute to evidence based clinical practice. Our engagement with clinical research also demonstrates the London Ambulance Service NHS Trust's commitment to testing and offering the latest medical treatments and techniques.

Other activities which demonstrate our commitment to research as a driver for improving the quality of care and the patient experience include our Evidence for Practice Sessions and Advice Surgeries. During 2013/14, we held three Evidence for Practice Sessions for ambulance clinicians where they reviewed published papers that discussed the use of therapeutic

hypothermia following cardiac arrest, appropriate care for traumatic cardiac arrests and the use of feedback to encourage improved pre-hospital resuscitation and the implications for clinical practice.

Through our monthly Advice Surgeries we provide guidance to staff interested in undertaking research and help them to develop new research protocols. In addition, all staff are kept up to date with published literature and emerging research evidence with the circulation of journal contents pages and the facilitation of access to electronic journals. Findings from our research studies are disseminated to staff via our internal clinical newsletter and advertised on our intranet. We also present our research findings at conferences to share our learning and influence clinical practices as far afield as possible.

We have an extensive collaboration portfolio for the forthcoming 2014/15 period, which includes the following studies:

- Safety and efficacy of paramedic treatment of regular supraventricular tachycardia (ParaSVT): RCT comparing the safety and efficacy of paramedic treatment of regular supraventricular tachycardia using pre-hospital administration of adenosine versus conventional management.

- Identifying emergency personnel at risk of post traumatic stress disorder (PTSD): Longitudinal study investigating risk factors of post-traumatic stress disorder in student paramedics.

- rAAA: An observational trial that investigates whether an electronic prehospital triage tool can aid identification of ruptured aortic abdominal or thoracic aortic aneurysm (rAAA).

35

- **Stroke mimics:** An investigation of the incidence and diagnoses of stroke mimics, and differences in responses of strokes and mimics to the ROSIER assessment tool.

- **Exercise-related sudden cardiac arrest in London:** A retrospective analysis of cases where cardiac arrest occurred during or after exercise to investigate incidence of, and factors related to survival from, exercise-related cardiac arrest.

- **An explorative assessment of London's 999 frequent callers and the effectiveness of interventional strategies employed by the London Ambulance service's patient centred action team:** A retrospective analysis aiming to i) profile this group of patients, ii) examine the impact of the LAS Patient Centred Action Team's interventional strategies on frequent caller behaviour.

- **Out-of-hospital cardiac arrest outcomes project:** Development of a national cardiac arrest registry and use of statistical modelling to understand variability in outcomes and contributory factors to survival.

- **Prehospital Assessment of the role of adrenaline: measuring the Effectiveness of drug administration in cardiac arrest (PARAMEDIC2):** A randomised control trial to investigate whether adults that have an out of hospital cardiac arrest treated with adrenaline have improved survival rates and neurological outcomes.

- **Airway management in cardiac arrest – basic, laryngeal mask airway, endotracheal intubation study (AMICABLE):** A prospective observational study to assess the effect of prehospital airway strategies on the outcome of patients who experience an out of hospital cardiac arrest and are conveyed to a Heart Attack Centre.

- **Immediate coronary angiography after ventricular fibrillation out-of-hospital cardiac arrest (ARREST):** A randomised control trial of immediate coronary angiography versus current standard of care after ventricular fibrillation out-of-hospital cardiac arrest.

- **Improving prehospital and ambulance care and treatment following the ambulance services cardiovascular quality initiative:** This project focuses on developing further the impact of the ambulance services cardiovascular quality initiative on clinician engagement .

- **The impact of alcohol misuse on the London Ambulance Service:** This questionnaire based study will explore clinical staff members view's on the impact of alcohol misuse in London.

- **Alternatives to face to face contact:** This study explores the impact of the introduction of hear and treat services within the ambulance service.

- **Understanding variation in rates of non-conveyance to an emergency department of emergency ambulance users:** This study will explore the variation in non-conveyance rates between the 11 ambulance services within England.

- **Activated charcoal:** A study to explore the feasibility of using activated charcoal in the prehospital setting.

- **Stroke outcomes:** A study linking prehospital data with hospital data from hyper-acute stroke unit to identify the accuracy of stroke recognition using the face, arm and speech test (FAST).

- **Risk of sudden cardiac death in epilepsy:** A retrospective analysis of data from patients in cardiac arrest with a history of epilepsy to identify whether patients with epilepsy are at higher risk of cardiac arrest.

In addition to the above, we have developed a number of research protocols for which we are awaiting external funding decisions.

Ambulance Quality Indicators Care Bundle

The percentage of patients with a pre-hospital clinical impression of ST elevation myocardial infarction (STEMI) and suspected stroke who received an appropriate care bundle

The London Ambulance Service NHS Trust submitted the following information regarding the provision of an appropriate care bundle to STEMI and stroke patients to NHS England for the reporting period 2013/14 and 2012/13

.

	2013-14 *		2012-13	
	LAS average	National average (Range)	LAS average	National average (Range)
STEMI patients	76.1	80.5 (67.4 – 89.6)	66.8	77.6 (66.8 – 94.7)
Stroke patients	94.7	96.3 (92.1 – 99.4)	93.8	95.7 (90.9 –100)

At the point of preparation of this Quality Account, NHS England reported data for April to December 2013.

The London Ambulance Service NHS Trust considers that the data in the table above is as described for the following reasons: this data is captured by the LAS from clinical records completed by ambulance staff attending patients as part of ongoing clinical quality monitoring in line with the technical guidance for the Ambulance Quality Indicators and reported directly to NHS England.

The London Ambulance Service NHS Trust has taken the following actions to improve the percentage of patients with a pre-hospital clinical impression of ST elevation myocardial infarction (STEMI) and suspected stroke who received an appropriate care bundle, and so the quality of its services, by:

• Continued clinical education provided to staff through materials such as clinical webinars, training updates, updated aide memoires, and reminders in bulletins and newsletters.

• Ensuring that staff have the necessary equipment to perform patient assessments with the provision of personal issue kit where applicable.

37

Statement Area 5: CQUINS

A proportion of the London Ambulance Service NHS Trust's income in 2013/14 was conditional on achieving quality improvement and innovation goals agreed between London Ambulance Service NHS Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the commissioning for Quality and Innovation payment framework.

The details of the agreed goals for 2013/14 are as follows:

1. To undertake the delivery of training to staff to enable a change to two-tier working: 100% of eligible A&E support staff to have commenced the conversion course to enable front-line working. (CQUIN achieved - approximate value £1.7m)

2. Development of new roster patterns for all appropriate complexes and teams: Rosters to cover all relevant staffing groups within the operational and control room environment will be developed in line with modelling results.
(CQUIN achieved - approximate value £2.3m)

3. Implementation of enhanced clinical triage process: Completion of recruitment process and training of staff commenced for new specific roles with the Clinical Hub (CHUB) targeted at delivering Hear and Treat service for patients (CQUIN achieved - approximate value £780k)

4. Implementation of a new response model: Changes to the Command Point despatch protocols to be made to enable recommendations made regarding the allocation of resource type to calls under the new workforce skill mix model. (CQUIN achieved - approximate value £800k)

5. Engagement exercise and communications strategy delivered: Completion of a series of staff engagement events, including the delivery of comprehensive information pack to staff. (CQUIN achieved - approximate value £600k)

The details of the agreed goals for 2014/15 are as follows:

1. Friends and Family Test: Implementation of Friends and Family Test according to the national timetable (valued at £1,289,609)

2. Emergency Care Pathways – End of Life Care:
Improving the quality of care delivered to people on an end of life care pathway by supporting the plan agreed with the patient. (valued at £967,207)

3. Emergency Care Pathways – Community Life Support and Defibrillation for Cardiac Arrest: Improving return of spontaneous circulation (ROSC) rates following cardiac arrest through Community and Partnership Engagement. (valued at £644,084)

4. Emergency Care Pathways – Enhanced falls Service: Ensuring that people who are at risk of falling, or have a history of falling have an appropriate response model from LAS (valued at £644,084)

5. Staff awareness and education - mental health and dementia: Improving the care for people with mental health needs and dementia (valued at £967,207)

6. Embracing technology to improve care - clinical applications and accessible information:
Develop a technological solution to ensure that ambulance crews have access to information sources that exist in healthcare settings (e.g. summary care record, Directory of Services, Capacity Management

38

System, Decision Making Software) (valued at £967,207)

7. Embracing technology to improve care: eAmbulance development (valued at £967,207)

Statement Area 6: Care Quality Commission

The London Ambulance Service NHS Trust is required to register with the Care Quality Commission and its current registration status is "registered". The London Ambulance Service NHS Trust has no conditions on registration.

The Care Quality Commission has not taken enforcement action against The London Ambulance Service NHS Trust during 2013/14.

The London Ambulance Service NHS Trust has not participated in any special reviews or investigations by the Care Quality Commission during 2013/14.

An unannounced inspection took place in 2013 and the Trust was found to be compliant in the areas inspected.

Statement Area 7 Data Quality

The London Ambulance Service NHS Trust will be taking the following actions to improve data quality:

At the time of writing the Quality Account the Trust was in discussion with the internal auditors as to what aspects would feature within the audit programme. Data Quality will feature in at least one audit project.

Statement Area 8 NHS Number and General Medical Practice Code Validity

The London Ambulance Service NHS Trust was not required to submit records during 2013/14 to the Secondary Uses service for inclusion in the Hospital Episode Statistics.

Statement area 9 Information Governance Toolkit Attainment Levels

The London Ambulance Service NHS Trust Information Governance Assessment Report score for 2013/14 was 81% and was graded at level 2.

Statement area 10 Payment by results

The London Ambulance Service NHS Trust was not subject to the Payment by Results clinical coding audit during 2012/13 by the Audit Commission

39

Ambulance Quality Indicators
A review of the 2013/14 Quality Indicators

2012/13 was the second year of the national ambulance quality indicators. These are a set of measures that allow individual Ambulance Trusts to look where they lie in comparison with other NHS ambulance providers.

It is not always possible to draw direct comparisons as services differ slightly across the country but it allows Ambulance Trusts to use the information analytically.

The graphs on the following pages illustrate the London Ambulance Service NHS Trust year end position in the quality measures that we are mandated to report on. However, not all the measures include a whole year of data as some of the measures required extensive data quality checking therefore the data for those includes data from April to December 2013.

Outcome from acute ST-elevation myocardial infarction (STEMI)

STEMI is an acronym meaning 'ST (a particular segment) Elevation Myocardial Infarction', which is a type of heart attack. Early access to cardiac intervention is considered an important element in reducing the mortality and morbidity associated with a STEMI and we are monitored on our time but we are also monitored on the care that STEMI patients receive whilst in our care.

There are a number of elements that are considered a "care bundle". These are to record when aspirin is given, when Glyceryl Trinitrate (GTN) is given, when 2 pain scores are recorded and when a patient has received analgesia of either Morphine or Entenox.

Percentage of patients suffering a STEMI who receive an appropriate care bundle (Year end position)

		Numerator	Incidents	%
East Midlands Ambulance Service NHS Trust		862	1,127	76.5
East of England Ambulance Service NHS Trust		1,125	1,322	85.1
Great Western Ambulance Service NHS Trust				0.0
Isle of Wight NHS PCT		47	62	75.8
London Ambulance Service NHS Trust		1,677	2,204	76.1
North East Ambulance Service NHS Trust		505	598	84.4
North West Ambulance Service NHS Trust		1,592	1,844	86.3
South Central Ambulance Service NHS Trust		633	939	67.4
S. E. Coast Ambulance Service NHS Foundation Trust		725	932	77.8
S. Western Ambulance Service NHS Foundation Trust		1,305	1,456	89.6
West Midlands Ambulance Service NHS Trust		883	1,173	75.3
Yorkshire Ambulance Service NHS Trust		698	830	84.1
Overall for period	Higher is better	10,052	12,487	80.5

Our compliance for 2013/14 is 76.1 %. Last year our compliance was 67.3% and the previous year it was 59.5% suggesting we have made sustained improvements in this quality indicator.

Outcome following stroke for ambulance patients

Patients should be arriving at an appropriate place as soon as possible following the onset of a stroke. Time to confirmed diagnosis and treatment is key to reducing mortality associated with a stroke and we are monitored on this element of performance.

42

However, similar to the STEMI care there is also a "care bundle" that we are asked to monitor.

The care bundle should include the completion of a stroke diagnostic test (called a FAST test), the checking of a patient's blood glucose and a complete blood pressure taken.

Percentage of suspected stroke patients (assessed face to face) who receive an appropriate care bundle (Year end position)

				Numerator	Incidents	%
East Midlands Ambulance Service NHS Trust				6,903	7,084	97.4
East of England Ambulance Service NHS Trust				5,430	5,666	95.8
Great Western Ambulance Service NHS Trust						0.0
Isle of Wight NHS PCT				152	156	97.4
London Ambulance Service NHS Trust				7,781	8,219	94.7
North East Ambulance Service NHS Trust				2,501	2,547	98.2
North West Ambulance Service NHS Trust				9,121	9,177	99.4
South Central Ambulance Service NHS Trust				4,666	4,742	98.4
S. E. Coast Ambulance Service NHS Foundation Trust				5,913	6,421	92.1
S. Western Ambulance Service NHS Foundation Trust				6,971	7,169	97.2
West Midlands Ambulance Service NHS Trust				6,791	7,206	94.2
Yorkshire Ambulance Service NHS Trust				5,662	5,876	96.4
Overall for period		Higher is better		61,891	64,263	96.3

Our compliance for 2013/14 is 94.7. Last year our compliance was 94.1% and the previous year our compliance was 90.0% suggesting a slight sustained improvement.

Category A 8 minute response time

This indicator measures the speed of all ambulance responses to the scene of potentially life-threatening incidents and records only those who are most in need of an emergency ambulance. It is divided into two measures. The first is the length of time taken to respond within an eight minute window and the send measure is the time taken to respond in a 19 minute window. The first 8 minute response is divided into two subdivisions known as Red 1 and Red 2. Red 1 calls are the most time critical and cover cardiac arrest patients who are not breathing and do not have a pulse and other severe conditions.

For Red 2 calls, is used for conditions which are less serious and less immediately time critical and cover conditions such as stroke and fits.

43

Category A 8 Minute Response Time (Year end position) for Red 1.

		Numerator	Incidents	%
East Midlands Ambulance Service NHS Trust		13,842	19,424	71.3
East of England Ambulance Service NHS Trust		9,634	13,094	73.6
Great Western Ambulance Service NHS Trust				0.0
Isle of Wight NHS PCT		239	298	80.2
London Ambulance Service NHS Trust		11,060	14,296	77.4
North East Ambulance Service NHS Trust		2,817	3,661	76.9
North West Ambulance Service NHS Trust		22,197	29,260	75.9
South Central Ambulance Service NHS Trust		6,464	8,162	79.2
S. E. Coast Ambulance Service NHS Foundation Trust		4,501	5,863	76.8
S. Western Ambulance Service NHS Foundation Trust		10,067	13,763	73.1
West Midlands Ambulance Service NHS Trust		6,143	7,681	80.0
Yorkshire Ambulance Service NHS Trust		15,273	19,738	77.4
Overall for period	**Higher is better**	102,237	**135,240**	**75.6**

Element 1. Graph 15: Category A 8 Minute Response Time (Year end position) for Red 2.

		Numerator	Incidents	%
East Midlands Ambulance Service NHS Trust		161,493	226,126	71.4
East of England Ambulance Service NHS Trust		173,954	250,617	69.4
Great Western Ambulance Service NHS Trust				0.0
Isle of Wight NHS PCT		5,175	6,802	76.1
London Ambulance Service NHS Trust		336,090	446,319	75.3
North East Ambulance Service NHS Trust		129,553	165,274	78.4
North West Ambulance Service NHS Trust		278,026	359,079	77.4
South Central Ambulance Service NHS Trust		94,916	125,368	75.7
S. E. Coast Ambulance Service NHS Foundation Trust		189,477	256,413	73.9
S. Western Ambulance Service NHS Foundation Trust		228,226	295,515	77.2
West Midlands Ambulance Service NHS Trust		262,977	357,397	73.6
Yorkshire Ambulance Service NHS Trust		186,209	247,979	75.1
Overall for period	**Higher is better**	2,046,096	**2,736,889**	**74.8**

The graphs reveal that the London Ambulance Service achieved the requirement to complete 75% of all A8 calls within eight minutes.

Element 2. Graph 16: Category A 19 Minute Response Time (Year end position)

			Numerator	Incidents	%
East Midlands Ambulance Service NHS Trust			230,018	245,190	93.8
East of England Ambulance Service NHS Trust			243,622	262,192	92.9
Great Western Ambulance Service NHS Trust					0.0
Isle of Wight NHS PCT			6,861	7,100	96.6
London Ambulance Service NHS Trust			448,271	458,073	97.9
North East Ambulance Service NHS Trust			162,894	168,048	96.9
North West Ambulance Service NHS Trust			371,219	387,532	95.8
South Central Ambulance Service NHS Trust			127,285	133,426	95.4
S. E. Coast Ambulance Service NHS Foundation Trust			254,430	262,276	97.0
S. Western Ambulance Service NHS Foundation Trust			295,208	308,283	95.8
West Midlands Ambulance Service NHS Trust			354,292	365,078	97.0
Yorkshire Ambulance Service NHS Trust			259,727	266,967	97.3
Overall for period	**Higher is better**		2,753,827	**2,864,165**	**96.1**

The graph reveals that the London Ambulance Service achieved the requirement to complete 95% of all calls within 19 minutes.

