



**MEETING OF THE LONDON AMBULANCE SERVICE NHS TRUST BOARD
TO BE HELD IN PUBLIC ON TUESDAY 30th SEPTEMBER 2014 AT 09.30 – 12.30
CONFERENCE ROOM, 220 WATERLOO ROAD, LONDON SE1 8SD**

AGENDA: PUBLIC SESSION

| ITEM | SUBJECT | PURPOSE | LEAD | TAB |
|------------------------------|--|--------------------------|--------------|--------------|
| 1. | Welcome and apologies for absence Apologies received from: David Prince | | | |
| 2. | Staff Story To hear an account of a staff story | | | |
| 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 29 th July 2014 | Approval | RH | TAB 1 |
| 5. | Matters arising To review the action schedule arising from previous meetings | Information | RH | TAB 2 |
| 6. | Report from the Trust Chairman To receive a report from the Trust Chairman on key activities since the last meeting | Information | RH | Oral |
| PERFORMANCE REPORTING | | | | |
| 7. | Integrated Performance Dashboard To receive the integrated performance dashboard | Discussion and direction | PW | TAB 3 |
| 8. | Performance Recovery Plan 8.1 Action outcomes 8.2 Finance | Discussion and direction | PW AG | Presentation |
| 9. | Safety Review To receive assurance on the review of the safety of the service | Assurance | FM | Presentation |
| 10. | Recruitment Update To receive an update on recruitment | Information | JK | Oral Update |
| 11.00 BREAK | | | | |
| QUALITY GOVERNANCE | | | | |
| 11. | Clinical Directors' Joint Report To receive the report from the Joint Clinical Directors | Assurance | SL/FM/ MW | TAB 4 |

| | | | | |
|---|---|---|----------|-----------|
| 12. | Quality Governance Committee Assurance Report To receive the report from the Quality Governance Committee meeting on 27 th August 2014 | Assurance | BMc | TAB 5 |
| 13. | Equality and Inclusion Strategy To approve the Equality and Inclusion Strategy | Approval | SL | TAB 6 |
| 14. | Report from the Audit Committee 14.1 Report from the meeting on 8 th September 2014 14.2 Audit Committee Annual Report 2013/14 14.3 Audit Committee Terms of Reference 14.4 Annual Audit Letter 2013/14 | Assurance Assurance Approval Assurance | JJ | TAB 7 |
| FINANCE | | | | |
| 15. | Finance Report 15.1 To note the finance report for month 5 15.2 To note the report from the Finance and Investment Committee meeting on 29 th September 2014 | Discussion and direction | AG NM | TAB 8 |
| STRATEGIC AND BUSINESS PLANNING | | | | |
| 16. | Report from Chief Executive To receive a report from the Chief Executive | Information | AR | TAB 9 |
| 17. | Efficiency and Effectiveness Programme Close down Report To note the changes to the efficiency and effectiveness programme | Information | AG | To follow |
| BUSINESS ITEMS | | | | |
| 18. | Board Declarations – self certification, compliance and board statements To approve the submission of the Board declarations for August and September 2014 | Approval | SA | TAB 10 |
| 19. | Report from Trust Secretary To receive a report on use of the Trust Seal and tenders received | Compliance with Standing Orders | SA | TAB 11 |
| 20. | Forward Planner To receive the Trust Board forward planner | Information | SA | TAB 12 |
| 21. | Questions from members of the public | | RH | |
| 22. | Any other business | | | |
| 23. | Date of next meeting The date of the next Trust Board meeting is on Tuesday 25 th November 2014 | | | |
| The public meeting will close at 12.30 | | | | |

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

DRAFT Minutes of the meeting held on Tuesday 29th July 2014 at 09:30 a.m.
in the Conference Room, 220 Waterloo Road, London SE1 8SD

Present:

| | |
|-----------------|-------------------------------------|
| Richard Hunt | Chairman |
| Ann Radmore | Chief Executive |
| 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 |
| Fionna Moore | Medical Director |

In Attendance:

| | |
|----------------|---|
| Sandra Adams | Director of Corporate Affairs/Trust Secretary |
| Francesca Guy | Committee Secretary |
| David Prince | Director of Support Services |
| Mark Whitbread | Director of Paramedic Education and Development |
| Paul Woodrow | Director of Performance (minute 70 only) |

Members of the Public:

| | |
|-------------------|----------------------|
| Malcolm Alexander | Patients' Forum |
| Courtney Grant | Member of the Public |

Members of Staff:

| | |
|-----------------------|--|
| Anna McArthur | Communications Manager |
| Catherine Edwards | Personal Assistant to Head of Control Services |
| Adam Kenningham-Brown | Bank Paramedic |

84. Welcome and Apologies

84.1 Apologies had been received from Jessica Cecil and Karen Broughton.

85. Patient Story

85.1 There was no patient story on this occasion.

86. Declarations of Interest

86.1 None declared.

87. Minutes of the Part I meeting held on 24th June 2014

87.1 The minutes of the Part I meeting held on 24th June 2014 were approved subject to amendments to paragraphs 71.1 and 72.3.

Trust Board minutes 290714

Chair's initials.....

88. Matters Arising

88.1 The following actions were discussed:

88.2 **06.4:** Sandra noted that the terms of reference for the quality sub-committees had only recently been drafted and therefore the briefing on the governance structure and the role of the committees would be updated to reflect these.

88.3 The following matters arising was discussed:

88.4 Fiona Moore drew attention to a comment made by Theo de Pencier at the last Trust Board meeting relating to the impact that poor air quality had on health. Fiona had contacted the Greater London Authority and noted that information was available on their website about air quality across London.

89. Report from the Trust Chairman

89.1 The Chairman noted the following:

- The Chair of NHS England, Professor Sir Malcolm Grant, had visited the LAS. Simon Stevens, NHS England Chief Executive, planned to visit the Trust later in the year;
- The Chair had given a presentation on behalf of the Association of Ambulance Chief Executives (AACE) on the future of urgent and emergency care;
- Progress had been made with the Shockingly Easy Campaign. The Chair had met with the Chief Executive of Canary Wharf Group Plc who had been very supportive of the campaign;
- The AACE council meeting had taken place on 23rd July. Ambulance service Chairs and Chief Executives had noted significant pressure in the system, with frontline paramedic vacancies across the majority of ambulance services nationally;
- The Chair had been asked to join the NHS Trust Development Authority's Chairs Advisory Group to look at ways of engaging with non-executive directors. The group planned to set up an apprentice non-executive director scheme with the aim of increasing diversity on NHS boards.

90. Integrated Board Performance Report

90.1 Paul Woodrow joined the meeting for this agenda item and gave the following update on performance:

- June had been a challenging month in terms of performance and the Trust had failed to achieve both red 1 and red 2 targets in-month;
- 95% of red 2 patients had received a response in 17 minutes;
- The service continued to experience a growth in incidents, particularly category A incidents and as such, activity had been above contracted levels;
- The call answering performance target had been achieved and NHS 111 in south east London continued to perform well against the national set of key performance indicators;
- Category C performance had been further challenged throughout the month;
- Emergency departments were also under significant pressure and hospital turnaround times had increased, which had had an impact on the availability of vehicles;
- The number of serious incidents declared had shown a decline, although there had been an increase in the number of complaints received and this was indicative of the high levels of demand.

- 90.2 With regards to the workforce, Paul gave the following update:
- A further 20 members of frontline staff had left the Trust in June;
 - The number of vacancies placed a financial pressure on the organisation as increased use of overtime and third party resource was required to make up for the shortfall;
 - The activity and capacity issues were not unique to the LAS: a number of other ambulance trusts nationally had experienced similar difficulties in Q1.
- 90.3 Paul outlined the key actions that were underway to address the current performance challenges:
- The recruitment campaign had the aim of recruiting 500 members of frontline staff. This was not, however, a short term fix as new members of staff would need to be inducted and trained;
 - Work was underway to understand the reasons in more detail as to why staff were leaving with the aim of improving retention;
 - Actions to manage demand included increased use of appropriate care pathways and hear and treat;
 - Capacity in the Clinical Hub had been increased and a review of Category C determinants would further increase the efficiency of the hub;
 - A review of all determinants had been undertaken which would reduce the multiple attendance ratio.
- 90.4 John Jones noted that activity in the clinical hub was due to increase significantly and asked when this would go live. Paul responded that the plan was to put more calls through the hub for an enhanced clinical assessment however this did not necessarily mean that the calls would all be closed by the hub. It was anticipated that a third of calls would be closed by hear and treat. The review of category C determinants would go live on 7th August. Paul added that the clinical hub had been a success story and had been three times more efficient than the ORH review had predicted.
- 90.5 The Chair summarised the discussion and noted that the underlying factors behind the performance issues remained the same as had been discussed at previous Trust Board meetings and asked when it was anticipated that this trend would start to improve. Ann Radmore responded that capacity and demand were the fundamental issues. The trend of high demand was likely to continue until March 2015 and the Trust would need to continue to challenge itself to ensure it was as efficient as possible. Fundamentally, however, the Trust needed more staff and it would be at least 6 months until a significant impact was felt from the recruitment campaign. July and August 2014 would be difficult as a higher proportion of staff would be taking annual leave over this period.
- 90.6 Theo de Pencier asked what progress had been made with recruitment of paramedics from Northern Ireland. David Prince reported that the Trust had received 14 applications after a week of advertising. Northern Ireland was the only place in the UK where there was a surplus of paramedics.
- 90.7 Nick Martin asked whether there was anything more that could be done with solo responders. Paul Woodrow responded that the Trust had deployed more solo responders this year than they had in previous years. Work was underway to identify the optimum ratio of FRUs to ambulances in light of the difficulties in resourcing ambulances.
- 90.8 Nick Martin asked whether stakeholders were fully cognisant of the Trust's current position and whether there was anything more that could be done. Ann responded that she had met with the NHS Trust Development Authority and Alwen Williams had facilitated a discussion on workforce issues. Local managers were also flagging concerns at the Urgent Care Boards.

- 90.9 Fergus Cass asked whether there were any emerging themes in relation to staff leaving. David Prince responded that the key themes were cost of living in London; education, training and career development; valuing staff and high utilisation. Paul added that the attrition rate was not however the highest in the country and that this was a national problem. Ann Radmore commented that this was also a reflection of the wider range of opportunities that paramedics now had in urgent care.
- 90.10 The Chair summarised the discussion by stating that the Trust Board recognised that this was not an acceptable position to be in, but that performance was being reviewed on a daily basis to ensure safety and a future review of all actions would also be required.

91. Board Assurance Framework and Corporate Risk Register

- 91.1 Sandra Adams noted that the Board Assurance Framework (BAF) had been updated to reflect the 2014/15 business objectives and new risks had been identified relating to fleet and workshops. Risk 265 (There is a risk that service performance might be adversely affected by the inability to match resources to demand) was currently the third highest rated risk and the rating was being reviewed to understand whether this should have a higher rating.
- 91.2 Bob McFarland asked whether risk 269 should be closed (There is a risk that at staff changeover times, LAS performance falls), given that all the mitigating actions had now been completed. Jason Killens responded that the risk would be closed following the implementation of the new rosters on 8th September.
- 91.3 Fergus Cass asked when it was likely that the Trust Board would review the actions to address the risks relating to fleet, logistics, estates and information management and technology. David Prince responded that the strategies would be approved by the Trust Board and would include actions which would mitigate these risks.

92. Clinical Directors' Joint Report

- 92.1 Fionna Moore reported the following:
- There had been a further rise in the use of surge red in June. Surge purple had also been implemented on a number of occasions;
 - Clinical Performance Indicator (CPI) completion had shown an increase in June. Compliance with the Mental Health CPI had shown an improvement and this was a reflection of the roll out of the CSR training;
 - Good progress had been made in the monitoring of End Tidal CO₂, following a recommendation from a Prevention of Future Deaths report.
- 92.2 In response to a question from Bob McFarland about the use of surge red, Fionna Moore stated that the Executive Management Team (EMT) had agreed to proactively use surge red between 1000 and 2200 hours. This decision was reviewed by EMT on a weekly basis.
- 92.3 The Chair asked whether there was anything new to be brought to the attention of the Trust Board in terms of prioritising safety. Fionna Moore responded that the scrutiny of the surge plan was unprecedented. Staffing on the Clinical Hub also provided a level of safety in terms of reviewing calls.
- 92.4 Steve Lennox noted that there had been an increase in complaints in June, which had placed a constraint on the quality assurance team. Jason Killens noted that the primary function of the quality assurance team was to review 1% of calls in order to retain the centre of excellence award. A member of the quality assurance team had been seconded to Patient Experiences in order to

clear the backlog of complaints, however the quality resource in the longer term was under review.

93. Quality Governance Committee Assurance Report

93.1 Bob McFarland gave an overview of the key items of discussion at the meeting. Maternity issues and learning from serious incidents would be considered at the next meeting in August.

94. Annual Patient Experience Report 2013/14

94.1 Steve Lennox gave an overview of the report. The Trust Board approved the Annual Patient Experience report for 2013/14.

94.2 The Trust Board considered the following questions from the Patients' Forum:

94.3 *In view of the increase in complaints about delay over the past year (July 2013-June 2014) is the Board satisfied that all possible steps have been taken to minimise delayed responses?*

94.4 Jason Killens responded that a number of actions had been put in place to manage demand, including the following:

- Increasing hear and treat where it was appropriate to do so for those patients who did not require an ambulance;
- Maximising capacity by continuing to deploy overtime and third party resource in order to maintain CPI completion;
- Undertaking welfare checks for held calls and introducing a new electronic monitoring system to monitor held calls.

94.5 *In relation to the increase in complaints about delay over the past year (July 2013-June 2014) and the declaration of Surge Purple in June 2014, will the Board in future request feedback on the clinical consequences for patients who experience delayed responses?*

94.6 Jason responded that conference calls were held throughout the day which reviewed any calls that had been held for a long period of time.

94.7 *Will the Clinical Directors Joint report in future record incidents of moderate and severe harm and death connected to the clinical practice of front line staff, and show in each case whether the Duty of Candour has been carried out?*

94.8 Sandra Adams responded that the number of incidents of moderate and severe harm and death could be included in the Clinical Directors' Joint report in the future. The Duty of Candour would be implemented fully from October 2014.

95. Annual Safeguarding Report 2013/14 and Savile Update

Annual Safeguarding Report 2013/14

95.1 The Trust Board approved the Annual Safeguarding Report for 2013/14.

Savile Update

95.2 Steve Lennox introduced the paper and gave an overview of the actions identified in response to the Savile investigations. Steve noted that EMT had not supported the recommendation to have undercover bosses and that this action would be removed from the final action plan. EMT had also

agreed that the recommendation around the management of potentially catastrophic incidents should be green and not red.

- 95.3 Fergus Cass asked whether Disclosure and Barring Service (DBS) checks related to third party contracts. Jason Killens responded that the Trust used three contractors who were contractually required to ensure that their staff were DBS checked. The LAS also undertook a dip sample review and followed up any concerns with individual members of staff. Jason added that the Trust had recently appointed a member of staff to manage third party contractors.
- 95.4 David Prince commented that a process would be put in place whereby members of staff would have to make an annual declaration and renew their DBS check every 3 years.
- 95.5 Bob McFarland noted that an action plan was needed for any red rated actions. Steve Lennox suggested that the Quality Committee review these at the last meeting of the year.

96. Annual Revalidation Report

- 96.1 The Trust Board approved the report and agreed for the Chief Executive to sign the statement of compliance.

97. Finance Report

Finance Report – Month 3

- 97.1 Andrew Grimshaw reported the following:
- The financial position was £250k adverse from plan. The main reasons for this were the under-recovery of targeted income from the LETBs and higher than planned frontline staffing costs due to demand pressures;
 - Income was lower than planned for NHS 111 and PTS, however both of these were offset by corresponding reductions in expenditure;
 - Expenditure was £0.2m adverse from plan and year to date there was a favourable variance of £0.2m;
 - Capital expenditure was adverse from plan. This was partly due to issues with the availability of vehicle chassis, however capital expenditure was expected to accelerate in the latter part of the year;
 - The forecast had identified pressures on the financial position in relation to operational pressures. The potential imposition of the penalty by commissioners had not been applied to the financial plan.

Report from the Finance and Investment Committee

- 97.2 Nick Martin gave an update from the last meeting of the Finance and Investment Committee which had been observed as part of an internal audit assessment. The terms of reference had been updated to reflect the addition of performance into the scope of the committee's remit and the revised membership. The Trust Board approved the revised terms of reference for the Finance and Investment Committee.

98. Modernisation Programme

- 98.1 Paul Woodrow joined the meeting to give an update on the modernisation programme:
- By 8th September 2014, 7 out of 9 of the modernisation programme projects would be

delivered;

- The A&E Support consultation had been concluded and 241 members of staff would transition into the new role. This would bolster operational capacity as more staff would be able to respond to the full range of calls;
- Delivery of the first 9 week EAC training course had commenced for existing staff;
- New rosters were due to go live on 8th September 2014;
- Extension of active area cover would go live on 1st August 2014.

98.2 Paul commented that overall the modernisation programme had been a success story and demonstrated that the LAS was willing to make changes.

98.3 Theo de Pencier noted that the modernisation programme had been well managed and asked whether it was likely that all those members of staff who had indicated that they wanted to transition to the EAC role would be able to. Paul responded that there would be some members of staff who would not be able to transition to the new role, but that the numbers were expected to be small.

98.4 Bob McFarland asked for an update on the two outstanding projects. Paul responded that the rest break and annual leave projects were underway.

98.5 The Chair noted the contribution that Jane Chalmers had made to the modernisation programme and everyone who had been involved.

99. Recruitment Update

99.1 David Prince gave an update on recruitment activity.

99.2 Bob McFarland asked whether the option of providing new recruits with support with accommodation had been explored. Andrew Grimshaw responded that this option had been explored with housing associations in London, however social housing was very competitive and therefore it would be difficult to get a foothold in the market.

99.3 The Chair asked what action would need to be taken to establish the LAS as a teaching trust. Mark Whitbread responded that the Trust was in the initial scoping phase and could come back to the Trust Board in October with more information.

99.4 David Prince noted recruitment was a team effort and there had been good engagement across all directorates.

99.5 The Trust Board noted this update and recognised that this was not a one off and that recruitment activity would need to continue.

100. Report from Chief Executive

100.1 Ann Radmore noted the following:

- £18m from the Department of Health had been allocated to the Clinical Commissioning Groups which commission ambulance services to support operational resilience and emergency care in 2014/15;
- The LAS had passed the first stage of the application process for the NHS Technology Fund for the development of e-ambulance;
- The Secretary of State for Communities and Local Government had issued a written ministerial statement on the Fire and Rescue service, which saw greater collaboration between fire and ambulance services.

100.2 Theo de Pencier asked whether the LAS had made the case for allocating the operational resilience and emergency care fund by utilisation, rather than by call volume. Ann Radmore responded that the majority of ambulance services across the country were experiencing significant pressure and carrying vacancies. Call volume therefore seemed a fair way to allocate the fund.

101. Board declarations – self certification, compliance and board statements

101.1 Sandra Adams reported that, given the current performance position, it was proposed that the Trust declare non-compliance with board statement 10 as this statement required the Trust Board to sign off that it was satisfied that plans in place were sufficient to ensure ongoing compliance with all existing targets as set out in the NTDA oversight model; and a commitment to comply with all known targets going forward. Sandra noted that this reflected the earlier discussions and actions had been put in place to seek to address these issues.

101.2 The Trust Board approved the submission of the board declarations for June 2014 as set out in the paper.

102. Report from Trust Secretary

102.1 Sandra reported that tenders had been received yesterday for the provision of a new intranet; 9 tenders had been submitted and received within the deadline.

103. Forward Planner

103.1 The Trust Board noted the forward planner.

103.2 Sandra Adams reminded Trust Board members that the Annual Public Meeting was taking place on Tuesday 30th September following the Trust Board meeting.

104. Questions from members of the Public

104.1 A member of the public asked for clarification over the Face, Arms, Speech, Time (FAST) test used to recognise the symptoms of a stroke. This was in relation to his partner who had been diagnosed as potentially having had a stroke 3 months ago, where the FAST test had been taken 3 times before concluding that the patient was likely to have suffered a stroke. The member of the public's concern was that conveyance to hospital was potentially delayed by taking the test 3 times and that her outcome might have been better had she received treatment at hospital more quickly. The member of the public noted that he had made a formal complaint to the Trust and had escalated this to the Ombudsman.

104.2 Jason Killens noted that, without the details of the complaint, it was difficult to provide answers to the questions that were being raised. Jason therefore offered to meet with the member of the public, together with Fiona Moore, Mark Whitbread and Steve Lennox, to go through the detail of his concerns. The member of the public agreed that this was an acceptable way forward. The Chair noted that he would like to be updated on the outcome of this discussion. [NB Jason Killens, Fiona Moore and Mark Whitbread met with the member of the public on 20th August 2014].

105. Any other business

105.1 There were no items of others business.

106. Date of next meeting

106.1 The next meeting of the Trust Board is on Tuesday 30th September 2014.

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Signed by the Chair

DRAFT

ACTIONS

from the Meeting of the Trust Board held on 29th July 2014

| <u>Meeting Date</u> | <u>Minute Date</u> | <u>Action Details</u> | <u>Responsibility</u> | <u>Progress and outcome</u> |
|---------------------|--------------------|--|-----------------------|--|
| 28/01/14 | <u>06.4</u> | SA to arrange for the Trust Board to have a briefing on the governance structure and the role of the committees. | SA | Document to be updated to reflect revised quality governance structure. Work in progress as the terms of reference for the quality reporting committees have only recently been drafted. |



| | |
|--------------------------|---|
| Report to: | London Ambulance Service Trust Board |
| Date of meeting: | 30 September 2014 |
| Document Title: | Integrated Performance Report |
| Report Author(s): | Paul Woodrow |
| Presented by: | Paul Woodrow |
| Contact Details: | |
| History: | N/A |
| Status: | Information |

Background/Purpose

The integrated performance report provides an overview of organisational performance for month 5 of this financial year. The dashboard reports on the following domains:

1. Quality
2. Performance and activity
3. Workforce
4. Value for money

The current report provides the board with a visual dashboard covering the domains above supported by additional tabs providing additional commentary on each and actions currently being taken to address identified issues. The report also provides a series of graphs for each measure to provide the board with trend information on a rolling monthly basis since the beginning of this financial year. This format of this report is subject to further development.

Key points to note from the report are:

Significant performance challenges remain with the Trust failing to achieve the national response time standards for Red 1, Red 2 and A19 in month 5. The 75th percentile for Red 1 patients was achieved in 8 minutes and 45 seconds and the 75th percentile for Red patients was achieved in 10 minutes and 10 seconds in month 5. Quality of service to Category C patients still falls below expectations and the actions taken to address Category A performance will assist us in raising the levels of quality for this group of patients. Complaints remain above target and this in part is due to delayed response times, serious incidents remained static against the previous month but remain off target. Call answering performance standards are being met both for our 999 and NHS111 services. The clinical hub continues to over perform against trajectory resolving 11,000 calls in month 5 without the need to send a physical resource.

Recruitment and retention remain the biggest challenges for the Trust and the numbers of Paramedic leavers exceeded target again in month 5. Actions are included to address these challenges in the plan submitted to the TDA/NHSE and Commissioners.

In month the Trust is in line with its financial plan and the year to date position shows us £0.1m adverse to plan. It has been identified that further resource will be required to support performance

improvement. We have formally written to the TDA to gain agreement to restate the financial plan to enable this.

Action required

To note the contents of this report.

Assurance

This report provides the Board with an overview of the current organisational challenges facing the Trust and the actions being taken to address these.

| Key implications and risks arising from this paper | |
|--|---|
| Clinical and Quality | X |
| Performance | X |
| Financial | X |
| Legal | |
| Equality and Diversity | |
| Reputation | X |
| Other | |
| This paper supports the achievement of the following 2014/15 objectives | |
| Improve patient care | X |
| Improve recruitment and retention | X |
| Implement the modernisation programme | |
| Achieve sustainable performance | X |
| Develop our 111 service | |
| Simplify our business processes | |
| Increase organisational effectiveness and development | |



London Ambulance Service
NHS Trust



Trust Board Integrated Performance report

August Data
19-Aug-14

**LONDON AMBULANCE SERVICE NHS TRUST
INTEGRATED PERFORMANCE REPORT 2014/15: August 2014 (MONTH 5)**

| | |
|-----------------------------------|--|
| Quality Exceptions | Sis remain above target and whilst complaints reduced in M5 they remain above target. Quality of service to C patients remains below expectation |
| Performance Exceptions | Response time performance remains a significant concern with the Trust failing to achieve all three targets relating to Category A calls |
| Workforce Exceptions | Staff turnover rates remain above target and paramedic vacancies remain the single biggest concern. Sickness levels continue to increase |
| Value for Money Exceptions | A formal request has been made to restate our financial plan to support the delivery of performance improvement |

| QUALITY | | | | | |
|----------------|---------------------------------------|-----------|---------------|----------------|-------------------|
| | Quality measures | Target | Current month | Previous month | Year end forecast |
| 1 | Serious Incidents declared | 1 | 5 | 5 | RED |
| 2 | Complaints received | 69 | 111 | 140 | RED |
| 3 | 999 Call Answering - 5 secs | 95.0% | 96.5% | 92.0% | GREEN |
| 4 | NHS111 Call Answering- 60secs | 95.0% | 97.1% | 96.7% | GREEN |
| 5 | NHS 111 Transfer rate to 999 | 10.0% | 8.3% | 7.9% | GREEN |
| 6 | Aspects of care compliance (MH) | 95.0% | 94.0% | 93.0% | GREEN |
| 7 | Deep Clean of vehicles % completed | 90.0% | 87.0% | 87.0% | GREEN |
| 8 | Category C1 (20 mins) | 75.0% | 48.0% | 49.3% | RED |
| 9 | Category C2 (30 mins) | 75.0% | 51.4% | 50.1% | RED |
| 10 | CSR 2014 Delivery - % of Frontline | 60.0% | 51.0% | 48.0% | GREEN |
| 11 | Red 1 - 75% reached in mins/secs | 8 minutes | 08:45 | 08:40 | N/A |
| 12 | Red 1 number of responses >10 mins | | 174 | 185 | N/A |
| 13 | Red 1 95th Percentile Time to respond | | 13.76 | 14.63 | N/A |
| 14 | Red 2 -75% reached in mins/secs | 8 minutes | 10:05 | 10:10 | N/A |
| 15 | Red 2 number of responses >10 mins | | 8630 | 9714 | N/A |
| 16 | Red 2 95th Percentile Time to respond | | 17.65 | 18.25 | N/A |
| 17 | Surge plan escalation > Amber (Hours) | | 443 | 459 | N/A |

** Please note Percentile time shown as a decimal **

| PERFORMANCE / ACTIVITY | | | | | |
|-------------------------------|---------------------------------|--------|---------------|----------------|-------------------|
| | Performance / activity measures | Target | Current month | Previous month | Year end forecast |
| 1 | Red 1 Performance | 75.0% | 68.7% | 70.3% | AMBER |
| 2 | Red 2 Performance | 75.0% | 61.8% | 60.6% | RED |
| 3 | Trust A19 Performance | 95.0% | 93.9% | 93.4% | AMBER |
| 4 | FRU A8 Performance | 80.0% | 62.4% | 60.9% | RED |
| 5 | Cat A Red 1 Incidents | 1,249 | 1,163 | 1,220 | AMBER |
| 6 | Cat A Red 2 Incidents | 37,514 | 36,741 | 39,833 | AMBER |
| 7 | Cat A Total Incidents | 38,763 | 37,904 | 41,053 | AMBER |
| 8 | Total incidents | 91,628 | 82,861 | 88,003 | AMBER |
| 9 | Total Activity against Plan | 95,668 | 94,776 | 100,468 | AMBER |
| 10 | Clinical Hub Discharges | 4,448 | 11,972 | 12,668 | GREEN |

| VALUE FOR MONEY | | | | | |
|------------------------|---|---------|---------------|----------------|-------------------|
| | | Target | Current month | Previous month | Year end forecast |
| 1 | EBITDA (£000) | -1316.0 | -1376.0 | -3133.0 | RED |
| 2 | Net surplus (£000) (negative - deficit) | - 102 | 93 | - 1,640 | RED |
| 3 | Cost Improvement Programme (£000) | 1,276 | 1,276 | 1,039 | GREEN |
| 4 | Capital expenditure (£000) | 5,936 | 1,073 | 447 | AMBER |
| 5 | Monitor FRR | 4 | 3.5 | 3.5 | GREEN |
| 6 | Cash balance (£000) | 14,226 | 34,959 | 23,988 | GREEN |

| WORKFORCE | | | | | |
|------------------|-----------------------------------|--------|---------------|----------------|-------------------|
| | Workforce measures | Target | Current month | Previous month | Year end forecast |
| 1 | Staff Turnover % All Trust | 8.5% | 12.3% | 12.2% | RED |
| 2 | Vacancies (%) All Trust | 5.0% | -8.4% | -10.6% | RED |
| 3 | Paramedic Vacancies against EST | | - 335.30 | - 320.42 | RED |
| 4 | Vacancies as number for All Trust | | - 392.42 | - 510.21 | RED |
| 5 | Paramedic Leavers | 6 | 18 | 24 | RED |
| 6 | Sickness (%) All Trust | 5.0% | 6.1% | 6.0% | RED |
| 7 | Sickness (%) Frontline | 5.0% | 6.8% | 6.7% | RED |

Supporting Commentary for exceptions against specific quadrants

QUALITY

Commentary: The number of Serious incidents declared in month 5 remained static at 5 declarations against the previous month. Whilst we saw a decrease in the number of complaints received in month 5 the total number remains significantly above target. The primary cause for complaints in the month were associated with delayed responses. 999 call answering within 5 seconds recovered in month 5 and achieved the national standard (95% within 5 seconds) NHS 111 call handling in South East London (LAS) continues to meet their national call answering standards in month 5 as well as meeting the transfer rate to 999 performance indicator in month. Quality of service to Category C patients remains significantly below expectations due to the pressures the Trust face in meeting the response time targets for Category A patients. Despite not achieving the 8 minute response time standards for Red 1 and Red 2 the 75th percentile for Red 1 patients was met in 8 minutes 45 seconds. The 75th percentile for Red 2 patients was met at 10 minutes and 5 seconds. Contained within the summary pages are the times the Trust met the 95th percentile for these two groups of patients. A daily review of extended waits continues to ensure we monitor the impact of any delays. The surge plan was enacted for a significant period throughout the month with 443 hours where escalation above the Amber level was required to manage demand. Compliance to the "aspects of care" clinical performance indicator continues to move in the right direction and in month 5 was just 1% below target. Delivery of Statutory and Mandatory training continues to move towards the agreed trajectory of 60% of frontline establishment. Deep clean of vehicles remained static at 3% below target. Fleet are making adjustments to the vehicle preparation contract to ensure this measure is recovered.