.

45

Other Services
Our Patient Transport Services

Patient transport is an important part of our core business and whilst this service has its own dedicated management team it is fully integrated into our quality governance processes.

How do we keep our Patient Transport Staff up to date with changes?

We have continued to employ two fulltime Work Based Trainers who have been delivering new entrant and refresher training to our staff.

The Work based Trainers has been delivering refresher training on key topics such as oxygen therapy, diabetes and dynamic risk assessment as well as rolling out new core skills of pulse oximetry and new vehicles

A total of 573 training sessions have been delivered to our total workforce of 149 staff.

What have we done to update our vehicles?

During 2013 we took delivery of fifteen new vehicles to a new Small Wheelchair Capable (SWC) specification. These vehicles are designed specifically for the conveyance of wheelchair and walking patients and are therefore smaller and less obtrusive that the larger ambulance sized vehicles. These additions to our fleet, along with disposal of twenty five sixty older

stretcher vehicles have seen the average age of our fleet reduce to 5.21 years.

How have the new vehicles benefited patients?

These new vehicles bring enhancements to patient and passenger safety and comfort such as all wheelchair capable vehicles having the facility to offer all wheelchair occupants a three point seatbelt (with upper anchor point), previously this was only available for the primary wheelchair position while the secondary wheelchair position lacked the upper anchor point.

We have made improvements to our fleet of three specialist bariatric vehicles with the addition of a revised stretcher that increases the capacity from 318kg (50st) to 450kg (70st) whilst also offering a wider patient surface area, and a new motorised tracked chair to convey seated patients up or down stairs that has a capacity of 227kg (35st).

How have we performed against our contracted quality standards?

There are three Key Performance Measures that are common across all contacts. These are as follows:

Appointment Time. This is the arrival of a patient for their appointment within a time window as specified by the trust

Graph
Arrival at Hospital Against Appointment Time
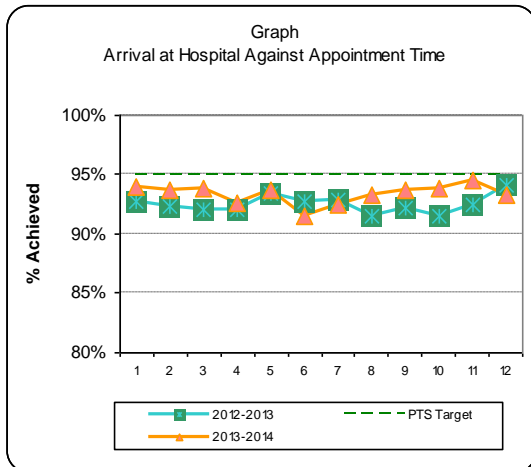
Ready Time. This is he collection of a patient after their appointment within a time window specified by the trust

Graph
Departure Against Ready Time

Time on Vehicle. This is the amount of time a patient spends from collection to drop off against a target specified by the trust

Graph
Time spent on Vehicle
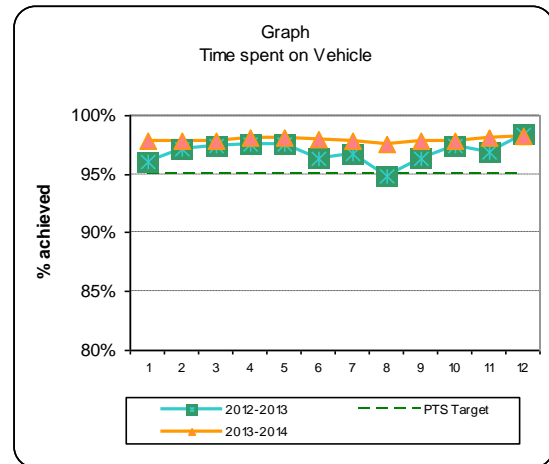
Overall we have seen a steady rise in our performance in all three of these targets (as shown in the chart below), and our performance is currently at its highest level over the preceding five years, this is set against a backdrop of the changing nature of healthcare provision within London with such as the marked increase in on the day bookings where the patients is required to be collected within one hour of the request being made.

Table. To illustrate performance against the quality indicators in the contract over time.

Quality Standard	Appointment Time	Ready Time	Time on Vehicle
2009/2010	91.25%	92.81%	94.89%
2010/2011	90.22%	93.21%	95.47%
2011/2012	91.72%	92.69%	95.27%
2012/2013	92.49%	93.62%	96.89%
2013/2014	93.37%	92.85%	97.92%

48

Other Services
Our 111 Service at South East London (Beckenham)

We became responsible for the provision of 111 services to South East London (Beckenham) from 19 November 2013. Therefore, this section only covers the period from 19 November 2013 to 31 March 2014

Incidents

Incidents relate to a range of issues at LAS111. The majority since November have been relating to staff errors. The errors have been without any clear trend. However, one issue has been staff putting the wrong contact details into the computer system. This has been dealt with in terms of individual and global learning. Other incidents have related to technical issues that have been addressed and resolved.
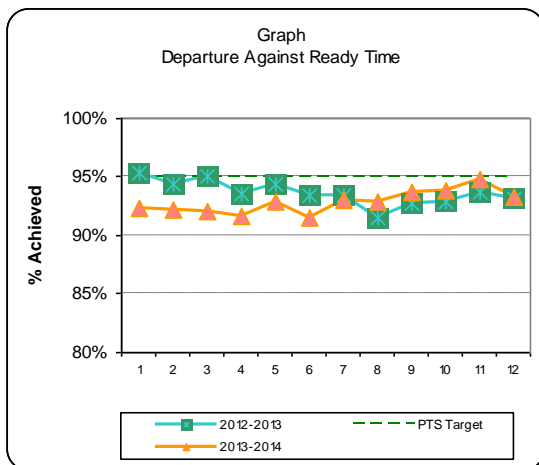
Feedback from Health Care Professionals

The main services /departments that we receive feedback from are the ambulance crews and the GP Out of Hours (OOH) providers.

The majority of feedback was related to the perceived inappropriateness of the referral and whilst several have been upheld, many have occurred due to a poor understanding of the 111 system.

Staff Incidents

We have had very few staff incidents reported and they have all been very minor in their nature with the exception of two episodes of extremely abusive patients, both requiring Police intervention.

Authorised Confidentiality Breach

Authorised confidentiality breaches are logged when a patient has been referred to a service without their consent and /or knowledge. The breaches are used for patients where it is deemed not safe to leave them without further assistance or in the case of safeguarding, not safe to notify them i.e. domestic abuse where the assailant is still on the premises. The breaches are authorised at the time of the incident by a senior clinician within the call centre. We are currently working on a system to ensure that the clinical decision making relating to these calls is consistent across the clinicians.

Call Quality & Monitoring

Since step in on 19th November we have exceeded the required standard for 1% percent of call audits every month with the exception of November when we had difficulty with the technology on site.

We are conducting more than the required amount of 3 per month on certain individuals whose performance has been bought to our attention.

The compliance percentage has remained static and Call Handler figures have remained higher than clinicians each month. We have been working to understand the issues for the clinicians.

All staff are now logged on our new audit tool which is offers increased access to data for trend analysis on individual and group development and this will be reported on in the future.

Call Audit Data	Nov -13	Dec -13	Jan -14	Feb -14	Mar -14
Calls answered at 111	7505	21,426	23,411	22,722	26,053
% Call audits % (target 1%)	0.5%	2.1%	1.74%	1.94%	1.34%
No. Call audits	41	462	409	441	349
No. Call Handler audits	5	229	204	235	157
No. Clinical Advisor audits	36	233	205	206	192
% Compliance (target >86%)	85%*	72.7%	76.3%	76.8%	80.23%

*Data reflects period following Step-in 19-30 November 2013 only.

Call Handler Data	Nov -13	Dec -13	Jan -14	Feb -14	Mar -14
No. Call Handler audits	N/A	N/A	N/A	235	157
No. achieving compliance	N/A	N/A	N/A	196	139
% Compliance (target >86%)	N/A	N/A	N/A	83.4%	88.5%

Clinical Advisor Data	Nov -13	Dec -13	Jan - 14	Feb -14	Mar -14
No. Clinical Advisor audits	N/A	N/A	N/A	206	192
No. achieving compliance	N/A	N/A	N/A	143	141
% Compliance (target >86%)	N/A	N/A	N/A	69.4%	73.4%

End to End Call Audits

Monthly end to end call audits are undertaken at LAS111. The audits are attended by the clinical leads for the service (LAS -DR Fenella Wrigley and SEL -Dr Patrick Harborow). The subjects that have been reviewed thus far are:

- Non-conveyed ambulance referrals
- Calls that received an Emergency Department disposition
- 999 referrals and their appropriateness
- Calls relating to the CHIME service (see explanation) below in general governance activity

The end to end audits have all highlighted areas of good practice but also areas that require some improvement and we have been working consistently on them. Key areas for improvement were clinicians undertaking a systematic assessment considering the 'whole patient picture' to make an appropriate decision within a timely overall call length.

50

Safeguarding

Safeguarding referrals have remained fairly static for both adults and children. The LAS 111 service has referred 95 people in total to Social Services which equates to circa 0.09%. We have received three feedback reports from Social Services in total since November.

Patient Experience

There is a requirement to survey 1% of patients that have called 111 for assistance. Due to technical and logistical issues, the 111 patient surveys did not start to be sent out until April. We have not received any responses to date and therefore are unable to produce any data relating to patient satisfaction; however our patient concern /complaint level has remained low.

Language line use has been low since step in and this is in line with figures previously provided by NHSD. We have taken steps to remind staff of the availability of language line and have recently added this area to the call audit information in order to ensure staff receive feedback.

Training

We have now commenced emergency life support courses for all staff at Beckenham. Staff are really keen to get involved and it will help them to understand some of the advice that they are giving as well as addressing issues that have been historically raised through incidents.

We have also had our first refresher training on Mental Health facilitated by the Trust's Mental Health Advisor. We are initially asking clinicians to attend and will then amend the session to enable Call Handler refreshers. We are still reviewing capacity tools for telephone use to assist with clinician decision making.

All staff have undertaken two periods of mandatory training since November relating to the changes to our software; Pathways. This has all been achieved within the required timescales. During the version 8 update, staff also completed the mandatory training elements relating to adult and child safeguarding and Information Governance.

Quality Measures

We have a number of Quality Measures that we use to monitor the service. These are as follows.

26% of calls were referred to a clinician - within acceptable parameters

2% offered a call back (no clinician available for warm transfer) - target 98%

80% received call backs in less than 10 minutes (average 7 minutes /longest 1.18 hour) -target 100%6 patients waited for over 1 hour for a call back -no target

9% of dispositions were ambulance dispatch and 81% of those calls were conveyed by the ambulance service - this is favourable when compared to national performance standards and is used for monitoring trends rather than aiming for an exact target

2014/15 Quality Priorities
Our improvement priorities for 2014/15

In our 2013/14 Quality Account we outlined how we were going to rise to the challenge in meeting the continuing increase in demand of over 100,000 calls a year. This was to be met through a comprehensive two year transformation programme. An end of year report has been provided within this Quality Account. 2014/15 will be the second year of this programme.

The transformation programme is a large programme of work and it will affect everyone working in the service. However, we have also identified a number of other improvement priorities that will be taken forward in 2014/15.

The remaining actions in the transformation programme and the other priorities are described on the following pages.
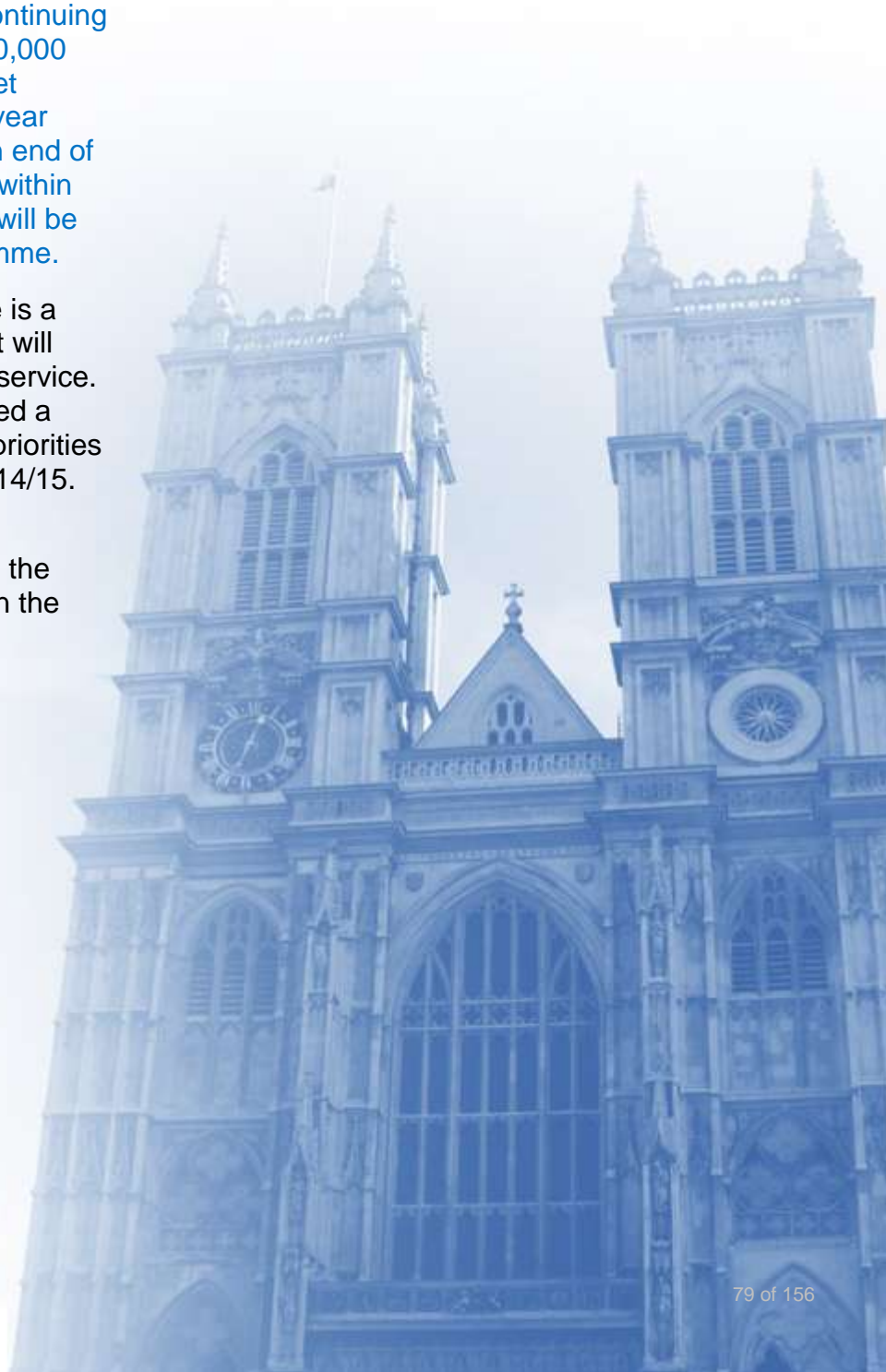
Our Transformation Programme

Changing our front Line Workforce

During 2014//15 we will be changing the way we staff our ambulances. Currently a small proportion of our ambulances can respond to only a limited number of calls because of the skill levels of the members of staff who work on the those ambulances.

To provide a better service to our patients and to allow us more flexibility we have developed a new more skilled role which will enable all our ambulances to respond to a full range of calls. We expect this new role to be introduced during the summer of 2014

Changing the way we respond to patients

Historically, we have sent a single responder as well as an ambulance crew to many calls in a bid to achieve our response time targets. This is not the best way to use our resources, it does not necessarily benefit our patients and it means that staff are regularly cancelled when they are on their way to a call.

In 2014/15 we are therefore going to reduce the number of resources we send to individual incidents. We estimate that by responding differently we can reduce the number occasions on which we send 2 or more resources to incidents which will in turn enable us to have more capacity to treat other patients who would otherwise have to wait longer

These changes will be introduced when our new front line workforce model has been implemented

Aligning resources to meet demand

In 2014/15 we will be introducing new on duty rosters for all our front line staff. These rosters will ensure that we more closely match the number of ambulances and solo responders (cars and motorcycles) we have available to the peak periods of demand for our services.

We are planning to introduce the new rosters during the summer of 2014

Recruitment and retention

There are some national challenges in recruiting registered clinicians to the ambulance service and London has some unique factors, such as accommodation and transport costs, that make this additionally challenging.

We are putting together a comprehensive plan for recruitment and retention and have made this a corporate priority.

Strengthening the Patient Voice

We recognise the need to strengthen the way we involve patients in our decision making and our service design.

During 2014/15 we will be deciding and publishing our new five year strategy and this is an ideal opportunity in involving patients and stakeholders in the strategic decisions contained within the strategy.

In addition, we will seek further opportunities to involve patients by moving towards a culture of "no decision without us"

Our intentions will be outlined within our engagement strategy.

54

Strengthening the staff Voice

We recognise the need to involve our staff in the decisions we make and establish stronger processes for obtaining staff feedback.