WORKFORCE

Commentary: Recruitment and retention remain the two biggest issues of focus for the Trust. Turnover for the Trust remained fairly static in month 5 but remains off target. A further 18 Paramedics left the Trust in month 5 and Paramedic vacancies remain significantly over 300 in the frontline establishment with overall vacancy levels approaching 400 in the Trust. Sickness levels within the Trust remain off target, in particular frontline sickness at nearly 7%. There will be a number of graduate Paramedics who will come in to the Trust and in to operational roles from the end of September through to the end of November. Work continues to address the retention of our existing Paramedic workforce as well as national and international recruitment campaigns to recruit to our current Paramedic vacancies.

PERFORMANCE / ACTIVITY

Commentary: Response time performance continues to provide the Trust with significant challenges. The Trust failed to achieve against the national standards in month 5 on RED 1 and RED2 (8minute standard) we also failed to achieve the A19 transportation target in month (19 minute) FRU performance remains significantly below 75% and this in part is driving the overall outturn position. In the round the overall issue remains the ability to match capacity and demand to the large amount of vacancies now being carried in the frontline establishment. Activity levels both in terms of Category A and total incidents in Month 5 were within contracted levels. The capacity issues facing the Trust were further compounded in month 5 due to the peak annual leave period for frontline staff and the downward trend of overtime take up to try to improve capacity. The clinical hub continues to perform above plan resolving just under 12,000 calls without the need for sending a response.

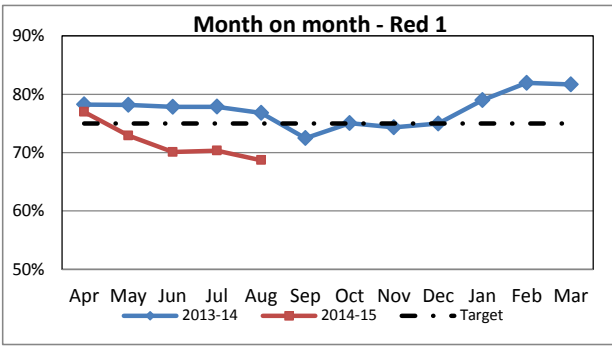
VALUE FOR MONEY

Commentary: In month the Trust is reporting in line with plan. YTD the Trust is adverse to plan £0.1m. The Trust forecast is expected to move to a breakeven position from Month 5 following the identification of the need for additional spend in support of performance improvement. This has yet to be formally agreed by the TDA. A letter requesting this change has been issued.

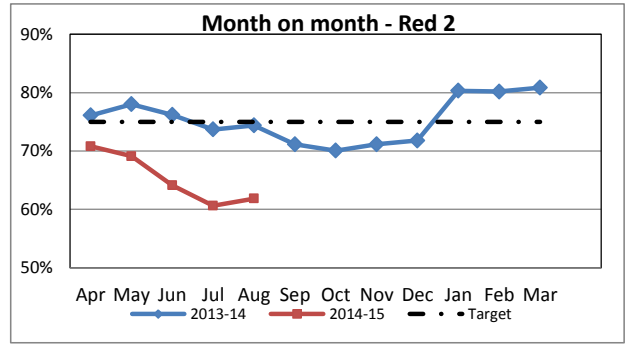
Supporting Action for exceptions against specific quadrants

| QUALITY | PERFORMANCE / ACTIVITY |
|---|---|
| <p>Actions: Although the revised recovery plan sets out to address the challenges in terms of Category A performance the actions set out in the plan will also attempt to address some of the quality issues we currently face with patients in the Category C groups. There is increased scrutiny around the numbers of Category C calls that are experiencing delays in response times at present. This includes a formal review at each of the three pre-planned teleconferences that now take place on a daily basis. An executive Director now participates on these calls as part of the executive on-call rota. We are developing alternative transport options for those patients that are identified as having no immediate need for direct clinical interventions but will need to seek further assistance from other parts of the healthcare system. Further detailed analysis is taking place on delays in responding and a system has been created to identify vulnerable patients which can be flagged and subject to additional clinical review by the registered clinicians based in the Clinical Hub. As more staff are concentrated on providing additional operational cover to support operations such as Team Leaders we are putting actions in place to ensure we continue to monitor and provide feedback to staff on the quality of care we are delivering to patients. These plans will deliver local solutions within the current seven clusters appropriate to their needs.</p> | <p>Actions: The Trust has now submitted a formal revised recovery plan to the TDA, NHSE (London) and Commissioners. The purpose of the plan is to deliver a number of priority actions to recover the Trust to a sustainable run rate of 75% Category A performance on a weekly basis from the beginning of November. These actions are broadly covered off under three key themes:</p> <p>Increasing operational capacity</p> <p>Managing demand</p> <p>Responding to calls differently</p> <p>The Director of Performance is the executive lead for the delivery of the actions contained within the plan. A weekly Performance Board has been set up and is chaired by the CEO. The Trust has submitted bids for additional funding to support the recovery effort and these are being considered by the TDA. Our own financial plan is subject to change to support recovery actions from our existing financial plan. Delivery of the key actions of the plan are scheduled to be delivered between the end of August through to the last week of October. The Trust has moved to REAP level 4 and is discharging the actions contained within the REAP escalation guidance. Advanced implementation planning continues for the introduction of new frontline roster patterns and operational skill mix due to go live on the 8 September.</p> |
| WORKFORCE | VALUE FOR MONEY |
| <p>Actions: Domestic and International recruitment continues to proceed at pace. The main areas of focus are the introduction of UK graduates in to the Trust across Autumn. This will result in circa 100 Paramedics entering operations from the end of September through to the end of November. We are on track to recruit and train 120 Emergency Ambulance crew by the end of March. There will be a team of senior operational Managers departing for Australia and New Zealand at the beginning of September. They intend to undertake clinical and written assessments as well as interviews with applicants with a view to making conditional offers whilst in country. There is sufficient capacity within the team to see over 200 applicants. We are also trying to provide conversion training to A&E Support staff who have transitioned to the Emergency Ambulance Crew role, this training takes nine weeks to complete and whilst it does not provide additional capacity it does give us greater flexibility in who we can crew these staff with from our existing workforce. To try to reduce the level of Paramedic leavers from the frontline the role of Senior Paramedic will be advertised at the beginning of September. We aim to employ 500 Paramedics in to this role over the next year and the advert will be for the first cohort of 200. This role will attract Agenda for change band 6 pay and will attempt to address Paramedics who are leaving the Trust to undertake Band 6 roles in other parts of the system. Further actions to aid retention are contained within the wider recovery plan and we continue to seek additional funding from the local education and training boards to be able to offer support to staff who wish to undertake further formal academic education. We are also working with the mayor to identify how we can further support our staff with the standard of living issue associated with the capital city.</p> | <p>Actions: Financial plans have been drawn up to support improved performance delivery and plans have been submitted to the NTDA. Close monitoring and engagement with organisation on CIP delivery and achievement of the Capital plan to ensure full year targets are met. Focus will remain on minimising debtor and stock balances to maximise cash available to the Trust.</p> |

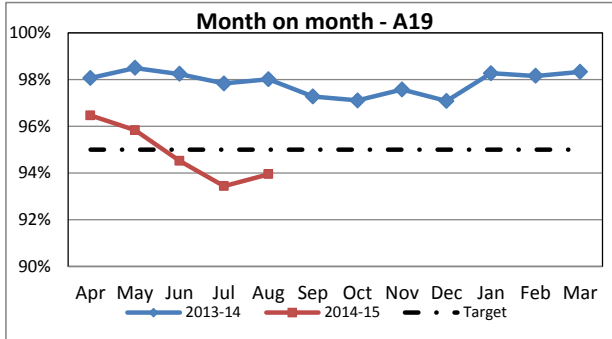
1. Cat A - Red 1 Performance



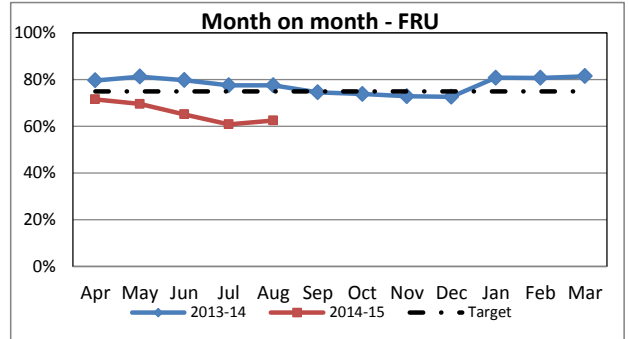
2. Cat A - Red 2 Performance



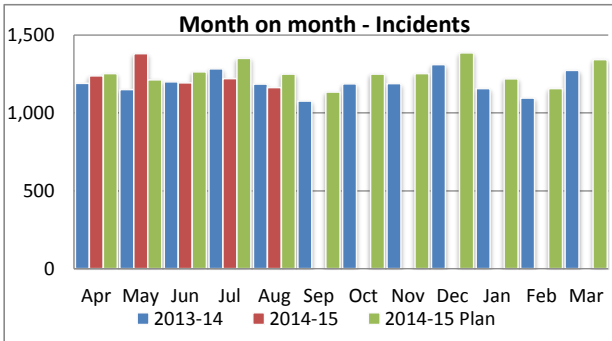
3. Trust A19- Performance



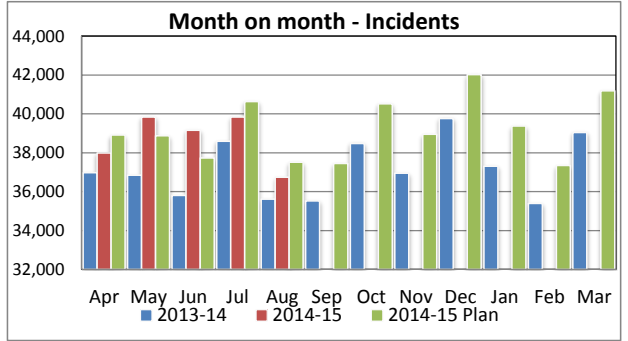
4. FRU A8 - Performance



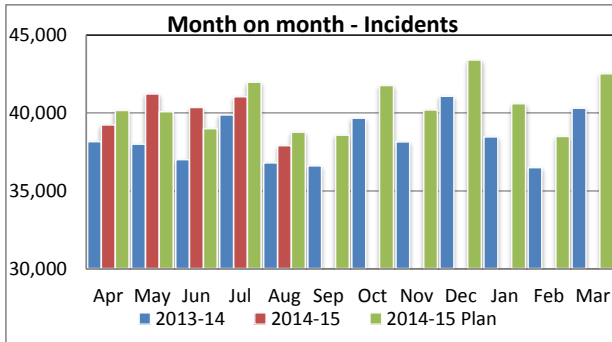
5. Cat A - (Red 1) Incidents



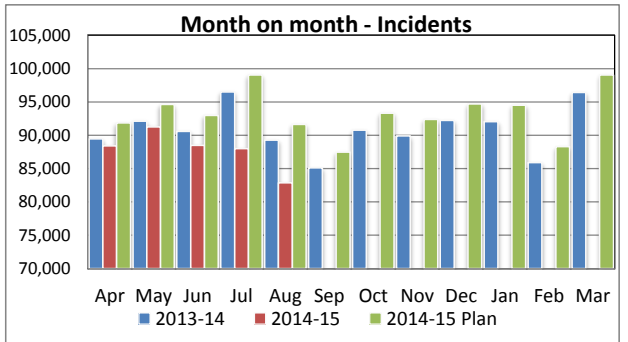
6. Cat A (Red 2) Incidents



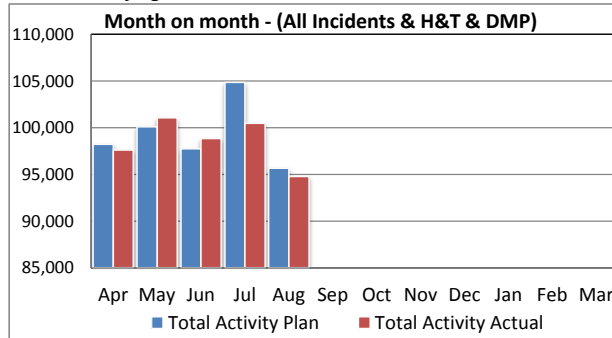
7. Cat A - Total Incidents



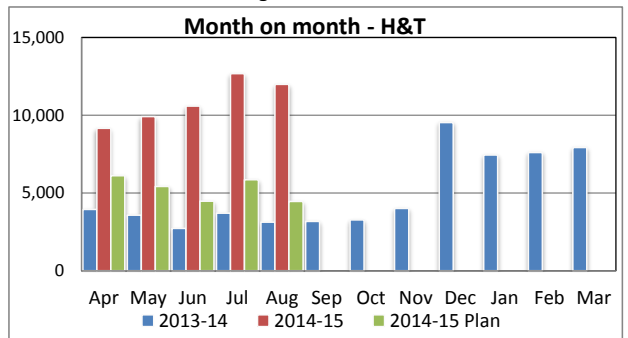
8. Total Incidents



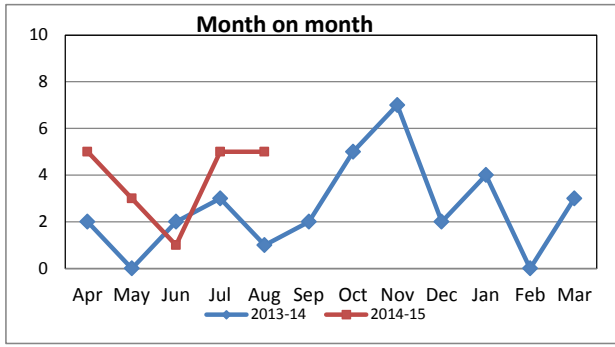
9. Total Activity against Plan



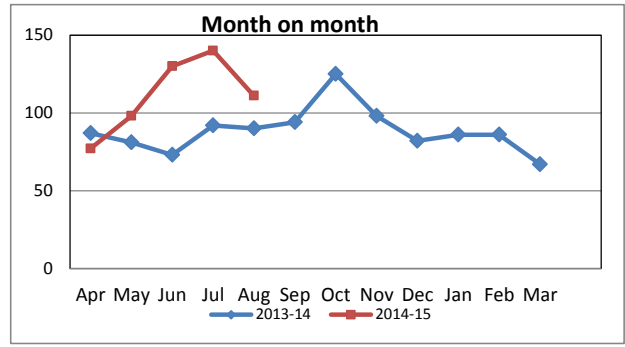
10. Clinical Hub H&T Discharges



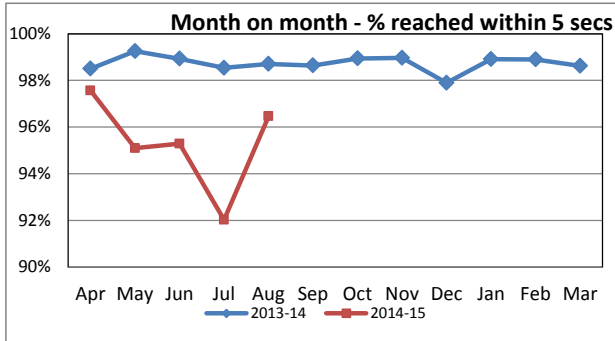
1. Serious Incidents declared



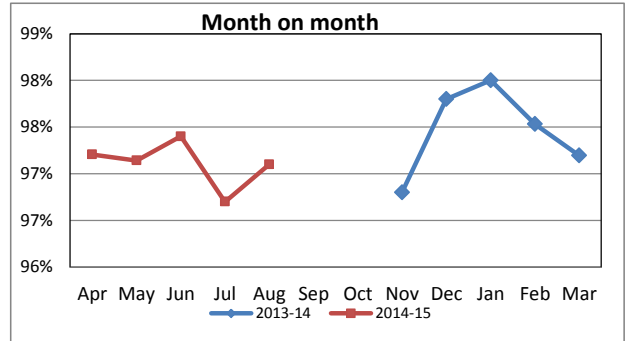
2. Complaints received



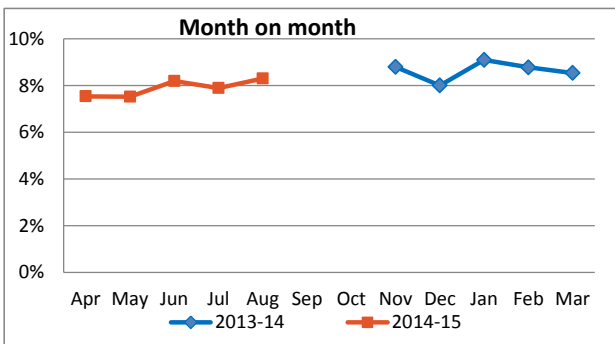
3. 999 Call Answering - 5 secs



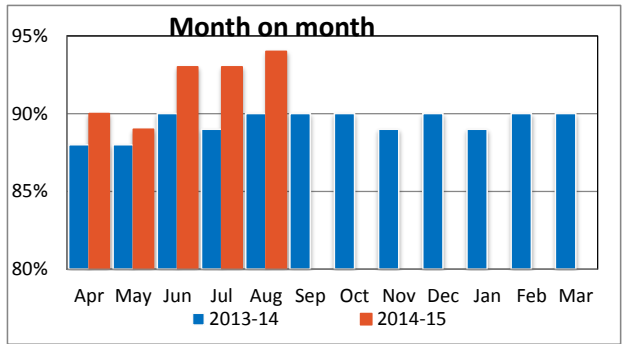
4. NHS111 Call Answering- 60secs



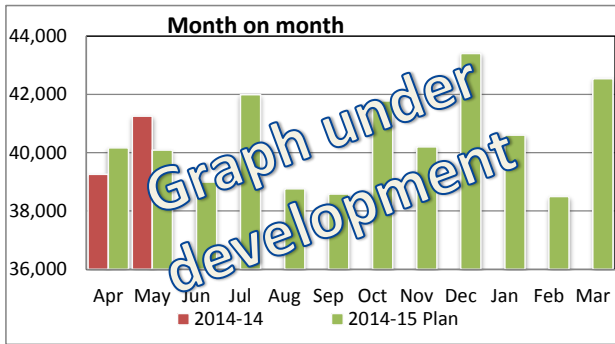
5. NHS 111 Transfer rate to 999



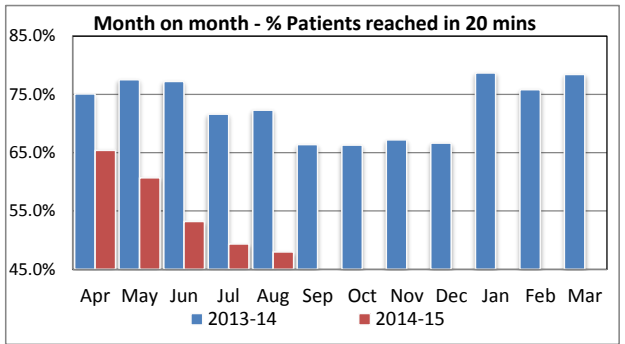
6. Aspects of care compliance (MH)



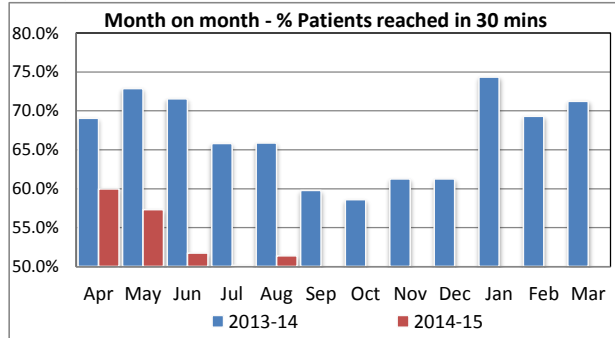
7. Deep Clean of vehicles % completed



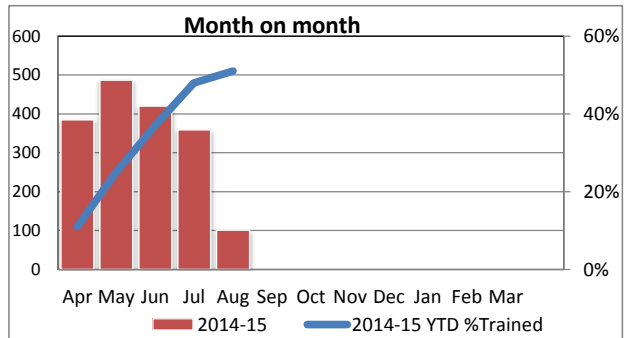
8. Category C1 (20 mins)



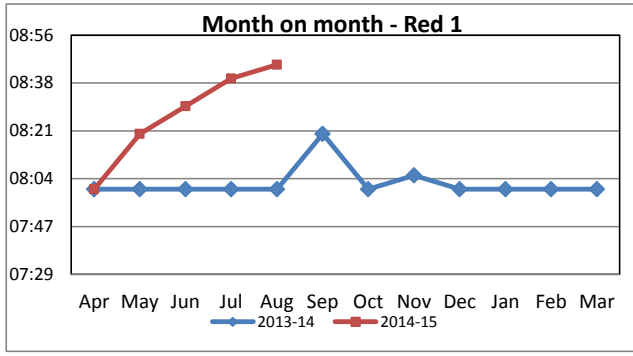
9. Category C2 (30 mins)



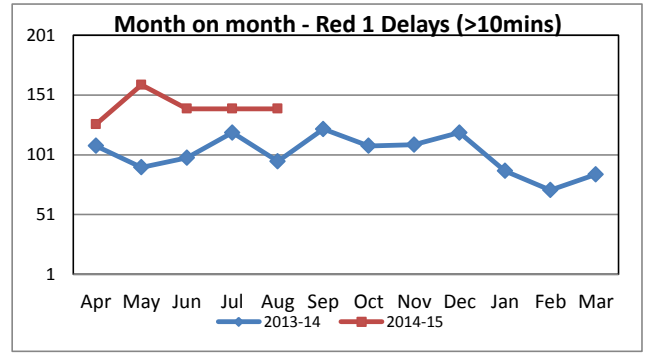
10. CSR 2014 Delivery - % of Frontline



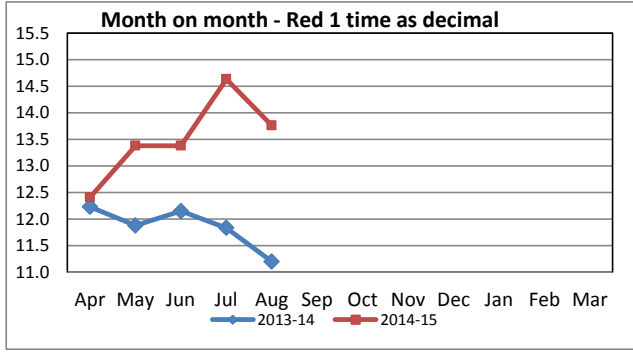
1. Red 1 - 75% reached in Mins/secs



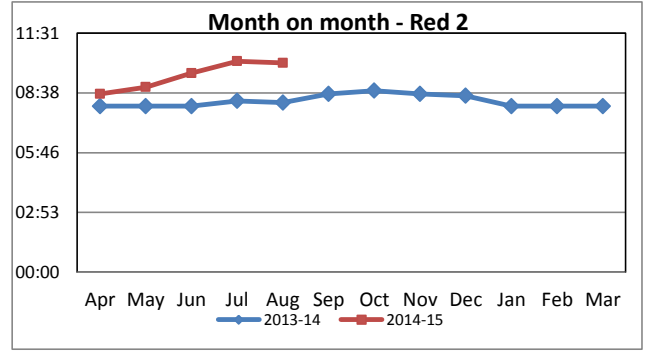
2. Red 1 - number of responses > 10mins



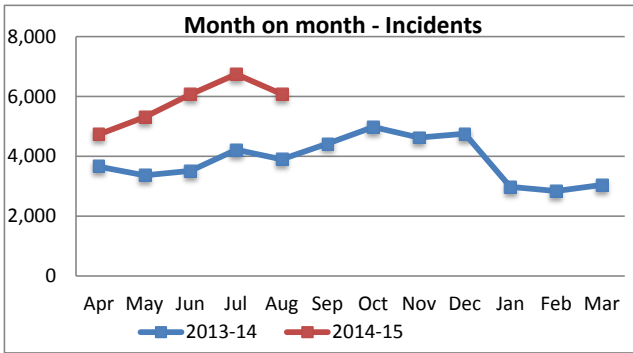
3. Red 1 - Time to get to 95th Percentile



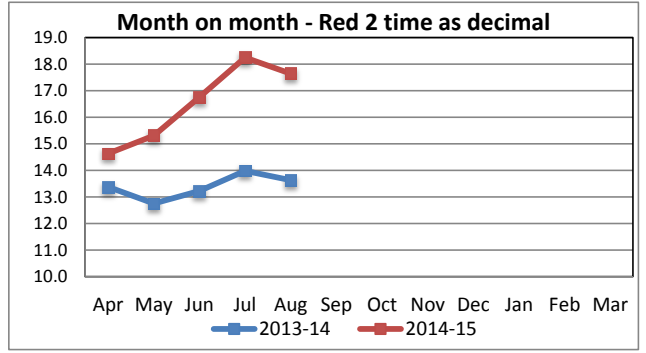
4. Red 2 - 75% reached in Mins/secs



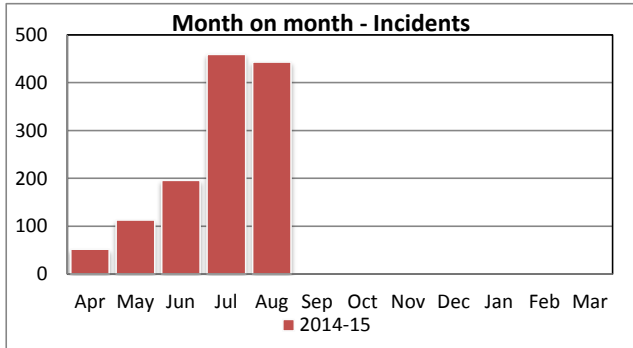
5. Red 2 - number of responses > 10mins



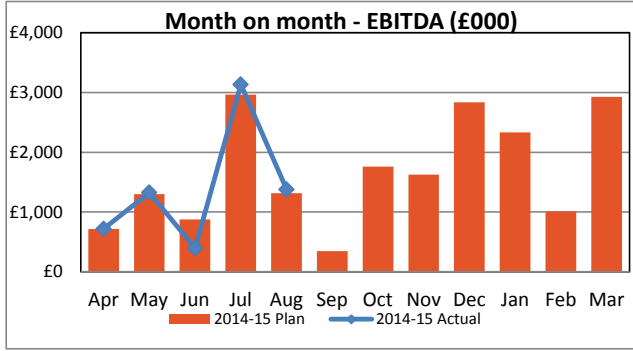
6. Red 2 - Time to get to 95th Percentile



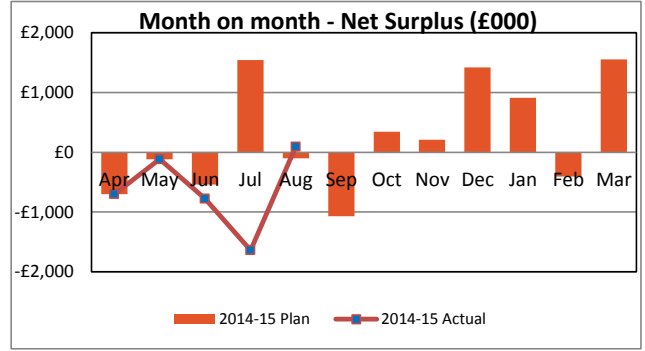
7. Surge plan escalation > Amber (Hours)



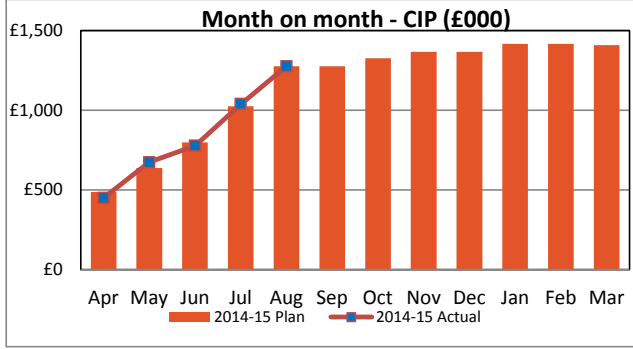
1. EBITDA (£000)



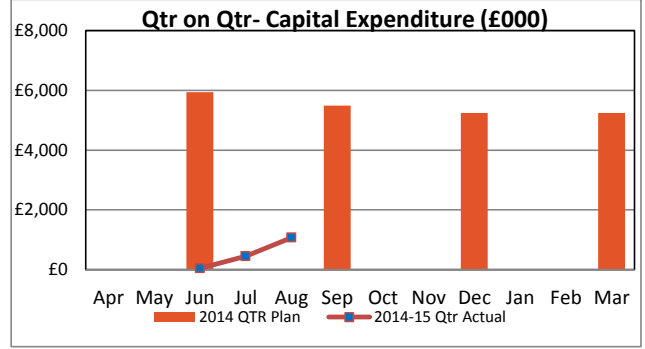
2. Net Surplus (£000)



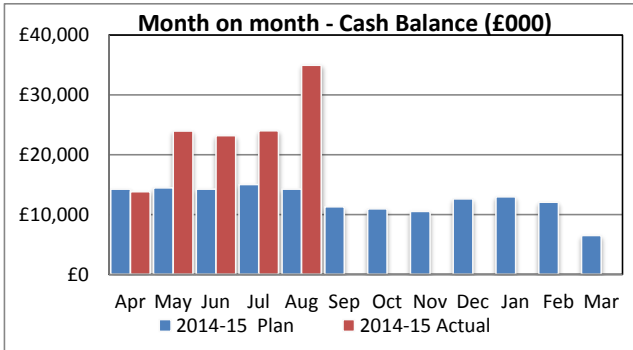
3. Cost Improvement Programme (£000)



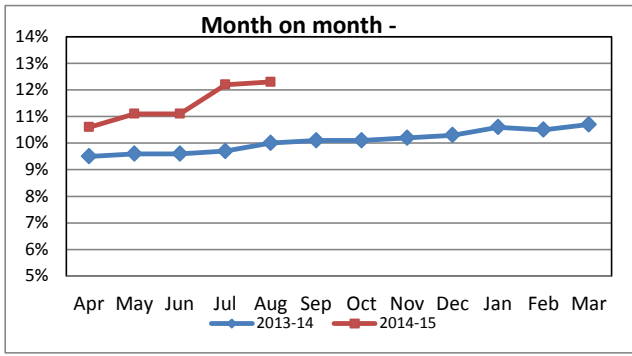
4. Capital Expenditure (£000)



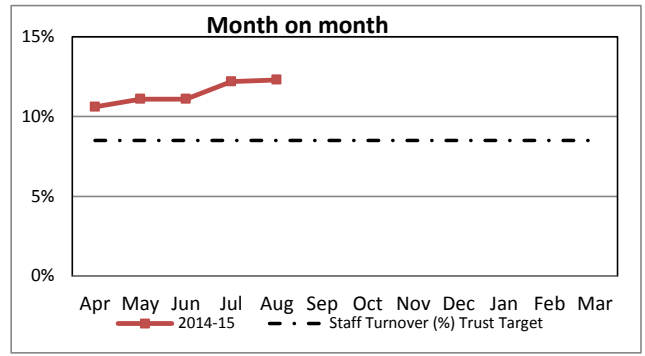
5. Cash Balance



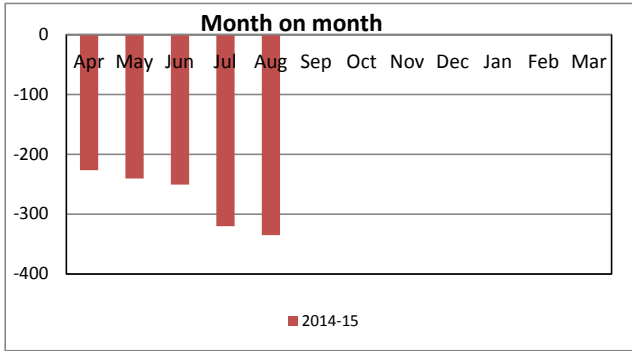
1. Staff Turnover



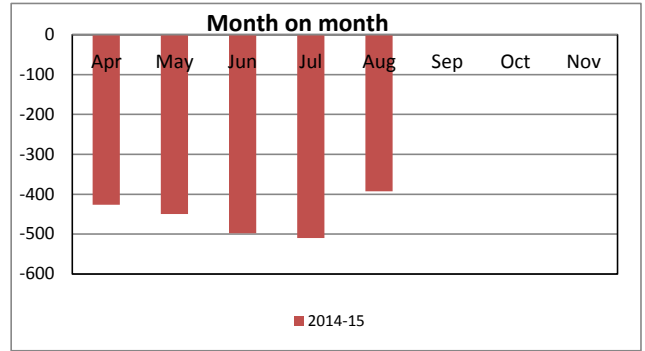
2. Vacancies (%)



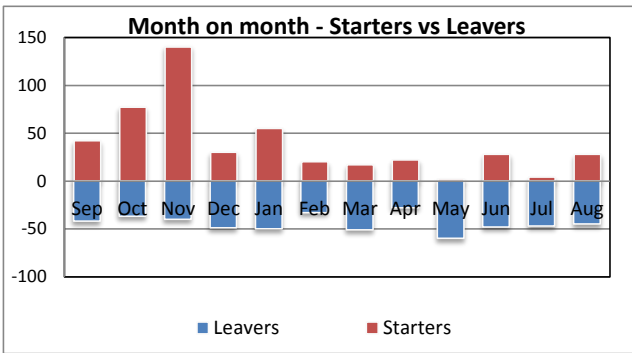
3. Vacancies (WTE) - Paramedic



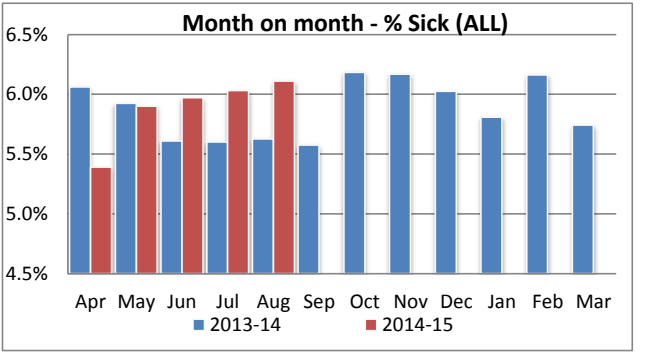
4. Vacancies (WTE) - All Trust



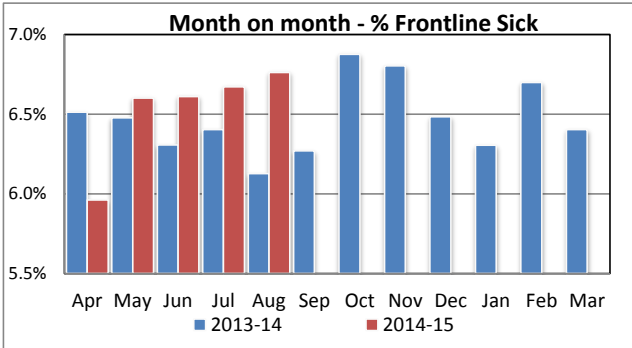
5. Starters vs Leavers



6. Sickness - All Staff (%)



7. Frontline Sickness (%)





| | |
|--|--|
| Report to: | London Ambulance Service Trust Board |
| Date of meeting: | 30th September 2014 |
| Document Title: | Clinical Directors' Joint Report |
| Report Author(s): | Fionna Moore / Steve Lennox / Mark Whitbread |
| Presented by: | Fionna Moore / Steve Lennox / Mark Whitbread |
| Contact Details: | |
| History: | Parts of this report have been presented to the Executive Management Team |
| Status: | For information |
| Background/Purpose | |
| <p>Demand Management Plan / Surge Plan: There has been extensive use of Surge Red and some use of Surge Purple since the last report to Trust Board.</p> <p>Clinical Performance Indicators: There has been a fall in the completion levels of CPI audits in June and July. The Mental Health CPI remains the lowest scoring, but has seen some improvement.</p> <p>Prevention of Future Deaths Reports: The Trust has not received any prevention of future deaths reports. There is an update included, to a previous prevention of future deaths report issued to another Trust. AACE have responded on behalf of all ambulance Trusts.</p> <p>Medicines Management: There has been one reportable controlled drugs incident since the last report to Trust Board. There has also been one incident regarding general drugs.</p> <p>Locality Alert Register: The number of addresses held on the locality alert register remains on a par since the last report to Trust Board.</p> <p>Key issues and risks arising from this paper</p> <ul style="list-style-type: none">▪ Extensive use of Surge Red▪ A rise in the number of complaints received into the Patient Experiences Department▪ Poor CPI completion rates▪ The number of PRF's being submitted without illness codes, meaning the PRF's aren't auditable. | |
| Action required | |
| To note the report. | |
| Assurance | |
| This report is structured around the quality domains of the quality dashboard but also reports on issues wider than the quality measures. | |

| Key implications and risks arising from this paper | |
|--|----------|
| Clinical and Quality | X |
| Performance | X |
| Financial | |
| Legal | X |
| Equality and Diversity | |
| Reputation | |
| Other | |
| This paper supports the achievement of the following 2014/15 objectives | |
| Improve patient care | X |
| Improve recruitment and retention | |
| Implement the modernisation programme | |
| Achieve sustainable performance | X |
| Develop our 111 service | |
| Simplify our business processes | |
| Increase organisational effectiveness and development | X |

LONDON AMBULANCE SERVICE NHS TRUST

Clinical Directors' Joint Report – 30th September 2014

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.

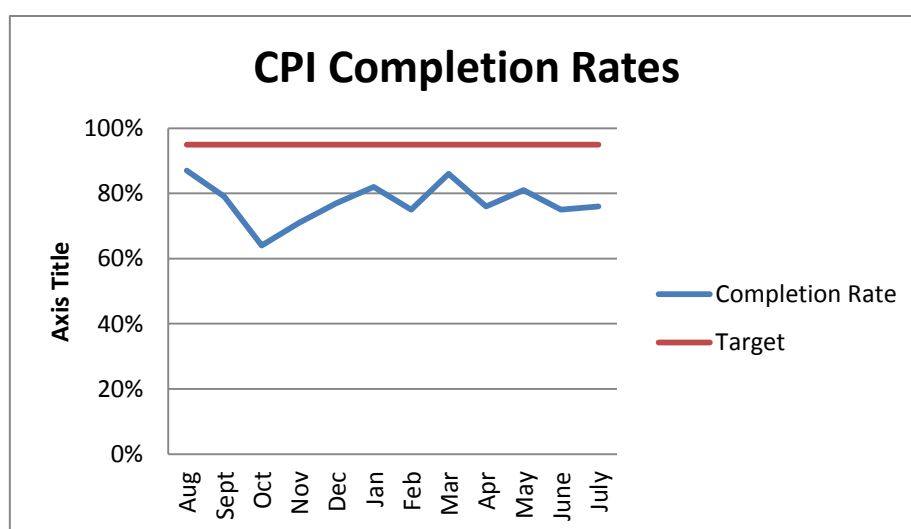
In particular, the Clinical and Quality Directorate would like the Board to focus on the following areas:

- Increasing use of Surge, with 26 and 28 implementations during July and August respectively. The hours spent at Surge Red have also increased, with 347.5 hours during July and 401.75 hours during August. The use of Surge Purple has fallen however, during August.
- Poor CPI completion rates, with the Trust's average currently sitting at 76%. The mental health CPI continues to have the poorest compliance, currently at 91%. However, this is an improvement on previous months and it is hoped that the core skills refresher courses will continue to increase the compliance to this audit.
- A concern surrounding the number of PRFs being submitted without illness code, meaning that the PRF isn't auditable via the CPI system. This in turn means that there is no audit of the care provided to these patients by the individuals involved; creating a clinical risk.
- A response from all ambulance Trusts via AACE to HM Coroner (Nottinghamshire) regarding steps taken to minimise the likelihood of oesophageal intubation.

[Domain 1 - Safety](#)

Clinical Performance Indicator completion and compliance

The CPI completion rate dropped in June and has remained low during July. This is the lowest completion rate since February. The South has again had the biggest decrease in completion rate since the last report; a further decrease of 6%. The East and West sectors both had improvements in their completion rate; the East a large increase of 10% on June.



CPI Completion August 2013 to July 2014

| Area | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | July |
|------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| | East | 91% | 71% | 30% | 62% | 64% | 85% | 81% | 91% | 71% | 71% | 62% |
| South | 89% | 88% | 79% | 65% | 89% | 94% | 77% | 81% | 79% | 91% | 79% | 73% |
| West | 83% | 76% | 76% | 82% | 77% | 68% | 69% | 88% | 76% | 77% | 79% | 80% |
| LAS Total | 87% | 79% | 64% | 71% | 77% | 82% | 75% | 86% | 76% | 81% | 75% | 76% |

CPI Compliance July 2014

| Area | Cardiac Arrest | Glycaemic Emergencies | ACS | Stroke | Mental Health | Non-Conveyed | 1 in 40 PRF |
|------------------|----------------|-----------------------|------------|------------|---------------|--------------|-------------|
| East | 98% | 98% | 96% | 98% | 92% | 98% | 98% |
| South | 98% | 97% | 96% | 97% | 92% | 97% | 97% |
| West | 98% | 95% | 95% | 97% | 91% | 96% | 97% |
| LAS Total | 98% | 96% | 96% | 97% | 92% | 97% | 97% |

CPI Compliance June 2014

| Area | Cardiac Arrest | Difficulty Breathing | ACS | Stroke | Mental Health | Non-Conveyed | 1 in 40 PRF |
|------------------|----------------|----------------------|------------|------------|---------------|--------------|-------------|
| East | 96% | 94% | 96% | 97% | 89% | 98% | 98% |
| South | 98% | 96% | 97% | 97% | 93% | 97% | 98% |
| West | 98% | 95% | 97% | 97% | 91% | 97% | 98% |
| LAS Total | 98% | 95% | 96% | 97% | 91% | 97% | 98% |

CPI compliance remains >95% against all clinical care standards, except mental health which has now been on-going for a number of months. July's compliance to the mental health CPI has increased to 92%, with each area achieving in excess of 90%. The areas for improvement on the mental health CPI continue to be documenting safeguarding concerns, and appearance of the patient. It is hoped that the Core Skills Refresher on mental health will see the care provided to this group of patients continue to rise to levels associated with other CPI audits. Both Newham and Hanwell complexes achieved in excess of the 95% AOM objective for compliance to the mental health audit. They should be congratulated for this achievement, as the only complexes to have gained this compliance level.

Chase Farm, Fulham, Bromley and Croydon should be congratulated for their compliance of >95% to all of the audits.

Chase Farm and Wimbledon complexes both exceeded the number of staff expected to receive feedback during July, and New Malden complex provided feedback to >95% of the expected number of staff.

PRF submission has been considered by the information governance group over the past months, with some concerns raised regarding the numbers of missing PRFs. A PRF is expected by MI, from

every vehicle who books on scene at an incident. All East, West and South complexes are now reaching an acceptable level of PRF submission, all in excess of 97% with most reaching 99%. However, of concern are the levels of PRFs being submitted by other areas. Of note, the Clinical Hub have submitted 94% of the PRFs expected, HART submitted 89% and most worryingly the Voluntary Organisations that the Trust subcontract have only submitted 74% of the expected PRFs. The Private Ambulance providers are not currently included within this report, but this has been requested for future reports.

There is also some concern surrounding the numbers of PRFs being submitted to management information without illness codes. This presents a risk because without an illness code, the PRF isn't auditable through the clinical risk CPI groups. Those PRFs would only be audited via the non-convey and general documentation groups. No complex achieves above 90% for illness codes, and the lowest achieving complexes are volunteer responders, HART and City and Hackney; with 40%, 75% and 79% respectively. This is the first time that this issue has come to light and it will be kept under close review. If it continues to remain an issue it will be brought to the attention of the Area Directors of Operations.

Full CPI reports are available on request.

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 August there were 11 CAS alerts, none of which required any further action by the LAS, but all of which were acknowledged.

In September the Trust received notification about the surviving sepsis campaign. This alert requires the Trust to have a plan in place to achieve compliance to ensure that all clinical staff have access to both adult, paediatric and infant sepsis screening and action tools. The Clinical and Quality Directorate are assessing how to implement this and will update EMT and the Trust Board further in the next report.

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 August 2014 has been released. None of the articles have specific relation to the Trust but all have been acknowledged.

Locality Alert Register

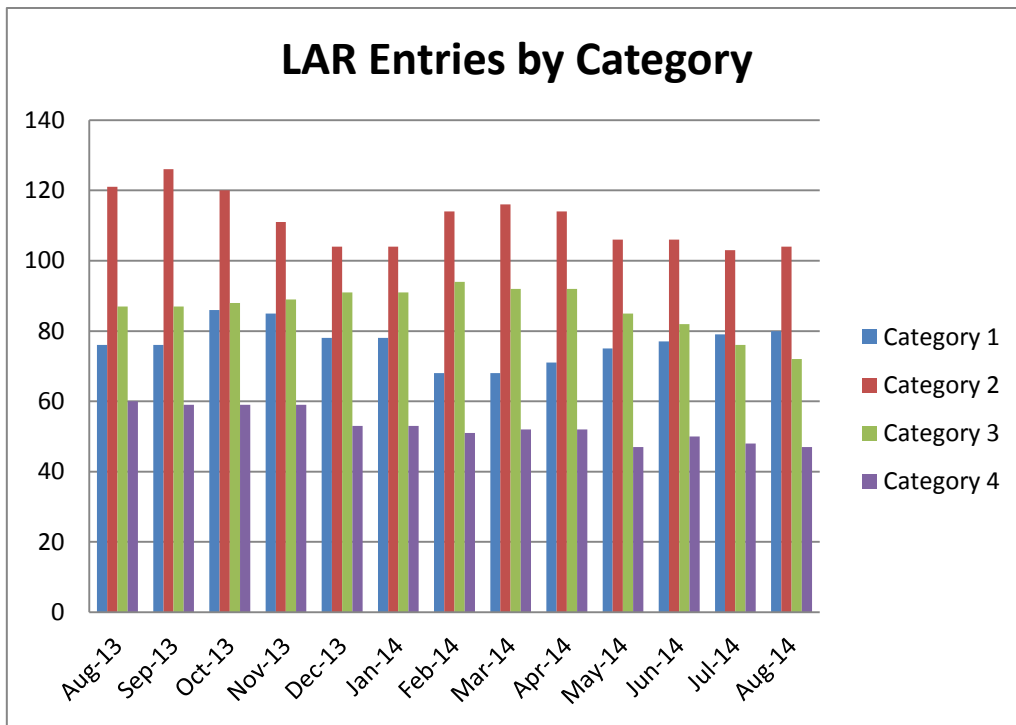
There are currently 303 addresses on the Locality Alert Register (LAR). These are broken down as follows:

CATEGORY 1: 80

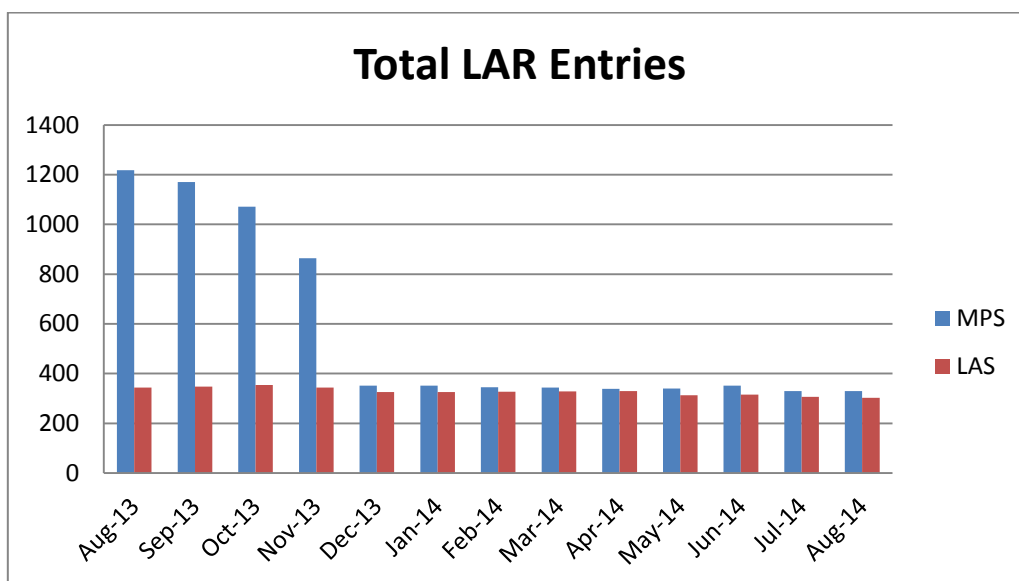
CATEGORY 2: 104

CATEGORY 3: 72

CATEGORY 4: 47



The Trust has notification of 329 high risk addresses from the Metropolitan Police. This is a slight decrease on the previous month.



Notification letters are sent to all addresses which are flagged within our systems. This ensures that the both the Trust is compliant to the Data Protection Act and also that residents have an opportunity to provide the Trust with up to date information. At the end of August, 81% of current addresses had been sent letters. There is a variable range between CCGs of between 14% and 100%. Further work is required on this but there has been improvement.

The Trust has had some difficulty holding and informing patients of a flag for category 4 (patients who are on the register due to medical condition). The 7 Clinical Involvement Officers are now taking this forward following a meeting with the Management Information team who deal with these flags and are aware that these particular flags are of particular clinical concern and may require local management plans to be negotiated.

Surge Plan

The last month for which we have complete Surge data is August.

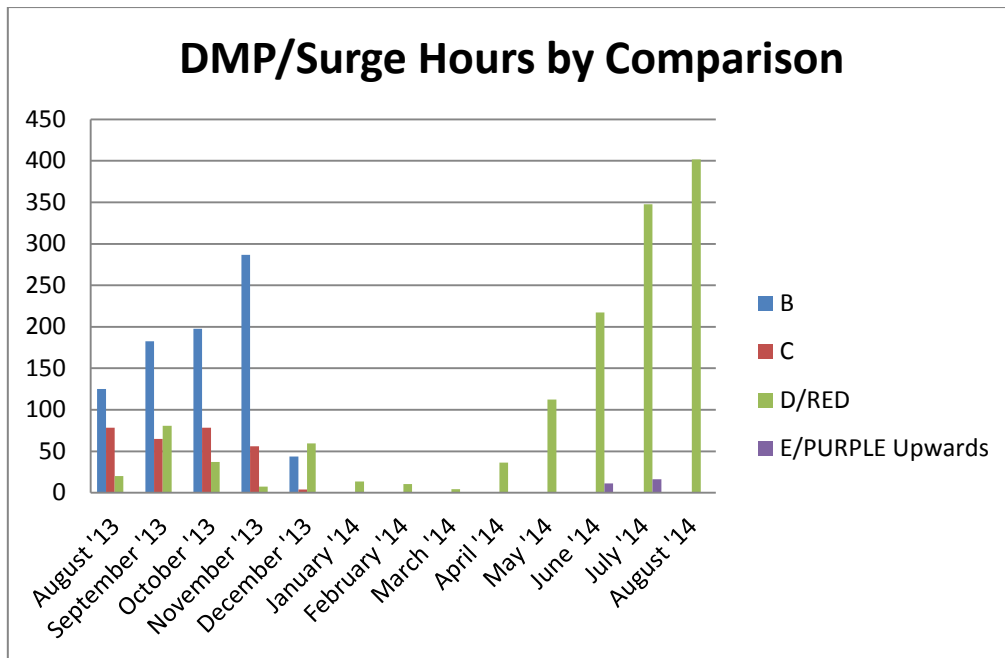
There has been significant use of Surge Red during July and August, as well as use of Surge Purple during July but not August. This has enabled the Trust to respond to the highest priority calls within the required timeframe. However, there is significant risk associated with increasing Surge level, and the Trust has seen some extended delays for lower priority calls.

A revision of Surge is now underway, using the feedback from the use of Surge Purple and the extensive use of Surge Red. The expected timeline for this review is the end of October. However, this is subject to a period of stable working.

DMP and Surge use January – June 2014

| Month | Number of occasions DMP/Surge invoked | Stage B (hours) | Stage C (hours) | Stage D (hours) Surge RED | Stage >D (hours) Surge RED (+) | Ambulances reprioritised |
|----------|---------------------------------------|------------------------------|-----------------|---------------------------|--------------------------------|--------------------------|
| 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 |
| June | 26 | Surge Amber | | 217.25 | 11.5 | 8687 |
| July | 26 | Surge Amber | | 347.5 | 16.25 | 7498 |
| August | 28 | Surge Amber | | 401.75 | 0 | 10935 |

The figures for 'ambulances reprioritised' shown above during August have been sourced from a different location to previous months. There is an obvious difference in figures noted. This source of information (Clinical Hub weekly report) will continue from this point forward.



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.

A preventing future deaths report was detailed in a previous report to EMT. This regarded the incorrect placement of an endo-tracheal tube within another Trust. AACE on behalf of all Trusts in the UK and Wales has now responded to the Coroner and answers the Coroner's specific questions. The concerns and the Trust's compliance to each are outlined below:

The level of training associated with paramedic intubation – both initial training and subsequent refresher training, particularly given how infrequently most paramedics are called upon to intubate.

The actions given by AACE are all already in place within the LAS. The Trust already teaches and uses a stepwise approach to airway management and ventilation, and has a paramedic skills log in use. The Trust also assesses an individual paramedic's advanced airway skills using the airway log. However, the Trust is not yet compliant with this last action for each paramedic and therefore this remains an action for the Trust. This should be in place by July 2016.

Whether use of waveform end-tidal carbon dioxide monitors is now mandatory.

Availability of these devices to staff, and training on how to use and interpret them.

The actions given by AACE are all already in place within the LAS. The Trust mandates the use of waveform end-tidal carbon dioxide monitoring when all advanced airways are placed. A paramedic is not allowed to undertake intubation if the equipment is not available. The equipment is available on all frontline ambulances and response cars. Each Paramedic is also required to document each intubation undertaken, and provide evidence as to the correct placement. This compliance is monitored and fed back on a monthly basis.

In the absence of radical changes, in particular in relation to initial and refresher training, ambulance services should consider whether paramedics should be permitted to intubate patients at all.

This will be a decision taken individually by all Trusts. However, the LAS made the decision prior to the preventing future deaths report that it would no longer teach intubation to new paramedics coming into the Trust.

The full letter to HM Coroner is available upon request.

Infection Prevention & Control

The Trust has issued Viral Haemorrhagic Fever Guidance (VHF) (version 3) to both control room and operational staff. This details the process to identify low/high possibility cases of VHF, how to access further information and support Public Health England. The guidance includes a detailed flow chart for confirmed cases of VHF and a reminder of standard prevention and control procedures.

The Hazardous Area Response Team has procedures in place and is able to undertake the safe transportation of all confirmed category four patients.

Safeguarding

The recent incident at Rotherham illustrates how complex and networked sexual exploitation can be. We will review all reports and lessons learned from the investigation to ensure the London Ambulance Service is able to fully play its role in protecting children.

As a result of the information and lessons already published we are reviewing our processes and action plan to ensure staff are fully aware of the issues and report any concerns. We have a very strong referral ratio (when compared to other Ambulance Services) and this suggests a good understanding of the issues and we monitor the referral ratio at Safeguarding and Quality Committee.

Staff already receive training in sexual exploitation however this will be strengthened in the next core skills refresher training which has a section on human trafficking and also patient outcomes. We are also planning a safeguarding and mental health conference for April 2015 and we will have a survivor of sexual exploitation talking about their experience. An education article will also be published in the next "Clinical Newsletter". A report on the recommendations and actions as a result of Rotherham is being written and will be presented to EMT in the next quarter.

Domain 2 – Development and Practice

Medicines Management

Controlled Drugs (CD) / General Drugs

1. There has been one reportable CD incident since the last report. This involves an unexplained deficit of one ampoule of morphine sulphate at Greenwich ambulance station on 9th September 2014. Immediate investigations by the Complex Management Team could not explain the loss, which came to light during a routine check when a paramedic was signing their morphine back into the safe and discovered that although the physical count of the ampoules was correct, one of the ampoules was hydrocortisone and not morphine sulphate. Despite an immediate lock down of the CD safe and an investigation, the reason for the discrepancy has not been revealed. All returned paramedic drug bags used that day on the complex were isolated to see if the ampoule of morphine had somehow been placed in the bag by mistake, but this was not the case. All PRFs where morphine had been used that day were cross checked against the CD Register for accuracy and again no problem was found. There is one angle of enquiry still open for a member of staff who went abroad on Annual Leave and is due to return soon. It is remotely possible that the ampoule might be in their possession.
2. The LAS has a small stock of CDs that require destruction under the terms of the Controlled Drugs Regulations. This is being arranged for late September with the Met Police CD liaison Officer(CDLO).
3. Given that the LAS has had two CD incidents in a very short period of time, the Chair of the Medicines Management Group is asking the Met Police CDLO Team to carry out unannounced visits again.
4. There has been one incident involving general drugs. This case involved a member of Fulham Ambulance Station “giving” a General Drugs bag to someone who is not an LAS employee in order that that person could use the drugs to treat patients in a night club. This incident came to light from an approach to the LAS by a registered paramedic working at the night club who knowing he was not a LAS member of staff became suspicious of their colleague when he started using an LAS Drugs Bag. On 25th August 2014 it was arranged for the Met Pol and an LAS DSO to go to the night club (Fabric – Camden Town) and confront the person. This incident is now being investigated.

Drug Errors / MHRA Alerts

5. There have been no reported drug errors since the last report.
6. There have been no MHRA Drug Alerts since the last report.

Medicines Management Group (MMG)

7. There has been no MMG Meeting since the last report.
8. There are currently no medicines supplies issues affecting the LAS.
9. Preparation of the PGD for the 2014 / 15 Flu Vaccine programme is underway.
10. As part of the "Getting the Basics Right" work, it is likely that IV paracetamol will become a Station Based medicine. It is apparent that IV paracetamol usage is higher than predicted and is thus causing paramedic drug bags to be returned more often than normal to Deptford Stores. Anecdotally the use of IV paracetamol is appropriate, and is increasing as staff become more familiar with its use.

Medicines Optimisation

11. The Chair of MMG is currently re-writing the policies that affect the use of medicines within the LAS. When completed these revisions will favourably affect the score. In conjunction with the Infection Control Lead for the LAS the Chair of MMG is also instigating an audit tool for medicines management on Complexes. This will also favourably affect the score. When the above measures have been completed and fully tested the Chair of MMG will revise the scoring matrix.

[Domain 3 - Effectiveness and Experience](#)

Clinical Audit and Research

Cardiac

The Monthly Cardiac Arrest and ST-Elevation Myocardial Infarction Reports (Cardiac Care Pack) for July 2014 have been published.

The full report is available upon request.

Key Findings:

- Defibrillator data download rate remains low, at just 1% *
- 33% of cardiac arrest patients that had resuscitation commenced, gained and sustained ROSC (Return of Spontaneous Circulation) until arrival at hospital. This percentage includes all arrest rhythms.
- 97% of the advanced airways placed during a cardiac arrest had end-tidal CO₂ measured and recorded. 8 patients had no ETCO₂ noted and no printout of the waveform included with the PRF. The PRFs with no end-tidal documentation are now being reviewed, and each case is followed up with the individual crew involved. This is completed by the area medical directors.
- 100% of STEMI patients attended by the LAS were transported to the most appropriate destination.

- Overall call to arrival at hospital time for STEMI increased to 71 minutes during July. The length of time on scene remains high and increased to 43 minutes. Both of these figures are higher than expected and continue to require monitoring.
- The number of patients receiving the full STEMI care bundle decreased further in July to 74%.

* NB: The Advanced Paramedic Practitioners will soon be 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 was hoped that this would be implemented soon after the APP's started, however there have been issues with the IT equipment required. There has therefore been a delay in this starting.

Stroke

The monthly Stroke report for June 2014 has been published.

The full report is available upon request.

Key findings:

- 99% of suspected stroke patients were provided with a full pre-hospital care bundle or a valid exception to its provision was recorded.
- 99% of FAST positive patients had the onset time documented.
- 99% of FAST positive patients were conveyed to the most appropriate destination
- Average on scene times remain higher than the recommended 30 minutes, currently at 35 minutes during June.
- The percentage of patients eligible for thrombolysis who arrived at a HASU within 60 minutes has dropped during June to 58%, from 63% in May.

The July 2014 report is delayed due to on-going staffing issues within the CARU department.

Re-contact Clinical Audit

The Clinical Audit and Research Unit have completed an audit on re-contact rates following initial non-conveyance within the Trust.

The audit found that in the period considered, 23.2% of patients were not conveyed to hospital following the Trust's attendance. Of these patients, 2.5% (124 patients) re-contacted the LAS within 24 hours. Over 50% of the re-contacts presented with the same condition on both attendances. Using the risk matrix, 105 patients were deemed to be at minor risk of deterioration, 15 moderate and 3 severe. For one patient, a different clinical decision should have been made.