We strengthened our staff involvement last year through our Listening in Action programme. We will reflect on this during the year and identify other opportunities.

Improving the care of Mental Health Patients

We have decided to revisit mental health care as an area for quality improvement during 2014/15. This will be our main clinical priority and will roll into 2014/15.

Mental healthcare is moving up the agenda nationally and continues to do so within the Trust. In line with the national mental health agenda, we have identified four specific areas of improvement this year.

While we continue to have mixed results this year there is evidence of improvement in the delivery of high quality responses and care when people with a mental illness urgently need help.

Training & education

Last year we undertook mental health training within our control environment and at some of our local stations. This training was unique for us in that it was undertaken by patients with mental health conditions. It was hugely successful and we wish to build upon this in 2014.

This year we are concentrating on improving the internal clinical interventions and management of a mental health crisis. As part of the main training programme for 2014, the Mental Health Module provides the opportunity to review and refresh existing knowledge and to provide further information and guidance for a variety of scenarios.

A new session on dementia and a mental health risk awareness tool has been added to the programme.

We have also focused on delivering face to face training for our clinical team leaders and Advanced Paramedic Practitioners with sessions including issues on the national agenda including the National section 136 protocol.

This year we also aim to improve the knowledge and skills of our staff working in the control room by introducing mental health nurses into that area. .

Patient engagement and learning from patients

We have decided we need to work with patient representative groups to determine what good looks like and identify areas of improvement that is important to our patients.

The Trust has been working closely with Hear Us, a mental charity in the previous year. We intend to continue this engagement process with will the support of our Clinical Involvement Officers in the development of a patient experience action plan to monitor the impact of any changes.

Data recording for mental health patients

The Trust recognises that we capture and generate a tremendous amount of information which is only useful if it can be applied to create knowledge within the organization. We would like to improve the way we capture and record mental health data to ensure that are capturing the right information

55

in terms of mental health that we are getting the information right.

We plan to review mental health coding on the patient report form to allow a more meaningful data analysis.

We want to ensure that mental health complaints and incidents are captured and readily available and to ensure that Appropriate Care Pathway are coded and captured correctly to allow for monitoring and evaluation.

This will allow the Trust to make more effective use of the mental health information we hold and use accurate information to inform decisions.

Effective partnership working

In the previous year, we have rolled out mental health alternative care pathways that were agreed with all ten Mental health Trusts across London which have allowed to reduce the number of patients inappropriately conveyed to the Emergency Department.

While there has been improvements in this area LAS would like further improve our relationship with Mental Health Trusts. We want to ensure representation at other key groups in cementing the role of the Trust as a mental health partner.

Feedback
Comments from our partners and stakeholders

(to be inserted for Trust Board)

This page has been left blank

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 24TH JUNE 2014

PAPER FOR INFORMATION

Document Title:	**Clinical Directors' Joint Report**
Report Author(s):	**Fionna Moore, Steve Lennox, Mark Whitbread**
Lead Director:	**Fionna Moore, Steve Lennox, Mark Whitbread**
Contact Details:	
Why is this coming to the Trust Board?	**For information**
This paper has been previously presented to:	☐ Strategy Review and Planning Committee ☐ Executive Management Team ☐ Quality Committee ☐ Audit Committee ☐ Clinical Quality Safety and Effectiveness Committee ☐ Risk Compliance and Assurance Group ☐ Learning from Experience Group ☐ Finance and Investment Committee ☒ Other: Parts of this report have been reported elsewhere
Recommendation for the Trust Board:	**To note the joint report from the Clinical Directors**

Key issues and risks arising from this paper

- Increasing use of Surge Red
- Poor Clinical Performance Indicator completion rates
- A continuing rise in the number of complaints received into the Patient Experiences Department
- The clinical audit focusing on the care provided by the joint response unit (JRU) has identified some concerns surrounding documentation and completion of observations.

Executive Summary

The report is structured around the quality domains of the quality dashboard but also reports on issues wider than the quality measures.

Demand Management Plan / Surge Plan: There has been a marked increase in the use of Surge Red over the past month.
Clinical Performance Indicators: There has been a fall in the completion rate of CPI audits during April. The mental health CPI remains the lowest scoring audit.
Prevention of Future Deaths Reports: The Trust has not been issued any prevention of future deaths reports.
Medicines Management: There have been no mandatory reportable controlled drugs incidents since the last report to Trust Board. There have been no reported drug errors.
Locality Alert Register: The number of addresses held on the locality alert register remains on a par with the previous month. The number of category 4 entries has reduced following some work with the Medical Directorate and complex leads.

Attachments

Clinical Directors' Joint Report

****

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 – 24th June 2014

Clinical Directors' Joint Report

This paper will outline a number of current risks to the Trust, as well as other factors which have an impact on the safety and quality of the service that the Trust provides.

In particular, the Clinical and Quality Directorate would like the Board to focus on the following areas:

- Increasing use of Surge Red, which puts the Trust's reputation at risk, and impacts on the quality of the service we provide
- Poor Clinical Performance Indicator completion rates, which remain low. These demonstrate that the current focus on frontline operations puts pressure on the completion of these audits, without which the Trust cannot categorically state that the treatment received by its patients is correct and safe.
- A continuing rise in the number of complaints received into the Patient Experiences department. During May, 50% of the total complaints received were due to delays.
- The clinical audit focusing on the care provided by the Joint Response Unit has identified some concerns surrounding documentation and completion of observations. This is a risk to patient safety and steps are being taken to address this. We will continue to monitor this closely.

Domain 1 - Safety

Clinical Performance Indicator completion and compliance

The CPI completion rate dropped significantly in April, when compared to march. The Trust average for completion during April was 76%, the lowest completion levels within the Trust at the start of a financial year for 5 years. This is in part at least due to the increased REAP level (4) which the Trust started the financial year with. Despite the increased REAP level, 12 Complexes still achieved the >95% completion rate.
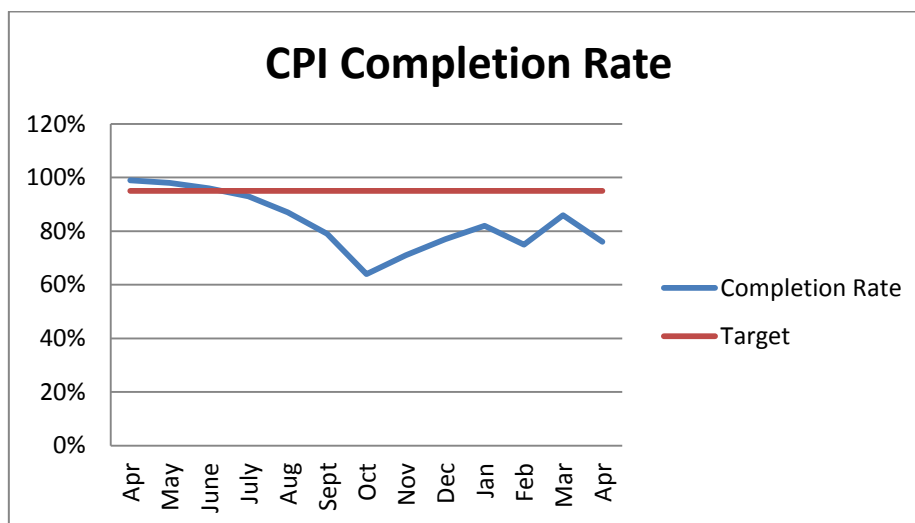
CPI Completion May 2013 to April 2014

Area	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
East	99%	97%	95%	91%	71%	30%	62%	64%	85%	81%	91%	71%
South	99%	95%	93%	89%	88%	79%	65%	89%	94%	77%	81%	76%
West	96%	97%	90%	83%	76%	76%	82%	77%	68%	69%	88%	79%
LAS	98%	96%	93%	87%	79%	64%	71%	77%	82%	75%	86%	76%

CPI Compliance April 2014

Area	Cardiac Arrest	Difficulty Breathing	ACS	Stroke	Mental Health	Non-Conveyed	1 in 40 PRF
East	97%	95%	97%	97%	88%	98%	97%
South	99%	95%	97%	97%	89%	98%	97%
West	98%	96%	97%	97%	90%	97%	98%
LAS Total	98%	95%	97%	97%	89%	97%	97%

CPI Compliance March 2014

Area	Cardiac Arrest	Glycaemic Emergencies	ACS	Stroke	Mental Health	Non-Conveyed	1 in 40 PRF
East	97%	97%	97%	97%	89%	97%	97%
South	98%	97%	97%	96%	92%	97%	97%
West	98%	98%	96%	98%	90%	97%	97%
LAS Total	97%	97%	96%	97%	90%	97%	97%

CPI compliance remains >95% against all clinical care standards, except mental health which has now been on-going for a number of months. The core skills refresher on mental health has been introduced since April 2014, and it is hoped that this will improve the compliance to the mental health CPI. Chase Farm and Kenton complexes achieved >95% compliance to all CPI audits which is an outstanding achievement. They should be congratulated for this achievement and some learning points for other complexes should be sought.

Full CPI reports are available on request.

National Clinical Performance Indicators

Single Limb Fracture
The results of the National Ambulance Service Clinical Performance Indicator audit (cycle 12) for Single Limb Fractures have been released.

The London Ambulance Service were the only Trust to identify a full 300 case sample size which is excellent. Although the Trusts compliance to the areas of this audit have improved, the Trust is unfortunately still at the bottom of the table. The areas for improvement following this audit are:

- Immobilisation of the limb
- Recording a pulse below the fracture site

It is suggested that staff do check and complete both of these steps when dealing with a limb fracture, but that it may not be documented fully on the PRF. An action plan to address this and to encourage frontline staff to fully document these two points will be written.

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.

In total during May there were 7 CAS alerts, none of which required any further action by the LAS, but all of which were acknowledged.

NHS Signals

Key risks emerging from the 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 NICE guidance for May 2014 has been released. None of the articles have any particular relevance to the Trust.

Locality Alert Register (LAR)

There are currently 313 addresses on the Locality Alert Register (LAR). These are broken down as follows:

Category 1: 75
Category 2: 106
Category 3: 85
Category 4: 47

LAR Entries by Category
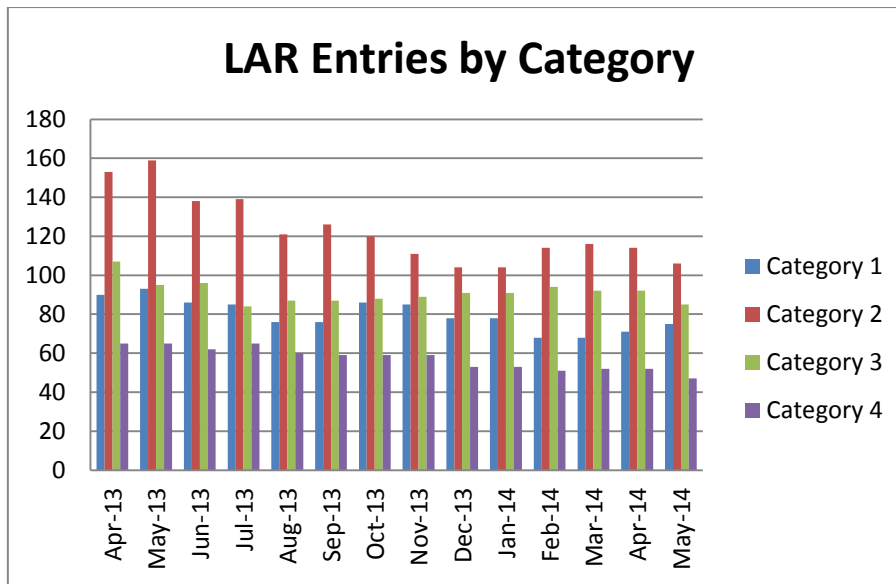
As an explanation, the categories 1 to 4 are broken down as:

Category 1: A member of staff has been the subject of physical violence

Category 2: A specific threat to use a weapon, verbal abuse with intimidation, or aggravated verbal abuse has been made

Category 3: A member of staff was verbally abused

Category 4: A medical condition was a major factor in the incident

Crews are informed of the entry on the locality alert register en-route to the call and are asked to make a dynamic risk assessment on arrival, unless there is a specific instruction to await police as part of the flag.

The medical directorate has been working alongside colleagues at complex level in an attempt to re-assess the locality alert category 4 flags. This month shows a decrease in the number of category 4 alerts held by the Trust.

The Trust has notification of 340 high risk addresses from the Metropolitan Police. This is an increase since last month.

Total LAR Entries
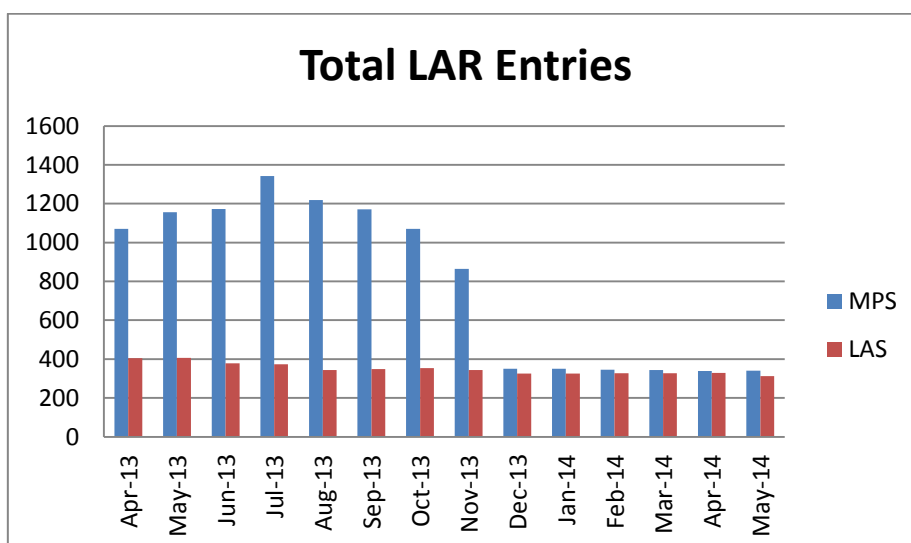
Demand Management Plan / Surge Plan

The Trust implemented the new Surge plan on 17th April 2014.

The purpose of The Surge Plan is similar to that of the former DMP. However, Surge looks at a greater number of parameters which indicate pressure across the wider London health systems. It aims 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.

Surge enables the LAS to prioritise calls with a higher MPDS triage category, and to ensure those patients with the most serious conditions or in greatest need continue to receive a response. The escalating stages of Surge (Green through to Black) reduces the response to lower call categories. The risk of this is mitigated by increasing clinical involvement in the Control Room as the levels increase, 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 Surge which is invoked.

In December, implementation of the Winter Working plan was invoked. This changed the way that DMP was recorded, and as such, the first reporting of DMP was at DMP D or above. Since the implementation of the winter working plan and until Surge was implemented, the total hours at DMP D had dramatically reduced. Since the implementation of Surge, the Trust has been working at Surge Amber; which is an equivalent within the Surge plan, to that of 'winter working'. However, April saw a sharp increase in the use of DMP D, and then Surge Red post implementation of Surge. May's use of Surge Red has significantly increased again, to levels not seen in many months. This rise was coupled with a period when the Trust was operating at REAP4.

DMP and Surge use December 2013 – May 2014

Month	Number of occasions DMP invoked	Stage B (hours)	Stage C (hours)	Stage D /Surge RED (hours)	Stage >D (hours)	Ambulances reprioritised
December	15	43.75 4 Winter Working		59.5	0	6395
January	2	Winter Working		13.5	0	5770
February	3	Winter Working		10.5	0	6272
March	2	Winter Working		4.25	0	6591
April	10	Winter Working / Surge Amber		36.25	0	7163
May	18	Surge Amber		112.25	0	7881

Comparison by Hours
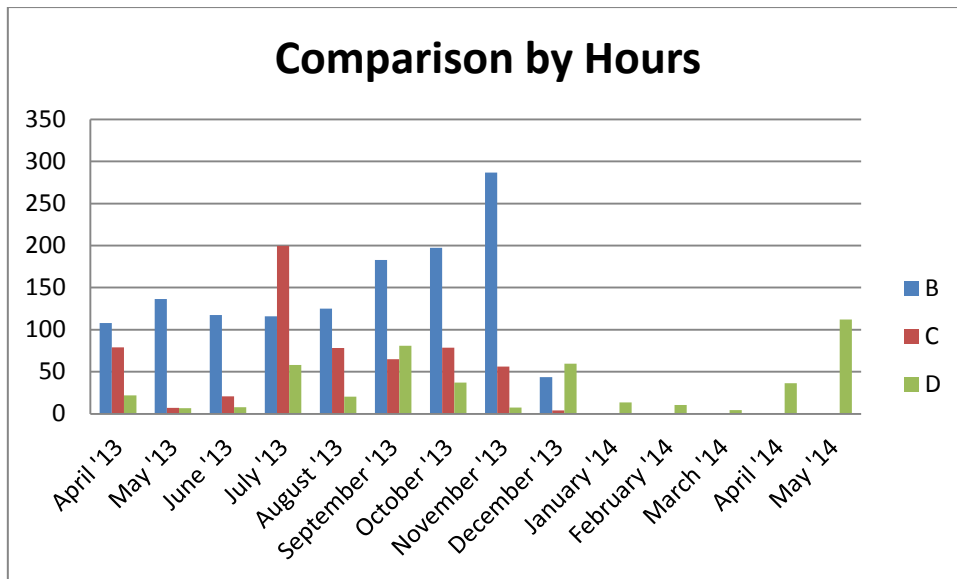
Prevention of Future Deaths Reports; Regulation 28 of The Coroners (Investigations) Regulations 2013

The Trust has not received any Regulation 28, Prevention of Future Death reports since the last report to Trust Board. The same applies to the other Trusts across the UK.

Infection Prevention & Control

There is no update since the last report to Trust Board

Domain 2 – Development and Practice

Medicines Management

There have been no mandatory reportable controlled drugs (CD) incidents since the last report to Trust Board. There have been no reported drug errors or MHRA Drug Alerts since the last report to Trust Board.
The next Medicines Management Group (MMG) meeting is scheduled for June 18th 2014.
The Chair of MMG is preparing a gating template for funds to start work with a consultancy company to provide solutions to drug asset tracking. The Head of Fleet and Logistics is also seeking a solution to asset tracking, so at SMT on 11th June it was suggested that the two "projects" join forces. It is apparent from information coming from the National Ambulance Pharmacy Advisors Group that bodies such as the MHRA, CQC, and the Home Office are looking to increase the scrutiny of medicines management across all health sectors over the coming years. The project group is working through the initial SMT stages of scrutiny in terms of the gating template.

Domain 3 - Effectiveness and Experience

Clinical Audit and Research

Cardiac

The Monthly Cardiac Arrest and ST-Elevation Myocardial Infarction Reports (Cardiac Care Pack) for April 2014 have been published. The full report is available on request.

Key Findings:
- Defibrillator data download rate remains low, at just more than 1% *
- 33% of cardiac arrest patients that had resuscitation commenced, gained and sustained ROSC (Return of Spontaneous Circulation) until arrival at hospital. This is a decrease of 1% on last month.
- 98% of the advanced airways placed during a cardiac arrest had end-tidal CO2 measured and recorded. 8 patients had no ETC02 noted and no printout of the waveform included with the PRF.
- 99% of STEMI patients attended by the LAS were transported to the most appropriate destination.
- Overall call to arrival at hospital time for STEMI remained at 67 minutes during April. The length of time on scene remains high at 42 minutes. Both of these figures are higher than expected.
- The number of patients receiving the full STEMI care bundle has increased to 76% in April.

* NB: From 5/5/14 the Advanced Paramedic Practitioners have been able to download data from LP15 and LP1000s, as the first change in implementing and testing the benefits of direct downloads and data review from cardiac arrests. It is hoped that the benefit of this will be visible over the coming months.

Stroke

The monthly Stroke report for April 2014 has been published. The full report is available on request.

Key Findings:
- 99.6% of FAST (face, arms, speech test) positive patients were transported to an appropriate destination. 4 patients were taken to an ED when they should have been conveyed to an HASU (Hyper Acute Stroke Unit).
- 95% of stroke patients received the full stroke care bundle from the LAS.
- Call to HASU time, for patients who were eligible for Thrombolysis increased. 64% of patients potentially eligible for thrombolysis arrived at a HASU within 60 minutes of their 999 call.

Joint Reponse Unit (JRU)

The Clinical Audit and Research Unit carried out an audit examining the care provided to patients by the Trust's Joint Response Unit. The JRU aims to address long waiting times for the Metropolitan Police Service for patients requiring assessment by the LAS. Calls are identified by requests from the police, suitable incoming 999 calls and through monitoring the police radio channel.

The clinical audit has confirmed that the initiative has reduced on-scene waiting times for MPS colleagues. It also identified some areas of good practice. However, there were also areas of concern, especially surrounding completing observations and completing full documentation.

The full audit report is available on request.

Serious Incidents

Serious Incidents are now reported via the SI dashboard under the umbrella of Corporate Governance.

Patient Experiences

COMPLAINTS

Complaint Volumes

The number of Complaints this month totalled 98, significantly higher than April (77) and March (66). Of the May cases, 50 related to delays (50%) with complaints about staff conduct remaining constant (22 against 20 in April).

Graph 1.   The following graph demonstrates the increase in complaints managed in 2013/14 (purple)

Comparison of complaints June 2010 to May 2014

	June	July	August	September	October	November	December	January	February	March	April	May
Complaints by month 2010/11	46	39	34	37	26	47	35	56	44	42	23	37
Complaints by month 2011/12	52	42	31	26	43	54	64	70	79	75	79	89
Complaints by month 2012/13	76	69	69	60	102	99	88	88	69	87	87	81
Complaints by month 2013/15	73	92	89	94	125	98	82	86	86	66	77	98

14 complaints involved other Trusts/agencies including 7 x Acute Trusts, 2 x NHS 111 providers + 2 about LAS 111, 1 involving a private ambulance company and 1 involving a voluntary agency.

1   case was referred to SIG (C8953 - outcome awaited)

Complaint Themes

Complaints relating to delay (50) and staff conduct (22) continue to be the main themes.

REAP was increased to Level 4 on 19 May and the correlation with complaints may be expected, with complaint volumes increasing again as the operational focus on performance returns to more familiar levels. May experienced the third busiest weekend for emergency calls (18/19 May). There was a 28% increase in calls over the weekend making the Sunday the sixth busiest day ever. London hosted the FA Cup final and the weather was unseasonably very warm.

Plans were put into place in anticipation of a possible influx of complaints following allegations that paramedics may have cheated in their final exams. Only one related complaint has been received. Patient Experiences were able to reassure them that the staff in question were not involved.

There has also been a noted increase in complaints (7) where the patient has challenged a safeguarding referral being made to the local authority.

Table 1 The following table shows the complaint subjects June 2013 to May 2014

Complaints by subject 2013 -2015	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Delay	29	38	30	50	53	41	38	22	29	24	33	50
Conduct	17	22	27	15	30	19	11	29	16	22	20	22
Road handling	8	15	12	9	10	8	9	8	12	7	8	9
Non-conveyance	6	5	5	7	8	11	10	10	11	7	5	5
Not our service	7	4	4	1	1	1	2	3	0	1	0	0
Treatment	3	4	4	5	13	11	6	12	13	4	8	7
Patient Injury or Damage to Property	0	3	0	1	4	2	1	2	0	0	1	0
Location Alert referral	0	1	3	1	2	2	1	0	0	0	0	1
Conveyance	2	0	4	2	3	1	2	0	3	2	1	1
Clinical Incident/Equipment	0	0	1	0	1	0	1	0	0	0	0	0
Assisting with external agency	0	0	0	2	0	2	0	0	0	0	0	0
Disputes safeguarding referral	1	0	0	1	0	0	1	0	2	0	1	2
Challenging paramedic	0	0	0	0	0	0	0	0	0	0	0	1

qualification												
Totals:	73	92	90	94	125	98	82	86	86	67	77	98

There has been one further Locality Alert Register complaint in May.

Case examples - cases closed in April/May 2014

Lost Property complaint

Concerns were raised by the patient's daughter that her mother's dentures were missing. This, as is the case in most of these type of complaints, highlights the need for staff to adhere to Trust policy and practice in using patient property bags. Compliance with this policy remains poor.

Call management

A complaint was received about the delay in dispatch of an ambulance. This complaint also highlighted concerns that the patient was instructed by the EMD to leave the door open pending the arrival of ambulance staff. The complainant was concerned that there was a risk to vulnerable people in doing this. Control Services governance group have again been asked to review the wording of the instruction.

Bank staff

Concerns were raised about the unhelpful manner of a member of staff working in a bank capacity. This has highlighted concerns around the governance and managerial supervision of such staff.

Performance/Quality

91 cases were closed in May. The availability of a QA Manager to the department has been extended until the end of June at 1 day per week (as opposed to 3 days previously). The impact of the reduction from 3 days to 1 day per week will be monitored.

Table 2 – closed complaints April 2013 to April 2014

2013/15	Number of closed complaints
April	94
May	92
June	80
July	95
August	54
September	102
October	85
November	74

December	114
January	75
February	95
March	127
April	71
May	91
Totals:	**1249**

As at 6 June, 170 complaints remain open or re-opened (compared to 136 on 8 May).

This increase reflects a spike in volumes and reduced staffing (one member of staff has left and another is on sickness absence). Proposals have been made to restructure the department with a fixed term contract and overtime being available (within existing budget whilst posts are being recruited) to manage the increase in demand.

Currently 41% of 'open' complaints are awaiting a QA report (compared to 28% at the same stage in April) and 12% operational input (15% in April). 15% await Executive Office sign off (against16% in February); this includes 3 'comeback' responses.

Closure rates for 2013/14 are set out in the table below. This evidences that cases are being closed more quickly.

Table 3 The following table extracts data from the above and demonstrates the number of complaints closed each month within the 35 day target:

Date	0-25	0-35	closed within 35 working days	Total complaints per month
2013 06	30	7	37	73
2013 07	34	7	41	92
2013 08	27	5	32	89
2013 09	20	4	24	94
2013 10	23	9	32	125
2013 11	17	9	26	98
2013 12	22	7	29	82
2014 01	16	23	39	86
2014 02	24	15	39	86

2014 03	24	14	38	67
2014 04	14	15	29	77
2014 05	16	0	16	98
Totals:	**267**	**115**	**382**	**1067**

It should be emphasised that a true reflection of response times cannot be calculated until the furthest timescale (i.e. 35 days working days have elapsed) = minimum of 23 June 2014.

'Comeback' Activity

Table 4   This table evidences the numbers of comeback enquiries.

Year	Numbers of comeback responses recorded
2009/10	9
2010/11	4
2011/12	12
2012/13	35
2013/14	60
2014/15	7
Totals:	**127**

2 recent cases where a 'comeback' response was received (C8687) involved a complainant who asked for further clarification of events leading to the delay in attending and another (C8734) where the complainant was a former member of staff who raised concerns about the inappropriate use of a Fast Response Car.

Health Service Ombudsman

Table 5   The following table presents cases referred by the Ombudsman 2013 - 15

Datix reference	Current status	Outcome
C7169	File requested 18 Oct 2013	Legal action being pursued by family via Legal Advice Centre -further correspondence 03/04/14
C7685	Referred back to PED following extra information made available	Further EOC details to PHSO - CD requested of 999 call 08 May 2014

C7771	File requested 23 Dec 2013	Further details requested by the Ombudsman including A&E Support code of practice
C7855	File requested 26/03/14	File sent 10/04/14 -CD of 999 calls provided 06/06/14
C7935	File requested by PHSO 23 January 2014	Further concerns raised by complainant- further response provided 25/05/14
C7938	File requested by HSO 26 Feb 2014	Acknowledged 03 March - file received
C8004	File requested by HSO 31 Oct 2013	Further details requested by the Ombudsman including 999 call tape - recommendations to EOC - closed 22/05/14
C8032	file requested by HSO 06 Dec 2013	Not upheld by Ombudsman - case closed 30/04/14
C8154	File requested by HSO 07 Feb 2014	File sent 21 May 2014
C8198	File requested by HSO 23/04/14	File sent 06 May 2014
C8229	File requested by HSO 30 Jan 2014	Not upheld by Ombudsman - case closed 22/05/14
C8233	File requested by HSO 21 Jan 2014	Not upheld by Ombudsman - case closed 05 June 2014
C8379	File requested 05 Feb 2014	File sent 17 Feb 2014

PALS

PALS specific enquiries were fewer in May (251 over 271 in April), possibly a reflection of the number of public holidays in May.

Average monthly PALS for 2013/14 = 287.

Currently there are 88 PALS cases remaining open, this includes medical records awaiting consent from the patient, cases awaiting QA reports and further supporting information.

Graph 2   The following graph highlights the numbers of PALS SPECIFIC enquiries by month June 2013 to May 2014

PALS specific enquiries recorded June 2013 to May 2014
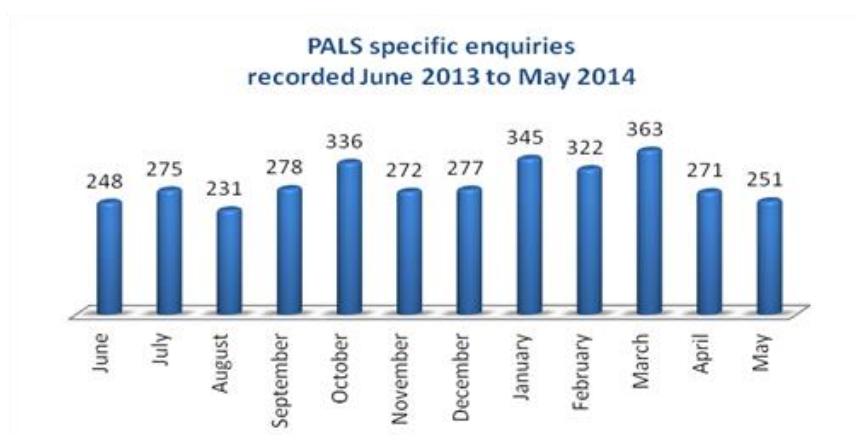
Table 6 Total PALS enquiries received in the past 6 years is as follows:

Financial Year	Total PALS
2008/09	5606
2009/10	5674
2010/11	6031
2011/12	6264
2012/13	5714
2013/14	6790
2014/15 (to May 2014)	1092
Totals:	**36079**

PALS Themes

Consistent themes as described above. Enquiries include signposting to other departments, policy and procedure requests and families seeking clarification of events.

Table 7 The following table breaks down the PALS specific enquiries in May 2014

Subject - April 2014	Number of enquiries
Information/Enquiries	176
Lost Property	29
Medical Records (patient request)	13
Other general	11
Appreciation	15
Safeguarding Adults/children	7
Totals:	**251**

Other

There is nothing else of note to report to Trust Board as part of this paper.

Fionna Moore   Steve Lennox   Mark Whitbread
Medical Director   Director of Nursing and Quality   Director of Paramedic
                                                                                   Education and Development

This page has been left blank

London Ambulance Service NHS

NHS Trust

LONDON AMBULANCE SERVICE
Trust Board

DATE: 24 JUNE 2014

PAPER FOR INFORMATION

Document Title:	**Finance Report: Month 2 (May) 2014/15**
Report Author(s):	**Andrew Grimshaw, Director of Finance and Performance**
Lead Director:	**Andrew Grimshaw, Director of Finance and Performance**
Contact Details:	
Why is this coming to the Trust Board?	**To update the Board on the Trust's financial performance**
This paper has been previously presented to:	☐Strategy Review and Planning Committee ☒Finance & Investment Committee ☐Quality Committee ☐ Audit Committee ☐ Clinical Quality Safety and Effectiveness Committee ☐ Risk Compliance and Assurance Group ☐ Learning from Experience Group ☐ Other
Recommendation for the Trust Board:	**The Trust Board is requested to note this paper.**
Executive Summary This paper provides a summary of the Trust's financial performance at month two. Performance is reported as being in line with plan although significant risks to overall financial performance have been identified.	
Key issues for the Trust Board To note the emerging risks to the financial plan especially potential performance penalties and the cost of maximising frontline staffing levels.	
Attachments Finance Report: Month 02 (May) 2014/15	

*

1

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 links to the following strategic risks:

☒ There is a risk that we fail to effectively fulfil care/safety responsibilities
☒ There is a risk that we cannot maintain and deliver the core service along with the performance expected
☒ There is a risk that we are unable to match financial resources with priorities
☒ There is a risk that our strategic direction and pace of innovation to achieve this are compromised

NHS Constitution
This paper supports the following principles that guide the NHS:

☐ 1. The NHS provides a comprehensive service, available to all
☐ 2. Access to NHS services is based on clinical need, not an individual's ability to pay
☐ 3. The NHS aspires to the highest standards of excellence and professionalism
☐ 4. NHS services must reflect the needs and preferences of patients, their families and their carers
☒ 5. The NHS works across organisational boundaries and in partnership with other organisations in the
☐ interest of patients, local communities and the wider population
☒ 6. The NHS is committed to providing best value for taxpayers' money and the most effective, fair and
sustainable use of finite resources.
☒ 7. The NHS is accountable to the public, communities and patients that it serves.