The full report is available upon request

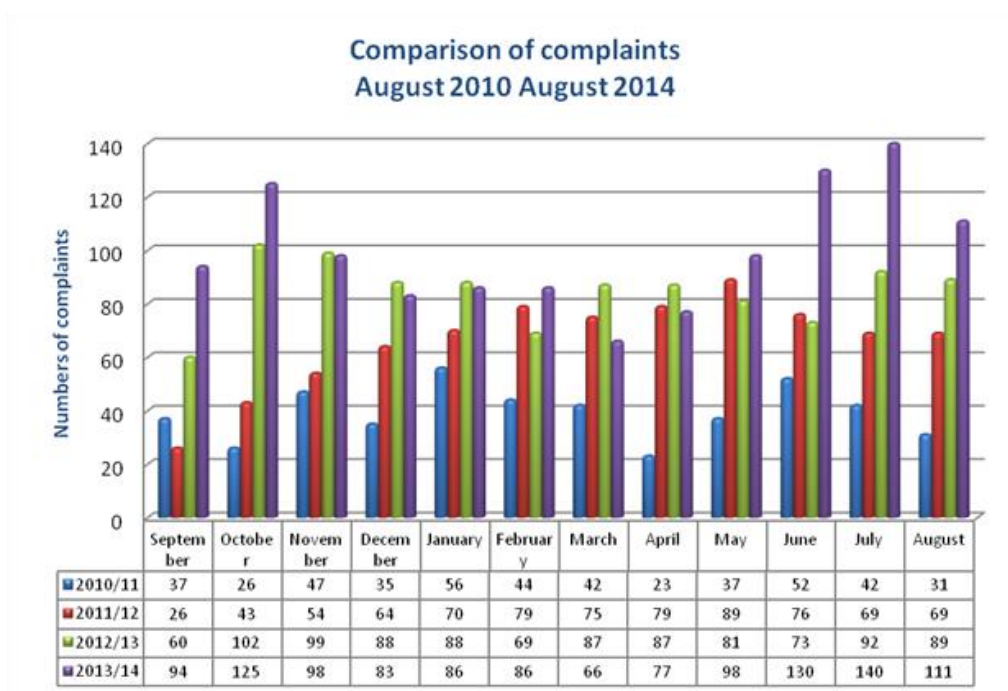
Patient Experiences

COMPLAINTS

Complaint Volumes

Activity once again remains high, with 111 complaints being received.

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



This month, 17 complaints involved other Trusts/agencies including 7 x Acute Trusts, 4 x NHS 111 providers, 1 about LAS 111 and 1 from a police officer; 4 cases have been considered for SI, of which 1 has been declared (C9332).

Complaints by Area by percentage of total:

| Area | Number of complaints August | Ratio of total (% rounded) |
|------------------|-----------------------------|----------------------------|
| Control Services | 64 | 57 |
| South West | 9 | 8 |
| East Central | 8 | 7 |
| West | 6 | 6 |
| North Central | 6 | 6 |
| South East | 5 | 5 |
| Not Our Service | 4 | 3 |
| North East | 4 | 3 |

| | | | | | | | | | | | | | |
|-------------------------------------|-----------|-----------|------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|------------|------------|
| Assisting with external agency | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Disputes safeguarding referral | 0 | 1 | 0 | 0 | 1 | 0 | 2 | 0 | 1 | 2 | 0 | 2 | 0 |
| Challenging paramedic qualification | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| Aggravating factors | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| Totals | 90 | 94 | 125 | 98 | 82 | 86 | 86 | 67 | 77 | 98 | 130 | 140 | 111 |

Case examples - cases closed in July/August 2014

Delay

Complaint at the delay in an ambulance attending a patient was in a public place. Demand outstripped resourcing. We apologised for the delay but similarly acknowledged the compassion shown by the 999 caller who remained with the patient and eventually took the patient home themselves. The complainant has been invited to share their experience with the Trust Board.

Care & Treatment

Concerns were raised on behalf of the patient by his GP that the attending staff believed that the patient did not need to attend hospital. Our clinical review concluded that the patient may have benefited from stronger analgesia and although the patient was taken to an appropriate facility, feedback will be given to the crew about identification of cardiac chest pains in patients presenting with atypical symptoms and non-diagnostic ECG.

Inter-hospital transfer

Delay in the transfer of the patient. Clinical Directorate review resulted in thrombotic thrombocytopenic purpura being included as critical transfers to prevent such a delay in the future.

Performance/Quality

98 cases were closed in August. The availability of a QA Manager to the department has been reduced which will have a concomitant effect on performance.

Table 2 – closed complaints August 2013 to August 2014

| 2013/14 | Number of closed complaints |
|-----------|-----------------------------|
| August | 54 |
| September | 102 |
| October | 85 |
| November | 74 |

| | |
|----------------|-------------|
| December | 114 |
| January | 75 |
| February | 95 |
| March | 127 |
| April | 71 |
| May | 91 |
| June | 88 |
| July | 113 |
| August | 98 |
| Totals: | 1548 |

As at 4 September, 235 complaints remain open or re-opened (compared to 227 in August, 198 on 8 July, 170 on 6 June and 136 on 8 May).

This increase reflects the increased demand in complaint volumes and operational pressures present challenges to the process. For example, we currently have 42% of 'open' complaints awaiting a QA report (the same as July) and 13% are awaiting operational input (12% in July).

Table 3 The following table shows the current stage of individual complaints by month to 5 September 2014

| Current stage of complaints | Cases open up to 31 May 2014 | June | July | August | overall as at 05 Sept |
|--|-------------------------------------|-------------|-------------|---------------|------------------------------|
| Awaiting QA Report | 0 | 2 | 43 | 54 | 104 |
| Draft Response with Executive Office | 1 | 7 | 8 | 2 | 18 |
| Awaiting Operational Input | 1 | 1 | 10 | 20 | 33 |
| Draft response with PED Officer | 0 | 8 | 12 | 3 | 23 |
| Awaiting Allocation | 0 | 0 | 0 | 0 | 12 |
| Allocated | 0 | 0 | 2 | 4 | 9 |
| Awaiting Clinical Opinion | 0 | 1 | 7 | 2 | 10 |
| Case under enquiry with PED Officer | 0 | 3 | 6 | 5 | 14 |
| Awaiting input from other LAS department | 0 | 0 | 4 | 4 | 8 |

| | | | | | |
|---|----------|-----------|-----------|-----------|------------|
| Draft Response with involved parties | 1 | 0 | 0 | 0 | 1 |
| Awaiting input from complainant | 0 | 0 | 1 | 0 | 1 |
| Draft Response with PED Management | 0 | 1 | 1 | 0 | 2 |
| SI Declared | 0 | 0 | 0 | 0 | 1 |
| Awaiting Clinical Hub review | 0 | 0 | 0 | 0 | 0 |
| Awaiting input from other agency | 0 | 3 | 0 | 1 | 4 |
| Comeback Response with Executive Office | 0 | 0 | 0 | 0 | 0 |
| SI Considerative | 0 | 0 | 1 | 0 | 1 |
| Awaiting information from Watch | 0 | 0 | 0 | 1 | 2 |
| Totals: | 3 | 26 | 95 | 96 | 243 |

Closure rates for 2013/15 are set out in the table below. We have prioritised the oldest 'open' cases and those allocated to by staff on long-term sickness absence and maternity leave. This also evidences that performance continues to improve.

Total complaints

Table 4 The following table extracts data from the above and demonstrates the number of complaints closed each month within the 35 day target:

| Month | 0-25 | 0-35 | Totals closed within 35 working days | Total complaints | Percentage of complaints closed within 35 working days |
|---------|------|------|--------------------------------------|------------------|--|
| 2013 09 | 20 | 4 | 24 | 94 | 25% |
| 2013 10 | 23 | 9 | 32 | 125 | 25% |
| 2013 11 | 17 | 9 | 26 | 98 | 26% |
| 2013 12 | 23 | 7 | 30 | 83 | 36% |
| 2014 01 | 16 | 22 | 38 | 86 | 44% |
| 2014 02 | 24 | 15 | 39 | 86 | 20% |

| | | | | | |
|----------------|------------|------------|------------|-------------|------------------------------|
| 2014 03 | 24 | 14 | 38 | 66 | 57% |
| 2014 04 | 15 | 20 | 35 | 77 | 45% |
| 2014 05 | 28 | 19 | 47 | 98 | 48% |
| 2014 06 | 34 | 6 | 40 | 130 | 30% |
| 2014 07 | 29 | 10 | 39 | 140 | 28% |
| 2014 08 | 15 | 0 | 15 | 111 | 13% |
| Totals: | 268 | 135 | 403 | 1194 | Average 33% per month |

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 25 September 2014.

'Comeback' Activity

Table 5 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 | 26 |
| Totals: | 146 |

This month there were 13 recent cases where a 'comeback' response was received.

Comeback case examples

Compensatory payment – forced entry

(C7928) This was declined on the basis that we were not informed that the patient intended to make their own way to hospital.

Care plan approach

(C8686) An offer was made to put into place an 'emergency care component' of a community care or discharge plan. Clarification was provided explaining this in more detail.

Health Service Ombudsman

Table 6 The following table presents cases referred by the Ombudsman 2013 – 15 which remain 'open'

| 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. Awaiting further developments. |
| C7685 | Draft HSC report received, revised after LAS comments > HSC | Complaint partially upheld - awaiting senior management comments |
| C7771 | File requested 23 Dec 2013 | File > HSC. Awaiting HSC report. |
| C7935 | File requested by PHSO 23 January 2014 | File > HSC. Awaiting HSC report. |
| C7938 | File requested by HSO 26 Feb 2014 | File > HSC. Awaiting HSC report. |
| C8154 | File requested by HSO 07 Feb 2014 | File > HSC. Awaiting HSC report |
| C8198 | File requested by HSO 23/04/14 | Draft PHSO received – complaint not upheld. |
| C8370 | File requested 09 June 2014 | File > HSC. Awaiting HSC report |
| C8379 | File requested 05 Feb 2014 | File > HSC. Awaiting HSC report |
| C8749 | File requested 10 June 2014 | File > HSC. Awaiting HSC report |
| C8882 | File requested 20 August 2014 | File > HSC. Awaiting HSC report |
| C9023 | File requested 28 August 2014 | File > HSC. Awaiting HSC report |
| C9313 | File requested 15 August 2014 | File > HSC. Awaiting HSC report |

PALS

PALS specific enquiries = 283 in August compared to 316 in June, 250 in May and 273 in April,

Average monthly PALS for 2013/14 = 287.

Currently there are 72 PALS cases remaining open, this includes medical records awaiting consent from the patient, cases awaiting QA reports and further supporting information.

There has also been a steady increase in Solicitor requests year on year:

Currently there are 72 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 August 2013 to August 2014

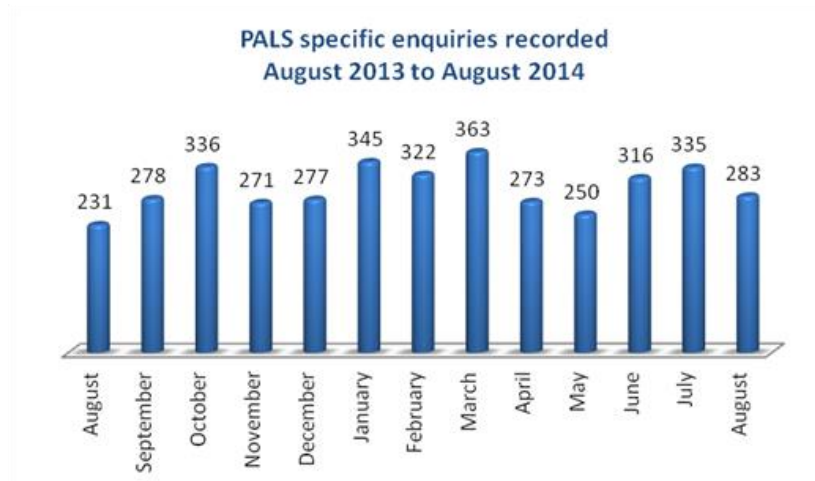


Table 8 Total PALS enquiries received in the past 6 years is as follows:

| 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 August 2014) | 2594 |
| Totals: | 38673 |

PALS Themes

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

Table 9 The following table breaks down the PALS specific enquiries in August 2014

| Subject - August 2014 | Number of enquiries |
|-----------------------------------|----------------------------|
| Information/Enquiries | 182 |
| Lost Property | 58 |
| Medical Records (patient request) | 11 |
| Other general | 17 |
| Appreciation | 15 |
| Totals: | 283 |

Other

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

Fionna Moore
Medical Director

Steve Lennox
Director of Nursing and Quality

Mark Whitbread
Director of Paramedic
Education and Development



| | |
|---|--|
| Report to: | London Ambulance Service Trust Board |
| Date of meeting: | 30th September 2014 |
| Document Title: | Report from the Quality Governance Committee on 27th August 2014 |
| Report Author(s): | Bob McFarland, Chair of the Quality Governance Committee |
| Presented by: | Bob McFarland, Chair of the Quality Governance Committee |
| Contact Details: | |
| History: | N/A |
| Status: | For information |
| Background/Purpose | |
| The purpose of the report is to provide the Trust Board with an update on the key items of discussion at the last Quality Governance Committee meeting on 27 th August 2014. | |
| Action required | |
| To note the report. | |
| Assurance | |
| The primary focus of the Quality Governance Committee is to assure the Board on clinical governance, risk and audit through monitoring the standards of care set by the Board. This in turn will enhance the Board's oversight of quality performance and risk. | |

| Key implications and risks arising from this paper | |
|--|----------|
| Clinical and Quality | X |
| Performance | X |
| Financial | |
| Legal | |
| Equality and Diversity | |
| Reputation | |
| Other | |
| This paper supports the achievement of the following 2014/15 objectives | |
| Improve patient care | X |
| Improve recruitment and retention | |
| Implement the modernisation programme | |
| Achieve sustainable performance | X |
| Develop our 111 service | |
| Simplify our business processes | |
| Increase organisational effectiveness and development | |

Report from the Quality Governance Committee on 27th August 2014

The Quality Governance Committee met on 27th August. During the summer the executive Clinical Safety, Development and Effectiveness Committee has met and will make its first quarterly report to the Quality Governance Committee at the October meeting.

The Committee reviewed:

- Board Assurance Framework.
 - There was a discussion around patient safety and the risk 265 (mismatch resources and demand) and risk 379 (delays to Category C Patients) – see below
 - There was concern that the reported risk 399 (lack of critical equipment) was not an accurate reflection of the situation and this will be reviewed at the next meeting.
 - There are issues around training which will be reviewed at a future meeting.
- Terms of reference Quality Governance Committee - approved
- Terms of reference Clinical Safety Development and Effectiveness Committee - approved

And noted:

- Outline of the new CQC Inspection system

The updated Quality Dashboard was not available.

Paper - Review of current Clinical Challenges

The Trust is currently failing to meet time standards for priority Red calls and there are significant delays to C1 and C2 calls. At times of high demand and limited resource the actual safety risk for Category A patients was kept low. However there was a significant increase in risk for Category C patients experiencing long delays.

The daily use of Surge Red particularly affects the quality of service to Category C1 and C2 patients although a safe service is maintained.

Fionna Moore (Medical Director) gave a detailed review of the changes being implemented to mitigate these risks. While the committee supported this work it was emphasised that this was damage limitation. Without the additional resources released by the new rosters and recruitment campaign the decline in performance and quality will not be reversed.

In Depth reviews

Maternity

Presentation – Alison Blakely (Staff Officer, Medical Directorate) presented the key maternity issues and how these are monitored and mitigated. Having identified the main issues and staff concerns a number of actions had been taken:

- Paramedic course updated with 3 days on obstetrics;
- Core Skills Refresher training on obstetrics increased to half day;
- A prompt card now in use by the Clinical Hub;
- A prompt card for use by operations staff designed.
- A prompt card within the maternity delivery pack.

Serious Incidents have reduced year on year.

There has been an interim consultant midwife in post since February. Shortlisting is underway for the

substantive post.

There are a number of further recommendations which will take time to implement, especially those which involve the relationship between the ambulance service and the many maternity units around London. Designated telephone lines are now in place in most maternity units.

Serious Incidents

The committee heard that there had been significant delays in investigating and producing SI reports and KPMG in 2013 assessed our process as only giving “limited assurance”. An audit of Serious Incidents (April 2013 – August 2014) had identified a number of issues. There was also uncertainty about the implementation of lessons learned.

The committee was told that considerable progress had been made in clearing the backlog. We were given examples of where the organisation had learnt from incidents.

A new process - the “New Ways of Working” pathway for Serious Incidents - was presented; The Serious Incident Tracker has been revised; there is now a new team in place and recruitment and training underway for Family Liaison Officers and Investigators. The team will also supervise the timely provision of statements and reports and follow through the action plans. There is a process for escalation of issues to Senior and Executive Management Teams.

These promising changes should address the previous deficiencies but have only just been implemented. However we were told the first three SIs were on track. For review at a future meeting.

The Quality Governance Committee regularly reviews the Serious Incident Tracker on behalf of the Board.

The date of the next meeting of the Quality Governance Committee is 29th October.

There will be an open meeting of the Quality Governance committee on the afternoon of November 25th (Board meeting in the morning).



| | |
|---|--|
| Report to: | London Ambulance Service Trust Board |
| Date of meeting: | 30th September 2014 |
| Document Title: | Equality Annual Report 2013/14 and Equality Strategy 2014/19 |
| Report Author(s): | Janice Markey & Steve Lennox |
| Presented by: | Steve Lennox, Director of Nursing and Quality |
| Contact Details: | steve.lennox@lond-amb.nhs.uk |
| History: | Approved by Executive Management Team |
| Status: | For approval |
| Background/Purpose | |
| <p>The Trust maintains a good position on Equality and Inclusion and our annual report outlines our significant achievements with the Stonewall index. This is regarded as a good benchmark for assuring that good processes are in place for maintaining equality amongst staff groups.</p> <p>However, our new Equality strategy turns the portfolio towards patient facing issues and whilst we will endeavour to maintain the good work in terms of employment we now need to ensure that our patients, regardless of their individual backgrounds, receive care that meets their needs.</p> <p>Our strategy identifies how we intend to build on this new approach over the five years. In essence this turns our Equality work towards a focus more aligned with the public health agenda (in terms of equality of access and outcome).</p> | |
| Action required | |
| To note the progress made with Equality and Inclusion and approve the new strategic direction. | |
| Assurance | |
| | |

| Key implications and risks arising from this paper | |
|--|----------|
| Clinical and Quality | X |
| Performance | |
| Financial | |
| Legal | |
| Equality and Diversity | X |
| Reputation | |
| Other | |
| This paper supports the achievement of the following 2014/15 objectives | |
| Improve patient care | X |
| Improve recruitment and retention | |
| Implement the modernisation programme | |
| Achieve sustainable performance | |
| Develop our 111 service | |
| Simplify our business processes | |
| Increase organisational effectiveness and development | |



ANNUAL EQUALITY REPORT 2013-14 –TRUST BOARD

1. INTRODUCTION

- 1.1. This report reports against our legal obligations under the Public Sector Duty of the Equality Act 2010 for the year 2013-14. The report, together with supporting evidence (Appendix 1) will be available on the Trust's website, as well as in alternative formats and community languages on request.
- 1.2. The last Annual Equality Report, covering the period from April 1 2012 to March 31 2013, was received by the Trust Board in July 2013.

2. PROGRESS SINCE LAST REPORT

- 2.1. The Trust has again been very active on the equality and inclusion front over the last year, taking forward a number of important and high-profile initiatives.
- 2.2. Implementation of the Trust's equality objectives, in line with requirements of the Equality Act 2010 and the national NHS Equality Delivery System, continues to move forward. The Trust continues to be represented on the EDS Working Group, facilitated by North East London Foundation Trust, to ensure regular face-to-face engagement with service users from protected characteristic groups. Following publication by NHS England of an Easy Read version of the second version of the national Equality Delivery System, (EDS2) expected this year, the Trust will refresh its approach.
- 2.3. The updated equalities monitoring guidance from NHS England, in line with the Equality Act 2010 Public Sector Duty, is still awaited. Following publication of this, consideration will be given to how best and appropriately to monitor take-up and satisfaction with the services provided by the Trust across protected characteristic groups. In the meantime the Trust has developed its own equalities monitoring form, which has met with approval from the leading employers' equality forums. This form, which is now for Trust-wide use, is included as an appendix to the updated Equality and Inclusion Strategy. Equalities monitoring was carried out on Trust Board Directors last year and will continue to be undertaken to ensure representation across protected characteristic groups from the very top of the organization.
- 2.4. Equality and Inclusion training continues to be delivered at induction, All in One Refreshers and embedded in other training delivered across the Trust. New equality and inclusion training has been designed and provided for operational staff by Training Officer Craig Noler in collaboration with training colleagues delivering equality and inclusion training and the Equality and Inclusion Team. A further Equality and Inclusion module of the Trust's online Equality and Inclusion e-learning programme will be developed over the coming year. A briefing to the new Board of Trust Directors has been delivered in June 2014 and further half- day workshops for staff and managers delivered in June and July 2014.

- 2.5. Briefings to project teams on the use of the Trust's updated Equality Analysis form and guidance continue to be provided by the Equality and Inclusion Team and equality analyses published on the Trust's website.
- 2.6. The Trust's Staff Forums, the LGBT Staff Forum, Deaf Awareness Forum, Enable and new BME Forum (ADAMAS - Association of Diverse and Minority Ambulance Staff) continue to be supported in their work by the Trust, with the chairs of each of the forums invited to meetings of the Equality and Inclusion Steering Group, to discuss the aims and objectives of the forums for the coming year and any other relevant business. Over the previous year the Deaf Awareness Forum has participated in a number of initiatives including Deaf Awareness Week and the annual Deaf Day at City Lit and continued to raise deaf awareness amongst Trust staff. In an online video on YouTube and available on the Trust website one of the Trust's motorcycle paramedics Richard Webb-Stevens, who has hearing difficulties himself, uses British Sign Language in the film to inform deaf, hard-of-hearing and speech-impaired people how to use the emergency SMS service. Once registered, users can send a text message to request help from the ambulance, fire, police or coast guard. Richard appeared last year on the BBC programme "See Hear" and was interviewed about his work caring for patients with the motorcycle response unit. On behalf of the Deaf Awareness Forum he also undertakes outreach work to schools showing students the equipment he uses and talking about some of the emergencies he has dealt with. Deaf Awareness Forum volunteers from across the service in a wide range of occupations, from paramedics to office staff, work to increase deaf awareness among staff and forge links with London's deaf community.
- 2.7. The Trust's LGBT forum has been at the forefront of a wide range of high-profile initiatives, including the Trust's involvement in the Stonewall Health Champions programme and its annual application to the prestigious Stonewall Healthcare Equality Index and Workplace Equality Index. It is continuing to work on the first ever national LGB&T Ambulance Association, which it launched as part of the Trust's work with Stonewall as one of their first twenty national Health Champions. The forum networks with and provides advice to a wide range of other LGBT networks across the UK. It maintains a highly visible presence at key events such as the annual London Gay Pride events and inputs into the Trust's equality analysis process as critical friends, including previously into the Trust's Positive Action Strategy. For the second year running the forum was given the accolade by Stonewall of being a Star Performer Network.
- 2.8. A new BME Forum (ADAMAS) has been launched and the Trust's Disabled staff/carers' forum (Enable) is being re-launched. Close collaboration between the forums is taking place, which includes the joint planning and staging of a joint Staff Forum day event at Waterloo, to be followed by further sessions at key Trust locations across London to raise staff awareness around the work of the forums, encourage new members and look at possible further staff diversity forum options.
- 2.9. Following its application to the 2014 Stonewall Workplace Equality Index, the Trust again featured as a Top 100 Employer, coming 19th, for the third year the top

ambulance service in the country and in 2014 the second highest-performing NHS Trust.

- 2.10. In the 2014 Stonewall Healthcare Equality Index for health care organizations in the UK, which focuses specifically on what organizations are doing to make their services accessible and equitable for their lesbian, gay and bisexual patients and communities across all protected characteristic groups, the Trust again featured as a top performer organization, coming joint fifth, again the highest- performing ambulance service in the country.
- 2.11. The Trust's work to implement its agreed equality objectives continues to progress. Objective 2 – “We will improve the process for capturing qualities data in the area of patient complaints to ensure that more than 50 percent of complainants have provided relevant details and begin to monitor trends in complaints from black and minority ethnic (BME) service users in 2012-13”. Improvements to the process for capturing equalities data, including data on BME complainants, have been made and this work is ongoing.
- 2.12. The training element of the Patient Transport Service Objective was also carried out, which should lead to the successful achievement of the overall objective - Objective 1 - “We will ensure that the satisfaction rates with our Patient Transport Service are equitable for both women and men using the service and for all our service users, regardless of sexual orientation.”
- 2.13. The Trust has continued to have a profile in equalities media, including publications of the protected characteristic communities, as well as to be an active member of all the leading employers' equality forums in the UK, Stonewall, the Business Disability Forum, Opportunity Now and Race for Opportunity, the Employers' Network for Equality and Inclusion and Carers UK, enabling it to share and model best practice.
- 2.14. The Equality and Inclusion Steering Group, comprising Directors and Heads of Service from the key departments of the Trust, Patients' Forum and staff side partner representation, continues to meet every two months to actively support and oversee the progress of all equality and inclusion work in the Trust.

3. ACTIVITIES AND SERVICES OF THE TRUST

- 3.1. In line with the commitment in the Trust's Equality and Inclusion Strategy to “provide first-class health care to all our diverse patients and service users” and to “ensure that all our patients and service users receive fair and equal access to our health care service” with “everyone treated with dignity and respect,” the Trust has been looking innovatively over this past year for ways of improving its services.
- 3.2. In March 2013 the Trust co-hosted with Stonewall an LGB service user group meeting as part of its activities to progress its Health Champions Programme. The meeting looked at the perceptions of service users on the service, whether they had come across any obstacles to accessing our services, their perceptions of our staff and the ways in which they wished the Trust to engage with them in future. The meeting was very positive with all of those attending indicating their willingness to engage further with the Trust on key initiatives. A report was compiled, which was sent out to participants and to those who were unable to attend on the night but

who wished to be part of an ongoing engagement group and this group was also included in the consultation on the new priorities for action in the Trust's update of its Equality and Inclusion strategy.

- 3.3. In this last year some work has been undertaken in partnership with the Alzheimer's Society, with the Trust becoming a founder member of the Dementia Action Alliance, part of the national movement to improve the lives of people living with dementia. The Trust will also be working collaboratively with Alcohol Concern to produce a report on the impact of alcohol on the ambulance service. The Community Resuscitation Team has continued its highly visible and successful campaign across London, raising awareness around cardiac care and training people in the community across different protected characteristic groups in life-saving skills.
- 3.4. Several positive initiatives have been undertaken in terms of safeguarding, including the development of a second edition of the pocket communication guide to assist staff when communicating with patients with a learning disability or who are deaf; the development and issue of a safeguarding pocket book for all staff within the Trust providing information on safeguarding children and vulnerable adults; the publication of a safeguarding easy read leaflet for the public, also available on Trust website; the development of a monthly care home data report, which is shared internally with managers and externally with CCG's, CQC and social services, in line with recommendations from the Winterbourne View; local Trust managers attend safeguarding boards and other multi-agency events and meetings to safeguard vulnerable groups.
- 3.5. The Trust, led in this work by the PPI and Public Education Team, took part in 717 patient involvement and public education events/ activities over this last financial year, which included school and college visits, cub and scout groups, Junior Citizen schemes, career and job fairs, first aid training, gang and youth violence events, and health and safety days, as well as participation in health events, including some for deaf people, and talks to "over 50s" and "over 60s" groups. Foundation Trust member events have also included events on cardiac care, trauma, and mental health. Targeted work was also carried out with young people between 10 and 16, as this age group is considered as the most vulnerable to be drawn into group offending and gangs. The Community Involvement Officer leading on this area of work has been involved in a number of projects in different boroughs around the consequences of knife crime, working with a number of external agencies including the police, youth offending services, pupil referral units, youth charities and schools and colleges. One of the bigger projects, which took place in the borough of Enfield – "Gangs – Making the Right Choices" - aimed to make children aware of the consequences of knife crime, including from a medical perspective.
- 3.6. A local initiative was set up by the Croydon Community Involvement Officer to improve engagement and understanding between frontline staff and patients experiencing mental health issues. Working with a Croydon-based mental health charity "Hear Us", the Service was invited to take part in a project called the "Reach Out Challenge". The programme run by Hear Us aimed to reduce the stigma surrounding mental illness by bringing together people with lived experience of the condition and the staff in frontline organizations coming into contact with them, such

as the ambulance service, hospital, council and fire brigade. Over the course of five sessions lasting up to three hours volunteers from the project visited Croydon ambulance station to take part in a series of conversations with our staff. This was part of a number of proactive initiatives aimed at improving the understanding and skills of our frontline staff and enhancing the confidence of our patients and service users with mental health issues in interacting with the Trust.

- 3.7. Work continues to enhance the quality of monitoring information the Trust can access in regard to access to and satisfaction with its services across the different protected characteristic groups as well as in regard to monitoring of the workforce and training initiatives.

4. WORKFORCE PROFILE

- 4.1. Workforce statistics closely reflected the previous year. Current representation of BME staff in the Trust stands at 10.6% a slight increase from the previous year (9.3%) with 6.8% of all BME staff (7.85% of all senior managers) at Senior Management Grade, a decrease on the previous year when 8.6% of BME staff were at senior management level (8.5% of all staff at that level). This is still well below the Census 2011 percentage of 40.2% BME residents in the capital. Monitoring of new starters shows an improvement on workforce representation: 23.3% in 2013-14 were from BME groups (up from 38 staff (11.98%) in the previous year).
- 4.2. The representation of women in the Trust 43.2% is an increase on the previous year (42.6%), but still below the Census estimate of 50.7% in London. However, the new starter representation is higher at 51.5% (265 members of staff, a decrease on the previous year when this was 54.3%).
- 4.3. Only just over seven percent of women (7.17%) are at senior management level (33.9% of all staff at that level), which is an increase in terms of women occupying senior management positions since 2012-13, when this was 31.9% of all staff at that level (7.4% of the female workforce). In comparison, the representation of men in the Trust stands at 56%, a slight decrease on the previous year, when this was 56.8%. The new starter representation stands at 48.5% (250 members of staff), an increase on the last year when this was 45.7%. 10.99% of all men were at senior management grade (66% of all staff at that level), with a slight decrease in the percentage of men in senior management positions since 2012-13, when 67.58% of senior management positions were held by men (11.2% of the male workforce then).
- 4.4. The number of staff declaring themselves disabled remains very low -(47 - 1% of the total Trust workforce, in comparison with the Census 2011 percentage of London residents reporting limiting long-term illness of 14.2% (the closest indicator to disability, as there are no specific census data on this). This is at least an increase in percentage since the previous year, when this was 22 staff (0.5% of the total workforce). However, a very high number of staff were still not declared or undefined (3481- 74.8 %) with 1,122 staff (24 %) defining themselves as not disabled. This is a slight decrease on the previous year, when 80.4% of staff were not declared or defined in regard to disability and 19% of staff said they were not disabled.