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?
☐ Yes
☒ No

Key issues from the assessment:

2

London Ambulance Service NHS Trust
Finance Report - Part 1 – 2014/15
Month 2: May

Trust Board – 24th June 2014

Andrew Grimshaw
Finance Director

Executive Summary

Financial Indicator	Summary Performance	Current month	Previous month
Surplus	In month the Trust is reporting on plan. YTD the Trust is on plan. However, the delivery of the target surplus is at risk given the current performance position and high use of overtime and private ambulances. The Trust has released some reserves and provisions into its position to mitigate partially the additional spend on frontline resource (overtime and PAS). The current level of spend cannot be maintained within the current financial plan. Current performance on Category A activity makes the Trust liable for penalties on both R1 and R2 activity.	**GREEN**	**GREEN**
Income	Income is £0.6m adverse in month and £0.3m adverse YTD. Income is £0.3m adverse due to planned income that the Trust is seeking to confirm (e.g. LETB funding) not yet secured and so not accrued. A small provision has also been made for Hospital Turnaround penalties based on current data.	**GREEN**	**GREEN**
Expenditure	In month spend is £0.6m favourable, YTD there is a favourable variance of £0.4m; these are both driven by pay underspends offset by the use of PAS and Overtime to cover frontline vacancies. Operational Pay is currently £1.0m adverse YTD when PAS and Incentives are included.	**GREEN**	**GREEN**
CIPs	Currently reporting on plan. Divisions are currently establishing detailed delivery plans to ensure risks are mitigated.	**GREEN**	**GREEN**
Balance Sheet	Overall no major concerns at this stage, There are a range of issues from the prior year final accounts audit which are acting to create variances from the 2014/15 balance sheet plan. These reflect issues that could not be forecast when the 2014/15 plan was set, for example land and buildings were revalued as at 31st March 2014 by the district valuer; the results of this could not be reflected in the 2014/15 plan.	**GREEN**	**GREEN**
Cashflow	Cash is £9.5m above plan. This is mainly due to an increase in trade and other creditors, decrease in debtors and lower than planned capital creditor from 2013/14. 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

Description	2014/15 - Month 2			Year to Date			FY 2013/14
	Budg	Act	Var	Budg	Act	Var	Budg
	£000	£000	£000 fav (adv)	£000	£000	£000 fav (adv)	£000
Dept Health							
Surplus / (Deficits)	(119)	(117)	2	(820)	(814)	5	3,050
EFL	(210)	(10,120)	9,910	(8,012)	(17,528)	9,516	3,692
CRL	0	20	20	0	115	115	21,900
Suppliers paid within 30 days - NHS	95%	78%	(17.0%)	95%	77%	(18.0%)	95%
Suppliers paid within 30 days - Non NHS	95%	92%	(3.0%)	95%	91%	(4.0%)	95%
Monitor							
EBITDA %	5.1%	5.3%	0.2%	4.0%	4.1%	0.2%	6.6%
EBITDA on plan	1,299	1,323	24	2,016	2,080	64	0
Net Surplus	(119)	(117)	2	(820)	(814)	5	3,050
Return on Assets	-0.17%	-0.14%	0.0 %	-0.17%	-0.14%	0.0 %	5.08%
Liquidity Days	0.50	0.51	0.0	0.50	0.51	0.0	0.52
Continuity of Service Risk Rating		4			4		4

Actual Cash at end of May 2014 vs Planned Cashflow

- In month on plan.
- Year to date on plan although there are ongoing pressures:
  - Recruitment and Retention of substantive staff and the cost of overtime and PAS (Private Ambulances) to cover the vacancies.
  - Transition to the revised operational model (modernisation)
  - Management of operational staff – especially relief factor
  - CIP delivery in some areas
- Cash is £9.5m above plan. This is mainly due to increase in trade and other creditors, decrease in debtors.
- The EFL variance is due to higher than planned cash balance .
- The Trust would expect to score a continuity of service risk rating of 4 against the current Monitor metrics.
- CRL position – Capex is currently on plan YTD

Statement of Comprehensive Income

2014/15 - Month 2			Description	Year to Date			FY 2014/15
Budg	Act	Var		Budg	Act	Var	Budg
£000	£000	£000		£000	£000	£000	£000
		fav/(adv)				fav/(adv)	
			Income				
22,106	21,831	(275)	Income from Activities	43,795	43,763	(32)	263,370
3,328	3,011	(317)	Other Operating Income	6,678	6,370	(308)	38,605
25,434	**24,842**	**(592)**	**Subtotal**	**50,472**	**50,133**	**(340)**	**301,976**
			Operating Expense				
18,247	17,847	401	Pay	36,652	36,085	567	214,061
5,887	5,672	215	Non Pay	11,804	11,968	(164)	67,849
24,135	**23,519**	**616**	**Subtotal**	**48,456**	**48,053**	**403**	**281,910**
1,299	**1,323**	**24**	**EBITDA**	**2,016**	**2,080**	**64**	**20,066**
5.1%	5.3%	-0.2%	**EBITDA margin**	4.0%	4.1%	-0.2%	6.6%
			Depreciation & Financial				
1,111	1,111	1	Depreciation	2,222	2,221	1	13,334
301	321	(20)	PDC Dividend	601	642	(41)	3,607
6	8	(2)	Interest	12	31	(19)	74
1,418	**1,440**	**(22)**	**Subtotal**	**2,836**	**2,894**	**(58)**	**17,016**
(119)	**(117)**	**2**	**Net Surplus/(Deficit)**	**(820)**	**(814)**	**5**	**3,050**
-0.5%	-0.5%	0.0%	**Net margin**	-1.6%	-1.6%	0.0%	1.0%

- The YTD is on plan (£0.8m deficit)

Income
- YTD £0.3m adverse from plan. Primary reasons are uncertainty in some income streams (e.g. LETB funding). The Trust has also made a small provision for Hospital Turnaround penalties.

Expenditure
- Overall £0.4m favourable primarily due to Pay underspends
- Pay is favourable by £0.6m due mainly to frontline vacancies offset by Overtime (Pay) and Private Ambulances (Non Pay).
- EMT has authorised additional spend across Quarter 1 to support performance. This has been funded through releasing reserves and provisions
- This level of spend cannot be maintained beyond Q1 within the scope of this plan.
- CIP is delivering on plan YTD but requires a significant increase to Month 6. Some Programmes will require further development

Depreciation and Financial
- Currently on plan. The depreciation plan is currently under review to finalise actual forecast outturn position. This will either be on plan or favourable to plan.

4

Divisional Expenditure (excludes Income)

2014/15 - Month 2			Description	Year to Date			FY 2014/15
Budg	Act	Var		Budg	Act	Var	Budg
£000	£000	£000		£000	£000	£000	£000
		fav/(adv)				fav/(adv)	
			Operational Divisions				
13,517	16,188	(2,671)	Core Frontline	27,185	29,010	(1,825)	157,507
814	708	105	Other Frontline	1,627	1,860	(233)	9,763
106	74	32	EPRR	211	356	(144)	1,267
214	(497)	711	Resource Centre	427	(19)	447	2,564
1,975	1,943	32	EOC	3,945	3,743	202	22,999
532	518	14	PTS	1,076	1,047	29	4,538
598	532	66	111 Project	1,195	1,039	156	7,173
17,755	**19,466**	**(1,711)**	**Subtotal**	**35,667**	**37,036**	**(1,368)**	**205,812**
			Support Services				
1,901	2,059	(158)	Fleet & Logistics	3,819	3,785	34	22,562
940	802	138	IM&T	1,880	1,766	114	11,081
324	285	39	HR	713	679	34	4,279
0	(1)	1	Education & Development	0	(1)	1	0
821	681	141	Estates	1,661	1,516	144	9,765
62	93	(31)	Support Services Management	72	93	(21)	432
4,047	**3,918**	**129**	**Subtotal**	**8,145**	**7,839**	**306**	**48,119**
			Corporate				
256	224	32	Chief Executive & Chair	499	443	56	2,810
241	243	(2)	Corporate Services	464	528	(64)	2,743
12	17	(5)	Business Development	24	35	(10)	146
74	61	13	Strategic Communication	147	129	18	1,034
217	124	93	Finance	434	408	26	2,599
138	117	21	Nursing & Quality	279	255	24	1,673
164	142	22	Transformation & Strategy	326	312	14	1,959
660	593	67	Clinical Education & Standards	1,128	1,004	125	6,971
107	85	22	Medical	216	169	48	1,264
1,867	**1,606**	**262**	**Subtotal**	**3,518**	**3,283**	**236**	**21,199**
			Central				
1,878	(29)	1,907	Central Corporate	3,951	2,777	1,174	23,712
7	(2)	9	Other Central Costs	14	14	0	84
1,885	**(31)**	**1,916**	**Subtotal**	**3,965**	**2,791**	**1,174**	**23,796**
25,555	**24,959**	**596**	**TOTAL**	**51,296**	**50,948**	**348**	**298,925**
25,436	24,842	-594	*Income Memorandum*	50,477	50,133	(344)	301,976
(119)	**(117)**	**2**	***NET POSITION MEMORANDUM***	**(820)**	**(815)**	**4**	**3,050**

Operational Divisions
- The main driver of performance is the Operational division; this represents 73% of total expenditure.
- Operations is currently overspent on budget but the additional spend has been planned for and agreed by EMT and mitigated through the release of reserves in Central corporate. The reporting of this spend will be reviewed before Month 3 reporting
- Operational Spend is under pressure due to on going high levels of activity, a shortage of substantive staff (leading to a reliance on Overtime and PAS) and transition to a revised operating model.
- Overtime has now been allocated out to individual stations in Ops. Previously this cost was held centrally in the Resource centre.
- EOC Underspends are primarily in the Clinical Hub.
- PTS is broadly on plan overall
- The 111 Programme is now included. 111 will report a small surplus as agreed with Commissioners
- 111 Cost offsets with income (other than by the agreed margin with Commissioners)

Support Services
- Support Services is in line with plan
- Support Services Management contains the Senior management costs for the identified Support Services Subdivisions

Corporate
- Overall Corporate divisions are broadly on plan
- Currently Corporate Service is overspent YTD due to agency costs exceeding vacancies and Staff & Public liability claims. The trust is currently reviewing the financial management processes around legal cases to mitigate the risk of large one off legal costs.

Central
- Central Corporate includes the Trusts planned and general reserves, financial charges, depreciation and other non divisional costs.
- The favourable variance YTD relates to the release of reserves to support additional front line resourcing. Additional resourcing is due to be scaled back from Month 3 and mitigated via the modernisation programme.

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

Statement of Financial Position: YTD

	Mar-14	Apr-14	May-14		May-14	
	Act	Act	Act	Plan	Var	%
	£000	£000	£000			
Non Current Assets						
Property, Plant & Equip	121,627	120,742	119,923	118,479	1,444	1.22%
Intangible Assets	12,296	12,088	11,881	11,904	(23)	-0.19%
Trade & Other Receivables	0	0	0	0	0	
Subtotal	133,923	132,830	131,804	130,383	1,421	1.03%
Current Assets						
Inventories	3,498	3,511	3,508	3,257	251	7.71%
Trade & Other Receivables	22,804	23,970	14,879	14,300	579	4.05%
Cash & cash equivalents	6,436	13,844	23,964	14,448	9,516	65.86%
Total Current Assets	32,738	41,325	42,351	32,005	10,346	77.62%
Total Assets	166,661	174,155	174,155	162,388	11,767	7.25%
Current Liabilities						
Trade and Other Payables	(22,840)	(31,932)	(31,939)	(28,547)	(3,392)	11.88%
Provisions	(4,750)	(4,750)	(4,750)	(1,272)	(3,478)	273.43%
Borrowings	0	0	0	0	0	
Working Capital Loan - DH	0	0	0	0	0	
Capital Investment Loan - DH	(1,244)	(1,244)	(1,244)	(1,244)	0	0.00%
Net Current Liabilities)	(28,834)	(37,926)	(37,933)	(31,063)	(6,870)	11.88%
Non Current Assets plus/less net current assets/Liabilities	137,827	136,229	136,222	131,325	4,897	89.50%
Non Current Liabilities						
Trade and Other Payables	0	0	0	0	0	
Provisions	(9,114)	(8,217)	(8,327)	(11,203)	2,876	-25.67%
Borrowings	(107)	(107)	(107)	(107)	0	0.00%
Working Capital Loan - DH	0	0	0	0	0	
Capital Investment Loan - DH	(3,099)	(3,099)	(3,099)	(3,099)	0	0.00%
Total Non Current Liabilities	(12,320)	(11,423)	(11,533)	(14,409)	2,876	0.00%
Total Assets Employed	125,507	124,806	124,689	116,916	7,773	90.53%
Financed by Taxpayers Equity						
Public Dividend Capital	62,516	62,516	62,516	62,516	0	0.00%
Retained Earnings	22,674	21,973	21,856	19,777	2,079	10.51%
Revaluation Reserve	40,736	40,736	40,736	35,042	5,694	16.25%
Other Reserves	(419)	(419)	(419)	(419)	0	0.00%
Total Taxpayers Equity	125,507	124,806	124,689	116,916	7,773	26.76%

A key issue driving the balance sheet variances is movement from the expected 2013/14 year end position used to inform the 2014/15 plan (forecast on the 2013/14 month 10 position) from the actual year end position. This is acting to increase variances from plan this year.

Non current assets
- Non current assets £131.8m, £1.4m favourable to plan.
- The favourable variance from plan in property, plant and equipment is related variances between the plan (set in February 2014) and the actual year end position. The main factors relate to the property revaluation exercise carried out at the year-end. Fixed assets increased by £7.7m. This increase was off-set by a £3.4m lower than planned capital spend and £2.9m higher than planned depreciation charge in 2013/14.

Current assets
- Current assets £42.4m. £10.3m favourable to plan
- Cash position as at May is £24.0m, this is £9.6m favourable to plan. This is due to a higher than planned creditor and provision balances and lower than planned 2013/14 capital creditor. In year capital spend is in expected to be limited YTD.
- Receivables (debtors) are £1.1m below plan, accrued Income £0.2m below plan and prepayments are £2.0m above plan. Debtors relates to improved recovery, while pre-payments relates to the 2013/14 year end being higher.

Current Liabilities
- Current liabilities £37.9m. £6.9m adverse to plan
- Current liabilities are higher than the plan value due to the reclassification of non-current liabilities to current liabilities requested during the 2013/14 final accounts audit. The Trust has a high volume of unapproved creditors, £3.4m. Current provisions are £3.5m higher than plan.

Non Current Liabilities
- Non current provisions are £2.9m lower than planned. This is due to a re-allocation of provisions between current and non-current requested as part of the 2013/14 audit.

Taxpayers Equity
- Total Taxpayers Equity £116.9m. £7.8m favourable
- The revaluation reserve and retained earnings increase is due to the property revaluation exercise carried out at the year-end. This information was not available and could not have been forecast at the time the planned was prepared.

Cashflow Statement YTD

	In Month Movement		YTD Move	YTD Plan	Var
	Apr-14	**May-14**	**May-14**	**May-14**	**May-14**
	Actual	Actual			
	£000	£000	£000	£000	£000
Opening Balance	6,436	13,844	**6,436**	**6,436**	**0**
Operating Surplus	742	1,327	2,069	2,016	53
(Increase)/decrease in current assets	(1,179)	9,094	7,915	5,125	2,790
Increase/(decrease) in current liabilities	9,547	(349)	9,198	5,225	3,973
Increase/(decrease) in provisions	(911)	95	(816)	(266)	(550)
Net cash inflow/(outflow) from operating activities	8,199	10,167	18,366	12,100	6,266
Cashflow inflow/outflow from operating activities	**8,199**	**10,167**	**18,366**	**12,100**	**6,266**
Returns on investments and servicing finance	(6)	4	(2)	6	(8)
Capital Expenditure	(785)	(51)	(836)	(4,094)	3,258
Dividend paid	0	0	0	0	0
Financing obtained	0	0	0	0	0
Financing repaid	0	0	0	0	0
Cashflow inflow/outflow from financing	**(791)**	**(47)**	**(838)**	**(4,088)**	**3,250**
Movement	7,408	10,120	17,528	8,012	9,516
Closing Cash Balance	**13,844**	**23,964**	**23,964**	**14,448**	**9,516**

The cash balance as at May 2014 is £24.0m, this is £9.6m above plan.

Current assets
- Variance on current assets is £2.8m.
- Current assets movement was higher than planned due to increase in prepayments £0.5m, increase in accrued income £2.9m and a decrease in debtors (£0.6m).

Current Liabilities
- Variance on current liabilities is £4.0m
- Current liabilities movement was higher than planned due to increase in trade & other creditors £0.7m and accruals £3.2m. The trust has a high volume of unapproved invoices. Deferred Income increase was £0.1m.

Provisions
- Variance on provisions is (£0.5m)
- The higher than planned decrease in provisions is due to movement on the general provision.

Capital Expenditure
- Variance on Capital Expenditure is £3.3m
- The lower than planned capital expenditure payments is due to slippage on the 2013/14 capital programme resulting in a lower than planned capital creditor from the previous year. The capital expenditure as at May 2014 is £0.1m.

This page has been left blank

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 24TH JUNE 2014

PAPER FOR APPROVAL

Document Title:	**2014/15 Business Plan**
Report Author(s):	**Karen Broughton, Director of Transformation and Strategy**
Lead Director:	**Karen Broughton, Director of Transformation and Strategy**
Contact Details:	**Karen.broughton@lond-amb.nhs.uk**
Why is this coming to the Trust Board?	**For approval**
This paper has been previously presented to:	☐ Strategy Review and Planning Committee ☒ Executive Management Team ☐ Quality Committee ☐ Audit Committee ☐ Clinical Quality Safety and Effectiveness Committee ☐ Risk Compliance and Assurance Group ☐ Learning from Experience Group ☐ Finance and Investment Committee ☐ Other:
Recommendation for the Trust Board:	**To approve the 2014/15 business plan**

Key issues and risks arising from this paper

Risks of failure to deliver will be identified through the BAF as outlined in the next steps.

Executive Summary

The Management Team have been working together to create the 2014/15 business plan. Recent EMT discussions, Away Days, strategy development and organisational challenges, have solidified our thinking on the organisation's top priorities and focus for the year ahead.

The business plan if phased throughout the year to ensure an even spread of activities throughout the year.