- 4.5. The age profile of staff in post during 2013 -14 was in order of prevalence 41-50 (31.37%), followed by 31 – 40 (28%) then 21 – 30 (21.89%). The age profile of new starters to the Trust is for a second successive year younger, with the majority of people starting in the age range 21-30 (41.94%), followed by 31-40 (21.55%) then 41 – 50 (19%).
- 4.6. Of the staff leaving the Trust in 2013-14 11% were BME staff, 44.3% women, 55.6% men and 1% disabled staff and the highest age range of staff leaving was 21 - 30 (29.35%), followed by 31 – 40 (24.89%) then 41 – 50 (21.65%).
- 4.7. The recruitment of new staff during this past year has seen an increase in the representation of women, BME staff (the percentage of new starters being more than double the percentage within the current workforce in 2013-14) and also of disabled people. Although in view of the Census 2011 statistics there remains considerable ground to be made up to achieve comparable representation between the Trust's workforce and the greater community in London, including at senior grade level in the organization, this is an encouraging step.
- 4.8. The Trust has continued to have a visible profile in a wide range of equalities media, presenting a welcoming image to people from protected characteristic groups. It has also continued to be an active member of all the leading employers' equality forums in the UK, Stonewall, the Business Disability Forum, Opportunity Now and Race for Opportunity, the Employers' Network for Equality and Inclusion and Carers UK, enabling it to share and model best practice.
- 4.9. In this last year, in line with the Trust's Positive Action Strategy, the Recruitment and Equality and Inclusion Team started working again with a voluntary sector organization, Communities into Training and Employment (CITE), to directly target, encourage and support new potential recruits from across the protected characteristic groups, including in particular BME people. This work will continue over the coming year.
- 4.10. The supporting evidence for the Annual Equality Report 2013-14 (attached as Appendix 1) provides detailed information on access to and delivery of key services, key activities of the Trust, as well as on the workforce profile, including breakdown by grade/rank, staff group, length of service, pay band, age, starters and leavers, promotions, employee relations activity, training and development and staff engagement.

5. CONCLUSION

- 5.1. In an extremely busy year, when the service has been facing considerable challenges in regard to recruitment and enhanced demand on its services, several proactive initiatives have taken place, further enhancing the engagement between the Trust and the different communities across London it serves. This work will continue over the coming year and be supported by the new and established Staff Diversity Forums. The new intake of staff to the Trust in 2013-14 showed improvements in regard to the percentages of BME people, women and disabled people and the Trust will continue to work with a community sector organization, CITE, to directly target and encourage members from under-represented protected characteristic groups, including in particular BME people, to apply for positions in

the Trust. The Trust continues to devise and deliver innovative training for its staff, which should further enhance the understanding and skills set of our staff as well as inspiring confidence in our patients and service users, particularly from the protected characteristic groups, leading to better health outcomes for all. The Trust's profile has been further enhanced by its 2014 rankings as a top-performing organization and top-performing UK ambulance service on the Stonewall Healthcare Equality and Workplace Equality Indexes. We will use this benchmarking to ensure we make further progress in making our services, engagement, decision making and procurement accessible and welcoming to everyone, across all protected characteristic groups, as well as furthering our aim to become an employer of choice for the best and most talented people from across all our diverse communities.

6. RECOMMENDATIONS

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

BACKGROUND PAPERS

Appendix 1 - Annual Equality Report 2013-14 – Supporting evidence of 86 pages available to Trust Board Members on request.

London Ambulance Service



NHS Trust



One Service For All

our equality & inclusion strategy 2014-2019

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Introduction

This strategy identifies our aims and our objectives for embedding equality in everything that we undertake.

The strategy acts as a single reference point for the supporting actions and the expectations of our staff, visitors, patients and public in assisting us in delivering “**One Service for All**”

1. EXECUTIVE SUMMARY

- 1.1. Like every other public body in the United Kingdom, London Ambulance Service NHS Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate discrimination, advance equality of opportunity between people who share a protected characteristic and those who do not, and to foster good relations between people of different protected characteristic groups and none.
- 1.2. We have three key aims of our updated strategy.

Our aims are to;

provide enhanced and world class health care to all our diverse patients and service users across all protected characteristic groups

follow the aims of our Positive Action Strategy, continue in our efforts to become an employer of choice, attracting the best and most talented people from all backgrounds

ensure our procurement practices enable us to use our buying power as a driver for promoting equality and inclusion, including actively encouraging small medium enterprises (SME) to bid for contract opportunities with the Trust

Introduction

1.3. These three aims are supported by five objectives.

Our objectives are;

Objective 1 - Promoting equality and inclusion through fair and accessible services

Objective 2 - Promoting equality and inclusion through enhanced involvement of our community and stakeholder groups

Objective 3 - Promoting equality and inclusion through improving the quality of information the Trust uses

Objective 4 - Promoting equality and inclusion through enhanced partnership working

Objective 5 - Promoting equality and inclusion through employment and training

Objective 6 - Promoting equality and inclusion through our procurement

1.4. Our Director-level Equality and Inclusion Steering Group continues to meet to oversee the equality and inclusion work of the Trust and will oversee the aims and objectives. The group comprises Directors and Heads of Service from all the key functions in the Trust, including representation from our Patients' Forum/Health Watch and staff side partners.

1.5. We will continue to implement an equality analysis approach, incorporating a critical friend element, to ensure we subject our service and policy development to rigorous scrutiny and have due regard to the needs of protected characteristic groups.

1.6. Our continued corporate membership of the UK's leading employers' equality forums enables us to benchmark ourselves against the best and underscores our absolute and enduring commitment to equality of opportunity for all our patients and service users, staff and other stakeholders.

1.7. We will actively involve all our stakeholders in the on-going development, monitoring and review of our updated strategy. Annual reports on the progress of this strategy will go to the Trust's Executive Management Team and the Trust Board.

1.8. We have consulted on our updated strategy priorities with our patient groups, service users, staff and other stakeholders over a fourteen-week consultation period. We welcome feedback on our strategy and particularly on the priorities for action, as we integrate these into the business planning of the Trust.

1.9.



Our Principles

London is one of the most diverse cities in the world.

We want to play our role in reducing inequalities by ensuring everyone is treated fairly and equally.

We also want to celebrate difference and ensure all our staff appreciate and value the opportunities of diversity.

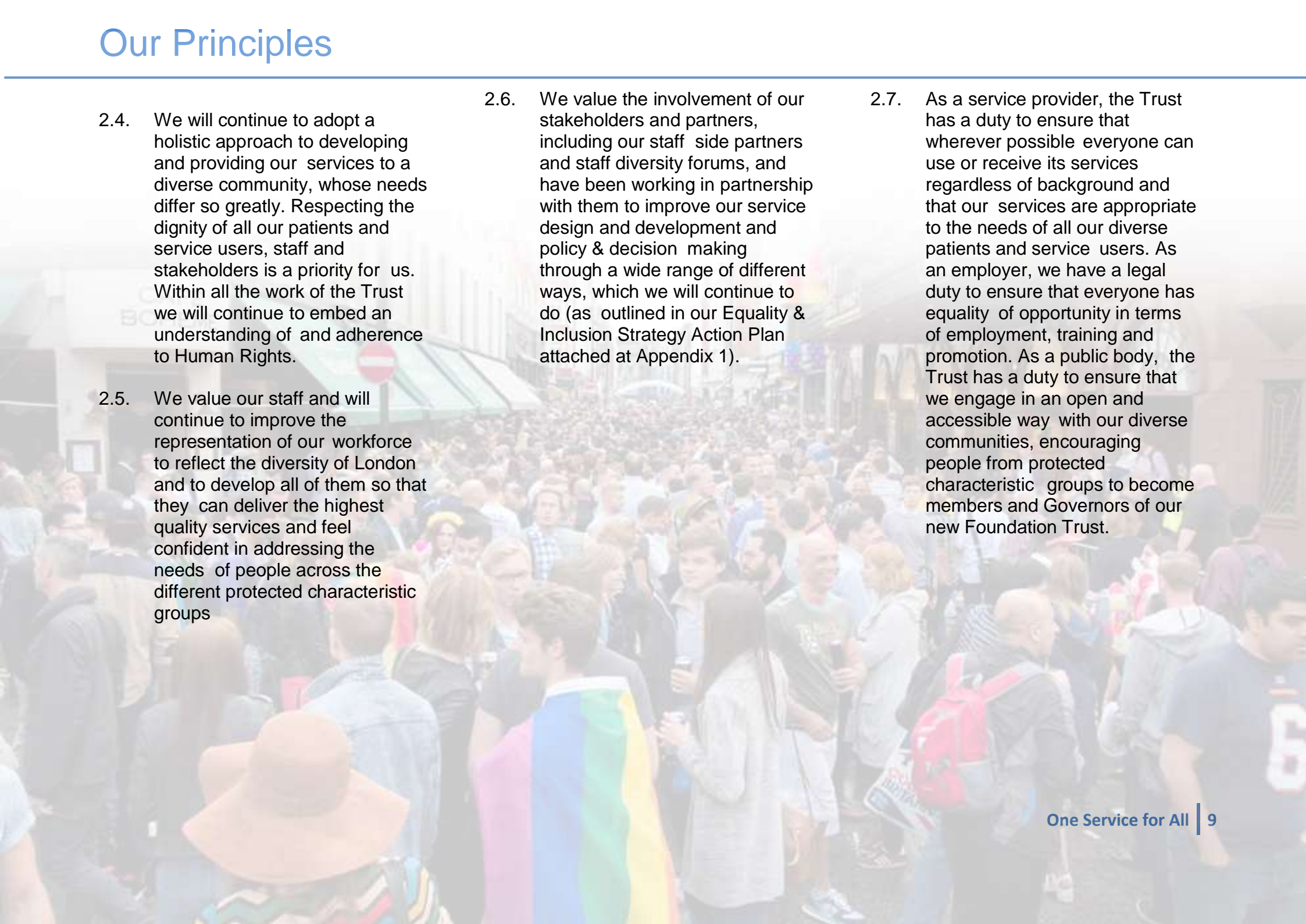
2. OUR EQUALITY & INCLUSION STRATEGY 2014-17

- 2.1. Much has changed since the production of the Trust's first Equality & Inclusion Strategy and the Trust has been proactive in taking up new challenges/promoting more targeted services to the many diverse communities we serve. London Ambulance Service NHS Trust welcomes its obligations under the Equality Act 2010 (Information about the Equality Act 2010 and the Public Sector Duty can be found at Appendix 5) and this strategy is designed to be read alongside the Trust Strategy.
- 2.2. The Trust continues to commit to ensuring a level playing field for all its patients, service users and staff in regard to the exercise of all its functions. By adopting proactively a strategy which equally combats discrimination on all protected characteristic grounds and promotes equality of opportunity for all, the Trust is determined to show its leadership and

corporate commitment. Encompassing all protected characteristic groups and celebrating diversity, our new strategy is also best placed to address multiple discrimination, so clearly evident in the links between economic deprivation and the health inequalities our staff see on a daily basis.

- 2.3. London is one of the most diverse cities in the world. It has also in the recent years become even more economically polarised with some of the most deprived but also some of the richest boroughs in the country. Tackling a huge range of related health inequalities is at the heart of what London Ambulance Service does. The updated Equality and Inclusion Strategy is addressing the key priorities for action agreed with our stakeholders in our consultation (these can be seen at Appendix 2). This approach will directly address multiple discrimination in a way which promotes equality of opportunity and access to services for traditionally disadvantaged communities.

Our Principles

- 
- 2.4. We will continue to adopt a holistic approach to developing and providing our services to a diverse community, whose needs differ so greatly. Respecting the dignity of all our patients and service users, staff and stakeholders is a priority for us. Within all the work of the Trust we will continue to embed an understanding of and adherence to Human Rights.
- 2.5. We value our staff and will continue to improve the representation of our workforce to reflect the diversity of London and to develop all of them so that they can deliver the highest quality services and feel confident in addressing the needs of people across the different protected characteristic groups
- 2.6. We value the involvement of our stakeholders and partners, including our staff side partners and staff diversity forums, and have been working in partnership with them to improve our service design and development and policy & decision making through a wide range of different ways, which we will continue to do (as outlined in our Equality & Inclusion Strategy Action Plan attached at Appendix 1).
- 2.7. As a service provider, the Trust has a duty to ensure that wherever possible everyone can use or receive its services regardless of background and that our services are appropriate to the needs of all our diverse patients and service users. As an employer, we have a legal duty to ensure that everyone has equality of opportunity in terms of employment, training and promotion. As a public body, the Trust has a duty to ensure that we engage in an open and accessible way with our diverse communities, encouraging people from protected characteristic groups to become members and Governors of our new Foundation Trust.



Our policy sets out clearly what our service users can expect from us as a health service provider, procurer of goods and services and as a decision making body.

3. AIMS OF OUR EQUALITY & INCLUSION POLICY

- 3.1. Our Equality and Inclusion Policy is aligned with the Equality Act 2010 and the aims of the refreshed Equality Delivery System. We have an ambitious aim to address all the needs of our communities who have been traditionally disadvantaged or treated less favourably on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation.
- 3.2. Our Equality & Inclusion Policy sets out our commitment to five main areas.:

The Five aims are;

our services are targeted to the needs of all our patients and service users

our policies and procedures have no adverse impact and actively promote equality of opportunity and access

our decision making processes are accessible and welcoming of all

our workforce is representative at all levels of our diverse community and in all occupations and tenures

our procurement is open and accessible to all

- 3.3. Our Equality & Inclusion Policy, together with this strategy, sets out clearly what our service users can expect from the Trust as a health service provider, employer, procurer of goods and services and decision making body.

Our Policy

4. THE POLICY

4.1. London Ambulance Service NHS Trust welcomes its obligations under the Equality Act 2010. Our aim in this Trust is to ensure that equality & inclusion is embedded and absolutely integral to everything we do. To this end we have also adopted the Social Model of Disability.

4.2. We welcome people to the Trust from any background, who are committed to providing an excellent service to the richly diverse communities we serve. As the ambulance service for London, we have a very diverse community of patients, service users and staff. Our aim is to become a world-class ambulance service for London, providing innovative and responsive healthcare which meets the needs of all our diverse community, providing better healthcare for all.

4.3. It is the Trust policy that everyone should be treated fairly and without discrimination. In this area we have a number of

specific aims. We aim to ensure that:

- patients and service users receive fair and equal access to our healthcare service
- everyone is treated with dignity and respect
- staff experience fairness and equality of opportunity and treatment in their workplace

4.4. All Trust staff are expected to promote these values at all times and behaviour that does not meet this exacting standard is dealt with promptly and rigorously.

4.5. As a provider of healthcare to the people living, working and visiting the city, we seek to provide state of the art care, which addresses the individual needs of our diverse patients and service users. In this respect we aim to ensure that:

- our patients and service users are aware of our services and that those services are accessible to all
 - our governance arrangements are welcoming and inclusive of all
 - our public buildings and information are accessible to all
 - we enable our diverse communities in London to be involved in the development and monitoring of our policies and services
- 4.6. As an employer, our aims are to become an employer of choice for those who want to make London a safer and healthier place.

Our Policy

- 4.7. We want to attract the best and most talented people from all walks of lives to rewarding and challenging career opportunities, where they can develop their potential to the benefit of their fellow staff, patients and service users. In this respect our aims are to;
- celebrate and encourage the diversity of our workforce and to create a working environment where everyone feels included and appreciated for their work
 - promote and provide our training and employment opportunities without regard to the protected characteristic background or any other aspect of an individual person's background
 - foster creativeness and innovation in our working environment, to ensure that each member of staff can give of their best and move the Trust forward in its equality & inclusion goals
- 4.8. As a procurer of goods and services, we are committed to the following aims:
- ensuring that contractors from whom we procure goods and services are aligned with our equality & inclusion values
 - actively considering supplier diversity as a key aspect in our contract management
- 4.9. Working with suppliers, each year we spend approximately £58 million on a wide range of goods and services. We have a responsibility to ensure that all public money we receive is used as resourcefully as possible, and that we achieve the best value for money.



Our Strategic Intentions

We will continuously improve the design and delivery of our services.

We will continue to use our buying power wherever possible as a way to promote equality.

We are committed to becoming an employer truly representative of the rich diversity of our capital and we will use positive action initiatives to recruit and keep the best and most talented people from across our city.

5. PAYING DUE REGARD

- 5.1. Using the Trust's Equality Analysis toolkit, comprising a critical friend element, all Trust departments are encouraged to undertake equality analysis.
- 5.2. We will continue to use the rigorous and systematic equality analysis approach to pay due regard, in line with the requirements of the Equality Act 2010, wherever appropriate, as we seek to improve the design and delivery of our services, policy and decision making and employment practices.

6. COLLECTING & EVALUATING INFORMATION

- 6.1. The Trust has devised an updated equalities monitoring form (attached as Appendix 4), which was informed by the Equality and Inclusion Steering Group and had input from all the leading employers equality forums in the country.
- 6.2. We will explore a partnership approach to data collection with

other local health care organizations and hospitals, building in any necessary protocol for information sharing. We will share when it is appropriate this information with our partners to enable a more holistic and effective approach to healthcare provision for our patients and service users.

- 6.3. Our Trust Board has led the way in implementing this equalities monitoring and annual monitoring of our Board will continue to ensure we do everything possible to increase the representativeness of our Trust from the very top.

- 6.4. Through our networking with key partners and stakeholders and membership of leading employer equality forums, we will continue to build on our knowledge base of equality & inclusion issues, particularly in relation to health inequality, so that this research can actively inform all the future working of the Trust.

7. ENSURING ACCESS & MONITORING OF COMPLAINTS

Our Strategic Intentions

- 7.1. The Trust has a duty to ensure that all our patients and service users are able to access the services we provide. This includes providing accessible information. This may involve making reasonable adjustments to address the needs of any disabled patients or service users, making our information available in different community languages and alternative formats when requested.
- 7.2. Complaints are an important indicator of patient and customer satisfaction with the Trust's services and can help us to identify any possible unlawful discrimination arising as well as ensure that there is continuing improvement in how we deliver our services.
- 7.3. Because of the importance of receiving feedback from our patients, we suggested and got buy-in from our patients, service users and stakeholders to one of the Trust's new equality objectives specifically around complaints:

- 7.4. We will improve the process for capturing equalities data in the area of patient complaints to ensure that we capture relevant details and begin to monitor trends in complaints from black and minority ethnic service users.

8. EQUALITIES IN PROCUREMENT

- 8.1. We have an ambitious Procurement Strategy, incorporating a statement on Supplier Diversity. We will continue to aim wherever possible to use our buying power as a driver for promoting equality. Our Procurement Strategy provides staff who are responsible for the procurement of goods and services with specific guidance and training on how to incorporate equalities into procurement and the main outcomes they should seek to achieve. The guidance also informs our staff on what they should expect from our contractors in regard to promoting equality of opportunity in delivering services on our behalf and

within their organizations in regard to their own staff.

9. ENGAGING WITH OUR COMMUNITIES AND WORKFORCE

- 9.1. We have a statutory duty to engage and involve people (including in particular disabled people) in developing our updated equality & inclusion strategy. We are committed to engaging directly with our communities and workforce to continuously improve our services as well as making progress in our aim to be an employer of choice for the best and most talented people from our diverse communities.
- 9.2. Engaging with our patients and the public. The Trust has a process for pulling together our learning from experience.
- 9.3. We have a patient and public involvement action plan, which sets out the current aims and priorities we have around carrying out our Patient and Public Involvement in a consistent and meaningful way.

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This plan is supported by a public education plan, outlining the Trust's public education priorities.

- 9.4. The Patient and Public Involvement Team also carry out regular surveys and consultations to find out service users' experiences of our services. We will ensure that the minority groups continue to be represented in this work.
- 9.5. We also actively engage with our Trust members. All members receive the Trust's newsletter Ambulance News four times a year. We will try to ensure that this is representative and as accessible as possible.
- 9.6. We will improve the way our staff are able to feed back. The Trust has implemented a series of Listening into Action initiatives, including road shows, surveys (temperature checks), inviting suggestions from staff for service improvement and webinars with key lead Directors within the Trust. We will continue to

engage actively with our staff in a wide range of ways, including the use of social media, to ensure they remain motivated and are visibly valued and empowered to have an active stake in the development of our Trust.

- 9.7. In line with our Positive Action Strategy, we have also supported the establishment of Staff Diversity Forums, which have a direct input into the development of policy and services. The Trust's Staff Forums, the Lesbian Gay Bisexual Transgender Staff Forum (LGBT), Deaf Awareness Forum, Black Minority Ethnic Forum and the Disabled Staff/Carers Forum (known as Enable) are supported in their work by the Trust. The chairs of each of the forums are invited to meetings of the Equality and Inclusion Steering Group, to discuss the aims and objectives of the forums for the coming year and any other relevant business as arising.

- 9.8. A new BME Forum has been launched (ADAMAS – Association of Diverse and Minority Ambulance Staff) and the Trust's Disabled staff/carers' forum is being re-launched. Close collaboration between the forums is taking place, which includes the joint planning and staging of a joint Staff Forum day event at Waterloo, to be followed by further sessions at key Trust locations across London to raise staff awareness around the work of the forums, encourage new members and look at possible further staff diversity forum options. We will continue to develop this work in the future.

10. **ACHIEVING A WORKFORCE TO REFLECT THE COMMUNITY & BECOME AN EMPLOYER OF CHOICE**

- 10.1. We are committed to promoting equality and valuing diversity in everything we do as an employer. Our aspiration is that we become an employer of choice in London and nationally.
- 10.2. We are carrying out a range of initiatives, outlined in our most

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recent Annual Equality Report 2013-14, to make sure our staff better reflect our communities and that the services we provide more effectively meet the diverse needs of all our patients and stakeholders. We carry out annual reporting on employment and training, service delivery and how we engage with our patients, service users, staff, partners and stakeholders. In line with our Positive Action Strategy, we have been working with the voluntary sector to attract and recruit candidates from BME and other under-represented groups. We will continue with this work.

11. LONDON AMBULANCE SERVICES WORKFORCE PROFILE

- 11.1. We positively welcome diversity and want to be a truly inclusive place to work. We are looking for self-motivated, enthusiastic people from all backgrounds who care about making a difference.
- 11.2. Our most recent Annual Equality Report (2013-14) shows that the Trust employed 10.6% BME staff and 44%

female, which are both increases on the previous year's representation of 9.3% and 43.2% respectively. However, both percentages are still far from equal to the representation of these groups in London. This was estimated in the 2011 Census to be 40.2% for BME people and 50.7% for women. The current percentage of disabled people in the Trust was 1%, an increase on 0.5% in the previous year. The Census estimate of people in London stating that they had a limiting long-term illness (the closest indicator on disability) was 14.2%. We will continue to use these measures to evaluate our progress.

- 11.3. The Healthcare Commission's "Tackling the Challenge – Promoting race equality in the NHS in England" report (March 2009) estimated that BME staff represented 16% of the total workforce, with fewer than 10% of senior managers being from the black and ethnic communities. In addition, a report published by Business in

the Community (Race for Opportunity) "Race at the Top" shows that there has been virtually no ethnicity change in top management positions between 2007 and 2012. The 2013-14 Annual Equality Report shows that BME staff occupy 7.85% of posts (almost 7% of all BME staff) at Senior Management Grade, on a par with the NHS-wide estimated representation at that level. The Trust has started working with a voluntary sector organization to directly encourage BME and under-represented groups to apply for new posts. Further plans are in place to progress this and other positive action initiatives.

- 11.4. When considering women, 33.9% of all senior management grade posts were occupied by women (7.17% of all women staff). This reflects a national picture. Specific initiatives are being planned to try and make further improvements to ensure greater representation.

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- 11.5. The Census 2011 statistics for London showed that at the 2011 Census, London's population was 8.17 million, making it the most populous European city. Around 3.3 million of London's population are BME and 4.9 million are White. The white population of London is forecast to remain at around this number throughout the next decade and increase slightly thereafter to 5 million. In the 2011 Census the Black African population (576,000) surpassed the Indian population (545,000) to become the biggest BME group in London. Projections suggest that by 2021 the 'Other Asian' population will reach 726,000 to become the biggest individual BME group.
- 11.6. There are approximately 1.4 million disabled people in London, though precise figures are unknown. The biggest rise in London's population is forecast to be in the 65 plus age group. London's population is younger than in

the rest of the UK, nearly two thirds (63 per cent) of Londoners are aged under 44, compared to just over half (53 per cent) in the UK as a whole. The capital's residents are overwhelmingly young - 31 per cent are under 24 years old with the birth rate expected to rise over the next 20 years.

- 11.7. In the 2011 Census, around half (48%) of Londoners described themselves as Christian; other large religious groupings were Muslim (12.4%); Hindus (5%), Jews (1.8%), Sikhs (1.5%) and Buddhist (1%). One in five Londoners (20.7%) said they were of no religion and around 8.5% gave no response.
- 11.8. An update of the Employee Staff Record System is pending, but in the meantime we will look to enable our staff to self-identify in regard to protected characteristic information as easily as possible through a self-serve basis and will then be able to properly benchmark ourselves against the London profile.

12. Membership Of Leading Equality & Inclusion Employers Forums and Benchmarking

- 12.1. The Trust is a member of all seven of the leading Employers' Organizations and also a member of the National Ambulance Association's Diversity Network and the BME Network. We will continue this engagement to ensure that the development of policy making and services across the Trust will be enhanced by best practice guidance.
- 12.2. Each year since 2009, the Trust has been submitting applications on its performance on service delivery, decision making, engagement, employment and training and procurement to be assessed by Stonewall against the top UK organizations on its Workplace Equality Index. For the third year running the Trust has been one of the Top 100 performer organizations in this prestigious index.

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- 12.3. Last year we benchmarked ourselves against the best healthcare organizations in the country through the new Stonewall Health Equality Index and were amongst the top 10. We received top ten ranking again this year and for both these last years we were the top-performing ambulance service in the country.
- 12.4. The benchmarking we have been carrying out with Stonewall has enabled us to scrutinize and continuously improve the accessibility and quality of our services, engagement, decision making, procurement practices and employment and training to the benefit of our LGB service users, staff and stakeholders, as well as for the wider benefit of all we serve, engage with and employ.
- 12.5. This work with Stonewall has brought direct benefit and we will try to extend this work by continuing to use external benchmarking with other organizations representing different protected characteristic groups.
- 13. GOVERNANCE AND OUR PLANS TO BECOME A FOUNDATION TRUST**
- 13.1. The Care Quality Commission scrutinizes safety and quality in health and social care. We aim to continue the ratings and registration we have with them for Equality & Inclusion.
- 13.2. As at March 2014 the Trust had 8,995 members from across London. The Trust regularly and closely monitors the demographic profile of its public members to get a picture of how representative the membership is of the eligible population and to address any inequity in representation through recruitment. 8.1% (746) of our public members have indicated that they consider themselves to have a disability. Membership is representative of the area in almost all age categories and over-represented in the 22 – 29 age group. This is likely to be a reflection of the recruitment of members via the Trust current vacancies page of the website. The membership representation is slightly short in the 75+ category. The Trust is slightly under-represented in regard to male members but over-represented in regard to females. Membership is representative for almost all ethnic groups except for White - English, Welsh, Scottish, Northern Irish, British and ethnic group - Chinese. (7% of the membership have not stated their ethnicity). Membership is representative of the population in terms of socio-economic status. We will continue to monitor this and ensure our membership is as representative as possible.
- 13.3. The NHS Constitution establishes the principles and values of the NHS in England. It sets out the rights to which patients, public and staff are entitled and pledges which the NHS is committed to achieving, together with any responsibilities which the public, patients and staff owe to one another to ensure that the NHS operates

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fairly and effectively. All NHS bodies, including London Ambulance Service NHS Trust, are required by law to take account of the NHS Constitution in their decisions and actions. The Trust has a robust management structure, which is best placed to actively drive forward our ambitious equality & inclusion aspirations.

- 13.4. The Equality & Inclusion Team, comprising the Equality & Inclusion Manager and an Equality & Inclusion Officer, are responsible for providing the specialist resource on all equality & inclusion matters, providing guidance to Directors and managers on best practice and legal compliance. The Team will ensure they remain at the forefront of Equality and Inclusion work by ensuring they are up to date and can act as experts for the organisation.
- 13.5. Our Trust Board ensures that the Trust's direction and vision enables it to carry out its statutory equality & inclusion responsibilities. The Trust Board

receives an Annual Equality Report, detailing progress across all the functions of the Trust, as well as any other relevant equality and inclusion reports, including on the Equality and Inclusion Strategy. Regular equalities monitoring of the Board is undertaken to ensure any under-representation can be targeted and addressed. We will continue to report annually to the Trust Board.

- 13.6. Our Executive Management Team ensures that the appropriate organisational frameworks are in place for staff to carry out their responsibilities under equalities legislation, with all necessary resources available for implementing action plans. The Executive Management Team provides the scrutiny and focus for equality and inclusion issues. We will build upon the information the Executive Management Team receives to ensure that Equality & Inclusion features within a greater number of reports.

- 13.7. It is the responsibility of all Trust staff to ensure that they actively contribute to the equality & inclusion goals of the Trust. As we review our Appraisal process we will explore if Equality & Inclusion work can be incorporated in some way.



We will monitor our services, wherever appropriate, across the protected characteristic groups to ensure that people from all communities and backgrounds can access our services and are satisfied with the quality of the service they receive.

In partnership with our stakeholders, we will monitor progress against the action plan accompanying this strategy and report on our progress in the Annual Equality Report.

14. HOW WE WILL MONITOR AND REPORT ON OUR PROGRESS ON OUR NEW STRATEGY

- 14.1. The requirement for equalities monitoring carries with it legislative and Care Quality Commission Inspection drivers. The aim of these drivers is to develop appropriate and equitable service delivery for patients and service users and career development opportunities for staff. Specifically, NHS Trusts must demonstrate their compliance with the Equality & Diversity Standards set out by the Care Quality Commission.
- 14.2. In order for us to determine whether our policies, functions and services are achieving the aims of our updated equality & inclusion strategy, we need to ensure that we have access to up-to-date, comprehensive and quantitatively and qualitatively robust information systems. We already collect significant amounts of monitoring information in relation to:

- patient experience
 - complaints monitoring
 - Patients' Forum and feedback from engagement and community events
 - random and targeted surveys
- 14.3. We recognize that we can always improve our collection and analysis of the equalities information we have so that we can use this valuable information to improve our policy making, service delivery, engagement and decision making. To this end, the Trust is implementing monitoring across the different protected characteristic groups, wherever appropriate, to capture differentiated feedback from protected characteristic groups and ensure we can target any relevant gaps where required and wherever possible. We will continue to work to ensure that information gathered from our monitoring directly informs the improvement of everything we do in the Trust.

14.4. The Trust regularly feeds back its progress through Members' events, with our new FT members, HealthWatch representatives, the LAS website and other communications on its consultation and involvement events. We publish and make widely available the results of our equality analysis and any action plans developed as a result of our engagement with our stakeholders.

14.5. We will monitor our progress on our new equality & inclusion strategy annually, in conjunction with our stakeholders, reporting to the Equality & Inclusion Steering Group, which has representation from patients, Executive Management Team and the Trust Board, as well as providing online updates in alternative formats as required, and regular updates at consultation and engagement events.

15. EQUALITY & INCLUSION ACTION PLAN

15.1. Accompanying our updated strategy is an action plan (Appendix 1), addressing our duties under equalities legislation and in accordance with best practice. This plan incorporates the priorities for action, highlighted to us by our stakeholders, including staff and service users, in our consultation on the update of our strategy. This action plan brings the principles expressed in our Equality and Inclusion Strategy to life and once embedded in departmental business planning and mainstreamed throughout the Trust's functions and day-to-day activities will include all the key activities the Trust plans to undertake over the next three years, in our aim to be an excellent service provider and employer of choice. As ever, everyone in the Trust has a role to play in ensuring the action plan becomes a reality and each Trust department will determine specific initiatives to take forward the actions in the action plan.

15.2. We will monitor our progress against this action plan annually in partnership with our stakeholders and report on our progress in the annual equality report. Relevant actions will also be included in the respective service plans of Trust departments, delivered as part of our business as usual, and also monitored locally. The priorities of our action plan span the goals of the refreshed national equality delivery system (EDS2). NHS England will be supplying an Easy Read version of their updated version of this system, this will be available on the Trust's website to enable a refreshed engagement with this framework.

15.3. We will report on our progress annually to the Equality & Inclusion Steering Group, Executive Management Team and the Trust Board and publish this document on the Trust website as well as making it widely available to our stakeholders.

Evaluation

15.4. We will know our strategy is working when:

- we achieve better patient outcomes for our patients and service users across the diverse communities of London
 - our patients and service users say they have even greater confidence in all our services
 - we can monitor and evidence staff progress by all protected characteristic groups
 - the level of complaints is low and there are no significant differences between different protected characteristic groups
 - we can reach people in the community who have not used our services before and for whom our services would be appropriate
- staff from all protected characteristic groups are represented throughout the organization at appropriate grade levels, professions and types of employment, on a par with representation in the capital
 - we are regarded as an Employer of choice by people from all the diverse communities in London
 - our procurement opportunities are accessed by companies led by and comprising diverse workforces across the protected characteristic groups
 - we continue to feature as a Top Performer on the Stonewall Health Equality Index and Workplace Equality Index
 - our services are seen to have an active role in combating health inequalities across the

protected characteristic groups

Appendix I

APPENDIX 1 – EQUALITY AND INCLUSION STRATEGY ACTION PLAN 2014-17

Following the feedback received from our consultation, the following action plan has been devised with actions to be embedded into the business plans of each directorate. These actions will be monitored departmentally and through the Annual Equality Report in conjunction with the Trust’s diverse stakeholders across all protected characteristic groups.

| OBJECTIVE | ACTION | RESPONSIBLE |
|--|---|---|
| Objective 1 - Promoting equality and inclusion through fair and accessible services. | <ul style="list-style-type: none"> • We will continue to enhance our services, so they are delivered in a way which is relevant and appropriate for all our service users, with due regard to the specific needs of people from protected characteristic groups, including people facing additional barriers/multiple discrimination. • We will ensure all our staff have the requisite knowledge, skills and confidence to provide our Services. • We will ensure that our equality analysis process remains at the heart of the development and review of our services. | All Trust Departments |
| Objective 2 - Promoting equality and inclusion through enhanced involvement of our community and stakeholder | <ul style="list-style-type: none"> • We will use a wide range of engagement approaches and initiatives to ensure that any events or consultations are accessible and appropriate to the diverse communities we serve. • We will consult and engage with groups and individuals across the different protected characteristic groups to ensure all communities have a voice in the design and delivery of our services. • We will ensure our staff have the relevant skills and confidence to engage with people from our diverse communities. • We will continue to invite people from different protected characteristic groups and stakeholders onto our equality analyses. | All Trust departments/ PPI and Public Education Team/Equality and Inclusion Team/ Governance |

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|---|---|---|
| Objective 3 - Promoting equality and inclusion through improving the quality of information the Trust uses. | <ul style="list-style-type: none">• In line with the Equality Act 2010 and the NHS Equality Delivery system, we will improve our monitoring and analysis to develop better services and enhance our employment and training opportunities for all staff regardless of background.• We will enhance our internal and external communications to raise awareness of equality and inclusion issues and celebrate diversity. | All Departments/ Director of Workforce Director of Communications |
| Objective 4 - Promoting equality and inclusion through enhanced partnership working. | <ul style="list-style-type: none">• We will enhance our partnership working with key partners including other emergency services, NHS partners, staff side partners and other key stakeholders.• We will work in collaboration with our diverse communities, wherever practicable, to enhance the delivery of patient care, and increase the representation of people across different protected characteristic groups in our workforce.• We will be proactive in identifying opportunities to work with our diverse communities and the Third Sector to build life skills and better inform our policy and practice. | All Departments |
| Objective 5 - Promoting equality and inclusion through employment and training. | <ul style="list-style-type: none">• We will continue in our efforts to make our workforce truly representative of the diverse communities it serves.• We will continue to promote a working environment where everyone, regardless of their background, feels included and valued, and where there is zero tolerance for bullying or harassment on any grounds.• We will continue to ensure that all our staff have access to learning and development opportunities to provide them with every opportunity to reach their potential, to the benefit of the diverse communities we serve. | Director of Workforce/ All Departments/ Learning & Organization Development/ Education Development |

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|---|--|---|
| <p>Objective 6 - Promoting equality and inclusion through our procurement.</p> | <ul style="list-style-type: none">• We will continue to ensure that our contractors are in line with our equality and inclusion objectives in regard to both employment and service delivery to ensure that they do not discriminate against anyone and are able to provide equitable, high-calibre services.• We will look for possibilities, wherever practicable, to encourage SMEs and people and organizations from different protected characteristic groups to access our procurement opportunities. | <p>Head of Procurement/ All Departments</p> |
|---|--|---|

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APPENDIX 2 – RESPONSES TO OUR NEW EQUALITY AND INCLUSION PRIORITIES FOR ACTION

In our recent consultation with our patients, service users, staff and stakeholders on what should be our equality and inclusion priorities for action we asked whether you agreed with our draft equality and inclusion objectives for 2014-17 spanning the four goals of the Equality Delivery System and for any feedback you had on these as well as any other objectives you would recommend. The following table gives the responses you gave us on this.

| OBJECTIVE | Agree | Disagree |
|---|-------|----------|
| <p>Objective 1 Promoting equality and inclusion through fair and accessible services.</p> <ul style="list-style-type: none"> • We will continue to enhance our services so they are delivered in a way which is relevant and appropriate for all our service users, with due regard to the specific needs of people from protected characteristic groups, including people facing additional barriers/multiple discrimination. • We will ensure all our staff have the requisite knowledge, skills and confidence to provide our services. • We will ensure that our equality analysis process remains at the heart of the development and review of our services. | 17 | 0 |
| <p>Objective 2 Promoting equality and inclusion through enhanced involvement of our community and stakeholder groups.</p> <ul style="list-style-type: none"> • We will use a wide range of engagement approaches and initiatives to ensure that any events or consultations are accessible and appropriate to the diverse communities we serve. • We will consult and engage with groups and individuals across the different protected characteristic groups to ensure all communities have a voice in the design and delivery of our services. • We will ensure our staff have the relevant skills and confidence to engage with people from our diverse communities. | 16 | 1 |

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|---|----|---|
| <p>Objective 3 Promoting equality and inclusion through improving the quality of information the Trust uses.</p> <ul style="list-style-type: none"> • In line with the Equality Act 2010 and the NHS Equality Delivery System, we will improve our monitoring and analysis to develop better services and enhance our employment and training opportunities for all staff regardless of background. • We will enhance our internal and external communications to raise awareness of equality and inclusion issues and celebrate diversity. | 17 | 0 |
| <p>Objective 4 Promoting equality and inclusion through enhanced partnership working.</p> <ul style="list-style-type: none"> • We will enhance our partnership working with key partners including other emergency services, NHS partners, staff side partners and other key stakeholders. • We will work in collaboration with our diverse communities, wherever practicable, to enhance the delivery of patient care, and to increase the representation of people across different protected characteristic groups in our workforce. • We will be proactive in identifying opportunities to work with our diverse communities and the Third Sector to build life skills and better inform our decision making. | 16 | 1 |
| <p>Objective 5 Promoting equality and inclusion through employment and training.</p> <ul style="list-style-type: none"> • We will continue in our efforts to make our workforce truly representative of the diverse communities it serves. • We will continue to promote a working environment where everyone, regardless of their background, feels included and valued, and where there is zero tolerance for bullying or harassment on any grounds. • We will continue to ensure that all our staff have access to learning and development opportunities to provide them with the skills and knowledge to succeed in their roles. | 17 | 0 |

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| Objective 6 Promoting equality and inclusion through our procurement. <ul style="list-style-type: none">• We will continue to ensure that our contractors are in line with our equality and inclusion objectives in regard to both employment and service delivery to ensure that they do not discriminate against anyone and are able to provide equitable, high-calibre services.• We will look for possibilities, wherever practicable, to encourage SMEs and people and organizations from different protected characteristic groups to access our procurement opportunities. | 17 | 0 |
|--|----|---|

Comments provided on the objectives were:

Objective 1 - This objective one ought to be changed to another number; -

The first paragraph is a little legalese. It would be better to simplify the language used. For example "We will continue to ensure delivery of our services remain fair and inclusive to our diverse range of service users". Second para - It would be worth stating that staff will receive training to develop the required knowledge, skills and confidence in provision of our services. Third para - REMOVE referring to an EQUAL ANALYSIS PROCESS. This is essentially an internal mechanism to ensure equalities is considered fairly when developing policies and processes. It may be better to state the following "We will engage with service users and partners to ensure development of our policies and processes continues to be fair and inclusive"; - What is the "meta data" and evidence, on how the trust has managed to achieve this objective so far? Where can i see any true measure of this? Can they be seen in a "SMART" format?

Objective 2 - Legal language; What is the "meta data" and evidence, on how the trust has managed to achieve this objective so far? Where can i see any true measure of this? Can they be seen in a "SMART" format?

Objective 3 - You may wish to add "Communications" to the header. This objective is around monitoring. It would be useful to state how the LAS will seek to use this information to help deliver better, targeted services. Essentially, if requesting service user to provide this information, why should they do so?; - What is the "meta data" and evidence, on how the trust has managed to achieve this objective so far? Where can i see any true measure of this? Can they be seen in a "SMART" format?

Objective 4 - Who are staff side partners?. Can delete the first paragraph as it repeats the header!! Second para - add "partners" delete "wherever

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practicable" sounds like the LAS will choose as and when it will collaborate and involve; - What is the "meta data" and evidence, on how the trust has managed to achieve this objective so far? Where can i see any true measure of this? Can they be seen in a "SMART" format?

Objective 5 - This really should be Objective one. The LAS has a long history of failing to attract and recruit people from minority ethnic heritages, its numbers of such employees on the front line in no way reflects London's population, which is a great, great pity; Need to add the following to the end of the first paragraph " and seek to improve the representation of employees from minority groups across all levels of our workforce"; What is the "meta data" and evidence, on how the trust has managed to achieve this objective so far? Where can i see any true measure of this? Can they be seen in a "SMART" format?

Objective 6 - 1st para - consider using the following " Contractors are familiar with our equality objectives and adopt our principles in relation to delivering fair and equitable services on our behalf; - What is the "meta data" and evidence, on how the trust has managed to achieve this objective so far? Where can i see any true measure of this? Can they be seen in a "SMART" format?

The following additional comments were provided:

- First-rate objectives!
- It's really encouraging to see a whole objective around procurement, demonstrating that equality and diversity is vital within this.
- The Board ought to consider carefully its membership regarding those from ethnic heritages. There ought to be an objective for the Board to include minority ethnic heritage representation given it is a London service.
- I would like to see an objective around Leadership and ownership . Without this there is a risk that these objectives will be a wish-list, rather than an action for real positive change for all.
- I wonder whether it the objectives should have skills, knowledge and confidence rather than just skills and knowledge
- Is the Trust still using the EDS? if yes, how is it reflected in the new objectives?
- I really like your document, and I especially like that accessibility of services is built in to the core of the document and runs as a key consideration throughout (I know this will relate to all protected characteristics as well).

The equalities profile of our stakeholders responding to this consultation was: 5 women, 7 men, 2 preferred not to state their gender, 3 did not

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answer that question; 3 respondents were in age range 25-34, 2 in age range 35-44, 2 in age range 45-54, 4 in age range 55-64, 1 in age range 65-74, 2 preferred not to say and 3 did not answer; 2 respondents said they were disabled, 8 said they were not, 4 preferred not to say and 3 did not answer; respondents included 1 Asian Pakistani, 1 Black African Caribbean, 9 White British, 5 preferred not to say, 1 not stated; 5 Christians responded, 1 Zoroastrian, 1 Eclectic, 3 preferred not to say and 7 did not answer; 2 bisexual people responded, 8 heterosexuals, 1 “heterosexual – I think! – not sure”, 1 Lesbian/gay woman responded, 2 preferred not to say and 3 did not answer.

APPENDIX 3 – LONDON AMBULANCE NHS TRUST'S EQUALITY OBJECTIVES

The Trust has agreed to adopt the new NHS Equality Delivery System (EDS), an optional equalities framework for the NHS intended to support NHS organizations in improving their equality performance and mainstreaming equalities.

The EDS contains four overarching goals (supported by eighteen outcomes). The Equality and Inclusion Steering group has led a consultation exercise seeking views on the introduction of four equality objectives to support the Trust in improving performance against each of the four national NHS goals which are:

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and well supported staff
- Inclusive leadership at all levels

In March 2012, in line with the Public Sector Duty requirements of the Equality Act 2010 and the national NHS Equality Delivery System and following a number of engagement exercises with the general public, members and staff, the Trust agreed its equality objectives, as set out below. They span the four goals of the national NHS Equality Delivery System, a second version of which has since been launched and is called EDS2. The re-launched version varies only very slightly from the original version, with the goals remaining the same as before.

The Trust's objectives were:

Objective 1 -We will ensure that the satisfaction rates with our Patient Transport Service are equitable for both women and men using the service and for all our service users, regardless of sexual orientation.

Objective 2 -We will improve the process for capturing equalities data in the area of patient complaints to ensure that more than 50 per cent of complainants have provided relevant details and begin to monitor trends in complaints from black and minority ethnic (BME) service users in 2012/13.

Objective 3 -We will act on the results of the staff survey and develop both corporate and localised actions to improve key problems

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identified by 2016.

Objective 4 -The equality and inclusion steering group will appoint champions for each of the protected characteristic groups (age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation) by 2014, to ensure that the interests of these groups are protected and promoted with regard to staff, patients, service users and other stakeholders in line with the requirements of the Equality Act 2010.

Since implementing these objectives in 2012, the Trust has made considerable progress on the first two, with achievement of Objective 3 ongoing. The Equality and Inclusion Steering Group, the Trust's senior-level body overseeing the equality and inclusion work of the Trust, will further address the requirements of Objective 4 in this coming year. To date, the Trust has a very visible and committed LGB Equality Champion, the Assistant Director Organization Development, Bill O' Neill.

Appendix IV

APPENDIX 4– DEFINITION OF PROTECTED CHARACTERISTIC GROUPS COVERED UNDER THE EQUALITY ACT 2010

Age

When the Act refers to age, it refers to a person belonging to a particular age or age group (e.g. 21 year olds) or range of ages (e.g. 18-30).

Disability

A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Gender Reassignment

This refers to the process of transitioning from one gender to another. A person will have this protected characteristic if they are proposing to undergo, are undergoing or have undergone a process or part of a process for the purpose of reassigning their sex by changing physiological or other attributes of their sex.

Trans (or Transgender)

Is a general term used by people whose gender identity and/or gender expression differs from their sex at birth. This can include but is not limited to transsexual people and other people who define themselves as gender-variant.

Marriage & Civil Partnership

In the United Kingdom marriage is no longer restricted to a union between a man and a woman but now includes marriage between a same-sex couple (Marriage (Same Sex Couples) Act 2013; Marriage and Civil Partnership (Scotland) Act 2014). Same-sex couples can also have their relationships legally recognized as civil partnerships. Civil partners must not be treated less favourably than married couples.

Pregnancy & Maternity

Pregnancy refers to the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth of the child/children and is linked to maternity leave in an employment context. In a non-work environment, protection against maternity discrimination is for 26 weeks after giving birth; this includes treating a woman unfavourably because she is breastfeeding.

Race

This refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour and nationality including citizenship,

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ethnic or national origins.

Religion or Belief

Religion refers to any of the recognized religions; it is a broad definition in line with Article 9 of the European Convention on Human Rights guaranteeing freedom of thought, conscience and religion; types of religions covered here include Buddhism, Christianity, Hinduism, Islam, Judaism etc. Belief can include religious and philosophical beliefs such as humanism, ecological beliefs as well as lack of belief. A belief should substantially affect a person's life choices or the way they live their life in order for this to be considered as a protected characteristic.

Sex

This refers to the characteristic of being a man or a woman.

Sexual Orientation

This refers to a person's sexual attraction towards their own sex, the opposite sex or both sexes.

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APPENDIX 5 – GLOSSARY OF COMMON EQUALITY AND INCLUSION TERMS

Access

The extent to which people are able to receive the information, services or care they require and are not prevented from getting these, e.g. premises should be suitable for and welcoming to wheelchair users, people with sensory disabilities etc.; information should be provided in alternative formats, including in large print or Braille or audiotape or CD and community languages; services provided should be culturally appropriate and sensitive.

Ageism

Discrimination against people based on assumptions and stereotypical thinking around age.

Alternative format

Media formats which are accessible to disabled people with specific impairments, for example Braille, audio description, subtitles and Easy Read.

Black and minority ethnic (BME)

Describes range of minority ethnic communities in the United Kingdom.

Champion

Someone appointed to represent and support the interests of a specific user group or issue. This can be a senior manager, member of the Trust Board or representative of the user group, e. g. a disabled staff member.

Commissioning

The process of specifying, purchasing and monitoring services to meet the needs of the local population.

Consultation

Asking for the views of service users, staff or other stakeholders on service delivery, policymaking, engagement or decision making. Consultation can take place through a wide range of ways including through surveys, focus groups or public meetings.

Discrimination

Unfair treatment based on prejudice. In a health setting discrimination could mean consciously treating a group of people or individuals differently

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or less favourably or denying them access to relevant treatment and care. Under the Equality Act 2010 discrimination can come in one of the following forms:

- direct discrimination - treating someone with a protected characteristic less favourably than others
- indirect discrimination - putting rules or arrangements in place that apply to everyone, but that put someone with a protected characteristic at an unfair disadvantage
- harassment - unwanted behaviour linked to a protected characteristic that violates someone's dignity or creates an offensive environment for them
- victimization - treating someone unfairly because they have complained about discrimination or harassment

Associative discrimination

This is direct discrimination against someone because they associate with another person who possesses a protected characteristic.

Direct discrimination

This occurs when someone is treated less favourably than another person because of a protected characteristic they have or are thought to have or because they associate with someone who has a protected characteristic.

Harassment

This is “unwanted conduct relating to a relevant protected characteristic, which has the purpose or effect of violating an individual’s dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual”. Harassment applies to all protected characteristics except for pregnancy and maternity and marriage and civil partnership and also extends to where there is harassment due to perception and association.

Indirect discrimination

This occurs when there is a condition or policy or practice which applies to everyone but particularly disadvantages people who share a protected characteristic. Indirect discrimination can be justified if it can be shown that someone has acted reasonably in managing their business, i.e. that it is a “proportionate means of achieving a legitimate aim.” A legitimate aim may be any lawful decision that is made in the course of running an organization, but if there is a discriminatory effect, the sole aim of reducing costs is likely to be unlawful. Being proportionate means being fair and reasonable, including showing that any “less discriminatory” alternatives to decisions have been considered.

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Perceptive discrimination

This is discrimination against an individual which occurs because others think they possess a particular protected characteristic. It applies even if the person does not actually possess that characteristic.

Victimization

This occurs when a member of staff is treated badly because they have made or supported a complaint or raised a grievance under the Equality Act or because they are suspected of doing so.

Diversity

Valuing and celebrating difference and recognising that everyone through their own unique mix of experience, skills and talent has their own valuable contribution to make.

Duty

Under the Equality Act 2010, public bodies have general and specific duties. These are a series of actions needing to be carried out by that body in order to comply with legislative requirements.

Duty to make reasonable adjustments

Where a disabled person is at a substantial disadvantage in comparison with people who are not disabled, there is a duty to take reasonable steps to remove that disadvantage by (i) changing provisions, criteria or practices, (ii) altering, removing or providing a reasonable alternative means of avoiding physical features and (iii) providing auxiliary aids. Pregnancy and maternity – Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Prejudice

Negative assumptions or judgments about a person or group of people.

Procurement

The process of obtaining (whether through purchasing, lease, hire or other legal means) the services, equipment, materials or supplies required by an organization so it can effectively meet its business objectives.

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Public sector equality duty

The duty on a public authority when carrying out its functions to have due regard to the need to eliminate unlawful discrimination and harassment, foster good relations and advance equality of opportunity.

Racism

The belief, conscious or otherwise, in the superiority of a particular race, which leads to acts of discrimination and unequal treatment based on someone's colour or ethnic origin.

Reasonable

What is considered reasonable will depend on all the circumstances of the case including the size of an organisation and its resources, what is practicable, the effectiveness of what is being proposed and the likely disruption that would be caused by taking the measure in question as well as the availability of financial assistance.

Sexual orientation

An orientation towards persons of the same sex (e.g. lesbians & gay men), towards persons of the opposite sex (heterosexuals) or persons of the same and opposite sexes (bisexuals).

Sexism

Prejudice based on a person's gender, whereby one gender is deemed inferior.

Social model of disability

A model created and endorsed by disabled people throughout the world, this emphasises the barriers and structures in society which exclude disabled people, rather than focusing on their disabilities as the reason for their being excluded, as in the Medical Model of disability.

Social inclusion

The position from where someone can access and benefit from the full range of opportunities available to members of society. It aims to remove barriers for people or for areas which experience a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, poor health and family breakdown.

Stakeholders

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People with an interest in a subject or issue who are likely to be affected by any decision relating to it and/or have responsibilities relating to it.

Stereotypes – generalizations concerning perceived characteristics of members of a group, rather than regarding people as unique individuals.

Trans/trans people

The term “trans” is an all-embracing term for people who have the desire to live and be accepted as members of the opposite sex (e.g. men who feel they should have been born a woman and vice versa). Issues of transgender relate to self-identity. Trans people should be addressed in the gender they present. Assumptions should not be made that a Trans person is gay or lesbian, as a large number are heterosexual.

Victimization

The act of treating people less favourably because they have made a complaint or intend to in regard to discrimination or harassment.

Workforce profile

The make-up of the people who work for an organization. Analysing the workforce profile helps us to see how many different people from the protected characteristic groups work for the organization, e.g. how many women, disabled people, black and minority ethnic people etc. It also enables us to see what occupations and grade levels people are represented in, which will assist us in determining if more career progression opportunities need to be provided for specific groups.

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APPENDIX 6– KEY DOCUMENTS

London Ambulance Service NHS Trust Annual Equality Reports -

http://www.londonambulance.nhs.uk/working_for_us/equality_and_inclusion/strategy_and_equality_reports.aspx

Mayor of London – Mayor’s Annual Equality Report 2012/13

Greater London Authority – Equal Life Chances for All – The Employment Gap – March 2014

Stonewall Healthy Lives - <http://www.healthyives.stonewall.org.uk/for-organisations/health-resources/default.aspx>

Stonewall – LAS LGB Service User Feedback Report (2012)

Care Quality Commission – State of Care

http://www.cqc.org.uk/sites/default/files/documents/cqc_soc_report_2013_lores2.pdf

Care Quality Commission – “Raising Standards, putting people first: our strategy for 2013-2016”

Department of Culture, Media & Sport – Attitudes towards Equality – Findings from the YouGov Survey (June 2014)

Department of Health – “A framework for local action” (implementing human rights in Healthcare) (2007)

NHS England – “A Refreshed Equality Delivery System for the NHS – EDS 2” (2013)

Department of Health – Equality & Human Rights Case Study –London Ambulance Service NHS Trust – Strategic Planning process and “It’s your call: Public and Patient Involvement” event (2009)

The Marmot Review – “Fairer Society, Healthier Lives (2010)

Department of Health – the NHS Constitution for England (updated 2013)

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Health Care Commission – “Tackling the Challenge – Promoting Race Equality in the NHS” (March 2009)

Parliamentary & Health Service Ombudsman - Six lives: the provision of public services to people with learning disabilities (2009)

NHS Confederation – “Rising to the challenge: health priorities for government and the NHS” (2010)

Department of Health - NHS Outcomes Framework 2014-15

Report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry – Robert Francis QC (February 2013)

Business in the Community (Race for Opportunity) – “Race for the Top” (2014)



| | |
|---|---|
| Report to: | London Ambulance Service Trust Board |
| Date of meeting: | 30th September 2014 |
| Document Title: | Report from the Audit Committee on 8th September 2014 |
| Report Author(s): | John Jones, Chair of the Audit Committee |
| Presented by: | John Jones, Chair of the Audit Committee |
| Contact Details: | |
| History: | The Audit Annual Committee Report, Terms of Reference and the Annual Audit Letter were presented to the Audit Committee on 8th September 2014 |
| Status: | For information and approval |
| Background/Purpose | |
| <p>The purpose of this report is to update the Trust Board on the key items of discussion at the Audit Committee meeting on 8th September. Also attached is the Annual Audit Committee report for 2013/14, which sets out how the Audit Committee has fulfilled its terms of reference throughout the year; the updated Audit Committee Terms of Reference; and the Annual Audit Letter which sets out the key findings of the 2013/14 year end audit.</p> | |
| Action required | |
| <p>The Trust Board is asked to note the report from the Audit Committee meeting on 8th September, the Audit Committee Annual Report for 2013/14 and the Annual Audit Letter.</p> <p>The Trust Board is asked to approve the updated Audit Committee Terms of Reference.</p> | |
| Assurance | |
| <p>It is the role of the Audit Committee to focus on the controls and related assurances that underpin the achievement of the Trust's objectives and the processes by which the risks to achieving these objectives are managed. The purpose of this report is to assure the Trust Board of the effectiveness of the Trust's systems of integrated governance, risk management and internal control.</p> | |

| Key implications and risks arising from this paper | |
|--|---|
| Clinical and Quality | |
| Performance | |
| Financial | X |
| Legal | |
| Equality and Diversity | |
| Reputation | |
| Other | X Assurance on risk systems and processes |
| This paper supports the achievement of the following 2014/15 objectives | |
| Improve patient care | X |
| Improve recruitment and retention | |
| Implement the modernisation programme | |
| Achieve sustainable performance | |
| Develop our 111 service | |
| Simplify our business processes | X |
| Increase organisational effectiveness and development | X |

Report from the Audit Committee on 8th September 2014

RISK MANAGEMENT AND GOVERNANCE

Board Assurance Framework and Corporate Risk Register

The Audit Committee reviewed the updated risk register and board assurance framework (BAF), which has been aligned to the business objectives for 2014/15. The BAF is a more dynamic document than it has been previously and reflects the key issues facing the Trust. However there are a number of red-rated actions which will need to be kept under review. In summary, the Audit Committee is assured that the risk management process is working well, but that the focus should now be on what this process is telling us and the actions to mitigate the risks.

Andrew Grimshaw gave a presentation on the performance risks and the actions to mitigate these risks. The Audit Committee asked for further assurance on data quality and will receive the peer review audit report on ambulance quality indicators at its next meeting on 10th November.

Audit Committee Annual Report 2013/14 and Terms of Reference

The Audit Committee reviewed and agreed the annual report for 2013/14, which is attached to this report. The Audit Committee agreed its actions for the year 2014/15:

- To establish a new Audit Committee following change of membership.
- Continue to develop the Board Assurance Framework to reflect more fully the key risks to the Trust Strategic Plan.
- Continue to refine the Corporate Risk Register to focus on the highest scoring risks and mitigating action.
- To develop greater alignment between the performance framework and dashboard, the Board Assurance Framework and the corporate risk register.
- Improve the response to outstanding audit recommendations as reported in the Audit Tracker.
- Seek evidence to confirm the assurance of data quality.

The Audit Committee approved the updated Terms of Reference, which are attached to this report for Trust Board approval.

INTERNAL AUDIT

The Audit Committee received an update on internal audit activity, including the audit reports on recruitment and risk management. The Trust's recruitment processes have been assessed as requiring improvement and this is largely due to documentation held centrally. The recommendations will be followed up as part of the internal audit recommendations progress report.

The risk management arrangements have been assessed as providing partial assurance with improvements required. The focus of this review was on local risk registers, rather than the corporate risk register and BAF, and more work needs to be done to ensure that the registers are operating consistently and feeding into the corporate risk management processes.

The Audit Committee received the internal audit recommendations tracking report and a separate update on progress against the recommendations from the cyber security and serious incident internal audits.

LOCAL COUNTER FRAUD

The Audit Committee received an update on local counter fraud activity.

The Audit Committee approved the Anti-Fraud Policy.

FINANCIAL REPORTING

The Audit Committee received a report on the process for losses and special payments and agreed to review proposed losses and special payments twice a year.

The Audit Committee noted the Annual Audit Letter for 2013/14, which is attached to this report.

REPORTS FROM COMMITTEES

The Audit Committee noted the report from the Finance and Investment Committee and the Quality Committee.

Date of next meeting

The next meeting of the Audit Committee is on Monday 10th November 2014.



ANNUAL REPORT OF THE AUDIT COMMITTEE 2013/14

1. Scope of the report

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

2. Constitution

- 2.1 The Audit Committee is established under Board delegation with approved terms of reference that are aligned with the NHS *Audit Committee Handbook* published by the HFMA and Department of Health.
- 2.2 In accordance with the terms of reference, the membership was three non-executive Directors, with a quorum of two, including one with recent relevant financial experience. The Director of Finance and Performance and the Director of Corporate Affairs are invited to attend all Audit Committee meetings. The non-executive Chair of the Quality Committee (now Quality Governance Committee) is invited to attend all Audit Committee meetings as an observer and attended once during the year. The appropriate internal audit and external audit representatives and the local counter fraud specialist attended all Audit Committee meetings with the exception of the meeting on 18th April 2013, which was an internal meeting for the purposes of reviewing the draft annual accounts for 2012/13.
- 2.3 A schedule of attendance at the meetings is provided in Appendix B which demonstrates full compliance with the quorum requirements and regular attendance by those invited by the Audit Committee.
- 2.4 The terms of reference state that the Audit Committee should meet at least four times per annum. Seven meetings were held within the last financial year on 15th April 2013, 18th April 2013, 13th May 2013, 3rd June 2013, 2nd September 2013, 11th November 2013 and 3rd February 2014.
- 2.5 The Audit Committee has an annual forward planner with meetings timed to consider and act on specific issues within that plan.
- 2.6 The Audit Committee Chair reports to the Trust Board following each meeting.

3 Governance, Risk Management and Internal Control

- 3.1 The Audit Committee reviewed relevant disclosure statements for the 2013/14 financial year, including the Annual Governance Statement (AGS) at its meeting on 2nd June 2014. The Committee agreed that the AGS was consistent with its view on the Trust's system of governance and internal control and supported the Trust Board's approval of the AGS. The Audit Committee has also reviewed internal and external audit opinion and other appropriate independent assurances.
- 3.2 The Audit Committee received updates at all of its meetings on the management of organisational risks, with the exception of those meetings which are focussed on the year end audit and approval of the annual accounts. Overall, the Audit Committee's view is that the system of risk management in the organisation is adequate in identifying risks and allows the Board to understand the appropriate management of those risks.