Next steps:

- Once agreed, the business plan priorities will be embedded in Directors objectives and cascaded throughout the organisation to ensure delivery
- The Board Assurance Framework will be revised to ensure risks to successful delivery of the business plan are identified and mitigated where possible

Attachments

LAS Business Plan 2013/14

****

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

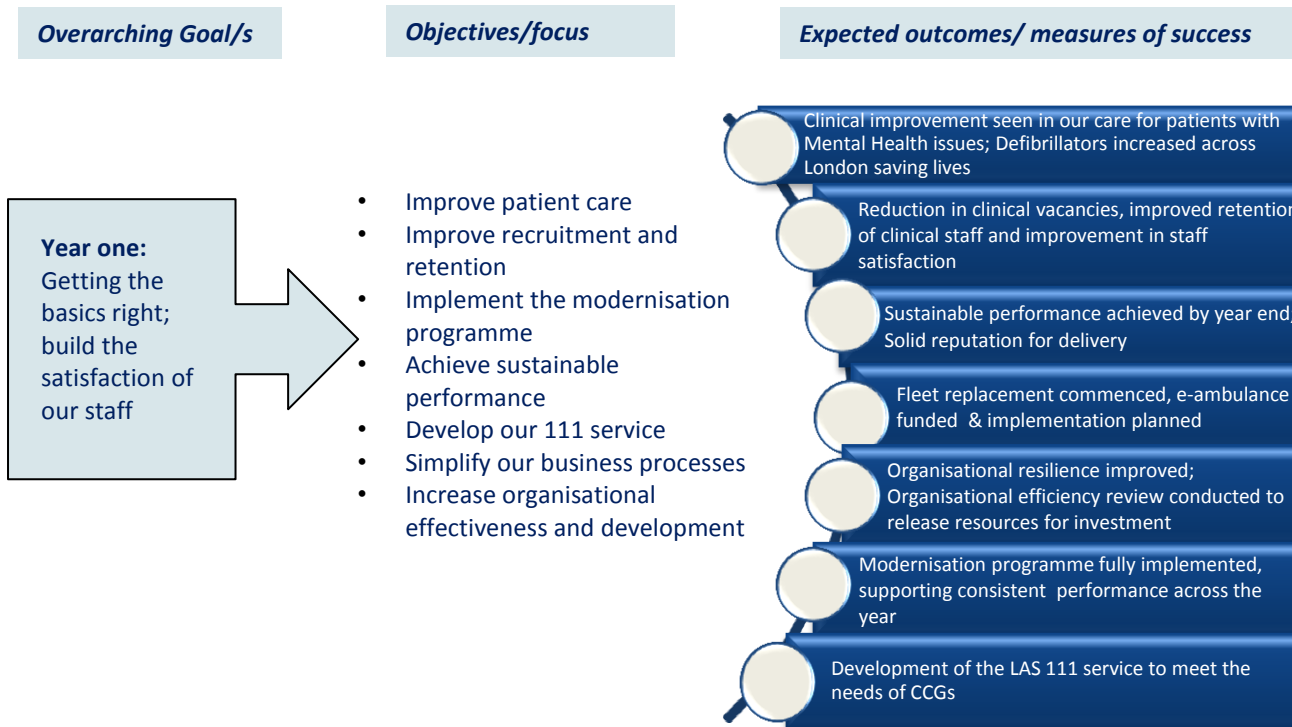**Equality Analysis**

Has an Equality Analysis been carried out?
☐ Yes
☒ No

Key issues from the assessment:

London Ambulance Service – Business Plan 2014/15

Clarity of focus

Clarity of leadership and governance

Our focus in 2014/15

Overarching Goal/s	Objectives/focus	Expected outcomes/ measures of success

Year one:
Getting the basics right; build the satisfaction of our staff

- Improve patient care
- Improve recruitment and retention
- Implement the modernisation programme
- Achieve sustainable performance
- Develop our 111 service
- Simplify our business processes
- Increase organisational effectiveness and development

Clinical improvement seen in our care for patients with Mental Health issues; Defibrillators increased across London saving lives

Reduction in clinical vacancies, improved retention of clinical staff and improvement in staff satisfaction

Sustainable performance achieved by year end; Solid reputation for delivery

Fleet replacement commenced, e-ambulance funded & implementation planned

Organisational resilience improved; Organisational efficiency review conducted to release resources for investment

Modernisation programme fully implemented, supporting consistent performance across the year

Development of the LAS 111 service to meet the needs of CCGs

Overarching business objective	Lead Director	Governing committee and assurance route to Board
Improve patient care	Steve Lennox	Quality Committee
Improve recruitment and retention	David Prince	EMT
Implement the modernisation programme	Jane Chalmers	Modernisation Programme Board
Achieve sustainable performance	Andrew Grimshaw	EMT and Finance and investment Committee (if reshaped to Finance and Performance?)
Simplify our business processes	Sandra Adams	EMT
Develop our 111 service	Karen Broughton	EMT
Increase organisational effectiveness and development	EMT	EMT

1. Improve Patient Care	Timeframe	Responsible (*The person who is ultimately responsible for delivering the project and/or task successfully*)	Accountable (*The one ultimately answerable for the correct and thorough completion; they are the person to whom "R" is accountable*)	Supportive (*The person or team of individuals who are needed to do the work to complete the task*)	Consulted (*Specialists who input, and add value; those whose buy in is essential*)	Informed *Those who need to be notified of results or actions taken but don't need to be involved in the decision making process*
Implement a Defibrillator Campaign across London to increase coverage and cardiac survival rates	Q1,2,3,4	Mike Evans	Ann Radmore	Richard Hunt Jason Killens Charlotte Gawne	Communications team Chris Huntley-Sharpe	EMT/Staff
Put in place a 2 year Mental Health Action Plan (2014/15 concentrating on understanding the issues and developing our staff)	Q3	Steve Lennox	Ann Radmore	Jason Killens Fionna Moore Mark Whitbread	Jason Killens Andrew Grimshaw Paul Woodrow EMT SMT	Staff
Review Patient Engagement activities and processes to strengthen the patient voice	Q2,3,4	Steve Lennox	Ann Radmore	Charlotte Gawne	Clinical Directors & Patients	EMT/Board
Undertake a "getting the basics right" campaign to support our Clinicians to do their jobs well	Q1,2	Mark Whitbread	Ann Radmore	David Prince Jason Killens Fioona Moore Steve Lennox	EMT SMT	Staff

2. Improve recruitment and Retention	Timeframe	Responsible (*The person who is ultimately responsible for delivering the project and/or task successfully*)	Accountable (*The one ultimately answerable for the correct and thorough completion; they are the person to whom "R" is accountable*)	Supportive (*The person or team of individuals who are needed to do the work to complete the task*)	Consulted (*Specialists who input, and add value; those whose buy in is essential*)	Informed *Those who need to be notified of results or actions taken but don't need to be involved in the decision making process*
Define Recruitment Strategy and develop plan to reduce clinical vacancies	Q1,2,3,4	David Prince	Ann Radmore	Charlotte Gawne Jason Killens	Mark Whitbread	EMT
Define Communications and Engagement Strategy (*Staff Engagement, Stakeholder Engagement, Patient Engagement)* and implement actions	Q1,2,3,4	Charlotte Gawne	Ann Radmore	Karen Broughton Jason Killens x 7 Fionna Moore Mark Whitbread Steve Lennox EMT	EMT	EMT
Define Retention Strategy and develop plan to reduce turnover rates	Q1,2,3,4	David Prince	Ann Radmore	Jason Killens Mark Whitbread Charlotte Gawne	EMT	SMT and staff
Review middle management priorities, investment and development to ensure focus and delivery	Q3,4	Karen Broughton	Ann Radmore	Jason Killen Mark Whitbread David Prince Andrew Grimshaw	EMT	SMT and managers

3. Implement the Modernisation programme	Timeframe	Responsible *(The person who is ultimately responsible for delivering the project and/or task successfully)*	Accountable *(The one ultimately answerable for the correct and thorough completion; they are the person to whom "R" is accountable)*	Supportive *(The person or team of individuals who are needed to do the work to complete the task)*	Consulted *(Specialists who input, and add value; those whose buy in is essential)*	Informed *Those who need to be notified of results or actions taken but don't need to be involved in the decision making process)*
Implement the new skill mix/response model	Q1,2	Jason Killens	Ann Radmore	Paul Woodrow David Prince Jane Chalmers Mark Whitbread Charlotte Gawne Fionna Moore	EMT/Staff/Trade Unions	SMT/Staff/Trade Unions
Roster Implementation	Q1,2,3	Jason Killens	Ann Radmore	Paul Woodrow David Prince Jane Chalmers	Andrew Grimshaw Karen Broughton EMT Trade Unions	SMT/Board/Staff
Annual leave, rest breaks, active areas cover finalisation and implementation	Q1,2,3	Jason Killens	Ann Radmore	Paul Woodrow Andrew Grimshaw David Prince Jane Chalmers	Trade Unions	EMT/SMT/Board/Staff

4. Achieve sustainable performance	Timescales	Responsible *(The person who is ultimately responsible for delivering the project and/or task successfully)*	Accountable *(The one ultimately answerable for the correct and thorough completion; they are the person to whom "R" is accountable)*	Supportive *(The person or team of individuals who are needed to do the work to complete the task)*	Consulted *(Specialists who input, and add value; those whose buy in is essential)*	Informed *Those who need to be notified of results or actions taken but don't need to be involved in the decision making process)*
Develop a new Fleet Strategy and put in place an Fleet and Logistics Asset Plan	Q2	David Prince	Ann Radmore	Andrew Grimshaw Jason Killens Paul Woodrow	Andrew Grimshaw Jason Killens Paul Woodrow	EMT
Deliver the business care for the E-Ambulance project and secure external funding	Q3/4	David Prince	Ann Radmore	Vic Wynn	Mark Whitbread Jason Killens Fionna Moore	EMT
Implement a Performance Framework across the service	Q1	Paul Woodrow	Ann Radmore	Jason Killens David Prince Fionna Moore Mark Whitbread	EMT SMT	EMT and SMT
Define 14/15 capacity plan and deliver actions to support sustainable performance	Q1,2	Paul Woodrow	Ann Radmore	Jason Killens Andrew Grimshaw Mark Whitbread David Prince	Jason Killens Andrew Grimshaw Mark Whitbread David Prince SMT	EMT and SMT

5. Simplify our business processes	Timescales	Responsible *(The person who is ultimately responsible for delivering the project and/or task successfully)*	Accountable *(The one ultimately answerable for the correct and thorough completion; they are the person to whom "R" is accountable)*	Supportive *(The person or team of individuals who are needed to do the work to complete the task)*	Consulted *(Specialists who input, and add value; those whose buy in is essential)*	Informed *Those who need to be notified of results or actions taken but don't need to be involved in the decision making process)*
Review and improve HR Processes and organisation	Q2,3,4	David Prince	Ann Radmore	Sandra Adams Tony Crabtree HR team	EMT	EMT
Review and improve governance structure, staffing and processes	Q2,3	Sandra Adams	Ann Radmore	Fionna Moore Mark Whitbread Steve Lennox	Governance teams EMT	SMT
Review and simplify appraisal/PDR	Q4	Karen Broughton	Ann Radmore	EMT members	OD team SMT	Staff
Review and simplify procurement processes	Q4	Andrew Grimshaw	Ann Radmore	Procurement	Managers EMT	Managers

6. Develop our 111 service	Timescales	Responsible (*The person who is ultimately responsible for delivering the project and/or task successfully*)	Accountable (*The one ultimately answerable for the correct and thorough completion; they are the person to whom "R" is accountable*)	Supportive (*The person or team of individuals who are needed to do the work to complete the task*)	Consulted (*Specialists who input, and add value; those whose buy in is essential*)	Informed *Those who need to be notified of results or actions taken but don't need to be involved in the decision making process*
Define the future 111 business model and bid for new services	Q2,3,4	Karen Broughton	Ann Radmore	Mike Evans Andrew Grimshaw Karen Broughton Jason Killens Charlotte Gawne	EMT	EMT
Develop our current 111 Service to meet the needs of SEL CCGs	Q2,3,4	Jason Killens	Ann Radmore	Mike Evans Andrew Grimshaw Fionna Moore Karen Broughton	Clinicians David Prince	EMT

7. Increase organisational effectiveness and development	Timescales	Responsible (*The person who is ultimately responsible for delivering the project and/or task successfully*)	Accountable (*The one ultimately answerable for the correct and thorough completion; they are the person to whom "R" is accountable*)	Supportive (*The person or team of individuals who are needed to do the work to complete the task*)	Consulted (*Specialists who input, and add value; those whose buy in is essential*)	Informed *Those who need to be notified of results or actions taken but don't need to be involved in the decision making process*
Develop the solution for a sustainable clinical triage IT system (MPDS/Pathways)	Q3	David Prince	Ann Radmore	David Prince Jason Killens Fionna Moore	SMT Jason Killens	EMT/Staff
Review the utilisation and effectiveness of our IT provision to improve resilience	Q2	David Prince	Ann Radmore	Paul Woodrow Jason Killens	EMT	EMT
Progress a successful FT application	Q2,3,4	Sandra Adams	Ann Radmore	Karen Broughton Andrew Grimshaw Steve Lennox Charlotte Gawne	EMT	EMT/NEDs
Create the Trust's 5 Year Strategy and 2 Year Operating Plan	Q1	Karen Broughton	Ann Radmore	All Directors; Senior Managers	Members of: F&I Committee; Committee; Quality Committee; NEDs; Stakeholders; Commissioners	Staff
Develop an Organisational Development (OD) plan and programmes to support delivery of the 5 year strategy	Q3	Karen Broughton	Ann Radmore	OD team	EMT and SMT	Managers and staff
Implement new PTS service for the Royal Free (if successful with Royal	Q2	Jason Killens	Ann Radmore	Nic Daw	Andrew Grimshaw	EMT SMT

Free tender)						
Define future PTS Strategy (if unsuccessful with Royal Free tender)	Q2	Mike Evans	Ann Radmore	Andrew Grimshaw Fionna Moore Jason Killens Steve Lennox	SMT/EMT	EMT
Review existing directorate structures to ensure fitness for purpose, undertaking restructures where required	Q2, 3	Jason Killens Corporate Directors	Ann Radmore	David Prince and HR team	SMT	EMT
Develop service line reporting and accounting	Q3	Andrew Grimshaw	Ann Radmore	Finance team	EMT	SMT and Managers
Define and deliver an organisational-wide efficiency programme	Q1,2	Andrew Grimshaw	Ann Radmore	Jason Killens Karen Broughton Paul Woodrow Fionna Moore Mark Whitbread Identified members of SM	EMT	SMT
Deliver an organisational wide cost improvement programme	Q1, 2, 3, 4	Andrew Grimshaw	Ann Radmore	EMT	SMT	Managers

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 24 JUNE 2014

PAPER FOR REVIEW AND APPROVE

Document Title:	**Report to London Ambulance Service (LAS) NHS Trust Board on the Technical and Clinical Findings following a review of the Information Technology(IT) Failures Experienced by the LAS Emergency Operations Room (EOC) on 25th and 26th December 2013**
Report Author(s):	**Jane Chalmers**
Lead Director:	**Ann Radmore**
Contact Details:	**Jane.Chalmers@lond-amb.nhs.uk**
Why is this coming to the Trust Board?	**To review and approve**
This paper has been previously presented to:	☐ Strategy Review and Planning Committee ☐ Executive Management Team ☐ Quality Committee ☐ Audit Committee ☐ Clinical Quality Safety and Effectiveness Committee ☐ Risk Compliance and Assurance Group ☐ Learning from Experience Group ☐ Finance and Investment Committee ☐ Other:
Recommendation for the Trust Board:	**To review and approve**
Key issues and risks arising from this paper	
Executive Summary This report provides a consolidated view of the technical and clinical findings following a review of the Information Technology failures experienced by the London Ambulance Service (LAS) Emergency Operations Centres (EOC) on 25th and 26th December 2013.	
Attachments Report to London Ambulance Service (LAS) NHS Trust Board on the Technical and Clinical Findings following a review of the Information Technology(IT) Failures Experienced by the LAS Emergency Operations Room (EOC) on 25th and 26th December 2013	

Quality Strategy

This paper supports the following domains of the quality strategy

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

LAS Strategic Goals and Priorities

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

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

2013/14 Priorities
☐ Modernisation Programme
☐ Communication and Engagement
☒ Sustain performance to ensure safe service to patients
☐ Building sustainable financial position for 14/15 and beyond

Risk Implications

This paper supports the mitigation of the following strategic risks:

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

Equality Analysis

Has an Equality Analysis been carried out?
☐ Yes for each constituent project
☒ No

Key issues from the assessment: N/A

REPORT TO LONDON AMBULANCE SERVICE (LAS) NHS TRUST BOARD ON THE TECHNICAL AND CLINICAL FINDINGS FOLLOWING A REVIEW OF THE INFORMATION TECHNOLOGY (IT) FAILURES EXPERIENCED BY THE LAS EMERGENCY OPERATIONS ROOM (EOC) ON 25TH AND 26TH DECEMBER 2013

1. This report provides a consolidated view of the technical and clinical findings following a review of the IT failures experienced by the London Ambulance Service (LAS) Emergency Operations Centres (EOC) on 25th and 26th December 2013.