- 3.3 During the year, the Audit Committee implemented a programme of deep dive reviews of specific areas of risk. The first of these took place at the meeting on 3rd February 2014, where the Audit Committee undertook a review of the modernisation programme risks. As a result of this, the Audit Committee asked for a process to be put in place to ensure that programme and business risks were more closely aligned to the corporate risk register.
- 3.4 The Audit Committee reviews the Board Assurance Framework (BAF) at each of its meetings, with the exception of those meetings which are focussed on the year end audit and approval of the annual accounts. A new format for the BAF was implemented during the course of the year, which is aligned with the 2014/15 business objectives. The Audit Committee can therefore demonstrate that it has reviewed and used the Board Assurance Framework and believes that it is fit for purpose and that the comprehensiveness of the assurances and the reliability and integrity of the sources of assurance are sufficient to support the Board's decisions and declarations.
- 3.5 The Audit Committee received a report at each meeting on the progress made in implementing outstanding internal audit recommendations. The Audit Committee has ensured that there is follow up on internal audit recommendations, particularly where a limited assurance opinion had been issued. Examples of this include serious incident management and cyber security.
- 3.7 The Audit Committee is assured that there are no areas of significant duplication or omission in the systems of governance in the organisation that have come to the Committee's attention and not been resolved adequately. A full review of the governance structure will take place at the Strategy Review and Planning Committee meeting on 9th September 2014.

4 Internal Audit

- 4.1 As of 1st April 2013, Internal Audit services to the Trust were provided by KPMG.
- 4.2 The Audit Committee received and approved the Internal Audit Plan for 2013/14 at its meeting on 13th May 2013. The Committee was assured that the internal audit plan and strategy had been developed with input from the Trust's directors and was consistent with the audit needs of the organisation as identified in the Trust Board Assurance Framework. The Quality Committee is now involved in the development of the internal audit plan and this process works well.
- 4.3 Internal auditors were present at all but one of the Audit Committee meetings and provided the Committee with key findings from each audit report and an update on progress against recommendations made.
- 4.4 The head of internal audit opinion for 2013/14 was as follows:
- Based on the work undertaken in 2013/14, significant assurance can be given for core financial systems, however limited assurance can be given that there is a generally sound system of internal control on key financial and management processes.
- 4.5 Three Internal Audit reviews received limited assurance with the following key issues raised:
- a) Serious incidents were not being investigated and reported within the timescales required within the National Framework.
 - b) Cyber security required action against a number of high priority recommendations in order to improve the Trust's controls to prevent and detect cyber attacks.

- c) Contract management testing identified a number of areas of high spend where no contractual arrangements were in place and also indicated that procurement processes were not consistently followed.

- 4.6 The outcome of these reviews identified six high priority recommendations resulting in the limited assurance opinion and action plans are being implemented to address these.
- 4.7 Although the Audit Committee is disappointed with this opinion, it should be recognised that management had identified a number of areas as priority for the internal audit plan in response to concerns raised. A number of the reviews had resulted in limited assurance and high priority recommendations. The Audit Committee took assurance from the fact that none of the findings were a surprise to management and that progress has already been made to put in place action plans to address the recommendations.
- 4.8 Overall, the Audit Committee has worked effectively with internal audit to strengthen the Trust's internal control processes. The Audit Committee has considered the major findings of internal audit and is assured that management has responded in an appropriate manner and that the Head of Internal Audit Opinion and the Annual Governance Statement reflect any major control weaknesses.

5 External Audit

- 5.1 The Trust's external audit services were provided by PriceWaterhouse Coopers.
- 5.2 The external auditors audited the Trust's accounts in line with approved Auditing Standards and issued an unqualified audit opinion on 5th June 2014. Three accounting issues were identified during the course of the audit relating to classification of liabilities (corrected); expenditure cut off (agreed by the Audit Committee not to adjust) and existence of property, plant and equipment (agreed by the Audit Committee not to adjust).

6 Management

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

7. Fraud

- 7.1 As with the Internal Audit Service, Counter Fraud was provided by KPMG with affect from 1st April 2013.
- 7.2 The Committee received and agreed the Counter Fraud Work Plan for 2013/14 at its meeting on 13th May 2013.
- 7.3 The Audit Committee received reports from the Local Counter Fraud Specialist at five of the seven meetings over the course of the year.

8. Other Assurance Functions

- 8.1 The Audit Committee receives a regular update on the key items of discussion at the most recent meeting of the Quality Committee. The Chair of the Quality Committee is also invited to attend all meetings of the Audit Committee.

9. Financial Reporting

- 9.1 At its meeting on 2nd June 2014, the Audit Committee received and ratified the Audited Annual Accounts, incorporating the Annual Governance Statement, for the year ending 31st March 2014, prior to their submission to the Department of Health.

10. Audit Committee Terms of Reference

- 10.1 The Audit Committee reviewed its terms of reference at its meeting on 11th November 2013.

11. Audit Committee action plan

- 11.1 Last year, as part of its self-assessment, the Audit Committee identified a number of actions moving forward. Progress against these actions is detailed below:

| Action | Progress |
|--|---|
| To obtain further clarity over the mandate and responsibility of the Audit Committee. | The role of the Audit Committee in the oversight of risk management systems and controls, including the BAF and the corporate risk register has been strengthened. This was reflected in the changes made to the Audit Committee terms of reference in November 2013. |
| To continue to move the organisation to the next stage of risk assurance and awareness by following up on the actions identified in the recent internal audit on risk management, including: | Work in progress with significant moves forward this year. |
| The implementation of a more formal process for reviewing and updating the Board Assurance Framework | The BAF and the corporate risk register are reviewed at each Audit Committee and quarterly at the Trust Board. The Quality Governance Committee reviews the BAF and associated clinical risks at each meeting. |
| Review the structure of the Board Assurance Framework | Completed. |
| Implementation of a dashboard to capture new, removed risks and changes in risk ratings and the rationale for this | Completed and incorporated in the frontsheet for key committees. |
| Refine the detail captured in the Board Assurance Framework | Completed. Work underway in 2014/15 to incorporate key risks to the achievement of business objectives. |

11.2 Actions for this year are:

| Action | Responsible |
|--|--|
| To establish a new Audit Committee following change of membership. | Chair of the Audit Committee |
| Continue to develop the Board Assurance Framework to reflect more fully the key risks to the Trust Strategic Plan. | Director of Corporate Affairs |
| Continue to refine the Corporate Risk Register to focus on the highest scoring risks and mitigating action. | Director of Corporate Affairs |
| To develop greater alignment between the performance framework and dashboard, the Board Assurance Framework and the corporate risk register. | Director of Finance and Performance Director of Corporate Affairs |
| Improve the response to outstanding audit recommendations as reported in the Audit Tracker. | Director of Corporate Affairs |
| Seek evidence to confirm the assurance of data quality. | Director of Finance and Performance |

12. Conclusion

12.1 Overall, the Audit Committee has fulfilled its duties as set out in its terms of reference.

**London Ambulance Service NHS Trust
Terms of Reference
November 2013
Audit Committee**

1. Authority

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

2. Purpose

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

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

3. Internal Audit

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

4. External Audit

- 4.1 The Committee shall review the work and findings of the External Auditor and consider the implications and management responses to their work. This will be achieved by:
- 4.1.1 consideration of the performance of the External Auditor;
 - 4.1.2 discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan, the audit fee, and ensure coordination, as appropriate, with other External Auditors in the local health economy;
 - 4.1.3 discussion with the External Auditors of their local evaluation of audit risks;
 - 4.1.4 review of all External Audit reports, including agreement of the Annual Audit Letter before submission to the Board and any work carried outside the Annual Audit Plan, together with the appropriateness of management responses;
 - 4.1.5 discussion and agreement on the Trust's Annual Governance Statement.

5. Risk and Assurance Functions

- 5.1 The Audit Committee shall review the risk and assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation. This will be achieved by:
- 5.1.1 review of the effectiveness of the Quality Committee in the management of clinical risk including assurance gained from the clinical audit function;
 - 5.1.2 review of the effectiveness of the Finance and Investment Committee in the management of financial risk;

- 5.1.3 review of the effectiveness of the Executive Management Team in the management of business risk and the systems in place to delegate responsibility for reviewing and maintaining the corporate risk register to the Senior Management Team;
- 5.1.4 review the board assurance framework to ensure that it is focussed on the key strategic risks to the business and clearly identifies controls and assurances in place as well as the gaps and corresponding mitigating actions to be taken in order to take assurance from the effectiveness of the systems in place;
- 5.1.5 review of the findings of any reviews by Department of Health Arms Length Bodies or Regulators/Inspectors (e.g. Care Quality Commission, NHS Litigation Authority, etc.), professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc);
- 5.1.6 review the work of the Quality Committee in order to satisfy itself on the assurance that can be gained from the clinical audit function;
- 5.1.7 review the assurances provided by the internal auditors of the Trust's Shared Financial Services provider.

6. Counter Fraud

- 6.1 The Committee shall satisfy itself that the organisation has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work.¹

7. Management

- 7.1 The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.
- 7.2 The Committee may also request specific reports from individual functions within the organisation (for example, clinical audit) as they may be appropriate to the overall arrangements.

8. Financial Reporting

- 8.1 The Audit Committee shall review the Annual Report and Financial Statements before submission to the Board, focusing particularly on:
 - the Annual Governance Statement;
 - disclosures relevant to the Terms of Reference of the Audit Committee;
 - changes in, and compliance with, accounting policies and practices;
 - unadjusted mis-statements in the financial statements;
 - significant judgments in preparation of the financial statements;
 - significant adjustments resulting from the Audit;
 - letter of representation; and
 - qualitative aspects of financial reporting.
- 8.2 The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to the completeness, timeliness and accuracy of the information provided to the Board.

¹ From the NHS Audit Committee Handbook

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

9. Membership

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

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

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

9.4 The Director of Finance, Director of Corporate Affairs or their deputy should normally attend all Audit Committee meetings, with the Chief Executive invited to attend at least annually to discuss with the Audit Committee the process for assurance that supports the Annual Governance Statement.

9.5 The non-executive Chair of the Quality Committee should be invited to attend all Audit Committee meetings.

9.6 Other executive directors should be invited to attend when the Committee is discussing areas of risk or operation that are the responsibility of that director.

9.7 The appropriate Internal and External Audit representatives and a Local Counter Fraud representative shall normally attend all meetings. At least once a year the Audit Committee should meet privately with the External and Internal Auditors.

10. Accountability

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

11. Responsibility

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

12. Reporting

12.1 The minutes of Audit Committee meetings shall be formally recorded by the Trust's Committee Secretary and the approved minutes submitted to the Trust Board.

12.2 The Chair of the Audit Committee shall draw to the attention of the Trust Board any issues that require disclosure to the full Board or that require executive action.

12.3 The Committee will report to the Board annually on its work in support of the Annual Governance Statement, specifically commenting on the fitness for

² As above

purpose of the Assurance Framework, the completeness and embeddedness of risk management in the organisation, the integration of governance arrangements and the appropriateness of the self-assessment against the Care Quality Commission regulations and the processes behind the Quality Accounts.³

13. Administration

- 13.1 Secretarial support will be provided by the Trust's Committee Secretary and will include the agreement of the Agenda with the Chair of the Audit Committee and attendees and collation of papers, taking minutes and keeping a formal record of matters arising and issues carried forward.
- 13.2 The Agenda and papers will be distributed 5 working days before each meeting.
- 13.3 The draft minutes and action points will be available to Committee members within four weeks of the meeting.
- 13.4 Members will ensure provision of agenda items, papers and update the commentary on action points at least 10 days prior to each meeting.
- 13.5 Papers tabled will be at the discretion of the Chair of the Audit Committee.

14. Quorum

- 14.1 The quorate number of members shall be 2 which will include the following:
- The Chair of the Audit Committee or the nominated deputy (who must also be a Non-Executive Director);
 - In the absence of the Chair, Committee members will nominate a deputy chair for the purposes of that meeting.

15. Frequency

- 15.1 The Committee shall meet a minimum of 4 times per annum.
- 15.2 The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.

16. Review of Terms of Reference

- 16.1 The Audit Committee will review these Terms of Reference at least annually from the date of agreement.
- 16.2 The Chair or the nominated deputy shall ensure that these Terms of Reference are amended in light of any major changes in Committee or Trust governance arrangements.

Terms of Reference
November 2013

Sandra Adams
Director of Corporate Affairs

³ The NHS Audit Committee handbook

APPENDIX B

| | 15 April 2013 | 18 April 2013 | 13 May 2013 | 3 June 2013 | 2 September 2013 | 11 November 2013 | 3 February 2014 | Comments |
|---|---------------|---------------|-------------|-------------|------------------|------------------|-----------------|---|
| Audit Committee members | | | | | | | | |
| Caroline Silver (Non-Executive Director) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | Term ended on 28/02/2014 |
| Roy Griffins (Non- Executive Director) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | Term ended on 28/02/2014 |
| John Jones (Non-Executive Director) | ✓ | ✓ | ✓ | x | ✓ | ✓ | ✓ | |
| Attending | | | | | | | | |
| Sandra Adams (Director of Corporate Affairs/Trust Secretary) | ✓ | ✓ | ✓ | X | ✓ | ✓ | ✓ | |
| Andrew Grimshaw (Director of Finance and Performance) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Non-executive Director observer | X | X | X | X | X | X | ✓ | Bob McFarland from October 2013 |
| Other officers of the Trust (not required to attend) | | | | | | | | |
| Ann Radmore (Chief Executive) | ✓ | ✓ | ✓ | X | X | X | ✓ | |
| Deputy Director of Finance | ✓ | ✓ | ✓ | ✓ | X | X | X | Left the Trust in June 2013 |
| Assistant Director of Corporate Services, Governance and Compliance | ✓ | X | X | X | X | | | Left the Trust in October 2013 |
| Audit and Compliance Manager | ✓ | X | ✓ | X | ✓ | ✓ | X | |
| Committee Secretary | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Head of Financial Services | X | ✓ | X | ✓ | ✓ | ✓ | ✓ | |
| Assistant Director of Operations, East | | | | | | ✓ | | |
| External Audit | | | | | | | | |
| PWC | ✓ | X | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Internal Audit | | | | | | | | |
| KPMG | ✓ | X | ✓ | ✓ | ✓ | ✓ | ✓ | Internal audit transferred to KPMG as at 1 st April 2013 |
| RSM Tenon | ✓ | X | ✓ | X | X | X | X | |
| Local Counter Fraud Specialist | | | | | | | | |
| KPMG | ✓ | X | ✓ | ✓ | ✓ | ✓ | ✓ | |

London Ambulance Service NHS Trust
Terms of Reference
September 2014
Audit Committee

1. Authority

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

2. Purpose

- 2.1 The primary focus of the Audit Committee shall be the risks, controls and related assurances that underpin the achievement of the Trust's objectives.
- 2.2 The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities.
- 2.3 The Committee shall review the corporate risk register and the Board Assurance Framework and be responsible for providing assurance to the Trust Board on the identification, management and mitigation of risks to the goals and objectives of the organisation.
- 2.4 The Committee shall review the adequacy of risk and control related disclosure statements, in particular the Annual Governance Statement, Care Quality Commission regulations, Internal and External Audit reports, together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board.
- 2.5 The Committee shall review the adequacy of the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.
- 2.6 The Committee shall review the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements.
- 2.7 The Committee shall review the policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by NHS Protect.

- 2.8 In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, within the context of the Board Assurance Framework, but will not be limited to these audit functions. It will also seek reports and assurances from the Quality Governance and Finance and Investment Committees, and from directors and managers as appropriate, concentrating on the overarching systems of risk, controls and assurances, together with indicators of their effectiveness.

3. Internal Audit

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

4. External Audit

- 4.1 The Committee shall review the work and findings of the External Auditor and consider the implications and management responses to their work. This will be achieved by:
- 4.1.1 consideration of the performance of the External Auditor;
 - 4.1.2 discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan and ensure coordination, as appropriate, with other External Auditors in the local health economy;
 - 4.1.3 discussion with the External Auditors of their local evaluation of audit risks;
 - 4.1.4 review of all External Audit reports, including agreement of the Annual Audit Letter before submission to the Board and any work carried outside the Annual Audit Plan, together with the appropriateness of management responses;
 - 4.1.5 discussion and agreement on the Trust's Annual Governance Statement.

5. Risk and Assurance Functions

- 5.1 The Audit Committee shall review the risk and assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation. This will be achieved by:
- 5.1.1 review of the effectiveness of the Quality Governance Committee in the management of clinical risk including assurance gained from the clinical audit function;
 - 5.1.2 review of the effectiveness of the Finance and Investment Committee in the management of financial risk;
 - 5.1.3 review of the effectiveness of the Executive Management Team in the management of business risk and the systems in place to delegate responsibility for reviewing and maintaining the corporate risk register to the Senior Management Team;
 - 5.1.4 review the board assurance framework to ensure that it is focussed on the key strategic risks to the business and clearly identifies controls and assurances in place as well as the gaps and corresponding mitigating actions to be taken in order to take assurance from the effectiveness of the systems in place;
 - 5.1.5 review of the findings of any reviews by Department of Health Arms Length Bodies or Regulators/Inspectors (e.g. Care Quality Commission, NHS Litigation Authority, etc.), professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc);
 - 5.1.6 review the work of the Quality Governance Committee in order to satisfy itself on the assurance that can be gained from the clinical audit function;
 - 5.1.7 review the assurances provided by the internal auditors of the Trust's Shared Financial Services provider.

6. Counter Fraud

- 6.1 The Committee shall satisfy itself that the organisation has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work.¹

7. Management

- 7.1 The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.
- 7.2 The Committee may also request specific reports from individual functions within the organisation (for example, clinical audit) as they may be appropriate to the overall arrangements.

¹ From the NHS Audit Committee Handbook

8. Financial Reporting

- 8.1 The Audit Committee shall review the Annual Report and Financial Statements before submission to the Board, focusing particularly on:
- the Annual Governance Statement;
 - disclosures relevant to the Terms of Reference of the Audit Committee;
 - changes in, and compliance with, accounting policies and practices;
 - unadjusted mis-statements in the financial statements;
 - significant judgments in preparation of the financial statements;
 - significant adjustments resulting from the Audit;
 - letter of representation; and
 - qualitative aspects of financial reporting.
- 8.2 The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to the completeness, timeliness and accuracy of the information provided to the Board.
- 8.3 The Committee shall monitor the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's performance.²

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² As above

Auditors.

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³ The NHS Audit Committee handbook

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

Document Profile and Control

| Learning from Experience Group Terms of Reference | | |
|--|---------------------|--------------------------------|
| Version: | Approved by: | Date: |
| September 2014 | Audit Committee | 8 th September 2014 |

Sandra Adams
Director of Corporate Affairs

Government and Public Sector
***London Ambulance
Service NHS Trust***
Annual Audit Letter

2013/14 Audit

July 2014

PricewaterhouseCoopers LLP
7 More London Riverside
London
SE1 2RT

The Trust Board
London Ambulance Service NHS Trust
220 Waterloo Road
London
SE1 8SD

23 July 2014

Ladies and Gentleman

We are pleased to present our Annual Audit Letter summarising the results of our 2013/14 audit.

Yours faithfully

PricewaterhouseCoopers LLP

Code of Audit Practice and Statement of Responsibilities of Auditors and of Audited Bodies

In April 2010 the Audit Commission issued a revised version of the 'Statement of responsibilities of auditors and of audited bodies'. It is available from the Chief Executive of each audited body. The purpose of the statement is to assist auditors and audited bodies by explaining where the responsibilities of auditors begin and end and what is to be expected of the audited body in certain areas. Our reports and management letters are prepared in the context of this Statement. Reports and letters prepared by appointed auditors and addressed to members or officers are prepared for the sole use of the audited body and no responsibility is taken by auditors to any member or officer in their individual capacity or to any third party.

Contents

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| <i>Introduction</i> | 1 |
| <i>Audit findings</i> | 2 |
| <i>Summary of recommendations</i> | 4 |
| <i>Final fees</i> | 5 |

Introduction

The purpose of this letter

This letter provides London Ambulance Service NHS Trust’s (“the Trust”) Audit Committee with a high level summary of the results of our audit for 2013/14, in a form that is accessible for you and other interested stakeholders.

We have already reported the detailed findings from our audit work to the Audit Committee in the following reports:

- Audit opinion for 2013/14 financial statements, incorporating the value for money conclusion;
- Our report to those charged with governance (ISA (UK&I) 260);

We have included in this report our significant audit findings. You can find a summary of our key recommendations on page 2.

Scope of work

We carry out our audit work in accordance with the Audit Commission’s Code of Audit Practice (NHS), International Standards on Auditing (UK and Ireland) and other relevant guidance issued by the Audit Commission.

You are responsible for preparing and publishing the Trust’s financial statements, including the annual governance statement. You are also responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in your use of the Trust’s resources.

As auditors we need to:

- form an opinion on the financial statements;
- review the Trust’s annual governance statement;
- form a conclusion on the arrangements that you have in place to secure economy, efficiency and effectiveness in your use of the Trust’s resources; and
- carry out any other work specified by the Audit Commission, which this year comprised work on the Trust’s Quality Account.

We have carried out our audit work in line with our 2013/14 Audit Plan that we issued in January 2014.

Audit findings

Accounts

We audited the Trust's accounts in line with approved Auditing Standards and issued an unqualified opinion on 5 June 2014.

We identified the following key issues:

Classification of liabilities

Our testing of liabilities on the balance sheet identified a £10.7m of accruals that had been incorrectly classified as payables and other payables balances within the draft financial statements.

Expenditure cut off

Our detailed testing of 2013/14 operating expenditure identified a number of items that related to 2012/13 that had not been correctly accrued for in the 2012/13 financial statements.

This led us to perform additional testing on the 2013/14 accruals processes so as to be comfortable that there would not be similar errors in the 2013/14 financial statements. We noted a small number of immaterial errors through this work, but are comfortable that the financial statements are not materially misstated.

We recommend that management perform an exercise to consider the robustness of their year end accruals process and its ability to ensure that all year end accruals are correctly reflected in the financial statements. Management should consider all known sources of expenditure to ensure that these are accrued for where a liability exists at year end.

Existence of property, plant and equipment

Our year end testing of the existence of 22 items of property, plant and equipment resulted in 4 items where management were not able to identify the existence of these assets. The 4 assets selected had a value of £1k in total, and as such this was not material to the financial statements. Despite this, management should perform an exercise to confirm the existence and continued use of all assets on the fixed asset register, and ensure that assets which cannot be identified or are no longer used are removed from the Trust's records.

Control recommendations

We draw your attention to the control recommendations detailed on page 4.

Our value for money conclusion

We carried out sufficient, relevant work in line with the Audit Commission's guidance, so that we could conclude on whether you had in place, for 2013/14, proper arrangements to secure economy, efficiency and effectiveness in your use of the Trust's resources.

In line with Audit Commission requirements, our conclusion was based on two criteria:

- The organisation has proper arrangements in place for securing financial resilience; and
- The organisation has proper arrangements for challenging how it secures economy, efficiency and effectiveness.

To reach our conclusion, we carried out a programme of work that was based on our risk assessment.

We issued an unqualified value for money conclusion.

Annual Governance Statement (AGS)

The aim of the AGS is to give a sense of how successfully the Trust has coped with the challenges it faces and of how vulnerable the organisation's performance is or might be, drawing on evidence on governance, risk management and controls.

We reviewed the AGS to see whether it complied with relevant guidance and whether it was misleading or inconsistent with what we know about the Trust. We found no areas of concern to report in this context.

Summary of recommendations

| Issue | Recommendation | Management's response |
|--|--|--|
| A number of accrual balances were identified at year end which had been incorrectly classified as accounts payable or other payables balances in the draft financial statements. | Management should perform an exercise at year end to ensure that all liabilities on the balance sheet are correctly classified based on the characteristics of the liability. | Agreed. We have noted this as a requirement for the 2014/15 Year End and for interim reporting to the NTDA. The mapping tool from the trial balance to the FIMS will be amended. |
| As part of our 2013/14 expenditure testing we identified a number of items that related to 2012/13 that had not been accrued for in the 2012/13 financial statements. [ext here] | We would recommend that management perform an exercise to consider the robustness of their year end accruals process and its ability to ensure that all year end accruals are correctly reflected in the financial statements. Management should consider all known sources of expenditure to ensure that these are accrued for where a liability exists at year end. | The Trust makes every endeavour to identify and calculate accruals correctly. Our processes will be reviewed and improved where required for the 2014/15 Year End and for interim reporting to the NTDA. |
| A significant credit balance was noted at year end on one line of the operating expenditure note. This occurred where expenditure was accrued on the correct expenditure line but reversed when an invoice was received against a different expenditure line. As these items did not match off certain lines had overstated credit balances and other overstated debit balances. | Management should ensure that all accruals and reversals are recorded to the correct cost line to ensure that the financial information accurately reflects the nature of the costs incurred by the entity. | Agreed and will be implemented immediately. There is always some movement between accruals and actual expenditure when it is incurred. |
| When selecting physical assets for existence testing three assets selected for testing could not be identified by management. We note that these assets had a net book value of less than £1k. | Management should perform an exercise to ensure that the assets on the fixed asset are in working condition and still in operational use. All other assets should be removed from the fixed asset register | Agreed. A plan for quarterly asset verification is being developed and will be implemented at the end of Quarter 2, 2014/15. All staff are to be reminded of the need to report potential disposals of assets to Financial Accounts before they occur. |

Final fees

We reported our fee proposals in our audit plan. Our actual fees charged were as follows:

| | 2013/14 outturn (£) | 2013/14 fee proposal (£) | 2012/13 final outturn (£) |
|---|------------------------------------|---|--|
| Financial statements and local value for money conclusion scale fee | 75,954 | 75,954 | 75,954 |
| Total fees | 75,954 | 75,954 | 75,954 |

In the event that, pursuant to a request which you have received under the Freedom of Information Act 2000 (as the same may be amended or re-enacted from time to time) or any subordinate legislation made thereunder (collectively, the “Legislation”), you are required to disclose any information contained in this report, we ask that you notify us promptly and consult with us prior to disclosing such information. You agree to pay due regard to any representations which we may make in connection with such disclosure and to apply any relevant exemptions which may exist under the Legislation to such information. If, following consultation with us, you disclose any such information, please ensure that any disclaimer which we have included or may subsequently wish to include in the information is reproduced in full in any copies disclosed.

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**London Ambulance Service NHS Trust
Finance Report - Part 1 – 2014/15
Month 5: August**

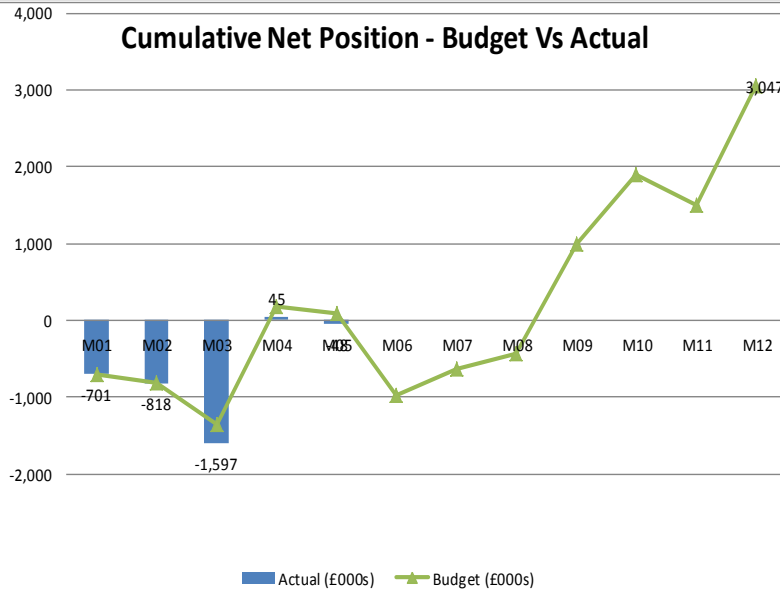
Trust Board – 30th September 2014

Andrew Grimshaw
Finance Director

Finance Summary: M05 (2014/15)

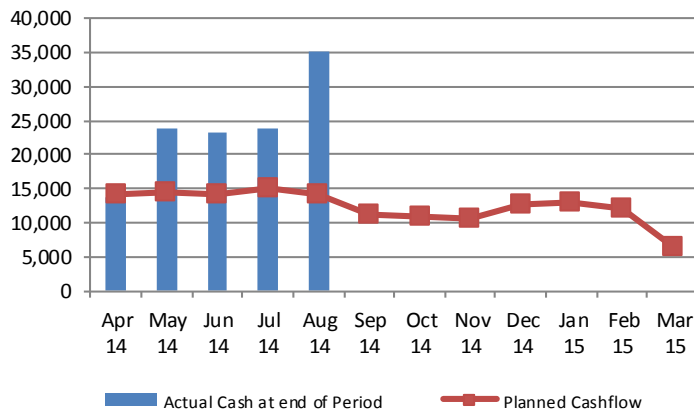
| Financial Indicator | Summary Performance | Current month | Previous month |
|---------------------|---|---------------|----------------|
| Surplus | In month the Trust is reporting a result in line with plan. YTD the adverse variance from plan remains at £0.1m. Current expenditure remains above original planned levels but this remains inadequate to ensure the delivery of target performance levels. | RED | RED |
| | The Trust forecast is expected to move to a breakeven position from Month 5 following the identification of the need for additional spend in support of performance improvement. This has yet to be formally agreed by the TDA. A letter requesting this change has been issued. | | |
| | Commissioners have indicated that any penalties will be reinvested. Formal confirmation of this is pending. | | |
| Income | Income is £0.1m favourable in month and £0.1m favourable YTD. | GREEN | GREEN |
| | The in-month position improved due to £0.1m of increases in RTA income, the accounting for which is recognised in line with DH guidelines. | | |
| Expenditure | In month total spend is £0.1m adverse, YTD there is an adverse variance of £0.2m; these are primarily driven by pay underspends offset by the increased use of PAS and Overtime to cover frontline vacancies. | RED | RED |
| | Revised expenditure plans based on achieving a 75% run rate in Cat A performance from the end of October have been developed and are seen as affordable based on the utilisation of the contingency, the surplus, resilience monies and some additional funding. This is under discussion with the TDA. | | |
| CIPs | Currently reporting on plan. | GREEN | GREEN |
| Balance Sheet | Capital expenditure remains below plan at this point of the year. Milestone plans have been developed and agreed with Directorates to ensure the capital programme is completed by year end. | AMBER | AMBER |
| Cashflow | Cash is £20.7m above plan. | GREEN | GREEN |

Executive Summary - Key Financial Metrics



| Description | 2014/15 - Month 5 | | | Year to Date | | | FY 2014/15 |
|---|-------------------|-------|----------------------|--------------|----------|----------------------|------------|
| | Budg | Act | Var | Budg | Act | Var | Budg |
| | £000 | £000 | £000 fav (adv) | £000 | £000 | £000 fav (adv) | £000 |
| Dept Health | | | | | | | |
| Surplus / (Deficits) | (102) | (93) | 9 | 84 | (46) | (131) | 3,050 |
| EFL | | | | (6,540) | (28,523) | 21,983 | 3,692 |
| CRL | | | | 5,936 | 1,073 | (4,863) | 20,900 |
| Suppliers paid within 30 days - NHS | 95% | 81% | (14.2%) | 95% | 79% | (16.3%) | 95% |
| Suppliers paid within 30 days - Non NHS | 95% | 92% | (2.6%) | 95% | 91% | (4.4%) | 95% |
| Monitor | | | | | | | |
| EBITDA % | 5.4% | 5.6% | 0.2% | 5.7% | 5.5% | (0.2%) | 6.6% |
| EBITDA on plan | 1,316 | 1,376 | 60 | 7,174 | 6,986 | (188) | 20,007 |
| Net Surplus | (102) | (93) | 9 | 84 | (46) | (131) | 3,050 |
| Return on Assets | 1.27% | 1.20% | (0.1%) | 1.27% | 1.20% | (0.1%) | 5.10% |
| Liquidity Days | 0.51 | 0.51 | 0.0 | 0.51 | 0.51 | 0.0 | 0.52 |
| Continuity of Service Risk Rating | 3.5 | 4.0 | 0.5 | 3.5 | 4.0 | 0.5 | 3.5 |

Actual Cash at end of August 2014 vs Planned Cashflow



- In month on plan, YTD overall position is £0.1m adverse to plan.
- On-going pressures are:
 - The Trust forecast is expected to move to a breakeven position from month 5 following the identification of the need for additional spend in support of performance improvement
 - Recruitment and retention of substantive staff and the cost of overtime and PAS (Private Ambulances) to cover vacancies.
 - Transition to the revised operational model (Modernisation)
 - Serving an ageing fleet whilst new vehicles are on order
 - Management of operational staff – especially relief factor
- Cash is £20.7m above plan. This is mainly due to an increase in trade and other payables offset by lower than planned capital expenditure from 2013/14 & 2014/15 and higher than planned trade and other receivables.
- The EFL variance is due to higher than planned cash balances, and PDC funding for the CommandPoint capital project not having been received as an application for funding has not yet been made.
- The Trust would expect to score a Continuity of Service Risk Rating (CSRR) of 4 against the current Monitor metrics (maximum rating).
- CRL position – The capital plan is currently £4.9m behind plan due to programme delays but

Statement of Comprehensive Income

| 2014/15 - Month 5 | | | 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 | | | | | | | |
| 21,273 | 21,248 | (25) | Income from Activities | 109,760 | 109,665 | (95) | 263,370 |
| 3,053 | 3,151 | 97 | Other Operating Income | 16,151 | 16,309 | 157 | 38,605 |
| 24,326 | 24,399 | 73 | Subtotal | 125,911 | 125,974 | 62 | 301,976 |
| Operating Expense | | | | | | | |
| 17,453 | 16,667 | 786 | Pay | 89,907 | 87,313 | 2,594 | 214,053 |
| 5,557 | 6,356 | (798) | Non Pay | 28,830 | 31,675 | (2,845) | 67,857 |
| 23,010 | 23,023 | (13) | Subtotal | 118,737 | 118,987 | (250) | 281,910 |
| 1,316 | 1,376 | 60 | EBITDA | 7,174 | 6,986 | (188) | 20,066 |
| 5.4% | 5.6% | -0.2% | EBITDA margin | 5.7% | 5.5% | 0.2% | 6.6% |
| Depreciation & Financial | | | | | | | |
| 1,111 | 1,136 | (25) | Depreciation | 5,556 | 5,353 | 203 | 13,334 |
| 301 | 321 | (20) | PDC Dividend | 1,503 | 1,605 | (102) | 3,607 |
| 6 | 12 | (6) | Interest | 31 | 75 | (45) | 74 |
| 1,418 | 1,469 | (51) | Subtotal | 7,090 | 7,033 | 57 | 17,016 |
| (102) | (93) | 9 | Net Surplus/(Deficit) | 84 | (46) | (131) | 3,050 |
| -0.4% | -0.4% | 0.0% | Net margin | 0.1% | 0.0% | 0.1% | 1.0% |

- The YTD result is £0.1m adverse against the planned surplus of £0.1m

Income

- YTD £0.1m Favourable.
- The position has improved from Month 4 due to additional RTA Income £0.1m.