2. The technical and clinical reviews were established with the aim of:
   - Technical - to determine the sequence of events, identify what contributed to the outages and identify what lessons can be learnt to support the technical architecture, operational processes and any future implementation.
   - Clinical - To quantify the clinical and reputational risk to both patients and the organisation.

3. The incidents encompassed by the reviews are:
   - CommandPoint™ Computer Aided Disptach (CPCAD) database outage 25th December at 16:28
   - CAD ancillary systems outage due to power loss 26th December at 03:22

4. An overview of the individual reports is below The key findings are as follows:

   - The first incident (25th December) was preventable had there been more robust system monitoring in place
     - More robust service management processes have been put in place and work continues to further mitigate against a re-occurrence
   - The data centre arrangements are very complex and the architecture which supports them had therefore multiple points of potential failure
     - An external review of the systems and architecture has been completed. Findings are being reviewed and actions are to be documented as part of a strategic IM&T action plan and managed as part of Business as Usual. Relevant actions will be documented and incorporated into the 'New Control Room' Projects
   - The paper based system which the EOC uses during IT failures is routinely tested but not necessarily by all watches
     - Regular testing now takes place by each watch
   - There was variance between EOC watches in the level of training for paper operations and between EOC watches and front line staff in their understanding of the paper based process
     - Regular refresher training has now been put in place for all watches and for front line staff
   - Two serious incidents have been declared as a result of the IT failures, one relating to the CommandPoint failure on day 1 and one relating to the ancillary systems failure on day 2. The Medical Directorate is also aware of 2 complaints from patients relating to delays during the EOC CAD Outage but has received no feedback highlighting clinical concern from LAS frontline crews, hospitals or other partner providers (eg NHS 111) or Control services staff

1

Technical Report

5. Incident 1 – Command Point database outage

On Wednesday December 25th at 16:29 both Waterloo and Bow Emergency Operations Centres (EOC) experienced an unplanned outage of the CommandPoint™ Computer Aided Dispatch (CPCAD) system. Control Services Business Continuity procedure Operating Procedure (OP) 66[1] was invoked and both rooms reverted to paper operations. An internal major incident was declared by LAS Operations at 17:50.

The root cause was attributed to the failure of the CPCAD system itself, specifically the underlying Oracle database. The incident was reported to Third Party supplier Northrop Grumman (NG) at 17:09 and investigated by engineers in the USA.

It was discovered that a file cache (Oracle Flash Recovery) had run out of space (reached its configured capacity limit); it was evident that this was caused by a preceding failure of the scheduled process which purges old data. It is understood the first occurrence of this was on the 3rd December.

Full return to CAD operations occurred at 00.06

6. Incident 2 - Waterloo Data Centre rack power outage

On Thursday December 26th at 03:22 both HQ and Bow EOC experienced disruption of services, with both EOCs reverting to paper operations.

This was as a result of a sudden failure of a number of ancillary services associated with CommandPoint™ including the ProQA triage system, the Compass gazetteer and communications with MDT. These ancillary systems are linked to CommandPoint™ through software interfaces.

Loss of these services did not cause CommandPoint™ itself to fail.

Investigations have identified that a single equipment rack in the Waterloo Data Centre suffered a power disruption which led to servers and network equipment mounted in that rack failing.

Operating Procedure 68 (OP 68) describes operating procedures that allow Control Room staff to process calls on CommandPoint, albeit at reduced efficiency, when ancillary systems are not available. In this instance of multiple failures and as a result of an initial lack of clarity of what was occurring, OP68 was not invoked and the room reverted to paper operations (OP66)

---

[1] Note 1 at rear of document provides a brief on OP66

2

The power interruption to the rack was as a result of a power breaker within the Data Centre power board tripping. The power was restored by the 24/7 Duty Engineer reinstating the tripped breaker.

The technical failure was resolved at 04:45 with call taking re-commencing on CommandPoint™ at 06:34.

7. The conclusions of the technical review are as follows:

- The first incident (on 25th December) should have been preventable had there been more robust system monitoring in place. More robust service management processes have subsequently been implemented.
- The OP66 (paper operations) telephony solution implemented, whilst effective for the running of the incidents was prone to users logging into the wrong group and it is complex to revert back to normal operations when under a high workload. Although the operation of the existing OP66 telephony process has been reinforced, an improved technical approach to the OP66 telephony has been designed, and subject to further scrutiny will be implemented.
- A significant factor in the second incident (26th December) was that the rack of equipment which was impacted, in terms of electrical power, was close to its rated power breaker current limit. The absolute root cause of the breaker tripping has not been and cannot be identified; however initial mitigations to this known vulnerability and onward improvements have been recommended.
- The second incident could have been recovered sooner had more effective system monitoring services been implemented.
- There is no clear evidence that the two incidents were linked. The team cannot rule out any possibility of a link, however, there is no concrete evidence of one.
- The data centre arrangements are very complex and the architecture which supports them had therefore multiple points of potential failure. An external review of IM&T services was commissioned to look into this.

Based upon the conclusions of the technical report detailed action plans relating to each incident were produced. These action plans can be found at Appendix 1

Clinical Report

8. A clinical review was conducted to quantify the clinical and reputational risk to both patients and the organisation as a result of the incidents on 25 and 26 December.

9. The systematic clinical review showed that some patients waited too long for an ambulance; in particular some patients with non life-threatening conditions where we recognise these patients may have been in distress and pain. There is good evidence that the additional clinical presence, provided by registered clinicians in the Clinical Hub (CHUB) based in the Control Room, assisted in correctly identifying and managing any deterioration in clinical condition in some of those calls awaiting dispatch of a response and provided appropriate clinical advice and upgrades were made to call category where appropriate. Clinical advice was also sought from Gold Doctor and the Senior Clinical on call clinician who were

3

present at Waterloo HQ. Patients who were, following Medical Priority Dispatch System (MPDS) triage, identified as low acuity continued to be advised to call NHS 111 for further clinical assessment. To minimise delays for the most seriously sick or injured patients calling 999 the Service declared an Internal Major Incident and the Demand Management Policy was invoked at level D. In addition priority continued to be given to vulnerable patient groups – such as patients aged less than 5 years or over 69 years, mental health patients and calls with safeguarding concerns.

10. Two serious incidents have been declared as a result of the IT failures, one relating to the CommandPoint failure on day 1 and one relating to the ancillary systems failure on day 2. The Medical Directorate is also aware of 2 complaints from patients relating to delays during the EOC CAD Outage but has received no feedback highlighting clinical concern from LAS frontline crews, hospitals or other partner providers (e.g. NHS 111) or Control services staff

11. It has been identified that regular refresher training for both EOC and front-line operational staff is required to ensure they are familiar with the processes when EOC is working on paper. This will help to mitigate clinical risk in future CAD Outages.

12. As a result of the Clinical Review the following recommendations have been made

- Regular refresher training needs to take place for EOC and front-line operational crews to ensure they are familiar with the processes when EOC is working on paper – EOC depend on information for the crews
- Laminated cards need to be provided as an aide-memoire to EOC staff to ensure they are clear on the minimum fields on the Crew Report Forms (CRF) which need to be completed (action complete).
- The watch management team on duty at the time of the fall-back should be responsible for auditing the quality of the CRFs being completed to provide real-time feedback and therefore real-time improvement to prevent any further problems.
- The CRF unique identifier should be added to the call log instead of adding a CAD number after the event. This would prevent calls being tied up incorrectly and would reduce the amount of work/manual entering required following a fall-back test or system failure.
- When the front-line operational resources are passed details of an incident this must include the unique identifier on the CRF – the crew will then use this as their CAD number and this will enable correlation of paperwork after the incident.
- There is a period of time when EOC transfers from paper back to CommandPoint, that the remaining paper calls are typed into the system. The time that the call is typed into the system is then logged as the call start time and not the actual call start time noted on the CRF. A solution needs to be found for this problem to prevent misreporting and to ensure that a search on 'call start time' would find the call.
- Cancellation times should be recorded on the CRFs so that delays can be correctly reviewed.

4

- Training needs to be provided to educate LAS staff about the significance and actions to be taken for an Internal Major Incident.
- As LAS emergency control is split across two sites, calls may be taken in one control room and need despatching from the other control room. A clear method of how calls are passed between each control room needs to be agreed and tested to avoid delays.
- The CHUB need to log the calls that they have reviewed or had a clinical impact on so that their decision making can be reviewed and quality assured. The CHUB should keep a paper log of the CRF numbers that they have reviewed with comments if required.

Based upon the recommendations of the clinical review an action plan has been produced. The action plan can be found at Appendix 2.

Summary

13. This report provided a summary view of the reviews (both technical and clinical) which were conducted into the IT failures experienced by the London Ambulance Service (LAS) Emergency Operations Centres (EOC) on 25th and 26th December 2013.

14. The key points arising from the reviews are as follows:

- The first incident (25th December) was preventable had there been more robust system monitoring in place
    - More robust service management processes have been out in place an work continues to further mitigate against a re-occurrence
- The data centre arrangements are very complex and the architecture which supports them had therefore multiple points of potential failure
    - An external review of the systems and architecture has been completed. Findings are being reviewed and actions are to be documented as part of a strategic IM&T action plan and managed as part of Business as Usual. Relevant actions will be documented and incorporated into the 'New Control Room' Projects
- The paper based system which the EOC uses during IT failures is routinely tested but not necessarily by all watches
    - Regular testing now takes place
- There was variance between EOC watches in the level of training and between EOC watches and front line staff understanding of the paper based process
    - Regular refresher training has now been put in place for all watches and for front line staff

Detailed action plans have been put in place and there will be regular reports to the Board on progress against them.

5

Technical Review Action Plans

Ref	Action	Comments	Status
5 - Follow on actions 1 (investigation)			
1	**Implement Daily Checking**	**Until automated alerting is robustly implemented for this parameter, daily checking is to continue where manual scripts are run against the cache file, which return the percentage used/available. In the event of the cache file reaching 80% capacity (as per industry best practice), LAS IM&T with support from NG will proactively intervene to ensure that Service is not disrupted. The LAS will be looking for an update on automation at a joint meeting scheduled on the 22nd January 2014.** **The CAD System Manager/Database Administrator performs daily checks, which are now incorporated as part of business as usual actions.** **The Oracle Flash Recovery space has remained stable at c25% utilisation with no further issues reported.**	**Complete**
2	**Review feedback and acceptance of NG RCA.**	**NG carried out investigation and provided a Root Cause Analysis report which identified why the Oracle Flash Recovery space was consumed.** **The cause of the previous failing on 3rd December, which led to this, cannot be identified, as a result no further investigation has taken place.**	**Complete**
3	**Review system housekeeping and responsibilities**	**The scheduled meeting was held and well attended by NG & LAS technical staff and management.** **The outcome was essentially improved understanding of respective system support responsibilities.**	**Complete**

6

4	Add critical Oracle parameters to monitoring/alerting	Whilst discussed, NG did not commit to making additions to the HP OpenManage monitoring/alerting regime. However, LAS has recently re-contracted with Oracle and now have included Oracle's own Tuning & Diagnostic utilities have been implemented to specifically monitor this critical area. The procurement of the product is complete, and implementation is currently in-progress.	On-Going
5.1 - Follow on actions 1 (report)			
5	Improve automated monitoring and system administration	The team are to review and improve (as necessary) automated monitoring and system administration procedures. A review of monitoring and system/database administrative procedures and tasks undertaken by the CAD Support Team has been undertaken and improvements implemented particularly with regard to backup tape management.	**Complete**
6	Improve OP66 Telephony solution	Since the analysis of the technical telephony logs which shows that for significant periods, some staff at Bow were logged into the incorrect group, an action card set has been produced for Control Room Managers to minimise the risk of staff logging into the incorrect group. This includes monitoring of the Call management system for both OP66 operation and cutback. Technical meetings/workshops have taken place to document and investigate a revision of the LAS Control Services OP66 operation, key requirements being: • EOC Management to manually invoke OP66 Telephony 999 call routing • Geographic routing of 999 calls via logging into OP66 Telephony call group The requirements above will address the following issues experienced over Christmas:	**On-Going** **Planned Implementation Date: 24th June 2014**

7

		• Minimising the risk of mis-routed calls by removing the dependency of Call-Takers having to manually log into the OP66 Telephony group on an individual basis, to trigger the 999 call routing split • Minimising the risk of prolonged delays in answering held calls, by providing EOC Management with the functionality to manually revoke OP66 Telephony, with all holding calls being represented to the next available call-taker (at both sites) Routing via extension numbers is not available due to the limitations of the current version of the Avaya Software. This will be revisited once upgraded to further enhance the OP66 Telephony process.	
5.2 - Follow on actions 2 (investigation)			
7	**Carry out data centre power audit**	**A full data Centre power audit of the HQ Data Centre has taken place using the IM&T and LAS Estates electrical Contractor** **This has revealed that the rack of equipment which was impacted, in terms of electrical power, was close to its rated power breaker current limit. This is not ideal and is likely to be a significant element of the true root cause.** **As a mitigation, a plan has been developed to upgrade the breaker from 10A to 16A (covered under action 9).** **This analysis has also presented some other concerns and mitigating these and the difficulty in scheduling downtime and flexing within the DataCentre is further explored in the "Data Centre Environment" section and will be considered by the external review of IM&T.**	**Complete**
8	**Ensure the Duty engineers have up-to-date rack location information**	**The rack diagrams have been reviewed, refreshed and resubmitted to the Duty Engineers. A paper copy is kept within the local datacentre site, and relevant documentation has been**	**Completed**

8

		pinned to the Racks to improve the Duty Engineer response in the event of any data centre issues.	
9	Replace the breaker	Critical Rack breaker has been upgraded from 10amps to 16amps. Actioned on the 11th June 2014	**Complete**
10	Implement 'ATS' power switches for single supply devices	It has been recommended that IM&T introduce local rack power switching technology (known as ATS) in critical racks to improve the continuity, monitoring, and management of power supplies within the racks. An order has been placed to procure and deploy an up to date and cost effective power switch that will maintain rack power from two supplies and will provide an enabler to detect the severity of a power fault and immediately report this to the most appropriate source. This solution was implemented for the Critical Racks on the 11th June 2014	**Complete**
11	Confirm how the Main UPS detects power events	The Estates Department have confirmed that the Main UPS does not record instantaneous power events. This is due to the nature of the power feed coming into the building. The UPS will note interruptions of more than 9 secs.	**Completed**
5.3 - Follow on actions 2 (investigation)			
12	Audit current architecture	External Audit completed by PA Consulting. Findings are being reviewed and actions are to be documented as part of a strategic IM&T action plan and managed as part of BAU. Relevant actions will be documented and incorporated into the 'New Control Room' Projects	On-Going
13	Implement power switches for single supply devices	Duplicate of 10	**Closed**
14	Ensure the Duty engineers have up-to-date rack location information	Duplicate of 8	**Closed**
15	Ensure the 24/7 Duty Engineer is familiar	The systems team now use a pre-defined distribution group to notify	**Completed**

9

| | | the recipients of any rack changes. This group incorporates service delivery, estates and the Duty engineer.

A local copy has also be printed and secured within the local Datacentre | |
|---|---|---|---|
| 16 | **Ensure On Call Systems engineers have an up to date information** | **On Call Systems engineers have an up to date copy of the rack diagrams available within their own crash kit.** | **Completed** |
| 17 | **Locate the Duty Engineer in EOC** | **Arrangements have been made to locate the 24/7 Duty Engineer in HQ EOC as their normal place of work.**

They are currently working from the East Area Controller desk, and have all necessary tools to perform their duties.

There is a strategic action placed on the Control Services Change Board (CSCB) to move the entire Duty Engineer team from the HQ Basement, to the 'Projector Room' next to the HQ – Call-Taking area. | **Completed** |
| **Overall Recommendations** | | | |
| 18 | **Implementation of SCM** | **The Trust look to justify and fund the proposed improved monitoring system for servers and Data Centre power.**

Funding for this Recommendation/Service Improvement has been escalated to the Director of Finance. | **On-Going** |
| 19 | **Implement Call Logger Printing Improvements** | **Revised request for change (RFC 29) has been submitted to NG, and IM&T are awaiting the revised estimated cost from NG. This is due week commencing 16/06/14.** | **In-Progress** |
| 20 | **External Audit –**

The Trust conduct a review of the CAD architecture, focusing on resilience, complexity and sustainability | **Duplicate of 12** | **Closed** |
| 21 | **External Audit –** | **Duplicate of 12** | **Closed** |

10

	The Trust conduct a review of the suitability of the Trust's Data centres		
22	External Audit – The Trust conduct a review of IM&T service management capability & capacity	Duplicate of 12	Closed
23	New Control Room Project	The risks identified by the Christmas Outage and the PA consulting report have been incorporated into the Project brief, so that the lessons learnt are considered/implemented by the Project Board.	On-Going

11

CLINICAL REVIEW ACTION PLAN

	RECOMMENDATION	STATUS	COMMENT
1	Recommend regular refresher training for EOC and front-line crews to ensure familiarity with processes of EOC working on paper.	On going	Hard copies of CRF's with full completion examples are provided at Bow and Waterloo - currently being utilised for training and refresher.
		In train	Watch management teams are to ensure that an auditable process exists for training of staff in both OP66 and 68, this is part of their yearly objectives.
2	Laminated cards need to be provided as an aide-memoire to EOC staff to ensure they are clear on the minimum fields on the CRF which need to be completed.	On going	Hard copies of CRF's with full completion examples are provided at Bow and Waterloo - currently being utilised for training and refresher.
3	The watch management team on duty at the time of the fall-back should be responsible for the real-time auditing of CRFs to provide real time feedback and therefore real time improvement.	On going	Training Officers available to support this (and will always be offered to support)
		Complete	Ahead of the planned take-down T/O's visited all Teams to ensure they were prepared for Paper operations and clarified the documentation of paperwork.
		Complete	Area Controllers were tasked with this role on the last planned take down.