Expenditure

- Overall £0.2m adverse YTD primarily due to Pay underspends on frontline, offset by PAS usage in Non Pay.
- Pay is favourable by £2.6m due mainly to frontline vacancies. The position has improved in-month due to a reduction in overtime. However there remains extensive use of Private Ambulances offsetting this position (Non Pay).
- Spend on Frontline resourcing remains above plan overall and ongoing mitigation will be required to achieve the financial targets.
- CIPs are delivering on plan YTD. Divisions are confirming delivery plans and some programmes will require further development.

Depreciation and Financial

- Currently £0.1m favourable to plan. The depreciation plan is currently under review to finalise actual forecast outturn. This will either be on plan or favourable to plan.

Divisional Expenditure (excludes Income)

| 2014/15 - Month 5 | | | Description | Year to Date | | | FY 2014/15 |
|------------------------------|---------------|----------------|--------------------------------|----------------|----------------|--------------|----------------|
| Budg | Act | Var | | Budg | Act | Var | Budg |
| £000 | £000 | £000 | £000 | £000 | £000 | £000 | |
| fav/(adv) | | | fav/(adv) | | | | |
| Operational Divisions | | | | | | | |
| 12,988 | 12,149 | 839 | Core Frontline | 66,690 | 67,247 | (556) | 157,157 |
| 198 | 157 | 41 | Other Frontline | 992 | 1,222 | (230) | 2,381 |
| 750 | 436 | 314 | EPRR | 3,750 | 3,463 | 287 | 9,000 |
| 214 | 230 | (17) | Resource Centre | 1,068 | 1,063 | 6 | 2,564 |
| 1,953 | 1,970 | (17) | EOC | 9,825 | 9,516 | 309 | 22,999 |
| 304 | 396 | (92) | PTS | 2,241 | 2,217 | 24 | 4,538 |
| 598 | 506 | 92 | 111 Project | 2,989 | 2,640 | 348 | 7,173 |
| 17,005 | 15,845 | 1,160 | Subtotal | 87,556 | 87,368 | 188 | 205,812 |
| Support Services | | | | | | | |
| 1,869 | 2,146 | (277) | Fleet & Logistics | 9,461 | 10,563 | (1,102) | 22,562 |
| 1,004 | 955 | 49 | IM&T | 4,781 | 4,506 | 276 | 11,386 |
| 357 | 382 | (26) | HR | 1,783 | 1,799 | (16) | 4,279 |
| 0 | 0 | 0 | Education & Development | 0 | (1) | 1 | 0 |
| 830 | 720 | 111 | Estates | 4,152 | 3,986 | 166 | 9,765 |
| 36 | 47 | (11) | Support Services Management | 180 | 235 | (55) | 432 |
| 4,096 | 4,250 | (154) | Subtotal | 20,358 | 21,088 | (730) | 48,423 |
| Corporate | | | | | | | |
| 229 | 215 | 14 | Chief Executive & Chair | 1,207 | 1,163 | 43 | 2,810 |
| 228 | 213 | 15 | Corporate Services | 1,235 | 1,288 | (53) | 2,915 |
| 12 | 25 | (12) | Business Development | 61 | 97 | (36) | 146 |
| 108 | 92 | 17 | Strategic Communication | 420 | 388 | 32 | 1,058 |
| 217 | 224 | (7) | Finance | 1,084 | 1,034 | 51 | 2,599 |
| 139 | 124 | 15 | Nursing & Quality | 697 | 627 | 70 | 1,673 |
| 163 | 93 | 70 | Transformation & Strategy | 816 | 679 | 137 | 1,959 |
| 581 | 602 | (21) | Clinical Education & Standards | 2,846 | 2,888 | (42) | 6,986 |
| 105 | 88 | 18 | Medical | 527 | 439 | 87 | 1,264 |
| 1,783 | 1,675 | 108 | Subtotal | 8,892 | 8,603 | 289 | 21,411 |
| Central | | | | | | | |
| 1,536 | 2,705 | (1,169) | Central Corporate | 8,986 | 8,928 | 59 | 23,196 |
| 7 | 16 | (9) | Other Central Costs | 35 | 36 | (1) | 84 |
| 1,543 | 2,721 | (1,178) | Subtotal | 9,021 | 8,964 | 57 | 23,280 |
| 24,428 | 24,492 | (64) | TOTAL | 125,827 | 126,023 | (196) | 298,925 |
| 24,326 | 24,399 | 73 | Income Memorandum | 125,911 | 125,974 | 62 | 301,976 |
| (102) | (94) | 8 | NET POSITION MEMORANDUM | 84 | (49) | (133) | 3,050 |

Operational Divisions

- 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.
- Operational Spend is under pressure due to ongoing high levels of activity, a shortage of substantive staff (leading to a reliance on Overtime and PAS) and transition to a revised operating model.
- EOC underspends primarily occur in the Clinical Hub due to ongoing vacancies.
- NHS 111 will report a small surplus as agreed with Commissioners. The decrease in 111 costs are offset against income.

Support Services

- Support Services is adverse to plan £0.7m YTD due to pressures arising from maintenance on ageing vehicles in Fleet (£0.8m) and non delivery of CIP YTD (£0.3m), offset by underspends in IM&T (£0.3m) relating to computer hardware and software contract benefits

Corporate

- Overall Corporate divisions are £0.3m favourable
- Currently Corporate Services is overspent YTD due to agency costs exceeding vacancies and Staff & Public liability claims. The Trust is currently reviewing the accounting processes around legal cases to mitigate the variation resulting from large one-off legal costs.

Central

- Central Corporate includes non divisional and corporate costs.

Income

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

Statement of Financial Position: YTD

| | Mar-14 | Apr-14 | May-14 | Jun-14 | Jul-14 | Aug-14 | Aug-14 | | |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|----------------|
| | Act | Act | Act | Act | Act | Act | Plan | Var | % |
| | £000 | £000 | £000 | £000 | £000 | £000 | | | |
| Non Current Assets | | | | | | | | | |
| Property, Plant & Equip | 121,627 | 120,742 | 119,923 | 119,385 | 118,758 | 118,266 | 120,268 | (2,002) | -1.66% |
| Intangible Assets | 12,296 | 12,088 | 11,881 | 11,626 | 11,393 | 11,372 | 12,531 | (1,159) | -9.25% |
| Trade & Other Receivables | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Subtotal | 133,923 | 132,830 | 131,804 | 131,011 | 130,151 | 129,638 | 132,799 | (3,161) | -2.38% |
| Current Assets | | | | | | | | | |
| Inventories | 3,498 | 3,511 | 3,508 | 3,511 | 3,510 | 3,501 | 3,257 | 244 | 7.49% |
| Trade & Other Receivables | 22,804 | 23,970 | 14,879 | 22,641 | 23,976 | 13,406 | 15,188 | (1,782) | -11.73% |
| Cash & cash equivalents | 6,436 | 13,844 | 23,964 | 23,163 | 23,988 | 34,959 | 14,226 | 20,733 | 145.74% |
| Non-Current Assets Held for Sale | 0 | 0 | 0 | 0 | 101 | 101 | 0 | 101 | |
| Total Current Assets | 32,738 | 41,325 | 42,351 | 49,315 | 51,575 | 51,967 | 32,671 | 19,296 | 59.06% |
| Total Assets | 166,661 | 174,155 | 174,155 | 180,326 | 181,726 | 181,605 | 165,470 | 16,135 | 9.75% |
| Current Liabilities | | | | | | | | | |
| Trade and Other Payables | (22,840) | (31,932) | (31,939) | (37,869) | (37,756) | (37,708) | (29,775) | (7,933) | 26.64% |
| Provisions | (4,750) | (4,750) | (4,750) | (4,750) | (4,750) | (4,750) | (1,272) | (3,478) | 273.43% |
| Borrowings | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Working Capital Loan - DH | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Capital Investment Loan - DH | (1,244) | (1,244) | (1,244) | (1,244) | (1,244) | (1,244) | (1,244) | 0 | 0.00% |
| Net Current Liabilities | (28,834) | (37,926) | (37,933) | (43,863) | (43,750) | (43,702) | (32,291) | (11,411) | 35.34% |
| Non Current Assets plus/less net current assets/Liabilities | 137,827 | 136,229 | 136,222 | 136,463 | 137,976 | 137,903 | 133,179 | 4,724 | 3.55% |
| Non Current Liabilities | | | | | | | | | |
| Trade and Other Payables | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Provisions | (9,114) | (8,217) | (8,327) | (9,347) | (9,219) | (9,238) | (10,904) | 1,666 | -15.28% |
| Borrowings | (107) | (107) | (107) | (107) | (107) | (107) | (107) | 0 | 0.00% |
| Working Capital Loan - DH | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Capital Investment Loan - DH | (3,099) | (3,099) | (3,099) | (3,099) | (3,099) | (3,099) | (3,099) | 0 | 0.00% |
| Total Non Current Liabilities | (12,320) | (11,423) | (11,533) | (12,553) | (12,425) | (12,444) | (14,110) | 1,666 | -11.81% |
| Total Assets Employed | 125,507 | 124,806 | 124,689 | 123,910 | 125,551 | 125,459 | 119,069 | 6,390 | 5.37% |
| Financed by Taxpayers Equity | | | | | | | | | |
| Public Dividend Capital | 62,516 | 62,516 | 62,516 | 62,516 | 62,516 | 62,516 | 63,766 | (1,250) | -1.96% |
| Retained Earnings | 22,674 | 21,973 | 21,856 | 21,077 | 22,718 | 22,626 | 20,680 | 1,946 | 9.41% |
| Revaluation Reserve | 40,736 | 40,736 | 40,736 | 40,736 | 40,736 | 40,736 | 35,042 | 5,694 | 16.25% |
| Other Reserves | (419) | (419) | (419) | (419) | (419) | (419) | (419) | 0 | 0.00% |
| Total Taxpayers Equity | 125,507 | 124,806 | 124,689 | 123,910 | 125,551 | 125,459 | 119,069 | 6,390 | 5.37% |

A key issue driving the balance sheet variances has been movements in the 2013/14 year end position which were not known in time to inform the 2014/15 plan (forecast on the 2013/14 month 10 position).

Non current assets

- Non current assets stand at £129.6m, a £3.2m reduction against plan.
- The movement from plan is related to variances between the plan (set in February 2014) and the actual year end position following the property revaluation exercise carried out at the year-end. Fixed assets increased by £7.7m. This increase has been offset by lower than planned capital spend in 2013/14 and 2014/15 ytd, depreciation charge £2.5m above plan in 2013/14 and £0.2m below plan in 2014/15.

Current assets

- Current assets stand at £52.0m, a £19.3m increase against plan.
- Cash position as at August is £35.0m, a £20.7m increase against plan. This is due to a higher than planned trade & other payables and provision balances, and lower than planned capital spend in both 2013/14 and 2014/15.
- Receivables (debtors) at £4.4m are £3.3 below plan, accrued income at £2.3m is £1.0m below plan, prepayments at £6.7m are £2.5m above plan, stocks at £3.5m are £0.2m above plan and assets held for sale are £0.1m above plan.

Current Liabilities

- Current liabilities stand at £43.7m, a £11.4m increase on plan.
- Payables and accruals at £33.4m are £3.7m above plan.
- Deferred income at £4.3m is £4.2m above plan; this includes £7.2m CBRN income for the year to 31/3/15 being raised in June. The Trust has a high volume of unapproved trade payables at £3.6m. Current provisions at £4.8m are £3.5m higher than plan.

Non Current Liabilities

- Non current provisions are £1.7m lower than planned. This is due to a re-allocation of provisions between current and non-current

Taxpayers Equity

- Taxpayers Equity stands at £125.5m, a £6.4m increase on plan.
- PDC is £1.3m lower than planned due to slippage on the capital programme. PDC was the budgeted source of funding for the CommandPoint capital project.
- The revaluation reserve and retained earnings increase is due to the property revaluation exercise at the 2013/14 year-end. The data was not available when the plan was prepared.

Cashflow Statement YTD

| | In Month Movement | | | | | YTD Move | YTD Plan | Var | | |
|--|-------------------|---------------|---------------|---------------|---------------|----------------|----------------|---------------|--------|--------|
| | Apr-14 | May-14 | Jun-14 | Jul-14 | Aug-14 | | | | Aug-14 | Aug-14 |
| | Actual | Actual | Actual | Actual | Actual | | | | | |
| | £000 | £000 | £000 | £000 | £000 | | | | £000 | £000 |
| Opening Balance | 6,436 | 13,844 | 23,964 | 23,163 | 23,988 | 6,436 | 6,436 | 0 | | |
| Operating Surplus | 742 | 1,327 | 396 | 3,136 | 1,377 | 6,978 | 7,171 | (193) | | |
| (Increase)/decrease in current assets | (1,179) | 9,094 | (7,765) | (1,334) | 10,579 | 9,395 | 4,237 | 5,158 | | |
| Increase/(decrease) in current liabilities | 9,547 | (349) | 5,638 | (773) | (398) | 13,665 | 5,522 | 8,143 | | |
| Increase/(decrease) in provisions | (911) | 95 | 1,006 | (143) | (43) | 4 | (564) | 568 | | |
| Net cash inflow/(outflow) from operating activities | 8,199 | 10,167 | (725) | 886 | 11,515 | 30,042 | 16,366 | 13,676 | | |
| Cashflow inflow/outflow from operating activities | 8,199 | 10,167 | (725) | 886 | 11,515 | 30,042 | 16,366 | 13,676 | | |
| Returns on investments and servicing finance | (6) | 4 | (3) | 0 | 3 | (2) | 18 | (20) | | |
| Capital Expenditure | (785) | (51) | (73) | (61) | (547) | (1,517) | (9,843) | 8,326 | | |
| Dividend paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Financing obtained | 0 | 0 | 0 | 0 | 0 | 0 | 1,250 | (1,250) | | |
| Financing repaid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Cashflow inflow/outflow from financing | (791) | (47) | (76) | (61) | (544) | (1,519) | (8,575) | 7,056 | | |
| Movement | 7,408 | 10,120 | (801) | 825 | 10,971 | 28,523 | 7,791 | 20,732 | | |
| Closing Cash Balance | 13,844 | 23,964 | 23,163 | 23,988 | 34,959 | 34,959 | 14,227 | 20,732 | | |

Cash funds at 31 August stand at £35.0m, which is £20.7m above plan.

Current assets

- The ytd movement on current assets is £9.4m, a £5.2m increase on plan.
- Current assets movement was higher than planned due to an increase in accrued income £3.7m and receivables £1.5m.

Current Liabilities

- The ytd movement on current liabilities is £13.7m, a £8.1m increase on plan.
- Current liabilities movement was higher than planned due to increases in accruals £3.0m and deferred income £4.2m offset by decrease in trade and other payables £0.1m. The trust has a high volume of unapproved invoices. The increase in deferred income includes a £7.2m CBRN invoice for the year to 31/3/15 raised in June 2014.

Provisions

- The ytd movement on provisions is £0.04m, a £0.6m increase on plan.
- The movement on provisions is due to the reclassification of accruals for VAT being transferred to the general provision.

Capital Expenditure

- The ytd movement on Capital Expenditure payments is £1.5m, £8.4m lower than plan.
- The lower than planned capital expenditure payments is due to slippage on the 2014/15 capital programme. Capital expenditure to August 2014 is £1.1m.
- The ytd movement on financing obtained is nil, £1.3m lower than planned. The application for PDC funding for the CommandPoint capital project has been delayed.



| | |
|---|---|
| Report to: | London Ambulance Service Trust Board |
| Date of meeting: | 30th September 2014 |
| Document Title: | Chief Executive Report to the London Ambulance Service (LAS) Trust Board |
| Report Author(s): | Adam Levy, Business Manager |
| Presented by: | Ann Radmore, Chief Executive |
| Contact Details: | Adam.Levy@lond-amb.nhs.uk |
| History: | N/A |
| Status: | For information |
| Background/Purpose | |
| <p>This report covers the following items:</p> <ul style="list-style-type: none">▪ Early Results/Feedback from new Roster▪ Communication/Publication of new five-year strategy▪ Creation of Savile Legacy Unit▪ Fraud in the NHS – Baker Tilly Report▪ Draft Legislative Reform Order 2014 (“Super CCGs”)▪ My NHS Transparency Site <p>NHS Confederation – 2015 Challenge Manifesto: a time for action</p> | |
| Action required | |
| To note the report. | |
| Assurance | |
| N/A | |

| Key implications and risks arising from this paper | |
|--|---|
| Clinical and Quality | X |
| Performance | X |
| Financial | |
| Legal | X |
| Equality and Diversity | |
| Reputation | X |
| Other | |
| This paper supports the achievement of the following 2014/15 objectives | |
| Improve patient care | |
| Improve recruitment and retention | |
| Implement the modernisation programme | X |
| Achieve sustainable performance | X |
| Develop our 111 service | |
| Simplify our business processes | |
| Increase organisational effectiveness and development | |

CHAIRMAN AND CHIEF EXECUTIVE REPORT TO THE LONDON AMBULANCE SERVICE (LAS) TRUST BOARD MEETING HELD ON 30 SEPTEMBER 2014

1. Early Results/Feedback from new Roster

The new roster and skills mix was successfully implemented on 8 September 2014. There was no additional sickness, lateness or other absences associated with the implementation of the roster.

2. Communication/Publication of new five-year strategy

The new LAS five year strategy 2014/15 – 2019/20 has now been approved and widely publicised.

3. Creation of Savile Legacy Unit

An independent unit has been created that will be dedicated to the oversight of investigations by NHS Trusts into matters that relate to Jimmy Savile.

The role for the Savile Legacy Unit is:

- To co-ordinate all NHS related allegations with regard to Savile,
- To quality assure and support the investigation of such allegations by NHS Trusts,
- To act as a conduit between NHS Trusts, the Police & partner organisations.
- To review and quality assure Trust reports and recommendations.

4. Fraud in the NHS – Baker Tilly Report

In August 2014, Baker Tilly published the first annual benchmarking report into Fraud in the NHS. The headline findings in the report were:

- 20% of the 311 fraud cases referred to the staff working for other organisations while on sick leave from the NHS
- 11% related to theft or misuse of NHS resources
- 9% for staff falsifying timesheets
- Foundation Trusts are the source of the highest number of fraud cases
- The main source of referrals were HR staff who should ensure they are vigilant to potential fraud.
- 70% of fraud referrals are related to workforce fraud with the next biggest contributor being finance fraud (17%).

Baker Tilly identified four areas that are likely to continue to be or increasingly become areas for fraud:

- **Employee internal fraud:** This includes wrongly working elsewhere, false qualifications, gifts & hospitality, immigration offences, alteration of sick records, payroll and failure to disclose criminal convictions
- **Theft or Misuse of NHS resources.**
- **Recruitment Fraud:** This includes lying about employment history and qualifications and providing false documentation.

- **Cyber enabled Fraud:** This type of threat is seen as emerging at pace and includes mass marketing frauds, 'phishing' e-mails and e-commerce or online transaction fraud. The report recommends Trusts to review their IT network security and IT disaster plans.

LAS has just published an updated Anti-Fraud, Bribery and Corruption Policy which will be published on the Trust website and circulated to staff.

5. Draft Legislative Reform Order 2014 (“Super CCGs”)

The draft Legislative Reform (Clinical Commissioning Groups) Order 2014 were laid before Parliament on 13 March 2014. The draft Order would enable CCGs to form joint committees with other CCGs as well as with NHS England to jointly exercise CCG commissioning functions.

One of the proposed benefits of the new arrangements specifically suggested by Government is that it would enable CCGs who “wish to pursue shared priorities and strategies with a single large provider that serves their populous, such as the commissioning of Ambulance Services...which would be more effectively delivered, co-ordinated and managed over a wider geographical area rather than having separate commissioning arrangements with each CCG.”

There has been some concern, notably from Healthwatch England, about the draft regulations that they will reduce the responsibility on CCGs for public engagement. They also comment that the reforms will reduce the level of scrutiny CCGs receive.

6. MyNHS Transparency Site

On 18 September 2014 the new MyNHS Transparency site was launched by the Department for Health. The site will link to existing data that has already been published on patient safety, efficiency, quality, public health, social care commissioning & hospital food standards.

The website allows users to search for, filter and interrogate an extensive range of data about performance of hospitals, social care and public health services. More information from CCGs, GP practices and Mental Health Trusts will be added in due course.

7. NHS Confederation – 2015 Challenge Manifesto: a time for action

The NHS Confederation has published its manifesto aimed at the political parties ahead of the 2015 General Election. It outlines what it believes to be the main challenges and requirements for a health and care system fit for the future.

The manifesto can be accessed through the NHS Confederation website:
www.nhsconfed.org



| | |
|---|---|
| Report to: | London Ambulance Service Trust Board |
| Date of meeting: | 30th September 2014 |
| Document Title: | Board declarations – self certification, compliance and board statements |
| Report Author(s): | Sandra Adams |
| Presented by: | Sandra Adams |
| Contact Details: | sandra.adams@lond-amb.nhs.uk |
| History: | N/A |
| Status: | For approval |
| Background/Purpose | |
| <p>The Trust Board is held to account by the NHS Trust Development Authority for compliance with the provider licence requirements and Board statements. The Trust Board can confirm compliance with each statement and requirement with the exception of the following:</p> <p>Board statement 10 requires the Board to sign off that: it is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets as set out in the NTDA oversight model; and a commitment to comply with all known targets going forward.</p> <p><i>The Board is unable to declare compliance with this statement having carefully reviewed performance since quarter one, together with current trending information for activity and capacity in the second quarter and has put urgent work in train to seek to address issues and produce a revised plan.</i></p> | |
| Action required | |
| To approve the submission of the Board declarations for August and September 2014 | |
| Assurance | |
| The Trust has submitted a performance recovery plan to the NHS Trust Development Authority, NHS England and commissioners. | |

| Key implications and risks arising from this paper | |
|--|---|
| Clinical and Quality | X |
| Performance | X |
| Financial | X |
| Legal | |
| Equality and Diversity | |
| Reputation | X |
| Other | |
| This paper supports the achievement of the following 2014/15 objectives | |
| Improve patient care | X |
| Improve recruitment and retention | X |
| Implement the modernisation programme | X |
| Achieve sustainable performance | X |
| Develop our 111 service | |
| Simplify our business processes | |
| Increase organisational effectiveness and development | |



| | |
|--|---|
| Report to: | London Ambulance Service Trust Board |
| Date of meeting: | 30th September 2014 |
| Document Title: | Trust Secretary Report |
| Report Author(s): | Sandra Adams |
| Presented by: | Sandra Adams |
| Contact Details: | sandra.adams@lond-amb.nhs.uk |
| History: | N/A |
| Status: | For information |
| Background/Purpose | |
| <p>This report is intended to inform the Trust Board about key transactions thereby ensuring compliance with Standing Orders and Standing Financial Instructions.</p> | |
| <p>Use of the Trust Seal There has been one entry to the register for the use of the Trust Seal since 29th July 2014: For the lease for the first and third floors of Fielden House between LBS Fielden Limited and the London Ambulance Service NHS Trust.</p> | |
| <p>Tenders received Two new tenders have been received since 29th July 2014:</p> <ol style="list-style-type: none">1. Provision of A&E Ambulance Conversion Modular Design with Bulkhead Door Tenders received from:<ul style="list-style-type: none">- Cartwright & Sons (Coachbuilders) Ltd- MacNeillie & Son Ltd- WH Bence Coachworks2. Provision of a Digital Multichannel Voice Recording System Tenders received from:<ul style="list-style-type: none">- Capita Secure Information Solutions- BT Health | |
| Action required | |
| <p>To be advised of the tenders received and entered into the tender book and the use of the Trust Seal since 24th June 2014 and to be assured of compliance with Standing Orders and Standing Financial Instructions.</p> | |
| Assurance | |
| <p>Compliance with Standing Orders and Standing Financial Instructions.</p> | |

| Key implications and risks arising from this paper | |
|--|-------------------|
| Clinical and Quality | X |
| Performance | X |
| Financial | X |
| Legal | |
| Equality and Diversity | |
| Reputation | |
| Other | Governance |
| This paper supports the achievement of the following 2014/15 objectives | |
| Improve patient care | X |
| Improve recruitment and retention | |
| Implement the modernisation programme | |
| Achieve sustainable performance | X |
| Develop our 111 service | |
| Simplify our business processes | X |
| Increase organisational effectiveness and development | X |



TRUST BOARD FORWARD PLANNER 2014

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 Recruitment Update Workforce Strategy Fleet Strategy including financial implications, assumptions and standards Capital Strategy Organisation development plan 6 month review of business plan | Board Declarations Report from Trust Secretary Trust Board Forward Planner Performance Reporting compliance statement | Audit Committee on 10 th November 2014 Finance and Investment Committee on 20 th 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 |
|--|---|--|---|---|-----------|
| <p>Staff Story</p> <p>Declarations of Interest</p> <p>Minutes of the previous meeting</p> <p>Matters arising</p> <p>Report from the Trust Chairman and Chief Executive</p> | <p>Clinical Directors' Joint Report</p> <p>Quality Committee Assurance Report</p> <p>Finance Report M8</p> | <p>Modernisation Programme</p> <p>Business planning and commissioning 15/16</p> <p>IT strategy</p> <p>Estates strategy</p> <p>PTS Strategy</p> | <p>Board Declarations</p> <p>Report from Trust Secretary</p> <p>Trust Board Forward Planner</p> | | |
| <p>Board Development Session</p> | | | | | |
| <p>TBC</p> | | | | | |

2015 Meetings Calendar

| Committee | Chair | Jan | Feb | Mar | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Timings |
|--|------------------------|-------------------------------------|-----|-----|-------|-----|--------|------|-----|------|-----|-----|--------------|--|
| Trust Board | Trust Chair | 27 | | 24 | | | 2 & 30 | 28 | | 29 | | 24 | 15 | 9.00 - 14.00 - followed by board development session |
| Strategy Review and Planning | Trust Chair | | 24 | | 28 | | | | | 8 | 27 | | | 9.00 - 14.00 |
| Annual General Meeting | Trust Chair | | | | | | | | | 29 | | | | 14.00 - 15.30 |
| Annual C/Funds Committee | Non-executive director | | | | | | | | | | | | | |
| Remuneration Committee | Trust Chair | | | | | | | | | | | | | |
| Audit Committee | John Jones | | 2 | | 17 | 21 | 1 | | | 7 | | 9 | | 14.00 - 17.00 |
| Finance and Investment Committee | Nick Martin | 22 | | 19 | | 21 | | 23 | | 24 | | 19 | | |
| Quality Committee | Bob McFarland | 13 | | | 14 | | | 14 | | | 13 | | | 14.00 - 17.00 |
| Clinical Safety, Development and Effectiveness Committee | Clinical Directors | 20 | 17 | 17 | 21 | 19 | 16 | 21 | 18 | 22 | 20 | 17 | 22 | 14.00 - 16.00 |
| Executive Management Team (EMT) | CE | Every Wednesday 9.00 - 12.00 | | | | | | | | | | | 9.00 - 12.00 | |