12

4	The CRF unique identifier should be added to the call log instead of adding a CAD number after the event. This would prevent calls being tied up incorrectly and reduce the amount of manual entering required following a fall-back test of system failure.	Outstanding	This will be placed in the OP for Paper Operations and added to all future training.
		Outstanding	It is not possible to enter a CAD number retrospectively -however, it is possible to create a specific log entry with a unique identifier which MI should be able to extract and cross reference to a newly created CAD.
5	The unique identifier on the CRF must be passed on to operational crews - they will then use this as their CAD number enabling correlation of paperwork after the incident.	Outstanding	VCS have not previously recorded this.
		Complete	Staff are trained in Dispatch, Radio and Allocating courses to carry this out at all times when on paper.
		Outstanding	Possible reminder included in the event plan.
6	As EOC transfers from paper back to CommandPoint the remaining paper calls are typed into the system. This logs the time the call is typed in, and not the call start time as noted on the CRF. A solution is needed to prevent misreporting and ensuring a call log search on 'call start time' would find the call.	Outstanding	A retrospective entry time can be entered in an Event in CP, however, this entry process is more convoluted than the standard and would require specific training. The process would need to be defined and included in the OP66 actions, where roles and responsibilities would need to be defined.

13

7	Cancellation times should be recorded on the CRFs so that delays can be correctly viewed.	Complete	This has been trained to be carried out. Also the Paper Operations folder contains the laminated CRF's with the full explanation on all options for cancellations.
8	Training needs to be provided to educate LAS staff about the significance and actions to be taken for an Internal Major Incident.	On going	A series of training is now in place for 2014/15.
9	As LAS emergency control if split across two sites, calls may be taken in one control room and need despatching from the other control room. A clear method of how calls are passed between each control room needs to be agreed and tested to avoid delays.	Complete	The fax machines installed post-Christmas are tested on a regular basis.
10	The CHUB need to log the calls that they have reviewed or had a clinical impact on so that their decision making can be reviewed and quality assured. The CHUB should keep a paper log of the CRF numbers that they have reviewed with comments if required.	Complete	Excel log created by the CHUB during paper operations.

14

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 24 JUNE 2014

PAPER FOR INFORMATION

Document Title:	**Modernisation Programme Update**
Report Author(s):	**Jane Chalmers**
Lead Director:	**Jane Chalmers/Paul Woodrow**
Contact Details:	**Jane.chalmers@lond-amb.nhs.uk**
Why is this coming to the Trust Board?	**To Note**
This paper has been previously presented to:	☐ Strategy Review and Planning Committee ☐ Executive Management Team ☐ Quality Committee ☐ Audit Committee ☐ Clinical Quality Safety and Effectiveness Committee ☐ Risk Compliance and Assurance Group ☐ Learning from Experience Group ☐ Finance and Investment Committee ☐ Other:
Recommendation for the Trust Board:	**To note progress to date.**
Key issues and risks arising from this paper There is a risk that a previously unidentified issue may arise during consultation which could delay the implementation of the new Emergency Ambulance Crew role.	
Executive Summary This paper provides the Trust Board with an update on the 9 workstreams which comprise the change programme which was launched on 25 April 2013 ('A Time for Change – Our Plan to Improve the Care we provide to Patients'. Specifically it provides details of the launch of consultation on 12 June 2014 with Accident and Emergency Support staff and Emergency Medical Technicians 1 on a move to the new Emergency Ambulance Crew role and details plans to introduce new rosters on 8 September 2014	
Attachments Modernisation Programme Update	

****

Quality Strategy

This paper supports the following domains of the quality strategy

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

LAS Strategic Goals and Priorities

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

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

2013/14 Priorities
☒ Modernisation Programme
☐ Communication and Engagement
☐ Sustain performance to ensure safe service to patients
☐ Building sustainable financial position for 14/15 and beyond

Risk Implications

This paper supports the mitigation of the following strategic risks:

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

Equality Analysis

Has an Equality Analysis been carried out?
☒ Yes for each constituent project
☐ No

Key issues from the assessment: Nil

MODERNISATION PROGRAMME UPDATE

Introduction

1. On 25 April 2013, London Ambulance Service launched 'A Time for Change – Our Plan to Improve the Care we provide to Patients'. The change programme consisted of 9 separate workstreams, of which 3 have already been completed and transferred into business as usual (introducing a Clinical Career Structure, increasing vehicle availability and providing more clinical telephone advice (Clinical Hub)

2. This papers provides a detailed update on a further 4 of the workstreams (adapting our front line workforce, aligning rosters with demand, responding differently to patients and extending the use of active area cover) and a progress report on the final two workstreams (changing annual leave arrangements and providing rest breaks)

Detailed Update on 4 Workstreams

Adapting our Front Line Workforce - Introduction of a New Skill Mix on Front Line Vehicles

3. On Thursday 12 June a 21-day formal consultation started with Accident and Emergency Support (A and E Spt) staff and Emergency Medical Technician1s (EMT1s) around plans to move to the new band 4 Emergency Ambulance Crew (EAC) role.

4. A move to this new role will, following a 6 day bridging course, allow our current A and E support staff and EMT1s to work alongside paramedics and attend the full range of emergency calls. Some A&E support staff and EMT1s are already operating in this way as part of the 'winter working' arrangements, whilst others are currently crewed together and attend an agreed cohort of calls for which they have the appropriate training. This includes being sent to Red 1 (life threatening) calls as a first responder

5. Subject to consultation, A and E Support staff and EMT1s who wish to do so, and have completed the six-day bridging course, will move to the new role from 21 July. The key benefit of this change is that from 21 July the Trust will have more crews who can attend a full range of calls than is currently the case. We will however still have a limited number of crews who can only attend our less urgent calls.

6. The roles of A&E Support and EMT1 will be formally closed on 1 December 2014. For those A and E Support staff and EMT1s who do not wish to move to the new EAC role every effort will be made to find them suitable alternative employment within the Service.

7. The introduction of the Emergency Ambulance Crew role is the first phase of the Trust changing the way it delivers our care to patients. The second phase of the change will be on 8 September when new frontline rosters will be introduced and the Trust will move to a single tier' response model

Aligning Rosters with Demand and Responding Differently to Patients

8. On 8 September 2014 all ambulance stations will go live with new rosters. The introduction of these new rosters will we believe allow us to more effectively align our existing resources with the demand. Furthermore, these new rosters will ensure that as our recruitment plans bring in more staff to the service they are deployed to the parts of London which need their skills most both to support the delivery of patient care and to augment our current workforce

9. Also on 8 September, the Service will change the way it responds to patients and will move to a 'single tier' model with all front line crews able to attend the full range of calls. The new response model will also see a reduction in the number of resources being sent to calls where it is safe to do so. We estimate that by responding differently to categories of calls we can reduce the number of vehicle activations each day which will benefit other

patients who may not have to wait as long and will reduce cancellations for our front line staff.

<u>Extending the Use of Active Area Cover</u>

10. Following discussions with the Trade Unions, it has been agreed that the active area cover period will be extended to between 06.00 hrs and midnight from 1 July. The current hours are between 08.00 hrs and 22.00 hrs.

Progress Report on Changing Annual Leave Arrangements and Providing Rest Breaks

11. <u>Annual Leave</u>
Good progress has been made on the development of a revised annual leave policy for the Trust. This has included working with Trade Union colleagues. The policy is now in its final draft and work is underway to plan the transition from the current leave arrangements to the new ones.

12. <u>Rest Breaks</u>
There continue to be discussions with the Trade Unions about the most effective way to provided rest breaks for staff in both the short term – given the demand for services and the number of vacancies the Trust is currently holding in A and E operations and in the medium to long term when the vacancy rate will have fallen and the benefits of the new skill mix, new rosters and new response model will be felt

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 24 JUNE 2014

PAPER FOR INFORMATION

Document Title:	**Report from Chief Executive to the London Ambulance Service (LAS) Trust Board**
Report Author(s):	**Jane Chalmers, Director of Modernisation**
Lead Director:	**Ann Radmore, Chief Executive**
Contact Details:	**Jane.chalmers@lond-amb.nhs.uk**
Why is this coming to the Trust Board?	**To note**
This paper has been previously presented to:	☐ Strategy Review and Planning Committee ☐ Executive Management Team ☐ Quality Committee ☐ Audit Committee ☐ Clinical Quality Safety and Effectiveness Committee ☐ Risk Compliance and Assurance Group ☐ Learning from Experience Group ☐ Finance and Investment Committee ☐ Other:
Recommendation for the Trust Board:	**To note**
Key issues and risks arising from this paper Nil	
Executive Summary This report covers the following items: • Delivering Operational Resilience During 2014/15 • 2014 NHS Confederation Conference • Association of Ambulance Chief Executives (AACE) Meeting • Shockingly Easy Campaign • British Red Cross Royal Garden Party • Visit by Sir Peter Carr	
Attachments Report from Chief Executive	

1

Quality Strategy
This paper supports the following domains of the quality strategy

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

LAS Strategic Goals and Priorities
This paper supports the achievement of the following strategic goals and priorities:

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

2013/14 Priorities
☒ Modernisation Programme
☐ Communication and Engagement
☐ Sustain performance to ensure safe service to patients
☐ Building sustainable financial position for 14/15 and beyond

Risk Implications
This paper supports the mitigation of the following strategic risks:

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

Equality Analysis

Has an Equality Analysis been carried out?
☒ Yes for each constituent project
☐ No

Key issues from the assessment: Nil

2

CHAIRMAN AND CHIEF EXECUTIVE REPORT TO THE LONDON AMBULANCE SERVICE (LAS) TRUST BOARD MEETING HELD ON 24 JUNE 2014

1. Delivering Operational Resilience During 2014/15

On 13 June, David Flory, Chief Executive NHS Trust Development Agency wrote to all Chief Executives confirming arrangements that are being put in place to support the NHS in delivering operationally resilient healthcare services during 2014/15, a key part of which is additional non-recurrent funding being made available to local systems to support the delivery of urgent and emergency care services as well as the delivery of elective activity.

Further details of the planning arrangements and requirements for the coming year can be found here:
http://www.england.nhs.uk/wp-content/uploads/2014/06/op-res-cap-plan-1415.pdf

2. 2014 NHS Confederation Conference – 4 to 6 June

The Chairman and Chief Executive both attended the 2014 NHS Confederation Conference held in Liverpool between 4 and 6 Jun/

The Conference was well attended and felt busier than in the last 2 years. Keynote speakers included; Simon Stevens (Chief Executive NHS England), Jeremy Hunt, Stephen Dorrell and Alan Milburn.

The Chairman and Chief Executive also attended a variety of seminars and workshops. Further information on keynote speeches and other associated item s can be found here:
http://www.nhsconfed.org/annual-conference-2014

3. Foundation Trusts Network (FTN) Chairs and Chief Executives Meeting – 17 June

The Chairman and Chief Executive attend the FTN Chairs and Chief Executives Meeting held on 17 June. Key topics covered included:
- Strategy and Planning
  - The emphasis from Simon Stevens on the need to take a five year forward view
  - The need to achieve local change and work on collaborative decision making
- Finances – the position remains very challenging across all Trusts
- Foundation Trust pipeline – it would seem that the pipeline is moving again as a number of trusts are now at Monitor and should progress

4. Association of Ambulance Chief Executives (AACE) Meeting – 12 June

The Chief Executive attended an AACE meeting on 12 June. The meeting was attended by Chris Hopson, Chief Executive of the Foundation Trust Network. Chris gave the meeting an update on the emerging work on the development of the urgent and emergency care pathway. This included getting a better understanding of the work which Simon Stevens has commissioned around this pathway and the role ambulance services have to play and also the ongoing work which Professor Keith Willets is also doing to review urgent and emergency care

3

5. Shockingly Easy Campaign

On 3rd June, the Chairman joined a team of nine people from the Service at a stand which had been set up at London Bridge train station to show commuters how to save a life in five minutes.

The display encouraged commuters to actively learn how to use a defibrillator and conduct CPR on training mannequins. Members of the Team handed out shockingly easy leaflets and engaged in conversation with commuters about the benefits of the campaign. The event proved hugely successful attracting a large number of commuters to learn a new skill and spread the campaign message. The "Road Show" will be repeated in other locations across the capital over the forthcoming months.

On 11th June, the Chairman presented the Lord Mayor of the City of London Fiona Woolf, with an accreditation certificate for the defibrillators at the Mansion House.

6. British Red Cross Royal Garden Party – 12 June

The Chief Executive attended a Royal Garden Party on 12 June. The Garden Party was hosted by the British Red Cross and was held to commemorate 150 years of humanitarian action

7. Visit by Sir Peter Carr – 19 June

Sir Peter Carr, Chair of NHS Trust Development Authority, will visit the Trust on 19 Jun. A verbal update on the visit will be provided at the Trust Board meeting on 25 June

LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 24TH JUNE 2014

Compliance with Standing Orders and Standing Financial Instructions

Document Title:	**Trust Secretary Report**
Report Author(s):	**Sandra Adams, Director of Corporate Affairs/Trust Secretary**
Lead Director:	**Sandra Adams, Director of Corporate Affairs/Trust Secretary**
Contact Details:	**sandra.adams@lond-amb.nhs.uk**
Why is this coming to the Trust Board?	**Compliance with Standing Orders**
This paper has been previously presented to:	☐ Strategy Review and Planning Committee ☐ Executive Management Team ☐ Quality Committee ☐ Audit Committee ☐ Clinical Quality Safety and Effectiveness Committee ☐ Learning from Experience Group ☐ Finance and Investment Committee ☐ Other:
Recommendation for the Trust Board:	**To be advised of the tenders received and entered into the tender book and the use of the Trust Seal since 3rd June 2014 and to be assured of compliance with Standing Orders and Standing Financial Instructions**
Key issues and risks arising from this paper This report is intended to inform the Trust Board about key transactions thereby ensuring compliance with Standing Orders and Standing Financial Instructions.	
Executive Summary No new tenders have been received since March 2014. There have been two new entries to the register for the use of the Trust Seal since 3rd June 2014: For the Lease of Bounds Green ambulance station between the Mayor and Burgeoness of the London Borough of Haringey and the London Ambulance Service NHS Trust. For the deed of release of rights to light between Lillie Square GP Limited and London Ambulance Service NHS Trust.	
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:

TRUST BOARD FORWARD PLANNER 2014

29ᵗʰ 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 and Chief Executive	**Integrated Board Performance Report** **Clinical Directors' Joint Report** **Quality Committee Assurance Report** **Annual Infection Prevention and Control Report 2013/14** **Annual Safeguarding Report 2013/14** **Finance Report M3** **Report from Finance and Investment Committee** **BAF and Corporate Risk Register – Quarter 2 documents**	Modernisation Programme Equality and Inclusion Strategy	Annual Equality Report 2013/14 Board Declarations Report from Trust Secretary Trust Board Forward Planner	Finance and Investment Committee on 24ᵗʰ July 2014	Karen Broughton
Board Development Session					
TBC					

30th September 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 and Chief Executive	**Integrated Board Performance Report** **Clinical Directors' Joint Report** **Friends and Family Test** **Audit Committee Assurance Report** **Annual Audit Letter 2013/14** **Annual Report of the Audit Committee 2013/14** **Finance Report M5** **Report from Finance and Investment Committee**	Modernisation Programme Business planning 15/16	Board Declarations Report from Trust Secretary Trust Board Forward Planner Annual Corporate Social Responsibility Report 2013/14	Audit Committee on 8th September 2014 Finance and Investment Committee on 25th September 2014	
Board Development Session					
No board development session – the Trust Board meeting will be followed by the Annual Public Meeting at 14.00 – 16.00					

25th 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 and Chief Executive	**Integrated Board Performance Report** **Clinical Directors' Joint Report** **Quality Committee Assurance Report** **Audit Committee Assurance Report** **BAF and Corporate Risk Register – Quarter 3 documents** **Finance Report M7** **Report from Finance and Investment Committee**	Modernisation Programme Business planning 15/16	Board Declarations Report from Trust Secretary Trust Board Forward Planner Performance Reporting compliance statement	Audit Committee on 10th November 2014 Finance and Investment Committee on 20th November 2014	
Board Development Session					
TBC					

16th 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 and Chief Executive	**Clinical Directors' Joint Report** **Quality Committee Assurance Report** **Finance Report M8**	Modernisation Programme Business planning and commissioning 15/16	Board Declarations Report from Trust Secretary Trust Board Forward Planner		
Board Development Session					
TBC					

Committee	Chair	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Timings
2014 Meetings Calendar														
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	(NED)													TBC
Remuneration Committee	Trust Chair													TBC
Audit Committee	John Jones (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**				**29**		**19**	
Executive Management Team (EMT)	CEO	**Every Wednesday 9.00 - 11.00 (except last Wednesday of the month)**												9.00 - 11.00

This page has been left blank